

**STATE OF NEW YORK  
INSURANCE DEPARTMENT**

**DATA REQUIREMENTS FOR  
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN**

FOR THE FISCAL YEAR ENDING December 31, 2012

To be filed 120 days from fiscal year end

Greater Tompkins County Municipal Health Insurance Consortium  
Name of MCHBP

Two copies of this Form bearing original signatures and notarization should be filed with  
the Insurance Department at the following address:

New York State Insurance Department  
Agency Building #1 — 3rd Floor  
Empire State Plaza  
Albany, New York 12257

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN (MCHBP) — NEW YORK DATA REQUIREMENTS

ANNUAL STATEMENT

FOR THE PERIOD ENDING December (Month) 31, 2012 (Day)

OF THE CONDITION AND AFFAIRS OF \_\_\_\_\_  
Affix Bar Code Above

Greater Tompkins County Municipal Health Insurance Consortium  
(Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.  
(Appropriate Agency)

Date Certified As An MCHBP: October 1, 2010  
 Commenced Business: January 1, 2011  
 Mailing Address: c/o Jackie Kippola, Risk Manager, County of Tompkins, 125 East Court St, Ithaca, NY 14850  
 Address of Main Administrative Office: Same as Mailing Address  
 Telephone Number: (607) 274-5548 Employer's ID Number: 27-1447438  
 Principal Location of Books and Records: Same as Mailing Address  
 Name of Administrator: N/A  
 Contact Person and Phone Number: Donald Barber, Chairperson, (607) 539-3395  
 Service Areas (Counties): Tompkins County

OFFICERS\*

President: Donald Barber, Chairperson Other Officers: M. Elizabeth Karns, Vice Chairperson  
 Secretary: Judy Drake  
 Chief Financial Officer: Steven P. Thayer, Controller, City of Ithaca, 1st Floor of City Hall, 108 East Green St, Ithaca, NY 14850

GOVERNING BOARD\*

Name	Title	Municipality
Svante L. Myrick #	Mayor	City of Ithaca
Anita Fitzpatrick	Commissioner of Personnel	County of Tompkins
Donald Barber (Chairperson)	Supervisor	Town of Caroline
Laura Shawley	Asst. to Superintendent of Highways	Town of Danby
Mary Ann Sumner	Supervisor	Town of Dryden
Herb Masser	Town Councilperson	Town of Enfield
Glenn Morey	Supervisor	Town of Groton
Judy Drake (Secretary)	Human Resource Director	Town of Ithaca
Lucia Tyler	Town Councilperson	Town of Ulysses
M. Elizabeth Karns (Vice Chairperson) #	Village Trustee	Village of Cayuga Heights
Charles Becker	Village Trustee	Village of Dryden
Charles V. Rankin	Village Clerk, Treasurer/Administrator	Village of Groton
Rordan Hart	Village Trustee	Village of Trumansburg
Chantalse DeMarco	President White Collar	CSEA, County of Tompkins
George Apgar	Union President	Ithaca Professional Firefighters Association

STATE OF New York

COUNTY OF Tompkins

Donald Barber, President, Judy Drake, Secretary,  
Steven P. Thayer, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Greater Tompkins County Municipal Health Insurance Consortium, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 29<sup>th</sup> Day of April, 2013  
Catherine Covert  
 Notary Public, State of New York  
 No. 4983158  
Donald Barber President  
Judy Drake Secretary  
Steven P. Thayer Chief Financial Officer  
 (Corporate Seal)

Qualified in Tompkins County this an original filing?  
 Commission expires June 24, 2015

Yes [ X ] No [ ]

- (b) If no: (i) state the amendment number \_\_\_\_\_  
 (ii) date filed \_\_\_\_\_  
 (iii) number of pages attached \_\_\_\_\_

\*Revised 1997

\*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

## REPORT #1 — PART A: ASSETS

	Current Year	Previous Year *
	1 Total	2 Total
<b>CURRENT ASSETS:</b>		
1. Cash and Cash Equivalents (Schedule A)	\$ 4,273,608	\$ 2,018,827
2. Short-term Investments (Schedule B)	-	-
3. Premiums Receivable (Schedule C)	-	-
4. Investment Income Receivables	-	-
5. Aggregate Write-ins for Current Assets	1,207,851	356,232
6. TOTAL CURRENT ASSETS (Items 1 to 5)	5,481,459	2,375,059
<b>OTHER ASSETS:</b>		
7. Long-term Investments (Schedule B)	-	-
8. Aggregate Write-ins for Other Assets	2,227,154	1,944,995
9. TOTAL OTHER ASSETS (Items 7 and 8)	2,227,154	1,944,995
10. TOTAL ASSETS (Items 6 and 9)	\$ 7,708,613	\$ 4,320,054
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 5 FOR CURRENT ASSETS</b>		
0501. <u>Stop-Loss Insurance Recoveries receivable</u>	\$ 984,662	\$ 109,090
0502. <u>Prescription Drug Rebates receivable</u>	222,360	213,887
0503. <u>Prepaid insurance</u>	-	33,255
0504. <u>Miscellaneous receivables (ancillary benefits)</u>	829	-
0505. _____		
0598. Summary of remaining write-ins for Item 5 from overflow page		
0599. TOTALS (Items 0501 thru 0505 plus 0598) (Page 2, item 5)	\$ 1,207,851	\$ 356,232
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR OTHER ASSETS</b>		
0801. <u>Excellus BCBS Prepaid Claims (Advance Deposit)</u>	\$ 798,600	\$ 718,000
0802. <u>Restricted cash</u>	1,428,554	1,226,995
0803. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page		
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	\$ 2,227,154	\$ 1,944,995

\* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Year 1 Total	Previous Year * 2 Total
<b>CURRENT LIABILITIES:</b>		
1. Accounts Payable (Schedule G, NY12)	\$ -	\$ 407
2. Claims Payable (Schedule F, NY11)	3,082,421	3,043,382
3. Claim Stabilization Reserve	-	-
4. Unearned Premiums	-	26,646
5. Loans and Notes Payable	-	-
6. Aggregate Write-ins for Current Liabilities	-	-
7. TOTAL CURRENT LIABILITIES (Items 1 to 6)	3,082,421	3,070,435
<b>OTHER LIABILITIES:</b>		
8. Loans and Notes Payable	-	-
9. Aggregate Write-ins for Other Liabilities	-	-
10. TOTAL OTHER Liabilities (Items 8 and 9)	-	-
11. TOTAL LIABILITIES (Items 7 and 10)	3,082,421	3,070,435
<b>NET WORTH:</b>		
12. Contributed Capital	-	-
13. Surplus Notes	-	-
14. Surplus per Section 4706(a)(5) **	1,428,777	1,289,746
15. Retained Earnings/Fund Balance	3,197,415	(40,127)
16. TOTAL NET WORTH (Items 12 to 15)	4,626,192	1,249,619
17. TOTAL LIABILITIES AND NET WORTH (Items 11 and 16)	\$ 7,708,613	\$ 4,320,054
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR CURRENT LIABILITIES</b>		
0601. _____	\$ -	\$ -
0602. _____		
0603. _____		
0604. _____		
0605. _____		
0698. Summary of remaining write-ins for Item 5 from overflow page		
0699. TOTALS (Items 0601 thru 0605 plus 0698) (Page 3, item 6)	\$ -	\$ -
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR OTHER LIABILITIES</b>		
0901. _____	\$ -	\$ -
0902. _____		
0903. _____		
0904. _____		
0905. _____		
0998. Summary of remaining write-ins for Item 8 from overflow page		
0999. TOTALS (Items 0901 thru 0905 plus 0998) (Page 3, item 9)	\$ -	\$ -

\* As reported on Prior Year End filed Annual Statement.

\*\* Show calculation of current year reserves on NY15 (Overflow Page).

**REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH  
INCLUDING MEDICARE AND MEDICAID**

	Current Year 1 Total	Previous Year * 2 Total	Current Year 3 PMPM	Previous Year * 4 PMPM
<b>MEMBER MONTHS</b>	53,372	52,873		
<b>REVENUES:</b>				
1. Premiums (Basic) Community Rated	\$ 28,575,531	\$ 25,794,917	\$ 535.40	\$ 487.87
2. Investment	7,332	6,004	\$ 0.14	\$ 0.11
3. Aggregate Write-ins for Other Revenues	105,902	167,294	\$ 1.98	\$ 3.16
4. TOTAL REVENUES (Items 1 to 3)	28,688,765	25,968,215		
<b>EXPENSES:</b>				
<b>Medical and Hospital:</b>				
5. Hospital and Medical	18,190,193	18,379,345	\$ 340.82	\$ 347.61
6. Drug	6,608,842	6,322,832	\$ 123.83	\$ 119.59
7. Aggregate Write-ins for Other Expenses	-	-	\$ -	\$ -
8. Subtotal (Items 5 to 7)	24,799,035	24,702,177	\$ 464.65	\$ 467.20
9. Reinsurance Expenses net of Recoveries	(590,041)	263,395	\$ (11.06)	\$ 4.98
<b>LESS:</b>				
10. C.O.B. and Subrogation	-	-	\$ -	\$ -
11. TOTAL MEDICAL AND HOSPITAL (Items 8 and 9, less 10)	24,208,994	24,965,572		
12. REVENUES LESS MEDICAL AND HOSPITAL (Item 4 less 11)	4,479,771	1,002,643		
<b>Administration:</b>				
13. Compensation	-	-	\$ -	\$ -
14. Interest Expense	-	-	\$ -	\$ -
15. Occupancy, Depreciation, and Amortization	-	-	\$ -	\$ -
16. Marketing	-	-	\$ -	\$ -
17. Aggregate Write-ins for Other Administrative Expenses	1,301,598	1,194,835	\$ 24.39	\$ 22.60
18. TOTAL ADMINISTRATION (Items 13 to 17)	1,301,598	1,194,835		
19. TOTAL EXPENSES (Items 11 and 18)	25,510,592	26,160,407		
20. INCOME (LOSS) (Item 4 less Item 19)	3,178,173	(192,192)		
21. Extraordinary Items	-	-	\$ -	\$ -
22. Provision for Federal Income Tax	-	-	\$ -	\$ -
23. NET INCOME (LOSS) (Item 20 less Items 21 and 22)	\$ 3,178,173	\$ (192,192)		
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 3 FOR OTHER REVENUES</b>				
0301. <u>Insured Ancillary Benefits</u>	105,159	47,542	\$ 1.97	\$ 0.90
0302. <u>New York State Shared Municipal Services Incentive Grant Funds</u>	-	119,752	\$ -	\$ 2.26
0303. <u>Administrator fee refunds</u>	743	-	\$ 0.01	\$ -
0304. _____			\$ -	\$ -
0305. _____			\$ -	\$ -
0398. Summary of remaining write-ins for Item 3 from overflow page			\$ -	\$ -
0399. TOTALS (Items 0301 thru 0305 plus 0398) (Page 4, Item 3)	105,902	167,294	\$ 1.98	\$ 3.16
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 7 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>				
0701. _____	-	-	\$ -	\$ -
0702. _____	-	-	\$ -	\$ -
0703. _____	-	-	\$ -	\$ -
0704. _____	-	-	\$ -	\$ -
0705. _____			\$ -	\$ -
0798. Summary of remaining write-ins for Item 7 from overflow page			\$ -	\$ -
0799. TOTALS (Items 0701 thru 0705 plus 0798) (Page 4, item 7)	-	-	\$ -	\$ -
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ADMINISTRATIVE EXPENSES</b>				
1701. <u>Excellus BCBS Administrative Fees</u>	710,466	635,499	\$ 13.31	\$ 12.02
1702. <u>Medco Administrative Fees</u>	147,749	142,368	\$ 2.77	\$ 2.69
1703. <u>Consultant fees (Legal, accounting, actuary, benefit)</u>	70,287	63,676	\$ 1.32	\$ 1.20
1704. <u>Insurance (Directors &amp; Officers, Professional Liability)</u>	21,139	22,211	\$ 0.40	\$ 0.42
1705. <u>Coordination Fees (Internal financial and administrative support)</u>	39,899	91,534	\$ 0.75	\$ 1.73
1798. Summary of remaining write-ins for Item 17 from overflow page	312,058	239,547	\$ 5.85	\$ 4.53
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 4, item 17)	1,301,598	1,194,835	\$ 24.39	\$ 22.60

\* As reported on Prior Year End filed Annual Statement.

## REPORT #2 STATEMENT OF REVENUES, EXPENSES AND NET WORTH (Continued)

	Current Year	Previous-Year *
	1 Total	2 Total
<b>NET WORTH:</b>		
24. Net Worth Beginning of Year	\$ 1,249,619	\$ 1,441,811
25. Increase (Decrease) in Contributed Capital	-	-
26. Increase (Decrease) in Surplus Notes	-	-
27. Increase (Decrease) in Surplus per Section 4706(a)(5)	198,400	66,010
28. Increase (Decrease) in Retained Earnings/Fund Balance		
(a) Net income (loss)	3,178,173	(192,192)
(b) Interest on Surplus Notes	-	-
(c) Increase (Decrease) in Non-Admitted Assets	-	-
(d) Aggregate Write-ins for Changes in Retained Earnings/Fund Balance	-	-
29. Aggregate Write-ins for Changes in Other Net Worth Items	-	(66,010)
30. NET WORTH END OF YEAR (Items 24 to 29)	\$ 4,626,192	\$ 1,249,619
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 28d FOR CHANGES IN RETAINED EARNINGS/FUND BALANCE</b>		
2801. _____	\$ -	\$ -
2802. _____		
2803. _____		
2804. _____		
2805. _____		
2898. Summary of remaining write-ins for Item 28d from overflow page		
2899. TOTALS (Items 2801 thru 2805 plus 2898) (Page 5, item 28)	\$ -	\$ -
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 29 FOR CHANGES IN OTHER NET WORTH ITEMS</b>		
2901. Reclassification to contingency reserve - line 27	\$ -	\$ (66,010)
2902. _____		
2903. _____		
2904. _____		
2905. _____		
2998. Summary of remaining write-ins for Item 29 from overflow page		
2999. TOTALS (Items 2901 thru 2905 plus 2998) (Page 5, item 29)	\$ -	\$ (66,010)

\* As reported on Prior Year End filed Annual Statement.

**GENERAL INTERROGATORIES**

1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations? Yes [ X ] No [ ]  
 b) If "Yes", attach current copies of the documents if they have not been previously submitted.
2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. December 31, 2011  
 b) State the date as of the latest financial examination report that is available from either the state of domicile or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released. \_\_\_\_\_
3. Has the MCHBP an established procedure for annual disclosure to its Board of Governors of any material interest or affiliation on the part of any of its officers, directors or responsible employees which is in, or is likely to conflict with the official duties of such person? Yes [ ] No [ X ]
4. a) Did any officer, director or shareholder of the MCHBP receive, directly or indirectly, any commission on the business transactions of the MCHBP? Yes [ ] No [ X ]  
 b) If "Yes", give particulars:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. a) Was money loaned during the period covered by this report to any officer, director or shareholder of the MCHBP? Yes [ ] No [ X ]  
 b) If "Yes", give detailed explanation of each loan:  
 \_\_\_\_\_  
 \_\_\_\_\_
6. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes [ X ] No [ ]  
 b) If "Yes", give name of surety company, and amount of coverage:  
The Consortium Treasurer (County Comptroller) and the Consortium Assistant to the Treasurer (County Principal Account Clerk Typist in the Finance Department) are both covered by the County of Tompkins' Employee Dishonesty Bond (a.k.a. Fidelity Bond). This coverage is provided through Fidelity and Deposit Company of Maryland, Colonial American Casualty and Surety Company, 1400 American Lane, Schaumburg, IL, 60196. This company is a subsidiary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to a \$2,000,000 maximum.
7. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date? Yes [ X ] No [ ]  
 b) If "No", give location: No stocks, bonds or other securities owned by Consortium at this time
8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? Yes [ X ] No [ ]  
 b) If "No", state who has the authority: \_\_\_\_\_
9. a) Has any present or former officer, director or any other person or firm any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? Yes [ ] No [ X ]  
 b) If "Yes", give details:  
 \_\_\_\_\_
10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions during the reporting year? Yes [ ] No [ X ]  
 b) If "Yes", give details:  
 \_\_\_\_\_

GENERAL INTERROGATORIES (Continued)

11. a) Provide the following information on the MCHBP's general liability insurance coverage:

- i) Name of Carrier: See NY15
- ii) Limits of Coverage: \_\_\_\_\_
- iii) Expiration Date: \_\_\_\_\_

12. a) Provide the following information on the MCHBP's reinsurance (stop-loss) coverage:

- i) Name of Carrier: Highmark Life Insurance Company
- ii) Limits of Coverage: \$300,000 Specific Deductible w/\$1,700,000 Policy Year Maximum, Lifetime unlimited 125% Aggregate Corridor w/either a) sum of monthly aggregate deductible amounts applicable to each Policy Month in the current policy term, or b) minimum aggregate deductible. \$1,000,000 Policy Year Maximum.
- iii) Expiration Date: December 31, 2013

b) If the MCHBP does not have this coverage, explain:  
\_\_\_\_\_

13. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [ X ] No [ ]

b) If No, give details: \_\_\_\_\_  
\_\_\_\_\_

14. a) Was the MCHBP's prior year's annual statement amended? Yes [ X ] No [ ]

b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile

- i) Amendment number 2
- ii) Date of amendment February 22, 2013

SCHEDULE A-1 — CASH AND CASH EQUIVALENTS

1 Where Deposited	2 Description	3 Annual Statement Value	4 Non-Admitted	5 Admitted
Tompkins Trust Company	Primary Checking	\$ 4,273,608		
9999998 Cash on Hand	Petty Cash	-	XXX	

9999999 Total Cash and Cash Equivalents \$ 4,273,608.00

NOTE: Negotiable certificates of deposit to be reported in Schedule B.

**SCHEDULE B — INVESTMENTS**

1		2	3	4	5	6	7	Short-Term		Long-Term	
CUSIP Identification	Description*	Par Value (Bonds) or No. Shares (Stocks)	Purchase Date	Maturity Date	Market Value	Cost	Book Value	8 Non-Admitted	9 Admitted	10 Non-Admitted	11 Admitted
	<b>STOCKS (Common)</b>										
	None										
0199999	Total Stocks (Common)	-			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>STOCKS (Preferred)</b>										
	None										
0299999	Total Stocks (Preferred)	-			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>BONDS</b>										
	None										
0399999	Total Bonds	-			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>OTHER</b>										
	None										
0499999	Total Other	-			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0599999	Grand Totals				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\* Indicate Affiliates

STATEMENT AS OF December 31, 2012  
(Year Ending)

OF THE Greater Tompkins County Municipal Health Insurance Consortium  
(Name)

**SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)**

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
None						
0199999 Individually Listed Receivables	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0299999 Receivables Not Individually Listed	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0399999 Gross Premiums Receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0499999 Less Allowance for Doubtful Account						
0599999 Premiums Receivable					\$ -	\$ -

**N.Y. SCHEDULE F — CLAIMS PAYABLE ANALYSIS  
(ON A FISCAL YEAR BASIS)**

**SECTION I — CLAIMS INCURRED**

A Description of Claims	B Paid During Year	C Unpaid Prior Year	D Unpaid Current Year	E Incurred This Year* (B - C + D)
1. Hospital & Medical Claims	\$ 18,085,106	\$ 2,791,515	\$ 2,896,602	\$ 18,190,193
2. Drug Claims	6,674,890	251,867	185,819	6,608,842
3. Other	-	-	-	-
4. Total	\$ 24,759,996	\$ 3,043,382	\$ 3,082,421	\$ 24,799,035

\*Must equal hospital and medical expenses accrued and unpaid which are reported on Report #2, Lines 5 thru 7.

**SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT FISCAL YEAR**

A Description of Claims	B Reported Claims in Process of Adjustment	C Estimated Incurred but Unreported**	D Total—Claims Payable* (Columns B + C)
1. Hospital & Medical Claims	\$ 304,129	\$ 2,592,473	\$ 2,896,602
2. Drug Claims	87,623	98,196	185,819
3. Other	-	-	-
4. Total	\$ 391,752	\$ 2,690,669	\$ 3,082,421

\* Must equal Section 1, Col. D.

\*\* Must be calculated in accordance with Section 4706(a)(1) of the Insurance Law.

**SECTION III — ANALYSIS OF UNPAID CLAIMS — PREVIOUS FISCAL YEAR**

A Description of Claims	Claims Paid During the Year*		Claims Unpaid at End of Current Year Viz: Estimated Liability at End of Current Year		F Total Claims Paid During the Year and Claims Unpaid at End of Current Year on Claims Incurred in Prior Years (B + D)	G** Estimated Liability of Unpaid Claims at End of Previous Year
	B On Claims Incurred Prior to Current Year	C On Claims Incurred During the Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year		
1. Hospital & Medical Claims	\$ 1,582,912	\$ 16,502,194	\$ 40,076	\$ 2,856,526	\$ 1,622,988	\$ 2,791,515
2. Drug Claims	141,401	6,533,489	-	185,819	141,401	251,867
3. Other	-	-	-	-	-	-
4. TOTAL	\$ 1,724,313	\$ 23,035,683	\$ 40,076	\$ 3,042,345	\$ 1,764,389	\$ 3,043,382

\* Must equal Section 1, Col. B.

\*\* Must equal Section 1, Col. C.

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Schedule F, Section II, Line 4, Column D.

NOTE: All three sections must be reported on a fiscal year basis.



N.Y. SCHEDULE H — FIVE-YEAR HISTORICAL DATA

A	B Current Year 2012	C 2011	D 2010	E 2009	F 2008
<b>BALANCE SHEET ITEMS (Page 2, 3)</b>					
1. Total Assets	\$ 7,708,613	\$ 4,320,054	\$ 1,441,811	n/a	n/a
2. Total Liabilities	\$ 3,082,421	\$ 3,070,435	\$ -	n/a	n/a
3. Capital	\$ -	\$ -	\$ -	n/a	n/a
4. Contingency Reserve	\$ 1,428,777	\$ 1,289,746	\$ 1,223,736	n/a	n/a
5. Total Net Worth	\$ 4,626,192	\$ 1,249,619	\$ 1,441,811	n/a	n/a
<b>INCOME STATEMENT ITEMS (Page 4)</b>					
6. Premium & Related Revenue	\$ 28,575,531	\$ 25,794,917	\$ 1,441,099	n/a	n/a
7. Total Revenue	\$ 28,688,765	\$ 25,968,215	\$ 1,441,944	n/a	n/a
8. Total Medical and Hospital Expenses	\$ 24,208,994	\$ 24,965,572	\$ 133	n/a	n/a
9. Total Administration	\$ 1,301,598	\$ 1,194,835	\$ -	n/a	n/a
10. Income	\$ 3,178,173	\$ (192,192)	\$ 1,441,811	n/a	n/a
11. Member Months	53,372	52,873	-	n/a	n/a
12. Premium & Related Revenue (PMPM)	\$ 535.40	\$ 487.87	\$ -	n/a	n/a
13. Total Revenue	\$ 537.52	\$ 491.14	\$ -	n/a	n/a
14. Inpatient (PMPM)	n/a	n/a	n/a	n/a	n/a
15. Total Medical & Hospital Expenses (PMPM)	\$ 453.59	\$ 472.18	\$ -	n/a	n/a
16. Total Administration (PMPM)	\$ 24.39	\$ 22.60	\$ -	n/a	n/a
17. Income (PMPM)	\$ 59.55	\$ (3.63)	\$ 1.00	n/a	n/a
<b>FORMULAS</b>					
23. Current Ratio (CA/CL)	1.78	0.77	-	n/a	n/a
24. Other Assets/Total Assets	0.29	0.45	0.00	n/a	n/a
25. Property and Equipment/Total Assets	0.00	0.00	0.00	n/a	n/a
26. Total Medical & Hospital Expenses/Premium	0.85	0.97	0.00	n/a	n/a
27. Administration Expenses/Total Revenue	0.05	0.05	0.00	n/a	n/a
<b>UNPAID CLAIMS ANALYSIS</b>					
28. Total Claims Paid During the Year etc. (From Schedule F, Section III, Col. F, Line 4)	\$ 1,764,389	\$ -	\$ -	n/a	n/a
29. Estimated Liability of Unpaid Claims— Previous Year	\$ 3,043,382	\$ -	\$ -	n/a	n/a

**SCHEDULE I — ENROLLMENT DATA (Participants)**  
 (For Each Line of Business or Area)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
1b. Community Rated	24,012	24,045	24,041	24,047	24,039

**OVERFLOW PAGE FOR WRITE-INS**

NY1

Svante L. Myrick and M. Elizabeth Karns were new board members to the Consortium in 2012, but were erroneously listed on the list of board members on the 2011 filing. They have been identified as new members as required on NY1.

NY2

**Line 3**

Under the Municipal Cooperation Agreement, Article N 3, each participant's month premium equivalent shall be paid by the first day of each calendar month during the Plan Year. Therefore, although possible, it is unlikely that any amounts will remain as owing to the Plan by the end of a given calendar month, or calendar year. For the year ended December 31, 2012, no amounts were outstanding from participants.

**Line 0801**

Under the Consortium's agreement with ExcellueBlueCrossBlueShield, a deposit equal to two weeks of paid claims (as calculated at the beginning of each year) is required to be on deposit to cover the lag in billing between when the claim is paid by Excellus and billed to the Consortium. These funds are an asset of the Consortium.

**Line 0802**

Restricted cash represents amounts held in satisfaction of Section 4706 (a)(5)(A) reserves. These funds are held in a Public Fund Money Market account held at First Niagara Bank. The immaterial shortfall will be transferred into the fund during fiscal 2013.

The calculated reserve at 12/31/2012 was:	\$ 1,428,777
The amount on deposit at 12/31/2012 was:	<u>1,428,554</u>
Balance to be deposited in 2013:	<u>\$ 223</u>

NY3

**Line 1**

The Consortium's physical space needs are provided free of charge by the County of Tompkins, New York. As such, the traditional expenses such as telephone, utilities, and rent are not incurred as an operating costs. As such, there is no accrual for unpaid amounts at year-end. At times, the Consortium enters into contractual arrangements for consulting services that are paid in one of two ways: a) Fixed monthly fee contracts - which are due and payable for the month services are provided, or b) hourly based contracts - which are billed after the services are provided. To the extent hourly based contracts have been provided, but not yet billed, the Consortium would accrue those costs at year-end. No costs remained unbilled at December 31, 2012.

**Line 4**

Under the Municipal Cooperation Agreement, Article N 3, each participant's month premium equivalent shall be paid by the first day of each calendar month during the Plan Year. Therefore, it is possible that premium payments would be made prior the month for which the premiums are applicable. In the event that occurs, any amounts received prior to December 31 for January premiums would be reported as Unearned Premiums. As the Consortium and the participants become more familiar with the monthly billing and payment process, we anticipate that amounts will be reported here. For the year ended December 31, 2012, no amounts were no Unearned Premiums from participants.

**Line 14**

Annualized earned premium equivalents	\$ 28,575,531	Per NY4, Item 1
Section 4706 (a)(5)(A)	5%	
Surplus account requirement	<u>\$ 1,428,777</u>	Per NY3, Item 14

NY4

**Line 0301 and 1798**

The Consortium provides a mechanism for members to purchase additional insurance benefits that are registered through the Consortium. These benefits, such as dental and vision, are billed and collected at 100% of their costs to the participant and are reported here merely as a pass-through transaction. The Consortium does not collect, or retain, any portion of these premiums for its benefit. On an annual basis, the amount reported as revenue and expense should be equal. While preparing the 2012 filing we noted that certain amounts collected in 2011 were erroneously reported as premiums on Line 1, but the Consortium has elected not to restate those amounts.

**Line 6**

Drug costs - at gross	\$ 7,277,088	
Drug rebates earned	<u>(668,246)</u>	
Drug claims - net	<u>\$ 6,608,842</u>	Per NY4, Item 6

**Line 9**

Reinsurance expense - at gross	\$ 394,621	
Stop-loss insurance recoveries	<u>(984,662)</u>	
Reinsurance expenses - net	<u>\$ (590,041)</u>	Per NY4, Item 9

**Lines 13-16**

The Consortium's physical space needs are provided free of charge by the County of Tompkins, New York. As such, the traditional expenses such as telephone, utilities, and rent are not incurred as an operating costs. Additionally, the Consortium does not own any assets, has not incurred any debt, nor does it have any employees. Therefore, these costs are not applicable to the Consortium. At times, the Consortium hires independent contractors or outside consultants to provide the necessary services such as internal accounting support, financial reporting, and similar items. These amounts are reported under Other Administrative Expenses in accordance with all applicable instructions.

**Line 1798**

	<u>2012</u>	<u>2011</u>
NYS Graduate Medical Expense Tax	\$ 208,359	\$ 188,960
Insured Ancillary Benefits	<u>103,699</u>	<u>50,587</u>
	<u>\$ 312,058</u>	<u>\$ 239,547</u>

NY6

**Question 3**

The Consortium recognizes the need to implement an annual conflict of interest disclosure for its Board of Governors and has committed to developing the mechanism and policy for tracking this information during the 2013 Plan year.

NY7

**Question 11**

Each municipality within the Consortium carries its own general liability coverage, through a policy or through a self-insurance program. Exposure is minimal for a general liability claim since the Consortium has no employees or offices. Most meetings are conducted at the County's conference room, and the County is self-insured for activities that occur in that conference room.

**General Commentary**

In connection with preparing the 2012 filing, certain reclassifications were made to the 2011 amounts to conform to the current year presentation and to ensure that the 2011 amounts were in accordance with the instruction and regulations. In total the amounts reported are in agreement with those as reported on Amendment 2 filed February 22, 2013.

# GENERAL INFORMATION AND INSTRUCTIONS

## For Filing The New York Data Requirements For MUNICIPAL COOPERATIVE HEALTH BENEFIT PLAN:

### GENERAL

1. Date of Filing: The supplemental report is required to be filed in duplicate with the Department of Insurance — Statistical Unit no later than 120 days after fiscal year end.
2. Unanswered questions and blank lines or schedules will not be accepted as meaning anything. If no answers or entries are to be made, write "None", "Not Applicable (N/A)", or "-0-" in the space provided.
3. Any item which cannot be readily classified under one of the printed items should be entered as a special item and adequately described.
4. If additional supporting statements or schedules are added in connection with answering interrogatories or providing information on the financial statement, the additions should be properly keyed to the item being answered (Example — "Interrogatories, 24") and indicate the reporting date and the name of the MCHBP.
5. The jurist (Page 1) of all filed statements, including reproduced copies, must be manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate and be properly notarized.
6. If this report does not contain the information asked for in the blanks or is not prepared in accordance with these instructions, it will not be accepted.
7. **Actuary Statement.**

- (1) There is to be included on or attached to Page 1 of the annual statement, the statement of a qualified actuary setting forth his or her opinion relating to loss reserves, provision for experience rating refunds, and any other actuarial items. "Qualified actuary," as used herein means a member in good standing of the American Academy of Actuaries, or a person recognized by the American Academy of Actuaries as qualified for such actuarial valuation, or a person who otherwise has demonstrated his competency in such actuarial evaluation to the satisfaction of the commissioner.
- (2) Such a statement of opinion must consist of a paragraph identifying the actuary; a scope paragraph identifying the subjects on which an opinion is to be expressed and describing the scope of the actuary's work (see sections 5-7 below); and an opinion paragraph expressing his or her opinion with respect to such subjects (see sections 8-10 below). One or more additional paragraphs may be needed in individual cases if the actuary considers it necessary to state a qualification of his or her opinion or to explain some aspect of the annual statement which is not already sufficiently explained in the annual statement.
- (3) The opening paragraph should generally indicate the actuary's relationship to the organization.

For an actuary who is an employee of the organization the opening paragraph of the opinion should contain a sentence such as:

"I, (name and title of actuary), am an officer (employee) of (named organization) and a member of the American Academy of Actuaries,"

For a consulting actuary, the opening paragraph of the opinion should contain a sentence such as:

"I, (name and title of consultant), am associated with the firm of (name of firm). I am a member of the American Academy of Actuaries and have been retained by the (name of organization) with regard to loss reserves, actuarial liabilities and related items."

For a person other than a member of the American Academy of Actuaries, the opening paragraph of the opinion should contain a sentence such as:

"I, (name and title), am an officer (employee) of (name of organization) and I [have competency in actuarial valuations for organizations of this kind] or: [am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind]

"I, (name and title of consultant), am associated with the firm of (name of firm). I [have competency in actuarial valuations for organizations of this kind] or: [am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind] and have been retained by the (name of organization) with regard to such valuation."

- (4) The following are examples, for illustrative purposes, of language which in typical circumstances would be included in the remainder of the statement of opinion. The illustrative language should be modified as needed to meet the circumstances of a particular case, and the actuary should in any case, use language which clearly expresses his or her professional judgment.

- (5) The scope paragraph should contain a sentence such as the following:

"I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 20 \_\_\_\_."

The paragraph should list those items and amounts with respect to which the actuary is expressing an opinion. The list should include but not necessarily be limited to:

- (i) Claims Unpaid (Reported and Unreported)
  - (ii) Provision for deferred maternity benefits, if any
  - (iii) Other actuarial liabilities
  - (iv) Dues items, such as receivables, due and unpaid, unearned, and paid in advance as they may relate to actuarial items.
- (6) If the actuary has examined the underlying records and/or summaries, the scope paragraph should also include a sentence such as the following:

"My examination included such review of the assumptions and methods used and of the underlying basic records and/or summaries and such tests and calculations as I considered necessary."

- (7) If the actuary has not examined the underlying records and/or summaries, but has relied upon those prepared by the organization, the scope paragraph should include a sentence such as one of the following:

- (i) "I relied upon underlying records and/or summaries prepared by the responsible officers or employees of the organization. In other respects, my examination included such review of the assumptions and methods used and such tests of the calculations as I considered necessary."
- (ii) "I relied upon (name of firm) for the actuary of the underlying records and/or summaries. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary."

- (8) The opinion paragraph should include a sentence which covers at least the points listed in the following illustration:

"In my opinion, the amounts carried in the balance sheet on account of the items identified above

- (i) are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance sound actuarial principles,
- (ii) are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the Statement was prepared,
- (iii) meet the requirements of the laws of (state of domicile),
- (iv) make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- (v) are computed on the basis of assumptions consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,
- (vi) include appropriate provision for all actuarial items which ought to be established."

- (9) If there has been any material change in the assumptions and/or methods from those previously employed, that change should be described in the statement of opinion by inserting a phrase such as:

"A material change in assumptions (and/or methods) was made during the past year but such change accords with accepted actuarial standards." A brief description of the change should follow.

The adoption of new coverages requiring underlying assumptions which differ from assumptions used for prior coverages is not a change in assumption within the meaning of this paragraph.

- (10) If the actuary is unable to form an opinion, he or she should refuse to issue a statement of opinion. If the opinion is adverse or qualified, the actuary should issue an adverse or qualified opinion explicitly stating the reason(s) for such opinion
- (11) If the actuary does not express an opinion as to the accuracy and completeness of underlying listings or summaries used in his evaluation, there should be included on or attached to Page 1 of the statement blank the statement of an organization officer or accounting firm who prepared such underlying data similar to the following:

"I (name of officer of organization), (title of officer), of (name of organization and address of organization), (or accounting firm), hereby affirm that the listings and summaries of data prepared for and submitted to (name of actuary) were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete.

---

Signature "

## FINANCIAL STATEMENT

### Definitions:

Current Assets — These are assets that are relatively liquid, usually short-term holdings, held for less than one year. Restricted assets for grants, contracts, reserves, etc., are not included. Five general types of assets are usually included in the current asset classification:

- \* Cash: Money in any form ¾ cash awaiting deposits, balances on deposit in checking accounts and certificates of deposit. Funds with availability for current use which are restricted by contract. Loan Funds held in escrow, state reserve requirements or other formal arrangements are reported as Restricted Funds and Other Assets.
- \* Secondary cash resources: Various investments that are readily marketable, held for less than one year or intended for sale within a twelve month period. Any such funds with availability for current use which are restricted by contract. State requirement or other formal arrangements are excluded.
- \* Short-term receivables: Open accounts receivable and notes receivable with short-term maturities (i.e., less than one year).
- \* Short-term prepayments: Expenses, such as insurance, taxes, rent, paid for in advance of (2) in operations. These items are usually referred to as prepaid expenses.
- \* Other: Includes inventories that are consumable supplies, such as x-ray, laboratory and other operating supplies. The category includes items that will be consumed by the HMO during the current period in ordinary course of operations, and items that are held for resale such as pharmacy inventories.

Other Assets - Assets including insolvency requirements, contracts, grants, reserves, etc.

Property and Equipment - Fixed assets including land, building, building improvements, furniture and equipment.

Previous Year - Report the quarter's data in the Current Period Column and report data from the immediate preceding annual statement in the Previous Year Column.

## BALANCE SHEET ASSETS

### Lines:

1. Cash and Cash Equivalents — Cash in bank or on hand, available for current use. Does not include restricted cash.
2. Short-term securities.
3. Premiums the amount accrued for premiums determined to be uncollectible for the period.
4. Investment Income Receivables — Interest earned on investments but not received.
5. Aggregate Write-ins For Current Assets — Show current assets not included in the above categories.
7. Long-term Investments — Investments held for a period of longer than twelve months.
8. Aggregate Write-ins For Other Assets ¾ Show non-current assets not included in the above categories.

## BALANCE SHEET LIABILITIES AND NET WORTH

### Definitions:

Current Liabilities — may be defined as obligations whose liquidation is reasonably expected to occur within one year. Three main classes or liabilities fall within this definition:

- \* Obligations for goods and services which were acquired for use in the operating cycle. These include claims for hospital and physician services, and accounts payable.
- \* Other debts that may be expected to require payment within the operating cycle or one year. This includes short-term notes and the currently maturing portion of long-term obligations.
- \* Other debts that may be expected to require payment within the operating cycle or one year, This includes short-term notes and the currently maturing portion of long-term obligations.
- \* Revenues received and recorded prior to being earned. These advances are often described as "deferred revenues." The obligation to furnish the services or to refund the payment is recognized as a liability. These include unearned premiums.

Other Liabilities — Liabilities of a long-term nature; liquidation of liabilities not expected in the current year.

Net Worth — Includes ownership or donated capital, restricted funds, reserves, and earnings or losses.

### Lines:

1. Accounts Payable — Amounts due to creditors for the acquisition of goods and services (trade and vendors rather than health care providers) on a credit basis.
2. Claims Payable (Reported and Unreported) — Claims reported and booked as payables and claims incurred but not reported (IBNR). Includes claims expense categories 5, 6 and 7 in Statement of Revenues, Expenses and Net Worth including percentage withholds, but excluding medical incentive pool.
3. Claims Stabilization Reserve — As calculated pursuant to Section 4706(a)(3) of the Insurance Law.
4. Unearned Premiums — Income received or booked in advance of the period to which it applies. A liability exists to render service in the future.

## BALANCE SHEET LIABILITIES AND NET WORTH (Continued)

5. Loans and Notes Payable — Current — The principal amount on loans due within one year.
6. Aggregate Write-ins For Current Liabilities — Show current liabilities not included in the above categories; include accrued payroll and taxes.
8. Loans and Notes — Loans and notes signed by the MCHBP, not including current portion payable. Include federal loans. Exclude loans under section 1307 N.Y.S. Insurance Law.
9. Aggregate Write-ins for Other Liabilities — Show other liabilities of a long-term nature.
12. Contributed Capital — Capital donated to nonprofit organization. Describe the nature of donation as well as any restrictions on this capital in the Notes to Financial Statements.
13. Surplus Notes — Include loans under Section 1307 of the New York Insurance Law and required footnote.
14. Contingency Reserves — N.Y.S. Contingent Reserve Fund, pursuant to Section 4706(a)(5).
15. Retained Earnings/Fund Balance — Retained earnings (surplus) is the undistributed and unappropriated amount of surplus. Include fund balances for not-for-profit corporations.

## REVENUES AND EXPENSES

### Lines:

#### Member-Months:

A member-month is equivalent to one person for whom the MCHBP has recognized premium revenue for one month. (A family of four persons enrolled for one month constitutes four member-months.) Where the revenue is recognized for only part of a month (or other relevant time period) for a given individual, a pro-rated partial member may be counted for that month.

1. Premium:  
Revenue recognized on a prepaid basis from individuals and groups for provision of a specified range of health services over a defined period of time, normally one month. Also included are premiums from Medicare Wrap-Around subscribers for health benefits which supplement Medicare coverage. If advance payments are made to the MCHBP for more than one reporting period, the portion of the payment that has not yet been earned must be treated as a liability.
2. Investment:  
Income earned from investments, deposits and reserve accounts.
3. Aggregate Write-ins for Other Revenues:  
Revenue from sources not covered in the previous revenue accounts, such as recovery of bad debts or gain on sales of capital assets, etc.
4. Total Revenue:  
Total of the above revenue accounts.
- 5-7. MEDICAL AND HOSPITAL (Page 4)  
Expenses for health benefits including the following components: Hospital; Medical; Drug; Dental and Other.
9. Reinsurance Expenses Net of Recoveries;  
Expenses for reinsurance of "stop-loss" insurance net of recoveries.
10. C.O.B. and Subrogation:  
Income earned from coordination of benefits and subrogation.

## ADMINISTRATION

Costs associated with the overall management and operation of the MCHBP including the following components:

13. Compensation  
All expenses for administrative services including compensation and fringe benefits for personnel time devoted to or in direct support of administration. Include expenses for management contracts. Do not include marketing expenses here.
14. Interest Expenses  
Interest on loans, paid during period.
15. Occupancy, Depreciation and Amortization  
Expenses associated with administrative services including: The costs of occupancy to the MCHBP entity which are directly associated with MCHBP administration. Included in occupancy are costs of using a facility, fire and theft insurance, utilities, maintenance, lease, etc. Do not include expenses for marketing in this category.  
  
The amount of depreciation and amortization expense which is directly associated with administrative services. Depreciation expense is the incremental consumption of the value of a fixed asset during the asset's useful life. Amortization Expense — the costs of certain assets are spread over their estimated service lives; e.g., leasehold improvements.
16. Marketing  
Expenses directly related to marketing activities including advertising, printing, marketing representative compensation and fringe benefits, travel, occupancy, and other expenses allocated to the marketing activity.

17. **Aggregate Write-ins for Other Administration Expenses**  
 Costs which are not appropriately assignable to the health plan administration categories defined above. Included are costs to update subscriber records, servicing of subscriber inquiries and complaints, claims adjudication and payment, legal, audit, data processing, accounting, insurance, bad debts, all taxes except Federal income taxes, etc. Do not include marketing expenses. Include fee paid to
21. **Extraordinary Item**  
 A nonrecurring gain or loss that meets the following criteria in accordance with accounting standard:
- \* The event must be unusual: that is, it should be highly abnormal and unrelated to, or only incidentally related to, the ordinary activities of the entity;
  - \* The event must occur infrequently: that is, it should be of a type that would not reasonably be expected to recur in the foreseeable future.
- The following gains and losses are specifically not extraordinary:
- \* Write-down or write-off of accounts receivable, inventory, or intangible assets;
  - \* Gains or losses from changes in the value of foreign currency;
  - \* Gains or losses on disposal of a segment of a business;
  - \* Gains or losses from the disposal of fixed assets;
  - \* Effects of a strike;
  - \* Adjustments of accruals on long-term contracts.
22. **Provision for Federal Income Taxes**  
 Federal taxes for period.

**SCHEDULE A — CASH AND CASH EQUIVALENTS**

Individually list all bank accounts and non-negotiable certificates of deposit.

Include: Cash equivalents which are investments maturing 90 days or less from date of purchase.

Exclude: Any cash accounts including cash concentration, management or fund accounts which are not legally titled to the MCHBP. Such balances should be reported as Amounts Due From Affiliates or not admitted.

**SCHEDULE B — INVESTMENTS**

List Short-term Investments in Column 9; Long-term Investments in Column 11. Show detailed information on type of investment and valuation.

**SCHEDULE C — PREMIUMS RECEIVABLE (Other Than Affiliate)**

List accounts for Premiums and show Allowance for Doubtful Accounts.

**SCHEDULE F — CLAIMS PAYABLE (Reported and Unreported)**

**SECTION I-CLAIMS INCURRED:**

This schedule calculates the claims incurred during the fiscal year. It is a summary of Report #2 (Statement of Revenue, Expenses and Net Worth) lines 5 through 7.

	Column B (Claims Paid during current fiscal year)
Minus	Column C (Claims unpaid during prior fiscal year)
Plus	Column D (Claims unpaid during current fiscal year)
Equals	Column E (Claims Incurred in current fiscal year)

**SECTION II — ANALYSIS OF UNPAID CLAIMS — CURRENT YEAR**

This schedule separates Column D of Section I into two components: Reported (i.e. known losses at last day of current fiscal year that remain unpaid) and Estimated Incurred But Not Reported Losses (IBNR) (i.e. calculation per Section 4706(a)(1) of the New York Insurance Law indicating an estimate of claims occurring during the current fiscal year that were not reported to the Plan as of that date but which the Plan will ultimately be required to pay.)

	Column B (Reported Claims still unpaid)
Plus	Column C (IBNR)
Equals	Column D (Total Claims Payable)

The Item claims shall include medical expenses accrued and unpaid which are reported on the Statement of Revenues and Expenses, Lines 5 through 7.

**SCHEDULE F — CLAIMS PAYABLE (Reported and Unreported) (Continued)**

**SECTION III-ANALYSIS OF UNPAID CLAIMS-PREVIOUS YEAR:**

This section traces the development of previous year's unpaid losses (i.e. any unpaid loss at the end of the previous fiscal year) through the end of the current fiscal year so that a determination can be made if the original estimate was adequate.

Columns B and C separate paid claims during the fiscal year by occurrence date (prior fiscal years and current fiscal year.)

Columns D and E separate unpaid claims at the last date of the current fiscal year by occurrence date (prior fiscal years and current fiscal year.)

Column F (Column B plus Column D) indicates the development of prior year's claims at end of current fiscal year.

Column G indicates prior year's estimate of liability of unpaid claims.

The difference between Column F and Column G would be the savings or deficiency of the reserve as of the end of the current fiscal year.