

Data Transmittal Memorandum State Certification Work-Product

Username _____

Password _____

New Plan and New Valuation

Addressees

Addressee Number 1

Company Name _____ **ID** _____

Address _____

City _____ **State** _____ **Zip** _____

Tel. _____ **Fax** _____

Email _____ **Contact** _____

Addressee Number 2

Company Name _____ **ID** _____

Address _____

City _____ **State** _____ **Zip** _____

Tel. _____ **Fax** _____

Email _____ **Contact** _____

Addressee Number 3

Company Name _____ ID _____

Address _____

City _____ State _____ Zip _____

Tel. _____ Fax _____

Email _____ Contact _____

Plans

Name _____ ID _____

Addressee: Number 1 _____ Number 2 _____ Number 3 _____

Plan Sponsor _____ State _____

Benefits: M _____ Rx _____ D _____ V _____ STD _____

Valuations

Valuation Number _____

Subject Plan Year: Beg. Month _____ End Month _____

Prior Year Run-Out Claims _____

Claim Reserve % Year End _____

Beginning Assets

Cash and Allocated Assets _____

Separate Plan Investments _____

Other Plan Assets _____

Income and Outgo

Total Plan Contributions

Interest Credited

Stop-Loss Recoveries

Specific Stop-Loss

Aggregate Stop-Loss

Other Income

Increase in Separate Invest

Paid Claims

Administrative Fees

Stop-Loss Premiums

Specific Stop-Loss

Aggregate Stop-Loss

Consulting Fees

Insurance Premiums

Other Outgo

Decrease in Separate Invest.

Ending Assets

Cash and Allocated Plan Assets

Separate Plan Investments

Other Plan Assets

Accrual Adjustments

Plus Claim Reserve (Incd.- Not Paid)	_____
Less Stop-Loss Claims Recoverable	_____
Plus Stop-Loss Prem. Due and Unpaid	_____
Plus Other Plan Payables	_____
Less Other Plan Receivables	_____