

Aggregate Excess Loss Claim—Filing Summary

Date: _____ Aggregate Accommodation Year End Filing

Excess Reinsurance Section

Carrier: _____ Treaty #: _____ Treaty Year: _____

Policyholder Stop Loss Section

Policyholder: _____ Policy Period: _____

Carrier Name: _____ Policy #: _____

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

Aggregate Factors:

Single	\$ _____
Employee plus Spouse	\$ _____
Employee plus Child	\$ _____
Family	\$ _____
Composite	\$ _____

Total Claims Paid in Policy 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: - \$ _____

Reimbursement Requested: \$ _____

*Signed: _____ *Date: _____

*Administrator Name: _____ *Phone #: _____

Mail to:

Summit Re – ESL Claims, 6920 Pointe Inverness Way, Suite 140, Fort Wayne, IN 46804

Email: eslclaims@summit-re.com

