

Dependent  
Missing SSN

3.00

Department ID =  
SAMPLE ID

Empl NID	Empl Name	Plan Year	DeptID	EE Type	Address 1	Address 2	City	State	Postal	Dep/ Benef	Dep NID	Dep Name
123456789	KARL GEORGIA	2015	08000	Employee	67 VESPA STREET		SCHENECTADY	NY	12304	05		GEORGIA,PEA CHES E.
987654321	LISA DONALDSON	2015	08000	Employee	16 SAINT HELEN LANE		ALBANY	NY	12208	11		DONALDSON,S EAN C.
999999999	SIMON BATCHER	2015	08000	Employee	2289 DAUGHTER RD		SCHENECTADY	NY	12303	04		BATCHER,MAR Y C.