

Data Transmittal Memorandum Annual Actuarial Report Work-Product

Username sampleuser

Password sampleuser

New Plan and New Valuation ^①

A. Addressees

Addressee Number 1

Company Name Administrators, Inc. ID T0001

Address 414 Main Street

City Portland State OR Zip 97114

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

Email jsmith@admin.com Contact John Smith

Addressee Number 2

Company Name Self-Funding Actuarial Services, Inc. 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 XYZ Service Industries, Inc. ID P0006

Address PO Box 116

City Mobile State AL Zip 34116

Tel. 604-160-1425 Fax 604-280-8416

Email bowner@abccco.com Contact Bill Owner

B. Plans 2

Name XYZ Health Care Plan - M,Rx ID 001

Addressee: Number 1 T0001 Number 2 E0001 Number 3 P0006

Purpose of Annual Actuarial Report 3

- Recommended Funding
- COBRA Premiums
- Retiree Reserves – Basis _____
- Retiree Reserves – Alternatives _____
- IRS 1099 – Self-Employed _____
- IRS 1099 – Discrimination Testing _____
- Governmental Certifications _____
- Claim Reserves Work-Product _____
- Monte Carlo I Work-Product _____
- Monte Carlo II Work-Product _____

Risk Pool Division⁽⁴⁾

<u>Pool</u>	<u>Primary</u>	<u>Secondary</u>	<u>Tertiary</u>
A	<u>ActivesCOBR</u>	<u>Gold</u>	<u>M,Rx</u>
B	<u>ActivesCOBR</u>	<u>Silver</u>	<u>M,Rx</u>
C	<u>Retw/oCard</u>	<u>High</u>	<u>M,Rx</u>
D	<u>Retw/oCard</u>	<u>Low</u>	<u>M,Rx</u>

Tiering⁽⁵⁾

<u>Number</u>	<u>Designation</u>	<u>Relative Value</u>
1	<u>I</u>	<u>1.00</u>
2	<u>P/C</u>	<u>1.60</u>
3	<u>P/S</u>	<u>1.80</u>
4	<u>F</u>	<u>2.50</u>
5		

Parameter Percents

Internal Cost ⁽⁶⁾	<u>3</u>	Claim Reserve ⁽⁷⁾	<u>15</u>
Lasering ⁽⁸⁾	<u>75</u>	Agg. Specific ⁽⁹⁾	<u>75</u>

Relative Values by Pool⁽¹⁰⁾

<u>Pool</u>	<u>Plan Benefit</u>	<u>Fixed Costs</u>
A	<u>100</u>	<u>100</u>
B	<u>85</u>	<u>100</u>

C 150 100
D 120 100

Trending⁽¹¹⁾ 11 Monthly Bias Table⁽¹²⁾ NA

Agg. Loss⁽¹³⁾ 88 Claims Run-In⁽¹⁴⁾ 0

Plan Amend⁽¹⁵⁾ 5 Fixed Cost Increase⁽¹⁶⁾ 0

Geographic Area Rating⁽¹⁷⁾ NA

Reserve Inflationary Factor Percent⁽¹⁸⁾ 8

Supplemental Report Option⁽¹⁹⁾ Included

Comments⁽²⁰⁾

- Number 1 None
- Number 2 None
- Number 3 None
- Number 4 None
- Number 5 None
- Number 6 None

C. Valuations

Valuation Number⁽²¹⁾ 01

Projected Plan Period⁽²²⁾

Beg. Month JUL09 End Month JUN10

Retrospective Experience⁽²³⁾

Number of Months 10

Claims 12,000,000 Fixed Costs 1,300,000

Aggregate Term ⁽²⁴⁾

Basis of Coverage is Paid Other

Miscellaneous Charges ⁽²⁵⁾

Lasering 800,000 Aggregate Specific 300,000

Census Count (Exposure) ⁽²⁶⁾

<u>Tier</u>	<u>Retrospective</u>	<u>Prospective</u>
1	<u>900</u>	<u>400</u>
2	<u>340</u>	<u>300</u>
3	<u>520</u>	<u>500</u>
4	<u>700</u>	<u>700</u>
5	<u> </u>	<u> </u>

Projected Factors by Tier ⁽²⁷⁾

<u>Tier</u>	<u>Stop-Loss-Related</u>		<u>Fixed</u>
	<u>Aggregate</u>	<u>Premiums</u>	<u>Costs</u>
1	<u>500</u>	<u>33</u>	<u>15</u>
2	<u>1,000</u>	<u>59</u>	<u>15</u>
3	<u>1,000</u>	<u>59</u>	<u>15</u>
4	<u>1,000</u>	<u>59</u>	<u>15</u>
5	<u> </u>	<u> </u>	<u> </u>

Census for Testing ⁽²⁸⁾

<u>Tier</u>	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>	<u>Plan D</u>
1	<u>400</u>	<u>200</u>	<u>100</u>	<u>100</u>
2	<u>100</u>	<u>100</u>	<u>0</u>	<u>100</u>
3	<u>200</u>	<u>100</u>	<u>100</u>	<u>100</u>
4	<u>300</u>	<u>200</u>	<u>100</u>	<u>100</u>
5	<u> </u>	<u> </u>	<u> </u>	<u> </u>