

Carrier Name: UnitedHealthcare - Medical

SSN	Participant Name	Qualified Date	Qual. Code	Elig. End Date	Notified Date	Elected Date	Ele. Rc'd Date	Term. Date	Term. Reason
	Employee Only	07/01/2009	AR	01/01/2011 08/01/2009 - 01/31/2011	06/25/2009	07/02/2009 T	07/02/2009 07/31/2009	07/31/2009 Paid Thru:	Non-Payment
	Employee Only	02/24/2006	TE	08/24/2007 03/01/2006 - 08/31/2007	02/24/2006	02/24/2006 C	02/24/2006 08/31/2007	08/31/2007 Paid Thru: 08/31/2007	1 of Eligibility
	Employee Only	05/22/2007	TE	11/22/2008 07/01/2007 - 11/30/2008	06/01/2007	07/01/2007 T	07/01/2007 08/31/2007	08/31/2007 Paid Thru: 08/31/2007	Non-Payment