Synchrony Health Initiatives

EID or SSN	First Name	Last Name	Relationship	Zip Code	Gender	DOB	Plan	Coverage Tier (EE, EE+Child, EE+Spouse, Family)	Status (Active, Cobra, Retiree)	Email	Current Rates	Employer Contribuition	Employee Contribution
123456789	Jane	Doe	Employee	94321	F	1/1/2000		Family	Active	Joe@ABC.com	$100.00	$50.00	$50.00
987654321	Joe	Doe	Spouse	94321	M	1/1/2001		Family	Active	Joe@ABC.com	$100.00	$50.00	$50.00
654321987	Jim	Doe	Child	94321	M	1/1/2018		Family	Active	Joe@ABC.com	$100.00	$50.00	$50.00