



ROCKPORT BENEFITS^{LLC}

Aggregate Claim Form

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

* Reimbursement/refund amount is equal to D-G-H.

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).
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 coverage by type (single/family).
3. Aggregate report.
4. Listing of payments made outside the aggregate policy (i.e. Dental, Weekly Income, Vision, PPO fees, Medical Records fees, Capitated fees, RX Administrative fees).
5. Specific report showing claimants that have exceeded the specific attachment point/individual claim limit.
6. Benefit code analysis report in summary format listing total dollars paid by benefit description.
7. Bank statements or other documentation to validate proof of adequate funding for the entire policy period PLUS one month. The bank statement should document check clear dates.
8. The check register detailing all checks issued and adjustments processed for the policy period. Report should include check date, check number, payee name and check amount.
9. Prescription vendor invoices for all prescriptions charges included in the aggregate.
10. Detailed report from the RX card vendor for all prescription charges included in the aggregate. The report should be sent in an electronic format that will allow us to sort, subtotal and extract data.
11. RX card rebate reconciliation report from the PBM vendor that includes all rebates for this policy period.
12. 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.

You must file reimbursement requests within 90 days after the end of the time specified for payment of claims under the Stop Loss Policy. Failure to do so will result in claim denial.

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.

Authorized Signature

Title

Date

Claims administrator

Address

City

State

Zip Code

Phone

Fax
