

EXHIBIT 4



Department of  
Civil Service

Sample Card Detail Report

IFB entitled:  
"Employee Benefit Card"

EMPIRE PLAN

EMPLOYEE BENEFIT CARD DETAIL REPORT  
BY AGENCY CODE  
FOR THE WEEK OF \_\_\_\_\_

RUN DATE: MM/DD/YYYY

RUN TIME: HH:MM:SS

RUN NUMBER : <Sequential Numbering to Identify Cycle – Starting with 1 >

EBC MAILING DATE: MM/DD/YYYY

DEPARTMENT OF CIVIL SERVICE  
EMPLOYEE BENEFITS DIVISION  
VENDOR MANAGEMENT UNIT  
ALBANY, NY 12239

AGENCY CODE: XXXXX

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CARDHOLDER ID	ENROLLEE/DEPENDENT NAME ADDRESS	NUMBER OF CARDS PRODUCED
890456789	LAST NAME, FIRST NAME LAST NAME, DEPENDENT FIRST NAME ADDRESS LINE 1 CITY STATE ZIP CODE	2
890654321	LAST NAME, FIRST NAME ADDRESS LINE 1 CITY STATE ZIP CODE	1

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