PROOF OF LOSS –MONTHLY AGGREGATE ACCOMMODATION CLAIM FORM

Employer: _____

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

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

_____   _____   _____
      Designated Third Party Administrator   City   State