



AGGREGATE EXCESS LOSS CLAIM FILING

The following information is required to file an Aggregate Claim.

◆ AGGREGATE EXCESS LOSS CLAIM FORM

- ◆ An **AGGREGATE PAID CLAIM REPORT** completed in its entirety (See the separate EXCEL template used to track claims monthly).
- ◆ Enrollment/eligibility records for all covered employees, dependents, and COBRA participants. (Note: For COBRA participants, documentation of premium payments must also be included in this submission.)
- ◆ Monthly Excess Loss premium billing statements beginning on the effective date of the contract through the present, to verify reported census and adjustments.
- ◆ Financial records documenting the funding of claims during the Contract period, including a reconciled bank statement for each month of the Contract period.
- ◆ Monthly check registers for each month of the Contract period through present.
- ◆ A paid benefit analysis report to confirm payments for out-of-contract approvals, medical records fees, and administration fees; also a detailed Claims Paid History Report.
- ◆ Documentation regarding voids and refunds processed during and after the Contract period, but relating to payments made during the Contract period.
- ◆ A copy of the procedures utilized for handling claims with potential subrogation or third party liability and a listing of any such claims currently in progress.
- ◆ Details of identified overpayments for this Contract period that are still outstanding.
- ◆ Monthly prescription drug card statements, if applicable.

Additional information may be identified and required. PACE Underwriters will advise you of these requests as they arise

Send **AGGREGATE EXCESS LOSS CLAIM FILING AND DETAIL** to:

PACE Underwriters – Claims, 4120 International Parkway, Suite 2200 Carrollton, TX 75007 Telephone (972) 905-1501



AGGREGATE EXCESS LOSS CLAIM FORM

Date: _____ Aggregate Accommodation # _____ Year End Filing

Contract Holder: _____ Contract Period: _____

Carrier Name: _____ Contract #: _____

Aggregate Basis: _____ Min Attach. Point: \$ _____

Aggregate Factors: Single \$ _____ Family \$ _____ Composite \$ _____

Total Claims Paid in Contract period \$ _____

Claims in Excess of the Specific: - \$ _____

Claims NOT Eligible to the Aggregate: - \$ _____

Net Eligible Claims Paid Y-T-D: = \$ _____

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: \$ _____

*Signed: _____ *Date: _____

*Administrator Name: _____ *Phone #: _____

Please make checks payable to _____ and sent to _____.

Send monthly **AGGREGATE EXCESS LOSS CLAIM FORM** to:

PACE Underwriters – Claims, 4120 International Parkway Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501