

Last Name	First Name	MI	Member ID	Relationship
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Date Of Birth

Gender

Marital Status

Dependent CH Stat

Home Address

Home Address 2

Home City

Home State

Home Zip

Home Country

Email

Date of Full Time Hire

Hours Worked Per Week	Work Status	Coverage Extension	Termination Date	Reason Code
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Class

Billing Work Locati Division

Dental Elected

Vision Elected