Ullico
SOLUTIONS FOR THE UNION WORKPLACE

YEAR END AGGREGATE
CLAIM FORM

Please submit this form to:
The Union Labor Life Insurance Company
Stop Loss Claims Unit
8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
Toll free: 800-328-5837 • Fax: 1.202.682.6920
StopLossClaims@ullico.com

Plan Sponsor (Group) Name: _____ **Policy #** _____

Contract Basis: _____ **Effective Date:** _____ **Expiration Date:** _____

A.	**Total Paid Claims**	$ _____
B.	Less: Claims paid outside the Aggregate Contract	$ _____
C.	Less: Claims exceeding specific deductibles/loss limit	$ _____
D.	**Net Claim**	$ _____
E.	Year-To-Date Attachment Point [Monthly Accommodations]	$ _____
F.	Minimum Annual Attachment Point [Minimum Aggregate Deductible]	$ _____
G.	**Excess of attachment Point**	$ _____
H.	Less: Total Previous Reimbursements	$ _____
I.	**Reimbursement Due**	$ _____

PLEASE INCLUDE THE FOLLOWING TO AVOID DELAY:

1. Paid Claim Analysis Report showing name of claimant, incurred date, charge, payment amount and date
2. Eligibility listing which identifies birth date, effective date, termination date and coverage type
3. Proof of funding (including monthly bank statements and/or deposit slips)
4. Void / Refund report
5. Benefit / Service Code report
6. Aggregate Report – Monthly Summary Report
7. Specific Report showing claimants have exceeded the Specific Deductible/Loss Limit
8. Payments made outside the Aggregate Contract (i.e., Dental, Weekly Income, Vision, etc)
9. Yearly Check Register
10. Outstanding overpayments and subrogation issues
11. Rx invoices with detail listing (if covered under the aggregate contract)

PLEASE READ BEFORE SIGNING

I hereby certify that, to the best of my knowledge, after reasonable inquiry: (1) that the information stated herein is correct; (2) that the claim has been processed and is eligible in accordance with the Schedule of Benefit/Employee Benefit Plan; and (3) that all the indicated expenses have actually been unconditionally paid on behalf of the Plan as required by the Stop Loss Contract.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

YOU MUST FILE REIMBURSEMENT REQUESTS WITHIN 90 DAYS AFTER THE END OF THE TIME SPECIFIED FOR PAYMENT OF CLAIMS UNDER THE STOP LOSS POLICY. FAILURE TO DO SO WILL RESULT IN CLAIM DENIAL.

_____ Authorized Signature

_____ Title

_____ Date

_____ TPA/Administrator

_____ Address

_____ Phone

_____ City, State Zip

_____ Fax

_____ Email Address

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FRAUD NOTICE TO INCLUDE ON EACH CLAIM/APPLICATION FORM

California: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.