OSCA Template enrollment

(please list each member/dependent on separate line)

Member code= E/Employee, ES/Employee +Spouse, EC/Employee with Child(ren), F/Family

Relationship Code=E/Employee, S/Spouse, C/Child

Member Relationship	**Last Name**	**First Name**	**EE DOB**	**SS#**	**Date of Hire (if EE)**	Dental Enrollment	Vision Enrollment	Member code