Transmittal Memorandum Claim Reserve Work-Product

Username Password New Plan and New Valuation					
Addressees					
Addressee Number 1					
Company Name		ID			
Address					
City	StateZip				
Tel					
Email	Contact				
Addressee Number 2					
Company Name	and the second s	ID			
Address					
City	State	Zip			
Tel					
Email					
Addressee Number 3					
Company Name		_ID			
Address					
City					

ГеІ		Fax_			-
Email			Contac	ct	_
Plans					
Name		<u>. De la la martina de la composición dela composición de la composición dela composición de la compos</u>		ID	
				Number 3	
DOL Number		D	esignefor	1	_
Benefits: M	_Rx	D	V	STD	
Claims Over Specific	:	lns	titutional	Care	_
Maternity					
Purpose: AICPA FAS	S 5	IRC Fo	rm 990	MEWA	
IRS Form	1041_		OF TRUE	Form 5500	—
Valuations					
NumberD	ate				
Recent Months	<u></u>	Adjustn	ent Facto	r	
Sample Date Range	: Beg.	Month	F	nd Month	
Previous Valuation	<u>s:</u>	<u>Date</u>		<u>Amount</u>	
	1			1	_
	2	takan salah sa		2	
	3		, company	3	
	4		 .	4	
	5			5	

Claim Lag Reports

See attached

Transmittal Memorandum Claim Reserve Work-Product

Username		.
Password	en e	
New Plan and	New Valuation	
Addressees		
Addressee Number 1		
Company Name	ID	
Address		
City	StateZip	
	Fax	
Email	Contact	
Addressee Number 2		
Company Name	ID	
Address		
City	StateZip	
Tel	Fax	
	Gontact	
Addressee Number 3		
Company Name	ID	<u>.</u>
Address		
City		