INTERNATIONAL ASSURANCE OF TN
A JENCAP® COMPANY

MONTHLY ACCOMMODATION BENEFIT

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 _____ = _____

Total (A) + (B) + (C) + (D) = (E) = _____

Minimum Attachment Point (F) = _____

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: _____