



Aggregate Claim Submission Form

CARRIER:

Employer Name:

Policy Number:

Policy Period:

Minimum Attachment Point for the Policy Period:

1. Total Claims Year-to-Date
2. Less Specific Claims (Paid or Payable)
3. Less Ineligible or Extra-contractual Claims
4. Less Refunds/Recoveries/Voids
5. Total Eligible toward Aggregate
6. Attachment Point
Higher of the Year-to-Date Attachment Point, or Minimum Attachment Point.
7. Less Previous Month's Advancement/Reimbursement
8. Amount Requested (5-6-7)
If negative, amount due Carrier

REQUIRED ATTACHMENTS

- A. Contract year-to-date check register showing all payments, voids, reissues, and refunds; identifying any non-claim payments (e.g. administration fees, etc.). The register should show check number, date of check, name of claimant, incurred date, and check amount.
- B. Contract year-to-date claim listing by coverages and claimant. Only include those coverages eligible for the Aggregate.
- C. Listing of all Specific Stop Loss claims for the Aggregate Period.
- D. Policy year eligibility listing.
- E. Attachment-Point-Calculation.
- F. Benefit Code Analysis Report
- G. Funding

TPA/Company Name:

Address:

Phone:

Ext:

Fax:

Signature:

Date:

Email:

Send to:

RS_Claims@swissre.com

1 -877-392-3770 x101