Valenz HEALTH

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AGGREGATE REPORTING FORM

Name of Group _____

Contract Year _____

(1)	(2)				(3)	(4)	(5)	(6)	(7)
Month & Year	Employee	Employee + Spouse	Employee + Child	Family	Claims Paid Monthly	Claims Paid Year-to-Date	Claims Paid Outside Loss Fund (Monthly)	Total Specific Claims Paid Over Retention	Refunds Recoveries (Coordination of Benefits – Subrogation) Returned or Voided Checks
Total:									

Administrator _____ Prepared By _____ Date_____

Email Address: Phone Number:

AGGREGATE CALCULATION

Group Name:

Effective Date:

<div style="float:right; border:1px solid black; width:45%; padding:10px;">

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TRUE ATTACHMENT CALCULATION (Year to Date)

Employee   _____ x _____   = $ _____
                                            Factor

Employee + Spouse   _____ x _____   = $ _____
                                            Factor

Employee + Child   _____ x _____   = $ _____
                                            Factor

Family   _____ x _____   = $ _____
                                            Factor

TOTAL TRUE ATTACHMENT   = $ _____

MINIMUM ATTACHMENT (from schedule of benefits)   = $ _____
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AGGREGATE CALCULATION

Total Claims Paid Year to Date (Should equal the total of Column 4)   _____

Less Claims Paid Outside Loss Fund (Should equal total of Column 5)   _____

Less Specific Claims (Should equal total of Column 6)   _____

Less Refunds, Recoveries, Return or Voided Checks (Should equal total of Column 7)   _____

Less the **Minimum** or **Calculated** Attachment Point, whichever is greater   _____

Less Previous Accommodation Payments   _____

Reimbursement Requested / Accommodation Re-payment Due   _____