

Universe Instructions: The sponsor must submit an Excel file for each universe. The specific
Pre-Audit Universe Tab 1: All Enrollments Effectuated by Agents/Brokers Effective [October 1, 2014]
Format: Microsoft Excel

Contract number	PBP number	Plan type (HMO, PFFS, PDP)	Agent/Broker Last Name	Agent/Broker First Name	Agent/Broker NPN	Agent/Broker Company Name or Field Marketing Organization (FMO) Name
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ic list of elements that must be included for each case in the universe is noted below.
ber 1, 2012-March 1, 2013 or January 1, 2013-June 1, 2013]

Application Signature Date	Application Received Date	Enrollment Effective Date	Beneficiary member identification number	Beneficiary HICN	Beneficiary last name	Beneficiary first name
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Attachment X-A

Beneficiary street address	Beneficiary city	Beneficiary state	Beneficiary ZIP	Cancellation date, if applicable	Disenrollment effective date, if applicable
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If the Beneficiary
Disenrolled,
indicate if rapid
disenrollment