

Sample Output

EMPLID	LAST_NAME	FIRST_NAME	DEPTID	ASOFDATE	FROMDATE	TO_DATE	BEA_CUSTOMER_NAME
999999999	ENROLLEE	JOE	08000	2/23/2018	1/13/2018	2/23/2018	STATE OF NEW YORK
999999999	ENROLLEE	TOM	08000	2/23/2018	1/13/2018	2/23/2018	STATE OF NEW YORK
999999999	ENROLLEE	SARA	08000	2/23/2018	1/13/2018	2/23/2018	STATE OF NEW YORK
999999999	ENROLLEE	MIKE	08000	2/23/2018	1/13/2018	2/23/2018	STATE OF NEW YORK

BEA_CUSTOMER_NUM	BEA_REPORT_NUMBER	BEA_CLAIM_NUMBER	NYS_EMPLID	BEA_CLAIM_STATUS
0023900	0211911	99999999999		Suspended
0023900	0211911	99999999999		Denied
0023900	0211911	99999999999		Open
0023900	0211911	99999999999		Closed

LAST_DATE_WORKED	RETURN_DT	DISABILITY_DT	RECEIVED_DT	APPROVAL_DATE	BEA_DENIED_DATE
12/21/2017		1/10/2018	1/18/2018	1/29/2018	
12/21/2017		1/2/2018	1/18/2018	1/29/2018	
12/21/2017		1/4/2018	1/18/2018	1/29/2018	
12/21/2017		1/10/2018	1/18/2018	1/29/2018	

BEA_INACT_REASON	BEA_BEN_START_DT	BEA_CLAIM_END_DT	BEA_CLAIM_END_DESC	CLOSE_DT
Unknown	1/10/2018	2/14/2018	NEED OTHER INFO	
Additional documentation required.			ADDITIONAL DOCUMENTATION REQUIRED	
Unknown	1/4/2018	2/14/2018	NEED OTHER INFO	
Benefit paid in full.	1/10/2018	2/1/2018	NEED OTHER INFO	2/2/2018