

**Data Transmittal Memorandum**  
**Annual Actuarial Report Work-Product**  
**Username\_\_\_\_\_**  
**Password\_\_\_\_\_**  
**New Plan and New 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 \_\_\_\_\_

**Plans**

Name \_\_\_\_\_ ID \_\_\_\_\_

Addressee: Number 1 \_\_\_\_\_ Number 2 \_\_\_\_\_ Number 3 \_\_\_\_\_

**Purpose of Annual Actuarial Report**

**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

<u>Pool</u>	<u>Primary</u>	<u>Secondary</u>	<u>Tertiary</u>
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____

### Tiering

<u>Number</u>	<u>Designation</u>	<u>Relative Value</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

### Percentage Parameter

Internal Cost\_\_\_\_\_Claim Reserve\_\_\_\_\_

Lasering\_\_\_\_\_Agg. Specific\_\_\_\_\_

Trending\_\_\_\_\_Rsv. Inflation\_\_\_\_\_

Agg. Loss\_\_\_\_\_Claims Run-In\_\_\_\_\_

Plan Amend\_\_\_\_\_Fixed Cost Increase\_\_\_\_\_

## Relative Values by Pool

<u>Pool</u>	<u>Plan Benefit</u>	<u>Fixed Costs</u>
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____

## Miscellaneous Parameters

Monthly Bias Table \_\_\_\_\_ Geo Area Table \_\_\_\_\_

Supplemental Report Option \_\_\_\_\_

## Comments

Number 1 \_\_\_\_\_

Number 2 \_\_\_\_\_

Number 3 \_\_\_\_\_

Number 4 \_\_\_\_\_

Number 5 \_\_\_\_\_

Number 6 \_\_\_\_\_

## Valuations

Valuation Number \_\_\_\_\_

## Projected Plan Period

Beg. Month \_\_\_\_\_ End Month \_\_\_\_\_

## Retrospective Experience

Number of Months\_\_\_\_\_

Claims\_\_\_\_\_Fixed Costs\_\_\_\_\_

## Miscellaneous Parameters

Lasering\_\_\_\_\_Aggregate Terms\_\_\_\_\_

## Census Count (Exposure)

<u>Tier</u>	<u>Retrospective</u>	<u>Prospective</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

## Projected Factors by Tier

<u>Tier</u>	<u>Stop-Loss-Related</u> <u>Aggregate</u>	<u>Premiums</u>	<u>Fixed</u> <u>Costs</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**Census for Testing**

<b><u>Tier</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>	<b><u>Plan C</u></b>	<b><u>Plan D</u></b>
<b>1</b>	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____