Exhibit K

Sample Management Reports

Life Reports

Prudential Financial

Custom Reports

The LCMS Custom Report provides a facility to create ad/hoc reports by selecting report columns and defining report parameters. The report columns can be displayed and sorted in any desired order. Filters are available for most of the columns selected. Once the report template is created, it can be saved and reused again in the future. The report can be displayed as a HTML file in browser or exported as a Microsoft Excel file.

The selected item(s) with an asterisk(*) have filter criteria available.

Report Name	Custom Report Sample	
Select column to include in Report	**Display Order**	**Sort Order**
Claim & Coverage Data		
☑ Control Number*	2	
☑ Branch*	4	
☑ Claim Type*	1	1
☑ Claim ID		
☐ Coverage Seq Num		
☑ Coverage Type	7	
☑ SS Number	3	
☑ Claimant Name	6	
☐ Gender		
☐ Claimant Date Of Birth		
☐ Age		
☐ State of Residence		
☐ First Notice Date*		
☐ Proof Received Date*		
☐ Incurral Date		
☐ Claim Create Date		
☑ Coverage Status*	8	
☐ Current Total Benefit Amt		

☑ Paid Up Amount		
☑ Amount Pending		
☐ Amount Disallowed		
☑ Amount Paid	9	
Waiver & Life Disability Benefit Data		
☐ Disability Date*		
☐ Last Date Worked*		
☐ Benefit Begin Date		
☐ Original Total Benefit Amt		
☐ Disability Insured Amt		
☐ Non-Insured Amount		
Misc Data		
☐ Client Employee ID		
☐ Relationship To Insured		
☐ Retired Indicator		
	Cancel	Next

INST-A005452

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California COA# 1179 NAIC Code #68241

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Prudential Financial

Life Claim Sample Custom Report

Claim Type	Control Number	Claimant SSN	Branch	Claim ID	Claimant Name	Coverage Type	Coverage Status	Coverage Amount	Payment Amount
Accelerated Benefit Option	24541	XXXXX3944	1	10520864	SMITH K JOE62	Emp Basic Accelerated Benefit Option	Approved	$ 37,500.00	$ 37,500.00
Accelerated Benefit Option	24541	XXXXX3944	001A1	10520864	SMITH K JOE62	Emp Optional Accelerated Benefit Option	Approved	$ 146,250.00	$ 146,250.00
Accidental Death	24541	XXXXX8074	A0002	10507664	SMITH W JOE577	Dep PAI Accidental Death	Approved	$ 100,000.00	$ 100,587.26
Accidental Death	24541	XXXXX8196	1	10524280	SMITH F JOE11	Emp Basic Accidental Death	Pending	$ 50,000.00	$ -
Accidental Death	24541	XXXXX8196	A0001	10524280	SMITH F JOE11	Emp Optional Accidental Death	Pending	$ 50,000.00	$ -
Accidental Death	24541	XXXXX5176	A0002	10533572	SMIT A KASSEL	Dep PAI Accidental Death	Pending	$ 50,000.00	$ -
Accidental Death	24541	XXXXX8449	1	10513086	SMITH L JOE1	Emp Basic Accidental Death	Approved	$ 50,000.00	$ -
Dismemberment	24541	XXXXX7449	A0003	10514122	SMITH W JOE581	Emp Optional Dismemberment	Approved	$ 301,750.00	$ 303,012.34
Dismemberment	24541	XXXXX2519	A0002	10533023	SMITH JOE578	Dep PAI Dismemberment	Approved	$ 103,000.00	$ 103,784.78
Life	24541	XXXXX5267	A0006	10506811	SMITH C JOE190	Emp Optional Life	Approved	$ 65,000.00	$ 65,000.00
Life	24541	XXXXX5267	6	10506811	SMITH C JOE190	Emp Basic Life	Approved	$ 10,000.00	$ 10,000.00
Life	24541	XXXXX1837	1	10542311	SMITH D JOE65	Emp Basic Life	Pending	$ 10,000.00	$ -
Life	24541	XXXXX1837	A0001	10542311	SMITH D JOE65	Emp Optional Life	Pending	$ 41,000.00	$ -
Life	24541	XXXXX3369	6	10516538	SMITH JOE200	Emp Basic Life	Approved	$ 10,000.00	$ 10,000.00
Life	24541	XXXXX3369	A0006	10516538	SMITH JOE200	Emp Optional Life	Approved	$ 6,800.00	$ 6,800.00
Life	24541	XXXXX2392	1	10538962	SMITH D JOE64	Emp Basic Life	Approved	$ 50,000.00	$ 50,000.00
Life	24541	XXXXX2392	A0001	10538962	SMITH D JOE64	Emp Optional Life	Approved	$ 192,000.00	$ 192,000.00
Life	24541	XXXXX7316	6	10508680	SMITH H JOE194	Emp Basic Life	Approved	$ 13,250.00	$ 13,250.00
Life	24541	XXXXX6753	1	10512479	SMITH W JOE58	Emp Basic Life	Approved	$ 25,000.00	$ 10,000.00
									$ 15,000.00
Life	24541	XXXXX6753	A0001	10512479	SMITH W JOE58	Emp Optional Life	Approved	$ 48,000.00	$ 4,551.50
									$ 17,379.40
									$ 26,069.10
Life	24541	XXXXX4852	6	10527724	SMITH A JOE216	Emp Basic Life	Approved	$ 10,000.00	$ 5,020.00
Life	24541	XXXXX4852	A0006	10527724	SMITH A JOE216	Emp Optional Life	Approved	$ 65,000.00	$ 32,630.00
Life	24541	XXXXX3295	6	10530585	SMITH A JOE220	Emp Basic Life	Approved	$ 49,000.00	$ 49,000.00
Life	24541	XXXXX3099	6	10522807	SMITH C JOE209	Emp Basic Life	Approved	$ 10,000.00	$ 10,000.00
Life	24541	XXXXX3099	A0006	10522807	SMITH C JOE209	Emp Optional Life	Approved	$ 28,500.00	$ 28,500.00
Life	24541	XXXXX6484	7	10542480	SMITH N JOE237	Emp Basic Life	Pending	$ 44,000.00	$ -
Life	24541	XXXXX3692	8	10525977	SMITH E JOE264	Emp Basic Life	Approved	$ 11,000.00	$ 2,750.00
									$ 2,750.00
									$ 2,750.00

Group Life Insurance
Group Life Online
Reports
Claim & Payment Status
Custom Reports
Claim Activity
Report Scheduler
Report Viewer
My Profile

Claim Activity Report

Select a control number for the report.

Control Number: 97000

Contract Holder Name: XYZ CORP

Submit Reset

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Claim Activity Report

The LCMS Claim Activity Report provides a list of claim status and payment activities for claims received or paid during a selected period of time. The report includes all claim branches unless specific branch or branches are selected by the user. Users also have the choice to select claim types and coverage status. This report can be displayed as an Acrobat PDF file or exported as a Microsoft Excel file.

Control Number	2201 - XYZ. INC
Branch	00001 - BRANCH 1 00002 - BRANCH 2 00003 - BRANCH 3 00004 - BRANCH 4 00006 - BRANCH 5 00007 - BRANCH 6
Claim Type	☑ Life ☐ Waiver ☐ Accidental Death ☐ Life Disability Benefit ☐ Dismemberment ☐ Accidental Disability ☐ Accelerated Benefits Option
Coverage Status	☑ Pending ☑ Approved ☐ Disallowed ☐ Terminated ☐ Suspended
Claim Received Date	Between ☐ AND
Distribution Date	Between ☐ AND
Report Format	◉ PDF ○ Excel
	Submit Reset

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CLAIM ACTIVITY REPORT

Con... Number 97000
Date : 07/30/2004
Time : 9:38:57AM

SSN	Branch	ClaimId	Claimant Name	Received Date	Incurral Date	Coverage Type	Coverage Status	Coverage Amount	Pending Amount	Pending Reason	Distribution Method	Distribution Status	Distribution Date	Amount Disallowed	Payment Amount	Interest Amount
Life																
5974	000A7	10541893	SMITH M JOE3449	06/07/2004	04/16/2004	Emp Basic Life	Approved	$26,000.00			Alliance	Issued	06/10/2004		$26,079.06	$79.06
0086	00003	10540449	SMITH P JOE349	06/02/2004	05/16/2004	Emp Optional Life	Approved	$111,000.00			Check	Issued	07/01/2004		$3,741.01	
											Alliance	Issued	07/01/2004		$108,094.40	$835.41
6435	00001	10540819	SMITH JOE34	06/02/2004	05/09/2004	Dep Optional Life	Approved	$10,000.00			Alliance	Issued	06/07/2004		$10,000.00	
4045	000A2	10540588	SMITH S JOE973	06/02/2004	04/18/2004	Emp Basic Life	Approved	$50,000.00			Alliance	Issued	06/11/2004		$50,149.32	$149.32
4045	00002	10540588	SMITH S JOE973	06/02/2004	04/18/2004	Emp Optional Life	Pending	$564,000.00	$564,000.00	027, 032						
7176	000A1	10540846	SMITH JOE462	06/02/2004	05/08/2004	Emp Basic Life	Approved	$50,000.00			Alliance	Issued	06/07/2004		$50,084.11	$84.11
7176	00001	10540846	SMITH JOE462	06/02/2004	05/08/2004	Emp Optional Life	Approved	$246,000.00			Alliance	Issued	06/07/2004		$246,413.80	$413.80
4658	00002	10541953	SMITH H JOE977	06/08/2004	05/14/2004	Emp Optional Life	Pending	$140,000.00	$140,000.00	034						
8132	000A4	10541879	SMITH J JOE3292	06/07/2004	05/08/2004	Emp Basic Life	Approved	$50,000.00			Alliance	Issued	06/18/2004		$50,000.00	
Total number of claims for Life				7				$1,247,000.00	$704,000.00					$0.00	$544,561.70	$1,561.70

Pending Reasons

001	Under Claim Review	026	Awaiting Disclaimer Documents	044	Awaiting Authorization Form (HIPAA)	063	Additional Benefits Under Review
003	Awaiting Viatical Assignment	027	Payee SSN Required	045	Accident/Police Report Required	064	Beneficiary Information Required
004	Draft Payment In Process	028	Tax Notice Document Required	047	Child Care Benefit Document Required	065	Deceased Beneficiary Information Required
005	Estate Papers Required	029	Awaiting Enrollment/Beneficiary Form	048	Special Training Benefit Document Required	066	Draft Pending
006	Guardianship Document Required	030	Incomplete Claim Submission	049	Special Education Benefit Document Required	067	Funeral Assignment Requested
007	Payee In Blocked Country	031	W9 Certification Required	051	Coma Benefit Document Required	069	Marriage Certificate/Birth Certificate Required
009	Missing Insured Or Beneficiary	032	Preference Beneficiary Affidavit Required	052	Medical Expense Benefit Under Review	070	Multiple Documents Required
010	Claim Appeal Under Review	033	Certification Required	053	Spouse Tuition Reimbursement Under Review	071	Power of Attorney Document Required
011	Letter of Indebtedness Required	034	Death Certificate Required	054	Child Tuition Reimbursement Under Review	073	Check Returned
016	Foreign Death Documents Required	035	Claim Form Required	055	Day Care Expenses Under Review	074	Stale Dated Check
018	Minor Beneficiary Information Required	036	Unclear Beneficiary Designation	056	Critical Period Monthly Survivor Benefit Under Review	075	Document Translation Required
020	Claim Dispute Investigation	037	Medical Information Required	057	Hospital Inpatient Stay Benefit Under Review	076	UTMA/FOP/UTCA Document Required
021	Beneficiary involvement Investigation	038	Medical Information Requested	058	Bereavement & Trauma Counselling Benefit Under Review	077	Preliminary Claim-Add'l Documents Required
022	Stop Payment Requested	039	Awaiting Autopsy/Toxicology Report	059	Occupational Benefit Under Review	078	Claim Documents Required
023	Contestable Investigation	040	Final Cause of Death Required	060	Monthly Mortgage Payment Under Review		
024	Active Lawsuit	041	VGLI Refund In Process				

Claim and Payment Status

06/29/2004 03:03:32 PM EDT

Claim Information

Claimant Name	JOE140 SMITH	Incurral Date	05/26/2003	Claim Number	10002807
SSN/Client Employee ID	XXX-XX-5957	Proof Received Date	06/14/2003	Claim Type	Life

Coverage Information

Coverage # 1	Branch Code	00W03	Details
Branch Name	BRANCH 75	Coverage Status	Approved
Coverage Type	Emp Basic Life	Benefit Amount	$30,000.00
Coverage # 2	Branch Code	00007	Details
Branch Name	BRANCH 6	Coverage Status	Approved
Coverage Type	Emp Optional Life	Benefit Amount	$200,500.00

Payment Information

Distribution Number	1	Payee Name		Mrs. Jane Smith	
Method/Status	Ck/>$10,000 Alliance	Date	06/20/2003	Payment Amount	$230,500.00
Interest		Deductions		Net Payment	$230,500.00

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Premium and Claim Comparison Report

PREMIUM AND CLAIM COMPARISON REPORT

DESCRIPTION

The Premium and Claim Comparison Report (P&C)provides information on claims paid for all coverages on a cumulative basis from the last anniversary. It also includes paid premium data for insured coverages and will include "phantom" premium information where such data is maintained on non-insured coverages.

Reports that consist of non-insured coverages will be labeled accordingly as "non-insured coverages."

PURPOSE

This report is designed to help keep track of the adequacy of premium collections in relation to claims paid. It can be produced to describe the experience of an entire group client's organization, the experience of the various subdivisions or classes of employees within the organization, and/or for combinations of any of the units (or "branches") within an organization

DEFINITIONS

Coverage: A glossary of common coverage abbreviations is shown on the descriptive page following the P & C report.

Type Bene: The Type of Benefit within coverage for which statistical data is shown.

Payable Premium: Amount of premium paid by policy holder or the amount of "phantom" premiums if such data is maintained on the non-insured coverages.

Cash Claims: Dollar amount of claims paid exclusive of pooled claims.

% of Pay: Cash claims as a percentage of Payable Premium.

Number of Payments: The total number of claim payments processed since the last anniversary date is shown on the TOT line for each coverage/.

YTD (Year-To-Date) Totals: The figures shown in the report by coverage are summed on these lines for life and health and a total is provided by level of report (Dividend Case, Experience Unit or Analysis Unit).

Curr Mo (Current Month) Totals: The same categories as in the YTD totals are shown here, but the figures reflect the current month only.

Prudential Group Insurance | Premium and Claim Comparison- | Policy Year to Date | September 07, 1997

Dividend Case Summary:
RGO CTRL NO DIV CASE
7

Anniversary Dates: January 01, 1997 to January 01, 1998

COVERAGE	TYPE OF BENEFIT	PAYABLE PREMIUM	CASH CLAIMS	% PAY	NUMBER OF 1ST CLAIMS	NUMBER OF PAYMENTS	CLAIM FREQ	AVG DUR
LIFE		16,500	15,000	91		1		
AD&D		900	15,000	999		1		
YTD TOTALS:								
LIFE BR TOTAL		17,400	30,000	172	0	2		
D/C TOTAL		17,400	30,000	172	0	2		
CURR MO TOTALS:								
LIFE BR TOTAL		1,900	0	0	0	0		
D/C TOTAL		1,900	0	0	0	0		

PAYABLE PREMIUM CONTAINS ESTIMATES FOR THE LAST 08 MONTHS
PENDING LIFE CLAIMS OF $ 4,000 NOT INCLUDED ABOVE

Prudential Financial

Coverage	Coverage Abbreviation	
	Employee	Dependent
LIFE	LIFE	DLIFE
SURVIVOR	SURV	
ACCIDENTAL DEATH AND DISMEMBERMENT	AD&D	DADD
PERSONAL ACCIDENT INSURANCE	EPAI	DPAI
LONG TERM DISABILITY	LTD	
ACCIDENT AND SICKNESS	A&S	
NEW JERSEY DISABILITY BENEFITS	TDB	
NEW YORK DISABILITY BENEFITS	DBL	
PUERTO RICO DISABILITY BENEFITS	PRCS	
HAWAII TEMPORARY DISABILITY BENEFITS	HICS	

Pooled claims

(Claims not charged to a policyholder's experience): Since infrequent large claim amount can produce substantial fluctuations in the experience of a policy holder, we have frequently found it desirable to stabilize the claim experience by pooling those benefits most susceptible to such fluctuation. Pooling applies to high amounts of risk for an individual; not all of his or her coverage is pooled, but only that amount which exceeds a predetermined pooling point. When pooling arangements are in effect, medical claims for all dependents of a given employee are pooled collectively.

Sample STD/LTD Web Reports

Available online:
www.prudential.com

Prudential Financial

Claim Activity/Advice to Pay Report

XYZ Corporation
Claim Activity / Advice to Pay Report
Control Number:

Date Printed:

Claimant Name	Claimant SSN	Job Title	Coverage Status Reason	Date Of Disability	Benefits Begin Date	Pay Thru Date	Estimated RTW Date	Actual RTW Date	Est. Agg Weeks of Disability	Max Dur Date
Branch:	**00001**									
Coverage Type:	**LTD**									
Coverage Status:	**Approved**									
Doe1834, John	279-87-5624	mnhjguiyhg	[none]	02/01/2001	08/02/2001	12/25/2001			20	12/03/2014
Coverage Status:	**Pending**									
Doe2251, John	327-68-6095	guard	[none]	09/02/2000	03/03/2001					04/03/2027
Coverage Type:	**STD**									
Coverage Status:	**Pending**									
Doe1416, John	245-76-5427		[none]	01/01/2001						
Doe2251, John	327-68-6095	guard	[none]	09/02/2000	09/09/2000					03/09/2001
Branch:	**00002**									
Coverage Type:	**LTD**									
Coverage Status:	**Approved**									
Doe1052, John	192-63-9477	SBA Account Manager	[none]	06/21/1999	12/20/1999	11/30/2001			101	08/04/2023
Doe191, John	128-55-8538	Admin Asst	[none]	09/22/1997	03/23/1998	03/31/2001			157	01/20/2036
Doe203, John	128-74-0682	Business Development Associate	[none]	07/11/2000	01/09/2001	03/31/2001			11	02/24/2034
Doe2333, John	330-71-4328	supv distribution ctr	[none]	08/17/1999	02/15/2000	01/31/2001			50	08/17/2019
Doe2398, John	333-41-2300	General Mgr.	[none]	06/18/1999	12/17/1999	12/17/2001			104	02/06/2011
Doe2466, John	342-81-2626	Assoc Copy Center	[none]	11/06/1998	05/07/1999	05/06/2001			104	10/09/2015
Doe2884, John	421-55-2397	general manager	[none]	09/12/1999	03/12/2000	06/30/2001	10/02/2000		68	09/10/2010
Doe3023, John	448-45-9429	Director-Elec Media	[none]	01/01/2000	07/01/2000	12/31/2000			26	08/18/2007

Doe3616, John	568-87-1251	SCC District Sales Manager I	[none]	03/21/2000	09/19/2000	01/31/2001			19	07/17/2014
Doe4154, John	683-54-9752	Bulk Supervisor	[none]	10/06/1998	04/06/1999	03/31/2001			103	02/22/2031
Coverage Status:	**Pending**									
Doe1126, John	204-54-0172	Mgr General	[none]	09/11/2000	03/12/2001					11/30/2016
Doe1969, John	299-53-4025	SBA Account Manager	[none]	08/18/2000	02/16/2001					10/20/2015
Doe2394, John	332-53-8597	MGR Sales	[none]	07/31/2000	01/29/2001					01/01/2025
Doe2714, John	384-71-6728	mgr general	[none]	08/29/2000	02/27/2001		09/25/2000			11/29/2031
Doe2841, John	411-89-6669	Mgr Sales	[none]	08/06/2000	02/04/2001					10/05/2033
Doe3691, John	608-59-2131	sales rep. direct delivery	[none]	12/24/1999	06/23/2000					02/21/2015
Coverage Type:	**STD**									
Coverage Status:	**Approved**									
Doe1834, John	279-87-5624	mnhjguiyhg	[none]	02/01/2001	02/08/2001	02/28/2001			4	08/08/2001
Coverage Status:	**Pending**									
Doe1153, John	209-20-9876		[none]	02/01/2001						
Doe1424, John	246-59-8254		[none]	02/15/2001	02/22/2001		02/26/2001	02/22/2001		08/22/2001
Doe1624, John	262-63-1110		[none]	02/09/2001	02/16/2001					08/16/2001
Doe2948, John	432-76-5762		[none]	02/01/2001						
Doe3934, John	666-66-5555		[none]	02/22/2001						
Doe4331, John	109-87-6555		[none]	02/08/2001						
Branch:	**00003**									
Coverage Type:	**DBL**									
Coverage Status:	**Approved**									
Doe1004, John	184-83-8182	Mgr Copy Center Store	[none]	11/18/2000	11/25/2000	01/11/2001			7	05/25/2001
Doe1017, John	186-57-4489	manager Copy Center Store	[none]	11/15/2000	11/22/2000	01/21/2001			9	05/22/2001
Doe1026, John	187-66-0921	Driver I	[none]	11/01/2000	11/08/2000	12/31/2000			8	05/08/2001
Doe1126, John	204-54-0172	Mgr General	[none]	09/11/2000	09/18/2000	02/25/2001			24	03/18/2001
Doe1212, John	216-57-1540	Lead Coord.	[none]	12/18/2000	12/25/2000	01/21/2001			5	06/24/2001
Doe1220, John	217-73-2697	Assoc Production	[none]	12/04/2000	12/11/2000	02/11/2001			10	06/10/2001

Doe1744, John	268-87-8932	Assoc. Service Dsek	[none]	10/27/2000	10/27/2000	12/23/2000	12/23/2000		8	04/26/2001
Doe1745, John	268-93-2943	Rep Customer Service I	[none]	08/17/2000	08/17/2000	01/14/2001			21	02/14/2001
Doe4197, John	694-40-1382	Rep Order Entry	[none]	11/06/2000	11/06/2000	01/21/2001			11	05/06/2001
Doe1380, John	240-79-4614	Mgr Operations	Reconsideration	09/17/2000	09/17/2000	01/14/2001			17	03/17/2001
Branch:	**00A01**									
Coverage Type:	**STD**									
Coverage Status:	**Pending**									
Doe1449, John	247-93-1832	ADMIN ASSISTANT	[none]				02/02/2001			

Criteria:

- StatusChangeDate for disallowed and terminated since 04/23/2003;
- STATUS: Approved, Disallowed, Pending, Suspended, Terminated;
- PLANS: '00001 LTD', '00001 STD', '00002 LTD', '00002 STD', '00003 DBL', '00003 LTD', '00004 TDB', '00A01 STD';

Formula:
STD: If Payment Thru Date > Current Date THEN (Current Date - Disability Date +1)/7 ELSE (Payment Thru Date - Disability Date +1)/7
LTD: If Payment Thru Date > Current Date THEN (Current Date - Benefits Begin Date +1)/7 ELSE (Payment Thru Date - Benefits Begin Date +1)/7

STD Initial Decision Date Report

XYZ Corporation
STD Initial Decision Date Report
Control Number:

Date Printed:

Claimant Name	Claimant SSN	Date Of Disability	Date 1st Notice	Claim Rec'd Date	Days to Decision From Claim Rec'd Date	Decision Date	Benefits Begin Date	Coverage Status Effective Date	Days to Decision From Date 1st Notice
Branch:	**00001**								
Coverage Type:	**STD**								
Coverage Status:	**Pending**								
Doe1416, John	245-76-5427	01/01/2001		02/22/2001				02/22/2001	
Doe2251, John	327-68-6095	09/02/2000	02/08/2001	02/09/2001			09/09/2000	02/09/2001	
Branch:	**00002**								
Coverage Type:	**STD**								
Coverage Status:	**Pending**								
Doe1153, John	209-20-9876	02/01/2001	02/16/2001	03/01/2001				03/08/2001	
Doe1424, John	246-59-8254	02/15/2001		02/21/2001			02/22/2001	02/22/2001	
Doe1624, John	262-63-1110	02/09/2001		02/09/2001			02/16/2001	02/09/2001	
Doe2948, John	432-76-5762	02/01/2001		02/22/2001				02/22/2001	
Doe3934, John	666-66-5555	02/22/2001		02/22/2001				02/22/2001	
Doe4331, John	109-87-6555	02/08/2001		02/15/2001				02/26/2001	
Branch:	**00003**								
Coverage Type:	**DBL**								
Coverage Status:	**Pending**								
Doe2561, John	359-71-8474	03/06/2000	03/31/2000	03/31/2000			03/13/2000	03/23/2001	
Doe2666, John	376-02-9721	03/02/1999		04/27/1999			03/09/1999	02/22/2001	
Doe4330, John	109-87-6543	02/01/2001		02/16/2001				02/26/2001	
Branch:	**00A01**								
Coverage Type:	**STD**								

STD Initial Decision Date Report

Coverage Status: **Pending**

Doe1449, John	247-93-1832		01/12/2001	01/12/2001				02/26/2001	

Criteria:

- FROMDATE: 04/21/2003 TODATE: 05/21/2003;
- StatusChangeDate for disallowed and terminated since 04/21/2003;
- STATUS: Approved, Disallowed, Pending, Suspended, Terminated;
- PLANS: '00001 STD', '00002 STD', '00003 DBL', '00004 TDB', '00A01 STD';

Formula:
Days to Decision 1st Notice = Decision Date - Date of First Notice +1
Days to Decision Claim Received Date = Decision Date - Claim Rec'd Date +1

STD Employee Summary Report

XYZ Corporation
STD Employee Summary Report
Control Number:

Date Printed:

Claimant Name	Claimant SSN	Claimant DOB	Date Of Disability	Disability Type	Clm Rec'd Date	Benefits Bgn Date	Payment Thru Date	Scheduled Benefit	Max Dur Date
Branch:	**00001**								
Coverage Type:	**STD**								
Coverage Status:	**Pending**								
Doe2251, John	327-68-6095	04/04/1960	09/02/2000		02/09/2001	09/09/2000		$100.00	03/09/2001
Doe1416, John	245-76-5427	10/20/1963	01/01/2001		02/22/2001			$0.00	
Branch:	**00002**								
Coverage Type:	**STD**								
Coverage Status:	**Approved**								
Doe1834, John	279-87-5624	12/04/1948	02/01/2001	Sickness	02/07/2001	02/08/2001	02/28/2001	$50.00	08/08/2001
Coverage Status:	**Pending**								
Doe1153, John	209-20-9876	03/11/1965	02/01/2001		03/01/2001			$0.00	
Doe2948, John	432-76-5762	10/10/1956	02/01/2001		02/22/2001			$0.00	
Doe4331, John	109-87-6555	02/13/1969	02/08/2001		02/15/2001			$0.00	
Doe1624, John	262-63-1110	08/04/1980	02/09/2001	Sickness	02/09/2001	02/16/2001		$250.00	08/16/2001
Doe1424, John	246-59-8254	09/09/1959	02/15/2001	Accident	02/21/2001	02/22/2001		$0.00	08/22/2001
Doe3934, John	666-66-5555	01/01/1970	02/22/2001		02/22/2001			$0.00	
Branch:	**00003**								
Coverage Type:	**DBL**								
Coverage Status:	**Approved**								
Doe988, John	181-75-2697	05/25/1978	04/08/2000	Sickness	12/07/2000	04/15/2000	05/07/2000	$65.00	10/13/2000
Doe1008, John	184-95-9915	11/06/1974	06/21/2000	Sickness	10/11/2000	06/28/2000	08/09/2000	$155.00	12/26/2000
Doe1260, John	223-65-9826	09/01/1961	08/22/2000	Accident	09/14/2000	08/29/2000	01/21/2001	$170.00	02/26/2001
Doe919, John	170-77-9266	10/10/1981	09/10/2000	Sickness	10/13/2000	09/17/2000	01/09/2001	$170.00	03/17/2001

Doe1126, John	204-54-0172	12/01/1950	09/11/2000	Sickness	10/03/2000	09/18/2000	02/25/2001	$170.00	03/18/2001
Doe915, John	170-41-3912	04/30/1938	09/25/2000	Sickness	10/20/2000	10/02/2000	01/21/2001	$170.00	04/01/2001
Doe2668, John	376-39-3559	07/20/1925	10/21/2000	Sickness	12/08/2000	10/28/2000	01/14/2001	$102.50	04/27/2001
Doe1026, John	187-66-0921	05/13/1972	11/01/2000	Sickness	12/01/2000	11/08/2000	12/31/2000	$170.00	05/08/2001
Doe1322, John	232-67-7255	07/11/1974	11/01/2000	Sickness	01/09/2001	11/01/2000	11/23/2000	$170.00	05/01/2001
Doe1382, John	241-79-5491	06/30/1970	11/07/2000	Sickness	11/28/2000	11/14/2000	01/25/2001	$170.00	05/14/2001
Doe1017, John	186-57-4489	01/07/1952	11/15/2000	Sickness	12/18/2000	11/22/2000	01/21/2001	$170.00	05/22/2001
Doe926, John	171-67-3745	04/06/1961	11/17/2000	Sickness	12/15/2000	11/24/2000	12/17/2000	$170.00	05/24/2001
Doe1004, John	184-83-8182	12/27/1974	11/18/2000	Sickness	12/09/2000	11/25/2000	01/11/2001	$170.00	05/25/2001
Doe1258, John	223-47-2142	12/04/1946	11/23/2000	Sickness	12/14/2000	11/30/2000	01/21/2001	$80.00	05/30/2001
Doe1220, John	217-73-2697	07/15/1968	12/04/2000	Sickness	12/22/2000	12/11/2000	02/11/2001	$170.00	06/10/2001
Doe928, John	171-79-1501	06/09/1978	12/11/2000	Sickness	12/21/2000	12/18/2000	01/22/2001	$170.00	06/17/2001
Doe1751, John	269-59-2311	09/28/1953	12/13/2000	Sickness	01/08/2001	12/20/2000	01/03/2001	$170.00	06/19/2001
Doe1212, John	216-57-1540	04/12/1959	12/18/2000	Sickness	01/08/2001	12/25/2000	01/21/2001	$170.00	06/24/2001
Doe1396, John	243-76-5909	09/19/1956	02/22/2001	Sickness	02/22/2001	03/01/2001	03/10/2001	$75.00	08/29/2001
Coverage Status:	**Pending**								
Doe2666, John	376-02-9721	12/12/1964	03/02/1999	Sickness	04/27/1999	03/09/1999		$170.00	09/06/1999
Doe2561, John	359-71-8474	03/24/1939	03/06/2000	Accident	03/31/2000	03/13/2000		$170.00	09/10/2000
Doe4330, John	109-87-6543	02/09/1968	02/01/2001		02/16/2001			$20.00	
Coverage Status:	**Suspended**								
Doe1351, John	236-76-0952	04/19/1948	03/06/2001	Sickness	03/09/2001	03/09/2001	03/11/2001	$170.00	05/06/2001
Branch:	**00004**								
Coverage Type:	**TDB**								
Coverage Status:	**Approved**								
Doe1745, John	268-93-2943	07/02/1976	08/17/2000	Sickness	09/11/2000	08/17/2000	01/14/2001	$320.00	02/14/2001
Doe1473, John	249-97-6747	10/23/1981	08/23/2000	Sickness	11/13/2000	08/23/2000	01/22/2001	$101.00	02/20/2001
Doe1688, John	266-55-4488	10/08/1950	08/24/2000	Sickness	09/13/2000	08/24/2000	01/14/2001	$401.00	02/21/2001
Doe1380, John	240-79-4614	04/17/1970	09/17/2000	Sickness	10/03/2000	09/17/2000	01/14/2001	$401.00	03/17/2001
Doe1489, John	250-93-5012	06/04/1956	09/25/2000	Accident	10/30/2000	09/25/2000	11/16/2000	$360.00	03/25/2001
Doe1594, John	259-71-9435	06/26/1964	10/12/2000	Sickness	10/25/2000	10/12/2000	01/14/2001	$333.00	04/11/2001
Doe1609, John	260-85-3380	01/20/1969	10/14/2000	Sickness	11/30/2000	10/14/2000	01/12/2001	$252.00	04/13/2001
Doe1744, John	268-87-8932	10/18/1966	10/27/2000	Sickness	11/30/2000	10/27/2000	12/23/2000	$226.00	04/26/2001
Doe1738, John	268-70-0765	11/09/1954	10/28/2000	Sickness	11/15/2000	11/04/2000	01/21/2001	$401.00	04/27/2001

Doe2536, John	354-64-2011	08/13/1978	12/31/2000	Sickness	01/09/2001	01/07/2001		$0.00	07/07/2001
Doe3830, John	657-22-8388	05/20/1970	12/31/2000	Sickness	01/05/2001	01/07/2001		$0.00	07/07/2001
Doe2920, John	427-57-3726	03/18/1946	01/01/2001	Sickness	01/09/2001	01/08/2001		$0.00	07/08/2001
Doe2016, John	304-76-0202	07/08/1975	01/02/2001	Sickness	01/09/2001	01/09/2001		$0.00	07/09/2001
Doe585, John	152-73-1406	11/17/1960	01/04/2001	Sickness	01/05/2001	01/11/2001		$0.00	07/11/2001
Doe893, John	166-59-3633	04/03/1951	01/05/2001	Sickness	01/09/2001	01/12/2001		$0.00	07/12/2001
Doe1894, John	288-63-1344	05/19/1973	01/08/2001	Sickness	01/12/2001	01/15/2001		$0.00	07/15/2001
Doe2727, John	388-67-7579	01/03/1954	01/09/2001	Sickness	01/12/2001	01/16/2001		$0.00	07/16/2001
Doe3804, John	652-61-8482	05/17/1943	01/09/2001	Sickness	01/12/2001	01/16/2001		$0.00	07/16/2001
Doe648, John	154-57-5075	06/24/1951	01/15/2001	Sickness	01/12/2001	01/22/2001		$0.00	07/22/2001
Doe1849, John	282-41-6055	04/09/1937	01/16/2001	Sickness	01/05/2001	01/23/2001		$0.00	07/23/2001
Doe4333, John	109-87-6598	02/25/1971	02/01/2001		02/15/2001			$0.00	
Doe3400, John	516-40-7810	08/12/1971	02/14/2001	Sickness	12/06/2000	02/21/2001		$0.00	08/21/2001
Coverage Status:	**Suspended**								
Doe2037, John	308-47-3768	04/27/1946	07/30/2000	Sickness	08/02/2000	08/06/2000	01/14/2001	$262.56	02/03/2001
Doe141, John	125-63-2691	05/29/1973	08/29/2000	Accident	09/14/2000	09/05/2000	11/05/2000	$267.36	03/05/2001

Criteria:

- StatusChangeDate for disallowed and terminated since 04/23/2003;
- STATUS: Approved, Disallowed, Pending, Suspended, Terminated;
- PLANS: '00001 STD', '00002 STD', '00003 DBL', '00004 TDB', '00A01 STD', '00A02 STD', '00A05 STD';

LTD Employee Summary Report

XYZ Corporation
LTD Employee Summary Report
Control Number:

Date Printed:

Claimant DOB	Date Of Disability	Clm Rec'd Date	Benefits Bgn Date	Payment Thru Date	Max Dur Date	Scheduled Benefit	AIL Amount	Offset Amount	Award Start Dt	Award End Dt
Control Number:		**24329**								
Branch:		**00001**								
Coverage Status:		**Approved**								
Claimant Name		Doe1834, John		**SSN**	279-87-5624	**Disability Type:**	Sickness			
12/04/1948	02/01/2001	02/07/2001	08/02/2001	12/25/2001	12/03/2014	$1,819.99				
Offset Desc / Type								$0.00		
Coverage Status:		**Pending**								
Claimant Name		Doe2251, John		**SSN**	327-68-6095	**Disability Type:**				
04/04/1960	09/02/2000	02/09/2001	03/03/2001		04/03/2027	$2,572.31				
Offset Desc / Type								$0.00		
Branch:		**00002**								
Coverage Status:		**Approved**								
Claimant Name		Doe1052, John		**SSN**	192-63-9477	**Disability Type:**	Sickness			
02/05/1957	06/21/1999	07/09/1999	12/20/1999	11/30/2001	08/04/2023	$2,559.19				
Offset Desc / Type		SSDB		P	E			$0.00	12/01/1999	
Offset Desc / Type		A&S/Sal Cont						$1,252.33	12/20/1999	12/26/1999
Claimant Name		Doe191, John		**SSN**	128-55-8538	**Disability Type:**	Sickness			
01/21/1969	09/22/1997	10/03/1997	03/23/1998	03/31/2001	01/20/2036	$1,645.27				
Offset Desc / Type		SSDB		P	A			$952.00	03/01/1998	
Offset Desc / Type		A&S/Sal Cont						$2,742.11	03/23/1998	03/29/1998
Claimant Name		Doe203, John		**SSN**	128-74-0682	**Disability Type:**	Sickness			
02/25/1967	07/11/2000	08/11/2000	01/09/2001	03/31/2001	02/24/2034	$1,701.15				
Offset Desc / Type		SSDB		P	E			$0.00	01/01/2001	

Claimant Name		Doe798, John		**SSN**	159-43-6673	**Disability Type:**	Sickness		
10/28/1942	01/02/2000	01/27/2000	07/02/2000	06/30/2002	08/27/2008	$1,263.59			
Offset Desc / Type		SSDB		P	A			$790.00	06/01/2000
Claimant Name		Doe97, John		**SSN**	122-45-6788	**Disability Type:**	Sickness		
08/04/1944	12/01/1999	01/28/2000	05/31/2000	03/31/2001	08/03/2010	$1,008.79			
Offset Desc / Type		SSDB		P	E			$0.00	06/01/2000
Coverage Status:		**Pending**							
Claimant Name		Doe1489, John		**SSN**	250-93-5012	**Disability Type:**	Accident		
06/04/1956	09/25/2000	10/30/2000	03/26/2001		10/03/2022	$1,407.11			
Offset Desc / Type		SSDB		P	E			$0.00	03/01/2001
Claimant Name		Doe1688, John		**SSN**	266-55-4488	**Disability Type:**	Sickness		
10/08/1950	08/24/2000	09/13/2000	02/22/2001		10/07/2016	$1,596.39			
Offset Desc / Type		SSDB		P	E			$0.00	02/01/2001
Claimant Name		Doe2037, John		**SSN**	308-47-3768	**Disability Type:**	Sickness		
04/27/1946	07/30/2000	08/02/2000	01/28/2001		04/26/2012	$1,137.75			
Offset Desc / Type		SSDB		P	A			$0.00	01/01/2001
Claimant Name		Doe2314, John		**SSN**	329-89-7154	**Disability Type:**	Sickness		
06/06/1961	05/05/2000	06/02/2000	11/03/2000	12/31/2000	06/05/2028	$2,045.20			
Offset Desc / Type		SSDB		P	E			$0.00	11/01/2000
Claimant Name		Doe2601, John		**SSN**	365-85-4085	**Disability Type:**	Sickness		
06/17/1952	09/17/2000	10/02/2000	03/18/2001		06/16/2018	$1,325.99			
Offset Desc / Type		SSDB		P	E			$0.00	03/01/2001
Claimant Name		Doe519, John		**SSN**	148-39-2859	**Disability Type:**	Sickness		
04/02/1945	10/02/2000	11/06/2000	04/02/2001		04/01/2011	$935.99			
Offset Desc / Type		SSDB		P	E			$0.00	04/01/2001
Claimant Name		Doe803, John		**SSN**	159-57-8853	**Disability Type:**	Sickness		
05/30/1952	07/17/2000	08/18/2000	01/22/2001		05/29/2018	$1,310.39			
Offset Desc / Type		SSDB		P	E			$0.00	01/01/2001

Criteria:

- StatusChangeDate for disallowed and terminated since 04/21/2003;
- STATUS: Approved, Disallowed, Pending, Suspended, Terminated;
- PLANS: '00001 LTD', '00002 LTD', '00003 LTD';

STD Claim Analysis Summary Report

XYZ Corporation
STD Disability Claim Analysis Summary Report
Control Number:

Date Printed:

Branch	Suspended	Pending	Approved	Disallowed	Terminated	Average Duration In Weeks	Total
00001		2		1	20	7	23
00002		6	1	57	957	9	1021
00003	1	3	19	21	292	11	336
00004			16	15	325	10	356
00A01		1			5	11	6
00A02	2	90	103	83	1392	9	1670
00A05					4	11	4
00A06		1	7	6	159	8	173
Grand Total	3	103	146	183	3154	9	3589

Criteria:
- PLANS: '00001 STD', '00002 STD', '00003 DBL', '00004 TDB', '00A01 STD', '00A02 STD', '00A05 STD', '00A06 STD';

Formula:
Agg Weeks of Dis= If Payment Thru Date > Current Date THEN (Current Date - Disability Date +1)/7 ELSE (Payment Thru Date - Disability Date+1)/7

Recalculation Report

XYZ Corporation
Recalculation Report (Overpayments)
Control Number:

Date Printed:

Recalc Reason		Total Gross OverPayment	Recovered Amount	Waiver Amount	Balance	Primary Recovery Mthd	Adjustment Amount	Start Date	End Date
Branch:	**00003**								
Coverage Type:	**LTD**								
Coverage Status:	**Approved**								
Claimant Name	Doe1521, John	**ID** 10272122			$8,839.52		$100.00		
Offset Not Previously Taken		$8,839.52	$0.00	$0.00	$8,839.52	Reimbursement	$100.00	02/01/2001	05/31/2008
Claimant Name	Doe210, John	**ID** 10159611			$4,366.26		$6.99		
Offset Not Previously Taken		$4,548.00	$181.74	$0.00	$4,366.26	Reimbursement	$6.99	12/01/1998	01/31/2005
Claimant Name	Doe2850, John	**ID** 10168110			$18,011.61		$0.00		
Offset Not Previously Taken		$18,826.61	$815.00	$0.00	$18,011.61	Reimbursement	$0.00		
Claimant Name	Doe294, John	**ID** 10131978			$7,005.48		$0.00		
Offset Not Previously Taken		$7,005.48	$0.00	$0.00	$7,005.48	Reimbursement	$0.00		
Claimant Name	Doe3517, John	**ID** 10147650			$602.00		$0.00		
Offset Not Previously Taken		$1,452.00	$850.00	$0.00	$602.00	Reimbursement	$0.00		
Claimant Name	Doe566, John	**ID** 10283314			$62.42		$0.00		
Offset Not Previously Taken		$562.42	$500.00	$0.00	$62.42	Cyclical Adjustment	$0.00		

Criteria:

- StatusChangeDate for disallowed and terminated since 04/22/2003;
- STATUS: Approved, Disallowed, Pending, Suspended, Terminated;
- PLANS: '00001 LTD', '00001 STD', '00002 LTD', '00002 STD', '00003 DBL', '00003 LTD', '00004 TDB', '00A01 STD';

Payment History Report

XYZ Corporation
Payment History Report
Control Number:

Date Printed:

Coverage Type	Branch	Scheduled Benefit Amount	Distribution Date	Payment Type	Payment From Date	Payment To Date	Benefit Type	Benefit Amount	Benefit After Offsets	Adjustment Code	Adjustment Amount	Distribution Amount
Claim Id 10144179		**Name** Doe1111, John					SSN 201779076	**Date Of Disability** 10/16/1997				
DBL	00003	$170.00	03/03/1998	Claim Benefits	02/23/1998	03/08/1998	Converted Payment	$340.00	$340.00	FICA (OASDI)	$21.08	$313.98
										FICA (HI)	$4.94	
DBL	00003	$170.00	03/10/1998	Claim Benefits	03/09/1998	03/15/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	03/17/1998	Claim Benefits	03/16/1998	03/22/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	03/24/1998	Claim Benefits	03/23/1998	03/29/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	04/07/1998	Claim Benefits	03/30/1998	04/12/1998	Converted Payment	$340.00	$340.00	FICA (OASDI)	$21.08	$313.98
										FICA (HI)	$4.94	
DBL	00003	$170.00	04/14/1998	Claim Benefits	04/13/1998	04/19/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	04/16/1998	Claim Benefits	04/20/1998	04/22/1998	Converted Payment	$102.00	$102.00	FICA (OASDI)	$6.32	$94.20
										FICA (HI)	$1.48	
							Totals	$1,462.00	$1,462.00		$111.88	$1,350.12
Claim Id 10144288		**Name** Doe1487, John					SSN 250851961	**Date Of Disability** 11/18/1997				
TDB	00004	$309.00	03/03/1998	Claim Benefits	03/02/1998	03/08/1998	Converted Payment	$309.00	$309.00	FICA (OASDI)	$19.16	$285.36
										FICA (HI)	$4.48	
							Totals	$309.00	$309.00		$23.64	$285.36
Claim Id 10145594		**Name** Doe1204, John					SSN 215600309	**Date Of Disability** 10/28/1997				
DBL	00003	$170.00	03/23/1998	Claim Benefits	12/18/1997	03/22/1998	Converted Payment	$2,278.00	$2,278.00	FICA (OASDI)	$141.24	$2,103.66
										FICA (HI)	$33.10	
DBL	00003	$170.00	03/24/1998	Claim Benefits	03/23/1998	03/29/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	04/01/1998	Claim Benefits	03/30/1998	04/05/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	04/07/1998	Claim Benefits	04/06/1998	04/12/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	04/14/1998	Claim Benefits	04/13/1998	04/19/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99
										FICA (HI)	$2.47	
DBL	00003	$170.00	04/21/1998	Claim Benefits	04/20/1998	04/26/1998	Converted Payment	$170.00	$170.00	FICA (OASDI)	$10.54	$156.99

										FICA (HI)	$2.47	
DBL	00003	$170.00	04/28/1998	Claim Benefits	04/27/1998	05/04/1998	Converted Payment	$204.00	$204.00	FICA (OASDI)	$12.65	$188.39
										FICA (HI)	$2.96	
							Totals	$3,332.00	$3,332.00		$255.00	$3,077.00
Claim Id 10147371		Name Doe1373, John					SSN 239799035			Date Of Disability 11/01/1997		
DBL	00003	$135.00	03/03/1998	Claim Benefits	02/23/1998	03/08/1998	Converted Payment	$270.00	$270.00	FICA (OASDI)	$16.74	$249.34
										FICA (HI)	$3.92	
DBL	00003	$135.00	03/10/1998	Claim Benefits	03/09/1998	03/15/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	03/17/1998	Claim Benefits	03/16/1998	03/22/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	03/24/1998	Claim Benefits	03/23/1998	03/29/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	04/02/1998	Claim Benefits	03/30/1998	04/05/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	04/07/1998	Claim Benefits	04/06/1998	04/12/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	04/14/1998	Claim Benefits	04/13/1998	04/19/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	04/21/1998	Claim Benefits	04/20/1998	04/26/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	04/28/1998	Claim Benefits	04/27/1998	05/03/1998	Converted Payment	$135.00	$135.00	FICA (OASDI)	$8.37	$124.67
										FICA (HI)	$1.96	
DBL	00003	$135.00	05/04/1998	Claim Benefits	05/04/1998	05/08/1998	Converted Payment	$135.00	$135.00			$135.00
							Totals	$1,485.00	$1,485.00		$103.30	$1,381.70
Claim Id 10152299		Name Doe1238, John					SSN 219697213			Date Of Disability 12/27/1997		
TDB	00004	$350.00	03/03/1998	Claim Benefits	03/02/1998	03/08/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	
TDB	00004	$350.00	03/10/1998	Claim Benefits	03/09/1998	03/15/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	
TDB	00004	$350.00	03/17/1998	Claim Benefits	03/16/1998	03/22/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	
TDB	00004	$350.00	03/24/1998	Claim Benefits	03/23/1998	03/29/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	
TDB	00004	$350.00	04/01/1998	Claim Benefits	03/30/1998	04/05/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	
TDB	00004	$350.00	04/13/1998	Claim Benefits	04/06/1998	04/12/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	
TDB	00004	$350.00	04/14/1998	Claim Benefits	04/13/1998	04/19/1998	Converted Payment	$350.00	$350.00	FICA (OASDI)	$21.70	$323.22
										FICA (HI)	$5.08	

Payment History Report

TDB	00004	$417.00	01/16/2001	Claim Benefits	01/04/2001	01/07/2001	Scheduled Benefit	$238.29	$238.29	FICA (OASDI)	$14.77	$220.06
										FICA (HI)	$3.46	
TDB	00004	$417.00	02/16/2001	Claim Benefits	01/08/2001	01/14/2001	Scheduled Benefit	$417.00	$417.00	FICA (OASDI)	$25.85	$385.10
										FICA (HI)	$6.05	
							Totals	$655.29	$655.29		$50.13	$605.16
Grand Total								$1,241,943.84	$1,241,675.84		$91,917.72	$1,149,758.12

Criteria:

- FROMDATE: 03/02/1998 TODATE: 07/02/2003;
- PLANS: '00001 STD', '00002 STD', '00003 DBL', '00004 TDB', '00A01 STD', '00A02 STD', '00A05 STD', '00A06 STD', '00A07 STD', '00A08 STD', '00A09 STD', '00A10 STD', '00A11 STD', '00A12 STD', '00A13 STD', '00A14 STD', '00A15 STD', '00A16 STD', '00A17 STD', '00A18 STD', '00A19 STD', '00A20 STD';