

Relations hip	Employee SSN	First Name	Last Name	Member SSN	Gender	D.O.B	D.O.H.
EE	123-45-6789	John	Smith	123-45-6789	M	1/1/1970	1/2/2003
SP	123-45-6789	Jane	Smith	234-56-7890	F		
CH	123-45-6789	Janie	Smith	345-67-8901	F		
CH	123-45-6789	Jimmie	Smith	456-78-9012	M		

Zip	Pay Mode	Hours per Week	Hourly Rate	Salary	Payroll Frequency	Title	Eligibility Class
76102	Hourly	40	\$25.00	\$ 100,000.00	Bi Weekly	Worker	Executive

Location	Medical Plan	Medical Election	Dental Plan	Dental Election	Vision Plan	Vision Election	STD Enrolled (Y/N)	LTD Enrolled (Y/N)
TX Office	Base Plan	EF	Dental High	EF	Vision Low	EF	N	Y

EE Vol Supp Life Volume	EE Vol AD&D Volume	SP Vol Life Volume	SP Vol AD&D Volume	CH Vol Life Volume	CH Vol AD&D Volume	Critical Illness Plan	Critical Illness enrolled	Accident Plan
100000	100000	50000	50000	10000	10000	Plan 1	EO	Plan 2

Accident enrolled	Hospital Plan	Hospital enrolled
ES	Plan 1	EF