

# HRF 601.0 Statistical Data by State

**Form HRF 601.0 Statistical Data - Cover Page**

This collection is a census of all private health insurers in Australia. It provides essential data for the calculation of the Risk Equalisation Special Account and calculation of levies. It also provides data for monitoring trends in the private health insurance industry.

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**Lodgement details**

Name of private health insurer

Name of health benefits fund

Quarter ended

Re-submission (yes/no)\*

If this is a re-submission, list what states are affected

\* All re-submissions must have a detailed explanatory statement attached

Who should APRA contact should we wish to discuss this return

Officer Name

Phone

Position of Officer

Fax

Email address

Form HRF 601.1 Statistical Data - by State							
Quarter		FundID		State		Page 1	
Name of health benefits fund				Contact phone			
Contact name				Fax			
Contact email							
Part 1 Policies and Insured Persons							
Total Hospital Treatment (includes Hospital Treatment Only and Hospital Treatment and General Treatment Combined)							
Policies	Single	Family	Single parent	Couple	2+ persons no adults	3+ adults	Total
<b>Exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total non-exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Insured persons	Single	Family	Single parent	Couple	2+ persons no adults	3+ adults	Total
<b>Exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total non-exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total insured persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Hospital Treatment Only							
Policies	Single	Family	Single parent	Couple	2+ persons no adults	3+ adults	Total
<b>Exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total non-exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Insured persons	Single	Family	Single parent	Couple	2+ persons no adults	3+ adults	Total
<b>Exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
<b>Total non-exclusionary policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total insured persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
The following Check Total must be Printed —>							0.00

<b>Part 1 (Cont.) Policies and Insured Persons</b>							
							Page 2
Jan 04							
<b>Hospital Treatment and General Treatment Combined</b>							
	Single	Family	Single parent	Couple	2+ persons no adults	3+ adults	Total
<b>Policies</b>							
<b>Exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
Total exclusionary policies	0	0	0	0	0	0	0
<b>Non-exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
Total non-exclusionary policies	0	0	0	0	0	0	0
<b>Total policies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Insured persons</b>							
<b>Exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
Total exclusionary policies	0	0	0	0	0	0	0
<b>Non-exclusionary policies</b>							
Excess & co-payments	0	0	0	0	0	0	0
No excess & no co-payments	0	0	0	0	0	0	0
Total non-exclusionary policies	0	0	0	0	0	0	0
<b>Total insured persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Single	Family	Single parent	Couple	2+ persons no adults	3+ adults	Total
<b>General Treatment Ambulance Only</b>							
Policies	0	0	0	0	0	0	0
Insured persons	0	0	0	0	0	0	0
<b>Total General Treatment Only</b>							
Policies	0	0	0	0	0	0	0
Insured persons	0	0	0	0	0	0	0
<b>General Treatment excluding Hospital-Substitute, CDMP and Hospital-linked Ambulance Treatment</b>							
Policies	0	0	0	0	0	0	0
Insured persons	0	0	0	0	0	0	0
<b>Total General Treatment</b>							
Policies	0	0	0	0	0	0	0
Insured persons	0	0	0	0	0	0	0
<b>Changes During the Quarter</b>							
	<b>Hospital Treatment and General</b>						
	<b>Hospital Treatment Only</b>		<b>Treatment</b>		<b>General Treatment Only</b>		
	Policies	Insured persons	Policies	Insured persons	Policies	Insured persons	
Start of quarter	0	0	0	0	0	0	
New policies/persons	0	0	0	0	0	0	
Transferring from another state	0	0	0	0	0	0	
Transferring to another state	0	0	0	0	0	0	
Transferring from another fund	0	0	0	0	0	0	
Transferring from another policy	0	0	0	0	0	0	
Transferring to another policy	0	0	0	0	0	0	
Discontinued	0	0	0	0	0	0	
End of quarter	0	0	0	0	0	0	
The following Check Total must be Printed —>							0.00

**Part 2 Total Benefits Paid for Hospital Treatment and General Treatment**

Jan 04

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**Total Benefits for Hospital Treatment and Hospital-Substitute Treatment**

	Episodes	Days	Benefits paid
Day hospital	0	0	0
Public hospitals			
Day only	0	0	0
Overnight	0	0	0
Private hospitals			
Day only	0	0	0
Overnight	0	0	0
Hospital-Substitute			
Day only	0	0	0
Treatment greater than one day	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Nursing Home Type Patients**

	Episodes	Days	Benefits paid
Public hospitals	0	0	0
Private hospitals	0	0	0
<b>Total Nursing Home Type Patients</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Number	Benefits paid
Medical benefits	0	0
Prostheses benefits	0	0
<b>Total Chronic Disease Management Programs</b>	<b>0</b>	<b>0</b>

	Benefits paid
<b>Total benefits paid for General Treatment from page 10</b>	0
Ineligible hospital benefits	0
<b>Total benefits paid for Hospital Treatment and General Treatment</b>	<b>0</b>

**High Cost Claimants Pool**

Number of HCCP Claimants (current quarter)	0
Gross Benefits for current and preceding 3 quarters (for current quarter HCCP claimants)	0
Net benefits for current and preceding 3 quarters for HCCP claimants - after ABP	0
Net benefits above threshold for current and preceding 3 quarters (for current quarter HCCP claimants)	0
Total benefits to be included in HCCP (current quarter)	0

The following Check Total must be Printed —>

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**Part 3 Hospital Treatment by Age Category**

Jan 04

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**Hospital Treatment by Age Category**

<b>Males</b>	<b>Age group</b>	<b>Insured persons</b>	<b>Episodes</b>	<b>Days</b>	<b>Other HT Benefits</b>	<b>Medical benefits</b>	<b>Prostheses benefits</b>	<b>Fees excluding medicare benefit</b>
	0-4	0	0	0	0	0	0	0
	5-9	0	0	0	0	0	0	0
	10-14	0	0	0	0	0	0	0
	15-19	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0
	25-29	0	0	0	0	0	0	0
	30-34	0	0	0	0	0	0	0
	35-39	0	0	0	0	0	0	0
	40-44	0	0	0	0	0	0	0
	45-49	0	0	0	0	0	0	0
	50-54	0	0	0	0	0	0	0
	55-59	0	0	0	0	0	0	0
	60-64	0	0	0	0	0	0	0
	65-69	0	0	0	0	0	0	0
	70-74	0	0	0	0	0	0	0
	75-79	0	0	0	0	0	0	0
	80-84	0	0	0	0	0	0	0
	85-89	0	0	0	0	0	0	0
	90-94	0	0	0	0	0	0	0
	95+	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Females</b>	<b>Age group</b>	<b>Insured persons</b>	<b>Episodes</b>	<b>Days</b>	<b>Other HT Benefits</b>	<b>Medical benefits</b>	<b>Prostheses benefits</b>	<b>Fees excluding medicare benefit</b>
	0-4	0	0	0	0	0	0	0
	5-9	0	0	0	0	0	0	0
	10-14	0	0	0	0	0	0	0
	15-19	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0
	25-29	0	0	0	0	0	0	0
	30-34	0	0	0	0	0	0	0
	35-39	0	0	0	0	0	0	0
	40-44	0	0	0	0	0	0	0
	45-49	0	0	0	0	0	0	0
	50-54	0	0	0	0	0	0	0
	55-59	0	0	0	0	0	0	0
	60-64	0	0	0	0	0	0	0
	65-69	0	0	0	0	0	0	0
	70-74	0	0	0	0	0	0	0
	75-79	0	0	0	0	0	0	0
	80-84	0	0	0	0	0	0	0
	85-89	0	0	0	0	0	0	0
	90-94	0	0	0	0	0	0	0
	95+	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The following Check Total must be Printed —>

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**Part 4 Hospital-Substitute Treatment by Age Category**

Jan 04

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**Hospital-Substitute Treatment by Age Category**

<b>Males</b>	<b>Age group</b>	<b>Insured persons</b>	<b>Episodes</b>	<b>Days</b>	<b>Other H-ST Benefits</b>	<b>Medical benefits</b>	<b>Prostheses benefits</b>	<b>Fees excluding medicare benefit</b>
	0-4	0	0	0	0	0	0	0
	5-9	0	0	0	0	0	0	0
	10-14	0	0	0	0	0	0	0
	15-19	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0
	25-29	0	0	0	0	0	0	0
	30-34	0	0	0	0	0	0	0
	35-39	0	0	0	0	0	0	0
	40-44	0	0	0	0	0	0	0
	45-49	0	0	0	0	0	0	0
	50-54	0	0	0	0	0	0	0
	55-59	0	0	0	0	0	0	0
	60-64	0	0	0	0	0	0	0
	65-69	0	0	0	0	0	0	0
	70-74	0	0	0	0	0	0	0
	75-79	0	0	0	0	0	0	0
	80-84	0	0	0	0	0	0	0
	85-89	0	0	0	0	0	0	0
	90-94	0	0	0	0	0	0	0
	95+	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0
<b>Females</b>	<b>Age group</b>	<b>Insured persons</b>	<b>Episodes</b>	<b>Days</b>	<b>Other H-ST Benefits</b>	<b>Medical benefits</b>	<b>Prostheses benefits</b>	<b>Fees excluding medicare benefit</b>
	0-4	0	0	0	0	0	0	0
	5-9	0	0	0	0	0	0	0
	10-14	0	0	0	0	0	0	0
	15-19	0	0	0	0	0	0	0
	20-24	0	0	0	0	0	0	0
	25-29	0	0	0	0	0	0	0
	30-34	0	0	0	0	0	0	0
	35-39	0	0	0	0	0	0	0
	40-44	0	0	0	0	0	0	0
	45-49	0	0	0	0	0	0	0
	50-54	0	0	0	0	0	0	0
	55-59	0	0	0	0	0	0	0
	60-64	0	0	0	0	0	0	0
	65-69	0	0	0	0	0	0	0
	70-74	0	0	0	0	0	0	0
	75-79	0	0	0	0	0	0	0
	80-84	0	0	0	0	0	0	0
	85-89	0	0	0	0	0	0	0
	90-94	0	0	0	0	0	0	0
	95+	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0

The following Check Total must be Printed —>

0.00

**Part 5 Chronic Disease Management Program by Age Category**

Jan 04

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**Chronic Disease Management Program by Age Category**

<u>Males</u>	Age group	Insured persons	Programs	Eligible benefits	Ineligible benefits	Total benefits	Fees excluding medicare benefit
	0-4	0	0	0	0	0	0
	5-9	0	0	0	0	0	0
	10-14	0	0	0	0	0	0
	15-19	0	0	0	0	0	0
	20-24	0	0	0	0	0	0
	25-29	0	0	0	0	0	0
	30-34	0	0	0	0	0	0
	35-39	0	0	0	0	0	0
	40-44	0	0	0	0	0	0
	45-49	0	0	0	0	0	0
	50-54	0	0	0	0	0	0
	55-59	0	0	0	0	0	0
	60-64	0	0	0	0	0	0
	65-69	0	0	0	0	0	0
	70-74	0	0	0	0	0	0
	75-79	0	0	0	0	0	0
	80-84	0	0	0	0	0	0
	85-89	0	0	0	0	0	0
	90-94	0	0	0	0	0	0
	95+	0	0	0	0	0	0
	Total	0	0	0	0	0	0
<u>Females</u>	Age group	Insured persons	Programs	Eligible benefits	Ineligible benefits	Total benefits	Fees excluding medicare benefit
	0-4	0	0	0	0	0	0
	5-9	0	0	0	0	0	0
	10-14	0	0	0	0	0	0
	15-19	0	0	0	0	0	0
	20-24	0	0	0	0	0	0
	25-29	0	0	0	0	0	0
	30-34	0	0	0	0	0	0
	35-39	0	0	0	0	0	0
	40-44	0	0	0	0	0	0
	45-49	0	0	0	0	0	0
	50-54	0	0	0	0	0	0
	55-59	0	0	0	0	0	0
	60-64	0	0	0	0	0	0
	65-69	0	0	0	0	0	0
	70-74	0	0	0	0	0	0
	75-79	0	0	0	0	0	0
	80-84	0	0	0	0	0	0
	85-89	0	0	0	0	0	0
	90-94	0	0	0	0	0	0
	95+	0	0	0	0	0	0
	Total	0	0	0	0	0	0

The following Check Total must be Printed —>

0.00

**Part 6 General Treatment excluding Hospital-Substitute, CDMP and Hospital-linked Ambulance Treatment**

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**General Treatment by Age Category**

<u>Males</u>	Age group	Insured persons	Services	Benefits	Fees charged
	0-4	0	0	0	0
	5-9	0	0	0	0
	10-14	0	0	0	0
	15-19	0	0	0	0
	20-24	0	0	0	0
	25-29	0	0	0	0
	30-34	0	0	0	0
	35-39	0	0	0	0
	40-44	0	0	0	0
	45-49	0	0	0	0
	50-54	0	0	0	0
	55-59	0	0	0	0
	60-64	0	0	0	0
	65-69	0	0	0	0
	70-74	0	0	0	0
	75-79	0	0	0	0
	80-84	0	0	0	0
	85-89	0	0	0	0
	90-94	0	0	0	0
	95+	0	0	0	0
	Total	0	0	0	0
<u>Female:</u>	Age group	Insured persons	Services	Benefits	Fees charged
	0-4	0	0	0	0
	5-9	0	0	0	0
	10-14	0	0	0	0
	15-19	0	0	0	0
	20-24	0	0	0	0
	25-29	0	0	0	0
	30-34	0	0	0	0
	35-39	0	0	0	0
	40-44	0	0	0	0
	45-49	0	0	0	0
	50-54	0	0	0	0
	55-59	0	0	0	0
	60-64	0	0	0	0
	65-69	0	0	0	0
	70-74	0	0	0	0
	75-79	0	0	0	0
	80-84	0	0	0	0
	85-89	0	0	0	0
	90-94	0	0	0	0
	95+	0	0	0	0
	Total	0	0	0	0

The following Check Total must be Printed —>

0.00



**Part 7 Total Hospital Treatment Policies by Type of Cover**

Fund Name

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**Total Hospital Treatment Policies**

	Number of policies				Total
	Full cover	Reduced cover but no lifetime exclusions	Reduced cover and some lifetime exclusions	Some lifetime exclusions but no reduced cover	
<b><u>Excess &amp; co-payments</u></b>					
NIL	0	0	0	0	0
<= \$500/\$1,000 (*)	0	0	0	0	0
> \$500/\$1,000 (**)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

(\*) Excess <= \$500 per policy covering only one person and excess <=\$1,000 for all other policies

(\*\*) Excess > \$500 per policy covering only one person and excess > \$1,000 for all other policies

**General Treatment claims processing for the state (excluding Hospital-Substitute Treatment and CDMP)**

Percent of claims processed within five working days

0%

**National retention index - Hospital Treatment policy holders**

Percent of policies existing two years or more that are still in force

0%

[Policies at end of reporting quarter less policies joining over previous eight quarters including the reporting quarter] divided by [policies at end of quarter nine quarters previously]

The following Check Total must be Printed —>

0.00

Part 8 Benefits Paid for Chronic Disease Management Programs			
Fund Name	Jan 04	Page 9	
<b>Benefits Paid for CDMPs</b>			
	<b>Services</b>	<b>Benefits</b>	<b>Fees charged</b>
Planning	0	0	0
Coordination	0	0	0
Allied Health Services	0	0	0
Other	0	0	0
<b>Total CDMPs</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Benefits Paid by Program Type</b>			
<b>Type of CDMP</b>	<b>Programs</b>	<b>Benefits</b>	<b>Fees charged</b>
Risk factors for chronic disease	0	0	0
Cardiovascular	0	0	0
Diabetes	0	0	0
Mental Health	0	0	0
Other (specify)	0	0	0
<b>Total by program type</b>	<b>0</b>	<b>0</b>	<b>0</b>
The following Check Total must be Printed —>			0.00

<b>Part 9 Benefits Paid for General Treatment (excluding Hospital-Substitute Treatment and CDMP)</b>			
Fund Name	Jan 04	Page 10	
<b>Benefits paid for General Treatment (excluding Hospital-Substitute Treatment and CDMP)</b>			
<u>Type of Treatment By Service Type</u>	<u>Services</u>	<u>Benefits</u>	<u>Fees charged</u>
Accidental Death / Funeral Expenses	0	0	0
Acupuncture / Acupressure	0	0	0
Ambulance	0	0	0
Chiropractic	0	0	0
Community, Home, District Nursing	0	0	0
Dental	0	0	0
Dietetics	0	0	0
Domestic Assistance	0	0	0
Ex gratia Payments	0	0	0
Preventative Health Products/Health Management Program	0	0	0
Hearing Aids and Audiology	0	0	0
Hypnotherapy	0	0	0
Maternity Services	0	0	0
Natural Therapies	0	0	0
Occupational Therapy	0	0	0
Optical	0	0	0
Orthoptics (Eye Therapy)	0	0	0
Osteopathic Services	0	0	0
Overseas	0	0	0
Pharmacy	0	0	0
Physiotherapy	0	0	0
Podiatry (Chiropody)	0	0	0
Prostheses, Aids and Appliances	0	0	0
Psych/Group Therapy	0	0	0
School	0	0	0
Sickness and Accident	0	0	0
Speech Therapy	0	0	0
Theatre Fees	0	0	0
Travel and Accommodation	0	0	0
Other (Please specify)			
Other1	0	0	0
Other2	0	0	0
Other3	0	0	0
Other4	0	0	0
Other5	0	0	0
Other6	0	0	0
Other7	0	0	0
<b>Total General Treatment (*)</b>	<b>0</b>	<b>0</b>	<b>0</b>
(*excluding Hospital-Substitute Treatment and CDMP)			
The following Check Total must be Printed —>			0.00

**Part 10 Lifetime Health Cover**

Fund Name

Jan 04

Page 11

Lifetime Health Cover

Number of Adults with Hospital Cover

Certified age at entry	Male LHC		Female LHC		LHC loading%
	Male	Female	loading removed	loading removed	
30	0	0	0	0	0%
31	0	0	0	0	2%
32	0	0	0	0	4%
33	0	0	0	0	6%
34	0	0	0	0	8%
35	0	0	0	0	10%
36	0	0	0	0	12%
37	0	0	0	0	14%
38	0	0	0	0	16%
39	0	0	0	0	18%
40	0	0	0	0	20%
41	0	0	0	0	22%
42	0	0	0	0	24%
43	0	0	0	0	26%
44	0	0	0	0	28%
45	0	0	0	0	30%
46	0	0	0	0	32%
47	0	0	0	0	34%
48	0	0	0	0	36%
49	0	0	0	0	38%
50	0	0	0	0	40%
51	0	0	0	0	42%
52	0	0	0	0	44%
53	0	0	0	0	46%
54	0	0	0	0	48%
55	0	0	0	0	50%
56	0	0	0	0	52%
57	0	0	0	0	54%
58	0	0	0	0	56%
59	0	0	0	0	58%
60	0	0	0	0	60%
61	0	0	0	0	62%
62	0	0	0	0	64%
63	0	0	0	0	66%
64	0	0	0	0	68%
65	0	0	0	0	70%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The following Check Total must be Printed —>

0.00

Part 11 Total Hospital Treatment Medical Services Statistics							
Fund Name	Jan 04						Page 12
	1	2	3	4	5	6	7
	Amount charged*	Medicare benefit	Fund benefit	Gap(d)	Number of services	% of services	Amount charged % of MBS
<b>Agreements</b>							
<u>No-gap(a) agreement</u>							
<= MBS Fee	0	0	0	0	0	0%	0%
>MBS to 125% MBS Fee	0	0	0	0	0	0%	0%
>125% to 150% MBS Fee	0	0	0	0	0	0%	0%
>150% to 200% MBS Fee	0	0	0	0	0	0%	0%
>200% MBS Fee	0	0	0	0	0	0%	0%
Total No-gap agreement	0	0	0	0	0	0%	0%
<u>Known gap(b) agreement</u>							
>MBS to 125% MBS Fee	0	0	0	0	0	0%	0%
>125% to 150% MBS Fee	0	0	0	0	0	0%	0%
>150% to 200% MBS Fee	0	0	0	0	0	0%	0%
>200% MBS Fee	0	0	0	0	0	0%	0%
Total Known gap agreement	0	0	0	0	0	0%	0%
Total Agreement	0	0	0	0	0	0%	0%
<u>No agreement(c)</u>							
<= MBS Fee	0	0	0	0	0	0%	0%
>MBS to 125% MBS Fee	0	0	0	0	0	0%	0%
>125% to 150% MBS Fee	0	0	0	0	0	0%	0%
>150% to 200% MBS Fee	0	0	0	0	0	0%	0%
>200% MBS Fee	0	0	0	0	0	0%	0%
Total No agreement	0	0	0	0	0	0%	0%
<b>Grand total</b>	0	0	0	0	0	0%	0%
Total services with no gap	0	0	0	0	0	0%	0%
Total services with no or known gap	0	0	0	0	0	0%	0%
The following Check Total must be Printed —>							0.00
The following Total of all Check Total must be Printed —>							0.00