

Data Transmittal Memorandum Experience Monitoring

Username _____

Password _____

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 _____

Plan Data

Plan Name _____

Plan ID _____ Plan Option _____

Addressee No. _____ No _____ No _____

DOL Number _____ Other Desisgnation _____

Projection Year From _____ To _____

Beginning Census I _____ F _____ Total _____

Estimated Paid Claims for the Projection Year _____

Included Benefits M _____ Rx _____ D _____ V _____

Estimated Paid Fixed Costs for the Ptojection Year _____

Stop-Loss Limits Specific _____ Terms _____

Aggregate _____ Terms _____

Aggregating Specific _____

Lasered Specific A _____ B _____ C _____ D _____

E _____ F _____ G _____ H _____

Claim Reserve Beginning of Plan Year _____

Valuation Data

Valuation Number _____ Monitor Date _____

Census on Monitor Date I _____ F _____ Total _____

Monitor Period Beginning _____ Ending _____

Monitor Period Experience Paid Claims _____

Paid Fixed Costs _____

Claim Reserves on Monitor Date _____

Specific Claims Relative Monitor Period Paid _____

Pending at End Of _____

From Monitor Period Aggregate Tracking Report

Paid Claims _____ Attachment Point

Lasered Participant A – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant B – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant C – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant D – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant E – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant F – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant G – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Lasered Participant H – Initial Lasered Specific _____

Specific Benefit Paid _____ Pended _____ Total _____

Inflation Factor _____