

December 9, 2024

AmeriHealth Administrators
1901 Market Street, 22nd Floor
Philadelphia, PA 19103
Attn: Stop Loss

Reference:	<u>Claim Overpayment</u>	
	Group Name:	Carpenters Local 491 Health & Welfare Fund
	Policy Number:	SL10297
	Policy Effective Date:	1/1/2023
	Member Name:	[REDACTED]
	Amount of Overpayment:	\$67,598.28

Dear Stop Loss:

On December 6, 2024, you provided our office with the latest paid claims report for the above-referenced claimant. This report shows claims that were adjusted, resulting in an overpayment of \$67,598.28 to the Stop Loss reimbursements that were made to the Policyholder, for this claimant.

Please consider this letter our formal request for refund of the \$67,598.28 overpayment. Please remit a check for this amount, payable to: *The Union Labor Life Insurance Company*, immediately. Please reference the member's name and policy number on your check.

If you have any questions, please contact Matthew Ramsey at (202) 682-7971.

We appreciate your prompt attention to this matter.

Sincerely,



Justin Rodriguez
Stop Loss Claims Manager

Cc: File