



**ANNUAL REPORT OF SELF-FUNDED HEALTH BENEFIT PLANS**

FISCAL YEAR REPORT COVERING \_\_\_\_\_ THROUGH \_\_\_\_\_

- 1. PREMIUM INCOME \_\_\_\_\_
- 2. OTHER INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION.) \_\_\_\_\_
- 3. INVESTMENT INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION.) \_\_\_\_\_
- 4. TOTAL INCOME (SUM OF ITEMS 1,2, & 3.) \_\_\_\_\_
- 5. CLAIMS PAID \_\_\_\_\_
- 6. CLAIM RESERVES – END OF CURRENT YEAR  
(ATTACH DETAILED EXPLANATION OF HOW RESERVES WERE CALCULATED.) \_\_\_\_\_
- 7. CLAIMS RESERVES – END OF PRIOR YEAR  
(MUST MATCH WITH PRIOR REPORT OR ATTACH DETAILED EXPLANATION.) \_\_\_\_\_
- 8. TOTAL INCURRED CLAIMS (GROSS) (SUM OF ITEMS 5 & 6, LESS ITEM 7.) \_\_\_\_\_
- 9. REINSURANCE RECOVERABLE \_\_\_\_\_
- 10. TOTAL INCURRED CLAIMS (NET OF REINSURANCE) (ITEM 8 LESS ITEM 9) \_\_\_\_\_
- 11. STOP LOSS INSURANCE PREMIUMS \_\_\_\_\_
- 12. EXPENSES
  - A. SALARIES \_\_\_\_\_
  - B CONSULTING FEES
    - 1. TPA/INSURANCE COMPANY CONSULTING FEES \_\_\_\_\_
    - 2. OTHER CONSULTING FEES \_\_\_\_\_
    - TOTAL CONSULTING FEES \_\_\_\_\_
  - C. OFFICE EXPENSES \_\_\_\_\_
  - D. OTHER (IF GREATER THAN 10% OF THE TOTAL OF A, B, AND C DETAIL THE COSTS.) \_\_\_\_\_
  - E. TOTAL EXPENSES (SUM OF ITEMS A, B, C, & D.) \_\_\_\_\_
- 13. TOTAL DISBURSEMENTS (SUM OF ITEMS 10, 11, 12E.) \_\_\_\_\_
- 14. OPERATING GAIN OR LOSS (ITEM 4 LESS ITEM 13.) \_\_\_\_\_