



1234567890000003100

EIN: 123456789
PRU: 0000
Worker: ROGER BRIMM
SSN: 999-88-7777



* 999887777*

1. Was this individual employed by your organization during 1999 or 2000 ?



If the answer to Question 1 is NO, go to the next individual's report.

2. Is this employee currently working in your organization ?

If the answer to Question 2 is NO, enter the date the individual stopped working for your organization (full or part time) here.

M M D D C C Y Y

Date



If this individual stopped working for your organization before 1/1/99
DO NOT complete Questions 3 to 5.

3. Was this individual covered under a Group Health Plan at any time after 1/1/99 ?



If this individual was not covered under a GHP after 1/1/99
DO NOT complete Questions 4 or 5.

YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Please enter in the box marked 4a, below, the LATER of 1/1/99 or the date this individual started working for your organization. In box 4b, enter your answer for Question 2. If still currently employed, use current date.

M M D D C C Y Y

4a.

M M D D C C Y Y

4b.

5. During the period of time between your answer to Question 4a and your answer to Question 4b, what type of health coverage did this individual elect under your plan? Please complete the following from the date listed in Question 4a to the date in 4b.

Period	Beginning Date								Ending Date								Coverage Type			GHP Report Number				
	M	M	D	D	C	C	Y	Y	M	M	D	D	C	C	Y	Y	Worker (Worker & Spouse)	Family	None					
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								

Please check the box if the sheet is a continuation page from the original Part III form for this employee.



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