



INTERNATIONAL SPECIALTY UNDERWRITERS

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Aggregate Excess Loss Claim Form

_____ Aggregate Accommodation

_____ Final Aggregate Submission

Policyholder Group Name: _____

Policy Period: _____

A.	Total Claims Paid Year-to Date	\$ _____
B.	Less Claims Excess Specific Deductible	(\$ _____)
C.	Less Ineligible or Extracontractual Claims	(\$ _____)
D.	Less Refunds/Recoveries/Void	(\$ _____)
E.	Total Eligible towards Aggregate (Sum charges A-E)	(\$ _____)
F.	Less Attachment Point	(\$ _____)
	Attachment Point is the greater of :	
	Year to Date based on Census _____	
	Minimum Attachment Point _____	
G.	Amount Requested (E-F)	\$ _____

Required Documentation:

- Aggregate Monthly Census, Paid Claims & Loss Ratio Worksheet
- Contract year-to-date monthly check register showing all payments, voids, reissues and refunds. The Check register should have the check number, payment date, name of provider, name of claimant
- Contract year-to-date detailed claim report by claimant. The report should include: name of claimant, date of service, date paid, amount charges, diagnosis, amount paid, deductible and coinsurance, name of provider and type of service.
- Detailed eligibility report. Report should include all active, terminated and COBRA claimants covered during the policy year
- Summary service code report. This report should summarize claim payments made by service code (i.e. hospital, surgical, lab, drug....)
- Bank statements showing all disbursements and deposits made during the policy year plus one month after the policy period
- Prescription drug invoices for the Policy Period (if RX card eligible under aggregate)
- Listing of subrogation claims
- Listing of voids and refunds applied after the end of the Policy Period but applicable to the Policy Period

Administrator's Name: _____

Address: _____

Phone Number: _____ Fax: _____

Contract:(Print) _____

Signature: _____