Data Transmittal Memorandum
Medicare Part D 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_____

Test Year_____   **Benchmark Prem._____**

Benefit Parameters

Benefit Group	Beg. Value	End Value
A	_____	_____
B	_____	_____
C	_____	_____

Experience Period

From_____To_____No. of Mos._____

Benefit Variables

Group	No. of Claimants	Submitted Claims	Paid Claims
A	_____	_____	_____
B	_____	_____	_____
C _____	_____	_____	
D	_____	_____	_____

Monthly Contribution per Retiree   _____