

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 _____			
Agg Period _____	Aggregate Factors			
Policy # _____	Medical	RX	Dental	Vision

Single				
Family				
Composite				

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									
YTD												

Send **MONTHLY AGGREGATE EXCESS LOSS REPORTING** to:
International Risk Consultants - 50 Salem Street, Bldg B. Suite 209, Lynnfield, MA 01940

Email: 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.
- 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

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 #: _____

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