

EXHIBIT 9



Sample Empire Plan Card File Layout

IFB entitled:
"Employee Benefit Card"

	Field-Name	Attributes	Field Length	From	To	From	TO	PS Record	PS Field Name	PS Attribute	Value	Mapping Notes
BEN_PLAN_CARD	RECORD_NUMBER	9(7)	7	1	7	1	7				Record Number	Record Number should start with 000001 and be incremented by 1 for each record
	ALTERNATE_IDENTIFIER	9(9)	9	8	16	8	16	Person	Bea_Altid	char 9	The format of the alternate identifier is a nine digit numeric field that begins with '89'.	Since an alternate identifier is issued only for employees, the employee alternate identifier will be on all cards.
	CNTR_HLDR_NAME	pic x(50)	50	17	66	17	66	Names	Name	char 50	Last Name, First Name, and Middle Initial of member, (Enrollee or Dependent).	Format Name to Last Name (comma) (space) First Name (space) Middle Initial
	COVERAGE_CODE	pic x(1)	1	67	68	67	67	Health_Benefit	Covrg_Cd		Valid values: I = Individual F = Family Coverage_Code will be present on both employee and dependent data rows.	Set Covrg_Cd 1 = I Set Covrg_Cd 4 = F Set Covrg_Cd A = I Set Covrg_Cd B = F Set Covrg_Cd C = F Set Covrg_Cd D = F
RETURN_ADR_NAME	AGENCY_NAME	pic x(30)	30	69	99	68	97	Dept_Tbl	Descr	char 30	Agency Name	If Benefit_Program begins with 'A', 'M' or 'P', use Dept_Tbl.Description for enrollee Job.Deptid, else use 'EMPLOYEE INSURANCE SECTION'
RETURN_ADDRESS	AGENCY_ADDR1	pic x(35)	35	100	135	98	132	Bea_Dept_Contct	Address1	char 35	Address1 of Agency	If Benefit_Program begins with 'A', 'M' or 'P', relate Deptid to Location., use Address1. Else set to 'DEPARTMENT OF CIVIL SERVICE'.
	AGENCY_ADDR2	pic x(35)	35	136	171	133	167	Bea_Dept_Contct	Address2	char 35	Address2 of Agency	If Benefit_Program begins with 'A', 'M' or 'P', relate Deptid to Location., use Address2. Else set to 'EBD - MONTHLY OPERATIONS UNIT NYS DCS - EBD OPERATIONS EMPIRE ST PLAZA CORE BLDG 1, 2ND FL'.
	AGENCY_ADDR3	pic x(35)	35	172	207	168	202	Bea_Dept_Contct	Address3	char 35	Address3 of Agency	If Benefit_Program begins with 'A', 'M' or 'P', relate Deptid to Location., use Address3. Else set to ' ' '.
	AGENCY_CITY	pic x(30)	30	208	238	203	232	Bea_Dept_Contct	City	char 30	City of Agency address	If Benefit_Program begins with 'A', 'M' or 'P', relate Deptid to Location, use City. Else set to 'ALBANY'
	AGENCY_STATE	pic x(6)	6	239	245	233	238	Bea_Dept_Contct	State	char 6	State of Agency address	If Benefit_Program begins with 'A', 'M' or 'P', relate Deptid to Location, use State. Else set to 'NY'
	AGENCY_ZIP	9(10)	10	246	256	239	248	Bea_Dept_Contct	Zip	char 10	Zip of Agency address	If Benefit_Program begins with 'A', 'M' or 'P', relate Deptid to Location, use Zip. Else set to '12239'

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	Field-Name	Attributes	Field Length	From	To	From	TO	PS Record	PS Field Name	PS Attribute	Value	Mapping Notes
REPORT_DATA	RUN_DATE_MM	9(2)	2	257	259	249	250				Card producer to populate this field with the Current Process Month Date.	Card producer to populate this field with the Current Process Month Date.
	RUN_DATE_DD	9(2)	2	260	262	251	252				Card producer to populate this field with the Current Process Day Date.	Card producer to populate this field with the Current Process Day Date.
	AGENCY_NUM	pic 9(10)	10	263	273	253	262	Job	Deptid	char 10	Prefix "01"(NY) or "02"(PA) followed by the enrollee's agency code.	If Benefit_Program begins with 'A', 'M' or 'P', and if Company = 'NYS' then set to '01' plus Deptid (trim to 7 positions); else Set to '0100001' If Benefit_Program begins with 'A', 'M' or 'P', and if Company = 'PA ' then set to '02' plus Deptid (trim to 7 positions).
DEPENDENT_ADR_NAME	DEPENDENT_NAME	pic x(50)	50	274	324	263	312	Dependent_Benef	Name	char 50	If the record is for a dependent, this field should be set to dependent's name, otherwise it should be left blank	Format Name to Last Name (comma) (space) First Name (space) Middle Initial
	SAME_ADDRESS_EMPL	pic x(1)	1	325	326	313	313	Dependent_Benef	Same_address_empl	char 1	Y' if same address as employee. 'N' if address different from employee. Field will be populated for dependents only.	This field will be used to determine if a different set of cards need to be printed because the dependent has a different address
CONTRACT_ADR_NAME	CNTR_HOLDER_NAME	pic x(50)	50	327	377	314	363	Names	Name	char 50	This field will always contain the contract holder's name	Format Name to Last Name (comma) (space) First Name (space) Middle Initial
CARDHOLDER_ADDRESS	MEMBER_ADDR1	pic x(35)	35	378	413	364	398	Addresses Dependent_Benef	Address1	char 35	Address1 of enrollee	
	MEMBER_ADDR2	pic x(35)	35	414	449	399	433	Addresses Dependent_Benef	Address2	char 35	Address2 of enrollee	
	MEMBER_CITY	pic x(30)	30	450	480	434	463	Addresses Dependent_Benef	City	char 30	City of enrollee	
	MEMBER_STATE	pic x(6)	6	481	487	464	469	Addresses Dependent_Benef	State	char 6	State of enrollee	
	MEMBER_ZIP	9(10)	10	488	498	470	479	Addresses Dependent_Benef	Zip	char 10	Zip of enrollee	
	COUNTRY	pic x(3)	3	499	502	480	482	Addresses Dependent_Benef	COUNTRY	char 3	Country of enrollee	
BENEFIT_PROGRAM	BENEFIT_PROGRAM	pic x(3)	3	503	506	483	485	Ben_Prog_Part	Benefit_Program	char 3	Enrollee Benefit Program	

NOTE: All character data is required to be uppercase