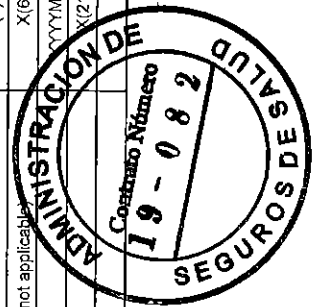


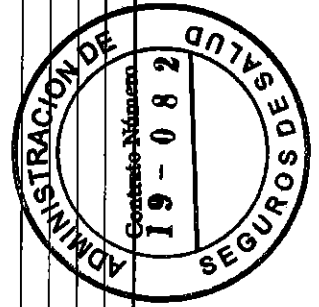
Eligible Record Layout for Law 95
Rev. Oct.23,2015

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)	
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. Significant characters must be numeric and 5 or 9 digits in length
RESIDENTIAL_ADDRESS_1	117	25	First line Residential address	X(25)	Required. Must be left justified, blank filled to the right
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)	Required. 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 = no	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)	Required. 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				



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	18	9	Social Security Number of Main Holder (for each member is the same # on the same contract)	X(9)	Required
MEMBER_SSN	27	9	Member SSN (For Main Holder: record is the same number of the Main_Holder_SSN field)	X(9)	Required
CONTRACT_NUMBER	36	13	Left justified and blank filled to the right.	X(13)	Required
CONTRACT_SUFFIX	49	2	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 M = 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)	X(2)	Required
EMPLOYER_TYPE	115	2	00 = N/A 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	X(2)	Required
PCP_PROVIDER	127	15	Use the NPI as the ID. (left blank if not applicable)	X(15)	Required
PCP_EFF_DATE	142	8	filled with 0 if not applicable	YYYYMMDD	Required. ELA-GHP must be a valid code.
PCP2_PROVIDER	150	15		X(15)	Required. ELA-GHP must be a valid date.
PCP2_EFF_DATE	165	8	filled with 0 if not applicable	YYYYMMDD	Required
HIC_NUMBER	173	12	(left blank if not applicable)	X(12)	Required
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

19-082



CB

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

MMM-4



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



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 Publica
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 Administraci3n de Compensaci3n por Accidentes de Autom3viles (ACAA)
610 Autoridad de los Puertos (AP)
611 Autoridad de Tierras
613 Autoridad de Transporte Mar3timo (ATM)
615 Autoridad Metropolitana de Autobuses (AMA)
620 Banco de Desarrollo Econ3mico
623 Centro de C3ncer de la Universidad de Puerto Rico
624 Centro de Investigaci3n, Educaci3n y Servicios M3dicos para la Diabetes
625 Compa1a de Comercio y Exportaci3n
628 Compa1a para el Desarrollo Integral de la Pen3nsula de Cantera
637 Corporaci3n del Fondo del Seguro del Estado (CFSE)
602 Administraci3n de Seguros de Salud (ASES)



A.M. 1-4

- 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 Martín Peña
639 Corporación Pública para la Supervisión y Seguros de Cooperativas de Puerto Rico (COSSE)
900 Empleado Municipal
640 Fideicomiso Institucional Guardia Nacional
641 Instituto de Cultura de Puerto Rico

A.M. 1-4



SB

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 Díaz	0156
Juncos	0160
Lajas	0164
Lares	0168
Las Marías	0172
Las Piedras	0176
Loiza	0180
Luquillo	0184
Manatí	0188
Maricao	0192
Maunabo	0196
Mayagüez	0200
Moca	0204
Morovis	0208
Naguabo	0212
Naranjito	0216



A. H. J. M.

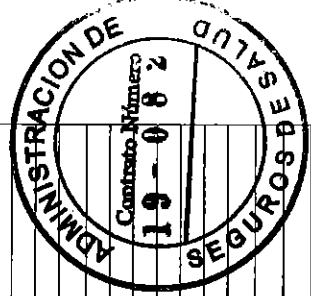
SB

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
Utuado	0300
Vega Alta	0304
Vega Baja	0308
Vieques	0312
Villalba	0316
Yabucoa	0320
Yauco	0324
Outside Puerto Rico	0666

A.M.F.M



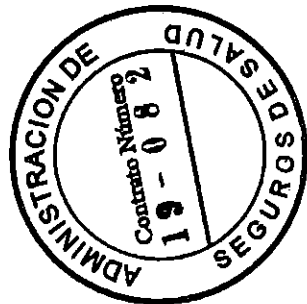
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402	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Plata	MCO
403	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Bronce	MCO
404	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Rubi	MCC
405	82	FIRST MEDICAL	04	Law 95 Commercial	Regular	Diamante	MCO
406	82	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	Oro	MCO
402	71	MENONITA	04	Law 95 Commercial	Regular	Plata	MCO
403	71	MENONITA	04	Law 95 Commercial	Regular	Bronce	MCO
404	71	MENONITA	04	Law 95 Commercial	Regular	Rubi	MCO
405	71	MENONITA	04	Law 95 Commercial	Regular	Diamante	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	MMM-FIRST PLUS	05	Law 95 Advantage	Regular	Oro	PPO
502	88	MMM-FIRST PLUS	05	Law 95 Advantage	Regular	Plata	PPO
503	88	MMM-FIRST PLUS	05	Law 95 Advantage	Regular	Bronce	PPO
504	88	MMM-FIRST PLUS	05	Law 95 Advantage	Regular	Rubi	PPO
505	88	MMM-FIRST PLUS	05	Law 95 Advantage	Auto-Enrollment	Premium	PPO
506	88	MMM-FIRST PLUS	05	Law 95 Advantage	Auto-Enrollment	Premium 2	PPO
507	88	MMM-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	Regular	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



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503	79	Medical Card System (MCS)	05	Law 95 Advantage	Regular	Bronce	HMO
504	79	Medical Card System (MCS)	05	Law 95 Advantage	Regular	Rubi	HMO
505	79	Medical Card System (MCS)	05	Law 95 Advantage	Auto-Enrollment	ELA Crédito	HMO
506	79	Medical Card System (MCS)	05	Law 95 Advantage	Auto-Enrollment	ELA Anclro	HMO
501	87	Triple-S Advantage	05	Law 95 Advantage	Regular	Oro	HMO
502	87	Triple-S Advantage	05	Law 95 Advantage	Regular	Plata	HMO
503	87	Triple-S Advantage	05	Law 95 Advantage	Regular	Bronce	PPC
504	87	Triple-S Advantage	05	Law 95 Advantage	Regular	Rubi	HMO
505	87	Triple-S Advantage	05	Law 95 Advantage	Auto-Enrollment	ELA Royal	HMO
506	87	Triple-S Advantage	05	Law 95 Advantage	Auto-Enrollment	ELA Óptimo	HMO
400	72	Medicare y Mucho Más (MMM)	06	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
400	75	TRIPLE-S	06	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
400	82	FIRST MEDICAL	06	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
400	84	MOLINA	06	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
400	85	PMC	06	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO



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St

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



R.M.P.M

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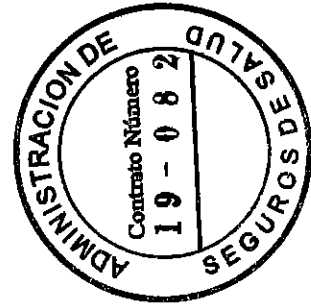
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- 0220 Orocovis
- 0224 Patillas
- 0228 Peñuelas
- 0232 Ponce
- 0264 Puerta de Tierra
- 0270 Puerto Nuevo
- 0236 Quebradillas
- 0240 Rincon
- 0244 Río Grande
- 0272 Río Piedras
- 0248 Sabana Grande
- 0252 Salinas
- 0256 San German
- 0274 San José
- 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 Villalba
- 0320 Yabucoa
- 0324 Yauco

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RECORD_TYPE	TRANSACTION_ID	REASON_OF_CHANGE	EXTRACT_YEAR_MONTH	REPORTED_PERIOD
F	N	00	201511	201510
F	C	02	201511	201510

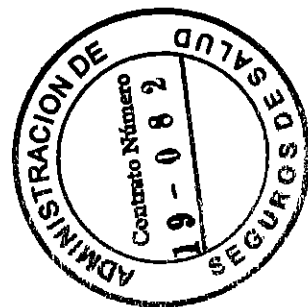
A.M.P.H



R

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	

Handwritten signature or initials



Handwritten signature or initials

POSTAL_CITY	POSTAL_ZIP	RESIDENTIAL_ADDRESS_1	RESIDENTIAL_ADDRESS_2	MUNICIPALITY_OF_RESIDENCE
CAROLINA	009853524	URB SABANA GDNS		0266
CAROLINA	009853524	VILLA CAROLINA		0266

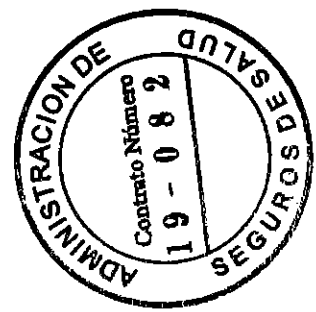
A.M. 1.4



R

RESIDENTIAL ZIP	PHONE	CARRIER	PLAN_TYPE	CONTRACT_NUMBER	CONTRACT_TYPE	PLAN_VERSION	IF_JOINT
009853524	7878789999	7504		80000888888888	1	006	0
009853524	7878787777	7506		80000999999999	2	007	0

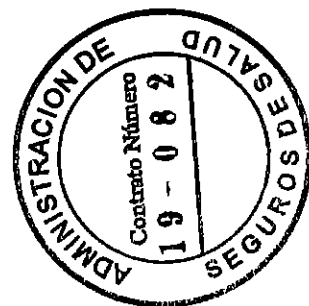
K.M.P.M



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DIRECT_DEPENDENTS	OPCIONAL_SUBSTANTIAL_DEPENDENTS	CO_HABITANT	PREMIUM
03	01	00	0030010
01	00	00	0020005

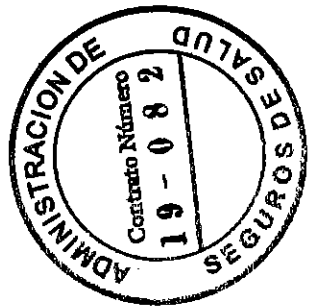
M.H.P.H



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

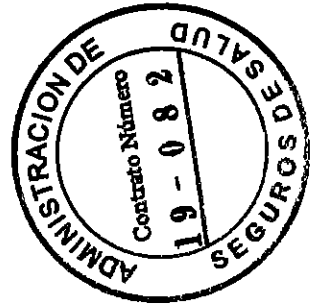
K.M.P.H



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PRIMARY_GROUP	PRIMARY_GROUP_EFF_DATE	FILLER
0718	00000000	*
	20140401	*

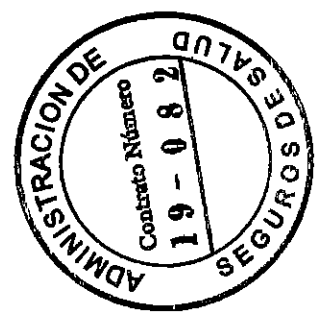
K.H.P.H



R

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

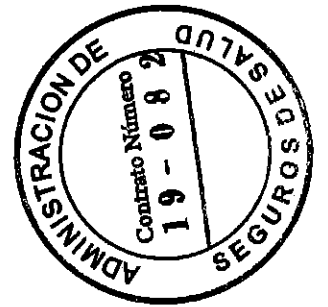
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CONTRACT_SUFFIX	DATE_OF_BIRTH	GENDER	LAST_NAME_1	LAST_NAME_2	FIRST_NAME	MIDDLE_INITIAL	MEMBER_TYPE
01	04011973	M	Del Pueblo	Jimenez	Juan	J	01
02	04011975	F	Correa	Medina	Wife	S	02
03	04011999	F	Del Pueblo	Correa	Daughter	S	02
04	04011997	M	Del Pueblo	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

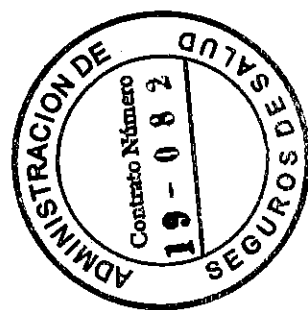
M. A. J. M.



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MEDICARE_INDICATOR	EMPLOYER_TYPE	EMPLOYER_CODE	MUNICIPALITY_OF_WORK	EMPLOYEE_GROUP	PCP_PROVIDER
	02	0000	0000	00	
	00	0000	0000	00	
	00	0000	0000	00	
	00	0000	0000	00	
01	00	0000	0000	00	
	00	0000	0000	00	1497979454
	00	0000	0000	00	1497979454

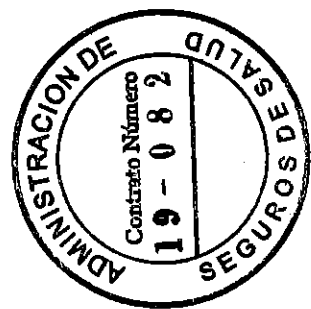
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PCP_EFF_DATE	PCP2_PROVIDER	PCP2_EFF_DATE	HIC_NUMBER	OTHER_INSURER	FILLER
00000000		00000000			*
00000000		00000000			*
00000000		00000000			*
00000000		00000000			*
00000000		00000000	581483572D	1	*
20150401		00000000			*
20150401		00000000			*

R.M. 1.4



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