

Client ID	Division	Class	Original Eff	Original Eff	Processed	Relationship	Member ID
	0001	0001	8	2002		M	Complete 9 digit member ic

Dependent	Last Name	First Name	Coverage	Birth Date	Gender	Home Email	Work Email	Address	City
d/SSN	Sample	Lex	A	04/02/1960	M				

State	Zip Code	Action	Cod Change	EfiChange	EfiTransfer	DiTransfer	Class
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