

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

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