NEW YORK PUBLIC GOODS POOL COVERED LIVES SUPPLEMENTAL REPORT

REPORT MONTH:

POOL YEAR:

PAYOR NAME:

TPA NAME:

	☐ No Covered Lives Liability	☐ No Statutory Cove	red Lives Obligation				~ \					
		REGION										
	COVERED LIVES	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN			
(A)	# INDIVIDUALS											
(B)	# FAMILY UNITS											

		REGION									
	APPORTIONMENT OF COVERED LIVES	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN		
(C)	# INDIVIDUALS SUBJECT TO APPORTIONMENT										
(D)	APPORTIONMENT PERCENTAGE										
(E)	APPORTIONED # OF INDIVIDUAL COVERED LIVES (C x D)										
(F)	# FAMILY UNITS SUBJECT TO APPORTIONMENT										
(G)	APPORTIONMENT PERCENTAGE										
(H)	APPORTIONED # OF FAMILY UNITS COVERED LIVES (F x G)										

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PAYOR NAME:

TPA NAME:

		REGION									
	III. NET COVERED LIVES	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN		
(I)	# INDIVIDUALS (A-C)+E										
(J)	# FAMILY (B-F)+H				.0						

REGION									
	PRIOR PERIOD RECONCILIATION/ ADJUSTMENT	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(K)	# INDIVIDUALS			7					
(L)	# FAMILY								

			REGION									
	TOTAL COVERED LIVES	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN			
(M)	# INDIVIDUALS											
(N)	# FAMILY											

NEW YORK PUBLIC GOODS POOL COVERED LIVES SUPPLEMENTAL REPORT

REPORT MONTH:

POOL YEAR:

PAYOR NAME:

TPA NAME:

					REGI	ION					
	ANNUAL ASSESSMENT RATE	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN		
(O)	INDIVIDUAL UNIT	22.60	6.94	3.69	4.11	.86	5.51	10.39	3.76		
(P)	FAMILY UNITS	74.58	22.90	12.18	13.56	2.84	18.18	34.29	12.41		
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			REGION								
	ANNUAL ASSESSMENT	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN		
(Q)	INDIVIDUAL UNIT (M x 0)										
(R)	FAMILY UNITS (N x P)			S							
(S)	TOTALS (Q + R)			2							

VIII. Total covered lives liability for the month (Total Line T)

MONTHLY PAYMENT

LIABILITY (S / 12)

(T)