



MONTHLY AGGREGATE REPORT INSTRUCTIONS

Attached is the Monthly Aggregate Report form that should be completed by the 15th of the following month. The attached form is set up to calculate based on the information you are providing. If your system generates a report that provides the same information, you should feel free to use that instead.

The area highlighted in **Green** is the data input area. Upon entering the necessary information the form is set up to automatically calculate the Total Paid Claims, Net Aggregate Claims, Aggregate Deductible and Aggregate Ratio.

Aggregate Attachment Factors:

We will input and send a ready-to-use form along with the application.

Aggregate Coverage Information:

- | | |
|-----------------------------------|--|
| Month/Year: | Please use 01/08 format. We only need the month and year provided. |
| Enrollment: | Please input the enrollment based on the tier structure the employer has selected. |
| Aggregate Coverage: | Please provide the amount paid for each type of service listed. The report will automatically calculate the Total Paid Claims. |
| Claims in Excess of the Specific: | Please input the reimbursements made on Specific Excess Loss claims. |

Send the Monthly Aggregate Report to Summit Re using any of the following options:

Mail: Summit Re – ESL Claims
7030 Pointe Inverness Way, Suite 350
Fort Wayne, IN 46804

Email: eslclaims@summit-re.com

Fax: 260-469-3014



Monthly Aggregate Report

Policyholder Information

Employer Name: _____
 Address: _____
 City / State / Zip: _____
 Contract Period: _____
 SL Contract Number: _____

Specific Contract Basis: _____
 Specific Deductible: _____
 Aggregate Contract Basis: _____
 Aggregate Corridor: _____
 Minimum Attachment Point: _____

For Summit Re Use:
 Carrier: _____
 Treaty #: _____
 Treaty Year: _____

Aggregate Attachment Factors

	Medical	RX	Dental	Vision
Single				
EE + Spouse				
EE + Child				
Family				
Composite				

Month / Year	Enrollment					Included in Aggregate Coverage?				Total Paid Claims	Claims in Excess of the Specific	Net Aggregate Claims	Aggregate Deductible	Agg Ratio	
	Single	EE + Spouse	EE + Child	Family	Composite	Medical Claims	RX Claims	Dental Claims	Vision Claims						
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
										\$0.00		\$0.00	\$0.00	0.00%	
Year To Date						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%

ADMINISTRATOR: _____ SUBMITTED BY: _____ DATE: _____ PHONE: _____

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