

PEIA ENROLLMENT RECONCILIATION ANALYSIS SAMPLE LAYOUT FOR PAYROLL DATA

ABC Agency
 Agency Account # 803138810
 File Date 7/1/2009

Account Number	Employee Last Name	Employee First Name	Employee Middle Init	Employee Date of Birth	Employee Social Security No	Employee Street Address	Employee City	Employee State	Employee Zip Code	Employee PEIA Premium	Coverage Tier	Hours Worked	Employee Status
803138810	Brown	Jenifer	A	1/24/1980	012-34-5678	46 Elm St	Ripley	WV	25271	187.5	Family	40	weekly
803138810	White	Matthew	C	11/17/1953	987-65-4321	17 Lisa Lane	Charleston	WV	25304	90	Single	40	weekly
803138810	Smith	Abbey	D	4/4/1990	111-11-1111	8321 Main Street	Charleston	WV	25304	0	None	20	Summer Temp
803138810	Smyth	Hannah	D	10/31/1961	123-45-6789	123 Sutton Road	Point Pleasant	WV	25550	187.5	Family	0	Medical Leave
803138810	Public	John	Q	3/15/1948	777-77-7777	9875 Topfield Drive	Morgantown	WV	25404	90	Single	80	Bi Weekly

Description of Required Fields (in Sample Above):

- o Agency's Account Number
- o Employee Full Name, (Last, First and Middle Initial)
- o Employee Date of Birth
- o Employee Social Security Number
- o Employee's Home Address
 - Street
 - City, State, Zip Code
- o Employee's PEIA Monthly Premium Amount
- o Hours worked
- o Employee status