

**AGGREGATE CLAIM REQUEST FOR REIMBURSEMENT**

Carrier: \_\_\_\_\_ Contract Basis:  12/12  Paid  Other \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy effective dates: \_\_\_\_\_

Covered Benefits	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> RX	<input type="checkbox"/> Other
Aggregate Factors				
Employee/Single				
Employee + One				
Family				
Dependent Unit				
Composite				

- A. Total Claims Paid Through: \$ \_\_\_\_\_
- B. **LESS** Prior Year Specific Claims Paid during this plan year: -\$ \_\_\_\_\_
- C. **LESS** Amounts Excess of Per Person Limit: -\$ \_\_\_\_\_
- D. **LESS** Exceptions and other ineligible claims: -\$ \_\_\_\_\_
- E. **LESS** Voids and Refunds credited to this plan year: -\$ \_\_\_\_\_
- F. **LESS** Aggregate Deductible: -\$ \_\_\_\_\_  
(The greater of: Actual Attachment Point or Minimum Attachment Point)
- G. **LESS** Claims for which checks have not been released, and/or funded: -\$ \_\_\_\_\_ \*
- SUBTOTAL:** \$ \_\_\_\_\_
- H. **LESS** previously paid amounts: -\$ \_\_\_\_\_
- REQUESTED AMOUNT:** \$ \_\_\_\_\_

Preparer \_\_\_\_\_ Date \_\_\_\_\_

Claims Administrator \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\* PLEASE PROVIDE EXPLANATION

Send claims and required documentation to [ah-aggregate@skywardinsurance.com](mailto:ah-aggregate@skywardinsurance.com) or fax to 610.280.4299

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties

## AGGREGATE CLAIM REQUEST INSTRUCTIONS

### **Covered Benefits**

This section is to identify eligible benefits under the aggregate contract during the current policy year.

### **Aggregate Factors**

Complete this section by utilizing the contract issued to the policyholder. There are several different tiers used. Choose the breakdown applicable to the policy issued, (i.e. single/family, employee/dependent unit, etc.).

### **THE FOLLOWING INSTRUCTIONS CORRESPOND TO LETTER DESIGNATED FIELDS ON CLAIM FORM.**

#### **A. Total Claims Paid Through**

##### **For Aggregate:**

1. Last day in policy year.
2. Total dollar amount of paid claims through above date (attach substantiating report).

##### **For Aggregate Accommodation or Extended Aggregate:**

1. Date through which paid claims report has been run.
2. Total dollar amount paid through above date (attach substantiating report).

#### **B. Prior Year Specific Claims Paid During This Aggregate Plan Year**

Depending upon the individual excess loss policy in force, previous year's claims can accumulate in the total claims paid reports. This occurs when there is an overlapping 12/15 contract but can also occur in a 12/12 or 24/12 contract where the specific deductible has been met and claims are/were processed for payment prior to policy year ending.

For example, in a 12/12 contract the "Individual Stop-Loss (ISL)" deductible may be met and a claim processed on the last day of the plan year. If the ISL contract includes an advance option feature, this claim will be eligible under the ISL contract. The claim is released during the subsequent aggregate policy year. This dollar amount should be verified by including a prior year individual stop-loss report generated at the 100% specific level and then running individual payment reports on any individual who appears on that report. The date the claim was incurred, processed, and paid must all be verified to determine if it was eligible under the aggregate. Calculate the appropriate amount that should be reduced from the aggregate filing and enter in this field. Attach the substantiating reports to your aggregate claim.

#### **C. Amounts Excess of Per Person Limit**

Run an individual stop-loss report at 50% for the current policy year. This will verify which persons have exceeded 100% of their deductible as well as to identify those persons who are approaching the Individual Stop-Loss deductible. It is important to identify those persons who are approaching that level if the group has an advancement option, so that any claims processed but not yet paid can be added to the individual stop-loss report paid amounts. A total of claims processed as an advance plus previously paid that now exceeds the Individual Stop-Loss can be backed out of the aggregate.

**D. Exceptions and Other Ineligible Claims**

This field should include any claims that were paid outside the contract. Any known ineligible claims and known uncollected overpayments should be included.

**E. VOIDS and Refunds Credited To This Plan Year**

VOIDS and refunds not accounted for in your paid claims report should also be included. Please provide corresponding reports if available.

**F. Aggregate Deductible Through**

This should be the date of your paid claims listing for an accommodation request. For a year end claim, it should be the last date of the policy year. The dollar amount of the aggregate deductible should be calculated through the above date. The reinsurance department utilizes a census report times the aggregate deductible factors on a monthly basis and any rules as defined in the contract. If the contract specifies an annual minimum or a percentage fluctuation rule these rules will be applied at the time the claim is filed. Please include a monthly census report.

**G. Claims For Which Checks Have Not Been Released, and/or Funded**

This should include all claims for which checks have not been released or funded within the aggregate plan year.

**H. Previously Paid**

This dollar amount is a previously advanced amount (if a midyear refund has been received or a specific offset has been applied the previously advanced amount should be reduced accordingly).

**Requested Amount**

This is the final calculation for an aggregate claim. If this is a negative number then the policyholder is either not eligible for additional payment or is in a repayment position if a prior aggregate advancement has been issued. If they are in a repayment position, issue a check payable to Skyward Underwriters Agency, Inc.