

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.

				Int		ional Ri			S				
Aggregate Paid Claim Report													
Group						Spec	Basis		Mi	n Attach Point			
Address					_	Spe	c Ded						
City State		_	Zip	-	-	Agg Agg M	Basis largin						
Agg Period						Aggregate Fac	tors						
Policy #							Medical	RX	Dental	Vision			
						Single							
						Family					-		
						Composite							
	1	Enrollmen	ı+	Medical	RX	Dental	Vision	Total Paid	Claims over	Net Agg	Agg	Loss	
Mo/Yr	Single	Family	Total	Claims	Claims	Claims	Claims	Claims	Specific	Claims	Ded	Ratio	
100711	omgio	· anny	EE's	Oldinis	Oldimis	Oldinis	Oldinis	Oldinis	Оробино	Giairis	Dod	itatio	
												ļ	
		-						-			-		
VTD	1	1	1	<u> </u>	<u> </u>	I .	1	L		1	1	I	

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 Acco	ommodation #		Year End Filin	ig ———
Policyholder:			Policy Perio	od:	
Carrier Name:			Policy #:		
Aggregate Basis:		Min Attach	. Point: \$		
Aggregate Factors: Single	\$	Family \$ _		Composite \$	
Total Claims Paid in po	olicy period	\$			
Claims in Excess of the	e Specific:	- \$			
Claims NOT Eligible to	Claims NOT Eligible to the Aggregate:				
Net Eligible Claims	Paid Y-T-D:	=\$			
		sus - \$			
Claims Exceed Attachr	Claims Exceed Attachment Point:				
Less Previously Filed A	Amounts:	- \$			
	Amount Requ	ested: \$			
*Signed:			*Date:		
*Administrator Name:		,	*Phone #:		

Send to: International Risk Consultants - 50 Salem Street, Bldg B. Suite 209, Lynnfield, MA 01940

Email: <u>spino@irc-ohu.com</u>