

EMPLOYEE ROSTER



Class Type _____

Page ____ of ____

Note: Class is defined as all employees that have the same set of benefits.

Member ID (Social Security Number)	Employee's Name		Coverage Code*	Birth Date**			Gender (M/F)
	Last Name	First Name		Month	Day	Year	

* Family Indicator: A = Member + Family; B = Member + 1 Dependent; C = Member Only ** Optional Field

Print additional pages as needed.