

Data Transmittal Memorandum Claim Reserve Amendment

Username _____

Password _____

New Plan and 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 _____

Plan Data

Plan Name _____

Valuation Data

Addressee No.: 1 _____ 2 _____ 3 _____

Valuation Date _____ Claim Reserve Amount _____

Specific Stop-Loss Claims Recoverable _____

Claims Settlement Expenses _____

Pended/Delayed Claims (COB, lawsuits, MC, etc.) _____

Discretionary Safety Margin _____