

Data Transmittal Memorandum

Monte Carlo II 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 purpose only)

Valuations

Computation Date _____ Val. Number _____

Projection Period

Beg. Month _____ End Month _____

Plan Benefits

	<u>Network A</u>	<u>Network B</u>	<u>Network C</u>
C.Y Deductible	_____	_____	_____
Participant Copay	_____	_____	_____
Out-of-Pocket	_____	_____	_____
Specific Stop-Loss	_____	_____	_____
Ann. Med. Cost	_____	_____	_____
Penetration Factor	_____	_____	_____
Lognormal Dispersal Factor	_____		