

Distributed Entry

<u>Last Name</u>	<u>First Name</u>	<u>Name Middle Initial</u>	<u>SSN</u>	<u>DOB</u> (mm/dd/yyyy)	<u>Gender</u> (M or F)	<u>Hire Date</u> (mm/dd/yyyy)	<u>COBRA Reason</u> (DV,ET,RT,BS,DS,JT,L O,LS,ME,RH,SS)	<u>Cobra start date</u> (mm/dd/yyyy)	<u>E-Mail</u>	<u>Employee Status</u> (A, C, R)
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Distributed Entry

<u>Street Line 1</u>	<u>Street Line 2</u> (Can't duplicate Address 1)	<u>City</u>	<u>State</u>	<u>Zip</u> (5+4)	<u>Actively emp characteristic</u> (Y/N)	<u>Category</u> (specify type)	<u>Relationship</u> (SUB, SPS, DEP, STD, DP)	<u>Employee SSN</u>	<u>Health Coverage</u>	<u>Health Coverage Tier</u>	<u>Dental Coverage</u>	<u>Dental Coverage Tier</u>	<u>Name Prefix</u>	<u>Name Suffix</u>
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Distributed Entry

<u>PCP Number</u>	<u>Medicare Eligible</u> (N.Y)	<u>Medicare Part A Effective Date</u> (mm/dd/yyyy)	<u>Medicare Part B Effective Date</u> (mm/dd/yyyy)	<u>Medicare Status</u> (P.S)	<u>Medicare Reason</u> (AGED, DIS, ESRD)	<u>Medicare HIC Number</u>	<u>Other Insurance</u> (N, U, Y)	<u>Other Insurance Carrier Name</u>	<u>Other Insurance Health</u>	<u>Other Insurance Dental</u>	<u>Other Insurance Hearing</u>	<u>Other Insurance Vision</u>
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Distributed Entry

<u>HIPAA- COCC supplied</u>	<u>HIPAA eff Date</u>	<u>HIPAA end date</u>	<u>HIPAA COCC applied</u>
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