

Data Transmittal Memorandum State Certification Work-Product

Username sampleuser

Password sampleuser

New Plan and New Valuation

Addressees

Addressee Number 1

Company Name Administrators, Inc. ID T0001

Address 414 Main Street

City Portland State OR Zip 97114

Tel. 601-414-8888 Fax 601-516-1414

Email jsmith@admin.com Contact John Smith

Addressee Number 2

Company Name Self-Funding Actuarial ID E0001

Address 8025 North Point Blvd, Ste.. 207W

City Winston-Salem State NC Zip 27106

Tel. 336-759-2035 Fax 336-759-2035

Email harker2@earthlink.net Contact Carlton Harker

Addressee Number 3

Company Name XYZ County ID P0004
Address County Court House
City County Seat State IA Zip 51061
Tel. 515-444-6412 Fax 515-618-0059
Email jjones@xyz.rr.gov Contact Jack Jones

Plans

Name XYZ County Health Plan ID 001
Addressee: Number 1 T0001 Number 2 E0001 Number 3 P0004
Plan Sponsor XYZ County State IA
Benefits: M Rx D V STD

Valuations

Valuation Number 01
Subject Plan Year: Beg. Month JAN10 End Month DEC10
Prior Year Run-Out Claims 64,153
Claim Reserve % Year End 15

Beginning Assets

Cash and Allocated Assets	<u>109,035</u>
Separate Plan Investments	<u>0</u>
Other Plan Assets	<u>0</u>

Income and Outgo

Total Plan Contributions	607,379
Interest Credited	6,957
<u>Stop-Loss Recoveries</u>	
Specific Stop-Loss	379,757
Aggregate Stop-Loss	0
Other Income	0
Increase in Separate Invest	0
Paid Claims	810,673
Administrative Fees	15,338
<u>Stop-Loss Premiums</u>	
Specific Stop-Loss	112,562
Aggregate Stop-Loss	7,439
Consulting Fees	100
Insurance Premiums	0
Other Outgo	40,801
Decrease in Separate Invest.	0

Ending Assets

Cash and Allocated Plan Assets	115,216
Separate Plan Investments	0
Other Plan Assets	0

Accrual Adjustments

Plus Claim Reserve (Incd.- Not Paid)

See Note

Less Stop-Loss Claims Recoverable

25,805

Plus Stop-Loss Prem. Due and Unpaid

0

Plus Other Plan Payables

0

Less Other Plan Receivables

0

Note: This is a calculated entry.

Actuarial Work-Products, Inc.

State Certifications - Valuations

[Back](#)

Please add a new Valuation or make any desired changes to your saved Valuations (shown below).

For those fields below marked with '(\$)', enter the dollar amount rounded to the nearest dollar (up to \$999,999,999).

Val Number		01
Projected Plan Begin Month		JAN10
Projected Plan End Month		DEC10
Run-out claims prior plan year	0	64153
Claim Reserve percent current plan year end	0	15
Cash and allocated Plan assets	0	109053
Separate Plan investments	0	0
Other Plan assets	0	0
Total Plan contributions	0	607379
Interest credited	0	6957
Stop-Loss Recovered - Specific	0	379757
Stop-Loss Recovered - Aggregate	0	0
Other Income	0	0
Increase in Separate Investments	0	0
Paid claims	0	810673
Administrative fees	0	15338
Stop-Loss Premium - Specific	0	112562
Stop-Loss Premium - Aggregate	0	7439
Consulting fees	0	100
Insurance premiums	0	0
Other outgo	0	40801
Decrease in Separate Plan		

Investments	0
Cash and allocated plan assets	0
Separate Plan investments	0
Other Plan assets	0
Less stop-loss claims recoverable	0
Plus stop-loss premiums due and unpaid	0
Plus other Plan payables	0
Less other Plan receivables	0
Valrecord	
Plan ID (Preset)	002XX

0
 115216
 0
 0
 25805
 0
 0
 0
Ignore

Save More Cancel

43.294 milliseconds

Actuarial Work-Products, Inc.

State Certifications - Plans

[Back](#)

Please add a new Plan or make any desired changes to your saved Plans (shown below).

Plan ID	
Plan Name	
Plan Sponsor	
Certifying State	
Addressee 1 ID	
Addressee 2 ID	
Addressee 3 ID	
Medical Benefits	<input type="checkbox"/> are included
Rx Benefits	<input type="checkbox"/> are included
Dental Benefits	<input type="checkbox"/> are included
Vision Benefits	<input type="checkbox"/> are included

001
XYZ County Health Plan
XYZ County
IA
T0001
E0001
P0002
X
X

[Save](#) [More](#) [Cancel](#)

17.323 milliseconds

Data Transmittal Memorandum State Certification Work-Product

Username sampleuser

Password sampleuser

Existing Plan Name XYZ County Health Plan

Existing Plan ID 001

New Valuation Only

Plans and Addressees

Unless otherwise indicated, use the presently stored data with respect to Addressees and Plans.

Valuations

Valuation Number 01

Subject Plan Year: Beg. Month JAN11 End Month DEC11

Prior Year Run-Out Claims 85,161

Claim Reserve % Year End 15

Beginning Assets

Cash and Allocated Assets

115,216

Separate Plan Investments

0

Other Plan Assets

0

Income and Outgo

Total Plan Contributions

804,614

Interest Credited

12,016

<u>Stop-Loss Recoveries</u>	28,425
Specific Stop-Loss	0
Aggregate Stop-Loss	0
Other Income	0
Increase in Separate Invest	74,821
Paid Claims	18,161
Administrative Fees	
<u>Stop-Loss Premiums</u>	114,161
Specific Stop-Loss	9,169
Aggregate Stop-Loss	500
Consulting Fees	0
Insurance Premiums	21,104
Other Outgo	0
Decrease in Separate Invest.	
<u>Ending Assets</u>	152,355
Cash and Allocated Plan Assets	0
Separate Plan Investments	0
Other Plan Assets	
<u>Accrual Adjustments</u>	See Note
Plus Claim Reserve (Incd. Not Paid)	16,000
Less Stop-Loss Claims Recoverable	

Plus Stop-Loss Premiums Due and Unpaid

_____ 0 _____

Plus Other Plan Payables

_____ 0 _____

Less Other Plan Receivables

_____ 0 _____

Note: This is a calculated item.