



OFFICE OF INSURANCE REGULATION
Life & Health Product Review

OPERATING PROJECTIONS FOR SELF-FUNDED HEALTH BENEFIT PLANS

PLAN FISCAL YEAR REPORT COVERING _____ THROUGH _____

PART 1	CURRENT YEAR	YEAR 1	YEAR 2
1. NUMBER OF EMPLOYEES	_____	_____	_____
2. PREMIUM INCOME	_____	_____	_____
3. OTHER INCOME (INCLUDES INVESTMENT INCOME)	_____	_____	_____
4. TOTAL INCOME (SUM OF ITEMS 2 AND 3)	_____	_____	_____
5. TOTAL INCURRED CLAIMS* (NET OF REINSURANCE)	_____	_____	_____
6. TOTAL EXPENSES	_____	_____	_____
7. TOTAL DISBURSEMENTS (SUM OF ITEMS 5 AND 6)	_____	_____	_____
8. TOTAL GAIN OR LOSS (ITEM 4 LESS ITEM 7)	_____	_____	_____
9. CHANGE IN SURPLUS DUE TO OTHER FACTORS (CONTRIBUTION, WITHDRAWAL)	_____	_____	_____
10. SURPLUS BEGINNING OF YEAR	_____	_____	_____
11. SURPLUS END OF YEAR (SUM OF ITEMS 8, 9, AND 10)	_____	_____	_____
PART 2-ASSUMPTIONS	CURRENT YEAR (ACTUAL)	YEAR 1	YEAR 2
1. PERCENT PREMIUM INCREASE	_____	_____	_____
2. TREND (MEDICAL AND EXPENSE)	_____	_____	_____
3. PREMIUM CONTRIBUTION- SINGLE/FAMILY EMPLOYEE	/	/	/
LOCAL GOVERNMENTAL UNIT	/	/	/
4. STOP LOSS MINIMUM ATTACHMENT POINT	_____	_____	_____

* INCLUDES PREMIUMS FOR STOP LOSS INSURANCE.