

Exhibit II.G.2

EGWP Daily Eligibility File

Detail Record

Field Description	Pos	Length	Comments	Value/Example
Application Date	1-8	8	Format YYYYMMDD.	20180101
Effective Date	9-16	8	The effective date of coverage. Format YYYYMMDD.	YYYYMMDD Effective date of the transaction
Applicant First Name	17-36	20	The first name of the applicant.	John
Applicant Middle Initial	37-37	1	The middle initial of the applicant.	Space
Applicant Last Name	38-67	30	The last name of the applicant.	Smith
Applicant Birth Date	68-75	8	The birth date of the applicant. Format YYYYMMDD	19531231
Applicant Gender	76-76	1	The gender of the applicant.	F
Applicant Address1	77-131	55	Address of applicant	1234 Orange
Applicant Address2	132-186	55	Address of applicant Optional field	Apt 24
Applicant City	187-216	30	City of applicant	Any city
Applicant State	217-218	2	State of applicant	CA
Applicant Zip	219-223	5	Zip code of applicant	90010
Applicant Zip Extension	224-227	4	Zip code extension Optional	1111
Applicant Phone	228-237	10	Phone number of applicant	1234567890
Applicant MBI	238-257	20	MBI of applicant	11 Characters randomly generated
+Application SSN	258-266	9	SSN of applicant	123456789
Mailing Address1	267-321	55	Mailing Address of applicant. (If no mailing address is submitted use Residential address for mailing)	1234 Street
Mailing Address2	322-376	55	Mailing Address of applicant Optional	Apt 24

Field Description	Pos	Length	Comments	Value/Example
Mailing City	377-406	30	Mailing City of applicant	Any City
Mailing State	407-408	2	Mailing State of applicant	CA
Mailing Zip	409-413	5	Mailing Zip Code of applicant	90010
Mailing Zip Extension	414-417	4	Mailing Zip Code Extension of applicant Optional	1111
Secondary Member ID	418-437	20	WRAP Plan – Secondary ID Our ALTID + person number	99999999999
Secondary Hierarchy Level1	438-447	10	WRAP carrier structure.	3413
Secondary Hierarchy Level2	448-457	10	WRAP account structure.	811002
Secondary Hierarchy Level3	458-467	10	WRAP group structure. Our Benefit Program)	999
External Member Id	468-472	5	Our CUSTID – the entity the ER share is billed to	99999
Disenrollment	473-473	1	Type of disenrollment “I”= Involuntary “V”=Voluntary	“I” or “V”
Date of Disenrollment	474-481	8	Date member is to be disenrolled should be the end of the month Term Date = 07/31/2010	CCYYMMDD
Date of Disenrollment notice sent to member	482-489	8	Date notice of disenrollment sent to member. Must be prior to disenrollment date. Required when Disenrollment Date is populated. (Field 81)	CCYYMMDD
Reason Code for Disenrollment	490-492	3	807- Involuntary - Due to Non-Payment 808 - Cancellation 810 - Voluntary Disenrollment 853 -Involuntary EGHP Disenrollment – Advance	999

Field Description	Pos	Length	Comments	Value/Example
			Notice. Required when Field 81 is passed.	
Family ID	493-501	9	ALTIM	999999999
Relationship Code	502-503	2	Required 01 – Cardholder 02 – Spouse/Domestic Partner 03 – child 04 – other	99
Agent Portal 'POVER' Validation Indicator	504-509	5	This is member level only 'POVER' Indicates the Agent Portal System has validated this members P.O. Box address in line 1 or in Line 2. This does not validate any other criteria. Values for this field: POVER = P.O. Box Validated BLANK = P.O. Box Not Validated	'POVER' 'BLANK'

From our program beahr218.sqr

```
write 1 from $confirmation_number:14
  $application_date:8
  $effdt_1:8
  $selection_type:1
  $dataorigin_code:5
  $contract_id:5
  $applicant_title:5
  $out_first_name:20
  ':1
  $out_last_name:30
  $file_birthdate:8
  $out_sex:1
  $out_address1:40
  $out_address2:40
  $out_city:40
  $out_state:2
  $out_postal:5
  $out_zip_extension:4
  $out_phone:10
  ':40
  $out_bea_medicare_id:20
  $out_bea_member_SSN:9
  $out_m_address1:40
  $out_m_address2:40
  $out_m_city:40
  $out_m_state:2
  $out_m_postal:5
  $out_m_zip_extension:4
  $medicare_part_a:8
  $medicare_part_b:8
  $premium_withhold_option:1
  $other_coverage:1
  $other_coverage_name:40
  $other_coverage_id:20
  $other_coverage_group:10
  $authorized_rep_name:40
  $authorized_rep_address_line_1:40
```

\$authorized_rep_city:40
\$authorized_rep_state:2
\$authorized_rep_zip:5
\$authorized_rep_zip_extension:4
\$authorized_rep_phone:10
\$authorized_rep_relationship:20
\$language:1
\$agent_id:20
\$agent_enroll_method:20
\$cuid:8
\$plan_tier:20
\$primary_hierarchy_level1:20
\$primary_hierarchy_level2:20
\$primary_hierarchy_level3:20
\$primary_hierarchy_level4:20
\$primary_hierarchy_level5:20
\$primary_hierarchy_level6:20
\$creditable_coverage:1
\$number_uncovered_months:3
\$secondary_member_id:20 ! should be 16. Temporary change to 20 to match with document
\$secondary_hierarchy_level_1:20
\$secondary_hierarchy_level_2:20
\$secondary_hierarchy_level_3:20
\$secondary_hierarchy_level_4:20
\$secondary_hierarchy_level_5:20
\$secondary_hierarchy_level_6:20
\$agent_email_address:50
\$external_member_id:20
\$low_income_subsidy_level:3
\$low_income_subsidy_category:1
\$low_income_subsidy_effective_dt:8
\$low_income_subsidy_termination_dt:8
\$application_signature_dt:8
\$enrollment_source_code:1
\$lip_subsidy:8
\$meds_internal_member:9
\$qual_election_typ_reas_cd:3
\$member_attst_flag:1
\$filler:1

\$mailing_address_status:1
\$appl_signed_by_code:1
\$external_member_id:6
\$disenrollment:1
\$date_of_disenrollment_or_cancellation:8
\$date_of_disenrollment_notice:8
\$reason_code_for_disenrollment_or_cancellation:3
\$family_id:18
\$person_code:3
\$relationship_code:2
\$applicant_suffix:10
\$not_available:8
\$not_available:1
\$cob_pcn:10
\$cob_bin:6
\$cob_coverage_effective_date:8
\$cob_coverage_term_date:8
\$processing_date:26
\$client_supplied_ql_member_external_id:20
\$oev_steered_indicator:1
\$agent_portal_pover_validation_indicator:5
\$language_print_format_code:1
\$care_qualifier:10
\$gps_num:10
\$filler:91
\$user_id:8
\$enrollment_note_text:60
\$transaction_code_1:3
\$transaction_code_2:3
\$transaction_code_3:3
\$transaction_code_4:3
\$transaction_code_5:3
\$primary_residence_address_attn_to_line:40
\$mailing_address_attn_to_line_:40
\$attested_proof_of_legal_authorization:1
\$mail_materials:1
\$poa_proof_recv:1
\$legal_authorized_rep_email:50
\$authorized_rep_address_line_2:40

\$additional_note_text:300
\$filler:527
\$send_of_record_indicator:1