

Rx Answer Member Eligibility Format  
 ASCII Fixed Record Length  
 Record Size 197

Field Name	Description	Length	Type	Comments
MemSSNo	Cardholder SS Number	A/N	9	No Dashes, Just digits
PersonCode	Person Code	A/N	3	See Notes Below
Relationcd	Relationship Code	A/N	1	See Notes Below
LastName	Last Name	A/N	25	
FirstName	First Name	A/N	20	
MiddleInit	Middle Initial	A/N	1	
Gender	Sex	A/N	1	M for Male; F for Female
MaritalStatus	Marital Status	A/N	1	See Notes Below
DOB	Date Of Birth	A/N	10	mm/dd/yyyy
Address1	Address Line 1	A/N	30	
Address2	Address Line 2	A/N	30	
City	City	A/N	20	
State	State	A/N	2	State Abbreviation
ZipCode	Zip Code	A/N	10	Zip Code Plus 4
TelephoneNo	Telephone Number	A/N	12	999-999-9999
Tier	Tier	A/N	1	See Notes Below
ChangeCode	Change Code	A/N	1	See Notes Below
EffectiveDate	EffectiveDate	A/N	10	mm/dd/yyyy
TermDate	Termination Date	A/N	10	mm/dd/yyyy See Notes Below

**Notes**

**Person Code:** Unique value assigned to each family member (i.e. 001=Employee, 002=Usually Spouse, 003-999=Children)

**Relationship Code:** 1=Cardholder, 2=Spouse, 3=Child, 4=Other, 5=Student Over 18

**Marital Status:** S=Single, M=Married, D=Divorced, W=Widow(er)

**Tier:** 1=Single, 2=Two People, 3=Family

**Change Code:** A=Add Member, C=Change Member, D=Delete Member

**Termination Date:** Must be 12/31/2099 when Adding or Changing a member or actual Termination Date if the change code is a D.