

# Data Transmittal Memorandum Claim Reserve 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 \_\_\_\_\_

Claims Over Specific \_\_\_\_\_ Institutional Care \_\_\_\_\_

Maternity \_\_\_\_\_

Purpose: AICPA FAS 5 \_\_\_\_\_ IRS Form 990 \_\_\_\_\_ MEWA \_\_\_\_\_

IRS Form 1041 \_\_\_\_\_ DOL/IRS Form 5500 \_\_\_\_\_

## Valuations

Number \_\_\_\_\_ Date \_\_\_\_\_

Recent Months \_\_\_\_\_ Adjustment Factor \_\_\_\_\_

Sample Date Range: Beg. Month \_\_\_\_\_ End Month \_\_\_\_\_

Previous Valuations:                      Date    Amount

1. \_\_\_\_\_    1. \_\_\_\_\_

2. \_\_\_\_\_    2. \_\_\_\_\_

3. \_\_\_\_\_    3. \_\_\_\_\_

4. \_\_\_\_\_    4. \_\_\_\_\_

5. \_\_\_\_\_    5. \_\_\_\_\_

## Claim Lag Reports

**See attached**