Please use the table on the back of this page as a guide to filling out the `Initial_Electronic_Enrollments_Format.xlsx` spreadsheet. Completing the information in this format will ensure that your employees' data is quickly and accurately uploaded into Security Health Plan’s system.

If you have questions about how to fill out the spreadsheet, please contact your sales account manager.
<table>
<thead>
<tr>
<th>Column</th>
<th>Field name</th>
<th>Description</th>
<th>Status</th>
<th>Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Family ID</td>
<td>Ignore for medical enrollments. Required for wellness ONLY enrollments</td>
<td>See description notes</td>
<td>Numeric</td>
<td>1, 1, 2, 3, 4, 5, etc.</td>
</tr>
<tr>
<td>B</td>
<td>Employee/Subscriber SSN</td>
<td>Social Security number (SSN) of the employee/subscriber</td>
<td>Required</td>
<td>Do NOT include dashes</td>
<td>123456789</td>
</tr>
<tr>
<td>C</td>
<td>Individual Last Name</td>
<td></td>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Individual First Name</td>
<td></td>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Individual's Middle Initial/Name</td>
<td>JI, SR, III, IV (if applicable)</td>
<td>Optional</td>
<td>Uppercase with no punctuation</td>
<td>JR</td>
</tr>
<tr>
<td>F</td>
<td>Individual DOB</td>
<td>Employee, Spouse, Child, Grandchild, or Domestic Partner</td>
<td>Required</td>
<td></td>
<td>10/18/1965</td>
</tr>
<tr>
<td>G</td>
<td>Individual Relation</td>
<td>* Select &quot;Employee&quot; if the individual is also the subscriber</td>
<td>Required</td>
<td></td>
<td>Employee</td>
</tr>
<tr>
<td>H</td>
<td>Individual Gender</td>
<td>* Select the gender the individual identifies with</td>
<td>Required</td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>I</td>
<td>Individual SSN</td>
<td>Social Security (SSN) number of the individual</td>
<td>See description notes</td>
<td>Do NOT include dashes</td>
<td>123456789</td>
</tr>
<tr>
<td>J</td>
<td>Email Address</td>
<td>Optional</td>
<td>Optional</td>
<td></td>
<td><a href="mailto:johnsmith@gmail.com">johnsmith@gmail.com</a></td>
</tr>
<tr>
<td>K</td>
<td>Marital Status</td>
<td>Single, Married, Divorced, Widowed, Unknown</td>
<td>Optional</td>
<td></td>
<td>Marital</td>
</tr>
<tr>
<td>L</td>
<td>Individual Physical Address 1</td>
<td>Street address</td>
<td>Required</td>
<td></td>
<td>123 Main Street</td>
</tr>
<tr>
<td>M</td>
<td>Individual Physical Address 2</td>
<td>Apartment, suite, unit or other additional information</td>
<td>Optional</td>
<td></td>
<td>Apartment 5</td>
</tr>
<tr>
<td>N</td>
<td>Individual Physical Zip</td>
<td></td>
<td>Required</td>
<td></td>
<td>54449</td>
</tr>
<tr>
<td>O</td>
<td>Individual Physical City</td>
<td></td>
<td>Required</td>
<td></td>
<td>Marshfield</td>
</tr>
<tr>
<td>P</td>
<td>Individual Physical State</td>
<td></td>
<td>Required</td>
<td></td>
<td>WI</td>
</tr>
<tr>
<td>Q</td>
<td>Individual Physical Country</td>
<td></td>
<td>Required</td>
<td></td>
<td>United States</td>
</tr>
<tr>
<td>R</td>
<td>Individual Same As Physical?</td>
<td>* If &quot;No&quot;, mailing address information in Columns T-Y is required</td>
<td>Required</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>S</td>
<td>Individual Mailing Address 1</td>
<td>See description notes in Column S</td>
<td>Optional</td>
<td>Include dashes</td>
<td>555-555-5555</td>
</tr>
<tr>
<td>T</td>
<td>Individual Mailing Address 2</td>
<td>See description notes in Column S</td>
<td>Option</td>
<td>MM/DD/YYYY</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>U</td>
<td>Individual Mailing Zip</td>
<td></td>
<td>Optional</td>
<td>MM/DD/YYYY</td>
<td>778899</td>
</tr>
<tr>
<td>V</td>
<td>Individual Mailing City</td>
<td></td>
<td>Optional</td>
<td>MM/DD/YYYY</td>
<td>05/05/2014</td>
</tr>
<tr>
<td>W</td>
<td>Individual Mailing State</td>
<td></td>
<td>Optional</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>X</td>
<td>Individual Mailing County</td>
<td></td>
<td>Optional</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Y</td>
<td>Individual Home Phone</td>
<td></td>
<td>Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AA</td>
<td>Effective Date</td>
<td>Effective date of the enrollment being added</td>
<td>Required</td>
<td></td>
<td>01/01/2017</td>
</tr>
<tr>
<td>AB</td>
<td>Group Number</td>
<td>Enrollment group number</td>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AC</td>
<td>Hire Date</td>
<td></td>
<td>Optional</td>
<td>MM/DD/YYYY</td>
<td>05/05/2014</td>
</tr>
<tr>
<td>AD</td>
<td>Is Individual a Retiree?</td>
<td>Yes/No</td>
<td>Required</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>AE</td>
<td>Is Individual on COBRA?</td>
<td>Yes/No</td>
<td>Required</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>AF</td>
<td>Is Dependent Out Of Area?</td>
<td>* Dependent out-of-network coverage is based on an employer’s benefit structure.</td>
<td>Required</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>AG</td>
<td>Main Coverage Code ID</td>
<td>Leave blank for Security Health Plan use</td>
<td>Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AH</td>
<td>Subgroup</td>
<td>Leave blank for Security Health Plan use</td>
<td>Optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI</td>
<td>PCP First Name</td>
<td>Name of clinic or other entity that primary care is received from</td>
<td>Optional</td>
<td>Do NOT include MD, PA, etc.</td>
<td>Ramon</td>
</tr>
<tr>
<td>AJ</td>
<td>PCP Last Name</td>
<td></td>
<td>Optional</td>
<td></td>
<td>Espada</td>
</tr>
<tr>
<td>AK</td>
<td>Facility Healthcare is Received From</td>
<td>Name of clinic or other entity that primary care is received from</td>
<td>Optional</td>
<td></td>
<td>Marshfield Clinic</td>
</tr>
</tbody>
</table>