AGGREGATE INSURANCE AND MONTHLY AGGREGATE ACCOMODATION CLAIM REQUEST FOR REIMBURSEMENT

PLAN SPONSOR: _____   CARRIER: _____

POLICY NUMBER: _____   CONTRACT BASIS: _____

EFFECTIVE DATE: _____   EXPIRATION DATE: _____

MINMIMU AGREGGATE DEDUCTIBLE: _____

1. Total Paid Claims: $_____

2. Annual Aggregate Deductible (calculated) OR Minimum Aggregate Deductible: $_____

    (Please attach monthly census counts and monthly attachment point calculation)

3. Claims Exceeding Specific Deductible: $_____

4. Claims Paid Outside the Aggregate Contract: $_____

5. Reimbursement Requested: $_____

PLEASE INCLUDE THE FOLLOWING TO AVOID DELAY:

1. Paid claims analysis report showing name of claimant, incurred date, charge, payment amount and paid date;
2. Eligibility listing which identifies birth date, effective date, termination date and coverage type (single or family);
3. Proof of funding. This must include monthly bank statements and/or deposit slips;
4. Void/Refund report for the policy period and two months following;
5. Benefit/Service code report;
6. Aggregate report – monthly loss summary report;
7. Specific report showing claimants who have exceeded the specific deductible and amounts paid;
8. Payments made outside the aggregate contract (dental, weekly income, vision, PPO Fees, medical records fees, RX admin);
9. Yearly check register;
10. Outstanding overpayments and subrogation issues;
11. RX invoices, if RX is a covered benefit.

PLEASE READ BEFORE SIGNING

I hereby certify that, to the best of my knowledge, after reasonable inquiry: (1) that the information stated herein is correct; (2) that the claim has been processed and is eligible in accordance with the Plan Sponsor's Benefit Plan; and (3) that all the indicated expenses have actually been unconditionally paid on behalf of the Plan as required by the Stop Loss Contract.

_____
Authorized Signature   Title   Date

_____
Claims Administrator   Address

_____
City   State   Zip

_____
Phone   Fax   E-mail

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.