

Year-End Reconciliation

Plan Year 20 _____

Total Deposits Received..... \$ _____

(-) Less Additional Funding..... \$ _____

(-) Less Admin Fees..... \$ _____

(=) Net Deposits \$ _____

(-) Claims Paid..... \$ _____

(=) Net Total \$ _____

Client Approval Signature: _____ Date: ____/____/____
mm/dd/yy

Please Print Name: _____ Please Print Title: _____

DataPath Approval Signature: _____ Date: ____/____/____
mm/dd/yy

Please Print Name: _____ Please Print Title: _____