Employee First Name	Employee Last Name	Employee Unique ID (SSN or EE ID)	Date of Birth	Gender	Full Address	Date of Hire	Class	Annual Salary Amount	Basic Coverage Amount	EE Supp Life Total	Spouse Life Total	Spouse First Name	Spouse Last Name	Spouse DOB (if spouse is electing coverage)	Child Life Total	Spouse Dependent Pkg Amt	Child Dependent Pkg Amt
Doe	Jane	1234	01/01/1980	F	123 Any Street, St. Paul, MN 55101	01/02/2025	1	$ 50,000.00	50000	100000	25000	John	Doe	01/01/1980	$10,000	NA	NA
Johnson	George	4321	01/01/1970	M	321 Any Street, St. Paul, MN 55101	01/02/2025	2	$ 75,000.00	75000	250000	200000	Mary	Johnson	01/01/1970	0	NA	NA