



Aggregate Excess Loss Year End Claim Form

Contractholder:	Policy/Treaty Contract Period:
Carrier Name:	Policy/Treaty Contract No:
Aggregate Basis:	Min. Attach. Point: \$

The following items are required when filing the year end aggregate claim:

- A detailed paid claim report (subtotaled by each claimant). Report must include check number and check dates.
- A census report through the month in which you are filing.
- Proof of funding – copies of monthly bank statements or deposit slips.
- Yearly Check Register
- Void/Refund Report
- Benefit/Service Code Report (if dx and procedures are not listed on the paid claim report)
- Aggregate Report – Monthly Loss Summary Report
- Specific Report showing claimants have exceeded the Specific Deductible/Loss Limit
- Payments made outside the Aggregate Contract (for example, weekly income, vision, etc.)
- Medical Record Fees and Prescription Administration Fees
- Outstanding overpayment report
- Report of subrogation cases
- RX Invoices (if covered under the Aggregate) with detail listing and proof of funding.

Total Claims Paid in Contract Period		\$	_____
Claims in Excess of the Specific	–	\$	_____
Claims NOT Eligible to the Aggregate	–	\$	_____
Net Eligible Claims Paid YTD	=	\$	_____
Less Attachment Point:			
Attachment point is greater of:			
a) YTD amount based on Census			
b) Minimum Attachment Point		\$	_____
	–		
Claims Exceed Attachment Point:		\$	_____
Less Previously Filed Amounts:	=	\$	_____
Amount Requested:	–	\$	_____

SEND AGGREGATE EXCESS LOSS CLAIM FORM TO:

Via Email
claims@creativeuw.com

or

Via Mail
Creative Risk Underwriters, LLC
1343 Canton Road, Suite B-1
Marietta, GA 30066

Signed:	Date:
Administrator Name:	Phone: