NEW YORK STATE OF OPPORTUNITY.	**Department of Civil Service**	**Sample Card Detail Report – IFB entitled: "Employee Benefit Card"**

PLAN NAME: _____

EMPLOYEE BENEFIT CARD DETAIL REPORT
BY AGENCY CODE
FOR THE WEEK OF _____

RUN DATE: MM/DD/YYYY
RUN TIME: HH:MM:SS
RUN NUMBER : <Sequential Numbering to Identify Cycle – Starting with 1 >

EBC MAILING DATE: MM/DD/YYYY

DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
VENDOR MANAGEMENT UNIT
ALBANY, NY 12239

AGENCY CODE: XXXXX

CARDHOLDER ID	ENROLLEE/DEPENDENT NAME ADDRESS	NUMBER OF CARDS PRODUCED
123456789	LAST NAME, FIRST NAME LAST NAME, DEPENDENT FIRST NAME ADDRESS LINE 1 CITY STATE ZIP CODE	2
987654321	LAST NAME, FIRST NAME ADDRESS LINE 1 CITY STATE ZIP CODE	1