

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 #: _____

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

Email: spino@irc-ohu.com