

\* Please fill in the Yellow Boxes

AIP Name

Address

Account Number

MPCI REINSURED COMPANY

PROVIDENT ESCROW ACCOUNT RECONCILIATION

Current Date

**BALANCE PER STATEMENT**

AS OF	Current Date	_____	
ESCROW REQUESTS IN TRANSIT		_____	0.00
TOTAL DEBITS			0.00
OUTSTANDING CHECKS			
AS OF	Current Date	=====	
INTEREST (as listed on the bank statement)		_____	0.00
TOTAL CREDITS			0.00
OVERAGE(+)/SHORTAGE(-)			0.00
TOTAL			0.00

Reconciliation Preparer

Date

Supervisor

Date

**Report Name: Escrow Bank Reconciliation Report**  
**Exhibit Number: 8-4**

**Reinsurance Year: 2018**  
**Version: Approved**  
**Release Date: 1/31/2018**

**AIP Name**  
**IN-TRANSIT**  
**Current Date**

<b>RY</b>	<b>POLICY</b>	<b>CLAIM</b>	<b>AMOUNT</b>	<b>Optional CHECK NUMBER</b>	<b>Optional CHECK DATE</b>
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This Tab Should Contain:

All outstanding checks issued in the current month that meet the following criteria:

- Check was issued in the Current Month (the month of the reconciliation)
- The AIP request for funding was submitted to RMA in the current month.
- The funding from RMA was not received during the current month

\* If the check was cashed before the end of the month and funding has still not been received then the check should be in the Overage and Shortage tab as a Shortage.

\* If the check was written in a prior month and still has not been funded it should be listed on the Overage and Shortage tab as a Shortage.

**Report Name: Escrow Bank Reconciliation Report**  
**Exhibit Number: 8-4**

**Reinsurance Year: 2018**  
**Version: Approved**  
**Release Date: 1/31/2018**

**AIP Name**  
**CHECK REGISTER**  
**Current Date**

Total:

<b>RY</b>	<b>POLICY</b>	<b>CLAIM</b>	<b>CHECK#</b>	<b>CHECK DATE</b>
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This tab should contain all checks that were written during the current month regardless if the check was cashed or voided.

**AIP Name**  
**OUTSTANDING**  
**Current Date**

**Total**

<b>RY</b>	<b>POLICY</b>	<b>CLAIM</b>	<b>CHECK#</b>	<b>CHECK DATE</b>
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This tab should contain all outstanding checks from current and previous periods that have not been cashed by the producer.

AIPs must monitor their list of outstanding checks that are approaching one year old as follows:

- i. Send a letter to the insured whose outstanding indemnity check is within 45 days of one year old to inform the insured that the check will be voided if it is not cashed within 45 days. The AIP must also offer to issue a replacement check in the event the insured cannot locate the original check. The insured must be given 45 days to either 1) cash the original check, or 2) request a replacement check.
- ii. If the insured requests a replacement check the AIP should void the original check and process a new check.
- iii. If the insured does not request a replacement check or cash the original check within the 45 days the AIP should take the following action:
  - 1. Void the insured's original check.
  - 2. Submit to FCIC a listing for all voided checks that includes the related reinsurance year, policy number, claim number, check number, and amount. This list must be accompanied by a check \_\_\_\_\_ reimbursing FCIC for the full amount of the listed voided checks. AIPs must not make any changes to the loss data submitted through PASS.
  - 3. In the instance the insured requests repayment after the check has been voided, the AIP will issue a new check to the insured and submit to FCIC a manual escrow register with the policy number, claim number, and check information. FCIC will manually fund the escrow account for the reissued check amount.

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**Exhibit Number: 8-4**

**Reinsurance Year: 2018**  
**Version: Approved**  
**Release Date: 1/31/2018**

**AIP Name**  
**CLEARED**  
**Current Date**

**Total**  
**Optional**

<b>RY</b>	<b>POLICY</b>	<b>CLAIM</b>	<b>CHECK#</b>	<b>CHECK DATE</b>	<b>CLEARED DATE</b>
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This tab should only contain checks that have cleared the bank within the current month.

**Report Name: Escrow Bank Reconciliation Report**  
**Exhibit Number: 8-4**

**Reinsurance Year: 2018**  
**Version: Approved**  
**Release Date: 1/31/2018**

AIP Name

VOIDS

Current Date

Total

Optional

<b>RY</b>	<b>Policy</b>	<b>Claim</b>	<b>Check#</b>	<b>Check Date</b>	<b>Amount Reissued (Y/N)</b>	<b>Reissued Check#</b>	<b>Reissued Check Amount</b>
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This tab should only contain checks that were voided in the current month.



AIP Name  
Current Date

**OVERAGES**

RY	Policy #	Claim #	Description	Amount
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Overages consist of any amounts within the escrow account that are over and above what is due the insured. This includes:

- 1 Deposits from the AIP to cover amounts not yet funded by RMA,
- 2 Downward revisions on already paid claims,
- 3 any other amounts within the account that are not deemed "due the insured"

**Please provide a description of why the item is listed as an OVERAGE**

**TOTAL OVERAGES** \_\_\_\_\_

**SHORTAGES**

RY	Policy #	Claim #	Description	Amount
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Shortages consist of any amounts due the insured that have not been funded by RMA. This includes:

- 1 Funding that has been requested by the AIP in previous months that RMA has not funded,
- 2 Checks the insured has cashed in the current month that have not been funded by RMA,
- 3 and other amounts deemed due the insured that have not been funded by RMA.

**Please provide a description of why the item is listed as a SHORTAGE**

**TOTAL SHORTAGES** \_\_\_\_\_

**NET BALANCE** \_\_\_\_\_