

Transmittal Memorandum Claim Reserve 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 _____

Claims Over Specific _____ Institutional Care _____

Maternity _____

Purpose: AICPA FAS 5 _____ IRS Form 990 _____ MEWA _____

IRS Form 1041 _____ COL 'IR' Form 5500 _____

Valuations

Number _____ Date _____

Recent Months _____ Adjustment Factor _____

Sample Date Range: Beg. Month _____ End Month _____

<u>Previous Valuations:</u>	<u>Date</u>	<u>Amount</u>
1.	_____	1. _____
2.	_____	2. _____
3.	_____	3. _____
4.	_____	4. _____
5.	_____	5. _____

Claim Lag Reports

See attached

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