

Submodule: Studio
Form Name: HR-42 (10-10)
Form Description: Insurance Reconciliation Report
Program: SNAP HR-42 Insurance Reconciliation
Agency Code: 000002 Agency Name: RECONCILIATION
Program Year: 2018
Submission Type: Monthly
Submission Method: New Submission
Revision: 1

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Insurance Reconciliation Report	Number
A. Conventional Reconciliation Report	
1. Number of Project Sites	
B. Insurance Type Used	
Insurance Type Used Current Month	
2a. Total Regular Operating Insurance this month	SNAP-ERTC-08
2b. Total O-SNAP (Non-Participant) Insurance this month	
2c. Total Disaster Supplemental Insurance this month	
2d. Total Replacement Insurance this month	
2e. Total Insurance to State/Federal Investigators this month	
2f. Total Other Insurance this month	
3. Total All Insurance this month (Sum of 2a, 2b, 2c, 2d, 2e and 2f)	
Balance During Current Month	
4a. Total O-SNAP Returns this month	SNAP-ERTC-08
4b. Total Non-O-SNAP Returns this month	
4c. Total Returns this month (Sum of 4a and 4b)	SNAP-ERTC-08
5. Net Total All Insurance (Line 3 minus Line 4c)	
Master File Reconciliation	
6. Insurance record not found on Provider Insurance File	SNAP-ERTC-08
7. Total of unsubmitted and unsubmitted/returned	
8. All other Insurance not submitted and reported by Field report	SNAP-ERTC-08
Other Insurance Lockfiles	
9. Unsubmitted Insurance after PMS Effective	
10. Unsubmitted Insurance in court order/returnment	
Totals	
11. Total Overinsurance (Add line 8 through 10)	SNAP-ERTC-08
12. Total Under Insurance (Sum of 5 minus Line 11)	