EARLY RETIREE REINSURANCE PROGRAM PRIMA FACIE EVIDENCE COVER SHEET - DRAFT

1) Plan Sponsor Name:			
2) Application ID:			
3) Plan Year Start Date:			
4) Plan Year End Date:			
5) Number of Pages Including Cover Sheet:			
6) Today's Date:			
7) Contact Name:			
8) Contact Phone:			
9) Information from Summary Cost Data Page of	of ERRP Secure Website		
a) Reimbursement Request #:			
b) Current Cost Paid by Early Retiree:			
c) Old Cost Paid by Early Retiree:			
d) Net Cost Paid by Early Retiree:			
e) Reimbursement Request Date:			
f) Reimbursement Request Total:			

DETAIL

10) Receipt Identifier	11) Claim Number	12) Cost Paid by Early Retiree	13) Member ID	14) Member Group ID	15) Provider ID