

Data Transmittal Memorandum
Monte Carlo I 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 _____

DOL Number _____ Designation _____

Benefits: M _____ Rx _____ D _____ V _____ STD _____
(For Aggregate Stop-Loss Purposes Only)

Valuations

Valuation Date _____ Number _____

Projected Period: Beg. Month _____ End Month _____

Variable-Corridor Aggregate Stop-Loss _____

Amount of Plan Sponsor Claims

Below Specific Only _____

All claims _____

Census: I _____ P/C _____ P/S _____

P+1 _____ P+2 _____ P/C+ _____

P/C/C+_____F_____

Specific Stop-Loss

Amount_____Terms_____

Annualized Premium_____

Aggregate Stop-Loss

Amount_____Terms_____

Annualized Premium_____

Lognormal Dispersal Index_____

Percent of Covered Persons with One or

More Claims_____