

FIRST NOTICE OF LOSS – REINSURANCE

REV 8-06

Cedent: _____ Your File No.: _____

Reason for Report: Catastrophic (Call 1-877-975-2667) 50% of Retention Fatality, Spinal Cord, Head Injury, 3rd Degree burns 40%, Other, explain nature/event _____

Insured Name: _____

Insured Policy Number: _____ Insured Policy Term: _____

MECC Policy Number: _____ Jurisdiction of claim: _____

Claimant Name: _____ SSN: _____ D.O.B.: _____

If fatality, Spouse Name: _____ Spouse D.O.B. : _____

Date of Injury: _____ A.W.W.: _____ Job Title: _____

Accident Description: _____

Nature / Extent of Injury: _____

Current Claim Status: _____

Claimant applied for Social Security Disability? Y or N (circle one) Accepted? Y or N (circle one)

Retention: _____ T.T.D. Rate: _____ P.P.D. Rate: _____

	Paid to Date	+	Outstanding Reserves	=	Incurred
Indemnity	_____		_____		_____
Medical	_____		_____		_____
Misc. (Burial, Rehab)	_____		_____		_____
Allocated (Atty. Fees)	_____		_____		_____
Total	_____		_____		_____

On what are reserves based? _____

Claim Handler: _____ Date: _____

Email Address: _____

Cedent's Address: _____

Phone: _____ Fax: _____

Please attach copies of the most recent narrative medical report, nurse case manager report and any legal summary reports. Unless specifically requested, it is not necessary to forward a complete copy of your file. Washington Fraud Warning: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."



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