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 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