

National Underwriting Services, Inc.

Proof of Loss - Monthly Aggregate Accommodation Claim Form

Employer: _____

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

Answer the following:

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| 1. The total paid claims through: _____ | \$ | |
| 2. The minimum retention through _____ is: _____ | \$ | |
| 3. The aggregate retention through _____ is: _____ | \$ | |
| 4. Less the amount of specific payments: _____ | \$ | |
| 5. Less ineligible amounts: _____ | \$ | |
| 6. Less the total amount of prior advances: _____ | \$ | |
| 7. The total amount of the advance requested is: _____ | \$ | |

Instructions For Completing The Above

To calculate the minimum retention, divide the minimum attachment point stated in your Contract by 12. Then, multiply this figure by the number of expired months in the contract. Enter the total on line 2. To calculate the aggregate retention, multiply the Aggregate factors per month by the actual enrollment. Add the months through the month shown on line 3 and enter the total. The month, day, year on lines 1, 2, and 3 should be the same. Your advance request on line 7 will be the total of line 1 less the Greater amount of either line 2 or 3, and less the amounts of line 4, 5 and 6, if any.

Please Read Before Signing

Enclosed is the necessary information (refer to the NUS Monthly Aggregate Accommodation Checklist for the list of required items) in order to process our claim request. I certify that all checks totaling the amount entered on line 1 have been mailed to the payee on or before the last day of the month for which this claim has been presented.

Authorized Signature	Title	Date
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Designated Third Party Administrator	City	State
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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.