

Actuarial Work-Products, Inc.

Addresses

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

Addressee ID	E0001
Company Name	Self-Funding Actuarial Service
Address	8025 North Point Blvd Ste 207W
City	Winston-Salem
State	NC
ZIP	27106
Telephone	336-759-2035
Fax	336-896-0392
Email	harker2@earthlink.net
Contact Person	Carlton Harker

12.479 milliseconds

Actuarial Work-Products, Inc.

Addresses

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

Addressee ID	P0006
Company Name	ABC Manufacturing Co.
Address	1841 Bypass Road
City	Tupelo
State	MS
ZIP	37116
Telephone	614-160-1425
Fax	614-280-8416
Email	bowner@abcco.com
Contact Person	Bill Owner

[Change](#)

[Cancel](#)

29.277 milliseconds

Actuarial Work-Products, Inc.

Addresses

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

Addressee ID	T0001
Company Name	Administrators, Inc.
Address	414 Main Street
City	Portland
State	OR
ZIP	97114
Telephone	601-414-8888
Fax	601-516-1414
Email	jsmith@admin.com
Contact Person	John Smith

[Change](#)

[Cancel](#)

12.69 milliseconds

Actuarial Work-Products, Inc.

Medicare Part D - Plans

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

Plan ID	001
Plan Name	ABC health Care Plan
Plan Sponsor	ABC Manufacturing Vompany
Addressee 1 ID	T0001
Addressee 2 ID	E0001
Addressee 3 ID	P0006

14.768 milliseconds

Actuarial Work-Products, Inc.

Medicare Part D - Valuations

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 Attestation Begin Month	JAN 2009
Projected Attestation End Month	DEC 2009
Test Year	2009
Benchmark Premium	34
Benefit Group A - Begin Value	0
Benefit Group A - End Value	295
Benefit Group B - End Value	2700
Benefit Group C - End Value	6154
Benefit Group D - End Value	0
Experience Period - From	FEB 2008
Experience Period - To	NOV 2008
Experience Period - Months	10
Number of Claimants - Group A	6
Number of Claimants - Group B	39
Number of Claimants - Group C	22
Number of Claimants - Group D	6
Submitted Claims - Group A	682
Submitted Claims - Group B	47109
Submitted Claims - Group C	74373
Submitted Claims - Group D	45822
Paid Claims - Group A	500
Paid Claims - Group B	4310
Paid Claims - Group C	3570
Paid Claims - Group D	3810

Monthly Contribution Per Retiree	10
Valrecord	1
Plan ID (Preset)	001

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