Employer Health Enrollee Report

Business Partner CAPEMS ID: 1234567890

Business Partner Name: ABC Company

As Of Date: 09/01/2020

Current Date: 09/30/2020

| Subscriber Id | Subscriber Name | Subscriber Sex | Subscriber Relationship | Subscriber Address Line 1 | Subscriber Address Line 2 | Subscriber City | Subscriber State | Subscriber Zip | Member Id | Member Name | Age | Age Category | Supplemental Premium | Payment Method | Insured Premium | Payment Frequency | Group Id | Group Name | Plan Id | Plan Name | Account Number | Coverage Begin Date | Coverage End Date | Member Address Line 1 | Member Address Line 2 | Member City | Member State | Member Zip | Member Phone | Member Email | Member Date Of Birth | Member Sex | Member Marital Status | Member Ethnicity | Member Preferred Language | Member Preferred Written Language | Member Preferred Communication | Member Preferred Contact Method | Member Preferred Contact Time | Member Primary Care Provider | Member Primary Care Provider Phone | Member Primary Care Provider Address | Member Primary Care Provider Email | Member Primary Care Provider Date Of Birth | Member Primary Care Provider Sex | Member Primary Care Provider Ethnicity | Member Primary Care Provider Preferred Language | Member Primary Care Provider Preferred Written Language | Member Primary Care Provider Preferred Communication | Member Primary Care Provider Preferred Contact Method | Member Primary Care Provider Preferred Contact Time | Member Primary Care Provider Specialty | Member Primary Care Provider Specialty Name | Member Primary Care Provider Tax Id | Member Primary Care Provider Npi | Member Primary Care Provider Medicare Id | Member Primary Care Provider Medicaid Id | Member Primary Care Provider Medicaid Expiration Date | Member Primary Care Provider Medicaid Eligibility Begin Date | Member Primary Care Provider Medicaid Eligibility Expiration Date | Member Primary Care Provider Medicaid Eligibility Status | Member Primary Care Provider Medicaid Eligibility Reason | Member Primary Care Provider Medicaid Eligibility Reason Description | Member Primary Care Provider Medicaid Eligibility 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