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## NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND

Ron Noelle, Administrator

CATASTROPHE \ CLAIM SPREADSHEET. XLS

AIG INSURANCE

UNITED STATES LIFE INSURANCE COMPANY IN CITY OF NEW YORK  
POLICY BENEFITS DEPARTMENT

PO BOX 1581, MSN 2-E

NEPTUNE, NEW JERSEY 07754-1581

EXAMPLE

CLAIMS DEPT:

Policyholder:	Member	Member Soc. Sec.	Date of this Filing :
Policy / Certificate No. :	E-610,219	Original E-170,129	09/15/97
Claim for :	Self / Dependent	Claimant's Name	Initial Date of Charges :

	Charges	Allowed	NOTES
Sun Health Medisun			
John Smith 's Memorial Hospital	\$ 15,160.00	\$ 10,553.95	Check R&C
John Smith 's Memorial Hospital	\$ 1,143.89	\$ -	
John Smith 's Memorial Hospital	\$ 177.94	\$ -	
Sun Health Medisun			
Jane Doe Memorial Hospital	\$ 2,438.00	\$ 359.53	
Sun Health Medisun			
Dr. Kildare	\$ 90.00	\$ 52.38	
Dr. Welby	\$ 74.00	\$ 38.48	
SunnyDay Pharmacy	\$ 315.00	\$ 210.00	
Co-Pays			
5/26/05 to 9/28/05			
Attached			
TOTALS	\$ 19,398.83	\$ 11,214.34	
Outstanding	\$	\$ 13,785.66	
Threshold	\$	\$ 25,000.00	

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