

**CITY OF HIALEAH
PAID CLAIMS REPORT 1/1/11 - 12/31/11**



Contract Basis: PAID, Monthly Factor Composite: \$902.88, Specific Deductible \$150,000, Claims Included: Medical and Rx, Carrier: ING/ReliaStar

Month/ Year	AGGR. SINGLE	AGGR FAMILY	Med & Rx Claims Paid PAID Contract	Specific Claims	Aggregate Claims Elig.	Monthly Loss Fund	YTD Loss Fund
01/11	678	724	\$727,839.00		\$727,839.00	\$1,265,837.76	\$1,265,837.76
02/11	679	719	\$891,653.00		\$891,653.00	\$1,262,226.24	\$2,528,064.00
03/11	685	711	\$726,436.00		\$726,436.00	\$1,260,420.48	\$3,788,484.48
04/11	686	711	\$907,747.00		\$907,747.00	\$1,261,323.36	\$5,049,807.84
05/11	689	708	\$988,293.00		\$988,293.00	\$1,261,323.36	\$6,311,131.20
06/11	694	708	\$925,137.00		\$925,137.00	\$1,265,837.76	\$7,576,968.96
07/11	693	709	\$754,973.00		\$754,973.00	\$1,265,837.76	\$8,842,806.72
08/11					\$0.00	\$0.00	\$8,842,806.72
09/11					\$0.00	\$0.00	\$8,842,806.72
10/11					\$0.00	\$0.00	\$8,842,806.72
11/11					\$0.00	\$0.00	\$8,842,806.72
12/11					\$0.00	\$0.00	\$8,842,806.72
01/12					\$0.00	\$0.00	\$8,842,806.72
02/12					\$0.00	\$0.00	\$8,842,806.72
03/12					\$0.00	\$0.00	\$8,842,806.72
TOTAL	4804	4990	\$5,922,078.00	\$0.00	\$5,922,078.00	\$8,842,806.72	\$8,842,806.72