

## Submission of Monthly Aggregate Excess Loss *reporting*

IRC requires Aggregate Excess loss reporting on a monthly basis identifying the Policyholder, the Policy Period, the Contract Basis, the Aggregate Factors for the benefit(s) covered, the monthly Plan Headcount to the applicable benefit generating the monthly Attachment Point, the monthly benefit totals applicable under the Aggregate Excess Loss Policy and the resulting loss ratio. This data should be updated monthly for each IRC client and submitted directly to IRC promptly after the end of the month. To help format the data to be reported we have developed the template below.

### International Risk Consultants

#### Aggregate Paid Claim Report

Group \_\_\_\_\_ Spec Basis \_\_\_\_\_ Min Attach Point \_\_\_\_\_  
 Address \_\_\_\_\_ Spec Ded \_\_\_\_\_  
 City \_\_\_\_\_ Agg Basis \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Agg Margin \_\_\_\_\_

#### Aggregate Factors

	Medical	RX	Dental	Vision
Single				
Family				
Composite				

Agg Period \_\_\_\_\_  
 Policy # \_\_\_\_\_

Mo/Yr	Enrollment			Medical Claims	RX Claims	Dental Claims	Vision Claims	Total Paid Claims	Claims over Specific	Net Agg Claims	Agg Ded	Loss Ratio
	Single	Family	Total EE's									
<b>YTD</b>												

Send **MONTHLY AGGREGATE EXCESS LOSS REPORTING** to:  
 International Risk Consultants - One Corporation Way, Suite 230 Peabody, MA 01960  
 Email: [claims@irc-ohu.com](mailto:claims@irc-ohu.com)

## Submission of an Aggregate Excess Loss Claim

The following information is required to file an Aggregate Claim.

- An **AGGREGATE EXCESS LOSS CLAIM FORM** [below] completed in its entirety and sent to: [claims@irc-ohu.com](mailto:claims@irc-ohu.com).
- A Paid Claim report detailing all paid claims meeting the appropriate Aggregate 'contract basis' and the total paid claims used to support the reimbursement filed.
- Enrollment/eligibility records for all covered employees, dependents, and COBRA participants. (Note: COBRA participants must document premium payments)
- Monthly Excess Loss premium billing statements beginning on the effective date of the policy through the present, to verify reported census and adjustments.
- Financial records documenting the Plan's funding of claims during the policy period, including a reconciled bank statement for each month of the policy period.
- Monthly check registers for each month of the policy period through present.
- A paid Benefit Analysis report to deduct payments for out-of-contract claims.
- Documentation of voids & refunds related to payments made during the policy period.
- Details of identified overpayments for this policy period still outstanding.
- Monthly prescription drug card statements, if applicable.
- A copy of the procedures handling subrogation or third party liability claims and a listing of such claims in progress.

NOTE: At time of claim IRC may identify and require additional information as needed.

## AGGREGATE EXCESS LOSS CLAIM FORM

Date: \_\_\_\_\_  Aggregate Accommodation # \_\_\_\_\_  Year End Filing

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Policyholder: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Aggregate Basis: \_\_\_\_\_ Min Attach. Point: \$ \_\_\_\_\_

Aggregate Factors: Single \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ Composite \$ \_\_\_\_\_

Total Claims Paid in policy period \$ \_\_\_\_\_

Claims in Excess of the Specific: - \$ \_\_\_\_\_

Claims NOT Eligible to the Aggregate: - \$ \_\_\_\_\_

**Net Eligible Claims Paid Y-T-D: = \$ \_\_\_\_\_**

Less Attachment Point:

Attachment point is greater of:

a) YTD amount based on Census

b) Minimum Attachment Point - \$ \_\_\_\_\_

Claims Exceed Attachment Point: = \$ \_\_\_\_\_

Less Previously Filed Amounts: - \$ \_\_\_\_\_

**Amount Requested: \$ \_\_\_\_\_**

\*Signed: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Administrator Name: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

**Send to: International Risk Consultants One Corporation Way, Suite 230 Peabody, MA 01960**

*Email: [claims@irc-ohu.com](mailto:claims@irc-ohu.com)*