



Employer Health Enrollee Report

Business Partner CalPERS ID: 1234567890
Business Partner Name: ABC Company
As Of Date: 01/01/2024
Current Date: 01/03/2024

Table with 45 columns: Subscriber CalPERS ID, Subscriber Name, Subscriber SSN, Subscriber Eligibility Basis, Retirement System, Retirement Date, Enrollee Name, Enrollee SSN, Enrollee CalPERS ID, Birth Date, Gender, Relationship, Age, Age cancel Date, Supplement Physical Address, Subscriber Email, Secured Communication, Physical Street Address, Additional Physical Address, Physical City, Physical State, Physical Zip Code, Physical Country, Physical Foreign Postal Code, Physical Undeliverable Address Indicator, Supplement Mailing Address, Mailing Street Address, Additional Mailing Address, Mailing City, Mailing State, Mailing Zip Code, Mailing Country, Mailing Foreign Postal Code, Mailing Undeliverable Address Indicator, Health Eligibility Zip Code, Health Eligibility Zip Location, Medical Group, Enrollee Coverage Type, Health Plan Region, Health Plan Name, Health Plan Code, Party Rate, Plan Coverage Type, Total Premium, Employer Premium, Employee Premium, Premium Payment Method, Plan Enroll Date, Enrollment Effective Date, Cobra Start Date, Cobra End Date, Qualifying Name, Qualifying SSN, Qualifying CalPERS ID, Medicare Part A Effective Date, Medicare Part B Effective Date, Medically Disabled Certification Start Date, Medically Disabled Certification End Date, Parent-Child Relationship Certification Start Date, Parent-Child Relationship Certification End Date, Prepaid Account Type, Prepaid Account Status.