

Innovative Stop Loss Solutions SAMPLE MONTHLY AGGREGATE REPORT

TPA: _____ MINIMUM ATTACHMENT POINT: _____

CARRIER: _____ MONTHLY AGGREGATE FACTOR: Single Family Composite

POLICYHOLDER: _____ AGGREGATE CONTRACT BASIS: _____

AGGREGATE PERIOD: _____ COVERAGES: Med Rx Dental Other

Month & Year	# Single	# Family	Monthly Aggregate Attachment Point	Year to Date Aggregate Attachment Point	Gross Monthly Paid Claims	Gross Year To Date Paid Claims	Out of Contract Payments	Adjustments: Void or Returned Checks	Specific Excess Claim Payments	Net Adjusted Monthly Paid Claims	Year to Date % Over / Under Agg. Att. Pt.

*Please indicate the % of Claims vs. the Aggregate Attachment Point in the last column