

DEPENDENT LIST FOR 5/XX/20XX

<u>Employee ID</u>	<u>Employee Social Security Number</u>	<u>Dependent Name</u>	<u>Dependent Social Security Number</u>	<u>Relationship</u>	<u>Gender</u>	<u>Dependent Birthdate</u>	<u>Medical</u>	<u>Dental</u>	<u>Life</u>	<u>Comments</u>
<u>JERSPR</u>	<u>123-45-6789</u>	<u>Kimberly Smith</u>	<u>987-65-4321</u>	<u>SPOUSE</u>	<u>F</u>	<u>01/XX/85</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>NA</u>

SAMPLE REPORT