

**IFB# EBC-2014-1 THE EMPIRE PLAN EMPLOYEE BENEFIT CARD
Sample Card Detail Report**

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

RUN DATE: MM/DD/YYYY
RUN TIME: HH:MM:SS

DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
CONTRACT MANAGEMENT UNIT
SWAN STREET BUILDING, CORE 1
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