Report Name: Escrow Bank Reconciliation Report	Reinsurance Year: 2017
Exhibit Number: 8-4	Version: Approved
	Release Date: 2/7/2019

* 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 TOTAL DEBITS	0.00	0.00	
OUTSTANDING CHECKS AS OF Current Date			
INTEREST (as listed on the bank statemen		0.00	
TOTAL CREDITS			0.00
OVERAGE(+)/SHORTAGE(-)			0.00
TOTAL		,	0.00
Reconciliation Preparer			
Date			
Supervisor			
Date			

RY	POLICY	CLAIM	AMOUNT	Optional CHECK NUMBER	Optional CHECK DATE	
AIP Name IN-TRANSIT Current Date						
Exhibit Number:	0-4			Version: Approved Release Date: 2/7/2019		
-		econciliation Report		Reinsurance Year: 2017		

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 durring the current month
- * If the check was cashed before the end of the month and funding has still not been recieved 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 Na	ame: Escrow Bank R	econciliation Report	Reinsurance Year: 2017			
Exhibit N	umber: 8-4			Version: Approved		
				Release Date: 2/7/2019		
AIP Name						
CHECK REC	GISTER					
Current Da	ate					
				Total:		
RY	POLICY	CLAIM	CHECK#	CHECK DATE		
This tab sh	ould contain all check	s that were written du	ring the current mont	regardless if the check was cashed or voide	ed.	

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Exhibit Number: 8-4

Version: Approved
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AIP Name
OUTSTANDING
Current Date

Total

RY	POLICY	CLAIM	CHECK#	CHECK DATE
	I OLICI	CEMINI	CITECIA	CHECK DATE

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.

-	Report Name: Escrow Bank Reconciliation Report Exhibit Number: 8-4			Reinsurance Year: 2017 Version: Approved Release Date: 2/7/2019		
AIP Name						
CLEARED						
Current Date						
				Total		
					Optional	
RY	POLICY	CLAIM	CHECK#	CHECK DATE	CLEARED DATE	
This tab shoul	d only contain che	cks that have cleared t	he bank within the cu	rrent month.		

Report Name: Escrow Bank Reconciliation Report Exhibit Number: 8-4			ort	Reinsurance Year: 2017 Version: Approved Release Date: 2/7/2019			
VOI	Name DS ent Date					Total	
							Optional
RY	Policy	Claim	Check#	Check Date	Amount Reissued (Y/N)	Reissued Check#	Reissued Check Amount
This	tab shou	d only co	ntain checks	that were voide	d in the current month.		

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Exhibit Number: 8-4		Version: Approved		
		Release Date: 2/7/2019		
AIP Name				
MPCI REINSURED COMPANY	/			
PROVIDENT ESCROW ACCOU				
INTEREST				
Current Date				
DATE DEPOSITED	This should only list the curr	ent month's interest (as listed on the bank statement)		
DATE DEI OSHED	This should only list the curv	ent month's interest (as iisted on the bank statement)		
1				

Report Name: Escrow Exhibit Number: 8-4	Bank Reconciliation	ı Report	Version	Reinsurance Year: 2017 Version: Approved Release Date: 2/7/2019		
		AIP Name Current Da				
		Current Da	ite			
OVERAGES						
RY	Policy #	Claim #	Description	Amount		
Overages consist of any	1 Depos 2 Down	sits from the AIP to ward revisions on a	cover amounts not yet fur			
		Plea	se provide a description o	f why the item is listed as an OVERAGE		
			TOTAL O	VERAGES		
SHORTAGES						
RY	Policy #	Claim #	Description	Amount		
Shortages consist of any	1 Fundi 2 Check	ng that has been red as the insured has ca ther amounts deem	ished in the current month led due the insured that ha	ncludes: ous months that RMA has not funded, that have not been funded by RMA, ve not been funded by RMA. f why the item is listed as a SHORTAGE		
			TOTAL SI	HORTAGES		
			NET BAL	ANCE		