

Health Insurance Enrollment 445

EmpID	Contract Holder SSN	Contract Holder Name	Address 1	Address 2	City	State	Postal	County	Country	Dependent/Beneficiary ID	Relationship to Employee	Covered Person Name	Covered Person SSN	Covered Person Gender	Covered Person Birthdate	DeptID	Company	Benefit Program	Coverage Code	Fed Qual Indicator
111111111	111111111	SALANDER,LISBETH	1 STATE WAY		NEW YORKD LAKE	NY	11111	NEW YORK	USA	01		SALANDER, NEIL	111111112	M	5/1/1970	12345	NYS	A05	1	
222222222	222222222	JONES,PETE	PO BOX 1234		PLATTSBURGH	NY	12901-1234	CLINTON	USA	01		JONES, PAULA	222222221	F	7/1/1920	54321	NYS	R01	1	
333333333	333333333	HOBBS,CALVIN	321 FIRST STREET		TROY	NY	12180	RENSSELAER	USA	01		HOBBS, JAMIE	333333331	F	1/1/1980	12312	NYS	A05	1	