

### AGGREGATE CLAIM REIMBURSEMENT REQUEST

Case:	Policy Year:
Policy Number:	Policy Terms:

(A) Total Single Units	_____	X	Factor	=	_____
(B) Total Family Units	_____	X	Factor	=	_____
(C) Total EE + SP Units	_____	X	Factor	=	_____
(D) Total EE + CH Units	_____	X	Factor	=	_____
<b>Total (A) + (B) + (C) + (D) = (E)</b>				<b>=</b>	_____
<b>Minimum Attachment Point (F)</b>				<b>=</b>	_____

Total Paid Claims:	\$	_____
Less Ineligible Claims Paid:	\$	_____
Less Specific Claims:	\$	_____
Less the Greater of (E) or (F) above:	\$	_____
Less Previously Reimbursed:	\$	_____
Reimbursement Requested:	\$	_____

TPA/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_