HIGHMARK. CASUALTY INSURANCE COMPANY

P.O. Box 535057
Pittsburgh, PA 15253-5057
Tel: 800-328-5433
Fax: 412-544-1246
hmig.com

HM Stop Loss
Aggregate Stop Loss Claim Form

Please complete the form and save as PDF, or print in blue or black ink.

EMPLOYER INFORMATION

Group Name	
Group Number	Plan Type: ☐ 12/12 ☐ 15/12 ☐ Paid ☐ 12/15 ☐ 24/12 ☐ Other ☐ 12/18
Coverage Period / / through / /	

TPA INFORMATION

TPA Name		
Address		
City	State	Zip Code
Telephone Number ( )	Fax Number ( )	

CALCULATIONS

1. Annual Aggregate Deductible	$
2. Minimum Attachment Point for the Policy Period	$
A. Total Claims Year-to-Date	$
B. Less amounts exceeding the maximum aggregate eligible claims expense	$
C. Less Ineligible or Extra-Contractual Claims	$
D. Less Refunds/Recoveries/Voids	$
E. Total Eligible toward Aggregate	$
F. Attachment Point (Either the Year-to-Date Attachment Point or the Minimum Attachment Point, whichever is higher)	$
G. Amount Requested (E-F)	$

ATTACHMENTS

Your reimbursement request should include the following information:

1. Census listing for all individuals covered during the policy period. The list must contain all types of coverages (single, family, COBRA, etc.) and must contain all additions, terminations and changes (Excel format preferred).
2. Claim detail report showing employee name, patient/claimant name, incur date, paid date, provider information, amount paid, check number, payee name and diagnosis code for all claims declared under the Aggregate policy (Excel format preferred).
3. List of all refunds received for this account.
4. List of all non-contractual payments/pay by exceptions that were made during the policy period with a comprehensive explanation of the payment.
5. Proof of funding, including banking or funding reports that substantiate that the group has funded all claims.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

We certify that the above information is correct and that the claims have been paid in accordance with the plan.

Authorized Signature	Date
Title	

Send Claims to: stoplossmail@hmig.com

Or mail to:
Highmark Casualty Insurance Company
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Pittsburgh, PA 15253-5057
Fax: 412-544-1246