

FINANCIAL INFORMATION
FOR
EMPLOYEE BENEFIT PLAN

NAME OF PLAN: _____ PLAN #: _____ 501

DATE: _____ PERIOD ENDED: _____

Beginning reconciled bank balance \$ -

Income

Employer contributions \$ -

Employee contributions _____

COBRA contributions _____

Stop loss reimbursements _____

Interest earned _____

Other income (specify) _____

Refunds from health providers (Dr.'s, hospitals, etc.) _____

Transfers from _____

Total income \$ -

Expenses

Benefits paid _____

Insurance premiums paid (Stop loss) _____

Insurance premiums paid (other) _____

Administration fees paid _____

Transfer to _____

Other expenses _____

Total expenses \$ -

Ending reconciled bank balance

(Beginning balance plus total income minus total expenses) \$ -

SPONSOR PAID EXPENSES (On behalf of Plan)

Insurance Premiums _____

Administrative Expenses _____

Other _____

I have reviewed the above accounts, individually and as a whole, for reasonableness and completeness; and I approve these revised balances for the Plan as of the Plan year-ending.

Signature & Title

Date