

TEST

It reflects your new enrollment or any enrollment changes, such as new plan or personal updates.

Waterside Building
101 East Main Street
Louisville, KY 40202

Humana®

Dental PPO

Group Name: **GROUP NAME, LLC**

```
000007170 15  SAMPLE15 MEMBER
000007170 16  SAMPLE16 N MEMBER
```

Coverage Type: **EMP**
Group ID: **123456**

Benefit: Dental

Humana®

Dental PPO

Group Name: **GROUP NAME, LLC**

000007170	15	SAMPLE15 MEMBER
000007170	16	SAMPLE16 N MEMBER

Coverage Type: **EMP**
Group ID: **123456**

Benefit: Dental

Shipper ID: 00000000
Shipper Method: DIRECT
CARRIER: USPS
Address:
SAMPLE Q MEMBER
123 Some Street
Wallawalla, KY 12345-6789

Mailing/Meter Date:

Insert #1
Insert #3
Insert #5
Insert #7
Insert #9
Insert #11

Insert #2
Insert #4
Insert #6
Insert #8
Insert #10
Insert #12

Cycle Date: 20190909

PDF Date: Wed Sep 28, 2022 @ 08:52:09

MaxMover: N

FORMAT ID : DP001IL TEMPLATE : MTV_08ACARD TYPE : S
WORK TASK : 11000007170

BUSLEVEL5 : BATBUSLEVEL6 : KYBUSLEVEL7 : TST OP: PRN