



Arbor Benefit Group

**ARBOR BENEFIT GROUP, L.P.**  
**AGGREGATE CLAIM FORM**  
(See list of submission requirements enclosed)

Carrier: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Year End Claim

Month End Claim

For month:

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Minimum Attachment Point for the Policy Period: \_\_\_\_\_

1. Total Claims Year-to-Date \_\_\_\_\_

2. Less Specific Claims (Paid or Payable) \_\_\_\_\_

3. Less Ineligible Toward Aggregate \_\_\_\_\_

4. Less Refunds/Recoveries/Voids \_\_\_\_\_

5. Total Eligible Toward Aggregate \_\_\_\_\_

6. Attachment Point \_\_\_\_\_

Higher of the Year-to-Date Attachment Point, or Minimum Attachment Point.  
If this is a Month End Claim, use prorated Minimum Attachment Point.

7. Less Previous Month's Advancement/Reimbursement \_\_\_\_\_

8. Amount Requested (5-6-7) \_\_\_\_\_  
If negative, amount due Carrier

**REQUIRED ATTACHMENTS**

- A. Contract year-to-date monthly check register showing all payments, voids, reissues, and refunds; identifying any non-claim payments (e.g. administration feeds, etc.). The register should show check number, date of check, name of claimant, incurred date, and check amount.
- B. Contract year-to-date claim listing by coverages and claimant (by month if monthly). Only include those coverage eligible for Aggregate.
- C. Listing of all Specific Stop Loss claims for the Aggregate Period.
- D. Policy year eligibility listing by month.
- E. Attachment Point Calculation

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

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

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

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