

Member Notification of Coverage

7/8/2015

Report Prepared for Customer ID: 0000034764

Calendar Year 2015

ELWYN

111 ELWYN RD

ELWYN, PA 19063-4699

610-891-7314

EIN: 231352117

Please Note: Independence's groups are responsible for determining the eligibility of their employees for healthcare coverage and for notifying Independence of the eligibility of their employees. This member data file is based upon information provided by your group to Independence. Independence therefore cannot confirm the accuracy of the data in the attached member data file. Independence recommends and assumes that you will confirm the accuracy of the data in the attached member data file. Independence will have no liability whatsoever for any claim, complaint, fine, judgment, penalty or settlement of any type which may arise out of, or as a result of, incorrect data in this member data file.

Employee										Covered Individuals												
Name	SSN	DOB	Street Address Line 1	Street Address Line 2	City	State	Zip	Name	SSN	DOB	Group by Month											
											Covered 12 Months?	201501	201502	201503	201504	201505	201506	201507	201508	201509	201510	201511

Member Notification of Coverage

7/1/2015
Report Prepared for Customer ID: 000034764
Calendar Year: 2015
ELWYN
111 ELWYN RD
ELWYN, PA 19065-4699
610-891-7115
EIN: 21352117

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Employee	Covered Individuals						Group by Month														
	Name	SSN	DOB	Street Address Line 1	Street Address Line 2	City	Name	SSN	DOB	Months?	201501	201502	201503	201504	201505	201506	201507	201508	201509	201510	201511