

Path updates for enrollee:

Name / Id	Address/Phone	Personal Details
Employment Information		
ENROLLEE, NAME		EmpID: 123456789
Personal Data		Employment Information
Date of Birth:	1/2/1950	Hire Date: 10/01/1990
Date of Death:		Rehire Date: 10/01/1990
Original Start Date:	10/01/1990	Termination Date:
		Service Date: 10/01/1990
		Last Date Worked:
		<input type="checkbox"/> Disabled
Retirement Information		
Retirement Reg.#:		Medicare Id:
Retirement System:	4 State Police Retirement System	Retirement Number:
Retirement Type:		Retirement Tier: Tier II
Personal History Find View All First 1 of 2 Last		
*Effective Date:	08/07/2009	*Marital Status: Married
*Sex:	Non-binary	Marital Status Date: 08/07/2009

Save Return to Search Previous tab Next tab Update/Display Include History Correct History

[Name / Id](#) | [Address/Phone](#) | [Personal Details](#)

Card #'s	Job	Ben. Status	Overrides	Life History	Personal	Dependents
Employee Information						
ENROLLEE, NAME					EmpID: 123456789	Empl Rcd #: 0
Personal Information						
Address 1: 123 MAIN ST				Sex: Non-binary		
Address 2:				Date of Birth:		
Address 3:				Date of Death:		
City / State: ROCHESTER NY				Marital Status: Married		
County: MONROE				Marital Status Date: 08/07/2009		
Zip/Country: 14624 USA				Alternate ID: 890111111		
Telephone:						
SSN: 123456789						
Retirement Information				Employment Information		

Path updates for dependents:

Name Address **Personal Profile**

ENROLL, NAME EmpID: 123456789


Personal Profile Find | View All First 2 of 5 Last

Dependent/Beneficiary ID: 03 **Name:** ENROLLEE, DEPENDENT + -


Date of Birth: BY
Date of Death: BY
Medicare Entitled Date: BY **Elig Adj (Mths):**

Personal History Find | View All First 1 of 2 Last

***Effective Date:** BY **Medicare Id**

***Relationship to Employee:** ▼ 

***Dependent Beneficiary Type:** ▼

***Sex:** ▼ 

***Marital Status:** ▼ **As of:** BY
 Student **End Date:** BY
 Disabled **As of:** BY

***Dep. Proc. Type:** ▼ **Dep. End Date:** BY

Employee Information
 ENROLLEE, NAME EmplID: 123456789 Empl Rcd #: 0

Plan Type View All First 1 of 1 Last

Plan Type: Medical 10

Effective Dated View All First 1 of 2 Last

Effective Date: 11/11/2010 **COBRA Event Id:** 0

Dependents Info View All First 1-5 of 5 Last

Person#	Name	SSN	Relation	Sex	Date of Birth	Med Prmy	Med Reimb	Med D Enrolled	Low Inc Subsidy	Fed Qual Sw	SSN Solicit Attempts
02	ENROLLEE, DEPENDENT		Spouse	Non-binary	12/27/1963	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
03	ENROLLEE, 1ST BORN		Child	Non-binary	04/22/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
04	ENROLLEE, TWIN		Child	Non-binary	04/22/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
05	ENROLLEE, CHILD		Child	Non-binary	08/09/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
06	ENROLLEE, BABY		Child	Male	02/22/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	