

Submodule: **Studio**

Form Name: FMS-40 (10-17)

Form Description: Insurance Reconciliation Report

Program: SNAP FMS-40 Insurance Reconciliation

State: All

Agency Code: 000000

Agency Name: RECONCILIATION

Program Year: October 2018

Submission Type: Monthly

Submission Method: New Submission

Revision: 1

Previous

Save

Save Draft

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Insurance Reconciliation Report		Number
A. Completed Reconciliation Report		
1. Number of Project Sites		
2. Insurance Type Used		
Insurance During Current Month		SNAP-40703-00
3a. Total Regular Ongoing Insurance this month		
3b. Total O-SNAP (Non-Participant) Insurance this month		
3c. Total Disaster Supplemental Insurance this month		
3d. Total Supplemental Insurance this month		
3e. Total Insurance to State/Federal Investigators this month		
3f. Total Other Insurance this month		
3. Total All Insurance this month (Sum 3a, 3b, 3c, 3d, 3e and 3f)		
Insurance During Current Month		SNAP-40703-00
7a. Total O-SNAP Returns this month		
7b. Total Non-O-SNAP Returns this month		
7. Total Returns this month (Sum 7a and 7b)		
Net Total Insurance		SNAP-40703-00
8. Net total of Insurance (Line 6 minus Line 7)		
Protein Plus Reconciliation		SNAP-40703-00
9. Insurance record not found on Protein Insurance File		
10. Total of unauthorized but authorized Supplemental Insurance		
11. All other Insurance not validated and reported by final report		
Other Insurance Location		SNAP-40703-00
12. Unauthorized Insurance after PMS Effective		
13. Unauthorized Insurance in court order/verdict		
Totals		SNAP-40703-00
14. Total Overinsurance (Line 8 through 13)		
15. Total valid Insurance (Line 8 minus Line 14)		