

Aggregate Excess Loss Claim Form

Aggregate Claim Type:

End of Contract Aggregate
 Aggregate Accommodation

Contractholder Information

Contractholder: _____ Contract Period: _____

Attachment Point Calculation

Census Counts	X	Factors	=	Totals
Single: _____	X	_____	=	_____
Employee/Child: _____	X	_____	=	_____
Employee/Spouse: _____	X	_____	=	_____
Family: _____	X	_____	=	_____
Actual Attachment Point:				_____

Claim Details

Total Paid Claims:	\$	_____
Less Claims Exceeding the Specific Deductible:	(\$	_____)
Less Ineligible and Extracontractual Claims:	(\$	_____)
Less Refunds/Adjustments/Recoveries:	(\$	_____)
Less Rx Rebates:	(\$	_____)
Less Attachment Point*:	(\$	_____)
<small>*Greater of Actual Attachment Point or Minimum Attachment Point. For Accommodations, Minimum Attachment Point is prorated.</small>		
Total Eligible Paid Claims:	\$	_____
Less Prior Reimbursement**:	(\$	_____)
Total Requested Amount:	\$	_____

****Note: If the Prior Reimbursement exceeds the Total Eligible Paid Claims, a refund is due to the carrier.**

TPA: _____
 Contact Name: _____ Phone Number: _____
 Email Address: _____ Date: _____

Please submit completed forms to: claims@iisinet.com

FRAUD NOTICE: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Required Documentation

- ✔ Aggregate Excess Loss Claim Form
- ✔ Aggregate report
- ✔ Specific report
- ✔ Detailed paid claims report
- ✔ Detailed prescription drug report including drug names
- ✔ Itemized prescription drug invoices
- ✔ Outside loss fund report
- ✔ Eligibility report
- ✔ Funding report
- ✔ Check register

Additional End of Contract Required Documentation

- ✔ Bank statements
- ✔ Rx rebate report or statement from PBM
- ✔ Void and refund report
- ✔ Subrogation report