



ADVANCE FUNDING REQUEST

I am requesting Advance Funding in the amount of \$ _____*for the above referenced Specific Excess claim. I understand Advance Funding is subject to the complete discretion of the Carrier, and the Claim Administrator and Plan Sponsor must adhere to the criteria listed below for access to the Advance Funding Reimbursement option.

*(The amount indicated must correspond to the documentation provided with the claim submission.)

I verify and acknowledge that:

- 1) The Claim Administrator prior to the expiration of the Specific Excess Contract processed all eligible bills relating to this Advance Funding request.
2) The Plan Sponsor has unconditionally paid all other claims for the Claimant.
3) The Advance Funding option is a value added service that can be changed or withdrawn at the discretion of the Carrier without prior notice.
4) Advance Funding requests will not be accepted if received within (30) thirty days of the date of the policy's cancellation or premature termination.

Perico Life Insurance Company must receive written notice of Advance Funding requests no more than (5) calendar days after the expiration date of the Contract, in order for the Employer to be excused from actual payment according to the terms of the Contract. A fully completed and signed Initial or Supplemental Reimbursement form, including the Advance Funding section is required for each Advance Funding request.

I hereby certify that, to the best of my knowledge and after reasonable inquiry; (1) the information stated herein is correct; (2) the claim has been processed and is eligible in accordance with the Plan Sponsor Benefit Plan; (3) all the indicated expenses have actually been unconditionally paid by, or on behalf of the plan as required in the Stop Loss Contract, except as specifically disclosed in the attached Advance Funding form, if any.

Please refer to Perico Life Insurance Company Notification & Claims Guide for complete details on our filing procedures including our Advance Funding criteria.

Claim Administrator _____
Mailing Address _____
Telephone Number _____ Fax Number _____

Filing Limit Acknowledgement: You must file reimbursement requests within 180 days after the end of the time specified for payment of claims under the Excess Loss Policy or within 5 days of the expiration date for Advance Funding requests. Failure to do so will result in claim denial.

Completed by (Name & Title) _____ Date _____

Confidentiality Statement

Notice: The information in this document/facsimile is confidential and intended for the named recipient(s) only. It may also contain privileged information. If you have received this material in error, we would greatly appreciate your phoning the sender at the number shown above. Please return the original to the sender by mail. We will reimburse you for the postage. Please do not disclose the contents to anyone. Thank you