



Submodule Studio

Form Name: HR 40 (10-10)

Form Description: Insurance Reconciliation Report

Program: SNAP HR 40 Insurance Reconciliation

Agency Code: 000002 Agency Name: RECONCILIATION

Program Year: 000000

Submission Type: Monthly

Submission Method: New Submission

Revisions: 1

Insurance Reconciliation Report	Number
A. Consolidated Reconciliation Report	
B. Number of Project Sites	
C. Insurance Type Used	SNAP-ERTC-08
D. Total Regular Operating Insurance this month	
E. Total SNAP (Non-Participant) Insurance this month	
F. Total Disaster Supplemental Insurance this month	
G. Total Replacement Insurance this month	
H. Total Insurance to State/Federal Investigators this month	
I. Total Other Insurance this month	
J. Total All Insurance this month (Lines G, H, I, G, H, G, H and I)	
K. Balance During Current Month	SNAP-ERTC-08
L. Total SNAP Returns this month	
M. Total Non-SNAP Returns this month	
N. Total Returns this month (Lines L and M)	
O. Net Total Insurance	SNAP-ERTC-08
P. Net Total all Insurance (Line N minus Line O)	
Q. Net Total Reconciliation	SNAP-ERTC-08
R. Insurance report not found on Provider Insurance File	
S. Total of unsubmitted and unsubmitted/returned	
T. All other Insurance not submitted and reported by final report	
U. Other Insurance Lockfile	SNAP-ERTC-08
V. Unsubmitted Insurance after PMS Effective	
W. Unsubmitted Insurance in court order/settlement	
X. Total	SNAP-ERTC-08
Y. Total Overstatements (Lines 8 through 13)	
Z. Total Understatements (Lines 8 through 14)	