Data Transmittal Memorandum
Monte Carlo II 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_____

DOL Number_____Designation_____

Benefits: M_____Rx_____D_____V_____STD_____
           (For Aggregate Stop-Loss purpose only)

Valuations

Computation Date_____Val. Number_____

Projection Period

   Beg. Month_____End Month_____

Plan Benefits

	Network A	**Network B**	**Network C**
C.Y Deductible	_____	_____	_____
Participant Copay	_____	_____	_____
Out-of-Pocket	_____	_____	_____
Specific Stop-Loss	_____	_____	_____
Ann. Med. Cost	_____	_____	_____
Penetration Factor	_____	_____	_____

Lognormal Dispersal Factor_____