

Transmittal Memorandum Medicare Part D 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 ismith@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 336-896-0392

Email harker2@earthlink.net Contact Carlton Harker

Addressee Number 3

Company Name ABC Manufacturing Co. ID P0006

Address 1841 Bypass Road

City Tupelo State MS Zip 37116
 Tel. 414-160-1425 Fax 614-280-8416
 Email bowner@abcco.com Contact Bill Owner

Plans

Name ABC Health Care Plan ID 001
 Addressee: Number 1 T0001 Number 2 E0001 Number 3 P0006

Valuations

Valuation Number 01
 Projected Attestation: Beginning JAN09 Ending DEC09
 Test Year 2009 Monthly Benchmark Premium 34

Benefit Parameters

<u>Benefit Group</u>	<u>Beg. Value</u>	<u>End. Value</u>
A	<u>0</u>	<u>295</u>
B	<u>295</u>	<u>2,700</u>
C	<u>2,700</u>	<u>6,154</u>
D	<u>6,154</u>	<u>NA</u>

Experience Period

From FEB08 To NOV08 No. of Mos. 10

Benefit Variables

<u>Group</u>	<u>No. of Claimants</u>	<u>Submitted Claims</u>	<u>Paid Claims</u>
A	<u>6</u>	<u>682</u>	<u>500</u>
B	<u>39</u>	<u>47109</u>	<u>4310</u>
C	<u>22</u>	<u>74383</u>	<u>3570</u>
D	<u>6</u>	<u>45822</u>	<u>3810</u>

Monthly Contribution per Retiree

10