



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan  
Independent licensees of the Blue Cross  
Blue Shield Association

# Group Underwriting Roster Payroll Register

(See Next Page for Instructions)

Federal Tax Id

\_\_\_\_ - \_\_\_\_\_

Check Applicable Coverage

BCBSM  BCN

Person Completing This Form

\_\_\_\_\_

Phone Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Company Name

\_\_\_\_\_

Marketing Rep/Agent First Name

Marketing Rep/Agent Last Name

BCBSM Group Number/Suffix

BCN Group ID/Subgroup/ID Class

\_\_\_\_\_

List All Employees (Include COBRA and Retirees)	Date of Hire (MMDDYYYY)	Date of Birth (MMDDYYYY)	Enrollment Status Code (see below)	Gender	Contract Type Code (See Below)			Title or Job Description Must Be Completed	Avg.No of Hours Worked Per Week
					Code	COBRA	Retiree		
1.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
2.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
3.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
4.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
5.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
6.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
7.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
8.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
9.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
10.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
11.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
12.	___/___/_____	___/___/_____	___	<input type="checkbox"/> M <input type="checkbox"/> F	___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		

Number of Eligible Employees in MI \_\_\_\_\_

Number of Eligible Employees outside MI \_\_\_\_\_

Total number of eligible employees \_\_\_\_\_

Enrollment Status Codes	Total
1= Enrolling in BCBSM	_____
2= Enrolling in BCN	_____
3= Employee covered on another group health program through spouse, another employer, previous employer previous employer retirement plan, parent, etc.	_____
4= Employee waived all group coverage	_____
5= Employee ineligible for coverage (i.e., part time, etc.)	_____
6= Employee covered by another contract in this group	_____
7= Employee chose another group health program offered	_____

Contract Type Codes - Enter codes 1 through 5. Additionally, if contract is Retiree or COBRA place a check in the appropriate column	
1= One Person contract	_____
2= Two Person contract	_____
3= Family contract	_____
4= Mixed (regular and Medicare Primary Members)	_____
5= Comp - Medicare Primary	_____

**IMPORTANT: THIS AREA MUST BE SIGNED BY CHIEF EXECUTIVE/OWNER (Must be original signature)**

I certify this information is complete and accurate. BCBSM and BCN have the right to a confidential audit of our payroll records to verify this information.

Signature of Chief Executive/Owner (Must be original)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

BCBSM -- Cross \_\_\_\_\_

BCBSM -- Drugs: \_\_\_\_\_

BCN -- Medical: \_\_\_\_\_

BCBSM -- Shield \_\_\_\_\_

BCBSM -- Dental: \_\_\_\_\_

BCN -- Drugs: \_\_\_\_\_

BCBSM -- MMC: \_\_\_\_\_

BCBSM -- Vision: \_\_\_\_\_

**Important Note:**  
Attach separate roster(s) for each segment/location identified by different case characteristic factors.

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If this document is not complete, it will be returned

## Instructions:

The Group Underwriting Roster Payroll Register form(s) are required for New Business along with a copy of the corresponding quote(s).  
The pre-populated fields on the Group Underwriting Roster reflect data provided at the time of the quote.  
Blank fields must be completed prior to enrollment.

- |   |
|---|
| A. Check applicable coverage (either BCBSM or BCN or both)  |
| B. Please list your name and phone number at the top of this form. BCBSM or BCN Underwriting may need to contact you. |
| C. Indicate the full legal name of the Group.   |
| D. Indicate BCBSM/BCN group numbers/id's as requested.  |
| E. Check appropriate lines of business – Medical, Drug, Dental, Vision or All   |
| F. Indicate BCBSM marketing representative and/or your insurance agent's name   |

Refer to your current payroll records to complete the following:

1. List all employees' names that are currently on the payroll regardless of number of hours worked (include Part-Time/Temporary, retirees, COBRA).
2. Indicate date of hire – month, day and 4 digit year
3. Indicate date of birth – month, day and 4 digit year
4. Indicate Enrollment Status Code:
  1. Enrolling in BCBSM
  2. Enrolling in BCN
  3. Employee covered on another group health program through spouse, another employer, previous employer, previous employer retirement plan, parent, etc.
  4. Employee waived all group coverage
  5. Employee ineligible for coverage (i.e., part time, temporary, seasonal, etc.)
  6. Employee covered by other contract in this group
  7. Employee chose another group health program offered by this employer
5. Indicate gender – M = Male, F = Female
6. Indicate Contract Type Code
  1. One person contract
  2. Two person contract
  3. Family contract
  4. Mixed – (regular and Medicare primary)
  5. Comp – Medicare primary
7. If contract is a retired employee or COBRA place a check in the applicable column.
8. Enter title or job description
9. Indicate average number of hours worked per week.
10. Indicate the number of eligible employees in Michigan – eligible employees working at a corporate location within the State of Michigan.
11. Indicate the number of eligible employees outside of Michigan – eligible employees working at a corporate location in a state other than Michigan.
12. Total number of eligible employees: Add eligible in Michigan and eligible outside of MI to get this total

Note: If more than 12 employees, attach the additional page.

Eligible employee definition: Full-time employees with a normal workweek of 30 or more hours. As a part of the total number of eligible employees, you may choose (with prior underwriting approval) to include those working 17.5 to 30 hours as long as the eligibility criterion is applied uniformly without regard to health status-related factors.

Obtain original signature of a Chief Executive/Owner and complete the date it is signed.

Note: Both BCBSM and BCN require original signatures. If enrolling in both BCBSM and BCN, make two copies of the roster and obtain the Chief Executive/Owner signature on both copies.

**If this document is not complete, it will be returned**

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# Group Underwriting Roster Payroll Register - Con't

BCBSM Group Number/Suffix

Company Name

BCN Group ID/Subgroup/ID Class

List All Employees (Include COBRA and Retirees)	Date of Hire (MMDDYYYY)	Date of Birth (MMDDYYYY)	Enrollment Status Code (see below)	Gender	Contract Type Code (See Below)			Title or Job Description Must Be Completed	Avg.No of Hours Worked Per Week
					Code	COBRA	Retiree		
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
28.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
29.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
30.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
32.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
33.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
34.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
35.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		

# Group Underwriting Roster Payroll Register - Con't

BCBSM Group Number/Suffix

Company Name

BCN Group ID/Subgroup/ID Class

List All Employees (Include COBRA and Retirees)	Date of Hire (MMDDYYYY)	Date of Birth (MMDDYYYY)	Enrollment Status Code (see below)	Gender	Contract Type Code (See Below)		Title or Job Description Must Be Completed	Avg.No of Hours Worked Per Week
					Code	COBRA Retiree		
36.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
37.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
38.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
39.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
40.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
41.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
42.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
43.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
44.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
45.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
46.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
47.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
48.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
49.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
50.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
51.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
52.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
53.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
54.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
55.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
56.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
57.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		
58.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes		

# Group Underwriting Roster Payroll Register - Con't

BCBSM Group Number/Suffix

Company Name

BCN Group ID/Subgroup/ID Class



List All Employees (Include COBRA and Retirees)	Date of Hire (MMDDYYYY)	Date of Birth (MMDDYYYY)	Enrollment Status Code (see below)	Gender	Contract Type Code (See Below)			Title or Job Description Must Be Completed	Avg.No of Hours Worked Per Week
					Code	COBRA	Retiree		
59.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
60.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
61.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
62.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
63.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
64.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
65.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
66.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
67.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
68.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
69.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
70.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
71.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
72.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
73.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
74.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
75.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
76.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
77.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
78.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
79.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
80.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
81.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		

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					Code	COBRA	Retiree		
82.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
83.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
84.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
85.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
86.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
87.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
88.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
89.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
90.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
91.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
92.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
93.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
94.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
95.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
96.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
97.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
98.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
99.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		