

**COST ACCOUNTING STANDARDS BOARD
DISCLOSURE STATEMENT
REQUIRED BY PUBLIC LAW 100-679**

**PART VII - DEFERRED COMPENSATION
AND INSURANCE COST**

NAME OF REPORTING UNIT

Item No.	Item description
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7.3.0 Employee Group Insurance Charged to Federal Contracts or Similar Cost Objectives. Does your organization provide group insurance coverage to its employees? (Includes coverage for life, hospital, surgical, medical, disability, accident, and similar plans for both active and retired employees, even if the coverage was previously described in 7.2.0.)

A. _____ Yes (Complete Item 7.3.1)

B. _____ No (Proceed to Item 7.4.0)

7.3.1 Employee Group Insurance Programs. For each program that covers a category of insured risk (e.g., life, hospital, surgical, medical, disability, accident, and similar programs for both active and retired employees), provide the information below on a continuation sheet, using the codes described below: (If there are not more than three policies or self-insurance plans that comprise the program, provide information for all the policies and self-insurance plans. If there are more than three policies or self-insurance plans, information should be provided for those policies and self-insurance plans that in the aggregate account for at least 80 percent of the costs allocable to this segment or business unit for the program that covers each category of insured risk identified.)

Description of Employee Group Insurance Program: _____

Policy or Self- Insurance Plan	Cost Accumulation	Cost Basis	Includes Retirees	Purchased Insurance Rating Basis	Self-insurance	
					Projected Average Loss	Insurance Administrative Expenses
	(1)	(2)	(3)	(4)	(5)	(6)

Column (1) - Cost Accumulation

Enter Code A, B, or Y, as appropriate.

A. Costs are accumulated at the Home Office.

B. Costs are accumulated at Segment

Y. Other 1/

Column (2) - Cost Basis

Enter code A, B, C, or Y, as appropriate.

A. Purchased Insurance from unrelated third party

B. Self-insurance

C. Purchased Insurance from a captive insurer

Y. Other 1/

1/ Describe on a Continuation Sheet.