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art III Cover	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for each individual	sured coverage,	check the	box and enter	the informat	ō	n for ea	n for each individ							n for each individual enrolled in coverage, including the employee.
(a) Name of First name,	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN		(c)DOB(If SSN or other (d) Covered TIN is not available) all 12 months	ner (d) Covered e) all 12 months	BARTIN BOOK	Jan	Feb	Feb Mar	Feb Mar Apr May June July Aug Sept	Feb Mar				
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