

Data Transmittal Memorandum
Annual Actuarial Report Work-Product
Username _____
Password _____
Existing Plan Name _____
Existing Plan ID _____
New Valuation Only

Plans and Addressees

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

Valuations

Valuation Number _____

Projected Plan Period

Beg. Month _____ **End Month** _____

Retrospective Experience

Number of Months _____

Claims _____ **Fixed Costs** _____

Miscellaneous Parameters

Lasering _____ **Agg. Specific** _____

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>Fixed</u>
	<u>Aggregate</u>	<u>Premiums</u>	<u>Costs</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Census for Testing

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