Insurance Company & Plan: ________________________________

File Name: ____________________________________________
(maximum 31 character name)

File Format:
___ Microsoft Access
___ Microsoft Excel
___ Tab-delimited Text
___ Other, describe ________________________________

Data Compression/Encryption:
___ WinZip, encryption and compression, Version 9.0
___ Other, explain ________________________________

Media Type & Recording Format:
___ CD
___ DVD
___ USB Memory Stick
___ Other, please describe:

Record Size: _______ Record Count: _______ Amount Control Total: $ _______

Signature: __________________________ Phone: __________ Date: _______