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Submodule: Studio

Form Name: PMS-40 (10-17)

Form Description: Insurance Reconciliation Report

Program: SNAP PMS-40 Insurance Reconciliation

State: AR

Agency Code: 000002

Agency Name: RECONCILIATION

Program Year: October 2018

Submission Type: Monthly

Submission Method: New Submission

Revision: 1

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Insurance Reconciliation Report | Remarks

Insurance Reconciliation Report

Number

4. Completed Reconciliation Report

5. Number of Project Sites

6. Number of Insurance Policies

6a. Total Regular Ongoing Insurance this month

6b. Total O-SNAP (New Participants) Insurance this month

6c. Total Disaster Supplemental Insurance this month

6d. Total Supplemental Insurance this month

6e. Total Insurance to State/Federal Investigators this month

6f. Total Other Insurance this month

6. Total All Insurance this month (Sum 6a, 6b, 6c, 6d, 6e and 6f)

7. Total O-SNAP Returns this month

7a. Total New O-SNAP Returns this month

7b. Total Returns this month (Sum 7a and 7b)

8. Net Total of Insurance (Line 6 minus Line 7)

9. Insurance record not found on Provider Insurance File

10. Total of unauthorized insurance Supplemental Insurance

11. All other Insurance not validated and reported by final report

12. Unauthorized Insurance after PMS Directive

13. Unauthorized Insurance in court order/settlement

14. Total Overinsurance (Sum 10 through 13)

15. Total valid Insurance (Sum 8 minus Line 14)