



9876543210000003100

EIN: 978654321
PRU: 0000
Worker: ROGER BRIMM
SSN: 999-88-7777



* 999887777*

1. Was this individual employed by your organization during 2004 ?



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

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

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.

Date **M M D D C C Y Y**
0 3 0 1 2 0 0 3



If this individual stopped working for your organization before 12/01/03 **DO NOT** complete Questions 3 to 5.

3. Was this individual covered under a Group Health Plan at any time after 12/01/03 ?



If this individual was not covered under a GHP after 01/01/03 **DO NOT** complete Questions 4 or 5.

4. Please enter in the box marked 4a, below, the **LATER** of 01/01/03 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.

4a. **M M D D C C Y Y**

4b. **M M D D C C Y Y**

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	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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