

Aggregate Claim Submission Form

Carrier:

Employer Name:

Policy Period:

Total Paid Claims Under the Policy:

Less: Specific Claims Paid or Payable:

Less: Ineligible or Extra-Contractual Claims:

Less: Refunds, Recoveries, and Voids:

Less: Outstanding Overpayments:

Less: Any Other deductions:

Less: Attachment Point (will be the higher of the
Minimum Attachment Point* or the Year-to-date attachment point):

Less: Any previous advancement/accommodations:

Amount Requested:

*Refer to policy for definition of Minimum Attachment Point

Completed by:

Completed Date:

Phone:

Email:

Please send to: claims@getisls.com