

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

# TRANSITIONAL ACCOMMODATION REPORTING FORM

Name of Group

certusclaims@certusmg.com • www.certusmg.com				Contract Year				
(1)	g.com	(2)			(3)	(4)	(5)	(6)
Month & Year	Employee	Employee + Spouse	Employee + Child	Family	Claims Paid Monthly	Claims Paid Year-to-Date	Claims Paid Outside Loss Fund (Monthly)	Refunds Recoveries (Coordination of Benefits – Subrogation) Returned or Voided Checks
Total:								
Administrator				_ Prepared By		Da	ate	

### TRANSITIONAL ACCOMMODATION CALCULATION

#### TRUE ATTACHMENT CALCULATION (Year to Date)

Employee	X	= \$
	Factor	
Employee + Spouse	x	= \$
. , .	Factor	
Employee + Child	x	= \$
	Factor	
Family	x	= \$
-	Factor	

## MINIMUM ATTACHMENT CALCULATION (Inception Counts)

Employee		X _		X		= \$
	Inception		Factor		# Months Filed	
Employee + Spouse		Χ_		Х		= \$
	Inception		Factor		# Months Filed	
Employee + Child		Χ_		Х		= \$
	Inception		Factor		# Months Filed	
Family		Χ_		Х		= \$
•	Inception		Factor		# Months Filed	

# ACCOMMODATION 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 Refunds, Recoveries, Return or Voided Checks (Should equal total of Column 6)

Less the Minimum or True Attachment Point, whichever is greater

Less Previous Accommodation Payments

Accommodation Payment Requested

#### Note

- All Accommodation Reporting forms must be accompanied by year to date paid claims analysis report.
- Outstanding Accommodations are immediately due and to be repaid within 10 days of notice by the Company to the Employer of the amount to serve as final repayment under this Agreement. Past due repayments are subject to a 2% penalty

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