



Monthly Aggregate Accommodation Reimbursement Form

Please submit this form to:
medTRANS Insurance
Frontrunner Captive Management, inc.
303 West Main St. Suite 300
Freehold, NJ 07728
Phone: 732.414.2942
rbeckie@frontrunnercaptive.com

Policyholder Information:

Plan Sponsor (Group Name): _____ Policy # _____
Policy Period: _____ Contract Type: _____ Specific Deductible _____

Claims Information

- A. Total Paid Claims Through _____ \$ _____
- B. Less: Claims Paid outside the Aggregate Contract \$ _____
- C. Less: Claims exceeding specific deductibles \$ _____
- D. NET CLAIM \$ _____
- E. Year-To-Date Attachment Point Through _____ \$ _____
- F. Year-To-date Minimum Annual Attachment Point* Through _____ \$ _____
- G. Excess of Attachment Point \$ _____
- H. **Less: Total Previous Reimbursements** \$ _____
- I. Total amount of accommodation request** \$ _____

* To calculate the Year-To-Date Minimum Annual Attachment Point (F), divide the annual Minimum Attachment Point (Minimum Aggregate Deductible) by 12, then multiply by the number of months that the accommodation has been in effect.

** Total amount of accommodation requested (I) will be line D less the higher of line E or F, less any

Authorized Signature Title Date

TPA/Administrator Address

Phone City State Zipcode

Fax E-Mail Address



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FRAUD NOTICE TO INCLUDE ON EACH CLAIM/APPLICATION FORM

Fraud Notice to included on each claim/Application Form

California: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing

Georgia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or

For all other states: WARNING: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive