ONE80 INTERMEDIARIES

National Underwriting Services, Inc.

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CLEAR FORM

Proof of Loss - Aggregate Reimbursement Claim Form

Employer: _____

Effective Date: _____ (of Claim Year) Expiration Date: _____ (of Claim Year)

Answer the following:

1. The total amount of mailed claim payments are: ..... $ _____
2. The minimum aggregate deductible is: ..... $ _____
3. The annual aggregate deductible is: (calculated) ..... $ _____
4. Less the amount of specific payments: ..... $ _____
5. Less the total amount of prior advances: ..... $ _____
6. Less ineligible amounts: ..... $ _____
7. The total amount of the reimbursement is: ..... $ _____

Instructions For Completing The Above

The Minimum Aggregate Deductible is the amount stated in the contract. Enter that amount on line 2. To calculate the amount to be entered on line 3, multiply the Aggregate factors per month by the actual enrollment of each month. Add the 12 months and enter the total on line 3. The total you request on line 7 will be the total on line 1, less the greater amount on either line 2 or line 3, and less the totals on line 4, line 5 and line 6, if any.

Please Read Before Signing

Enclosed is the necessary information (refer to the NUS Aggregate Claim Checklist for the list of required items) in order to process our claim request. I certify that all checks were mailed to the payee on or before the last day of the Contract Year for which this claim has been presented.

Authorized Signature	**Title**	**Date**
Designated Third Party Administrator	**City**	**State**

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.