

Year End Aggregate Claim Form

Reference

Policyholder	Policy number
Contract basis	Effective date
	Expiration date
A. Total paid claims through	\$
B. Minimum annual aggregate attachment point	\$
C. Annual aggregate attachment point (calculated)	\$
D. Enter the greater of B or C	\$
E. Less all claim amounts exceeding the specific attachment point and / or individual claim limit	\$
F. Less the sum of all prior aggregate accommodations	\$
G. Less all claims paid outside of the aggregate excess loss coverage	\$
	Reimbursement due \$
	Refund due to carrier \$

* Reimbursement/refund amount is equal to A – D – E – F – G.

Please include the following system generated reports in an electronic format

1. A detailed annual paid claims report listing all COVERED charges run on the policy year basis (12/12 or 12/15 or paid, etc). This report should be sorted by employee and claimant and provide employee and claimant subtotals, as well as a report grand total. This report should also be net of any adjustments (i.e. refunds, voids and other adjustments) processed to date.
2. A detailed annual eligibility listing showing all active and terminated employees covered during the policy period. This report should provide employee name, DOB, effective date, termination date and coverage by type (single/family).
3. Bank statements or other documentation (i.e. copies of actual deposit slips and/or wire transfers) to validate proof of adequate funding for the entire policy period PLUS one month. The bank statement should document check clear dates.
4. Void and refunded claim report.
5. Benefit code analysis report in summary format listing total dollars paid by benefit description.
6. Aggregate report (monthly loss summary report).
7. Specific report showing claimants that have exceeded the specific attachment point/individual claim limit.
8. Listing of payments made outside the aggregate policy (i.e. Dental, Weekly Income, Vision, PPO fees, Medical Records fees, Capitated fees, RX Administrative fees.
9. The check register report detailing all checks issued and adjustment processed for the policy period. Report should include check date, check number, payee name and check amount.
10. Outstanding overpayment and subrogation log.
11. Prescription vendor invoices for all prescriptions included in the aggregate.
12. Detailed report from the RX card vendor for all prescription included in the aggregate. The report should be sent in an electronic format that will allow us to sort, subtotal and extract data.
13. RX card rebate reconciliation report from the PBM vendor that includes all rebates for this policy period.
14. Check release records to document the check issue date, amount of the check run, the date the run was funded by the client and the date the run was released for mail delivery to the payee.

PLEASE READ BEFORE SIGNING

By signing this form, You or Your TPA on behalf of Your Plan, represent to us (1) that the information stated herein is correct; (2) that the claims have been processed and are eligible in accordance with the Plan Sponsor Benefit Plan; and (3) that all indicated expenses have actually been unconditionally paid by, or on behalf of the Plan as required by the stop loss contract.

Please return completed form and any other necessary documentation to: stoplossclaims@qbe.com

Authorized signature

Title

Date

Claims administrator

Address

City

State

Zip code

Phone

Fax
