

#	Data
	Interchange
	Sender Qualifier/ID: ZZ/067999979 Receiver Qualifier/ID: 01/076334622
	Control Number: 000000745 Version: 00501
	Date: 000821 Time: 0915
1	ISA*00* *00* *ZZ*067999979 *01*076334622 *000821*0915*^*00501*000000745*0*P*>
	Group
	Sender ID: C1591 Receiver ID: 076334622
	Control Number: 2304 Version: 005010X220A1
	Date: 20020821 Time: 0916
2	GS*BE*C1591*076334622*20020821*0916*2304*X*005010X220A1
	Transaction
	Transaction ID: 834 Control Number: 1804
3	ST*834*1804*005010X220A1
4	BGN*00*_____ *20150731*0014*_____ *** _
5	REF*38*_____
6	{Loop 1000A} SPONSOR NAME
7	N1*P5*_____ *FI*_____
8	{Loop 1000B} PAYER
9	N1*IN*_____ *FI*_____
10	{Loop 1000C} TPA/BROKER NAME
11	N1*TV*_____ *FI*_____
12	{Loop 2000} MEMBER LEVEL DETAIL
13	INS*_____ *_____ *_____ *_____ *D**TE
14	REF*_____ *032341684
15	REF*F6*_____
16	DTP*_____ *D8*_____
17	{Loop 2100A} MEMBER NAME
18	NM1*IL*1*_____ *MINNIE*D***34*_____
19	N3*2713 VALLEY COURT
20	N4*MANDEVILLE*LA*704488476
21	DMG*D8*_____ *F*R
22	{Loop 2300} 2300 HEALTH COVERAGE
23	HD*_____ **_____ *BCBS Disney*IND
24	DTP*_____ *D8*_____
25	{Loop 2000} 2000 MEMBER LEVEL DETAIL
26	INS*Y*18*030*XN*A*D**TE
27	REF*0F*6199205331
28	REF*F6*042309855A
29	DTP*300*D8*20071221
30	{Loop 2100A} MEMBER NAME
31	NM1*IL*1*MOUSE*MICKEY*M***34*6199205331
32	N3*39744 Gayle Rd
33	N4*Ponchatoula*LA*70454
34	DMG*D8*19370928*M*M
35	{Loop 2300} HEALTH COVERAGE

#	Data
36	HD*030**HMO*BCBS Disney Medicare Advantage*E5D
37	DTP*348*D8*20150101
38	{Loop 2000} MEMBER LEVEL DETAIL
39	INS*N*_____*030*XN*A*D*****1
40	REF*0F*_____
41	REF*F6*_____
42	DTP*_____D8*20081204
43	{Loop 2100A} MEMBER NAME
44	NM1*IL*1*MOUSE*MINNIE****_____*4143549610
45	N3*39744 Gayle Rd
46	N4*Ponchatoula*LA*70454
47	DMG*D8*19440310*F
48	{Loop 2300}
49	HD*030**_____*BCBS Disney Medicare Advantage
50	DTP*_____D8*20150101
51	SE*37*1804
52	GE*1*2304
53	IEA*1*000000745

HIPAA V5010X220A1 Transaction-834 (Benefit Enrollment and Maintenance)

- Envelope Information

Interchange Properties

General

InterchangeAckRequested	0		
InterchangeAuthorizationInfoQual	00		
InterchangeChildCount	1	InterchangeComponentElementSep	0x3e
InterchangeControlNumber	00000745	InterchangeControlVersion	00501
InterchangeDate	000821	InterchangeReceiverID	076334622
InterchangeReceiverQual	01		
InterchangeSecurityInfoQual	00	InterchangeSenderID	067999979
InterchangeSenderQual	ZZ	InterchangeTime	0915
InterchangeTrailerControlNumber	00000745	InterchangeUsageIndicator	P
Standard	X12		

Delimiters

ElementDelimiter	0x2a	InterchangeControlStandard_RepeatingSeparator	^
RepeatingSeparator	0x5e	SegmentDelimiter	0x0d0x0a
SubelementDelimiter	0x3e		

- Segment-ISA (Interchange Control Header)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
ISA01	I01	Authorization Information Qualifier		00
ISA02	I02	Authorization Information		
ISA03	I03	Security Information Qualifier		00
ISA04	I04	Security Information		
ISA05	I05	Interchange ID Qualifier		ZZ
ISA06	I06	Interchange Sender ID		067999979
ISA07	I05	Interchange ID Qualifier		01
ISA08	I07	Interchange Receiver ID		076334622
ISA09	I08	Interchange Date		000821
ISA10	I09	Interchange Time		0915
ISA11	I65	Repetition Separator		^
ISA12	I11	Interchange Control Version Number		00501
ISA13	I12	Interchange Control Number		00000745
ISA14	I13	Acknowledgment Requested		0
ISA15	I14	Interchange Usage Indicator		P
ISA16	I15	Component Element Separator		>

- Segment-GS (Functional Group Header)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
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GS01	479	Functional Identifier Code	BE
GS02	142	Application Sender's Code	C1591
GS03	124	Application Receiver's Code	076334622
GS04	373	Date	20020821
GS05	337	Time	0916
GS06	28	Group Control Number	2304
GS07	455	Responsible Agency Code	X
GS08	480	Version / Release / Industry Identifier Code	005010X220A1

Segment-ST (Transaction Set Header)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
ST01	143	Transaction Set Identifier Code		834
ST02	329	Transaction Set Control Number		1804
ST03	1705	Implementation Convention Reference		005010X220A1

Segment-BGN (Beginning Segment)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
BGN01	353	Transaction Set Purpose Code		00
BGN02	127	Reference Identification		1804
BGN03	373	Date		20150731
BGN04	337	Time		0014
BGN05	623	Time Code		ES
BGN06	127	Reference Identification		
BGN07				
BGN08	306	Action Code		4

Segment-REF (Transaction Set Policy Number)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		38
REF02	127	Reference Identification		329839

Loop-1000A (Sponsor Name)

Segment-N1 (Sponsor Name)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N101	98	Entity Identifier Code		P5
N102	93	Name		Shell Oil Company
N103	66	Identification Code Qualifier		FI
N104	67	Identification Code		13-1299890

[-] Loop-1000B (Payer)

[-] Segment-N1_1 (Payer)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N101	98	Entity Identifier Code		IN
N102	93	Name		BCBS Disney
N103	66	Identification Code Qualifier		FI
N104	67	Identification Code		88-2138189

[-] Loop-1000C (TPA/Broker Name)

[-] Segment-N1_2 (TPA/Broker Name)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N101	98	Entity Identifier Code		TV
N102	93	Name		FIDELITY
N103	66	Identification Code Qualifier		FI
N104	67	Identification Code		043523437

[-] Loop-2000 (Member Level Detail)

[-] Segment-INS (Member Level Detail)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
INS01	1073	Yes/No Condition or Response Code		Y
INS02	1069	Individual Relationship Code		18
INS03	875	Maintenance Type Code		030
INS04	1203	Maintenance Reason Code		XN
INS05	1216	Benefit Status Code		A
[-] INS06	C052	Medicare Status Code	Required if a member is being enrolled or disenrolled in Medicare, is currently in Medicare or has terminated or changed their Medicare enrollment. If not required by this implementation guide, do not send.	
C05201	1218	Medicare Plan Code		D
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code		
INS08	584	Employment Status Code		TE

[-] Segment-REF_1 (Subscriber Identifier)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		OF
REF02	127	Reference Identification		8583376614

Segment-REF_3 (Member Supplemental Identifier)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		F6
REF02	127	Reference Identification		032341684A

Segment-DTP_1 (Member Level Dates)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DTP01	374	Date/Time Qualifier		300
DTP02	1250	Date Time Period Format Qualifier		D8
DTP03	1251	Date Time Period		20081117

Loop-2100A (Member Name)

Segment-NM1 (Member Name)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
NM101	98	Entity Identifier Code		IL
NM102	1065	Entity Type Qualifier		1
NM103	1035	Name Last or Organization Name		MOUSE
NM104	1036	Name First		MINNIE
NM105	1037	Name Middle		D
NM106	1038	Name Prefix		
NM107	1039	Name Suffix		
NM108	66	Identification Code Qualifier		34
NM109	67	Identification Code		8583376614

Segment-N3 (Member Residence Street Address)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N301	166	Address Information		2713 VALLEY COURT

Segment-N4 (Member City, State, ZIP Code)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N401	19	City Name		MANDEVILLE
N402	156	State or Province Code		LA
N403	116	Postal Code		704488476

Segment-DMG (Member Demographics)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DMG01	1250	Date Time Period Format Qualifier		D8
DMG02	1251	Date Time Period		19440205
DMG03	1068	Gender Code		F
DMG04	1067	Marital Status Code		R

[-] **Loop-2300 (Health Coverage)**[-] **Segment-HD (Health Coverage)**

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
HD01	875	Maintenance Type Code		030
HD02				
HD03	1205	Insurance Line Code		HMO
HD04	1204	Plan Coverage Description		BCBS Disney
HD05	1207	Coverage Level Code		

[-] **Segment-DTP_3 (Health Coverage Dates)**

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DTP01	374	Date/Time Qualifier		348
DTP02	1250	Date Time Period Format Qualifier		D8
DTP03	1251	Date Time Period		20150101

[-] **Loop-2000 (Member Level Detail)**[-] **Segment-INS (Member Level Detail)**

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
INS01	1073	Yes/No Condition or Response Code		Y
INS02	1069	Individual Relationship Code		18
INS03	875	Maintenance Type Code		030
INS04	1203	Maintenance Reason Code		XN
INS05	1216	Benefit Status Code		A
INS06	C052	Medicare Status Code	Required if a member is being enrolled or disenrolled in Medicare, is currently in Medicare or has terminated or changed their Medicare enrollment. If not required by this implementation guide, do not send.	
C05201	1218	Medicare Plan Code		D
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA)		

INS08 584 Qualifying Event Code
 Employment Status Code **TE**

- Segment-REF_1 (Subscriber Identifier)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		OF
REF02	127	Reference Identification		6199205331

- Segment-REF_3 (Member Supplemental Identifier)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		F6
REF02	127	Reference Identification		042309855A

- Segment-DTP_1 (Member Level Dates)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DTP01	374	Date/Time Qualifier		300
DTP02	1250	Date Time Period Format Qualifier		D8
DTP03	1251	Date Time Period		20071221

- Loop-2100A (Member Name)

- Segment-NM1 (Member Name)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
NM101	98	Entity Identifier Code		IL
NM102	1065	Entity Type Qualifier		1
NM103	1035	Name Last or Organization Name		MOUSE
NM104	1036	Name First		MICKEY
NM105	1037	Name Middle		M
NM106	1038	Name Prefix		
NM107	1039	Name Suffix		
NM108	66	Identification Code Qualifier		34
NM109	67	Identification Code		6199205331

- Segment-N3 (Member Residence Street Address)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N301	166	Address Information		39744 Gayle Rd

- Segment-N4 (Member City, State, ZIP Code)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N401	19	City Name		Ponchatoula

N402	156	State or Province Code	LA
N403	116	Postal Code	70454

Segment-DMG (Member Demographics)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DMG01	1250	Date Time Period Format Qualifier		D8
DMG02	1251	Date Time Period		19370928
DMG03	1068	Gender Code		M
DMG04	1067	Marital Status Code		M

Loop-2300 (Health Coverage)

Segment-HD (Health Coverage)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
HD01	875	Maintenance Type Code		030
HD02				
HD03	1205	Insurance Line Code		HMO
HD04	1204	Plan Coverage Description		BCBS Disney
HD05	1207	Coverage Level Code		

Segment-DTP_3 (Health Coverage Dates)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DTP01	374	Date/Time Qualifier		348
DTP02	1250	Date Time Period Format Qualifier		D8
DTP03	1251	Date Time Period		20150101

Loop-2000 (Member Level Detail)

Segment-INS (Member Level Detail)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
INS01	1073	Yes/No Condition or Response Code		N
INS02	1069	Individual Relationship Code		01
INS03	875	Maintenance Type Code		030
INS04	1203	Maintenance Reason Code		XN
INS05	1216	Benefit Status Code		A
<input type="checkbox"/> INS06	C052	Medicare Status Code	Required if a member is being enrolled or disenrolled in Medicare, is currently in Medicare or has terminated or changed their Medicare enrollment.	

If not required by this implementation guide, do not send.

C05201	1218	Medicare Plan Code	D
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	
INS08	584	Employment Status Code	
INS09	1220	Student Status Code	
INS10	1073	Yes/No Condition or Response Code	
INS11	1250	Date Time Period Format Qualifier	
INS12	1251	Date Time Period	
INS13	1165	Confidentiality Code	
INS14			
INS15			
INS16			
INS17	1470	Number	1

- Segment-REF_1 (Subscriber Identifier)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		0F
REF02	127	Reference Identification		6199205331

- Segment-REF_3 (Member Supplemental Identifier)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
REF01	128	Reference Identification Qualifier		F6
REF02	127	Reference Identification		433667476A

- Segment-DTP_1 (Member Level Dates)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DTP01	374	Date/Time Qualifier		300
DTP02	1250	Date Time Period Format Qualifier		D8
DTP03	1251	Date Time Period		20081204

- Loop-2100A (Member Name)

- Segment-NM1 (Member Name)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
NM101	98	Entity Identifier Code		IL
NM102	1065	Entity Type Qualifier		1
NM103	1035	Name Last or Organization Name		MOUSE
NM104	1036	Name First		MINNIE

NM105	1037	Name Middle		M
NM106	1038	Name Prefix		
NM107	1039	Name Suffix		
NM108	66	Identification Code Qualifier		34
NM109	67	Identification Code		4143549610

Segment-N3 (Member Residence Street Address)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N301	166	Address Information		39744 Gayle Rd

Segment-N4 (Member City, State, ZIP Code)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
N401	19	City Name		Ponchatoula
N402	156	State or Province Code		LA
N403	116	Postal Code		70454

Segment-DMG (Member Demographics)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DMG01	1250	Date Time Period Format Qualifier		D8
DMG02	1251	Date Time Period		19440310
DMG03	1068	Gender Code		F

Loop-2300 (Health Coverage)

Segment-HD (Health Coverage)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
HD01	875	Maintenance Type Code		030
HD02				
HD03	1205	Insurance Line Code		HMO
HD04	1204	Plan Coverage Description		BCBS Disney

Segment-DTP_3 (Health Coverage Dates)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
DTP01	374	Date/Time Qualifier		348
DTP02	1250	Date Time Period Format Qualifier		D8
DTP03	1251	Date Time Period		20150101

Segment-SE (Transaction Set Trailer)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
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SE01	96	Number of Included Segments	37
SE02	329	Transaction Set Control Number	1804

- Segment-GE (Functional Group Trailer)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
GE01	97	Number of Transaction Sets Included		1
GE02	28	Group Control Number		2304

- Segment-IEA (Interchange Control Trailer)

<u>Position</u>	<u>ID</u>	<u>Name</u>	<u>Application Field</u>	<u>Value</u>
IEA01	I16	Number of Included Functional Groups		1
IEA02	I12	Interchange Control Number		000000745

Benefit Enrollment and Maintenance	
Beginning Segment:	Plan Sponsor: Shell Oil Compan
Transaction Set Purpose Code : Original	Taxpayer's Identification Number: 131299890)
Reference Identification : 1804	Payer: BCBS Disney
Date : 7/31/2015	Federal Taxpayer's Identification Number: 88-2138189
Time : 12:14:00 AM	
Time Code : Eastern Standard Time	Third Party Administrator (TPA): FIDELITY
Action Code : Verify	Federal Taxpayer's Identification Number: 043523437
Insured Benefit:	Reference Identification:
Yes/No Condition or Response Code : Yes	Subscriber Number : 8583376614
Individual Relationship Code : Self	Health Insurance Claim (HIC) Number : 032341684A
Maintenance Type Code : Audit or Compare	
Maintenance Reason Code : Notification Only	Demographic Information:
Benefit Status Code : Active	Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
Medicare Plan Code : Medicare	Date Time Period : 19440205
Employment Status Code : Terminated	Gender Code : Female
	Marital Status Code : Unreported
Date or Time or Period:	
Date/Time Qualifier : Enrollment Signature Date	Health Coverage:
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD	Maintenance Type Code : Audit or Compare
Date Time Period : 20081117	Insurance Line Code : Health Maintenance Organization
	Plan Coverage Description : BCBS Disney
Individual or Organizational Name:	Coverage Level Code : Individual
Entity Identifier Code : Insured or Subscriber	
Entity Type Qualifier : Person	Date or Time or Period:
Name Last or Organization Name : MOUSE	Date/Time Qualifier : Benefit Begin
Name First : MINNIE	Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
Name Middle : D	Date Time Period : 20150101
Identification Code Qualifier : Social Security Number	
Identification Code : 8583376614	
2713 VALLEY COURT MANDEVILLE, LA 704488476	

Insured Benefit:	Reference Identification:
Yes/No Condition or Response Code : Yes	Subscriber Number : 6199205331
Individual Relationship Code : Self	Health Insurance Claim (HIC) Number : 042309855A
Maintenance Type Code : Audit or Compare	
Maintenance Reason Code : Notification Only	
Benefit Status Code : Active	
Medicare Plan Code : Medicare	
Employment Status Code : Terminated	
	Demographic Information:
	Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
	Date Time Period : 19370928
	Gender Code : Male
Date or Time or Period:	Marital Status Code : Married
Date/Time Qualifier : Enrollment Signature Date	
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD	
Date Time Period : 20071221	
	Health Coverage:
Individual or Organizational Name:	Maintenance Type Code : Audit or Compare
Entity Identifier Code : Insured or Subscriber	Insurance Line Code : Health Maintenance Organization
Entity Type Qualifier : Person	Plan Coverage Description : BCBS Disney
Name Last or Organization Name : MOUSE	Coverage Level Code : Employee and One or More Dependents
Name First : MICKEY	
Name Middle : M	Date or Time or Period:
Identification Code Qualifier : Social Security Number	Date/Time Qualifier : Benefit Begin
Identification Code : 6199205331	Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
39744 Gayle Rd Ponchatoula, LA 70454	Date Time Period : 20150101

Insured Benefit:	Health Coverage:
Yes/No Condition or Response Code : No	Maintenance Type Code : Audit or Compare
Individual Relationship Code : Spouse	Insurance Line Code : Health Maintenance Organization
Maintenance Type Code : Audit or Compare	Plan Coverage Description : BCBS Disney
Maintenance Reason Code : Notification Only	
Benefit Status Code : Active	Date or Time or Period:
Medicare Plan Code : Medicare	Date/Time Qualifier : Benefit Begin
Number : 1	Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD
	Date Time Period : 20150101
Reference Identification:	
Subscriber Number : 6199205331	
Health Insurance Claim (HIC) Number : 433667476A	
Date or Time or Period:	
Date/Time Qualifier : Enrollment Signature Date	
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD	
Date Time Period : 20081204	
Individual or Organizational Name:	
Entity Identifier Code : Insured or Subscriber	
Entity Type Qualifier : Person	
Name Last or Organization Name : MOUSE	
Name First : MINNIE	
Name Middle : M	
Identification Code Qualifier : Social Security Number	
Identification Code : 433667476~	
39744 Gayle Rd Ponchatoula, LA 70454	
Demographic Information:	
Date Time Period Format Qualifier : Date Expressed in Format CCYYMMDD	
Date Time Period : 19440310	
Gender Code : Female	