## Attachment X-A

<u>Universe Instructions:</u> The sponsor must submit an Excel file for each universe. The specif Pre-Audit Universe Tab 1: All Enrollments Effectuated by Agents/Brokers Effective [Octo Format: Microsoft Excel

Contract	PBP	Plan type	Agent/Broker	Agent/Broker	Agent/Broker	Agent/Broker
number	number	(HMO,	Last Name	First Name	NPN	Company Name
		PFFS,				or Field
		PDP)				Marketing
						Organization
						(FMO) Name

## Attachment X-A

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	Application	Enrollment	Beneficiary	Beneficiary	Beneficiary	Beneficiary
Signature	Received	Effective	member	HICN	last name	first name
Date	Date	Date	identification			
			number			

## Attachment X-A

Beneficiary	Beneficiary	Beneficiary	Beneficiary	Cancellation date,	Disenrollment
street address	city	state	ZIP	if applicable	effective date,
					if applicable

If the Beneficiary Disenrolled, indicate if rapid disenrollment