

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

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 _____