SLG
BENEFITS & INSURANCE, LLC

9 Atlantic Avenue • Marblehead, MA 01945
Telephone: (978) 740-4538 • (800) 742-9279
Facsimile: (978) 740-9485

AGGREGATE SUMMARY REPORT

Policyholder_____ **Policy Period**__/__/__ to __/__/__

Carrier_____ **Claims Basis:** ☐ Paid ☐ 15/12 ☐ Incurred & Paid ☐ 12/15 ☐ Other

Benefits Under Aggregate: ☐ Med ☐ PCS ☐ Dental ☐ Vision ☐ WDI **Specific Attachment Point**_____

Funding Factors: Single_____ EE + Child_____ EE + Spouse_____ Family_____ Composite_____

Month	Single	EE + Child	EE + Spouse	Family	Composite	Monthly Aggregate	Year to Date	Gross Monthly Paid Claims	Paid Claims YTD	Claims Paid Over Specific Attachment Point	Pended Claims	Denied Claims	Ineligible Claims	Net Claims Paid Mo/YTD

Administrator | Administrative Street Address | City | State | Zip Code

Telephone | Fax | Prepared By (Please print legibly) | Dept. or Title | Date

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