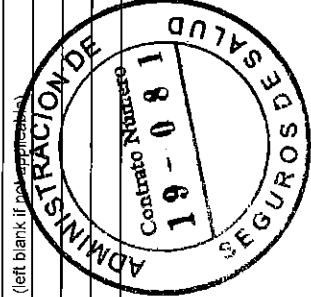


Eligible Record Layout for Law 95
Rev. Oct 23, 2015

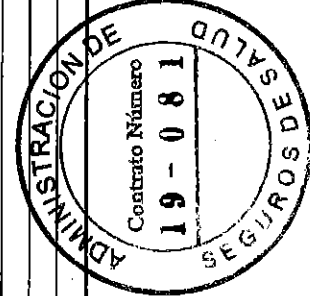
Record Fields	Position	Size	Notes	Data Format	Validation Rules
RECORD_TYPE	1	1	"F" for family	X(1)	Required
TRANSACTION_ID	2	1	N=New Subscription, R=Renewal, X=Cancelled, C=Change	X(1)	Required
REASON_OF_CHANGE	3	2	See Reason of Change Sheet.	X(2)	Required
EXTRACT_YEAR_MONTH	5	6	YYYYMM - Extract year month from carriers system	YYYYMM	Required
REPORTED_PERIOD	11	6	YYYYMM - Year Month of the reported period	YYYYMM	Required
SUBSCRIPTION_DATE	17	8	YYYYMMDD - Initial date of subscription	YYYYMMDD	Required
SUBSCRIPTION_END_DATE	25	8	YYYYMMDD - Initial date of subscription	YYYYMMDD	Required
MAIN_HOLDER_SSN	33	9	Social Security Number	X(9)	Required
POSTAL_ADDRESS_1	42	25	First line Postal address	X(25)	Required. Must be left justified, blank filled to the right
POSTAL_ADDRESS_2	67	25	Second line Postal address	X(25)	Required. Must be left justified, blank filled to the right
POSTAL_CITY	92	16	Postal City	X(16)	Required. Must be left justified, blank filled to the right
POSTAL_ZIP	108	9	Postal Zip code	X(9)	Required. Must be left justified, blank filled to the right
RESIDENTIAL_ADDRESS_1	117	25	First line Residential address	X(25)	Required. Must be left justified, blank filled to the right. Significant characters must be numeric and 5 or 9 digits in length
RESIDENTIAL_ADDRESS_2	142	25	Second line Residential address	X(25)	Required. Must be left justified, blank filled to the right
MUNICIPALITY_OF_RESIDENCE	167	4	Code of Residential City (See Municipality of Residence Sheet)	X(4)	Required
RESIDENTIAL_ZIP	171	9	Residential Zip code	X(9)	Required. Must be left justified, blank filled to the right. Significant characters must be numeric and 5 or 9 digits in length
PHONE	180	10	Main Holder telephone number (area-code + number)	X(10)	Must include area code. Ex. 787-123-4567 will be coded as 7871234567
CARRIER	190	2	See Carrier Code Sheet.	X(2)	Required
PLAN_TYPE	192	2	(Line of Business) include the following codes: 04 = Law 95 Commercial 05 = Law 95 Advantage 06 = Law 95 - ELA-PURO	X(2)	Required
CONTRACT_NUMBER	194	13	Left justified and blank filled to the right.	X(13)	Required
CONTRACT_TYPE	207	1	1 = Family 2 = Couple 3 = Individual	X(1)	Required
PLAN_VERSION	208	3	See Plan Version Sheet	X(3)	Required
IF_JOINT	211	1	Flag - Has a Joint (mancomunado) members; 1= yes 0 = not	X(1)	Required
DIRECT_DEPENDENTS	212	2	Quantity - Main Holder Don't Apply	9(2)	Required
OPCIONAL_SUBSTANTIAL_DEPENDENTS	214	2	Quantity - Main Holder Don't Apply	9(2)	Required
CO_HABITANT	216	2	Quantity - Main Holder Don't Apply	9(2)	Required
PREMIUM	218	7	Total Premium	S9(5)v99	Required.
OPCIONAL_PREMIUM	225	7	Total Amount in Premium for Opcional Members (NOT Advantage)	S9(5)v99	Required.
ADVANTAGE_PREMIUM	232	7	Total Amount in Premium for Opcional Members (Advantage)	S9(5)v99	Required.
EMPLOYER_CONTRIBUTION	225	7	9(5)v99. Aggregate field	S9(5)v99	Required
MEMBER_CONTRIBUTION	232	7	9(5)v99. Aggregate field.	S9(5)v99	Required
PRIMARY_GROUP	239	6	ELA-GHP should be have Number. (left blank if not applicable)	X(6)	Must be left justified, blank filled to the right
PRIMARY_GROUP_EFF_DATE	245	8		YYYYMMDD	
FILLER	253	21	Blank spaces with (*) at the end.	X(21)	Required
	274				



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Eligible Record Layout for Law 95
Rev. Oct 23, 2015

Record Fields	Position	Size	Notes	Data Format	Validation Rules
RECORD_TYPE	1	1	"M" for member	X(1)	Required
EFFECTIVE_DATE	2	8	Start date of eligibility YYYYMMDD (Carrier effective date)	YYYYMMDD	Required
EXPIRATION_DATE	10	8	End date of eligibility YYYYMMDD	YYYYMMDD	Required
MAIN_HOLDER_SSN	27	9	Social Security Number of Main Holder (for each member is the same # on the same contract)	X(9)	Required
MEMBER_SSN	36	13	Member_SSN (For Main Holder record is th same number of the Main_Holder_SSN field)	X(13)	Required
CONTRACT_SUFFIX	49	2	Left justified and blank filled to the right. Identifies the beneficiary within the family group. Filled with 0 if not applicable	X(2)	Required
DATE_OF_BIRTH	51	8	Birth Date of the member	YYYYMMDD	Required
GENDER	59	1	F = female != Male	X(1)	Required. Must equal "M" or "F"
LAST_NAME_1	60	15	Member Last Name 1	X(15)	Required. Must be left justified. blank filled to the right
LAST_NAME_2	75	15	Member Last Name 2	X(15)	Required. Must be left justified. blank filled to the right
FIRST_NAME	90	20	Member Name	X(20)	Required. Must be left justified. blank filled to the right
MIDDLE_INITIAL	110	1	Middle Name	X(1)	Required
MEMBER_TYPE	111	2	01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 = Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint (Mancomunado)	X(2)	Required
MEDICARE_INDICATOR	113	2	01=A&B, 03=A, 09=B (left blank if not applicable) 00 = N/A	X(2)	Required
EMPLOYER_TYPE	115	2	01 = Individual Agency 02 = RHUM Agency 03 = Municipal 04 = Public Corporation	X(2)	Required
EMPLOYER_CODE	117	4	Agency, Municipality or Public Corporation Number (0000 = n/a)	X(4)	Required
MUNICIPALITY_OF_WORK	121	4	Applies if the field of EMPLOYER_CODE is equal to 0900 (Empleado Municipal); See Municipality Of Work Sheet. (0000 = n/a)	X(4)	Required
EMPLOYEE_GROUP	125	2	00 = Not Grouped 01 = Unionized 02 = Management 03 = Association 04 = Others		
PCP_PROVIDER	127	15	Use the NPI as the ID. (left blank if not applicable)	X(15)	ELA-GHP must be a valid code
PCP_EFF_DATE	142	8	filled with 0 if not applicable	YYYYMMDD	ELA-GHP must be a valid date.
PCP2_PROVIDER	150	15		X(15)	
PCP2_EFF_DATE	165	8	filled with 0 if not applicable	YYYYMMDD	
HIC_NUMBER	173	12	(left blank if not applicable)	X(12)	
OTHER_INSURER	185	1	Flag. Has a other insurer. 1= yes 0 = not	X(1)	Required
FILLER	186	23	Blank spaces with (*) at the end.	X(23)	Required
	209				



CODE REASON OF CHANGE

- 00 N/A
- 01 Appointment/Nombramiento
- 02 Death/Defunción
- 03 Birth/Nacimiento
- 04 Cancelled by Main Holder/Cancelación por asegurado principal
- 05 Divorce/Divorcio
- 06 Matrimonio/Marriage
- 07 Termination/Terminación
- 08 Interagency transfer/transferencia
- 09 Cancelled by Insurance Company



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CODE	Carrier
71	Plan de Salud Hospital Menonita
72	MMM Healthcare, INC
74	Ryder Health Plan, Inc.
75	Triple-S Salud Inc.
77	Humana Health Plan of Puerto Rico, Inc.
78	MAPFRE
79	MCS Life Insurance Company
80	PROSSAM
81	Asociacion de Maestros de Puerto Rico
82	First Medical Health Plan, Inc.
85	PMC Medicare Choice, LLC
86	Molina Healthcare of Puerto Rico, Inc.
87	Triple-S Advantage
88	MMM-First Plus
96	American Health Medicare



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JA

Code	EMPLOYER NAME
0000	** UNKNOWN **
0001	Senado de Puerto Rico
0002	Camara de Representantes
0008	Oficina del Contralor
0010	Tribunal de Justicia
0012	Asuntos de la Juventud
0014	Junta de Calidad Ambiental
0015	Oficina del Gobernador - La Fortaleza
0016	Oficina de Gerencia y Presupuesto (OGP)
0018	Junta de Planificacion
0019	Junta de Apelaciones sobre Construcciones y Lot.
0020	Oficina Comision Especial para Vieques
0021	Agencia Estatal Manejo de Emergencias
0022	Oficina del Comisionado de Seguros
0023	Departamento de Estado
0024	Departamento de Hacienda
0026	Administracion Sistemas de Retiro de Empleados
0027	OCALARH
0028	Comision Estatal de Elecciones
0031	Administracion de Servicios Generales
0032	Comision Permanente de los Sistemas de Retiros
0033	Administracion Desarrollo y Mejoras Viviendas
0034	Comision de Invs-Proces-Apelac
0035	Oficina Exencion Contrib. Industrial
0036	Oficina del Comisionado Asuntos Municipales (OCAM)
0037	Comision de Derecho Civiles
0038	Departamento de Justicia
0039	Adm Adiestramiento Futuros Empresarios
0040	Policia de PR
0042	Cuerpo de Bomberos de PR
0043	Guardia Nacional de Puerto Rico
0049	Departamento de Transportion y Obras Publicas
0052	Comision de Seguridad y Proteccion
0055	Departamento de Agricultura
0056	Administracion Fomento Comercial
0060	Oficina del Procurador del Ciudadano (Ombudsman)
0062	Administracion de Fomento Cooperativo
0065	Comision de Servicio Publico
0067	Departamento del Trabajo y Recursos Humanos
0068	Junta de Relaciones del Trabajo
0069	Departamento Asuntos del Consumidor (DACO)
0071	Departamento de Salud
0072	Administracion Instituciones Juveniles
0075	Oficina del Comisionado Instituciones Financieras
0076	Oficina del Inspector de Cooperativas
0078	Departamento de la Vivienda
0080	Departamento de Educacion - Maestros
0081	Departamento de Educacion - Clasificados
0082	Instituto de Cultura Puertorriqueoa
0085	Corporacion el Desarrollo Rural de Puerto Rico
0087	Departamento de Recreacion y Deporte
0089	Administracion de la Industria y el Deporte Hipi
0091	Junta de Retiro para Maestros
0092	Com Apelativa Sist Adm Rec Humanos



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PA

0093 Administracion de Reglamentos y Permisos (ARPE)
 0095 ASSMCA
 0096 Comision para Asuntos de la Mujer
 0097 Comision para Ventilar Querellas Municipales
 0098 Administracion de Correccion
 0101 Superintendencia del Capitolio
 0105 Comision Industrial
 0106 Administracion Vivienda Poblca
 0109 Escuela de Artes Plasticas PR
 0115 Departamento de Correccion y Rehabilitacion
 0118 Comision de Derechos Ciudadanos
 0119 Departamento de Desarrollo Economico y Comercio
 0120 Oficina del Procurador del Veterano
 0122 Departamento de la Familia
 0123 Administracion Familias y Nioos
 0124 Administracion Sust. Menores (ASUME)
 0126 Administracion Rehabilitacion Vocacional
 0127 Administracion Desarrollo Socio Economico
 0131 Comision Rel. Trabajo Sev. Publico
 0132 Admin de Asuntos Energeticos
 0133 Departamento de Recursos Naturales y Ambientales
 0136 Corporacion para el Desarrollo del Cine en PR
 0139 Junta de Libertad Bajo Palabra
 0141 Junta Reglamentadora de Telecomunicaciones
 0151 Oficina Procurador Personas Impedidas
 0152 Oficina para Asuntos de la Vejez
 0155 Oficina Estatal de Conservacion Historica
 0159 Consejo General de Educacion
 0216 Administracion para Revit. de las Comunidad
 0217 Oficina Serv. Antelacion Juicio
 0221 Cuerpo de Emergencias Modicas
 0222 Oficina de Servicios Legislativos
 0224 Comision Conjunta Contralor Camara
 0226 Comision Esp Conj Sobre Donat Legis
 0229 Coordinador General Finan. Soc. y Aut.
 0230 Oficina Control Drogas
 0231 Oficina Procurador del Paciente
 0241 Admin Cuidado y Desarrollo Integral de la Ninez
 0266 Asuntos de Seguridad Publicos
 0530 Retiro Central - Pensionados
 0571 Departamento de Salud -- AFASS
 0592 Junta de Retiro para Maestros - Pensionados
 0900 Empleado Municipal
 601 Administracion de Compensacion por Accidentes de Automoviles (ACAA)
 610 Autoridad de los Puertos (AP)
 611 Autoridad de Tierras
 613 Autoridad de Transporte Maritimo (ATM)
 615 Autoridad Metropolitana de Autobuses (AMA)
 620 Banco de Desarrollo Economico
 623 Centro de Cancer de la Universidad de Puerto Rico
 624 Centro de Investigacion, Educacion y Servicios Medicos para la Diabetes
 625 Compania de Comercio y Exportacion
 628 Compania para el Desarrollo Integral de la Peninsula de Cantera
 637 Corporacion del Fondo del Seguro del Estado (CFSE)
 602 Administracion de Seguros de Salud (ASES)



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J.M.

- 603 Administración de Servicios Médicos (ASEM)
- 604 Administración de Terrenos (AT)
- 605 Autoridad de Acueductos y Alcantarillados (AAA)
- 606 Autoridad de Asesoría Financiera y Agencia Fiscal
- 607 Autoridad de Carreteras y Transportación (ACT)
- 608 Autoridad de Edificios Públicos (AEP)
- 612 Autoridad de Transporte Integrado (ATI)
- 617 Autoridad para el Financiamiento de la Vivienda (AFV)
- 618 Autoridad para el Redesarrollo de Roosevelt Roads
- 619 Autoridad para las Alianzas Público Privadas
- 621 Banco Gubernamental de Fomento
- 622 Centro de Bellas Artes
- 626 Compañía de Fomento Industrial
- 627 Compañía de Turismo de Puerto Rico
- 630 Corporación Centro Cardiovascular de PR y el Caribe (CCCPRC)
- 631 Corporación de Artes Escénico-Musicales
- 632 Corporación de Artes Musicales
- 633 Corporación de la Escuela de Artes Plásticas y Diseño de Puerto Rico
- 634 Corporación de la Orquesta Sinfónica de PR
- 635 Corporación de Puerto Rico para la Difusión Pública (WIPR)
- 636 Corporación de Seguros Agrícolas
- 638 Corporación del Proyecto ENLACE del Caño Martin Peña
- 639 Corporación Pública para la Supervisión y Seguros de Cooperativas de Puerto Rico (COSSEC)
- 900 Empleado Municipal
- 640 Fideicomiso Institucional Guardia Nacional
- 641 Instituto de Cultura de Puerto Rico



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MUNICIPALITY	CODE
Adjuntas	0004
Aguada	0008
Aguadilla	0012
Aguas Buenas	0016
Aibonito	0020
Añasco	0024
Arecibo	0028
Arroyo	0032
Barceloneta	0036
Barranquitas	0040
Bayamón	0044
Cabo Rojo	0048
Caguas	0052
Camuy	0056
Canovanas	0060
Carolina	0064
Cataño	0068
Cayey	0072
Ceiba	0076
Ciales	0080
Cidra	0084
Coamo	0088
Comerio	0092
Corozal	0096
Culebra	0100
Dorado	0104
Fajardo	0108
Florida	0112
Guanica	0116
Guayama	0120
Guayanilla	0124
Guaynabo	0128
Gurabo	0132
Hatillo	0136
Hormigueros	0140
Humacao	0144
Isabela	0148
Jayuya	0152
Juana Diaz	0156
Juncos	0160
Lajas	0164
Lares	0168
Las Marias	0172
Las Piedras	0176
Loiza	0180
Luquillo	0184
Manatí	0188
Maricao	0192
Maunabo	0196
Mayagüez	0200
Moca	0204
Morovis	0208
Naguabo	0212
Naranjito	0216



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P.A.

Orocovis	0220
Patillas	0224
Peñuelas	0228
Ponce	0232
Puerta de Tierra	0264
Puerto Nuevo	0270
Quebradillas	0236
Rincon	0240
Rio Grande	0244
Rio Piedras	0272
Sabana Grande	0248
Salinas	0252
San German	0256
San José	0274
San Juan	0266
San Lorenzo	0276
San Sebastian	0280
Santa Isabel	0284
Toa Alta	0288
Toa Baja	0292
Trujillo Alto	0296
Utua	0300
Vega Alta	0304
Vega Baja	0308
Vieques	0312
Villalba	0316
Yabucoa	0320
Yauco	0324
Outside Puerto Rico	0666

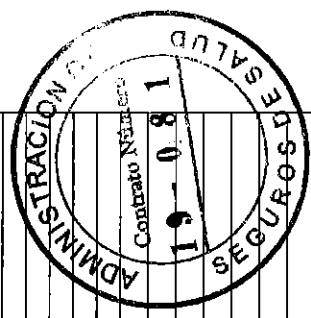


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Code	Carrier_Code	Carrier_Name	PLAN_TYPE	PLAN_TYPE_DESC	PLAN_ACT	PLAN_VERSION_DESC	PLAN_VERSION_ACCESS
401	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Oro	MCO
402	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Plata	MCO
403	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Bronce	MCO
404	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Rubi	MCO
405	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Diamante	MCO
406	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
401	78	MAPFRE	04	Law 95 Commercial	Regular	Oro	MCO
402	78	MAPFRE	04	Law 95 Commercial	Regular	Plata	MCO
403	78	MAPFRE	04	Law 95 Commercial	Regular	Bronce	MCO
404	78	MAPFRE	04	Law 95 Commercial	Regular	Rubi	MCO
405	78	MAPFRE	04	Law 95 Commercial	Regular	Diamante	MCO
406	78	MAPFRE	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
401	71	MENONITA	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
402	71	MENONITA	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
403	71	MENONITA	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
404	71	MENONITA	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
405	71	MENONITA	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
406	71	MENONITA	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
401	80	PROSSAM	04	Law 95 Commercial	Regular	Oro	MCO
402	80	PROSSAM	04	Law 95 Commercial	Regular	Plata	MCO
403	80	PROSSAM	04	Law 95 Commercial	Regular	Bronce	MCO
404	80	PROSSAM	04	Law 95 Commercial	Regular	Rubi	MCO
405	80	PROSSAM	04	Law 95 Commercial	Regular	Diamante	MCO
406	80	PROSSAM	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
401	75	TRIPLE-S	04	Law 95 Commercial	Regular	Oro	MCO
402	75	TRIPLE-S	04	Law 95 Commercial	Regular	Plata	MCO
403	75	TRIPLE-S	04	Law 95 Commercial	Regular	Bronce	MCO
404	75	TRIPLE-S	04	Law 95 Commercial	Regular	Rubi	MCO
405	75	TRIPLE-S	04	Law 95 Commercial	Regular	Diamante	MCO
406	75	TRIPLE-S	04	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
501	77	Humana Health Plans of PR	05	Law 95 Advantage	Regular	Oro	HMO
502	77	Humana Health Plans of PR	05	Law 95 Advantage	Regular	Plata	HMO
503	77	Humana Health Plans of PR	05	Law 95 Advantage	Regular	Bronce	HMO
504	77	Humana Health Plans of PR	05	Law 95 Advantage	Regular	Rubi	HMO
505	77	Humana Health Plans of PR	05	Law 95 Advantage	Auto-Enrollment	PR I	HMO
506	77	Humana Health Plans of PR	05	Law 95 Advantage	Auto-Enrollment	PR II	HMO
507	77	Humana Health Plans of PR	05	Law 95 Advantage	Auto-Enrollment	PR III	PPO
508	77	Humana Health Plans of PR	05	Law 95 Advantage	Auto-Enrollment	US Access Only	HMO
509	77	Humana Health Plans of PR	05	Law 95 Advantage	Auto-Enrollment	HMO FL	HMO
501	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Regular	Oro	PPO
502	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Regular	Plata	PPO
503	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Regular	Bronce	PPO
504	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Regular	Rubi	PPO
505	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Auto-Enrollment	Premium	PPO
506	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Auto-Enrollment	Premium 2	PPO
507	88	MMIM-FIRST PLUS	05	Law 95 Advantage	Auto-Enrollment	Plus	PPO
501	72	Medicare y Mucho Más (MMM)	05	Law 95 Advantage	Regular	Oro	HMO
502	72	Medicare y Mucho Más (MMM)	05	Law 95 Advantage	Regular	Plata	HMO
503	72	Medicare y Mucho Más (MMM)	05	Law 95 Advantage	Regular	Bronce	HMO
504	72	Medicare y Mucho Más (MMM)	05	Law 95 Advantage	Regular	Rubi	HMO
505	72	Medicare y Mucho Más (MMM)	05	Law 95 Advantage	Auto-Enrollment	ELA Flex	HMO POS
506	72	Medicare y Mucho Más (MMM)	05	Law 95 Advantage	Auto-Enrollment	ELA Relax	HMO POS
501	79	Medical Card System (MCS)	05	Law 95 Advantage	Regular	Oro	HMO
502	79	Medical Card System (MCS)	05	Law 95 Advantage	Regular	Plata	HMO

MP

CODE MUNICIPALITY

0000 N/A or Don't have it
0004 Adjuntas
0008 Aguada
0012 Aguadilla
0016 Aguas Buenas
0020 Aibonito
0024 Añasco
0028 Arecibo
0032 Arroyo
0036 Barceloneta
0040 Barranquitas
0044 Bayamón
0048 Cabo Rojo
0052 Caguas
0056 Camuy
0060 Canovanas
0064 Carolina
0068 Cataño
0072 Cayey
0076 Ceiba
0080 Ciales
0084 Cidra
0088 Coamo
0092 Comerio
0096 Corozal
0100 Culebra
0104 Dorado
0108 Fajardo
0112 Florida
0116 Guanica
0120 Guayama
0124 Guayanilla
0128 Guaynabo
0132 Gurabo
0136 Hatillo
0140 Hormigueros
0144 Humacao
0148 Isabela
0152 Jayuya
0156 Juana Diaz
0160 Juncos
0164 Lajas
0168 Lares
0172 Las Marias
0176 Las Piedras
0180 Loiza
0184 Luquillo
0188 Manatí
0192 Maricao
0196 Maunabo
0200 Mayagüez
0204 Moca
0208 Morovis
0212 Naguabo



M K.M.F.H

0216 Naranjito
0220 Orocovis
0224 Patillas
0228 Peñuelas
0232 Ponce
0264 Puerta de Tierra
0270 Puerto Nuevo
0236 Quebradillas
0240 Rincon
0244 Rio Grande
0272 Rio Piedras
0248 Sabana Grande
0252 Salinas
0256 San German
0274 San José
0266 San Juan
0276 San Lorenzo
0280 San Sebastian
0284 Santa Isabel
0288 Toa Alta
0292 Toa Baja
0296 Trujillo Alto
0300 Utuado
0304 Vega Alta
0308 Vega Baja
0312 Vieques
0316 Villaalba
0320 Yabucoa
0324 Yauco



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RECORD TYPE	TRANSACTION ID	REASON OF CHANGE	EXTRACT YEAR	MONTH	REPORTED PERIOD
F	N	00	2015	11	201510
F	C	02	2015	11	201510

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SUBSCRIPTION DATE	SUBSCRIPTION END DATE	MAIN HOLDER SSN	POSTAL ADDRESS 1	POSTAL ADDRESS 2
04012015	04012016	999999999	URB SABANA GDNS	
04012015	04012016	888888888	VILLA CAROLINA	



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POSTAL CITY	POSTAL ZIP	RESIDENTIAL ADDRESS 1	RESIDENTIAL ADDRESS 2	MUNICIPALITY OF RESIDENCE
CAROLINA	009853524	URB SABANA GDNS		0266
CAROLINA	009853524	VILLA CAROLINA		0266



K.M. P.M
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RESIDENTIAL ZIP	PHONE	CARRIER	PLAN TYPE	CONTRACT NUMBER	CONTRACT TYPE	PLAN VERSION	IF JOINT
009853524	7878789999	75	04	80000888888888		1 006	0
009853524	7878787777	75	06	80000999999999		2 007	0



A.M.A.

M.

DIRECT DEPENDENTS	OPCIONAL	SUBSTANTIAL DEPENDENTS	CO HABITANT	PREMIUM
03	01		00	0030010
01	00		00	0020005



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OPCIONAL PREMIUM	ADVANTAGE PREMIUM	EMPLOYER CONTRIBUTION	MEMBER CONTRIBUTION
0010000	0000000	0010010	0020000
0000000	0000000	0010005	0010000



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PRIMARY_GROUP	PRIMARY_GROUP	EFF_DATE	FILLER
0718	00000000	20140401	*
			*

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[Signature]



RECORD TYPE	EFFECTIVE DATE	EXPIRATION DATE	MAIN HOLDER SSN	MEMBER SSN	CONTRACT NUMBER
M	04012015	04012016	999999999	999999999	8000088888888
M	04012015	04012016	999999999	999999991	8000088888888
M	04012015	04012016	999999999	999999992	8000088888888
M	04012015	04012016	999999999	999999993	8000088888888
M	04012015	04012016	999999999	999999994	8000088888888
M	04012015	04012016	888888888	888888888	1000099999999
M	04012015	04012016	888888888	999999994	1000099999999



K.M.P.H
TJ

CONTRACT SUFFIX	DATE OF BIRTH	GENDER	LAST_NAME_1	LAST_NAME_2	FIRST_NAME	MIDDLE_INITIAL	MEMBER_TYPE
01	04011973	M	Del Pueblo	Jimenez	Juan	J	01
02	04011975	F	Correa	Medina	Wife	S	02
03	04011999	F	Del Pueblo	Correa	Daughter	S	02
04	04011997	M	Del Pueblo	Correa	Son	J	02
05	04011936	F	Medina	Rivera	Mother-in-Law		05
01	04011971	M	Velazquez	Llop	Jose	R	01
02	04011979	F	Jimenez	Perez	Maria		02



K.M.F.H

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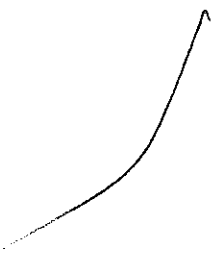
MEDICARE INDICATOR	EMPLOYER TYPE	EMPLOYER CODE	MUNICIPALITY OF WORK	EMPLOYEE GROUP	PCP PROVIDER
02	00	0000	0000	00	
00	00	0000	0000	00	
00	00	0000	0000	00	
00	00	0000	0000	00	
01	00	0000	0000	00	
00	00	0000	0000	00	1497979454
00	00	0000	0000	00	1497979454



K.M.P.H

Joy

PCP EFF DATE	PCP2 PROVIDER	PCP2 EFF DATE	HIC NUMBER	OTHER INSURER	FILLER
00000000		00000000			*
00000000		00000000			*
00000000		00000000			*
00000000		00000000			*
00000000		00000000	581483572D	1	*
20150401		00000000			*
20150401		00000000			*



K.M.P.H
J.P.