

[illegible]

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DOB (if SSN is not available)	Covered All 12 Months	Months of Coverage	jan	feb	mar	apr	may	jun	jul
MM/DD/YYYY	This column will reflect an "X" if the Member was covered for all twelve months in Tax Year 2016		x	x	x	x			
MM/DD/YYYY			x	x	x				
MM/DD/YYYY			x	x	x				
MM/DD/YYYY			x	x	x	x			
MM/DD/YYYY			x	x	x	x			
MM/DD/YYYY			x	x	x	x			
MM/DD/YYYY			x	x					
MM/DD/YYYY			x	x					
MM/DD/YYYY			x	x	x	x			
MM/DD/YYYY			x	x	x	x			
MM/DD/YYYY			x	x	x	x			

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