

**Attachment 2**  
**FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM**  
**EXPERIENCE-RATED CARRIERS**  
**SCHEDULE OF SELECTED BALANCES [UNAUDITED]**  
**As of and for the Year Ended September 30, 2007**

**REPORTING REQUIREMENTS**

***\*Due to OPM by October 10, 2007\****

**Instructions for Preparing  
The SCHEDULE OF SELECTED BALANCES [UNAUDITED]**

The Schedule of Selected Balances (SSB) must include balances as of and for Federal fiscal year ended September 30, 2007. The Schedule of Selected Balances does not include the reporting of any balances that OPM maintains on its own books. Thus, carriers will not include balances on the Schedule of Selected Balances that relate to their letter-of-credit account (LOCA), including the *Balance in LOCA, Interest Receivable on LOCA, Interest on LOCA and Program Income Receivable*. To assist the carriers in preparing the Schedule of Selected Balances as of and for the year ended September 30, 2007, OPM will provide a Report of Letter of Credit Account Activity as of September 30<sup>th</sup> by the third business day in October.

Carriers should use actual balances to the extent that they are available at the time the Schedule of Selected Balances is due to OPM. In the absence of a precise measurement of a balance as of the reporting date, carriers should use accounting estimates that they believe are an approximation of the amount of an item.

**ASSETS**

**Cash and Cash Equivalents** - The estimated ending cash and cash equivalents balance as shown on the Consolidated Statement of FEHBP Cash Flows and other related schedules.

**Other (Includes Pre Paid Expense)** - We may require a break-out if we or our auditors judge this category to be material.

**LIABILITIES**

**Health Benefits Incurred but not Reported** - The estimated health benefits charges accrued but not reported (IBNR).

**Claims Reported but not Paid** - The health benefits claims charged but not paid.

**Accrued Administrative Expenses and Retentions** - The estimated total accrued administrative expenses and retentions as of September 30, 2007.

**REVENUE**

**Interest Income, Net:** Show the investment interest earned on funds held by the carrier, if applicable.

**EXPENSES**

**Health Benefits Paid:** Show the amount of health benefits paid in fiscal year 2007.

**Less: Beginning Health Benefits Accrual:** Show the amount of accrued health benefit charges as shown on your prior fiscal year SSB, i.e. September 30, 2006.

**Plus: Ending Health Benefits Accrual:** Show the amount of accrued health benefit charges as of September 30, 2007.

**Total Health Benefits Charges:** This line item represents a total of Health Benefits Paid, less the beginning health benefits accrual amount and plus the ending health benefits accrual figure.

**Administrative Expenses:** Your contract with OPM provides for allowable charges to the Federal Employees Health Benefits Program based on an administrative expense formula for contract year 2007. The amount stated for fiscal year 2007 must not exceed your fiscal year 2007 limitation.

**Service Charge:** This amount must not exceed 25% of your allowable 2006 service charge plus 75% of the 2007 allowable service charge as stated on Appendix B of the 2007 contract amendment.

**Other:** Show all other expenses not previously listed. We may require a break-out if we or our auditors judge this category to be material.

**Prior Period Adjustment:** Show any prior period adjustments made to your financial statements during fiscal year 2007.

SCHEDULE OF SELECTED BALANCES

SCHEDULE OF SELECTED BALANCES [UNAUDITED]

As of and for the year ended September 30, 2007

Carrier Name: \_\_\_\_\_

Enrollment Code: \_\_\_\_\_

**ASSETS**

Cash and Cash Equivalents	
Prepaid Expenses	
Other Assets [except Balance in LOCA, Interest Receivable on LOCA and Program Income Receivable]	

**LIABILITIES**

Health Benefits Incurred but not Reported (IBNR)	
Claims Reported but not Paid	
Accrued Administrative Expenses	
Other Liabilities [do not include Special Reserve]	

**REVENUE**

Interest Income, Net [do not include interest on LOCA]	
--	--

**EXPENSES**

Health Benefits Paid (A)	
Less: Beginning Health Benefits Accrual, e.g. October 1, 2006 (B)	
Plus: Ending Health Benefits Accrual, e.g. September 30, 2007 (C)	
Total Health Benefits Charges - (A), (B) and (C)	
Administrative Expenses	
Service Charge	
Other Expenses	
Prior Period Adjustment [reflect as "negative", if increase to equity]	

Preparer Information		CFO/Accounting Manager Information	
Name [print]		Name [print]	
Signature		Signature	
Date Signed		Date Signed	
Phone		Phone	
Fax		Fax	
Email		Email	