CERTUS
MANAGEMENT GROUP
A Valenz Affinity Company

AGGREGATE REPORTING FORM

300 N. Meridian Street, Suite 1710
Indianapolis, Indiana   46204
1-877-884-6475 • 463-203-5151 Fax
certusclaims@certusmg.com • www.certusmg.com

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:

Certus Management Group

AGGREGATE CALCULATION

Group Name:

Effective Date:

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   _____

<u>Note</u>

The following information is required to properly process this claim. Please submit an annual paid claims report listing.

1.	Name of Employee	8.	Date Paid
2.	Name of Claimant	9.	Check Number
3.	Incurred Date	10.	Specific Analysis Report
4.	Type of Service	11.	PCS Detail Report
5.	Amount of Charge	12.	Check Registers
6.	Amount Paid	13.	Outside Loss Fund Report
7.	Eligibility Report	14.	Claims Funding Report

Outstanding Accomodations are immediately due and to be repaid within 10 days of notice by the Company to the Employer of the amount to service as final repayment under this Agreement. Past due repayments are subject to a 2% penalty.