

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

State Purchasing Bureau  
1526 K Street, Suite 130  
Lincoln, Nebraska 68508

Telephone: (402) 471-6500  
Fax: (402) 471-2089

**CONTRACT NUMBER**  
**76411 04**

PAGE 1 of 2	ORDER DATE 04/20/20
BUSINESS UNIT 65080007	BUYER JULIE SCHILTZ (AS)
VENDOR NUMBER: 3639178	
VENDOR ADDRESS:  EYEMED VISION CARE 4000 LUXOTTICA PL MASON OH 45040-8114	

AN AWARD HAS BEEN MADE TO THE VENDOR/CONTRACTOR NAMED ABOVE FOR THE SERVICES AS LISTED BELOW FOR THE PERIOD:

**JULY 01, 2020 THROUGH JUNE 30, 2021**

THIS CONTRACT IS NOT AN EXCLUSIVE CONTRACT TO FURNISH THE SERVICES SHOWN BELOW, AND DOES NOT PRECLUDE THE PURCHASE OF SIMILAR SERVICES FROM OTHER SOURCES.

THE STATE RESERVES THE RIGHT TO EXTEND THE PERIOD OF THIS CONTRACT BEYOND THE TERMINATION DATE WHEN MUTUALLY AGREEABLE TO THE VENDOR/CONTRACTOR AND THE STATE OF NEBRASKA.

Original/Bid Document 5481 Z1

Contract to supply and deliver Vision Insurance to the State of Nebraska as per the attached specifications for the period of July 1, 2020 through June 30, 2021. The contract may be renewed for two (2) additional one (1) year periods when mutually agreeable to the vendor and the State of Nebraska.

Vendor Contact: Kierston Winters  
Phone (Office): 877-763-7136  
Phone (Cell): 916-284-4482  
E-Mail: kwinters@eyemed.com

This is the first renewal of the contract as amended. (mel 04/20/20)

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
1	VISION INSURANCE FY 17/18 COBRA/RETIREE PAYMENTS FOR THE STATE OF NEBRASKA EMPLOYEES AT NO COST TO THE STATE. INITIAL CONTRACT TERM - YEAR 1	1.0000	YR	0.0000	0.00
2	VISION INSURANCE FY 18/19 COBRA/RETIREE PAYMENTS FOR THE STATE OF NEBRASKA EMPLOYEES AT NO COST TO THE STATE. INITIAL CONTRACT TERM - YEAR 2	1.0000	YR	0.0000	0.00
3	VISION INSURANCE FY 19/20 COBRA/RETIREE PAYMENTS FOR THE STATE OF NEBRASKA EMPLOYEES AT NO COST TO THE STATE. INITIAL CONTRACT TERM - YEAR 3	1.0000	YR	0.0000	0.00
4	VISION INSURANCE FY 20/21 COBRA/RETIREE PAYMENTS	1.0000	YR	0.0000	0.00

*Julie Schiltz* PK  
BUYER  
4/30/2020  
MATERIEL ADMINISTRATOR

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

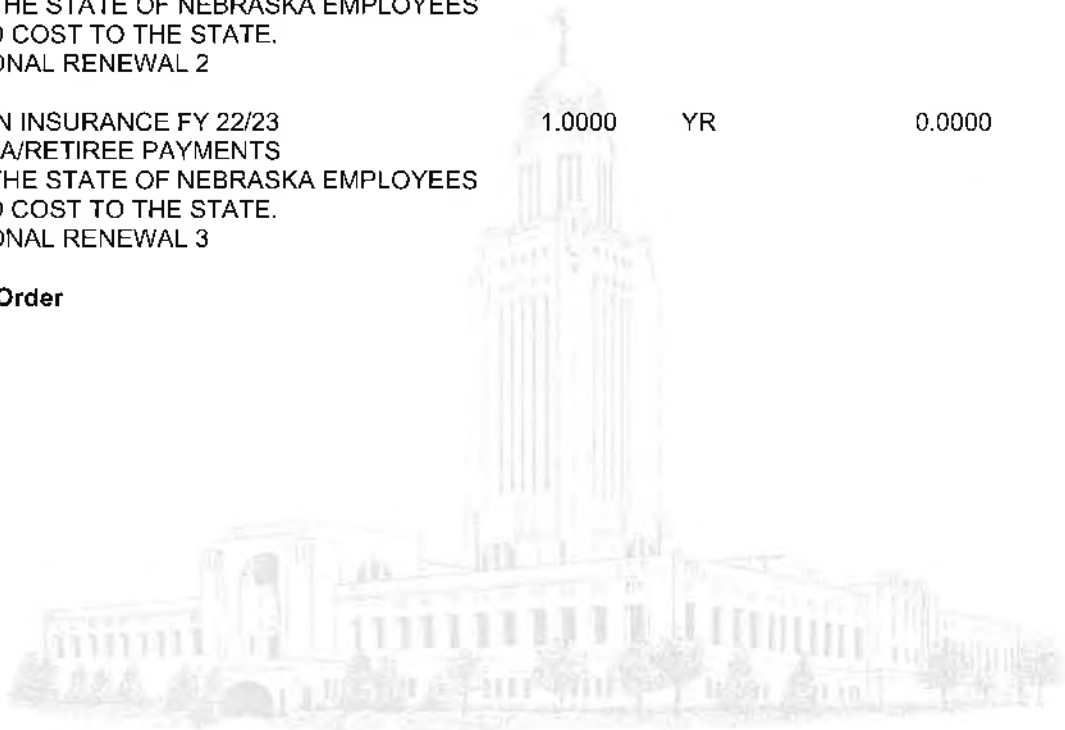
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BUSINESS UNIT 65080007	BUYER JULIE SCHILTZ (AS)
VENDOR NUMBER: 3639178	

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
	FOR THE STATE OF NEBRASKA EMPLOYEES AT NO COST TO THE STATE OPTIONAL RENEWAL 1				
5	VISION INSURANCE FY 21/22 COBRA/RETIREE PAYMENTS FOR THE STATE OF NEBRASKA EMPLOYEES AT NO COST TO THE STATE. OPTIONAL RENEWAL 2	1.0000	YR	0.0000	0.00
6	VISION INSURANCE FY 22/23 COBRA/RETIREE PAYMENTS FOR THE STATE OF NEBRASKA EMPLOYEES AT NO COST TO THE STATE. OPTIONAL RENEWAL 3	1.0000	YR	0.0000	0.00
	<b>Total Order</b>				<b>0.00</b>



*JS*  
 BUYER INITIALS

# NEBRASKA

Good Life. Great Service.

DEPT. OF ADMINISTRATIVE SERVICES

## CONTRACT RENEWAL

June 12, 2019

Kierston Winters  
EyeMed Vision Care  
4000 Luxottica Pl  
Mason, OH 45040-8114

RE: Contract Number 76411 O4, Vision Insurance

Dear Kierston Winters:

The above named contract for providing Vision Insurance to the State of Nebraska, Department of Administrative Services expires June 30, 2020.

It carries a provision for renewal when mutually agreeable to the Vendor and the State of Nebraska. The State of Nebraska wishes to renew this contract for an additional one (1) year period, i.e. July 1, 2020 through June 30, 2021.

If this is agreeable with EyeMed Vision Care, please sign and return as soon as possible, keeping one (1) copy for your files.

If no response is received within thirty (30) calendar days, the State of Nebraska will assume that EyeMed Vision Care does not intend to renew contract number 76411 O4 and thus may begin the formal solicitation process to obtain Vision Insurance.


Sincerely,



Julie Schiltz, Buyer  
State Purchasing Bureau

DATE: 6-12-19

EyeMed Vision Care is agreeable to the renewal of 76411 O4 for Vision Insurance July 1, 2020 through June 30, 2021.

SIGNATURE:   
TITLE: Sr. Account Manager  
DATE: 7/2/19

Department of Administrative Services | MATERIEL DIVISION

1526 K Street, Ste. 130  
Lincoln, Nebraska 68508

OFFICE 402-471-6500  
FAX 402-471-2089

[das.nebraska.org](http://das.nebraska.org)

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

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Telephone: (402) 471-6500  
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PAGE 1 of 2	ORDER DATE 04/10/17
BUSINESS UNIT 65080007	BUYER MICHELLE THOMPSON (AS)
VENDOR NUMBER: 3639178	
VENDOR ADDRESS:  EYEMED VISION CARE 4000 LUXOTTICA PL MASON OH 45040-8114	

**CONTRACT NUMBER**  
**76411 O4**

AN AWARD HAS BEEN MADE TO THE VENDOR/CONTRACTOR NAMED ABOVE FOR THE SERVICES AS LISTED BELOW FOR THE PERIOD:

**JULY 01, 2017 THROUGH JUNE 30, 2020**

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Original/Bid Document 5481 Z1

Contract to supply and deliver Vision Insurance to the State of Nebraska as per the attached specifications for the period of July 1, 2017 through June 30, 2020. The contract may be renewed for three (3) additional one (1) year periods when mutually agreeable to the vendor and the State of Nebraska.

Vendor Contact: Kierston Winters  
Phone (Office): 877-763-7136  
Phone (Cell): 916-284-4482  
E-Mail: kwinters@eyemed.com

(4/10/17 sc)

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
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4	VISION INSURANCE FY 20/21 COBRA/RETIREE PAYMENTS	1.0000	YR	0.0000	0.00

4/12/17  
pk  
*Michelle Thompson*  
BUYER  
4/12/17  
4-10-17

MATERIEL ADMINISTRATOR

# STATE OF NEBRASKA SERVICE CONTRACT AWARD

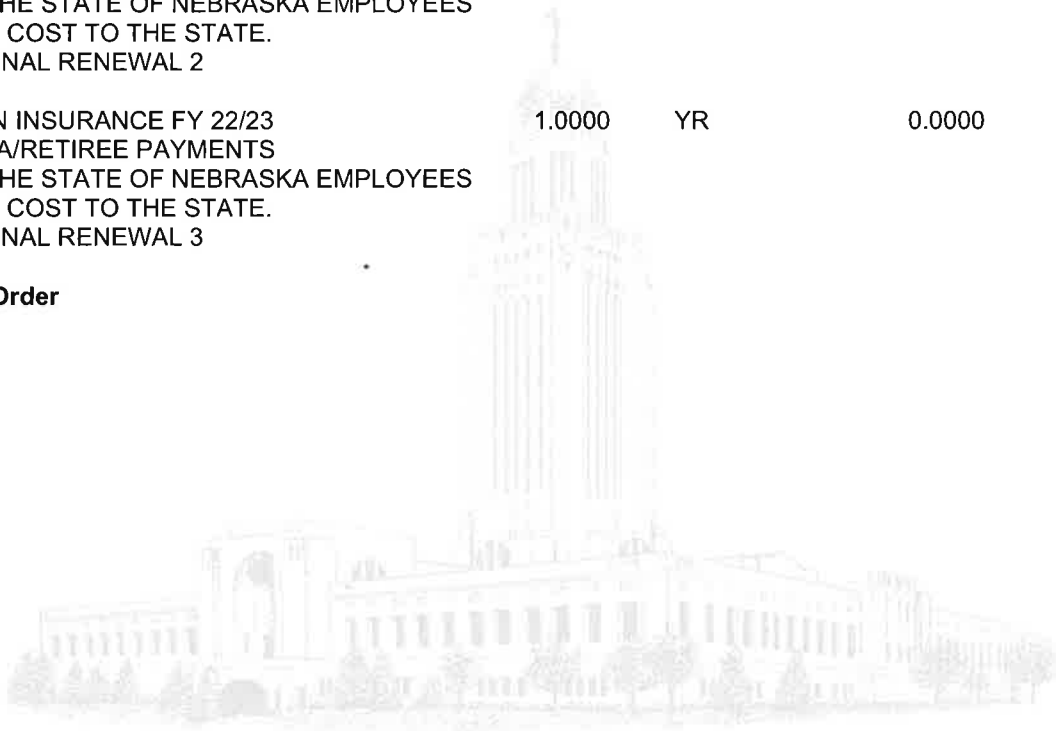
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PAGE 2 of 2	ORDER DATE 04/10/17
BUSINESS UNIT 65080007	BUYER MICHELLE THOMPSON (AS)
VENDOR NUMBER: 3639178	

**CONTRACT NUMBER**  
**76411 O4**

Line	Description	Quantity	Unit of Measure	Unit Price	Extended Price
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	<b>Total Order</b>				<b>0.00</b>



*MT 4-10-17*  
BUYER INITIALS

**STATE OF NEBRASKA**  
**BUSINESS ASSOCIATE AGREEMENT**

**THIS BUSINESS ASSOCIATE AGREEMENT** ("Agreement") amends and is made a part of all Services Agreements (as defined below) between EyeMed Vision Care, LLC ("Business Associate") and State of Nebraska ("Company") on behalf of the Group Health Plans sponsored by Company (the "Plan"). This Agreement is effective July 1, 2017 or upon the effective date of the underlying Services Agreement, whichever is later ("Effective Date"). This Agreement supersedes and replaces any prior Business Associate Agreements between the parties.

1. **Definitions.**

a. **Catch-all definitions.** The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Covered Entity, Data Aggregation, Designated Record Set, Disclose or Disclosure, Electronic Protected Health Information, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Protected Health Information or PHI, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use. Other capitalized terms used but not otherwise defined in this Agreement shall have the meaning ascribed in the HIPAA Rules.

b. **Specific definitions.**

(1) **"Business Associate"** shall generally have the same meaning as the term "Business Associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the party identified above as Business Associate.

(2) **"Business Associate Functions"** means functions performed by Business Associate on behalf of the Plan in the course of providing or arranging for plan administration services which involve the creation, receipt, maintenance or transmission of PHI by Business Associate or its agents or Subcontractors. It is anticipated that the services provided by Business Associate will be performed as part of the Plan's "health care operations" as defined in the HIPAA Rules.

(3) **"HIPAA Rules"** shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended at the time the section is to be applied.

(4) **"Individual"** shall generally have the same meaning ascribed in the HIPAA Rules and shall refer only to Individuals who are covered persons under the Plan.

(5) **"Services Agreements"** means all agreements whether now in effect or hereafter entered into, between Company and Business Associate for the performance of Business Associate Functions by Business Associate on behalf of the Plan.

2. **Purpose.** The Plan is a Covered Entity under HIPAA. The HIPAA Rules require the Plan to obtain, and Business Associate to provide, satisfactory written contractual assurances before Business Associate may create, receive, maintain, or Disclose PHI to perform Business Associate Functions on behalf of the Plan. This Agreement is entered into to provide the contractual assurances required under the HIPAA Rules.

3. **Obligations of Business Associate.** As an express condition of performing Business Associate Functions, Business Associate agrees to:

a. Not Use or Disclose PHI other than as permitted or required by this Agreement or as otherwise Required by Law.

b. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent Use or Disclosure of PHI other than as provided for in this Agreement.

c. Report to the Plan's designated privacy official, without unreasonable delay but in no event more than three (3) business days after discovery by Business Associate, any Use or Disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware, including any Breach of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware, together with any remedial or mitigating action taken or proposed to be taken with respect thereto. If Business Associate does not have available complete information in satisfaction of 45 CFR 164.410(c) within three (3) business days of discovery of the impermissible Use or Disclosure, Business Associate shall provide all information it has at such time, and immediately update the Plan with additional information as it becomes available through prompt investigation. This Agreement serves as Business Associate's notice to the Plan that attempted but unsuccessful Security Incidents regularly occur and that no further notice will be made by Business Associate unless there has been a successful Security Incident or attempts or patterns of attempts that Business Associate determines to be suspicious.

Business Associate shall cooperate with the Plan in mitigating any harmful effects of any impermissible Use or Disclosure. In the case of a Breach as determined to exist in the sole discretion of the Plan which was due to a violation of this Agreement by Business Associate, Business Associate shall pay for the reasonable costs of investigation, mitigation and notification to affected Individuals. As an alternative to Business Associate reimbursing Company and the Plan for the costs of notification, the Plan may elect to have Business Associate directly provide the notifications to Individuals for breaches caused by Business Associate, provided that Company and the Plan shall have final approval of all content of notifications to Individuals.

d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

e. Within ten (10) business days of request by an Individual or notification by the Plan, make available to the Individual such Individual's PHI maintained by Business Associate in a Designated Record Set in accordance with 45 CFR 164.524. The

parties agree that Individuals will be directed to Business Associate to make all requests for access to PHI. Business Associate will provide such access according to its own procedures for such access in accordance with the requirements of 45 CFR 164.524. If the requested PHI is maintained in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such PHI, Business Associate must provide the Individual with access to PHI in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to between Business Associate and the Individual. Business Associate shall provide the requested information directly to the Individual, along with a notice to the Individual that a copy of the individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of the request. The Plan will be responsible for providing access or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or subcontractor of Business Associate. Business Associate may charge the Individual reasonable fees related to this access, as determined by Business Associate, but only in such amounts as permitted by the HIPAA Rules. The Plan authorizes Business Associate to require payment of such fees from the Individual prior to releasing any records.

f. Business Associate agrees to receive requests for amendment and amend PHI as required by 45 CFR 164.526 on the Plan's behalf for as long as such information is maintained by Business Associate. The parties agree that Individuals will be directed to Business Associate to make all such requests for amendment of PHI. Business Associate will amend such PHI according to its own procedures for such amendment in accordance with the requirements of 45 CFR 164.526. If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of such request. The Plan will be responsible for amending or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or contractor of Business Associate. Business Associate shall notify the Plan of any amendments made to PHI.

g. Business Associate agrees to process all requests for disclosure accounting by Individuals for as long as such information is maintained by Business Associate. Individuals will be directed to Business Associate to make all such requests. Business Associate will provide the accounting that is required under 45 CFR 164.528 on the Plan's behalf directly to the Individual. Business Associate will provide such accounting according to its own procedures for such accounting in accordance with the requirements of 45 CFR 164.528.

Business Associate shall notify the Plan within three (3) days of any request made by an Individual for a disclosure accounting. The Plan will be responsible for responding directly to the Individual (or the Individual's personal representative) pursuant to 45 CFR 164.528 with respect to disclosures of PHI by persons or entities other than Business Associate or a subcontractor or agent of Business Associate.



Business Associate shall provide directly to the Individual the requested accounting of disclosures made by Business Associate or a subcontractor or agent of Business Associate, along with a notice to the Individual that a copy of the Individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

h. Make its internal practices, books and records relating to this Agreement available to the Secretary of HHS and to the Plan for purposes of determining the Plan's and Business Associate's compliance with the HIPAA Rules.

i. So that the Plan may meet its obligations to evaluate requests for restrictions and confidential communications in connection with the disclosure of PHI under 45 CFR 164.522, Business Associate and the Plan agree that, to the extent that communications are within the control of Business Associate, Business Associate will perform these evaluations on behalf of the Plan. Business Associate will evaluate such requests according to its own procedures for such requests, in accordance with the requirements of 45 CFR 164.522, and shall implement such appropriate operational steps as are required by its own procedures. Such evaluation will not relieve the Plan of any additional and independent obligations to evaluate restrictions or implement confidential communications where requested by an Individual. Accordingly, Business Associate will evaluate requests for restrictions and requests for confidential communications, and will respond to these requests as appropriate under Business Associate's procedures. The Plan agrees that it will not agree to such restriction or request that would affect Business Associate without the approval of Business Associate, so that Business Associate can determine whether it can reasonably administer the request.

j. So that the Plan may meet its obligation to evaluate complaints from Individuals regarding their privacy rights or privacy practices of the Plan or Business Associate, the parties agree that Individuals shall be directed to submit any such complaint to Business Associate for review and evaluation. Business Associate will evaluate such complaints according to its own procedures for complaints, and shall implement appropriate operation steps as are required by its own procedures. The Privacy Officer of the Plan shall cooperate with Business Associate in the evaluation of any such complaint. Business Associate shall provide a copy of all complaints to the Plan within three (3) days of receipt by Business Associate. If the complaint appears to involve handling of PHI by the Plan, Plan Sponsor, or other Business Associate of the Plan, Business Associate shall notify the Plan and it shall be the Plan's responsibility to review and evaluate the complaint.

k. Limit the Uses and Disclosures of, or requests for, PHI for purposes described in this Agreement to the Minimum Necessary to perform the required Business Associate Functions. Business Associate shall comply with any additional requirements for the determination of Minimum Necessary as are required from time to time by the HIPAA Rules, as amended, or through additional guidance published by the Secretary.

l. To the extent Business Associate is expressly obligated under the Services Agreements to carry out one or more of the Plan's obligation(s) under Subpart E of

45 CFR Part 164, comply with the requirements of Subpart E that apply to the Plan in the performance of such obligation(s).

m. Except for the specific Uses and Disclosures for the Business Associate's own management and administration or to carry out the legal responsibilities of Business Associate, Business Associate shall not Use or Disclose PHI in a manner that would violate the HIPAA Rules if done by the Plan.

4. **Permitted Uses and Disclosures of PHI.** Business Associate shall only Use or Disclose PHI as follows:

a. Business Associate may Use or Disclose PHI as Required by Law.

b. Business Associate may Use or Disclose PHI as necessary to carry out Business Associate Functions.

c. Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

d. Business Associate may Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the Disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that the information will remain confidential and be Used or further Disclosed only as Required by Law or for the purposes for which it was Disclosed to the person, and the person notifies Business Associate in writing of any instances of which it is aware in which the confidentiality of the information has been breached or compromised.

e. If specifically identified as a Business Associate Function in the Services Agreements, Business Associate may provide Data Aggregation services relating to the Health Care Operations of Covered Entity.

f. If de-identification is listed as a Business Associate Function in the Services Agreements, or if Business Associate is expressly permitted to de-identify PHI and use data thus de-identified for its own uses in the Services Agreements, Business Associate may Use PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c). Business Associate may use de-identified data only for the purposes specified in the Services Agreements.

5. **Responsibilities of the Plan.** The Plan agrees to:

a. Notify Business Associate promptly of any restriction on the Use or Disclosure of PHI that the Plan has agreed to or is required to abide by under 45 CFR 164.522, to the extent such restriction may affect Business Associate's Use or Disclosure of PHI.

b. Notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.

c. Provide Business Associate with a copy of any amendment to PHI which is accepted by Covered Entity under 45 CFR 164.526 which Covered Entity believes will apply to PHI maintained by Business Associate in a Designated Record Set.

d. Not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Plan, with exception for any Data Aggregation services permitted under Section 4.

6. **Compliance with Electronic Transactions Rule.** If Business Associate conducts in whole or part electronic Transactions (as defined in 45 CFR 160.103) on behalf of Covered Entity for which the Secretary of HHS has established standards, Business Associate will comply, and will require any Subcontractor involved with the conduct of such Transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 CFR Parts 160 and 162 and of any operating rules adopted by the Secretary of HHS with respect to Transactions.

7. **Supervening Law.** Upon the enactment of any law or regulation affecting the Use or Disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, the parties agree to amend this Agreement in such manner as is necessary to comply with such law or regulation. If the parties are unable to agree on an amendment within thirty (30) days, either party may terminate the Services Agreements on not less than thirty (30) days' written notice to the other.

8. **Liability and Indemnification.** Each party shall be responsible for the acts and omissions of its own agents, employees and contractors. Notwithstanding the foregoing, and notwithstanding any limitation of liability or disclaimer of damages in the Services Agreements or elsewhere, to the extent that the Secretary determines that Business Associate is acting as an agent of the Plan under the Services Agreements or this Agreement, Business Associate shall indemnify Company and the Plan for any fines, civil monetary penalties or monetary resolutions incurred by Company or the Plan, plus reasonable attorneys' fees of Company and the Plan, arising out of or relating to the actions or omissions of Business Associate which constitute a breach of this Agreement by Business Associate. This indemnification is in addition to any additional indemnification provided by Business Associate in the Services Agreement.

9. **Term and Termination.**

a. **Term.** This Agreement shall become effective on the Effective Date and shall continue in effect until all obligations of the parties have been met, including return or destruction of all PHI in Business Associate's possession (or in the possession of Business Associate's agents and Subcontractors), unless sooner terminated as provided herein. It is expressly agreed that the terms and conditions of this Agreement designed to safeguard PHI shall survive expiration or other termination of the Services Agreements and shall continue in effect until Business Associate has performed all obligations under this Agreement and has either returned or destroyed all PHI.

b. **Termination.** Company may immediately terminate this Agreement and the Services Agreements, if Company and/or the Plan makes the determination that

Business Associate has breached a material term of this Agreement. Alternatively, Company may choose to provide Business Associate with written notice of the existence of an alleged material breach, and afford Business Associate an opportunity to cure the alleged material breach upon mutually agreeable terms. Failure to take reasonable steps to cure the breach is grounds for the immediate termination of this Agreement.

c. **Business Associate Obligations Upon Termination.** Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from the Plan, or created, maintained, or received by Business Associate on behalf of the Plan, shall:

- (i) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities or as to which Business Associate reasonably determines such PHI is technically incapable of being returned or destroyed;
- (ii) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained under 8.c.(i) that the Business Associate maintains in any form;
- (iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information retained by Business Associate to prevent Use or Disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;
- (iv) Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Sections 4.c. and 4.d. which applied prior to termination; and
- (v) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained by Business Associate under Section 8.c.(i) when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities, except where Business Associate reasonably determines such PHI is not technically capable of being returned or destroyed.

10. **Miscellaneous.**

a. **Applicability.** For purposes of this Agreement, and as applicable to the Business Associate Functions of Business Associate under the Services Agreements covered by this Agreement, references to the Plan shall include the named Plan and all other group health plans subject to HIPAA and sponsored by Company that participate in an organized health care arrangement.

b. **Survival.** The respective rights and obligations of Business Associate and the Plan or Company hereunder shall survive termination of this Agreement

according to the terms hereof and the obligations imposed on the Plan or Company and Business Associate under the HIPAA Rules.

c. **Interpretation; Amendment.** This Agreement shall be interpreted and applied in a manner consistent with the Plan's and Business Associate's obligations under the HIPAA Rules. All amendments shall be in writing and signed by both parties, except that this Agreement shall attach to additional Services Agreements entered into between the parties in the future without the necessity of amending this Agreement each time. This Agreement is intended to cover the entire Business Associate *relationship* between the parties, as amended, from time to time, through Services Agreements or other means.

d. **Waiver.** A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

e. **No Third-Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies or obligations.

**IN WITNESS WHEREOF**, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

**Company:**

**State of Nebraska**

Signature: \_\_\_\_\_

Printed Name: Bo Botelho

Title: Medical Administrator

Date Signed: 9/2/17

**Business Associate:**

**EyeMed Vision Care, LLC**

Signature: \_\_\_\_\_

Printed Name: Lukas Rvecker

Title: President

Date Signed: 3-13-17

DOCS/1204654.1

Reviewed As to Form by EyeMed Legal:

Brenda Thomann

**For public information purposes only; not part of contract.**

**Request for Proposal Number 5481 Z1  
Contract Number 76411 O4  
Proposal Opening: January 12, 2017**

In accordance with Nebraska Revised Statutes §84.712.05(3), the following material(s) has not been included due to it being marked proprietary.

EyeMed Vision Care

1. Cover Letter
2. Corporate Overview, Bidder Identification and Information
3. Corporate Overview, Financial Statements
4. Corporate Overview, Change in Ownership
5. Corporate Overview, Office Location
6. Corporate Overview, Relationships with the State of Nebraska
7. Corporate Overview, Bidder's Employee Relations to State of Nebraska
8. Corporate Overview, Contract Performance
9. Corporate Overview, Summary of Bidder's Corporate Experience
10. Corporate Overview, Summary of Bidder's proposed Personnel/Management Approach
11. Corporate Overview, Subcontractors
12. Understanding of the Project Overview
13. 2015 Annual Report
14. Organizational Chart
15. State of Nebraska Renewal Project Plan - SAMPLE
16. Payment Schedule
17. Oral Interview information

In accordance with Federal U.S. Copyright Law Title 17 U.S.C. Section 101 et seq., Title 18 U.S.C. 2319, the following material(s) has not been included due to them being copyrighted.

EyeMed Vision Care

1. Network Analysis

**BEST AND FINAL OFFER (BAFO)**

**REQUEST FOR PROPOSAL NUMBER 5481Z1**

**Bidder Name:** EyeMed Vision Care

**Bidders must fill in the proposed monthly premium amounts for each column provided below, including all renewal periods.** All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

The State is seeking BAFOs to provide a fully-insured Vision Insurance plan for their approximately 17,000 eligible State employees. The contribution is 100% by the employee.

<b>Census information</b>	<b>Basic Plan</b>	<b>Premium Plan</b>
Employee Only	1560	2791
Employee + Spouse	658	1622
Employee + Dependent Child(ren)	362	905
Employee + Spouse + Dependent Child(ren)	603	1678
COBRA	11	58
Pre-65 Retirees	33	98

	<b>Original 3 year Guarantee Period</b>		<b>First 1 year Renewal Period</b>		<b>Second 1 year Renewal Period</b>		<b>Third 1 year Renewal Period</b>	
	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>
Employee Only	\$ 5.34	\$ 8.30	\$ 5.34	\$ 8.30	\$ 5.34	\$ 8.30	\$ 5.34	\$ 8.30
Employee + Spouse	\$ 8.58	\$ 13.28	\$ 8.58	\$ 13.28	\$ 8.58	\$ 13.28	\$ 8.58	\$ 13.28
Employee + Dependent Child(ren)	\$ 8.76	\$ 13.52	\$ 8.76	\$ 13.52	\$ 8.76	\$ 13.52	\$ 8.76	\$ 13.52
Employee + Spouse + Dependent Child(ren)	\$ 14.10	\$ 21.84	\$ 14.10	\$ 21.84	\$ 14.10	\$ 21.84	\$ 14.10	\$ 21.84

All costs are inclusive. If costs are entered into the fields below, it is the bidders responsibility to include them in the proposed monthly premium amounts in the table above.

<b>Guarantees &amp; Credits</b>	<b>Original 3 year Guarantee Period</b>	<b>First 1 year Renewal Period</b>	<b>Second 1 year Renewal Period</b>	<b>Third 1 year Renewal Period</b>
Guaranteed Rates (Y/N)	Yes.	Yes.	Yes.	Yes.
Enrollment Change Tolerance (+/- XX%)	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Annual Communications Credit (\$)	\$1,500 allowance, plus almost \$11,500 worth of open enrollment support and materials, health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support.	\$1,500 allowance, plus almost \$11,500 worth of open enrollment support and materials, health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support.	\$1,500 allowance, plus almost \$11,500 worth of open enrollment support and materials, health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support.	\$1,500 allowance, plus almost \$11,500 worth of open enrollment support and materials, health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support.



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$40
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$105 Allowance, 20% off balance over \$105	\$58
Standard Plastic Lenses		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Lenticular	\$10 Copay	\$55
Standard Progressive Lens	\$75 Copay	\$40
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses		
(Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$105 allowance, 15% off balance over \$105	\$84
Disposable	\$0 Copay; \$105 allowance, plus balance over \$105	\$84
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 24 months	
Frame	Once every 24 months	
Monthly Rate		
Subscriber	\$5.34	
Subscriber + Spouse	\$8.58	
Subscriber + Child(ren)	\$8.76	
Subscriber + Family	\$14.10	

All plans are based on a 36-month contract term and 36-month rate guarantee.  
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.  
 Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.  
 After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).  
 The contact lens benefit allowance is not applicable to this service.  
 Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.  
 Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.  
 Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group  
 Rates are valid for groups domiciled in the State of NE.  
 Fees quoted will be valid until the 7/1/2017 plan implementation date. Date quoted: 1/26/2017.  
 Rates assume Employer contribution of 20% or less for employees and dependents  
 Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York  
 Policy number YC-19/YC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of Nebraska has chosen this benefit design with the attached supplement, sign here:

Signature \_\_\_\_\_

Date \_\_\_\_\_



State of Nebraska

Supplement

Option BL 2 - 2

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$75 copay
<b>Premium Progressives as Follows:</b>	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45
<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 Copay	\$40
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$120 Allowance, 20% off balance over \$120	\$65
Standard Plastic Lenses		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Lenticular	\$10 Copay	\$55
Standard Progressive Lens	\$75 Copay	\$40
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses		
(Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	\$8.30	
Subscriber + Spouse	\$13.28	
Subscriber + Child(ren)	\$13.52	
Subscriber + Family	\$21.84	

All plans are based on a 36-month contract term and 36-month rate guarantee.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of NE.

Fees quoted will be valid until the 7/1/2017 plan implementation date. Date quoted: 1/26/2017.

Rates assume Employer contribution of 20% or less for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number YC-19/YC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of Nebraska has chosen this benefit design with the attached supplement, sign here:

Signature \_\_\_\_\_

Date \_\_\_\_\_

State of Nebraska

Supplement

Option BL 3 - 2

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$75 copay
<b>Premium Progressives as Follows:</b>	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45
<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>

ORIGINAL

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# V. Table of Contents

## Cost Proposal

### B. Cost Proposal Requirements

1. Pricing summary
2. Premiums

### C. Payment Schedule

**B. Cost Proposal  
Requirements**





**ATTACHMENT 1 - VISION INSURANCE PLAN COST PROPOSAL**

**REQUEST FOR PROPOSAL NUMBER 5481Z1**

**Bidder Name:** EyeMed Vision Care

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

The State is seeking proposals from qualified insurance vendors to provide a fully-insured Vision Insurance plan for their approximately 17,000 eligible State employees. The contribution is 100% by the employee.

	Census information	
	Basic Plan	Premium Plan
Employee Only	1560	2791
Employee + Spouse	658	1622
Employee + Dependent Child(ren)	362	905
Employee + Spouse + Dependent Child(ren)	603	1678
COBRA	11	58
Pre-65 Retirees	33	98

	Original 3 year Guarantee Period		First 1 year Renewal Period		Second 1 year Renewal Period		Third 1 year Renewal Period	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Employee Only	\$5.48	\$8.50	\$5.48	\$8.50	\$5.48	\$8.50	\$5.48	\$8.50
Employee + Spouse	\$8.80	\$13.62	\$8.80	\$13.62	\$8.80	\$13.62	\$8.80	\$13.62
Employee + Dependent Child(ren)	\$8.98	\$13.86	\$8.98	\$13.86	\$8.98	\$13.86	\$8.98	\$13.86
Employee + Spouse + Dependent Child(ren)	\$14.46	\$22.40	\$14.46	\$22.40	\$14.46	\$22.40	\$14.46	\$22.40

All costs are inclusive. If costs are entered into the fields below, it is the bidders responsibility to include them in the proposed monthly premium amounts in the table above.

Guarantees & Credits	Original 3 year Guarantee Period	First 1 year Renewal Period	Second 1 year Renewal Period	Third 1 year Renewal Period
	Guaranteed Rates (Y/N)	Yes	Yes	Yes
Enrollment Change Tolerance (+/-, XX%)	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Annual Communications Credit (\$)	\$1,500 allowance, plus almost \$11,500 worth of open enrollment, materials health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support	\$1,500 allowance, plus almost \$11,500 worth of open enrollment, materials health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support	\$1,500 allowance, plus almost \$11,500 worth of open enrollment, materials health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support	\$1,500 allowance, plus almost \$11,500 worth of open enrollment, materials health and wellness and pop-up clinic support annually, for a total of \$13,000 a year in communications support





Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$40
<b>Exam Options:</b>		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
<b>Frames:</b>		
Any available frame at provider location	\$0 Copay; \$105 Allowance, 20% off balance over \$105	\$58
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Lenticular	\$10 Copay	\$55
Standard Progressive Lens	\$75 Copay	\$40
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$40
<b>Lens Options:</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$105 allowance, 15% off balance over \$105	\$84
Disposable	\$0 Copay; \$105 allowance, plus balance over \$105	\$84
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
<b>Amplifon Hearing Health Care</b>	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
<b>Frequency:</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 24 months	
Frame	Once every 24 months	
<b>Monthly Rate</b>		
Subscriber	\$5.48	
Subscriber + Spouse	\$8.80	
Subscriber + Child(ren)	\$8.98	
Subscriber + Family	\$14.46	

All plans are based on a 36-month contract term and 36-month rate guarantee.  
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.  
 Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.  
 After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).  
 The contact lens benefit allowance is not applicable to this service.  
 Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.  
 Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.  
 Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group  
 Rates are valid for groups domiciled in the State of NE.  
 Fees quoted will be valid until the 7/1/2017 plan implementation date. Date quoted: 1/3/2017.  
 Rates assume Employer contribution of 20% or less for employees and dependents  
 Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York  
 Policy number VC-19/VC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Anisokonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of Nebraska has chosen this benefit design with the attached supplement, sign here:

Signature \_\_\_\_\_

Date \_\_\_\_\_

State of Nebraska

Supplement

Option BL 2 - 1

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$75 copay
<b>Premium Progressives as Follows:</b>	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45
<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 Copay	\$40
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$120 Allowance, 20% off balance over \$120	\$65
Standard Plastic Lenses		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Lenticular	\$10 Copay	\$55
Standard Progressive Lens	\$75 Copay	\$40
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	\$8.50	
Subscriber + Spouse	\$13.62	
Subscriber + Child(ren)	\$13.86	
Subscriber + Family	\$22.40	

All plans are based on a 36-month contract term and 36-month rate guarantee.  
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of NE.

Fees quoted will be valid until the 7/1/2017 plan implementation date. Date quoted: 1/3/2017.

Rates assume Employer contribution of 20% or less for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniselmionic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If State of Nebraska has chosen this benefit design with the attached supplement, sign here:

Signature

Date

State of Nebraska

Supplement

Option BL 3 - 1

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
<b>Standard Progressive</b>	\$75 copay
<b>Premium Progressives as Follows:</b>	
Tier 1	\$95 Copay
Tier 2	\$105 Copay
Tier 3	\$120 Copay
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
<b>Standard Anti-Reflective Coating</b>	\$45
<b>Premium Anti-Reflective Coatings as Follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
<b>Photochromic (Plastic)</b>	\$75
<b>Polarized</b>	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



# Payment Schedule

## 1. Premium Remittance

### a. The State requires a self-bill billing process.

Confirmed. You'll continue to self-bill.

- i. The State deductions premiums through payroll deduction.

Confirmed.

- ii. Premiums for COBRA and pre-65 retirees are collected through a third-party administrator and sent to the State.

Confirmed.

- iii. Monthly, the State will remit 100% of the premiums collected to a bank account determined by the contractor, via ACH.

Confirmed. Since we already have a process in place, there won't be any disruption to receiving your premiums.

### b. The contractor will be responsible for reconciling the funds received each month.

Confirmed.



ORIGINAL

eye<sup>SM</sup>  
Med



See life  
from a  
fresh  
perspective

EyeMed Response To

# State of Nebraska

**Kierston Winters**

Senior National Account Manager  
EyeMed Vision Care  
2701 Timber Trail  
Lucas, TX 75002  
877-763-7136  
kwinters@eyemed.com





# V. Table of Contents

Cover Letter

## Technical Proposal

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2. Corporate Overview
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  - b. Financial Statements
  - c. Change of Ownership
  - d. Office Location
  - e. Relationships with the State
  - f. Bidder's Employee Relations to State
  - g. Contract Performance
  - h. Summary of Bidder's Corporate Experience
  - i. Summary of Bidder's Proposed Personnel/Management Approach
  - j. Subcontractors
  
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  - a. Understanding of the Project Overview
  - b. Responses to Project Requirements (Questionnaire)
  - c. Technical Requirements
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2. Account Management Resume and References
3. Member-Out-of-Pocket Comparisons
4. GeoAccess Report
5. Custom Implementation Plan
6. Custom ID Cards
7. Custom Benefit Summaries
8. Certificate of Insurance





## Nice to see you again, State of Nebraska!

We've had the pleasure of working with you for the last 6 years. Not only do we appreciate the time you've given us to get to know you and your employees, but we're even more excited about the enhancements we're offering for the future – enhancements that have come directly from our ongoing conversations with State members and administrators. We're thrilled with what we've achieved together so far, and it only gets better from here. Staying with EyeMed will ensure your employees will continue to get **more of what's best, not more of the same.**



### SET YOUR SIGHTS ON THIS

Over the course of our relationship we've really listened to your feedback and were able to craft new ideas for your benefit that align with what you've told us:

- ✓ Member out-of-pocket savings and easy to understand, fixed-copays on progressive and premium progressive lenses on our Insight network
- ✓ Enhanced wellness initiatives, including a new wellness calendar and an interactive tool to help members interpret a child's need for vision help
- ✓ Pop-up clinics that bring eye care and eyewear to the convenience of your facility. Members can receive an eye exam from a local, credentialed doctor and shop at an on-site store with a wide selection of contacts lenses and over 400 frames from leading designer brands



### THE VISION NETWORK EMPLOYEES WANT

In order to provide a strong value and lower member out-of-pocket costs, we're proposing our Insight network. One of our most popular networks, you'll continue to enjoy a broad provider selection – with true in-network retail options.

- The right mix of independent and retail providers – including popular national chains and regional favorites. No wonder **98.4% of your members choose to visit an in-network provider!**
- Online in-network options like **Glasses.com, ContactsDirect.com and LensCraftersContacts** with seamless benefit integration
- 23% of your employees visited a retail provider last year; favorites include LensCrafters and Shopko<sup>1</sup>
- 87,000 providers at 24,700 locations nationwide<sup>2</sup>
- Almost 600 providers in Nebraska top locations – including more than 100 in Lincoln alone
- Staying with EyeMed means no confusion or hassle and competitive rates



## See the EyeMed Difference

**98.4% in-network utilization** due to the right mix of independent and truly in-network retail<sup>1</sup>

**Freedom of choice** – choose any available frame in a provider's entire frame collection with your frame allowance

**Fast turnaround** thanks to 150+ lab choices, plus same-day lab availability





## VISION BENEFITS THAT REDEFINE EXPECTATIONS

With your growth in membership year-after-year, it's easy to see your employees appreciate the value our benefit provides. And as your membership and needs have changed in the past six years, we've evolved to meet those needs. Take a look at some highlights of our latest offering:

NEW!

NEW!

NEW!

- Fixed-pricing on premium progressive lens options and premium anti-reflective coating options
- \$15 reduction in contact lens fit & follow-up out-of-pocket
- **40% off hearing exams** and **discounted, set pricing on hearing aids** through Amplifon
- Use your frame allowance and contact lens allowance in the same year
- Consistent application of benefits at all network locations, including retail locations
- **40% off additional pairs** of glasses at any location, any time throughout the plan year – **the largest discount in the industry!**



## THE EXPERIENCE OF BENEFITS MADE EASY

Easy for members means easy for you. Our vision for cutting-edge vision care includes tools to enhance the member experience & make their life easier. It's the vision benefit experience that saves time, saves hassle and gives everyone peace of mind.

NEW!

- Continued support through **flexible customized communications**, such as open enrollment materials, benefit summaries and ID cards for new employees
- **Special Offers** on our member portal to easily find great discounts direct from manufacturers and providers
- Enhanced provider search with the ability to book appointments online at participating locations
- An **award-winning call center** – ranked among America's best call centers for 7 consecutive years<sup>3</sup>
- **Updated mobile app** to access benefit information on the go, including scheduling contact lens refill and exam reminders, storing prescription information and a frequently asked questions section



We're here to continue to give your employees an experience they appreciate and we're passionate about delivering vision benefits that keep them happy and healthy. On behalf of our entire team, we thank you for this opportunity and we look forward to continuing to serve you and your employees!

With this cover letter and response, we hereby acknowledge the release and inclusion of all addendums.

If you have any questions, please feel free to contact me.

## See you soon!

Kierston Winters  
Senior National Account Manager  
p 877.763.7136  
e kwinters@eyemed.com

3. Best of America 2016 Benefit Performance Report | 2016 Best Practices | No. 100 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024





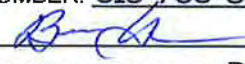
**BIDDER MUST COMPLETE THE FOLLOWING**

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ **NEBRASKA CONTRACTOR AFFIDAVIT:** Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

\_\_\_\_\_ **I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: EyeMed Vision Care  
COMPLETE ADDRESS: 4000 Luxottica Place, Mason, Ohio 45040  
TELEPHONE NUMBER: 513-765-3000 FAX NUMBER: Not applicable.  
SIGNATURE:  DATE: 1/10/2017  
TYPED NAME & TITLE OF SIGNER: Brian Haigis, VP Finance & Assistant Secretary

6a

## BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

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\_\_\_\_ I hereby certify that I am a **Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: Fidelity Security Life Insurance Company

COMPLETE ADDRESS: 3130 Broadway, Kansas City, MO 64111

TELEPHONE NUMBER: 800-648-8624 FAX NUMBER: 816-968-0580

SIGNATURE: *Bryson L. Jones* DATE: December 23, 2016

TYPED NAME & TITLE OF SIGNER Bryson L. Jones, Vice President

*66  
mm*

**Form A**  
**Bidder Contact Sheet**  
**Request for Proposal Number 5481Z1**

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	EyeMed Vision Care, LLC
Bidder Address:	4000 Luxottica Place Mason, Ohio 45040
Contact Person & Title:	Kierston Winters, Senior National Account Manager
E-mail Address:	kwinters@eyemed.com
Telephone Number (Office):	877-763-7136
Telephone Number (Cellular):	916-284-4482
Fax Number:	Not applicable.

Each bidder shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	EyeMed Vision Care, LLC
Bidder Address:	4000 Luxottica Place Mason, Ohio 45040
Contact Person & Title:	Kierston Winters, Senior National Account Manager
E-mail Address:	kwinters@eyemed.com
Telephone Number (Office):	877-763-7136
Telephone Number (Cellular):	916-284-4482
Fax Number:	Not applicable.

**Form A  
Bidder Contact Sheet  
Request for Proposal Number 5481Z1**

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Fidelity Security Life Insurance Company
Bidder Address:	3130 Broadway Kansas City, MO 64111
Contact Person & Title:	Bryson L. Jones, Vice President
E-mail Address:	bljones@fslins.com
Telephone Number (Office):	816-968-0574
Telephone Number (Cellular):	816-968-0574
Fax Number:	816-968-0580

Each bidder shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Fidelity Security Life Insurance Company
Bidder Address:	3130 Broadway Kansas City, MO 64111
Contact Person & Title:	Bryson L. Jones, Vice President
E-mail Address:	bljones@fslins.com
Telephone Number (Office):	816-968-0574
Telephone Number (Cellular):	816-968-0574
Fax Number:	816-968-0580

**III. TERMS AND CONDITIONS**

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

Bidders are expected to closely read the Terms and Conditions and provide a binding signature of intent to comply with the Terms and Conditions; provided, however, a bidder may indicate any exceptions to the Terms and Conditions by (1) clearly identifying the term or condition by subsection, and (2) including an explanation for the bidder's inability to comply with such term or condition which includes a statement recommending terms and conditions the bidder would find acceptable. Rejection in whole or in part of the Terms and Conditions may be cause for rejection of a bidder's proposal. **Bidders must include completed Section III with their proposal response.**

The State of Nebraska is soliciting bids in response to the RFP. The State of Nebraska will not consider proposals that propose the substitution of the bidder's contract, agreements, or terms for those of the State of Nebraska's. Any License, Service Agreement, Customer Agreement, User Agreement, Bidder Terms and Conditions, Document, or Clause purported or offered to be included as a part of this RFP must be submitted as individual clauses, as either a counter-offer or additional language, and each clause must be acknowledged and accepted in writing by the State. If the Bidder's clause is later found to be in conflict with the RFP or resulting contract the Bidder's clause shall be subordinate to the RFP or resulting contract.

**A. GENERAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The contract resulting from this Request for Proposal shall incorporate the following documents:

1. Amendment to Contract Award with the most recent dated amendment having the highest priority;
2. Contract Award and any attached Addenda;
3. The Request for Proposal form and the Contractor's Proposal, signed in ink
4. Amendments to RFP and any Questions and Answers; and
5. The original RFP document and any Addenda.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to Contract Award with the most recent dated amendment having the highest priority, 2) Contract Award and any attached Addenda, 3) the signed Request for Proposal form and the Contractor's Proposal, 4) Amendments to RFP and any Questions and Answers, 5) the original RFP document and any Addenda.

Any ambiguity in any provision of this contract which shall be discovered after its execution shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Once proposals are opened they become the property of the State of Nebraska and will not be returned.

**B. AWARD**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

JA			We've based our proposal on the assumption you'll continue to have one vision vendor. If this changes, we'll discuss any implications with you during implementation.
----	--	--	---

All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, in whole or in part, or to award to multiple bidders in whole or in part, and at its discretion, may withdraw or amend the Request for Proposal at any time. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State. The Request for Proposal does not commit the State to award a contract. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.

By submitting a proposal in response to this Request for Proposal, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients.

Once intent to award decision has been determined, it will be posted to the Internet at:  
<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:  
[http://das.nebraska.gov/materiel/purchase\\_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors%20\(2\).pdf](http://das.nebraska.gov/materiel/purchase_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors%20(2).pdf)

Any protests must be filed by a vendor within ten (10) business days after the intent to award decision is posted to the Internet.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JA			

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this Request for Proposal.

**D. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JA			

The Contractor shall procure and pay for all permits, licenses, and approvals necessary for the execution of the contract. The Contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

**E. OWNERSHIP OF INFORMATION AND DATA**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State of Nebraska shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or derived by the Contractor pursuant to this contract.

The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, and other rights or titles (e.g. rights to licenses transfer or assign deliverables) necessary to execute this contract. The contract price shall, without exception, include compensation for all royalties and costs arising from patents, trademarks, and copyrights that are in any way involved in the contract. It shall be the responsibility of the Contractor to pay for all royalties and costs, and the State must be held harmless from any such claims.

**F. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor shall not commence work under this contract until all the insurance required hereunder has been obtained and such insurance has been approved by the State. The Contractor shall maintain all required insurance for the life of this contract and shall ensure that the State Purchasing Bureau has the most current certificate of insurance throughout the life of this contract. If Contractor will be utilizing any Subcontractors, the Contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all Subcontractor(s). The Contractor is also responsible for ensuring Subcontractor(s) maintain the insurance required until completion of the contract requirements. The Contractor shall not allow any Subcontractor to commence work on any Subcontract until all similar insurance required of the Subcontractor has been obtained and approved by the Contractor. Approval of the insurance by the State shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Insurance coverages shall function independent of all other clauses in the contract, and in no instance shall the limits of recovery from the insurance be reduced below the limits required by this section.

**1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such



operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

### 3. INSURANCE COVERAGE AMOUNTS REQUIRED

<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises	\$300,000 each occurrence
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000
<b>PROFESSIONAL LIABILITY</b>	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$3,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3 <sup>rd</sup> Party Fidelity	\$3,000,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$10,000,000
<b>SUBROGATION WAIVER</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>LIABILITY WAIVER</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	

### 4. EVIDENCE OF COVERAGE

The Contractor should furnish the State, with their proposal response, a certificate of insurance coverage complying with the above requirements to the attention of the Buyer at 402-471-2089 (fax)

Administrative Services State  
Purchasing Bureau 1526 K Street,  
Suite 130  
Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to Administrative Services State  
Page 4 SPB RFP Revised: 01/29/2016

Purchasing Bureau when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**G. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			We've based our proposal on the assumption you'll continue to have one vision vendor. If this changes, we'll discuss any implications with you during implementation.

The State may already have in place or choose to award supplemental contracts for work related to this Request for Proposal, or any portion thereof.

1. The State reserves the right to award the contract jointly between two or more potential Contractors, if such an arrangement is in the best interest of the State.
2. The Contractor shall agree to cooperate with such other Contractors, and shall not commit or permit any act which may interfere with the performance of work by any other Contractor.

**H. INDEPENDENT CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The Contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The Contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the Contractor, its officers, or its agents) shall in no way be the responsibility of the State. The Contractor will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights, or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

**I. CONTRACTOR RESPONSIBILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor is solely responsible for fulfilling the contract, with responsibility for all services offered and products to be delivered as stated in the Request for Proposal, the Contractor's proposal, and the resulting contract. The Contractor shall be the sole point of contact regarding all contractual matters.

If the Contractor intends to utilize any Subcontractor's services, the Subcontractor's level of effort, tasks, and time allocation must be clearly defined in the Contractor's proposal. The Contractor shall agree that it will not utilize any Subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State. Following execution of the contract, the Contractor shall proceed diligently with all services and shall perform such services with qualified personnel in accordance with the contract.

**J. CONTRACTOR PERSONNEL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor warrants that all persons assigned to the project shall be employees of the Contractor or specified Subcontractors, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work on the project.

Personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of key personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or Subcontractor employee.

In respect to its employees, the Contractor agrees to be responsible for the following:

1. any and all employment taxes and/or other payroll withholding;
2. any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. damages incurred by Contractor's employees within the scope of their duties under the contract;
4. maintaining workers' compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and
5. determining the hours to be worked and the duties to be performed by the Contractor's employees.

**K. CONTRACT CONFLICTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Contractor shall insure that contracts or agreements with sub-contractors and agents, and the performance of services in relation to this contract by sub-contractors and agents, does not conflict with this contract.

**L. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor shall not, at any time, recruit or employ any State employee or agent who has worked on the Request for Proposal or project, or who had any influence on decisions affecting the Request for Proposal or project.

**M. CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest.

**N. PROPOSAL PREPARATION COSTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State shall not incur any liability for any costs incurred by bidders in replying to this Request for Proposal, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this Request for Proposal.

**O. ERRORS AND OMISSIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The bidder shall not take advantage of any errors and/or omissions in this Request for Proposal or resulting contract. The bidder must promptly notify the State of any errors and/or omissions that are discovered.

**P. BEGINNING OF WORK**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

**Q. ASSIGNMENT BY THE STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State shall have the right to assign or transfer the contract or any of its interests herein to any agency, board, commission, or political subdivision of the State of Nebraska. There shall be no charge to the State for any assignment hereunder.

**R. ASSIGNMENT BY THE CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor may not assign, voluntarily or involuntarily, the contract or any of its rights or obligations hereunder (including without limitation rights and duties of performance) to any third party, without the prior written consent of the State, which will not be unreasonably withheld.

**S. DEVIATIONS FROM THE REQUEST FOR PROPOSAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The requirements contained in the Request for Proposal become a part of the terms and conditions of the contract resulting from this Request for Proposal. Any deviations from the Request for Proposal must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the Request for Proposal, mandatory requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

**T. GOVERNING LAW**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against the State of Nebraska regarding this Request for Proposal or any resultant contract shall be brought in the State of Nebraska administrative or judicial forums as defined by State law. The Contractor must be in compliance with all Nebraska statutory and regulatory law.

**U. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Contractor agrees to pay all expenses of such action, as permitted by law, including attorney's fees and costs, if the State is the prevailing party.

**V. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. News releases pertaining to the project shall not be issued without prior written approval from the State.

**W. STATE PROPERTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

**X. SITE RULES AND REGULATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to between the State and the Contractor.

**Y. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

During the bid process, all communication between the State and a bidder shall be between the bidder's representative clearly noted in its proposal and the buyer noted in Section II.A. Procuring Office and Contact Person, of this RFP. After the award of the contract, all notices under the contract shall be deemed duly given upon delivery to the staff designated as the point of contact for this Request for Proposal, in person, or upon delivery by U.S. Mail, facsimile, or e-mail. Each bidder should provide in its proposal the name, title, and complete address of its designee to receive notices.

1. Except as otherwise expressly specified herein, all notices, requests, or other communications shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth above, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.
2. Whenever the Contractor encounters any difficulty which is delaying or threatens to delay its timely performance under the contract, the Contractor shall immediately give notice thereof in writing to the State reciting all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the State of any of its rights or remedies to which it is entitled by law or equity or pursuant to the provisions of the contract. Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

For the duration of the contract, all communication between Contractor and the State regarding the contract shall take place between the Contractor and individuals specified by the State in writing. Communication about the contract between Contractor and individuals not designated as points of contact by the State is strictly forbidden.

**Z. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;

- c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
- d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
- e. an involuntary proceeding has been commenced by any party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
- f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
- g. Contractor intentionally discloses confidential information;
- h. Contractor has or announces it will discontinue support of the deliverable;
- i. second or subsequent documented "vendor performance report" form deemed acceptable by the State Purchasing Bureau; or
- j. Contractor engaged in collusion or actions which could have provided Contractor an unfair advantage in obtaining this contract.

**AA. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State may terminate the contract, in whole or in part, in the event funding is no longer available. The State's obligation to pay amounts due for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds for the contract. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of any termination, and advise the Contractor of the location (address and room number) of any related equipment. All obligations of the State to make payments after the termination date will cease and all interest of the State in any related equipment will terminate. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

**BB. BREACH BY CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. The State may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) calendar days (or longer at State's discretion considering the gravity and nature of the default). Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive the State's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.



**CC. ASSURANCES BEFORE BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

If any document or deliverable required pursuant to the contract does not fulfill the requirements of the Request for Proposal/resulting contract, upon written notice from the State, the Contractor shall deliver assurances in the form of additional Contractor resources at no additional cost to the project in order to complete the deliverable, and to ensure that other project schedules will not be adversely affected.

**DD. ADMINISTRATION – CONTRACT TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

1. Contractor must provide confirmation that upon contract termination all deliverables prepared in accordance with this agreement shall become the property of the State of Nebraska; subject to the ownership provision (section E) contained herein, and is provided to the State of Nebraska at no additional cost to the State.
2. Contractor must provide confirmation that in the event of contract termination, all records that are the property of the State will be returned to the State within thirty (30) calendar days. Notwithstanding the above, Contractor may retain one copy of any information as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures.

**EE. PERFORMANCE BOND**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			We will renew the current performance bond we have in place upon award.

The Contractor will be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the bond must be \$200,000. The bond will guarantee that the Contractor will faithfully perform all requirements, terms and conditions of the contract. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the service has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

**FF. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under the contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of the contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. The State may grant relief from performance of the contract if the Contractor is prevented from performance by a Force Majeure Event. The burden of proof for the need for such relief shall rest upon the Contractor. To obtain release based on a Force Majeure Event, the Contractor shall file a written request for such relief with the State Purchasing Bureau. Labor disputes with the impacted party's own employees will not be considered a Force Majeure Event and will not suspend performance requirements under the contract.

**GG. PROHIBITION AGAINST ADVANCE PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

**HH. PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date, and the Contractor hereby waives any claim or cause of action for any such services.

**II. INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

See Section V.C. Payment Schedule for information regarding premium remittance

**JJ. RIGHT TO AUDIT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Contractor shall establish and maintain a reasonable accounting system that enables the State to readily audit contract. The State and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all financial and related records (in whatever form they may be kept, whether written, electronic, or other) relating to or pertaining to this contract kept by or under the control of the Contractor, including, but not limited to those kept by the Contractor, its employees, agents, assigns, successors, and Subcontractors. Such records shall include, but not be limited to, accounting records, written policies and procedures; all paid vouchers including those for out-of-pocket expenses; other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips; bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back charge logs and supporting documentation; insurance documents; payroll documents; timesheets; memoranda; and correspondence.

Contractor shall, at all times during the term of this contract and for a period of five (5) years after the completion of this contract, maintain such records, together with such supporting or underlying documents and materials. The Contractor shall at any time requested by the State, whether during or after completion of this contract and at Contractor's own expense make such records available for inspection and audit (including copies and extracts of records as required) by the State. Such records shall be made available to the State during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the financial records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location that is convenient for the State. Contractor shall ensure the State has these rights with Contractor's assigns, successors, and Subcontractors, and the obligations of these rights shall be explicitly included in any subcontracts or agreements formed between the Contractor and any Subcontractors to the extent that those Subcontracts or agreements relate to fulfillment of the Contractor's obligations to the State.

Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by the State unless certain exemption criteria are met. If the audit identifies overpricing or overcharges (of any nature) by the Contractor to the State in excess of one-half of one percent (.5%) of the total contract billings, the Contractor shall reimburse the State for the total costs of the audit. If the audit discovers substantive findings related to fraud, misrepresentation, or non-performance, the Contractor shall reimburse the State for total costs of audit. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the Contractor's invoices and/or records shall be made within a reasonable amount of time (not to exceed 90 days) from presentation of the State's findings to Contractor.

**KK. TAXES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State is not required to pay taxes of any kind and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

**LL. INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials. The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**MM. CHANGES IN SCOPE/CHANGE ORDERS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State may, upon the written agreement of Contractor, make changes to the contract within the general scope of the RFP. The State may, at any time work is in progress, by written agreement, make alterations in the terms of work as shown in the specifications, require the Contractor to make corrections, decrease the quantity of work, or make such other changes as the State may find necessary or desirable. The Contractor shall not claim forfeiture of contract by reasons of such changes by the State. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, or a pro-rated value.

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope of the RFP are not permitted.

**NN. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular provision held to be invalid.

**OO. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information. All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be handled in accordance with federal and state law, and ethical standards. The

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Contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a Contractor; Contractor shall notify the State immediately of said breach and take immediate corrective action.

It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**PP. PROPRIETARY INFORMATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Data contained in the proposal and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the proposal. If the bidder wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. **All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal, and provide supporting documents showing why such documents should be marked proprietary.** The separate package must be clearly marked PROPRIETARY on the outside of the package. **Bidders may not mark their entire Request for Proposal as proprietary.** Bidder's cost proposals may not be marked as proprietary information. Failure of the bidder to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other bidders and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, bidders submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

**QQ. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

By submission of this proposal, the bidder certifies that it is the party making the foregoing proposal and that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further that the bidder has not, directly or indirectly, submitted the proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

**RR. STATEMENT OF NON-COLLUSION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The proposal shall be arrived at by the bidder independently and be submitted without collusion with, and without any direct or indirect agreement, understanding or planned common course of action with, any person; firm; corporation; bidder; Contractor of materials, supplies, equipment or services described in this RFP. Bidder shall not collude with, or attempt to collude with, any state officials, employees or agents; or evaluators or any person involved in this RFP. The bidder shall not take any action in the restraint of free competition or designed to limit independent bidding or to create an unfair advantage.

Should it be determined that collusion occurred, the State reserves the right to reject a bid or terminate the contract and impose further administrative sanctions.

**SS. PRICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

All prices, costs, and terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made or the Request for Proposal is cancelled.

The State will be given full proportionate benefit of any price decrease during the term of the contract. Contractor represents and warrants that all prices for services, now or subsequently specified, are as low as and no higher than prices which the Contractor has charged or intends to charge customers other than the State for the same or similar products and services of the same or equivalent quantity and quality for delivery or performance during the same periods of time. If, during the term of the contract, the Contractor shall reduce any and/or all prices charged to any customers other than the State for the same or similar products or services specified herein, the Contractor shall make an equal or equivalent reduction in corresponding prices for said specified products or services.

Contractor also represents and warrants that all prices set forth in the contract and all prices in addition, which the Contractor may charge under the terms of the contract, do not and will not violate any existing federal, state, or municipal law or regulations concerning price discrimination and/or price fixing. Contractor agrees to hold the State harmless from any such violation. Prices quoted shall not be subject to increase throughout the contract period unless specifically allowed by these specifications.

**TT. BEST AND FINAL OFFER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The State will compile the final scores for all parts of each proposal. The award may be granted to the highest scoring responsive and responsible bidder. Alternatively, the highest scoring bidder or bidders may be requested to submit best and final offers. If best and final offers are requested by the State and submitted by the bidder, they will be evaluated (using the stated criteria), scored, and ranked by the Evaluation Committee. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

**UU. ETHICS IN PUBLIC CONTRACTING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

No bidder shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator, employee or evaluator based on the understanding that the receiving person's vote, actions, or judgment will be influenced thereby. No bidder shall give any item of value to any employee of the State Purchasing Bureau or any evaluator.

Bidders shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the contract. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of proposals and award of the contract be completed without external influence. It is not the intent of this section to prohibit bidders from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Proposal or the format or content of their proposal.

If the bidder is found to be in non-compliance with this section of the Request for Proposal, they may forfeit the contract if awarded to them or be disqualified from the selection process.

**X. INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

**1. GENERAL**

The Contractor agrees to defend, indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. INTELLECTUAL PROPERTY**

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

**3. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel provided by the Contractor.

**4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

**WW. NEBRASKA TECHNOLOGY ACCESS STANDARDS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**XX. ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**YY. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.



**ZZ. TIME IS OF THE ESSENCE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by the State shall not waive any rights of the State nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

**AAA. RECYCLING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Preference will be given to items which are manufactured or produced from recycled material or which can be readily reused or recycled after their normal use as per Neb. Rev. Stat. § 81-15,159.

**BBB. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**CCC. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>

The completed United States Attestation Form should be submitted with the Request for Proposal response.

2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

**DDD. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor, by signature to this RFP, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The Contractor also agrees to include the above requirements in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Department if, during the term of this contract, Contractor becomes debarred. The Department may immediately terminate this contract by providing Contractor written notice if Contractor becomes debarred during the term of this contract.

Contractor, by signature to this RFP, certifies that Contractor has not had a contract with the State of Nebraska terminated early by the State of Nebraska. If Contractor has had a contract terminated early by the State of Nebraska, Contractor must provide the contract number, along with an explanation of why the contract was terminated early. Prior early termination may be cause for rejecting the proposal.

**EEE. POLITICAL SUB-DIVISIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

The Contractor may extend the contract to political sub-divisions conditioned upon the honoring of the prices charged to the State. Terms and conditions of the Contract must be met by political sub-divisions. Under no circumstances shall the State be contractually obligated or liable for any purchases by political sub-divisions or other public entities not authorized by Neb. Rev. Stat. § 81-145, listed as "all officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations." A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

**FFF. OFFICE OF PUBLIC COUNSEL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the

termination of this contract and shall not apply if Contractor is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq.

**GGG. LONG-TERM CARE OMBUDSMAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BA			

If it is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq., Contractor shall comply with the Act. This section shall survive the termination of this contract.





## Corporate Overview

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### Bidder Identification and Information

As EyeMed Vision Care, we have been providing managed vision care since 1988, and to the State of Nebraska since 2010. We were incorporated in Delaware on June 10, 1999, as a Limited Liability Corporation. Our corporate headquarters is located at:

4000 Luxottica Place  
Mason, Ohio 45040

We offer fully-insured vision benefits in conjunction with licensed insurance carrier, Fidelity Security Life Insurance Company (FSL).

3130 Broadway  
Kansas City, Missouri 64111



# Corporate Overview

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## Financial Statements

EyeMed is part of the Luxottica family of companies. We do not have independently audited financial statements. Our financial information is included in the statements of our ultimate parent company, Luxottica Group S.p.A. Please see **Exhibit 1** for a copy of Luxottica's 2015 annual report.

Like all large companies, we are subject to the occasional lawsuit. Of course details surrounding any litigation are confidential. But as an organization that is committed to keeping our commitments and exceeding our clients expectations, it is no surprise that there is not a case that has had or is threatened to have a material adverse impact on our business.

We offer fully-insured vision benefits in conjunction with licensed insurance carrier, Fidelity Security Life Insurance Company (FSL). While we are not observed by insurance rating services, FSL is. They are rated as A- "Excellent" (March 31, 2016) by A.M. Best Company, an independent analyst of the insurance industry. For FSL's latest rating, please visit [www.ambest.com](http://www.ambest.com).

FSL is not currently rated by Fitch, Moody's or Standard and Poors.

Our fiscally responsible representative is Brian Haigis, VP Finance and Assistant Secretary.





# Corporate Overview

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## Change of Ownership

We don't anticipate any change in ownership or control in the next 12 months.



# Corporate Overview

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## Office Location

State of Nebraska Account Manager Kierston Winters is located in Lucas, Texas, and almost all other aspects of our business takes place at our corporate headquarters located in Mason, Ohio. The central location to all of our cross-functional departments allows for easy accessibility to key administrative departments, including membership, claims and customer service, which will help you get the answers you need - fast.



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# Corporate Overview

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## Relationships with the State

We've been providing managed vision benefits for State of Nebraska employees and their dependents since 2010.



## Corporate Overview

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### Bidder's Employee Relations to State

Not applicable. No such relationship exists.





# Corporate Overview

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## Contract Performance

Not applicable. We've not had a contract terminated due to default within the past three years.



# Corporate Overview

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## Summary of Bidder's Corporate Experience

At EyeMed, we have more than 25 years of experience, and over 6 years specifically with the State of Nebraska. We also work with 6 other state governments, encompassing almost 1 million members. We've used this unique experience, as well as what we've learned with our other 12,000 clients and nearly 47 million members, to provide the State of Nebraska more of what's best, not just more of the same. Take a look at how we've worked with some of your peers and gained perspective into the needs of our government clients:

### State of Tennessee

We've been providing managed vision care for the State of Tennessee and its 75,000 eligible employees since January 1, 2013, and they are still a current client.

Like the State of Nebraska, Tennessee offers a choice of two employee paid, fully-funded plans – a basic and an enhanced option. We've worked in conjunction with licensed insurance carrier, Fidelity Security Life Insurance Company (FSL) to provide these options.

We were able to implement and administer the State's plan in a timely manner and their rates have remained as quoted for the length of their contract.

#### Reference Information

Bob Smith, State of Tennessee  
(615) 253-9915 – phone  
(615) 253-8556 – facsimile  
bob.smith@tn.gov

### University of Nebraska

We've provided managed vision care to your neighbors at the University of Nebraska since May 1, 2000. They are still a current client, having renewed their contract in 2016.

Like the State of Nebraska, the University of Nebraska is dedicated to providing their members the most comprehensive benefits with the most advanced network in the industry, which is why they renewed with EyeMed in 2016. Through consultative communication, the need for plan design updates is allowing for members to have an even more robust benefit that is recognized while they are in the Providers office. Another similarity is University of Nebraska's focus on wellness which aligns perfectly with what EyeMed brings to the table. There is always discussion on the importance of eye wellness and how EyeMed is making it easy for members to use their vision benefit.

We've worked in conjunction with licensed insurance carrier, Fidelity Security Life Insurance Company (FSL) to provide managed vision care to the University.

We were able to implement and administer the University's plan in a timely manner and their rates have remained as quoted for the length of their contract.

#### Reference Information

Brian Schlichting, University of Nebraska  
(402) 472-5258 – phone  
(402) 472-6803 – facsimile  
bschlichting@nebraska.edu

### Union Pacific

## Corporate Overview

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We've been providing managed vision care for Union Pacific and its 6,000 eligible employees since January 1, 2007, and they are still a current client.

Based in nearby Omaha, Union Pacific also has an annual summit meeting of its carriers and is focused on health and wellness initiatives. They are also very interested in our innovative solutions to vision benefits, as their workforce has shifted dramatically in the past five years and cutting-edge tools are important.

We were able to implement and administer Union Pacific's plan in a timely manner and their rates have remained as quoted for the length of their contract.

### Reference Information

Ryan Husing, Union Pacific  
(402) 544-1972 – phone  
(402) 472-6803 – facsimile  
rhhusing@up.com



# Corporate Overview

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## Summary of Bidder's Proposed Personnel/Management Approach

We have had 6 years to get to know the State of Nebraska and its members. We have listened to what you've had to say and are excited to bring you updated proposals that provide easy-to-understand progressive benefits and lower out-of-pocket expenses. It's that consultative approach that has proven successful through our relationship and will continue to prove successful in the future.

Your EyeMed team will continue to be the one you have in place today. We've included resumes and references in **Exhibit 2**, but here's a quick overview:

### Kierston Winters – Senior National Account Manager

- Plan performance and consultation
- Execution of key deliverables
- Health and wellness activities
- Contract renewal
- Day-to-day services

### Deloise Shipman – Implementation Manager

- Oversees implementation for clients of similar size to you
- Manages the entire implementation process, working cross-functionally with all EyeMed departments on key deliverables
- Coordinates membership eligibility data, billing arrangements as well as materials and open enrollment meeting support

### Operations Service Department

- Technical consulting
- Enrollment file and claim data feed support
- Billing questions

### Client Service Unit

- Member eligibility questions and urgent updates
- Member claims questions
- Client portal password resets
- Copies of invoices and rosters





## Corporate Overview

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### Subcontractors

We don't intend to use any subcontractors to provide services exclusively for you, but, we do utilize a few vendors to help us offer more affordable services across our book of business. If we were to use a subcontractor to provide services exclusively in support of your contract, we would secure your prior written approval.





## Understanding of the Project Overview

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Six years ago you trusted us to provide your employees a balanced network at a competitive rate, and we've delivered on that promise. Since 2010 total enrollment has increased almost 10%, enrollment in the premium plan has risen to 70% and utilization has increased to 102%. This tells us your members value and enjoy their EyeMed benefit.

But we're not stopping. We've listened to you and your members and have crafted a proposal that gives members even more network access and significant out-of-pocket savings on highly-utilized lenses and features. Take a look at the new ways we're meeting your specific needs:

- Online, in-network options Glasses.com, ContactsDirect.com and LensCrafters.com – all featuring seamless benefit implementation
- A pop-up clinic that provide eye exams and eyewear for members directly at their place of work! This on-site clinic allows members to use their in-network benefits on a selection of more than 400 frames, varying across prices and brands.
- Out-of-pocket savings with fixed-pricing on progressive and premium progressive lenses, as well as fixed-pricing on anti-reflective coatings
- \$15 reduction in contact lens fit & follow-up out-of-pocket
- 70% savings on member out-of-pocket with the switch to our Insight network. Take a look at [Exhibit 3](#) for full details.

And these new enhancements are in addition to the great support you're already receiving:

### For You

#### Seamless Support

- Eligibility, billing and reporting set-up
- Development, testing and deployment of project plan and processes
- Production and distribution of employee ID cards
- Open enrollment and event support

#### Dedicated Account Management Team

- Consultation on innovations, trends and consumer preferences
- Coordination of internal resources for all needs and inquiries
- Contracting and renewal services
- Periodic meetings or teleconferences, plus training of benefits staff

#### No-Cost Wellness and Disease Management Support

- Report on 243 diagnostic codes for eight high-risk conditions
- Facilitate high-risk exam findings to the primary care physician
- Integrate with health plans, third-party administrators and disease management partners

### For Your Members

#### Communication Materials

- Customized Welcome Kit with ID cards, benefit description and customized provider listing for new enrolled employees
- Benefit summaries provided at enrollment, customized with your plan information and the State's Health & Wellness logo

## Understanding of the Project Overview

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- EyeSiteOnWellness.com for educational wellness materials, including new tools like a wellness calendar and collateral, and an interactive tool to help understand your child's vision needs

### Award-Winning Customer Service

- Access to toll-free number for open enrollment and ongoing service
- Extended evening and weekend live-agent assistance to align with provider office hours
- Distinction of "Certified Center of Excellence" from Benchmark Portal 7 years running, ranking ours among America's highest-rated call centers
- Website and mobile app for on-the-go support making navigation even easier
- Online exam scheduling available for most locations

### Claim Service

- TPA-Certified in all states where required
- Explanation of Benefits (EOBs) provided electronically for all claims, in-network and out-of-network

We're excited about our continued commitment to the State of Nebraska and can't wait to further our relationship.



**IV. PROJECT DESCRIPTION AND SCOPE OF WORK**

**C. PROJECT REQUIREMENTS**

Clearly explain in the tables provided below how the bidder will meet the following requirements:

1.	<p><b>Describe how the bidders plan design will include both the Basic Plan and Premium Plan.</b></p> <p><b>Response:</b></p> <p>Our approach to your request has been to continue offering you the specified dual options. The dual options allow members to select the plan that best suits their clinical and lifestyle needs, and since both plans feature additional out-of-pocket savings, you can be sure they'll receive a competitive value with fixed-pricing and a broad network.</p> <p>We'll continue to use our established and proven processes to support both plans:</p> <ul style="list-style-type: none"><li>• A strong communication package to let members know the advantages to each plan. We'll provide on-site representation and all the materials you'll need. And since your employees select the premium plan 70% of the time – it's clear they understand and appreciate the choice.</li><li>• We'll receive and load the dual eligibility information. That means members will still receive ID cards specific to their selected plan and all of their EOBs and Benefit Summaries will also reflect that information.</li><li>• You'll keep receiving regular reporting by plan. You'll still be able to see enrollment, out-of-pocket, utilization and preferred provider information among the two options.</li></ul>
2.	<p><b>Provide complete administrative, fiduciary, and support services for the vision plans.</b></p> <p><b>Response:</b></p> <p>Confirmed. We've been providing vision benefit services to the State since 2010 and we understand what you need in a plan and will continue to provide the administrative, fiduciary and support services for the vision plan – all without interruption to your employees.</p>
3.	<p><b>Administer the plans in compliance with the insurance laws of the State of Nebraska. Link to the Department of Insurance: <a href="https://doi.nebraska.gov/">https://doi.nebraska.gov/</a></b></p> <p><b>Response:</b></p> <p>Confirmed.</p>

4.	<b>Customer Service and Communication to Members:</b>
a.	<p data-bbox="321 275 1170 302"><b>Design materials to communicate the vision insurance program to employees.</b></p> <p data-bbox="321 306 444 333"><b>Response:</b></p> <p data-bbox="321 363 1409 485">As you know, we give you everything you need to communicate the benefit to your employees because members who understand their benefits are more likely to value and use them. We'll continue making vision benefits a carefree experience for both you and your employees with pre- and post-enrollment resources such as:</p> <p data-bbox="310 518 605 546"><b>Open enrollment toolkit</b></p> <ul data-bbox="310 552 1403 678" style="list-style-type: none"> <li>• Customizable pre-enrollment ads, articles, brochures, posters, reminders and more to help you communicate to your employees about your vision benefits (available in both English and Spanish)</li> <li>• Can be downloaded to print, insert into company newsletters or sent via email</li> </ul> <p data-bbox="310 709 743 737"><b>Member-Focused Material Toolkits</b></p> <ul data-bbox="310 743 1403 961" style="list-style-type: none"> <li>• Welcome to EyeMed: an overview of our network, member experience, solutions and tools</li> <li>• Member Innovation: materials presenting details about sun savings, special offers and International Travel Solution</li> <li>• Member Wellness: a resource promoting good health and wellness practices</li> <li>• Member How-To: tips for using our member web, mobile app and how to access and use the benefit</li> </ul> <p data-bbox="310 997 545 1024"><b>enroll.eyemed.com</b></p> <ul data-bbox="310 1031 1403 1125" style="list-style-type: none"> <li>• Eligible employees can get the big picture about EyeMed, learn about available providers, frame brands and see how easy it will be to use their vision benefits</li> <li>• Eligible employees are directed to this site through open enrollment digital advertising</li> </ul> <p data-bbox="310 1157 524 1184"><b>Benefit summary</b></p> <ul data-bbox="310 1190 1403 1251" style="list-style-type: none"> <li>• Overview of your company's benefits, vision health and wellness, open enrollment and member support tools</li> </ul> <p data-bbox="310 1283 634 1310"><b>Welcome Kit with ID cards</b></p> <ul data-bbox="310 1316 1370 1377" style="list-style-type: none"> <li>• Packet with cards and customized listing of the 4 closest independent and 4 closest retail providers – an \$18,000 value at no additional cost</li> </ul> <p data-bbox="310 1409 467 1436"><b>eyemed.com</b></p> <ul data-bbox="310 1442 1393 1503" style="list-style-type: none"> <li>• Online resource for members to learn all about their benefits, find their ideal provider, manage their account and more</li> </ul> <p data-bbox="310 1535 565 1562"><b>Eye exam reminders</b></p> <ul data-bbox="310 1568 1414 1629" style="list-style-type: none"> <li>• Annual eye exam reminders for members identified as having a high-risk vision-related condition</li> </ul> <p data-bbox="310 1661 610 1688"><b>EyeSiteOnWellness.com</b></p> <ul data-bbox="310 1694 1419 1789" style="list-style-type: none"> <li>• One-stop resource providing downloadable health and wellness articles, videos and interactive resources – including a customizable wellness calendar and interactive tools</li> <li>• Content can be downloaded to print, insert into company newsletters or sent via email</li> </ul> <p data-bbox="310 1820 459 1848"><b>Email blasts</b></p> <ul data-bbox="310 1854 1344 1915" style="list-style-type: none"> <li>• Educational wellness articles, reminders and tips emailed to members who opt-in through eyemed.com.</li> </ul>



<p>b.</p>	<p><b>Describe the bidder's approach to customer service.</b></p> <p><b>i. Bidder must offer a toll-free customer service number to participants.</b></p> <p><b>ii. The State requires a minimum customer service hours from Monday through Friday, 8:00 am to 5:00 pm Central Time.</b></p> <p><b>Response:</b></p> <p>Confirmed. Your members will still have access to a toll-free number.</p> <p>You know that we understand the needs of your members so we work hard to create solutions that they find really helpful. In fact, we surpass your requirements for Monday through Friday hours because your employees have demonstrated they need extended evening and weekend hours. Our Customer Care Center, designated a "Certified Center of Excellence" for the past 7 years, is open 7 days a week, 362 days per year – we're only closed Thanksgiving, Christmas and Easter. And because we offer extended hours of live-agent assistance every day, including Sunday, we have the opportunity to help members when they visit a provider for service – the times when they need us the most. Take a look:</p> <p style="text-align: center;">Monday – Saturday: 6:30 a.m. – 10:00 p.m. CST Sunday: 10:00 a.m. – 7:00 p.m. CST</p> <p>What's more is that we do this all while monitoring and maintaining quality standards to make the whole experience a breeze. Your employees' calls will be answered by the right person, on the first ring, which we back by a 99.5% first call resolution guarantee. And we combine this with a 25 second or less average speed of answer to help keep your employees satisfied and happy with EyeMed.</p> <p>To make things even more convenient, we have an IVR system, an on-the-go mobile app and full-service website. These tools make it easy for employees to receive service around the clock and schedule appointments with participating providers from their phone, computer or smartphone. They can even photograph and store their prescriptions and receive contact lens refill and exam reminders. Our member app even allows a member to view their ID card for easy access, even if the internet is not available.</p>
<p>c.</p>	<p><b>Describe how the bidder will provide any enrollment information and enrollment ID cards to new members and shall be responsible for the cost and postage of the packets.</b></p> <p><b>Response:</b></p> <p>Our main source of plan information is our full-color, customized Welcome Packet, which we'll distribute shortly after we receive member eligibility data from you. And don't forget the valuable plan information it contains:</p> <ul style="list-style-type: none"> <li>• A description of copays, allowances and network discounts</li> <li>• A personalized list of providers who are located close to the subscriber's home</li> <li>• Customer Care Center and website information</li> <li>• Details on how to access the benefit</li> <li>• Member ID cards, customized with the State's Health &amp; Wellness logo and subscriber number</li> </ul> <p>And don't forget, with our mobile app, members can easily pull up their ID card, find plan specific information, located a provider, contact our Customer Care Center and more.</p>
<p>d.</p>	<p><b>Describe how new information/features will be communicated to the members of the vision plan i.e. mobile device application.</b></p>

	<p><b>Response:</b></p> <p>As you know, we believe in giving you and your employees the tools they need to communicate and understand their vision plan, including:</p> <ul style="list-style-type: none"> <li>• Benefit summaries, customized with specific plan information and your Health &amp; Wellness logo</li> <li>• Full-color welcome Kit and ID cards with your logo and subscriber number</li> <li>• Explanation of benefits for in-network and out-of-network visits</li> <li>• Eye exam reminders for high-risk members</li> <li>• Email blasts for those opting in via eyemed.com</li> </ul> <p>Plus, for additional member support, we now offer a suite of member materials that you can share with your group during the open enrollment period. Various member materials are available for customization and download via the Powered by EyeMed marketing portal, including:</p> <ul style="list-style-type: none"> <li>• Enrollment reminders</li> <li>• Wellness information</li> <li>• Network and benefit overviews</li> <li>• Guides for accessing and using the benefit</li> </ul>
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<b>5.</b>	<b>Advise and assist the State in the preparation of forms and other documentation necessary to fulfill reporting and disclose requirements.</b>
<b>a.</b>	<p><b>All communication materials shall be provided in an electronic format.</b></p> <p><b>Response:</b></p> <p>Confirmed. Account Manager Kierston Winters will still be on-hand to help you prepare necessary forms and other documents.</p>

<b>6.</b>	<b>Prepare summary plan descriptions and plan summaries by May 1<sup>st</sup> prior to the effective date of each plan year.</b>
	<p><b>Response:</b></p> <p>We'll continue providing you with the Vision Plan Description (VPD) in an agreeable timeframe so you can use it to incorporate into the SPD of your discretion. In addition, we'll continue making sure you have plenty of benefit summaries and other materials on-hand so members can truly understand their benefits.</p>

<b>7.</b>	<b>On-site meetings:</b>
<b>a.</b>	<p><b>Attend on-site meetings for Open Enrollment at contractor's expense, inclusive of all travel expenses. The State of Nebraska currently holds a one-day Open Enrollment meeting in Lincoln for all Human Resource representatives. Last year, there were 17 meetings at various locations including Lincoln, Omaha, Scottsbluff, North Platte, Norfolk, Tecumseh, McCook and Grand Island. The locations may change slightly from year to year as determined by the State.</b></p>

	<p><b>Response:</b></p> <p>Confirmed. We will continue to be available for your on-site and open enrollment meetings. Our vision care experts, trained at the leading optical retailers such as LensCrafters, Pearle Vision, Sears Optical and Target Optical, will answer questions about your benefits, provide advice, educate employees about vision wellness and even schedule eye exams. We'll also make sure your employees walk away with customized materials, whether we attend your event or not, including detailed benefit summary information, educational collateral and sample provider directories. All this means that they can look us in the eye and appreciate how healthy vision can help them see their world more clearly.</p> <p>As you know, this is all at no additional cost to you, of course.</p>
b.	<p><b>Attend an annual on-site meeting/presentation in April with State staff to discuss a review of the previous year. The meeting will be held in Lincoln, NE. The State will request the meeting/presentation to include but not limited to the following:</b></p> <ul style="list-style-type: none"> <li>i. <b>Membership</b></li> <li>ii. <b>In-Network Utilization</b></li> <li>iii. <b>Member Satisfaction</b></li> <li>iv. <b>Out-of-Pocket Assessment of both options</b></li> </ul>
	<p><b>Response:</b></p> <p>Account Manager Kierston Winters will continue to be on-site for annual meetings and other events. During these meetings she'll continue to focus on plan performance, utilization, growth and more. As you know, Kierston listens to your members and administrators and makes sure your plan aligns with the feedback.</p>
8	<p><b>Network of Providers:</b></p> <ul style="list-style-type: none"> <li>i. <b>Network must include a nationwide network of providers with uniform quality of care and services.</b></li> </ul>
a.	<p><b>Describe the current network structure, including whether it is a proprietary network or a contracted network.</b></p>

**Response:**

You know our Insight network offers the right mix of independent providers, plus the most desired national and regional retail providers, ensuring your employees have the choice and convenience they expect. But don't just take our word for it – your employees choose to visit an in-network provider more than 98% of the time<sup>1</sup>. Plus, since we own our network, you will continue to benefit from providers that are credentialed, monitored and required to administer the benefit consistently.

And our network continues to redefine expectations...

**More choice**

- 87,000 qualified providers at over 24,700 locations throughout the country
- 565 providers in Nebraska, including 105 in the Lincoln area where most of your employees live
- A network made up of 76% independent and 24% retail
- Providers can choose from our extensive lab network or use on-site labs for quicker turnaround

**The right choices**

- The right mix of independent and retail providers - including popular national chains and regional favorites. No wonder more than 98% of State of Nebraska members choose to visit an in-network provider!<sup>1</sup>
- In-network national retail favorites like LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical
- Access to regional chains near you like Shopko and Stanton Optical
- Longer evening and weekend hours<sup>2</sup> - letting members go where they want, when they want

**And an experience that changes the game**

- Providers who are individually-certified and offer advanced technology (cutting-edge exam and fit technologies)
- Relationships with retail providers that deliver unique experiences for our members like our open enrollment captain's program and onsite pop-up vision clinics
- Online, in-network options - allowing members to use their benefits to purchase contacts and prescription glasses from their computer, tablet or smart phone
- One-stop shopping with exams and materials in one location
- Providers are required to carry at 185 frames within your \$105 allowance and more than 275 within your \$120 allowance

There are many reasons that people like us, but one thing is clear: a strong network delivers results. That's why 98% of your members choose to stay in-network to use their benefits<sup>1</sup> - which far exceeds other carriers. With options they really want and deserve, more members are getting the full value of their benefits and seeing the saving they expect from their vision plan. It's just one of the reasons that we're America's fastest growing vision benefits company<sup>3</sup>.

<sup>1</sup>State of Nebraska utilization data, 2016

<sup>2</sup>EyeMed analysis of EyeMed and competitor network provider evening and weekend hours

<sup>3</sup>Internal analysis of EyeMed membership data compared to data from leading vision benefit companies, as reported in Freedom of Information Act (FOIA) requests and news alerts

<b>b.</b>	<b>Which major optical chain stores participate in your network?</b>
	<p><b>Response:</b></p> <p>Employees want to receive eye care when they want, where they want; which is why our network offers the right mix of both independent and retail provider options. While private practice doctors make up the majority of our network, we also have thousands of retail locations throughout the country. With us, your employees have access to popular national chains like LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical, plus local favorites like Shopko and Stanton Optical. We even have in-network, online options like Glasses.com, ContactsDirect and LensCraftersContacts.</p> <p>And with us, all network providers are required to apply the benefit consistently, even our retail providers. That means it's easy for members to understand their benefits and they know their provider are qualified and credentialed.</p>
<b>c.</b>	<b>How do members access information regarding participating providers?</b>
	<p><b>Response:</b></p> <p>Initially members receive customized provider listings with their Welcome Packets. But as you know, our network is designed to offer a member the most choice and value, and our provider locator is just as accommodating. In fact, searching for a provider has never been easier or more customized to member needs. Your members need only visit <a href="http://www.eyemed.com">www.eyemed.com</a> to access our provider locator. This tool includes advanced search options like provider specialty, hours of operation, available frame brands and more.</p> <p>All it takes is a few quick clicks for members to select their criteria and enter their zip code. Then, we'll show them the nearest matching providers with driving directions and a map. There is even an option to schedule appointments online if the provider has the functionality enabled. This is one more way we're working to make using the benefit even more convenient.</p> <p>And with our mobile app, members can also find providers while on-the-go.</p>
<b>d.</b>	<b>Does your network include online providers?</b>
	<p><b>Response:</b></p> <p>Yes. Members can now shop for eyewear directly from their smartphone, tablet or computer using their in-network benefits at ContactsDirect, LensCraftersContacts and Glasses.com. And with seamless benefit integration, members will always know of any out-of-pocket charges.</p>

9.	Perform and provide a GeoAccess analysis based on your contracted vision provider network and the Census File provided in Attachment 2. The access standards in the table below will be utilized in the analysis. Please base your analysis on the entire ELIGIBLE population.		
	Provider Type	Urban/ Suburban Access Standard	Rural Access Standard
	Optometrist	2 in 10 miles	2 in 20 miles
	Ophthalmologist	1 in 10 miles	1 in 20 miles
	Other Specialist	1 in 10 miles	1 in 20 miles

Response:  
Confirmed. We've included a GeoAccess report in Exhibit 4 and have based our analysis on the entire eligible population.

10. Summarize the results of your GeoAccess analysis. Please enter the number of employees who do or do not have access to your network providers based on the distance parameters noted in the grid below.

Response:  
Insight Network

Vision Access Standards	Urban/ Suburban		Access Standards	Rural	
	# of Employees WITH Access	# of Employees WITHOUT Access		# of Employees WITH Access	# of Employees WITHOUT Access
2 Optometrists within 10 miles	7,961	0	2 Optometrists within 20 miles	7,446	1,659
1 Ophthalmologist within 10 miles	7,783	178	1 Ophthalmologist within 20 miles	2,163	6,942
1 Other Specialist within	7,961	0	1 Other Specialist within 20 miles	7,956	1,149

11. Provide your provider turnover percentages for calendar years 2014 and 2015. Breakdown your providers by category, and calculate turnover percentages for each category.

**Response:**

Your members already know firsthand that our network is strong and stable. In fact, we typically don't have much turnover. Take a look at some recent statistics:

2014  
 Voluntary Turnover – 2%  
 Involuntary Turnover –1%

2015  
 Voluntary Turnover – 2%  
 Involuntary Turnover –.05%

12. Please check off those elements that are included in the provider selection process and provide the estimated percentage of vision providers that satisfy the following selection criteria elements:			
		Check	Provide estimated percentage
a.	Require unrestricted state licensure	<input checked="" type="checkbox"/>	100%
b.	Review malpractice coverage and history	<input checked="" type="checkbox"/>	100%
c.	Require full disclosure of current litigation	<input checked="" type="checkbox"/>	100%
d.	Require signed application & agreement	<input checked="" type="checkbox"/>	100%
e.	Require current DEA registration	<input checked="" type="checkbox"/>	100%
f.	Review adherence to state & community practice standards	<input checked="" type="checkbox"/>	100%
g.	Onsite review of office location	<input checked="" type="checkbox"/>	100%
h.	Review hours of operation and capacity	<input checked="" type="checkbox"/>	100%
i.	Board eligibility	<input checked="" type="checkbox"/>	100%
j.	Review practice patterns and utilization results	<input checked="" type="checkbox"/>	100%

13. **What is your firm's current book-of-business in-network utilization percentage?**

**Response:**

Our book-of-business in-network utilization percentage is 97%, but among our State of Nebraska members, it's even higher – 98.4%.

14. **Describe your relationship with optical laboratories.**

**Response:**

We utilize a national network of more than 100 labs operated by the country's most respected optical lab organizations, in addition to in-store labs at many of our retail partners. Our lab network is purposely broader than most managed vision care organizations to provide for faster turnaround times, consistent delivery of materials and the option to keep revenues local to you and your employees. It's this approach that allows for a quick 4 to 7 day turnaround – much quicker than our managed vision care companies.

Each of our labs strictly adheres to ANSI quality and cosmetic standards, which govern the quality of work that is produced and distributed by each lab. Internal quality control measures also ensure that processing calculations and tolerance levels are consistent across the network. Plus, labs are required to produce control lenses on a daily basis, which are sent weekly for inspection and carefully reviewed for both cosmetic and prescription accuracy.

15. **Laser surgery (Lasik):**

a. **Describe your relationship with Lasik providers.**

	<p><b>Response:</b></p> <p>Our LASIK discount is offered through LCA-Vision, the largest independently owned and operated LASIK network in the country that offers our members:</p> <ul style="list-style-type: none"> <li>• Outstanding access to more than 440 LASIK surgeons at over 600 locations nationwide</li> <li>• Exceptional credentialing standards</li> <li>• Discounts available at all network doctors</li> <li>• Free enhancements for 1 year</li> </ul>
b.	<p><b>Do you offer a discount arrangement for laser surgery to correct vision deficiencies? If so, provide details.</b></p> <p><b>Response:</b></p> <p>State of Nebraska members will continue to enjoy a discount on LASIK at no additional cost. Members receive 15% off the retail price or 5% off the promotional price of LASIK surgery. And, we don't require a referral from an Optometrist or Ophthalmologist to see a LASIK doctor. Members can simply call the doctor of their choice to set up their free initial consultation.</p>

16.	<b>Frames, Lens and/or Contacts:</b>
a.	<p><b>Confirm that a member may receive an exam from one provider and materials (frames, lens or contacts) from another provider.</b></p> <p><b>Response:</b></p> <p>Confirmed. Your members will still be able to receive their exam from one provider and their materials from another.</p>
b.	<p><b>Does your organization use frame towers or otherwise limit members to a certain selection of frames?</b></p> <p><b>Response:</b></p> <p>No. Because our plan designs are based on member choice, we make all frames at all provider locations available through the frame allowance. Your members will still enjoy access to a huge range of eyewear, including top brands, rather than limiting their selection to a frame tower or certain frame selection. The extensive diversity and selection that we offer means that whether looking for fashion or trying to stick to a budget, your employees can feel confident that our provider locations are stocked with a variety of frames (or prescription sunglasses) that meet their needs.</p> <p>And our providers are required to carry at least 185 frames that fall within your allowances, so members will always have lots of choices.</p>
c.	<p><b>Are discounts available for items such as designer frames, special coatings, tints, etc.? If so, what kinds of savings are available?</b></p>



	<p><b>Response:</b></p> <p>We'll continue saving your members money with competitive discounts, including fixed-pricing on coatings and tints. Plus with our Insight network, your members will now save even more with fixed-pricing on progressive lens options. And since we make all frames at all locations available through your frame allowance, a separate designer frame discount isn't necessary.</p> <p>Take a look at how your members will continue saving at the point of sale:</p> <ul style="list-style-type: none"> <li>• 40% off additional pairs of glasses at any location, any time throughout the plan year - largest and most flexible in the industry!</li> <li>• Up to 34% off popular lens options not covered by the plan</li> <li>• NEW! \$15 savings on contact lens fit &amp; follow-up</li> <li>• NEW! Fixed-pricing on anti-reflective coatings</li> <li>• 15% off retail or 5% off the promotional price of LASIK</li> <li>• 20% off any remaining balance over the frame allowance</li> <li>• 15% off any balance over the conventional contact lens allowance</li> <li>• 20% off any item not covered by the plan, including non-prescription sunglasses</li> <li>• NEW! 40% off hearing exams and fixed pricing on hearing aids through Amplifon - plus Amplifon will beat any competitors lower price by 5%</li> </ul>
<p>d.</p>	<p><b>Are discounts available for complete pairs of glasses and/or contact lenses once the funded benefit has been used?</b></p> <p><b>Response:</b></p> <p>Yes. Members receive 40% off unlimited additional pairs of glasses from any network provider at any time during the plan year. That's the largest and most flexible additional pairs discount in the industry. And if members have a balance on conventional contact lenses, they'll receive 15% off that amount.</p> <p>It's also important to point out that by staying with EyeMed, members will still be able to use their frame allowance and their contact lens allowance in the same year.</p>
<p>e.</p>	<p><b>On average, what percentage of frames sold by participating providers fall within your fully covered frame allowance?</b></p> <p><b>Response:</b></p> <p>Our providers carry a huge range of eyewear, including top brands like Ray-Ban and Oakley, in a range of prices that members can appreciate. This means that they can always find a great frame that is fully paid for by their \$105 or \$120 allowance. For example, they'll see that more than 23% of frames at a provider are covered with their \$105 allowance and 35% is covered at \$120.</p>
<p>f.</p>	<p><b>Describe your approach to coverage for contact lenses.</b></p>

	<p><b>Response:</b></p> <p>As you know, our contact lens benefit provides fit &amp; follow-up coverage plus a material allowance. Separating them gives members a 35-50% discount on the exam and preserves the allowance to buy contact lens materials. In fact, with our proposed Insight plan, members will only pay \$40 for a contact lens fit &amp; follow-up – that’s a \$15 savings.</p> <p>And when they go to buy contacts, they can use their entire allowance to purchase the type and brand of disposable or conventional contact lenses they prefer – we don't use unclear formularies or limiting manufacturer lists. If they have a balance over the allowance for conventional contact lenses, they'll also receive a 15% discount. One last thing. A paid-in-full option is also available for medically necessary contacts.</p>
<p><b>g.</b></p>	<p><b>Does the bidder have a 'contact lens-by-mail' program? If so, will you give members a discount for these mail order lenses?</b></p> <p><b>Response:</b></p> <p>Yes. Ordering contacts online just got easier, because we now offer members the ability to order contact lenses online using <b>ContactsDirect</b> or <b>LensCraftersContacts</b> - without having to leave their homes. And the best part is that they can use their in-network benefits to make sure they're getting the best price around.</p> <p>Plus, members can be sure that they can find what they need because both sites stock the best-selling brands. The sites also allow users to view their eligibility and available allowance (with application directly in their shopping cart). All with fast, free shipping!</p> <p>And it's an easy ordering process:</p> <ol style="list-style-type: none"> <li>1. Members go to <a href="http://contactsdirect.com">contactsdirect.com</a> or <a href="http://lenscrafterscontacts.com">lenscrafterscontacts.com</a></li> <li>2. They'll select their lenses from a wide selection of top selling brands</li> <li>3. In-network vision benefits instantly apply to their purchase price</li> <li>4. Contact lenses ship as soon as the prescription is verified - most even ship that day</li> </ol>

<p><b>17.</b></p>	<p><b>Portal:</b></p>
<p><b>a.</b></p>	<p><b>Describe the portal available for participants to access information including provider listings, claims, ID cards, etc.</b></p>

	<p><b>Response:</b></p> <p>It's no secret that our website has made it easy for your members to access plan information from anywhere, at anywhere. And we'll continue to make it simple for them. Look what they'll be able to do at eyemed.com:</p> <ul style="list-style-type: none"> <li>• Look up plan information</li> <li>• View eligibility status</li> <li>• Locate a provider - search by hours, available frame brands and more!</li> <li>• Schedule an exam</li> <li>• Check on the status of a claim</li> <li>• Download an ID card</li> <li>• Receive their EOB</li> <li>• Download an out-of-network claim form</li> <li>• Learn about benefits and wellness</li> </ul> <p>And don't forget our mobile-optimized website. And to make things even more convenient, they can download our mobile app, available on iTunes and Google Play. So, either way, members can locate a provider, schedule an appointment, find directions from their current location, store their prescription, receive reminders and pull up their ID card, all while on-the-go.</p>
<p><b>b.</b></p>	<p><b>Describe the employer portal available to the State's Benefits Administration department.</b></p> <p><b>Response:</b></p> <p>Our Group Portal makes it easy to manage your vision plan. By using this tool you will be able to:</p> <ul style="list-style-type: none"> <li>• Add, view and update member records</li> <li>• Download member rosters (active and terminated) in a spreadsheet format</li> <li>• View individual plan benefits and service eligibility</li> <li>• Access EyeMed contact information including account management</li> <li>• Access client newsletters, forms, training and vision wellness information</li> <li>• View invoices</li> <li>• Download utilization reports</li> </ul>
<p><b>c.</b></p>	<p><b>Describe how web services are 508 compliant as referenced in Section III. WW. Nebraska Technology Access Standards.</b></p> <p><b>Response:</b></p> <p>EyeMed leverages third-party assessments for WCAG 2.0 ADA compliance standards on at least an annual basis for public facing applications. The necessary remediation activities are taken to achieve compliance with the noted standards.</p>

18.	<p><b>In the future, the State may request the Vision Insurance Contractor to work with the Health Insurance Contractor and Wellness Program Contractor as vision exams may be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.</b></p> <p><b>Response:</b></p> <p>Yes. We require our providers to submit applicable ICD-10 diagnosis codes for all patients. And we've expanded our efforts and now collect codes for more than 243 high-risk medical conditions (more than any other vision benefits organization), including:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Diabetic retinopathy</li> <li>• High cholesterol</li> <li>• High blood pressure</li> <li>• Cataracts</li> <li>• Glaucoma</li> <li>• Macular degeneration</li> <li>• Neurological conditions identified by abnormal pupil reaction</li> </ul> <p>But we don't stop there. We already support your wellness initiatives with our HealthyEyes program, poster campaigns and other mailings, but upon renewal we have even more in store for you and your members. Take a look:</p> <ul style="list-style-type: none"> <li>• New wellness calendar with easy-to-use collateral</li> <li>• Interactive tool to help members interpret a child's need for vision help</li> </ul>
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19.	<p><b>Describe bidder's standards with respect to the following:</b></p>
a.	<p><b>Plan member inquiries.</b></p> <p><b>Response:</b></p> <p>It is our standard to respond to member inquiries within 24 business hours. Plus, here's more good news, we maintain a 99.5% first-call resolution rate in our Customer Care Center.</p>
b.	<p><b>Claims turnaround (defined as the time between when a claim is received and when it is processed).</b></p> <p><b>Response:</b></p> <p>Our standard is to process and pay 99% of clean and valid claims within 10 business days. Last year we achieved this metric 99.8% of the time.</p>
c.	<p><b>Claims accuracy.</b></p> <p><b>Response:</b></p> <p>Our standard is to process clean and valid claims with at least 99% accuracy. In 2016 we were able to meet this 100% of the time.</p>

d.	<p><b>Timeliness of grievance/appeals process.</b></p> <p><b>Response:</b></p> <p>Our standard is to respond to 98% of all written complaints in writing within 3 business days of mail/fax receipt by the EyeMed Provider Relations Department, 98% complaint resolution in 30 days. In 2016 we were able to meet this 100% of the time.</p>
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**IV. PROJECT DESCRIPTION AND SCOPE OF WORK**

**TECHNICAL REQUIREMENTS**

Clearly explain in the tables provided below how the bidder will meet the following requirements:

<p><b>1.</b></p>	<p><b>The contractor must certify that it (as well as any subcontractors that it utilizes) is in full compliance with HIPAA's regulations.</b></p> <p><b>Response:</b></p> <p>Confirmed. EyeMed is in full compliance with HIPAA regulations. We don't intend to use any subcontractors to provide services exclusively for you, but if we were to, we would secure your prior written approval, and confirm they are in full compliance with HIPAA requirements and regulations.</p>
<p><b>2.</b></p>	<p><b>The contractor shall agree to sign the State's Business Associate Agreement. See Attachment 3, Business Associate Agreement.</b></p> <p><b>Response:</b></p> <p>Confirmed.</p>
<p><b>3.</b></p>	<p><b>The contractor must be able to accept weekly eligibility feeds from Workday, the State's Human Resource Information System (HRIS) vendor. The State is providing the current contractor with the following data fields:</b></p> <ul style="list-style-type: none"> <li><b>Enrollment Relationship Cobra</b></li> <li><b>Qualifying Event Code Position</b></li> <li><b>Time Type</b></li> <li><b>Member Level Date Configuration</b></li> <li><b>Gender</b></li> <li><b>Marital Status</b></li> <li><b>Pay Rate Frequency Health</b></li> <li><b>Care Classification Plan</b></li> <li><b>Type</b></li> <li><b>Insurance Line Code Health</b></li> <li><b>Care FSA Code Dependent</b></li> <li><b>Care FSA Code Plan</b></li> <li><b>Coverage Description</b></li> <li><b>Coverage Level Code</b></li> <li><b>HSA Coverage Level Code Rate</b></li> <li><b>Based Covered Entity Plan Type</b></li> <li><b>Begin Date DFO Map</b></li> <li><b>Health Coverage Date Configuration</b></li> <li><b>Amount Qualifier Code</b></li> <li><b>Monetary Amount</b></li> <li><b>Coverage Level Increments (units)</b></li> <li><b>Plan Code</b></li> <li><b>Health Coverage Plan Coverage Description</b></li> <li><b>Health Coverage Policy Number</b></li> <li><b>Member ID Number</b></li> <li><b>Member Location</b></li> </ul> <p><b>Response:</b></p> <p>Confirmed. As the incumbent, we'll continue to accept your weekly file feeds from Workday. And since we have a strong relationship and system already in place, there won't be any disruptions in the process.</p>



#### IV. PROJECT DESCRIPTION AND SCOPE OF WORK

##### E. REPORTING

Describe the reporting capabilities and reports the Bidder provides at no additional cost to the State. Indicate the name of the report, and describe the information reported and the frequency of the issuance of the report. Please provide examples.

- a. Standard Report: Report Name
- b. Standard Report: Description
- c. Standard Report: Frequency
- d. Standard Report: Format/File Type
- e. Are the reports available in real-time and on-line via the Internet?
- f. Can these reports be customized to further meet the client's needs? If so, is there an additional charge for customized reports or ad hoc reports? If so, what is the actual fee and how is it billed?
- g. Do bidder's reporting capabilities allow for the State to perform its own and ad hoc inquiries/analysis on the State's Data as deemed necessary? If yes, please explain in detail the capabilities and analysis options and state any software, hardware, or other requirements necessary for the State to access or utilize this capability. If no, does the State have the option to download data to perform our own analysis as needed?

You'll continue to receive your quarterly reporting package – in PDF and Excel format – that contains everything you'll need to evaluate your performance. And of course, Account Manager Kierston Winters will be available to answer any questions or help interpret results. Take a look at what you'll still receive via our Group Portal:

- Utilization: illustrates enrollment trends and provides exam and material utilization statistics
- Network Utilization: explains member provider preferences, including usage among independents and retailers, as well as frame utilization by price point and network
- Benefit Utilization: illustrates the plan savings on exams, contacts, frames and lenses and provides utilization stats based on member age groupings
- Member Experience: measures member savings on exams, contacts, frames, lenses and lens options
- Performance Statistics: outlines our ability to meet and exceed our agreed upon performance standards in both client and member services

In addition, you'll receive the following reports within 2 business days each time data is loaded:

- Eligibility Detail: provides a snapshot of the employees added, received and termed
- Eligibility Exceptions: details the exception records not loaded, along with the reason, helping to quickly address and correct the issue

If you would like to drill down even further, in terms of ad-hoc or customized reporting, we are happy to accommodate. And of course, at no additional cost to you.





#### **IV. PROJECT DESCRIPTION AND SCOPE OF WORK**

##### **C. PERFORM IMPLEMENTATION**

**The bidder shall provide a plan detailing the implantation timeline, including any implementation phases. Implementation must be completed by May 1, 2017 prior to the State's Annual Open Enrollment period. The plan shall define responsibilities assigned to the contractor and responsibilities assigned to the State. Failure to provide an implementation timeline will be reflected in the bidder's score.**

Here's some good news: because we are partners already, a traditional implementation won't be necessary. But since we are making some minor adjustments to your plan, we've included a customized implementation plan in Exhibit 5.



# Exhibit Summary

1. 2015 Annual Report
2. Account Management Resumes and Organizational Chart
3. Member Out-of-Pocket Comparisons
4. GeoAccess Report
5. Custom Implementation Plan
6. Custom ID Cards
7. Custom Benefit Summaries
8. Certificate of Insurance



# ● 2015 Annual Report

We've included a copy of our most recent annual report in the package with our technical proposal.





## Kierston Winters

SR. NATIONAL ACCOUNT MANAGER, EYEMED VISION CARE



### BACKGROUND

Highly experienced National Account Manager with more than 16 years of experience, six of which have been with EyeMed

Dedicated to building and maintaining client relationships through proactive account management and effective consultation

Successful in partnering with cross-functional teams to achieve goal-oriented results

### WORK EXPERIENCE

EyeMed Vision Care | Senior National Account Manager

Responsible for large, national client groups with 2,000 – 19,999 employees

Successfully delivers a high level of client and member satisfaction

Facilitate and track resolution for all administrative inquiries and client requests

Acts as a vision plan consultant, recommending services and plan enhancements based on employee utilization and industry trends

Conducts business and strategy reviews

EyeMed Vision Care | Regional Sales Manager

Responsible for selling accounts in the Northwest segment with 1,000+ eligible employees

Built and maintained strong customer, broker and consultant relationships while increasing awareness of EyeMed Vision Care

Facilitated the sales process, as well as the implementation phase and transition to account management

### EDUCATION

BA Vocational Education, *Sacramento State University*

California Life License

### REFERENCES

University of Nebraska, Brian Schlichting

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(402) 472-6803 - facsimile

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# Deloise Shipmon

IMPLEMENTATION MANAGER, EYEMED VISION CARE



## BACKGROUND

More than 21 years of industry experience, all with EyeMed  
Proven project management experience in the implementation of large commercial clients  
Adept at leading internal and external cross functional teams for successful project completion  
Entrepreneurial mindset for exceeding client expectations, understanding and deploying customer requirements to ensure seamless implementation of client's vision care plans  
Skilled in verbal and written communications, both internal and external

## WORK EXPERIENCE

EyeMed Vision Care | Implementation Manager  
Ownership of implementation success for large commercial clients  
Responsible for coordinating membership eligibility data, billing arrangements, membership materials and ID cards and open enrollment meeting support  
Ability to work collaboratively leading cross functional teams to communicate project status and forecast workload for client-specific projects

EyeMed Vision Care | Claims Supervisor  
Supervised associated with processing in and out-of-network claims  
Ensured that all claims were processed accurately and efficiently  
Trained new hires and existing claim processors on new procedures to ensure consistency and accuracy in all claims processed

## EDUCATION

BS, Business Management, Magna Cum Laude *Indiana Wesleyan*

## REFERENCES

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# Nice to see you, State of Nebraska

Easy for employees means easier for you, too. That's why 99% of EyeMed clients agree we're easy to work with.

- 99% Client Retention
- 97% Client Satisfaction
- 100% Implementation Satisfaction



Your primary EyeMed support team







## Member Savings Comparison

State of Nebraska Option BL 2 - 1

Member Savings vs Retail

Proposed EyeMed Vision Plan - Insight Network

Your EyeMed analysis includes:<sup>1</sup>

- 1: Top selling Brands
- 2: Utilization based on how people really use their benefit
- 3: Most common frame allowance and retail price
- 4: Most popular lens options

	EyeMed Insight
Exam Copay:	\$ 10.00
Contact Lens Fit & Follow-Up:	\$ 40.00
Lens Copay:	\$ 10.00
Retail Frame Allowance:	\$ 105.00
Contact Lens Allowance:	\$ 105.00

### Popular EyeMed Vision Care Transactions

	% of transactions	Retail	EyeMed Member Cost	Member Savings	Member Savings
<b>EyeGlass Transaction - Single Vision Lens</b>					
Exam with Copay		\$ 104.00	\$ 10.00	\$ 94.00	
Frame		\$ 167.00	\$ 49.60	\$ 117.40	
Single Vision Lens	41%	\$ 90.00	\$ 10.00	\$ 80.00	74%
Polycarbonate (Adults)		\$ 62.00	\$ 40.00	\$ 22.00	
<b>Total Member Out-of-Pocket Cost</b>		<b>\$ 423.00</b>	<b>\$ 109.60</b>	<b>\$ 313.40</b>	
<b>EyeGlass Transaction - Progressive Lens</b>					
Exam with Copay		\$ 104.00	\$ 10.00	\$ 94.00	
Frame		\$ 167.00	\$ 49.60	\$ 117.40	
Bifocal Lens (Material copay)		n/a	\$ 10.00	\$ (10.00)	
Varilux Comfort Premium Progressive Lens - Tier II	37%	\$ 250.00	\$ 95.00	\$ 155.00	62%
Crizal Alize Premium Anti-Reflective - Tier II		\$ 113.00	\$ 68.00	\$ 45.00	
Backside UV		\$ 20.00	\$ 15.00	\$ 5.00	
<b>Total Member Out-of-Pocket Cost</b>		<b>\$ 654.00</b>	<b>\$ 247.60</b>	<b>\$ 406.40</b>	
<b>Contact Lens Transaction</b>					
Exam with Copay		\$ 104.00	\$ 10.00	\$ 94.00	
Standard Contact Lens Fit and Follow-up		\$ 61.00	\$ 40.00	\$ 21.00	
<i>Full allowance remains after paying contact lens exam fees</i>	21%				73%
Purchase Acuvue Oasys @ \$34.00 / box (1/2 year supply) <sup>2</sup>		\$ 136.00	\$ 31.00	\$ 105.00	
<b>Total Member Out-of-Pocket Cost</b>		<b>\$ 301.00</b>	<b>\$ 81.00</b>	<b>\$ 220.00</b>	
<b>Weighted Average Total</b>	<b>100%</b>	<b>\$ 481.84</b>	<b>\$ 154.66</b>	<b>\$ 327.18</b>	<b>68%</b>



## Member Savings Comparison

State of Nebraska Option BL 3 - 1

Member Savings vs Retail

Proposed EyeMed Vision Plan - Insight Network

Your EyeMed analysis includes:<sup>1</sup>

- 1: Top selling Brands
- 2: Utilization based on how people really use their benefit
- 3: Most common frame allowance and retail price
- 4: Most popular lens options

	EyeMed Insight
Exam Copay:	\$ 10.00
Contact Lens Fit & Follow-Up:	\$ 40.00
Lens Copay:	\$ 10.00
Retail Frame Allowance:	\$ 120.00
Contact Lens Allowance:	\$ 130.00

### Popular EyeMed Vision Care Transactions

	% of Transactions	Retail	EyeMed Member Cost	Member Savings	Member Savings
<b>EyeGlass Transaction - Single Vision Lens</b>					
Exam with Copay		\$ 104.00	\$ 10.00	\$ 94.00	
Frame		\$ 167.00	\$ 37.60	\$ 129.40	
Single Vision Lens	36%	\$ 90.00	\$ 10.00	\$ 80.00	77%
Polycarbonate (Adults)		\$ 62.00	\$ 40.00	\$ 22.00	
<b>Total Member Out-of-Pocket Cost</b>		<b>\$ 423.00</b>	<b>\$ 97.60</b>	<b>\$ 325.40</b>	
<b>EyeGlass Transaction - Progressive Lens</b>					
Exam with Copay		\$ 104.00	\$ 10.00	\$ 94.00	
Frame		\$ 167.00	\$ 37.60	\$ 129.40	
Bifocal Lens (Material copay)		n/a	\$ 10.00	\$ (10.00)	
Varilux Comfort Premium Progressive Lens - Tier II	30%	\$ 250.00	\$ 95.00	\$ 155.00	64%
Crizal Alize Premium Anti-Reflective - Tier II		\$ 113.00	\$ 68.00	\$ 45.00	
Backside UV		\$ 20.00	\$ 15.00	\$ 5.00	
<b>Total Member Out-of-Pocket Cost</b>		<b>\$ 654.00</b>	<b>\$ 235.60</b>	<b>\$ 418.40</b>	
<b>Contact Lens Transaction</b>					
Exam with Copay		\$ 104.00	\$ 10.00	\$ 94.00	
Standard Contact Lens Fit and Follow-up		\$ 61.00	\$ 40.00	\$ 21.00	
<i>Full allowance remains after paying contact lens exam fees</i>	34%				81%
Purchase Acuvue Oasys @ \$34.00 / box (1/2 year supply) <sup>2</sup>		\$ 136.00	\$ 6.00	\$ 130.00	
<b>Total Member Out-of-Pocket Cost</b>		<b>\$ 301.00</b>	<b>\$ 56.00</b>	<b>\$ 245.00</b>	
<b>Weighted Average Total</b>	<b>100%</b>	<b>\$ 449.08</b>	<b>\$ 124.36</b>	<b>\$ 324.73</b>	<b>72%</b>





# ***Network Analysis***

***EyeMed Vision Care***  
***Insight Network***

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*Created for...*  
***State of Nebraska***

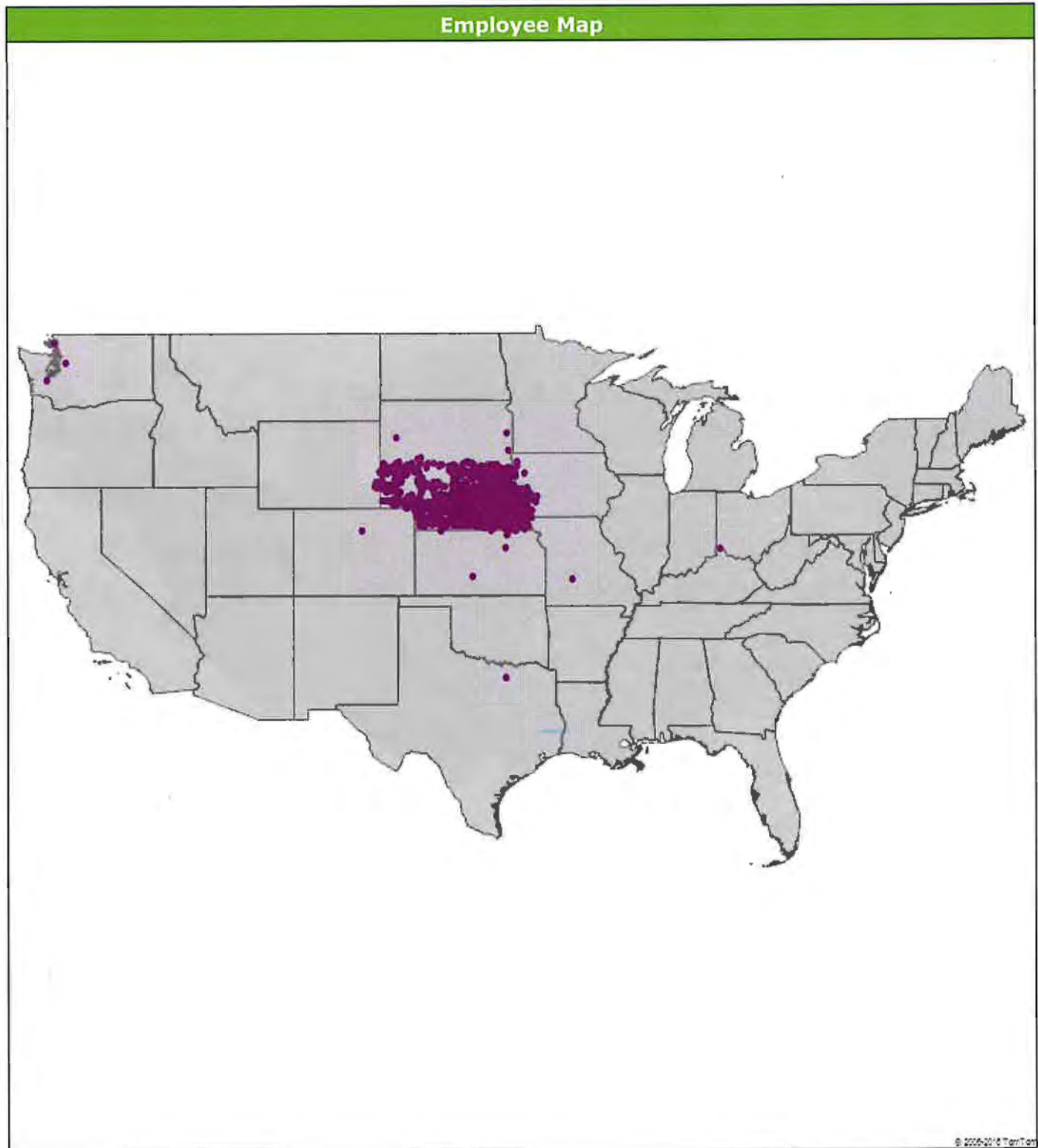
*December 22, 2016*

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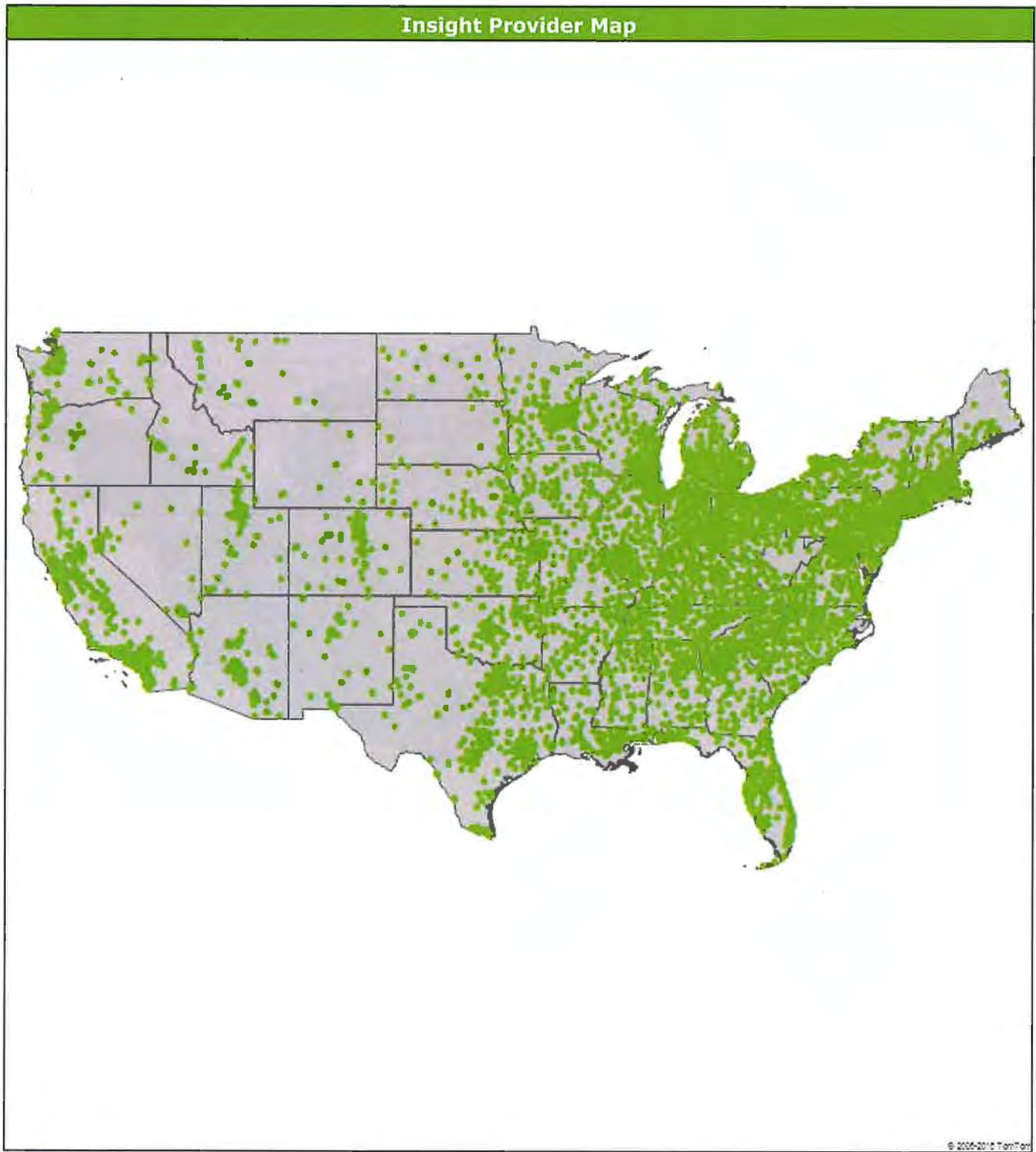
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# All Employees



# All Providers



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*Urban/Suburban  
Employees - Optometrists*

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## Access Summary By City

Employees With and Without Access	
Employee Group	<b>7,961 employees</b> 7,961 (100.0%) employees with access 0 (0.0%) employees without access
Provider Group	(76,451 total access points)

Key Geographic Areas										
City	Employee	With Access <sup>1</sup>		Without Access <sup>1</sup>		Counts <sup>2</sup>	Average Distance			
	#	#	%	#	%	#	1	2	3	
With Access	Lincoln, NE	6,136	6,136	100.0	0	0.0	101	1.2	1.3	1.5
	Omaha, NE	1,457	1,457	100.0	0	0.0	177	1.3	1.6	1.7
	Bellevue, NE	222	222	100.0	0	0.0	26	1.3	1.4	1.5
	La Vista, NE	67	67	100.0	0	0.0	7	0.9	0.9	1.2
	Council Bluffs, IA	42	42	100.0	0	0.0	24	1.1	1.1	1.3
	Sioux City, IA	14	14	100.0	0	0.0	14	1.3	1.4	1.6
	Carter Lake, IA	13	13	100.0	0	0.0	0	2.9	3.5	3.7
	Sprague, NE	5	5	100.0	0	0.0	0	9.3	9.7	9.7
	Frisco, TX	1	1	100.0	0	0.0	56	1.1	1.3	1.4
	Ft Mitchell, KY	1	1	100.0	0	0.0	17	0.4	0.4	0.4
	Sammamish, WA	1	1	100.0	0	0.0	0	2.9	2.9	4.4
	Sioux Falls, SD	1	1	100.0	0	0.0	62	1.4	1.4	1.4
	Westminster, CO	1	1	100.0	0	0.0	16	1.0	1.0	1.0
Without Access	No data that meets the criteria									

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**Access Analysis**

EMI/US OD - 2 Providers within 10 Miles

**Employee Group**

Urban/Suburban Employees

**Provider Group**

EyeMed Insight Optometrists

**Areas With Access**

Top 21 Cities in the market, sorted by the number of employees with access

**Areas Without Access**

Bottom 21 Cities in the market, sorted by the number of employees without access

<sup>1</sup> The Access Standard is defined as (Urban/Suburban Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 10 miles

<sup>2</sup> Provider counts represent:

## Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
No data that meets the criteria							

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**Access Analysis**

EMI/US OD - 2 Providers within 10 Miles

**Employee Group**

Urban/Suburban Employees

**Provider Group**

EyeMed Insight Optometrists

**EMI/US OD - 2 Providers within 10 Miles**

<sup>1</sup>The Access Standard is defined as (Urban/Suburban Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 10 miles

## *Rural Employees - Optometrists*

---

## Access Summary By City

Employees With and Without Access	
<b>Employee Group</b>	<b>9,105 employees</b> 7,446 (81.8%) employees with access 1,659 (18.2%) employees without access
<b>Provider Group</b>	(76,451 total access points)

Key Geographic Areas										
City	Employee	With Access <sup>1</sup>		Without Access <sup>1</sup>		Counts <sup>2</sup>	Average Distance			
	#	#	%	#	%	#	1	2	3	
With Access	Lincoln, NE	541	541	100.0	0	0.0	101	3.6	4.3	4.6
	Beatrice, NE	500	500	100.0	0	0.0	11	2.4	2.4	2.4
	Norfolk, NE	438	438	100.0	0	0.0	22	1.7	1.7	2.4
	Grand Island, NE	416	416	100.0	0	0.0	23	1.6	1.6	1.6
	Kearney, NE	319	319	100.0	0	0.0	8	2.3	2.3	2.4
	North Platte, NE	268	268	100.0	0	0.0	10	2.3	2.4	2.4
	Fremont, NE	215	215	100.0	0	0.0	17	1.4	1.5	1.8
	Scottsbluff, NE	213	213	100.0	0	0.0	11	1.6	1.8	1.9
	Gering, NE	180	180	100.0	0	0.0	1	1.9	4.8	5.0
	Papillion, NE	150	150	100.0	0	0.0	19	1.3	1.5	1.5
	Mc Cook, NE	129	129	100.0	0	0.0	3	1.5	1.5	1.5
	Omaha, NE	127	127	100.0	0	0.0	177	1.8	2.8	2.9
	Columbus, NE	100	100	100.0	0	0.0	5	2.1	2.1	3.0
	Hickman, NE	100	100	100.0	0	0.0	0	9.7	10.8	11.5
	Gretna, NE	90	90	100.0	0	0.0	3	2.7	2.8	5.9
	Tecumseh, NE	91	83	91.2	8	8.8	0	18.8	18.8	18.8
	Ashland, NE	77	77	100.0	0	0.0	0	13.3	13.3	16.7
	Waverly, NE	73	73	100.0	0	0.0	0	12.0	12.0	12.2
	Lexington, NE	71	71	100.0	0	0.0	2	1.7	1.7	28.7
	Nebraska City, NE	64	64	100.0	0	0.0	2	1.8	1.8	17.6
	Elkhorn, NE	58	58	100.0	0	0.0	4	1.9	1.9	1.9
Without Access	Hastings, NE	199	9	4.5	190	95.5	1	1.8	23.7	23.7
	York, NE	136	7	5.1	129	94.9	0	22.3	22.3	29.6
	Seward, NE	116	17	14.7	99	85.3	0	21.1	21.1	23.9
	Geneva, NE	59	0	0.0	59	100.0	0	17.9	34.6	36.1
	Fairbury, NE	49	0	0.0	49	100.0	0	25.8	25.8	25.8
	Holdrege, NE	40	0	0.0	40	100.0	0	24.2	24.2	24.2
	Ainsworth, NE	36	0	0.0	36	100.0	1	0.5	49.4	49.4
	Crawford, NE	36	0	0.0	36	100.0	0	30.1	30.2	30.2
	Juniata, NE	30	1	3.3	29	96.7	0	8.0	25.2	25.2
	Sterling, NE	29	0	0.0	29	100.0	0	21.9	27.6	27.9
	Cook, NE	27	3	11.1	24	88.9	0	11.9	23.8	23.8
	Sutton, NE	25	2	8.0	23	92.0	1	1.2	23.6	23.6
	Hebron, NE	22	0	0.0	22	100.0	0	24.8	25.2	38.7
	Neligh, NE	22	0	0.0	22	100.0	0	31.5	31.5	31.5
	Fairmont, NE	19	0	0.0	19	100.0	0	16.6	32.6	33.9
	Burwell, NE	18	1	5.6	17	94.4	0	25.8	25.8	25.8
	Chappell, NE	17	0	0.0	17	100.0	0	29.1	29.5	37.0
	Bassett, NE	14	0	0.0	14	100.0	0	20.6	47.5	47.5
	Cambridge, NE	14	0	0.0	14	100.0	0	27.9	27.9	27.9
	Utica, NE	14	0	0.0	14	100.0	0	32.8	32.8	33.5
	Adams, NE	23	11	47.8	12	52.2	0	22.0	22.4	22.7

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**Access Analysis**

EMI/R OD - 2 Providers within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Optometrists

**Areas With Access**

Top 21 Cities in the market, sorted by the number of employees with access

**Areas Without Access**

Bottom 21 Cities in the market, sorted by the number of employees without access

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing;  
2 (EyeMed Insight Optometrists) providers in 20 miles

<sup>2</sup> Provider counts represent:  
#: Provider access points

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Adams, NE	68301	23	12	52.2	22.0	22.4	22.7
Ainsworth, NE	69210	36	36	100.0	0.5	49.4	49.4
Albion, NE	68620	9	9	100.0	43.4	43.4	44.4
Alexandria, NE	68303	3	3	100.0	35.1	35.4	35.5
Allen, NE	68710	4	2	50.0	20.2	21.3	21.6
Alma, NE	68920	7	7	100.0	43.4	43.4	43.4
Amelia, NE	68711	1	1	100.0	21.5	21.5	21.6
Amherst, NE	68812	4	1	25.0	20.8	20.8	20.9
Anselmo, NE	68813	4	3	75.0	24.4	24.4	48.9
Ansley, NE	68814	5	1	20.0	20.1	20.1	22.0
Arapahoe, NE	68922	5	5	100.0	36.0	36.0	42.1
Arnold, NE	69120	8	8	100.0	29.5	29.5	35.0
Arthur, NE	69121	2	2	100.0	35.7	35.7	35.7
Atkinson, NE	68713	10	1	10.0	20.3	20.3	21.0
Atlantic, IA	50022	1	1	100.0	23.5	31.0	31.1
Avoca, NE	68307	5	5	100.0	10.8	20.8	20.8
Axtell, KS	66403	2	2	100.0	12.0	21.4	21.4
Ayr, NE	68925	1	1	100.0	12.6	27.8	27.8
Bartlett, NE	68622	4	4	100.0	31.7	31.7	31.7
Bartley, NE	69020	5	1	20.0	22.5	22.5	22.5
Bassett, NE	68714	14	14	100.0	20.6	47.5	47.5
Beaver City, NE	68926	2	2	100.0	44.4	44.4	44.4
Beaver Crossing, NE	68313	8	8	100.0	24.8	28.8	28.8
Bee, NE	68314	5	5	100.0	23.7	23.7	26.7
Belgrade, NE	68623	2	2	100.0	34.9	34.9	34.9
Benedict, NE	68316	1	1	100.0	27.5	27.5	35.8
Bertrand, NE	68927	4	4	100.0	23.0	23.0	35.8
Big Springs, NE	69122	8	7	87.5	23.7	23.7	23.7
Bloomfield, NE	68718	16	9	56.2	22.2	22.3	22.9
Blue Hill, NE	68930	11	11	100.0	18.7	34.0	34.0
Bradshaw, NE	68319	17	1	5.9	20.4	20.4	28.8
Brady, NE	69123	16	1	6.2	20.3	20.3	26.1
Brainard, NE	68626	5	5	100.0	21.2	21.2	21.2
Brewster, NE	68821	1	1	100.0	40.6	43.3	43.3
Broadwater, NE	69125	2	1	50.0	22.8	22.8	22.8
Bruning, NE	68322	1	1	100.0	33.5	35.1	37.1
Burchard, NE	68323	3	3	100.0	25.4	25.4	25.4
Burr, NE	68324	4	4	100.0	12.1	27.9	28.0
Burwell, NE	68823	18	17	94.4	25.8	25.8	25.8
Butte, NE	68722	3	3	100.0	37.1	37.1	37.7
Callaway, NE	68825	3	3	100.0	20.9	20.9	33.2
Cambridge, NE	69022	14	14	100.0	27.9	27.9	27.9
Cedar Rapids, NE	68627	3	3	100.0	33.0	33.0	33.0
Central City, NE	68826	28	2	7.1	22.2	22.2	29.8
Chambers, NE	68725	2	2	100.0	21.4	21.4	21.6
Champion, NE	69023	1	1	100.0	25.6	42.7	42.7
Chappell, NE	69129	17	17	100.0	29.1	29.5	37.0
Clarks, NE	68628	4	4	100.0	29.7	29.7	33.8
Clarkson, NE	68629	8	7	87.5	21.4	21.4	21.5
Clay Center, NE	68933	4	4	100.0	15.6	20.3	25.0

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Continued on next page

**Access Analysis**

EMI/R OD - 2 Providers within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Optometrists

**EMI/R OD - 2 Providers within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 20 miles



### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Clearwater, NE	68726	2	2	100.0	32.4	32.4	32.4
Cody, NE	69211	2	2	100.0	40.7	40.7	48.9
Coleridge, NE	68727	1	1	100.0	26.0	26.0	26.0
Cook, NE	68329	27	24	88.9	11.9	23.8	23.8
Cordova, NE	68330	1	1	100.0	24.4	30.5	33.6
Crawford, NE	69339	36	36	100.0	30.1	30.2	30.2
Culbertson, NE	69024	10	1	10.0	21.6	21.6	21.6
Curtis, NE	69025	4	4	100.0	33.0	33.0	33.0
Davenport, NE	68335	1	1	100.0	21.6	37.9	38.0
David City, NE	68632	20	1	5.0	22.7	22.7	22.7
Dawson, NE	68337	4	1	25.0	21.0	21.0	21.0
Deshler, NE	68340	4	4	100.0	24.2	24.4	35.5
Diller, NE	68342	8	6	75.0	21.0	21.0	21.0
Dodge, NE	68633	4	1	25.0	20.4	20.4	20.5
Douglas, NE	68344	7	6	85.7	16.2	22.7	23.6
Du Bois, NE	68345	1	1	100.0	14.1	31.3	31.3
Dunlap, IA	51529	1	1	100.0	22.4	22.7	25.6
Dwight, NE	68635	10	10	100.0	24.0	24.0	24.0
Eddyville, NE	68834	1	1	100.0	22.0	22.0	27.0
Edgar, NE	68935	2	2	100.0	20.8	33.6	35.5
Elgin, NE	68636	5	5	100.0	35.0	35.0	35.0
Elk Creek, NE	68348	11	6	54.5	22.4	22.4	22.4
Elm Creek, NE	68836	10	2	20.0	22.2	22.2	22.2
Elmwood, NE	68349	23	4	17.4	13.7	20.9	20.9
Elwood, NE	68937	21	1	4.8	21.1	21.1	34.4
Ericson, NE	68637	2	2	100.0	26.5	26.5	26.5
Eustis, NE	69028	5	2	40.0	21.8	21.8	22.7
Ewing, NE	68735	1	1	100.0	28.8	28.8	29.4
Exeter, NE	68351	8	8	100.0	23.0	26.8	32.7
Fairbury, NE	68352	49	49	100.0	25.8	25.8	25.8
Fairfield, NE	68938	6	6	100.0	24.2	25.3	33.0
Fairmont, NE	68354	19	19	100.0	16.6	32.6	33.9
Franklin, NE	68939	5	5	100.0	27.6	27.6	28.1
Friend, NE	68359	11	11	100.0	19.2	26.9	31.2
Fullerton, NE	68638	10	10	100.0	31.7	31.7	31.7
Geneva, NE	68361	59	59	100.0	17.9	34.6	36.1
Genoa, NE	68640	5	1	20.0	22.3	22.3	24.4
Gilead, NE	68362	1	1	100.0	30.0	30.4	37.9
Glenvil, NE	68941	4	4	100.0	13.2	31.1	33.8
Goehner, NE	68364	2	2	100.0	25.7	25.7	25.7
Grafton, NE	68365	1	1	100.0	8.6	29.7	29.7
Greeley, NE	68842	7	6	85.7	22.4	22.4	22.4
Greenwood, NE	68366	15	1	6.7	20.1	20.1	20.2
Gresham, NE	68367	3	3	100.0	27.5	27.5	28.2
Guide Rock, NE	68942	4	4	100.0	34.1	41.9	41.9
Halsey, NE	69142	1	1	100.0	56.6	60.7	60.7
Hanover, KS	66945	3	1	33.3	20.8	20.8	20.8
Harrison, NE	69346	8	7	87.5	41.5	41.6	41.6
Hartington, NE	68739	12	9	75.0	23.2	23.5	25.5
Hastings, NE	68901	194	185	95.4	1.8	23.7	23.7

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**Access Analysis**

EMI/R OD - 2 Providers within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Optometrists

**EMI/R OD - 2 Providers within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Hastings, NE	68902	5	5	100.0	0.6	23.6	23.6
Hay Springs, NE	69347	4	4	100.0	31.2	31.2	31.2
Hayes Center, NE	69032	1	1	100.0	38.3	38.3	38.3
Hebron, NE	68370	22	22	100.0	24.8	25.2	38.7
Hemingford, NE	69348	5	4	80.0	22.5	23.3	23.3
Henderson, NE	68371	11	1	9.1	14.0	21.1	21.1
Holbrook, NE	68948	2	2	100.0	36.3	36.3	36.3
Holdrege, NE	68949	40	40	100.0	24.2	24.2	24.2
Howells, NE	68641	2	1	50.0	20.2	20.2	20.2
Humboldt, NE	68376	12	1	8.3	22.4	23.2	23.2
Humphrey, NE	68642	11	7	63.6	21.7	21.7	23.3
Hyannis, NE	69350	3	3	100.0	53.6	53.6	53.6
Imperial, NE	69033	11	11	100.0	32.4	36.1	36.1
Inavale, NE	68952	1	1	100.0	26.0	26.0	38.5
Iuka, KS	67066	1	1	100.0	21.3	44.3	44.9
Johnstown, NE	69214	2	2	100.0	16.3	36.3	36.3
Juniata, NE	68955	30	29	96.7	8.0	25.2	25.2
Kenesaw, NE	68956	13	11	84.6	16.2	22.0	22.0
Kilgore, NE	69216	1	1	100.0	23.2	23.2	65.8
Lawrence, NE	68957	3	3	100.0	23.6	38.5	42.6
Lebanon, NE	69036	2	2	100.0	27.1	27.1	27.1
Leigh, NE	68643	5	4	80.0	21.7	21.7	21.7
Lewellen, NE	69147	3	3	100.0	34.7	34.7	34.7
Lewis, IA	51544	1	1	100.0	24.7	24.7	32.2
Liberty, NE	68381	4	3	75.0	22.7	22.7	22.7
Lindsay, NE	68644	3	3	100.0	29.3	29.3	29.8
Long Pine, NE	69217	9	9	100.0	15.4	54.6	54.6
Loomis, NE	68958	2	2	100.0	29.0	29.0	29.8
Madrid, NE	69150	1	1	100.0	25.7	25.7	25.7
Magnet, NE	68749	1	1	100.0	29.8	29.8	29.8
Martin, SD	57551	2	2	100.0	42.4	42.4	42.4
Maywood, NE	69038	6	6	100.0	28.8	28.8	28.8
Mc Cool Junction, NE	68401	8	8	100.0	22.5	27.8	27.8
McLean, NE	68747	1	1	100.0	24.9	24.9	24.9
Meadow Grove, NE	68752	9	1	11.1	21.3	21.3	21.3
Merriman, NE	69218	6	6	100.0	36.3	36.3	36.3
Milford, NE	68405	41	8	19.5	15.8	22.2	22.3
Milligan, NE	68406	6	6	100.0	23.8	28.2	29.1
Minden, IA	51553	1	1	100.0	23.6	23.7	24.0
Mondamin, IA	51557	1	1	100.0	20.6	21.0	28.3
Moorefield, NE	69039	1	1	100.0	26.7	26.7	36.8
Mullen, NE	69152	8	8	100.0	57.9	58.1	58.9
Naper, NE	68755	3	3	100.0	48.9	49.3	49.7
Neligh, NE	68756	22	22	100.0	31.5	31.5	31.5
Nelson, NE	68961	5	5	100.0	34.0	38.9	43.8
Newman Grove, NE	68758	3	3	100.0	34.3	34.3	34.7
Niobrara, NE	68760	14	4	28.6	22.1	22.1	22.1
Oakdale, NE	68761	2	2	100.0	27.3	27.3	27.3
Oakland, IA	51560	1	1	100.0	23.1	23.5	23.9
Oberlin, KS	67749	2	2	100.0	28.4	28.4	28.4

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**Access Analysis**

EMI/R OD - 2 Providers within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Optometrists

**EMI/R OD - 2 Providers within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Oconto, NE	68860	5	3	60.0	22.0	22.0	27.4
Odeil, NE	68415	15	3	20.0	20.5	20.6	20.6
Ohiova, NE	68416	3	3	100.0	26.8	32.3	35.3
Orchard, NE	68764	1	1	100.0	24.9	24.9	24.9
Orleans, NE	68966	5	5	100.0	46.0	46.0	46.0
Osceola, NE	68651	12	12	100.0	24.6	24.6	26.7
Oshkosh, NE	69154	7	7	100.0	40.8	41.0	44.5
Osmond, NE	68765	5	5	100.0	25.9	25.9	25.9
Overton, NE	68863	14	1	7.1	20.8	20.8	22.7
Ovid, CO	80744	1	1	100.0	24.8	40.7	41.1
Oxford, NE	68967	4	4	100.0	39.2	39.2	48.2
Palisade, NE	69040	6	6	100.0	33.4	33.4	33.4
Parks, NE	69041	3	1	33.3	22.4	22.4	22.4
Pawnee City, NE	68420	12	12	100.0	22.1	32.6	32.6
Paxton, NE	69155	8	2	25.0	22.1	22.1	22.1
Petersburg, NE	68652	2	2	100.0	38.3	38.3	38.3
Pierce, NE	68767	49	4	8.2	21.4	21.4	21.4
Plainview, NE	68769	11	11	100.0	27.2	27.2	27.2
Polk, NE	68654	4	4	100.0	24.3	24.3	34.1
Potter, NE	69156	4	1	25.0	20.5	21.0	24.0
Randolph, NE	68771	8	7	87.5	24.2	24.2	24.5
Red Cloud, NE	68970	3	3	100.0	32.0	32.0	36.7
Republican City, NE	68971	3	3	100.0	36.5	36.5	36.5
Riverton, NE	68972	1	1	100.0	23.1	23.1	32.7
Roseland, NE	68973	1	1	100.0	18.2	21.6	21.6
Royal, NE	68773	4	1	25.0	20.6	20.6	20.6
Rushville, NE	69360	4	1	25.0	29.6	29.6	29.6
Ruskin, NE	68974	1	1	100.0	31.3	31.3	32.7
Saint Edward, NE	68660	2	2	100.0	30.7	30.7	32.4
Salem, NE	68433	2	2	100.0	23.9	23.9	23.9
Sargent, NE	68874	9	9	100.0	24.3	24.3	25.4
Scotia, NE	68875	3	1	33.3	20.1	20.1	20.1
Sedgwick, CO	80749	1	1	100.0	31.1	35.4	35.8
Seneca, NE	69161	2	2	100.0	60.2	60.2	64.0
Seward, NE	68434	116	99	85.3	21.1	21.1	23.9
Shelton, NE	68876	4	3	75.0	20.7	20.7	21.1
Shickley, NE	68436	4	4	100.0	21.3	39.1	39.7
Shubert, NE	68437	5	1	20.0	20.6	20.6	20.6
Silver Creek, NE	68663	1	1	100.0	22.0	22.0	23.7
Spencer, NE	68777	5	5	100.0	30.7	30.7	31.2
Springview, NE	68778	5	5	100.0	22.0	39.8	39.8
Stanton, NE	68779	38	2	5.3	21.8	21.8	22.3
Staplehurst, NE	68439	3	3	100.0	29.1	29.1	32.0
Stapleton, NE	69163	8	8	100.0	30.1	30.3	30.9
Steinauer, NE	68441	7	7	100.0	26.4	26.6	26.6
Sterling, NE	68443	29	29	100.0	21.9	27.6	27.9
Strang, NE	68444	2	2	100.0	26.5	33.8	40.1
Stratton, NE	69043	3	3	100.0	22.6	22.6	22.6
Stromsburg, NE	68666	8	8	100.0	30.2	30.2	32.2
Stuart, NE	68780	3	3	100.0	31.2	31.2	31.8

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**Access Analysis**

EMI/R OD - 2 Providers within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Optometrists

**EMI/R OD - 2 Providers within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Summerfield, KS	66541	1	1	100.0	24.6	24.6	24.6
Sumner, NE	68878	5	4	80.0	23.3	23.3	32.7
Superior, NE	68978	10	10	100.0	33.0	33.1	39.7
Sutherland, NE	69165	17	10	58.8	22.6	22.6	22.6
Sutton, NE	68979	25	23	92.0	1.2	23.6	23.6
Swanton, NE	68445	2	2	100.0	12.7	21.0	21.3
Syracuse, NE	68446	64	12	18.8	5.7	21.6	21.8
Table Rock, NE	68447	10	9	90.0	24.4	25.6	25.6
Taylor, NE	68879	3	3	100.0	37.2	37.2	42.3
Tecumseh, NE	68450	91	8	8.8	21.9	23.0	23.0
Theford, NE	69166	3	3	100.0	59.0	59.3	59.3
Tilden, NE	68781	9	5	55.6	22.0	22.0	22.0
Tobias, NE	68453	2	2	100.0	22.2	31.1	35.1
Trenton, NE	69044	5	5	100.0	21.7	21.7	21.7
Trumbull, NE	68980	3	1	33.3	14.9	20.2	23.2
Tryon, NE	69167	3	3	100.0	29.2	29.5	29.5
Unadilla, NE	68454	17	11	64.7	5.7	21.1	22.1
Utica, NE	68456	14	14	100.0	32.8	32.8	33.5
Venango, NE	69168	1	1	100.0	24.8	37.3	37.3
Verdon, NE	68457	3	2	66.7	21.8	21.8	21.8
Waco, NE	68460	9	9	100.0	30.3	30.3	36.0
Wallace, NE	69169	4	4	100.0	39.4	39.4	39.4
Wauneta, NE	69045	2	2	100.0	27.9	27.9	27.9
Wausa, NE	68786	6	6	100.0	27.0	27.0	27.5
Weeping Water, NE	68463	14	2	14.3	13.4	20.9	21.9
Wellfleet, NE	69170	5	5	100.0	24.9	24.9	24.9
Western, NE	68464	3	3	100.0	14.6	23.8	29.5
Whitman, NE	69366	1	1	100.0	65.7	65.7	65.7
Wilcox, NE	68982	5	3	60.0	21.2	21.2	21.2
Wood River, NE	68883	12	4	33.3	19.7	21.9	21.9
Woodbine, IA	51579	2	2	100.0	23.2	23.5	23.6
York, NE	68467	136	129	94.9	22.3	22.3	29.6
<b>Grand Totals</b>		<b>2,311</b>	<b>1,659</b>	<b>71.8</b>	<b>20.9</b>	<b>27.8</b>	<b>29.7</b>

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**Access Analysis**

EMI/R OD - 2 Providers within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Optometrists

**EMI/R OD - 2 Providers within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

2 (EyeMed Insight Optometrists) providers in 20 miles

*Urban/Suburban  
Employees - Ophthalmologists*

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## Access Summary By City

Employees With and Without Access	
Employee Group	<b>7,961 employees</b> 7,783 (97.8%) employees with access 178 (2.2%) employees without access
Provider Group	(8,559 total access points)

Key Geographic Areas										
City	Employee	With Access <sup>1</sup>		Without Access <sup>1</sup>		Counts <sup>2</sup>	Average Distance			
	#	#	%	#	%	#	1	2	3	
With Access	Lincoln, NE	6,136	6,073	99.0	63	1.0	3	4.7	4.7	4.7
	Omaha, NE	1,457	1,453	99.7	4	0.3	7	3.6	5.6	7.0
	Bellevue, NE	222	133	59.9	89	40.1	0	8.3	8.3	8.3
	La Vista, NE	67	67	100.0	0	0.0	0	4.6	8.8	8.9
	Council Bluffs, IA	42	42	100.0	0	0.0	0	5.8	5.8	5.8
	Carter Lake, IA	13	13	100.0	0	0.0	0	5.7	5.7	5.7
	Frisco, TX	1	1	100.0	0	0.0	0	6.4	6.4	7.4
	Westminster, CO	1	1	100.0	0	0.0	0	3.9	7.3	8.4
Without Access	Bellevue, NE	222	133	59.9	89	40.1	0	11.4	11.4	11.4
	Lincoln, NE	6,136	6,073	99.0	63	1.0	3	10.4	10.4	10.4
	Sioux City, IA	14	0	0.0	14	100.0	0	86.8	86.8	89.4
	Sprague, NE	5	0	0.0	5	100.0	0	17.4	17.4	17.4
	Omaha, NE	1,457	1,453	99.7	4	0.3	7	10.5	10.8	15.1
	Ft Mitchell, KY	1	0	0.0	1	100.0	0	13.9	15.5	20.9
	Sammamish, WA	1	0	0.0	1	100.0	0	14.8	15.1	19.3
	Sioux Falls, SD	1	0	0.0	1	100.0	0	84.7	85.5	85.5

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**Access Analysis**

EMI/US MD - 1 Provider within 10 Miles

**Employee Group**

Urban/Suburban Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**Areas With Access**

Top 21 Cities in the market, sorted by the number of employees with access

**Areas Without Access**

Bottom 21 Cities in the market, sorted by the number of employees without access

<sup>1</sup> The Access Standard is defined as (Urban/Suburban Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 10 miles

<sup>2</sup> Provider counts represent:

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Bellevue, NE	68005	88	41	46.6	11.3	11.3	11.3
	68123	108	48	44.4	11.5	11.5	11.5
Ft Mitchell, KY	41017	1	1	100.0	13.9	15.5	20.9
Lincoln, NE	68512	393	1	0.3	10.3	10.3	10.3
	68521	774	62	8.0	10.4	10.4	10.4
Omaha, NE	68138	41	4	9.8	10.5	10.8	15.1
Sammamish, WA	98075	1	1	100.0	14.8	15.1	19.3
Sioux City, IA	51103	1	1	100.0	86.7	86.7	89.1
	51104	9	9	100.0	87.3	87.3	89.9
	51105	4	4	100.0	85.5	85.5	88.2
Sioux Falls, SD	57103	1	1	100.0	84.7	85.5	85.5
Sprague, NE	68438	5	5	100.0	17.4	17.4	17.4
<b>Grand Totals</b>		<b>1,426</b>	<b>178</b>	<b>12.5</b>	<b>17.6</b>	<b>17.6</b>	<b>17.9</b>

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**Access Analysis**

EMI/US MD - 1 Provider within 10 Miles

**Employee Group**

Urban/Suburban Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/US MD - 1 Provider within 10 Miles**

<sup>1</sup>The Access Standard is defined as (Urban/Suburban Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 10 miles

## *Rural Employees - Ophthalmologists*

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## Access Summary By City

Employees With and Without Access	
<b>Employee Group</b>	<b>9,105 employees</b> 2,163 (23.8%) employees with access 6,942 (76.2%) employees without access
<b>Provider Group</b>	(8,559 total access points)

Key Geographic Areas										
City	Employee	With Access <sup>1</sup>		Without Access <sup>1</sup>		Counts <sup>2</sup>	Average Distance			
	#	#	%	#	%	#	1	2	3	
With Access	Lincoln, NE	541	541	100.0	0	0.0	3	8.7	8.7	8.7
	Kearney, NE	319	319	100.0	0	0.0	3	2.5	2.5	2.5
	Papillion, NE	150	150	100.0	0	0.0	0	6.8	10.3	10.4
	Omaha, NE	127	127	100.0	0	0.0	7	3.5	3.5	7.0
	Hickman, NE	100	100	100.0	0	0.0	0	13.7	13.7	13.7
	Gretna, NE	90	90	100.0	0	0.0	0	11.5	17.2	21.4
	Waverly, NE	73	73	100.0	0	0.0	0	13.0	13.0	13.0
	Elkhorn, NE	58	58	100.0	0	0.0	0	3.9	11.8	13.4
	Eagle, NE	52	52	100.0	0	0.0	0	11.1	11.1	11.1
	Bennet, NE	50	50	100.0	0	0.0	0	13.6	13.6	13.6
	Council Bluffs, IA	41	41	100.0	0	0.0	0	9.4	9.4	9.4
	Denton, NE	44	41	93.2	3	6.8	0	15.0	15.0	15.0
	Ceresco, NE	39	36	92.3	3	7.7	0	17.3	17.3	17.3
	Plattsmouth, NE	51	35	68.6	16	31.4	0	18.0	18.2	18.2
	Roca, NE	35	35	100.0	0	0.0	0	11.7	11.7	11.7
	Palmyra, NE	34	31	91.2	3	8.8	0	17.2	17.2	17.2
	Blair, NE	43	30	69.8	13	30.2	0	17.3	17.5	19.4
	Louisville, NE	36	28	77.8	8	22.2	0	18.8	21.6	24.7
	Raymond, NE	32	28	87.5	4	12.5	0	16.7	16.7	16.7
	Bennington, NE	26	26	100.0	0	0.0	0	7.4	9.9	10.0
	Martell, NE	30	25	83.3	5	16.7	0	17.7	17.7	17.7
Without Access	Beatrice, NE	500	0	0.0	500	100.0	0	39.2	39.2	39.2
	Norfolk, NE	438	0	0.0	438	100.0	0	92.0	93.4	93.4
	Grand Island, NE	416	0	0.0	416	100.0	0	45.0	45.0	45.0
	North Platte, NE	268	0	0.0	268	100.0	0	95.1	95.1	95.1
	Fremont, NE	215	0	0.0	215	100.0	0	26.3	28.8	28.8
	Scottsbluff, NE	213	0	0.0	213	100.0	0	87.1	87.1	87.1
	Hastings, NE	199	0	0.0	199	100.0	0	40.0	40.0	40.0
	Gering, NE	180	0	0.0	180	100.0	0	83.9	83.9	83.9
	York, NE	136	0	0.0	136	100.0	0	52.2	52.2	52.2
	Mc Cook, NE	129	0	0.0	129	100.0	0	92.0	92.0	92.0
	Seward, NE	116	0	0.0	116	100.0	0	29.0	29.0	29.0
	Columbus, NE	100	0	0.0	100	100.0	0	64.1	68.5	68.5
	Tecumseh, NE	91	0	0.0	91	100.0	0	46.2	46.2	46.2
	Ashland, NE	77	4	5.2	73	94.8	0	22.6	27.3	27.8
	Lexington, NE	71	0	0.0	71	100.0	0	35.9	35.9	35.9
	Nebraska City, NE	64	0	0.0	64	100.0	0	42.0	42.0	42.0
	Syracuse, NE	64	0	0.0	64	100.0	0	30.0	30.0	30.0
	Geneva, NE	59	0	0.0	59	100.0	0	58.7	58.7	58.7
	Wahoo, NE	57	0	0.0	57	100.0	0	24.1	28.8	28.8
	Chadron, NE	56	0	0.0	56	100.0	0	151.0	151.0	151.0
Crete, NE	55	0	0.0	55	100.0	0	27.0	27.0	27.0	

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**Areas With Access**

Top 21 Cities in the market, sorted by the number of employees with access

**Areas Without Access**

Bottom 21 Cities in the market, sorted by the number of employees without access

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

<sup>2</sup> Provider counts represent:

#: Provider access points

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Adams, NE	68301	23	23	100.0	26.6	26.6	26.6
Ainsworth, NE	69210	36	36	100.0	135.4	135.4	135.4
Albion, NE	68620	9	9	100.0	95.9	95.9	95.9
Alda, NE	68810	4	4	100.0	37.2	37.2	37.2
Alexandria, NE	68303	3	3	100.0	67.0	67.0	67.0
Allen, NE	68710	4	4	100.0	90.4	91.0	91.0
Alliance, NE	69301	48	48	100.0	122.5	122.5	122.5
Alma, NE	68920	7	7	100.0	48.3	48.3	48.3
Alvo, NE	68304	4	1	25.0	21.3	21.3	21.3
Amelia, NE	68711	1	1	100.0	114.6	114.6	114.6
Ames, NE	68621	9	9	100.0	34.1	36.8	36.8
Amherst, NE	68812	4	1	25.0	21.2	21.2	21.2
Anacortes, WA	98221	1	1	100.0	39.6	39.6	39.6
Anselmo, NE	68813	4	4	100.0	78.8	78.8	78.8
Ansley, NE	68814	5	5	100.0	48.8	48.8	48.8
Arapahoe, NE	68922	5	5	100.0	58.7	58.7	58.7
Arcadia, NE	68815	4	4	100.0	51.0	51.0	51.0
Archer, NE	68816	1	1	100.0	66.1	66.1	66.1
Arlington, NE	68002	7	7	100.0	22.2	25.9	25.9
Arnold, NE	69120	8	8	100.0	85.0	85.0	85.0
Arthur, NE	69121	2	2	100.0	150.5	150.5	150.5
Ashland, NE	68003	77	73	94.8	22.6	27.3	27.8
Ashton, NE	68817	5	5	100.0	45.4	45.4	45.4
Atkinson, NE	68713	10	10	100.0	127.7	127.7	127.7
Atlantic, IA	50022	1	1	100.0	53.3	53.3	53.3
Auburn, NE	68305	53	53	100.0	52.6	58.7	58.7
Aurora, NE	68818	42	42	100.0	59.9	59.9	59.9
Avoca, IA	51521	1	1	100.0	40.5	40.5	42.0
Avoca, NE	68307	5	5	100.0	26.2	26.2	26.2
Axtell, KS	66403	2	2	100.0	54.5	54.5	54.5
Ayr, NE	68925	1	1	100.0	45.1	45.1	45.1
Bancroft, NE	68004	5	5	100.0	59.4	62.3	62.3
Barneston, NE	68309	4	4	100.0	53.1	53.1	53.1
Bartlett, NE	68622	4	4	100.0	86.6	86.6	86.6
Bartley, NE	69020	5	5	100.0	76.8	76.8	76.8
Bassett, NE	68714	14	14	100.0	130.7	130.7	130.7
Battle Creek, NE	68715	13	13	100.0	94.9	97.6	97.6
Bayard, NE	69334	19	19	100.0	92.3	92.3	92.3
Beatrice, NE	68310	500	500	100.0	39.2	39.2	39.2
Beaver City, NE	68926	2	2	100.0	67.5	67.5	67.5
Beaver Crossing, NE	68313	8	8	100.0	35.4	35.4	35.4
Bee, NE	68314	5	5	100.0	32.7	32.7	32.7
Beemer, NE	68716	2	2	100.0	64.3	69.4	69.4
Belgrade, NE	68623	2	2	100.0	85.7	85.7	85.7
Belleville, KS	66935	1	1	100.0	78.8	78.8	78.8
Bellwood, NE	68624	5	5	100.0	55.9	58.8	58.8
Benedict, NE	68316	1	1	100.0	56.1	56.1	56.1
Benkelman, NE	69021	7	7	100.0	123.5	140.3	140.3
Bertrand, NE	68927	4	4	100.0	37.1	37.1	37.1
Big Springs, NE	69122	8	8	100.0	143.3	143.3	143.3

<sup>2</sup> 2016 Quest Analytics, LLC.

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:  
1 (EyeMed Insight Ophthalmologists) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Blair, NE	68008	43	13	30.2	21.2	21.8	22.5
Bloomfield, NE	68718	16	16	100.0	124.2	127.6	127.6
Blue Hill, NE	68930	11	11	100.0	52.3	52.3	52.3
Blue Springs, NE	68318	13	13	100.0	46.5	46.5	46.5
Boelus, NE	68820	5	5	100.0	40.1	40.1	40.1
Box Elder, SD	57719	1	1	100.0	227.1	227.1	227.1
Bradshaw, NE	68319	17	17	100.0	61.9	61.9	61.9
Brady, NE	69123	16	16	100.0	72.8	72.8	72.8
Brainard, NE	68626	5	5	100.0	40.4	40.4	40.4
Brewster, NE	68821	1	1	100.0	98.2	98.2	98.2
Bridgeport, NE	69336	26	26	100.0	98.4	98.4	98.4
Broadwater, NE	69125	2	2	100.0	106.8	106.8	106.8
Brock, NE	68320	6	6	100.0	48.8	48.8	48.8
Broken Bow, NE	68822	32	32	100.0	62.5	62.5	62.5
Brookings, SD	57006	1	1	100.0	52.8	52.8	52.8
Brownville, NE	68321	4	4	100.0	43.8	63.8	63.8
Brule, NE	69127	2	2	100.0	151.6	151.6	151.6
Bruning, NE	68322	1	1	100.0	65.5	65.5	65.5
Brunswick, NE	68720	1	1	100.0	122.4	125.0	125.0
Buffalo, MO	65622	1	1	100.0	37.3	49.0	68.6
Burchard, NE	68323	3	3	100.0	52.7	52.7	52.7
Burr, NE	68324	4	4	100.0	32.9	32.9	32.9
Burwell, NE	68823	18	18	100.0	78.8	78.8	78.8
Bushnell, NE	69128	1	1	100.0	49.2	49.2	49.2
Butte, NE	68722	3	3	100.0	156.2	156.2	156.2
Byron, NE	68325	1	1	100.0	91.6	91.6	91.6
Cairo, NE	68824	18	18	100.0	39.3	39.3	39.3
Callaway, NE	68825	3	3	100.0	71.8	71.8	71.8
Cambridge, NE	69022	14	14	100.0	69.8	69.8	69.8
Carroll, NE	68723	6	6	100.0	93.7	98.0	98.0
Cedar Bluffs, NE	68015	12	12	100.0	28.6	33.2	33.2
Cedar Rapids, NE	68627	3	3	100.0	83.1	83.1	83.1
Center, NE	68724	4	4	100.0	132.1	134.9	134.9
Central City, NE	68826	28	28	100.0	68.5	68.5	68.5
Ceresco, NE	68017	39	3	7.7	23.2	23.2	23.2
Chadron, NE	69337	56	56	100.0	151.0	151.0	151.0
Chambers, NE	68725	2	2	100.0	106.4	106.4	106.4
Champion, NE	69023	1	1	100.0	129.7	151.1	151.1
Chapman, NE	68827	7	7	100.0	57.6	57.6	57.6
Chappell, NE	69129	17	17	100.0	126.1	126.1	126.1
Chester, NE	68327	1	1	100.0	86.9	86.9	86.9
Clarks, NE	68628	4	4	100.0	72.5	72.5	72.5
Clarkson, NE	68629	8	8	100.0	67.0	69.5	69.5
Clatonia, NE	68328	10	10	100.0	30.8	30.8	30.8
Clay Center, NE	68933	4	4	100.0	58.4	58.4	58.4
Clearwater, NE	68726	2	2	100.0	113.6	113.6	113.6
Cody, NE	69211	2	2	100.0	187.6	187.6	187.6
Coleridge, NE	68727	1	1	100.0	104.6	107.0	107.0
Colon, NE	68018	5	5	100.0	23.8	31.6	31.6
Columbus, NE	68601	97	97	100.0	64.1	68.5	68.5

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup>The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Columbus, NE	68602	3	3	100.0	63.8	68.2	68.2
Comstock, NE	68828	1	1	100.0	60.2	60.2	60.2
Cook, NE	68329	27	27	100.0	40.3	40.3	40.3
Cordova, NE	68330	1	1	100.0	40.0	40.0	40.0
Correctionville, IA	51016	1	1	100.0	82.6	82.6	87.0
Cortland, NE	68331	44	44	100.0	24.4	24.4	24.4
Cozad, NE	69130	23	23	100.0	50.1	50.1	50.1
Crab Orchard, NE	68332	6	6	100.0	40.3	40.3	40.3
Craig, NE	68019	5	5	100.0	39.3	42.4	42.4
Crawford, NE	69339	36	36	100.0	128.8	128.8	128.8
Creighton, NE	68729	7	7	100.0	126.9	128.0	128.0
Creston, NE	68631	4	4	100.0	73.3	77.7	77.7
Crete, NE	68333	55	55	100.0	27.0	27.0	27.0
Crofton, NE	68730	14	14	100.0	125.7	127.2	127.2
Culbertson, NE	69024	10	10	100.0	101.8	101.8	101.8
Curtis, NE	69025	4	4	100.0	76.6	76.6	76.6
Dakota City, NE	68731	7	7	100.0	80.6	80.6	82.5
Dalton, NE	69131	1	1	100.0	99.0	99.0	99.0
Dannebrog, NE	68831	9	9	100.0	49.1	49.1	49.1
Davenport, NE	68335	1	1	100.0	76.5	76.5	76.5
David City, NE	68632	20	20	100.0	49.3	49.8	49.8
Dawson, NE	68337	4	4	100.0	55.6	62.7	62.7
De Witt, NE	68341	27	27	100.0	37.7	37.7	37.7
Denton, NE	68339	44	3	6.8	21.0	21.0	21.0
Deshler, NE	68340	4	4	100.0	83.1	83.1	83.1
Diller, NE	68342	8	8	100.0	53.8	53.8	53.8
Dix, NE	69133	2	2	100.0	73.1	73.1	73.1
Dixon, NE	68732	2	2	100.0	93.3	95.1	95.1
Dodge, NE	68633	4	4	100.0	57.5	58.9	58.9
Doniphan, NE	68832	18	18	100.0	38.4	38.4	38.4
Dorchester, NE	68343	8	8	100.0	32.6	32.6	32.6
Douglas, NE	68344	7	7	100.0	25.7	25.7	25.7
Du Bois, NE	68345	1	1	100.0	66.7	67.7	67.7
Dunbar, NE	68346	9	9	100.0	35.5	35.5	35.5
Duncan, NE	68634	2	2	100.0	70.1	71.4	71.4
Dunlap, IA	51529	1	1	100.0	50.1	50.1	51.2
Dwight, NE	68635	10	10	100.0	36.1	36.1	36.1
Eddyville, NE	68834	1	1	100.0	42.8	42.8	42.8
Edgar, NE	68935	2	2	100.0	67.8	67.8	67.8
Elba, NE	68835	4	4	100.0	56.4	56.4	56.4
Elgin, NE	68636	5	5	100.0	104.5	104.5	104.5
Elk Creek, NE	68348	11	11	100.0	51.1	51.1	51.1
Elk Point, SD	57025	1	1	100.0	103.8	103.8	105.4
Elliott, IA	51532	1	1	100.0	44.5	44.5	44.5
Elm Creek, NE	68836	10	2	20.0	22.3	22.3	22.3
Elmwood, NE	68349	23	5	21.7	21.0	21.0	21.0
Elwood, NE	68937	21	21	100.0	42.2	42.2	42.2
Emerson, NE	68733	5	5	100.0	79.7	81.0	81.0
Emmet, NE	68734	1	1	100.0	125.0	125.0	125.0
Ericson, NE	68637	2	2	100.0	80.8	80.8	80.8

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

**Employee Group**

Rural Employees

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

**Provider Group**

EyeMed Insight Ophthalmologists

## Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee Without Access <sup>1</sup>			Average Distance		
		#	#	%	1	2	3
Eustis, NE	69028	5	5	100.0	50.1	50.1	50.1
Ewing, NE	68735	1	1	100.0	114.4	114.4	114.4
Exeter, NE	68351	8	8	100.0	47.0	47.0	47.0
Fairbury, NE	68352	49	49	100.0	61.2	61.2	61.2
Fairfield, NE	68938	6	6	100.0	60.2	60.2	60.2
Fairmont, NE	68354	19	19	100.0	53.3	53.3	53.3
Falls City, NE	68355	15	15	100.0	47.9	50.1	50.1
Farnam, NE	69029	1	1	100.0	62.9	62.9	62.9
Filley, NE	68357	15	15	100.0	34.8	34.8	34.8
Firth, NE	68358	33	10	30.3	21.0	21.0	21.0
Fordyce, NE	68736	3	3	100.0	122.6	123.6	123.6
Franklin, NE	68939	5	5	100.0	44.9	44.9	44.9
Fremont, NE	68025	209	209	100.0	26.3	28.8	28.8
	68026	6	6	100.0	26.2	28.8	28.8
Friend, NE	68359	11	11	100.0	39.5	39.5	39.5
Fullerton, NE	68638	10	10	100.0	82.0	82.0	82.0
Funk, NE	68940	2	2	100.0	22.1	22.1	22.1
Garland, NE	68360	14	14	100.0	25.7	25.7	25.7
Geneva, NE	68361	59	59	100.0	58.7	58.7	58.7
Genoa, NE	68640	5	5	100.0	81.9	81.9	81.9
Gering, NE	69341	180	180	100.0	83.9	83.9	83.9
Gilead, NE	68362	1	1	100.0	72.6	72.6	72.6
Giltner, NE	68841	6	6	100.0	50.6	50.6	50.6
Glennville, NE	68941	4	4	100.0	50.1	50.1	50.1
Glenwood, IA	51534	10	10	100.0	23.4	23.4	23.4
Goehner, NE	68364	2	2	100.0	32.1	32.1	32.1
Gordon, NE	69343	16	16	100.0	179.2	179.2	179.2
Gothenburg, NE	69138	19	19	100.0	61.4	61.4	61.4
Grafton, NE	68365	1	1	100.0	60.6	60.6	60.6
Grand Island, NE	68801	214	214	100.0	45.7	45.7	45.7
	68802	3	3	100.0	44.7	44.7	44.7
	68803	199	199	100.0	44.2	44.2	44.2
Grant, NE	69140	8	8	100.0	141.0	141.0	141.0
Greeley, NE	68842	7	7	100.0	70.4	70.4	70.4
Greenwood, NE	68366	15	7	46.7	21.6	21.6	21.6
Gresham, NE	68367	3	3	100.0	48.8	48.8	48.8
Guide Rock, NE	68942	4	4	100.0	69.0	69.0	69.0
Gurley, NE	69141	1	1	100.0	98.0	98.0	98.0
Hadar, NE	68738	1	1	100.0	96.6	97.6	97.6
Hallam, NE	68368	18	18	100.0	24.1	24.1	24.1
Halsey, NE	69142	1	1	100.0	109.6	109.6	109.6
Hamburg, IA	51640	1	1	100.0	51.1	51.4	51.4
Hampton, NE	68843	8	8	100.0	66.4	66.4	66.4
Hanover, KS	66945	3	3	100.0	55.3	55.3	55.3
Harrisburg, NE	69345	1	1	100.0	71.7	71.7	71.7
Harrison, NE	69346	8	8	100.0	115.4	115.4	115.4
Hartington, NE	68739	12	12	100.0	112.9	114.4	114.4
Harvard, NE	68944	4	4	100.0	53.0	53.0	53.0
Hastings, NE	68901	194	194	100.0	40.0	40.0	40.0
	68902	5	5	100.0	40.3	40.3	40.3

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup>The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Hay Springs, NE	69347	4	4	100.0	147.0	147.0	147.0
Hayes Center, NE	69032	1	1	100.0	104.9	104.9	104.9
Hazard, NE	68844	1	1	100.0	25.0	25.0	25.0
Heartwell, NE	68945	2	2	100.0	23.5	23.5	23.5
Hebron, NE	68370	22	22	100.0	77.1	77.1	77.1
Hemingford, NE	69348	5	5	100.0	123.5	123.5	123.5
Henderson, NE	68371	11	11	100.0	62.0	62.0	62.0
Herman, NE	68029	4	4	100.0	30.1	32.1	32.1
Hershey, NE	69143	5	5	100.0	106.2	106.2	106.2
Hildreth, NE	68947	2	2	100.0	27.3	27.3	27.3
Holbrook, NE	68948	2	2	100.0	63.9	63.9	63.9
Holdrege, NE	68949	40	40	100.0	31.5	31.5	31.5
Holstein, NE	68950	1	1	100.0	36.1	36.1	36.1
Homer, NE	68030	3	3	100.0	76.6	76.6	77.8
Hooper, NE	68031	6	6	100.0	36.7	40.6	40.6
Hordville, NE	68846	2	2	100.0	69.7	69.7	69.7
Hoskins, NE	68740	13	13	100.0	93.4	95.2	95.2
Howells, NE	68641	2	2	100.0	62.3	64.1	64.1
Hubbard, NE	68741	2	2	100.0	80.8	80.8	81.4
Hubbell, NE	68375	1	1	100.0	81.3	81.3	81.3
Humboldt, NE	68376	12	12	100.0	58.3	66.1	66.1
Humphrey, NE	68642	11	11	100.0	77.5	82.7	82.7
Hyannis, NE	69350	3	3	100.0	164.0	164.0	164.0
Imperial, NE	69033	11	11	100.0	136.6	140.0	140.0
Inavale, NE	68952	1	1	100.0	55.2	55.2	55.2
Indianola, NE	69034	8	8	100.0	82.5	82.5	82.5
Inland, NE	68954	1	1	100.0	47.9	47.9	47.9
Inman, NE	68742	1	1	100.0	120.0	120.0	120.0
Ithaca, NE	68033	7	6	85.7	23.5	25.7	25.7
Iuka, KS	67066	1	1	100.0	56.5	56.5	56.5
Jackson, NE	68743	5	5	100.0	87.6	87.6	88.5
Jansen, NE	68377	4	4	100.0	51.0	51.0	51.0
Johnson, NE	68378	14	14	100.0	53.0	53.0	53.0
Johnstown, NE	69214	2	2	100.0	145.3	145.3	145.3
Julian, NE	68379	1	1	100.0	49.9	49.9	49.9
Juniata, NE	68955	30	30	100.0	34.0	34.0	34.0
Kenesaw, NE	68956	13	13	100.0	26.2	26.2	26.2
Kilgore, NE	69216	1	1	100.0	184.8	184.8	184.8
Kimball, NE	69145	19	19	100.0	61.3	61.3	61.3
Laurel, NE	68745	11	11	100.0	97.2	99.7	99.7
Lawrence, NE	68957	3	3	100.0	59.7	59.7	59.7
Le Mars, IA	51031	1	1	100.0	97.4	104.2	104.2
Lebanon, NE	69036	2	2	100.0	84.5	84.5	84.5
Leigh, NE	68643	5	5	100.0	70.4	73.9	73.9
Lemoyne, NE	69146	3	3	100.0	149.6	149.6	149.6
Lewellen, NE	69147	3	3	100.0	143.8	143.8	143.8
Lewis, IA	51544	1	1	100.0	47.3	47.3	47.3
Lexington, NE	68850	71	71	100.0	35.9	35.9	35.9
Liberty, NE	68381	4	4	100.0	50.1	50.1	50.1
Lindsay, NE	68644	3	3	100.0	86.5	92.1	92.1

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

**Employee Group**

Rural Employees

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

**Provider Group**

EyeMed Insight Ophthalmologists

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee Without Access <sup>1</sup>			Average Distance		
		#	#	%	1	2	3
Linwood, NE	68036	1	1	100.0	43.1	49.2	49.2
Litchfield, NE	68852	1	1	100.0	31.8	31.8	31.8
Lodgepole, NE	69149	2	2	100.0	115.2	115.2	115.2
Long Pine, NE	69217	9	9	100.0	128.3	128.3	128.3
Loomis, NE	68958	2	2	100.0	32.8	32.8	32.8
Lorton, NE	68382	1	1	100.0	39.7	39.7	39.7
Louisville, NE	68037	36	8	22.2	21.0	23.2	26.7
Loup City, NE	68853	15	15	100.0	41.5	41.5	41.5
Lyman, NE	69352	1	1	100.0	73.9	73.9	73.9
Lyons, NE	68038	8	8	100.0	52.6	55.1	55.1
Madison, NE	68748	20	20	100.0	82.9	86.3	86.3
Madrid, NE	69150	1	1	100.0	131.6	131.6	131.6
Magnet, NE	68749	1	1	100.0	111.1	115.2	115.2
Malcolm, NE	68402	25	5	20.0	21.0	21.0	21.0
Malmo, NE	68040	6	6	100.0	30.2	34.8	34.8
Malvern, IA	51551	2	2	100.0	34.4	34.4	34.4
Manley, NE	68403	2	2	100.0	23.9	25.5	28.8
Marquette, NE	68854	1	1	100.0	63.1	63.1	63.1
Martell, NE	68404	30	5	16.7	21.2	21.2	21.2
Martin, SD	57551	2	2	100.0	212.4	212.4	212.4
Marysville, KS	66508	4	4	100.0	46.0	46.0	46.0
Maurice, IA	51036	1	1	100.0	91.4	106.3	106.3
Maxwell, NE	69151	3	3	100.0	84.0	84.0	84.0
Maywood, NE	69038	6	6	100.0	82.3	82.3	82.3
Mc Cook, NE	69001	129	129	100.0	92.0	92.0	92.0
Mc Cool Junction, NE	68401	8	8	100.0	51.3	51.3	51.3
McGrew, NE	69353	1	1	100.0	88.1	88.1	88.1
McLean, NE	68747	1	1	100.0	108.6	112.9	112.9
Meadow Grove, NE	68752	9	9	100.0	99.9	103.0	103.0
Melbeta, NE	69355	1	1	100.0	84.3	84.3	84.3
Merna, NE	68856	3	3	100.0	71.1	71.1	71.1
Merriman, NE	69218	6	6	100.0	183.8	183.8	183.8
Millford, NE	68405	41	41	100.0	24.4	24.4	24.4
Milligan, NE	68406	6	6	100.0	52.0	52.0	52.0
Minatare, NE	69356	28	28	100.0	91.7	91.7	91.7
Minden, IA	51553	1	1	100.0	29.9	29.9	31.9
Minden, NE	68959	22	19	86.4	21.8	21.8	21.8
Missouri Valley, IA	51555	1	1	100.0	21.5	21.5	23.2
Mitchell, NE	69357	34	34	100.0	85.4	85.4	85.4
Modale, IA	51556	3	3	100.0	22.6	22.6	27.5
Mondamin, IA	51557	1	1	100.0	29.8	29.8	34.3
Moorefield, NE	69039	1	1	100.0	70.3	70.3	70.3
Morrill, NE	69358	15	15	100.0	80.4	80.4	80.4
Mullen, NE	69152	8	8	100.0	135.4	135.4	135.4
Murdock, NE	68407	12	12	100.0	23.8	24.1	24.1
Murray, NE	68409	6	6	100.0	25.2	25.2	25.2
Naper, NE	68755	3	3	100.0	158.9	158.9	158.9
Nebraska City, NE	68410	64	64	100.0	42.0	42.0	42.0
Nehawka, NE	68413	3	3	100.0	27.8	29.3	29.3
Neligh, NE	68756	22	22	100.0	114.9	115.1	115.1

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

**Employee Group**

Rural Employees

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

**Provider Group**

EyeMed Insight Ophthalmologists

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Nelson, NE	68961	5	5	100.0	72.2	72.2	72.2
Nemaha, NE	68414	5	5	100.0	44.0	66.4	66.8
Newcastle, NE	68757	7	7	100.0	104.1	104.3	104.4
Newman Grove, NE	68758	3	3	100.0	91.8	97.5	97.5
Nickerson, NE	68044	5	5	100.0	29.5	33.0	33.0
Niobrara, NE	68760	14	14	100.0	143.8	146.5	146.5
Norfolk, NE	68701	430	430	100.0	92.0	93.4	93.4
	68702	8	8	100.0	91.7	93.0	93.0
North Bend, NE	68649	15	15	100.0	40.0	43.7	43.7
North Loup, NE	68859	1	1	100.0	59.2	59.2	59.2
North Platte, NE	69101	262	262	100.0	95.1	95.1	95.1
	69103	6	6	100.0	92.8	92.8	92.8
Oakdale, NE	68761	2	2	100.0	110.7	113.0	113.0
Oakland, IA	51560	1	1	100.0	31.7	31.7	31.7
Oakland, NE	68045	6	6	100.0	46.8	50.3	50.3
Oberlin, KS	67749	2	2	100.0	102.6	104.7	104.7
Oconto, NE	68860	5	5	100.0	53.7	53.7	53.7
Odell, NE	68415	15	15	100.0	55.0	55.0	55.0
Ogallala, NE	69153	53	53	100.0	142.7	142.7	142.7
Ohio, NE	68416	3	3	100.0	57.8	57.8	57.8
Oketo, KS	66518	1	1	100.0	53.7	53.7	53.7
Oneill, NE	68763	34	34	100.0	125.6	125.6	125.6
Orchard, NE	68764	1	1	100.0	123.7	123.7	123.7
Ord, NE	68862	23	23	100.0	63.6	63.6	63.6
Orleans, NE	68966	5	5	100.0	50.2	50.2	50.2
Osceola, NE	68651	12	12	100.0	61.4	61.4	61.4
Oshkosh, NE	69154	7	7	100.0	129.5	129.5	129.5
Osmond, NE	68765	5	5	100.0	112.1	113.6	113.6
Otoe, NE	68417	2	2	100.0	29.5	29.5	29.5
Overton, NE	68863	14	14	100.0	24.3	24.3	24.3
Ovid, CO	80744	1	1	100.0	127.2	127.2	127.2
Oxford, NE	68967	4	4	100.0	56.0	56.0	56.0
Pacific Junction, IA	51561	2	2	100.0	22.9	22.9	22.9
Page, NE	68766	2	2	100.0	124.2	124.2	124.2
Palisade, NE	69040	6	6	100.0	114.7	114.7	114.7
Palmer, NE	68864	1	1	100.0	66.8	66.8	66.8
Palmyra, NE	68418	34	3	8.8	21.7	21.7	21.7
Panama, NE	68419	11	2	18.2	20.3	20.3	20.3
Parks, NE	69041	3	3	100.0	120.6	147.9	147.9
Pawnee City, NE	68420	12	12	100.0	59.7	59.7	59.7
Paxton, NE	69155	8	8	100.0	124.6	124.6	124.6
Pender, NE	68047	7	7	100.0	69.0	72.0	72.0
Percival, IA	51648	1	1	100.0	38.8	38.8	38.8
Persia, IA	51563	1	1	100.0	37.2	37.2	39.5
Peru, NE	68421	8	8	100.0	49.2	57.0	57.0
Petersburg, NE	68652	2	2	100.0	99.8	99.8	99.8
Phillips, NE	68865	6	6	100.0	50.5	50.5	50.5
Pickrell, NE	68422	18	18	100.0	31.2	31.2	31.2
Pierce, NE	68767	49	49	100.0	103.7	104.6	104.6
Pilger, NE	68768	5	5	100.0	77.4	80.0	80.0

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles



### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee Without Access <sup>1</sup>			Average Distance		
		#	#	%	1	2	3
Plainview, NE	68769	11	11	100.0	117.9	119.3	119.3
Platte Center, NE	68653	5	5	100.0	72.7	77.9	77.9
Plattsmouth, NE	68048	51	16	31.4	22.8	22.8	22.8
Pleasant Dale, NE	68423	24	7	29.2	21.7	21.7	21.7
Pleasanton, NE	68866	6	1	16.7	22.4	22.4	22.4
Plymouth, NE	68424	13	13	100.0	47.7	47.7	47.7
Polk, NE	68654	4	4	100.0	67.3	67.3	67.3
Ponca, NE	68770	26	26	100.0	96.2	96.2	96.9
Portsmouth, IA	51565	1	1	100.0	43.7	43.7	45.2
Potter, NE	69156	4	4	100.0	83.0	83.0	83.0
Prague, NE	68050	4	4	100.0	35.0	39.4	39.4
Randolph, NE	68771	8	8	100.0	104.1	108.2	108.2
Ravenna, NE	68869	17	17	100.0	27.8	27.8	27.8
Raymond, NE	68428	32	4	12.5	23.5	23.5	23.5
Red Cloud, NE	68970	3	3	100.0	60.9	60.9	60.9
Republican City, NE	68971	3	3	100.0	43.3	43.3	43.3
Rising City, NE	68658	5	5	100.0	54.7	54.7	54.7
Riverton, NE	68972	1	1	100.0	50.0	50.0	50.0
Rochester, WA	98579	1	1	100.0	47.6	47.6	47.6
Rockville, NE	68871	2	2	100.0	36.3	36.3	36.3
Roseland, NE	68973	1	1	100.0	40.3	40.3	40.3
Royal, NE	68773	4	4	100.0	127.8	127.8	127.8
Rushville, NE	69360	4	4	100.0	165.7	165.7	165.7
Ruskin, NE	68974	1	1	100.0	81.8	81.8	81.8
Sabetha, KS	66534	1	1	100.0	51.0	54.7	54.7
Saint Edward, NE	68660	2	2	100.0	91.5	91.9	91.9
Saint Helena, NE	68774	1	1	100.0	126.1	126.5	126.5
Saint Libory, NE	68872	8	8	100.0	54.5	54.5	54.5
Saint Paul, NE	68873	35	35	100.0	58.0	58.0	58.0
Salem, NE	68433	2	2	100.0	52.4	56.1	56.1
Salix, IA	51052	1	1	100.0	71.5	71.5	74.3
Sargent, NE	68874	9	9	100.0	69.0	69.0	69.0
Saronville, NE	68975	1	1	100.0	62.0	62.0	62.0
Schuyler, NE	68661	7	7	100.0	50.1	55.8	55.8
Scotia, NE	68875	3	3	100.0	64.5	64.5	64.5
Scottsbluff, NE	69361	202	202	100.0	87.2	87.2	87.2
	69363	11	11	100.0	86.6	86.6	86.6
Scribner, NE	68057	9	9	100.0	48.7	50.7	50.7
Sedgwick, CO	80749	1	1	100.0	121.1	121.1	121.1
Seneca, NE	69161	2	2	100.0	130.7	130.7	130.7
Sergeant Bluff, IA	51054	1	1	100.0	78.1	78.1	80.6
Seward, NE	68434	116	116	100.0	29.0	29.0	29.0
Shelby, NE	68662	4	4	100.0	57.8	57.8	57.8
Shelton, NE	68876	4	3	75.0	21.4	21.4	21.4
Shenandoah, IA	51601	5	5	100.0	49.3	57.1	57.1
Shickley, NE	68436	4	4	100.0	68.4	68.4	68.4
Shubert, NE	68437	5	5	100.0	45.3	62.2	62.2
Sidney, IA	51652	2	2	100.0	44.0	44.0	44.0
Sidney, NE	69162	44	44	100.0	96.4	96.4	96.4
Silver Creek, NE	68663	1	1	100.0	72.1	72.1	72.1

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Sioux City, IA	51106	8	8	100.0	82.6	82.6	85.4
	51108	1	1	100.0	88.3	88.3	91.2
	51109	1	1	100.0	89.0	89.0	91.2
Smithfield, NE	68976	4	4	100.0	35.6	35.6	35.6
South Sioux City, NE	68776	18	18	100.0	84.1	84.1	86.4
Spencer, NE	68777	5	5	100.0	154.6	154.6	154.6
Springview, NE	68778	5	5	100.0	151.9	151.9	151.9
Stanton, NE	68779	38	38	100.0	82.4	83.4	83.4
Staplehurst, NE	68439	3	3	100.0	37.5	37.5	37.5
Stapleton, NE	69163	8	8	100.0	97.3	97.3	97.3
Steinauer, NE	68441	7	7	100.0	51.6	51.6	51.6
Stella, NE	68442	4	4	100.0	49.9	65.4	65.4
Sterling, NE	68443	29	29	100.0	32.2	32.2	32.2
Strang, NE	68444	2	2	100.0	62.5	62.5	62.5
Stratton, NE	69043	3	3	100.0	122.2	122.2	122.2
Stromsburg, NE	68666	8	8	100.0	59.3	59.3	59.3
Stuart, NE	68780	3	3	100.0	129.6	129.6	129.6
Summerfield, KS	66541	1	1	100.0	59.4	59.4	59.4
Sumner, NE	68878	5	5	100.0	35.9	35.9	35.9
Superior, NE	68978	10	10	100.0	82.4	82.4	82.4
Sutherland, NE	69165	17	17	100.0	114.0	114.0	114.0
Sutton, NE	68979	25	25	100.0	66.5	66.5	66.5
Swanton, NE	68445	2	2	100.0	46.6	46.6	46.6
Syracuse, NE	68446	64	64	100.0	30.0	30.0	30.0
Table Rock, NE	68447	10	10	100.0	59.2	59.2	59.2
Tabor, IA	51653	2	2	100.0	35.7	35.7	35.7
Talmage, NE	68448	8	8	100.0	43.6	43.6	43.6
Tarkio, MO	64491	2	2	100.0	31.2	59.3	61.5
Taylor, NE	68879	3	3	100.0	87.1	87.1	87.1
Tecumseh, NE	68450	91	91	100.0	46.2	46.2	46.2
Tekamah, NE	68061	7	7	100.0	35.8	36.5	36.7
Thedford, NE	69166	3	3	100.0	118.8	118.8	118.8
Thurman, IA	51654	2	2	100.0	36.1	36.1	36.1
Thurston, NE	68062	2	2	100.0	73.0	75.0	75.0
Tilden, NE	68781	9	9	100.0	104.4	108.2	108.2
Tobias, NE	68453	2	2	100.0	54.3	54.3	54.3
Torrington, WY	82240	7	7	100.0	76.1	76.1	76.1
Trenton, NE	69044	5	5	100.0	111.7	111.7	111.7
Trumbull, NE	68980	3	3	100.0	45.4	45.4	45.4
Tryon, NE	69167	3	3	100.0	111.1	111.1	111.1
Unadilla, NE	68454	17	17	100.0	23.9	23.9	23.9
Underwood, IA	51576	2	1	50.0	20.5	20.5	22.7
Union, NE	68455	3	3	100.0	31.7	31.7	31.7
Upland, NE	68981	2	2	100.0	32.9	32.9	32.9
Utica, NE	68456	14	14	100.0	39.7	39.7	39.7
Valentine, NE	69201	35	35	100.0	170.0	170.0	170.0
Valparaiso, NE	68065	23	23	100.0	27.3	27.3	27.3
Venango, NE	69168	1	1	100.0	138.0	144.8	144.8
Verdigre, NE	68783	7	7	100.0	138.2	139.6	139.6
Verdon, NE	68457	3	3	100.0	49.2	59.5	59.5

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Virginia, NE	68458	5	5	100.0	41.2	41.2	41.2
Waco, NE	68460	9	9	100.0	46.7	46.7	46.7
Wahoo, NE	68066	57	57	100.0	24.1	28.8	28.8
Wakefield, NE	68784	1	1	100.0	82.5	85.0	85.0
Wallace, NE	69169	4	4	100.0	110.9	110.9	110.9
Waterbury, NE	68785	5	5	100.0	89.9	89.9	90.0
Waterville, KS	66548	1	1	100.0	37.0	37.0	37.0
Wauneta, NE	69045	2	2	100.0	126.0	126.0	126.0
Wausa, NE	68786	6	6	100.0	116.5	120.2	120.2
Wayne, NE	68787	23	23	100.0	85.8	89.5	89.5
Weeping Water, NE	68463	14	14	100.0	26.1	26.4	26.9
Wellfleet, NE	69170	5	5	100.0	91.1	91.1	91.1
West Point, NE	68788	25	25	100.0	56.2	61.1	61.1
Western, NE	68464	3	3	100.0	48.7	48.7	48.7
Westfield, IA	51062	1	1	100.0	100.6	100.6	102.8
Weston, NE	68070	1	1	100.0	31.1	31.1	31.1
Whitman, NE	69366	1	1	100.0	158.6	158.6	158.6
Whitney, NE	69367	1	1	100.0	140.0	140.0	140.0
Wilber, NE	68465	39	39	100.0	37.0	37.0	37.0
Wilcox, NE	68982	5	5	100.0	26.5	26.5	26.5
Winnetoon, NE	68789	2	2	100.0	132.4	133.6	133.6
Winside, NE	68790	6	6	100.0	88.0	92.6	92.6
Wisner, NE	68791	10	10	100.0	71.9	76.6	76.6
Wolbach, NE	68882	1	1	100.0	68.5	68.5	68.5
Wood River, NE	68883	12	12	100.0	29.8	29.8	29.8
Woodbine, IA	51579	2	2	100.0	39.6	39.6	40.8
Wymore, NE	68466	52	52	100.0	49.3	49.3	49.3
Wynot, NE	68792	1	1	100.0	116.3	116.6	116.6
Yankton, SD	57078	1	1	100.0	131.4	131.8	131.8
Yoder, WY	82244	2	2	100.0	64.9	64.9	64.9
York, NE	68467	136	136	100.0	52.2	52.2	52.2
<b>Grand Totals</b>		<b>7,320</b>	<b>6,942</b>	<b>94.8</b>	<b>64.8</b>	<b>65.6</b>	<b>65.6</b>

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**Access Analysis**

EMI/R MD - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Ophthalmologists

**EMI/R MD - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Ophthalmologists) provider in 20 miles

## *Urban/Suburban Employees - Opticians*

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### Access Summary By City

Employees With and Without Access	
<b>Employee Group</b>	<b>7,961 employees</b> 7,961 (100.0%) employees with access 0 (0.0%) employees without access
<b>Provider Group</b>	(24,250 total access points)

Key Geographic Areas										
City	Employee	With Access <sup>1</sup>		Without Access <sup>1</sup>		Counts <sup>2</sup>	Average Distance			
	#	#	%	#	%	#	1	2	3	
With Access	Lincoln, NE	6,136	6,136	100.0	0	0.0	24	1.2	2.0	2.4
	Omaha, NE	1,457	1,457	100.0	0	0.0	56	1.3	1.8	2.1
	Bellevue, NE	222	222	100.0	0	0.0	7	1.3	2.1	2.5
	La Vista, NE	67	67	100.0	0	0.0	2	0.9	1.5	1.9
	Council Bluffs, IA	42	42	100.0	0	0.0	10	1.1	1.6	1.8
	Sioux City, IA	14	14	100.0	0	0.0	8	1.3	1.6	2.0
	Carter Lake, IA	13	13	100.0	0	0.0	0	2.9	3.5	3.7
	Sprague, NE	5	5	100.0	0	0.0	0	9.3	9.7	10.8
	Frisco, TX	1	1	100.0	0	0.0	27	1.1	1.3	1.4
	Ft Mitchell, KY	1	1	100.0	0	0.0	7	0.4	1.0	1.3
	Sammamish, WA	1	1	100.0	0	0.0	0	2.9	4.4	7.5
	Sioux Falls, SD	1	1	100.0	0	0.0	22	1.4	2.0	2.3
	Westminster, CO	1	1	100.0	0	0.0	4	1.0	1.5	1.5

Without Access	No data that meets the criteria									
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**Access Analysis**

EMI/US OPT - 1 Provider within 10 Miles

**Employee Group**

Urban/Suburban Employees

**Provider Group**

EyeMed Insight Opticians

**Areas With Access**

Top 21 Cities In the market, sorted by the number of employees with access

**Areas Without Access**

Bottom 21 Cities In the market, sorted by the number of employees without access

<sup>1</sup> The Access Standard is defined as (Urban/Suburban Employees) employees accessing:

1 (EyeMed Insight Opticians) provider in 10 mile

<sup>2</sup> Provider counts represent:

# : Provider access points

## Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
No data that meets the criteria							

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**Access Analysis**

EMI/US OPT - 1 Provider within 10 Miles

**Employee Group**

Urban/Suburban Employees

**Provider Group**

EyeMed Insight Opticians

**EMI/US OPT - 1 Provider within 10 Miles**

<sup>1</sup> The Access Standard is defined as (Urban/Suburban Employees) employees accessing:

1 (EyeMed Insight Opticians) provider in 10 miles

## *Rural Employees - Opticians*

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## Access Summary By City

Employees With and Without Access	
<b>Employee Group</b>	<b>9,105 employees</b> 7,956 (87.4%) employees with access 1,149 (12.6%) employees without access
<b>Provider Group</b>	(24,250 total access points)

Key Geographic Areas										
City	Employee		With Access <sup>1</sup>		Without Access <sup>1</sup>		Counts <sup>2</sup>	Average Distance		
	#	#	%	#	%	#	1	2	3	
With Access	Lincoln, NE	541	541	100.0	0	0.0	24	3.6	5.0	5.6
	Beatrice, NE	500	500	100.0	0	0.0	2	2.4	3.6	24.4
	Norfolk, NE	438	438	100.0	0	0.0	5	1.7	2.5	2.7
	Grand Island, NE	416	416	100.0	0	0.0	6	1.6	2.4	2.6
	Kearney, NE	319	319	100.0	0	0.0	5	2.3	2.4	2.5
	North Platte, NE	268	268	100.0	0	0.0	3	2.3	2.6	3.0
	Fremont, NE	215	215	100.0	0	0.0	4	1.4	1.9	2.1
	Scottsbluff, NE	213	213	100.0	0	0.0	5	1.6	1.9	2.1
	Hastings, NE	199	199	100.0	0	0.0	1	2.0	23.4	23.8
	Gering, NE	180	180	100.0	0	0.0	1	1.9	4.8	5.1
	Papillion, NE	150	150	100.0	0	0.0	4	1.3	2.0	2.4
	Mc Cook, NE	129	129	100.0	0	0.0	1	1.5	51.2	61.2
	Omaha, NE	127	127	100.0	0	0.0	56	1.8	3.1	3.7
	Columbus, NE	100	100	100.0	0	0.0	2	2.1	3.5	16.5
	Hickman, NE	100	100	100.0	0	0.0	0	9.7	10.8	11.6
	Gretna, NE	90	90	100.0	0	0.0	2	2.7	5.9	7.2
	Tecumseh, NE	91	84	92.3	7	7.7	0	18.8	20.5	31.5
	Ashland, NE	77	77	100.0	0	0.0	0	13.3	16.7	18.3
	Waverly, NE	73	73	100.0	0	0.0	0	12.0	12.2	12.2
	Lexington, NE	71	71	100.0	0	0.0	1	1.7	28.7	35.7
Nebraska City, NE	64	64	100.0	0	0.0	1	1.8	17.6	20.9	
Without Access	York, NE	136	7	5.1	129	94.9	0	22.3	29.6	40.9
	Seward, NE	116	17	14.7	99	85.3	0	21.1	23.9	24.4
	Fairbury, NE	49	0	0.0	49	100.0	0	25.8	28.5	29.3
	Holdrege, NE	40	0	0.0	40	100.0	0	24.2	31.4	31.5
	Crawford, NE	36	0	0.0	36	100.0	0	30.1	30.2	51.3
	Sterling, NE	29	3	10.3	26	89.7	0	22.4	27.6	28.6
	Hebron, NE	22	0	0.0	22	100.0	0	24.8	25.2	38.7
	Neligh, NE	22	0	0.0	22	100.0	0	31.5	31.6	33.0
	Burwell, NE	18	1	5.6	17	94.4	0	25.8	40.7	47.8
	Chappell, NE	17	0	0.0	17	100.0	0	29.1	30.2	37.8
	Cambridge, NE	14	0	0.0	14	100.0	0	27.9	45.1	48.8
	Utica, NE	14	0	0.0	14	100.0	0	32.8	33.5	34.9
	Adams, NE	23	11	47.8	12	52.2	0	22.0	22.8	24.1
	Osceola, NE	12	0	0.0	12	100.0	0	24.6	26.7	39.1
	Pawnee City, NE	12	0	0.0	12	100.0	0	22.1	32.6	35.8
	Imperial, NE	11	0	0.0	11	100.0	0	32.4	37.7	43.3
	Plainview, NE	11	0	0.0	11	100.0	0	27.2	27.2	35.5
	Dwight, NE	10	0	0.0	10	100.0	0	24.0	26.0	27.9
	Fullerton, NE	10	0	0.0	10	100.0	0	31.7	32.9	34.8
	Superior, NE	10	0	0.0	10	100.0	0	33.0	33.1	39.7
Albion, NE	9	0	0.0	9	100.0	0	43.4	44.4	45.3	

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**Access Analysis**

EMI/R OPT - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Opticians

**Areas With Access**

Top 21 Cities in the market, sorted by the number of employees with access

**Areas Without Access**

Bottom 21 Cities in the market, sorted by the number of employees without access

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Opticians) provider in 20 mile

<sup>2</sup> Provider counts represent:

#: Provider access points



### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Adams, NE	68301	23	12	52.2	22.0	22.8	24.1
Albion, NE	68620	9	9	100.0	43.4	44.4	45.3
Alexandria, NE	68303	3	3	100.0	35.1	35.4	35.9
Allen, NE	68710	4	1	25.0	20.3	20.4	22.0
Alma, NE	68920	7	7	100.0	43.4	46.1	48.3
Amelia, NE	68711	1	1	100.0	21.5	21.6	51.8
Amherst, NE	68812	4	1	25.0	20.8	20.9	21.2
Anselmo, NE	68813	4	3	75.0	24.4	48.9	53.9
Ansley, NE	68814	5	1	20.0	20.1	22.0	38.1
Arapahoe, NE	68922	5	5	100.0	36.0	42.1	48.8
Arnold, NE	69120	8	8	100.0	29.5	35.0	43.0
Arthur, NE	69121	2	2	100.0	35.7	66.3	66.5
Atkinson, NE	68713	10	1	10.0	20.3	21.0	45.6
Atlantic, IA	50022	1	1	100.0	23.5	29.4	31.0
Bartlett, NE	68622	4	4	100.0	31.7	41.4	41.7
Bartley, NE	69020	5	1	20.0	22.5	52.0	55.5
Bassett, NE	68714	14	3	21.4	31.9	45.3	45.7
Beaver City, NE	68926	2	2	100.0	44.4	46.1	58.9
Beaver Crossing, NE	68313	8	7	87.5	25.5	29.1	31.4
Bee, NE	68314	5	5	100.0	23.7	26.7	27.5
Belgrade, NE	68623	2	2	100.0	34.9	37.0	39.1
Benedict, NE	68316	1	1	100.0	27.5	35.8	36.6
Bertrand, NE	68927	4	4	100.0	23.0	35.8	37.1
Big Springs, NE	69122	8	7	87.5	23.7	37.2	46.4
Bloomfield, NE	68718	16	9	56.2	22.2	22.3	28.0
Blue Hill, NE	68930	11	2	18.2	21.8	35.2	44.4
Bradshaw, NE	68319	17	1	5.9	20.4	28.8	33.6
Brady, NE	69123	16	1	6.2	20.3	26.1	26.2
Brainard, NE	68626	5	5	100.0	21.2	21.6	31.7
Brewster, NE	68821	1	1	100.0	40.6	43.3	59.8
Broadwater, NE	69125	2	1	50.0	22.8	27.1	27.3
Bruning, NE	68322	1	1	100.0	33.5	35.1	37.1
Burchard, NE	68323	3	3	100.0	25.4	27.2	31.0
Burwell, NE	68823	18	17	94.4	25.8	40.7	47.8
Butte, NE	68722	3	3	100.0	37.1	37.7	54.1
Callaway, NE	68825	3	3	100.0	20.9	33.2	41.2
Cambridge, NE	69022	14	14	100.0	27.9	45.1	48.8
Cedar Rapids, NE	68627	3	3	100.0	33.0	40.6	42.1
Central City, NE	68826	28	2	7.1	22.2	29.8	34.6
Chambers, NE	68725	2	2	100.0	21.4	21.6	44.6
Champion, NE	69023	1	1	100.0	25.6	42.7	46.4
Chappell, NE	69129	17	17	100.0	29.1	30.2	37.8
Clarks, NE	68628	4	4	100.0	29.7	33.8	35.6
Clarkson, NE	68629	8	7	87.5	21.4	24.6	25.8
Clearwater, NE	68726	2	2	100.0	32.4	32.4	37.5
Cody, NE	69211	2	2	100.0	40.7	48.9	71.2
Coleridge, NE	68727	1	1	100.0	26.0	26.0	29.9
Cordova, NE	68330	1	1	100.0	24.4	30.5	33.6
Crawford, NE	69339	36	36	100.0	30.1	30.2	51.3
Culbertson, NE	69024	10	1	10.0	21.6	39.8	61.3

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**Access Analysis**

EMI/R OPT - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Opticians

**EMI/R OPT - 1 Provider within 20 Miles**

<sup>1</sup>The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Opticians) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee		Without Access <sup>1</sup>		Average Distance	
		#	#	%	1	2	3
Curtis, NE	69025	4	4	100.0	33.0	35.4	40.5
Davenport, NE	68335	1	1	100.0	21.6	37.9	38.0
David City, NE	68632	20	1	5.0	22.7	24.6	26.7
Dawson, NE	68337	4	1	25.0	21.0	25.2	32.1
Deshler, NE	68340	4	4	100.0	24.2	24.4	35.5
Diller, NE	68342	8	6	75.0	21.0	21.7	23.7
Dodge, NE	68633	4	1	25.0	20.4	20.5	21.5
Dunlap, IA	51529	1	1	100.0	22.4	22.7	25.6
Dwight, NE	68635	10	10	100.0	24.0	26.0	27.9
Eddyville, NE	68834	1	1	100.0	22.0	27.0	32.1
Edgar, NE	68935	2	2	100.0	20.8	33.6	35.5
Elgin, NE	68636	5	5	100.0	35.0	35.2	35.8
Elk Creek, NE	68348	11	6	54.5	22.4	25.9	29.7
Elm Creek, NE	68836	10	2	20.0	22.2	22.2	22.3
Elwood, NE	68937	21	1	4.8	21.1	34.4	45.8
Ericson, NE	68637	2	2	100.0	26.5	43.5	43.9
Eustis, NE	69028	5	2	40.0	21.8	22.7	50.8
Ewing, NE	68735	1	1	100.0	28.8	29.4	35.5
Exeter, NE	68351	8	8	100.0	23.0	26.8	32.7
Fairbury, NE	68352	49	49	100.0	25.8	28.5	29.3
Fairfield, NE	68938	6	6	100.0	24.2	25.3	33.0
Fairmont, NE	68354	19	1	5.3	20.7	32.2	32.4
Franklin, NE	68939	5	5	100.0	27.6	28.1	44.8
Friend, NE	68359	11	3	27.3	22.1	27.3	31.5
Fullerton, NE	68638	10	10	100.0	31.7	32.9	34.8
Geneva, NE	68361	59	4	6.8	21.2	33.3	36.6
Genoa, NE	68640	5	1	20.0	22.3	24.4	38.5
Gilead, NE	68362	1	1	100.0	30.0	30.4	37.9
Goehner, NE	68364	2	2	100.0	25.7	26.5	27.1
Greeley, NE	68842	7	6	85.7	22.4	25.5	38.3
Greenwood, NE	68366	15	1	6.7	20.1	20.2	20.5
Gresham, NE	68367	3	3	100.0	27.5	28.2	38.1
Guide Rock, NE	68942	4	4	100.0	34.1	41.9	47.1
Halsey, NE	69142	1	1	100.0	56.6	60.7	62.0
Hanover, KS	66945	3	1	33.3	20.8	22.0	22.3
Harrison, NE	69346	8	7	87.5	41.5	41.8	47.0
Hartington, NE	68739	12	9	75.0	23.2	23.5	26.1
Hay Springs, NE	69347	4	4	100.0	31.2	31.6	34.5
Hayes Center, NE	69032	1	1	100.0	38.3	48.0	48.3
Hebron, NE	68370	22	22	100.0	24.8	25.2	38.7
Hemingford, NE	69348	5	4	80.0	22.5	23.3	37.1
Holbrook, NE	68948	2	2	100.0	36.3	41.5	47.8
Holdrege, NE	68949	40	40	100.0	24.2	31.4	31.5
Howells, NE	68641	2	1	50.0	20.2	20.9	21.6
Humboldt, NE	68376	12	1	8.3	22.4	23.2	39.2
Humphrey, NE	68642	11	7	63.6	21.7	23.4	24.5
Hyannis, NE	69350	3	3	100.0	53.6	61.6	62.8
Imperial, NE	69033	11	11	100.0	32.4	37.7	43.3
Inavale, NE	68952	1	1	100.0	26.0	38.5	40.9
Iuka, KS	67066	1	1	100.0	21.3	44.3	44.9

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**Access Analysis**

EMI/R OPT - 1 Provider within 20 Miles

**EMI/R OPT - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

**Employee Group**

Rural Employees

1 (EyeMed Insight Opticians) provider in 20 miles

**Provider Group**

EyeMed Insight Opticians

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Johnstown, NE	69214	2	1	50.0	21.3	31.4	76.7
Kenesaw, NE	68956	13	1	7.7	21.2	21.3	21.3
Kilgore, NE	69216	1	1	100.0	23.2	65.8	67.2
Lawrence, NE	68957	3	2	66.7	25.8	40.1	44.5
Lebanon, NE	69036	2	2	100.0	27.1	61.6	63.2
Leigh, NE	68643	5	4	80.0	21.7	23.0	24.5
Lewellen, NE	69147	3	3	100.0	34.7	51.2	52.7
Lewis, IA	51544	1	1	100.0	24.7	31.2	32.2
Liberty, NE	68381	4	3	75.0	22.7	23.2	23.8
Lindsay, NE	68644	3	3	100.0	29.3	30.0	32.7
Long Pine, NE	69217	9	3	33.3	23.6	59.6	61.5
Loomis, NE	68958	2	2	100.0	29.0	29.9	32.8
Madrid, NE	69150	1	1	100.0	25.7	49.0	50.6
Magnet, NE	68749	1	1	100.0	29.8	29.8	29.8
Martin, SD	57551	2	2	100.0	42.4	43.3	61.3
Maywood, NE	69038	6	6	100.0	28.8	35.7	36.3
Mc Cool Junction, NE	68401	8	7	87.5	23.1	28.4	35.2
McLean, NE	68747	1	1	100.0	24.9	24.9	25.1
Meadow Grove, NE	68752	9	1	11.1	21.3	21.4	21.4
Merriman, NE	69218	6	6	100.0	36.3	57.2	61.6
Milligan, NE	68406	6	6	100.0	23.8	28.2	29.1
Mondamin, IA	51557	1	1	100.0	20.6	21.0	28.3
Moorefield, NE	69039	1	1	100.0	26.7	36.8	40.3
Mullen, NE	69152	8	8	100.0	57.9	60.4	60.8
Naper, NE	68755	3	3	100.0	48.9	49.7	57.7
Neligh, NE	68756	22	22	100.0	31.5	31.6	33.0
Nelson, NE	68961	5	5	100.0	34.0	38.9	43.8
Newman Grove, NE	68758	3	3	100.0	34.3	34.9	35.1
Niobrara, NE	68760	14	4	28.6	22.1	22.1	36.9
Oakdale, NE	68761	2	2	100.0	27.3	27.5	28.6
Oberlin, KS	67749	2	2	100.0	28.4	58.5	76.2
Oconto, NE	68860	5	3	60.0	22.0	27.4	32.0
Odell, NE	68415	15	2	13.3	20.8	23.0	23.2
Ohiowa, NE	68416	3	3	100.0	26.8	32.3	35.3
Orchard, NE	68764	1	1	100.0	24.9	24.9	24.9
Orleans, NE	68966	5	5	100.0	46.0	49.2	50.2
Osceola, NE	68651	12	12	100.0	24.6	26.7	39.1
Oshkosh, NE	69154	7	7	100.0	40.8	41.0	44.5
Osmond, NE	68765	5	5	100.0	25.9	26.1	27.1
Overton, NE	68863	14	1	7.1	20.8	22.7	22.8
Ovid, CO	80744	1	1	100.0	24.8	40.7	41.1
Oxford, NE	68967	4	4	100.0	39.2	48.2	51.9
Palisade, NE	69040	6	6	100.0	33.4	39.1	60.3
Parks, NE	69041	3	1	33.3	22.4	47.0	58.6
Pawnee City, NE	68420	12	12	100.0	22.1	32.6	35.8
Paxton, NE	69155	8	2	25.0	22.1	31.4	31.5
Petersburg, NE	68652	2	2	100.0	38.3	38.5	38.6
Pierce, NE	68767	49	4	8.2	21.4	21.6	22.7
Plainview, NE	68769	11	11	100.0	27.2	27.2	35.5
Polk, NE	68654	4	4	100.0	24.3	34.1	35.2

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Continued on next page...

**Access Analysis**

EMI/R OPT - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Opticians

**EMI/R OPT - 1 Provider within 20 Miles**

<sup>1</sup>The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Opticians) provider in 20 miles

### Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee		Without Access <sup>1</sup>		Average Distance	
		#	#	%	1	2	3
Potter, NE	69156	4	1	25.0	20.5	21.0	24.0
Randolph, NE	68771	8	7	87.5	24.2	24.5	24.8
Red Cloud, NE	68970	3	3	100.0	32.0	36.7	45.0
Republican City, NE	68971	3	3	100.0	36.5	40.7	43.3
Riverton, NE	68972	1	1	100.0	23.1	32.7	45.2
Royal, NE	68773	4	1	25.0	20.6	20.6	27.7
Rushville, NE	69360	4	1	25.0	29.6	44.6	45.4
Ruskin, NE	68974	1	1	100.0	31.3	31.3	32.7
Saint Edward, NE	68660	2	2	100.0	30.7	32.4	44.1
Salem, NE	68433	2	2	100.0	23.9	24.4	30.7
Sargent, NE	68874	9	9	100.0	24.3	29.1	42.8
Scotia, NE	68875	3	1	33.3	20.1	25.6	28.0
Sedgwick, CO	80749	1	1	100.0	31.1	35.4	35.8
Seneca, NE	69161	2	2	100.0	60.2	64.0	64.4
Seward, NE	68434	116	99	85.3	21.1	23.9	24.4
Shelton, NE	68876	4	3	75.0	20.7	21.1	21.3
Shickley, NE	68436	4	2	50.0	23.2	38.4	39.5
Shubert, NE	68437	5	1	20.0	20.6	23.6	27.3
Silver Creek, NE	68663	1	1	100.0	22.0	23.7	36.0
Spencer, NE	68777	5	5	100.0	30.7	31.2	47.0
Springview, NE	68778	5	4	80.0	22.8	38.6	68.7
Stanton, NE	68779	38	2	5.3	21.8	22.3	22.6
Staplehurst, NE	68439	3	3	100.0	29.1	32.0	32.7
Stapleton, NE	69163	8	8	100.0	30.1	30.9	31.7
Steinauer, NE	68441	7	7	100.0	26.4	28.1	30.7
Sterling, NE	68443	29	26	89.7	22.4	27.6	28.6
Strang, NE	68444	2	2	100.0	26.5	33.8	40.1
Stratton, NE	69043	3	3	100.0	22.6	32.8	65.7
Stromsburg, NE	68666	8	8	100.0	30.2	32.2	35.1
Stuart, NE	68780	3	3	100.0	31.2	31.8	36.4
Summerfield, KS	66541	1	1	100.0	24.6	24.8	24.8
Sumner, NE	68878	5	4	80.0	23.3	32.7	33.6
Superior, NE	68978	10	10	100.0	33.0	33.1	39.7
Sutherland, NE	69165	17	9	52.9	22.9	22.9	23.2
Table Rock, NE	68447	10	9	90.0	24.4	26.0	34.8
Taylor, NE	68879	3	3	100.0	37.2	42.3	51.0
Tecumseh, NE	68450	91	7	7.7	22.7	23.7	27.6
Thedford, NE	69166	3	3	100.0	59.0	59.3	59.7
Tilden, NE	68781	9	5	55.6	22.0	22.2	22.8
Tobias, NE	68453	2	2	100.0	22.2	31.1	35.1
Trenton, NE	69044	5	5	100.0	21.7	31.0	69.1
Tryon, NE	69167	3	3	100.0	29.2	29.5	30.0
Utica, NE	68456	14	14	100.0	32.8	33.5	34.9
Venango, NE	69168	1	1	100.0	24.8	37.3	61.8
Verdon, NE	68457	3	2	66.7	21.8	25.8	26.3
Waco, NE	68460	9	9	100.0	30.3	36.0	37.1
Wallace, NE	69169	4	4	100.0	39.4	39.6	39.9
Wauneta, NE	69045	2	2	100.0	27.9	45.4	52.9
Wausa, NE	68786	6	6	100.0	27.0	27.0	31.1
Wellfleet, NE	69170	5	5	100.0	24.9	25.3	25.7

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Continued on next page.

**Access Analysis**

EMI/R OPT - 1 Provider within 20 Miles

**EMI/R OPT - 1 Provider within 20 Miles**

<sup>1</sup> The Access Standard is defined as (Rural Employees) employees accessing:

**Employee Group**

Rural Employees

1 (EyeMed Insight Opticians) provider in 20 miles

**Provider Group**

EyeMed Insight Opticians

## Access Detail By Zip Code

Employees Without Access							
City	Zip Code	Employee	Without Access <sup>1</sup>		Average Distance		
		#	#	%	1	2	3
Whitman, NE	69366	1	1	100.0	65.7	70.8	70.8
Wilcox, NE	68982	5	3	60.0	21.2	27.5	27.5
Wood River, NE	68883	12	2	16.7	21.7	21.9	22.3
Woodbine, IA	51579	2	2	100.0	23.2	23.5	23.6
York, NE	68467	136	129	94.9	22.3	29.6	40.9
<b>Grand Totals</b>		<b>1,784</b>	<b>1,149</b>	<b>64.4</b>	<b>26.7</b>	<b>31.3</b>	<b>37.0</b>

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**Access Analysis**

EMI/R OPT - 1 Provider within 20 Miles

**Employee Group**

Rural Employees

**Provider Group**

EyeMed Insight Opticians

**EMI/R OPT - 1 Provider within 20 Miles**

<sup>1</sup>The Access Standard is defined as (Rural Employees) employees accessing:

1 (EyeMed Insight Opticians) provider in 20 miles



State of Nebraska Renewal Project Plan - SAMPLE

Note: This is a sample project plan timeline. A working project plan will be shared with the client during implementation. Actual timelines and Start/Finish dates may vary depending upon the needs of the client. The time frames shown are estimates and may change based on each unique project. Days are based on business days. Overall Plan Days not inclusive of Phase 1 and 5.

TASK NAME	DURATION	RESOURCE NAMES
<b>Client Renewal Project</b>	<b>90 days</b>	
<b>PHASE 1 - CONTRACT PROFILE</b>	<b>5 days</b>	<b>EYEMED</b>
Provide all applicable implementation documentation to Implementation		EyeMed Sales Representative
Acknowledge receipt and notify EyeMed Finance that implementation has begun		EyeMed Implementation Lead
Assemble implementation team		EyeMed Implementation Lead
Hold Pre-Implementation Meeting to review submission docs, RFP, Client expectations, etc.		EyeMed Implementation Lead/Acct Manager
<b>PHASE 2 - DISCOVER / DEFINE REQUIREMENTS</b>	<b>15 days</b>	<b>CLIENT / EYEMED</b>
Schedule renewal discussion with client		EyeMed Implementation Lead
Conduct client implementation kick-off meeting to confirm scope of renewal changes		EyeMed Implementation Lead
Review the project plan draft to obtain agreement on project timing		Client/EyeMed
Review the final plan designs being offered to members		Client/EyeMed
Review any plan administration and/or plan structure changes		Client/EyeMed
Confirm client's membership process / Begin eligibility-TPA discussions (if needed)		Client/EyeMed
Determine any member materials/communication needs		Client/EyeMed
Discuss support needs for Open Enrollment		Client/EyeMed
Review any billing and reporting changes		Client/EyeMed
Finalize business requirements and project plan		Client/EyeMed
<b>PHASE 3 - DEVELOP / COMMUNICATE REQUIREMENTS</b>	<b>15 days</b>	<b>CLIENT / EYEMED</b>
<b>System Set-Up Execution</b>		<b>EyeMed Implementation Lead</b>
Complete and route the Salesforce Implementation folder		EyeMed Implementation Lead
Complete plan set-up in EyeMed system		EyeMed Plan Set-Up
Aud't the plan in EyeMed system		EyeMed Plan Set-Up
Copy the plan into EyeMed test environment and audit		EyeMed Plan Set-Up
<b>Eligibility File Requirements</b>		<b>Client/TPA/EyeMed</b>
Confirm schedule for submitting data (i.e. weekly, bi-weekly, etc.)		Client/TPA/EyeMed
Confirm any updates to data layout/content		Client/TPA/EyeMed
Obtain signoff on the data layout and delivery schedule from Client		Client/EyeMed
<b>Communication Materials/Requirements</b>		<b>Client/EyeMed</b>
Confirm member communication strategy		Client/EyeMed
Determine training/ongoing support needs		Client/EyeMed
Complete a member communication plan (if needed)		Client/EyeMed
Receive signoff on the communication plan		Client/EyeMed
Develop draft materials for review/approval		Client/EyeMed
Review drafts and provide comments as needed		Client/EyeMed
Materials are put into production/shipped/distributed as needed		Client/EyeMed
<b>Claims Data Feed Requirements (if changes needed)</b>		<b>EyeMed Implementation Lead</b>
Complete requirements document and send to EyeMed Systems Planning		EyeMed Implementation Lead
Receive timing from EyeMed Systems Planning		EyeMed Implementation Lead
Communicate timing to client and obtain sign-off		EyeMed Implementation Lead

State of Nebraska Renewal Project Plan - SAMPLE

TASK NAME	DURATION	RESOURCE NAMES
Other EDI files (If changes needed)		EyeMed Implementation Lead
Complete Requirements document for requested data feeds and send to EyeMed Systems Planning		EyeMed Implementation Lead
Receive timing from EyeMed Systems Planning		EyeMed Implementation Lead
Communicate timing to client and obtain sign-off		EyeMed Implementation Lead
<b>Welcome Packets</b>		<b>EyeMed Implementation Lead</b>
Discuss member Welcome Packet process		Client/EyeMed
Obtain client sign-off		Client



State of Nebraska Renewal Project Plan - SAMPLE

TASK NAME	DURATION	RESOURCE NAMES
<b>PHASE 4 - DEVELOP (IT) / TEST / DEPLOY</b>	<b>60 days</b>	<b>CLIENT / EYEMED</b>
<b>Call Center Training/ Readiness</b>		EyeMed Implementation Lead
Review training materials		EyeMed Implementation Lead
Confirm EyeMed Customer Care Center Preparedness		EyeMed Implementation Lead
<b>Eligibility Testing</b>		<b>Client/TPA/EyeMed Implementation Lead</b>
Develop and install technical requirements to support data layout		Client/TPA/EyeMed Implementation Lead
Receive eligibility test file		EyeMed Membership
Test against the requirements, mapping, member ID		EyeMed Membership
Review/document errors and issues to correct		Client/TPA/EyeMed Implementation Lead
Edit programming as needed		Client/TPA/EyeMed Implementation Lead
Complete testing to support the file		Client/TPA/EyeMed Implementation Lead
Signoff on the final programming and move to production		Client/TPA/EyeMed Implementation Lead
<b>Claims Data Feed (if needed)</b>		<b>EyeMed Systems Planning</b>
Develop and install technical requirements for data feed		EyeMed Systems Planning
Begin testing files		Client/EyeMed
Approve tested files		Client/EyeMed
Move to Production		EyeMed
<b>Other EDI Files (if needed)</b>		<b>EyeMed Systems Planning</b>
Develop and install technical requirements for EDI files/FSA files		EyeMed Systems Planning
Begin testing files		Client/EyeMed
Approve tested files		Client/EyeMed
Move to Production		EyeMed
<b>Production Eligibility File</b>		<b>Client/TPA/EyeMed Implementation Lead</b>
Receive Production annual enrollment file		EyeMed Membership
Load to Production		EyeMed Membership
Provide load confirmations to Client/TPA		EyeMed Membership
<b>Welcome Packets</b>		<b>EyeMed Implementation Lead</b>
Proof Welcome Packet based on client specifications		Client/EyeMed
Release to print vendor		EyeMed Card Production
Print vendor release for delivery		EyeMed Print Vendor
<b>Billing</b>		<b>EyeMed Billing</b>
Release renewal invoice		EyeMed Billing
<b>EFFECTIVE DATE</b>	<b>0 days</b>	
<b>PHASE 5 - TRANSITION TO SERVICE</b>	<b>20 days</b>	<b>EYEMED</b>
Send completed Plan Administration document to client and Account Manager (if needed)		EyeMed Implementation Lead
Review open items with Account Manager and EyeMed functional areas		EyeMed Implementation Lead
Conduct client implementation wrap-up call (if needed)		EyeMed Implementation Lead
Complete Implementation Feedback Survey		Client



**www.eyemed.com**  
 Member/Patient Services: 1-877-861-3459  
 ACCESS PLAN H  
 STATE OF NEBRASKA  
 KIRK MCKEN  
 Group #: 9783325  
 Effective: 12/01/2016



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Fully Insured and Underwritten by Fidelity Security Life Insurance Company

Fully Insured and Underwritten by Fidelity Security Life Insurance Company

EYEACS

**Professional Providers Near You**

KAREN S. ARMITAGE O.D.  
 CLARITY EYE CARE  
 11811 FORT ST. STE 106  
 OMAHA NE 68164  
 (402) 832-4800

KRISTIN A. REED O.D.  
 TARGET OPTICAL  
 4001 N 132ND ST  
 OMAHA NE 68164  
 (402) 431-1203

MARK A. TOELLE O.D.  
 WENDI J. LANGEL O.D.  
 KRISTIN A. REED O.D.  
 MARK A. TOELLE O.D.  
 14450 EAGLE RUN DR STE 140  
 OMAHA NE 68116  
 (402) 884-0776

REBECCA L. ROBINSON O.D.  
 AMBER A. GONKA O.D.  
 TERRY A. LEGACIE O.D.  
 PEARLE VISION  
 3506 NORTH 147TH ST STE 103 & 104  
 OMAHA NE 68116  
 (402) 491-0900

GINNY L. AHRENS O.D.  
 ADVANCED FAMILY EYECARE  
 14450 EAGLE RUN DR STE 140  
 OMAHA NE 68116  
 (402) 884-0776

AMY E. KLEIN O.D.  
 TARGET OPTICAL  
 16959 EVANS PLAZA  
 OMAHA NE 68116  
 (402) 289-0083

NEAL H. MALASHOCK O.D.  
 KIRK C. MAYNARD O.D.  
 JOHN C. SCDORIS O.D.  
 MALBAR VISION CENTER  
 16016 EVANS ST STE 101  
 OMAHA NE 68164  
 (402) 493-3224

SHANNON L. IWANSKI O.D.  
 JIMMY D. JOHNSON O.D.  
 PEARLE VISION  
 17255 W DAVENPORT ST  
 OMAHA NE 68118  
 (402) 763-6466

• Locations subject to change. When making your appointment, please confirm all discounts and services are offered

\* Participating Doctors of Optometry located at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical are independent of, and not employed by, optical dispensary.

The Certificate of Insurance is on file with your employer.  
 Contact your employer to review a copy of the Certificate.

**EYEMED VISION CARE BENEFIT**

Frequency	Member Cost	Out-Of-Network Reimbursement
Contact Lenses	Once within 12 months defined by benefit period	
Exam	Once within 12 months defined by benefit period	
Frame	Once within 12 months defined by benefit period	
Lens	Once within 12 months defined by benefit period (Contact lenses are in lieu of eyeglass lenses)	
<b>Vision Care Services</b>	<b>Member Cost</b>	<b>Out-Of-Network Reimbursement</b>
Exam	\$10 Copay	Up to \$40
Dilation	\$0	
Eye Exam Refraction	\$0	
<b>Lens</b>		
Single Vision	\$10 Copay	Up to \$25
Bi-focal	\$10 Copay	Up to \$40
Tri-focal	\$10 Copay	Up to \$55
Standard Progressive Lens	\$75 Copay	Up to \$40
Premium Progressive Lens	\$75 Copay + (60% of Charge) less \$120 allowance	Up to \$40
Monovision	\$10 Copay	Up to \$55
Other Lens Types	80% of Charge	
<b>Frame</b>		
Frame	80% of Balance over \$120	Up to \$65
<b>Lens Options</b>		
Standard Polycarbonate (100% UV)	\$0	
Standard Polycarbonate (19 +)	\$10 Copay	
Standard Plastic Scratch Coating	\$15 Copay	
Tint	\$15 Copay	
UV Treatment	\$15 Copay	
Standard Anti-reflective (AR) Coating	\$45 Copay	
Other Lens Options	80% of Charge	
Standard Polycarbonate		Up to \$5
<b>Contact Lenses</b>		
Contact Lens - Conventional	85% of Balance over \$130	Up to \$104
Contact Lens - Disposable	Balance over \$130	Up to \$104
Standard Fit And Follow Up	\$55 Copay	
Premium Fit And Follow Up	90% of Charge	
Medically Necessary Contacts	\$0	Up to \$200.00
<b>Non-Scheduled Items</b>		
Ductor Misc Material	60% of Charge	
LASIK or PRK Vision Correction	85% of Charge	

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing, Anisotropic lenses, Medical and/or surgical treatment of the eye, eyes or supporting structures, Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plane (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care, services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Discounts not applicable to certain brand name Vision Materials in which the manufacturer imposes a no-discount practice. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

For a list of providers near you, go to [www.eyemed.com](http://www.eyemed.com)

12/19/10/9600F-21

**Additional Information**

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Members receive a 15% discount off the retail price or 5% off any promotional price of LASIK or PRK laser vision correction procedures. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since LASIK or PRK Vision Correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.

Notice of Privacy Practice: Your Notice of Privacy Practice can be obtained at any time by calling the phone number listed on your ID card or by visiting [www.eyemed.com](http://www.eyemed.com)



KIRK D. MCKEN  
 14238 WOOD VALLEY DRIVE  
 OMAHA NE 68142





## State of Nebraska – Basic



### Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

### Take a sneak peek before enrolling

- You're on the ACCESS Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on [eyemed.com](http://eyemed.com) or call 1.877.861.3459.
- For LASIK providers, call 1.877.5LASER6.

### SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Frames	\$0 Co-pay, \$105 Allowance, 20% off balance over \$105	Up to \$58
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$55
Lenticular	\$10 Co-pay	Up to \$55
Standard Progressive Lens	\$75	Up to \$40
Premium Progressive Lens	\$75, 80% of charge less \$120 Allowance	Up to \$40
<b>Lens Options</b> (paid by the member in addition to the price of the lenses)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only)		
Conventional	\$0 Co-pay, \$105 Allowance, 15% off balance over \$105	Up to \$84
Disposable	\$0 Co-pay, \$105 Allowance, plus balance over \$105	Up to \$84
Medically Necessary	\$0 Co-pay, Paid in Full	Up to \$200
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months from last date of service	
Lenses or Contact Lenses	Once every 24 months from last date of service	
Frame	Once every 24 months from last date of service	

Benefits are not provided from services or materials arising from Orthoptic or vision training, subnormal vision aids and any associated supplemental testing, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear, Services provided as a result of any workers' compensation law, or similar legislation or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses, Non-prescription sunglasses, Two pair of glasses in lieu of bifocals, Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lenses not covered – fund as a Bifocal lens, Standard Progressive lenses covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	\$10 Co-pay	Up to \$40
Frames (once every 24 months)	\$0 Co-pay, \$105 Allowance; 20% off balance over \$105	Up to \$58
Single Vision Lenses (once every 24 months) or Contacts (once every 24 months)	\$10 Co-pay \$0 Co-pay, \$105 Allowance; plus balance over \$105	Up to \$25 Up to \$84

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**76%  
SAVINGS  
with us\***

With EyeMed		Without Insurance**	
Exam	\$10 Co-pay	Exam	\$106
Frame	\$163 -\$105 Allowance \$58 -\$11.60 (20% discount off balance) \$46.40	Frame	\$163
Lens	\$10 Co-pay \$15 UV treatment add-on +\$15 scratch coating add-on \$40	Lens	\$78 \$23 UV treatment add-on +\$25 scratch coating add-on \$126
<b>Total</b>	<b>\$96.40</b>	<b>Total</b>	<b>\$395</b>



## Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



\*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. \*\*Based on industry averages.



## State of Nebraska - Premium



### Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

### Take a sneak peek before enrolling

- You're on the ACCESS Network
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- For LASIK providers, call 1.877.5LASER6.

### SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$10 Co-pay	Up to \$40
<b>Frames</b>	\$0 Co-pay, \$120 Allowance, 20% off balance over \$120	Up to \$85
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$55
Lenticular	\$10 Co-pay	Up to \$55
Standard Progressive Lens	\$75	Up to \$40
Premium Progressive Lens	\$75, 80% of charge less \$120 Allowance	Up to \$40
<b>Lens Options (paid by the member in addition to the price of the lenses)</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate-Adults	\$40	N/A
Standard Polycarbonate-Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)</b>		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
<b>Contact Lenses (Contact lens allowance includes materials only)</b>		
Conventional	\$0 Co-pay, \$130 Allowance, 15% off balance over \$130	\$104
Disposable	\$0 Co-pay, \$130 Allowance; plus balance over \$130	\$104
Medically Necessary	\$0 Co-pay, paid-in-full	\$200
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months from last date of service	
Lenses or Contact Lenses	Once every 12 months from last date of service	
Frame	Once every 12 months from last date of service	

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing, Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures, Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear; Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered - fund as a Bifocal lens. Standard Progressive lens covered - fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same Benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-90B3. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	\$10 Co-pay	Up to \$40
Frames (once every 12 months)	\$0 Co-pay, \$120 Allowance; 20% off balance over \$120	Up to \$65
Single Vision Lenses (once every 12 months) or	\$10 Co-pay	Up to \$25
Contacts (once every 12 months)	\$0 Co-pay, \$130 Allowance; plus balance over \$130	Up to \$104

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**79%  
SAVINGS  
with us\***

	With EyeMed	Without Insurance**
Exam	\$10 Co-pay	Exam \$106
Frame	\$163 -\$120 Allowance \$43 -\$8.80 (20% discount off balance) \$34.40	Frame \$163
Lens	\$10 Co-pay \$15 UV treatment add-on +\$15 scratch coating add-on \$40	Lens \$78 \$23 UV treatment add-on +\$25 scratch coating add-on \$126
Total	\$84.40	Total \$395



## Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



\*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. \*\*Based on industry averages.











# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
01/04/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	<b>CONTACT NAME:</b> PHONE (A/C. No Ext): (866) 283-7122      FAX (A/C. No): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #: 570000036148	
<b>INSURED</b> EyeMed vision Care LLC c/o Luxottica U.S. Holdings Corp. 4000 Luxottica Place Mason OH 45040 USA	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
	INSURER A: AXIS Insurance Company      37273	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**      **CERTIFICATE NUMBER: 570065140183**      **REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING <input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD				<input type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME w/o Extra Expense <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	
	<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY POLICY NUMBER				
A	<input checked="" type="checkbox"/> <b>CRIME</b> TYPE OF POLICY Crime - Primary	MCN790861012016 SIR applies per policy terms & conditions	12/31/2016	12/31/2017	<input checked="" type="checkbox"/> Emp Dishonesty <input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> Forgery	\$15,000,000 \$350,000 \$15,000,000
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance Only.

<b>CERTIFICATE HOLDER</b>  EyeMed vision Care LLC 4000 Luxottica Place Mason OH 45040 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>
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Holder Identifier : Evidence Only  
CERTIFICATE NUMBER: 570065140183



AGENCY CUSTOMER ID: 570000036148

LOC #:

# ADDITIONAL REMARKS SCHEDULE

Page    of   

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED EyeMed Vision Care LLC	
POLICY NUMBER See Certificate Number: 570065140183		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570065140183	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	CRIME	MCN790861012016 SIR applies per policy terms & conditions	12/31/2016	12/31/2017	Deductible	\$350,000
					Transit	\$15,000,000
					Deductible	\$350,000
					Comp. Fraud Limit	\$15,000,000
					Deductible	\$350,000
					Premises Burglary	\$15,000,000
					Deductible	\$350,000



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Pete Ricketts, Governor

## **ADDENDUM ONE, QUESTIONS and ANSWERS**

Date: December 28, 2016  
To: All Bidders  
From: Michelle Thompson/Teresa Fleming, Buyers  
AS Materiel State Purchasing Bureau  
RE: Addendum for Request for Proposal Number 5481 Z1  
to be opened January 12, 2017 at 2:00 p.m. Central Time

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### **Questions and Answers**

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1.	A. - Schedule of Events	1	The RFP states the Proposal Opening will be 'January 12, 2017 2:00 PM Central Time.' Can you advise when your office needs the Binder to be in hand?	All proposal responses will be opened on January 12, 2017 at 2:00 PM CT. If submitting a proposal response, the State Purchasing Bureau will need to receive the response prior to 2:00 PM CT on January 12, 2017.
2.	G. - Submission of Proposals	3	The RFP Reports Bidder should submit 'one (1) original of the entire proposal.' Please verify the requirements for the proposal submission. Should a Technical Proposal and a Cost Proposal be prepared as separate submissions? Is an electronic version of the proposal also required?	<p>The Mandatory Requirements are as follows:</p> <ol style="list-style-type: none"> <li>1. Request for Proposal for Contractual Services form, signed in ink;</li> <li>2. Corporate Overview;</li> <li>3. Completed Section III;</li> <li>4. Technical Approach; and</li> <li>5. Cost Proposal</li> </ol> <p>The Technical and Cost Proposals should be presented in separate sections of the proposal response.</p> <p>No, an electronic version of the proposal is not required.</p>
3.	IV. - Project Description and Scope of Work; A - Project Overview #3	29	The RFP Report states the objective to 'provide access to participating vision providers.' To ensure access with no disruption, can a provider utilization report be provided from the current carrier?	Please see Exhibit 1, Consolidated Experience Data for all information the State is providing for utilization. No further utilization information will be provided.



4.	IV. - Project Description and Scope of Work; B - Project Environment	29	The RFP notes there should not be a need for the current contractor's utilization/experience. However, we believe we can provide a more accurate and aggressive quote if we do obtain the current experience. Can a report showing at least 2 - 3 years of monthly experience be obtained?	See the response to Question 3.
5.	B. Project Environment	29	<p>The utilization/experience relative to a group the size of the State of Nebraska is credible and is necessary information to develop the appropriate rates. Please provide the following information:</p> <p>a) Service counts by utilization category (exams, single vision lenses, bifocal lenses, trifocal lenses, progressives lenses, contact lenses, contact lens exam/fitting, for all covered/insured lens options, etc.) for the most recent 12 months that are available – by plan (Basic Plan and Standard Plan).</p> <p>b) Vision experience information including claims, premium and enrollment information on a month by month basis for the most recent 12 months that are available – by plan (Basic Plan and Standard Plan).</p>	See the response to Question 3.

6.	B. Project Environment	29	In regards to the provided rate history (2014-2015, 2015-2016 and 2016-2017 we noted that the rates were reduced by less than 1% in 2015-2016 from 2014-2015, and then the rates were increased by about 3% in 2016-2017 from 2015-2016. Please provide an explanation of the reasons for these rate adjustments.	Any rate adjustments or changes were part of the scope of the prior contract.
7.	B. Project Environment	29	In regards to the increase of about 3% in 2016-2017 from 2015-2016 – was this rate adjustment subject to a rate cap or maximum rate adjustment percentage? If yes please provide details.	See the response to Question 6.
8.	B. Project Environment	29	Please provide the renewal rates that are to be effective July 1, 2017.	The current contract has exhausted all renewal options. The State does not have rates that will be effective on July 1, 2017.
9.	B. Project Environment	29	Is the renewal period for one year or other?	See the response to Question 8.
10.			Are there any issues or concerns relative to the following aspects of the current vision program: a) Provider Network b) Benefit Plans c) Service Levels	Bidder should provide their best response to meet the requirements of this RFP.
11.			Please provide the Census Data in an Excel format.	The State has provided census data given in PDF format only. See Attachment 2 on the RFP webpage.
12.	D. Technical Requirements #3	33	Please verify this is a weekly full file	Currently, an automated, full file is sent every Friday.

13.	D. Technical Requirements #3	33	Please verify make up of the "member id #. Is this a SSN? Or perhaps a State employee ID?	Contractor is responsible for creating their own member ID# as fits the contractor's needs. The State prefers the ID# to be included on the card, but only if the ID # is system generated and does not include the SSN in any part of the ID#. Bidders are to indicate in their bid how they intend to assign ID# for members and dependents. Currently, the vision provider can query by a member's SSN.
14.	D. Technical Requirements #3	33	Should data elements also contain an effective date of coverage?	Yes.
15.	D. Technical Requirements #3	33	Is there a need to have eligibility by division or other subgroup entity, location or cost center?	No, the State doesn't require a breakdown of information.
16.	D. Technical Requirements #3	33	Does that member # need to be included on the id cards?	The ID# should be included on the card only if the ID # is system generated and does not include the SSN in any part of the ID#.
17.	C. Payment Schedule	38	We see that a third party is used for the collection of COBRA premiums, are there any tasks related to COBRA that we must perform?	No. The contractor is not responsible for COBRA.  Bidder is encouraged to identify all options that could be available for employees at no additional cost to the State.
18.	Section V, Letter B	37	Concerning utilization, are you able to provide the number of exams, lenses by type, and frames dispensed over the last two years?  This additional information will allow us to provide the most competitive Vision premium rates for the State of NE membership.	See the response to Question 3.
19.	Section V, Letter B	37	Are commissions being requested? Or should we quote net of commissions?	No, commissions are not being requested as this is not a requirement of the RFP. No, do not quote net of commissions as this is not a requirement of the RFP.

20.	Section V, Letter B	37	What is the utilization for “conventional” contact lenses versus “disposable” contact lenses?	See the response to Question 3.
21.	Section V, Letter B	37	Are you able to provide claims utilization for progressive lenses broken out by “standard” versus “premium?”	See the response to Question 3.
22.	Section IV, Letter C, Question 4c	30	Will electronic ID cards suffice, or do you prefer hard copy ID cards?	Currently, both a hard copy and access to an on-line card are available to enrolled members. The State requires the contractor to continue to mail a physical copy to the member’s address.
23.	Attachment 3 – Business Associate Agreement	All	Insurance companies, in this case [REDACTED], are covered entities and not business associates under the law. Will a proposal be rejected if the BAA is not signed? Or do you require that all entities sign the BAA?	No, a proposal will not be rejected if the BAA is not signed. Only the awarded bidder will be required to sign the BAA. This will be completed during the Contract Finalization Period.

24.	Census File	N/A	Are you able to provide a revised census file which includes the following information in addition to what was already provided? 1 – Identifies who has vision coverage 2 – Shows which plan the employee is in. The Basic Plan is said to have 3,183 employees enrolled and the Premium Plan has 6,996 employees enrolled. 3 – Shows which rate tier they are in. We are aware that the Basic Plan has 560 EE, 362 EC, 658 ES, and 1,622 Family while the Premium Plan has 2,791 EE, 905 EC, 1,622 ES, and 1,678 Family	No. See the response to Question 3.
25.	Section III	10	Does the Certificate of Insurance Coverage have to be faxed to 402-471-2089, in addition to being included in hard copy submission?	No, the Certificate of Insurance may be submitted either via fax or hard copy with the submission. Only the awarded bidder will be required to provide a compliant Certificate of Insurance. This will be completed during the Contract Finalization Period.
27.	I. A.	1	What was the original effective date with Eyemed?	Contract 42499 O4 with Eyemed was effective on April 1, 2010.
28.	IV. B.	29	Please provide a revised census which also includes participation (including tier, plan and Active/COBRA/Retiree information) for each of the Vision plan participants.	See the response to Question 3.

29.	IV. B.	29	Please provide 36 months of Vision experience by plan which includes the following (on a monthly basis): <ul style="list-style-type: none"> <li>- Paid Premium</li> <li>- Paid Claims</li> <li>- Lives (Employee &amp; Dependent)</li> <li>- Claim counts or EOBs</li> </ul>	See the response to Question 3.
30.	IV. B.	29	What percentage of claims are paid in-network?	See the response to Question 3.
31.	IV. B.	29.	Are the rates provided based on a 7/1 renewal date and a 7/1 rate change date?	See the response to Question 8.  The premiums will be effective 7/1/2017. Rate changes can occur annually thereafter.
32.	IV. B.	29	Is a current billing invoice available which includes lives and current rates?	No, the State will not provide this information as the rates for the previous 3 years and the enrollment numbers are provided under Section IV, B. Project Environment.

33.	IV. B.	29	What is the definition of an eligible employee and dependent? What is the child age definition?	<p><u>Eligible Employees –</u> All permanent State employees, whether full-time, or part-time, working at least 20 hours per week. Eligibility pertains to all active employees regardless of their age.</p> <p><u>Eligible Dependents –</u></p> <p>Spouse –</p> <ul style="list-style-type: none"> <li>• An individual entered into marriage that is valid and recognized by State of Nebraska law. Common-law marriages are only recognized if the marriage occurred in a state which allows such and then only if the employee provides acceptable proof. Proof of marriage is subject to review and approval by Employee Wellness &amp; Benefits.</li> </ul> <p>Dependent Children –</p> <ul style="list-style-type: none"> <li>• Biological children under the age of 26. This includes dependent children for which the employee or the employee’s spouse is the legal guardian and has legal custody of including stepchildren, or legally adopted children. Adopted children are eligible when placed in the home following petition for adoption or the date of legal guardianship.</li> <li>• Stepchildren will be covered only in the event the employee has family coverage and the biological parent is covered.</li> <li>• Grandchildren under the age of 26 may be covered if the employee has legal custody, legal guardianship or court ordered custody of the child.</li> <li>• Disabled child age 26 and over as long as: <ol style="list-style-type: none"> <li>1. Child was covered on plan at time of disability;</li> <li>2. Child is unable to be self-supporting due to disability;</li> <li>3. Child dependent on employee for support;</li> <li>4. Employee provides proof of child’s incapacity and dependency within 30 days of the child’s 26<sup>th</sup> birthday;</li> <li>5. Employee provides proof, upon State’s request, that the child continues to be disabled.</li> </ol> </li> </ul>
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34.	IV. C.	30	Have there been any plan changes during the experience?	See the response to Question 6.
35.	IV. C.	30	What channels does the State typically use to communicate benefits information with employees (email, portal, print, etc.)? Are there any communication or education challenges they would like to address?	Current Channels of contact include Direct mail, Email, and Access to dedicated Vendor website.  Bidder is encouraged to identify all options, in addition to those listed above, that could be available for employees at no additional cost to the State.
36.	IV. C.	30	Will State employees have the opportunity to enroll in these benefits at the same time and on the same platform as Medical?	Yes. Open enrollment time for benefits occurs simultaneously across all benefit plans. Additional enrollment times occur during qualifying life events (i.e. marriage, divorce, death, birth/adoption of a child) as permitted, requiring proof of eligibility.
37.	IV. C.	30	Would the State be agreeable to the carrier providing ongoing communication to employees experiencing life events (newly hired, newly eligible, retirement, newly married, new parent, etc.)?	The State is agreeable to any communication of services provided to benefit the employee, once they've been approved by the State.
38.	IV. G.	34	Attachment 1, Cost Proposal refers to an "Annual Communications Credit". What do you anticipate would be covered by this credit?	This may include the bidder paying for postage and printed materials. Also may include promotional items to be provided free to the State for distribution during enrollment promotional events. This is at discretion of the bidder.  The Bidder is encouraged to identify all options, in addition to those listed above, that could be available for employees at no additional cost to the State.
39.	V. C.	38	Is premium expected to be paid within the 30-day grace period?	Payments will be made following the Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).



40.	EE	18	Why is a performance bond being requested for a service provider? Normally a bond is only required for construction contractors. This same section indicates that the bond will be returned to the Contract upon satisfactory performance. What constitutes Satisfactory Performance in the eyes of the State of Nebraska?	<p>The resulting contract will be between the State of Nebraska and an insurance provider for the State's vision insurance plans, not with individual service providers.</p> <p>Satisfactory Performance is providing the requirements as stated in this RFP.</p>
41.	Z	16	The RFP states early termination may occur for products or services satisfactorily performed. What are the criteria for a Satisfactory performance?	<p>Per Section III, Z. Early Termination, 2, it states: The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. <b>In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.</b></p> <p>In the event of a contract being terminated early, the State will only pay for services rendered to the State's satisfaction.</p>

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal.

Pete Ricketts, Governor

## ADDENDUM TWO, BAFO QUESTIONS and ANSWERS

Date: January 30, 2017

To: All Bidders

From: Michelle Thompson/Teresa Fleming, Buyers  
AS Materiel State Purchasing Bureau

RE: Addendum for Request for Proposal Number 5481 Z1  
BAFO's to be opened January 31, 2017 at 2:00 p.m. Central Time

### Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	Question	State Response
1.	Under Guarantees & Credits, what does the "Annual Communications Credit" mean?	Annual Communications Credit is an allocation allowance the contractor will provide to the State of Nebraska. This can be used by the State, as we see fit, to offset costs for plan communications expense.
2.	Can you please explain the reasons you are requesting this from [REDACTED]?	All bidders were provided the Best and Final Offer. All bidders must submit their costs on the BAFO form provided, including all renewal periods.

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal.

**State of Nebraska (State Purchasing Bureau)  
REQUEST FOR PROPOSAL FOR CONTRACTUAL  
SERVICES FORM**

RETURN TO:  
State Purchasing Bureau  
1526 K Street, Suite 130  
Lincoln, Nebraska 68508  
Phone: 402-471-6500  
Fax: 402-471-2089

SOLICITATION NUMBER	RELEASE DATE
<b>RFP 5481Z1</b>	<b>November 29, 2016</b>
OPENING DATE AND TIME	PROCUREMENT CONTACT
<b>January 12, 2017 2:00 p.m. Central Time</b>	<b>Michelle Thompson / Teresa Fleming</b>

This form is part of the specification package and must be signed in ink and returned, along with proposal documents, by the opening date and time specified.

**PLEASE READ CAREFULLY!**

**SCOPE OF SERVICE**

The State of Nebraska, Administrative Services (AS), Materiel Division, State Purchasing Bureau, is issuing this Request for Proposal, RFP Number 5481Z1 for the purpose of selecting a qualified contractor to provide Vision Insurance.

Written questions are due no later than December 13, 2016, and should be submitted via e-mail to [as.materielpurchasing@nebraska.gov](mailto:as.materielpurchasing@nebraska.gov)  
Written questions may also be sent by facsimile to (402) 471-2089.

Bidder should submit one (1) original of the entire proposal. Proposals must be submitted by the proposal due date and time.

PROPOSALS MUST MEET THE REQUIREMENTS OUTLINED IN THIS REQUEST FOR PROPOSAL TO BE CONSIDERED VALID. PROPOSALS WILL BE REJECTED IF NOT IN COMPLIANCE WITH THESE REQUIREMENTS.

1. Sealed proposals must be received in State Purchasing Bureau by the date and time of proposal opening per the schedule of events. No late proposals will be accepted. No electronic, e-mail, fax, voice, or telephone proposals will be accepted.
2. This form "REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES" MUST be manually signed, in ink, and returned by the proposal opening date and time along with bidder's proposal and any other requirements as specified in the Request for Proposal in order for a bidder's proposal to be evaluated.
3. It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. Website address is as follows: <http://das.nebraska.gov/materiel/purchasing.html>

**IMPORTANT NOTICE:** Pursuant to Neb. Rev. Stat. § 84-602.02, all State contracts in effect as of January 1, 2014, and all contracts entered into thereafter, will be posted to a public website. Beginning July 1, 2014, all contracts will be posted to a public website managed by the Department of Administrative Services.

In addition, all responses to Requests for Proposals will be posted to the Department of Administrative Services public website. The public posting will include figures, illustrations, photographs, charts, or other supplementary material. Proprietary information identified and marked according to state law is exempt from posting. To exempt proprietary information you must submit a written showing that the release of the information would give an advantage to named business competitor(s) and show that the named business competitor(s) will gain a demonstrated advantage by disclosure of information. The mere assertion that information is proprietary is not sufficient. (Attorney General Opinion No. 92068, April 27, 1992) The agency will then determine if the interests served by nondisclosure outweigh any public purpose served by disclosure. Cost proposals will not be considered proprietary.

To facilitate such public postings, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract or response to this RFP for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a response to this RFP, specifically waives any copyright or other protection the contract or response to the RFP may have; and, acknowledge that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a response to this RFP and award of the contract. Failure to agree to the reservation and waiver of protection will result in the response to the RFP being non-conforming and rejected.

Any entity awarded a contract or submitting a RFP agrees not to sue, file a claim, or make a demand of any kind, and will indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of contracts, RFPs and related documents.

**BIDDER MUST COMPLETE THE FOLLOWING**

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the terms and conditions unless otherwise agreed to (see Section III) and certifies that bidder maintains a drug free work place environment.

Per Nebraska’s Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ **NEBRASKA CONTRACTOR AFFIDAVIT:** Bidder hereby attests that bidder is a Nebraska Contractor. “Nebraska Contractor” shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

\_\_\_\_\_ I hereby certify that I am a **Resident disabled veteran or business located in a designated enterprise zone** in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

FIRM: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

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## GLOSSARY OF TERMS

**Acceptance Test Procedure:** Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

**Addendum:** Something to be added or deleted to an existing document; a supplement.

**After Receipt of Order (ARO):** After Receipt of Order

**Agency:** Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

**Agent/Representative:** A person authorized to act on behalf of another.

**Amend:** To alter or change by adding, subtracting, or substituting.

**Amendment:** A written correction or alteration to a document.

**Appropriation:** Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

**Award:** All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, wholly or in part, or to award to multiple bidders in whole or in part. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.

**Best and Final Offer (BAFO):** In a competitive bid, the final offer submitted which contains the bidder's (vendor's) most favorable terms for price.

**Bid/Proposal:** The offer submitted by a vendor in a response to written solicitation.

**Bid Bond:** An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the vendor will not withdraw the bid.

**Bidder:** A vendor who submits an offer bid in response to a written solicitation.

**Business:** Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

**Business Day:** Any weekday, except State-recognized holidays.

**Calendar Day:** Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

**Cancellation:** To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

**Central Processing Unit (CPU):** Any computer or computer system that is used by the State to store, process, or retrieve data or perform other functions using Operating Systems and applications software.

**Collusion:** An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

**Commodities:** Any equipment, material, supply or goods; anything movable or tangible that is provided or sold.

**Commodities Description:** Detailed descriptions of the items to be purchased; may include information necessary to obtain the desired quality, type, color, size, shape, or special characteristics necessary to perform the work intended to produce the desired results.

**Competition:** The effort or action of two or more commercial interests to obtain the same business from third parties.

**Confidential Information:** Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released

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would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

**Contract:** An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement.

**Contract Administration:** The management of the contract which includes and is not limited to; contract signing, contract amendments and any necessary legal actions.

**Contract Management:** The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Contractor.

**Contract Period:** The duration of the contract.

**Contractor:** Any individual or entity having a contract to furnish commodities or services.

**Cooperative Purchasing:** The combining of requirements of two or more political entities to obtain advantages of volume purchases, reduction in administrative expenses or other public benefits.

**Copyright:** A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

**Critical Program Error:** Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the contract.

**Customer Service:** The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Contractor.

**Default:** The omission or failure to perform a contractual duty.

**Deviation:** Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract.

**Evaluation:** The process of examining an offer after opening to determine the vendor's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

**Evaluation Committee:** Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of bids/proposals (offers made in response to written solicitations).

**Extension:** Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period. Not to be confused with "Renewal Period".

**Free on Board (F.O.B.) Destination:** The delivery charges are included in the quoted price and prepaid by the vendor. Vendor is responsible for all claims associated with damages during delivery of product.

**Free on Board (F.O.B.) Point of Origin:** The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product.

**Foreign Corporation:** A foreign corporation that was organized and chartered under the laws of another state, government, or country.

**Installation Date:** The date when the procedures described in "Installation by Contractor", and "Installation by State", as found in the RFP, or contract, are completed.

**Late Bid/Proposal:** An offer received after the Opening Date and Time.

**Licensed Software Documentation:** The user manuals and any other materials in any form or medium customarily provided by the Contractor to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently.



**Mandatory/Must:** Required, compulsory, or obligatory.

**May:** Discretionary, permitted; used to express possibility.

**Module (see System):** A collection of routines and data structures that perform a specific function of software.

**Must:** See Shall/Will/Must.

**National Institute for Governmental Purchasing (NIGP):** National Institute of Governmental Purchasing – Source used for assignment of universal commodity codes to goods and services.

**Open Market Purchase:** Authorization may be given to an agency to purchase items above direct purchase authority due to the unique nature, price, quantity, location of the using agency, or time limitations by the AS Materiel Division, State Purchasing Bureau.

**Opening Date and Time:** Specified date and time for the public opening of received, labeled, and sealed formal proposals.

**Operating System:** The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources.

**Outsourcing:** The contracting out of a business process which an organization may have previously performed internally or has a new need for, to an independent organization from which the process is purchased back.

**Payroll & Financial Center (PFC):** Electronic procurement system of record.

**Performance Bond:** An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Contractor fulfills any and all obligations under the contract.

**Platform:** A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination.

**Pre-Bid/Pre-Proposal Conference:** A meeting scheduled for the purpose of clarifying a written solicitation and related expectations.

**Product:** Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

**Program Error:** Code in Licensed Software which produces unintended results or actions, or which produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error.

**Program Set:** The group of programs and products, including the Licensed Software specified in the RFP, plus any additional programs and products licensed by the State under the contract for use by the State.

**Project:** The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract.

**Proposal:** See Bid/Proposal.

**Proprietary Information:** Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and service no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

**Protest/Grievance:** A complaint about a governmental action or decision related to a Request for Proposal or resultant contract, brought by a vendor who has timely submitted a bid response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

**Public Proposal Opening:** The process of opening correctly submitted offers at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

**Recommended Hardware Configuration:** The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent utilized by the State as recommended by the Contractor.

**Release Date:** The date of public release of the written solicitation to seek offers

**Renewal Period:** Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

**Request for Information (RFI):** A general invitation to vendors requesting information for a potential future solicitation. The RFI is typically used as a research and information gathering tool for preparation of a solicitation.

**Request for Proposal (RFP):** A written solicitation utilized for obtaining competitive offers.

**Responsible Bidder:** A bidder who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

**Responsive Bidder:** A bidder who has submitted a bid which conforms to all requirements of the solicitation document.

**Shall/Will/Must:** An order/command; mandatory.

**Should:** Expected; suggested, but not necessarily mandatory.

**Software License:** Legal instrument with or without printed material that governs the use or redistribution of licensed software.

**Sole Source – Commodity:** When an item is available from only one source due to the unique nature of the requirement, its supplier, or market conditions.

**Sole Source – Services:** A service of such a unique nature that the vendor selected is clearly and justifiably the only practical source to provide the service. Determination that the vendor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required.

**Specifications:** The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

**System (see Module):** Any collection or aggregation of two (2) or more Modules that is designed to function, or is represented by the Contractor as functioning or being capable of functioning, as an entity.

**Termination:** Occurs when either party, pursuant to a power created by agreement or law, puts an end to the contract prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

**Trade Secret:** Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

**Trademark:** A word, phrase, logo, or other graphic symbol used by a manufacturer or vendor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office.

**Upgrade:** Any change that improves or alters the basic function of a product of service.

**Vendor:** An individual or entity lawfully conducting business in the State of Nebraska, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

**Vendor Performance Report:** A report issued to the Contractor by State Purchasing Bureau when products or services delivered or performed fail to meet the terms of the purchase order, contract, and/or specifications, as reported to State Purchasing Bureau by the agency. The State Purchasing Bureau shall contact the Contractor regarding any such report. The

vendor performance report will become a part of the permanent record for the Contractor. The State may require vendor to cure. Two such reports may be cause for immediate termination.

**Will:** See Shall/Will/Must.

**Work Day:** See Business Day.

## I. SCOPE OF THE REQUEST FOR PROPOSAL

The State of Nebraska, Administrative Services (AS), Materiel Division, State Purchasing Bureau (hereafter known as State Purchasing Bureau), is issuing this Request for Proposal, RFP Number 5481Z1 for the purpose of selecting a qualified Contractor to provide Vision Insurance. Any resulting contract is not an exclusive contract to furnish the services provided for in this Request for Proposal, and does not preclude the purchase of similar services from other sources.

A contract resulting from this Request for Proposal will be issued approximately for a period of three (3) years effective the date of award. The contract has the option to be renewed for three (3) additional one (1) year periods as mutually agreed upon by all parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Contractor and the State of Nebraska.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:**  
<http://das.nebraska.gov/materiel/purchasing.html>

### A. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1.	Release Request for Proposal	November 29, 2016
2.	Last day to submit written questions	December 13, 2016
3.	State responds to written questions through Request for Proposal "Addendum" and/or "Amendment" to be posted to the Internet at <a href="http://das.nebraska.gov/materiel/purchasing.html">http://das.nebraska.gov/materiel/purchasing.html</a>	December 28, 2016
4.	Proposal opening Location: State Purchasing Bureau 1526 K Street, Suite 130 Lincoln, NE 68508	January 12, 2017 2:00 PM Central Time
5.	Review for conformance of mandatory requirements	January 12, 2017
6.	Evaluation period	January 17, 2017 – February 3, 2017
7.	"Oral Interviews/Presentations and/or Demonstrations" (if required)	TBD
8.	Post "Letter of Intent to Contract" to Internet at <a href="http://das.nebraska.gov/materiel/purchasing.html">http://das.nebraska.gov/materiel/purchasing.html</a>	February 12, 2017
9.	Contract finalization period	February 12, 2017 – March 17, 2017
10.	Contract award	March 19, 2017
11.	Contractor start date	July 1, 2017

## **II. PROCUREMENT PROCEDURES**

### **A. PROCURING OFFICE AND CONTACT PERSON**

Procurement responsibilities related to this Request for Proposal reside with the State Purchasing Bureau. The point of contact for the procurement is as follows:

Name: Michelle Thompson / Teresa Fleming  
Agency: State Purchasing Bureau  
Address: 1526 K Street, Suite 130  
Lincoln, NE 68508  
Telephone: 402-471-6500  
Facsimile: 402-471-2089  
E-Mail: [as.materieipurchasing@nebraska.gov](mailto:as.materieipurchasing@nebraska.gov)

### **B. GENERAL INFORMATION**

The Request for Proposal is designed to solicit proposals from qualified vendors who will be responsible for providing Vision Insurance at a competitive and reasonable cost. Proposals that do not conform to the mandatory items as indicated in the Request for Proposal will not be considered.

Proposals shall conform to all instructions, conditions, and requirements included in the Request for Proposal. Prospective bidders are expected to carefully examine all documentation, schedules, and requirements stipulated in this Request for Proposal, and respond to each requirement in the format prescribed.

A fixed-price contract will be awarded as a result of this proposal. In addition to the provisions of this Request for Proposal and the awarded proposal, which shall be incorporated by reference in the contract, any additional clauses or provisions required by the terms and conditions will be included as an amendment to the contract.

### **C. CUSTOMER SERVICE**

In addition to any specified service requirements contained in this agreement, the Contractor agrees and understands that satisfactory customer service is required. Contractor will develop or provide technology and business procedures designed to enhance the level of customer satisfaction and to provide the customer appropriate information given their situation. Contractor, its employees, Subcontractors, and agents must be accountable, responsive, reliable, patient, and have well-developed communication skills as set forth by the customer service industry's best practices and processes.

### **D. COMMUNICATION WITH STATE STAFF AND EVALUATORS**

From the date the Request for Proposal is issued until a determination is announced regarding the selection of the Contractor, contact regarding this project between potential Contractors and individuals employed by the State is restricted to only written communication with the staff designated above as the point of contact for this Request for Proposal. Bidders shall not have any communication with, or attempt to communicate with or influence in any way, any evaluator involved in this RFP.

Once a Contractor is preliminarily selected, as documented in the intent to contract, that Contractor is restricted from communicating with State staff until a contract is signed. Violation of this condition may be considered sufficient cause to reject a Contractor's proposal and/or selection irrespective of any other condition.

The following exceptions to these restrictions are permitted:

1. written communication with the person(s) designated as the point(s) of contact for this Request for Proposal or procurement;
2. contacts made pursuant to any pre-existing contracts or obligations; and
3. State-requested presentations, key personnel interviews, clarification sessions or discussions to finalize a contract.

Violations of these conditions may be considered sufficient cause to reject a bidder's proposal and/or selection irrespective of any other condition. No individual member of the State, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Proposal. The buyer will issue any clarifications or opinions regarding this Request for Proposal in writing.

### **E. WRITTEN QUESTIONS AND ANSWERS**

Any explanation desired by a bidder regarding the meaning or interpretation of any Request for Proposal provision must be submitted in writing to the State Purchasing Bureau and clearly marked "RFP Number 5481Z1; Vision Insurance Questions". It is preferred that questions be sent via e-mail to [as.materieipurchasing@nebraska.gov](mailto:as.materieipurchasing@nebraska.gov). Questions may also be sent by facsimile to 402-471-2089, but must include a cover sheet clearly indicating that the

transmission is to the attention of Michelle Thompson / Teresa Fleming, showing the total number of pages transmitted, and clearly marked "RFP Number 5481Z1; Vision Insurance Questions".

It is recommended that Bidders submit questions sequentially numbered, include the RFP reference and page number using the following format.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>

Written answers will be provided through an addendum to be posted on the Internet at <http://das.nebraska.gov/materiel/purchasing.html> on or before the date shown in the Schedule of Events.

**F. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS**

The Evaluation Committee(s) may conclude after the completion of the Technical and Cost Proposal evaluation that oral interviews/presentations and/or demonstrations are required in order to determine the successful bidder. All bidders may not have an opportunity to interview/present and/or give demonstrations; the State reserves the right to select only the top scoring bidders to present/give oral interviews in its sole discretion. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical and Cost Proposals. The presentation process will allow the bidders to demonstrate their proposal offering, explaining and/or clarifying any unusual or significant elements related to their proposals. Bidders' key personnel may be requested to participate in a structured interview to determine their understanding of the requirements of this proposal, their authority and reporting relationships within their firm, and their management style and philosophy. Bidders shall not be allowed to alter or amend their proposals. Only representatives of the State and the presenting bidders will be permitted to attend the oral interviews/presentations and/or demonstrations.

Once the oral interviews/presentations and/or demonstrations have been completed the State reserves the right to make a contract award without any further discussion with the bidders regarding the proposals received.

Detailed notes of oral interviews/presentations and/or demonstrations may be recorded and supplemental information (such as briefing charts, et cetera) may be accepted; however, such supplemental information shall not be considered an amendment to a bidders' proposal. Additional written information gathered in this manner shall not constitute replacement of proposal contents.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

**G. SUBMISSION OF PROPOSALS**

The following describes the requirements related to proposal submission, proposal handling, and review by the State.

To facilitate the proposal evaluation process, one (1) original of the entire proposal must be submitted. Proposals must be submitted by the proposal due date and time. A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials. All proprietary information the bidder wishes the State to withhold must be submitted in accordance with the instructions outlined in Section III, Proprietary Information. Proposal responses should include the completed Form A, Bidder Contact Sheet. Proposals must reference the Request for Proposal number and be sent to the specified address. Please note that the address label should appear as specified in Section II part A on the face of each container or bidder's bid response packet. Rejected late proposals will be returned to the bidder unopened, if requested, at bidder's expense. If a recipient phone number is required for delivery purposes, 402-471-6500 should be used. The Request for Proposal number must be included in all correspondence.

Emphasis should be concentrated on conformance to the Request for Proposal instructions, responsiveness to requirements, completeness, and clarity of content. If the bidder's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that the proposal will be rejected.

The Technical and Cost Proposals should be presented in separate sections (loose-leaf binders are preferred) on standard 8 1/2" x 11" paper, except that charts, diagrams and the like may be on fold-outs which, when folded, fit into the 8 1/2" by 11" format. Pages may be consecutively numbered for the entire proposal, or may be numbered consecutively within sections. Figures and tables must be numbered consecutively within sections. Figures and tables must be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text.

**H. PROPOSAL OPENING**

The sealed proposals will be publicly opened and the bidding entities announced on the date, time, and location shown in the Schedule of Events. Proposals will be available for viewing by those present at the proposal opening. Vendors may also contact the State to schedule an appointment for viewing proposals after the Intent to Award has been posted to the website.

**I. LATE PROPOSALS**

Proposals received after the time and date of the proposal opening will be considered late proposals. Rejected late proposals will be returned to the bidder unopened, if requested, at bidder's expense. The State is not responsible for proposals that are late or lost due to mail service inadequacies, traffic, or any other reason(s).

**J. REJECTION OF PROPOSALS**

The State reserves the right to reject any or all proposals, wholly or in part, or to award to multiple bidders in whole or in part. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.

**K. EVALUATION OF PROPOSALS**

All proposals that are responsive to the Request for Proposal will be evaluated. Each category will have a maximum possible point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all responsive proposals in accordance with the criteria set forth below. The State may elect to use a third-party to conduct credit checks as part of the corporate overview evaluation. Areas that will be addressed and scored during the evaluation include:

1. Corporate Overview should include but is not limited to:
  - a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the Request for Proposal;
  - b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;
  - c. whether the bidder can perform the contract within the specified time frame;
  - d. the quality of bidder performance on prior contracts;
  - e. such other information that may be secured and that has a bearing on the decision to award the contract;
2. Technical Approach; and
3. Cost Proposal.

Neb. Rev. Stat. § 73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection and (ii) the management and daily business operations of the business are controlled by one or more persons described in subdivision(a) of this subsection. Any contract entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a bid in accordance with Neb. Rev. Stat. § 73-107 and has so indicated on the RFP cover page under "Bidder must complete the following" requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the vendor within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service;
2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions);
3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

Evaluation criteria weighting will be released with the Request for Proposal. Evaluation criteria weighting and a list of respondents will be posted to the State Purchasing Bureau website at <http://das.nebraska.gov/materiel/purchasing.html>

**L. EVALUATION COMMITTEE**

Proposals will be independently evaluated by members of the Evaluation Committee(s). The Evaluation Committee(s) will consist of staff with the appropriate expertise to conduct such proposal evaluations. Names of the members of the Evaluation Committee(s) will not be published.

Prior to award, bidders are advised that only the point of contact indicated on the front cover of this Request for Proposal For Contractual Services Form can clarify issues or render any opinion regarding this Request for Proposal. No individual member of the State, employee of the State, or member of the Evaluation Committee(s) is empowered to make binding statements regarding this Request for Proposal.

Any contact, or attempted contact, with an evaluator that is involved with this RFP may result in the rejection of this proposal and further administrative actions may be taken.

**M. MANDATORY REQUIREMENTS**

The proposals will first be examined to determine if all mandatory requirements listed below have been addressed to warrant further evaluation. Proposals not meeting mandatory requirements will be excluded from further evaluation. The mandatory requirement items are as follows:

1. Request for Proposal For Contractual Services form, signed in ink;
2. Corporate Overview;
3. Completed Section III;
4. Technical Approach; and
5. Cost Proposal.

**N. REFERENCE CHECKS**

The State reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the company in the proposal, those indicated through the explicitly specified contacts, those that are identified during the review of the proposal, or those that result from communication with other entities involved with similar projects. The State may use a third-party to conduct reference checks.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: financial stability of the company, project description and background, job performed, functional and technical abilities, communication skills and timeliness, cost and schedule estimates and accuracy, problems (poor quality deliverables, contract disputes, work stoppages, et cetera), overall performance, and whether or not the reference would rehire the firm or individual. Only top scoring bidders may receive reference checks, and negative references may eliminate bidders from consideration for award.

**O. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS**

All bidders should be authorized to transact business in the State of Nebraska. All bidders are expected to comply with all Nebraska Secretary of State Registration requirements. It is the responsibility of the bidder to comply with any registration requirements pertaining to types of business entities (e.g. person, partnership, foreign or domestic limited liability company, association, or foreign or domestic corporation or other type of business entity). The bidder who is the recipient of an Intent to Award will be required to certify that it has so complied and produce a true and exact copy of its current (within ninety (90) calendar days), valid Certificate of Good Standing or Letter of Good Standing; or in the case of a sole proprietorship, provide written documentation of sole proprietorship. This must be accomplished prior to the award of the contract. Construction Contractors are expected to meet all applicable requirements of the Nebraska Contractor Registration Act and provide a current, valid certificate of registration. Further, all bidders shall comply with any and all other applicable Nebraska statutes regarding transacting business in the State of Nebraska. Bidders should submit the above certification(s) with their bid.

If a bank is registered with the Office of Comptroller of Currency, it is not required to register with the State. However, the Office of Comptroller of Currency does have a certificate of good standing/registration. The bank could provide that for verification. (Optional)



**P. VIOLATION OF TERMS AND CONDITIONS**

Violation of the terms and conditions contained in this Request for Proposal or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's proposal;
2. Withdrawal of the Intent to Award
3. Termination of the resulting contract.
4. Legal action.
5. Suspension of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.

**III. TERMS AND CONDITIONS**

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

Bidders are expected to closely read the Terms and Conditions and provide a binding signature of intent to comply with the Terms and Conditions; provided, however, a bidder may indicate any exceptions to the Terms and Conditions by (1) clearly identifying the term or condition by subsection, and (2) including an explanation for the bidder's inability to comply with such term or condition which includes a statement recommending terms and conditions the bidder would find acceptable. Rejection in whole or in part of the Terms and Conditions may be cause for rejection of a bidder's proposal. **Bidders must include completed Section III with their proposal response.**

The State of Nebraska is soliciting bids in response to the RFP. The State of Nebraska will not consider proposals that propose the substitution of the bidder's contract, agreements, or terms for those of the State of Nebraska's. Any License, Service Agreement, Customer Agreement, User Agreement, Bidder Terms and Conditions, Document, or Clause purported or offered to be included as a part of this RFP must be submitted as individual clauses, as either a counter-offer or additional language, and each clause must be acknowledged and accepted in writing by the State. If the Bidder's clause is later found to be in conflict with the RFP or resulting contract the Bidder's clause shall be subordinate to the RFP or resulting contract.

**A. GENERAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The contract resulting from this Request for Proposal shall incorporate the following documents:

1. Amendment to Contract Award with the most recent dated amendment having the highest priority;
2. Contract Award and any attached Addenda;
3. The Request for Proposal form and the Contractor's Proposal, signed in ink
4. Amendments to RFP and any Questions and Answers; and
5. The original RFP document and any Addenda.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to Contract Award with the most recent dated amendment having the highest priority, 2) Contract Award and any attached Addenda, 3) the signed Request for Proposal form and the Contractor's Proposal, 4) Amendments to RFP and any Questions and Answers, 5) the original RFP document and any Addenda.

Any ambiguity in any provision of this contract which shall be discovered after its execution shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

Once proposals are opened they become the property of the State of Nebraska and will not be returned.

**B. AWARD**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the Request for Proposal. The State reserves the right to reject any or all proposals, in whole or in part, or to award to multiple bidders in whole or in part, and at its discretion, may withdraw or amend the Request for Proposal at any time. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State. The Request for Proposal does not commit the State to award a contract. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.

By submitting a proposal in response to this Request for Proposal, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients.

Once intent to award decision has been determined, it will be posted to the Internet at:  
<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:  
[http://das.nebraska.gov/materiel/purchase\\_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors%20\(2\).pdf](http://das.nebraska.gov/materiel/purchase_bureau/docs/vendors/protest/ProtestGrievanceProcedureForVendors%20(2).pdf)

Any protests must be filed by a vendor within ten (10) business days after the intent to award decision is posted to the Internet.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for services to be covered by any contract resulting from this Request for Proposal.

**D. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall procure and pay for all permits, licenses, and approvals necessary for the execution of the contract. The Contractor shall comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

**E. OWNERSHIP OF INFORMATION AND DATA**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

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The State of Nebraska shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or derived by the Contractor pursuant to this contract.

The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, and other rights or titles (e.g. rights to licenses transfer or assign deliverables) necessary to execute this contract. The contract price shall, without exception, include compensation for all royalties and costs arising from patents, trademarks, and copyrights that are in any way involved in the contract. It shall be the responsibility of the Contractor to pay for all royalties and costs, and the State must be held harmless from any such claims.

**F. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall not commence work under this contract until all the insurance required hereunder has been obtained and such insurance has been approved by the State. The Contractor shall maintain all required insurance for the life of this contract and shall ensure that the State Purchasing Bureau has the most current certificate of insurance throughout the life of this contract. If Contractor will be utilizing any Subcontractors, the Contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all Subcontractor(s). The Contractor is also responsible for ensuring Subcontractor(s) maintain the insurance required until completion of the contract requirements. The Contractor shall not allow any Subcontractor to commence work on any Subcontract until all similar insurance required of the Subcontractor has been obtained and approved by the Contractor. Approval of the insurance by the State shall not limit, relieve, or decrease the liability of the Contractor hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Insurance coverages shall function independent of all other clauses in the contract, and in no instance shall the limits of recovery from the insurance be reduced below the limits required by this section.

**1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance

carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

**3. INSURANCE COVERAGE AMOUNTS REQUIRED**

<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises	\$300,000 each occurrence
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$5,000,000
<b>PROFESSIONAL LIABILITY</b>	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions)	\$3,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3 <sup>rd</sup> Party Fidelity	\$3,000,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$10,000,000
<b>SUBROGATION WAIVER</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>LIABILITY WAIVER</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	

**4. EVIDENCE OF COVERAGE**

The Contractor should furnish the State, with their proposal response, a certificate of insurance coverage complying with the above requirements to the attention of the Buyer at 402-471-2089 (fax)

Administrative Services  
 State Purchasing Bureau  
 1526 K Street, Suite 130  
 Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Notice of cancellation of any required insurance policy must be submitted to Administrative Services State Purchasing Bureau when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**G. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State may already have in place or choose to award supplemental contracts for work related to this Request for Proposal, or any portion thereof.

1. The State reserves the right to award the contract jointly between two or more potential Contractors, if such an arrangement is in the best interest of the State.
2. The Contractor shall agree to cooperate with such other Contractors, and shall not commit or permit any act which may interfere with the performance of work by any other Contractor.

**H. INDEPENDENT CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The Contractor represents that it has, or will secure at its own expense, all personnel required to perform the services under the contract. The Contractor's employees and other persons engaged in work or services required by the contractor under the contract shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the Contractor, its officers, or its agents) shall in no way be the responsibility of the State. The Contractor will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights, or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

**I. CONTRACTOR RESPONSIBILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor is solely responsible for fulfilling the contract, with responsibility for all services offered and products to be delivered as stated in the Request for Proposal, the Contractor's proposal, and the resulting contract. The Contractor shall be the sole point of contact regarding all contractual matters.

If the Contractor intends to utilize any Subcontractor's services, the Subcontractor's level of effort, tasks, and time allocation must be clearly defined in the Contractor's proposal. The Contractor shall agree that it will not utilize any Subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State. Following execution of the contract, the Contractor shall proceed diligently with all services and shall perform such services with qualified personnel in accordance with the contract.

**J. CONTRACTOR PERSONNEL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor warrants that all persons assigned to the project shall be employees of the Contractor or specified Subcontractors, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work on the project.

Personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of key personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or Subcontractor employee.

In respect to its employees, the Contractor agrees to be responsible for the following:

1. any and all employment taxes and/or other payroll withholding;
2. any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. damages incurred by Contractor's employees within the scope of their duties under the contract;
4. maintaining workers' compensation and health insurance and submitting any reports on such insurance to the extent required by governing State law; and
5. determining the hours to be worked and the duties to be performed by the Contractor's employees.

**K. CONTRACT CONFLICTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Contractor shall insure that contracts or agreements with sub-contractors and agents, and the performance of services in relation to this contract by sub-contractors and agents, does not conflict with this contract.

**L. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall not, at any time, recruit or employ any State employee or agent who has worked on the Request for Proposal or project, or who had any influence on decisions affecting the Request for Proposal or project.

**M. CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

By submitting a proposal, bidder certifies that there does not now exist any relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Proposal or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The bidder certifies that it will not employ any individual known by bidder to have a conflict of interest.

**N. PROPOSAL PREPARATION COSTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State shall not incur any liability for any costs incurred by bidders in replying to this Request for Proposal, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this Request for Proposal.

**O. ERRORS AND OMISSIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The bidder shall not take advantage of any errors and/or omissions in this Request for Proposal or resulting contract. The bidder must promptly notify the State of any errors and/or omissions that are discovered.

**P. BEGINNING OF WORK**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.



**Q. ASSIGNMENT BY THE STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State shall have the right to assign or transfer the contract or any of its interests herein to any agency, board, commission, or political subdivision of the State of Nebraska. There shall be no charge to the State for any assignment hereunder.

**R. ASSIGNMENT BY THE CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor may not assign, voluntarily or involuntarily, the contract or any of its rights or obligations hereunder (including without limitation rights and duties of performance) to any third party, without the prior written consent of the State, which will not be unreasonably withheld.

**S. DEVIATIONS FROM THE REQUEST FOR PROPOSAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The requirements contained in the Request for Proposal become a part of the terms and conditions of the contract resulting from this Request for Proposal. Any deviations from the Request for Proposal must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the Request for Proposal, mandatory requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

**T. GOVERNING LAW**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The contract shall be governed in all respects by the laws and statutes of the State of Nebraska. Any legal proceedings against the State of Nebraska regarding this Request for Proposal or any resultant contract shall be brought in the State of Nebraska administrative or judicial forums as defined by State law. The Contractor must be in compliance with all Nebraska statutory and regulatory law.

**U. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Contractor agrees to pay all expenses of such action, as permitted by law, including attorney's fees and costs, if the State is the prevailing party.

**V. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. News releases pertaining to the project shall not be issued without prior written approval from the State.

**W. STATE PROPERTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

**X. SITE RULES AND REGULATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to between the State and the Contractor.

**Y. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

During the bid process, all communication between the State and a bidder shall be between the bidder's representative clearly noted in its proposal and the buyer noted in Section II.A. Procuring Office and Contact Person, of this RFP. After the award of the contract, all notices under the contract shall be deemed duly given upon delivery to the staff designated as the point of contact for this Request for Proposal, in person, or upon delivery by U.S. Mail, facsimile, or e-mail. Each bidder should provide in its proposal the name, title, and complete address of its designee to receive notices.

1. Except as otherwise expressly specified herein, all notices, requests, or other communications shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth above, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.
  
2. Whenever the Contractor encounters any difficulty which is delaying or threatens to delay its timely performance under the contract, the Contractor shall immediately give notice thereof in writing to the State reciting all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the State of any of its rights or remedies to which it is entitled by law or equity or pursuant to the provisions of the contract. Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

For the duration of the contract, all communication between Contractor and the State regarding the contract shall take place between the Contractor and individuals specified by the State in writing. Communication about the contract between Contractor and individuals not designated as points of contact by the State is strictly forbidden.

**Z. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
  
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
  
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;

- c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
- d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
- e. an involuntary proceeding has been commenced by any party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
- f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
- g. Contractor intentionally discloses confidential information;
- h. Contractor has or announces it will discontinue support of the deliverable;
- i. second or subsequent documented "vendor performance report" form deemed acceptable by the State Purchasing Bureau; or
- j. Contractor engaged in collusion or actions which could have provided Contractor an unfair advantage in obtaining this contract.

**AA. FUNDING OUT CLAUSE OR LOSS OF APPROPRIATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State may terminate the contract, in whole or in part, in the event funding is no longer available. The State's obligation to pay amounts due for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds for the contract. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal years for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of any termination, and advise the Contractor of the location (address and room number) of any related equipment. All obligations of the State to make payments after the termination date will cease and all interest of the State in any related equipment will terminate. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

**BB. BREACH BY CONTRACTOR**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State may terminate the contract, in whole or in part, if the Contractor fails to perform its obligations under the contract in a timely and proper manner. The State may, by providing a written notice of default to the Contractor, allow the Contractor to cure a failure or breach of contract within a period of thirty (30) calendar days (or longer at State's discretion considering the gravity and nature of the default). Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing the Contractor time to cure a failure or breach of contract does not waive the State's right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

**CC. ASSURANCES BEFORE BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

If any document or deliverable required pursuant to the contract does not fulfill the requirements of the Request for Proposal/resulting contract, upon written notice from the State, the Contractor shall deliver assurances in the form of additional Contractor resources at no additional cost to the project in order to complete the deliverable, and to ensure that other project schedules will not be adversely affected.

**DD. ADMINISTRATION – CONTRACT TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

1. Contractor must provide confirmation that upon contract termination all deliverables prepared in accordance with this agreement shall become the property of the State of Nebraska; subject to the ownership provision (section E) contained herein, and is provided to the State of Nebraska at no additional cost to the State.
2. Contractor must provide confirmation that in the event of contract termination, all records that are the property of the State will be returned to the State within thirty (30) calendar days. Notwithstanding the above, Contractor may retain one copy of any information as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor’s routine back up procedures.

**EE. PERFORMANCE BOND**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor will be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the bond must be \$200,000. The bond will guarantee that the Contractor will faithfully perform all requirements, terms and conditions of the contract. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the service has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

**FF. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under the contract due to a natural disaster, or other similar event outside the control and not the fault of the affected party (“Force Majeure Event”). A Force Majeure Event shall not constitute a breach of the contract. The party so affected shall immediately give notice to the other party of the Force Majeure Event. The State may grant relief from performance of the contract if the Contractor is prevented from performance by a Force Majeure Event. The burden of proof for the need for such relief shall rest upon the Contractor. To obtain release based on a Force Majeure Event, the Contractor shall file a written request for such relief with the State Purchasing Bureau. Labor disputes with the impacted party’s own employees will not be considered a Force Majeure Event and will not suspend performance requirements under the contract.

**GG. PROHIBITION AGAINST ADVANCE PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

**HH. PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date, and the Contractor hereby waives any claim or cause of action for any such services.

**II. INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

See Section V.C. Payment Schedule for information regarding premium remittance

**JJ. RIGHT TO AUDIT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Contractor shall establish and maintain a reasonable accounting system that enables the State to readily audit contract. The State and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all financial and related records (in whatever form they may be kept, whether written, electronic, or other) relating to or pertaining to this contract kept by or under the control of the Contractor, including, but not limited to those kept by the Contractor, its employees, agents, assigns, successors, and Subcontractors. Such records shall include, but not be limited to, accounting records, written policies and procedures; all paid vouchers including those for out-of-pocket expenses; other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips; bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back charge logs and supporting documentation; insurance documents; payroll documents; timesheets; memoranda; and correspondence.

Contractor shall, at all times during the term of this contract and for a period of five (5) years after the completion of this contract, maintain such records, together with such supporting or underlying documents and materials. The Contractor shall at any time requested by the State, whether during or after completion of this contract and at Contractor's own expense make such records available for inspection and audit (including copies and extracts of records as required) by the State. Such records shall be made available to the State during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the financial records, together with the supporting or underlying documents and records, shall be made available for audit at a time and location that is convenient for the State. Contractor shall ensure the State has these rights with Contractor's assigns, successors, and Subcontractors, and the obligations of these rights shall be explicitly included in any subcontracts or agreements formed between the Contractor and any Subcontractors to the extent that those Subcontracts or agreements relate to fulfillment of the Contractor's obligations to the State.

Costs of any audits conducted under the authority of this right to audit and not addressed elsewhere will be borne by the State unless certain exemption criteria are met. If the audit identifies overpricing or overcharges (of any nature) by the Contractor to the State in excess of one-half of one percent (.5%) of the total contract billings, the Contractor shall reimburse the State for the total costs of the audit. If the audit discovers substantive findings related to fraud, misrepresentation, or non-performance, the Contractor shall reimburse the State for total costs of audit. Any adjustments and/or payments that must be made as a result of any such audit or inspection of the Contractor's invoices and/or records shall be made within a reasonable amount of time (not to exceed 90 days) from presentation of the State's findings to Contractor.

**KK. TAXES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State is not required to pay taxes of any kind and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

**LL. INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Final inspection and approval of all work required under the contract shall be performed by the designated State officials. The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**MM. CHANGES IN SCOPE/CHANGE ORDERS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State may, upon the written agreement of Contractor, make changes to the contract within the general scope of the RFP. The State may, at any time work is in progress, by written agreement, make alterations in the terms of work as shown in the specifications, require the Contractor to make corrections, decrease the quantity of work, or make such other changes as the State may find necessary or desirable. The Contractor shall not claim forfeiture of contract by reasons of such changes by the State. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, or a pro-rated value.

Corrections of any deliverable, service or performance of work required pursuant to the contract shall not be deemed a modification. Changes or additions to the contract beyond the scope of the RFP are not permitted.

**NN. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular provision held to be invalid.

**OO. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be regarded as confidential information. All materials and information provided by the State or acquired by the Contractor on behalf of the State shall be handled in accordance with federal and state law, and ethical standards. The



Contractor must ensure the confidentiality of such materials or information. Should said confidentiality be breached by a Contractor; Contractor shall notify the State immediately of said breach and take immediate corrective action.

It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1), provides that any officer or employee of a Contractor, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**PP. PROPRIETARY INFORMATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Data contained in the proposal and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the proposal. If the bidder wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. **All proprietary information the bidder wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the proposal, and provide supporting documents showing why such documents should be marked proprietary.** The separate package must be clearly marked PROPRIETARY on the outside of the package. **Bidders may not mark their entire Request for Proposal as proprietary.** Bidder's cost proposals may not be marked as proprietary information. Failure of the bidder to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other bidders and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, bidders submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

**QQ. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

By submission of this proposal, the bidder certifies that it is the party making the foregoing proposal and that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham proposal, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further that the bidder has not, directly or indirectly, submitted the proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

**RR. STATEMENT OF NON-COLLUSION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The proposal shall be arrived at by the bidder independently and be submitted without collusion with, and without any direct or indirect agreement, understanding or planned common course of action with, any person; firm; corporation; bidder; Contractor of materials, supplies, equipment or services described in this RFP. Bidder shall not collude with, or attempt to collude with, any state officials, employees or agents; or evaluators or any person involved in this RFP. The bidder shall not take any action in the restraint of free competition or designed to limit independent bidding or to create an unfair advantage.

Should it be determined that collusion occurred, the State reserves the right to reject a bid or terminate the contract and impose further administrative sanctions.

**SS. PRICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

All prices, costs, and terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made or the Request for Proposal is cancelled.

The State will be given full proportionate benefit of any price decrease during the term of the contract. Contractor represents and warrants that all prices for services, now or subsequently specified, are as low as and no higher than prices which the Contractor has charged or intends to charge customers other than the State for the same or similar products and services of the same or equivalent quantity and quality for delivery or performance during the same periods of time. If, during the term of the contract, the Contractor shall reduce any and/or all prices charged to any customers other than the State for the same or similar products or services specified herein, the Contractor shall make an equal or equivalent reduction in corresponding prices for said specified products or services.

Contractor also represents and warrants that all prices set forth in the contract and all prices in addition, which the Contractor may charge under the terms of the contract, do not and will not violate any existing federal, state, or municipal law or regulations concerning price discrimination and/or price fixing. Contractor agrees to hold the State harmless from any such violation. Prices quoted shall not be subject to increase throughout the contract period unless specifically allowed by these specifications.

**TT. BEST AND FINAL OFFER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The State will compile the final scores for all parts of each proposal. The award may be granted to the highest scoring responsive and responsible bidder. Alternatively, the highest scoring bidder or bidders may be requested to submit best and final offers. If best and final offers are requested by the State and submitted by the bidder, they will be evaluated (using the stated criteria), scored, and ranked by the Evaluation Committee. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

**UU. ETHICS IN PUBLIC CONTRACTING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

No bidder shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator, employee or evaluator based on the understanding that the receiving person’s vote, actions, or judgment will be influenced thereby. No bidder shall give any item of value to any employee of the State Purchasing Bureau or any evaluator.

Bidders shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the contract. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of proposals and award of the contract be completed without external influence. It is not the intent of this section to prohibit bidders from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Proposal or the format or content of their proposal.

If the bidder is found to be in non-compliance with this section of the Request for Proposal, they may forfeit the contract if awarded to them or be disqualified from the selection process.

**VV. INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

**1. GENERAL**

The Contractor agrees to defend, indemnify, hold, and save harmless the State and its employees, volunteers, agents, and its elected and appointed officials (“the indemnified parties”) from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses (“the claims”), sustained or asserted against the State, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. INTELLECTUAL PROPERTY**

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State’s use of the Licensed Software without the State’s prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State’s use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor’s sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State’s behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State’s election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

**3. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker’s compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel provided by the Contractor.

**4. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 *et seq.* and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

**WW. NEBRASKA TECHNOLOGY ACCESS STANDARDS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor’s performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**XX. ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**YY. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

**ZZ. TIME IS OF THE ESSENCE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Time is of the essence in this contract. The acceptance of late performance with or without objection or reservation by the State shall not waive any rights of the State nor constitute a waiver of the requirement of timely performance of any obligations on the part of the Contractor remaining to be performed.

**AAA. RECYCLING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Preference will be given to items which are manufactured or produced from recycled material or which can be readily reused or recycled after their normal use as per Neb. Rev. Stat. § 81-15,159.

**BBB. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**CCC. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>

The completed United States Attestation Form should be submitted with the Request for Proposal response.

2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

**DDD. CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND INELIGIBILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor, by signature to this RFP, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from participating in transactions (debarred). The Contractor also agrees to include the above requirements in any and all Subcontracts into which it enters. The Contractor shall immediately notify the Department if, during the term of this contract, Contractor becomes debarred. The Department may immediately terminate this contract by providing Contractor written notice if Contractor becomes debarred during the term of this contract.

Contractor, by signature to this RFP, certifies that Contractor has not had a contract with the State of Nebraska terminated early by the State of Nebraska. If Contractor has had a contract terminated early by the State of Nebraska, Contractor must provide the contract number, along with an explanation of why the contract was terminated early. Prior early termination may be cause for rejecting the proposal.

**EEE. POLITICAL SUB-DIVISIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

The Contractor may extend the contract to political sub-divisions conditioned upon the honoring of the prices charged to the State. Terms and conditions of the Contract must be met by political sub-divisions. Under no circumstances shall the State be contractually obligated or liable for any purchases by political sub-divisions or other public entities not authorized by Neb. Rev. Stat. § 81-145, listed as "all officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations." A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

**FFF. OFFICE OF PUBLIC COUNSEL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the

termination of this contract and shall not apply if Contractor is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq.

**G.G. LONG-TERM CARE OMBUDSMAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

If it is a long-term care facility subject to the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq., Contractor shall comply with the Act. This section shall survive the termination of this contract.

**IV. PROJECT DESCRIPTION AND SCOPE OF WORK**

The bidder should provide the following information in response to this Request for Proposal.

**A. PROJECT OVERVIEW**

The State of Nebraska (“the State”), through Administrative Services, provides State employees access to a Vision Insurance plan. The State is seeking proposals from qualified insurance vendors to provide a fully-insured Vision Insurance plan for their approximately 17,000 eligible State employees.

The State’s objectives are to:

1. Provide a vision plan with competitive premiums.
2. Sustain employee enrollment with the Vision Insurance program.
3. Provide access to participating vision providers

**B. PROJECT ENVIRONMENT**

Eligible State employees currently have a Vision Insurance plan with two (2) plan options. The current Vision Insurance plans can be found at: <http://das.nebraska.gov/Benefits/Active/vision.html>.

Link to current contract: [http://das.nebraska.gov/materiel/purchasing/contracts/pdfs/42499\(o4\)ren\(4\)awd.pdf](http://das.nebraska.gov/materiel/purchasing/contracts/pdfs/42499(o4)ren(4)awd.pdf)

A routine vision plan should not need the current contractor’s utilization to rate a voluntary fully insured vision plan because each carrier should already have their own rating formulas. Each carrier should be able to develop their own unique premiums based on their own unique contracted provider reimbursements. However, the State will provide the premium rates for the previous 3 years:

2014-2015	Tier			
Plan	Single	EE + Spouse	EE + Children	Family
Basic	5.16	8.28	8.44	13.58
Premium	7.98	12.78	13.04	21.00

2015-2016	Tier			
Plan	Single	EE + Spouse	EE + Children	Family
Basic	5.14	8.26	8.42	13.56
Premium	7.96	12.78	13.02	21.00

2016-2017	Tier			
Plan	Single	EE + Spouse	EE + Children	Family
Basic	5.30	8.50	8.68	13.96
Premium	8.20	13.16	13.40	21.64

Of the State’s approximately 17,000 eligible permanent employees, 3,183 are enrolled in the Basic Option plan and 6,996 are enrolled in the Premium Option plan; an additional 69 COBRA and 131 pre-65 retirees participate in the plan.

The premium contribution is 100% by the employee.

Full-time and part-time employees and pre-65 retirees are eligible for coverage under the Vision Insurance plan.

Vision Plan Census Enrollment as of July 1, 2016

Plan	Tier				Total
	Single	Employee & Children	Employee & Spouse	Family	
Basic	1,560	362	658	603	3,183
Premium	2,791	905	1,622	1,678	6,996

Vision Plan Census Enrollment as of November 2016

Plan	Tier
------	------



	COBRA	Pre-65 Retirees
Basic	11	33
Premium	58	98

**C. PROJECT REQUIREMENTS**

Clearly explain in the tables provided below how the bidder will meet the following requirements:

1.	Describe how the bidders plan design will include both the Basic Plan and Premium Plan. Response:
2.	Provide complete administrative, fiduciary, and support services for the vision plans. Response:
3.	Administer the plans in compliance with the insurance laws of the State of Nebraska. Link to the Department of Insurance: <a href="https://doi.nebraska.gov/">https://doi.nebraska.gov/</a> Response:
4.	Customer Service and Communication to Members:
a.	Design materials to communicate the vision insurance program to employees. Response:
b.	Describe the bidder's approach to customer service. i. Bidder must offer a toll-free customer service number to participants. ii. The State requires a minimum customer service hours from Monday through Friday, 8:00 am to 5:00 pm Central Time. Response:
c.	Describe how the bidder will provide any enrollment information and enrollment ID cards to new members and shall be responsible for the cost and postage of the packets. Response:
d.	Describe how new information/features will be communicated to the members of the vision plan i.e. mobile device application. Response:
5.	Advise and assist the State in the preparation of forms and other documentation necessary to fulfill reporting and disclose requirements.
a.	All communication materials shall be provided in an electronic format. Response:
6.	Prepare summary plan descriptions and plan summaries by May 1 <sup>st</sup> prior to the effective date of each plan year. Response:
7.	On-site meetings:
a.	Attend on-site meetings for Open Enrollment at contractor's expense, inclusive of all travel expenses. The State of Nebraska currently holds a one-day Open Enrollment meeting in Lincoln for all Human Resource representatives. Last year, there were 17 meetings at various locations including Lincoln, Omaha, Scottsbluff, North Platte, Norfolk, Tecumseh, McCook and Grand Island. The locations may change slightly from year to year as determined by the State. Response:
b.	Attend an annual on-site meeting/presentation in April with State staff to discuss a review of the previous year. The meeting will be held in Lincoln, NE. The State will request the meeting/presentation to include but not limited to the following: i. Membership ii. In-Network Utilization iii. Member Satisfaction iv. Out-of-Pocket Assessment of both options Response:
8.	Network of Providers:

a.	Describe the current network structure, including whether it is a proprietary network or a contracted network. i. Network must include a nationwide network of providers with uniform quality of care and services.
	Response:
b.	Which major optical chain stores participate in your network?
	Response:
c.	How do members access information regarding participating providers?
	Response:
d.	Does your network include online providers?
	Response:

9.	Perform and provide a GeoAccess analysis based on your contracted vision provider network and the Census File provided in Attachment 2. The access standards in the table below will be utilized in the analysis. Please base your analysis on the entire ELIGIBLE population.		
	Provider Type	Urban/ Suburban Access Standard	Rural Access Standard
	Optometrist	2 in 10 miles	2 in 20 miles
	Ophthalmologist	1 in 10 miles	1 in 20 miles
	Other Specialist	1 in 10 miles	1 in 20 miles
	Response:		

10.	Summarize the results of your GeoAccess analysis. Please enter the number of employees who do or do not have access to your network providers based on the distance parameters noted in the grid below.
	Response:

Vision Access Standards	Urban/ Suburban		Access Standards	Rural	
	# of Employees WITH Access	# of Employees WITHOUT Access		# of Employees WITH Access	# of Employees WITHOUT Access
2 Optometrists within 10 miles			2 Optometrists within 20 miles		
1 Ophthalmologist within 10 miles			1 Ophthalmologist within 20 miles		
1 Other Specialist within 10 miles			1 Other Specialist within 20 miles		

11.	Provide your provider turnover percentages for calendar years 2014 and 2015. Breakdown your providers by category, and calculate turnover percentages for each category.
	Response:

12.	Please check off those elements that are included in the provider selection process and provide the estimated percentage of vision providers that satisfy the following selection criteria elements:		
		Check	Provide estimated percentage
a.	Require unrestricted state licensure		
b.	Review malpractice coverage and history		
c.	Require full disclosure of current litigation		
d.	Require signed application & agreement		
e.	Require current DEA registration		
f.	Review adherence to state & community practice standards		
g.	Onsite review of office location		

h.	Review hours of operation and capacity		
i.	Board eligibility		
j.	Review practice patterns and utilization results		

<b>13.</b>	What is your firm's current book-of-business in-network utilization percentage?
	Response:

<b>14.</b>	Describe your relationship with optical laboratories.
	Response:

<b>15.</b>	Laser surgery (Lasik):
a.	Describe your relationship with Lasik providers.
	Response:
b.	Do you offer a discount arrangement for laser surgery to correct vision deficiencies? If so, provide details.
	Response:

<b>16.</b>	Frames, Lens and/or Contacts:
a.	Confirm that a member may receive an exam from one provider and materials (frames, lens or contacts) from another provider.
	Response:
b.	Does your organization use frame towers or otherwise limit members to a certain selection of frames?
	Response:
c.	Are discounts available for items such as designer frames, special coatings, tints, etc.? If so, what kinds of savings are available?
	Response:
d.	Are discounts available for complete pairs of glasses and/or contact lenses once the funded benefit has been used?
	Response:
e.	On average, what percentage of frames sold by participating providers fall within your fully covered frame allowance?
	Response:
f.	Describe your approach to coverage for contact lenses.
	Response:
g.	Does the bidder have a 'contact lens-by-mail' program? If so, will you give members a discount for these mail order lenses?
	Response:

<b>17.</b>	Portal:
a.	Describe the portal available for participants to access information including provider listings, claims, ID cards, etc.
	Response:
b.	Describe the employer portal available to the State's Benefits Administration department.
	Response:
c.	Describe how web services are 508 compliant as referenced in Section III. WW. Nebraska Technology Access Standards.
	Response:

<b>18.</b>	In the future, the State may request the Vision Insurance Contractor to work with the Health Insurance Contractor and Wellness Program Contractor as vision exams may be used as early indicators of diabetes, CAD, etc. Does your organization participate in any programs that can integrate with Disease Management or Wellness programs? Please describe.
	Response:

<b>19.</b>	Describe bidder's standards with respect to the following:
a.	Plan member inquiries.
	Response:
b.	Claims turnaround (defined as the time between when a claim is received and when it is processed).
	Response:
c.	Claims accuracy.
	Response:

d.	Timeliness of grievance/appeals process.
	Response:

**D. TECHNICAL REQUIREMENTS**

Clearly explain in the tables provided below how the bidder will meet the following requirements:

1.	The contractor must certify that it (as well as any subcontractors that it utilizes) is in full compliance with HIPAA's regulations.
	Response:
2.	The contractor shall agree to sign the State's Business Associate Agreement. See Attachment 3, Business Associate Agreement.
	Response:
3.	<p>The contractor must be able to accept weekly eligibility feeds from Workday, the State's Human Resource Information System (HRIS) vendor. The State is providing the current contractor with the following data fields:</p> <ul style="list-style-type: none"> <li>Enrollment Relationship</li> <li>Cobra Qualifying Event Code</li> <li>Position Time Type</li> <li>Member Level Date Configuration</li> <li>Gender</li> <li>Marital Status</li> <li>Pay Rate Frequency</li> <li>Health Care Classification</li> <li>Plan Type</li> <li>Insurance Line Code</li> <li>Health Care FSA Code</li> <li>Dependent Care FSA Code</li> <li>Plan Coverage Description</li> <li>Coverage Level Code</li> <li>HSA Coverage Level Code</li> <li>Rate Based Covered Entity</li> <li>Plan Type Begin Date DFO Map</li> <li>Health Coverage Date Configuration</li> <li>Amount Qualifier Code</li> <li>Monetary Amount</li> <li>Coverage Level Increments (units)</li> <li>Plan Code</li> <li>Health Coverage Plan Coverage Description</li> <li>Health Coverage Policy Number</li> <li>Member ID Number</li> <li>Member Location</li> </ul>
	Response:

**E. REPORTING**

Describe the reporting capabilities and reports the Bidder provides at no additional cost to the State. Indicate the name of the report, and describe the information reported and the frequency of the issuance of the report. Please provide examples.

1. Standard Report: Report Name
2. Standard Report: Description
3. Standard Report: Frequency
4. Standard Report: Format/File Type
5. Are the reports available in real-time and on-line via the Internet?
6. Can these reports be customized to further meet the client's needs? If so, is there an additional charge for customized reports or ad hoc reports? If so, what is the actual fee and how is it billed?

7. Do bidder's reporting capabilities allow for the State to perform its own and ad hoc inquiries/analysis on the State's Data as deemed necessary? If yes, please explain in detail the capabilities and analysis options and state any software, hardware, or other requirements necessary for the State to access or utilize this capability. If no, does the State have the option to download data to perform our own analysis as needed?

**F. PERFORM IMPLEMENTATION**

The bidder shall provide a plan detailing the implantation timeline, including any implementation phases. Implementation must be completed by May 1, 2017 prior to the State's Annual Open Enrollment period. The plan shall define responsibilities assigned to the contractor and responsibilities assigned to the State. Failure to provide an implementation timeline will be reflected in the bidder's score.

**G. DELIVERABLES**

See Attachment 1, Cost Proposal

## V. PROPOSAL INSTRUCTIONS

This section documents the mandatory requirements that must be met by bidders in preparing the Technical and Cost Proposal. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their proposals; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

### A. PROPOSAL SUBMISSION

#### 1. REQUEST FOR PROPOSAL FORM

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this Request for Proposal, agrees to the Terms and Conditions stated in this Request for Proposal unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

The Request for Proposal for Contractual Services form must be signed in ink and returned by the stated date and time in order to be considered for an award.

Further, Section III. Terms and Conditions must be returned with the proposal response.

#### 2. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

##### a. BIDDER IDENTIFICATION AND INFORMATION

The bidder must provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

##### b. FINANCIAL STATEMENTS

The bidder must provide financial statements applicable to the firm. If publicly held, the bidder must provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, must be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm must provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third-party to conduct credit checks as part of the corporate overview evaluation.

Each bidder must provide its most recent financial rating or filing, including the date of the rating from each of the following agencies:

- i. AM Best
- ii. Standard and Poors
- iii. Fitch
- iv. Moody's

##### c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder must describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded vendor(s) will require notification to the State.

**d. OFFICE LOCATION**

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.

**e. RELATIONSHIPS WITH THE STATE**

The bidder shall describe any dealings with the State over the previous three (3) years. If the organization, its predecessor, or any party named in the bidder's proposal response has contracted with the State, the bidder shall identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

**f. BIDDER'S EMPLOYEE RELATIONS TO STATE**

If any party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a Subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

**g. CONTRACT PERFORMANCE**

If the bidder or any proposed Subcontractor has had a contract terminated for default during the past three (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past three (3) years, including the other party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past three (3) years, so declare.

If at any time during the past three (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting party.

**h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

The bidder shall provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder must address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Request for Proposal. These descriptions must include:
  - a) The time period of the project;
  - b) The scheduled and actual completion dates;
  - c) The Contractor's responsibilities;
  - d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
  - e) Each project description shall identify whether the work was performed as the prime Contractor or as a Subcontractor. If a bidder performed as the prime Contractor, the description must provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

- ii. Contractor and Subcontractor(s) experience must be listed separately. Narrative descriptions submitted for Subcontractors must be specifically identified as Subcontractor projects.
- iii. If the work was performed as a Subcontractor, the narrative description shall identify the same information as requested for the Contractors above. In addition, Subcontractors shall identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

**i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The bidder must present a detailed description of its proposed approach to the management of the project.

The bidder must identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Request for Proposal. The names and titles of the team proposed for assignment to the State project shall be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder shall provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Request for Proposal in addition to assessing the experience of specific individuals.

Resumes must not be longer than three (3) pages. Resumes shall include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

**j. SUBCONTRACTORS**

If the bidder intends to Subcontract any part of its performance hereunder, the bidder must provide:

- i. name, address, and telephone number of the Subcontractor(s);
- ii. specific tasks for each Subcontractor(s);
- iii. percentage of performance hours intended for each Subcontract; and
- iv. total percentage of Subcontractor(s) performance hours.

**3. TECHNICAL APPROACH**

The technical approach section of the Technical Proposal must consist of the following subsections:

- a. Understanding of the project overview;
- b. Responses to project requirements;
- c. Technical requirements;
- d. Reporting; and
- e. Perform Implementation

**B. COST PROPOSAL REQUIREMENTS**

This section describes the requirements to be addressed by bidders in preparing the Cost Proposal. The bidder must submit the Cost Proposal in a section of the proposal that is a separate section or is packaged separately as specified in this RFP from the Technical Proposal section.

The component costs of the fixed price proposal for providing the services set forth in the Request for Proposal must be provided by submitting forms substantially equivalent to those described below.

**1. PRICING SUMMARY**

This summary shall present the total fixed price to perform all of the requirements of the Request for Proposal. The bidder must include details in the Cost Proposal supporting any and all costs. These details must include, at a minimum, detailed descriptions and/or specifications of the goods and/or services to be provided, quantities, and timing and unit costs, if applicable.



The State reserves the right to review all aspects of the Cost Proposal for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

**2. PREMIUMS**

Monthly premium amounts must be evenly divisible by “2” with no rounding to accommodate deductions through our payroll system. Any premium amount not divisible by “2” will be reduced to the nearest lower amount that is divisible by “2”.

**C. PAYMENT SCHEDULE**

**1. Premium Remittance**

- a.** The State requires a self-bill billing process.
  - i.** The State deductions premiums through payroll deduction.
  - ii.** Premiums for COBRA and pre-65 retirees are collected through a third-party administrator and sent to the State.
  - iii.** Monthly, the State will remit 100% of the premiums collected to a bank account determined by the contractor, via ACH.
- b.** The contractor will be responsible for reconciling the funds received each month.

**Form A**  
**Bidder Contact Sheet**  
**Request for Proposal Number 5481Z1**

Form A should be completed and submitted with each response to this Request for Proposal. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	
Bidder Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each bidder shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	
Bidder Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

**ATTACHMENT 1 - VISION INSURANCE PLAN COST PROPOSAL**

**REQUEST FOR PROPOSAL NUMBER 5481Z1**

**Bidder Name:** \_\_\_\_\_

Bidders shall fill in the proposed monthly premium amounts for each column provided below. All premium amounts specified are guaranteed by Bidder and are inclusive of all costs. Each monthly premium amount proposed should be evenly divisible by "2" with no rounding to accommodate two even deductions per month through our payroll system. Any premium amount not divisible by "2" will be reduced to the nearest lower amount that is divisible by "2" for scoring. By submitting this proposal, Bidder accepts this lower amount if a contract is awarded.

The State is seeking proposals from qualified insurance vendors to provide a fully-insured Vision Insurance plan for their approximately 17,000 eligible State employees. The contribution is 100% by the employee.

<b>Census information</b>	<b>Basic Plan</b>	<b>Premium Plan</b>
Employee Only	1560	2791
Employee + Spouse	658	1622
Employee + Dependent Child(ren)	362	905
Employee + Spouse + Dependent Child(ren)	603	1678
COBRA	11	58
Pre-65 Retirees	33	98

	<b>Original 3 year Guarantee Period</b>		<b>First 1 year Renewal Period</b>		<b>Second 1 year Renewal Period</b>		<b>Third 1 year Renewal Period</b>	
	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>	<b>Basic Plan</b>	<b>Premium Plan</b>
Employee Only								
Employee + Spouse								
Employee + Dependent Child(ren)								
Employee + Spouse + Dependent Child(ren)								

All costs are inclusive. If costs are entered into the fields below, it is the bidders responsibility to include them in the proposed monthly premium amounts in the table above.

<b>Guarantees &amp; Credits</b>	<b>Original 3 year Guarantee Period</b>	<b>First 1 year Renewal Period</b>	<b>Second 1 year Renewal Period</b>	<b>Third 1 year Renewal Period</b>
Guaranteed Rates (Y/N)				
Enrollment Change Tolerance (+/- XX%)				
Annual Communications Credit (\$)				

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/20/1985	Male	Edgewood	Kentucky	41017
3/11/1958	Male	Atlantic	Iowa	50022
2/6/1980	Female	Correctionville	Iowa	51016
1/15/1994	Male	Le Mars	Iowa	51031
9/15/1992	Female	Maurice	Iowa	51036
6/13/1966	Male	Salix	Iowa	51052
9/10/1994	Female	Sergeant Bluff	Iowa	51054
7/12/1975	Female	Westfield	Iowa	51062
6/14/1980	Female	Sioux City	Iowa	51103
10/30/1955	Female	Sioux City	Iowa	51104
6/3/1965	Female	Sioux City	Iowa	51104
11/13/1963	Female	Sioux City	Iowa	51104
6/17/1982	Female	sioux city	Iowa	51104
1/30/1992	Male	Sioux City	Iowa	51104
4/21/1986	Male	Sioux City	Iowa	51104
10/29/1966	Female	Souix City	Iowa	51104
8/18/1992	Female	Sioux City	Iowa	51104
11/24/1988	Female	Sioux City	Iowa	51104
11/13/1983	Male	Sioux City	Iowa	51105
3/27/1989	Female	Sioux City	Iowa	51105
11/29/1970	Female	Sioux City	Iowa	51105
9/8/1954	Female	Sioux City	Iowa	51105
1/14/1958	Female	Sioux City	Iowa	51106
2/12/1990	Male	Sioux City	Iowa	51106
4/11/1987	Female	Sioux City	Iowa	51106
2/24/1985	Male	Sioux City	Iowa	51106
7/10/1983	Female	Sioux City	Iowa	51106
8/13/1976	Male	Sioux City	Iowa	51106
11/6/1983	Female	Sioux City	Iowa	51106
1/15/1981	Female	Sioux City	Iowa	51106
9/11/1985	Male	Sioux City	Iowa	51108
3/14/1987	Male	Sioux City	Iowa	51109
5/4/1973	Male	Council Bluffs	Iowa	51501
5/22/1978	Male	Council Bluffs	Iowa	51501
11/6/1969	Female	Council Bluffs	Iowa	51501
5/13/1983	Male	Council Bluffs	Iowa	51501
6/1/1988	Female	Council Bluffs	Iowa	51501
7/28/1988	Female	Council Bluffs	Iowa	51501
5/5/1986	Male	Council Bluffs	Iowa	51501
5/26/1970	Female	Council Bluffs	Iowa	51501
10/18/1991	Female	Council Bluffs	Iowa	51501

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/2/1989	Female	Carter Lake	Iowa	51501
1/17/1981	Male	Council Bluffs	Iowa	51501
8/2/1972	Male	Council Bluffs	Iowa	51501
7/30/1973	Male	Council Bluffs	Iowa	51501
4/23/1963	Male	Council Bluffs	Iowa	51501
3/16/1993	Female	Council Bluffs	Iowa	51501
4/19/1952	Male	Council Bluffs	Iowa	51501
7/9/1960	Female	Council Bluffs	Iowa	51501
7/27/1955	Female	Council Bluffs	Iowa	51501
2/27/1976	Male	Council Bluffs	Iowa	51501
2/11/1961	Female	Council Bluffs	Iowa	51501
7/19/1954	Male	Council Bluffs	Iowa	51501
6/25/1954	Female	Council Bluffs	Iowa	51501
5/20/1978	Female	Council Bluffs	Iowa	51501
5/26/1989	Female	Council Bluffs	Iowa	51501
7/28/1982	Female	Council Bluffs	Iowa	51501
12/14/1971	Male	Council Bluffs	Iowa	51501
3/17/1988	Female	Council Bluffs	Iowa	51501
8/1/1948	Male	Council Bluffs	Iowa	51501
11/1/1981	Male	Council Bluffs	Iowa	51501
6/24/1970	Female	Council Bluffs	Iowa	51501
8/2/1954	Female	Council Bluffs	Iowa	51501
1/30/1965	Male	Council Bluffs	Iowa	51501
9/20/1954	Male	Council Bluffs	Iowa	51501
1/15/1984	Male	Council Bluffs	Iowa	51501
9/4/1986	Male	Council Bluffs	Iowa	51501
1/22/1979	Female	Council Bluffs	Iowa	51501
9/13/1957	Female	Council Bluffs	Iowa	51501
10/24/1984	Female	Council Bluffs	Iowa	51501
3/24/1969	Female	Council Bluffs	Iowa	51501
10/11/1961	Female	Council Bluffs	Iowa	51501
7/25/1966	Male	Council Bluffs	Iowa	51501
3/18/1983	Female	Council Bluffs	Iowa	51501
1/20/1991	Male	Council Bluffs	Iowa	51503
12/20/1985	Female	Council Bluffs	Iowa	51503
10/20/1959	Male	Council Bluffs	Iowa	51503
11/15/1969	Male	Council Bluffs	Iowa	51503
11/27/1969	Female	Council Bluffs	Iowa	51503
6/3/1970	Male	Council Bluffs	Iowa	51503
9/2/1979	Female	Council Bluffs	Iowa	51503
9/30/1969	Male	Council Bluffs	Iowa	51503

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/14/1987	Male	Council Bluffs	Iowa	51503
12/6/1985	Male	Council Bluffs	Iowa	51503
6/30/1989	Male	Council Bluffs	Iowa	51503
1/1/1987	Male	Council Bluffs	Iowa	51503
3/9/1993	Male	COUNCIL BLUFFS	Iowa	51503
5/21/1970	Female	Council Bluffs	Iowa	51503
9/7/1994	Male	Council Bluffs	Iowa	51503
8/11/1961	Female	Council Bluffss	Iowa	51503
9/8/1970	Female	Council Bluffs	Iowa	51503
5/6/1970	Female	COUNCIL BLUFFS	Iowa	51503
2/23/1954	Female	Council Bluffs	Iowa	51503
4/26/1958	Female	Council Bluffs	Iowa	51503
7/17/1951	Female	Council Bluffs	Iowa	51503
8/10/1953	Male	Council Bluffs	Iowa	51503
8/8/1961	Female	Council Bluffs	Iowa	51503
6/6/1980	Female	Council Bluffs	Iowa	51503
9/23/1962	Female	Council Bluffs	Iowa	51503
7/15/1985	Female	Council Bluffs	Iowa	51503
6/7/1978	Male	Council Bluffs	Iowa	51503
12/17/1980	Male	Council Bluffs	Iowa	51503
6/13/1975	Female	Council Bluffs	Iowa	51503
5/7/1970	Female	Council Bluffs	Iowa	51503
5/17/1960	Female	Council Bluffs	Iowa	51503
7/10/1957	Male	Council Bluffs	Iowa	51503
5/5/1964	Male	Council Bluffs	Iowa	51503
9/20/1966	Male	Council Bluffs	Iowa	51503
2/27/1964	Female	Council Bluffs	Iowa	51503
6/21/1981	Female	Council Bluffs	Iowa	51503
12/3/1983	Female	Council Bluffs	Iowa	51503
12/7/1986	Female	Council Bluffs	Iowa	51503
1/11/1976	Female	Council Bluffs	Iowa	51503
6/19/1968	Female	Council Bluffs	Iowa	51503
9/9/1983	Female	Council Bluffs	Iowa	51503
9/17/1953	Female	Carter Lake	Iowa	51510
7/1/1979	Male	Carter lake	Iowa	51510
12/24/1968	Male	Carter Lake	Iowa	51510
1/15/1955	Male	Carter Lake	Iowa	51510
9/28/1993	Male	Carter Lake	Iowa	51510
2/3/1992	Male	Carter Lake	Iowa	51510
12/13/1989	Male	Carter Lake	Iowa	51510
1/25/1968	Female	Carter Lake	Iowa	51510

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/20/1985	Female	Carter Lake	Iowa	51510
11/2/1980	Female	Carter Lake	Iowa	51510
6/10/1986	Female	Carter Lake	Iowa	51510
11/11/1980	Female	Carter Lake	Iowa	51510
6/18/1988	Female	Carter Lake	Iowa	51510
11/3/1970	Female	Avoca	Iowa	51521
2/26/1978	Male	Crescent	Iowa	51526
3/14/1987	Male	Crescent	Iowa	51526
6/7/1966	Female	Crescent	Iowa	51526
6/26/1963	Female	Crescent	Iowa	51526
5/16/1970	Female	Dunlap	Iowa	51529
10/16/1961	Male	Elliott	Iowa	51532
3/18/1953	Male	Glenwood	Iowa	51534
1/20/1971	Male	Glenwood	Iowa	51534
6/30/1984	Male	Glenwood	Iowa	51534
12/9/1994	Female	Glenwood	Iowa	51534
4/28/1970	Female	Glenwood	Iowa	51534
10/2/1975	Female	Glenwood	Iowa	51534
10/5/1972	Female	Glenwood	Iowa	51534
12/24/1966	Female	Glenwood	Iowa	51534
10/4/1972	Female	Glenwood	Iowa	51534
11/4/1983	Female	Glenwood	Iowa	51534
10/29/1959	Male	Honey Creek	Iowa	51542
3/12/1955	Female	Lewis	Iowa	51544
3/28/1996	Male	Malvern	Iowa	51551
1/25/1986	Female	Malvern	Iowa	51551
3/3/1960	Male	Minden	Iowa	51553
12/7/1948	Male	Missouri Valley	Iowa	51555
7/11/1972	Female	Modale	Iowa	51556
8/8/1987	Male	Modale	Iowa	51556
5/7/1955	Male	Modale	Iowa	51556
5/23/1992	Male	Mondamin	Iowa	51557
7/26/1962	Male	Oakland	Iowa	51560
4/29/1986	Male	Pacific Junction	Iowa	51561
4/8/1987	Female	Pacific Junction	Iowa	51561
9/26/1970	Female	Persia	Iowa	51563
11/5/1951	Female	Portsmouth	Iowa	51565
11/1/1966	Female	Treynor	Iowa	51575
3/26/1986	Male	Treynor	Iowa	51575
11/17/1989	Male	Underwood	Iowa	51576
8/5/1962	Male	Underwood	Iowa	51576

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/21/1985	Female	Woodbine	Iowa	51579
4/6/1993	Female	Woodbine	Iowa	51579
3/23/1983	Female	Shenandoah	Iowa	51601
6/29/1958	Female	Shenandoah	Iowa	51601
5/16/1978	Female	Shenandoah	Iowa	51601
6/28/1993	Female	Shenandoah	Iowa	51601
4/4/1985	Female	Shenandoah	Iowa	51601
7/1/1971	Female	Hamburg	Iowa	51640
3/15/1971	Female	Percival	Iowa	51648
3/1/1990	Male	Sidney	Iowa	51652
12/10/1984	Female	Sidney	Iowa	51652
7/28/1969	Male	Tabor	Iowa	51653
3/16/1967	Female	Tabor	Iowa	51653
2/5/1970	Female	Thurman	Iowa	51654
8/25/1961	Male	Thurman	Iowa	51654
7/21/1990	Male	Brookings	South Dakota	57006
7/11/1977	Female	Elk Point	South Dakota	57025
12/20/1962	Male	Yankton	South Dakota	57078
12/28/1967	Female	Sioux Falls	South Dakota	57103
5/2/1955	Male	Martin	South Dakota	57551
4/1/1968	Male	Martin	South Dakota	57551
3/18/1948	Female	Box Elder	South Dakota	57719
9/19/1949	Female	Tarkio	Missouri	64491
12/21/1990	Male	Tarkio	Missouri	64491
6/5/1987	Female	Buffalo	Missouri	65622
9/3/1992	Female	Axtell	Kansas	66403
12/2/1970	Female	Axtell	Kansas	66403
7/28/1985	Female	Fort Riley	Kansas	66442
10/21/1954	Female	Marysville	Kansas	66508
7/3/1994	Female	Marysville	Kansas	66508
9/26/1969	Female	Marysville	Kansas	66508
4/20/1967	Female	Marysville	Kansas	66508
9/30/1968	Female	Oketo	Kansas	66518
3/6/1989	Male	Sabetha	Kansas	66534
6/22/1977	Female	Summerfield	Kansas	66541
11/16/1995	Male	Waterville	Kansas	66548
3/17/1984	Male	Grand Island	Nebraska	66910
4/19/1957	Female	Belleville	Kansas	66935
10/11/1954	Male	Hanover	Kansas	66945
4/17/1973	Male	Hanover	Kansas	66945
9/11/1956	Male	Hanover	Kansas	66945



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/26/1988	Male	Inka	Kansas	67066
4/15/1969	Female	Oberlin	Kansas	67749
12/1/1976	Male	Oberlin	Kansas	67749
5/9/1963	Male	Arlington	Nebraska	68002
3/28/1964	Female	Arlington	Nebraska	68002
11/8/1986	Male	Arlington	Nebraska	68002
2/9/1978	Male	Arlington	Nebraska	68002
10/15/1966	Female	Arlington	Nebraska	68002
2/24/1966	Female	Arlington	Nebraska	68002
2/13/1956	Male	Arlington	Nebraska	68002
8/10/1947	Male	Ashland	Nebraska	68003
10/14/1959	Female	Ashland	Nebraska	68003
8/16/1979	Male	Ashland	Nebraska	68003
9/1/1992	Female	Ashland	Nebraska	68003
5/30/1972	Male	Ashland	Nebraska	68003
7/25/1961	Female	Ashland	Nebraska	68003
2/13/1982	Male	Ashland	Nebraska	68003
6/9/1982	Male	Ashland	Nebraska	68003
11/18/1968	Female	Ashland	Nebraska	68003
8/28/1971	Male	Ashland	Nebraska	68003
8/9/1958	Male	Ashland	Nebraska	68003
2/5/1966	Female	Ashland	Nebraska	68003
7/13/1949	Female	Ashland	Nebraska	68003
1/3/1962	Male	Ashland	Nebraska	68003
9/26/1941	Female	Ashland	Nebraska	68003
11/8/1947	Female	Ashland	Nebraska	68003
1/14/1955	Female	Ashland	Nebraska	68003
10/29/1962	Male	Ashland	Nebraska	68003
6/8/1979	Male	Ashland	Nebraska	68003
1/5/1950	Female	Ashland	Nebraska	68003
6/5/1964	Female	Ashland	Nebraska	68003
12/20/1960	Female	Ashland	Nebraska	68003
3/26/1980	Male	Ashland	Nebraska	68003
10/1/1991	Male	Ashland	Nebraska	68003
6/7/1964	Female	Ashland	Nebraska	68003
1/9/1990	Male	Ashland	Nebraska	68003
11/15/1986	Female	Ashland	Nebraska	68003
6/16/1995	Female	Ashland	Nebraska	68003
7/13/1947	Male	Ashland	Nebraska	68003
1/26/1964	Female	Ashland	Nebraska	68003
7/3/1990	Female	Ashland	Nebraska	68003

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/30/1952	Female	Ashland	Nebraska	68003
4/12/1964	Female	Ashland	Nebraska	68003
7/8/1994	Male	Ashland	Nebraska	68003
11/11/1997	Female	Ashland	Nebraska	68003
1/16/1990	Male	Ashland	Nebraska	68003
11/29/1962	Female	Ashland	Nebraska	68003
10/6/1949	Female	Ashland	Nebraska	68003
5/23/1968	Female	Ashland	Nebraska	68003
11/27/1963	Male	Ashland	Nebraska	68003
11/9/1989	Female	Ashland	Nebraska	68003
4/20/1964	Male	Ashland	Nebraska	68003
6/12/1986	Female	Ashland	Nebraska	68003
1/22/2000	Male	Ashland	Nebraska	68003
2/18/1999	Male	Ashland	Nebraska	68003
8/29/1951	Male	Ashland	Nebraska	68003
3/5/1989	Female	Ashland	Nebraska	68003
7/3/1990	Female	Ashland	Nebraska	68003
12/24/1959	Female	Ashland	Nebraska	68003
9/3/1956	Male	Ashland	Nebraska	68003
1/4/1967	Male	Ashland	Nebraska	68003
6/15/1984	Male	Ashland	Nebraska	68003
9/4/1950	Female	Ashland	Nebraska	68003
3/2/1953	Male	Ashland	Nebraska	68003
11/18/1969	Male	Ashland	Nebraska	68003
1/1/1986	Female	Ashland	Nebraska	68003
9/2/1981	Male	Ashland	Nebraska	68003
5/9/1968	Female	Ashland	Nebraska	68003
7/31/1951	Female	Ashland	Nebraska	68003
5/24/1979	Male	ASHLAND	Nebraska	68003
2/15/1988	Female	Ashland	Nebraska	68003
6/5/1957	Male	Ashland	Nebraska	68003
9/14/1963	Male	Ashland	Nebraska	68003
1/20/1964	Female	Ashland	Nebraska	68003
9/5/1957	Male	Ashland	Nebraska	68003
7/2/1980	Male	Ashland	Nebraska	68003
9/23/1955	Male	Ashland	Nebraska	68003
6/14/1968	Male	Ashland	Nebraska	68003
6/29/1954	Male	Ashland	Nebraska	68003
6/10/1977	Female	Ashland	Nebraska	68003
8/15/1962	Male	Ashland	Nebraska	68003
8/11/1976	Male	Ashland	Nebraska	68003

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/5/1970	Male	Ashland	Nebraska	68003
8/13/1993	Male	Ashland	Nebraska	68003
7/16/1957	Male	Ashland	Nebraska	68003
11/30/1954	Male	Ashland	Nebraska	68003
4/12/1965	Male	Ashland	Nebraska	68003
6/1/1970	Female	Bancroft	Nebraska	68004
7/19/1980	Female	Bancroft	Nebraska	68004
7/14/1953	Female	Bancroft	Nebraska	68004
8/1/1990	Male	Bancroft	Nebraska	68004
12/15/1967	Male	Bancroft	Nebraska	68004
9/6/1979	Female	Bellevue	Nebraska	68005
8/2/1940	Male	Bellevue	Nebraska	68005
1/1/1990	Male	Bellevue	Nebraska	68005
6/20/1970	Male	Bellevue	Nebraska	68005
1/15/1965	Male	Bellevue	Nebraska	68005
5/13/1968	Male	Bellevue	Nebraska	68005
3/10/1966	Male	Bellevue	Nebraska	68005
1/30/1976	Female	Bellevue	Nebraska	68005
9/1/1981	Male	Bellevue	Nebraska	68005
9/29/1965	Male	Bellevue	Nebraska	68005
11/20/1971	Male	Bellevue	Nebraska	68005
10/9/1985	Male	Bellevue	Nebraska	68005
9/14/1976	Male	Bellevue	Nebraska	68005
3/5/1985	Male	Bellevue	Nebraska	68005
2/12/1990	Female	Bellevue	Nebraska	68005
8/3/1966	Female	Bellevue	Nebraska	68005
11/6/1990	Male	Bellevue	Nebraska	68005
8/16/1962	Male	Bellevue	Nebraska	68005
12/18/1989	Male	Bellevue	Nebraska	68005
3/21/1968	Female	Bellevue	Nebraska	68005
3/29/1959	Male	Bellevue	Nebraska	68005
6/17/1995	Male	Bellevue	Nebraska	68005
8/29/1961	Male	Bellevue	Nebraska	68005
11/3/1966	Female	Bellevue	Nebraska	68005
12/30/1966	Female	Bellevue	Nebraska	68005
4/2/1974	Female	Bellevue	Nebraska	68005
10/15/1961	Female	Bellevue	Nebraska	68005
8/4/1955	Female	Bellevue	Nebraska	68005
10/8/1961	Female	Bellevue	Nebraska	68005
9/29/1952	Male	Bellevue	Nebraska	68005
5/23/1953	Female	Bellevue	Nebraska	68005

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/27/1978	Female	Bellevue	Nebraska	68005
7/12/1968	Male	Bellevue	Nebraska	68005
2/2/1956	Male	Bellevue	Nebraska	68005
7/13/1971	Female	Bellevue	Nebraska	68005
7/2/1960	Female	Bellevue	Nebraska	68005
7/13/1981	Female	Bellevue	Nebraska	68005
2/5/1974	Female	Belloevue	Nebraska	68005
10/2/1953	Male	Bellevue	Nebraska	68005
1/12/1990	Female	Bellevue	Nebraska	68005
9/26/1950	Male	Bellevue	Nebraska	68005
7/17/1966	Female	Bellevue	Nebraska	68005
1/9/1965	Male	Bellevue	Nebraska	68005
2/2/1985	Female	Bellevue	Nebraska	68005
8/7/1980	Female	Bellevue	Nebraska	68005
1/17/1975	Male	Bellevue	Nebraska	68005
12/13/1976	Female	Bellevue	Nebraska	68005
4/5/1970	Female	Bellevue	Nebraska	68005
9/2/1970	Male	Bellevue	Nebraska	68005
2/10/1962	Female	Bellevue	Nebraska	68005
6/28/1987	Male	Bellevue	Nebraska	68005
6/16/1990	Male	Bellevue	Nebraska	68005
1/27/1988	Male	Bellevue	Nebraska	68005
10/27/1969	Male	Bellevue	Nebraska	68005
5/4/1990	Female	Bellevue	Nebraska	68005
3/8/1947	Female	Bellevue	Nebraska	68005
1/28/1962	Female	Bellevue	Nebraska	68005
11/24/1997	Male	Bellevue	Nebraska	68005
12/13/1959	Female	Bellevue	Nebraska	68005
11/21/1988	Male	Bellevue	Nebraska	68005
3/23/1976	Female	Bellevue	Nebraska	68005
2/24/1943	Male	Bellevue	Nebraska	68005
4/17/1951	Male	Bellevue	Nebraska	68005
1/10/1967	Female	BELLEVUE	Nebraska	68005
11/2/1978	Male	Bellevue	Nebraska	68005
4/9/1978	Female	Bellevue	Nebraska	68005
4/10/1987	Female	Bellevue	Nebraska	68005
3/21/1988	Male	Bellevue	Nebraska	68005
9/14/1979	Male	Bellevue	Nebraska	68005
3/27/1969	Male	Bellevue	Nebraska	68005
5/4/1973	Male	Bellevue	Nebraska	68005
8/16/1978	Male	Bellevue	Nebraska	68005

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/25/1952	Female	Bellevue	Nebraska	68005
1/18/1964	Male	Bellevue	Nebraska	68005
9/8/1950	Female	Bellevue	Nebraska	68005
4/27/1957	Female	Bellevue	Nebraska	68005
10/24/1965	Female	Bellevue	Nebraska	68005
12/19/1961	Female	Bellevue	Nebraska	68005
1/16/1979	Male	Bellevue	Nebraska	68005
7/28/1989	Male	Bellevue	Nebraska	68005
8/10/1990	Female	Bellevue	Nebraska	68005
9/11/1978	Male	Bellevue	Nebraska	68005
2/8/1981	Female	Bellevue	Nebraska	68005
2/8/1992	Male	Bellevue	Nebraska	68005
9/4/1968	Female	Bellevue	Nebraska	68005
1/3/1984	Female	Bellevue	Nebraska	68005
4/23/1987	Male	Bellevue	Nebraska	68005
9/3/1993	Female	Bellevue	Nebraska	68005
7/10/1965	Male	Bennington	Nebraska	68007
8/24/1963	Male	Bennington	Nebraska	68007
6/7/1957	Male	Bennington	Nebraska	68007
4/29/1979	Male	Bennington	Nebraska	68007
1/2/1986	Female	Bennington	Nebraska	68007
9/30/1981	Male	Bennington	Nebraska	68007
8/1/1960	Male	Bennington	Nebraska	68007
12/29/1976	Male	Bennington	Nebraska	68007
8/4/1968	Female	Bennington	Nebraska	68007
11/11/1972	Female	Bennington	Nebraska	68007
8/15/1971	Female	Bennington	Nebraska	68007
2/27/1978	Female	Bennington	Nebraska	68007
7/14/1991	Male	Bennington	Nebraska	68007
9/15/1976	Male	Bennington	Nebraska	68007
4/3/1988	Male	Bennington	Nebraska	68007
4/8/1986	Male	Bennington	Nebraska	68007
3/19/1967	Male	Bennington	Nebraska	68007
3/2/1974	Male	Bennington	Nebraska	68007
12/29/1972	Female	Bennington	Nebraska	68007
5/10/1978	Male	Bennington	Nebraska	68007
4/19/1973	Female	Bennington	Nebraska	68007
6/28/1967	Female	Bennington	Nebraska	68007
3/26/1969	Female	Bennington	Nebraska	68007
12/27/1985	Female	Bennington	Nebraska	68007
2/7/1965	Female	Bennington	Nebraska	68007

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/17/1975	Male	Bennington	Nebraska	68007
8/1/1959	Male	Blair	Nebraska	68008
3/8/1977	Female	Blair	Nebraska	68008
8/10/1981	Female	Blair	Nebraska	68008
9/10/1953	Male	Blair	Nebraska	68008
7/13/1962	Male	Blair	Nebraska	68008
5/22/1978	Female	Blair	Nebraska	68008
11/8/1985	Female	Blair	Nebraska	68008
4/22/1996	Male	Blair	Nebraska	68008
5/8/1984	Female	Blair	Nebraska	68008
4/1/1957	Female	Blair	Nebraska	68008
8/14/1956	Male	Blair	Nebraska	68008
5/9/1956	Female	Blair	Nebraska	68008
2/24/1972	Female	Blair	Nebraska	68008
8/1/1954	Female	Blair	Nebraska	68008
12/18/1984	Female	Blair	Nebraska	68008
4/16/1983	Female	Blair	Nebraska	68008
3/20/1986	Female	Blair	Nebraska	68008
5/18/1982	Female	Blair	Nebraska	68008
3/18/1970	Female	Blair	Nebraska	68008
9/4/1971	Female	Blair	Nebraska	68008
3/21/1989	Male	Blair	Nebraska	68008
6/12/1965	Female	Blair	Nebraska	68008
7/5/1964	Male	Blair	Nebraska	68008
2/21/1960	Male	Blair	Nebraska	68008
7/19/1957	Male	Blair	Nebraska	68008
6/5/1971	Male	Blair	Nebraska	68008
12/11/1970	Male	Blair	Nebraska	68008
1/2/1957	Male	Blair	Nebraska	68008
2/10/1976	Male	Blair	Nebraska	68008
1/24/1968	Female	Blair	Nebraska	68008
7/26/1966	Male	Blair	Nebraska	68008
10/19/1978	Male	Blair	Nebraska	68008
7/13/1978	Male	Blair	Nebraska	68008
2/11/1962	Male	Blair	Nebraska	68008
8/5/1993	Male	Blair	Nebraska	68008
1/9/1963	Female	Blair	Nebraska	68008
10/24/1977	Female	Blair	Nebraska	68008
9/16/1967	Female	Blair	Nebraska	68008
9/22/1955	Male	Blair	Nebraska	68008
6/19/1949	Female	Blair	Nebraska	68008

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/31/1955	Female	Blair	Nebraska	68008
9/23/1977	Male	Blair	Nebraska	68008
4/18/1972	Female	Blair	Nebraska	68008
10/20/1963	Female	Cedar Bluffs	Nebraska	68015
11/20/1949	Male	Cedar Bluffs	Nebraska	68015
8/30/1935	Male	Cedar Bluffs	Nebraska	68015
8/24/1951	Female	Cedar Bluffs	Nebraska	68015
4/16/1964	Female	Cedar Bluffs	Nebraska	68015
5/22/1954	Female	Cedar Bluffs	Nebraska	68015
3/11/1982	Female	Cedar Bluffs	Nebraska	68015
3/26/1991	Female	Cedar Bluffs	Nebraska	68015
1/5/1992	Female	Cedar Bluffs	Nebraska	68015
4/28/1966	Female	Cedar Bluffs	Nebraska	68015
5/24/1961	Male	Cedar Bluffs	Nebraska	68015
5/9/1990	Female	Cedar Bluffs	Nebraska	68015
2/18/1952	Male	Cedar Creek	Nebraska	68016
8/12/1970	Male	Cedar Creek	Nebraska	68016
12/22/1952	Female	Ceresco	Nebraska	68017
4/4/1966	Male	Ceresco	Nebraska	68017
11/20/1956	Male	Ceresco	Nebraska	68017
1/25/1977	Male	Ceresco	Nebraska	68017
6/13/1969	Female	Ceresco	Nebraska	68017
2/17/1984	Female	Ceresco	Nebraska	68017
8/22/1985	Male	Ceresco	Nebraska	68017
12/21/1955	Female	Ceresco	Nebraska	68017
8/19/1955	Female	Ceresco	Nebraska	68017
1/23/1952	Male	Ceresco	Nebraska	68017
8/19/1981	Male	Ceresco	Nebraska	68017
1/31/1950	Female	Ceresco	Nebraska	68017
5/21/1972	Female	Ceresco	Nebraska	68017
9/29/1984	Male	Ceresco	Nebraska	68017
4/18/1963	Female	Ceresco	Nebraska	68017
8/8/1995	Male	Ceresco	Nebraska	68017
3/29/1962	Female	Ceresco	Nebraska	68017
8/12/1969	Female	Ceresco	Nebraska	68017
12/9/1968	Male	Ceresco	Nebraska	68017
6/29/1965	Female	Ceresco	Nebraska	68017
2/11/1971	Female	Ceresco	Nebraska	68017
1/15/1959	Female	Ceresco	Nebraska	68017
7/12/1967	Female	Ceresco	Nebraska	68017
10/9/1962	Female	Ceresco	Nebraska	68017

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/1/1980	Female	Ceresco	Nebraska	68017
12/25/1975	Female	Ceresco	Nebraska	68017
11/26/1963	Female	Ceresco	Nebraska	68017
9/24/1961	Female	Ceresco	Nebraska	68017
3/10/1977	Male	Ceresco	Nebraska	68017
3/18/1955	Female	Ceresco	Nebraska	68017
3/31/1972	Male	Ceresco	Nebraska	68017
10/19/1962	Male	Ceresco	Nebraska	68017
12/19/1968	Female	Ceresco	Nebraska	68017
3/26/1956	Male	Ceresco	Nebraska	68017
6/11/1964	Male	Ceresco	Nebraska	68017
3/27/1987	Male	Ceresco	Nebraska	68017
6/18/1963	Male	Ceresco	Nebraska	68017
5/20/1962	Male	Ceresco	Nebraska	68017
8/12/1967	Female	Ceresco	Nebraska	68017
5/4/1965	Male	Colon	Nebraska	68018
6/15/1957	Female	Colon	Nebraska	68018
11/21/1963	Female	Colon	Nebraska	68018
6/20/1956	Female	Colon	Nebraska	68018
7/19/1964	Male	Colon	Nebraska	68018
12/9/1949	Male	Craig	Nebraska	68019
1/27/1969	Female	Craig	Nebraska	68019
10/30/1974	Male	Craig	Nebraska	68019
4/3/1988	Female	Craig	Nebraska	68019
3/25/1977	Male	Craig	Nebraska	68019
12/26/1980	Male	Elkhorn	Nebraska	68022
4/10/1971	Female	Elkhorn	Nebraska	68022
5/17/1950	Male	Elkhorn	Nebraska	68022
9/5/1968	Male	Elkhorn	Nebraska	68022
3/14/1958	Male	Elkhorn	Nebraska	68022
12/12/1993	Male	Elkhorn	Nebraska	68022
5/11/1950	Female	Elkhorn	Nebraska	68022
10/29/1955	Female	Elkhorn	Nebraska	68022
7/12/1961	Female	Elkhorn	Nebraska	68022
3/23/1984	Female	Elkhorn	Nebraska	68022
12/14/1969	Female	Elkhorn	Nebraska	68022
9/23/1969	Female	Elkhorn	Nebraska	68022
6/10/1974	Male	Elkhorn	Nebraska	68022
8/2/1962	Male	Elkhorn	Nebraska	68022
6/17/1992	Male	Elkhorn	Nebraska	68022
3/6/1991	Male	Elkhorn	Nebraska	68022



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/17/1994	Female	Elkhorn	Nebraska	68022
9/5/1995	Female	Elkhorn	Nebraska	68022
4/25/1979	Male	Elkhorn	Nebraska	68022
6/21/1954	Female	Elkhorn	Nebraska	68022
7/11/1963	Female	Elkhorn	Nebraska	68022
5/27/1957	Female	Elkhorn	Nebraska	68022
8/5/1985	Female	ELKHORN	Nebraska	68022
12/17/1964	Female	Elkhorn	Nebraska	68022
2/17/1982	Female	Elkhorn	Nebraska	68022
1/11/1968	Male	Elkhorn	Nebraska	68022
4/17/1980	Female	Elkhorn	Nebraska	68022
5/1/1983	Male	Elkhorn	Nebraska	68022
4/19/1958	Male	Elkhorn	Nebraska	68022
3/12/1965	Female	Elkhorn	Nebraska	68022
7/25/1988	Female	Elkhorn	Nebraska	68022
2/6/1995	Female	Elkhorn	Nebraska	68022
2/8/1967	Male	Elkhorn	Nebraska	68022
4/16/1974	Female	Elkhorn	Nebraska	68022
7/20/1977	Male	Omaha	Nebraska	68022
11/11/1960	Male	Elkhorn	Nebraska	68022
6/28/1961	Female	Elkhorn	Nebraska	68022
11/24/1968	Female	Elkhorn	Nebraska	68022
10/17/1963	Male	Elkhorn	Nebraska	68022
6/30/1970	Male	Elkhorn	Nebraska	68022
11/12/1985	Male	Elkhorn	Nebraska	68022
3/26/1968	Male	Elkhorn	Nebraska	68022
6/3/1961	Male	Elkhorn	Nebraska	68022
10/14/1977	Male	Elkhorn	Nebraska	68022
7/21/1974	Male	Elkhorn	Nebraska	68022
4/29/1971	Female	Elkhorn	Nebraska	68022
12/31/1980	Male	Elkhorn	Nebraska	68022
10/16/1982	Male	Elkhorn	Nebraska	68022
9/10/1982	Male	Elkhorn	Nebraska	68022
12/21/1991	Male	Omaha	Nebraska	68022
4/21/1991	Male	Omaha	Nebraska	68022
10/27/1958	Male	Elkhorn	Nebraska	68022
7/19/1993	Male	Elkhorn	Nebraska	68022
6/14/1946	Male	Elkhorn	Nebraska	68022
6/28/1958	Female	Elkhorn	Nebraska	68022
4/1/1974	Female	Elkhorn	Nebraska	68022
5/12/1975	Female	Elkhorn	Nebraska	68022

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/11/1987	Female	Elkhorn	Nebraska	68022
6/26/1981	Female	Fort Calhoun	Nebraska	68023
4/1/1962	Female	Fort Calhoun	Nebraska	68023
3/12/1951	Male	Fort Calhoun	Nebraska	68023
8/3/1953	Female	Ft Calhoun	Nebraska	68023
7/2/1952	Male	Fort Calhoun	Nebraska	68023
6/15/1986	Female	Fort Calhoun	Nebraska	68023
3/17/1992	Female	Fort Calhoun	Nebraska	68023
10/27/1957	Female	Fort Calhoun	Nebraska	68023
2/20/1970	Male	Ft. Calhoun	Nebraska	68023
5/13/1943	Male	Fort Calhoun	Nebraska	68023
6/14/1953	Male	Fremont	Nebraska	68025
10/20/1993	Male	Fremont	Nebraska	68025
1/30/1965	Female	Fremont	Nebraska	68025
5/25/1953	Female	Fremont	Nebraska	68025
8/7/1986	Female	Fremont	Nebraska	68025
8/28/1989	Female	Fremont	Nebraska	68025
9/2/1951	Male	Fremont	Nebraska	68025
9/24/1945	Female	Fremont	Nebraska	68025
4/21/1946	Male	Fremont	Nebraska	68025
1/30/1941	Male	Fremont	Nebraska	68025
6/4/1943	Male	Fremont	Nebraska	68025
3/17/1975	Male	Fremont	Nebraska	68025
5/5/1944	Male	Fremont	Nebraska	68025
6/13/1964	Female	Fremont	Nebraska	68025
7/10/1955	Male	Fremont	Nebraska	68025
9/6/1956	Female	Fremont	Nebraska	68025
4/15/1956	Female	Fremont	Nebraska	68025
7/3/1960	Female	Fremont	Nebraska	68025
11/10/1957	Male	Fremont	Nebraska	68025
7/4/1958	Female	Fremont	Nebraska	68025
10/13/1958	Female	Fremont	Nebraska	68025
10/19/1967	Female	Fremont	Nebraska	68025
10/21/1954	Female	Fremont	Nebraska	68025
9/11/1965	Female	Fremont	Nebraska	68025
2/16/1951	Female	Fremont	Nebraska	68025
6/12/1955	Female	Fremont	Nebraska	68025
1/31/1968	Female	Fremont	Nebraska	68025
4/11/1979	Female	Fremont	Nebraska	68025
3/6/1964	Female	Fremont	Nebraska	68025
5/16/1983	Female	Fremont	Nebraska	68025

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/24/1963	Female	Fremont	Nebraska	68025
4/14/1978	Male	Fremont	Nebraska	68025
6/27/1960	Female	Fremont	Nebraska	68025
6/1/1976	Female	Fremont	Nebraska	68025
4/10/1974	Female	Fremont	Nebraska	68025
12/7/1955	Female	Fremont	Nebraska	68025
2/15/1981	Male	Fremont	Nebraska	68025
9/13/1983	Female	Fremont	Nebraska	68025
8/15/1960	Female	Fremont	Nebraska	68025
5/13/1979	Female	Fremont	Nebraska	68025
9/30/1960	Female	Fremont	Nebraska	68025
3/16/1976	Female	Fremont	Nebraska	68025
5/23/1977	Male	Fremont	Nebraska	68025
2/9/1972	Female	Fremont	Nebraska	68025
10/9/1979	Female	Fremont	Nebraska	68025
4/17/1974	Female	Fremont	Nebraska	68025
2/2/1958	Female	Fremont	Nebraska	68025
5/29/1974	Female	Fremont	Nebraska	68025
10/27/1981	Female	Fremont	Nebraska	68025
2/3/1963	Female	Fremont	Nebraska	68025
10/13/1972	Female	Fremont	Nebraska	68025
1/31/1983	Female	Fremont	Nebraska	68025
7/8/1971	Female	Fremont	Nebraska	68025
4/6/1966	Female	Fremont	Nebraska	68025
8/6/1959	Female	Fremont	Nebraska	68025
8/31/1984	Female	Fremont	Nebraska	68025
8/20/1979	Female	Fremont	Nebraska	68025
10/11/1958	Female	Fremont	Nebraska	68025
6/4/1963	Female	Fremont	Nebraska	68025
6/11/1977	Female	Fremont	Nebraska	68025
1/21/1962	Female	Fremont	Nebraska	68025
6/11/1981	Female	Fremont	Nebraska	68025
9/27/1978	Female	Fremont	Nebraska	68025
9/6/1991	Female	Fremont	Nebraska	68025
9/25/1964	Female	Fremont	Nebraska	68025
11/6/1967	Female	Fremont	Nebraska	68025
9/18/1963	Female	Fremont	Nebraska	68025
6/8/1983	Female	Fremont	Nebraska	68025
3/26/1984	Female	Fremont	Nebraska	68025
5/8/1970	Female	Fremont	Nebraska	68025
6/5/1981	Female	Fremont	Nebraska	68025

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/5/1967	Female	Fremont	Nebraska	68025
6/12/1980	Female	Fremont	Nebraska	68025
10/5/1987	Male	Fremont	Nebraska	68025
7/17/1992	Female	Fremont	Nebraska	68025
10/13/1965	Female	Fremont	Nebraska	68025
7/24/1966	Female	Fremont	Nebraska	68025
4/20/1976	Female	Fremont	Nebraska	68025
9/2/1972	Female	Fremont	Nebraska	68025
10/18/1988	Female	Fremont	Nebraska	68025
11/14/1955	Female	Fremont	Nebraska	68025
4/25/1991	Female	Fremont	Nebraska	68025
6/11/1990	Male	Fremont	Nebraska	68025
3/27/1980	Female	Fremont	Nebraska	68025
10/8/1980	Female	Fremont	Nebraska	68025
2/21/1975	Female	Fremont	Nebraska	68025
1/11/1980	Female	Fremont	Nebraska	68025
8/25/1982	Male	Fremont	Nebraska	68025
5/26/1988	Male	Fremont	Nebraska	68025
11/13/1975	Female	Fremont	Nebraska	68025
3/4/1991	Male	Fremont	Nebraska	68025
5/24/1978	Male	Fremont	Nebraska	68025
12/1/1963	Female	Fremont	Nebraska	68025
10/4/1983	Female	Fremont	Nebraska	68025
6/2/1993	Female	Fremont	Nebraska	68025
9/23/1992	Female	Fremont	Nebraska	68025
8/28/1960	Female	Fremont	Nebraska	68025
8/2/1991	Female	Fremont	Nebraska	68025
6/26/1982	Female	Fremont	Nebraska	68025
2/24/1975	Female	Fremont	Nebraska	68025
8/7/1986	Female	Fremont	Nebraska	68025
5/21/1953	Female	Fremont	Nebraska	68025
3/24/1992	Female	Fremont	Nebraska	68025
9/29/1989	Female	Fremont	Nebraska	68025
9/8/1962	Female	Fremont	Nebraska	68025
1/10/1989	Female	Fremont	Nebraska	68025
2/12/1990	Female	Fremont	Nebraska	68025
6/26/1973	Female	Fremont	Nebraska	68025
6/12/1981	Female	Fremont	Nebraska	68025
10/22/1994	Female	Fremont	Nebraska	68025
7/4/1988	Female	Fremont	Nebraska	68025
5/19/1986	Female	Fremont	Nebraska	68025

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/28/1992	Female	Fremont	Nebraska	68025
8/3/1975	Female	Fremont	Nebraska	68025
7/14/1986	Male	Fremont	Nebraska	68025
7/28/1986	Female	Fremont	Nebraska	68025
11/19/1955	Female	Fremont	Nebraska	68025
12/16/1991	Female	Fremont	Nebraska	68025
3/24/1955	Female	Fremont	Nebraska	68025
12/5/1988	Female	Fremont	Nebraska	68025
2/24/1985	Female	Fremont	Nebraska	68025
8/31/1991	Female	Fremont	Nebraska	68025
6/6/1989	Male	Fremont	Nebraska	68025
7/19/1980	Female	Fremont	Nebraska	68025
11/30/1970	Female	Fremont	Nebraska	68025
3/13/1981	Male	Fremont	Nebraska	68025
9/14/1978	Female	Fremont	Nebraska	68025
7/31/1972	Female	Fremont	Nebraska	68025
3/5/1985	Female	Fremont	Nebraska	68025
3/3/1958	Female	Fremont	Nebraska	68025
12/3/1990	Female	Fremont	Nebraska	68025
12/17/1991	Female	Fremont	Nebraska	68025
5/2/1969	Female	Fremont	Nebraska	68025
6/27/1960	Female	Fremont	Nebraska	68025
3/23/1955	Female	Fremont	Nebraska	68025
5/3/1984	Male	Fremont	Nebraska	68025
8/17/1979	Female	Fremont	Nebraska	68025
2/22/1978	Female	Fremont	Nebraska	68025
10/28/1984	Female	Fremont	Nebraska	68025
7/15/1967	Female	Fremont	Nebraska	68025
10/30/1957	Female	Fremont	Nebraska	68025
12/17/1972	Female	Fremont	Nebraska	68025
10/12/1992	Male	Fremont	Nebraska	68025
6/10/1979	Female	Fremont	Nebraska	68025
6/16/1994	Female	Fremont	Nebraska	68025
2/7/1983	Female	Fremont	Nebraska	68025
9/9/1977	Female	Fremont	Nebraska	68025
2/12/1979	Male	Fremont	Nebraska	68025
8/22/1974	Female	Fremont	Nebraska	68025
7/31/1997	Female	Fremont	Nebraska	68025
6/29/1986	Female	Fremont	Nebraska	68025
1/6/1993	Female	Fremont	Nebraska	68025
1/27/1980	Female	Fremont	Nebraska	68025

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/14/1969	Male	Fremont	Nebraska	68025
4/14/1960	Male	Fremont	Nebraska	68025
3/18/1960	Male	Fremont	Nebraska	68025
7/4/1972	Male	Fremont	Nebraska	68025
7/11/1977	Female	Fremont	Nebraska	68025
10/6/1970	Female	Fremont	Nebraska	68025
2/28/1966	Male	Fremont	Nebraska	68025
11/1/1966	Male	Fremont	Nebraska	68025
6/28/1950	Female	Fremont	Nebraska	68025
4/10/1965	Male	Fremont	Nebraska	68025
2/9/1973	Male	Fremont	Nebraska	68025
2/25/1946	Male	Fremont	Nebraska	68025
5/17/1962	Male	Fremont	Nebraska	68025
4/7/1959	Male	Fremont	Nebraska	68025
10/8/1959	Male	Fremont	Nebraska	68025
3/9/1960	Female	Fremont	Nebraska	68025
6/5/1958	Male	Fremont	Nebraska	68025
11/24/1960	Male	Fremont	Nebraska	68025
8/30/1966	Male	Fremont	Nebraska	68025
4/30/1967	Male	Fremont	Nebraska	68025
9/11/1977	Male	Fremont	Nebraska	68025
1/18/1984	Male	Fremont	Nebraska	68025
12/28/1966	Male	Fremont	Nebraska	68025
6/20/1986	Male	Fremont	Nebraska	68025
11/1/1971	Male	Fremont	Nebraska	68025
4/14/1979	Male	Fremont	Nebraska	68025
4/23/1981	Female	Fremont	Nebraska	68025
11/2/1965	Male	Fremont	Nebraska	68025
4/10/1962	Male	Fremont	Nebraska	68025
1/15/1971	Male	Fremont	Nebraska	68025
5/20/1957	Female	Fremont	Nebraska	68025
7/2/1969	Male	Fremont	Nebraska	68025
2/18/1975	Male	Fremont	Nebraska	68025
9/15/1965	Male	Fremont	Nebraska	68025
7/19/1979	Male	Fremont	Nebraska	68025
2/25/1977	Male	Fremont	Nebraska	68025
6/26/1958	Female	Fremont	Nebraska	68025
4/5/1966	Female	Fremont	Nebraska	68025
8/16/1957	Male	Fremont	Nebraska	68025
1/9/1965	Female	Fremont	Nebraska	68025
10/17/1951	Male	Fremont	Nebraska	68025

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/22/1967	Male	Fremont	Nebraska	68025
12/28/1955	Female	Fremont	Nebraska	68025
11/6/1963	Female	Fremont	Nebraska	68025
4/24/1973	Female	Fremont	Nebraska	68025
8/20/1961	Female	Fremont	Nebraska	68025
5/8/1975	Female	Fremont	Nebraska	68025
3/9/1955	Female	Fremont	Nebraska	68025
4/30/1991	Female	Fremont	Nebraska	68025
6/26/1952	Male	Fremont	Nebraska	68025
2/2/1992	Female	Fremont	Nebraska	68025
11/22/1992	Female	Fremont	Nebraska	68025
9/10/1993	Female	Fremont	Nebraska	68025
7/21/1991	Male	Fremont	Nebraska	68025
12/5/1990	Female	Fremont	Nebraska	68025
6/19/1972	Male	Fremont	Nebraska	68025
1/5/1955	Female	Fremont	Nebraska	68026
4/23/1977	Female	Fremont	Nebraska	68026
11/26/1972	Male	Fremont	Nebraska	68026
3/3/1966	Male	Fremont	Nebraska	68026
11/3/1962	Male	Fremont	Nebraska	68026
11/8/1960	Male	Fremont	Nebraska	68026
9/3/1960	Male	Gretna	Nebraska	68028
8/15/1979	Female	Gretna	Nebraska	68028
7/10/1960	Female	Gretna	Nebraska	68028
9/1/1952	Male	Gretna	Nebraska	68028
2/12/1982	Male	Gretna	Nebraska	68028
1/7/1955	Male	Gretna	Nebraska	68028
12/4/1968	Female	Gretna	Nebraska	68028
6/16/1955	Male	Gretna	Nebraska	68028
12/21/1981	Male	Gretna	Nebraska	68028
7/10/1986	Male	Gretna	Nebraska	68028
8/6/1993	Male	Gretna	Nebraska	68028
2/11/1976	Male	Gretna	Nebraska	68028
7/6/1985	Male	Gretna	Nebraska	68028
5/23/1991	Female	Gretna	Nebraska	68028
9/21/1992	Male	Gretna	Nebraska	68028
3/4/1990	Male	Gretna	Nebraska	68028
9/10/1982	Female	Gretna	Nebraska	68028
9/9/1983	Female	Gretna	Nebraska	68028
7/6/1968	Female	Gretna	Nebraska	68028
4/18/1972	Male	Gretna	Nebraska	68028

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/30/1960	Male	Gretna	Nebraska	68028
2/24/1990	Female	Gretna	Nebraska	68028
1/22/1962	Male	Gretna	Nebraska	68028
8/30/1960	Male	Gretna	Nebraska	68028
9/30/1981	Male	Gretna	Nebraska	68028
3/3/1990	Male	Gretna	Nebraska	68028
1/24/1940	Male	Gretna	Nebraska	68028
12/3/1956	Male	Gretna	Nebraska	68028
11/5/1957	Male	Gretna	Nebraska	68028
1/26/1962	Male	Gretna	Nebraska	68028
4/8/1938	Male	Gretna	Nebraska	68028
5/8/1976	Male	Gretna	Nebraska	68028
8/6/1957	Male	Gretna	Nebraska	68028
12/28/1943	Male	Gretna	Nebraska	68028
11/7/1960	Female	Gretna	Nebraska	68028
5/25/1999	Female	Gretna	Nebraska	68028
12/28/1981	Male	Gretna	Nebraska	68028
3/10/1953	Female	Gretna	Nebraska	68028
8/22/1954	Female	Gretna	Nebraska	68028
6/11/1977	Male	Gretna	Nebraska	68028
12/27/1966	Female	Gretna	Nebraska	68028
9/4/1962	Female	Gretna	Nebraska	68028
9/8/1975	Male	Gretna	Nebraska	68028
10/25/1977	Female	Gretna	Nebraska	68028
2/21/1961	Female	Gretna	Nebraska	68028
3/5/1979	Female	Gretna	Nebraska	68028
12/19/1963	Female	Gretna	Nebraska	68028
1/26/1983	Female	Gretna	Nebraska	68028
4/18/1962	Female	Gretna	Nebraska	68028
7/3/1962	Female	Gretna	Nebraska	68028
8/25/1962	Male	Gretna	Nebraska	68028
7/25/1960	Female	Gretna	Nebraska	68028
6/4/1993	Female	Gretna	Nebraska	68028
2/3/1977	Female	Gretna	Nebraska	68028
6/20/1966	Female	Gretna	Nebraska	68028
1/12/1975	Male	Gretna	Nebraska	68028
8/26/1994	Female	Gretna	Nebraska	68028
2/19/1993	Female	Gretna	Nebraska	68028
1/17/1974	Female	Gretna	Nebraska	68028
11/16/1967	Female	Gretna	Nebraska	68028
2/6/1982	Male	GRETNA	Nebraska	68028



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/20/1961	Male	Gretna	Nebraska	68028
8/11/1958	Male	Gretna	Nebraska	68028
1/24/1968	Female	Gretna	Nebraska	68028
5/28/1952	Male	Gretna	Nebraska	68028
6/27/1954	Male	Gretna	Nebraska	68028
2/22/1958	Female	Gretna	Nebraska	68028
7/19/1952	Male	Gretna	Nebraska	68028
7/10/1959	Male	Gretna	Nebraska	68028
3/26/1988	Male	Gretna	Nebraska	68028
1/16/1968	Male	Gretna	Nebraska	68028
10/27/1981	Male	Gretna	Nebraska	68028
8/24/1962	Male	Gretna	Nebraska	68028
8/6/1963	Female	Gretna	Nebraska	68028
6/6/1966	Male	Gretna	Nebraska	68028
1/22/1968	Male	Gretna	Nebraska	68028
6/4/1962	Male	Gretna	Nebraska	68028
12/31/1964	Male	Gretna	Nebraska	68028
7/20/1968	Male	Gretna	Nebraska	68028
6/26/1976	Male	Gretna	Nebraska	68028
6/3/1982	Female	Gretna	Nebraska	68028
8/8/1982	Male	Gretna	Nebraska	68028
2/26/1982	Male	Gretna	Nebraska	68028
9/26/1975	Male	Gretna	Nebraska	68028
9/30/1948	Male	Gretna	Nebraska	68028
3/1/1967	Female	Gretna	Nebraska	68028
10/5/1983	Male	Gretna	Nebraska	68028
10/4/1979	Female	Gretna	Nebraska	68028
5/27/1987	Female	Gretna	Nebraska	68028
11/15/1992	Female	Gretna	Nebraska	68028
9/11/1963	Female	Herman	Nebraska	68029
9/18/1978	Male	Herman	Nebraska	68029
8/13/1955	Female	Herman	Nebraska	68029
12/26/1957	Female	Herman	Nebraska	68029
8/1/1958	Male	Homer	Nebraska	68030
6/3/1964	Male	Homer	Nebraska	68030
1/29/1975	Male	Homer	Nebraska	68030
8/19/1968	Female	Hooper	Nebraska	68031
5/28/1962	Female	Hooper	Nebraska	68031
4/16/1970	Male	Hooper	Nebraska	68031
1/6/1981	Female	Hooper	Nebraska	68031
9/21/1987	Female	Hooper	Nebraska	68031

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/26/1979	Male	Hooper	Nebraska	68031
2/23/1964	Male	Ithaca	Nebraska	68033
4/17/1978	Female	Ithaca	Nebraska	68033
1/10/1972	Male	Ithaca	Nebraska	68033
10/25/1958	Female	Ithaca	Nebraska	68033
5/21/1977	Male	Ithaca	Nebraska	68033
9/15/1952	Female	Ithaca	Nebraska	68033
3/21/1962	Female	Ithaca	Nebraska	68033
12/31/1969	Female	Kennard	Nebraska	68034
9/7/1967	Male	Kennard	Nebraska	68034
1/4/1953	Male	Kennard	Nebraska	68034
3/6/1973	Male	Kennard	Nebraska	68034
10/17/1979	Female	Linwood	Nebraska	68036
1/24/1957	Male	Louisville	Nebraska	68037
10/6/1979	Male	Louisville	Nebraska	68037
9/16/1984	Female	Louisville	Nebraska	68037
11/12/1958	Female	Louisville	Nebraska	68037
12/12/1958	Male	Louisville	Nebraska	68037
2/19/1990	Female	Louisville	Nebraska	68037
7/13/1995	Female	Louisville	Nebraska	68037
6/29/1980	Male	Louisville	Nebraska	68037
4/4/1976	Male	Louisville	Nebraska	68037
10/7/1947	Female	Louisville	Nebraska	68037
1/28/1954	Male	Louisville	Nebraska	68037
12/26/1957	Female	Louisville	Nebraska	68037
4/26/1954	Male	Louisville	Nebraska	68037
3/17/1954	Male	Louisville	Nebraska	68037
12/24/1947	Male	Louisville	Nebraska	68037
9/1/1929	Female	Louisville	Nebraska	68037
3/9/1942	Male	Louisville	Nebraska	68037
2/2/1930	Female	Louisville	Nebraska	68037
11/6/1947	Male	Louisville	Nebraska	68037
9/9/1956	Female	Louisville	Nebraska	68037
3/8/1979	Male	Louisville	Nebraska	68037
12/3/1946	Male	Louisville	Nebraska	68037
4/21/1954	Female	Louisville	Nebraska	68037
3/21/1953	Male	Louisville	Nebraska	68037
8/29/1996	Male	Louisville	Nebraska	68037
9/23/1952	Male	LOUISVILLE	Nebraska	68037
1/6/1955	Female	Louisville	Nebraska	68037
2/22/1999	Female	Louisville	Nebraska	68037

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/3/1970	Female	Louisville	Nebraska	68037
12/17/1962	Male	Louisville	Nebraska	68037
9/25/1968	Female	Louisville	Nebraska	68037
4/16/1971	Female	Louisville	Nebraska	68037
5/10/1977	Male	Louisville	Nebraska	68037
10/6/1978	Male	Louisville	Nebraska	68037
5/12/1958	Female	Louisville	Nebraska	68037
10/25/1956	Female	Louisville	Nebraska	68037
2/5/1959	Male	Lyons	Nebraska	68038
4/1/1955	Male	Lyons	Nebraska	68038
11/9/1943	Male	Lyons	Nebraska	68038
5/26/1945	Male	Lyons	Nebraska	68038
2/4/1982	Male	Lyons	Nebraska	68038
1/21/1981	Male	Lyons	Nebraska	68038
12/3/1982	Male	Lyons	Nebraska	68038
11/5/1985	Male	Lyons	Nebraska	68038
8/12/1993	Female	MALMO	Nebraska	68040
9/8/1988	Female	Malmo	Nebraska	68040
3/4/1989	Female	Malmo	Nebraska	68040
10/18/1989	Female	Malmo	Nebraska	68040
8/12/1959	Female	Malmo	Nebraska	68040
10/6/1968	Male	Malmo	Nebraska	68040
4/19/1951	Female	Mead	Nebraska	68041
9/1/1971	Female	Mead	Nebraska	68041
8/23/1984	Male	MEAD	Nebraska	68041
5/3/1962	Male	Mead	Nebraska	68041
11/9/1961	Female	Nickerson	Nebraska	68044
6/16/1974	Female	Nickerson	Nebraska	68044
4/22/1967	Female	Nickerson	Nebraska	68044
10/8/1959	Male	Nickerson	Nebraska	68044
9/7/1977	Male	Nickerson	Nebraska	68044
6/21/1956	Female	Oakland	Nebraska	68045
6/1/1972	Female	Oakland	Nebraska	68045
6/18/1980	Male	Oakland	Nebraska	68045
8/10/1983	Male	Oakland	Nebraska	68045
9/16/1986	Male	Oakland	Nebraska	68045
5/29/1962	Female	Oakland	Nebraska	68045
4/23/1995	Male	Papillion	Nebraska	68046
2/20/1953	Male	Papillion	Nebraska	68046
8/23/1963	Male	Papillion	Nebraska	68046
9/2/1955	Male	Papillion	Nebraska	68046

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/6/1960	Male	Papillion	Nebraska	68046
8/24/1970	Male	Papillion	Nebraska	68046
11/2/1974	Male	Papillion	Nebraska	68046
2/12/1981	Male	Papillion	Nebraska	68046
11/18/1977	Female	Papillion	Nebraska	68046
2/23/1987	Male	Papillion	Nebraska	68046
6/28/1979	Male	Papillion	Nebraska	68046
9/11/1974	Female	Papillion	Nebraska	68046
9/4/1984	Female	Papillion	Nebraska	68046
8/19/1995	Male	Papillion	Nebraska	68046
9/11/1986	Male	Papillion	Nebraska	68046
12/5/1972	Male	Papillion	Nebraska	68046
12/26/1966	Female	Papillion	Nebraska	68046
1/2/1954	Female	Papillion	Nebraska	68046
1/14/1983	Female	Papillion	Nebraska	68046
10/27/1983	Female	Papillion	Nebraska	68046
9/19/1953	Male	Papillion	Nebraska	68046
11/6/1981	Female	Papillion	Nebraska	68046
3/7/1960	Male	Papillion	Nebraska	68046
12/4/1990	Male	Papillion	Nebraska	68046
4/14/1997	Female	Papillion	Nebraska	68046
12/22/1995	Male	Papillion	Nebraska	68046
3/27/1962	Female	Papillion	Nebraska	68046
10/27/1953	Female	Papillion	Nebraska	68046
11/24/1950	Female	Papillion	Nebraska	68046
7/8/1971	Female	Papillion	Nebraska	68046
1/11/1952	Female	Papillion	Nebraska	68046
6/13/1971	Female	Papillion	Nebraska	68046
3/13/1973	Female	Papillion	Nebraska	68046
8/19/1973	Female	Papillion	Nebraska	68046
10/23/1954	Male	Papillion	Nebraska	68046
11/18/1982	Female	Papillion	Nebraska	68046
8/26/1961	Male	Papillion	Nebraska	68046
8/1/1969	Male	Papillion	Nebraska	68046
9/4/1985	Female	Papillion	Nebraska	68046
1/1/1973	Male	Papillion	Nebraska	68046
8/22/1986	Female	Papillion	Nebraska	68046
7/31/1986	Female	Papillion	Nebraska	68046
8/8/1965	Male	Papillion	Nebraska	68046
10/20/1974	Female	Papillion	Nebraska	68046
11/24/1968	Female	Papillion	Nebraska	68046

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/26/1974	Female	Papillion	Nebraska	68046
6/13/1975	Female	Papillion	Nebraska	68046
7/5/1969	Female	Papillion	Nebraska	68046
8/5/1968	Female	Papillion	Nebraska	68046
7/30/1965	Male	Papillion	Nebraska	68046
9/23/1957	Male	Papillion	Nebraska	68046
12/24/1984	Female	Papillion	Nebraska	68046
9/1/1952	Male	Papillion	Nebraska	68046
4/18/1991	Female	Papillioin	Nebraska	68046
8/23/1992	Female	Papillion	Nebraska	68046
1/16/1993	Male	Papillion	Nebraska	68046
5/19/1981	Female	Papillion	Nebraska	68046
7/20/1989	Male	Papillion	Nebraska	68046
3/25/1959	Female	Papillion	Nebraska	68046
7/1/1987	Female	Papillion	Nebraska	68046
2/8/1984	Female	Papillion	Nebraska	68046
5/14/1995	Female	Papillion	Nebraska	68046
12/6/1955	Male	Papillion	Nebraska	68046
5/7/1956	Male	Papillion	Nebraska	68046
2/9/1959	Male	Papillion	Nebraska	68046
11/22/1960	Male	PAPILLION	Nebraska	68046
7/5/1974	Male	Papillion	Nebraska	68046
2/4/1976	Male	Papillion	Nebraska	68046
11/18/1980	Male	Papillion	Nebraska	68046
9/15/1967	Male	Papillion	Nebraska	68046
7/13/1991	Female	Papillion	Nebraska	68046
1/9/1970	Male	Papillion	Nebraska	68046
3/18/1958	Male	Papillion	Nebraska	68046
11/11/1964	Male	Papillion	Nebraska	68046
6/15/1953	Female	Papillion	Nebraska	68046
4/29/1962	Female	Papillion	Nebraska	68046
8/28/1951	Male	Papillion	Nebraska	68046
5/1/1973	Male	Papillion	Nebraska	68046
10/30/1970	Male	Papillion	Nebraska	68046
6/30/1991	Male	Papillion	Nebraska	68046
12/20/1993	Male	Papillion	Nebraska	68046
6/15/1994	Male	Papillion	Nebraska	68046
8/24/1995	Male	Papillion	Nebraska	68046
9/8/1954	Male	Papillion	Nebraska	68046
9/4/1971	Male	Papillion	Nebraska	68046
6/20/1988	Male	Papillion	Nebraska	68046

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/3/1950	Female	Papillion	Nebraska	68046
3/3/1950	Male	Papillion	Nebraska	68046
7/29/1959	Female	Papillion	Nebraska	68046
10/23/1962	Female	Papillion	Nebraska	68046
6/20/1970	Male	Papillion	Nebraska	68046
12/13/1959	Female	Papillion	Nebraska	68046
1/4/1979	Female	Papillion	Nebraska	68046
7/27/1963	Female	Papillion	Nebraska	68046
10/16/1969	Female	Papillion	Nebraska	68046
10/21/1970	Female	Papillion	Nebraska	68046
7/22/1961	Female	Papillion	Nebraska	68046
8/28/1952	Male	Papillion	Nebraska	68046
5/28/1952	Female	Papillion	Nebraska	68046
5/20/1970	Male	Papillion	Nebraska	68046
1/1/1963	Female	Papillion	Nebraska	68046
7/20/1982	Female	Papillion	Nebraska	68046
4/19/1973	Female	Papillion	Nebraska	68046
12/5/1980	Female	Papillion	Nebraska	68046
10/11/1954	Female	Papillion	Nebraska	68046
7/22/1969	Female	Papillion	Nebraska	68046
4/5/1959	Female	Papillion	Nebraska	68046
12/16/1964	Female	Papillion	Nebraska	68046
12/4/1967	Female	Papillion	Nebraska	68046
10/24/1974	Female	Papillion	Nebraska	68046
2/14/1971	Female	Papillion	Nebraska	68046
8/9/1989	Male	Papillion	Nebraska	68046
1/19/1971	Male	Papillion	Nebraska	68046
11/10/1986	Female	Papillion	Nebraska	68046
2/24/1977	Female	Papillion	Nebraska	68046
8/25/1970	Male	Papillion	Nebraska	68046
10/19/1973	Female	Pender	Nebraska	68047
8/14/1955	Male	Pender	Nebraska	68047
10/8/1958	Male	Pender	Nebraska	68047
8/11/1971	Male	Pender	Nebraska	68047
9/18/1960	Male	Pender	Nebraska	68047
10/5/1955	Male	Pender	Nebraska	68047
1/28/1987	Female	Pender	Nebraska	68047
2/13/1969	Female	Plattsmouth	Nebraska	68048
4/23/1962	Female	Plattsmouth	Nebraska	68048
5/20/1959	Male	Plattsmouth	Nebraska	68048
3/27/1989	Male	Plattsmouth	Nebraska	68048

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/12/1982	Male	Plattsmouth	Nebraska	68048
7/3/1985	Male	Plattsmouth	Nebraska	68048
12/19/1988	Female	Plattsmouth	Nebraska	68048
5/16/1987	Female	Plattsmouth	Nebraska	68048
10/5/1991	Female	Plattsmouth	Nebraska	68048
8/17/1955	Male	Plattsmouth	Nebraska	68048
4/23/1957	Male	Plattsmouth	Nebraska	68048
7/7/1941	Male	Plattsmouth	Nebraska	68048
9/10/1981	Female	Plattsmouth	Nebraska	68048
5/17/1948	Male	Plattsmouth	Nebraska	68048
3/9/1950	Female	Plattsmouth	Nebraska	68048
9/25/1971	Female	Plattsmouth	Nebraska	68048
10/7/1965	Female	Plattsmouth	Nebraska	68048
8/25/1980	Female	Plattsmouth	Nebraska	68048
6/25/1969	Female	Plattsmouth	Nebraska	68048
3/21/1964	Female	Plattsmouth	Nebraska	68048
12/21/1960	Female	Plattsmouth	Nebraska	68048
8/15/1958	Female	Plattsmouth	Nebraska	68048
12/2/1987	Female	Plattsmouth	Nebraska	68048
8/25/1991	Female	Plattsmouth	Nebraska	68048
3/25/1975	Male	Beatrice	Nebraska	68048
12/2/1991	Female	Plattsmouth	Nebraska	68048
4/19/1991	Female	Plattsmouth	Nebraska	68048
10/8/1996	Female	Plattsmouth	Nebraska	68048
10/1/1961	Female	Plattsmouth	Nebraska	68048
6/30/1957	Male	Plattsmouth	Nebraska	68048
8/5/1981	Female	Plattsmouth	Nebraska	68048
10/20/1976	Female	Plattsmouth	Nebraska	68048
11/9/1992	Female	Plattsmouth	Nebraska	68048
6/6/1955	Male	Plattsmouth	Nebraska	68048
9/12/1966	Male	Plattsmouth	Nebraska	68048
8/15/1982	Female	Plattsmouth	Nebraska	68048
7/13/1954	Male	Plattsmouth	Nebraska	68048
3/4/1969	Male	plattsmouth	Nebraska	68048
4/23/1957	Male	Plattsmouth	Nebraska	68048
7/23/1974	Male	Plattsmouth	Nebraska	68048
8/3/1972	Male	Plattsmouth	Nebraska	68048
1/27/1981	Male	Plattsmouth	Nebraska	68048
2/13/1975	Female	Plattsmouth	Nebraska	68048
9/19/1983	Female	Plattsmouth	Nebraska	68048
7/27/1981	Female	Plattsmouth	Nebraska	68048

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/3/1965	Female	Plattsmouth	Nebraska	68048
12/12/1982	Female	Plattsmouth	Nebraska	68048
8/19/1968	Male	Plattsmouth	Nebraska	68048
11/14/1956	Female	Plattsmouth	Nebraska	68048
11/25/1956	Female	Plattsmouth	Nebraska	68048
1/29/1993	Female	Plattsmouth	Nebraska	68048
3/9/1948	Male	Prague	Nebraska	68050
3/14/1963	Male	Prague	Nebraska	68050
6/9/1985	Female	Prague	Nebraska	68050
6/21/1956	Male	Prague	Nebraska	68050
6/19/1989	Male	Scribner	Nebraska	68057
2/19/1993	Male	Scribner	Nebraska	68057
1/23/1986	Male	Scribner	Nebraska	68057
8/6/1960	Female	Scribner	Nebraska	68057
12/29/1961	Male	SCRIBNER	Nebraska	68057
8/5/1978	Male	Scribner	Nebraska	68057
10/30/1950	Male	Scribner	Nebraska	68057
10/29/1970	Male	Scribner	Nebraska	68057
8/28/1968	Female	Scribner	Nebraska	68057
2/17/1958	Female	Southbend	Nebraska	68058
9/28/1964	Female	South Bend	Nebraska	68058
9/29/1958	Female	South Bend	Nebraska	68058
3/26/1964	Female	Springfield	Nebraska	68059
7/9/1970	Female	Springfield	Nebraska	68059
4/19/1987	Male	Springfield	Nebraska	68059
12/11/1986	Female	Springfield	Nebraska	68059
8/18/1992	Female	Springfield	Nebraska	68059
9/19/1963	Female	Springfield	Nebraska	68059
1/8/1976	Male	Springfield	Nebraska	68059
3/23/1974	Female	Springfield	Nebraska	68059
8/29/1962	Female	Springfield	Nebraska	68059
2/4/1942	Male	Springfield	Nebraska	68059
10/17/1963	Female	Springfield	Nebraska	68059
2/6/1969	Female	Springfield	Nebraska	68059
9/18/1965	Female	Springfield	Nebraska	68059
6/19/1960	Male	Springfield	Nebraska	68059
1/30/1960	Female	Springfield	Nebraska	68059
5/2/1963	Female	Springfield	Nebraska	68059
10/17/1948	Female	Springfield	Nebraska	68059
10/9/1945	Male	Tekamah	Nebraska	68061
12/19/1985	Female	Tekamah	Nebraska	68061



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/27/1984	Female	Tekamah	Nebraska	68061
1/3/1962	Male	Tekamah	Nebraska	68061
1/25/1958	Female	Tekamah	Nebraska	68061
6/21/1979	Female	Tekamah	Nebraska	68061
11/5/1989	Female	Tekamah	Nebraska	68061
10/30/1956	Female	Thurston	Nebraska	68062
2/2/1993	Female	Thurston	Nebraska	68062
1/26/1968	Male	valley	Nebraska	68064
3/30/1971	Female	Valley	Nebraska	68064
2/1/1960	Male	Valley	Nebraska	68064
2/1/1960	Male	Leshara	Nebraska	68064
10/27/1989	Male	Valley	Nebraska	68064
6/14/1963	Male	Valley	Nebraska	68064
11/28/1963	Female	Valley	Nebraska	68064
11/17/1956	Female	Valley	Nebraska	68064
1/27/1990	Male	Valley	Nebraska	68064
12/1/1984	Female	Valley	Nebraska	68064
11/8/1993	Female	Valley	Nebraska	68064
9/17/1957	Male	valley	Nebraska	68064
1/3/1955	Male	Valley	Nebraska	68064
6/10/1947	Male	Valley	Nebraska	68064
6/11/1943	Female	Valparaiso	Nebraska	68065
12/16/1963	Male	Valparaiso	Nebraska	68065
11/5/1980	Male	Valparaiso	Nebraska	68065
12/23/1964	Female	Valparaiso	Nebraska	68065
6/28/1960	Female	Valparaiso	Nebraska	68065
1/10/1962	Male	Valparaiso	Nebraska	68065
7/19/1968	Male	Valparaiso	Nebraska	68065
7/30/1944	Female	Valparaiso	Nebraska	68065
1/13/1948	Female	Valparaiso	Nebraska	68065
1/16/1961	Female	Valparaiso	Nebraska	68065
5/4/1991	Female	Valparaiso	Nebraska	68065
1/16/1988	Female	Valparaiso	Nebraska	68065
7/27/1968	Female	Valparaiso	Nebraska	68065
7/11/1964	Female	Valparaiso	Nebraska	68065
6/20/1964	Female	Valparaiso	Nebraska	68065
1/23/1950	Male	Valparaiso	Nebraska	68065
8/6/1966	Male	Valparaiso	Nebraska	68065
11/8/1956	Female	Valparaiso	Nebraska	68065
9/1/1960	Male	Valparaiso	Nebraska	68065
2/15/1986	Male	Valparaiso	Nebraska	68065

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/13/1983	Male	Valparaiso	Nebraska	68065
2/6/1978	Female	Valparaiso	Nebraska	68065
8/15/1962	Female	Valparaiso	Nebraska	68065
7/17/1953	Male	Wahoo	Nebraska	68066
11/9/1968	Female	Wahoo	Nebraska	68066
12/2/1970	Male	Wahoo	Nebraska	68066
2/10/1971	Male	Wahoo	Nebraska	68066
3/17/1970	Female	Wahoo	Nebraska	68066
6/2/1995	Female	Wahoo	Nebraska	68066
11/2/1988	Female	Wahoo	Nebraska	68066
9/27/1970	Male	Wahoo	Nebraska	68066
4/7/1956	Female	Wahoo	Nebraska	68066
11/17/1957	Male	Wahoo	Nebraska	68066
4/26/1974	Male	Wahoo	Nebraska	68066
6/23/1985	Female	Wahoo	Nebraska	68066
6/1/1968	Female	Wahoo	Nebraska	68066
7/7/1985	Female	Wahoo	Nebraska	68066
1/3/1974	Male	Wahoo	Nebraska	68066
12/15/1942	Male	Wahoo	Nebraska	68066
1/25/1965	Female	Wahoo	Nebraska	68066
12/14/1960	Female	Wahoo	Nebraska	68066
4/19/1970	Male	Wahoo	Nebraska	68066
5/18/1958	Female	Wahoo	Nebraska	68066
10/12/1969	Female	Wahoo	Nebraska	68066
8/19/1981	Female	Wahoo	Nebraska	68066
2/7/1972	Male	Wahoo	Nebraska	68066
10/24/1989	Female	Wahoo	Nebraska	68066
1/28/1989	Male	Wahoo	Nebraska	68066
10/14/1954	Female	Wahoo	Nebraska	68066
3/17/1970	Female	Wahoo	Nebraska	68066
7/25/1990	Male	Wahoo	Nebraska	68066
2/10/1990	Female	Wahoo	Nebraska	68066
9/13/1954	Female	Wahoo	Nebraska	68066
10/29/1975	Male	Wahoo	Nebraska	68066
11/27/1951	Male	Wahoo	Nebraska	68066
11/23/1942	Male	Wahoo	Nebraska	68066
4/27/1959	Female	Wahoo	Nebraska	68066
1/10/1962	Male	Wahoo	Nebraska	68066
6/12/1982	Male	Wahoo	Nebraska	68066
6/1/1964	Male	Wahoo	Nebraska	68066
5/14/1952	Male	Wahoo	Nebraska	68066

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/28/1960	Male	Wahoo	Nebraska	68066
6/1/1961	Female	Wahoo	Nebraska	68066
1/14/1957	Male	Wahoo	Nebraska	68066
9/17/1961	Male	Wahoo	Nebraska	68066
4/8/1961	Male	Wahoo	Nebraska	68066
5/18/1977	Male	Wahoo	Nebraska	68066
4/12/1956	Male	Wahoo	Nebraska	68066
5/20/1984	Female	Wahoo	Nebraska	68066
6/22/1988	Male	Wahoo	Nebraska	68066
6/6/1988	Female	Wahoo	Nebraska	68066
3/9/1983	Male	Wahoo	Nebraska	68066
6/19/1960	Female	Wahoo	Nebraska	68066
8/31/1959	Female	Wahoo	Nebraska	68066
11/21/1956	Female	Wahoo	Nebraska	68066
9/13/1945	Male	Wahoo	Nebraska	68066
12/26/1944	Female	Wahoo	Nebraska	68066
9/18/1954	Female	Wahoo	Nebraska	68066
3/20/1972	Female	Wahoo	Nebraska	68066
9/26/1983	Female	Wahoo	Nebraska	68066
12/15/1969	Male	Valley	Nebraska	68069
10/9/1977	Male	Waterloo	Nebraska	68069
1/27/1994	Female	Waterloo	Nebraska	68069
7/25/1971	Female	Waterloo	Nebraska	68069
9/14/1979	Female	Waterloo	Nebraska	68069
2/1/1968	Male	waterloo	Nebraska	68069
8/12/1993	Male	Weston	Nebraska	68070
4/22/1997	Male	Yutan	Nebraska	68073
9/17/1955	Male	Yutan	Nebraska	68073
11/2/1954	Female	Yutan	Nebraska	68073
4/17/1962	Male	Yutan	Nebraska	68073
9/12/1983	Male	Yutan	Nebraska	68073
1/30/1961	Male	Yutan	Nebraska	68073
7/6/1967	Male	Yutan	Nebraska	68073
10/12/1976	Male	Yutan	Nebraska	68073
4/17/1950	Male	Omaha	Nebraska	68101
1/30/1973	Male	Omaha	Nebraska	68102
10/28/1983	Male	Omaha	Nebraska	68102
6/17/1983	Male	Omaha	Nebraska	68102
6/24/1993	Female	Omaha	Nebraska	68102
3/23/1990	Female	Omaha	Nebraska	68102
9/26/1970	Female	Omaha	Nebraska	68102

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/30/1947	Female	Omaha	Nebraska	68102
11/5/1989	Female	Omaha	Nebraska	68102
2/7/1958	Female	Omaha	Nebraska	68102
8/2/1963	Female	Omaha	Nebraska	68102
5/30/1988	Male	OMAHA	Nebraska	68102
6/21/1987	Male	Omaha	Nebraska	68102
2/24/1981	Male	Omaha	Nebraska	68102
9/9/1965	Male	Omaha	Nebraska	68102
9/14/1974	Female	Omaha	Nebraska	68102
11/23/1956	Male	Omaha	Nebraska	68102
7/23/1987	Female	Omaha	Nebraska	68102
1/25/1986	Male	Omaha	Nebraska	68102
7/31/1958	Male	Omaha	Nebraska	68102
10/7/1977	Male	Omaha	Nebraska	68102
1/3/1966	Female	Omaha	Nebraska	68102
6/9/1989	Male	Omaha	Nebraska	68102
8/24/1981	Female	Omaha	Nebraska	68102
1/2/1966	Female	Omaha	Nebraska	68103
6/19/1984	Female	Omaha	Nebraska	68103
12/20/1950	Female	Omaha	Nebraska	68103
1/18/1967	Male	Omaha	Nebraska	68104
8/26/1959	Male	Omaha	Nebraska	68104
2/23/1956	Female	Omaha	Nebraska	68104
8/10/1962	Male	Omaha	Nebraska	68104
1/15/1963	Female	Omaha	Nebraska	68104
8/17/1960	Female	Omaha	Nebraska	68104
10/15/1962	Female	Omaha	Nebraska	68104
2/16/1974	Male	Omaha	Nebraska	68104
1/13/1966	Male	Omaha	Nebraska	68104
2/17/1953	Female	Omaha	Nebraska	68104
7/20/1982	Male	Omaha	Nebraska	68104
2/12/1974	Female	Omaha	Nebraska	68104
6/12/1991	Male	Omaha	Nebraska	68104
6/27/1961	Male	Omaha	Nebraska	68104
5/7/1984	Male	Omaha	Nebraska	68104
5/18/1989	Male	Omaha	Nebraska	68104
2/15/1977	Male	Omaha	Nebraska	68104
5/2/1990	Male	Omaha	Nebraska	68104
10/25/1990	Male	Omaha	Nebraska	68104
4/25/1966	Male	Omaha	Nebraska	68104
8/28/1952	Female	Omaha	Nebraska	68104

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/30/1953	Female	Omaha	Nebraska	68104
1/11/1969	Female	Omaha	Nebraska	68104
2/13/1956	Female	Omaha	Nebraska	68104
2/20/1961	Female	Omaha	Nebraska	68104
8/11/1962	Male	Omaha	Nebraska	68104
12/6/1988	Male	Omaha	Nebraska	68104
9/26/1995	Male	Omaha	Nebraska	68104
6/25/1967	Female	Omaha	Nebraska	68104
12/21/1962	Male	Omaha	Nebraska	68104
3/24/1952	Female	Omaha	Nebraska	68104
10/30/1963	Female	Omaha	Nebraska	68104
6/19/1952	Female	Omaha	Nebraska	68104
10/20/1955	Male	Omaha	Nebraska	68104
2/3/1954	Female	Omaha	Nebraska	68104
10/11/1957	Female	Omaha	Nebraska	68104
11/3/1959	Female	Omaha	Nebraska	68104
8/8/1958	Female	Omaha	Nebraska	68104
6/27/1959	Female	Omaha	Nebraska	68104
7/4/1954	Female	Omaha	Nebraska	68104
5/20/1962	Male	Omaha	Nebraska	68104
6/12/1954	Female	Omaha	Nebraska	68104
4/23/1951	Female	Omaha	Nebraska	68104
4/4/1961	Female	Omaha	Nebraska	68104
8/8/1951	Female	Omaha	Nebraska	68104
8/22/1980	Female	Omaha	Nebraska	68104
7/18/1978	Female	Omaha	Nebraska	68104
7/31/1956	Male	Omaha	Nebraska	68104
3/24/1981	Female	Omaha	Nebraska	68104
3/13/1988	Female	Omaha	Nebraska	68104
5/29/1956	Female	Omaha	Nebraska	68104
12/29/1961	Male	Omaha	Nebraska	68104
6/9/1967	Female	Omaha	Nebraska	68104
11/24/1974	Female	Omaha	Nebraska	68104
1/1/1984	Female	Omaha	Nebraska	68104
8/18/1982	Female	Omaha	Nebraska	68104
1/12/1982	Female	Omaha	Nebraska	68104
8/10/1970	Female	Omaha	Nebraska	68104
7/30/1975	Female	Omaha	Nebraska	68104
3/27/1972	Male	Omaha	Nebraska	68104
6/26/1972	Female	Omaha	Nebraska	68104
3/27/1985	Female	Omaha	Nebraska	68104

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/21/1983	Female	Omaha	Nebraska	68104
4/26/1971	Female	Omaha	Nebraska	68104
12/16/1969	Female	Omaha	Nebraska	68104
4/18/1988	Female	Omaha	Nebraska	68104
12/9/1986	Female	Omaha	Nebraska	68104
2/8/1961	Male	Oamha	Nebraska	68104
1/9/1981	Male	Omaha	Nebraska	68104
12/12/1985	Female	Omaha	Nebraska	68104
4/19/1980	Male	Omaha	Nebraska	68104
3/14/1982	Female	Omaha	Nebraska	68104
7/23/1987	Female	Omaha	Nebraska	68104
9/15/1991	Female	Omaha	Nebraska	68104
8/18/1971	Female	Omaha	Nebraska	68104
9/3/1968	Male	Omaha	Nebraska	68104
1/6/1968	Male	Omaha	Nebraska	68104
7/2/1975	Male	Omaha	Nebraska	68104
7/2/1964	Male	Omaha	Nebraska	68104
4/1/1967	Male	Omaha	Nebraska	68104
7/3/1986	Female	Omaha	Nebraska	68104
10/8/1962	Male	Omaha	Nebraska	68104
5/15/1978	Female	Omaha	Nebraska	68104
8/29/1952	Female	Omaha	Nebraska	68104
4/2/1959	Female	Nebraska City	Nebraska	68104
7/22/1987	Female	Omaha	Nebraska	68104
4/2/1977	Female	Omaha	Nebraska	68104
8/23/1967	Male	Omaha	Nebraska	68104
4/2/1979	Male	Omaha	Nebraska	68104
8/27/1988	Female	Omaha	Nebraska	68104
11/12/1962	Female	Omaha	Nebraska	68104
10/28/1946	Female	Omaha	Nebraska	68104
2/28/1967	Female	Omaha	Nebraska	68104
8/9/1988	Male	Omaha	Nebraska	68104
1/29/1985	Female	Omaha	Nebraska	68104
5/19/1987	Female	Omaha	Nebraska	68104
11/28/1966	Female	Omaha	Nebraska	68104
4/16/1988	Female	Omaha	Nebraska	68104
1/21/1986	Female	Omaha	Nebraska	68105
2/18/1969	Female	Omaha	Nebraska	68105
11/1/1984	Female	Omaha	Nebraska	68105
5/12/1973	Female	Omaha	Nebraska	68105
4/18/1973	Female	Omaha	Nebraska	68105

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/10/1965	Male	Omaha	Nebraska	68105
9/8/1959	Male	Omaha	Nebraska	68105
6/7/1963	Male	Omaha	Nebraska	68105
2/14/1989	Female	Omaha	Nebraska	68105
8/10/1990	Male	Omaha	Nebraska	68105
7/10/1992	Female	Omaha	Nebraska	68105
11/15/1987	Male	Omaha	Nebraska	68105
8/4/1989	Female	Omaha	Nebraska	68105
9/20/1994	Female	Omaha	Nebraska	68105
3/2/1984	Female	Omaha	Nebraska	68105
3/2/1951	Female	Omaha	Nebraska	68105
8/5/1984	Female	Omaha	Nebraska	68105
7/24/1985	Female	Omaha	Nebraska	68105
5/5/1980	Male	Omaha	Nebraska	68105
2/25/1962	Male	Omaha	Nebraska	68105
1/12/1967	Female	Omaha	Nebraska	68105
11/21/1951	Male	Omaha	Nebraska	68105
1/25/1950	Female	Omaha	Nebraska	68105
8/8/1972	Female	Omaha	Nebraska	68105
7/18/1953	Female	Omaha	Nebraska	68105
1/13/1960	Female	Omaha	Nebraska	68105
4/26/1961	Female	Omaha	Nebraska	68105
4/11/1960	Female	Omaha	Nebraska	68105
5/8/1953	Male	Omaha	Nebraska	68105
2/1/1971	Male	Omaha	Nebraska	68105
9/8/1978	Female	Omaha	Nebraska	68105
5/3/1979	Female	Omaha	Nebraska	68105
11/23/1953	Female	Omaha	Nebraska	68105
4/7/1961	Female	Omaha	Nebraska	68105
12/28/1969	Female	Omaha	Nebraska	68105
2/22/1974	Female	Omaha	Nebraska	68105
11/6/1982	Female	Omaha	Nebraska	68105
5/29/1987	Female	Omaha	Nebraska	68105
6/24/1960	Female	Omaha	Nebraska	68105
7/9/1989	Male	Omaha	Nebraska	68105
9/20/1963	Female	Omaha	Nebraska	68105
6/5/1989	Female	Omaha	Nebraska	68105
9/13/1980	Female	Omaha	Nebraska	68105
11/13/1958	Male	Omaha	Nebraska	68105
7/5/1989	Male	Omaha	Nebraska	68105
8/14/1989	Female	Omaha	Nebraska	68105

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/23/1993	Female	Omaha	Nebraska	68105
5/18/1980	Male	Omaha	Nebraska	68105
3/3/1982	Female	Omaha	Nebraska	68105
7/26/1985	Female	Omaha	Nebraska	68105
11/4/1982	Male	Omaha	Nebraska	68105
7/27/1972	Female	Omaha	Nebraska	68105
11/25/1983	Male	Omaha	Nebraska	68105
10/14/1970	Male	Omaha	Nebraska	68105
8/5/1965	Female	Omaha	Nebraska	68105
9/3/1964	Male	Omaha	Nebraska	68105
11/9/1987	Female	Omaha	Nebraska	68105
9/18/1957	Female	Omaha	Nebraska	68105
1/15/1966	Female	Omaha	Nebraska	68105
8/27/1967	Male	Omaha	Nebraska	68105
10/17/1962	Male	Omaha	Nebraska	68105
3/4/1987	Male	Omaha	Nebraska	68105
6/9/1986	Male	Omaha	Nebraska	68105
5/26/1984	Male	Omaha	Nebraska	68105
7/28/1965	Male	Omaha	Nebraska	68106
7/17/1959	Male	Omaha	Nebraska	68106
9/6/1990	Male	Omaha	Nebraska	68106
6/26/1980	Female	Omaha	Nebraska	68106
8/2/1970	Male	Omaha	Nebraska	68106
8/12/1965	Male	Omaha	Nebraska	68106
8/12/1953	Female	Omaha	Nebraska	68106
8/4/1979	Female	Omaha	Nebraska	68106
11/9/1987	Female	Omaha	Nebraska	68106
9/7/1993	Male	Omaha	Nebraska	68106
1/1/1992	Female	Omaha	Nebraska	68106
3/26/1990	Male	Omaha	Nebraska	68106
2/14/1991	Female	Omaha	Nebraska	68106
1/30/1960	Male	Omaha	Nebraska	68106
4/11/1992	Male	Omaha	Nebraska	68106
5/13/1961	Female	Omaha	Nebraska	68106
8/26/1987	Male	Omaha	Nebraska	68106
8/29/1975	Male	Omaha	Nebraska	68106
10/22/1982	Female	Omaha	Nebraska	68106
7/14/1992	Male	Omaha	Nebraska	68106
8/7/1962	Female	Omaha	Nebraska	68106
5/20/1962	Male	Omaha	Nebraska	68106
12/13/1958	Male	Omaha	Nebraska	68106



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/11/1951	Female	Omaha	Nebraska	68106
10/1/1975	Female	Omaha	Nebraska	68106
7/14/1958	Female	Omaha	Nebraska	68106
4/13/1960	Female	Omaha	Nebraska	68106
11/17/1962	Female	Omaha	Nebraska	68106
9/6/1953	Female	Omaha	Nebraska	68106
5/20/1953	Male	Omaha	Nebraska	68106
10/14/1968	Female	Omaha	Nebraska	68106
6/10/1950	Female	Omaha	Nebraska	68106
6/26/1954	Male	Omaha	Nebraska	68106
6/23/1978	Female	Omaha	Nebraska	68106
7/1/1977	Female	Omaha	Nebraska	68106
1/30/1975	Female	Omaha	Nebraska	68106
4/15/1987	Female	Omaha	Nebraska	68106
11/7/1988	Male	Omaha	Nebraska	68106
10/19/1966	Female	Omaha	Nebraska	68106
2/28/1960	Male	Omaha	Nebraska	68106
12/10/1967	Male	Omaha	Nebraska	68106
4/3/1972	Male	Omaha	Nebraska	68106
3/28/1984	Female	Omaha	Nebraska	68106
10/6/1988	Female	Omaha	Nebraska	68106
5/20/1993	Female	Omaha	Nebraska	68106
12/30/1989	Female	Omaha	Nebraska	68106
7/31/1989	Male	Omaha	Nebraska	68106
6/12/1989	Male	Omaha	Nebraska	68106
8/5/1988	Female	Omaha	Nebraska	68106
1/7/1958	Female	Omaha	Nebraska	68106
8/2/1979	Male	Omaha	Nebraska	68106
7/11/1988	Female	Omaha	Nebraska	68106
3/17/1978	Female	Omaha	Nebraska	68106
1/29/1953	Female	Omaha	Nebraska	68106
1/16/1960	Female	Omaha	Nebraska	68106
4/7/1972	Male	Omaha	Nebraska	68106
6/5/1958	Male	Omaha	Nebraska	68106
2/17/1950	Male	Omaha	Nebraska	68106
8/6/1961	Male	Omaha	Nebraska	68106
7/23/1968	Female	Omaha	Nebraska	68106
6/28/1962	Female	Omaha	Nebraska	68106
4/15/1971	Male	Omaha	Nebraska	68106
12/23/1982	Male	OMaha	Nebraska	68106
10/16/1964	Female	Omaha	Nebraska	68106

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/18/1953	Male	Omaha	Nebraska	68106
4/10/1961	Female	Omaha	Nebraska	68106
10/7/1977	Female	Omaha	Nebraska	68106
1/19/1972	Male	Omaha	Nebraska	68106
8/31/1976	Female	Omaha	Nebraska	68106
4/10/1987	Female	Omaha	Nebraska	68106
5/30/1987	Male	Omaha	Nebraska	68106
3/21/1965	Female	Omaha	Nebraska	68106
10/13/1971	Male	Omaha	Nebraska	68106
11/11/1952	Female	Omaha	Nebraska	68106
7/20/1977	Female	Omaha	Nebraska	68106
7/13/1991	Female	Omaha	Nebraska	68106
7/15/1965	Female	Omaha	Nebraska	68107
12/17/1972	Female	Omaha	Nebraska	68107
12/2/1985	Male	Omaha	Nebraska	68107
7/30/1988	Male	Omaha	Nebraska	68107
3/21/1975	Female	Omaha	Nebraska	68107
12/22/1980	Female	Omaha	Nebraska	68107
5/15/1984	Female	Omaha	Nebraska	68107
6/29/1966	Male	Omaha	Nebraska	68107
3/3/1993	Female	Omaha	Nebraska	68107
5/16/1994	Male	Omaha	Nebraska	68107
2/12/1990	Male	Omaha	Nebraska	68107
9/19/1955	Female	Omaha	Nebraska	68107
2/11/1954	Female	Omaha	Nebraska	68107
2/8/1964	Female	Omaha	Nebraska	68107
6/1/1976	Female	Omaha	Nebraska	68107
4/29/1971	Female	Omaha	Nebraska	68107
8/26/1959	Male	Omaha	Nebraska	68107
6/13/1986	Female	Omaha	Nebraska	68107
2/7/1969	Female	Norfolk	Nebraska	68107
12/27/1968	Female	Omaha	Nebraska	68107
11/17/1950	Male	Omaha	Nebraska	68107
8/2/1980	Female	Omaha	Nebraska	68107
12/26/1965	Female	Omaha	Nebraska	68107
11/5/1974	Female	Omaha	Nebraska	68107
5/27/1974	Female	Omaha	Nebraska	68107
12/27/1968	Female	Omaha	Nebraska	68107
11/4/1983	Male	Omaha	Nebraska	68107
5/1/1994	Female	Omaha	Nebraska	68107
12/13/1992	Female	Omaha	Nebraska	68107

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/22/1993	Female	Omaha	Nebraska	68107
12/17/1969	Female	Omaha	Nebraska	68107
3/4/1984	Female	Omaha	Nebraska	68107
3/16/1956	Male	Omaha	Nebraska	68107
6/24/1992	Female	Omaha	Nebraska	68107
2/7/1966	Female	Omaha	Nebraska	68107
4/26/1965	Male	Omaha	Nebraska	68107
8/4/1970	Male	Omaha	Nebraska	68107
8/5/1991	Male	Omaha	Nebraska	68107
1/19/1989	Male	Omaha	Nebraska	68107
4/13/1979	Male	Omaha	Nebraska	68107
9/8/1960	Female	Omaha	Nebraska	68107
4/27/1969	Male	Omaha	Nebraska	68107
8/26/1979	Female	Omaha	Nebraska	68107
3/9/1981	Female	Omaha	Nebraska	68107
12/1/1980	Female	Omaha	Nebraska	68107
6/25/1985	Male	Omaha	Nebraska	68107
1/15/1994	Male	Omaha	Nebraska	68107
1/18/1982	Female	Omaha	Nebraska	68107
12/18/1956	Female	Omaha	Nebraska	68107
3/25/1987	Female	Omaha	Nebraska	68107
8/6/1980	Male	Omaha	Nebraska	68107
7/10/1973	Female	Omaha	Nebraska	68108
3/23/1990	Male	Omaha	Nebraska	68108
1/17/1989	Female	Omaha	Nebraska	68108
2/17/1987	Female	Omaha	Nebraska	68108
4/3/1947	Female	Omaha	Nebraska	68108
4/6/1950	Female	Omaha	Nebraska	68108
1/16/1970	Female	Omaha	Nebraska	68108
10/18/1978	Female	Omaha	Nebraska	68108
3/6/1987	Female	Omaha	Nebraska	68108
7/31/1985	Male	Omaha	Nebraska	68108
10/5/1989	Female	Omaha	Nebraska	68108
1/23/1980	Female	Omaha	Nebraska	68108
6/19/1953	Female	Omaha	Nebraska	68108
12/15/1987	Female	Omaha	Nebraska	68108
1/11/1972	Female	Omaha	Nebraska	68108
10/25/1960	Male	Omaha	Nebraska	68108
7/17/1953	Male	Omaha	Nebraska	68108
10/28/1963	Male	Omaha	Nebraska	68108
7/12/1991	Male	Omaha	Nebraska	68108

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/13/1959	Female	Omaha	Nebraska	68108
11/5/1983	Female	Omaha	Nebraska	68108
8/12/1964	Male	Omaha	Nebraska	68108
4/9/1978	Male	Omaha	Nebraska	68108
11/29/1956	Female	Omaha	Nebraska	68108
3/1/1958	Female	Omaha	Nebraska	68108
3/25/1968	Male	Omaha	Nebraska	68108
1/3/1967	Female	Omaha	Nebraska	68110
6/6/1972	Female	Omaha	Nebraska	68110
10/19/1977	Female	Omaha	Nebraska	68110
3/3/1982	Male	Omaha	Nebraska	68110
4/1/1981	Female	Omaha	Nebraska	68110
2/11/1965	Female	Omaha	Nebraska	68110
12/12/1989	Female	Omaha	Nebraska	68110
12/3/1950	Female	Omaha	Nebraska	68110
3/5/1960	Female	Omaha	Nebraska	68110
8/3/1951	Female	Omaha	Nebraska	68110
10/25/1985	Male	Omaha	Nebraska	68110
12/26/1969	Male	Omaha	Nebraska	68110
2/15/1991	Female	Omaha	Nebraska	68110
7/10/1937	Male	OMAHA	Nebraska	68110
7/9/1955	Female	Omaha	Nebraska	68110
9/6/1956	Male	Omaha	Nebraska	68110
1/7/1982	Female	Omaha	Nebraska	68110
3/5/1979	Female	Omaha	Nebraska	68110
1/5/1967	Female	Omaha	Nebraska	68111
3/8/1973	Male	Omaha	Nebraska	68111
6/6/1989	Female	Omaha	Nebraska	68111
4/20/1984	Female	Omaha	Nebraska	68111
11/21/1990	Female	Omaha	Nebraska	68111
11/16/1992	Female	Omaha	Nebraska	68111
7/17/1990	Male	Omaha	Nebraska	68111
3/10/1992	Male	Omaha	Nebraska	68111
2/19/1952	Female	Omaha	Nebraska	68111
7/31/1958	Female	Omaha	Nebraska	68111
3/7/1971	Female	Omaha	Nebraska	68111
4/14/1956	Female	Omaha	Nebraska	68111
2/29/1972	Female	Omaha	Nebraska	68111
2/11/1971	Male	Omaha	Nebraska	68111
7/24/1982	Female	Omaha	Nebraska	68111
9/6/1970	Female	Omaha	Nebraska	68111

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/27/1960	Female	Omaha	Nebraska	68111
6/20/1953	Female	Omaha	Nebraska	68111
3/21/1981	Female	Omaha	Nebraska	68111
10/29/1989	Male	Omaha	Nebraska	68111
10/14/1975	Female	Omaha	Nebraska	68111
10/7/1986	Female	Omaha	Nebraska	68111
9/5/1981	Female	Omaha	Nebraska	68111
2/4/1994	Female	Omaha	Nebraska	68111
9/2/1969	Female	Omaha	Nebraska	68111
6/13/1983	Female	Omaha	Nebraska	68111
9/26/1967	Female	Omaha	Nebraska	68111
8/17/1994	Female	Omaha	Nebraska	68111
5/4/1960	Female	Omaha	Nebraska	68111
6/13/1975	Female	Omaha	Nebraska	68111
2/6/1992	Female	Omaha	Nebraska	68111
9/17/1970	Female	Omaha	Nebraska	68111
10/1/1968	Female	Omaha	Nebraska	68111
8/20/1979	Female	Omaha	Nebraska	68111
2/4/1974	Male	Omaha	Nebraska	68111
11/28/1977	Female	Omaha	Nebraska	68111
3/29/1971	Male	omaha	Nebraska	68111
1/1/1990	Male	Omaha	Nebraska	68111
2/17/1981	Male	Omaha	Nebraska	68111
1/18/1974	Female	Omaha	Nebraska	68111
8/23/1959	Female	Omaha	Nebraska	68111
10/10/1965	Female	Omaha	Nebraska	68111
6/8/1985	Male	Omaha	Nebraska	68111
1/14/1983	Female	Omaha	Nebraska	68111
3/23/1967	Female	Omaha	Nebraska	68111
3/27/1972	Female	Omaha	Nebraska	68111
6/26/1951	Female	Omaha	Nebraska	68112
3/3/1972	Male	Omaha	Nebraska	68112
8/27/1961	Male	Omaha	Nebraska	68112
11/29/1977	Male	Omaha	Nebraska	68112
1/9/1986	Female	Omaha	Nebraska	68112
10/14/1986	Male	Omaha	Nebraska	68112
1/3/1957	Female	Omaha	Nebraska	68112
1/23/1989	Female	Omaha	Nebraska	68112
3/20/1994	Male	Omaha	Nebraska	68112
10/3/1959	Female	Omaha	Nebraska	68112
11/7/1952	Female	Omaha	Nebraska	68112

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/18/1953	Female	Omaha	Nebraska	68112
5/12/1955	Female	Omaha	Nebraska	68112
9/18/1977	Female	Omaha	Nebraska	68112
2/29/1956	Female	Omaha	Nebraska	68112
5/29/1949	Female	Omaha	Nebraska	68112
6/15/1971	Female	Omaha	Nebraska	68112
10/13/1984	Female	Omaha	Nebraska	68112
3/2/1989	Female	Omaha	Nebraska	68112
12/29/1969	Female	Omaha	Nebraska	68112
3/22/1981	Female	Omaha	Nebraska	68112
6/6/1985	Female	Omaha	Nebraska	68112
11/9/1964	Female	Omaha	Nebraska	68112
12/16/1956	Female	Omaha	Nebraska	68112
10/3/1952	Male	Omaha	Nebraska	68112
1/8/1955	Female	Omaha	Nebraska	68112
6/13/1968	Female	Omaha	Nebraska	68112
5/31/1982	Female	Omaha	Nebraska	68112
11/12/1962	Male	Omaha	Nebraska	68112
9/30/1980	Female	Omaha	Nebraska	68112
12/27/1989	Female	Omaha	Nebraska	68112
5/4/1962	Female	Omaha	Nebraska	68112
1/21/1991	Female	Offutt Air Force Base	Nebraska	68113
8/1/1944	Male	Omaha	Nebraska	68114
1/29/1983	Female	Omaha	Nebraska	68114
10/10/1990	Female	Omaha	Nebraska	68114
1/31/1969	Female	Omaha	Nebraska	68114
3/5/1964	Male	Omaha	Nebraska	68114
2/21/1955	Male	Omaha	Nebraska	68114
4/24/1962	Male	Omaha	Nebraska	68114
7/7/1981	Male	Omaha	Nebraska	68114
3/2/1989	Male	Omaha	Nebraska	68114
11/1/1985	Male	Omaha	Nebraska	68114
4/28/1996	Male	Omaha	Nebraska	68114
7/21/1983	Male	Omaha	Nebraska	68114
12/9/1994	Male	Omaha	Nebraska	68114
10/24/1952	Female	Omaha	Nebraska	68114
2/12/1981	Male	Omaha	Nebraska	68114
9/1/1951	Female	Omaha	Nebraska	68114
3/2/1952	Female	Omaha	Nebraska	68114
12/11/1955	Female	Omaha	Nebraska	68114

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/12/1955	Female	Omaha	Nebraska	68114
2/24/1957	Female	Omaha	Nebraska	68114
11/12/1956	Female	Omaha	Nebraska	68114
8/25/1957	Female	Omaha	Nebraska	68114
11/24/1957	Female	Omaha	Nebraska	68114
3/12/1958	Female	Omaha	Nebraska	68114
2/1/1968	Female	Omaha	Nebraska	68114
8/23/1977	Female	Omaha	Nebraska	68114
8/27/1964	Female	Omaha	Nebraska	68114
12/27/1960	Female	Omaha	Nebraska	68114
8/3/1980	Female	Omaha	Nebraska	68114
8/2/1968	Female	Omaha	Nebraska	68114
8/10/1982	Female	Omaha	Nebraska	68114
5/11/1984	Female	Omaha	Nebraska	68114
12/30/1990	Male	Omaha	Nebraska	68114
9/17/1977	Female	Omaha	Nebraska	68114
6/6/1948	Male	Omaha	Nebraska	68114
12/6/1988	Male	Omaha	Nebraska	68114
6/26/1959	Male	Omaha	Nebraska	68114
8/24/1957	Male	Omaha	Nebraska	68114
10/10/1972	Male	Omaha	Nebraska	68114
12/4/1970	Male	Omaha	Nebraska	68114
9/28/1974	Male	Omaha	Nebraska	68114
8/18/1945	Male	Omaha	Nebraska	68114
3/4/1954	Female	Omaha	Nebraska	68114
2/9/1952	Male	Omaha	Nebraska	68114
10/20/1969	Male	Omaha	Nebraska	68114
12/16/1947	Male	Omaha	Nebraska	68114
8/17/1958	Male	Omaha	Nebraska	68114
10/22/1985	Male	Omaha	Nebraska	68114
7/27/1984	Female	Omaha	Nebraska	68114
10/10/1985	Female	Omaha	Nebraska	68114
9/22/1986	Female	Omaha	Nebraska	68114
7/24/1995	Female	Omaha	Nebraska	68114
5/30/1990	Female	Omaha	Nebraska	68114
11/18/1960	Female	Omaha	Nebraska	68114
9/22/1952	Male	Omaha	Nebraska	68116
9/26/1956	Female	Omaha	Nebraska	68116
9/16/1967	Male	Omaha	Nebraska	68116
1/15/1974	Male	Omaha	Nebraska	68116
7/29/1982	Male	Omaha	Nebraska	68116

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/3/1969	Female	Omaha	Nebraska	68116
12/15/1985	Female	Omaha	Nebraska	68116
7/23/1987	Male	Omaha	Nebraska	68116
10/3/1986	Male	Omaha	Nebraska	68116
8/20/1988	Male	Omaha	Nebraska	68116
12/11/1946	Female	Omaha	Nebraska	68116
3/21/1992	Male	Omaha	Nebraska	68116
8/9/1972	Male	Omaha	Nebraska	68116
3/7/1983	Male	Omaha	Nebraska	68116
8/25/1980	Male	Omaha	Nebraska	68116
3/15/1989	Female	Omaha	Nebraska	68116
12/23/1993	Female	Omaha	Nebraska	68116
12/30/1985	Female	Omaha	Nebraska	68116
6/20/1989	Female	Omaha	Nebraska	68116
6/8/1970	Female	Omaha	Nebraska	68116
8/17/1985	Female	Omaha	Nebraska	68116
2/7/1977	Female	Omaha	Nebraska	68116
1/5/1954	Female	Omaha	Nebraska	68116
12/22/1971	Female	Omaha	Nebraska	68116
2/15/1972	Female	Omaha	Nebraska	68116
3/30/1983	Female	Omaha	Nebraska	68116
12/9/1955	Female	Omaha	Nebraska	68116
9/14/1962	Female	Omaha	Nebraska	68116
1/5/1950	Male	Omaha	Nebraska	68116
7/9/1985	Female	Omaha	Nebraska	68116
1/22/1975	Male	Omaha	Nebraska	68116
6/15/1978	Female	Omaha	Nebraska	68116
8/20/1972	Female	Omaha	Nebraska	68116
10/22/1962	Female	Omaha	Nebraska	68116
6/5/1987	Female	Omaha	Nebraska	68116
8/26/1987	Female	Omaha	Nebraska	68116
7/2/1979	Female	Omaha	Nebraska	68116
11/1/1957	Male	Omaha	Nebraska	68116
3/14/1960	Male	OMAHA	Nebraska	68116
3/20/1948	Male	Omaha	Nebraska	68116
11/14/1970	Female	Omaha	Nebraska	68116
6/21/1955	Male	Omaha	Nebraska	68116
5/11/1980	Male	Omaha	Nebraska	68116
10/5/1978	Female	Omaha	Nebraska	68116
6/4/1965	Male	Omaha	Nebraska	68116
6/25/1958	Female	Omaha	Nebraska	68116



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/21/1943	Female	Omaha	Nebraska	68116
5/2/1984	Male	Omaha	Nebraska	68116
2/26/1954	Female	Omaha	Nebraska	68116
4/18/1959	Female	Omaha	Nebraska	68116
8/9/1953	Male	Omaha	Nebraska	68116
11/5/1982	Male	Omaha	Nebraska	68116
12/7/1955	Male	Omaha	Nebraska	68116
9/18/1973	Male	Omaha	Nebraska	68116
2/18/1969	Male	Omaha	Nebraska	68116
6/9/1971	Male	Omaha	Nebraska	68116
2/3/1968	Male	Omaha	Nebraska	68116
6/8/1977	Male	Omaha	Nebraska	68116
7/14/1976	Male	Omaha	Nebraska	68116
3/7/1980	Male	Omaha	Nebraska	68116
10/4/1982	Male	Omaha	Nebraska	68116
8/29/1967	Male	Omaha	Nebraska	68116
2/14/1952	Male	Omaha	Nebraska	68116
4/4/1970	Male	Omaha	Nebraska	68116
7/7/1978	Male	Omaha	Nebraska	68116
4/25/1954	Male	Omaha	Nebraska	68116
5/13/1979	Female	Omaha	Nebraska	68116
6/12/1987	Female	Omaha	Nebraska	68116
2/22/1953	Male	Omaha	Nebraska	68116
3/30/1962	Male	Omaha	Nebraska	68116
6/15/1962	Male	Omaha	Nebraska	68116
2/11/1988	Female	Omaha	Nebraska	68116
4/15/1988	Male	Omaha	Nebraska	68116
5/1/1989	Female	Omaha	Nebraska	68116
11/20/1978	Male	Omaha	Nebraska	68116
5/4/1985	Female	Omaha	Nebraska	68116
10/27/1961	Male	Omaha	Nebraska	68116
10/2/1965	Female	Omaha	Nebraska	68116
4/1/1982	Female	Omaha	Nebraska	68116
6/14/1987	Female	Omaha	Nebraska	68116
2/23/1993	Female	Omaha	Nebraska	68116
5/13/1982	Female	Omaha	Nebraska	68116
3/18/1981	Male	Omaha	Nebraska	68117
6/28/1981	Female	Omaha	Nebraska	68117
10/23/1966	Male	Omaha	Nebraska	68117
8/16/1972	Male	Omaha	Nebraska	68117
11/4/1980	Male	Omaha	Nebraska	68117

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/20/1991	Female	Omaha	Nebraska	68117
3/20/1970	Female	Omaha	Nebraska	68117
8/5/1975	Female	Omaha	Nebraska	68117
11/12/1954	Male	Omaha	Nebraska	68117
4/25/1983	Female	Omaha	Nebraska	68117
6/10/1952	Male	Omaha	Nebraska	68117
1/6/1982	Female	Omaha	Nebraska	68117
3/28/1990	Female	Omaha	Nebraska	68117
9/18/1974	Female	Omaha	Nebraska	68117
2/1/1988	Female	Omaha	Nebraska	68117
1/6/1969	Male	Omaha	Nebraska	68117
1/7/1963	Male	Omaha	Nebraska	68117
6/15/1982	Male	Omaha	Nebraska	68117
10/2/1984	Male	Omaha	Nebraska	68117
3/6/1989	Female	Omaha	Nebraska	68117
1/13/1959	Female	Omaha	Nebraska	68117
6/16/1955	Female	Omaha	Nebraska	68117
10/9/1994	Male	Omaha	Nebraska	68118
8/19/1980	Male	Omaha	Nebraska	68118
8/23/1951	Male	Omaha	Nebraska	68118
10/10/1961	Male	Omaha	Nebraska	68118
10/17/1949	Male	Omaha	Nebraska	68118
8/5/1988	Male	Omaha	Nebraska	68118
6/6/1994	Male	Omaha	Nebraska	68118
1/26/1978	Female	Omaha	Nebraska	68118
4/10/1992	Male	Omaha	Nebraska	68118
3/24/1952	Female	Omaha	Nebraska	68118
2/25/1960	Male	Omaha	Nebraska	68118
5/30/1983	Male	Omaha	Nebraska	68118
3/31/1952	Male	Omaha	Nebraska	68118
10/25/1991	Male	Omaha	Nebraska	68118
10/31/1953	Male	Omaha	Nebraska	68118
11/1/1961	Female	Omaha	Nebraska	68118
1/8/1964	Male	Omaha	Nebraska	68118
5/27/1986	Female	Omaha	Nebraska	68118
3/3/1976	Male	Omaha	Nebraska	68118
11/23/1947	Male	Omaha	Nebraska	68118
5/16/1984	Male	Omaha	Nebraska	68118
7/13/1959	Male	Omaha	Nebraska	68118
11/17/1957	Male	Omaha	Nebraska	68118
10/18/1972	Female	Omaha	Nebraska	68118

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/24/1975	Male	Omaha	Nebraska	68118
9/30/1981	Male	Omaha	Nebraska	68118
7/12/1963	Male	Omaha	Nebraska	68118
8/8/1963	Male	Omaha	Nebraska	68118
6/20/1965	Female	Omaha	Nebraska	68118
9/30/1950	Male	Omaha	Nebraska	68118
6/18/1959	Female	Omaha	Nebraska	68118
6/14/1964	Female	Omaha	Nebraska	68118
1/29/1993	Male	LaVista	Nebraska	68120
10/6/1959	Male	Omaha	Nebraska	68122
8/24/1965	Male	Omaha	Nebraska	68122
2/11/1966	Male	Omaha	Nebraska	68122
6/26/1979	Male	Omaha	Nebraska	68122
10/2/1969	Male	Omaha	Nebraska	68122
8/5/1961	Male	Omaha	Nebraska	68122
1/5/1973	Female	Omaha	Nebraska	68122
8/11/1959	Female	Omaha	Nebraska	68122
11/28/1990	Female	Omaha	Nebraska	68122
1/7/1980	Male	Omaha	Nebraska	68122
4/15/1990	Male	Omaha	Nebraska	68122
3/1/1990	Female	Omaha	Nebraska	68122
8/12/1958	Female	Omaha	Nebraska	68122
4/21/1954	Female	Omaha	Nebraska	68122
12/6/1955	Male	Omaha	Nebraska	68122
9/1/1955	Female	Omaha	Nebraska	68122
8/31/1965	Male	Omaha	Nebraska	68122
4/28/1963	Female	Omaha	Nebraska	68122
9/17/1968	Female	Omaha	Nebraska	68122
7/26/1982	Male	Omaha	Nebraska	68122
3/9/1978	Female	Omaha	Nebraska	68122
1/19/1969	Male	Omaha	Nebraska	68122
6/13/1973	Female	Omaha	Nebraska	68122
7/26/1978	Female	Omaha	Nebraska	68122
1/25/1971	Female	Omaha	Nebraska	68122
8/28/1983	Male	Omaha	Nebraska	68122
5/8/1958	Male	Omaha	Nebraska	68122
7/6/1968	Male	Omaha	Nebraska	68122
12/12/1969	Male	Omaha	Nebraska	68122
11/7/1984	Female	Omaha	Nebraska	68122
3/26/1956	Female	Omaha	Nebraska	68122
3/31/1960	Female	Omaha	Nebraska	68122

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/10/1985	Male	Omaha	Nebraska	68122
7/1/1963	Male	Omaha	Nebraska	68122
1/12/1991	Male	Omaha	Nebraska	68122
9/26/1957	Female	Omaha	Nebraska	68122
1/30/1972	Female	Omaha	Nebraska	68122
10/8/1966	Female	Omaha	Nebraska	68122
4/13/1984	Female	Omaha	Nebraska	68122
1/8/1954	Female	Omaha	Nebraska	68122
7/19/1981	Female	Omaha	Nebraska	68122
1/21/1989	Male	Omaha	Nebraska	68122
10/27/1973	Male	Omaha	Nebraska	68122
12/1/1962	Female	Omaha	Nebraska	68122
4/25/1984	Female	Omaha	Nebraska	68122
8/26/1949	Male	Bellevue	Nebraska	68123
4/25/1986	Male	Bellevue	Nebraska	68123
2/19/1988	Male	Bellevue	Nebraska	68123
2/4/1955	Male	Bellevue	Nebraska	68123
8/17/1980	Male	Bellevue	Nebraska	68123
9/26/1962	Male	Bellevue	Nebraska	68123
3/10/1959	Female	Bellevue	Nebraska	68123
4/3/1952	Male	Bellevue	Nebraska	68123
1/28/1959	Female	Bellevue	Nebraska	68123
7/10/1976	Male	Bellevue	Nebraska	68123
5/25/1960	Male	Bellevue	Nebraska	68123
12/5/1963	Male	Bellevue	Nebraska	68123
9/13/1970	Female	Bellevue	Nebraska	68123
2/10/1960	Male	Bellevue	Nebraska	68123
2/19/1962	Male	Bellevue	Nebraska	68123
10/18/1970	Male	Bellevue	Nebraska	68123
1/31/1988	Male	Bellevue	Nebraska	68123
4/2/1973	Male	bellevue	Nebraska	68123
11/13/1995	Male	Bellevue	Nebraska	68123
5/6/1986	Male	Bellevue	Nebraska	68123
1/11/1989	Male	Bellevue	Nebraska	68123
4/25/1987	Male	Bellevue	Nebraska	68123
1/8/1981	Female	Bellevue	Nebraska	68123
5/20/1982	Male	Bellevue	Nebraska	68123
11/24/1992	Female	Bellevue	Nebraska	68123
8/12/1985	Male	Bellevue	Nebraska	68123
11/4/1957	Female	Bellevue	Nebraska	68123
12/1/1976	Male	Bellevue	Nebraska	68123

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/18/1973	Female	Bellevue	Nebraska	68123
4/15/1994	Male	Bellevue	Nebraska	68123
6/7/1976	Female	Bellevue	Nebraska	68123
10/1/1959	Male	Bellevue	Nebraska	68123
5/28/1962	Female	Bellevue	Nebraska	68123
5/25/1971	Female	Bellevue	Nebraska	68123
2/11/1958	Female	Bellevue	Nebraska	68123
11/9/1954	Female	Bellevue	Nebraska	68123
5/25/1962	Male	Bellevue	Nebraska	68123
9/4/1953	Female	Bellevue	Nebraska	68123
7/17/1962	Female	Bellevue	Nebraska	68123
7/19/1950	Male	Bellevue	Nebraska	68123
3/9/1985	Female	Bellevue	Nebraska	68123
7/29/1958	Female	Bellevue	Nebraska	68123
11/1/1957	Female	Bellevue	Nebraska	68123
12/30/1962	Female	Bellevue	Nebraska	68123
4/10/1966	Female	Bellevue	Nebraska	68123
1/4/1972	Female	Bellevue	Nebraska	68123
5/22/1957	Female	Bellevue	Nebraska	68123
12/30/1966	Male	Bellevue	Nebraska	68123
6/29/1986	Female	Bellevue	Nebraska	68123
8/6/1989	Female	Bellevue	Nebraska	68123
10/29/1987	Male	Bellevue	Nebraska	68123
11/13/1959	Female	Bellevue	Nebraska	68123
11/9/1992	Female	Bellevue	Nebraska	68123
1/27/1968	Female	Bellevue	Nebraska	68123
3/13/1973	Female	Bellevue	Nebraska	68123
11/18/1990	Female	Bellevue	Nebraska	68123
11/2/1992	Female	Bellevue	Nebraska	68123
1/8/1983	Female	Bellevue	Nebraska	68123
11/27/1969	Female	Bellevue	Nebraska	68123
3/9/1970	Female	Bellevue	Nebraska	68123
9/11/1956	Female	Bellevue	Nebraska	68123
7/16/1987	Female	Bellevue	Nebraska	68123
4/30/1966	Female	Bellevue	Nebraska	68123
11/25/1988	Female	Bellevue	Nebraska	68123
8/8/1986	Female	Bellevue	Nebraska	68123
8/9/1991	Female	Bellevue	Nebraska	68123
11/30/1995	Female	Bellevue	Nebraska	68123
4/23/1978	Male	Bellevue	Nebraska	68123
8/26/1997	Male	Bellevue	Nebraska	68123

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/20/1964	Male	Bellevue	Nebraska	68123
9/6/1953	Male	Bellevue	Nebraska	68123
9/17/1952	Male	Bellevue	Nebraska	68123
7/31/1951	Female	Bellevue	Nebraska	68123
6/4/1954	Male	BELLEVUE	Nebraska	68123
12/28/1969	Female	Bellevue	Nebraska	68123
10/28/1965	Female	Bellevue	Nebraska	68123
1/20/1972	Male	Bellevue	Nebraska	68123
3/4/1965	Female	Bellevue	Nebraska	68123
3/18/1964	Female	Bellevue	Nebraska	68123
3/3/1968	Female	Bellevue	Nebraska	68123
7/2/1988	Female	Bellevue	Nebraska	68123
4/5/1958	Male	Bellevue	Nebraska	68123
1/21/1969	Female	Bellevue	Nebraska	68123
2/18/1975	Male	Bellevue	Nebraska	68123
11/20/1959	Male	Bellevue	Nebraska	68123
7/6/1966	Male	Bellevue	Nebraska	68123
8/23/1964	Male	Bellevue	Nebraska	68123
11/1/1959	Female	Bellevue	Nebraska	68123
12/1/1956	Female	Bellevue	Nebraska	68123
3/20/1969	Female	Bellevue	Nebraska	68123
7/24/1980	Female	Bellevue	Nebraska	68123
4/6/1983	Female	Bellevue	Nebraska	68123
9/6/1965	Female	Bellevue	Nebraska	68123
6/28/1972	Female	Bellevue	Nebraska	68123
5/16/1972	Female	Bellevue	Nebraska	68123
7/31/1953	Female	Bellevue	Nebraska	68123
9/27/1983	Female	Bellevue	Nebraska	68123
8/31/1986	Female	Bellevue	Nebraska	68123
12/23/1985	Female	Bellevue	Nebraska	68123
10/15/1977	Female	Bellevue	Nebraska	68123
5/15/1964	Female	Bellevue	Nebraska	68123
1/16/1973	Female	Bellevue	Nebraska	68123
10/2/1971	Female	Bellevue	Nebraska	68123
8/11/1984	Female	Bellvue	Nebraska	68123
2/20/1970	Female	Bellevue	Nebraska	68123
8/2/1990	Female	Bellevue	Nebraska	68123
1/21/1994	Male	Bellevue	Nebraska	68123
1/14/1959	Female	Bellevue	Nebraska	68123
10/31/1952	Male	Omaha	Nebraska	68124
6/22/1978	Female	Omaha	Nebraska	68124

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/5/1956	Male	Omaha	Nebraska	68124
9/16/1954	Female	Omaha	Nebraska	68124
10/28/1981	Female	Omaha	Nebraska	68124
8/26/1979	Female	Omaha	Nebraska	68124
10/1/1975	Female	Omaha	Nebraska	68124
8/7/1957	Female	Omaha	Nebraska	68124
3/4/1961	Female	Omaha	Nebraska	68124
8/8/1953	Female	Omaha	Nebraska	68124
9/7/1947	Male	Omaha	Nebraska	68124
10/9/1950	Female	Omaha	Nebraska	68124
6/21/1951	Female	Omaha	Nebraska	68124
8/23/1960	Female	Omaha	Nebraska	68124
12/20/1950	Male	Omaha	Nebraska	68124
1/1/1957	Female	Omaha	Nebraska	68124
5/9/1946	Female	Omaha	Nebraska	68124
9/21/1980	Male	Omaha	Nebraska	68124
3/21/1991	Female	Omaha	Nebraska	68124
11/6/1979	Male	Omaha	Nebraska	68124
7/9/1960	Male	Omaha	Nebraska	68124
2/26/1968	Female	Omaha	Nebraska	68124
10/2/1964	Female	Omaha	Nebraska	68124
10/6/1972	Female	Omaha	Nebraska	68124
9/4/1975	Male	Omaha	Nebraska	68124
4/2/1989	Female	Omaha	Nebraska	68124
8/11/1966	Female	Omaha	Nebraska	68124
4/1/1957	Male	Omaha	Nebraska	68124
4/29/1947	Male	Omaha	Nebraska	68124
11/11/1979	Male	Omaha	Nebraska	68124
7/20/1988	Female	Omaha	Nebraska	68124
11/3/1978	Female	Omaha	Nebraska	68124
3/16/1990	Male	Omaha	Nebraska	68124
1/28/1954	Female	Omaha	Nebraska	68124
1/30/1965	Male	Omaha	Nebraska	68124
3/18/1987	Male	Omaha	Nebraska	68124
3/16/1976	Male	Omaha	Nebraska	68124
10/15/1977	Male	Omaha	Nebraska	68124
3/5/1957	Female	Omaha	Nebraska	68124
6/4/1980	Male	Omaha	Nebraska	68124
5/24/1990	Male	Bellevue,	Nebraska	68124
5/25/1952	Male	Omaha	Nebraska	68124
2/24/1974	Male	Omaha	Nebraska	68124

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/3/1973	Female	Omaha	Nebraska	68124
4/23/1958	Female	Omaha	Nebraska	68124
4/6/1959	Male	Omaha	Nebraska	68124
6/1/1974	Female	Omaha	Nebraska	68124
7/13/1957	Male	Omaha	Nebraska	68124
6/12/1991	Female	Omaha	Nebraska	68124
10/14/1977	Female	Omaha	Nebraska	68124
3/25/1966	Male	Omaha	Nebraska	68127
8/2/1978	Male	Omaha	Nebraska	68127
12/28/1962	Male	Omaha	Nebraska	68127
10/10/1985	Male	Omaha	Nebraska	68127
8/9/1982	Female	Omaha	Nebraska	68127
4/10/1978	Male	Omaha	Nebraska	68127
12/11/1990	Male	Omaha	Nebraska	68127
6/26/1980	Male	Omaha	Nebraska	68127
11/5/1980	Female	Omaha	Nebraska	68127
12/11/1986	Male	Ralston	Nebraska	68127
3/4/1990	Male	Omaha	Nebraska	68127
10/14/1946	Male	Omaha	Nebraska	68127
5/18/1990	Male	Ralston	Nebraska	68127
10/22/1957	Female	Ralston	Nebraska	68127
10/1/1970	Male	Ralston	Nebraska	68127
9/21/1954	Female	Ralston	Nebraska	68127
9/20/1977	Female	Omaha	Nebraska	68127
6/18/1953	Male	Ralston	Nebraska	68127
5/18/1979	Male	Omaha	Nebraska	68127
9/1/1989	Female	Omaha	Nebraska	68127
2/22/1985	Female	Omaha	Nebraska	68127
11/2/1984	Male	Omaha	Nebraska	68127
1/8/1982	Female	Omaha	Nebraska	68127
7/2/1973	Female	Omaha	Nebraska	68127
4/12/1971	Male	Omaha	Nebraska	68127
8/14/1979	Female	Omaha	Nebraska	68127
4/16/1958	Female	Ralston	Nebraska	68127
6/29/1993	Female	Ralston	Nebraska	68127
3/19/1987	Female	Omaha	Nebraska	68127
5/9/1992	Female	Omaha	Nebraska	68127
8/29/1984	Male	Omaha	Nebraska	68127
12/24/1979	Female	Ralston	Nebraska	68127
3/13/1994	Female	Omaha	Nebraska	68127
2/7/1992	Male	Omaha	Nebraska	68127



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/29/1996	Female	Omaha	Nebraska	68127
5/17/1983	Female	Omaha	Nebraska	68127
5/10/1992	Female	Ralston	Nebraska	68127
7/14/1949	Male	Ralston	Nebraska	68127
8/27/1951	Female	Ralston	Nebraska	68127
1/26/1967	Male	Omaha	Nebraska	68127
12/21/1982	Male	Omaha	Nebraska	68127
7/16/1942	Male	Ralston	Nebraska	68127
5/3/1950	Male	Omaha	Nebraska	68127
6/27/1967	Female	Omaha	Nebraska	68127
8/3/1971	Male	Omaha	Nebraska	68127
8/8/1963	Male	Omaha	Nebraska	68127
5/9/1976	Female	Omaha	Nebraska	68127
9/3/1949	Male	Omaha	Nebraska	68127
2/21/1971	Male	Omaha	Nebraska	68127
1/4/1991	Male	Omaha	Nebraska	68127
7/17/1992	Male	Omaha	Nebraska	68127
6/8/1988	Male	Omaha	Nebraska	68127
1/18/1967	Female	Ralston	Nebraska	68127
4/26/1993	Female	Omaha	Nebraska	68127
4/13/1963	Male	Omaha	Nebraska	68127
2/25/1955	Female	Omaha	Nebraska	68127
3/3/1981	Male	Ralston	Nebraska	68127
7/26/1988	Male	Omaha	Nebraska	68127
2/11/1970	Female	Omaha	Nebraska	68127
10/21/1985	Female	Omaha	Nebraska	68127
6/21/1988	Female	Omaha	Nebraska	68127
7/14/1961	Female	Omaha	Nebraska	68127
7/6/1982	Female	Omaha	Nebraska	68127
8/16/1987	Male	Omaha	Nebraska	68127
8/9/1993	Female	Ralston	Nebraska	68127
5/28/1964	Female	Omaha	Nebraska	68127
12/18/1991	Male	Omaha	Nebraska	68127
9/2/1964	Male	La Vista	Nebraska	68128
2/27/1982	Male	LaVista	Nebraska	68128
7/6/1969	Male	Lavista	Nebraska	68128
12/30/1961	Male	LaVista	Nebraska	68128
5/5/1972	Female	LaVista	Nebraska	68128
6/19/1983	Male	La Vista	Nebraska	68128
7/25/1977	Male	La Vista	Nebraska	68128
2/22/1947	Male	Lavista	Nebraska	68128

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/18/1948	Female	LaVista	Nebraska	68128
9/16/1956	Female	La Vista	Nebraska	68128
4/26/1956	Female	Lavista	Nebraska	68128
12/29/1956	Female	Lavista	Nebraska	68128
9/10/1959	Female	Lavista	Nebraska	68128
8/29/1968	Female	Lavista	Nebraska	68128
4/22/1957	Female	Lavista	Nebraska	68128
5/9/1968	Female	La Vista	Nebraska	68128
1/26/1967	Female	Lavista	Nebraska	68128
1/21/1948	Male	Lavista	Nebraska	68128
7/4/1983	Female	La Vista	Nebraska	68128
3/6/1968	Female	La Vista	Nebraska	68128
8/31/1963	Female	La Vista	Nebraska	68128
12/7/1978	Male	LaVista	Nebraska	68128
6/21/1962	Female	La Vista	Nebraska	68128
4/15/1977	Female	La Vista	Nebraska	68128
10/2/1967	Female	Lavista	Nebraska	68128
11/14/1988	Male	La Vista	Nebraska	68128
10/30/1956	Female	LaVista	Nebraska	68128
10/10/1965	Female	La Vista	Nebraska	68128
10/11/1990	Female	LaVista	Nebraska	68128
3/16/1987	Female	La Vista	Nebraska	68128
9/1/1979	Female	LaVista	Nebraska	68128
2/15/1993	Female	La Vista	Nebraska	68128
4/27/1971	Female	La Vista	Nebraska	68128
10/18/1996	Male	Lavista	Nebraska	68128
6/29/1964	Male	Lavista	Nebraska	68128
12/14/1972	Male	LaVista	Nebraska	68128
3/17/1961	Male	Omaha	Nebraska	68128
1/16/1956	Male	Lavista	Nebraska	68128
4/13/1958	Male	LaVista	Nebraska	68128
8/28/1958	Male	LaVista	Nebraska	68128
7/27/1955	Male	Lavista	Nebraska	68128
1/26/1960	Male	La Vista	Nebraska	68128
4/27/1959	Male	La Vista	Nebraska	68128
2/12/1960	Male	La Vista	Nebraska	68128
7/10/1960	Male	La Vista	Nebraska	68128
6/4/1988	Male	La Vista	Nebraska	68128
1/10/1958	Male	LaVista	Nebraska	68128
1/15/1991	Male	LaVista	Nebraska	68128
1/24/1994	Male	La Vista	Nebraska	68128

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/20/1991	Male	La Vista	Nebraska	68128
2/19/1973	Female	La Vista	Nebraska	68128
5/5/1947	Female	Lavista	Nebraska	68128
1/15/1968	Female	La Vista	Nebraska	68128
7/9/1953	Female	Lavista	Nebraska	68128
12/27/1958	Male	La Vista	Nebraska	68128
1/9/1982	Female	LaVista	Nebraska	68128
3/29/1985	Female	La Vista	Nebraska	68128
5/26/1962	Female	Lavista	Nebraska	68128
4/1/1958	Female	La Vista	Nebraska	68128
7/26/1989	Female	LaVista	Nebraska	68128
11/24/1952	Female	LaVista	Nebraska	68128
1/17/1989	Female	LaVista	Nebraska	68128
9/15/1955	Male	LaVista	Nebraska	68128
1/24/1956	Female	LaVista	Nebraska	68128
5/1/1988	Male	LaVista	Nebraska	68128
12/30/1991	Female	LaVista	Nebraska	68128
12/26/1987	Female	LaVista	Nebraska	68128
5/28/1971	Female	Omaha	Nebraska	68130
7/6/1961	Male	Omaha	Nebraska	68130
9/14/1960	Male	Omaha	Nebraska	68130
8/30/1987	Male	Omaha	Nebraska	68130
7/15/1990	Male	Omaha	Nebraska	68130
7/28/1975	Female	Omaha	Nebraska	68130
12/29/1974	Female	Omaha	Nebraska	68130
8/28/1963	Female	Omaha	Nebraska	68130
7/24/1964	Male	Omaha	Nebraska	68130
7/8/1983	Female	Omaha	Nebraska	68130
5/22/1959	Female	Omaha	Nebraska	68130
5/12/1973	Male	Omaha	Nebraska	68130
8/4/1985	Male	Cozad	Nebraska	68130
4/27/1986	Female	Omaha	Nebraska	68130
8/19/1991	Female	Omaha	Nebraska	68130
1/16/1967	Male	Omaha	Nebraska	68130
9/23/1953	Female	Omaha	Nebraska	68130
1/18/1975	Female	Omaha	Nebraska	68130
11/12/1980	Male	Omaha	Nebraska	68130
3/20/1985	Female	Omaha	Nebraska	68130
3/3/1960	Male	Omaha	Nebraska	68130
1/29/1954	Male	Omaha	Nebraska	68130
2/13/1972	Male	Omaha	Nebraska	68130

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/15/1962	Male	Omaha	Nebraska	68130
12/23/1989	Female	Omaha	Nebraska	68130
3/10/1982	Male	Omaha	Nebraska	68130
1/21/1975	Male	Omaha	Nebraska	68130
9/22/1979	Male	Omaha	Nebraska	68130
11/8/1974	Female	Omaha	Nebraska	68130
6/27/1989	Female	Omaha	Nebraska	68130
3/13/1986	Male	Omaha	Nebraska	68130
5/1/1976	Male	Omaha	Nebraska	68130
2/12/1949	Male	Omaha	Nebraska	68130
8/21/1948	Female	Omaha	Nebraska	68131
12/9/1984	Female	Omaha	Nebraska	68131
2/23/1988	Female	Omaha	Nebraska	68131
1/29/1972	Female	Omaha	Nebraska	68131
8/15/1981	Male	Omaha	Nebraska	68131
11/15/1990	Male	Omaha	Nebraska	68131
1/9/1979	Male	Omaha	Nebraska	68131
1/31/1991	Male	Omaha	Nebraska	68131
5/14/1966	Male	Omaha	Nebraska	68131
7/12/1982	Male	Omaha	Nebraska	68131
8/9/1979	Female	Omaha	Nebraska	68131
11/6/1982	Female	Omaha	Nebraska	68131
6/30/1993	Male	Omaha	Nebraska	68131
1/5/1963	Male	Omaha	Nebraska	68131
8/13/1955	Female	Omaha	Nebraska	68131
7/16/1986	Male	Omaha	Nebraska	68131
1/25/1983	Female	Omaha	Nebraska	68131
11/21/1990	Female	Omaha	Nebraska	68131
12/17/1991	Female	Omaha	Nebraska	68131
8/15/1985	Male	Omaha	Nebraska	68131
10/7/1956	Male	Omaha	Nebraska	68131
10/6/1982	Female	Omaha	Nebraska	68131
2/23/1967	Male	Omaha	Nebraska	68131
9/24/1981	Female	OMAHA	Nebraska	68131
6/13/1970	Female	Omaha	Nebraska	68131
9/22/1991	Female	Omaha	Nebraska	68131
2/5/1991	Male	Omaha	Nebraska	68131
9/2/1959	Male	Omaha	Nebraska	68131
5/5/1973	Female	Omaha	Nebraska	68131
11/13/1957	Female	Omaha	Nebraska	68131
2/6/1966	Male	Omaha	Nebraska	68131

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/17/1956	Male	Omaha	Nebraska	68131
1/23/1989	Male	Omaha	Nebraska	68131
12/11/1983	Male	Omaha	Nebraska	68131
3/5/1987	Female	Lincoln	Nebraska	68132
5/3/1959	Female	Omaha	Nebraska	68132
11/3/1985	Male	Omaha	Nebraska	68132
7/25/1957	Male	Omaha	Nebraska	68132
11/22/1967	Male	Omaha	Nebraska	68132
10/20/1977	Male	Omaha	Nebraska	68132
9/25/1980	Male	Omaha	Nebraska	68132
4/25/1981	Male	Omaha	Nebraska	68132
8/11/1985	Male	Omaha	Nebraska	68132
3/3/1955	Male	Omaha	Nebraska	68132
1/11/1997	Female	Omaha	Nebraska	68132
8/19/1964	Male	Omaha	Nebraska	68132
12/3/1955	Female	Omaha	Nebraska	68132
12/2/1977	Female	Omaha	Nebraska	68132
5/27/1954	Female	Omaha	Nebraska	68132
8/4/1968	Male	Omaha	Nebraska	68132
1/4/1953	Female	Omaha	Nebraska	68132
6/22/1983	Female	Omaha	Nebraska	68132
7/12/1967	Male	Omaha	Nebraska	68132
9/21/1988	Male	Omaha	Nebraska	68132
11/29/1979	Female	Omaha	Nebraska	68132
9/22/1977	Female	Omaha	Nebraska	68132
2/6/1985	Female	Omaha	Nebraska	68132
4/3/1965	Female	Omaha	Nebraska	68132
5/2/1985	Female	Omaha	Nebraska	68132
4/22/1977	Male	Omaha	Nebraska	68132
2/1/1964	Male	Omaha	Nebraska	68132
10/13/1971	Male	Omaha	Nebraska	68132
10/1/1981	Male	Omaha	Nebraska	68132
5/4/1955	Male	Omaha	Nebraska	68132
7/30/1947	Female	Omaha	Nebraska	68132
2/28/1947	Male	Omaha	Nebraska	68132
2/4/1954	Female	Omaha	Nebraska	68132
7/25/1958	Female	Omaha	Nebraska	68132
6/23/1964	Female	Omaha	Nebraska	68132
4/17/1982	Male	Omaha	Nebraska	68132
9/26/1956	Female	Papillion	Nebraska	68133
1/30/1965	Female	Papillion	Nebraska	68133

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/5/1957	Female	Papillion	Nebraska	68133
3/17/1964	Male	Papillion	Nebraska	68133
5/30/1961	Male	Papillion	Nebraska	68133
4/29/1973	Male	Papillion	Nebraska	68133
12/31/1963	Female	Papillion	Nebraska	68133
10/14/1973	Female	Bellevue	Nebraska	68133
6/5/1956	Male	Papillion	Nebraska	68133
3/10/1991	Male	Omaha	Nebraska	68133
9/8/1974	Male	Papillion	Nebraska	68133
10/6/1958	Male	Papillion	Nebraska	68133
8/23/1965	Female	Papillion	Nebraska	68133
2/11/1967	Female	Papillion	Nebraska	68133
7/18/1953	Female	Papillion	Nebraska	68133
10/25/1954	Female	Papillion	Nebraska	68133
3/18/1976	Male	Papillion	Nebraska	68133
7/23/1980	Female	Papillion	Nebraska	68133
11/29/1983	Female	Papillion	Nebraska	68133
11/10/1984	Female	Papillion	Nebraska	68133
8/21/1981	Male	Papillion	Nebraska	68133
6/24/1959	Female	Papillion	Nebraska	68133
3/14/1961	Female	Papillion	Nebraska	68133
5/17/1948	Female	Papillion	Nebraska	68133
1/19/1956	Male	Papillion	Nebraska	68133
11/8/1975	Male	Papillion	Nebraska	68133
8/28/1973	Female	Papillion	Nebraska	68133
3/10/1971	Female	Papillion	Nebraska	68133
5/11/1983	Male	Papillion	Nebraska	68133
1/23/1975	Male	Papillion	Nebraska	68133
6/13/1957	Male	Papillion	Nebraska	68133
9/14/1957	Male	Papillion	Nebraska	68133
9/25/1969	Female	Papillion	Nebraska	68133
2/9/1979	Female	Papillion	Nebraska	68133
12/6/1949	Male	Omaha	Nebraska	68134
4/23/1947	Female	Omaha	Nebraska	68134
8/2/1968	Male	OMAHA	Nebraska	68134
4/25/1958	Male	Omaha	Nebraska	68134
10/3/1953	Male	Omaha	Nebraska	68134
4/13/1951	Female	Omaha	Nebraska	68134
7/7/1957	Male	Omaha	Nebraska	68134
4/15/1988	Female	Omaha	Nebraska	68134
4/25/1964	Male	Omaha	Nebraska	68134

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/11/1992	Male	Omaha	Nebraska	68134
2/16/1972	Male	Omaha	Nebraska	68134
7/11/1991	Male	Omaha	Nebraska	68134
6/19/1990	Male	Omaha	Nebraska	68134
12/28/1993	Male	Omaha	Nebraska	68134
10/11/1951	Male	Omaha	Nebraska	68134
3/13/1987	Female	Omaha	Nebraska	68134
5/17/1992	Female	Omaha	Nebraska	68134
3/23/1966	Male	Omaha	Nebraska	68134
6/9/1980	Male	Omaha	Nebraska	68134
5/28/1987	Male	Omaha	Nebraska	68134
6/29/1988	Male	Omaha	Nebraska	68134
6/6/1985	Male	Omaha	Nebraska	68134
4/14/1986	Male	Omaha	Nebraska	68134
8/8/1968	Male	Omaha	Nebraska	68134
8/27/1950	Female	Omaha	Nebraska	68134
10/28/1958	Female	Omaha	Nebraska	68134
12/16/1985	Male	Omaha	Nebraska	68134
10/10/1983	Male	Omaha	Nebraska	68134
9/15/1957	Female	Omaha	Nebraska	68134
12/10/1959	Female	Omaha	Nebraska	68134
10/3/1951	Female	Omaha	Nebraska	68134
1/14/1972	Female	Omaha	Nebraska	68134
8/3/1968	Female	Omaha	Nebraska	68134
4/15/1965	Female	Omaha	Nebraska	68134
12/6/1948	Female	Omaha	Nebraska	68134
12/18/1962	Male	Omaha	Nebraska	68134
1/27/1958	Female	Omaha	Nebraska	68134
12/17/1960	Male	Omaha	Nebraska	68134
2/13/1959	Male	Omaha	Nebraska	68134
11/2/1961	Female	Omaha	Nebraska	68134
2/11/1958	Female	Omaha	Nebraska	68134
7/21/1971	Female	Omaha	Nebraska	68134
9/10/1969	Female	Omaha	Nebraska	68134
2/20/1988	Female	Omaha	Nebraska	68134
8/5/1980	Female	Omaha	Nebraska	68134
12/17/1968	Female	Omaha	Nebraska	68134
8/7/1989	Female	Omaha	Nebraska	68134
10/12/1983	Male	Omaha	Nebraska	68134
5/19/1989	Female	Omaha	Nebraska	68134
12/11/1981	Female	Omaha	Nebraska	68134

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/24/1993	Female	Omaha	Nebraska	68134
10/31/1987	Female	Omaha	Nebraska	68134
5/27/1975	Male	Omaha	Nebraska	68134
9/28/1981	Male	Omaha	Nebraska	68134
7/3/1988	Male	Omaha	Nebraska	68134
1/10/1982	Female	Omaha	Nebraska	68134
1/4/1982	Male	Omaha	Nebraska	68134
12/21/1953	Female	Omaha	Nebraska	68134
7/25/1976	Male	Omaha	Nebraska	68134
7/31/1975	Male	Omaha	Nebraska	68134
7/15/1984	Male	Omaha	Nebraska	68134
2/26/1932	Female	Omaha	Nebraska	68134
11/20/1957	Male	Omaha	Nebraska	68134
1/18/1976	Male	Omaha	Nebraska	68134
1/24/1974	Female	Omaha	Nebraska	68134
12/9/1953	Male	Omaha	Nebraska	68134
10/29/1987	Male	Omaha	Nebraska	68134
11/13/1972	Female	Omaha	Nebraska	68134
4/23/1970	Female	Lincoln	Nebraska	68134
10/7/1952	Male	Omaha	Nebraska	68134
10/2/1964	Male	Omaha	Nebraska	68134
4/18/1975	Male	Omaha	Nebraska	68134
11/1/1957	Female	Omaha	Nebraska	68134
8/8/1967	Male	Omaha	Nebraska	68134
9/9/1950	Female	Omaha	Nebraska	68134
8/14/1970	Female	Omaha	Nebraska	68134
9/8/1964	Male	Omaha	Nebraska	68134
11/17/1967	Male	Omaha	Nebraska	68134
2/16/1951	Female	Omaha	Nebraska	68134
10/22/1962	Female	Omaha	Nebraska	68134
11/16/1961	Female	Omaha	Nebraska	68134
5/24/1983	Male	Omaha	Nebraska	68134
7/9/1979	Male	Omaha	Nebraska	68134
11/2/1985	Female	Omaha	Nebraska	68134
6/8/1956	Female	Omaha	Nebraska	68134
8/6/1988	Male	Omaha	Nebraska	68134
6/26/1996	Female	Omaha	Nebraska	68134
3/13/1992	Male	Omaha	Nebraska	68134
11/28/1979	Female	Omaha	Nebraska	68134
8/15/1953	Male	Omaha	Nebraska	68135
2/18/1986	Male	Omaha	Nebraska	68135



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/12/1983	Female	OMAHA	Nebraska	68135
4/13/1975	Male	Omaha	Nebraska	68135
10/15/1962	Male	Omaha	Nebraska	68135
6/2/1958	Female	Omaha	Nebraska	68135
12/27/1965	Male	Omaha	Nebraska	68135
6/16/1989	Male	Omaha	Nebraska	68135
11/11/1964	Male	Omaha	Nebraska	68135
4/23/1991	Male	Omaha	Nebraska	68135
9/3/1956	Male	Omaha	Nebraska	68135
11/4/1966	Male	Omaha	Nebraska	68135
12/15/1986	Male	Omaha	Nebraska	68135
12/8/1959	Male	Omaha	Nebraska	68135
7/30/1956	Female	Omaha	Nebraska	68135
6/8/1953	Female	Omaha	Nebraska	68135
2/24/1955	Female	Omaha	Nebraska	68135
9/19/1970	Female	Omaha	Nebraska	68135
7/8/1967	Female	Omaha	Nebraska	68135
3/12/1966	Female	Omaha	Nebraska	68135
10/1/1952	Female	Omaha	Nebraska	68135
8/27/1970	Female	Omaha	Nebraska	68135
11/6/1962	Female	Omaha	Nebraska	68135
6/2/1978	Female	Omaha	Nebraska	68135
11/1/1983	Male	Omaha	Nebraska	68135
1/5/1980	Male	Omaha	Nebraska	68135
6/18/1965	Female	Omaha	Nebraska	68135
12/30/1982	Female	Omaha	Nebraska	68135
1/23/1986	Female	Omaha	Nebraska	68135
11/13/1987	Female	Omaha	Nebraska	68135
12/19/1977	Female	Omaha	Nebraska	68135
4/23/1962	Male	Omaha	Nebraska	68135
2/25/1972	Female	Omaha	Nebraska	68135
10/27/1984	Female	Omaha	Nebraska	68135
10/13/1973	Female	Omaha	Nebraska	68135
8/13/1963	Male	Omaha	Nebraska	68135
12/1/1994	Female	Omaha	Nebraska	68135
4/25/1968	Female	Omaha	Nebraska	68135
7/17/1984	Female	Omaha	Nebraska	68135
11/30/1979	Female	Omaha	Nebraska	68135
5/14/1970	Male	Omaha	Nebraska	68135
7/22/1974	Female	Omaha	Nebraska	68135
1/28/1982	Male	Omaha	Nebraska	68135

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/18/1988	Male	Omaha	Nebraska	68135
5/14/1979	Male	Omaha	Nebraska	68135
11/12/1987	Female	Omaha	Nebraska	68135
12/26/1944	Male	OMAHA	Nebraska	68135
9/12/1979	Female	Omaha	Nebraska	68135
6/21/1955	Male	Omaha	Nebraska	68135
10/13/1959	Male	Omaha	Nebraska	68135
4/20/1966	Female	Omaha	Nebraska	68135
2/28/1968	Female	Omaha	Nebraska	68135
2/13/1965	Female	Omaha	Nebraska	68135
2/6/1969	Male	Omaha	Nebraska	68135
2/2/1942	Male	Omaha	Nebraska	68135
3/18/1969	Male	Omaha	Nebraska	68135
8/13/1950	Male	Omaha	Nebraska	68135
12/3/1962	Male	Omaha	Nebraska	68135
12/15/1973	Female	Omaha	Nebraska	68135
4/20/1987	Male	Omaha	Nebraska	68135
5/11/1964	Male	Omaha	Nebraska	68135
3/2/1973	Male	Omaha	Nebraska	68135
5/9/1971	Female	Omaha	Nebraska	68135
9/6/1954	Male	Omaha	Nebraska	68135
3/29/1979	Male	Omaha	Nebraska	68135
7/26/1967	Male	Omaha	Nebraska	68135
6/26/1983	Male	Omaha	Nebraska	68135
5/15/1965	Female	Omaha	Nebraska	68135
10/13/1954	Female	Omaha	Nebraska	68135
5/1/1970	Female	Omaha	Nebraska	68135
10/14/1975	Male	Omaha	Nebraska	68135
10/3/1963	Female	Omaha	Nebraska	68135
10/5/1968	Female	Omaha	Nebraska	68135
12/11/1978	Female	Omaha	Nebraska	68135
10/20/1988	Female	Omaha	Nebraska	68135
12/26/1972	Female	Omaha	Nebraska	68135
8/7/1973	Female	Omaha	Nebraska	68135
2/4/1985	Female	Omaha	Nebraska	68135
2/5/1986	Female	Omaha	Nebraska	68135
1/20/1983	Female	Omaha	Nebraska	68135
5/16/1991	Female	Omaha	Nebraska	68135
11/5/1981	Female	Omaha	Nebraska	68135
1/21/1950	Male	Omaha	Nebraska	68136
4/26/1959	Male	Omaha	Nebraska	68136

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/1/1994	Male	Omaha	Nebraska	68136
10/14/1980	Female	Omaha	Nebraska	68136
8/18/1962	Male	Omaha	Nebraska	68136
9/16/1980	Male	Omaha	Nebraska	68136
5/20/1964	Female	Omaha	Nebraska	68136
2/27/1985	Male	Omaha	Nebraska	68136
1/11/1971	Male	Omaha	Nebraska	68136
12/18/1973	Male	Omaha	Nebraska	68136
7/23/1964	Female	Omaha	Nebraska	68136
9/16/1986	Male	Omaha	Nebraska	68136
6/20/1976	Female	Omaha	Nebraska	68136
1/8/1980	Female	Omaha	Nebraska	68136
1/26/1981	Male	Omaha	Nebraska	68136
3/10/1963	Male	Omaha	Nebraska	68136
12/5/1984	Male	Omaha	Nebraska	68136
3/21/1965	Female	Omaha	Nebraska	68136
12/27/1965	Female	Omaha	Nebraska	68136
11/24/1955	Male	Omaha	Nebraska	68136
11/29/1959	Female	Omaha	Nebraska	68136
6/22/1973	Female	Omaha	Nebraska	68136
12/15/1983	Female	Omaha	Nebraska	68136
4/23/1985	Female	Omaha	Nebraska	68136
6/29/1971	Female	Omaha	Nebraska	68136
2/10/1964	Female	Omaha	Nebraska	68136
10/23/1987	Female	Omaha	Nebraska	68136
3/28/1957	Female	Omaha	Nebraska	68136
2/8/1985	Female	Omaha	Nebraska	68136
5/16/1989	Female	omaha	Nebraska	68136
10/28/1990	Female	Omaha	Nebraska	68136
4/3/1994	Female	Omaha	Nebraska	68136
10/31/1987	Male	Omaha	Nebraska	68136
7/12/1987	Male	Omaha	Nebraska	68136
12/18/1991	Female	Omaha	Nebraska	68136
10/29/1968	Female	Omaha	Nebraska	68136
11/13/1967	Female	Omaha	Nebraska	68136
12/12/1975	Male	Omaha	Nebraska	68136
11/25/1955	Female	Omaha	Nebraska	68136
4/25/1982	Female	Omaha	Nebraska	68136
9/17/1984	Male	Omaha	Nebraska	68136
3/8/1988	Male	Omaha	Nebraska	68136
2/17/1964	Male	Omaha	Nebraska	68136

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/6/1967	Male	Omaha	Nebraska	68136
4/15/1959	Male	Omaha	Nebraska	68136
6/28/1976	Male	Omaha	Nebraska	68136
5/10/1977	Male	Omaha	Nebraska	68136
6/22/1985	Female	Omaha	Nebraska	68136
8/21/1956	Male	Omaha	Nebraska	68136
4/20/1988	Male	Omaha	Nebraska	68136
11/10/1969	Male	Omaha	Nebraska	68136
6/5/1974	Male	Omaha	Nebraska	68136
4/24/1989	Male	Omaha	Nebraska	68136
8/2/1946	Male	Omaha	Nebraska	68136
9/16/1953	Male	Omaha	Nebraska	68136
2/24/1969	Male	Omaha	Nebraska	68136
6/7/1979	Male	Omaha	Nebraska	68136
10/12/1984	Female	Omaha	Nebraska	68136
8/23/1963	Female	Omaha	Nebraska	68136
3/3/1966	Female	Omaha	Nebraska	68136
8/28/1988	Male	Omaha	Nebraska	68136
4/28/1964	Male	Omaha	Nebraska	68136
6/27/1986	Female	Omaha	Nebraska	68136
1/10/1989	Male	Omaha	Nebraska	68136
10/7/1970	Male	Omaha	Nebraska	68136
11/20/1969	Female	Omaha	Nebraska	68136
7/6/1962	Male	Omaha	Nebraska	68137
8/13/1979	Male	Omaha	Nebraska	68137
6/16/1995	Male	Omaha	Nebraska	68137
12/15/1950	Female	Omaha	Nebraska	68137
9/15/1944	Female	Omaha	Nebraska	68137
7/15/1951	Male	Omaha	Nebraska	68137
8/27/1958	Male	Omaha	Nebraska	68137
5/7/1962	Male	Omaha	Nebraska	68137
12/28/1983	Female	Omaha	Nebraska	68137
9/29/1984	Male	Omaha	Nebraska	68137
2/19/1962	Male	Omaha	Nebraska	68137
6/30/1988	Male	Omaha	Nebraska	68137
6/7/1979	Male	Omaha	Nebraska	68137
7/31/1977	Male	Omaha	Nebraska	68137
7/11/1990	Male	Omaha	Nebraska	68137
3/11/1988	Male	Omaha	Nebraska	68137
1/5/1974	Male	Omaha	Nebraska	68137
3/2/1958	Male	Omaha	Nebraska	68137

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/18/1990	Male	Omaha	Nebraska	68137
3/4/1987	Female	Omaha	Nebraska	68137
2/7/1994	Male	Omaha	Nebraska	68137
4/5/1982	Male	Omaha	Nebraska	68137
3/25/1979	Male	omaha	Nebraska	68137
4/13/1978	Female	Omaha	Nebraska	68137
4/10/1962	Female	Omaha	Nebraska	68137
2/3/1979	Female	Omaha	Nebraska	68137
7/18/1978	Female	Omaha	Nebraska	68137
7/13/1989	Female	Omaha	Nebraska	68137
11/25/1981	Male	Omaha	Nebraska	68137
2/11/1964	Female	Omaha	Nebraska	68137
9/5/1984	Male	Omaha	Nebraska	68137
12/5/1961	Male	Omaha	Nebraska	68137
8/17/1985	Female	Omaha	Nebraska	68137
3/10/1993	Female	Omaha	Nebraska	68137
5/27/1959	Female	Omaha	Nebraska	68137
11/17/1966	Female	Omaha	Nebraska	68137
8/7/1962	Male	Omaha	Nebraska	68137
1/22/1970	Male	Omaha	Nebraska	68137
12/11/1971	Female	Omaha	Nebraska	68137
5/20/1978	Female	Omaha	Nebraska	68137
1/5/1946	Female	Omaha	Nebraska	68137
2/9/1983	Female	Omaha	Nebraska	68137
10/27/1948	Male	Omaha	Nebraska	68137
11/28/1980	Female	Omaha	Nebraska	68137
11/27/1980	Female	Omaha	Nebraska	68137
4/10/1985	Female	Omaha	Nebraska	68137
2/19/1975	Female	Omaha	Nebraska	68137
12/12/1962	Female	Omaha	Nebraska	68137
9/30/1960	Female	Omaha	Nebraska	68137
6/14/1989	Female	Omaha	Nebraska	68137
5/25/1993	Female	Omaha	Nebraska	68137
11/16/1968	Female	Omaha	Nebraska	68137
9/6/1964	Female	Omaha	Nebraska	68137
6/13/1974	Female	Omaha	Nebraska	68137
4/25/1965	Female	Omaha	Nebraska	68137
2/24/1975	Female	Omaha	Nebraska	68137
9/7/1966	Female	Omaha	Nebraska	68137
2/20/1984	Female	Omaha	Nebraska	68137
5/14/1964	Female	Omaha	Nebraska	68137

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/20/1959	Male	Omaha	Nebraska	68137
1/10/1949	Female	Omaha	Nebraska	68137
10/4/1994	Female	Omaha	Nebraska	68137
11/4/1990	Male	Omaha	Nebraska	68137
12/25/1951	Male	Omaha	Nebraska	68137
3/7/1988	Male	Omaha	Nebraska	68137
6/11/1976	Female	Omaha	Nebraska	68137
11/6/1990	Female	Omaha	Nebraska	68137
7/21/1959	Female	Omaha	Nebraska	68137
12/23/1961	Female	Omaha	Nebraska	68137
8/31/1955	Male	Omaha	Nebraska	68137
7/3/1972	Male	Omaha	Nebraska	68137
3/9/1955	Male	Omaha	Nebraska	68137
9/30/1967	Female	Omaha	Nebraska	68137
9/13/1963	Female	Omaha	Nebraska	68137
1/10/1952	Male	Omaha	Nebraska	68137
2/25/1952	Male	Omaha	Nebraska	68137
11/29/1971	Female	Omaha	Nebraska	68137
2/12/1983	Male	Omaha	Nebraska	68137
2/8/1966	Male	Omaha	Nebraska	68137
3/14/1973	Male	Omaha	Nebraska	68137
7/22/1973	Male	Omaha	Nebraska	68137
1/14/1981	Male	Omaha	Nebraska	68137
12/25/1955	Female	Omaha	Nebraska	68137
10/23/1962	Male	Omaha	Nebraska	68137
1/14/1960	Female	Omaha	Nebraska	68137
10/28/1986	Female	Omaha	Nebraska	68137
3/12/1961	Male	Omaha	Nebraska	68137
2/8/1966	Male	Omaha	Nebraska	68137
5/29/1976	Female	Omaha	Nebraska	68137
2/16/1962	Female	Omaha	Nebraska	68137
1/21/1952	Male	Omaha	Nebraska	68137
10/5/1958	Female	Omaha	Nebraska	68137
10/12/1985	Female	Omaha	Nebraska	68137
7/16/1982	Female	Omaha	Nebraska	68137
2/14/1960	Male	Omaha	Nebraska	68137
2/11/1990	Female	Omaha	Nebraska	68137
2/4/1985	Male	Omaha	Nebraska	68137
1/18/1976	Female	Omaha	Nebraska	68137
7/13/1983	Female	Omaha	Nebraska	68137
5/28/1984	Male	Omaha	Nebraska	68137

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/27/1986	Female	Omaha	Nebraska	68137
4/20/1991	Female	Omaha	Nebraska	68137
4/30/1992	Female	Omaha	Nebraska	68137
4/15/1965	Female	Omaha	Nebraska	68137
9/25/1973	Male	Omaha	Nebraska	68137
6/25/1970	Male	Omaha	Nebraska	68138
7/30/1948	Male	Omaha	Nebraska	68138
12/10/1946	Male	Omaha	Nebraska	68138
1/8/1976	Male	Omaha	Nebraska	68138
9/8/1974	Male	Omaha	Nebraska	68138
1/22/1961	Male	Omaha	Nebraska	68138
11/17/1962	Male	Omaha	Nebraska	68138
3/28/1991	Female	Omaha	Nebraska	68138
3/11/1989	Female	Omaha	Nebraska	68138
4/30/1988	Female	Omaha	Nebraska	68138
3/24/1991	Male	Omaha	Nebraska	68138
6/14/1990	Female	Omaha	Nebraska	68138
5/24/1989	Female	Omaha	Nebraska	68138
9/10/1996	Male	Omaha	Nebraska	68138
1/3/1991	Male	Omaha	Nebraska	68138
5/27/1980	Female	Omaha	Nebraska	68138
10/20/1961	Male	Omaha	Nebraska	68138
8/16/1991	Female	Omaha	Nebraska	68138
8/22/1947	Female	Omaha	Nebraska	68138
7/17/1969	Male	Omaha	Nebraska	68138
1/21/1970	Female	Omaha	Nebraska	68138
8/4/1965	Female	Omaha	Nebraska	68138
1/30/1991	Female	Omaha	Nebraska	68138
12/9/1958	Female	Omaha	Nebraska	68138
8/19/1975	Female	Omaha	Nebraska	68138
10/30/1976	Female	Omaha	Nebraska	68138
10/9/1987	Female	Omaha	Nebraska	68138
11/27/1949	Male	Omaha	Nebraska	68138
1/8/1974	Male	Omaha	Nebraska	68138
12/31/1984	Female	Omaha	Nebraska	68138
7/29/1954	Male	Omaha	Nebraska	68138
5/1/1957	Male	Omaha	Nebraska	68138
7/6/1964	Male	Omaha	Nebraska	68138
1/17/1966	Female	Omaha	Nebraska	68138
3/6/1972	Female	Omaha	Nebraska	68138
7/4/1985	Female	Omaha	Nebraska	68138

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/3/1955	Female	Omaha	Nebraska	68138
4/22/1955	Female	Omaha	Nebraska	68138
7/14/1959	Female	Omaha	Nebraska	68138
8/28/1980	Male	Omaha	Nebraska	68138
11/30/1984	Female	Omaha	Nebraska	68138
2/6/1959	Female	Omaha	Nebraska	68139
11/11/1956	Male	Omaha	Nebraska	68139
8/22/1963	Male	Omaha	Nebraska	68142
2/11/1967	Male	Omaha	Nebraska	68142
3/3/1971	Female	Omaha	Nebraska	68142
4/30/1974	Female	Omaha	Nebraska	68142
7/10/1970	Male	Omaha	Nebraska	68142
7/17/1951	Female	Omaha	Nebraska	68142
8/19/1962	Female	Omaha	Nebraska	68142
11/20/1962	Male	Omaha	Nebraska	68142
3/29/1957	Male	Omaha	Nebraska	68142
7/14/1955	Female	Omaha	Nebraska	68142
7/16/1955	Male	Omaha	Nebraska	68142
8/5/1975	Female	Omaha	Nebraska	68142
12/1/1988	Male	Omaha	Nebraska	68144
4/25/1960	Male	Omaha	Nebraska	68144
3/8/1956	Male	Omaha	Nebraska	68144
9/5/1971	Female	Omaha	Nebraska	68144
11/10/1951	Female	Omaha	Nebraska	68144
11/2/1966	Male	Omaha	Nebraska	68144
9/10/1967	Female	Omaha	Nebraska	68144
2/25/1961	Male	Omaha	Nebraska	68144
2/11/1956	Female	Omaha	Nebraska	68144
5/3/1969	Male	Omaha	Nebraska	68144
4/15/1988	Female	Omaha	Nebraska	68144
1/9/1987	Male	Omaha	Nebraska	68144
2/23/1989	Female	Omaha	Nebraska	68144
3/28/1990	Female	Omaha	Nebraska	68144
3/13/1990	Female	Omaha	Nebraska	68144
1/24/1991	Male	Omaha	Nebraska	68144
9/4/1993	Male	Omaha	Nebraska	68144
9/25/1979	Male	Omaha	Nebraska	68144
12/17/1976	Male	Omaha	Nebraska	68144
5/3/1982	Female	Omaha	Nebraska	68144
2/22/1965	Male	Omaha	Nebraska	68144
12/13/1989	Male	Omaha	Nebraska	68144



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/26/1952	Male	Omaha	Nebraska	68144
7/22/1950	Female	Omaha	Nebraska	68144
10/28/1952	Female	Omaha	Nebraska	68144
4/1/1958	Female	Omaha	Nebraska	68144
8/10/1965	Male	Omaha	Nebraska	68144
5/6/1955	Female	Omaha	Nebraska	68144
7/23/1958	Female	Omaha	Nebraska	68144
7/17/1948	Female	Omaha	Nebraska	68144
11/1/1978	Female	Omaha	Nebraska	68144
9/19/1976	Female	Omaha	Nebraska	68144
10/17/1958	Female	Omaha	Nebraska	68144
12/23/1977	Female	Omaha	Nebraska	68144
7/4/1979	Female	Omaha	Nebraska	68144
6/22/1971	Female	Omaha	Nebraska	68144
9/17/1979	Female	OMAHA	Nebraska	68144
6/12/1989	Female	Omaha	Nebraska	68144
11/18/1990	Female	Omaha	Nebraska	68144
1/11/1966	Female	Omaha	Nebraska	68144
11/12/1986	Female	Omaha	Nebraska	68144
4/5/1992	Female	Omaha	Nebraska	68144
7/6/1968	Female	Omaha	Nebraska	68144
2/5/1990	Female	Omaha	Nebraska	68144
7/20/1994	Male	Omaha	Nebraska	68144
12/5/1996	Female	Omaha	Nebraska	68144
7/13/1976	Female	Omaha	Nebraska	68144
6/30/1983	Female	Omaha	Nebraska	68144
10/25/1973	Male	Omaha	Nebraska	68144
10/12/1964	Female	Omaha	Nebraska	68144
6/4/1991	Male	Omaha	Nebraska	68144
8/30/1961	Male	Omaha	Nebraska	68144
3/3/1976	Male	Omaha	Nebraska	68144
7/3/1966	Female	Omaha	Nebraska	68144
11/4/1951	Male	Omaha	Nebraska	68144
10/15/1952	Male	Omaha	Nebraska	68144
6/22/1959	Male	Omaha	Nebraska	68144
1/11/1963	Male	Omaha	Nebraska	68144
8/27/1980	Male	Omaha	Nebraska	68144
2/26/1985	Male	Omaha	Nebraska	68144
9/2/1984	Male	Omaha	Nebraska	68144
5/21/1995	Male	Omaha	Nebraska	68144
7/27/1965	Male	Omaha	Nebraska	68144

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/3/1969	Male	Omaha	Nebraska	68144
6/7/1975	Male	Omaha	Nebraska	68144
3/22/1965	Male	Omaha	Nebraska	68144
3/22/1988	Male	Omaha	Nebraska	68144
11/4/1974	Male	Omaha	Nebraska	68144
12/3/1952	Male	Omaha	Nebraska	68144
8/19/1974	Female	Omaha	Nebraska	68144
6/1/1962	Male	Omaha	Nebraska	68144
3/23/1962	Female	Omaha	Nebraska	68144
10/21/1958	Female	Omaha	Nebraska	68144
11/14/1962	Female	Omaha	Nebraska	68144
8/3/1977	Female	Omaha	Nebraska	68144
2/4/1984	Female	Omaha	Nebraska	68144
8/21/1960	Female	Omaha	Nebraska	68144
11/29/1970	Male	Omaha	Nebraska	68144
8/5/1953	Female	Omaha	Nebraska	68144
1/12/1977	Male	Omaha	Nebraska	68144
3/19/1971	Male	Omaha	Nebraska	68144
10/7/1957	Male	Omaha	Nebraska	68144
9/7/1983	Male	Omaha	Nebraska	68144
5/27/1981	Female	Omaha	Nebraska	68144
10/18/1986	Female	Omaha	Nebraska	68144
6/21/1959	Female	Omaha	Nebraska	68144
12/21/1988	Female	Omaha	Nebraska	68144
3/31/1974	Female	Omaha	Nebraska	68144
10/6/1982	Male	Omaha	Nebraska	68144
5/1/1982	Male	Omaha	Nebraska	68145
3/21/1951	Male	Omaha	Nebraska	68145
4/30/1968	Female	Bellevue	Nebraska	68147
7/27/1979	Male	Bellevue	Nebraska	68147
8/16/1963	Male	Bellevue	Nebraska	68147
3/19/1961	Male	Bellevue	Nebraska	68147
1/19/1986	Female	Bellevue	Nebraska	68147
9/1/1979	Female	Bellevue	Nebraska	68147
4/21/1991	Male	Bellevue	Nebraska	68147
8/10/1971	Male	Bellevue	Nebraska	68147
3/13/1991	Male	Bellevue	Nebraska	68147
4/14/1982	Female	Bellevue	Nebraska	68147
5/21/1959	Female	Omaha	Nebraska	68147
3/1/1966	Female	Bellevue	Nebraska	68147
8/21/1962	Female	Bellevue	Nebraska	68147

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/28/1961	Female	Bellevue	Nebraska	68147
11/25/1990	Male	Bellevue	Nebraska	68147
6/28/1987	Female	Bellevue	Nebraska	68147
12/22/1997	Female	Bellevue	Nebraska	68147
10/28/1950	Male	Bellevue	Nebraska	68147
1/31/1962	Male	Omaha	Nebraska	68147
3/8/1971	Female	Bellevue	Nebraska	68147
2/1/1979	Male	Bellevue	Nebraska	68147
8/9/1971	Female	Bellevue	Nebraska	68147
11/13/1961	Male	Bellevue	Nebraska	68147
7/20/1973	Female	Omaha	Nebraska	68147
10/10/1960	Female	Bellevue	Nebraska	68147
7/15/1952	Female	Bellevue	Nebraska	68147
1/18/1965	Female	Omaha	Nebraska	68152
1/11/1964	Female	Omaha	Nebraska	68152
5/2/1952	Female	Omaha	Nebraska	68152
2/18/1964	Female	Omaha	Nebraska	68152
5/20/1952	Male	Omaha	Nebraska	68152
3/18/1970	Male	Omaha	Nebraska	68152
5/10/1991	Female	Omaha	Nebraska	68152
10/8/1953	Female	Omaha	Nebraska	68152
9/4/1953	Female	Omaha	Nebraska	68152
3/25/1965	Female	Omaha	Nebraska	68152
7/14/1963	Male	Omaha	Nebraska	68152
5/29/1981	Male	Omaha	Nebraska	68152
1/31/1953	Female	Omaha	Nebraska	68152
10/8/1942	Male	Omaha	Nebraska	68152
2/22/1981	Male	Omaha	Nebraska	68152
10/7/1975	Male	Omaha	Nebraska	68152
11/28/1980	Female	Omaha	Nebraska	68152
8/26/1982	Female	Omaha	Nebraska	68152
8/10/1988	Female	Omaha	Nebraska	68152
3/4/1974	Female	Omaha	Nebraska	68154
12/15/1959	Male	Omaha	Nebraska	68154
3/7/1959	Male	Omaha	Nebraska	68154
4/11/1958	Male	Omaha	Nebraska	68154
2/18/1955	Male	Omaha	Nebraska	68154
11/22/1990	Female	Omaha	Nebraska	68154
10/14/1966	Male	Omaha	Nebraska	68154
11/18/1968	Female	Omaha	Nebraska	68154
5/13/1989	Female	Omaha	Nebraska	68154

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/25/1967	Female	Omaha	Nebraska	68154
11/4/1978	Female	Omaha	Nebraska	68154
5/15/1996	Female	Omaha	Nebraska	68154
12/12/1988	Female	Omaha	Nebraska	68154
1/9/1962	Female	Omaha	Nebraska	68154
8/8/1962	Female	Omaha	Nebraska	68154
6/25/1969	Female	Omaha	Nebraska	68154
10/15/1966	Female	Omaha	Nebraska	68154
9/21/1954	Female	Omaha	Nebraska	68154
1/19/1954	Female	Omaha	Nebraska	68154
11/25/1947	Male	Omaha	Nebraska	68154
6/20/1960	Male	Omaha	Nebraska	68154
6/10/1974	Female	Omaha	Nebraska	68154
8/16/1983	Female	Omaha	Nebraska	68154
2/10/1968	Female	Omaha	Nebraska	68154
10/27/1970	Male	Omaha	Nebraska	68154
5/25/1976	Female	Omaha	Nebraska	68154
8/7/1983	Female	Omaha	Nebraska	68154
1/8/1979	Female	Omaha	Nebraska	68154
4/27/1989	Female	Omaha	Nebraska	68154
10/30/1992	Female	Omaha	Nebraska	68154
8/23/1984	Male	Omaha	Nebraska	68154
11/26/1957	Female	Omaha	Nebraska	68154
4/15/1973	Male	Omaha	Nebraska	68154
8/17/1952	Male	Omaha	Nebraska	68154
12/8/1969	Male	Omaha	Nebraska	68154
1/8/1954	Female	Omaha	Nebraska	68154
8/16/1991	Male	Omaha	Nebraska	68154
8/11/1954	Female	Omaha	Nebraska	68154
10/23/1987	Male	Omaha	Nebraska	68154
11/17/1989	Male	Omaha	Nebraska	68154
2/25/1987	Male	Omaha	Nebraska	68154
3/5/1984	Male	Omaha	Nebraska	68154
7/11/1957	Female	Omaha	Nebraska	68154
2/21/1961	Female	Omaha	Nebraska	68154
2/26/1959	Male	Omaha	Nebraska	68154
8/2/1957	Male	Omaha	Nebraska	68154
3/8/1994	Male	Omaha	Nebraska	68154
5/6/1991	Male	Omaha	Nebraska	68154
4/27/1960	Male	Omaha	Nebraska	68154
11/8/1985	Female	Omaha	Nebraska	68154

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/5/1990	Male	Omaha	Nebraska	68154
8/6/1961	Female	Omaha	Nebraska	68154
9/24/1974	Male	Omaha	Nebraska	68154
11/4/1970	Male	Omaha	Nebraska	68154
11/10/1969	Male	Omaha	Nebraska	68154
12/2/1950	Male	Omaha	Nebraska	68154
1/30/1957	Male	Omaha	Nebraska	68154
3/13/1956	Male	Omaha	Nebraska	68154
3/11/1967	Female	Omaha	Nebraska	68154
2/10/1981	Female	Omaha	Nebraska	68154
2/22/1979	Female	Omaha	Nebraska	68154
7/6/1950	Female	Omaha	Nebraska	68154
11/8/1961	Female	Omaha	Nebraska	68154
12/19/1968	Female	Omaha	Nebraska	68154
8/6/1992	Female	Omaha	Nebraska	68154
2/18/1989	Female	Omaha	Nebraska	68154
10/13/1990	Female	Omaha	Nebraska	68154
2/20/1960	Female	Omaha	Nebraska	68154
4/14/1977	Female	Omaha	Nebraska	68154
5/24/1958	Female	Omaha	Nebraska	68154
6/17/1980	Female	Omaha	Nebraska	68154
9/2/1973	Male	Omaha	Nebraska	68154
7/24/1966	Female	Omaha	Nebraska	68154
11/14/1956	Male	Omaha	Nebraska	68157
4/27/1951	Male	Omaha	Nebraska	68157
10/5/1951	Female	Bellevue	Nebraska	68157
1/7/1969	Male	Omaha	Nebraska	68157
12/6/1979	Male	Omaha	Nebraska	68157
2/13/1963	Female	Bellevue	Nebraska	68157
6/24/1971	Female	Bellevue	Nebraska	68157
9/30/1966	Female	Bellevue	Nebraska	68157
3/9/1964	Female	Bellevue	Nebraska	68157
9/14/1992	Female	Bellevue	Nebraska	68157
5/22/1995	Female	Bellevue	Nebraska	68157
4/2/1960	Male	Bellevue	Nebraska	68157
8/12/1978	Male	Bellevue	Nebraska	68157
2/7/1964	Male	Omaha	Nebraska	68157
3/13/1975	Male	Omaha	Nebraska	68157
9/24/1961	Male	Omaha	Nebraska	68157
3/12/1955	Female	Omaha	Nebraska	68157
6/3/1988	Male	Bellevue	Nebraska	68157

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/30/1967	Male	Omaha	Nebraska	68164
9/27/1960	Female	Omaha	Nebraska	68164
12/17/1965	Male	Omaha	Nebraska	68164
1/10/1952	Female	Omaha	Nebraska	68164
2/4/1969	Male	Omaha	Nebraska	68164
6/11/1975	Male	Omaha	Nebraska	68164
9/20/1973	Female	Omaha	Nebraska	68164
10/6/1958	Male	Omaha	Nebraska	68164
4/11/1972	Male	Omaha	Nebraska	68164
3/17/1981	Male	Omaha	Nebraska	68164
7/7/1984	Female	Omaha	Nebraska	68164
6/8/1988	Female	Omaha	Nebraska	68164
9/3/1989	Female	Omaha	Nebraska	68164
12/8/1991	Female	Omaha	Nebraska	68164
3/20/1959	Male	Omaha	Nebraska	68164
12/1/1988	Male	Omaha	Nebraska	68164
5/20/1980	Female	Omaha	Nebraska	68164
11/18/1954	Female	Omaha	Nebraska	68164
10/7/1976	Female	Omaha	Nebraska	68164
10/15/1977	Female	Omaha	Nebraska	68164
2/10/1957	Male	Omaha	Nebraska	68164
8/13/1988	Female	Omaha	Nebraska	68164
12/28/1959	Female	Omaha	Nebraska	68164
4/18/1982	Female	Omaha	Nebraska	68164
4/8/1956	Female	Omaha	Nebraska	68164
3/13/1970	Female	Omaha	Nebraska	68164
9/2/1987	Male	Omaha	Nebraska	68164
10/18/1995	Female	Omaha	Nebraska	68164
3/4/1964	Female	Omaha	Nebraska	68164
1/1/1962	Male	Omaha	Nebraska	68164
8/26/1960	Male	Omaha	Nebraska	68164
8/22/1956	Female	Omaha	Nebraska	68164
10/19/1958	Female	Omaha	Nebraska	68164
1/13/1976	Female	Omaha	Nebraska	68164
11/30/1964	Female	Omaha	Nebraska	68164
6/29/1978	Female	Omaha	Nebraska	68164
9/1/1957	Female	Omaha	Nebraska	68164
6/27/1975	Female	Omaha	Nebraska	68164
7/30/1981	Female	Omaha	Nebraska	68164
5/25/1957	Female	Omaha	Nebraska	68164
7/30/1979	Female	Omaha	Nebraska	68164

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/4/1983	Female	Omaha	Nebraska	68164
11/22/1987	Female	Omaha	Nebraska	68164
4/8/1977	Female	Omana	Nebraska	68164
1/5/1983	Female	Omaha	Nebraska	68164
11/16/1988	Male	Omaha	Nebraska	68164
7/13/1988	Female	Omaha	Nebraska	68164
3/5/1981	Female	Omaha	Nebraska	68164
5/29/1978	Female	Omaha	Nebraska	68164
6/22/1979	Female	Omaha	Nebraska	68164
10/23/1961	Female	Omaha	Nebraska	68164
12/31/1986	Male	Omaha	Nebraska	68164
10/26/1985	Female	Omaha	Nebraska	68164
8/13/1973	Male	Omaha	Nebraska	68164
8/20/1974	Male	Omaha	Nebraska	68164
3/23/1981	Male	Omaha	Nebraska	68164
6/19/1988	Male	Omaha	Nebraska	68164
5/21/1972	Male	Omaha	Nebraska	68164
12/6/1950	Male	Omaha	Nebraska	68164
8/6/1982	Male	Omaha	Nebraska	68164
5/30/1978	Male	Omaha	Nebraska	68164
12/11/1958	Male	Omaha	Nebraska	68164
7/16/1959	Male	Omaha	Nebraska	68164
8/20/1965	Male	Omaha	Nebraska	68164
5/7/1954	Male	Omaha	Nebraska	68164
3/2/1960	Male	Omaha	Nebraska	68164
3/28/1959	Male	Omaha	Nebraska	68164
2/12/1968	Male	Omaha	Nebraska	68164
8/5/1959	Male	Omaha	Nebraska	68164
10/13/1964	Male	Omaha	Nebraska	68164
12/28/1971	Female	Omaha	Nebraska	68164
6/20/1958	Male	Omaha	Nebraska	68164
8/19/1952	Male	Omaha	Nebraska	68164
6/4/1947	Male	Omaha	Nebraska	68164
1/7/1970	Female	Omaha	Nebraska	68164
11/27/1954	Male	Omaha	Nebraska	68164
11/22/1955	Male	Omaha	Nebraska	68164
10/31/1968	Female	Omaha	Nebraska	68164
6/15/1966	Male	Omaha	Nebraska	68164
10/25/1980	Female	Omaha	Nebraska	68164
12/22/1955	Female	Omaha	Nebraska	68164
1/5/1984	Female	Omaha	Nebraska	68164

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/25/1960	Female	Omaha	Nebraska	68164
8/26/1988	Female	Omaha	Nebraska	68164
8/15/1972	Female	Omaha	Nebraska	68164
3/23/1974	Male	Omaha	Nebraska	68164
2/10/1975	Female	Omaha	Nebraska	68164
10/25/1977	Female	Omaha	Nebraska	68164
4/20/1989	Male	Omaha	Nebraska	68164
2/9/1984	Female	Omaha	Nebraska	68164
10/3/1985	Female	Omaha	Nebraska	68164
11/4/1989	Female	Omaha	Nebraska	68164
11/18/1970	Female	Adams	Nebraska	68301
8/16/1979	Male	Adams	Nebraska	68301
10/21/1956	Male	Adams	Nebraska	68301
12/7/1984	Male	Adams	Nebraska	68301
6/25/1958	Female	Adams	Nebraska	68301
9/10/1966	Male	Adams	Nebraska	68301
11/30/1970	Female	Adams	Nebraska	68301
11/21/1956	Female	Adams	Nebraska	68301
6/21/1968	Female	Adams	Nebraska	68301
11/22/1953	Male	Adams	Nebraska	68301
9/18/1977	Female	Adams	Nebraska	68301
10/25/1984	Female	Adams	Nebraska	68301
6/13/1972	Female	Adams	Nebraska	68301
2/28/1966	Female	Adams	Nebraska	68301
12/18/1965	Female	Adams	Nebraska	68301
2/8/1980	Female	Adams	Nebraska	68301
2/6/1971	Male	Adams	Nebraska	68301
7/19/1958	Male	Adams	Nebraska	68301
10/2/1951	Male	Adams	Nebraska	68301
8/9/1965	Male	Adams	Nebraska	68301
12/16/1961	Female	Adams	Nebraska	68301
11/29/1969	Female	Adams	Nebraska	68301
10/29/1977	Female	Adams	Nebraska	68301
9/30/1952	Male	Alexandria	Nebraska	68303
5/6/1975	Female	Alexandria	Nebraska	68303
4/6/1993	Female	Alexandria	Nebraska	68303
8/27/1962	Female	Alvo	Nebraska	68304
8/28/1997	Male	Alvo	Nebraska	68304
2/22/1961	Female	Alvo	Nebraska	68304
8/10/1967	Male	Alvo	Nebraska	68304
5/15/1993	Female	Auburn	Nebraska	68305



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/10/1965	Male	Auburn	Nebraska	68305
9/21/1976	Male	Auburn	Nebraska	68305
10/29/1960	Male	Auburn	Nebraska	68305
7/4/1967	Male	Auburn	Nebraska	68305
1/27/1984	Female	Auburn	Nebraska	68305
12/21/1981	Male	Auburn	Nebraska	68305
3/9/1987	Male	Auburn	Nebraska	68305
2/1/1985	Male	Auburn	Nebraska	68305
10/8/1965	Male	Auburn	Nebraska	68305
5/21/1981	Male	Auburn	Nebraska	68305
2/13/1980	Male	Auburn	Nebraska	68305
7/18/1985	Male	Auburn	Nebraska	68305
5/21/1987	Male	Auburn	Nebraska	68305
10/25/1956	Male	Auburn	Nebraska	68305
6/6/1990	Male	Auburn	Nebraska	68305
9/27/1990	Male	Auburn	Nebraska	68305
11/17/1985	Male	Auburn	Nebraska	68305
7/17/1994	Male	Auburn	Nebraska	68305
6/28/1968	Male	Auburn	Nebraska	68305
7/16/1994	Male	Auburn	Nebraska	68305
12/6/1989	Female	Auburn	Nebraska	68305
11/14/1989	Male	Auburn	Nebraska	68305
9/9/1980	Male	Auburn	Nebraska	68305
1/21/1955	Female	Auburn	Nebraska	68305
11/6/1989	Female	AUBURN	Nebraska	68305
4/14/1993	Male	Auburn	Nebraska	68305
8/5/1960	Male	Auburn	Nebraska	68305
7/29/1983	Male	Auburn	Nebraska	68305
8/3/1982	Male	Auburn	Nebraska	68305
6/23/1992	Male	Auburn	Nebraska	68305
4/22/1955	Male	Auburn	Nebraska	68305
12/13/1991	Male	Auburn	Nebraska	68305
12/20/1951	Female	Auburn	Nebraska	68305
7/20/1952	Female	Auburn	Nebraska	68305
10/1/1968	Male	Auburn	Nebraska	68305
7/11/1968	Female	Auburn	Nebraska	68305
7/24/1981	Female	Auiburn	Nebraska	68305
7/18/1983	Female	Auburn	Nebraska	68305
2/4/1981	Female	Auburn	Nebraska	68305
9/28/1979	Male	AUBURN	Nebraska	68305
3/31/1990	Female	Auburn	Nebraska	68305

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/14/1956	Male	Auburn	Nebraska	68305
7/23/1963	Male	Auburn	Nebraska	68305
2/23/1960	Male	Auburn	Nebraska	68305
8/10/1986	Female	Auburn	Nebraska	68305
8/31/1982	Male	Auburn	Nebraska	68305
3/9/1962	Male	Auburn	Nebraska	68305
6/8/1990	Male	Auburn	Nebraska	68305
6/19/1949	Male	Auburn	Nebraska	68305
1/6/1968	Female	Auburn	Nebraska	68305
12/1/1988	Male	Auburn	Nebraska	68305
7/7/1988	Female	Auburn	Nebraska	68305
9/6/1960	Male	Avoca	Nebraska	68307
12/6/1957	Male	Avoca	Nebraska	68307
6/4/1957	Male	Avoca	Nebraska	68307
8/26/1994	Male	Avoca	Nebraska	68307
12/23/1956	Female	Avoca	Nebraska	68307
2/15/1955	Male	Barneston	Nebraska	68309
10/1/1969	Female	Barneston	Nebraska	68309
12/4/1961	Female	Barneston	Nebraska	68309
12/25/1957	Female	Barnston	Nebraska	68309
4/5/1977	Female	Beatrice	Nebraska	68310
8/27/1959	Female	Beatrice	Nebraska	68310
3/17/1995	Female	Beatrice	Nebraska	68310
10/25/1953	Male	Beatrice	Nebraska	68310
11/19/1958	Female	Beatrice	Nebraska	68310
8/30/1973	Female	Beatrice	Nebraska	68310
5/14/1991	Female	Beatrice	Nebraska	68310
11/22/1957	Female	Beatrice	Nebraska	68310
9/26/1960	Male	Beatrice	Nebraska	68310
10/20/1949	Female	Holmesville	Nebraska	68310
11/14/1951	Male	Beatrice	Nebraska	68310
3/31/1976	Female	Beatrice	Nebraska	68310
9/4/1964	Male	Beatrice	Nebraska	68310
12/4/1973	Male	Beatrice	Nebraska	68310
10/7/1959	Male	Beatrice	Nebraska	68310
2/3/1986	Male	Beatrice	Nebraska	68310
10/2/1980	Male	Beatrice	Nebraska	68310
10/12/1954	Female	Beatrice	Nebraska	68310
8/19/1970	Female	Beatrice	Nebraska	68310
11/16/1976	Female	Beatrice	Nebraska	68310
8/27/1960	Female	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/15/1968	Male	Beatrice	Nebraska	68310
10/4/1975	Male	Beatrice	Nebraska	68310
6/6/1966	Male	Beatrice	Nebraska	68310
2/26/1957	Male	Beatrice	Nebraska	68310
10/30/1957	Female	Beatrice	Nebraska	68310
7/3/1991	Male	Beatrice	Nebraska	68310
5/11/1972	Male	Beatrice	Nebraska	68310
4/6/1961	Female	Beatrice	Nebraska	68310
8/24/1968	Male	Beatrice	Nebraska	68310
1/1/1986	Male	Beatrice	Nebraska	68310
8/6/1965	Male	Beatrice	Nebraska	68310
11/24/1987	Male	Beatrice	Nebraska	68310
4/17/1989	Male	Beatrice	Nebraska	68310
6/29/1954	Male	Beatrice	Nebraska	68310
3/24/1988	Female	Beatrice	Nebraska	68310
7/28/1992	Female	Beatrice	Nebraska	68310
5/27/1989	Male	Beatrice	Nebraska	68310
7/26/1993	Female	Beatrice	Nebraska	68310
11/20/1992	Female	beatrice	Nebraska	68310
2/2/1992	Male	Beatrice	Nebraska	68310
9/16/1977	Male	Beatrice	Nebraska	68310
2/9/1979	Male	Beatrice	Nebraska	68310
9/17/1992	Male	Beatrice	Nebraska	68310
7/1/1983	Male	Beatrice	Nebraska	68310
9/4/1994	Male	Beatrice	Nebraska	68310
7/3/1991	Female	Beatrice	Nebraska	68310
9/11/1991	Male	Beatrice	Nebraska	68310
11/30/1982	Male	Beatrice	Nebraska	68310
12/12/1971	Male	Beatrice	Nebraska	68310
3/10/1963	Female	Beatrice	Nebraska	68310
11/10/1992	Female	Beatrice	Nebraska	68310
9/10/1990	Male	Beatrice	Nebraska	68310
6/9/1987	Male	Beatrice	Nebraska	68310
12/11/1994	Female	Beatrice	Nebraska	68310
10/19/1986	Male	Beatrice	Nebraska	68310
7/16/1993	Male	Beatrice	Nebraska	68310
1/28/1993	Male	Beatrice	Nebraska	68310
7/24/1968	Male	Beatrice	Nebraska	68310
2/3/1960	Male	Beatrice	Nebraska	68310
10/20/1959	Female	Beatrice	Nebraska	68310
4/25/1971	Female	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/25/1947	Male	Beatrice	Nebraska	68310
10/9/1986	Male	Beatrice	Nebraska	68310
3/20/1989	Female	Beatrice	Nebraska	68310
3/17/1966	Female	Beatrice	Nebraska	68310
6/22/1954	Male	Beatrice	Nebraska	68310
10/10/1988	Male	Beatrice	Nebraska	68310
3/23/1964	Male	Beatrice	Nebraska	68310
6/13/1985	Male	Beatrice	Nebraska	68310
1/13/1982	Female	Beatrice	Nebraska	68310
10/6/1972	Female	Beatrice	Nebraska	68310
1/31/1983	Female	Beatrice	Nebraska	68310
10/5/1958	Male	Beatrice	Nebraska	68310
2/23/1943	Male	Beatrice	Nebraska	68310
5/30/1961	Female	Beatrice	Nebraska	68310
7/5/1966	Male	Beatrice	Nebraska	68310
8/31/1977	Female	Beatrice	Nebraska	68310
12/2/1957	Female	Beatrice	Nebraska	68310
2/8/1955	Male	Beatrice	Nebraska	68310
7/10/1958	Male	Beatrice	Nebraska	68310
1/31/1958	Male	Beatrice	Nebraska	68310
3/29/1965	Female	Beatrice	Nebraska	68310
11/24/1973	Male	Beatrice	Nebraska	68310
3/25/1965	Female	Beatrice	Nebraska	68310
8/4/1965	Male	Beatrice	Nebraska	68310
12/5/1975	Male	Beatrice	Nebraska	68310
10/2/1971	Female	Beatrice	Nebraska	68310
7/3/1982	Female	Beatrice	Nebraska	68310
5/23/1954	Female	Beatrice	Nebraska	68310
7/26/1953	Male	Beatrice	Nebraska	68310
2/18/1956	Female	Beatrice	Nebraska	68310
10/31/1954	Female	Beatrice	Nebraska	68310
9/1/1962	Female	Beatrice	Nebraska	68310
3/1/1971	Female	Beatrice	Nebraska	68310
1/14/1957	Female	Beatrice	Nebraska	68310
8/22/1958	Female	Beatrice	Nebraska	68310
2/21/1955	Male	Beatrice	Nebraska	68310
8/5/1956	Male	Beatrice	Nebraska	68310
3/22/1957	Female	Beatrice	Nebraska	68310
11/25/1957	Female	Beatrice	Nebraska	68310
6/22/1955	Female	Beatrice	Nebraska	68310
12/24/1954	Female	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/22/1956	Female	Beatrice	Nebraska	68310
5/1/1954	Female	Beatrice	Nebraska	68310
4/15/1964	Female	Beatrice	Nebraska	68310
8/19/1969	Female	Beatrice	Nebraska	68310
10/10/1954	Female	Beatrice	Nebraska	68310
7/9/1956	Female	Beatrice	Nebraska	68310
12/4/1955	Female	Beatrice	Nebraska	68310
1/24/1955	Female	Beatrice	Nebraska	68310
5/19/1964	Female	Beatrice	Nebraska	68310
9/27/1958	Female	Beatrice	Nebraska	68310
1/27/1956	Female	Beatrice	Nebraska	68310
11/16/1957	Male	Beatrice	Nebraska	68310
9/2/1958	Male	Beatrice	Nebraska	68310
3/30/1957	Female	Beatrice	Nebraska	68310
8/15/1960	Female	Beatrice	Nebraska	68310
1/31/1962	Female	Beatrice	Nebraska	68310
8/22/1960	Female	Beatrice	Nebraska	68310
8/2/1960	Female	Beatrice	Nebraska	68310
9/5/1960	Female	Beatrice	Nebraska	68310
4/21/1964	Female	Beatrice	Nebraska	68310
4/4/1962	Female	Beatrice	Nebraska	68310
11/3/1961	Female	Beatrice	Nebraska	68310
3/20/1960	Female	Beatrice	Nebraska	68310
3/29/1960	Female	Beatrice	Nebraska	68310
6/15/1961	Female	Beatrice	Nebraska	68310
8/22/1974	Female	Beatrice	Nebraska	68310
8/23/1967	Female	Beatrice	Nebraska	68310
4/23/1974	Female	Beatrice	Nebraska	68310
4/29/1977	Female	Beatrice	Nebraska	68310
8/17/1975	Female	Beatrice	Nebraska	68310
7/25/1978	Female	Beatrice	Nebraska	68310
8/7/1984	Female	Beatrice	Nebraska	68310
4/14/1976	Female	Beatrice	Nebraska	68310
9/7/1946	Female	Beatrice	Nebraska	68310
7/8/1945	Female	Beatrice	Nebraska	68310
4/3/1949	Male	Beatrice	Nebraska	68310
7/12/1958	Female	Beatrice	Nebraska	68310
10/25/1950	Female	Beatrice	Nebraska	68310
2/14/1955	Female	Beatrice	Nebraska	68310
9/7/1961	Female	Beatrice	Nebraska	68310
1/28/1952	Female	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/2/1957	Female	Beatrice	Nebraska	68310
1/26/1959	Male	Beatrice	Nebraska	68310
3/27/1957	Female	Beatrice	Nebraska	68310
2/25/1955	Male	Beatrice	Nebraska	68310
1/1/1963	Male	Beatrice	Nebraska	68310
5/8/1960	Female	Beatrice	Nebraska	68310
11/20/1962	Female	Beatrice	Nebraska	68310
5/20/1960	Female	Beatrice	Nebraska	68310
3/16/1964	Female	Beatrice	Nebraska	68310
6/16/1961	Female	Beatrice	Nebraska	68310
10/5/1961	Female	Beatrice	Nebraska	68310
3/24/1976	Female	Beatrice	Nebraska	68310
11/2/1978	Female	Beatrice	Nebraska	68310
12/29/1981	Female	Beatrice	Nebraska	68310
1/16/1941	Male	Beatrice	Nebraska	68310
9/29/1949	Female	Beatrice	Nebraska	68310
4/12/1955	Male	Beatrice	Nebraska	68310
7/17/1964	Female	Beatrice	Nebraska	68310
3/20/1950	Male	Beatrice	Nebraska	68310
5/9/1954	Male	Beatrice	Nebraska	68310
3/6/1954	Male	Beatrice	Nebraska	68310
1/14/1951	Male	Beatrice	Nebraska	68310
10/3/1962	Female	Beatrice	Nebraska	68310
3/28/1954	Female	Beatrice	Nebraska	68310
11/10/1952	Female	Beatrice	Nebraska	68310
10/15/1953	Female	Beatrice	Nebraska	68310
5/29/1957	Female	Beatrice	Nebraska	68310
10/7/1959	Female	Beatrice	Nebraska	68310
9/25/1954	Male	Beatrice	Nebraska	68310
12/27/1955	Male	Beatrice	Nebraska	68310
9/12/1959	Male	Beatrice	Nebraska	68310
6/11/1957	Female	Beatrice	Nebraska	68310
5/21/1958	Male	Beatrice	Nebraska	68310
1/18/1959	Female	Beatrice	Nebraska	68310
6/5/1956	Female	Beatrice	Nebraska	68310
12/22/1962	Female	Beatrice	Nebraska	68310
6/3/1963	Female	Beatrice	Nebraska	68310
12/3/1965	Male	Beatrice	Nebraska	68310
5/5/1959	Female	Beatrice	Nebraska	68310
11/29/1963	Female	Beatrice	Nebraska	68310
12/18/1960	Male	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/17/1963	Female	Beatrice	Nebraska	68310
6/19/1959	Female	Beatrice	Nebraska	68310
7/19/1967	Female	Beatrice	Nebraska	68310
9/8/1963	Male	Beatrice	Nebraska	68310
7/1/1975	Male	Beatrice	Nebraska	68310
4/11/1965	Female	Beatrice	Nebraska	68310
8/30/1980	Female	Beatrice	Nebraska	68310
4/2/1967	Male	Beatrice	Nebraska	68310
9/13/1977	Female	Beatrice	Nebraska	68310
7/14/1969	Female	Beatrice	Nebraska	68310
8/30/1972	Female	Beatrice	Nebraska	68310
7/23/1976	Male	Beatrice	Nebraska	68310
4/17/1984	Female	Beatrice	Nebraska	68310
5/10/1985	Female	Beatrice	Nebraska	68310
12/8/1974	Male	Beatrice	Nebraska	68310
12/4/1971	Female	Beatrice	Nebraska	68310
7/10/1955	Female	Beatrice	Nebraska	68310
10/13/1960	Female	Beatrice	Nebraska	68310
12/28/1955	Female	Beatrice	Nebraska	68310
3/1/1950	Female	Beatrice	Nebraska	68310
8/22/1952	Male	Beatrice	Nebraska	68310
6/27/1955	Female	Beatrice	Nebraska	68310
10/20/1957	Female	Beatrice	Nebraska	68310
10/30/1960	Male	Beatrice	Nebraska	68310
7/9/1963	Female	Beatrice	Nebraska	68310
8/3/1958	Male	Beatrice	Nebraska	68310
9/7/1968	Female	Beatrice	Nebraska	68310
5/12/1959	Male	Beatrice	Nebraska	68310
2/17/1968	Female	Beatrice	Nebraska	68310
1/22/1961	Female	Beatrice	Nebraska	68310
8/11/1974	Female	Beatrice	Nebraska	68310
2/14/1958	Female	Beatrice	Nebraska	68310
9/5/1959	Female	Beatrice	Nebraska	68310
11/18/1956	Female	Beatrice	Nebraska	68310
2/26/1955	Female	Beatrice	Nebraska	68310
8/16/1963	Male	Beatrice	Nebraska	68310
6/28/1957	Male	Beatrice	Nebraska	68310
8/12/1959	Male	Beatrice	Nebraska	68310
9/21/1955	Female	Beatrice	Nebraska	68310
5/9/1966	Female	Beatrice	Nebraska	68310
2/11/1955	Female	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/20/1952	Female	Beatrice	Nebraska	68310
5/17/1951	Female	Beatrice	Nebraska	68310
11/2/1961	Female	Beatrice	Nebraska	68310
1/25/1947	Male	Beatrice	Nebraska	68310
2/27/1963	Female	Beatrice	Nebraska	68310
9/29/1962	Female	Beatrice	Nebraska	68310
2/19/1962	Female	Beatrice	Nebraska	68310
8/20/1979	Female	Beatrice	Nebraska	68310
5/23/1958	Female	Beatrice	Nebraska	68310
1/26/1957	Male	Beatrice	Nebraska	68310
8/22/1955	Male	Beatrice	Nebraska	68310
3/8/1977	Female	Beatrice	Nebraska	68310
3/20/1987	Female	Beatrice	Nebraska	68310
4/12/1980	Female	Beatrice	Nebraska	68310
9/30/1956	Male	Beatrice	Nebraska	68310
7/13/1960	Female	Beatrice	Nebraska	68310
7/27/1962	Female	Beatrice	Nebraska	68310
3/23/1981	Female	Beatrice	Nebraska	68310
7/11/1982	Female	Beatrice	Nebraska	68310
8/12/1956	Female	Beatrice	Nebraska	68310
8/3/1961	Female	Beatrice	Nebraska	68310
8/17/1960	Male	Beatrice	Nebraska	68310
6/5/1957	Female	Beatrice	Nebraska	68310
7/7/1987	Female	Beatrice	Nebraska	68310
4/18/1980	Male	Beatrice	Nebraska	68310
7/13/1978	Female	Beatrice	Nebraska	68310
12/27/1979	Female	Beatrice	Nebraska	68310
1/2/1984	Male	Beatrice	Nebraska	68310
12/18/1988	Female	Beatrice	Nebraska	68310
6/24/1983	Female	Beatrice	Nebraska	68310
5/26/1986	Female	Beatrice	Nebraska	68310
7/15/1972	Female	Beatrice	Nebraska	68310
6/21/1988	Female	Beatrice	Nebraska	68310
10/20/1983	Female	Beatrice	Nebraska	68310
11/17/1977	Female	Beatrice	Nebraska	68310
10/4/1981	Female	Beatrice	Nebraska	68310
4/17/1960	Female	Beatrice	Nebraska	68310
8/8/1989	Female	Beatrice	Nebraska	68310
1/18/1953	Female	Beatrice	Nebraska	68310
7/19/1988	Female	Beatrice	Nebraska	68310
11/7/1981	Female	Beatrice	Nebraska	68310



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/28/1951	Male	Beatrice	Nebraska	68310
6/17/1984	Female	Beatrice	Nebraska	68310
2/14/1981	Female	Beatrice	Nebraska	68310
4/23/1954	Female	Beatrice	Nebraska	68310
8/7/1967	Female	Beatrice	Nebraska	68310
7/23/1974	Female	Beatrice	Nebraska	68310
9/22/1956	Female	Beatrice	Nebraska	68310
8/19/1982	Female	Beatrice	Nebraska	68310
5/13/1990	Female	Beatrice	Nebraska	68310
11/20/1978	Male	Beatrice	Nebraska	68310
12/3/1957	Male	Beatrice	Nebraska	68310
8/18/1989	Female	Beatrice	Nebraska	68310
6/6/1958	Female	Beatrice	Nebraska	68310
6/14/1977	Female	Beatrice	Nebraska	68310
10/8/1955	Female	Beatrice	Nebraska	68310
11/16/1956	Female	Beatrice	Nebraska	68310
3/8/1976	Female	Beatrice	Nebraska	68310
12/29/1988	Female	Beatrice	Nebraska	68310
1/3/1953	Female	Beatrice	Nebraska	68310
6/24/1957	Female	Beatrice	Nebraska	68310
7/29/1958	Female	Beatrice	Nebraska	68310
7/23/1982	Female	Beatrice	Nebraska	68310
7/17/1989	Female	Beatrice	Nebraska	68310
12/16/1971	Female	Beatrice	Nebraska	68310
8/5/1975	Female	Beatrice	Nebraska	68310
3/25/1973	Female	Beatrice	Nebraska	68310
5/21/1965	Female	Beatrice	Nebraska	68310
12/1/1962	Female	Beatrice	Nebraska	68310
10/23/1967	Female	Beatrice	Nebraska	68310
1/11/1982	Female	Beatrice	Nebraska	68310
12/4/1972	Female	Beatrice	Nebraska	68310
5/23/1953	Female	Beatrice	Nebraska	68310
12/30/1964	Male	Beatrice	Nebraska	68310
8/20/1959	Male	Beatrice	Nebraska	68310
8/2/1977	Female	Beatrice	Nebraska	68310
5/11/1955	Male	Beatrice	Nebraska	68310
1/1/1954	Female	Beatrice	Nebraska	68310
11/9/1979	Female	Beatrice	Nebraska	68310
12/29/1968	Male	Beatrice	Nebraska	68310
4/13/1954	Female	Beatrice	Nebraska	68310
11/4/1960	Female	Beatrice	Nebraska	68310

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/25/1984	Female	Beatrice	Nebraska	68310
6/24/1984	Male	Beatrice	Nebraska	68310
12/15/1988	Male	Beatrice	Nebraska	68310
1/17/1981	Female	Beatrice	Nebraska	68310
3/29/1985	Female	Beatrice	Nebraska	68310
6/21/1976	Female	Beatrice	Nebraska	68310
10/18/1959	Female	Beatrice	Nebraska	68310
11/18/1961	Female	Beatrice	Nebraska	68310
8/12/1991	Female	Beatrice	Nebraska	68310
7/6/1988	Male	Beatrice	Nebraska	68310
10/27/1992	Male	Beatrice	Nebraska	68310
1/16/1966	Female	Beatrice	Nebraska	68310
8/19/1975	Female	Beatrice	Nebraska	68310
8/14/1980	Female	Beatrice	Nebraska	68310
9/30/1989	Female	Beatrice	Nebraska	68310
8/24/1958	Female	Beatrice	Nebraska	68310
11/16/1989	Female	Beatrice	Nebraska	68310
3/11/1988	Female	Beatrice	Nebraska	68310
11/29/1962	Female	Beatrice	Nebraska	68310
3/27/1990	Female	Beatrice	Nebraska	68310
2/20/1987	Female	Beatrice	Nebraska	68310
2/24/1983	Female	Beatrice	Nebraska	68310
4/3/1977	Female	Beatrice	Nebraska	68310
12/28/1986	Female	Beatrice	Nebraska	68310
6/18/1992	Male	Beatrice	Nebraska	68310
11/14/1980	Female	Beatrice	Nebraska	68310
7/9/1959	Female	Beatrice	Nebraska	68310
3/7/1973	Female	Beatrice	Nebraska	68310
8/21/1985	Male	Beatrice	Nebraska	68310
4/26/1982	Female	Beatrice	Nebraska	68310
2/13/1981	Male	Beatrice	Nebraska	68310
3/16/1959	Female	Beatrice	Nebraska	68310
8/17/1976	Female	Beatrice	Nebraska	68310
8/2/1984	Male	Beatrice	Nebraska	68310
7/18/1963	Male	Beatrice	Nebraska	68310
8/31/1973	Female	Beatrice	Nebraska	68310
8/31/1961	Female	Beatrice	Nebraska	68310
8/21/1966	Female	Beatrice	Nebraska	68310
8/5/1976	Female	Beatrice	Nebraska	68310
3/5/1992	Female	Beatrice	Nebraska	68310
2/7/1991	Female	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/14/1962	Female	Beatrice	Nebraska	68310
2/1/1991	Female	Beatrice	Nebraska	68310
7/11/1994	Female	Beatrice	Nebraska	68310
1/17/1978	Female	Beatrice	Nebraska	68310
3/14/1996	Female	Beatrice	Nebraska	68310
1/5/1954	Female	Beatrice	Nebraska	68310
9/12/1987	Male	Beatrice	Nebraska	68310
7/24/1959	Female	Beatrice	Nebraska	68310
7/30/1983	Female	Beatrice	Nebraska	68310
12/16/1992	Male	Beatrice	Nebraska	68310
7/24/1972	Female	Beatrice	Nebraska	68310
6/22/1990	Female	Beatrice	Nebraska	68310
8/6/1992	Female	Beatrice	Nebraska	68310
9/11/1975	Female	Beatrice	Nebraska	68310
9/16/1957	Male	Beatrice	Nebraska	68310
8/22/1989	Female	Beatrice	Nebraska	68310
2/26/1976	Male	Beatrice	Nebraska	68310
8/19/1960	Female	Beatrice	Nebraska	68310
9/25/1973	Male	Beatrice	Nebraska	68310
5/28/1973	Female	Beatrice	Nebraska	68310
10/25/1966	Female	Beatrice	Nebraska	68310
6/30/1989	Female	Beatrice	Nebraska	68310
1/30/1985	Female	Beatrice	Nebraska	68310
5/2/1992	Female	Beatrice	Nebraska	68310
1/15/1978	Female	Beatrice	Nebraska	68310
12/2/1993	Female	Beatrice	Nebraska	68310
5/20/1992	Female	Beatrice	Nebraska	68310
1/3/1988	Male	Beatrice	Nebraska	68310
4/9/1988	Female	Beatrice	Nebraska	68310
6/22/1981	Female	Beatrice	Nebraska	68310
10/28/1991	Male	Beatrice	Nebraska	68310
3/15/1978	Female	Beatrice	Nebraska	68310
9/24/1986	Female	Beatrice	Nebraska	68310
7/26/1994	Female	Beatrice	Nebraska	68310
7/3/1975	Female	Beatrice	Nebraska	68310
2/25/1988	Female	Beatrice	Nebraska	68310
5/7/1985	Female	Beatrice	Nebraska	68310
4/11/1995	Female	Beatrice	Nebraska	68310
2/23/1966	Male	Beatrice	Nebraska	68310
1/28/1993	Female	Beatrice	Nebraska	68310
10/18/1987	Male	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/10/1980	Female	Beatrice	Nebraska	68310
7/24/1991	Male	beatrice	Nebraska	68310
6/20/1987	Female	Beatrice	Nebraska	68310
5/8/1989	Female	Beatrice	Nebraska	68310
4/19/1964	Female	Beatrice	Nebraska	68310
1/22/1955	Female	Beatrice	Nebraska	68310
12/19/1978	Female	Beatrice	Nebraska	68310
12/23/1994	Female	Beatrice	Nebraska	68310
7/30/1986	Male	Beatrice	Nebraska	68310
11/16/1957	Female	Beatrice	Nebraska	68310
10/15/1983	Female	Beatrice	Nebraska	68310
9/24/1971	Female	Beatrice	Nebraska	68310
8/16/1970	Female	Beatrice	Nebraska	68310
2/17/1993	Female	Beatrice	Nebraska	68310
6/20/1963	Female	Beatrice	Nebraska	68310
7/7/1974	Male	Beatrice	Nebraska	68310
9/1/1963	Female	Beatrice	Nebraska	68310
4/11/1995	Female	Beatrice	Nebraska	68310
1/27/1964	Female	Beatrice	Nebraska	68310
5/27/1981	Female	Beatrice	Nebraska	68310
1/28/1987	Female	Beatrice	Nebraska	68310
2/4/1963	Female	Beatrice	Nebraska	68310
4/6/1993	Female	Beatrice	Nebraska	68310
11/19/1962	Female	Beatrice	Nebraska	68310
2/22/1984	Female	Beatrice	Nebraska	68310
4/7/1979	Male	Beatrice	Nebraska	68310
5/27/1992	Female	Beatrice	Nebraska	68310
8/15/1971	Female	Beatrice	Nebraska	68310
1/27/1959	Female	Beatrice	Nebraska	68310
3/9/1989	Male	Beatrice	Nebraska	68310
9/29/1987	Male	Beatrice	Nebraska	68310
3/29/1957	Female	Beatrice	Nebraska	68310
5/22/1978	Male	Beatrice	Nebraska	68310
6/24/1984	Female	Beatrice	Nebraska	68310
5/24/1978	Female	Beatrice	Nebraska	68310
1/16/1997	Female	beatrice	Nebraska	68310
1/22/1982	Female	Beatrice	Nebraska	68310
1/14/1980	Female	Beatrice	Nebraska	68310
4/18/1993	Female	Beatrice	Nebraska	68310
12/10/1970	Female	Beatrice	Nebraska	68310
9/25/1992	Male	Beatrice	Nebraska	68310

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/19/1992	Female	Beatrice	Nebraska	68310
9/15/1983	Male	Beatrice	Nebraska	68310
6/24/1988	Female	Beatrice	Nebraska	68310
10/17/1995	Unknown	Beatrice	Nebraska	68310
7/18/1985	Female	Beatrice	Nebraska	68310
7/26/1989	Female	Beatrice	Nebraska	68310
1/21/1993	Female	Beatrice	Nebraska	68310
1/30/1995	Female	Beatrice	Nebraska	68310
12/22/1979	Female	Beatrice	Nebraska	68310
5/20/1965	Female	Beatrice	Nebraska	68310
4/30/1972	Female	Beatrice	Nebraska	68310
10/16/1963	Female	Beatrice	Nebraska	68310
9/20/1977	Female	Beatrice	Nebraska	68310
8/18/1989	Female	Beatrice	Nebraska	68310
7/20/1965	Female	Beatrice	Nebraska	68310
10/7/1991	Male	Beatrice	Nebraska	68310
6/2/1998	Female	Beatrice	Nebraska	68310
1/25/1962	Male	Beatrice	Nebraska	68310
7/13/1958	Female	Beatrice	Nebraska	68310
12/4/1980	Male	Beatrice	Nebraska	68310
10/10/1963	Female	Beatrice	Nebraska	68310
12/17/1981	Female	Beatrice	Nebraska	68310
2/26/1972	Female	Beatrice	Nebraska	68310
10/10/1959	Female	Beatrice	Nebraska	68310
6/9/1965	Female	Beatrice	Nebraska	68310
8/21/1963	Male	Beatrice	Nebraska	68310
10/8/1984	Male	Beatrice	Nebraska	68310
1/18/1962	Male	Beatrice	Nebraska	68310
1/26/1985	Male	Beatrice	Nebraska	68310
8/30/1975	Female	Beatrice	Nebraska	68310
3/26/1966	Female	Beatrice	Nebraska	68310
1/29/1982	Male	Beatrice	Nebraska	68310
6/7/1992	Female	Beatrice	Nebraska	68310
5/10/1956	Male	Beatrice	Nebraska	68310
2/22/1968	Male	Beatrice	Nebraska	68310
3/10/1973	Male	Beatrice	Nebraska	68310
1/28/1961	Female	Beatrice	Nebraska	68310
1/29/1956	Male	Beatrice	Nebraska	68310
5/31/1970	Male	Beatrice	Nebraska	68310
11/15/1966	Male	Beatrice	Nebraska	68310
8/24/1975	Male	Beatrice	Nebraska	68310

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/23/1986	Male	Beatrice	Nebraska	68310
9/14/1958	Female	Beatrice	Nebraska	68310
11/26/1984	Male	Beatrice	Nebraska	68310
2/10/1985	Male	Beatrice	Nebraska	68310
6/8/1976	Male	Beatrice	Nebraska	68310
3/25/1958	Female	Beatrice	Nebraska	68310
12/5/1963	Male	Beatrice	Nebraska	68310
5/10/1983	Male	Beatrice	Nebraska	68310
1/10/1957	Female	Beatrice	Nebraska	68310
9/30/1991	Male	Beatrice	Nebraska	68310
2/11/1988	Male	Beatrice	Nebraska	68310
5/15/1995	Male	Beatrice	Nebraska	68310
6/5/1953	Female	Beatrice	Nebraska	68310
5/23/1960	Female	Beatrice	Nebraska	68310
11/7/1945	Male	Beatrice	Nebraska	68310
1/30/1967	Female	Beatrice	Nebraska	68310
10/30/1962	Female	Beatrice	Nebraska	68310
9/2/1980	Female	Beatrice	Nebraska	68310
8/15/1975	Male	Beatrice	Nebraska	68310
10/18/1966	Female	Beatrice	Nebraska	68310
4/16/1984	Female	Beatrice	Nebraska	68310
6/28/1973	Female	Beatrice	Nebraska	68310
8/31/1962	Female	Beatrice	Nebraska	68310
6/30/1960	Female	Beatrice	Nebraska	68310
6/10/1970	Female	Beatrice	Nebraska	68310
12/29/1969	Male	Beatrice	Nebraska	68310
5/4/1992	Female	Beatrice	Nebraska	68310
1/2/1960	Female	Beatrice	Nebraska	68310
11/21/1978	Female	Beaver Crossing	Nebraska	68313
6/24/1987	Female	Beaver Crossing	Nebraska	68313
6/2/1962	Male	Beaver Crossing	Nebraska	68313
9/8/1962	Female	Beaver Crossing	Nebraska	68313
4/8/1951	Male	Beaver Crossing	Nebraska	68313
3/26/1958	Male	Beaver Crossing	Nebraska	68313
8/14/1959	Female	Beaver Crossing	Nebraska	68313
9/15/1960	Female	Beaver Crossing	Nebraska	68313
7/13/1971	Female	Bee	Nebraska	68314
11/4/1958	Male	Bee	Nebraska	68314
7/14/1965	Female	Bee	Nebraska	68314
10/21/1990	Male	Bee	Nebraska	68314
9/15/1956	Male	Bee	Nebraska	68314

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/8/1962	Female	Benedict	Nebraska	68316
1/30/1960	Female	Bennet	Nebraska	68317
5/21/1971	Female	Bennet	Nebraska	68317
11/12/1971	Male	Bennet	Nebraska	68317
7/20/1970	Male	Bennet	Nebraska	68317
6/18/1977	Female	Bennet	Nebraska	68317
8/8/1957	Female	Bennet	Nebraska	68317
11/18/1974	Female	Bennet	Nebraska	68317
5/1/1957	Male	Bennet	Nebraska	68317
9/9/1960	Male	Bennet	Nebraska	68317
9/26/1969	Male	Bennet	Nebraska	68317
8/22/1981	Female	Bennet	Nebraska	68317
10/16/1988	Male	Bennet	Nebraska	68317
2/23/1985	Female	Bennet	Nebraska	68317
7/14/1959	Female	Bennet	Nebraska	68317
3/16/1957	Female	Bennet	Nebraska	68317
5/28/1980	Male	Bennet	Nebraska	68317
8/25/1977	Female	Bennet	Nebraska	68317
11/6/1962	Male	Bennet	Nebraska	68317
3/25/1982	Male	Bennet	Nebraska	68317
7/18/1970	Female	Bennet	Nebraska	68317
8/11/1949	Female	Bennet	Nebraska	68317
3/25/1960	Female	Bennet	Nebraska	68317
1/12/1960	Female	Bennet	Nebraska	68317
3/11/1951	Female	Bennet	Nebraska	68317
8/29/1965	Male	Bennet	Nebraska	68317
1/9/1965	Female	Bennet	Nebraska	68317
9/9/1974	Female	Bennet	Nebraska	68317
4/30/1965	Female	Bennet	Nebraska	68317
4/15/1984	Male	Bennet	Nebraska	68317
6/25/1960	Male	Bennet	Nebraska	68317
4/10/1952	Male	Bennet	Nebraska	68317
11/13/1990	Male	Bennet	Nebraska	68317
6/28/1981	Female	Bennet	Nebraska	68317
1/15/1953	Male	Bennet	Nebraska	68317
1/11/1981	Female	Bennet	Nebraska	68317
6/4/1962	Female	Bennet	Nebraska	68317
5/26/1949	Female	Bennet	Nebraska	68317
12/7/1951	Female	Bennet	Nebraska	68317
10/11/1979	Male	Bennet	Nebraska	68317
7/26/1981	Female	Bennet	Nebraska	68317

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/8/1988	Female	Bennet	Nebraska	68317
5/29/1976	Female	Bennet	Nebraska	68317
3/8/1954	Male	Bennet	Nebraska	68317
11/28/1960	Male	Bennet	Nebraska	68317
5/14/1969	Male	Bennet	Nebraska	68317
2/15/1980	Male	Bennet	Nebraska	68317
4/24/1970	Male	Bennet	Nebraska	68317
4/5/1958	Male	Bennet	Nebraska	68317
4/21/1969	Male	Bennet	Nebraska	68317
2/17/1984	Male	bennet	Nebraska	68317
4/24/1960	Male	Blue Springs	Nebraska	68318
11/3/1959	Male	Blue Springs	Nebraska	68318
1/30/1954	Female	Blue Springs	Nebraska	68318
10/9/1958	Female	Blue Springs	Nebraska	68318
8/7/1958	Male	Blue Springs	Nebraska	68318
12/29/1963	Female	Blue Springs	Nebraska	68318
12/25/1981	Female	Blue Springs	Nebraska	68318
11/7/1958	Female	Blue Springs	Nebraska	68318
2/14/1958	Female	Blue Springs	Nebraska	68318
7/28/1954	Female	Blue Springs	Nebraska	68318
9/12/1974	Female	Blue Springs	Nebraska	68318
6/18/1994	Male	Blue Springs	Nebraska	68318
5/28/1959	Male	Blue Springs	Nebraska	68318
6/4/1960	Female	Bradshaw	Nebraska	68319
4/17/1956	Female	Bradshaw	Nebraska	68319
1/24/1962	Male	Bradshaw	Nebraska	68319
9/9/1968	Male	Bradshaw	Nebraska	68319
10/11/1968	Female	Bradshaw	Nebraska	68319
5/13/1956	Female	Bradshaw	Nebraska	68319
1/23/1983	Female	Bradshaw	Nebraska	68319
3/14/1983	Male	Bradshaw	Nebraska	68319
7/16/1960	Male	Bradshaw	Nebraska	68319
10/29/1975	Female	Bradshaw	Nebraska	68319
8/20/1993	Male	Bradshaw	Nebraska	68319
8/29/1978	Female	Bradshaw	Nebraska	68319
12/2/1967	Female	Bradshaw	Nebraska	68319
6/6/1977	Female	Beatrice	Nebraska	68319
6/21/1977	Female	Bradshaw	Nebraska	68319
7/23/1963	Male	Bradshaw	Nebraska	68319
5/23/1966	Male	Bradshaw	Nebraska	68319
1/2/1982	Male	Brock	Nebraska	68320



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/4/1977	Female	Brock	Nebraska	68320
10/23/1975	Male	Brock	Nebraska	68320
2/24/1969	Male	Brock	Nebraska	68320
10/19/1967	Female	Brock	Nebraska	68320
11/2/1962	Male	Brock	Nebraska	68320
3/10/1966	Male	Brownville	Nebraska	68321
12/5/1990	Male	Brownville	Nebraska	68321
7/12/1987	Female	Brownville	Nebraska	68321
2/7/1952	Male	Brownville	Nebraska	68321
4/27/1972	Male	Bruning	Nebraska	68322
5/22/1947	Male	Burchard	Nebraska	68323
9/30/1962	Male	Burchard	Nebraska	68323
1/1/1954	Female	Burchard	Nebraska	68323
11/7/1980	Male	Burr	Nebraska	68324
9/14/1965	Male	Burr	Nebraska	68324
7/1/1993	Male	Burr	Nebraska	68324
4/15/1981	Female	Burr	Nebraska	68324
9/2/1956	Male	Byron	Nebraska	68325
6/26/1974	Male	Hickman	Nebraska	68327
2/12/1958	Male	Clatonia	Nebraska	68328
7/29/1987	Female	Clatonia	Nebraska	68328
9/13/1962	Female	CLATONIA	Nebraska	68328
12/11/1996	Male	Clatonia	Nebraska	68328
2/29/1996	Female	Clatonia	Nebraska	68328
3/12/1995	Male	Clatonia	Nebraska	68328
3/8/1962	Male	Clatonia	Nebraska	68328
1/13/1979	Male	Clatonia	Nebraska	68328
11/11/1990	Male	Clatonia	Nebraska	68328
11/30/1980	Female	Clatonia	Nebraska	68328
11/27/1954	Female	Cook	Nebraska	68329
6/7/1975	Male	Cook	Nebraska	68329
1/12/1965	Female	Cook	Nebraska	68329
5/14/1955	Male	Cook	Nebraska	68329
4/23/1950	Male	Cook	Nebraska	68329
5/8/1956	Female	Cook	Nebraska	68329
3/25/1978	Male	Cook	Nebraska	68329
2/17/1978	Female	Cook	Nebraska	68329
9/24/1963	Female	Cook	Nebraska	68329
11/5/1979	Male	Cook	Nebraska	68329
11/17/1954	Male	Cook	Nebraska	68329
6/24/1986	Male	Cook	Nebraska	68329

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/29/1982	Female	Cook	Nebraska	68329
6/15/1982	Female	Cook	Nebraska	68329
8/27/1970	Female	Cook	Nebraska	68329
6/28/1989	Male	Cook	Nebraska	68329
9/25/1958	Male	Cook	Nebraska	68329
5/29/1957	Female	Cook	Nebraska	68329
1/2/1978	Male	Cook	Nebraska	68329
10/20/1979	Female	Cook	Nebraska	68329
10/2/1950	Female	Cook	Nebraska	68329
8/11/1976	Male	Cook	Nebraska	68329
6/29/1979	Female	Cook	Nebraska	68329
4/11/1956	Male	Cook	Nebraska	68329
11/14/1967	Female	Cook	Nebraska	68329
8/31/1982	Male	Cook	Nebraska	68329
1/28/1993	Female	Cook	Nebraska	68329
2/19/1951	Female	Cordova	Nebraska	68330
7/4/1945	Male	Cortland	Nebraska	68331
8/19/1974	Male	Cortland	Nebraska	68331
11/5/1957	Male	Cortland	Nebraska	68331
10/6/1956	Female	Cortland	Nebraska	68331
10/21/1984	Male	Cortland	Nebraska	68331
8/1/1970	Male	Cortland	Nebraska	68331
11/18/1971	Male	Cortland	Nebraska	68331
5/6/1979	Female	Cortland	Nebraska	68331
9/28/1973	Male	Cortland	Nebraska	68331
7/30/1964	Male	Cortland	Nebraska	68331
7/20/1971	Male	Cortland	Nebraska	68331
8/7/1953	Male	Cortland	Nebraska	68331
9/10/1958	Male	Cortland	Nebraska	68331
3/28/1966	Male	Cortland	Nebraska	68331
11/1/1956	Female	Cortland	Nebraska	68331
12/24/1962	Female	Cortland	Nebraska	68331
7/23/1962	Female	Cortland	Nebraska	68331
1/21/1970	Female	Cortland	Nebraska	68331
10/27/1967	Male	Cortland	Nebraska	68331
10/29/1977	Female	Cortland	Nebraska	68331
8/8/1985	Female	Cortland	Nebraska	68331
12/8/1964	Female	Cortland	Nebraska	68331
7/27/1984	Male	Cortland	Nebraska	68331
6/15/1954	Female	Cortland	Nebraska	68331
6/11/1961	Male	Cortland	Nebraska	68331

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/4/1971	Male	Cortland	Nebraska	68331
9/18/1961	Female	Cortland	Nebraska	68331
8/17/1974	Female	Cortland	Nebraska	68331
3/28/1935	Female	Cortland	Nebraska	68331
6/24/1957	Male	Cortland	Nebraska	68331
5/7/1982	Female	Cortland	Nebraska	68331
7/17/1953	Female	Cortland	Nebraska	68331
3/4/1950	Male	Cortland	Nebraska	68331
3/19/1961	Male	Cortland	Nebraska	68331
9/12/1946	Female	Cortland	Nebraska	68331
10/31/1977	Male	Cortland	Nebraska	68331
11/14/1983	Male	Cortland	Nebraska	68331
1/9/1985	Female	Cortland	Nebraska	68331
3/19/1977	Female	Cortland	Nebraska	68331
4/30/1965	Female	Cortland	Nebraska	68331
9/23/1986	Female	Cortland	Nebraska	68331
8/11/1988	Female	Cortland	Nebraska	68331
10/24/1962	Male	Cortland	Nebraska	68331
8/16/1971	Female	Cortland	Nebraska	68331
11/28/1962	Male	Crab Orchard	Nebraska	68332
7/24/1974	Female	Crab Orchard	Nebraska	68332
6/27/1980	Male	Crab Orchard	Nebraska	68332
2/18/1970	Male	Crab Orchard	Nebraska	68332
3/21/1951	Male	Crab Orchard	Nebraska	68332
11/22/1962	Female	Crab Orchard	Nebraska	68332
8/11/1964	Female	Crete	Nebraska	68333
12/5/1955	Female	Crete	Nebraska	68333
3/12/1955	Male	Crete	Nebraska	68333
11/6/1957	Female	Crete	Nebraska	68333
1/12/1955	Female	Crete	Nebraska	68333
8/26/1959	Male	Crete	Nebraska	68333
11/28/1974	Male	Crete	Nebraska	68333
2/2/1970	Male	Crete	Nebraska	68333
6/20/1957	Female	Crete	Nebraska	68333
6/10/1978	Female	Crete	Nebraska	68333
1/16/1977	Female	Crete	Nebraska	68333
5/14/1982	Female	Crete	Nebraska	68333
7/2/1993	Female	Crete	Nebraska	68333
6/20/1991	Male	Crete	Nebraska	68333
11/3/1986	Female	Crete	Nebraska	68333
12/21/1981	Male	Crete	Nebraska	68333

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/7/1997	Female	Crete	Nebraska	68333
6/7/1992	Female	Crete	Nebraska	68333
3/7/1959	Female	Crete	Nebraska	68333
9/26/1951	Female	Crete	Nebraska	68333
12/29/1966	Female	CRETE	Nebraska	68333
5/29/1983	Male	Crete	Nebraska	68333
4/26/1978	Male	Crete	Nebraska	68333
5/13/1960	Female	Crete	Nebraska	68333
10/27/1949	Female	Crete	Nebraska	68333
7/12/1975	Female	Crete	Nebraska	68333
5/3/1977	Female	Crete	Nebraska	68333
2/19/1960	Female	Crete	Nebraska	68333
6/6/1955	Female	Crete	Nebraska	68333
2/7/1947	Female	Crete	Nebraska	68333
10/8/1958	Female	Crete	Nebraska	68333
2/11/1957	Female	Crete	Nebraska	68333
5/19/1988	Female	Crete	Nebraska	68333
7/15/1986	Female	Crete	Nebraska	68333
10/16/1962	Female	Crete	Nebraska	68333
8/1/1992	Female	Crete	Nebraska	68333
11/8/1963	Female	Crete	Nebraska	68333
3/18/1953	Male	Crete	Nebraska	68333
4/24/1958	Female	Crete	Nebraska	68333
3/25/1983	Male	Crete	Nebraska	68333
5/27/1988	Female	Crete	Nebraska	68333
6/4/1962	Female	Crete	Nebraska	68333
1/19/1981	Male	Crete	Nebraska	68333
9/29/1976	Female	Crete	Nebraska	68333
10/31/1969	Female	Crete	Nebraska	68333
12/1/1976	Female	Crete	Nebraska	68333
7/27/1962	Male	Crete	Nebraska	68333
5/15/1957	Male	Crete	Nebraska	68333
6/7/1970	Male	Crete	Nebraska	68333
1/23/1982	Male	Crete	Nebraska	68333
8/7/1976	Female	Crete	Nebraska	68333
2/17/1970	Male	Crete	Nebraska	68333
1/8/1954	Female	Crete	Nebraska	68333
10/2/1955	Female	Crete	Nebraska	68333
7/18/1955	Female	Crete	Nebraska	68333
6/4/1961	Male	Davenport	Nebraska	68335
9/28/1951	Male	Davey	Nebraska	68336

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/2/1962	Female	Davey	Nebraska	68336
10/28/1956	Female	Davey	Nebraska	68336
8/21/1958	Male	Davey	Nebraska	68336
11/2/1964	Female	Davey	Nebraska	68336
10/25/1949	Male	Davey	Nebraska	68336
9/9/1959	Female	Davey	Nebraska	68336
7/27/1962	Male	Davey	Nebraska	68336
1/20/1956	Female	Davey	Nebraska	68336
6/9/1954	Female	Davey	Nebraska	68336
2/15/1948	Female	Davey	Nebraska	68336
2/24/1973	Female	Davey	Nebraska	68336
12/29/1972	Female	Dawson	Nebraska	68337
2/12/1959	Female	Dawson	Nebraska	68337
3/23/1956	Female	Dawson	Nebraska	68337
3/3/1992	Female	Dawson	Nebraska	68337
4/22/1956	Male	Denton	Nebraska	68339
7/11/1954	Female	Denton	Nebraska	68339
4/6/1953	Male	Denton	Nebraska	68339
11/27/1958	Female	Denton	Nebraska	68339
7/1/1966	Male	Denton	Nebraska	68339
10/19/1961	Female	Denton	Nebraska	68339
9/19/1962	Male	Denton	Nebraska	68339
11/20/1951	Male	Denton	Nebraska	68339
10/28/1954	Male	Denton	Nebraska	68339
10/16/1965	Male	Denton	Nebraska	68339
2/5/1984	Male	Denton	Nebraska	68339
5/4/1966	Female	Denton	Nebraska	68339
5/27/1978	Female	Denton	Nebraska	68339
1/11/1954	Male	Denton	Nebraska	68339
4/25/1964	Male	Denton	Nebraska	68339
9/4/1974	Female	Denton	Nebraska	68339
8/1/1955	Female	Denton	Nebraska	68339
12/26/1963	Male	Denton	Nebraska	68339
11/7/1953	Female	Denton	Nebraska	68339
11/9/1953	Male	Denton	Nebraska	68339
8/5/1961	Female	Denton	Nebraska	68339
6/22/1988	Male	Denton	Nebraska	68339
8/6/1962	Female	Denton	Nebraska	68339
6/1/1956	Female	Denton	Nebraska	68339
4/7/1967	Female	Denton	Nebraska	68339
12/20/1956	Female	Denton	Nebraska	68339

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/19/1971	Male	Denton	Nebraska	68339
8/22/1982	Male	Denton	Nebraska	68339
1/20/1957	Male	Denton	Nebraska	68339
10/20/1957	Female	Denton	Nebraska	68339
10/10/1954	Male	Denton	Nebraska	68339
1/11/1955	Female	Denton	Nebraska	68339
4/3/1964	Male	Denton	Nebraska	68339
9/7/1964	Male	Denton	Nebraska	68339
7/20/1985	Male	Denton	Nebraska	68339
12/24/1978	Female	Denton	Nebraska	68339
11/30/1959	Male	Denton	Nebraska	68339
2/28/1958	Female	Denton	Nebraska	68339
6/5/1955	Female	Denton	Nebraska	68339
2/6/1969	Female	Denton	Nebraska	68339
8/14/1984	Female	Denton	Nebraska	68339
7/20/1970	Male	Denton	Nebraska	68339
5/2/1949	Female	Denton	Nebraska	68339
11/26/1956	Female	Denton	Nebraska	68339
5/25/1977	Female	Deshler	Nebraska	68340
7/15/1975	Female	Deshler	Nebraska	68340
7/21/1979	Female	Deshler	Nebraska	68340
7/6/1992	Male	Deshler	Nebraska	68340
3/27/1961	Female	De Witt	Nebraska	68341
2/11/1971	Male	De Witt	Nebraska	68341
2/12/1959	Female	De Witt	Nebraska	68341
4/29/1964	Male	Dewitt	Nebraska	68341
4/2/1976	Male	DeWitt	Nebraska	68341
1/31/1981	Female	De Witt	Nebraska	68341
9/14/1963	Female	DeWitt	Nebraska	68341
12/18/1955	Male	De Witt	Nebraska	68341
7/18/1954	Male	De Witt	Nebraska	68341
12/11/1963	Female	De Witt	Nebraska	68341
2/29/1952	Male	Dewitt	Nebraska	68341
4/1/1985	Female	DeWitt	Nebraska	68341
5/20/1962	Male	De Witt	Nebraska	68341
3/27/1975	Male	De Witt	Nebraska	68341
4/27/1985	Male	De Witt	Nebraska	68341
3/13/1979	Female	Dewitt	Nebraska	68341
3/3/1981	Female	Dewitt	Nebraska	68341
9/13/1988	Female	DeWitt	Nebraska	68341
8/21/1970	Female	DeWitt	Nebraska	68341

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/23/1960	Female	DeWitt	Nebraska	68341
7/8/1976	Female	DeWitt	Nebraska	68341
10/15/1965	Female	DeWitt	Nebraska	68341
11/6/1958	Female	De Witt	Nebraska	68341
5/12/1963	Female	De Witt	Nebraska	68341
12/10/1967	Female	De Witt	Nebraska	68341
8/4/1981	Male	Dewitt	Nebraska	68341
9/7/1954	Female	De Witt	Nebraska	68341
3/16/1947	Female	Diller	Nebraska	68342
5/13/1954	Male	Diller	Nebraska	68342
4/19/1961	Female	Diller	Nebraska	68342
8/31/1973	Female	Diller	Nebraska	68342
10/29/1959	Female	Diller	Nebraska	68342
4/25/1965	Female	Diller	Nebraska	68342
10/17/1990	Female	Diller	Nebraska	68342
5/7/1956	Male	Diller	Nebraska	68342
12/27/1980	Female	Dorchester	Nebraska	68343
4/24/1984	Female	Dorchester	Nebraska	68343
4/3/1995	Female	Dorchester	Nebraska	68343
10/3/1970	Female	Dorchester	Nebraska	68343
5/22/1974	Female	Dorchester	Nebraska	68343
11/7/1961	Male	Dorchester	Nebraska	68343
10/19/1975	Male	Dorchester	Nebraska	68343
9/28/1971	Female	Dorchester	Nebraska	68343
1/2/1975	Female	Douglas	Nebraska	68344
10/29/1953	Female	Douglas	Nebraska	68344
5/27/1974	Male	Douglas	Nebraska	68344
12/14/1984	Female	Douglas	Nebraska	68344
7/12/1952	Male	Douglas	Nebraska	68344
1/22/1952	Female	Douglas	Nebraska	68344
10/12/1952	Male	Douglas	Nebraska	68344
3/13/1966	Male	DuBois	Nebraska	68345
6/14/1965	Male	Dunbar	Nebraska	68346
5/2/1978	Male	Dunbar	Nebraska	68346
3/26/1978	Female	Dunbar	Nebraska	68346
12/28/1984	Female	Dunbar	Nebraska	68346
10/11/1967	Female	Dunbar	Nebraska	68346
1/28/1958	Female	Dunbar	Nebraska	68346
2/5/1964	Female	Dunbar	Nebraska	68346
2/17/1963	Male	Dunbar	Nebraska	68346
11/1/1955	Male	Dunbar	Nebraska	68346

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/24/1958	Female	Eagle	Nebraska	68347
12/18/1976	Male	Eagle	Nebraska	68347
10/8/1986	Male	Eagle	Nebraska	68347
6/15/1955	Female	Eagle	Nebraska	68347
2/21/1958	Female	Eagle	Nebraska	68347
7/17/1979	Male	Eagle	Nebraska	68347
10/11/1950	Female	Eagle	Nebraska	68347
11/24/1975	Male	Eagle	Nebraska	68347
2/25/1957	Male	Eagle	Nebraska	68347
3/13/1947	Female	Eagle	Nebraska	68347
4/7/1989	Female	Eagle	Nebraska	68347
10/2/1961	Male	EAGLE	Nebraska	68347
11/8/1993	Male	Eagle	Nebraska	68347
11/24/1966	Female	EAGLE	Nebraska	68347
6/30/1970	Female	Eagle	Nebraska	68347
9/12/1953	Male	Eagle	Nebraska	68347
5/21/1954	Female	Eagle	Nebraska	68347
11/30/1951	Male	Eagle	Nebraska	68347
12/17/1976	Male	Eagle	Nebraska	68347
9/26/1977	Male	Eagle	Nebraska	68347
4/18/1965	Female	Eagle	Nebraska	68347
8/12/1952	Female	Eagle	Nebraska	68347
2/25/1957	Female	Eagle	Nebraska	68347
3/18/1957	Male	Eagle	Nebraska	68347
8/21/1957	Female	Eagle	Nebraska	68347
11/11/1971	Female	Eagle	Nebraska	68347
5/27/1974	Male	Eagle	Nebraska	68347
3/16/1980	Female	Eagle	Nebraska	68347
7/6/1972	Female	Eagle	Nebraska	68347
6/5/1964	Female	Eagle	Nebraska	68347
8/10/1960	Female	Eagle	Nebraska	68347
10/16/1976	Female	Eagle	Nebraska	68347
5/7/1986	Male	Eagle	Nebraska	68347
8/28/1958	Female	Eagle	Nebraska	68347
1/29/1974	Female	Eagle	Nebraska	68347
11/1/1960	Male	Eagle	Nebraska	68347
10/15/1977	Female	Eagle	Nebraska	68347
7/10/1956	Female	Eagle	Nebraska	68347
6/23/1992	Male	Eagle	Nebraska	68347
8/15/1956	Female	Eagle	Nebraska	68347
4/5/1961	Male	Eagle	Nebraska	68347



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/28/1961	Male	Eagle	Nebraska	68347
12/7/1958	Female	Eagle	Nebraska	68347
8/19/1984	Male	Eagle	Nebraska	68347
12/21/1982	Female	Eagle	Nebraska	68347
9/16/1966	Male	Eagle	Nebraska	68347
6/26/1978	Male	Eagle	Nebraska	68347
12/15/1972	Male	Eagle	Nebraska	68347
12/6/1976	Female	Eagle	Nebraska	68347
4/14/1991	Female	Eagle	Nebraska	68347
8/15/1968	Female	Eagle	Nebraska	68347
12/15/1951	Male	Eagle	Nebraska	68347
8/5/1970	Female	Elk Creek	Nebraska	68348
1/28/1958	Male	Elk Creek	Nebraska	68348
7/9/1961	Male	Elk Creek	Nebraska	68348
12/20/1979	Female	Elk Creek	Nebraska	68348
9/23/1953	Female	Elk Creek	Nebraska	68348
12/29/1981	Female	Elk Creek	Nebraska	68348
1/23/1959	Female	Elk Creek	Nebraska	68348
12/14/1953	Female	Elk Creek	Nebraska	68348
5/4/1984	Female	Elk Creek	Nebraska	68348
3/17/1959	Male	Elk Creek	Nebraska	68348
6/5/1985	Female	Elk Creek	Nebraska	68348
1/17/1948	Female	Elmwood	Nebraska	68349
12/4/1987	Female	Elmwood	Nebraska	68349
4/5/1966	Female	Elmwood	Nebraska	68349
2/21/1974	Male	Elmwood	Nebraska	68349
3/27/1969	Female	Elmwood	Nebraska	68349
7/9/1956	Male	Elmwood	Nebraska	68349
6/3/1988	Female	Elmwood	Nebraska	68349
4/4/1964	Female	Elmwood	Nebraska	68349
4/29/1945	Male	Elmwood	Nebraska	68349
9/2/1998	Male	Elmwood	Nebraska	68349
8/2/1967	Female	Elmwood	Nebraska	68349
1/8/1955	Female	Elmwood	Nebraska	68349
12/4/1983	Male	Elmwood	Nebraska	68349
3/20/1962	Female	Elmwood	Nebraska	68349
10/21/1964	Male	Elmwood	Nebraska	68349
4/7/1956	Female	Elmwood	Nebraska	68349
6/25/1964	Male	Elmwood	Nebraska	68349
8/27/1959	Female	Elwood	Nebraska	68349
1/11/1965	Male	Elmwood	Nebraska	68349

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/17/1963	Male	Elmwood	Nebraska	68349
1/8/1973	Male	Elmwood	Nebraska	68349
5/9/1991	Male	Elmwood	Nebraska	68349
1/23/1976	Female	Elmwood	Nebraska	68349
5/3/1962	Female	Exeter	Nebraska	68351
2/23/1988	Female	Exeter	Nebraska	68351
12/16/1991	Female	Exeter	Nebraska	68351
2/19/1958	Female	Exeter	Nebraska	68351
8/7/1966	Female	Exeter	Nebraska	68351
1/10/1971	Female	Exeter	Nebraska	68351
10/5/1967	Male	Exeter	Nebraska	68351
10/8/1963	Male	Exeter	Nebraska	68351
4/5/1993	Female	Fairbury	Nebraska	68352
8/1/1982	Male	Fairbury	Nebraska	68352
9/7/1979	Female	Fairbury	Nebraska	68352
12/29/1959	Male	Fairbury	Nebraska	68352
12/16/1969	Male	Fairbury	Nebraska	68352
10/2/1960	Male	Fairbury	Nebraska	68352
12/11/1956	Female	Fairbury	Nebraska	68352
11/13/1969	Female	Fairbury	Nebraska	68352
12/28/1970	Female	Fairbury	Nebraska	68352
12/11/1958	Female	Fairbury	Nebraska	68352
2/19/1966	Female	Fairbury	Nebraska	68352
7/5/1974	Female	Fairbury	Nebraska	68352
4/26/1966	Female	Fairbury	Nebraska	68352
2/13/1973	Female	Fairbury	Nebraska	68352
4/19/1963	Female	Fairbury	Nebraska	68352
4/12/1957	Male	Fairbury	Nebraska	68352
7/19/1961	Female	Fairbury	Nebraska	68352
6/3/1968	Male	Fairbury	Nebraska	68352
2/4/1983	Female	Fairbury	Nebraska	68352
9/8/1960	Female	Fairbury	Nebraska	68352
4/2/1990	Female	Fairbury	Nebraska	68352
8/12/1965	Female	Fairbury	Nebraska	68352
11/10/1990	Female	Fairbury	Nebraska	68352
3/23/1976	Male	Fairbury	Nebraska	68352
1/20/1997	Female	Fairbury	Nebraska	68352
3/20/1976	Female	Fairbury	Nebraska	68352
10/13/1963	Female	Fairbury	Nebraska	68352
9/28/1963	Male	Fairbury	Nebraska	68352
2/17/1968	Male	Fairbury	Nebraska	68352

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/2/1961	Male	Fairbury	Nebraska	68352
11/1/1970	Male	Fairbury	Nebraska	68352
8/7/1951	Male	Fairbury	Nebraska	68352
4/18/1957	Male	Fairbury	Nebraska	68352
8/27/1958	Female	Fairbury	Nebraska	68352
12/7/1958	Male	Fairbury	Nebraska	68352
9/1/1965	Male	Fairbury	Nebraska	68352
8/20/1970	Male	Fairbury	Nebraska	68352
3/21/1986	Male	Fairbury	Nebraska	68352
9/7/1954	Male	Fairbury	Nebraska	68352
12/4/1973	Male	Fairbury	Nebraska	68352
6/27/1973	Male	Fairbury	Nebraska	68352
3/25/1979	Male	Fairbury	Nebraska	68352
2/10/1978	Male	Fairbury	Nebraska	68352
4/28/1963	Male	Fairbury	Nebraska	68352
8/7/1964	Male	Fairbury	Nebraska	68352
1/21/1960	Female	Fairbury	Nebraska	68352
8/18/1957	Female	Fairbury	Nebraska	68352
10/25/1958	Female	Fairbury	Nebraska	68352
11/29/1965	Female	Fairbury	Nebraska	68352
12/2/1962	Male	Fairmont	Nebraska	68354
3/7/1979	Male	Fairmont	Nebraska	68354
7/24/1957	Female	Fairmont	Nebraska	68354
12/26/1964	Female	Fairmont	Nebraska	68354
3/31/1957	Female	Fairmont	Nebraska	68354
1/12/1953	Female	Fairmont	Nebraska	68354
8/25/1957	Male	Fairmont	Nebraska	68354
10/7/1960	Female	Fairmont	Nebraska	68354
3/19/1988	Female	Fairmont	Nebraska	68354
5/20/1979	Female	Fairmont	Nebraska	68354
3/17/1966	Female	Fairmont	Nebraska	68354
6/29/1983	Female	Fairmont	Nebraska	68354
1/16/1962	Female	Fairmont	Nebraska	68354
9/23/1963	Male	Fairmont	Nebraska	68354
4/16/1956	Male	Fairmont	Nebraska	68354
5/8/1959	Male	Fairmont	Nebraska	68354
9/23/1959	Male	Fairmont	Nebraska	68354
2/10/1951	Male	Fairmont	Nebraska	68354
12/12/1969	Male	Fairmont	Nebraska	68354
6/1/1965	Male	Falls City	Nebraska	68355
8/7/1962	Female	Falls City	Nebraska	68355

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/21/1982	Male	Falls City	Nebraska	68355
8/24/1972	Female	Falls City	Nebraska	68355
1/16/1961	Male	Falls City	Nebraska	68355
2/17/1984	Male	Falls City	Nebraska	68355
2/6/1959	Female	Falls City	Nebraska	68355
4/18/1953	Female	Falls City	Nebraska	68355
10/12/1955	Female	Falls City	Nebraska	68355
1/28/1958	Female	Falls City	Nebraska	68355
1/4/1961	Female	Falls City	Nebraska	68355
9/19/1967	Male	Falls City	Nebraska	68355
6/16/1987	Male	Falls City	Nebraska	68355
9/27/1956	Female	Falls City	Nebraska	68355
12/11/1959	Female	Falls City	Nebraska	68355
6/14/1965	Male	Filley	Nebraska	68357
4/7/1989	Female	Filley	Nebraska	68357
11/15/1968	Male	Filley	Nebraska	68357
9/30/1949	Male	Filley	Nebraska	68357
2/27/1960	Male	Filley	Nebraska	68357
4/15/1963	Female	Filley	Nebraska	68357
6/17/1977	Male	Filley	Nebraska	68357
12/10/1984	Female	Filley	Nebraska	68357
6/12/1973	Female	Filley	Nebraska	68357
3/2/1994	Female	Filley	Nebraska	68357
2/1/1985	Male	Filley	Nebraska	68357
12/6/1978	Male	Filley	Nebraska	68357
5/3/1969	Female	Filley	Nebraska	68357
6/17/1980	Male	Filley	Nebraska	68357
5/16/1972	Female	Filley	Nebraska	68357
4/25/1966	Male	Firth	Nebraska	68358
3/19/1974	Male	Firth	Nebraska	68358
11/25/1967	Male	First	Nebraska	68358
1/14/1970	Male	Firth	Nebraska	68358
1/21/1986	Male	Firth	Nebraska	68358
7/1/1994	Male	Firth	Nebraska	68358
1/20/1997	Male	Firth	Nebraska	68358
12/4/1965	Male	Firth	Nebraska	68358
6/25/1963	Male	Firth	Nebraska	68358
4/16/1963	Female	Firth	Nebraska	68358
5/16/1991	Male	Firth	Nebraska	68358
2/22/1972	Female	Firth	Nebraska	68358
12/28/1956	Male	Firth	Nebraska	68358

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/8/1980	Male	Firth	Nebraska	68358
7/26/1958	Female	Firth	Nebraska	68358
8/4/1974	Female	Firth	Nebraska	68358
6/5/1967	Female	Firth	Nebraska	68358
5/17/1969	Female	Firth	Nebraska	68358
8/25/1969	Male	Firth	Nebraska	68358
4/29/1956	Female	Firth	Nebraska	68358
7/3/1970	Female	Firth	Nebraska	68358
11/27/1990	Male	Firth	Nebraska	68358
12/2/1978	Male	Firth	Nebraska	68358
11/3/1971	Male	Firth	Nebraska	68358
3/8/1964	Female	Firth	Nebraska	68358
4/9/1964	Male	Firth	Nebraska	68358
3/17/1960	Male	Firth	Nebraska	68358
10/4/1962	Male	Firth	Nebraska	68358
9/27/1974	Male	Firth	Nebraska	68358
1/9/1986	Male	Firth	Nebraska	68358
1/17/1963	Female	Firth	Nebraska	68358
11/15/1957	Male	Firth	Nebraska	68358
11/21/1960	Female	Firth	Nebraska	68358
6/19/1954	Female	Friend	Nebraska	68359
10/28/1958	Female	Friend	Nebraska	68359
1/10/1994	Male	Friend	Nebraska	68359
6/29/1993	Male	Friend	Nebraska	68359
9/1/1995	Male	Friend	Nebraska	68359
7/27/1953	Female	Friend	Nebraska	68359
3/1/1966	Female	Friend	Nebraska	68359
10/6/1963	Male	Friend	Nebraska	68359
11/29/1954	Female	Friend	Nebraska	68359
6/23/1961	Female	Friend	Nebraska	68359
6/17/1978	Female	Friend	Nebraska	68359
5/12/1956	Male	Garland	Nebraska	68360
8/29/1951	Male	Garland	Nebraska	68360
12/11/1977	Female	Garland	Nebraska	68360
2/11/1962	Male	Garland	Nebraska	68360
1/24/1960	Female	Garland	Nebraska	68360
12/29/1961	Female	Garland	Nebraska	68360
9/16/1958	Female	Garland	Nebraska	68360
12/28/1960	Female	Garland	Nebraska	68360
9/7/1960	Female	Garland	Nebraska	68360
9/8/1961	Female	Garland	Nebraska	68360

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/18/1960	Male	Garland	Nebraska	68360
1/5/1964	Male	Garland	Nebraska	68360
3/8/1955	Female	Garland	Nebraska	68360
7/26/1954	Female	Garland	Nebraska	68360
3/31/1978	Male	Geneva	Nebraska	68361
11/30/1987	Male	Geneva	Nebraska	68361
6/2/1965	Female	Geneva	Nebraska	68361
2/13/1948	Male	Geneva	Nebraska	68361
4/26/1950	Female	Geneva	Nebraska	68361
3/2/1960	Female	Geneva	Nebraska	68361
2/17/1967	Male	Geneva	Nebraska	68361
12/23/1952	Female	Geneva	Nebraska	68361
11/12/1953	Female	Geneva	Nebraska	68361
5/9/1957	Female	Geneva	Nebraska	68361
3/31/1954	Female	Geneva	Nebraska	68361
4/12/1956	Male	Geneva	Nebraska	68361
2/15/1954	Female	Geneva	Nebraska	68361
6/4/1952	Male	Geneva	Nebraska	68361
6/2/1952	Male	Geneva	Nebraska	68361
1/7/1954	Female	Geneva	Nebraska	68361
11/19/1967	Female	Geneva	Nebraska	68361
10/18/1963	Female	Geneva	Nebraska	68361
5/15/1963	Female	Geneva	Nebraska	68361
8/16/1963	Male	Geneva	Nebraska	68361
12/7/1982	Female	Geneva	Nebraska	68361
8/28/1957	Female	Geneva	Nebraska	68361
9/10/1953	Female	Geneva	Nebraska	68361
12/31/1957	Male	Geneva	Nebraska	68361
4/5/1953	Male	Geneva	Nebraska	68361
6/1/1986	Male	Geneva	Nebraska	68361
11/13/1991	Female	Geneva	Nebraska	68361
4/5/1971	Male	Scottsbluff	Nebraska	68361
10/14/1976	Female	Geneva	Nebraska	68361
10/22/1979	Female	Geneva	Nebraska	68361
2/10/1949	Female	Geneva	Nebraska	68361
11/12/1981	Male	Geneva	Nebraska	68361
4/25/1990	Female	Geneva	Nebraska	68361
2/17/1986	Female	Geneva	Nebraska	68361
1/8/1961	Female	Geneva	Nebraska	68361
5/22/1990	Female	Geneva	Nebraska	68361
9/28/1978	Female	Geneva	Nebraska	68361

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/15/1976	Female	Geneva	Nebraska	68361
3/31/1993	Male	Geneva	Nebraska	68361
8/22/1984	Female	Geneva	Nebraska	68361
7/11/1972	Male	Geneva	Nebraska	68361
10/25/1993	Female	Geneva	Nebraska	68361
12/13/1951	Female	Geneva	Nebraska	68361
10/4/1986	Male	Geneva	Nebraska	68361
4/28/1957	Female	Geneva	Nebraska	68361
7/17/1961	Female	Geneva	Nebraska	68361
12/14/1939	Male	Geneva	Nebraska	68361
8/27/1957	Male	Geneva	Nebraska	68361
2/3/1960	Male	Geneva	Nebraska	68361
4/12/1962	Male	Geneva	Nebraska	68361
1/14/1955	Male	Geneva	Nebraska	68361
4/23/1963	Female	Geneva	Nebraska	68361
12/28/1961	Male	Geneva	Nebraska	68361
1/19/1977	Male	Geneva	Nebraska	68361
8/17/1984	Male	Geneva	Nebraska	68361
10/31/1987	Male	Geneva	Nebraska	68361
4/27/1958	Female	Geneva	Nebraska	68361
7/19/1954	Female	Geneva	Nebraska	68361
9/6/1985	Male	Geneva	Nebraska	68361
5/28/1980	Male	gilead	Nebraska	68362
2/27/1970	Female	Goehner	Nebraska	68364
3/16/1961	Female	Goehner	Nebraska	68364
5/27/1974	Female	Sutton	Nebraska	68365
11/14/1974	Female	Greenwood	Nebraska	68366
8/25/1967	Female	Greenwood	Nebraska	68366
10/14/1988	Male	Greenwood	Nebraska	68366
6/22/1978	Male	Greenwood	Nebraska	68366
6/24/1976	Female	Greenwood	Nebraska	68366
8/23/1962	Female	Greenwood	Nebraska	68366
3/25/1962	Male	Greenwood	Nebraska	68366
4/26/1963	Female	Greenwood	Nebraska	68366
1/19/1983	Female	Greenwood	Nebraska	68366
10/6/1966	Female	Greenwood	Nebraska	68366
9/22/1980	Female	Greenwood	Nebraska	68366
6/27/1965	Female	Greenwood	Nebraska	68366
12/7/1962	Male	Greenwood	Nebraska	68366
4/1/1958	Male	Greenwood	Nebraska	68366
1/31/1964	Male	Greenwood	Nebraska	68366

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/23/1952	Male	Gresham	Nebraska	68367
8/4/1955	Female	GRESHAM	Nebraska	68367
5/22/1957	Female	Gresham	Nebraska	68367
10/28/1952	Female	Hallam	Nebraska	68368
11/11/1961	Female	Hallam	Nebraska	68368
6/8/1952	Female	Hallam	Nebraska	68368
5/14/1970	Female	Hallam	Nebraska	68368
10/15/1957	Male	Hallam	Nebraska	68368
11/10/1988	Male	Hallam	Nebraska	68368
2/5/1989	Female	Hallam	Nebraska	68368
10/18/1969	Female	Hallam	Nebraska	68368
11/12/1981	Male	Hallam	Nebraska	68368
6/8/1955	Female	Hallam	Nebraska	68368
6/29/1960	Female	Hallam	Nebraska	68368
9/8/1956	Male	Hallam	Nebraska	68368
1/14/1979	Male	Hallam	Nebraska	68368
7/13/1992	Female	Hallam	Nebraska	68368
3/5/1954	Female	Hallam	Nebraska	68368
11/23/1975	Male	Hallam	Nebraska	68368
4/13/1953	Female	Hallam	Nebraska	68368
5/5/1944	Female	Hallam	Nebraska	68368
11/13/1973	Male	Hebron	Nebraska	68370
2/25/1990	Male	Hebron	Nebraska	68370
10/18/1955	Female	Hebron	Nebraska	68370
7/8/1985	Female	Hebron	Nebraska	68370
1/6/1977	Female	Hebron	Nebraska	68370
8/28/1979	Female	Hebron	Nebraska	68370
8/24/1954	Male	Hebron	Nebraska	68370
9/19/1951	Male	Hebron	Nebraska	68370
4/4/1955	Male	Hebron	Nebraska	68370
4/8/1966	Male	Hebron	Nebraska	68370
5/14/1986	Male	Hebron	Nebraska	68370
10/1/1987	Male	Hebron	Nebraska	68370
8/22/1958	Male	Hebron	Nebraska	68370
5/7/1961	Male	Hebron	Nebraska	68370
6/7/1957	Female	Hebron	Nebraska	68370
10/21/1962	Male	Hebron	Nebraska	68370
9/5/1973	Male	Hebron	Nebraska	68370
7/11/1993	Male	Hebron	Nebraska	68370
1/14/1966	Female	Hebron	Nebraska	68370
7/31/1969	Female	Hebron	Nebraska	68370



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/14/1978	Female	Hebron	Nebraska	68370
3/9/1964	Female	Hebron	Nebraska	68370
10/8/1964	Female	Henderson	Nebraska	68371
11/14/1955	Male	Henderson	Nebraska	68371
2/17/1952	Female	Henderson	Nebraska	68371
6/7/1961	Male	Henderson	Nebraska	68371
11/6/1965	Female	Henderson	Nebraska	68371
1/30/1962	Female	Henderson	Nebraska	68371
6/28/1958	Male	Henderson	Nebraska	68371
7/13/1955	Male	Henderson	Nebraska	68371
8/16/1952	Male	Henderson	Nebraska	68371
8/12/1976	Male	Henderson	Nebraska	68371
5/31/1971	Male	Henderson	Nebraska	68371
3/22/1957	Male	Hickman	Nebraska	68372
1/8/1976	Male	Hickman	Nebraska	68372
8/30/1954	Male	Hickman	Nebraska	68372
8/28/1977	Male	Hickman	Nebraska	68372
12/7/1973	Male	Hickman	Nebraska	68372
5/8/1981	Female	Hickman	Nebraska	68372
3/28/1979	Female	Hickman	Nebraska	68372
12/9/1970	Male	Hickman	Nebraska	68372
8/27/1949	Female	Holland	Nebraska	68372
11/14/1974	Female	Hickman	Nebraska	68372
8/1/1963	Female	Hickman	Nebraska	68372
10/26/1982	Female	Hickman	Nebraska	68372
9/12/1970	Male	Hickman	Nebraska	68372
12/1/1972	Male	Hickman	Nebraska	68372
12/6/1973	Male	Hickman	Nebraska	68372
7/5/1951	Male	Hickman	Nebraska	68372
12/19/1958	Male	Hickman	Nebraska	68372
6/25/1959	Male	Hickman	Nebraska	68372
10/6/1985	Female	Hickman	Nebraska	68372
3/16/1985	Male	Hickman	Nebraska	68372
7/10/1962	Female	Hickman	Nebraska	68372
1/2/1961	Male	Hickman	Nebraska	68372
11/3/1986	Male	Hickman	Nebraska	68372
3/30/1966	Male	Hickman	Nebraska	68372
5/3/1986	Male	Hickman	Nebraska	68372
10/25/1985	Male	Hickman	Nebraska	68372
4/4/1988	Male	Hickman	Nebraska	68372
8/19/1993	Male	Hickman	Nebraska	68372

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/5/1993	Female	Hickman	Nebraska	68372
1/27/1983	Female	Hickman	Nebraska	68372
2/26/1960	Female	Hickman	Nebraska	68372
3/11/1957	Male	Hickman	Nebraska	68372
6/1/1959	Female	Hickman	Nebraska	68372
11/23/1981	Female	Hickman	Nebraska	68372
8/7/1964	Female	Hickman	Nebraska	68372
12/1/1979	Female	Hickman	Nebraska	68372
3/31/1968	Male	Hickman	Nebraska	68372
10/14/1949	Male	Hickman	Nebraska	68372
6/16/1965	Female	Hickman	Nebraska	68372
9/29/1957	Female	Hickman	Nebraska	68372
8/25/1964	Male	Hickman	Nebraska	68372
9/17/1954	Male	Hickman	Nebraska	68372
8/13/1960	Female	Hickman	Nebraska	68372
4/17/1985	Female	Hickman	Nebraska	68372
2/19/1975	Female	Hickman	Nebraska	68372
5/17/1985	Male	Hickman	Nebraska	68372
2/24/1989	Female	Hickman	Nebraska	68372
8/25/1980	Female	Hickman	Nebraska	68372
4/5/1990	Female	Hickman	Nebraska	68372
10/25/1980	Male	Hickman	Nebraska	68372
3/7/1990	Female	Hickman	Nebraska	68372
1/2/1956	Male	Hickman	Nebraska	68372
5/1/1985	Female	Holland	Nebraska	68372
5/26/1971	Female	Hickman	Nebraska	68372
10/19/1967	Female	Hickman	Nebraska	68372
10/28/1981	Male	Hickman	Nebraska	68372
6/15/1983	Female	Holland	Nebraska	68372
11/22/1974	Male	Hickman	Nebraska	68372
5/20/1983	Female	Hickman	Nebraska	68372
6/17/1979	Female	Hickman	Nebraska	68372
9/22/1957	Female	Hickman	Nebraska	68372
7/7/1968	Female	Hickman	Nebraska	68372
3/17/1952	Male	Hickman	Nebraska	68372
8/9/1955	Female	Hickman	Nebraska	68372
12/27/1980	Female	Hickman	Nebraska	68372
10/1/1973	Female	Hickman	Nebraska	68372
9/25/1971	Female	Holland	Nebraska	68372
9/18/1965	Male	Hickman	Nebraska	68372
12/10/1964	Male	Hickman	Nebraska	68372

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/27/1955	Male	Hickman	Nebraska	68372
3/10/1959	Female	Hickman	Nebraska	68372
4/19/1976	Male	Hickman	Nebraska	68372
4/8/1951	Male	Hickman	Nebraska	68372
5/21/1955	Male	Hickman	Nebraska	68372
6/26/1974	Male	Hickman	Nebraska	68372
8/26/1959	Female	Hickman	Nebraska	68372
3/27/1952	Male	Hickman	Nebraska	68372
11/30/1953	Female	Hickman	Nebraska	68372
10/29/1955	Female	Hickman	Nebraska	68372
10/11/1985	Female	Hickman	Nebraska	68372
9/13/1963	Male	Hickman	Nebraska	68372
12/1/1985	Male	Hickman	Nebraska	68372
11/9/1978	Male	Hickman	Nebraska	68372
9/3/1968	Male	Hickman	Nebraska	68372
7/15/1958	Male	Hickman	Nebraska	68372
7/15/1974	Male	Hickman	Nebraska	68372
11/28/1975	Male	Hickman	Nebraska	68372
7/17/1976	Male	Hickman	Nebraska	68372
1/28/1982	Male	Hickman	Nebraska	68372
9/29/1983	Female	Hickman	Nebraska	68372
6/3/1982	Male	Hickman	Nebraska	68372
3/6/1986	Female	Hickman	Nebraska	68372
8/28/1963	Female	Hickman	Nebraska	68372
5/9/1968	Female	Hickman	Nebraska	68372
6/14/1975	Male	Hickman	Nebraska	68372
1/28/1989	Female	Hickman	Nebraska	68372
4/16/1961	Female	Hickman	Nebraska	68372
11/30/1949	Female	Hickman	Nebraska	68372
2/26/1971	Female	Hickman	Nebraska	68372
1/7/1978	Male	Hickman	Nebraska	68372
9/19/1955	Male	Hubbell	Nebraska	68375
9/26/1972	Male	Humboldt	Nebraska	68376
1/23/1975	Female	Humboldt	Nebraska	68376
10/24/1960	Male	Humboldt	Nebraska	68376
7/30/1970	Male	Humboldt	Nebraska	68376
11/10/1987	Male	Humboldt	Nebraska	68376
8/23/1980	Female	Humboldt	Nebraska	68376
12/19/1968	Female	Humboldt	Nebraska	68376
7/18/1961	Female	Humboldt	Nebraska	68376
2/15/1954	Male	Humboldt	Nebraska	68376

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/19/1986	Male	Humboldt	Nebraska	68376
7/7/1956	Female	Humboldt	Nebraska	68376
10/3/1954	Male	Humboldt	Nebraska	68376
12/26/1968	Male	Jansen	Nebraska	68377
7/6/1977	Female	Jansen	Nebraska	68377
7/20/1965	Male	Jansen	Nebraska	68377
4/25/1959	Male	Jansen	Nebraska	68377
2/3/1977	Female	Johnson	Nebraska	68378
12/22/1970	Female	Johnson	Nebraska	68378
1/24/1964	Male	Johnson	Nebraska	68378
11/17/1958	Female	Johnson	Nebraska	68378
1/11/1988	Male	Johnson	Nebraska	68378
6/14/1974	Female	Johnson	Nebraska	68378
12/19/1969	Female	Johnson	Nebraska	68378
1/9/1979	Female	Johnson	Nebraska	68378
3/13/1964	Male	Johnson	Nebraska	68378
12/31/1972	Male	Johnson	Nebraska	68378
10/14/1960	Male	Johnson	Nebraska	68378
10/28/1978	Male	Johnson	Nebraska	68378
4/20/1993	Male	Johnson	Nebraska	68378
3/15/1979	Male	Johnson	Nebraska	68378
9/23/1951	Male	Julian	Nebraska	68379
1/4/1962	Female	Liberty	Nebraska	68381
2/11/1954	Female	Liberty	Nebraska	68381
8/5/1956	Male	Liberty	Nebraska	68381
8/21/1962	Female	Liberty	Nebraska	68381
3/29/1956	Female	Lorton	Nebraska	68382
7/28/1981	Male	McCool Junction	Nebraska	68401
5/7/1960	Female	Mc Cool Junction	Nebraska	68401
11/7/1962	Male	Mc Cool Junction	Nebraska	68401
6/13/1987	Female	McCool Jct	Nebraska	68401
1/9/1985	Female	McCool Junction	Nebraska	68401
11/3/1963	Male	McCool Junction	Nebraska	68401
11/30/1970	Male	McCool Junction	Nebraska	68401
8/27/1980	Female	Mc Cool Junction	Nebraska	68401
11/6/1965	Female	Malcolm	Nebraska	68402
2/7/1954	Female	Malcolm	Nebraska	68402
7/18/1973	Male	Malcolm	Nebraska	68402
5/12/1969	Female	Malcolm	Nebraska	68402
9/27/1980	Male	Malcolm	Nebraska	68402
7/31/1975	Female	Malcolm	Nebraska	68402

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/30/1974	Female	Malcolm	Nebraska	68402
2/14/1951	Male	Malcolm	Nebraska	68402
3/28/1956	Female	Malcolm	Nebraska	68402
8/21/1961	Male	Malcolm	Nebraska	68402
6/21/1958	Female	Malcolm	Nebraska	68402
3/14/1953	Male	Malcolm	Nebraska	68402
5/14/1965	Male	Malcolm	Nebraska	68402
1/3/1964	Male	Malcolm	Nebraska	68402
8/1/1958	Female	Malcolm	Nebraska	68402
8/16/1953	Male	Malcolm	Nebraska	68402
3/10/1943	Male	Malcolm	Nebraska	68402
7/25/1971	Male	Malcolm	Nebraska	68402
5/30/1959	Male	Malcolm	Nebraska	68402
3/13/1990	Female	Malcolm	Nebraska	68402
6/18/1951	Female	Malcolm	Nebraska	68402
7/2/1958	Female	Malcolm	Nebraska	68402
1/4/1949	Male	Malcolm	Nebraska	68402
7/24/1968	Male	Malcolm	Nebraska	68402
8/1/1962	Female	Malcolm	Nebraska	68402
7/11/1959	Male	Manley	Nebraska	68403
12/12/1960	Male	Manley	Nebraska	68403
2/17/1967	Female	Martell	Nebraska	68404
9/27/1960	Female	Martell	Nebraska	68404
5/11/1968	Male	Martell	Nebraska	68404
7/10/1957	Male	Martell	Nebraska	68404
8/23/1956	Female	Martell	Nebraska	68404
8/25/1954	Female	Martell	Nebraska	68404
8/28/1965	Male	Martell	Nebraska	68404
5/4/1962	Male	Martell	Nebraska	68404
10/27/1989	Male	Martell	Nebraska	68404
4/30/1971	Female	Martell	Nebraska	68404
10/2/1954	Female	Martell	Nebraska	68404
1/15/1968	Female	Martell	Nebraska	68404
11/20/1958	Female	Martell	Nebraska	68404
2/10/1961	Female	Martell	Nebraska	68404
7/14/1968	Female	Martell	Nebraska	68404
3/19/1969	Female	Martell	Nebraska	68404
11/14/1954	Male	Princeton	Nebraska	68404
4/19/1961	Male	Martell	Nebraska	68404
12/6/1966	Male	Martell	Nebraska	68404
7/15/1977	Male	Martell	Nebraska	68404

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/17/1950	Male	Martell	Nebraska	68404
2/10/1963	Male	Martell	Nebraska	68404
12/9/1961	Female	Martell	Nebraska	68404
11/24/1950	Female	Martell	Nebraska	68404
8/20/1960	Female	Martell	Nebraska	68404
9/24/1956	Male	Martell	Nebraska	68404
2/1/1975	Male	Martell	Nebraska	68404
7/14/1979	Female	Martell	Nebraska	68404
6/3/1962	Female	Martell	Nebraska	68404
11/27/1973	Female	Martell	Nebraska	68404
4/26/1979	Female	Milford	Nebraska	68405
7/28/1987	Female	Milford	Nebraska	68405
5/27/1984	Male	Milford	Nebraska	68405
10/22/1958	Male	Milford	Nebraska	68405
8/14/1961	Male	Milford	Nebraska	68405
3/12/1962	Male	Milford	Nebraska	68405
5/10/1976	Female	Milford	Nebraska	68405
1/23/1957	Female	Milford	Nebraska	68405
7/24/1996	Female	Milford	Nebraska	68405
8/21/1963	Male	Milford	Nebraska	68405
5/10/1983	Male	Milford	Nebraska	68405
1/5/1987	Male	Milford	Nebraska	68405
11/6/1957	Male	Milford	Nebraska	68405
9/6/1973	Female	Milford	Nebraska	68405
8/18/1954	Male	Milford	Nebraska	68405
9/26/1967	Female	Milford	Nebraska	68405
7/10/1974	Male	Milford	Nebraska	68405
5/14/1972	Female	Milford	Nebraska	68405
8/6/1969	Female	Milford	Nebraska	68405
9/1/1962	Female	Milford	Nebraska	68405
6/25/1969	Female	Milford	Nebraska	68405
8/13/1973	Female	Milford	Nebraska	68405
12/9/1961	Female	Milford	Nebraska	68405
8/23/1961	Male	Milford	Nebraska	68405
9/21/1961	Female	Milford	Nebraska	68405
5/16/1954	Female	Milford	Nebraska	68405
9/3/1960	Female	Milford	Nebraska	68405
3/15/1949	Male	Milford	Nebraska	68405
11/5/1987	Male	Milford	Nebraska	68405
12/23/1955	Female	Milford	Nebraska	68405
6/25/1981	Female	Milford	Nebraska	68405

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/2/1948	Male	Milford	Nebraska	68405
6/20/1954	Male	Milford	Nebraska	68405
4/30/1949	Male	Milford	Nebraska	68405
11/28/1960	Male	Milford	Nebraska	68405
10/30/1982	Male	Milford	Nebraska	68405
7/25/1973	Male	Milford	Nebraska	68405
12/15/1950	Female	Milford	Nebraska	68405
4/30/1985	Male	Milford	Nebraska	68405
6/21/1975	Male	Milford	Nebraska	68405
1/3/1964	Female	Milford	Nebraska	68405
4/8/1984	Male	Milligan	Nebraska	68406
6/14/1963	Male	Milligan	Nebraska	68406
5/22/1995	Male	Milligan	Nebraska	68406
12/2/1951	Female	Milligan	Nebraska	68406
10/18/1984	Female	Milligan	Nebraska	68406
7/7/1994	Male	Milligan	Nebraska	68406
1/8/1965	Male	Murdock	Nebraska	68407
1/5/1964	Male	Murdock	Nebraska	68407
4/21/1967	Male	Murdock	Nebraska	68407
3/4/1965	Female	Murdock	Nebraska	68407
3/13/1941	Male	Murdock	Nebraska	68407
10/26/1956	Male	Murdock	Nebraska	68407
4/10/1996	Male	MURDOCK	Nebraska	68407
3/31/1976	Male	Murdock	Nebraska	68407
5/18/1961	Female	Murdock	Nebraska	68407
4/18/1954	Female	Murdock	Nebraska	68407
11/7/1988	Female	Murdock	Nebraska	68407
4/20/1984	Female	Murdock	Nebraska	68407
3/26/1992	Female	Murray	Nebraska	68409
11/13/1994	Female	Murray	Nebraska	68409
8/20/1965	Female	Murray	Nebraska	68409
2/1/1947	Male	Murray	Nebraska	68409
3/2/1955	Male	Murray	Nebraska	68409
3/29/1947	Male	Murray	Nebraska	68409
1/30/1998	Female	Nebraska City	Nebraska	68410
9/23/1946	Male	Nebraska City	Nebraska	68410
10/17/1954	Male	Nebraska City	Nebraska	68410
1/19/1975	Female	Nebraska City	Nebraska	68410
8/11/1958	Male	Nebraska City	Nebraska	68410
5/19/1992	Male	Nebraska City	Nebraska	68410
9/21/1987	Male	Nebraska City	Nebraska	68410

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/26/1991	Female	Nebraska City	Nebraska	68410
10/1/1992	Male	Nebraska City	Nebraska	68410
2/10/1996	Female	Nebraska City	Nebraska	68410
7/13/1991	Female	Nebraska City	Nebraska	68410
10/17/1995	Female	Nebraska City	Nebraska	68410
5/14/1961	Female	Nebraska City	Nebraska	68410
8/11/1993	Male	Nebraska City	Nebraska	68410
12/11/1953	Male	Nebraska City	Nebraska	68410
5/15/1951	Male	Nebraska City	Nebraska	68410
3/17/1956	Male	Nebraska City	Nebraska	68410
11/5/1952	Male	Nebraska City	Nebraska	68410
7/19/1962	Male	Nebraska City	Nebraska	68410
1/16/1967	Female	Nebraska City	Nebraska	68410
6/18/1957	Female	Nebraska City	Nebraska	68410
8/15/1960	Female	Nebraska City	Nebraska	68410
3/7/1957	Male	Nebraska City	Nebraska	68410
8/30/1974	Female	Nebraska City	Nebraska	68410
7/6/1951	Female	Nebraska City	Nebraska	68410
3/31/1953	Female	Nebraska City	Nebraska	68410
8/6/1955	Male	Nebraska City	Nebraska	68410
2/26/1956	Male	Nebraska City	Nebraska	68410
10/5/1966	Male	Nebraska City	Nebraska	68410
6/25/1948	Female	Nebraska City	Nebraska	68410
9/1/1974	Male	Nebraska City	Nebraska	68410
9/14/1978	Female	Nebraska City	Nebraska	68410
10/6/1968	Female	Nebraska City	Nebraska	68410
7/27/1986	Female	Nebraska City	Nebraska	68410
3/14/1981	Female	Nebraska City	Nebraska	68410
3/15/1988	Female	Nebraska City	Nebraska	68410
11/26/1957	Female	Nebraska City	Nebraska	68410
2/21/1990	Female	Nebraska City	Nebraska	68410
7/8/1980	Female	Nebraska City	Nebraska	68410
3/10/1947	Male	Nebraska City	Nebraska	68410
10/9/1978	Female	Nebraska City	Nebraska	68410
9/19/1955	Male	Nebraska City	Nebraska	68410
11/18/1961	Male	Nebraska City	Nebraska	68410
7/1/1967	Male	Nebraska City	Nebraska	68410
5/21/1977	Male	Nebraska City	Nebraska	68410
11/23/1987	Male	Nebraska City	Nebraska	68410
2/10/1966	Male	Nebraska City	Nebraska	68410
7/23/1967	Male	Nebraska City	Nebraska	68410



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/3/1973	Male	Nebraska City	Nebraska	68410
7/29/1971	Male	Nebraska City	Nebraska	68410
1/30/1967	Male	Nebraska City	Nebraska	68410
4/1/1961	Male	Nebraska City	Nebraska	68410
1/5/1979	Female	Nebraska City	Nebraska	68410
12/24/1968	Male	Nebraska City	Nebraska	68410
12/10/1981	Male	Nebraska City	Nebraska	68410
7/28/1995	Male	Nebraska City	Nebraska	68410
1/13/1958	Female	Nebraska City	Nebraska	68410
6/21/1955	Female	Nebraska City	Nebraska	68410
12/6/1952	Female	Nebraska City	Nebraska	68410
4/27/1969	Male	Nebraska City	Nebraska	68410
11/22/1950	Male	Nebraska City	Nebraska	68410
12/19/1963	Female	Nebraska City	Nebraska	68410
10/1/1972	Female	Nebraska City	Nebraska	68410
7/27/1988	Male	Nebraska City	Nebraska	68410
10/7/1985	Female	Nehawka	Nebraska	68413
5/4/1977	Female	nehawka	Nebraska	68413
9/26/1958	Male	Nehawka	Nebraska	68413
10/2/1957	Male	Nemaha	Nebraska	68414
5/23/1952	Male	Nemaha	Nebraska	68414
10/22/1959	Female	Palmyra	Nebraska	68414
4/2/1973	Female	Nemaha	Nebraska	68414
6/23/1977	Female	Nemaha	Nebraska	68414
5/11/1991	Male	Odell	Nebraska	68415
8/7/1959	Male	Odell	Nebraska	68415
3/5/1959	Female	Odell	Nebraska	68415
6/30/1952	Male	Odell	Nebraska	68415
3/31/1967	Female	Odell	Nebraska	68415
4/8/1984	Female	Odell	Nebraska	68415
5/22/1983	Female	Odell	Nebraska	68415
4/22/1975	Female	Odell	Nebraska	68415
2/3/1961	Male	Odell	Nebraska	68415
8/6/1974	Male	Odell	Nebraska	68415
7/7/1977	Female	Odell	Nebraska	68415
5/4/1984	Female	Odell	Nebraska	68415
6/13/1992	Female	Odell	Nebraska	68415
4/21/1965	Female	Odell	Nebraska	68415
12/20/1973	Female	Odell	Nebraska	68415
10/16/1992	Female	Ohioa	Nebraska	68416
2/17/1965	Female	Ohioa	Nebraska	68416

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**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/4/1957	Female	Ohioa	Nebraska	68416
5/10/1986	Female	Otoe	Nebraska	68417
3/15/1987	Male	Otoe	Nebraska	68417
2/2/1956	Female	Palmyra	Nebraska	68418
1/7/1990	Female	Palmyra	Nebraska	68418
4/22/1969	Female	Palmyra	Nebraska	68418
6/1/1962	Male	Palmyra	Nebraska	68418
12/3/1956	Male	Palmyra	Nebraska	68418
10/5/1964	Male	Palmyra	Nebraska	68418
8/27/1959	Male	Palmyra	Nebraska	68418
11/27/1967	Female	Palmyra	Nebraska	68418
12/2/1984	Male	Palmyra	Nebraska	68418
1/14/1995	Female	Palmyra	Nebraska	68418
9/14/1958	Female	Palmyra	Nebraska	68418
3/9/1975	Female	Palmyra	Nebraska	68418
9/23/1963	Female	Palmyra	Nebraska	68418
7/28/1951	Female	Palmyra	Nebraska	68418
12/15/1958	Male	Palmyra	Nebraska	68418
3/9/1948	Male	Palmyra	Nebraska	68418
8/14/1956	Male	Palmyra	Nebraska	68418
8/3/1949	Male	Palmyra	Nebraska	68418
10/23/1987	Female	Palmyra	Nebraska	68418
3/26/1956	Male	Palmyra	Nebraska	68418
12/1/1956	Male	Palmyra	Nebraska	68418
9/7/1953	Female	Palmyra	Nebraska	68418
10/16/1957	Male	Palmyra	Nebraska	68418
7/11/1958	Male	Palmyra	Nebraska	68418
2/3/1963	Male	Palmyra	Nebraska	68418
12/5/1952	Male	Palmyra	Nebraska	68418
1/27/1951	Female	Palmyra	Nebraska	68418
9/21/1982	Male	Palmyra	Nebraska	68418
2/6/1969	Male	Palmyra	Nebraska	68418
10/30/1960	Female	Palmyra	Nebraska	68418
8/16/1984	Male	Palmyra	Nebraska	68418
1/21/1954	Female	Palmyra	Nebraska	68418
7/4/1965	Female	Palmyra	Nebraska	68418
9/27/1963	Male	Palmyra	Nebraska	68418
7/16/1970	Male	Panama	Nebraska	68419
7/2/1964	Male	Panama	Nebraska	68419
8/30/1971	Female	Panama	Nebraska	68419
6/6/1950	Male	Pananna	Nebraska	68419

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/27/1954	Female	Panama	Nebraska	68419
1/9/1961	Female	Panama	Nebraska	68419
5/22/1954	Female	Panama	Nebraska	68419
7/31/1955	Female	Panama	Nebraska	68419
10/27/1962	Male	Panama	Nebraska	68419
5/3/1978	Male	Panama	Nebraska	68419
11/13/1970	Female	Panama	Nebraska	68419
3/2/1952	Female	Pawnee City	Nebraska	68420
2/23/1955	Female	Pawnee City	Nebraska	68420
11/15/1957	Female	Pawnee City	Nebraska	68420
5/28/1987	Male	Pawnee City	Nebraska	68420
11/12/1987	Male	Pawnee City	Nebraska	68420
10/31/1949	Female	Pawnee City	Nebraska	68420
6/18/1958	Female	Pawnee City	Nebraska	68420
6/30/1947	Male	Pawnee City	Nebraska	68420
8/12/1962	Male	Pawnee City	Nebraska	68420
3/15/1955	Male	Pawnee City	Nebraska	68420
10/12/1966	Male	Pawnee City	Nebraska	68420
12/1/1962	Male	Pawnee City	Nebraska	68420
10/14/1974	Male	Peru	Nebraska	68421
7/18/1974	Male	Peru	Nebraska	68421
12/30/1989	Male	Peru	Nebraska	68421
3/12/1990	Male	Peru	Nebraska	68421
6/14/1995	Male	Peru	Nebraska	68421
6/30/1973	Female	Peru	Nebraska	68421
5/21/1965	Male	Peru	Nebraska	68421
3/24/1976	Male	Peru	Nebraska	68421
1/3/1983	Male	Pickrell	Nebraska	68422
12/2/1953	Female	Pickrell	Nebraska	68422
9/11/1964	Female	Pickrell	Nebraska	68422
2/7/1950	Male	Pickrell	Nebraska	68422
4/14/1953	Female	Pickrell	Nebraska	68422
7/10/1961	Female	Pickrell	Nebraska	68422
2/1/1974	Female	Pickrell	Nebraska	68422
1/19/1975	Female	Pickrell	Nebraska	68422
3/23/1974	Female	Pickrell	Nebraska	68422
4/28/1952	Female	Pickrell	Nebraska	68422
8/19/1957	Female	Pickrell	Nebraska	68422
10/12/1954	Female	Pickrell	Nebraska	68422
1/14/1993	Female	Lincoln	Nebraska	68422
1/25/1967	Male	Pickrell	Nebraska	68422

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/13/1965	Female	Pickrell	Nebraska	68422
5/15/1950	Male	Pickrell	Nebraska	68422
9/2/1958	Female	Pickrell	Nebraska	68422
7/8/1986	Female	Pickrell	Nebraska	68422
5/20/1966	Male	Pleasant Dale	Nebraska	68423
2/21/1967	Male	Pleasant Dale	Nebraska	68423
9/16/1970	Male	Pleasant Dale	Nebraska	68423
5/27/1960	Male	Pleasant Dale	Nebraska	68423
8/3/1957	Female	Pleasant Dale	Nebraska	68423
6/23/1966	Female	Pleasant Dale	Nebraska	68423
9/21/1954	Female	Pleasant Dale	Nebraska	68423
12/8/1987	Male	Pleasant Dale	Nebraska	68423
12/28/1948	Male	Pleasant Dale	Nebraska	68423
7/30/1953	Female	Pleasant Dale	Nebraska	68423
12/14/1965	Female	Pleasant Dale	Nebraska	68423
8/17/1953	Female	Pleasant Dale	Nebraska	68423
3/14/1963	Female	Pleasant Dale	Nebraska	68423
6/22/1965	Male	Pleasant Dale	Nebraska	68423
12/25/1959	Female	Pleasant Dale	Nebraska	68423
1/20/1956	Female	Pleasant Dale	Nebraska	68423
1/18/1960	Male	Pleasant Dale	Nebraska	68423
11/8/1968	Female	Pleasant Dale	Nebraska	68423
12/27/1963	Male	Pleasant Dale	Nebraska	68423
5/5/1966	Male	Pleasant Dale	Nebraska	68423
1/13/1962	Female	Pleasant Dale	Nebraska	68423
1/13/1963	Male	Pleasant Dale	Nebraska	68423
6/23/1978	Female	Pleasant Dale	Nebraska	68423
5/23/1974	Female	Pleasant Dale	Nebraska	68423
7/31/1957	Female	Plymouth	Nebraska	68424
8/7/1967	Female	Plymouth	Nebraska	68424
12/3/1958	Female	Plymouth	Nebraska	68424
7/23/1958	Female	Plymouth	Nebraska	68424
2/17/1961	Female	Plymouth	Nebraska	68424
3/2/1980	Female	Plymouth	Nebraska	68424
11/3/1957	Male	Plymouth	Nebraska	68424
11/20/1963	Female	Plymouth	Nebraska	68424
12/17/1988	Female	Plymouth	Nebraska	68424
1/25/1994	Female	Plymouth	Nebraska	68424
7/21/1967	Female	Plymouth	Nebraska	68424
5/8/1969	Male	Plymouth	Nebraska	68424
8/6/1979	Male	Plymouth	Nebraska	68424

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/29/1968	Female	Raymond	Nebraska	68428
7/10/1980	Female	Raymond	Nebraska	68428
12/7/1968	Female	Raymond	Nebraska	68428
7/17/1974	Male	Raymond	Nebraska	68428
8/23/1963	Female	Raymond	Nebraska	68428
11/30/1962	Male	Raymond	Nebraska	68428
7/28/1972	Male	Raymont	Nebraska	68428
1/6/1956	Female	Raymond	Nebraska	68428
6/22/1955	Male	Raymond	Nebraska	68428
8/2/1959	Male	Raymond	Nebraska	68428
7/15/1952	Female	Raymond	Nebraska	68428
11/17/1957	Female	Raymond	Nebraska	68428
7/15/1962	Female	Raymond	Nebraska	68428
8/19/1973	Female	Raymond	Nebraska	68428
6/16/1954	Female	Raymond	Nebraska	68428
3/3/1981	Female	Raymond	Nebraska	68428
8/13/1949	Female	Lincoln	Nebraska	68428
4/6/1959	Female	Raymond	Nebraska	68428
6/15/1982	Female	Raymond	Nebraska	68428
4/2/1959	Female	Raymond	Nebraska	68428
4/28/1961	Female	Raymond	Nebraska	68428
9/4/1957	Female	Raymond	Nebraska	68428
8/28/1961	Female	Raymond	Nebraska	68428
10/11/1960	Male	Raymond	Nebraska	68428
2/28/1985	Female	Raymond	Nebraska	68428
1/1/1977	Male	Raymond	Nebraska	68428
9/17/1965	Male	Raymond	Nebraska	68428
9/26/1968	Female	Raymond	Nebraska	68428
3/7/1980	Female	Raymond	Nebraska	68428
1/12/1958	Female	Raymond	Nebraska	68428
10/2/1969	Male	Raymond	Nebraska	68428
6/30/1961	Female	Raymond	Nebraska	68428
8/23/1963	Male	Roca	Nebraska	68430
6/26/1955	Female	Roca	Nebraska	68430
2/7/1957	Female	Roca	Nebraska	68430
11/14/1955	Female	Roca	Nebraska	68430
9/25/1951	Male	Roca	Nebraska	68430
11/17/1964	Male	Roca	Nebraska	68430
3/29/1979	Female	Roca	Nebraska	68430
8/4/1964	Female	Roca	Nebraska	68430
7/31/1961	Male	Roca	Nebraska	68430

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/16/1945	Male	Roca	Nebraska	68430
2/28/1967	Male	Roca	Nebraska	68430
7/21/1963	Male	Roca	Nebraska	68430
4/23/1955	Female	Roca	Nebraska	68430
1/3/1957	Female	Roca	Nebraska	68430
9/17/1972	Female	Roca	Nebraska	68430
8/19/1965	Male	Roca	Nebraska	68430
9/9/1955	Male	Roca	Nebraska	68430
10/4/1990	Male	Roca	Nebraska	68430
9/15/1972	Male	Roca	Nebraska	68430
1/8/1988	Male	Roca	Nebraska	68430
12/14/1986	Male	Roca	Nebraska	68430
1/11/1978	Male	Roca	Nebraska	68430
10/24/1975	Female	Roca	Nebraska	68430
9/6/1961	Female	Roca	Nebraska	68430
9/2/1950	Male	Roca	Nebraska	68430
9/29/1965	Female	Roca	Nebraska	68430
6/2/1969	Female	Roca	Nebraska	68430
9/26/1956	Female	Roca	Nebraska	68430
11/26/1957	Female	Roca	Nebraska	68430
11/10/1951	Male	Roca	Nebraska	68430
2/20/1957	Male	Roca	Nebraska	68430
12/8/1961	Male	Roca	Nebraska	68430
2/25/1963	Female	Roca	Nebraska	68430
10/8/1984	Female	Roca	Nebraska	68430
12/31/1980	Male	Roca	Nebraska	68430
11/24/1986	Female	Salem	Nebraska	68433
12/8/1946	Male	Salem	Nebraska	68433
7/30/1954	Male	Seward	Nebraska	68434
11/18/1963	Female	Seward	Nebraska	68434
10/31/1961	Female	Seward	Nebraska	68434
10/1/1952	Male	Seward	Nebraska	68434
11/4/1978	Female	Seward	Nebraska	68434
8/17/1973	Male	Seward	Nebraska	68434
12/14/1976	Female	Seward	Nebraska	68434
9/25/1967	Female	Seward	Nebraska	68434
4/6/1952	Female	Seward	Nebraska	68434
2/19/1959	Female	Seward	Nebraska	68434
9/17/1963	Male	Seward	Nebraska	68434
12/7/1969	Male	Seward	Nebraska	68434
1/12/1977	Female	Seward	Nebraska	68434

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/13/1966	Female	Seward	Nebraska	68434
1/30/1971	Male	Seward	Nebraska	68434
7/17/1988	Male	Seward	Nebraska	68434
8/4/1982	Female	Seward	Nebraska	68434
9/15/1989	Male	Seward	Nebraska	68434
11/10/1975	Female	Seward	Nebraska	68434
9/7/1974	Female	Seward	Nebraska	68434
10/16/1972	Female	Seward	Nebraska	68434
1/3/1982	Male	Seward	Nebraska	68434
6/20/1956	Female	Seward	Nebraska	68434
11/20/1985	Female	Seward	Nebraska	68434
4/13/1980	Male	Seward	Nebraska	68434
5/29/1952	Male	Seward	Nebraska	68434
11/12/1953	Male	Seward	Nebraska	68434
1/8/1959	Male	Seward	Nebraska	68434
4/26/1958	Female	Seward	Nebraska	68434
4/6/1968	Male	Seward	Nebraska	68434
8/18/1982	Male	Seward	Nebraska	68434
7/23/1957	Female	Seward	Nebraska	68434
4/2/1982	Female	Seward	Nebraska	68434
3/27/1986	Male	SEWARD	Nebraska	68434
8/23/1954	Female	Seward	Nebraska	68434
4/9/1954	Female	Seward	Nebraska	68434
4/17/1981	Male	Seward	Nebraska	68434
8/23/1981	Female	Seward	Nebraska	68434
12/8/1954	Female	Seward	Nebraska	68434
10/18/1964	Female	Seward	Nebraska	68434
1/21/1956	Male	Seward	Nebraska	68434
2/27/1958	Female	Seward	Nebraska	68434
6/25/1958	Female	Seward	Nebraska	68434
2/14/1979	Female	Seward	Nebraska	68434
10/6/1976	Male	Seward	Nebraska	68434
10/21/1973	Female	Seward	Nebraska	68434
8/4/1981	Female	Seward	Nebraska	68434
2/20/1958	Male	SEWARD	Nebraska	68434
8/23/1986	Female	Seward	Nebraska	68434
7/28/1964	Female	Seward	Nebraska	68434
3/5/1972	Female	Seward	Nebraska	68434
9/16/1969	Male	Seward	Nebraska	68434
11/25/1984	Female	Seward	Nebraska	68434
6/10/1977	Male	Seward	Nebraska	68434

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/3/1989	Female	Seward	Nebraska	68434
1/10/1969	Female	Seward	Nebraska	68434
4/25/1991	Female	Seward	Nebraska	68434
11/20/1986	Female	Seward	Nebraska	68434
1/13/1962	Female	Seward	Nebraska	68434
2/28/1985	Female	Seward	Nebraska	68434
8/22/1981	Female	Seward	Nebraska	68434
10/11/1961	Male	Seward	Nebraska	68434
10/13/1992	Female	Seward	Nebraska	68434
8/26/1994	Female	Seward	Nebraska	68434
11/27/1970	Female	Seward	Nebraska	68434
10/13/1963	Male	Seward	Nebraska	68434
4/17/1953	Female	Seward	Nebraska	68434
1/8/1982	Male	Seward	Nebraska	68434
4/4/1981	Male	Seward	Nebraska	68434
8/3/1953	Female	Seward	Nebraska	68434
7/16/1952	Female	Seward	Nebraska	68434
11/16/1977	Male	Seward	Nebraska	68434
3/16/1951	Male	Seward	Nebraska	68434
11/5/1986	Female	Seward	Nebraska	68434
4/14/1965	Female	Seward	Nebraska	68434
8/23/1964	Male	Seward	Nebraska	68434
2/17/1989	Male	Seward	Nebraska	68434
3/12/1990	Male	Seward	Nebraska	68434
10/23/1962	Female	Seward	Nebraska	68434
5/22/1960	Female	Seward	Nebraska	68434
2/6/1952	Female	Seward	Nebraska	68434
10/6/1973	Female	Seward	Nebraska	68434
5/24/1942	Male	Seward	Nebraska	68434
10/19/1961	Female	Seward	Nebraska	68434
11/2/1970	Male	Seward	Nebraska	68434
9/12/1953	Female	Seward	Nebraska	68434
3/27/1979	Female	Seward	Nebraska	68434
8/5/1960	Male	Seward	Nebraska	68434
7/27/1966	Female	Seward	Nebraska	68434
1/21/1964	Male	Seward	Nebraska	68434
9/28/1950	Male	Seward	Nebraska	68434
2/22/1981	Male	Seward	Nebraska	68434
10/17/1979	Male	Seward	Nebraska	68434
9/25/1963	Male	Seward	Nebraska	68434
3/2/1989	Male	Seward	Nebraska	68434



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/5/1987	Female	Seward	Nebraska	68434
3/22/1955	Female	Seward	Nebraska	68434
1/27/1975	Female	Seward	Nebraska	68434
8/25/1966	Female	Seward	Nebraska	68434
4/2/1960	Female	Seward	Nebraska	68434
8/3/1953	Male	Seward	Nebraska	68434
7/19/1972	Male	Seward	Nebraska	68434
8/20/1971	Male	Seward	Nebraska	68434
1/6/1975	Male	Seward	Nebraska	68434
5/11/1979	Male	Seward	Nebraska	68434
12/25/1956	Male	Seward	Nebraska	68434
4/17/1963	Male	Seward	Nebraska	68434
10/20/1967	Male	Seward	Nebraska	68434
10/16/1958	Female	Seward	Nebraska	68434
10/5/1964	Female	Seward	Nebraska	68434
9/16/1978	Female	Seward	Nebraska	68434
6/17/1970	Male	Seward	Nebraska	68434
10/24/1956	Male	Seward	Nebraska	68434
12/14/1990	Male	Seward	Nebraska	68434
12/7/1962	Male	Seward	Nebraska	68434
2/26/1994	Male	Seward	Nebraska	68434
2/22/1951	Female	Shickley	Nebraska	68436
7/17/1958	Male	Shickley	Nebraska	68436
2/20/1972	Female	Shickley	Nebraska	68436
8/13/1981	Male	Ohioa	Nebraska	68436
4/13/1978	Male	Shubert	Nebraska	68437
3/20/1980	Male	Shubert	Nebraska	68437
5/10/1958	Female	Shubert	Nebraska	68437
3/10/1996	Female	Shubert	Nebraska	68437
11/8/1964	Male	Shubert	Nebraska	68437
3/23/1978	Male	Sprague	Nebraska	68438
3/5/1988	Female	Sprague	Nebraska	68438
10/15/1952	Female	Sprague	Nebraska	68438
11/13/1975	Male	Sprague	Nebraska	68438
11/10/1952	Female	Sprague	Nebraska	68438
10/17/1983	Female	Staplehurst	Nebraska	68439
1/18/1976	Female	Staplehurst	Nebraska	68439
1/25/1966	Male	Staplehurst	Nebraska	68439
12/28/1966	Male	Steinauer	Nebraska	68441
8/22/1973	Male	Steinauer	Nebraska	68441
9/27/1973	Male	Steinauer	Nebraska	68441

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/26/1993	Male	Steinauer	Nebraska	68441
1/2/1963	Male	Steinauer	Nebraska	68441
4/10/1963	Male	Steinauer	Nebraska	68441
9/19/1956	Female	Steinauer	Nebraska	68441
3/27/1942	Male	Stella	Nebraska	68442
2/20/1945	Male	Stella	Nebraska	68442
10/26/1958	Male	Stella	Nebraska	68442
4/2/1946	Female	Stella	Nebraska	68442
3/4/1958	Female	Sterling	Nebraska	68443
8/23/1955	Male	Sterling	Nebraska	68443
5/6/1977	Male	Sterling	Nebraska	68443
7/29/1960	Female	Sterling	Nebraska	68443
7/26/1961	Male	Sterling	Nebraska	68443
8/7/1969	Male	Sterling	Nebraska	68443
1/7/1983	Male	Sterling	Nebraska	68443
1/7/1979	Male	Sterling	Nebraska	68443
12/15/1989	Male	Sterling	Nebraska	68443
1/8/1961	Female	Sterling	Nebraska	68443
11/26/1980	Male	Sterling	Nebraska	68443
9/11/1985	Female	St. Mary	Nebraska	68443
8/23/1952	Female	Sterling	Nebraska	68443
2/12/1978	Female	Sterling	Nebraska	68443
11/16/1970	Male	Sterling	Nebraska	68443
6/19/1952	Female	Sterling	Nebraska	68443
3/18/1955	Female	Sterling	Nebraska	68443
3/8/1970	Female	Sterling	Nebraska	68443
6/21/1980	Female	Sterling	Nebraska	68443
12/16/1968	Male	Tecumseh	Nebraska	68443
9/24/1972	Female	Sterling	Nebraska	68443
9/30/1956	Female	Sterling	Nebraska	68443
11/11/1961	Female	Sterling	Nebraska	68443
3/4/1954	Female	Sterling	Nebraska	68443
1/29/1956	Male	Sterling	Nebraska	68443
4/24/1977	Male	Sterling	Nebraska	68443
2/1/1969	Male	Sterling	Nebraska	68443
7/25/1974	Female	Sterling	Nebraska	68443
11/5/1968	Female	Sterling	Nebraska	68443
12/11/1963	Female	Strang	Nebraska	68444
10/3/1959	Male	Strang	Nebraska	68444
12/5/1976	Female	Swanton	Nebraska	68445
12/3/1986	Female	Swanton	Nebraska	68445

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/5/1964	Male	Syracuse	Nebraska	68446
1/30/1963	Male	Syracuse	Nebraska	68446
9/16/1976	Male	Syracuse	Nebraska	68446
10/18/1965	Female	Syracuse	Nebraska	68446
10/3/1977	Male	Syracuse	Nebraska	68446
2/18/1956	Male	Syracuse	Nebraska	68446
9/16/1956	Female	Syracuse	Nebraska	68446
6/28/1982	Male	Syracuse	Nebraska	68446
6/16/1965	Male	Syracuse	Nebraska	68446
8/16/1987	Female	Syracuse	Nebraska	68446
3/28/1956	Female	Syracuse	Nebraska	68446
2/6/1953	Male	Syracuse	Nebraska	68446
7/4/1985	Male	Syracuse	Nebraska	68446
5/4/1957	Male	Syracuse	Nebraska	68446
6/14/1990	Male	Syracuse	Nebraska	68446
7/11/1966	Male	Syracuse	Nebraska	68446
2/15/1956	Male	Syracuse	Nebraska	68446
11/22/1986	Female	Syracuse	Nebraska	68446
3/19/1978	Female	Syracuse	Nebraska	68446
10/1/1976	Male	Syracuse	Nebraska	68446
7/9/1988	Female	Syracuse	Nebraska	68446
9/12/1990	Female	Syracuse	Nebraska	68446
8/20/1970	Female	Syracuse	Nebraska	68446
1/14/1972	Male	Syracuse	Nebraska	68446
2/13/1990	Male	Syracuse	Nebraska	68446
5/29/1990	Male	Syracuse	Nebraska	68446
4/7/1973	Male	Syracuse	Nebraska	68446
8/29/1980	Male	Syracuse	Nebraska	68446
4/17/1986	Male	Syracuse	Nebraska	68446
5/20/1963	Female	Syracuse	Nebraska	68446
4/12/1979	Female	Syracuse	Nebraska	68446
8/17/1988	Male	Syracuse	Nebraska	68446
2/4/1991	Male	Syracuse	Nebraska	68446
9/22/1956	Male	Syracuse	Nebraska	68446
3/13/1955	Female	Syracuse	Nebraska	68446
3/8/1951	Male	Syracuse	Nebraska	68446
5/5/1978	Male	Syracuse	Nebraska	68446
2/11/1955	Male	Syracuse	Nebraska	68446
10/22/1959	Male	Syracuse	Nebraska	68446
5/26/1959	Female	Syracuse	Nebraska	68446
4/24/1964	Female	Syracuse	Nebraska	68446

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/24/1972	Female	Syracuse	Nebraska	68446
4/23/1971	Female	Syracuse	Nebraska	68446
4/13/1954	Female	Syracuse	Nebraska	68446
2/12/1974	Male	Syracuse	Nebraska	68446
6/6/1954	Female	Syracuse	Nebraska	68446
9/8/1973	Female	Syracuse	Nebraska	68446
4/15/1977	Male	Syracuse	Nebraska	68446
10/5/1992	Female	Syracuse	Nebraska	68446
11/30/1957	Male	Syracuse	Nebraska	68446
3/11/1979	Female	Syracuse	Nebraska	68446
6/21/1984	Male	Syracuse	Nebraska	68446
5/29/1961	Male	Syracuse	Nebraska	68446
4/12/1957	Female	Syracuse	Nebraska	68446
9/19/1954	Female	Syracuse	Nebraska	68446
7/23/1985	Male	Syracuse	Nebraska	68446
11/13/1962	Female	Syracuse	Nebraska	68446
10/11/1946	Male	Syracuse	Nebraska	68446
11/2/1975	Male	Syracuse	Nebraska	68446
8/10/1963	Male	Syracuse	Nebraska	68446
4/17/1962	Female	Syracuse	Nebraska	68446
10/24/1987	Female	Syracuse	Nebraska	68446
8/27/1966	Female	Syracuse	Nebraska	68446
3/17/1950	Female	Syracuse	Nebraska	68446
1/30/1969	Male	Table Rock	Nebraska	68447
9/25/1963	Male	Table Rock	Nebraska	68447
10/18/1972	Male	Table Rock	Nebraska	68447
12/31/1953	Male	Table Rock	Nebraska	68447
1/27/1966	Male	Table Rock	Nebraska	68447
4/2/1956	Male	Table Rock	Nebraska	68447
10/24/1961	Male	Table Rock	Nebraska	68447
1/1/1965	Male	Table Rock	Nebraska	68447
2/14/1967	Male	Table Rock	Nebraska	68447
3/14/1987	Male	Table Rock	Nebraska	68447
11/26/1981	Male	Talmage	Nebraska	68448
7/21/1982	Female	Talmage	Nebraska	68448
8/29/1965	Male	Talmage	Nebraska	68448
9/14/1954	Male	Talmage	Nebraska	68448
10/29/1958	Male	Talmage	Nebraska	68448
10/4/1954	Male	Talmage	Nebraska	68448
11/13/1984	Male	Talmage	Nebraska	68448
11/8/1983	Female	Talmage	Nebraska	68448

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/1/1969	Female	Tecumseh	Nebraska	68450
9/26/1974	Female	Tecumseh	Nebraska	68450
11/23/1976	Male	Tecumseh	Nebraska	68450
5/1/1962	Male	Tecumseh	Nebraska	68450
10/22/1966	Female	Tecumseh	Nebraska	68450
11/20/1964	Male	Tecumseh	Nebraska	68450
5/11/1971	Male	Tecumseh	Nebraska	68450
5/6/1957	Female	Tecumseh	Nebraska	68450
4/7/1958	Male	Tecumseh	Nebraska	68450
8/16/1961	Male	Tecumseh	Nebraska	68450
11/5/1960	Male	Tecumseh	Nebraska	68450
10/21/1961	Male	Tecumseh	Nebraska	68450
6/13/1971	Male	Tecumseh	Nebraska	68450
7/30/1957	Male	Tecumseh	Nebraska	68450
4/10/1970	Male	Tecumseh	Nebraska	68450
7/8/1953	Female	Tecumseh	Nebraska	68450
12/3/1969	Female	Tecumseh	Nebraska	68450
6/22/1967	Female	Tecumseh	Nebraska	68450
9/14/1958	Male	Tecumseh	Nebraska	68450
8/19/1976	Male	Tecumseh	Nebraska	68450
5/9/1955	Male	Tecumseh	Nebraska	68450
4/26/1960	Female	Tecumseh	Nebraska	68450
1/14/1956	Male	Tecumseh	Nebraska	68450
5/29/1984	Male	Tecumseh	Nebraska	68450
9/26/1983	Male	Tecumseh	Nebraska	68450
6/5/1969	Female	Tecumseh	Nebraska	68450
2/5/1971	Male	Tecumseh	Nebraska	68450
11/14/1970	Female	Tecumseh	Nebraska	68450
10/13/1964	Female	Tecumseh	Nebraska	68450
8/3/1967	Male	Tecumseh	Nebraska	68450
7/18/1945	Male	Tecumseh	Nebraska	68450
3/25/1967	Female	Tecumseh	Nebraska	68450
7/25/1961	Female	Tecumseh	Nebraska	68450
4/13/1957	Female	Tecumseh	Nebraska	68450
6/15/1954	Male	Tecumseh	Nebraska	68450
7/20/1977	Male	Tecumseh	Nebraska	68450
3/22/1971	Female	Tecumseh	Nebraska	68450
2/23/1964	Male	Tecumseh	Nebraska	68450
8/13/1961	Female	Tecumseh	Nebraska	68450
9/30/1977	Male	Tecumseh	Nebraska	68450
11/29/1964	Female	Tecumseh	Nebraska	68450

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/31/1989	Male	Tecumseh	Nebraska	68450
10/3/1980	Female	Tecumseh	Nebraska	68450
1/19/1988	Male	Tecumseh	Nebraska	68450
12/27/1957	Female	Tecumseh	Nebraska	68450
12/27/1972	Male	Tecumseh	Nebraska	68450
11/27/1975	Female	Tecumseh	Nebraska	68450
3/14/1990	Female	Tecumseh	Nebraska	68450
2/25/1992	Male	Tecumseh	Nebraska	68450
8/20/1990	Male	Tecumseh	Nebraska	68450
1/8/1986	Male	Tecumseh	Nebraska	68450
9/1/1984	Male	Tecumseh	Nebraska	68450
12/26/1973	Female	Tecumseh	Nebraska	68450
8/25/1990	Male	Tecumseh	Nebraska	68450
2/13/1983	Female	Tecumseh	Nebraska	68450
10/14/1991	Male	Tecumseh	Nebraska	68450
5/13/1989	Female	Tecumseh	Nebraska	68450
9/17/1990	Female	Tecumseh	Nebraska	68450
2/6/1993	Female	Tecumseh	Nebraska	68450
12/3/1993	Male	Tecumseh	Nebraska	68450
4/11/1993	Female	Tecumseh	Nebraska	68450
12/23/1992	Male	Tecumseh	Nebraska	68450
12/23/1993	Male	Tecumseh	Nebraska	68450
12/5/1993	Male	Tecumseh	Nebraska	68450
4/27/1991	Male	TECUMSEH	Nebraska	68450
12/9/1987	Male	Tecumseh	Nebraska	68450
12/2/1970	Male	Tecumseh	Nebraska	68450
3/30/1983	Female	Tecumseh	Nebraska	68450
5/10/1993	Male	Tecumseh	Nebraska	68450
4/1/1955	Male	Tecumseh	Nebraska	68450
11/27/1966	Female	Tecumseh	Nebraska	68450
9/18/1976	Female	Tecumseh	Nebraska	68450
9/16/1976	Female	Tecumseh	Nebraska	68450
9/14/1981	Female	Tecumseh	Nebraska	68450
11/28/1993	Female	Tecumseh	Nebraska	68450
4/25/1994	Male	Tecumseh	Nebraska	68450
8/14/1952	Male	Tecumseh	Nebraska	68450
1/17/1954	Male	Tecumseh	Nebraska	68450
6/14/1970	Male	Tecumseh	Nebraska	68450
3/9/1970	Male	Tecumseh	Nebraska	68450
3/14/1959	Female	Tecumseh	Nebraska	68450
3/15/1955	Female	Tecumseh	Nebraska	68450

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/21/1965	Male	Tecumseh	Nebraska	68450
12/20/1963	Female	Tecumseh	Nebraska	68450
4/10/1955	Male	Tecumseh	Nebraska	68450
7/22/1966	Male	Tecumseh	Nebraska	68450
3/3/1977	Male	Tecumseh	Nebraska	68450
7/15/1982	Male	Tecumseh	Nebraska	68450
7/28/1985	Male	Tecumseh	Nebraska	68450
8/22/1985	Male	Tecumseh	Nebraska	68450
12/5/1963	Female	Tecumseh	Nebraska	68450
6/30/1954	Female	Tobias	Nebraska	68453
2/28/1967	Female	Tobias	Nebraska	68453
8/2/1965	Male	Unadilla	Nebraska	68454
2/24/1964	Female	Unadilla	Nebraska	68454
3/5/1959	Male	Unadilla	Nebraska	68454
4/9/1975	Female	Unadilla	Nebraska	68454
8/6/1970	Male	Unadilla	Nebraska	68454
1/10/1980	Female	Unadilla	Nebraska	68454
3/23/1987	Male	Unadilla	Nebraska	68454
10/9/1957	Male	Unadilla	Nebraska	68454
4/14/1955	Female	Unadilla	Nebraska	68454
8/7/1982	Female	Unadilla	Nebraska	68454
6/20/1978	Female	Unadilla	Nebraska	68454
3/13/1987	Male	Unadilla	Nebraska	68454
8/30/1949	Male	Unadilla	Nebraska	68454
3/28/1985	Male	Unadilla	Nebraska	68454
2/10/1964	Male	Unadilla	Nebraska	68454
7/24/1949	Male	Unadilla	Nebraska	68454
5/7/1977	Male	Unadilla	Nebraska	68454
5/31/1967	Male	Union	Nebraska	68455
1/18/1957	Female	Union	Nebraska	68455
11/17/1978	Female	Union	Nebraska	68455
2/3/1952	Female	Utica	Nebraska	68456
7/28/1964	Female	Utica	Nebraska	68456
2/25/1972	Female	Utica	Nebraska	68456
11/22/1951	Male	Utica	Nebraska	68456
12/18/1990	Female	Utica	Nebraska	68456
10/10/1992	Male	Utica	Nebraska	68456
6/22/1951	Male	Utica	Nebraska	68456
9/5/1973	Male	Utica	Nebraska	68456
1/12/1978	Male	Utica	Nebraska	68456
8/4/1961	Male	Utica	Nebraska	68456

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/2/1970	Male	Utica	Nebraska	68456
3/12/1957	Female	Utica	Nebraska	68456
11/24/1965	Female	Utica	Nebraska	68456
10/22/1970	Male	Utica	Nebraska	68456
4/20/1971	Female	Verdon	Nebraska	68457
12/8/1955	Male	Verdon	Nebraska	68457
8/13/1961	Male	Verdon	Nebraska	68457
4/16/1953	Female	Virginia	Nebraska	68458
2/16/1965	Female	Virginia	Nebraska	68458
4/12/1955	Female	Virginia	Nebraska	68458
12/23/1952	Male	Virginia	Nebraska	68458
3/1/1963	Female	Virginia	Nebraska	68458
4/3/1958	Male	Waco	Nebraska	68460
4/3/1959	Female	Waco	Nebraska	68460
9/21/1954	Female	Waco	Nebraska	68460
2/11/1970	Female	Waco	Nebraska	68460
3/25/1990	Male	Waco	Nebraska	68460
11/3/1991	Male	Waco	Nebraska	68460
8/28/1979	Male	Waco	Nebraska	68460
1/26/1963	Male	Waco	Nebraska	68460
9/3/1964	Female	Waco	Nebraska	68460
1/1/1954	Female	Walton	Nebraska	68461
8/20/1973	Female	Walton	Nebraska	68461
12/27/1989	Female	Walton	Nebraska	68461
8/5/1966	Female	Walton	Nebraska	68461
3/7/1976	Male	Walton	Nebraska	68461
11/7/1955	Female	Walton	Nebraska	68461
2/3/1970	Male	Waverly	Nebraska	68462
3/2/1976	Female	Waverly	Nebraska	68462
9/13/1990	Female	Waverly	Nebraska	68462
12/2/1961	Female	Waverly	Nebraska	68462
10/4/1963	Female	Waverly	Nebraska	68462
3/13/1950	Male	Waverly	Nebraska	68462
9/6/1985	Female	Waverly	Nebraska	68462
4/16/1973	Male	Waverly	Nebraska	68462
10/7/1974	Male	Waverly	Nebraska	68462
10/4/1978	Male	Waverly	Nebraska	68462
1/2/1985	Male	Waverly	Nebraska	68462
7/20/1988	Male	Waverly	Nebraska	68462
6/21/1988	Male	Waverly	Nebraska	68462
6/6/1987	Female	Waverly	Nebraska	68462



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/2/1983	Male	Waverly	Nebraska	68462
11/15/1993	Male	Waverly	Nebraska	68462
4/17/1955	Female	Waverly	Nebraska	68462
4/5/1965	Female	Waverly	Nebraska	68462
12/8/1979	Female	Waverly	Nebraska	68462
7/27/1965	Male	Waverly	Nebraska	68462
8/2/1965	Male	Waverly	Nebraska	68462
1/18/1964	Male	Waverly	Nebraska	68462
4/29/1962	Male	Waverly	Nebraska	68462
3/19/1970	Female	Waverly	Nebraska	68462
5/6/1971	Female	Waverly	Nebraska	68462
2/5/1959	Male	Waverly	Nebraska	68462
8/30/1988	Male	Waverly	Nebraska	68462
1/2/1952	Female	Waverly	Nebraska	68462
5/23/1948	Male	Waverly	Nebraska	68462
1/12/1955	Female	Waverly	Nebraska	68462
12/12/1975	Female	Waverly	Nebraska	68462
12/13/1965	Male	Waverly	Nebraska	68462
4/17/1966	Female	Waverly	Nebraska	68462
12/6/1966	Female	Waverly	Nebraska	68462
8/11/1962	Male	Waverly	Nebraska	68462
7/27/1956	Female	Waverly	Nebraska	68462
4/10/1987	Female	Waverly	Nebraska	68462
11/20/1971	Female	Waverly	Nebraska	68462
6/17/1970	Female	Waverly	Nebraska	68462
6/26/1984	Female	Waverly	Nebraska	68462
8/24/1977	Male	Waverly	Nebraska	68462
7/23/1955	Female	Waverly	Nebraska	68462
4/29/1951	Female	Waverly	Nebraska	68462
11/20/1984	Male	Waverly	Nebraska	68462
6/13/1955	Female	Waverly	Nebraska	68462
7/20/1956	Female	Waverly	Nebraska	68462
11/5/1960	Male	Waverly	Nebraska	68462
10/31/1961	Male	Waverly	Nebraska	68462
7/30/1954	Male	Waverly	Nebraska	68462
10/11/1964	Male	Waverly	Nebraska	68462
4/14/1961	Male	WAVERLY	Nebraska	68462
11/8/1983	Male	Waverly	Nebraska	68462
6/23/1969	Male	WAVERLY	Nebraska	68462
2/15/1961	Female	Waverly	Nebraska	68462
5/13/1972	Female	Waverly	Nebraska	68462

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/12/1968	Female	Waverly	Nebraska	68462
8/8/1964	Male	Waverly	Nebraska	68462
12/23/1961	Male	Waverly	Nebraska	68462
4/3/1964	Female	Waverly	Nebraska	68462
10/5/1976	Male	Waverly	Nebraska	68462
3/29/1966	Female	Waverly	Nebraska	68462
9/3/1955	Male	Waverly	Nebraska	68462
5/20/1975	Male	Waverly	Nebraska	68462
7/23/1974	Male	Waverly	Nebraska	68462
5/23/1952	Male	Waverly	Nebraska	68462
8/5/1973	Male	Waverly	Nebraska	68462
7/28/1977	Male	Waverly	Nebraska	68462
4/26/1962	Male	Waverly	Nebraska	68462
3/25/1975	Female	Waverly	Nebraska	68462
4/2/1981	Male	Waverly	Nebraska	68462
1/8/1974	Female	Waverly	Nebraska	68462
10/21/1973	Male	Waverly	Nebraska	68462
9/27/1984	Female	Waverly	Nebraska	68462
1/19/1962	Female	Weeping Water	Nebraska	68463
7/16/1974	Female	Weeping Water	Nebraska	68463
3/17/1998	Female	Weeping Water	Nebraska	68463
10/23/1978	Female	Weeping Water	Nebraska	68463
7/9/1982	Female	Weeping Water	Nebraska	68463
11/16/1956	Male	Weeping Water	Nebraska	68463
12/7/1954	Female	Weeping Water	Nebraska	68463
11/18/1958	Female	Weeping Water	Nebraska	68463
5/8/1995	Female	Weeping Water	Nebraska	68463
5/11/1946	Female	Weeping Water	Nebraska	68463
1/16/1956	Male	Weeping Water	Nebraska	68463
2/2/1970	Female	Weeping Water	Nebraska	68463
8/25/1955	Male	Weeping Water	Nebraska	68463
3/9/1973	Male	Weeping Water	Nebraska	68463
5/21/1955	Female	Western	Nebraska	68464
5/30/1976	Female	Western	Nebraska	68464
2/15/1965	Male	Western	Nebraska	68464
5/30/1988	Female	Wilber	Nebraska	68465
9/5/1966	Male	Wilber	Nebraska	68465
6/14/1979	Female	Wilber	Nebraska	68465
1/13/1967	Male	Wilber	Nebraska	68465
1/9/1977	Male	Wilber	Nebraska	68465
5/4/1971	Male	Wilber	Nebraska	68465

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/7/1952	Male	Wilber	Nebraska	68465
12/16/1994	Female	Wilber	Nebraska	68465
6/15/1957	Female	Wilber	Nebraska	68465
4/29/1959	Male	Wilber	Nebraska	68465
1/11/1951	Female	Wilber	Nebraska	68465
9/25/1963	Male	Wilber	Nebraska	68465
8/18/1985	Male	Wilber	Nebraska	68465
8/21/1962	Female	Wilber	Nebraska	68465
5/26/1980	Female	Wilber	Nebraska	68465
6/23/1951	Female	Wilber	Nebraska	68465
9/27/1957	Female	Wilber	Nebraska	68465
9/29/1968	Male	Wilber	Nebraska	68465
4/15/1963	Female	Wilber	Nebraska	68465
12/15/1965	Male	Wilber	Nebraska	68465
11/24/1974	Female	Wilber	Nebraska	68465
8/15/1988	Female	Wilber	Nebraska	68465
7/8/1990	Female	Wilber	Nebraska	68465
9/5/1973	Female	Wilber	Nebraska	68465
12/23/1967	Female	Wilber	Nebraska	68465
6/26/1971	Male	Wilber	Nebraska	68465
7/26/1970	Female	Wilber	Nebraska	68465
5/4/1961	Female	Wilber	Nebraska	68465
4/7/1970	Female	Wilber	Nebraska	68465
11/6/1952	Male	Wilber	Nebraska	68465
10/6/1970	Male	Wilber	Nebraska	68465
1/4/1976	Male	Wilber	Nebraska	68465
9/25/1969	Male	Wilber	Nebraska	68465
6/23/1989	Male	Wilber	Nebraska	68465
7/20/1966	Male	Wilber	Nebraska	68465
4/4/1970	Female	Wilber	Nebraska	68465
4/9/1992	Female	Wilber	Nebraska	68465
8/22/1976	Female	Wilber	Nebraska	68465
2/20/1993	Female	Wilber	Nebraska	68465
8/3/1970	Female	Wymore	Nebraska	68466
3/4/1994	Female	Wymore	Nebraska	68466
12/22/1976	Male	Wymore	Nebraska	68466
10/10/1956	Male	Wymore	Nebraska	68466
3/8/1974	Male	Wymore	Nebraska	68466
1/17/1955	Male	Wymore	Nebraska	68466
8/10/1993	Male	Wymore	Nebraska	68466
1/26/1972	Female	Wymore	Nebraska	68466

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/3/1973	Female	Wymore	Nebraska	68466
7/24/1979	Male	Wymore	Nebraska	68466
7/1/1970	Female	Wymore	Nebraska	68466
11/20/1972	Male	wymore	Nebraska	68466
10/9/1951	Male	Wymore	Nebraska	68466
9/22/1953	Male	Wymore	Nebraska	68466
10/10/1956	Female	Wymore	Nebraska	68466
9/25/1964	Female	Wymore	Nebraska	68466
2/28/1962	Male	Wymore	Nebraska	68466
6/28/1958	Female	Wymore	Nebraska	68466
6/8/1973	Female	Wymore	Nebraska	68466
9/7/1970	Female	Wymore	Nebraska	68466
2/29/1964	Male	Wymore	Nebraska	68466
10/21/1950	Female	Wymore	Nebraska	68466
1/15/1957	Female	Wymore	Nebraska	68466
9/13/1962	Male	Wymore	Nebraska	68466
5/18/1962	Female	Wymore	Nebraska	68466
7/20/1961	Female	Wymore	Nebraska	68466
3/2/1957	Male	Wymore	Nebraska	68466
3/31/1965	Female	Wymore	Nebraska	68466
1/27/1983	Female	Wymore	Nebraska	68466
10/8/1984	Female	Wymore	Nebraska	68466
2/19/1971	Male	Wymore	Nebraska	68466
4/21/1986	Male	Wymore	Nebraska	68466
9/15/1955	Female	Wymore	Nebraska	68466
7/2/1985	Female	Wymore	Nebraska	68466
5/10/1986	Female	Wymore	Nebraska	68466
9/6/1970	Female	Wymore	Nebraska	68466
10/24/1988	Female	Wymore	Nebraska	68466
5/28/1983	Female	Wymore	Nebraska	68466
7/11/1980	Female	Wymore	Nebraska	68466
1/5/1993	Female	Wymore	Nebraska	68466
8/3/1982	Female	Wymore	Nebraska	68466
6/20/1965	Female	Wymore	Nebraska	68466
12/31/1992	Female	Wymore	Nebraska	68466
2/7/1985	Female	Wymore	Nebraska	68466
8/19/1992	Female	Wymore	Nebraska	68466
9/16/1994	Female	Wymore	Nebraska	68466
11/13/1989	Female	Wymore	Nebraska	68466
4/14/1983	Male	Wymore	Nebraska	68466
2/25/1994	Female	Wymore	Nebraska	68466

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/13/1962	Female	Wymore	Nebraska	68466
4/21/1948	Male	Wymore	Nebraska	68466
8/30/1979	Male	Syracuse	Nebraska	68466
3/17/1992	Male	York	Nebraska	68467
2/28/1953	Female	York	Nebraska	68467
9/23/1963	Male	York	Nebraska	68467
11/8/1962	Female	York	Nebraska	68467
12/1/1967	Female	York	Nebraska	68467
1/15/1953	Female	York	Nebraska	68467
7/4/1950	Female	York	Nebraska	68467
1/22/1953	Female	York	Nebraska	68467
6/27/1958	Female	York	Nebraska	68467
5/16/1954	Female	York	Nebraska	68467
12/19/1953	Female	York	Nebraska	68467
6/12/1957	Female	York	Nebraska	68467
3/6/1975	Female	York	Nebraska	68467
2/3/1955	Female	York	Nebraska	68467
2/25/1973	Female	York	Nebraska	68467
10/15/1966	Female	York	Nebraska	68467
4/24/1975	Male	York	Nebraska	68467
6/4/1968	Female	York	Nebraska	68467
1/29/1975	Male	York	Nebraska	68467
8/26/1967	Female	York	Nebraska	68467
11/17/1959	Male	York	Nebraska	68467
10/8/1962	Female	York	Nebraska	68467
8/10/1977	Female	York	Nebraska	68467
3/17/1981	Female	York	Nebraska	68467
7/29/1981	Male	York	Nebraska	68467
12/19/1952	Male	York	Nebraska	68467
7/13/1986	Female	York	Nebraska	68467
7/14/1962	Female	York	Nebraska	68467
1/9/1977	Male	York	Nebraska	68467
2/8/1965	Female	York	Nebraska	68467
3/19/1956	Female	York	Nebraska	68467
9/27/1989	Male	York	Nebraska	68467
5/15/1981	Male	York	Nebraska	68467
7/15/1961	Female	York	Nebraska	68467
8/25/1989	Female	York	Nebraska	68467
8/23/1985	Female	York	Nebraska	68467
10/13/1983	Male	York	Nebraska	68467
3/5/1982	Female	York	Nebraska	68467

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/8/1990	Female	York	Nebraska	68467
1/5/1985	Male	York	Nebraska	68467
7/8/1990	Male	York	Nebraska	68467
7/5/1982	Female	York	Nebraska	68467
10/30/1989	Male	York	Nebraska	68467
3/29/1963	Female	York	Nebraska	68467
7/29/1987	Female	York	Nebraska	68467
1/7/1987	Female	York	Nebraska	68467
8/26/1990	Female	YORK	Nebraska	68467
10/13/1989	Male	York	Nebraska	68467
4/25/1991	Female	York	Nebraska	68467
11/28/1978	Male	York	Nebraska	68467
6/18/1991	Female	York	Nebraska	68467
9/9/1989	Female	York	Nebraska	68467
7/6/1953	Male	York	Nebraska	68467
12/29/1981	Male	York	Nebraska	68467
2/24/1985	Male	York	Nebraska	68467
11/6/1982	Female	Crete	Nebraska	68467
10/10/1985	Male	York	Nebraska	68467
1/2/1989	Male	York	Nebraska	68467
9/19/1990	Female	York	Nebraska	68467
9/10/1979	Female	York	Nebraska	68467
5/31/1991	Male	York	Nebraska	68467
2/15/1992	Female	York	Nebraska	68467
4/5/1988	Male	York	Nebraska	68467
10/6/1962	Female	York	Nebraska	68467
4/19/1991	Male	York	Nebraska	68467
7/28/1990	Male	York	Nebraska	68467
4/3/1975	Female	York	Nebraska	68467
6/29/1992	Female	York	Nebraska	68467
12/2/1967	Female	York	Nebraska	68467
4/27/1966	Female	York	Nebraska	68467
5/15/1992	Female	York	Nebraska	68467
6/19/1991	Female	York	Nebraska	68467
11/18/1965	Female	York	Nebraska	68467
3/30/1969	Male	York	Nebraska	68467
7/3/1995	Female	York	Nebraska	68467
7/3/1978	Female	York	Nebraska	68467
1/28/1986	Female	York	Nebraska	68467
8/1/1985	Male	York	Nebraska	68467
6/20/1992	Male	York	Nebraska	68467

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/7/1992	Male	York	Nebraska	68467
4/9/1992	Male	York	Nebraska	68467
5/27/1970	Female	York	Nebraska	68467
11/21/1991	Female	York	Nebraska	68467
3/13/1990	Female	York	Nebraska	68467
2/6/1992	Female	York	Nebraska	68467
10/10/1992	Female	York	Nebraska	68467
10/9/1956	Male	York	Nebraska	68467
6/1/1980	Female	York	Nebraska	68467
8/18/1966	Female	York	Nebraska	68467
7/25/1961	Female	York	Nebraska	68467
11/5/1971	Female	York	Nebraska	68467
6/7/1965	Female	York	Nebraska	68467
1/28/1951	Male	York	Nebraska	68467
6/12/1950	Female	York	Nebraska	68467
5/3/1954	Female	York	Nebraska	68467
10/2/1989	Female	York	Nebraska	68467
9/27/1980	Female	York	Nebraska	68467
3/27/1962	Female	York	Nebraska	68467
6/10/1964	Female	York	Nebraska	68467
8/31/1981	Female	York	Nebraska	68467
2/5/1959	Female	York	Nebraska	68467
11/20/1991	Male	York	Nebraska	68467
8/14/1993	Female	York	Nebraska	68467
4/7/1987	Male	York	Nebraska	68467
9/20/1990	Male	York	Nebraska	68467
3/2/1973	Female	York	Nebraska	68467
10/31/1984	Female	York	Nebraska	68467
11/9/1963	Male	York	Nebraska	68467
6/19/1989	Female	York	Nebraska	68467
1/12/1966	Male	York	Nebraska	68467
12/15/1953	Male	York	Nebraska	68467
4/17/1962	Male	york	Nebraska	68467
5/20/1959	Male	York	Nebraska	68467
9/7/1984	Male	York	Nebraska	68467
12/25/1970	Male	York	Nebraska	68467
12/1/1967	Male	York	Nebraska	68467
4/28/1976	Male	York	Nebraska	68467
8/12/1964	Female	York	Nebraska	68467
3/18/1959	Male	York	Nebraska	68467
8/28/1972	Male	York	Nebraska	68467

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/12/1979	Male	York	Nebraska	68467
1/6/1989	Male	York	Nebraska	68467
6/24/1976	Male	York	Nebraska	68467
10/11/1965	Male	York	Nebraska	68467
8/31/1981	Male	York	Nebraska	68467
1/10/1986	Male	York	Nebraska	68467
6/12/1992	Male	York	Nebraska	68467
4/16/1972	Female	York	Nebraska	68467
12/27/1970	Male	York	Nebraska	68467
4/2/1959	Female	York	Nebraska	68467
4/26/1961	Female	York	Nebraska	68467
11/13/1985	Male	York	Nebraska	68467
12/8/1950	Male	York	Nebraska	68467
2/15/1985	Female	York	Nebraska	68467
11/26/1985	Female	York	Nebraska	68467
2/2/1977	Female	York	Nebraska	68467
9/12/1953	Male	Lincoln	Nebraska	68501
8/13/1961	Male	Lincoln	Nebraska	68501
12/22/1957	Male	Lincoln	Nebraska	68501
11/16/1945	Female	Lincoln	Nebraska	68501
3/22/1983	Female	Lincoln	Nebraska	68501
11/10/1984	Male	Lincoln	Nebraska	68501
7/19/1955	Male	Lincoln	Nebraska	68501
7/31/1953	Female	Lincoln	Nebraska	68501
8/2/1980	Female	Lincoln	Nebraska	68501
4/26/1992	Female	Lincoln	Nebraska	68501
6/3/1952	Male	Lincoln	Nebraska	68501
5/14/1963	Male	Lincoln	Nebraska	68501
12/7/1953	Female	Lincoln	Nebraska	68501
4/28/1966	Male	Lincoln	Nebraska	68501
9/10/1975	Female	Lincoln	Nebraska	68501
12/30/1953	Male	Lincoln	Nebraska	68502
7/30/1950	Male	Lincoln	Nebraska	68502
6/6/1961	Female	Lincoln	Nebraska	68502
6/7/1953	Male	Lincoln	Nebraska	68502
1/20/1967	Female	Lincoln	Nebraska	68502
8/19/1956	Female	Lincoln	Nebraska	68502
4/28/1957	Male	Lincoln	Nebraska	68502
1/20/1951	Male	Lincoln	Nebraska	68502
8/30/1948	Male	Lincoln	Nebraska	68502
3/6/1977	Female	Lincoln	Nebraska	68502



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/7/1952	Male	Lincoln	Nebraska	68502
11/24/1953	Male	Lincoln	Nebraska	68502
6/26/1976	Male	Lincoln	Nebraska	68502
5/14/1954	Female	Lincoln	Nebraska	68502
5/24/1970	Male	Lincoln	Nebraska	68502
1/20/1955	Male	Lincoln	Nebraska	68502
12/4/1979	Female	Lincoln	Nebraska	68502
5/12/1957	Female	Lincoln	Nebraska	68502
8/10/1956	Female	Lincoln	Nebraska	68502
10/21/1951	Male	Lincoln	Nebraska	68502
1/21/1966	Female	Lincoln	Nebraska	68502
12/28/1968	Female	Lincoln	Nebraska	68502
7/30/1964	Male	Lincoln	Nebraska	68502
8/4/1964	Female	Lincoln	Nebraska	68502
9/16/1988	Female	Lincoln	Nebraska	68502
10/19/1963	Female	Lincoln	Nebraska	68502
10/12/1983	Male	Lincoln	Nebraska	68502
1/29/1971	Female	Lincoln	Nebraska	68502
1/29/1969	Female	Lincoln	Nebraska	68502
4/13/1962	Male	Lincoln	Nebraska	68502
9/4/1957	Female	Lincoln	Nebraska	68502
12/22/1980	Male	Lincoln	Nebraska	68502
10/13/1965	Male	Lincoln	Nebraska	68502
10/30/1978	Male	Lincoln	Nebraska	68502
8/30/1960	Male	Lincoln	Nebraska	68502
11/17/1947	Male	Lincoln	Nebraska	68502
9/27/1988	Male	Lincoln	Nebraska	68502
1/23/1977	Male	Lincoln	Nebraska	68502
2/13/1978	Male	Lincoln	Nebraska	68502
7/4/1995	Male	Lincoln	Nebraska	68502
4/24/1975	Female	Lincoln	Nebraska	68502
7/7/1971	Female	Lincoln	Nebraska	68502
8/8/1980	Female	Lincoln	Nebraska	68502
5/2/1968	Female	Lincoln	Nebraska	68502
10/12/1993	Male	Lincoln	Nebraska	68502
7/22/1981	Male	Lincoln	Nebraska	68502
9/3/1983	Male	Lincoln	Nebraska	68502
2/2/1959	Female	Lincoln	Nebraska	68502
9/21/1987	Female	Lincoln	Nebraska	68502
10/24/1980	Male	Lincoln	Nebraska	68502
8/13/1978	Male	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/23/1983	Female	Lincoln	Nebraska	68502
12/6/1983	Male	Lincoln	Nebraska	68502
3/13/1975	Female	Lincoln	Nebraska	68502
9/17/1984	Male	Lincoln	Nebraska	68502
7/29/1957	Male	Lincoln	Nebraska	68502
6/19/1981	Female	Lincoln	Nebraska	68502
4/19/1987	Male	Lincoln	Nebraska	68502
11/7/1959	Male	Lincoln	Nebraska	68502
6/2/1959	Female	Lincoln	Nebraska	68502
12/2/1992	Male	Lincoln	Nebraska	68502
3/18/1955	Female	Lincoln	Nebraska	68502
10/4/1987	Male	Lincoln	Nebraska	68502
2/9/1962	Male	Lincoln	Nebraska	68502
12/5/1966	Female	Lincoln	Nebraska	68502
12/3/1953	Male	Lincoln	Nebraska	68502
12/14/1975	Male	Lincoln	Nebraska	68502
11/1/1956	Male	Lincoln	Nebraska	68502
11/9/1971	Male	Lincoln	Nebraska	68502
3/7/1970	Male	Lincoln	Nebraska	68502
8/5/1964	Female	Lincoln	Nebraska	68502
6/23/1968	Male	Lincoln	Nebraska	68502
3/12/1964	Male	Lincoln	Nebraska	68502
2/3/1971	Male	Lincoln	Nebraska	68502
3/5/1975	Male	Lincoln	Nebraska	68502
4/26/1972	Male	Lincoln	Nebraska	68502
1/3/1951	Female	Lincoln	Nebraska	68502
1/9/1959	Male	Lincoln	Nebraska	68502
5/9/1963	Female	Lincoln	Nebraska	68502
8/19/1965	Male	Lincoln	Nebraska	68502
12/20/1959	Male	Lincoln	Nebraska	68502
10/16/1973	Male	Lincoln	Nebraska	68502
5/30/1954	Female	Lincoln	Nebraska	68502
2/25/1965	Male	Lincoln	Nebraska	68502
10/31/1958	Male	Lincoln	Nebraska	68502
8/5/1976	Male	Lincoln	Nebraska	68502
4/30/1956	Male	Lincoln	Nebraska	68502
10/17/1976	Male	Lincoln	Nebraska	68502
10/11/1981	Male	Lincoln	Nebraska	68502
10/12/1968	Female	Lincoln	Nebraska	68502
8/3/1948	Female	Lincoln	Nebraska	68502
10/15/1980	Female	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/9/1973	Male	Lincoln	Nebraska	68502
12/15/1976	Male	Lincoln	Nebraska	68502
4/8/1984	Male	Lincoln	Nebraska	68502
2/18/1952	Male	Lincoln	Nebraska	68502
10/28/1965	Male	Lincoln	Nebraska	68502
4/17/1961	Female	Lincoln	Nebraska	68502
4/13/1969	Female	Lincoln	Nebraska	68502
10/11/1955	Male	Lincoln	Nebraska	68502
7/26/1974	Female	Lincoln	Nebraska	68502
7/4/1953	Male	Lincoln	Nebraska	68502
9/30/1984	Male	Lincoln	Nebraska	68502
7/12/1955	Male	Lincoln	Nebraska	68502
1/29/1959	Male	Lincoln	Nebraska	68502
3/28/1987	Male	Lincoln	Nebraska	68502
11/24/1976	Male	Lincoln	Nebraska	68502
10/28/1981	Male	Lincoln	Nebraska	68502
1/11/1958	Female	Lincoln	Nebraska	68502
9/11/1991	Male	Lincoln	Nebraska	68502
7/7/1975	Male	Lincoln	Nebraska	68502
11/24/1988	Male	Lincoln	Nebraska	68502
4/27/1985	Male	Lincoln	Nebraska	68502
3/12/1956	Male	Lincoln	Nebraska	68502
3/9/1987	Male	Lincoln	Nebraska	68502
11/22/1992	Male	Lincoln	Nebraska	68502
4/1/1989	Male	Lincoln	Nebraska	68502
11/21/1975	Female	Lincoln	Nebraska	68502
3/26/1985	Female	Lincoln	Nebraska	68502
10/26/1990	Male	Lincoln	Nebraska	68502
1/21/1993	Male	Lincoln	Nebraska	68502
2/16/1995	Male	Lincoln	Nebraska	68502
12/26/1992	Male	Lincoln	Nebraska	68502
11/22/1983	Male	Lincoln	Nebraska	68502
2/28/1989	Female	Lincoln	Nebraska	68502
11/28/1979	Male	Lincoln	Nebraska	68502
8/11/1981	Male	Lincoln	Nebraska	68502
8/28/1984	Female	Lincoln	Nebraska	68502
10/9/1990	Female	Lincoln	Nebraska	68502
3/11/1969	Male	Lincoln	Nebraska	68502
1/31/1966	Female	Lincoln	Nebraska	68502
12/23/1988	Female	Lincoln	Nebraska	68502
2/25/1995	Male	Lincoln	Nebraska	68502

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/28/1992	Male	Lincoln	Nebraska	68502
1/22/1971	Male	Lincoln	Nebraska	68502
8/3/1981	Male	Lincoln	Nebraska	68502
1/15/1996	Male	Lincoln	Nebraska	68502
2/14/1960	Female	Lincoln	Nebraska	68502
3/26/1994	Female	Lincoln	Nebraska	68502
11/15/1995	Male	Lincoln	Nebraska	68502
11/7/1977	Male	Lincoln	Nebraska	68502
1/1/1986	Male	Lincoln	Nebraska	68502
5/21/1993	Male	Lincoln	Nebraska	68502
10/10/1992	Male	Lincoln	Nebraska	68502
11/24/1982	Male	Lincoln	Nebraska	68502
8/2/1991	Male	Lincoln	Nebraska	68502
2/11/1988	Male	Lincoln	Nebraska	68502
8/5/1990	Male	Lincoln	Nebraska	68502
9/13/1994	Male	Lincoln	Nebraska	68502
2/12/1990	Male	Lincoln	Nebraska	68502
4/4/1974	Female	Lincoln	Nebraska	68502
6/22/1993	Female	Lincoln	Nebraska	68502
5/28/1983	Male	Lincoln	Nebraska	68502
2/25/1992	Male	Lincoln	Nebraska	68502
1/17/1996	Male	Lincoln	Nebraska	68502
9/25/1955	Male	Lincoln	Nebraska	68502
8/14/1952	Male	Lincoln	Nebraska	68502
2/18/1951	Female	Lincoln	Nebraska	68502
11/20/1974	Female	Lincoln	Nebraska	68502
11/10/1972	Female	Lincoln	Nebraska	68502
2/11/1972	Male	Lincoln	Nebraska	68502
3/22/1952	Female	Lincoln	Nebraska	68502
1/22/1942	Male	Lincoln	Nebraska	68502
12/12/1968	Female	Lincoln	Nebraska	68502
8/9/1981	Male	Lincoln	Nebraska	68502
4/3/1990	Female	Lincoln	Nebraska	68502
5/15/1984	Male	Lincoln	Nebraska	68502
1/29/1971	Male	Lincoln	Nebraska	68502
4/19/1956	Female	Lincoln	Nebraska	68502
8/5/1955	Female	Lincoln	Nebraska	68502
9/8/1975	Female	Lincoln	Nebraska	68502
10/23/1966	Male	Lincoln	Nebraska	68502
1/19/1966	Female	Lincoln	Nebraska	68502
5/9/1963	Female	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/16/1955	Female	Lincoln	Nebraska	68502
7/24/1978	Male	Lincoln	Nebraska	68502
2/7/1984	Female	Lincoln	Nebraska	68502
12/9/1952	Male	Lincoln	Nebraska	68502
8/21/1962	Female	Lincoln	Nebraska	68502
11/27/1957	Female	LINCOLN	Nebraska	68502
5/2/1971	Female	Lincoln	Nebraska	68502
2/19/1966	Female	Lincoln	Nebraska	68502
4/17/1978	Male	Lincoln	Nebraska	68502
10/16/1975	Female	Lincoln	Nebraska	68502
4/10/1974	Female	Lincoln	Nebraska	68502
10/4/1978	Female	Lincoln	Nebraska	68502
2/17/1978	Male	Lincoln	Nebraska	68502
6/9/1966	Female	Lincoln	Nebraska	68502
3/20/1979	Female	Lincoln	Nebraska	68502
12/8/1958	Male	Lincoln	Nebraska	68502
2/6/1973	Female	Lincoln	Nebraska	68502
2/8/1956	Female	Lincoln	Nebraska	68502
3/29/1958	Male	Lincoln	Nebraska	68502
12/11/1954	Male	Lincoln	Nebraska	68502
7/6/1961	Female	Lincoln	Nebraska	68502
8/25/1953	Male	Lincoln	Nebraska	68502
6/27/1951	Male	Lincoln	Nebraska	68502
12/27/1955	Male	Lincoln	Nebraska	68502
10/7/1965	Male	Lincoln	Nebraska	68502
2/5/1951	Female	Lincoln	Nebraska	68502
4/23/1957	Female	Lincoln	Nebraska	68502
7/6/1955	Female	Lincoln	Nebraska	68502
1/6/1977	Male	Lincoln	Nebraska	68502
2/12/1955	Male	Lincoln	Nebraska	68502
2/6/1953	Male	Lincoln	Nebraska	68502
1/20/1985	Male	Lincoln	Nebraska	68502
6/2/1955	Female	Lincoln	Nebraska	68502
4/15/1977	Female	Lincoln	Nebraska	68502
6/5/1979	Female	Lincoln	Nebraska	68502
11/22/1981	Female	Lincoln	Nebraska	68502
5/8/1974	Male	Lincoln	Nebraska	68502
11/24/1975	Male	Lincoln	Nebraska	68502
7/17/1977	Male	Lincoln	Nebraska	68502
1/6/1970	Male	Lincoln	Nebraska	68502
6/1/1980	Male	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/12/1979	Female	Lincoln	Nebraska	68502
6/8/1983	Male	Lincoln	Nebraska	68502
8/26/1977	Male	Lincoln	Nebraska	68502
10/13/1977	Female	Lincoln	Nebraska	68502
9/3/1993	Female	Lincoln	Nebraska	68502
9/19/1969	Male	Lincoln	Nebraska	68502
7/22/1953	Female	Lincoln	Nebraska	68502
6/8/1951	Male	Lincoln	Nebraska	68502
4/16/1969	Female	Lincoln	Nebraska	68502
12/18/1959	Female	Lincoln	Nebraska	68502
3/17/1952	Male	Lincoln	Nebraska	68502
4/6/1989	Female	Lincoln	Nebraska	68502
11/9/1956	Male	Lincoln	Nebraska	68502
9/6/1963	Female	Lincoln	Nebraska	68502
6/20/1968	Male	Lincoln	Nebraska	68502
11/18/1985	Female	Lincoln	Nebraska	68502
5/10/1979	Male	Lincoln	Nebraska	68502
10/7/1957	Female	Lincoln	Nebraska	68502
5/24/1977	Female	Lincoln	Nebraska	68502
10/12/1963	Male	Lincoln	Nebraska	68502
6/30/1958	Male	Lincoln	Nebraska	68502
3/24/1952	Male	Lincoln	Nebraska	68502
7/30/1953	Male	Lincoln	Nebraska	68502
8/11/1979	Female	Lincoln	Nebraska	68502
5/17/1978	Male	Lincoln	Nebraska	68502
9/10/1980	Male	Lincoln	Nebraska	68502
8/16/1984	Female	Lincoln	Nebraska	68502
4/8/1986	Female	Lincoln	Nebraska	68502
6/16/1981	Female	Lincoln	Nebraska	68502
12/28/1952	Male	Lincoln	Nebraska	68502
7/25/1997	Female	Lincoln	Nebraska	68502
8/8/1971	Female	Lincoln	Nebraska	68502
9/23/1977	Female	Lincoln	Nebraska	68502
1/12/1993	Female	Lincoln	Nebraska	68502
4/22/1970	Female	Lincoln	Nebraska	68502
2/3/1962	Female	Lincoln	Nebraska	68502
11/13/1954	Male	Lincoln	Nebraska	68502
11/18/1951	Female	Lincoln	Nebraska	68502
12/12/1931	Female	Lincoln	Nebraska	68502
7/22/1955	Female	Lincoln	Nebraska	68502
7/3/1964	Male	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/2/1969	Female	Lincoln	Nebraska	68502
7/1/1972	Male	Lincoln	Nebraska	68502
4/17/1949	Male	Lincoln	Nebraska	68502
9/23/1949	Female	Lincoln	Nebraska	68502
11/17/1953	Male	Lincoln	Nebraska	68502
1/30/1954	Female	Lincoln	Nebraska	68502
10/8/1951	Female	Lincoln	Nebraska	68502
4/7/1956	Male	Lincoln	Nebraska	68502
1/1/1954	Female	Lincoln	Nebraska	68502
8/21/1956	Male	Lincoln	Nebraska	68502
5/9/1958	Male	Lincoln	Nebraska	68502
7/28/1958	Male	Lincoln	Nebraska	68502
12/10/1958	Female	Lincoln	Nebraska	68502
6/30/1951	Female	Lincoln	Nebraska	68502
10/25/1952	Male	Lincoln	Nebraska	68502
8/9/1948	Female	Lincoln	Nebraska	68502
2/20/1949	Female	Lincoln	Nebraska	68502
5/12/1953	Female	Lincoln	Nebraska	68502
1/1/1955	Male	Lincoln	Nebraska	68502
3/17/1958	Female	Lincoln	Nebraska	68502
8/23/1958	Male	Lincoln	Nebraska	68502
11/1/1962	Female	Lincoln	Nebraska	68502
9/3/1964	Female	Lincoln	Nebraska	68502
5/22/1966	Male	lincoln	Nebraska	68502
3/9/1970	Male	Lincoln	Nebraska	68502
3/14/1965	Male	Lincoln	Nebraska	68502
11/5/1962	Female	Lincoln	Nebraska	68502
2/5/1952	Male	Lincoln	Nebraska	68502
9/5/1958	Female	Lincoln	Nebraska	68502
9/12/1954	Male	Lincoln	Nebraska	68502
8/4/1963	Male	Lincoln	Nebraska	68502
11/10/1976	Female	Lincoln	Nebraska	68502
2/29/1960	Female	Lincoln	Nebraska	68502
7/26/1963	Male	Lincoln	Nebraska	68502
1/30/1960	Female	Lincoln	Nebraska	68502
12/28/1950	Female	Lincoln	Nebraska	68502
3/1/1969	Female	Lincoln	Nebraska	68502
8/13/1957	Female	Lincoln	Nebraska	68502
6/23/1958	Male	Lincoln	Nebraska	68502
7/27/1957	Female	Lincoln	Nebraska	68502
1/28/1967	Female	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/26/1963	Male	Lincoln	Nebraska	68502
2/19/1962	Male	Lincoln	Nebraska	68502
6/29/1968	Male	Lincoln	Nebraska	68502
10/19/1956	Male	Lincoln	Nebraska	68502
10/13/1961	Female	Lincoln	Nebraska	68502
9/30/1957	Male	Lincoln	Nebraska	68502
9/3/1970	Female	Lincoln	Nebraska	68502
2/10/1967	Female	Lincoln	Nebraska	68502
4/26/1959	Female	Lincoln	Nebraska	68502
3/2/1950	Female	Lincoln	Nebraska	68502
12/31/1971	Female	Lincoln	Nebraska	68502
10/9/1954	Female	Lincoln	Nebraska	68502
12/20/1964	Female	Lincoln	Nebraska	68502
10/7/1949	Female	Lincoln	Nebraska	68502
12/8/1976	Female	Lincoln	Nebraska	68502
8/1/1972	Male	Lincoln	Nebraska	68502
12/18/1976	Male	Lincoln	Nebraska	68502
1/31/1981	Female	Lincoln	Nebraska	68502
7/14/1973	Male	Lincoln	Nebraska	68502
2/21/1970	Female	LINCOLN	Nebraska	68502
1/30/1961	Male	Lincoln	Nebraska	68502
12/17/1957	Male	Lincoln	Nebraska	68502
1/31/1980	Female	Lincoln	Nebraska	68502
6/9/1985	Male	Lincoln	Nebraska	68502
7/19/1971	Male	Lincoln	Nebraska	68502
8/7/1963	Male	Lincoln	Nebraska	68502
1/29/1980	Male	Lincoln	Nebraska	68502
8/22/1970	Female	Lincoln	Nebraska	68502
10/16/1951	Female	Lincoln	Nebraska	68502
10/14/1970	Female	Lincoln	Nebraska	68502
4/18/1979	Male	Lincoln	Nebraska	68502
12/4/1960	Male	Lincoln	Nebraska	68502
12/18/1984	Female	Lincoln	Nebraska	68502
10/16/1964	Female	Lincoln	Nebraska	68502
12/6/1965	Female	Lincoln	Nebraska	68502
12/29/1956	Female	Lincoln	Nebraska	68502
6/13/1979	Female	Lincoln	Nebraska	68502
9/6/1982	Female	Lincoln	Nebraska	68502
5/25/1952	Male	Lincoln	Nebraska	68502
12/23/1970	Male	Lincoln	Nebraska	68502
9/23/1959	Female	Lincoln	Nebraska	68502



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/23/1954	Female	Lincoln	Nebraska	68502
2/4/1987	Female	Lincoln	Nebraska	68502
7/13/1966	Male	Lincoln	Nebraska	68502
12/29/1984	Female	Lincoln	Nebraska	68502
2/26/1953	Male	Lincoln	Nebraska	68502
9/5/1965	Male	Lincoln	Nebraska	68502
10/25/1979	Female	Lincoln	Nebraska	68502
11/12/1976	Female	Lincoln	Nebraska	68502
1/13/1959	Female	Lincoln	Nebraska	68502
1/6/1985	Male	Lincoln	Nebraska	68502
12/9/1962	Female	Lincoln	Nebraska	68502
10/3/1975	Female	Lincoln	Nebraska	68502
7/25/1977	Male	Lincoln	Nebraska	68502
6/27/1970	Female	Lincoln	Nebraska	68502
5/4/1983	Female	Lincoln	Nebraska	68502
1/28/1972	Male	Lincoln	Nebraska	68502
9/14/1957	Female	Lincoln	Nebraska	68502
2/20/1989	Female	Lincoln	Nebraska	68502
6/1/1963	Female	Lincoln	Nebraska	68502
3/5/1972	Male	Lincoln	Nebraska	68502
11/11/1952	Female	Lincoln	Nebraska	68502
12/30/1988	Male	Lincoln	Nebraska	68502
5/31/1970	Female	Lincoln	Nebraska	68502
5/24/1968	Female	Lincoln	Nebraska	68502
12/27/1953	Female	Lincoln	Nebraska	68502
2/21/1984	Female	Lincoln	Nebraska	68502
9/30/1976	Female	Lincoln	Nebraska	68502
9/21/1971	Female	Lincoln	Nebraska	68502
7/20/1966	Female	Lincoln	Nebraska	68502
8/22/1966	Male	Lincoln	Nebraska	68502
3/21/1970	Female	Lincoln	Nebraska	68502
8/6/1983	Male	Lincoln	Nebraska	68502
4/14/1969	Male	Lincoln	Nebraska	68502
6/10/1959	Female	Lincoln	Nebraska	68502
5/9/1986	Female	Lincoln	Nebraska	68502
8/9/1988	Female	Lincoln	Nebraska	68502
4/4/1958	Female	Lincoln	Nebraska	68502
2/1/1990	Female	Lincoln	Nebraska	68502
3/24/1989	Female	Lincoln	Nebraska	68502
1/14/1964	Female	Lincoln	Nebraska	68502
1/28/1991	Female	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/3/1984	Female	Lincoln	Nebraska	68502
10/11/1974	Female	Lincoln	Nebraska	68502
8/24/1980	Female	Lincoln	Nebraska	68502
6/30/1984	Female	Lincoln	Nebraska	68502
8/26/1988	Female	Lincoln	Nebraska	68502
4/18/1987	Female	Lincoln	Nebraska	68502
8/4/1974	Male	Lincoln	Nebraska	68502
11/10/1987	Female	Lincoln	Nebraska	68502
1/10/1984	Female	Lincoln	Nebraska	68502
5/2/1964	Female	Lincoln	Nebraska	68502
9/1/1980	Female	Lincoln	Nebraska	68502
11/26/1984	Male	Lincoln	Nebraska	68502
3/11/1982	Male	Lincoln	Nebraska	68502
3/10/1969	Male	Lincoln	Nebraska	68502
10/12/1968	Female	Lincoln	Nebraska	68502
2/27/1970	Female	Lincoln	Nebraska	68502
11/16/1982	Female	Lincoln	Nebraska	68502
4/2/1980	Male	Lincoln	Nebraska	68502
2/24/1986	Female	Lincoln	Nebraska	68502
2/24/1987	Male	Lincoln	Nebraska	68502
4/2/1963	Female	Lincoln	Nebraska	68502
3/5/1981	Male	Lincoln	Nebraska	68502
8/9/1985	Male	Lincoln	Nebraska	68502
7/1/1978	Male	Lincoln	Nebraska	68502
12/6/1991	Female	Lincoln	Nebraska	68502
3/6/1964	Female	Lincoln	Nebraska	68502
12/18/1972	Female	Lincoln	Nebraska	68502
8/21/1963	Female	Lincoln	Nebraska	68502
9/2/1988	Male	Lincoln	Nebraska	68502
1/21/1960	Female	Lincoln	Nebraska	68502
8/6/1979	Female	Lincoln	Nebraska	68502
4/12/1957	Female	Lincoln	Nebraska	68502
7/29/1984	Female	Lincoln	Nebraska	68502
3/5/1969	Male	Lincoln	Nebraska	68502
2/27/1982	Male	Lincoln	Nebraska	68502
11/13/1988	Female	Lincoln	Nebraska	68502
5/15/1981	Male	Lincoln	Nebraska	68502
4/28/1995	Male	Lincoln	Nebraska	68502
6/4/1978	Male	Lincoln	Nebraska	68502
11/2/1990	Male	Lincoln	Nebraska	68502
7/12/1988	Male	Lincoln	Nebraska	68502

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/29/1952	Female	Lincoln	Nebraska	68502
1/26/1984	Female	Lincoln	Nebraska	68502
12/24/1979	Female	Lincoln	Nebraska	68502
9/4/1991	Female	Lincoln	Nebraska	68502
8/29/1958	Female	Lincoln	Nebraska	68502
1/3/1956	Female	Lincoln	Nebraska	68502
3/25/1994	Female	Lincoln	Nebraska	68502
9/5/1986	Female	Lincoln	Nebraska	68502
10/16/1971	Female	Lincoln	Nebraska	68502
8/15/1978	Male	Lincoln	Nebraska	68502
12/1/1969	Female	Lincoln	Nebraska	68502
3/22/1966	Female	Lincoln	Nebraska	68502
8/2/1948	Male	Lincoln	Nebraska	68502
12/9/1954	Female	Lincoln	Nebraska	68502
8/25/1957	Female	Lincoln	Nebraska	68502
8/31/1953	Female	Lincoln	Nebraska	68502
10/10/1948	Male	Lincoln	Nebraska	68502
9/23/1951	Male	Lincoln	Nebraska	68502
3/5/1963	Female	Lincoln	Nebraska	68502
9/21/1947	Female	Lincoln	Nebraska	68502
4/27/1982	Male	Lincoln	Nebraska	68502
2/6/1982	Male	Lincoln	Nebraska	68502
6/15/1969	Male	Lincoln	Nebraska	68502
4/19/1960	Female	Lincoln	Nebraska	68502
2/20/1956	Male	Lincoln	Nebraska	68502
9/25/1984	Female	Lincoln	Nebraska	68502
6/11/1953	Female	Lincoln	Nebraska	68502
5/17/1967	Male	Lincoln	Nebraska	68502
8/13/1970	Male	Lincoln	Nebraska	68502
7/26/1986	Male	Lincoln	Nebraska	68502
9/14/1960	Male	Lincoln	Nebraska	68502
11/12/1952	Female	Lincoln	Nebraska	68502
4/25/1954	Male	Lincoln	Nebraska	68502
4/14/1955	Male	Lincoln	Nebraska	68502
6/2/1961	Female	Lincoln	Nebraska	68502
8/12/1979	Female	Lincoln	Nebraska	68502
11/23/1971	Male	Lincoln	Nebraska	68502
12/29/1950	Female	Lincoln	Nebraska	68502
1/4/1976	Female	Lincoln	Nebraska	68502
7/12/1959	Female	Lincoln	Nebraska	68502
7/7/1960	Male	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/22/1980	Male	Lincoln	Nebraska	68502
12/18/1983	Female	Lincoln	Nebraska	68502
6/18/1960	Male	Lincoln	Nebraska	68502
5/2/1953	Female	Lincoln	Nebraska	68502
11/30/1977	Male	Lincoln	Nebraska	68502
7/4/1965	Male	Lincoln	Nebraska	68502
10/20/1954	Female	Lincoln	Nebraska	68502
9/27/1984	Female	Lincoln	Nebraska	68502
12/31/1975	Female	Lincoln	Nebraska	68502
4/30/1989	Male	Lincoln	Nebraska	68502
8/3/1989	Female	Lincoln	Nebraska	68502
1/10/1977	Male	Lincoln	Nebraska	68502
11/20/1980	Male	Lincoln	Nebraska	68502
3/22/1972	Male	Lincoln	Nebraska	68502
9/18/1994	Male	Lincoln	Nebraska	68502
1/24/1984	Female	Lincoln	Nebraska	68502
6/9/1960	Female	Lincoln	Nebraska	68502
1/8/1948	Male	Lincoln	Nebraska	68502
7/28/1952	Female	Lincoln	Nebraska	68502
12/24/1971	Female	Lincoln	Nebraska	68502
3/10/1971	Female	Lincoln	Nebraska	68502
2/20/1961	Female	Lincoln	Nebraska	68502
1/3/1961	Male	Lincoln	Nebraska	68502
1/13/1954	Female	Lincoln	Nebraska	68502
12/1/1959	Female	Lincoln	Nebraska	68502
7/17/1984	Female	LINCOLN	Nebraska	68502
9/14/1950	Female	Lincoln	Nebraska	68502
1/11/1957	Female	Lincoln	Nebraska	68502
9/17/1992	Female	Lincoln	Nebraska	68502
6/8/1987	Female	Lincoln	Nebraska	68502
12/19/1961	Male	LINCOLN	Nebraska	68502
8/20/1981	Female	LINCOLN	Nebraska	68502
5/16/1983	Female	Lincoln	Nebraska	68502
6/16/1951	Female	Lincoln	Nebraska	68502
9/30/1958	Female	Lincoln	Nebraska	68502
11/1/1947	Male	Lincoln	Nebraska	68502
3/2/1989	Male	Lincoln	Nebraska	68502
2/18/1988	Male	Lincoln	Nebraska	68502
5/26/1983	Female	Lincoln	Nebraska	68502
8/22/1974	Male	Lincoln	Nebraska	68502
12/14/1991	Male	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/30/1951	Male	Lincoln	Nebraska	68502
5/18/1950	Male	Lincoln	Nebraska	68502
9/13/1973	Female	Lincoln	Nebraska	68502
8/11/1958	Female	Lincoln	Nebraska	68502
9/14/1948	Male	Lincoln	Nebraska	68502
11/10/1966	Male	Lincoln	Nebraska	68502
6/25/1986	Female	Lincoln	Nebraska	68502
10/23/1961	Female	Lincoln	Nebraska	68502
4/9/1960	Male	Lincoln	Nebraska	68502
5/6/1967	Female	Lincoln	Nebraska	68502
5/9/1954	Male	Lincoln	Nebraska	68502
9/30/1973	Female	Lincoln	Nebraska	68502
4/4/1959	Male	Lincoln	Nebraska	68502
8/17/1978	Male	Lincoln	Nebraska	68502
7/27/1954	Male	Lincoln	Nebraska	68502
8/1/1949	Female	Lincoln	Nebraska	68502
5/14/1953	Female	Lincoln	Nebraska	68502
5/17/1959	Female	Lincoln	Nebraska	68502
6/14/1953	Female	Lincoln	Nebraska	68502
3/26/1956	Male	Lincoln	Nebraska	68502
9/19/1964	Male	Lincoln	Nebraska	68502
8/12/1960	Male	Lincoln	Nebraska	68502
10/16/1963	Female	Lincoln	Nebraska	68502
10/6/1983	Male	Lincoln	Nebraska	68502
6/13/1990	Female	Lincoln	Nebraska	68502
3/28/1978	Female	Lincoln	Nebraska	68502
2/14/1969	Female	Lincoln	Nebraska	68502
11/21/1970	Female	Lincoln	Nebraska	68502
1/7/1969	Female	Lincoln	Nebraska	68502
1/7/1982	Female	Lincoln	Nebraska	68502
8/29/1969	Male	Lincoln	Nebraska	68502
8/2/1963	Female	Lincoln	Nebraska	68502
12/15/1990	Male	Lincoln	Nebraska	68502
3/7/1962	Female	Lincoln	Nebraska	68502
9/16/1951	Male	Lincoln	Nebraska	68502
12/31/1975	Female	Lincoln	Nebraska	68502
5/5/1990	Male	Lincoln	Nebraska	68502
8/1/1968	Female	Lincoln	Nebraska	68502
2/13/1952	Male	Lincoln	Nebraska	68502
9/21/1983	Male	Lincoln	Nebraska	68502
10/17/1962	Female	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/14/1960	Female	Lincoln	Nebraska	68502
1/21/1963	Female	Lincoln	Nebraska	68502
12/13/1959	Female	Lincoln	Nebraska	68502
1/12/1962	Female	Lincoln	Nebraska	68502
2/8/1957	Male	Lincoln	Nebraska	68502
8/4/1954	Male	Lincoln	Nebraska	68502
4/5/1976	Female	Lincoln	Nebraska	68502
12/28/1968	Female	Lincoln	Nebraska	68502
7/27/1977	Male	Lincoln	Nebraska	68502
11/3/1964	Female	Lincoln	Nebraska	68502
12/22/1954	Female	Lincoln	Nebraska	68502
8/4/1975	Female	Lincoln	Nebraska	68502
11/25/1964	Female	Lincoln	Nebraska	68502
5/11/1951	Male	Lincoln	Nebraska	68502
3/30/1950	Female	Lincoln	Nebraska	68502
6/24/1952	Female	Lincoln	Nebraska	68502
8/21/1957	Female	Lincoln	Nebraska	68502
3/20/1966	Female	Lincoln	Nebraska	68502
4/19/1971	Male	Lincoln	Nebraska	68502
11/11/1976	Male	Lincoln	Nebraska	68502
6/13/1963	Female	Lincoln	Nebraska	68502
8/1/1963	Male	Lincoln	Nebraska	68502
4/23/1981	Female	Lincoln	Nebraska	68502
8/7/1971	Male	Lincoln	Nebraska	68502
8/19/1981	Female	Lincoln	Nebraska	68502
12/8/1960	Female	Lincoln	Nebraska	68502
3/23/1952	Female	LINCOLN	Nebraska	68502
10/15/1980	Female	Lincoln	Nebraska	68502
6/21/1984	Male	Lincoln	Nebraska	68502
6/7/1972	Male	Lincoln	Nebraska	68502
1/19/1976	Female	Lincoln	Nebraska	68502
9/16/1976	Female	Lincoln	Nebraska	68502
8/1/1988	Male	Lincoln	Nebraska	68502
7/9/1955	Female	Lincoln	Nebraska	68502
3/30/1961	Male	Lincoln	Nebraska	68502
1/16/1952	Male	Lincoln	Nebraska	68502
4/26/1952	Female	Lincoln	Nebraska	68502
12/12/1952	Female	Lincoln	Nebraska	68502
4/18/1956	Female	Lincoln	Nebraska	68502
7/11/1956	Male	Lincoln	Nebraska	68502
11/12/1976	Male	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/23/1962	Male	Lincoln	Nebraska	68502
1/17/1962	Male	Lincoln	Nebraska	68502
8/16/1949	Female	Lincoln	Nebraska	68502
3/3/1949	Male	Lincoln	Nebraska	68502
1/13/1959	Male	Lincoln	Nebraska	68502
7/10/1957	Female	Lincoln	Nebraska	68502
10/3/1955	Male	Lincoln	Nebraska	68502
11/30/1957	Female	Lincoln	Nebraska	68502
4/18/1956	Male	Lincoln	Nebraska	68502
10/6/1958	Male	Lincoln	Nebraska	68502
12/15/1967	Male	Lincoln	Nebraska	68502
4/22/1965	Female	Lincoln	Nebraska	68502
7/18/1946	Female	Lincoln	Nebraska	68502
10/7/1949	Male	Lincoln	Nebraska	68502
11/20/1962	Male	Lincoln	Nebraska	68502
12/5/1953	Male	Lincoln	Nebraska	68502
7/6/1967	Male	Lincoln	Nebraska	68502
11/10/1954	Male	Lincoln	Nebraska	68502
6/8/1960	Male	Lincoln	Nebraska	68502
12/2/1975	Male	Lincoln	Nebraska	68502
10/15/1960	Female	Lincoln	Nebraska	68502
12/31/1960	Male	Lincoln	Nebraska	68502
1/14/1959	Male	Lincoln	Nebraska	68502
3/20/1981	Male	Lincoln	Nebraska	68502
4/29/1951	Female	Lincoln	Nebraska	68502
8/25/1966	Male	Lincoln	Nebraska	68502
1/18/1951	Female	Lincoln	Nebraska	68502
7/11/1954	Male	Lincoln	Nebraska	68502
8/23/1953	Female	Lincoln	Nebraska	68502
9/25/1956	Female	Lincoln	Nebraska	68502
10/1/1957	Female	Lincoln	Nebraska	68502
10/5/1957	Female	Lincoln	Nebraska	68502
12/29/1963	Male	Lincoln	Nebraska	68502
8/6/1982	Male	Lincoln	Nebraska	68502
3/20/1981	Male	Lincoln	Nebraska	68502
10/23/1959	Male	Lincoln	Nebraska	68502
5/17/1981	Male	Lincoln	Nebraska	68502
12/7/1979	Male	Lincoln	Nebraska	68502
5/18/1963	Female	Lincoln	Nebraska	68502
1/30/1952	Male	Lincoln	Nebraska	68502
4/26/1956	Female	Lincoln	Nebraska	68502

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/9/1987	Female	Lincoln	Nebraska	68502
12/27/1980	Male	Lincoln	Nebraska	68502
8/3/1983	Male	Lincoln	Nebraska	68502
10/14/1985	Male	Lincoln	Nebraska	68502
5/11/1980	Female	Lincoln	Nebraska	68502
9/5/1969	Male	Lincoln	Nebraska	68502
10/18/1981	Male	Lincoln	Nebraska	68502
8/21/1980	Male	Lincoln	Nebraska	68502
3/19/1976	Male	Lincoln	Nebraska	68502
4/19/1965	Male	LINCOLN	Nebraska	68502
12/27/1981	Male	Lincoln	Nebraska	68502
3/27/1947	Male	Lincoln	Nebraska	68502
2/29/1984	Male	Lincoln	Nebraska	68502
6/5/1984	Male	Lincoln	Nebraska	68502
1/22/1992	Male	Lincoln	Nebraska	68502
9/5/1976	Male	Lincoln	Nebraska	68502
3/28/1961	Female	Lincoln	Nebraska	68502
3/13/1992	Male	Lincoln	Nebraska	68502
8/22/1967	Female	Lincoln	Nebraska	68502
8/20/1983	Female	Lincoln	Nebraska	68502
11/13/1986	Male	Lincoln	Nebraska	68502
7/16/1951	Female	Lincoln	Nebraska	68502
1/31/1992	Male	Lincoln	Nebraska	68502
1/22/1976	Male	Lincoln	Nebraska	68502
10/13/1987	Male	Lincoln	Nebraska	68502
4/11/1980	Male	Lincoln	Nebraska	68502
2/6/1988	Male	Lincoln	Nebraska	68502
11/7/1959	Male	Lincoln	Nebraska	68502
2/27/1970	Male	Lincoln	Nebraska	68502
10/10/1957	Female	Lincoln	Nebraska	68502
7/19/1985	Female	Lincoln	Nebraska	68502
1/21/1991	Female	Lincoln	Nebraska	68502
12/26/1960	Male	Lincoln	Nebraska	68502
9/24/1969	Male	Lincoln	Nebraska	68502
12/17/1962	Male	Lincoln	Nebraska	68502
8/8/1976	Female	Lincoln	Nebraska	68502
4/3/1966	Female	Lincoln	Nebraska	68502
10/11/1985	Female	Lincoln	Nebraska	68502
5/13/1984	Male	Lincoln	Nebraska	68502
2/10/1969	Male	Lincoln	Nebraska	68502
8/4/1979	Male	Lincoln	Nebraska	68502



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/21/1969	Female	Lincoln	Nebraska	68502
3/22/1985	Female	Lincoln	Nebraska	68502
7/23/1983	Male	Lincoln	Nebraska	68502
6/3/1992	Male	Lincoln	Nebraska	68502
2/4/1956	Female	Lincoln	Nebraska	68502
10/7/1975	Female	Lincoln	Nebraska	68502
11/27/1984	Female	Lincoln	Nebraska	68502
4/25/1955	Female	Lincoln	Nebraska	68502
12/16/1949	Female	Lincoln	Nebraska	68502
10/27/1958	Female	Lincoln	Nebraska	68502
8/25/1967	Male	Lincoln	Nebraska	68502
5/18/1956	Male	Lincoln	Nebraska	68502
10/3/1962	Female	Lincoln	Nebraska	68502
3/24/1976	Female	Lincoln	Nebraska	68502
8/25/1943	Female	Lincoln	Nebraska	68502
12/6/1976	Female	Lincoln	Nebraska	68502
8/5/1978	Female	Lincoln	Nebraska	68502
4/22/1975	Female	Lincoln	Nebraska	68502
2/27/1969	Female	Lincoln	Nebraska	68502
4/4/1977	Female	Lincoln	Nebraska	68502
12/11/1965	Female	Lincoln	Nebraska	68502
2/14/1977	Female	LINCOLN	Nebraska	68502
8/27/1973	Female	Lincoln	Nebraska	68502
12/17/1983	Male	Lincoln	Nebraska	68502
2/2/1985	Female	Lincoln	Nebraska	68502
10/16/1959	Female	Lincoln	Nebraska	68502
9/22/1966	Female	Lincoln	Nebraska	68502
7/2/1983	Female	Lincoln	Nebraska	68502
9/15/1963	Female	Lincoln	Nebraska	68502
8/16/1975	Male	Lincoln	Nebraska	68502
3/25/1992	Female	Lincoln	Nebraska	68502
10/12/1971	Male	Lincoln	Nebraska	68502
4/9/1993	Male	Lincoln	Nebraska	68502
7/10/1991	Female	Lincoln	Nebraska	68502
4/9/1991	Female	Lincoln	Nebraska	68502
1/2/1976	Female	Lincoln	Nebraska	68502
6/3/1987	Female	Lincoln	Nebraska	68502
3/31/1960	Female	Lincoln	Nebraska	68502
9/20/1952	Female	Lincoln	Nebraska	68502
3/15/1962	Male	Lincoln	Nebraska	68502
3/15/1977	Female	Lincoln	Nebraska	68502

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/19/1953	Male	Lincoln	Nebraska	68503
3/18/1954	Male	Lincoln	Nebraska	68503
1/14/1955	Male	Lincoln	Nebraska	68503
11/11/1974	Male	Lincoln	Nebraska	68503
4/14/1955	Female	Lincoln	Nebraska	68503
5/11/1974	Female	Lincoln	Nebraska	68503
8/29/1954	Female	Lincoln	Nebraska	68503
8/9/1979	Male	Lincoln	Nebraska	68503
1/10/1980	Male	Lincoln	Nebraska	68503
6/12/1969	Female	Lincoln	Nebraska	68503
4/5/1988	Female	Lincoln	Nebraska	68503
1/13/1988	Male	Lincoln	Nebraska	68503
4/8/1965	Female	Lincoln	Nebraska	68503
11/3/1956	Female	Lincoln	Nebraska	68503
5/31/1992	Male	Lincoln	Nebraska	68503
9/13/1982	Female	Lincoln	Nebraska	68503
6/10/1988	Male	Lincoln	Nebraska	68503
6/17/1992	Female	Lincoln	Nebraska	68503
1/3/1985	Male	Lincoln	Nebraska	68503
12/20/1991	Male	Lincoln	Nebraska	68503
8/8/1986	Female	Lincoln	Nebraska	68503
1/27/1958	Female	Lincoln	Nebraska	68503
1/25/1953	Female	Lincoln	Nebraska	68503
4/14/1992	Male	Lincoln	Nebraska	68503
9/21/1962	Female	Lincoln	Nebraska	68503
12/24/1952	Male	Lincoln	Nebraska	68503
7/16/1991	Female	Lincoln	Nebraska	68503
1/29/1986	Female	Lincoln	Nebraska	68503
3/16/1990	Male	Lincoln	Nebraska	68503
6/29/1958	Male	Lincoln	Nebraska	68503
1/6/1981	Male	LINCOLN	Nebraska	68503
10/31/1988	Female	Lincoln	Nebraska	68503
7/22/1958	Male	Lincoln	Nebraska	68503
2/8/1971	Female	Lincoln	Nebraska	68503
1/3/1957	Male	Lincoln	Nebraska	68503
2/19/1962	Male	Lincoln	Nebraska	68503
6/18/1957	Male	Firth	Nebraska	68503
12/30/1962	Male	Lincoln	Nebraska	68503
4/16/1959	Female	Lincoln	Nebraska	68503
6/5/1955	Male	Lincoln	Nebraska	68503
11/23/1968	Male	Lincoln	Nebraska	68503

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/14/1973	Female	Lincoln	Nebraska	68503
8/10/1959	Female	Lincoln	Nebraska	68503
3/12/1955	Male	Lincoln	Nebraska	68503
7/21/1995	Male	LINCOLN	Nebraska	68503
11/7/1951	Female	Lincoln	Nebraska	68503
6/2/1993	Female	Lincoln	Nebraska	68503
10/31/1986	Female	Lincoln	Nebraska	68503
9/14/1991	Female	Lincoln	Nebraska	68503
4/7/1989	Female	Lincoln	Nebraska	68503
1/25/1986	Male	Lincoln	Nebraska	68503
2/9/1982	Male	Lincoln	Nebraska	68503
9/7/1990	Male	Lincoln	Nebraska	68503
11/7/1985	Male	Lincoln	Nebraska	68503
1/21/1986	Female	Lincoln	Nebraska	68503
4/18/1991	Male	Lincoln	Nebraska	68503
7/13/1974	Female	Lincoln	Nebraska	68503
10/12/1988	Male	Lincoln	Nebraska	68503
8/28/1987	Female	Lincoln	Nebraska	68503
11/4/1993	Female	Lincoln	Nebraska	68503
5/24/1974	Male	Lincoln	Nebraska	68503
5/1/1957	Male	Lincoln	Nebraska	68503
2/8/1996	Male	Lincoln	Nebraska	68503
11/15/1994	Male	Lincoln	Nebraska	68503
7/5/1993	Female	Lincoln	Nebraska	68503
8/3/1993	Male	Lincoln	Nebraska	68503
9/13/1993	Female	Lincoln	Nebraska	68503
3/28/1975	Female	Lincoln	Nebraska	68503
6/2/1986	Male	Lincoln	Nebraska	68503
7/12/1977	Male	Lincoln	Nebraska	68503
7/23/1959	Male	Lincoln	Nebraska	68503
5/26/1982	Female	Lincoln	Nebraska	68503
12/14/1961	Female	Lincoln	Nebraska	68503
8/16/1953	Female	Lincoln	Nebraska	68503
10/3/1970	Male	Lincoln	Nebraska	68503
4/20/1961	Male	Lincoln	Nebraska	68503
7/31/1989	Female	Lincoln	Nebraska	68503
2/6/1981	Male	Lincoln	Nebraska	68503
9/26/1991	Female	Lincoln	Nebraska	68503
2/19/1952	Female	Lincoln	Nebraska	68503
12/10/1949	Female	Lincoln	Nebraska	68503
3/8/1960	Male	Lincoln	Nebraska	68503

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/2/1961	Male	Lincoln	Nebraska	68503
11/13/1981	Female	Lincoln	Nebraska	68503
8/21/1945	Male	Lincoln	Nebraska	68503
7/5/1959	Male	Lincoln	Nebraska	68503
5/24/1965	Female	Lincoln	Nebraska	68503
2/22/1979	Female	Lincoln	Nebraska	68503
12/29/1982	Male	Lincoln	Nebraska	68503
6/4/1970	Female	Lincoln	Nebraska	68503
11/17/1991	Female	Lincoln	Nebraska	68503
9/10/1984	Female	Lincoln	Nebraska	68503
9/27/1972	Female	Lincoln	Nebraska	68503
9/11/1986	Female	Lincoln	Nebraska	68503
10/17/1968	Female	Lincoln	Nebraska	68503
1/21/1964	Male	Lincoln	Nebraska	68503
1/3/1979	Male	Lincoln	Nebraska	68503
2/14/1977	Female	Lincoln	Nebraska	68503
2/14/1963	Female	Lincoln	Nebraska	68503
4/12/1978	Male	Lincoln	Nebraska	68503
1/23/1991	Male	Lincoln	Nebraska	68503
3/12/1992	Female	Lincoln	Nebraska	68503
2/23/2000	Male	Lincoln	Nebraska	68503
8/12/1980	Female	Lincoln	Nebraska	68503
6/2/1988	Male	Lincoln	Nebraska	68503
1/8/1957	Male	Lincoln	Nebraska	68503
2/8/1950	Male	Lincoln	Nebraska	68503
9/8/1951	Female	Lincoln	Nebraska	68503
1/29/1970	Female	Lincoln	Nebraska	68503
3/20/1970	Male	Lincoln	Nebraska	68503
2/12/1950	Female	Lincoln	Nebraska	68503
11/12/1954	Male	Lincoln	Nebraska	68503
10/2/1949	Female	Lincoln	Nebraska	68503
5/29/1957	Female	Lincoln	Nebraska	68503
9/14/1952	Male	Lincoln	Nebraska	68503
3/13/1978	Female	Lincoln	Nebraska	68503
5/1/1980	Female	Lincoln	Nebraska	68503
6/24/1951	Female	Lincoln	Nebraska	68503
5/20/1958	Male	Lincoln	Nebraska	68503
10/21/1967	Male	Lincoln	Nebraska	68503
6/20/1952	Male	Lincoln	Nebraska	68503
11/9/1960	Female	Lincoln	Nebraska	68503
10/25/1983	Female	Lincoln	Nebraska	68503

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/28/1972	Female	Lincoln	Nebraska	68503
2/2/1969	Male	Lincoln	Nebraska	68503
1/9/1952	Male	Lincoln	Nebraska	68503
1/29/1984	Female	Lincoln	Nebraska	68503
1/10/1986	Female	Lincoln	Nebraska	68503
11/4/1968	Female	Lincoln	Nebraska	68503
6/11/1976	Female	Lincoln	Nebraska	68503
6/23/1970	Male	Lincoln	Nebraska	68503
4/8/1973	Female	Lincoln	Nebraska	68503
5/2/1982	Female	Lincoln	Nebraska	68503
1/29/1982	Female	Lincoln	Nebraska	68503
5/18/1990	Female	Lincoln	Nebraska	68503
3/19/1959	Female	Lincoln	Nebraska	68503
9/25/1970	Female	Lincoln	Nebraska	68503
10/23/1965	Female	Lincoln	Nebraska	68503
2/3/1989	Male	Lincoln	Nebraska	68503
4/28/1984	Female	Lincoln	Nebraska	68503
6/4/1986	Male	Lincoln	Nebraska	68503
3/8/1957	Female	Lincoln	Nebraska	68503
3/20/1988	Female	Lincoln	Nebraska	68503
3/5/1988	Female	Lincoln	Nebraska	68503
4/21/1990	Female	Lincoln	Nebraska	68503
1/3/1986	Male	Lincoln	Nebraska	68503
5/6/1989	Female	Lincoln	Nebraska	68503
1/20/1970	Male	Lincoln	Nebraska	68503
11/26/1991	Female	Lincoln	Nebraska	68503
10/2/1992	Male	Lincoln	Nebraska	68503
6/16/1955	Female	Lincoln	Nebraska	68503
3/2/1993	Male	Lincoln	Nebraska	68503
12/11/1983	Female	Lincoln	Nebraska	68503
1/27/1974	Male	Lincoln	Nebraska	68503
3/25/1961	Male	Lincoln	Nebraska	68503
5/31/1973	Female	Lincoln	Nebraska	68503
3/3/1949	Female	Lincoln	Nebraska	68503
9/10/1958	Female	Lincoln	Nebraska	68503
6/15/1960	Female	Lincoln	Nebraska	68503
10/25/1954	Female	Lincoln	Nebraska	68503
10/31/1950	Female	Lincoln	Nebraska	68503
3/22/1962	Female	Lincoln	Nebraska	68503
5/29/1988	Female	Lincoln	Nebraska	68503
9/4/1964	Female	Lincoln	Nebraska	68503

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/21/1981	Female	Lincoln	Nebraska	68503
11/10/1973	Female	Lincoln	Nebraska	68503
1/9/1989	Female	Lincoln	Nebraska	68503
7/13/1957	Female	LINCOLN	Nebraska	68503
4/25/1951	Female	Lincoln	Nebraska	68503
4/28/1952	Male	Lincoln	Nebraska	68503
6/13/1974	Male	Lincoln	Nebraska	68503
7/30/1947	Female	Lincoln	Nebraska	68503
7/22/1985	Male	Lincoln	Nebraska	68503
4/27/1990	Female	Lincoln	Nebraska	68503
10/6/1952	Female	Lincoln	Nebraska	68503
5/27/1953	Female	Lincoln	Nebraska	68503
1/26/1983	Female	Lincoln	Nebraska	68503
8/15/1988	Female	Lincoln	Nebraska	68503
11/11/1988	Female	Lincoln	Nebraska	68503
2/7/1972	Female	Lincoln	Nebraska	68503
5/24/1971	Female	Lincoln	Nebraska	68503
2/26/1950	Female	Lincoln	Nebraska	68503
11/12/1979	Male	Lincoln	Nebraska	68503
9/13/1988	Male	Lincoln	Nebraska	68503
10/26/1981	Male	Lincoln	Nebraska	68503
11/25/1986	Female	Lincoln	Nebraska	68503
10/1/1962	Male	Lincoln	Nebraska	68503
3/23/1957	Female	Lincoln	Nebraska	68503
9/9/1963	Male	Lincoln	Nebraska	68503
8/31/1956	Female	Lincoln	Nebraska	68503
4/10/1964	Female	Lincoln	Nebraska	68503
6/17/1982	Male	Lincoln	Nebraska	68503
1/10/1978	Female	Lincoln	Nebraska	68503
6/9/1969	Female	Lincoln	Nebraska	68503
5/17/1965	Female	Lincoln	Nebraska	68503
6/10/1957	Male	Lincoln	Nebraska	68503
1/30/1958	Male	Lincoln	Nebraska	68503
10/22/1951	Male	Lincoln	Nebraska	68503
1/26/1954	Male	Lincoln	Nebraska	68503
4/12/1959	Male	Lincoln	Nebraska	68503
3/7/1957	Female	Lincoln	Nebraska	68503
9/23/1980	Female	Lincoln	Nebraska	68503
3/12/1988	Female	Lincoln	Nebraska	68503
6/29/1992	Female	Lincoln	Nebraska	68503
3/3/1989	Female	Lincoln	Nebraska	68503

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/24/1988	Male	Lincoln	Nebraska	68503
9/27/1966	Male	Lincoln	Nebraska	68503
8/26/1986	Male	Lincoln	Nebraska	68503
5/19/1980	Male	Lincoln	Nebraska	68503
11/26/1970	Female	Lincoln	Nebraska	68503
7/15/1955	Female	Lincoln	Nebraska	68503
2/7/1989	Female	Lincoln	Nebraska	68503
12/22/1985	Female	Lincoln	Nebraska	68503
5/8/1988	Male	Lincoln	Nebraska	68503
9/16/1992	Female	Lincoln	Nebraska	68503
9/3/1986	Female	Lincoln	Nebraska	68503
7/11/1970	Female	Lincoln	Nebraska	68503
11/6/1958	Female	Lincoln	Nebraska	68504
10/4/1968	Male	Lincoln	Nebraska	68504
2/7/1952	Male	Lincoln	Nebraska	68504
2/2/1968	Female	Lincoln	Nebraska	68504
2/24/1946	Male	Lincoln	Nebraska	68504
4/21/1964	Female	Lincoln	Nebraska	68504
3/5/1946	Female	Lincoln	Nebraska	68504
4/17/1979	Male	Lincoln	Nebraska	68504
6/11/1972	Female	Lincoln	Nebraska	68504
8/19/1959	Female	Lincoln	Nebraska	68504
7/3/1983	Male	Lincoln	Nebraska	68504
11/4/1990	Female	Lincoln	Nebraska	68504
6/22/1988	Female	Lincoln	Nebraska	68504
11/27/1994	Male	Lincoln	Nebraska	68504
3/25/1971	Female	Lincoln	Nebraska	68504
8/31/1960	Female	Lincoln	Nebraska	68504
6/28/1996	Male	Lincoln	Nebraska	68504
8/9/1994	Male	Lincoln	Nebraska	68504
6/17/1995	Male	Lincoln	Nebraska	68504
11/20/1992	Male	Lincoln	Nebraska	68504
7/31/1961	Female	Lincoln	Nebraska	68504
7/6/1994	Female	Lincoln	Nebraska	68504
7/13/1954	Female	Lincoln	Nebraska	68504
4/29/1978	Male	Lincoln	Nebraska	68504
8/15/1985	Male	Lincoln	Nebraska	68504
11/21/1990	Female	Lincoln	Nebraska	68504
3/13/1992	Male	Lincoln	Nebraska	68504
5/19/1987	Male	Lincoln	Nebraska	68504
8/2/1991	Female	Lincoln	Nebraska	68504

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/18/1966	Male	Lincoln	Nebraska	68504
12/14/1950	Male	Lincoln	Nebraska	68504
4/18/1957	Female	Lincoln	Nebraska	68504
1/6/1957	Female	Lincoln	Nebraska	68504
6/22/1965	Male	Lincoln	Nebraska	68504
5/18/1970	Female	Lincoln	Nebraska	68504
1/10/1969	Female	Lincoln	Nebraska	68504
11/13/1951	Male	Lincoln	Nebraska	68504
12/20/1954	Male	Lincoln	Nebraska	68504
12/3/1958	Female	Lincoln	Nebraska	68504
9/1/1962	Male	Lincoln	Nebraska	68504
1/4/1980	Male	Lincoln	Nebraska	68504
1/31/1962	Male	Lincoln	Nebraska	68504
1/29/1983	Female	Lincoln	Nebraska	68504
1/17/1957	Male	Lincoln	Nebraska	68504
3/11/1955	Female	Lincoln	Nebraska	68504
12/21/1980	Male	Lincoln	Nebraska	68504
2/20/1980	Male	Lincoln	Nebraska	68504
5/13/1957	Male	Lincoln	Nebraska	68504
3/23/1990	Male	Lincoln	Nebraska	68504
9/23/1980	Female	Lincoln	Nebraska	68504
2/11/1987	Male	Lincoln	Nebraska	68504
12/31/1987	Male	Lincoln	Nebraska	68504
11/6/1979	Male	Lincoln	Nebraska	68504
4/18/1966	Female	Lincoln	Nebraska	68504
8/6/1989	Female	Lincoln	Nebraska	68504
2/2/1987	Female	Lincoln	Nebraska	68504
12/10/1973	Female	Lincoln	Nebraska	68504
8/8/1987	Female	Lincoln	Nebraska	68504
4/25/1955	Male	Lincoln	Nebraska	68504
2/21/1986	Male	Lincoln	Nebraska	68504
9/6/1987	Male	Lincoln	Nebraska	68504
1/1/1981	Male	Lincoln	Nebraska	68504
6/1/1990	Male	Lincoln	Nebraska	68504
10/16/1973	Male	Lincoln	Nebraska	68504
4/21/1987	Male	Lincoln	Nebraska	68504
11/11/1988	Female	Lincoln	Nebraska	68504
12/29/1979	Male	Lincoln	Nebraska	68504
10/5/1991	Male	Lincoln	Nebraska	68504
8/15/1990	Male	Lincoln	Nebraska	68504
6/12/1992	Male	Lincoln	Nebraska	68504



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/10/1989	Female	Lincoln	Nebraska	68504
1/22/1993	Male	Lincoln	Nebraska	68504
5/19/1977	Female	Lincoln	Nebraska	68504
8/28/1993	Female	Lincoln	Nebraska	68504
4/7/1979	Female	Lincoln	Nebraska	68504
12/2/1989	Male	Lincoln	Nebraska	68504
8/15/1988	Female	Lincoln	Nebraska	68504
9/7/1986	Male	Lincoln	Nebraska	68504
11/26/1994	Female	Lincoln	Nebraska	68504
11/6/1972	Female	Lincoln	Nebraska	68504
8/24/1994	Male	Lincoln	Nebraska	68504
2/28/1994	Male	Lincoln	Nebraska	68504
7/29/1992	Female	Lincoln	Nebraska	68504
2/9/1990	Female	Lincoln	Nebraska	68504
12/21/1974	Female	Lincoln	Nebraska	68504
11/2/1981	Female	Lincoln	Nebraska	68504
9/18/1994	Male	Lincoln	Nebraska	68504
4/6/1975	Female	Lincoln	Nebraska	68504
9/6/1993	Female	Lincoln	Nebraska	68504
8/18/1994	Male	Lincoln	Nebraska	68504
6/30/1967	Female	Lincoln	Nebraska	68504
10/10/1985	Female	Lincoln	Nebraska	68504
10/5/1965	Female	Lincoln	Nebraska	68504
9/24/1980	Female	Lincoln	Nebraska	68504
10/9/1949	Female	Lincoln	Nebraska	68504
12/20/1953	Female	Lincoln	Nebraska	68504
11/14/1955	Female	Lincoln	Nebraska	68504
11/30/1961	Female	Lincoln	Nebraska	68504
2/23/1979	Male	Lincoln	Nebraska	68504
11/14/1962	Female	Lincoln	Nebraska	68504
4/4/1981	Male	Lincoln	Nebraska	68504
3/10/1968	Female	Lincoln	Nebraska	68504
11/1/1983	Female	Lincoln	Nebraska	68504
11/18/1955	Female	Lincoln	Nebraska	68504
3/4/1976	Male	Lincoln	Nebraska	68504
2/26/1966	Male	Lincoln	Nebraska	68504
2/17/1982	Male	Lincoln	Nebraska	68504
4/16/1969	Female	Lincoln	Nebraska	68504
12/18/1949	Male	Lincoln	Nebraska	68504
7/31/1985	Male	Lincoln	Nebraska	68504
1/27/1979	Male	Lincoln	Nebraska	68504

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/2/1985	Male	Lincoln	Nebraska	68504
9/4/1969	Female	Lincoln	Nebraska	68504
9/11/1958	Female	Lincoln	Nebraska	68504
9/4/1961	Female	Lincoln	Nebraska	68504
5/3/1957	Male	Lincoln	Nebraska	68504
11/7/1962	Male	Lincoln	Nebraska	68504
12/6/1963	Female	Lincoln	Nebraska	68504
7/7/1951	Male	Lincoln	Nebraska	68504
8/31/1964	Female	Lincoln	Nebraska	68504
7/8/1961	Female	Lincoln	Nebraska	68504
5/5/1992	Male	Lincoln	Nebraska	68504
12/11/1988	Male	Lincoln	Nebraska	68504
7/20/1988	Male	Lincoln	Nebraska	68504
2/1/1991	Female	Lincoln	Nebraska	68504
6/13/1951	Female	Lincoln	Nebraska	68504
8/4/1953	Male	Lincoln	Nebraska	68504
9/17/1963	Male	Lincoln	Nebraska	68504
12/21/1954	Female	Lincoln	Nebraska	68504
3/21/1954	Female	Lincoln	Nebraska	68504
6/4/1958	Female	Lincoln	Nebraska	68504
5/27/1951	Female	Lincoln	Nebraska	68504
8/13/1952	Female	Lincoln	Nebraska	68504
3/18/1953	Female	Lincoln	Nebraska	68504
7/16/1956	Female	Lincoln	Nebraska	68504
10/22/1957	Female	Lincoln	Nebraska	68504
9/21/1959	Female	Lincoln	Nebraska	68504
8/17/1950	Female	Lincoln	Nebraska	68504
11/20/1957	Male	Lincoln	Nebraska	68504
7/8/1955	Male	Lincoln	Nebraska	68504
1/27/1963	Male	Lincoln	Nebraska	68504
7/14/1957	Female	Lincoln	Nebraska	68504
2/12/1960	Female	Lincoln	Nebraska	68504
10/5/1963	Female	Lincoln	Nebraska	68504
1/22/1955	Female	Lincoln	Nebraska	68504
3/7/1965	Female	Lincoln	Nebraska	68504
1/9/1971	Female	Lincoln	Nebraska	68504
8/22/1962	Female	Lincoln	Nebraska	68504
4/11/1960	Female	Lincoln	Nebraska	68504
2/25/1955	Male	Lincoln	Nebraska	68504
9/12/1971	Female	Lincoln	Nebraska	68504
1/15/1983	Male	Lincoln	Nebraska	68504

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/27/1974	Female	Lincoln	Nebraska	68504
11/3/1980	Female	Lincoln	Nebraska	68504
2/2/1981	Male	Lincoln	Nebraska	68504
12/19/1958	Female	Lincoln	Nebraska	68504
11/6/1986	Female	Lincoln	Nebraska	68504
4/1/1977	Female	Lincoln	Nebraska	68504
11/4/1951	Female	Lincoln	Nebraska	68504
12/6/1951	Female	Lincoln	Nebraska	68504
10/12/1980	Female	Lincoln	Nebraska	68504
12/29/1959	Female	Lincoln	Nebraska	68504
9/6/1958	Female	Lincoln	Nebraska	68504
7/4/1979	Male	Lincoln	Nebraska	68504
11/28/1989	Male	Lincoln	Nebraska	68504
8/10/1973	Female	Lincoln	Nebraska	68504
4/21/1985	Male	Lincoln	Nebraska	68504
12/16/1983	Female	Lincoln	Nebraska	68504
2/16/1957	Female	Lincoln	Nebraska	68504
1/2/1971	Female	Lincoln	Nebraska	68504
8/20/1963	Male	Lincoln	Nebraska	68504
8/28/1956	Female	Lincoln	Nebraska	68504
12/5/1984	Female	Lincoln	Nebraska	68504
9/21/1990	Female	Lincoln	Nebraska	68504
9/5/1978	Female	Lincoln	Nebraska	68504
6/15/1960	Female	Lincoln	Nebraska	68504
1/4/1990	Male	Lincoln	Nebraska	68504
6/6/1979	Female	Lincoln	Nebraska	68504
2/23/1971	Male	Lincoln	Nebraska	68504
9/17/1973	Male	Lincoln	Nebraska	68504
8/31/1991	Female	Lincoln	Nebraska	68504
4/25/1980	Female	Lincoln	Nebraska	68504
10/14/1985	Female	Lincoln	Nebraska	68504
1/30/1992	Female	Lincoln	Nebraska	68504
8/13/1983	Female	Lincoln	Nebraska	68504
5/2/1992	Female	Lincoln	Nebraska	68504
5/18/1992	Female	Lincoln	Nebraska	68504
10/31/1988	Female	Lincoln	Nebraska	68504
7/23/1972	Female	Lincoln	Nebraska	68504
7/1/1986	Female	Lincoln	Nebraska	68504
7/8/1983	Female	Lincoln	Nebraska	68504
7/28/1986	Female	Lincoln	Nebraska	68504
5/5/1983	Female	Lincoln	Nebraska	68504

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/27/1958	Male	Lincoln	Nebraska	68504
5/3/1990	Female	Lincoln	Nebraska	68504
5/15/1953	Female	Lincoln	Nebraska	68504
7/4/1986	Female	Lincoln	Nebraska	68504
9/1/1980	Male	Lincoln	Nebraska	68504
5/9/1981	Male	Lincoln	Nebraska	68504
1/24/1985	Female	Lincoln	Nebraska	68504
7/19/1987	Male	Lincoln	Nebraska	68504
3/16/1977	Female	Lincoln	Nebraska	68504
4/8/1989	Female	Lincoln	Nebraska	68504
5/16/1984	Female	Lincoln	Nebraska	68504
3/12/1972	Male	Lincoln	Nebraska	68504
4/9/1992	Female	Lincoln	Nebraska	68504
8/9/1980	Female	Lincoln	Nebraska	68504
12/1/1993	Female	Lincoln	Nebraska	68504
2/22/1986	Female	Lincoln	Nebraska	68504
3/25/1994	Male	Lincoln	Nebraska	68504
3/2/1984	Male	Lincoln	Nebraska	68504
2/10/1951	Female	Lincoln	Nebraska	68504
1/5/1975	Male	Lincoln	Nebraska	68504
12/2/1954	Female	Lincoln	Nebraska	68504
4/28/1952	Female	Lincoln	Nebraska	68504
5/21/1992	Male	Lincoln	Nebraska	68504
9/22/1949	Male	Lincoln	Nebraska	68504
3/2/1953	Female	Lincoln	Nebraska	68504
9/7/1971	Male	Lincoln	Nebraska	68504
7/27/1957	Male	Lincoln	Nebraska	68504
6/21/1984	Male	Lincoln	Nebraska	68504
1/9/1982	Female	Lincoln	Nebraska	68504
5/24/1992	Female	Lincoln	Nebraska	68504
7/10/1986	Female	Lincoln	Nebraska	68504
1/17/1958	Female	Lincoln	Nebraska	68504
10/31/1972	Female	Lincoln	Nebraska	68504
6/24/1984	Female	Lincoln	Nebraska	68504
1/24/1983	Male	Lincoln	Nebraska	68504
5/18/1995	Female	Lincoln	Nebraska	68504
4/27/1986	Male	Lincoln	Nebraska	68504
1/2/1990	Male	Lincoln	Nebraska	68504
1/5/1960	Female	Lincoln	Nebraska	68504
3/20/1965	Female	Lincoln	Nebraska	68504
1/8/1990	Female	Lincoln	Nebraska	68504

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/16/1954	Female	Lincoln	Nebraska	68504
9/29/1958	Male	Lincoln	Nebraska	68504
5/28/1972	Male	Lincoln	Nebraska	68504
8/9/1954	Female	Lincoln	Nebraska	68504
4/12/1987	Male	Lincoln	Nebraska	68504
6/13/1977	Female	Lincoln	Nebraska	68504
9/10/1990	Male	Lincoln	Nebraska	68504
12/20/1975	Female	Lincoln	Nebraska	68504
5/9/1962	Female	Lincoln	Nebraska	68504
9/4/1990	Male	Lincoln	Nebraska	68504
3/24/1981	Female	Lincoln	Nebraska	68504
9/6/1965	Female	Lincoln	Nebraska	68504
12/8/1974	Female	Lincoln	Nebraska	68504
9/1/1954	Female	Lincoln	Nebraska	68504
3/12/1991	Male	Lincoln	Nebraska	68504
11/1/1963	Male	Lincoln	Nebraska	68504
11/25/1956	Female	Lincoln	Nebraska	68504
5/27/1957	Female	Lincoln	Nebraska	68504
1/17/1957	Female	Lincoln	Nebraska	68504
7/12/1949	Female	Lincoln	Nebraska	68504
10/22/1963	Female	Lincoln	Nebraska	68504
7/22/1983	Male	Lincoln	Nebraska	68504
12/21/1989	Male	Lincoln	Nebraska	68504
6/6/1980	Female	Lincoln	Nebraska	68504
1/1/1990	Male	Lincoln	Nebraska	68504
8/10/1990	Male	Lincoln	Nebraska	68504
3/12/1957	Male	Lincoln	Nebraska	68504
11/9/1979	Female	Lincoln	Nebraska	68504
1/18/1962	Female	Lincoln	Nebraska	68504
5/4/1951	Female	Lincoln	Nebraska	68504
5/22/1977	Male	Lincoln	Nebraska	68504
8/28/1978	Female	Lincoln	Nebraska	68504
3/4/1979	Male	Lincoln	Nebraska	68504
8/15/1985	Male	Lincoln	Nebraska	68504
7/14/1992	Male	Lincoln	Nebraska	68504
11/1/1959	Male	Lincoln	Nebraska	68504
1/4/1972	Female	Lincoln	Nebraska	68504
1/9/1983	Male	Lincoln	Nebraska	68504
12/25/1989	Female	Lincoln	Nebraska	68504
3/28/1977	Male	Lincoln	Nebraska	68504
5/15/1973	Male	Lincoln	Nebraska	68504

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/19/1987	Male	Lincoln	Nebraska	68504
11/6/1990	Female	Lincoln	Nebraska	68504
10/24/1983	Male	Lincoln	Nebraska	68504
12/19/1986	Female	Lincoln	Nebraska	68504
9/30/1963	Female	Lincoln	Nebraska	68504
12/22/1946	Female	Lincoln	Nebraska	68504
7/23/1982	Female	Lincoln	Nebraska	68504
3/1/1956	Female	Lincoln	Nebraska	68504
11/15/1981	Female	Lincoln	Nebraska	68504
8/29/1974	Male	Lincoln	Nebraska	68504
1/4/1978	Male	Lincoln	Nebraska	68504
3/28/1994	Male	Lincoln	Nebraska	68504
6/11/1990	Female	Lincoln	Nebraska	68504
12/27/1989	Male	Lincoln	Nebraska	68504
10/31/1957	Female	Lincoln	Nebraska	68504
11/10/1957	Female	Lincoln	Nebraska	68504
4/21/1985	Female	Lincoln	Nebraska	68504
10/3/1949	Female	Lincoln	Nebraska	68504
7/2/1963	Female	LINCOLN	Nebraska	68504
7/3/1951	Female	Lincoln	Nebraska	68504
5/31/1974	Female	Lincoln	Nebraska	68504
12/27/1954	Female	Lincoln	Nebraska	68504
7/18/1959	Female	Lincoln	Nebraska	68504
5/25/1988	Male	Lincoln	Nebraska	68504
7/22/1985	Female	Lincoln	Nebraska	68504
8/31/1988	Male	Lincoln	Nebraska	68504
8/3/1981	Male	LINCOLN	Nebraska	68504
11/26/1989	Female	Lincoln	Nebraska	68504
6/21/1981	Female	Lincoln	Nebraska	68504
1/28/1965	Male	Lincoln	Nebraska	68504
12/18/1971	Female	Lincoln	Nebraska	68504
10/7/1970	Female	Lincoln	Nebraska	68504
1/24/1972	Female	Lincoln	Nebraska	68504
6/8/1954	Female	Lincoln	Nebraska	68504
7/3/1963	Female	Lincoln	Nebraska	68504
7/15/1991	Female	Lincoln	Nebraska	68504
12/4/1981	Female	Lincoln	Nebraska	68504
2/3/1958	Male	Lincoln	Nebraska	68505
7/6/1950	Male	Lincoln	Nebraska	68505
1/17/1981	Male	Lincoln	Nebraska	68505
7/17/1953	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/9/1954	Female	Lincoln	Nebraska	68505
10/29/1958	Male	Lincoln	Nebraska	68505
6/13/1967	Male	Lincoln	Nebraska	68505
12/12/1951	Female	Lincoln	Nebraska	68505
12/6/1951	Female	Lincoln	Nebraska	68505
4/17/1969	Female	Lincoln	Nebraska	68505
10/6/1955	Male	Lincoln	Nebraska	68505
2/3/1974	Female	Lincoln	Nebraska	68505
6/20/1962	Female	Lincoln	Nebraska	68505
5/17/1951	Male	Lincoln	Nebraska	68505
5/31/1959	Male	Lincoln	Nebraska	68505
7/10/1963	Female	Lincoln	Nebraska	68505
8/17/1980	Male	Lincoln	Nebraska	68505
1/30/1987	Male	Lincoln	Nebraska	68505
11/15/1985	Female	Lincoln	Nebraska	68505
2/5/1990	Female	Lincoln	Nebraska	68505
4/27/1972	Male	Lincoln	Nebraska	68505
4/7/1971	Male	Lincoln	Nebraska	68505
11/14/1972	Male	Lincoln	Nebraska	68505
9/26/1992	Female	Lincoln	Nebraska	68505
4/6/1994	Female	Lincoln	Nebraska	68505
1/13/1991	Male	Lincoln	Nebraska	68505
8/9/1968	Male	Lincoln	Nebraska	68505
11/7/1975	Female	Lincoln	Nebraska	68505
4/24/1963	Female	Lincoln	Nebraska	68505
10/21/1991	Female	Lincoln	Nebraska	68505
5/25/1992	Female	Lincoln	Nebraska	68505
1/12/1964	Female	Lincoln	Nebraska	68505
2/1/1992	Male	Lincoln	Nebraska	68505
5/17/1990	Female	Lincoln	Nebraska	68505
4/19/1979	Male	Lincoln	Nebraska	68505
10/20/1988	Female	Lincoln	Nebraska	68505
7/23/1976	Female	Lincoln	Nebraska	68505
7/21/1997	Male	Lincoln	Nebraska	68505
4/17/1960	Male	Lincoln	Nebraska	68505
5/4/1960	Female	Lincoln	Nebraska	68505
2/15/1988	Male	Lincoln	Nebraska	68505
11/29/1949	Male	Lincoln	Nebraska	68505
9/18/1979	Female	Lincoln	Nebraska	68505
3/7/1971	Female	Lincoln	Nebraska	68505
12/13/1986	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/21/1960	Female	Lincoln	Nebraska	68505
10/6/1972	Male	Lincoln	Nebraska	68505
6/15/1974	Male	Lincoln	Nebraska	68505
6/4/1974	Female	Lincoln	Nebraska	68505
6/8/1956	Male	Lincoln	Nebraska	68505
11/5/1951	Female	Lincoln	Nebraska	68505
4/15/1980	Female	Lincoln	Nebraska	68505
5/10/1973	Male	Lincoln	Nebraska	68505
3/27/1955	Male	Lincoln	Nebraska	68505
10/3/1975	Male	Lincoln	Nebraska	68505
4/28/1977	Male	Lincoln	Nebraska	68505
5/5/1965	Male	Lincoln	Nebraska	68505
6/18/1955	Male	Lincoln	Nebraska	68505
9/9/1969	Male	Lincoln	Nebraska	68505
5/11/1984	Male	Lincoln	Nebraska	68505
1/26/1957	Female	Lincoln	Nebraska	68505
11/9/1964	Male	Lincoln	Nebraska	68505
6/21/1982	Female	Lincoln	Nebraska	68505
9/20/1972	Female	Lincoln	Nebraska	68505
8/23/1963	Male	Lincoln	Nebraska	68505
4/8/1971	Male	Lincoln	Nebraska	68505
8/4/1952	Male	Lincoln	Nebraska	68505
11/9/1973	Male	Lincoln	Nebraska	68505
9/16/1978	Male	Lincoln	Nebraska	68505
11/22/1985	Male	Lincoln	Nebraska	68505
9/14/1951	Female	Lincoln	Nebraska	68505
11/20/1968	Female	Lincoln	Nebraska	68505
3/10/1980	Male	Lincoln	Nebraska	68505
8/25/1987	Male	Lincoln	Nebraska	68505
4/24/1968	Male	Lincoln	Nebraska	68505
8/24/1991	Male	Lincoln	Nebraska	68505
1/20/1954	Female	Lincoln	Nebraska	68505
9/18/1986	Male	Lincoln	Nebraska	68505
4/20/1952	Female	Lincoln	Nebraska	68505
8/25/1991	Male	Lincoln	Nebraska	68505
1/23/1988	Female	Lincoln	Nebraska	68505
12/25/1989	Male	Lincoln	Nebraska	68505
2/24/1954	Male	Lincoln	Nebraska	68505
7/25/1991	Male	Lincoln	Nebraska	68505
1/3/1996	Male	Lincoln	Nebraska	68505
7/9/1967	Female	Lincoln	Nebraska	68505



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/11/1985	Male	Lincoln	Nebraska	68505
5/27/1992	Male	Lincoln	Nebraska	68505
12/29/1991	Male	Lincoln	Nebraska	68505
8/13/1982	Male	Lincoln	Nebraska	68505
3/27/1986	Female	Lincoln	Nebraska	68505
8/10/1992	Male	Lincoln	Nebraska	68505
4/16/1990	Male	LINCOLN	Nebraska	68505
12/29/1986	Male	Lincoln	Nebraska	68505
1/28/1996	Male	Lincoln	Nebraska	68505
5/28/1995	Male	Lincoln	Nebraska	68505
7/15/1997	Male	Lincoln	Nebraska	68505
2/23/1991	Male	Lincoln	Nebraska	68505
8/27/1995	Male	Lincoln	Nebraska	68505
9/2/1991	Male	Lincoln	Nebraska	68505
1/7/1983	Male	Lincoln	Nebraska	68505
12/23/1953	Female	Lincoln	Nebraska	68505
11/24/1946	Male	Lincoln	Nebraska	68505
10/26/1951	Female	Lincoln	Nebraska	68505
6/10/1959	Female	Lincoln	Nebraska	68505
3/12/1968	Female	Lincoln	Nebraska	68505
6/1/1956	Female	Lincoln	Nebraska	68505
12/11/1956	Female	Lincoln	Nebraska	68505
11/29/1948	Female	Lincoln	Nebraska	68505
3/28/1952	Female	Lincoln	Nebraska	68505
10/6/1970	Female	Lincoln	Nebraska	68505
7/6/1958	Male	Lincoln	Nebraska	68505
11/10/1961	Female	Lincoln	Nebraska	68505
9/11/1979	Male	Lincoln	Nebraska	68505
9/29/1953	Female	Lincoln	Nebraska	68505
10/22/1963	Female	Lincoln	Nebraska	68505
1/10/1962	Female	Lincoln	Nebraska	68505
10/11/1971	Male	Lincoln	Nebraska	68505
4/24/1978	Female	Lincoln	Nebraska	68505
4/4/1983	Female	Lincoln	Nebraska	68505
3/28/1953	Female	Lincoln	Nebraska	68505
5/22/1980	Female	Lincoln	Nebraska	68505
8/2/1970	Female	Lincoln	Nebraska	68505
11/10/1948	Female	Lincoln	Nebraska	68505
6/19/1989	Female	Lincoln	Nebraska	68505
2/11/1966	Female	Lincoln	Nebraska	68505
12/22/1989	Male	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/30/1963	Female	Lincoln	Nebraska	68505
5/26/1956	Male	Lincoln	Nebraska	68505
9/3/1954	Male	Lincoln	Nebraska	68505
7/29/1982	Female	Lincoln	Nebraska	68505
10/20/1979	Male	Lincoln	Nebraska	68505
1/27/1966	Female	Lincoln	Nebraska	68505
7/27/1990	Female	Lincoln	Nebraska	68505
3/9/1953	Male	Lincoln	Nebraska	68505
8/12/1974	Male	Lincoln	Nebraska	68505
9/13/1981	Female	Lincoln	Nebraska	68505
12/25/1978	Female	Lincoln	Nebraska	68505
12/5/1988	Female	Lincoln	Nebraska	68505
1/10/1970	Male	Lincoln	Nebraska	68505
1/1/1980	Female	Lincoln	Nebraska	68505
4/12/1981	Female	Lincoln	Nebraska	68505
7/17/1989	Female	Lincoln	Nebraska	68505
1/3/1982	Female	Lincoln	Nebraska	68505
10/13/1972	Female	Lincoln	Nebraska	68505
3/29/1955	Male	Lincoln	Nebraska	68505
11/18/1951	Male	Lincoln	Nebraska	68505
10/25/1969	Male	Lincoln	Nebraska	68505
11/15/1959	Male	Lincoln	Nebraska	68505
12/10/1942	Female	Lincoln	Nebraska	68505
12/21/1963	Male	Lincoln	Nebraska	68505
1/1/1944	Female	Lincoln	Nebraska	68505
10/7/1938	Male	Lincoln	Nebraska	68505
2/8/1980	Male	Lincoln	Nebraska	68505
2/19/1940	Male	Lincoln	Nebraska	68505
10/21/1982	Male	Lincoln	Nebraska	68505
5/2/1976	Male	Lincoln	Nebraska	68505
10/21/1987	Female	Lincoln	Nebraska	68505
8/23/1989	Female	Lincoln	Nebraska	68505
9/12/1987	Male	Lincoln	Nebraska	68505
4/11/1996	Male	Lincoln	Nebraska	68505
8/8/1991	Female	Lincoln	Nebraska	68505
12/26/1997	Male	Lincoln	Nebraska	68505
5/13/1962	Female	Lincoln	Nebraska	68505
1/27/1988	Male	Lincoln	Nebraska	68505
8/2/1971	Female	Lincoln	Nebraska	68505
3/16/1961	Female	Lincoln	Nebraska	68505
2/25/1959	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/23/1967	Female	Lincoln	Nebraska	68505
11/4/1957	Female	Lincoln	Nebraska	68505
7/20/1964	Female	Lincoln	Nebraska	68505
5/30/1945	Male	Lincoln	Nebraska	68505
6/9/1951	Female	Lincoln	Nebraska	68505
9/11/1954	Female	Lincoln	Nebraska	68505
5/13/1964	Female	Lincoln	Nebraska	68505
3/19/1962	Female	Lincoln	Nebraska	68505
8/20/1968	Female	Lincoln	Nebraska	68505
7/25/1979	Female	Lincoln	Nebraska	68505
7/24/1971	Male	Lincoln	Nebraska	68505
7/23/1978	Female	Lincoln	Nebraska	68505
4/8/1958	Female	Lincoln	Nebraska	68505
3/24/1953	Female	Lincoln	Nebraska	68505
9/22/1953	Female	Lincoln	Nebraska	68505
3/20/1969	Male	Lincoln	Nebraska	68505
6/20/1968	Female	Lincoln	Nebraska	68505
4/17/1943	Female	Lincoln	Nebraska	68505
12/24/1951	Female	Lincoln	Nebraska	68505
5/3/1952	Female	Lincoln	Nebraska	68505
9/27/1960	Female	Lincoln	Nebraska	68505
9/22/1956	Female	Lincoln	Nebraska	68505
7/22/1961	Male	Lincoln	Nebraska	68505
2/17/1970	Female	Lincoln	Nebraska	68505
9/1/1953	Female	Lincoln	Nebraska	68505
12/19/1955	Female	Lincoln	Nebraska	68505
8/31/1957	Female	Lincoln	Nebraska	68505
11/18/1971	Female	Lincoln	Nebraska	68505
9/14/1961	Female	Lincoln	Nebraska	68505
12/27/1953	Female	Lincoln	Nebraska	68505
5/7/1962	Female	Lincoln	Nebraska	68505
12/20/1953	Female	Lincoln	Nebraska	68505
2/5/1964	Female	Lincoln	Nebraska	68505
6/22/1983	Female	Lincoln	Nebraska	68505
1/8/1957	Female	Lincoln	Nebraska	68505
8/14/1968	Female	Lincoln	Nebraska	68505
3/26/1959	Female	Lincoln	Nebraska	68505
1/30/1964	Female	Lincoln	Nebraska	68505
6/14/1958	Female	Lincoln	Nebraska	68505
10/13/1983	Female	Lincoln	Nebraska	68505
2/20/1956	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/8/1954	Female	Lincoln	Nebraska	68505
9/6/1974	Female	Lincoln	Nebraska	68505
11/3/1971	Female	Lincoln	Nebraska	68505
3/15/1984	Female	Lincoln	Nebraska	68505
4/15/1966	Female	Lincoln	Nebraska	68505
3/16/1988	Male	Lincoln	Nebraska	68505
1/28/1989	Female	Lincoln	Nebraska	68505
5/18/1964	Male	Lincoln	Nebraska	68505
4/14/1962	Female	Lincoln	Nebraska	68505
12/21/1989	Female	Lincoln	Nebraska	68505
8/24/1984	Female	Lincoln	Nebraska	68505
4/29/1973	Male	Lincoln	Nebraska	68505
7/9/1944	Female	Lincoln	Nebraska	68505
2/15/1981	Female	Lincoln	Nebraska	68505
1/7/1983	Female	Lincoln	Nebraska	68505
12/4/1971	Female	Lincoln	Nebraska	68505
4/30/1954	Male	Lincoln	Nebraska	68505
1/5/1987	Female	Lincoln	Nebraska	68505
8/21/1977	Female	Lincoln	Nebraska	68505
9/2/1981	Male	Lincoln	Nebraska	68505
10/6/1960	Female	Lincoln	Nebraska	68505
1/13/1974	Female	Lincoln	Nebraska	68505
4/24/1964	Male	Lincoln	Nebraska	68505
3/9/1986	Male	Lincoln	Nebraska	68505
5/4/1989	Female	Lincoln	Nebraska	68505
6/10/1983	Female	Lincoln	Nebraska	68505
1/22/1978	Male	Lincoln	Nebraska	68505
10/4/1986	Female	Lincoln	Nebraska	68505
10/7/1981	Female	Lincoln	Nebraska	68505
2/16/1992	Female	Lincoln	Nebraska	68505
7/5/1984	Male	Lincoln	Nebraska	68505
1/20/1983	Female	Lincoln	Nebraska	68505
6/24/1952	Female	Lincoln	Nebraska	68505
6/24/1968	Male	Lincoln	Nebraska	68505
8/20/1982	Female	Lincoln	Nebraska	68505
2/11/1981	Female	Lincoln	Nebraska	68505
4/24/1991	Female	Lincoln	Nebraska	68505
9/5/1990	Female	Lincoln	Nebraska	68505
11/25/1967	Female	Lincoln	Nebraska	68505
11/6/1981	Female	Lincoln	Nebraska	68505
3/6/1955	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/4/1988	Female	Lincoln	Nebraska	68505
7/7/1983	Female	Lincoln	Nebraska	68505
5/19/1992	Female	Lincoln	Nebraska	68505
2/29/1972	Female	Lincoln	Nebraska	68505
3/22/1989	Male	Lincoln	Nebraska	68505
7/13/1962	Female	Lincoln	Nebraska	68505
6/13/1968	Female	Lincoln	Nebraska	68505
4/22/1989	Female	Lincoln	Nebraska	68505
1/9/1989	Male	Lincoln	Nebraska	68505
9/15/1992	Male	Lincoln	Nebraska	68505
11/23/1990	Male	Lincoln	Nebraska	68505
5/19/1969	Female	Lincoln	Nebraska	68505
6/18/1969	Female	Lincoln	Nebraska	68505
11/2/1992	Female	Lincoln	Nebraska	68505
12/9/1976	Female	Lincoln	Nebraska	68505
12/10/1990	Female	Lincoln	Nebraska	68505
12/9/1988	Female	Lincoln	Nebraska	68505
9/23/1978	Male	Lincoln	Nebraska	68505
9/16/1976	Female	Lincoln	Nebraska	68505
10/4/1991	Male	Lincoln	Nebraska	68505
8/26/1979	Female	Lincoln	Nebraska	68505
9/28/1964	Female	Lincoln	Nebraska	68505
9/8/1979	Female	Lincoln	Nebraska	68505
10/28/1948	Female	Lincoln	Nebraska	68505
9/24/1963	Female	Lincoln	Nebraska	68505
6/5/1973	Female	Lincoln	Nebraska	68505
6/12/1971	Female	Lincoln	Nebraska	68505
8/3/1974	Female	Lincoln	Nebraska	68505
7/31/1966	Male	Lincoln	Nebraska	68505
12/22/1964	Female	Lincoln	Nebraska	68505
12/30/1951	Female	Lincoln	Nebraska	68505
2/5/1959	Female	Lincoln	Nebraska	68505
12/15/1971	Male	Lincoln	Nebraska	68505
5/19/1977	Male	Lincoln	Nebraska	68505
9/11/1970	Female	Lincoln	Nebraska	68505
7/4/1981	Male	Lincoln	Nebraska	68505
10/31/1970	Female	Lincoln	Nebraska	68505
1/14/1960	Female	Lincoln	Nebraska	68505
6/27/1980	Female	Lincoln	Nebraska	68505
11/15/1988	Male	Lincoln	Nebraska	68505
11/15/1981	Male	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/13/1983	Female	Lincoln	Nebraska	68505
6/1/1976	Female	Lincoln	Nebraska	68505
8/19/1969	Male	Lincoln	Nebraska	68505
1/14/1988	Female	Lincoln	Nebraska	68505
9/19/1979	Female	Lincoln	Nebraska	68505
6/27/1962	Female	Lincoln	Nebraska	68505
8/7/1958	Male	Lincoln	Nebraska	68505
2/8/1987	Female	Lincoln	Nebraska	68505
4/6/1944	Male	Lincoln	Nebraska	68505
2/11/1988	Male	Lincoln	Nebraska	68505
10/25/1989	Male	Lincoln	Nebraska	68505
7/17/1962	Male	Lincoln	Nebraska	68505
10/12/1960	Male	Lincoln	Nebraska	68505
11/12/1988	Female	Lincoln	Nebraska	68505
10/28/1975	Female	Lincoln	Nebraska	68505
8/22/1966	Male	Lincoln	Nebraska	68505
1/10/1960	Male	Lincoln	Nebraska	68505
8/3/1968	Male	Lincoln	Nebraska	68505
1/18/1980	Male	Lincoln	Nebraska	68505
3/26/1973	Male	Lincoln	Nebraska	68505
6/8/1962	Female	Lincoln,	Nebraska	68505
7/14/1959	Female	Lincoln	Nebraska	68505
10/24/1977	Female	Lincoln	Nebraska	68505
3/26/1959	Female	Lincoln	Nebraska	68505
2/16/1982	Female	Lincoln	Nebraska	68505
6/25/1969	Male	Lincoln	Nebraska	68505
1/26/1953	Male	Lincoln	Nebraska	68505
12/8/1987	Male	Lincoln	Nebraska	68505
9/16/1989	Male	Lincoln	Nebraska	68505
11/19/1947	Male	Lincoln	Nebraska	68505
3/21/1956	Female	Lincoln	Nebraska	68505
8/31/1957	Female	Lincoln	Nebraska	68505
4/21/1942	Female	Lincoln	Nebraska	68505
3/16/1976	Female	Lincoln	Nebraska	68505
6/21/1953	Female	Lincoln	Nebraska	68505
1/13/1971	Female	Lincoln	Nebraska	68505
5/16/1967	Male	Lincoln	Nebraska	68505
3/18/1964	Male	Lincoln	Nebraska	68505
12/11/1956	Male	Lincoln	Nebraska	68505
9/10/1952	Female	Lincoln	Nebraska	68505
8/18/1962	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/2/1958	Male	Lincoln	Nebraska	68505
11/30/1964	Female	Lincoln	Nebraska	68505
6/10/1976	Male	Lincoln	Nebraska	68505
7/6/1961	Male	Lincoln	Nebraska	68505
1/13/1954	Male	Lincoln	Nebraska	68505
6/29/1977	Male	Lincoln	Nebraska	68505
12/8/1957	Female	Lincoln	Nebraska	68505
9/5/1975	Female	Lincoln	Nebraska	68505
6/2/1975	Male	Lincoln	Nebraska	68505
8/6/1951	Female	Lincoln	Nebraska	68505
5/22/1952	Male	Lincoln	Nebraska	68505
10/13/1978	Female	Lincoln	Nebraska	68505
9/14/1976	Female	Lincoln	Nebraska	68505
8/22/1983	Female	Lincoln	Nebraska	68505
3/27/1967	Female	Lincoln	Nebraska	68505
5/18/1967	Female	Lincoln	Nebraska	68505
11/25/1969	Female	Lincoln	Nebraska	68505
1/12/1985	Female	Lincoln	Nebraska	68505
9/25/1960	Female	Lincoln	Nebraska	68505
6/16/1971	Female	Lincoln	Nebraska	68505
5/29/1951	Male	Lincoln	Nebraska	68505
8/25/1953	Female	Lincoln	Nebraska	68505
5/23/1943	Female	Lincoln	Nebraska	68505
12/2/1963	Male	Lincoln	Nebraska	68505
1/23/1973	Male	Lincoln	Nebraska	68505
7/16/1961	Male	Lincoln	Nebraska	68505
6/5/1967	Male	Lincoln	Nebraska	68505
1/26/1952	Male	Lincoln	Nebraska	68505
10/8/1953	Male	Lincoln	Nebraska	68505
10/29/1951	Male	Lincoln	Nebraska	68505
6/3/1957	Female	Lincoln	Nebraska	68505
7/16/1970	Male	Lincoln	Nebraska	68505
10/16/1964	Female	Lincoln	Nebraska	68505
6/20/1955	Male	Lincoln	Nebraska	68505
9/26/1961	Male	Lincoln	Nebraska	68505
9/14/1955	Male	Lincoln	Nebraska	68505
9/30/1954	Male	Lincoln	Nebraska	68505
12/29/1947	Male	Lincoln	Nebraska	68505
8/31/1969	Male	Lincoln	Nebraska	68505
8/4/1986	Male	Lincoln	Nebraska	68505
3/24/1980	Female	Lincoln	Nebraska	68505

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/4/1962	Female	Lincoln	Nebraska	68505
7/31/1968	Female	Lincoln	Nebraska	68505
9/19/1989	Male	Lincoln	Nebraska	68505
10/1/1972	Female	Lincoln	Nebraska	68505
11/18/1991	Male	Lincoln	Nebraska	68505
4/2/1987	Female	Lincoln	Nebraska	68505
2/15/1986	Male	Lincoln	Nebraska	68505
12/27/1989	Female	Lincoln	Nebraska	68505
8/31/1993	Female	Lincoln	Nebraska	68505
11/18/1985	Female	Lincoln	Nebraska	68505
7/20/1957	Male	Lincoln	Nebraska	68505
3/6/1955	Male	Lincoln	Nebraska	68505
5/3/1968	Male	Lincoln	Nebraska	68505
4/20/1993	Male	Lincoln	Nebraska	68505
7/11/1959	Female	Lincoln	Nebraska	68505
6/6/1985	Male	Lincoln	Nebraska	68505
8/21/1992	Female	Lincoln	Nebraska	68505
5/16/1985	Female	Lincoln	Nebraska	68505
2/19/1989	Female	Lincoln	Nebraska	68505
7/12/1990	Male	Lincoln	Nebraska	68505
2/13/1977	Male	Lincoln	Nebraska	68505
8/6/1959	Male	Lincoln	Nebraska	68505
5/18/1967	Male	Lincoln	Nebraska	68505
12/12/1964	Male	Lincoln	Nebraska	68505
6/26/1956	Female	Lincoln	Nebraska	68505
1/19/1991	Female	Lincoln	Nebraska	68505
12/30/1988	Female	Lincoln	Nebraska	68505
3/14/1990	Male	Lincoln	Nebraska	68505
6/26/1982	Male	Lincoln	Nebraska	68505
11/20/1987	Female	Lincoln	Nebraska	68505
7/3/1950	Female	Lincoln	Nebraska	68505
7/21/1974	Female	Lincoln	Nebraska	68505
3/11/1985	Male	Lincoln	Nebraska	68505
12/2/1987	Female	Lincoln	Nebraska	68505
10/20/1985	Female	Lincoln	Nebraska	68505
9/25/1981	Female	Lincoln	Nebraska	68505
5/20/1992	Female	Lincoln	Nebraska	68505
6/10/1979	Female	Lincoln	Nebraska	68505
11/24/1989	Male	Lincoln	Nebraska	68505
1/12/1981	Female	Lincoln	Nebraska	68505
8/14/1990	Female	Lincoln	Nebraska	68505



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/8/1993	Female	Lincoln	Nebraska	68505
7/19/1989	Male	Lincoln	Nebraska	68505
6/23/1986	Female	Lincoln	Nebraska	68505
12/23/1987	Male	Lincoln	Nebraska	68505
1/10/1962	Male	Lincoln	Nebraska	68505
7/31/1990	Female	Lincoln	Nebraska	68505
8/27/1986	Female	Lincoln	Nebraska	68505
7/31/1964	Male	Lincoln	Nebraska	68505
2/2/1954	Female	Lincoln	Nebraska	68505
9/4/1973	Female	Lincoln	Nebraska	68505
11/9/1964	Female	Lincoln	Nebraska	68505
12/13/1964	Male	Lincoln	Nebraska	68506
11/7/1962	Male	Lincoln	Nebraska	68506
12/4/1953	Male	Lincoln	Nebraska	68506
4/4/1951	Male	Lincoln	Nebraska	68506
11/20/1962	Male	Lincoln	Nebraska	68506
12/1/1959	Female	Lincoln	Nebraska	68506
4/18/1960	Female	Lincoln	Nebraska	68506
8/17/1965	Male	Lincoln	Nebraska	68506
3/18/1951	Male	Lincoln	Nebraska	68506
6/18/1951	Female	Lincoln	Nebraska	68506
12/5/1950	Female	Lincoln	Nebraska	68506
4/2/1958	Female	Lincoln	Nebraska	68506
8/3/1955	Male	Lincoln	Nebraska	68506
6/8/1947	Male	Lincoln	Nebraska	68506
9/5/1956	Male	Lincoln	Nebraska	68506
9/30/1953	Male	Lincoln	Nebraska	68506
2/18/1963	Female	Lincoln	Nebraska	68506
3/4/1952	Female	Lincoln	Nebraska	68506
11/26/1958	Male	Lincoln	Nebraska	68506
4/30/1953	Male	Lincoln	Nebraska	68506
12/6/1956	Male	Lincoln	Nebraska	68506
8/31/1961	Female	Lincoln	Nebraska	68506
7/26/1965	Male	Lincoln	Nebraska	68506
5/15/1965	Male	Lincoln	Nebraska	68506
6/23/1961	Male	Lincoln	Nebraska	68506
10/8/1951	Female	Lincoln	Nebraska	68506
11/11/1954	Female	Lincoln	Nebraska	68506
9/3/1967	Female	Lincoln	Nebraska	68506
9/28/1963	Male	Lincoln	Nebraska	68506
11/3/1955	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/1/1978	Male	Lincoln	Nebraska	68506
5/20/1974	Male	Lincoln	Nebraska	68506
8/16/1954	Female	Lincoln	Nebraska	68506
1/9/1979	Male	Lincoln	Nebraska	68506
5/14/1978	Female	Lincoln	Nebraska	68506
12/29/1973	Female	Lincoln	Nebraska	68506
12/3/1980	Male	Lincoln	Nebraska	68506
3/19/1961	Female	Lincoln	Nebraska	68506
2/23/1982	Male	Lincoln	Nebraska	68506
12/19/1963	Female	Lincoln	Nebraska	68506
4/22/1981	Female	Lincoln	Nebraska	68506
3/15/1994	Male	Lincoln	Nebraska	68506
7/12/1959	Female	Lincoln	Nebraska	68506
9/17/1981	Male	Lincoln	Nebraska	68506
5/22/1989	Female	Lincoln	Nebraska	68506
12/22/1966	Male	Lincoln	Nebraska	68506
6/13/1963	Female	Lincoln	Nebraska	68506
6/6/1995	Male	Lincoln	Nebraska	68506
6/9/1966	Female	Lincoln	Nebraska	68506
11/26/1977	Female	Lincoln	Nebraska	68506
3/11/1984	Female	Lincoln	Nebraska	68506
3/22/1985	Male	Lincoln	Nebraska	68506
6/7/1958	Male	Lincoln	Nebraska	68506
10/26/1978	Male	Lincoln	Nebraska	68506
3/3/1961	Female	Lincoln	Nebraska	68506
1/14/1955	Female	Lincoln	Nebraska	68506
4/14/1957	Male	Lincoln	Nebraska	68506
2/6/1959	Female	Lincoln	Nebraska	68506
4/9/1956	Female	Lincoln	Nebraska	68506
6/25/1972	Female	Lincoln	Nebraska	68506
7/2/1954	Female	Lincoln	Nebraska	68506
4/2/1990	Female	Lincoln	Nebraska	68506
6/29/1975	Female	Lincoln	Nebraska	68506
5/8/1990	Male	Lincoln	Nebraska	68506
12/28/1979	Male	Lincoln	Nebraska	68506
12/7/1989	Female	Lincoln	Nebraska	68506
7/25/1957	Male	Lincoln	Nebraska	68506
2/11/1957	Female	Lincoln	Nebraska	68506
10/31/1962	Female	Lincoln	Nebraska	68506
3/31/1960	Female	Lincoln	Nebraska	68506
3/23/1971	Male	Lincoln	Nebraska	68506

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/20/1968	Female	Lincoln	Nebraska	68506
3/3/1983	Female	Lincoln	Nebraska	68506
5/13/1971	Female	Lincoln	Nebraska	68506
12/24/1973	Female	Lincoln	Nebraska	68506
7/12/1982	Female	Lincoln	Nebraska	68506
8/9/1962	Female	Lincoln	Nebraska	68506
4/25/1963	Female	Lincoln	Nebraska	68506
6/25/1990	Male	Lincoln	Nebraska	68506
6/18/1970	Male	Lincoln	Nebraska	68506
10/24/1954	Male	Lincoln	Nebraska	68506
7/17/1952	Female	Lincoln	Nebraska	68506
9/3/1953	Female	Lincoln	Nebraska	68506
3/23/1988	Male	Lincoln	Nebraska	68506
10/1/1958	Male	Lincoln	Nebraska	68506
12/27/1953	Male	Lincoln	Nebraska	68506
3/22/1950	Female	Lincoln	Nebraska	68506
5/21/1983	Female	LINCOLN	Nebraska	68506
2/19/1975	Male	Lincoln	Nebraska	68506
7/27/1961	Male	Lincoln	Nebraska	68506
11/17/1957	Male	Lincoln	Nebraska	68506
9/12/1974	Male	Lincoln	Nebraska	68506
12/16/1958	Male	Lincoln	Nebraska	68506
3/17/1954	Male	Lincoln	Nebraska	68506
11/24/1973	Male	Lincoln	Nebraska	68506
2/11/1973	Male	Lincoln	Nebraska	68506
8/21/1973	Female	Lincoln	Nebraska	68506
12/13/1972	Female	Lincoln	Nebraska	68506
4/8/1968	Male	Lincoln	Nebraska	68506
8/29/1961	Female	Lincoln	Nebraska	68506
5/10/1969	Male	Lincoln	Nebraska	68506
1/1/1954	Male	Lincoln	Nebraska	68506
6/14/1958	Female	Lincoln	Nebraska	68506
8/27/1952	Male	Lincoln	Nebraska	68506
7/16/1969	Male	Lincoln	Nebraska	68506
3/2/1966	Female	Lincoln	Nebraska	68506
11/23/1953	Male	Lincoln	Nebraska	68506
3/18/1970	Male	Lincoln	Nebraska	68506
3/17/1971	Male	Lincoln	Nebraska	68506
4/16/1983	Female	Lincoln	Nebraska	68506
7/10/1948	Female	Lincoln	Nebraska	68506
3/26/1956	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/14/1979	Male	Lincoln	Nebraska	68506
11/24/1979	Female	Lincoln	Nebraska	68506
11/17/1984	Female	Lincoln	Nebraska	68506
10/7/1958	Male	Lincoln	Nebraska	68506
9/30/1964	Male	Lincoln	Nebraska	68506
10/26/1954	Male	Lincoln	Nebraska	68506
7/20/1982	Female	Lincoln	Nebraska	68506
12/16/1982	Male	Lincoln	Nebraska	68506
11/14/1985	Male	Lincoln	Nebraska	68506
12/26/1966	Male	Lincoln	Nebraska	68506
8/21/1985	Female	Lincoln	Nebraska	68506
1/28/1962	Female	Lincoln	Nebraska	68506
2/5/1971	Female	Lincoln	Nebraska	68506
6/3/1986	Male	Lincoln	Nebraska	68506
11/20/1972	Female	Lincoln	Nebraska	68506
3/18/1956	Female	Lincoln	Nebraska	68506
12/19/1986	Male	Lincoln	Nebraska	68506
8/11/1988	Female	Lincoln	Nebraska	68506
10/27/1964	Male	Lincoln	Nebraska	68506
10/4/1966	Female	Lincoln	Nebraska	68506
6/17/1984	Male	Lincoln	Nebraska	68506
12/3/1990	Male	Lincoln	Nebraska	68506
5/31/1990	Male	Lincoln	Nebraska	68506
7/16/1991	Female	Lincoln	Nebraska	68506
8/16/1983	Female	Lincoln	Nebraska	68506
2/17/1973	Male	Lincoln	Nebraska	68506
5/22/1984	Male	Lincoln	Nebraska	68506
7/19/1990	Male	Lincoln	Nebraska	68506
11/21/1990	Male	Lincoln	Nebraska	68506
12/29/1976	Male	Lincoln	Nebraska	68506
1/26/1990	Female	Lincoln	Nebraska	68506
6/20/1989	Male	Lincoln	Nebraska	68506
8/19/1979	Male	Lincoln	Nebraska	68506
3/9/1992	Female	Lincoln	Nebraska	68506
2/14/1990	Male	Lincoln	Nebraska	68506
1/19/1990	Male	Lincoln	Nebraska	68506
3/28/1958	Male	Lincoln	Nebraska	68506
5/29/1990	Male	Lincoln	Nebraska	68506
7/6/1989	Male	Lincoln	Nebraska	68506
4/29/1965	Female	Lincoln	Nebraska	68506
6/3/1976	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/24/1982	Female	Lincoln	Nebraska	68506
3/15/1992	Male	Lincoln	Nebraska	68506
11/14/1988	Female	Lincoln	Nebraska	68506
8/4/1996	Male	Lincoln	Nebraska	68506
1/29/1990	Male	Lincoln	Nebraska	68506
8/12/1992	Male	Lincoln	Nebraska	68506
3/22/1988	Female	Lincoln	Nebraska	68506
3/31/1996	Male	Lincoln	Nebraska	68506
10/26/1962	Male	Lincoln	Nebraska	68506
2/14/1959	Male	Lincoln	Nebraska	68506
6/5/1989	Male	Lincoln	Nebraska	68506
7/30/1989	Male	Lincoln	Nebraska	68506
2/13/1972	Male	Lincoln	Nebraska	68506
12/18/1989	Female	Lincoln	Nebraska	68506
7/22/1984	Female	Lincoln	Nebraska	68506
7/1/1981	Male	Lincoln	Nebraska	68506
12/23/1950	Male	Lincoln	Nebraska	68506
12/3/1980	Female	Lincoln	Nebraska	68506
5/17/1992	Female	Lincoln	Nebraska	68506
3/25/1995	Male	Lincoln	Nebraska	68506
12/28/1970	Male	Lincoln	Nebraska	68506
12/3/1995	Female	Lincoln	Nebraska	68506
9/2/1989	Female	Lincoln	Nebraska	68506
8/26/1994	Female	Lincoln	Nebraska	68506
9/11/1980	Male	Lincoln	Nebraska	68506
10/5/1992	Female	Lincoln	Nebraska	68506
6/14/1979	Male	Lincoln	Nebraska	68506
4/3/1962	Male	Lincoln	Nebraska	68506
5/12/1976	Female	Lincoln	Nebraska	68506
2/15/1996	Male	Lincoln	Nebraska	68506
10/27/1994	Female	Lincoln	Nebraska	68506
8/28/1985	Female	Lincoln	Nebraska	68506
9/23/1987	Female	Lincoln	Nebraska	68506
2/2/1993	Male	Lincoln	Nebraska	68506
6/9/1991	Female	Lincoln	Nebraska	68506
8/18/1983	Male	Lincoln	Nebraska	68506
1/9/1946	Female	Lincoln	Nebraska	68506
11/2/1982	Female	Lincoln	Nebraska	68506
9/20/1978	Female	Lincoln	Nebraska	68506
9/27/1973	Female	Lincoln	Nebraska	68506
3/8/1966	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/9/1948	Male	Lincoln	Nebraska	68506
6/4/1952	Male	Lincoln	Nebraska	68506
3/13/1946	Male	Lincoln	Nebraska	68506
4/29/1963	Male	Lincoln	Nebraska	68506
6/28/1987	Female	Lincoln	Nebraska	68506
2/21/1958	Male	Lincoln	Nebraska	68506
2/20/1982	Female	Lincoln	Nebraska	68506
8/10/1946	Female	Lincoln	Nebraska	68506
12/24/1949	Female	Lincoln	Nebraska	68506
3/16/1951	Female	Lincoln	Nebraska	68506
6/18/1978	Female	Lincoln	Nebraska	68506
4/29/1952	Female	Lincoln	Nebraska	68506
10/8/1950	Female	Lincoln	Nebraska	68506
10/19/1948	Female	Lincoln	Nebraska	68506
1/22/1952	Female	Lincoln	Nebraska	68506
1/29/1958	Female	Lincoln	Nebraska	68506
8/29/1949	Female	Lincoln	Nebraska	68506
10/25/1942	Male	Lincoln	Nebraska	68506
3/8/1964	Female	Lincoln	Nebraska	68506
1/18/1948	Female	Lincoln	Nebraska	68506
10/2/1954	Female	Lincoln	Nebraska	68506
1/12/1963	Female	Lincoln	Nebraska	68506
9/1/1973	Female	Lincoln	Nebraska	68506
3/7/1979	Male	Lincoln	Nebraska	68506
6/28/1968	Female	Lincoln	Nebraska	68506
7/20/1954	Female	Lincoln	Nebraska	68506
12/5/1963	Male	Lincoln	Nebraska	68506
1/23/1989	Female	Lincoln	Nebraska	68506
5/10/1980	Female	Lincoln	Nebraska	68506
10/17/1955	Female	Lincoln	Nebraska	68506
11/22/1970	Female	Lincoln	Nebraska	68506
9/25/1966	Female	Lincoln	Nebraska	68506
5/14/1985	Female	Lincoln	Nebraska	68506
7/23/1958	Female	Lincoln	Nebraska	68506
10/19/1991	Male	Lincoln	Nebraska	68506
2/13/1979	Male	Lincoln	Nebraska	68506
6/26/1966	Female	Lincoln	Nebraska	68506
5/3/1960	Female	Lincoln	Nebraska	68506
12/11/1961	Male	Lincoln	Nebraska	68506
1/15/1956	Female	Lincoln	Nebraska	68506
6/28/1957	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/12/1951	Female	Lincoln	Nebraska	68506
4/17/1979	Male	Lincoln	Nebraska	68506
6/17/1982	Female	Lincoln	Nebraska	68506
7/3/1964	Male	Lincoln	Nebraska	68506
10/9/1954	Male	Lincoln	Nebraska	68506
3/17/1982	Male	Lincoln	Nebraska	68506
10/24/1971	Male	Lincoln	Nebraska	68506
6/5/1986	Male	Lincoln	Nebraska	68506
3/4/1971	Male	Lincoln	Nebraska	68506
10/31/1948	Female	Lincoln	Nebraska	68506
9/18/1953	Male	Lincoln	Nebraska	68506
8/20/1957	Female	Lincoln	Nebraska	68506
3/4/1957	Male	Lincoln	Nebraska	68506
10/21/1943	Male	Lincoln	Nebraska	68506
2/23/1965	Male	Lincoln	Nebraska	68506
3/23/1947	Female	Lincoln	Nebraska	68506
8/23/1955	Male	Lincoln	Nebraska	68506
5/5/1951	Male	Lincoln	Nebraska	68506
5/6/1955	Male	Lincoln	Nebraska	68506
9/29/1964	Male	Lincoln	Nebraska	68506
7/18/1946	Male	Lincoln	Nebraska	68506
9/9/1955	Male	Lincoln	Nebraska	68506
3/7/1955	Female	Lincoln	Nebraska	68506
1/23/1953	Female	Lincoln	Nebraska	68506
3/28/1972	Male	Lincoln	Nebraska	68506
2/26/1989	Female	Lincoln	Nebraska	68506
6/15/1994	Male	Lincoln	Nebraska	68506
10/8/1964	Male	Lincoln	Nebraska	68506
12/21/1939	Female	Lincoln	Nebraska	68506
9/25/1969	Male	Lincoln	Nebraska	68506
8/30/1958	Female	Lincoln	Nebraska	68506
12/22/1952	Male	Lincoln	Nebraska	68506
10/19/1942	Male	Lincoln	Nebraska	68506
4/14/1961	Female	Lincoln	Nebraska	68506
9/24/1961	Female	Lincoln	Nebraska	68506
2/1/1974	Male	Lincoln	Nebraska	68506
6/22/1972	Female	Lincoln	Nebraska	68506
10/1/1951	Female	Lincoln	Nebraska	68506
7/27/1982	Male	Lincoln	Nebraska	68506
5/9/1952	Male	Lincoln	Nebraska	68506
9/28/1966	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/2/1986	Female	Lincoln	Nebraska	68506
3/4/1996	Female	Lincoln	Nebraska	68506
9/7/1956	Male	Lincoln	Nebraska	68506
6/28/1984	Female	Lincoln	Nebraska	68506
6/7/1989	Male	Lincoln	Nebraska	68506
3/10/1987	Female	Lincoln	Nebraska	68506
5/24/1991	Male	Lincoln	Nebraska	68506
12/14/1951	Female	Lincoln	Nebraska	68506
2/10/1946	Male	Lincoln	Nebraska	68506
7/10/1955	Female	Lincoln	Nebraska	68506
12/6/1951	Female	Lincoln	Nebraska	68506
6/16/1953	Female	Lincoln	Nebraska	68506
10/3/1958	Female	Lincoln	Nebraska	68506
8/20/1960	Female	Lincoln	Nebraska	68506
6/29/1963	Female	Lincoln	Nebraska	68506
10/20/1961	Male	Lincoln	Nebraska	68506
9/15/1951	Female	Lincoln	Nebraska	68506
8/27/1949	Male	Lincoln	Nebraska	68506
6/2/1951	Female	Lincoln	Nebraska	68506
7/3/1962	Female	Lincoln	Nebraska	68506
6/6/1957	Female	Lincoln	Nebraska	68506
1/12/1957	Female	Lincoln	Nebraska	68506
7/29/1958	Female	Lincoln	Nebraska	68506
12/10/1958	Male	Lincoln	Nebraska	68506
11/3/1959	Female	Lincoln	Nebraska	68506
12/14/1958	Female	Lincoln	Nebraska	68506
10/27/1959	Female	Lincoln	Nebraska	68506
7/27/1960	Female	Lincoln	Nebraska	68506
12/2/1961	Male	Lincoln	Nebraska	68506
11/23/1958	Female	Lincoln	Nebraska	68506
5/14/1963	Male	Lincoln	Nebraska	68506
1/19/1966	Female	Lincoln	Nebraska	68506
12/18/1963	Female	Lincoln	Nebraska	68506
12/7/1956	Male	Lincoln	Nebraska	68506
4/16/1977	Female	Lincoln	Nebraska	68506
12/5/1960	Female	Lincoln	Nebraska	68506
9/12/1965	Male	Lincoln	Nebraska	68506
8/14/1966	Male	Lincoln	Nebraska	68506
12/31/1955	Male	Lincoln	Nebraska	68506
2/2/1953	Male	Lincoln	Nebraska	68506
6/4/1952	Female	Lincoln	Nebraska	68506



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/7/1954	Female	Lincoln	Nebraska	68506
3/9/1959	Female	Lincoln	Nebraska	68506
1/9/1959	Male	Lincoln	Nebraska	68506
3/3/1969	Female	Lincoln	Nebraska	68506
11/2/1970	Female	Lincoln	Nebraska	68506
12/6/1946	Female	Lincoln	Nebraska	68506
7/4/1951	Female	Lincoln	Nebraska	68506
7/26/1950	Female	Lincoln	Nebraska	68506
7/16/1953	Female	Lincoln	Nebraska	68506
7/20/1960	Female	Lincoln	Nebraska	68506
9/21/1961	Male	Lincoln	Nebraska	68506
11/22/1975	Male	Lincoln	Nebraska	68506
7/15/1960	Male	Lincoln	Nebraska	68506
6/2/1949	Male	Lincoln	Nebraska	68506
3/1/1966	Male	Lincoln	Nebraska	68506
4/6/1959	Female	Lincoln	Nebraska	68506
3/3/1963	Female	Lincoln	Nebraska	68506
7/27/1979	Male	Lincoln	Nebraska	68506
6/21/1959	Male	Lincoln	Nebraska	68506
12/10/1957	Female	Lincoln	Nebraska	68506
2/3/1986	Female	Lincoln	Nebraska	68506
8/25/1961	Female	Lincoln	Nebraska	68506
1/14/1978	Female	Lincoln	Nebraska	68506
6/18/1957	Female	Lincoln	Nebraska	68506
1/26/1961	Female	Lincoln	Nebraska	68506
10/18/1954	Female	Lincoln	Nebraska	68506
4/3/1961	Female	Lincoln	Nebraska	68506
11/12/1951	Female	Lincoln	Nebraska	68506
1/24/1969	Female	Lincoln	Nebraska	68506
4/26/1971	Female	Lincoln	Nebraska	68506
7/24/1946	Female	Lincoln	Nebraska	68506
9/25/1970	Female	Lincoln	Nebraska	68506
7/25/1964	Female	Lincoln	Nebraska	68506
1/3/1983	Female	Lincoln	Nebraska	68506
1/22/1981	Female	Lincoln	Nebraska	68506
7/16/1972	Male	Lincoln	Nebraska	68506
5/3/1974	Female	Lincoln	Nebraska	68506
5/2/1972	Female	Lincoln	Nebraska	68506
10/7/1981	Female	Lincoln	Nebraska	68506
9/12/1965	Female	Lincoln	Nebraska	68506
1/15/1963	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/18/1956	Female	Lincoln	Nebraska	68506
9/11/1973	Female	Lincoln	Nebraska	68506
9/15/1983	Male	Lincoln	Nebraska	68506
9/28/1978	Female	Lincoln	Nebraska	68506
8/17/1983	Male	Lincoln	Nebraska	68506
5/2/1975	Female	Lincoln	Nebraska	68506
11/10/1953	Female	Lincoln	Nebraska	68506
7/19/1983	Male	Lincoln	Nebraska	68506
1/3/1984	Male	Lincoln	Nebraska	68506
12/28/1975	Male	Lincoln	Nebraska	68506
6/29/1956	Female	Lincoln	Nebraska	68506
2/6/1983	Female	Lincoln	Nebraska	68506
9/28/1980	Male	Lincoln	Nebraska	68506
6/24/1950	Male	Lincoln	Nebraska	68506
11/14/1986	Male	Lincoln	Nebraska	68506
1/1/1986	Female	Lincoln	Nebraska	68506
9/18/1981	Female	Lincoln	Nebraska	68506
11/7/1975	Female	Lincoln	Nebraska	68506
12/6/1954	Female	Lincoln	Nebraska	68506
4/3/1957	Male	Lincoln	Nebraska	68506
6/30/1970	Male	Lincoln	Nebraska	68506
1/4/1976	Male	Lincoln	Nebraska	68506
2/4/1975	Female	Lincoln	Nebraska	68506
1/10/1961	Female	Lincoln	Nebraska	68506
2/4/1981	Male	Lincoln	Nebraska	68506
6/28/1957	Female	Lincoln	Nebraska	68506
11/1/1979	Female	Lincoln	Nebraska	68506
7/30/1957	Female	Lincoln	Nebraska	68506
8/11/1989	Female	Lincoln	Nebraska	68506
7/5/1955	Male	Lincoln	Nebraska	68506
1/12/1984	Female	Lincoln	Nebraska	68506
11/1/1983	Female	Lincoln	Nebraska	68506
5/30/1986	Female	Lincoln	Nebraska	68506
6/8/1980	Male	Lincoln	Nebraska	68506
8/9/1954	Female	Lincoln	Nebraska	68506
6/1/1983	Female	Lincoln	Nebraska	68506
5/4/1978	Male	Lincoln	Nebraska	68506
9/24/1963	Female	Lincoln	Nebraska	68506
9/17/1970	Female	Lincoln	Nebraska	68506
11/30/1986	Female	Lincoln	Nebraska	68506
12/3/1965	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/20/1970	Female	Lincoln	Nebraska	68506
7/14/1955	Female	Lincoln	Nebraska	68506
8/6/1971	Female	Lincoln	Nebraska	68506
9/19/1953	Male	Lincoln	Nebraska	68506
8/29/1974	Female	Lincoln	Nebraska	68506
11/11/1971	Female	Lincoln	Nebraska	68506
7/14/1969	Female	Lincoln	Nebraska	68506
10/6/1963	Male	Lincoln	Nebraska	68506
1/2/1989	Female	Lincoln	Nebraska	68506
6/7/1965	Female	Lincoln	Nebraska	68506
11/21/1981	Male	Lincoln	Nebraska	68506
5/17/1986	Male	Lincoln	Nebraska	68506
3/13/1991	Female	Lincoln	Nebraska	68506
10/5/1990	Male	Lincoln	Nebraska	68506
10/30/1962	Male	Lincoln	Nebraska	68506
4/21/1959	Male	Lincoln	Nebraska	68506
5/27/1987	Female	Lincoln	Nebraska	68506
5/15/1974	Female	Lincoln	Nebraska	68506
6/3/1989	Male	Lincoln	Nebraska	68506
6/26/1966	Female	Lincoln	Nebraska	68506
5/23/1960	Female	Lincoln	Nebraska	68506
4/10/1963	Female	Lincoln	Nebraska	68506
2/16/1978	Female	Lincoln	Nebraska	68506
6/22/1979	Female	Lincoln	Nebraska	68506
11/8/1986	Male	Lincoln	Nebraska	68506
3/3/1963	Female	Lincoln	Nebraska	68506
11/18/1974	Female	Lincoln	Nebraska	68506
9/24/1972	Female	Lincoln	Nebraska	68506
7/9/1992	Female	Lincoln	Nebraska	68506
2/22/1983	Female	Lincoln	Nebraska	68506
2/28/1954	Female	Lincoln	Nebraska	68506
7/18/1991	Male	Lincoln	Nebraska	68506
12/30/1982	Female	Lincoln	Nebraska	68506
5/30/1972	Female	Lincoln	Nebraska	68506
11/28/1962	Female	Lincoln	Nebraska	68506
8/3/1971	Female	Lincoln	Nebraska	68506
10/12/1968	Female	Lincoln	Nebraska	68506
12/5/1976	Male	Lincoln	Nebraska	68506
2/11/1976	Female	Lincoln	Nebraska	68506
7/14/1982	Male	Lincoln	Nebraska	68506
6/29/1953	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/19/1977	Male	Lincoln	Nebraska	68506
7/7/1980	Female	Lincoln	Nebraska	68506
10/10/1992	Female	Lincoln	Nebraska	68506
9/21/1965	Female	Lincoln	Nebraska	68506
7/27/1960	Female	Lincoln	Nebraska	68506
2/3/1975	Female	Lincoln	Nebraska	68506
6/16/1957	Male	Lincoln	Nebraska	68506
7/30/1990	Female	Lincoln	Nebraska	68506
3/6/1992	Female	Lincoln	Nebraska	68506
10/8/1966	Male	Lincoln	Nebraska	68506
7/25/1958	Female	Lincoln	Nebraska	68506
3/10/1981	Male	Lincoln	Nebraska	68506
12/16/1981	Female	Lincoln	Nebraska	68506
3/16/1982	Female	Lincoln	Nebraska	68506
10/22/1987	Female	Lincoln	Nebraska	68506
11/30/1963	Female	Lincoln	Nebraska	68506
11/6/1952	Male	Lincoln	Nebraska	68506
4/24/1990	Male	Lincoln	Nebraska	68506
11/25/1987	Female	Lincoln	Nebraska	68506
10/9/1976	Female	Lincoln	Nebraska	68506
3/15/1985	Female	Lincoln	Nebraska	68506
3/31/1961	Female	Lincoln	Nebraska	68506
4/20/1958	Male	Lincoln	Nebraska	68506
12/30/1990	Female	Lincoln	Nebraska	68506
10/17/1955	Female	Lincoln	Nebraska	68506
2/13/1974	Male	Lincoln	Nebraska	68506
5/7/1978	Female	Lincoln	Nebraska	68506
3/23/1955	Female	Lincoln	Nebraska	68506
6/14/1971	Female	Lincoln	Nebraska	68506
12/10/1953	Female	Lincoln	Nebraska	68506
5/20/1973	Female	Lincoln	Nebraska	68506
8/24/1955	Female	Lincoln	Nebraska	68506
11/4/1971	Male	Lincoln	Nebraska	68506
5/9/1978	Male	Lincoln	Nebraska	68506
5/20/1968	Male	Lincoln	Nebraska	68506
4/26/1988	Female	Lincoln	Nebraska	68506
2/24/1974	Male	Lincoln	Nebraska	68506
2/13/1952	Female	Lincoln	Nebraska	68506
10/12/1966	Female	Lincoln	Nebraska	68506
2/24/1977	Male	Lincoln	Nebraska	68506
4/30/1956	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/19/1940	Female	Lincoln	Nebraska	68506
10/17/1958	Female	Lincoln	Nebraska	68506
7/13/1983	Female	Lincoln	Nebraska	68506
4/10/1983	Male	Lincoln	Nebraska	68506
8/9/1979	Male	Lincoln	Nebraska	68506
12/8/1989	Female	Lincoln	Nebraska	68506
7/6/1974	Female	Lincoln	Nebraska	68506
11/6/1954	Female	Lincoln	Nebraska	68506
2/25/1974	Female	Lincoln	Nebraska	68506
12/27/1949	Female	Lincoln	Nebraska	68506
2/16/1950	Female	Lincoln	Nebraska	68506
1/17/1952	Female	Lincoln	Nebraska	68506
11/21/1956	Female	Lincoln	Nebraska	68506
11/8/1945	Female	Lincoln	Nebraska	68506
1/21/1959	Female	Lincoln	Nebraska	68506
10/8/1949	Female	Lincoln	Nebraska	68506
2/18/1960	Male	Lincoln	Nebraska	68506
10/10/1983	Female	Lincoln	Nebraska	68506
8/27/1980	Male	Lincoln	Nebraska	68506
8/26/1964	Male	Lincoln	Nebraska	68506
1/31/1986	Female	Lincoln	Nebraska	68506
8/31/1965	Female	Lincoln	Nebraska	68506
11/21/1951	Female	Lincoln	Nebraska	68506
2/24/1973	Female	Lincoln	Nebraska	68506
3/18/1956	Female	Lincoln	Nebraska	68506
3/2/1989	Female	Lincoln	Nebraska	68506
8/2/1981	Female	Lincoln	Nebraska	68506
2/1/1964	Male	Lincoln	Nebraska	68506
2/11/1986	Female	Lincoln	Nebraska	68506
4/23/1968	Female	Lincoln	Nebraska	68506
12/29/1982	Female	Lincoln	Nebraska	68506
11/29/1991	Female	Lincoln	Nebraska	68506
3/18/1987	Female	Lincoln	Nebraska	68506
9/7/1988	Male	Lincoln	Nebraska	68506
2/5/1955	Female	Lincoln	Nebraska	68506
3/1/1946	Male	Lincoln	Nebraska	68506
12/10/1960	Male	Lincoln	Nebraska	68506
5/25/1959	Female	Lincoln	Nebraska	68506
4/2/1948	Male	Lincoln	Nebraska	68506
10/30/1956	Female	Lincoln	Nebraska	68506
8/31/1952	Female	Lincoln	Nebraska	68506

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/20/1954	Female	Lincoln	Nebraska	68506
1/28/1975	Male	Lincoln	Nebraska	68506
5/21/1977	Female	LINCOLN	Nebraska	68506
2/17/1943	Female	Lincoln	Nebraska	68506
4/13/1981	Female	LINCOLN	Nebraska	68506
6/26/1973	Female	Lincoln	Nebraska	68506
8/20/1980	Male	Lincoln	Nebraska	68506
11/2/1989	Male	Lincoln	Nebraska	68506
6/1/1970	Female	Lincoln	Nebraska	68506
5/14/1990	Male	LINCOLN	Nebraska	68506
3/12/1955	Female	LINCOLN	Nebraska	68506
6/17/1969	Male	Lincoln	Nebraska	68506
10/4/1983	Male	Lincoln	Nebraska	68506
6/13/1964	Male	Lincoln	Nebraska	68506
5/25/1955	Male	Lincoln	Nebraska	68506
2/24/1992	Female	Lincoln	Nebraska	68506
2/4/1947	Male	Lincoln	Nebraska	68506
2/9/1955	Female	Lincoln	Nebraska	68506
10/7/1948	Female	Lincoln	Nebraska	68506
5/16/1982	Male	Lincoln	Nebraska	68506
10/6/1955	Male	Lincoln	Nebraska	68506
7/21/1967	Male	Lincoln	Nebraska	68506
12/11/1954	Female	Lincoln	Nebraska	68506
1/13/1966	Female	Lincoln	Nebraska	68506
6/26/1955	Male	Lincoln	Nebraska	68506
5/21/1962	Male	Lincoln	Nebraska	68506
1/18/1982	Female	Lincoln	Nebraska	68506
9/28/1952	Male	Lincoln	Nebraska	68506
12/31/1984	Female	Lincoln	Nebraska	68506
9/6/1951	Female	Lincoln	Nebraska	68506
4/18/1976	Male	Lincoln	Nebraska	68506
8/26/1992	Male	Lincoln	Nebraska	68506
9/20/1969	Male	Lincoln	Nebraska	68506
8/15/1989	Male	Lincoln	Nebraska	68506
9/30/1993	Male	Lincoln	Nebraska	68506
8/17/1986	Female	Lincoln	Nebraska	68506
3/23/1965	Male	Lincoln	Nebraska	68506
10/10/1950	Female	Lincoln	Nebraska	68506
8/11/1958	Female	Lincoln	Nebraska	68506
12/8/1959	Female	Lincoln	Nebraska	68506
6/2/1952	Female	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/29/1955	Female	Lincoln	Nebraska	68506
3/23/1955	Female	Lincoln	Nebraska	68506
9/3/1959	Male	Lincoln	Nebraska	68506
9/18/1961	Female	Lincoln	Nebraska	68506
9/8/1981	Male	Lincoln	Nebraska	68506
9/30/1985	Female	Lincoln	Nebraska	68506
3/15/1961	Female	Lincoln	Nebraska	68506
9/22/1969	Male	Lincoln	Nebraska	68506
12/15/1960	Male	Lincoln	Nebraska	68506
8/14/1960	Male	Lincoln	Nebraska	68506
12/22/1982	Male	Lincoln	Nebraska	68506
7/6/1982	Female	Lincoln	Nebraska	68506
5/17/1983	Female	Lincoln	Nebraska	68506
8/4/1951	Female	Lincoln	Nebraska	68506
5/23/1956	Male	Lincoln	Nebraska	68506
11/24/1962	Female	Lincoln	Nebraska	68506
9/2/1971	Male	Lincoln	Nebraska	68506
2/15/1982	Female	Lincoln	Nebraska	68506
10/7/1958	Female	Lincoln	Nebraska	68506
10/6/1990	Male	Lincoln	Nebraska	68506
10/4/1981	Female	Lincoln	Nebraska	68506
5/14/1979	Female	LINCOLN	Nebraska	68506
11/19/1942	Male	Lincoln	Nebraska	68506
10/30/1955	Female	Lincoln	Nebraska	68506
3/12/1961	Female	Lincoln	Nebraska	68506
9/25/1970	Female	Lincoln	Nebraska	68506
11/28/1978	Male	Lincoln	Nebraska	68506
10/14/1990	Male	Lincoln	Nebraska	68506
7/20/1960	Female	Lincoln	Nebraska	68506
9/13/1963	Male	Lincoln	Nebraska	68506
7/22/1952	Male	Lincoln	Nebraska	68506
9/11/1960	Female	Lincoln	Nebraska	68506
12/14/1948	Male	Lincoln	Nebraska	68506
9/3/1949	Male	Lincoln	Nebraska	68506
3/3/1950	Female	Lincoln	Nebraska	68506
6/12/1955	Female	Lincoln	Nebraska	68506
3/11/1962	Female	Lincoln	Nebraska	68506
4/13/1971	Male	Lincoln	Nebraska	68506
2/23/1961	Female	Lincoln	Nebraska	68506
11/13/1977	Female	Lincoln	Nebraska	68506
11/17/1948	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/1/1954	Male	Lincoln	Nebraska	68506
3/8/1954	Male	Lincoln	Nebraska	68506
5/21/1959	Female	Lincoln	Nebraska	68506
7/12/1969	Male	Lincoln	Nebraska	68506
2/9/1955	Female	Lincoln	Nebraska	68506
12/19/1954	Female	Lincoln	Nebraska	68506
3/16/1960	Female	Lincoln	Nebraska	68506
5/25/1966	Male	Lincoln	Nebraska	68506
2/26/1956	Female	Lincoln	Nebraska	68506
9/11/1970	Male	Lincoln	Nebraska	68506
1/5/1949	Male	Lincoln	Nebraska	68506
6/3/1989	Male	Lincoln	Nebraska	68506
9/28/1973	Male	Lincoln	Nebraska	68506
6/9/1982	Female	Lincoln	Nebraska	68506
4/18/1987	Female	Lincoln	Nebraska	68506
11/19/1986	Female	Lincoln	Nebraska	68506
5/3/1962	Female	Lincoln	Nebraska	68506
5/1/1958	Male	Lincoln	Nebraska	68506
5/24/1986	Female	Lincoln	Nebraska	68506
4/24/1970	Female	Lincoln	Nebraska	68506
3/24/1966	Male	Lincoln	Nebraska	68506
5/20/1980	Male	Lincoln	Nebraska	68506
5/12/1971	Male	Lincoln	Nebraska	68506
5/20/1990	Male	Lincoln	Nebraska	68506
6/24/1979	Female	Lincoln	Nebraska	68506
10/22/1981	Female	Lincoln	Nebraska	68506
11/3/1953	Male	Lincoln	Nebraska	68506
1/15/1950	Male	Lincoln	Nebraska	68506
1/28/1960	Female	Lincoln	Nebraska	68506
8/9/1951	Female	Lincoln	Nebraska	68506
2/28/1973	Male	Lincoln	Nebraska	68506
1/11/1960	Female	Lincoln	Nebraska	68506
10/11/1950	Male	Lincoln	Nebraska	68506
4/11/1954	Female	Lincoln	Nebraska	68506
4/18/1956	Male	Lincoln	Nebraska	68506
7/14/1957	Male	Lincoln	Nebraska	68506
9/7/1960	Female	Lincoln	Nebraska	68506
1/31/1961	Male	Lincoln	Nebraska	68506
1/21/1968	Male	Lincoln	Nebraska	68506
10/18/1966	Male	Lincoln	Nebraska	68506
9/26/1954	Male	Lincoln	Nebraska	68506



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/2/1958	Male	Lincoln	Nebraska	68506
9/20/1960	Male	Lincoln	Nebraska	68506
12/14/1946	Male	Lincoln	Nebraska	68506
10/31/1948	Female	Lincoln	Nebraska	68506
8/15/1948	Male	Lincoln	Nebraska	68506
4/4/1950	Female	Lincoln	Nebraska	68506
2/2/1952	Male	Lincoln	Nebraska	68506
4/13/1954	Male	Lincoln	Nebraska	68506
7/2/1957	Female	Lincoln	Nebraska	68506
9/29/1954	Male	Lincoln	Nebraska	68506
6/16/1959	Female	Lincoln	Nebraska	68506
12/17/1968	Female	Lincoln	Nebraska	68506
2/11/1960	Female	Lincoln	Nebraska	68506
7/15/1963	Male	Lincoln	Nebraska	68506
9/28/1949	Male	Lincoln	Nebraska	68506
8/22/1949	Female	Lincoln	Nebraska	68506
8/15/1963	Female	Lincoln	Nebraska	68506
5/12/1953	Male	Lincoln	Nebraska	68506
2/11/1955	Male	Lincoln	Nebraska	68506
10/27/1964	Male	Lincoln	Nebraska	68506
5/20/1982	Male	Lincoln	Nebraska	68506
4/22/1983	Male	Lincoln	Nebraska	68506
2/2/1975	Male	Lincoln	Nebraska	68506
9/11/1975	Male	Lincoln	Nebraska	68506
3/23/1963	Female	Lincoln	Nebraska	68506
4/18/1978	Male	Lincoln	Nebraska	68506
12/29/1978	Male	Lincoln	Nebraska	68506
1/22/1983	Male	Lincoln	Nebraska	68506
11/14/1954	Male	Lincoln	Nebraska	68506
5/20/1966	Male	Lincoln	Nebraska	68506
3/31/1987	Male	Lincoln	Nebraska	68506
4/29/1980	Male	Lincoln	Nebraska	68506
5/19/1952	Male	Lincoln	Nebraska	68506
9/16/1973	Male	Lincoln	Nebraska	68506
6/20/1953	Male	Lincoln	Nebraska	68506
7/1/1950	Male	Lincoln	Nebraska	68506
7/27/1980	Male	Lincoln	Nebraska	68506
11/16/1957	Female	Lincoln	Nebraska	68506
11/6/1967	Male	Lincoln	Nebraska	68506
1/28/1964	Female	Lincoln	Nebraska	68506
1/15/1987	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/31/1987	Male	Lincoln	Nebraska	68506
11/28/1990	Male	Lincoln	Nebraska	68506
11/3/1979	Female	Lincoln	Nebraska	68506
12/13/1964	Male	Lincoln	Nebraska	68506
12/11/1970	Male	Lincoln	Nebraska	68506
12/27/1974	Male	Lincoln	Nebraska	68506
7/9/1966	Female	Lincoln	Nebraska	68506
11/26/1965	Female	Lincoln	Nebraska	68506
9/10/1982	Female	Lincoln	Nebraska	68506
3/21/1979	Female	Lincoln	Nebraska	68506
11/23/1981	Male	Lincoln	Nebraska	68506
9/10/1986	Male	Lincoln	Nebraska	68506
6/14/1991	Female	Lincoln	Nebraska	68506
3/4/1993	Female	Lincoln	Nebraska	68506
12/22/1985	Male	Lincoln	Nebraska	68506
10/23/1988	Female	Lincoln	Nebraska	68506
7/6/1971	Male	Lincoln	Nebraska	68506
3/25/1952	Female	Lincoln	Nebraska	68506
6/22/1971	Male	Lincoln	Nebraska	68506
9/14/1954	Male	Lincoln	Nebraska	68506
3/22/1964	Female	Lincoln	Nebraska	68506
12/21/1971	Female	Lincoln	Nebraska	68506
4/15/1946	Female	Lincoln	Nebraska	68506
5/2/1952	Female	Lincoln	Nebraska	68506
4/13/1959	Male	Lincoln	Nebraska	68506
9/20/1985	Male	Lincoln	Nebraska	68506
1/18/1975	Female	Lincoln	Nebraska	68506
3/7/1986	Male	Lincoln	Nebraska	68506
4/23/1964	Female	Lincoln	Nebraska	68506
8/23/1987	Male	Lincoln	Nebraska	68506
7/3/1964	Male	Lincoln	Nebraska	68506
7/17/1963	Female	Lincoln	Nebraska	68506
8/11/1964	Female	Lincoln	Nebraska	68506
7/21/1977	Male	Lincoln	Nebraska	68506
4/3/1950	Female	Lincoln	Nebraska	68506
9/16/1960	Female	Lincoln	Nebraska	68506
5/15/1985	Female	Lincoln	Nebraska	68506
4/21/1974	Male	Lincoln	Nebraska	68506
3/27/1990	Female	Lincoln	Nebraska	68506
2/23/1969	Female	Lincoln	Nebraska	68506
4/8/1953	Male	Lincoln	Nebraska	68506

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/28/1963	Female	Lincoln	Nebraska	68506
2/14/1966	Female	Lincoln	Nebraska	68506
10/9/1950	Female	Lincoln	Nebraska	68506
9/26/1956	Female	Lincoln	Nebraska	68506
9/2/1955	Female	Lincoln	Nebraska	68506
8/4/1952	Female	Lincoln	Nebraska	68506
11/16/1957	Female	Lincoln	Nebraska	68506
6/24/1955	Male	Lincoln	Nebraska	68506
11/15/1966	Female	Lincoln	Nebraska	68506
5/21/1967	Female	Lincoln	Nebraska	68506
11/5/1984	Male	Lincoln	Nebraska	68506
4/14/1958	Female	Lincoln	Nebraska	68506
6/12/1974	Female	Lincoln	Nebraska	68506
8/1/1971	Female	Lincoln	Nebraska	68506
2/5/1963	Female	Lincoln	Nebraska	68506
7/23/1978	Female	Lincoln	Nebraska	68506
1/28/1959	Female	Lincoln	Nebraska	68506
5/22/1986	Female	Lincoln	Nebraska	68506
7/18/1988	Male	Lincoln	Nebraska	68506
5/21/1963	Male	Lincoln	Nebraska	68506
10/27/1972	Female	Lincoln	Nebraska	68506
4/23/1962	Female	Lincoln	Nebraska	68506
4/22/1990	Male	Lincoln	Nebraska	68506
3/9/1970	Male	Lincoln	Nebraska	68506
9/26/1979	Female	Lincoln	Nebraska	68506
1/12/1974	Female	Lincoln	Nebraska	68506
7/24/1975	Female	LINCOLN	Nebraska	68506
2/27/1975	Female	Lincoln	Nebraska	68506
3/1/1981	Female	Lincoln	Nebraska	68506
10/12/1964	Female	Lincoln	Nebraska	68506
2/2/1963	Male	Lincoln	Nebraska	68506
12/29/1990	Female	Lincoln	Nebraska	68506
5/5/1955	Female	Lincoln	Nebraska	68506
12/7/1961	Male	Lincoln	Nebraska	68506
12/3/1959	Female	Lincoln	Nebraska	68506
2/12/1953	Female	Lincoln	Nebraska	68506
5/17/1963	Male	Lincoln	Nebraska	68506
4/1/1966	Female	Lincoln	Nebraska	68506
8/12/1991	Female	Lincoln	Nebraska	68506
6/10/1954	Male	Lincoln	Nebraska	68507
9/10/1955	Male	Lincoln	Nebraska	68507

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/23/1957	Female	Lincoln	Nebraska	68507
9/3/1963	Female	Lincoln	Nebraska	68507
8/21/1946	Female	Lincoln	Nebraska	68507
2/7/1956	Female	Lincoln	Nebraska	68507
11/15/1959	Male	Lincoln	Nebraska	68507
9/26/1961	Female	Lincoln	Nebraska	68507
9/11/1964	Male	Lincoln	Nebraska	68507
1/22/1958	Female	Lincoln	Nebraska	68507
11/4/1966	Male	Lincoln	Nebraska	68507
5/2/1960	Male	Lincoln	Nebraska	68507
2/16/1955	Male	Lincoln	Nebraska	68507
11/20/1948	Female	Lincoln	Nebraska	68507
11/1/1962	Male	Lincoln	Nebraska	68507
9/19/1956	Male	Lincoln	Nebraska	68507
4/30/1990	Male	Lincoln	Nebraska	68507
1/9/1995	Female	Lincoln	Nebraska	68507
5/26/1965	Male	Lincoln	Nebraska	68507
2/7/1958	Male	Lincoln	Nebraska	68507
11/7/1945	Male	Lincoln	Nebraska	68507
9/20/1985	Male	Lincoln	Nebraska	68507
3/16/1989	Male	Lincoln	Nebraska	68507
2/7/1944	Male	Lincoln	Nebraska	68507
6/24/1966	Female	Lincoln	Nebraska	68507
2/8/1970	Male	Lincoln	Nebraska	68507
11/14/1956	Male	Lincoln	Nebraska	68507
4/12/1991	Female	Lincoln	Nebraska	68507
2/22/1986	Male	Lincoln	Nebraska	68507
3/29/1955	Female	Lincoln	Nebraska	68507
2/24/1984	Female	Lincoln	Nebraska	68507
2/10/1955	Male	Lincoln	Nebraska	68507
6/23/1958	Male	Lincoln	Nebraska	68507
12/23/1959	Female	Lincoln	Nebraska	68507
4/25/1973	Male	Lincoln	Nebraska	68507
7/12/1966	Male	Lincoln	Nebraska	68507
1/4/1968	Male	Lincoln	Nebraska	68507
11/5/1958	Male	Lincoln	Nebraska	68507
7/9/1966	Female	Lincoln	Nebraska	68507
2/20/1974	Male	Lincoln	Nebraska	68507
10/6/1962	Male	Lincoln	Nebraska	68507
5/16/1967	Female	Lincoln	Nebraska	68507
6/2/1952	Male	Lincoln	Nebraska	68507

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/9/1983	Male	Lincoln	Nebraska	68507
9/7/1982	Male	Lincoln	Nebraska	68507
10/22/1984	Male	Lincoln	Nebraska	68507
7/7/1976	Male	Lincoln	Nebraska	68507
3/22/1978	Female	Lincoln	Nebraska	68507
9/8/1967	Female	Lincoln	Nebraska	68507
9/9/1989	Male	Lincoln	Nebraska	68507
1/14/1987	Female	Lincoln	Nebraska	68507
12/23/1969	Female	Lincoln	Nebraska	68507
7/21/1985	Male	LINCOLN	Nebraska	68507
7/9/1974	Male	Lincoln	Nebraska	68507
1/21/1990	Male	Lincoln	Nebraska	68507
7/2/1978	Male	Lincoln	Nebraska	68507
5/1/1990	Male	Lincoln	Nebraska	68507
1/7/1974	Female	Lincoln	Nebraska	68507
11/7/1988	Male	Lincoln	Nebraska	68507
12/21/1966	Female	Lincoln	Nebraska	68507
11/16/1988	Male	Lincoln	Nebraska	68507
5/10/1989	Female	Lincoln	Nebraska	68507
5/31/1994	Male	LINCOLN	Nebraska	68507
1/6/1992	Female	Lincoln	Nebraska	68507
11/16/1970	Male	Lincoln	Nebraska	68507
12/14/1988	Male	Lincoln	Nebraska	68507
8/12/1996	Male	Lincoln	Nebraska	68507
11/21/1993	Male	Lincoln	Nebraska	68507
8/21/1990	Male	Lincoln	Nebraska	68507
2/2/1989	Male	Lincoln	Nebraska	68507
10/23/1992	Male	Lincoln	Nebraska	68507
12/23/1992	Male	lincoln	Nebraska	68507
12/5/1988	Male	Lincoln	Nebraska	68507
3/15/1979	Female	Lincoln	Nebraska	68507
8/11/1952	Male	Lincoln	Nebraska	68507
5/16/1956	Female	Lincoln	Nebraska	68507
5/23/1964	Female	Lincoln	Nebraska	68507
10/31/1962	Female	Lincoln	Nebraska	68507
9/27/1951	Female	Lincoln	Nebraska	68507
10/30/1955	Female	Lincoln	Nebraska	68507
10/7/1981	Male	Lincoln	Nebraska	68507
12/24/1964	Female	Lincoln	Nebraska	68507
2/15/1956	Male	Lincoln	Nebraska	68507
12/1/1954	Female	Lincoln	Nebraska	68507

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/3/1950	Female	Lincoln	Nebraska	68507
9/6/1981	Male	Lincoln	Nebraska	68507
10/2/1952	Male	Lincoln	Nebraska	68507
4/4/1956	Female	Lincoln	Nebraska	68507
12/24/1957	Female	Lincoln	Nebraska	68507
7/26/1957	Male	Lincoln	Nebraska	68507
5/19/1966	Male	Lincoln	Nebraska	68507
7/22/1985	Male	Lincoln	Nebraska	68507
5/19/1965	Female	Lincoln	Nebraska	68507
1/19/1968	Female	Lincoln	Nebraska	68507
1/28/1961	Male	Lincoln	Nebraska	68507
12/8/1953	Female	Lincoln	Nebraska	68507
3/5/1972	Male	Lincoln	Nebraska	68507
5/31/1982	Female	Lincoln	Nebraska	68507
3/9/1971	Female	Lincoln	Nebraska	68507
9/3/1973	Female	Lincoln	Nebraska	68507
11/16/1953	Male	Lincoln	Nebraska	68507
7/29/1956	Male	Lincoln	Nebraska	68507
5/25/1955	Female	Lincoln	Nebraska	68507
6/20/1947	Male	Lincoln	Nebraska	68507
10/17/1960	Male	Lincoln	Nebraska	68507
1/5/1975	Male	Lincoln	Nebraska	68507
9/6/1949	Male	Lincoln	Nebraska	68507
4/1/1975	Female	Lincoln	Nebraska	68507
12/24/1978	Female	Lincoln	Nebraska	68507
12/29/1986	Male	Lincoln	Nebraska	68507
3/7/1988	Female	Lincoln	Nebraska	68507
12/19/1995	Male	Lincoln	Nebraska	68507
11/14/1992	Female	Lincoln	Nebraska	68507
5/8/1996	Male	Lincoln	Nebraska	68507
7/10/1975	Male	Lincoln	Nebraska	68507
6/13/1968	Female	Lincoln	Nebraska	68507
7/13/1957	Female	Lincoln	Nebraska	68507
10/24/1972	Female	Lincoln	Nebraska	68507
10/4/1969	Female	Lincoln	Nebraska	68507
2/13/1955	Female	Lincoln	Nebraska	68507
9/27/1957	Female	Lincoln	Nebraska	68507
11/7/1961	Female	Lincoln	Nebraska	68507
10/12/1973	Male	Lincoln	Nebraska	68507
8/20/1952	Male	Lincoln	Nebraska	68507
8/20/1983	Male	Lincoln	Nebraska	68507

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/5/1952	Male	Lincoln	Nebraska	68507
1/4/1955	Female	Lincoln	Nebraska	68507
2/26/1954	Female	Lincoln	Nebraska	68507
12/2/1953	Female	Lincoln	Nebraska	68507
10/29/1977	Male	Lincoln	Nebraska	68507
5/21/1956	Female	Lincoln	Nebraska	68507
1/30/1948	Female	Lincoln	Nebraska	68507
9/11/1955	Female	Lincoln	Nebraska	68507
8/27/1966	Female	Lincoln	Nebraska	68507
2/14/1982	Female	Lincoln	Nebraska	68507
1/9/1956	Female	Lincoln	Nebraska	68507
10/5/1974	Female	Lincoln	Nebraska	68507
6/14/1982	Female	Lincoln	Nebraska	68507
7/20/1981	Female	Lincoln	Nebraska	68507
11/22/1971	Female	Lincoln	Nebraska	68507
9/28/1981	Female	Lincoln	Nebraska	68507
7/2/1981	Female	Lincoln	Nebraska	68507
4/18/1981	Male	Lincoln	Nebraska	68507
9/20/1958	Female	Lincoln	Nebraska	68507
4/16/1967	Male	Lincoln	Nebraska	68507
10/16/1984	Female	Lincoln	Nebraska	68507
6/1/1981	Male	Lincoln	Nebraska	68507
4/23/1954	Male	Lincoln	Nebraska	68507
9/25/1957	Female	Lincoln	Nebraska	68507
11/22/1975	Female	Lincoln	Nebraska	68507
11/9/1976	Male	Lincoln	Nebraska	68507
8/31/1976	Female	Lincoln	Nebraska	68507
8/24/1986	Female	Lincoln	Nebraska	68507
5/23/1966	Female	Lincoln	Nebraska	68507
8/24/1988	Female	Lincoln	Nebraska	68507
7/12/1967	Female	Lincoln	Nebraska	68507
4/7/1984	Female	Lincoln	Nebraska	68507
5/25/1979	Female	Lincoln	Nebraska	68507
11/4/1981	Female	Lincoln	Nebraska	68507
9/22/1969	Female	Lincoln	Nebraska	68507
11/17/1964	Female	Lincoln	Nebraska	68507
6/13/1981	Female	Lincoln	Nebraska	68507
9/27/1989	Female	Lincoln	Nebraska	68507
10/27/1963	Female	Lincoln	Nebraska	68507
3/12/1989	Female	Lincoln	Nebraska	68507
7/2/1965	Female	Lincoln	Nebraska	68507

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/4/1982	Female	Lincoln	Nebraska	68507
8/25/1984	Male	Lincoln	Nebraska	68507
12/4/1956	Female	Lincoln	Nebraska	68507
6/5/1979	Female	Lincoln	Nebraska	68507
7/27/1983	Female	Lincoln	Nebraska	68507
6/27/1960	Female	Lincoln	Nebraska	68507
5/23/1968	Female	Lincoln	Nebraska	68507
1/17/1961	Female	Lincoln	Nebraska	68507
7/20/1984	Female	Lincoln	Nebraska	68507
5/27/1981	Female	Lincoln	Nebraska	68507
4/12/1977	Male	Lincoln	Nebraska	68507
7/6/1986	Male	Lincoln	Nebraska	68507
1/18/1973	Female	Lincoln	Nebraska	68507
5/23/1989	Female	Lincoln	Nebraska	68507
7/17/1992	Female	Lincoln	Nebraska	68507
1/2/1976	Female	Lincoln	Nebraska	68507
5/3/1991	Female	Lincoln	Nebraska	68507
12/12/1986	Female	Lincoln	Nebraska	68507
7/17/1960	Female	Lincoln	Nebraska	68507
5/25/1951	Female	Lincoln	Nebraska	68507
7/14/1951	Female	Lincoln	Nebraska	68507
2/24/1951	Female	Lincoln	Nebraska	68507
10/30/1980	Female	Lincoln	Nebraska	68507
10/23/1979	Female	Lincoln	Nebraska	68507
2/9/1967	Female	Lincoln	Nebraska	68507
4/12/1956	Female	Lincoln	Nebraska	68507
7/4/1969	Female	Lincoln	Nebraska	68507
4/11/1958	Female	Lincoln	Nebraska	68507
10/18/1975	Female	Lincoln	Nebraska	68507
10/21/1986	Male	Lincoln	Nebraska	68507
9/29/1981	Female	Lincoln	Nebraska	68507
2/11/1957	Female	Lincoln	Nebraska	68507
4/25/1984	Male	Lincoln	Nebraska	68507
10/9/1962	Female	Lincoln	Nebraska	68507
7/12/1969	Female	Lincoln	Nebraska	68507
7/13/1981	Male	Lincoln	Nebraska	68507
6/5/1981	Female	Lincoln	Nebraska	68507
7/25/1981	Male	Lincoln	Nebraska	68507
11/4/1968	Female	Lincoln	Nebraska	68507
7/2/1936	Female	Lincoln	Nebraska	68507
9/11/1978	Male	Lincoln	Nebraska	68507



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/1/1994	Female	Lincoln	Nebraska	68507
7/7/1966	Female	Lincoln	Nebraska	68507
6/4/1959	Female	Lincoln	Nebraska	68507
11/17/1986	Male	Lincoln	Nebraska	68507
12/28/1980	Female	Lincoln	Nebraska	68507
3/17/1960	Female	Lincoln	Nebraska	68507
12/1/1955	Female	Lincoln	Nebraska	68507
10/22/1954	Female	Lincoln	Nebraska	68507
7/9/1982	Female	Lincoln	Nebraska	68507
12/23/1975	Female	Lincoln	Nebraska	68507
2/20/1960	Female	Lincoln	Nebraska	68507
9/25/1969	Female	Lincoln	Nebraska	68507
2/2/1952	Female	Lincoln	Nebraska	68507
7/17/1979	Female	Lincoln	Nebraska	68507
5/10/1991	Male	Lincoln	Nebraska	68507
11/13/1948	Female	Lincoln	Nebraska	68507
5/19/1973	Male	Lincoln	Nebraska	68507
2/3/1968	Female	Lincoln	Nebraska	68507
12/17/1967	Female	Lincoln	Nebraska	68507
1/4/1957	Female	Lincoln	Nebraska	68507
5/30/1963	Male	Lincoln	Nebraska	68507
5/24/1966	Female	Lincoln	Nebraska	68507
10/25/1970	Female	Lincoln	Nebraska	68507
3/6/1983	Male	Lincoln	Nebraska	68507
11/1/1955	Female	Lincoln	Nebraska	68507
7/14/1981	Female	Lincoln	Nebraska	68507
3/24/1958	Male	Lincoln	Nebraska	68507
12/29/1973	Female	Lincoln	Nebraska	68507
1/6/1956	Female	Lincoln	Nebraska	68507
6/14/1956	Male	Lincoln	Nebraska	68507
1/16/1958	Male	Lincoln	Nebraska	68507
10/5/1959	Male	Lincoln	Nebraska	68507
12/30/1952	Male	Lincoln	Nebraska	68507
3/15/1968	Female	Lincoln	Nebraska	68507
6/22/1965	Male	Lincoln	Nebraska	68507
7/17/1953	Male	Lincoln	Nebraska	68507
10/29/1958	Male	Lincoln	Nebraska	68507
9/10/1968	Male	Lincoln	Nebraska	68507
1/24/1952	Male	Lincoln	Nebraska	68507
3/23/1955	Female	Lincoln	Nebraska	68507
8/10/1956	Female	Lincoln	Nebraska	68507

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/25/1963	Male	Lincoln	Nebraska	68507
4/27/1957	Female	Lincoln	Nebraska	68507
12/12/1958	Male	Lincoln	Nebraska	68507
1/25/1957	Female	Lincoln	Nebraska	68507
11/9/1965	Female	Lincoln	Nebraska	68507
11/29/1946	Male	Lincoln	Nebraska	68507
9/19/1991	Male	Lincoln	Nebraska	68507
2/11/1961	Male	Lincoln	Nebraska	68507
12/13/1985	Male	Lincoln	Nebraska	68507
7/10/1985	Male	Lincoln	Nebraska	68507
5/17/1980	Male	Lincoln	Nebraska	68507
6/14/1982	Female	Lincoln	Nebraska	68507
4/22/1956	Female	Lincoln	Nebraska	68507
8/30/1960	Male	Lincoln	Nebraska	68507
4/16/1987	Female	Lincoln	Nebraska	68507
2/2/1971	Female	Lincoln	Nebraska	68507
4/19/1960	Female	Lincoln	Nebraska	68507
9/10/1989	Male	Lincoln	Nebraska	68507
10/30/1969	Female	Lincoln	Nebraska	68507
11/15/1976	Male	Lincoln	Nebraska	68507
9/28/1990	Female	Lincoln	Nebraska	68507
9/2/1962	Female	Lincoln	Nebraska	68507
8/29/1958	Female	Lincoln	Nebraska	68507
9/22/1964	Female	Lincoln	Nebraska	68507
3/26/1961	Female	Lincoln	Nebraska	68507
7/25/1964	Male	Lincoln	Nebraska	68507
9/5/1951	Female	Lincoln	Nebraska	68507
12/18/1972	Female	Lincoln	Nebraska	68507
5/8/1972	Female	Lincoln	Nebraska	68507
7/4/1978	Female	Lincoln	Nebraska	68507
11/17/1977	Male	Lincoln	Nebraska	68507
8/10/1972	Female	Lincoln	Nebraska	68507
3/3/1979	Female	Lincoln	Nebraska	68507
7/19/1958	Male	Lincoln	Nebraska	68508
12/1/1961	Female	Lincoln	Nebraska	68508
8/21/1964	Male	Lincoln	Nebraska	68508
5/30/1952	Female	Lincoln	Nebraska	68508
4/8/1975	Female	Lincoln	Nebraska	68508
3/25/1954	Female	Lincoln	Nebraska	68508
6/20/1973	Male	Lincoln	Nebraska	68508
9/25/1953	Female	Lincoln	Nebraska	68508

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/20/1965	Male	Lincoln	Nebraska	68508
9/17/1989	Male	Lincoln	Nebraska	68508
5/27/1989	Male	Lincoln	Nebraska	68508
9/20/1987	Male	Lincoln	Nebraska	68508
1/3/1991	Male	Lincoln	Nebraska	68508
5/29/1956	Male	Lincoln	Nebraska	68508
7/2/1987	Male	Lincoln	Nebraska	68508
6/1/1993	Male	Lincoln	Nebraska	68508
4/6/1996	Female	Lincoln	Nebraska	68508
1/24/1993	Female	Lincoln	Nebraska	68508
6/19/1988	Male	Lincoln	Nebraska	68508
5/26/1988	Male	Lincoln	Nebraska	68508
11/30/1988	Male	Lincoln	Nebraska	68508
8/29/1990	Male	Lincoln	Nebraska	68508
7/5/1957	Male	Lincoln	Nebraska	68508
5/18/1961	Male	Lincoln	Nebraska	68508
7/30/1966	Male	Lincoln	Nebraska	68508
10/9/1973	Male	Lincoln	Nebraska	68508
7/5/1967	Female	Lincoln	Nebraska	68508
11/27/1955	Male	Lincoln	Nebraska	68508
9/8/1967	Male	Lincoln	Nebraska	68508
4/14/1985	Male	Lincoln	Nebraska	68508
4/2/1988	Male	Lincoln	Nebraska	68508
4/19/1971	Female	Lincoln	Nebraska	68508
4/28/1988	Female	Lincoln	Nebraska	68508
4/29/1993	Male	Lincoln	Nebraska	68508
11/22/1983	Female	Lincoln	Nebraska	68508
7/12/1986	Male	Lincoln	Nebraska	68508
4/21/1994	Female	Lincoln	Nebraska	68508
3/30/1986	Male	Lincoln	Nebraska	68508
3/30/1993	Male	Lincoln	Nebraska	68508
8/29/1977	Male	Lincoln	Nebraska	68508
1/14/1988	Male	Lincoln	Nebraska	68508
7/9/1960	Female	Lincoln	Nebraska	68508
2/18/1960	Male	Lincoln	Nebraska	68508
8/9/1953	Male	Lincoln	Nebraska	68508
3/27/1974	Male	Lincoln	Nebraska	68508
11/3/1985	Male	Lincoln	Nebraska	68508
12/28/1981	Male	Lincoln	Nebraska	68508
2/25/1983	Female	Lincoln	Nebraska	68508
2/21/1961	Male	LINCOLN	Nebraska	68508

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/21/1957	Female	Lincoln	Nebraska	68508
10/1/1981	Female	Lincoln	Nebraska	68508
3/4/1990	Female	Lincoln	Nebraska	68508
4/13/1992	Female	Lincoln	Nebraska	68508
7/15/1965	Female	Lincoln	Nebraska	68508
5/5/1980	Male	Lincoln	Nebraska	68508
3/9/1962	Male	Lincoln	Nebraska	68508
5/27/1949	Male	Lincoln	Nebraska	68508
10/29/1955	Female	Lincoln	Nebraska	68508
3/6/1954	Male	Lincoln	Nebraska	68508
3/7/1964	Female	Lincoln	Nebraska	68508
8/10/1970	Male	Lincoln	Nebraska	68508
2/12/1959	Female	Lincoln	Nebraska	68508
5/24/1975	Female	Lincoln	Nebraska	68508
8/10/1961	Female	Lincoln	Nebraska	68508
8/3/1954	Female	Lincoln	Nebraska	68508
6/3/1969	Female	Lincoln	Nebraska	68508
2/11/1957	Female	Lincoln	Nebraska	68508
11/6/1974	Male	Lincoln	Nebraska	68508
9/26/1985	Female	Lincoln	Nebraska	68508
7/9/1975	Male	Lincoln	Nebraska	68508
12/19/1988	Female	Lincoln	Nebraska	68508
9/3/1954	Female	Lincoln	Nebraska	68508
8/5/1986	Male	Lincoln	Nebraska	68508
2/8/1965	Female	Lincoln	Nebraska	68508
5/26/1981	Female	Lincoln	Nebraska	68508
10/6/1975	Male	Lincoln	Nebraska	68508
5/22/1991	Male	Lincoln	Nebraska	68508
10/15/1964	Female	Lincoln	Nebraska	68508
1/29/1983	Male	Lincoln	Nebraska	68508
9/23/1957	Female	Lincoln	Nebraska	68508
8/24/1990	Female	Lincoln	Nebraska	68508
5/7/1974	Female	Lincoln	Nebraska	68508
4/11/1961	Female	Lincoln	Nebraska	68508
4/20/1967	Female	Lincoln	Nebraska	68508
10/9/1985	Male	Lincoln	Nebraska	68508
4/28/1982	Male	Lincoln	Nebraska	68508
2/4/1988	Male	Lincoln	Nebraska	68508
10/10/1989	Male	Lincoln	Nebraska	68508
4/21/1967	Female	Lincoln	Nebraska	68508
10/1/1994	Female	Lincoln	Nebraska	68508

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/14/1979	Male	Lincoln	Nebraska	68508
12/25/1995	Male	Lincoln	Nebraska	68508
6/16/1987	Female	Lincoln	Nebraska	68508
12/12/1980	Male	Lincoln	Nebraska	68508
2/14/1947	Male	Lincoln	Nebraska	68508
6/16/1989	Female	Lincoln	Nebraska	68508
10/15/1985	Female	Lincoln	Nebraska	68508
4/14/1946	Female	Lincoln	Nebraska	68508
10/23/1948	Male	Lincoln	Nebraska	68508
7/13/1956	Female	Lincoln	Nebraska	68508
12/12/1971	Female	Lincoln	Nebraska	68508
12/26/1950	Female	Lincoln	Nebraska	68508
1/6/1954	Female	Lincoln	Nebraska	68508
9/15/1976	Male	Lincoln	Nebraska	68508
3/27/1986	Male	Lincoln	Nebraska	68508
3/28/1994	Male	Lincoln	Nebraska	68508
7/11/1986	Male	Lincoln	Nebraska	68508
3/1/1981	Male	Lincoln	Nebraska	68508
12/11/1972	Female	Lincoln	Nebraska	68508
7/10/1953	Male	Lincoln	Nebraska	68508
2/24/1958	Female	Lincoln	Nebraska	68508
4/1/1953	Female	LINCOLN	Nebraska	68508
10/11/1960	Male	Lincoln	Nebraska	68508
4/28/1975	Male	Lincoln	Nebraska	68508
7/24/1988	Male	Lincoln	Nebraska	68508
7/19/1954	Male	Lincoln	Nebraska	68508
10/14/1977	Female	Lincoln	Nebraska	68508
2/5/1979	Female	Lincoln	Nebraska	68508
6/5/1994	Female	Lincoln	Nebraska	68508
6/6/1963	Male	Lincoln	Nebraska	68508
5/22/1965	Female	Lincoln	Nebraska	68508
6/14/1947	Male	Lincoln	Nebraska	68508
3/16/1970	Male	Lincoln	Nebraska	68508
11/3/1952	Male	Lincoln	Nebraska	68508
8/31/1969	Female	Lincoln	Nebraska	68508
6/26/1963	Female	Lincoln	Nebraska	68508
10/5/1955	Male	Lincoln	Nebraska	68508
3/20/1971	Male	Lincoln	Nebraska	68508
12/23/1989	Female	Lincoln	Nebraska	68508
3/28/1967	Female	Lincoln	Nebraska	68508
2/19/1993	Male	Lincoln	Nebraska	68508

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/8/1983	Female	Lincoln	Nebraska	68508
2/2/1984	Male	Lincoln	Nebraska	68508
11/22/1982	Male	Lincoln	Nebraska	68508
1/31/1965	Female	Lincoln	Nebraska	68508
11/28/1970	Male	Lincoln	Nebraska	68508
5/22/1993	Male	Lincoln	Nebraska	68508
10/6/1980	Male	Lincoln	Nebraska	68508
9/11/1993	Male	Lincoln	Nebraska	68508
3/22/1988	Male	Lincoln	Nebraska	68508
6/29/1992	Male	Lincoln	Nebraska	68508
1/25/1994	Male	Lincoln	Nebraska	68508
5/27/1961	Female	Lincoln	Nebraska	68508
7/4/1951	Female	Lincoln	Nebraska	68508
12/1/1981	Female	Lincoln	Nebraska	68508
10/30/1991	Male	Lincoln	Nebraska	68508
10/8/1948	Female	Lincoln	Nebraska	68508
2/8/1955	Male	Lincoln	Nebraska	68508
9/20/1955	Male	Lincoln	Nebraska	68508
10/25/1987	Female	Lincoln	Nebraska	68508
4/19/1990	Female	LINCOLN	Nebraska	68508
11/22/1979	Female	Lincoln	Nebraska	68508
8/28/1985	Female	Lincoln	Nebraska	68508
12/6/1984	Male	Lincoln	Nebraska	68508
12/31/1987	Male	Lincoln	Nebraska	68508
1/27/1951	Female	Lincoln	Nebraska	68508
3/4/1993	Male	Lincoln	Nebraska	68508
5/16/1978	Female	Lincoln	Nebraska	68508
4/28/1988	Female	Lincoln	Nebraska	68508
3/26/1978	Male	Lincoln	Nebraska	68508
12/23/1948	Female	Lincoln	Nebraska	68509
5/1/1957	Female	Lincoln	Nebraska	68509
10/2/1990	Male	Springfield	Nebraska	68509
2/27/1946	Male	Lincoln	Nebraska	68509
11/15/1956	Female	Lincoln	Nebraska	68509
2/25/1946	Male	Lincoln	Nebraska	68509
8/19/1976	Female	Lincoln	Nebraska	68509
5/8/1959	Female	Lincoln	Nebraska	68509
9/18/1977	Female	Lincoln	Nebraska	68509
7/23/1956	Female	Lincoln	Nebraska	68509
7/14/1953	Female	Lincoln	Nebraska	68509
7/14/1966	Female	Lincoln	Nebraska	68509

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/15/1954	Female	Lincoln	Nebraska	68509
2/17/1954	Female	Lincoln	Nebraska	68509
1/26/1955	Female	Lincoln	Nebraska	68509
2/2/1947	Male	Lincoln	Nebraska	68509
6/2/1965	Female	Lincoln	Nebraska	68510
9/13/1957	Female	Lincoln	Nebraska	68510
4/4/1950	Male	Lincoln	Nebraska	68510
2/7/1965	Female	Lincoln	Nebraska	68510
3/28/1951	Female	Lincoln	Nebraska	68510
10/23/1951	Male	Lincoln	Nebraska	68510
6/25/1956	Male	Lincoln	Nebraska	68510
2/26/1978	Male	Lincoln	Nebraska	68510
4/5/1955	Male	Lincoln	Nebraska	68510
2/12/1958	Female	Lincoln	Nebraska	68510
6/25/1960	Female	Lincoln	Nebraska	68510
11/23/1948	Female	Lincoln	Nebraska	68510
10/8/1962	Male	Lincoln	Nebraska	68510
2/14/1953	Male	Lincoln	Nebraska	68510
9/18/1955	Male	Lincoln	Nebraska	68510
4/4/1962	Male	Lincoln	Nebraska	68510
3/28/1975	Male	Lincoln	Nebraska	68510
12/4/1952	Male	Lincoln	Nebraska	68510
1/20/1984	Female	Lincoln	Nebraska	68510
4/22/1979	Female	Lincoln	Nebraska	68510
9/4/1954	Male	Lincoln	Nebraska	68510
7/7/1987	Male	Lincoln	Nebraska	68510
3/8/1952	Male	Lincoln	Nebraska	68510
4/9/1971	Male	Lincoln	Nebraska	68510
7/14/1978	Male	Lincoln	Nebraska	68510
1/24/1950	Female	Lincoln	Nebraska	68510
5/13/1986	Male	Lincoln	Nebraska	68510
12/9/1953	Female	Lincoln	Nebraska	68510
9/9/1962	Female	Lincoln	Nebraska	68510
8/21/1962	Female	Lincoln	Nebraska	68510
10/1/1986	Male	Lincoln	Nebraska	68510
10/16/1986	Male	Lincoln	Nebraska	68510
4/24/1989	Male	Lincoln	Nebraska	68510
9/14/1979	Female	Lincoln	Nebraska	68510
6/27/1979	Female	Lincoln	Nebraska	68510
3/25/1994	Female	Lincoln	Nebraska	68510
10/7/1986	Male	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/26/1979	Male	Lincoln	Nebraska	68510
9/20/1991	Male	Lincoln	Nebraska	68510
5/29/1986	Male	Lincoln	Nebraska	68510
6/15/1953	Male	Lincoln	Nebraska	68510
10/21/1951	Female	Lincoln	Nebraska	68510
8/16/1965	Female	Lincoln	Nebraska	68510
2/17/1978	Male	Lincoln	Nebraska	68510
1/31/1952	Female	Lincoln	Nebraska	68510
11/18/1974	Female	Lincoln	Nebraska	68510
11/25/1981	Male	Lincoln	Nebraska	68510
9/15/1987	Male	Lincoln	Nebraska	68510
1/28/1987	Female	Lincoln	Nebraska	68510
9/10/1964	Male	Lincoln	Nebraska	68510
6/19/1979	Male	Lincoln	Nebraska	68510
4/5/1995	Female	Lincoln	Nebraska	68510
10/9/1955	Female	Lincoln	Nebraska	68510
1/16/1960	Male	Lincoln	Nebraska	68510
8/19/1956	Female	Lincoln	Nebraska	68510
8/16/1989	Female	Lincoln	Nebraska	68510
3/1/1961	Female	Lincoln	Nebraska	68510
2/5/1966	Male	Lincoln	Nebraska	68510
6/27/1950	Male	Lincoln	Nebraska	68510
8/10/1962	Female	Lincoln	Nebraska	68510
3/15/1954	Female	Lincoln	Nebraska	68510
4/16/1955	Male	Lincoln	Nebraska	68510
8/11/1961	Male	Lincoln	Nebraska	68510
4/28/1961	Female	Lincoln	Nebraska	68510
8/7/1952	Male	Lincoln	Nebraska	68510
6/7/1970	Female	Lincoln	Nebraska	68510
7/1/1977	Male	Lincoln	Nebraska	68510
2/27/1978	Male	LINCOLN	Nebraska	68510
8/30/1964	Male	Lincoln	Nebraska	68510
11/9/1972	Male	Lincoln	Nebraska	68510
9/14/1954	Male	Lincoln	Nebraska	68510
6/15/1949	Male	Lincoln	Nebraska	68510
10/22/1959	Male	Lincoln	Nebraska	68510
12/3/1957	Male	Lincoln	Nebraska	68510
9/12/1958	Male	Lincoln	Nebraska	68510
7/24/1966	Male	Lincoln	Nebraska	68510
8/1/1962	Female	Lincoln	Nebraska	68510
7/23/1953	Male	Lincoln	Nebraska	68510



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/21/1961	Male	Lincoln	Nebraska	68510
6/28/1968	Male	Lincoln	Nebraska	68510
9/4/1971	Male	Lincoln	Nebraska	68510
11/23/1951	Male	Lincoln	Nebraska	68510
6/28/1954	Male	Lincoln	Nebraska	68510
1/13/1971	Male	Lincoln	Nebraska	68510
11/8/1956	Male	Lincoln	Nebraska	68510
8/24/1952	Male	Lincoln	Nebraska	68510
3/11/1957	Female	Lincoln	Nebraska	68510
8/9/1959	Female	Lincoln	Nebraska	68510
9/9/1952	Female	Lincoln	Nebraska	68510
6/7/1972	Female	Lincoln	Nebraska	68510
4/9/1955	Female	Lincoln	Nebraska	68510
12/5/1955	Male	Lincoln	Nebraska	68510
4/25/1986	Male	Lincoln	Nebraska	68510
4/1/1986	Female	Lincoln	Nebraska	68510
6/7/1968	Male	Lincoln	Nebraska	68510
3/29/1968	Male	Lincoln	Nebraska	68510
8/16/1988	Male	Lincoln	Nebraska	68510
4/15/1976	Female	Lincoln	Nebraska	68510
2/3/1984	Female	Lincoln	Nebraska	68510
6/26/1952	Male	Lincoln	Nebraska	68510
6/12/1986	Female	Lincoln	Nebraska	68510
10/7/1958	Female	Lincoln	Nebraska	68510
9/17/1975	Female	Lincoln	Nebraska	68510
11/18/1961	Male	Lincoln	Nebraska	68510
5/16/1988	Male	Lincoln	Nebraska	68510
11/8/1976	Female	Lincoln	Nebraska	68510
9/20/1982	Male	Lincoln	Nebraska	68510
5/15/1984	Female	Lincoln	Nebraska	68510
3/6/1974	Female	Lincoln	Nebraska	68510
1/27/1965	Female	Lincoln	Nebraska	68510
1/7/1972	Female	Lincoln	Nebraska	68510
7/28/1984	Male	Lincoln	Nebraska	68510
11/15/1992	Male	Lincoln	Nebraska	68510
10/21/1987	Male	Lincoln	Nebraska	68510
12/4/1989	Female	Lincoln	Nebraska	68510
3/1/1976	Male	Lincoln	Nebraska	68510
5/13/1992	Female	Lincoln	Nebraska	68510
5/18/1989	Male	Lincoln	Nebraska	68510
2/16/1988	Male	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/30/1992	Female	Lincoln	Nebraska	68510
2/2/1988	Female	Lincoln	Nebraska	68510
6/14/1991	Male	Lincoln	Nebraska	68510
8/15/1985	Male	Lincoln	Nebraska	68510
3/12/1996	Male	Lincoln	Nebraska	68510
8/1/1990	Female	Lincoln	Nebraska	68510
11/12/1994	Female	Lincoln	Nebraska	68510
12/23/1990	Male	Lincoln	Nebraska	68510
12/19/1980	Female	Lincoln	Nebraska	68510
6/25/1973	Female	Lincoln	Nebraska	68510
7/10/1987	Female	Lincoln	Nebraska	68510
6/8/1975	Male	Lincoln	Nebraska	68510
8/20/1957	Male	Lincoln	Nebraska	68510
6/17/1985	Female	Lincoln	Nebraska	68510
5/29/1954	Male	Lincoln	Nebraska	68510
9/15/1970	Female	Lincoln	Nebraska	68510
9/29/1950	Male	Lincoln	Nebraska	68510
8/31/1962	Female	Lincoln	Nebraska	68510
2/9/1954	Male	Lincoln	Nebraska	68510
8/8/1977	Male	Lincoln	Nebraska	68510
5/9/1961	Female	Lincoln	Nebraska	68510
3/10/1974	Female	Lincoln	Nebraska	68510
2/15/1969	Female	Lincoln	Nebraska	68510
6/4/1940	Female	Lincoln	Nebraska	68510
7/9/1950	Female	Lincoln	Nebraska	68510
2/26/1953	Female	Lincoln	Nebraska	68510
8/8/1958	Female	Lincoln	Nebraska	68510
8/28/1969	Female	Lincoln	Nebraska	68510
10/13/1980	Female	Lincoln	Nebraska	68510
3/11/1982	Female	Lincoln	Nebraska	68510
10/18/1969	Female	Lincoln	Nebraska	68510
9/28/1981	Female	Lincoln	Nebraska	68510
4/26/1962	Female	Lincoln	Nebraska	68510
2/18/1975	Female	Lincoln	Nebraska	68510
6/16/1967	Female	Lincoln	Nebraska	68510
8/30/1960	Female	Lincoln	Nebraska	68510
4/4/1959	Male	Lincoln	Nebraska	68510
4/8/1983	Female	Lincoln	Nebraska	68510
6/28/1972	Male	Lincoln	Nebraska	68510
7/21/1973	Female	Lincoln	Nebraska	68510
12/26/1968	Male	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/19/1957	Male	Lincoln	Nebraska	68510
5/8/1960	Female	Lincoln	Nebraska	68510
9/7/1943	Male	Lincoln	Nebraska	68510
7/29/1954	Male	Lincoln	Nebraska	68510
2/24/1962	Male	Lincoln	Nebraska	68510
6/23/1951	Male	Lincoln	Nebraska	68510
7/13/1963	Male	Lincoln	Nebraska	68510
1/23/1964	Male	Lincoln	Nebraska	68510
8/29/1955	Male	Lincoln	Nebraska	68510
12/19/1967	Female	Lincoln	Nebraska	68510
3/24/1977	Female	Lincoln	Nebraska	68510
2/17/1955	Male	Lincoln	Nebraska	68510
9/12/1967	Male	Lincoln	Nebraska	68510
2/12/1984	Female	Lincoln	Nebraska	68510
10/17/1990	Male	Lincoln	Nebraska	68510
2/25/1983	Female	Lincoln	Nebraska	68510
2/19/1952	Male	Lincoln	Nebraska	68510
7/27/1961	Female	Lincoln	Nebraska	68510
9/6/1954	Female	Lincoln	Nebraska	68510
9/16/1985	Female	Lincoln	Nebraska	68510
9/5/1980	Male	Lincoln	Nebraska	68510
10/3/1985	Female	Lincoln	Nebraska	68510
6/8/1964	Female	Lincoln	Nebraska	68510
4/6/1960	Female	Lincoln	Nebraska	68510
11/2/1955	Male	Lincoln	Nebraska	68510
8/2/1953	Male	Lincoln	Nebraska	68510
12/29/1953	Male	Lincoln	Nebraska	68510
10/8/1960	Male	Lincoln	Nebraska	68510
1/13/1959	Male	Lincoln	Nebraska	68510
11/4/1952	Male	Lincoln	Nebraska	68510
8/3/1953	Female	Lincoln	Nebraska	68510
11/23/1960	Male	Lincoln	Nebraska	68510
1/14/1960	Female	Lincoln	Nebraska	68510
10/25/1946	Male	Lincoln	Nebraska	68510
1/13/1967	Female	Lincoln	Nebraska	68510
5/20/1979	Male	Lincoln	Nebraska	68510
9/24/1945	Female	Lincoln	Nebraska	68510
5/25/1959	Male	Lincoln	Nebraska	68510
10/23/1972	Male	Lincoln	Nebraska	68510
6/30/1971	Male	Lincoln	Nebraska	68510
6/26/1976	Female	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/17/1989	Female	LINCOLN	Nebraska	68510
8/25/1979	Female	Lincoln	Nebraska	68510
8/5/1987	Male	Lincoln	Nebraska	68510
7/22/1992	Male	Lincoln	Nebraska	68510
11/10/1954	Male	Lincoln	Nebraska	68510
2/16/1947	Female	Lincoln	Nebraska	68510
7/7/1966	Female	Lincoln	Nebraska	68510
2/15/1944	Female	Lincoln	Nebraska	68510
10/31/1952	Female	Lincoln	Nebraska	68510
6/22/1965	Female	Lincoln	Nebraska	68510
7/14/1977	Male	Lincoln	Nebraska	68510
8/11/1955	Female	Lincoln	Nebraska	68510
5/26/1948	Male	Lincoln	Nebraska	68510
12/6/1961	Female	Lincoln	Nebraska	68510
10/20/1968	Female	Lincoln	Nebraska	68510
5/5/1959	Female	Lincoln	Nebraska	68510
9/26/1959	Female	Lincoln	Nebraska	68510
7/10/1958	Female	Lincoln	Nebraska	68510
5/3/1968	Female	Lincoln	Nebraska	68510
3/23/1968	Male	Lincoln	Nebraska	68510
3/8/1966	Female	Lincoln	Nebraska	68510
3/26/1969	Female	Lincoln	Nebraska	68510
8/15/1973	Female	Lincoln	Nebraska	68510
2/2/1946	Female	Lincoln	Nebraska	68510
10/10/1955	Male	Lincoln	Nebraska	68510
8/27/1951	Female	Lincoln	Nebraska	68510
9/21/1953	Female	Lincoln	Nebraska	68510
5/21/1952	Female	Lincoln	Nebraska	68510
8/19/1961	Male	Lincoln	Nebraska	68510
1/24/1957	Female	Lincoln	Nebraska	68510
10/21/1970	Female	Lincoln	Nebraska	68510
4/7/1962	Female	Lincoln	Nebraska	68510
12/17/1955	Female	Lincoln	Nebraska	68510
1/24/1956	Female	Lincoln	Nebraska	68510
2/15/1965	Male	Lincoln	Nebraska	68510
12/27/1954	Male	Lincoln	Nebraska	68510
5/27/1953	Female	Lincoln	Nebraska	68510
7/10/1955	Female	Lincoln	Nebraska	68510
11/12/1953	Female	Lincoln	Nebraska	68510
6/17/1956	Female	Lincoln	Nebraska	68510
11/14/1953	Female	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/15/1954	Female	Lincoln	Nebraska	68510
7/17/1966	Male	Lincoln	Nebraska	68510
1/20/1964	Male	Lincoln	Nebraska	68510
8/28/1960	Female	Lincoln	Nebraska	68510
8/25/1968	Female	Lincoln	Nebraska	68510
3/11/1967	Male	Lincoln	Nebraska	68510
8/16/1953	Male	Lincoln	Nebraska	68510
11/26/1958	Female	Lincoln	Nebraska	68510
7/2/1959	Female	Lincoln	Nebraska	68510
11/18/1980	Male	Lincoln	Nebraska	68510
9/3/1957	Female	Lincoln	Nebraska	68510
4/5/1957	Female	Lincoln	Nebraska	68510
9/18/1977	Female	Lincoln	Nebraska	68510
7/4/1955	Female	Lincoln	Nebraska	68510
6/21/1974	Male	Lincoln	Nebraska	68510
8/5/1975	Female	Lincoln	Nebraska	68510
11/1/1979	Female	Lincoln	Nebraska	68510
7/3/1979	Female	Lincoln	Nebraska	68510
4/2/1954	Female	Lincoln	Nebraska	68510
1/14/1975	Male	Lincoln	Nebraska	68510
11/8/1954	Male	Lincoln	Nebraska	68510
12/5/1954	Male	Lincoln	Nebraska	68510
2/5/1943	Female	Lincoln	Nebraska	68510
11/10/1957	Female	Lincoln	Nebraska	68510
3/20/1983	Female	Lincoln	Nebraska	68510
8/15/1958	Female	Lincoln	Nebraska	68510
9/13/1953	Female	Lincoln	Nebraska	68510
12/27/1971	Female	Lincoln	Nebraska	68510
10/13/1961	Male	Lincoln	Nebraska	68510
11/29/1974	Female	Lincoln	Nebraska	68510
8/25/1952	Female	Lincoln	Nebraska	68510
9/16/1980	Female	Lincoln	Nebraska	68510
10/15/1971	Female	Lincoln	Nebraska	68510
4/16/1983	Female	Lincoln	Nebraska	68510
3/9/1982	Male	Lincoln	Nebraska	68510
7/26/1956	Female	Lincoln	Nebraska	68510
2/4/1961	Female	Lincoln	Nebraska	68510
10/13/1987	Female	Lincoln	Nebraska	68510
5/17/1978	Female	Lincoln	Nebraska	68510
2/21/1987	Female	Lincoln	Nebraska	68510
8/24/1977	Male	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/23/1963	Female	Lincoln	Nebraska	68510
3/4/1962	Male	Lincoln	Nebraska	68510
10/13/1985	Female	Lincoln	Nebraska	68510
9/27/1985	Male	Lincoln	Nebraska	68510
9/10/1960	Female	Lincoln	Nebraska	68510
9/10/1952	Female	Lincoln	Nebraska	68510
10/27/1982	Male	Lincoln	Nebraska	68510
4/27/1986	Female	Lincoln	Nebraska	68510
9/24/1969	Female	Lincoln	Nebraska	68510
4/14/1960	Male	Lincoln	Nebraska	68510
5/4/1985	Male	Lincoln	Nebraska	68510
11/28/1954	Male	Lincoln	Nebraska	68510
3/30/1987	Female	Lincoln	Nebraska	68510
3/18/1981	Male	Lincoln	Nebraska	68510
11/16/1976	Male	Lincoln	Nebraska	68510
12/26/1987	Female	Lincoln	Nebraska	68510
2/7/1985	Female	Lincoln	Nebraska	68510
7/13/1970	Female	Lincoln	Nebraska	68510
6/4/1955	Female	Lincoln	Nebraska	68510
10/7/1980	Female	Lincoln	Nebraska	68510
7/26/1987	Female	Lincoln	Nebraska	68510
11/5/1964	Female	Lincoln	Nebraska	68510
5/27/1974	Male	Lincoln	Nebraska	68510
11/9/1988	Male	Lincoln	Nebraska	68510
11/27/1972	Male	Lincoln	Nebraska	68510
11/22/1978	Female	Lincoln	Nebraska	68510
6/8/1956	Female	Lincoln	Nebraska	68510
6/28/1959	Male	Lincoln	Nebraska	68510
3/21/1985	Female	Lincoln	Nebraska	68510
10/1/1959	Female	Lincoln	Nebraska	68510
5/27/1990	Female	Lincoln	Nebraska	68510
10/10/1971	Female	Lincoln	Nebraska	68510
11/16/1989	Female	Lincoln	Nebraska	68510
2/7/1986	Female	Lincoln	Nebraska	68510
11/4/1970	Female	Lincoln	Nebraska	68510
7/28/1984	Female	Lincoln	Nebraska	68510
5/20/1978	Female	Lincoln	Nebraska	68510
8/22/1980	Female	Lincoln	Nebraska	68510
9/14/1989	Female	Lincoln	Nebraska	68510
8/30/1981	Female	Lincoln	Nebraska	68510
10/16/1982	Female	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/8/1969	Male	Lincoln	Nebraska	68510
12/21/1981	Female	Lincoln	Nebraska	68510
2/11/1968	Male	Lincoln	Nebraska	68510
3/20/1989	Female	Lincoln	Nebraska	68510
10/13/1980	Female	Lincoln	Nebraska	68510
6/3/1964	Female	Lincoln	Nebraska	68510
1/28/1992	Female	Lincoln	Nebraska	68510
5/18/1985	Female	Lincoln	Nebraska	68510
10/22/1952	Female	Lincoln	Nebraska	68510
8/6/1960	Female	Lincoln	Nebraska	68510
5/29/1981	Female	Lincoln	Nebraska	68510
12/27/1980	Female	Lincoln	Nebraska	68510
10/6/1951	Female	Lincoln	Nebraska	68510
9/1/1971	Female	Lincoln	Nebraska	68510
11/20/1966	Female	Lincoln	Nebraska	68510
12/3/1987	Male	Lincoln	Nebraska	68510
1/31/1962	Male	Lincoln	Nebraska	68510
9/2/1992	Male	Lincoln	Nebraska	68510
5/7/1984	Female	Lincoln	Nebraska	68510
10/15/1977	Female	Lincoln	Nebraska	68510
6/21/1982	Female	Lincoln	Nebraska	68510
11/30/1986	Female	Lincoln	Nebraska	68510
4/1/1970	Female	Lincoln	Nebraska	68510
7/11/1986	Female	Lincoln	Nebraska	68510
7/24/1986	Female	Lincoln	Nebraska	68510
3/5/1990	Male	Lincoln	Nebraska	68510
10/10/1983	Male	Lincoln	Nebraska	68510
5/25/1989	Male	Lincoln	Nebraska	68510
1/1/1982	Male	Lincoln	Nebraska	68510
6/12/1994	Female	Lincoln	Nebraska	68510
2/27/1980	Male	Lincoln	Nebraska	68510
5/5/1975	Female	Lincoln	Nebraska	68510
7/31/1956	Female	Lincoln	Nebraska	68510
8/18/1981	Female	Lincoln	Nebraska	68510
8/14/1953	Female	Lincoln	Nebraska	68510
5/3/1955	Male	Lincoln	Nebraska	68510
3/20/1967	Male	Lincoln	Nebraska	68510
6/22/1957	Male	Lincoln	Nebraska	68510
12/31/1973	Female	Lincoln	Nebraska	68510
8/14/1989	Female	Lincoln	Nebraska	68510
9/23/1957	Female	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/17/1972	Male	Lincoln	Nebraska	68510
2/8/1990	Female	Lincoln	Nebraska	68510
2/17/1948	Female	Lincoln	Nebraska	68510
1/31/1968	Female	Lincoln	Nebraska	68510
1/30/1984	Male	Lincoln	Nebraska	68510
5/15/1961	Female	Lincoln	Nebraska	68510
2/26/1989	Male	Lincoln	Nebraska	68510
6/15/1971	Female	Lincoln	Nebraska	68510
11/24/1986	Female	Lincoln	Nebraska	68510
12/27/1952	Female	LINCOLN	Nebraska	68510
12/10/1953	Female	Lincoln	Nebraska	68510
12/24/1952	Male	Lincoln	Nebraska	68510
8/4/1949	Female	Lincoln	Nebraska	68510
8/15/1952	Male	Lincoln	Nebraska	68510
5/19/1955	Female	Lincoln	Nebraska	68510
7/2/1962	Male	Lincoln	Nebraska	68510
2/2/1950	Female	Lincoln	Nebraska	68510
1/19/1986	Male	Lincoln	Nebraska	68510
4/11/1985	Female	Lincoln	Nebraska	68510
5/4/1988	Female	Lincoln	Nebraska	68510
6/9/1972	Male	Lincoln	Nebraska	68510
9/30/1950	Female	Lincoln	Nebraska	68510
8/3/1956	Female	Lincoln	Nebraska	68510
8/28/1959	Female	Lincoln	Nebraska	68510
12/1/1978	Male	Lincoln	Nebraska	68510
7/8/1960	Female	Lincoln	Nebraska	68510
9/3/1960	Male	Lincoln	Nebraska	68510
6/15/1976	Female	LINCOLN	Nebraska	68510
1/12/1971	Male	Lincoln	Nebraska	68510
12/19/1966	Female	Lincoln	Nebraska	68510
11/24/1976	Female	Lincoln	Nebraska	68510
3/5/1957	Female	Lincoln	Nebraska	68510
10/21/1985	Female	Lincoln	Nebraska	68510
3/6/1956	Female	Lincoln	Nebraska	68510
5/2/1961	Female	Lincoln	Nebraska	68510
3/26/1970	Female	Lincoln	Nebraska	68510
12/27/1990	Male	Lincoln	Nebraska	68510
2/11/1982	Female	Lincoln	Nebraska	68510
1/7/1987	Male	Lincoln	Nebraska	68510
5/20/1987	Female	Lincoln	Nebraska	68510
5/20/1988	Male	Lincoln	Nebraska	68510



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/17/1982	Male	Lincoln	Nebraska	68510
9/16/1950	Female	Lincoln	Nebraska	68510
4/20/1958	Female	Lincoln	Nebraska	68510
6/14/1976	Male	Lincoln	Nebraska	68510
9/26/1969	Female	Lincoln	Nebraska	68510
9/17/1957	Female	Lincoln	Nebraska	68510
8/17/1964	Female	Lincoln	Nebraska	68510
10/28/1958	Female	Lincoln	Nebraska	68510
3/25/1980	Male	Lincoln	Nebraska	68510
1/26/1965	Female	Lincoln	Nebraska	68510
6/18/1987	Female	Lincoln	Nebraska	68510
9/29/1962	Male	Lincoln	Nebraska	68510
9/4/1953	Female	Lincoln	Nebraska	68510
6/6/1968	Male	Lincoln	Nebraska	68510
11/24/1955	Male	Lincoln	Nebraska	68510
11/3/1984	Male	Lincoln	Nebraska	68510
7/31/1990	Male	Lincoln	Nebraska	68510
12/4/1970	Female	Lincoln	Nebraska	68510
7/6/1962	Female	Lincoln	Nebraska	68510
1/16/1972	Female	Lincoln	Nebraska	68510
9/11/1961	Male	Lincoln	Nebraska	68510
9/6/1959	Female	Lincoln	Nebraska	68510
6/19/1950	Female	Lincoln	Nebraska	68510
2/14/1980	Male	Lincoln	Nebraska	68510
6/23/1948	Male	Lincoln	Nebraska	68510
3/26/1970	Female	Lincoln	Nebraska	68510
7/28/1987	Female	LINCOLN	Nebraska	68510
10/25/1985	Male	Lincoln	Nebraska	68510
8/26/1971	Male	Lincoln	Nebraska	68510
3/17/1978	Female	Lincoln	Nebraska	68510
5/6/1976	Female	Lincoln	Nebraska	68510
5/26/1955	Female	Lincoln	Nebraska	68510
5/3/1971	Female	Lincoln	Nebraska	68510
8/15/1961	Male	Lincoln	Nebraska	68510
7/10/1978	Female	Lincoln	Nebraska	68510
1/15/1959	Female	Lincoln	Nebraska	68510
7/14/1942	Male	Lincoln	Nebraska	68510
9/14/1951	Male	Lincoln	Nebraska	68510
3/10/1948	Male	Lincoln	Nebraska	68510
1/17/1952	Male	Lincoln	Nebraska	68510
7/1/1952	Male	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/11/1950	Female	Lincoln	Nebraska	68510
9/15/1963	Female	Lincoln	Nebraska	68510
4/20/1951	Male	Lincoln	Nebraska	68510
2/3/1963	Female	Lincoln	Nebraska	68510
2/16/1949	Male	Lincoln	Nebraska	68510
6/10/1956	Female	Lincoln	Nebraska	68510
6/1/1958	Male	Lincoln	Nebraska	68510
5/6/1958	Female	Lincoln	Nebraska	68510
11/7/1949	Female	Lincoln	Nebraska	68510
6/24/1972	Male	Lincoln	Nebraska	68510
10/13/1956	Female	Lincoln	Nebraska	68510
12/19/1964	Male	Lincoln	Nebraska	68510
4/18/1974	Male	Lincoln	Nebraska	68510
8/22/1950	Male	Lincoln	Nebraska	68510
12/6/1949	Male	Lincoln	Nebraska	68510
7/8/1953	Male	Lincoln	Nebraska	68510
4/7/1961	Male	Lincoln	Nebraska	68510
12/17/1957	Male	Lincoln	Nebraska	68510
12/31/1948	Male	Lincoln	Nebraska	68510
6/12/1952	Male	Lincoln	Nebraska	68510
6/3/1965	Female	Lincoln	Nebraska	68510
3/15/1948	Male	Lincoln	Nebraska	68510
1/8/1947	Female	Lincoln	Nebraska	68510
1/17/1958	Female	Lincoln	Nebraska	68510
3/21/1961	Male	Lincoln	Nebraska	68510
9/22/1959	Male	Lincoln	Nebraska	68510
9/6/1955	Male	Lincoln	Nebraska	68510
12/15/1972	Male	Lincoln	Nebraska	68510
6/13/1984	Male	Lincoln	Nebraska	68510
5/24/1957	Male	Lincoln	Nebraska	68510
6/18/1976	Male	Lincoln	Nebraska	68510
6/17/1985	Male	Lincoln	Nebraska	68510
2/22/1984	Male	Lincoln	Nebraska	68510
11/27/1964	Male	Lincoln	Nebraska	68510
8/19/1985	Male	Lincoln	Nebraska	68510
5/15/1988	Male	Lincoln	Nebraska	68510
6/17/1983	Female	Lincoln	Nebraska	68510
1/2/1975	Female	Lincoln	Nebraska	68510
3/6/1952	Male	Lincoln	Nebraska	68510
4/11/1975	Female	Lincoln	Nebraska	68510
9/21/1985	Male	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/22/1971	Female	Lincoln	Nebraska	68510
2/18/1981	Male	Lincoln	Nebraska	68510
4/30/1984	Male	Lincoln	Nebraska	68510
12/16/1970	Male	Lincoln	Nebraska	68510
5/9/1975	Female	Lincoln	Nebraska	68510
6/21/1963	Male	Lincoln	Nebraska	68510
10/23/1940	Male	Lincoln	Nebraska	68510
3/21/1962	Male	Lincoln	Nebraska	68510
11/1/1967	Female	Lincoln	Nebraska	68510
5/24/1989	Male	Lincoln	Nebraska	68510
3/8/1982	Male	Lincoln	Nebraska	68510
12/30/1962	Male	Lincoln	Nebraska	68510
6/28/1979	Male	Lincoln	Nebraska	68510
12/25/1959	Male	Lincoln	Nebraska	68510
5/28/1968	Male	Lincoln	Nebraska	68510
10/17/1980	Female	Lincoln	Nebraska	68510
11/7/1961	Female	Lincoln	Nebraska	68510
4/5/1963	Male	Lincoln	Nebraska	68510
6/21/1961	Male	Lincoln	Nebraska	68510
9/21/1962	Female	Lincoln	Nebraska	68510
2/17/1968	Female	Lincoln	Nebraska	68510
7/30/1976	Male	Lincoln	Nebraska	68510
10/9/1960	Female	Lincoln	Nebraska	68510
8/17/1966	Female	Lincoln	Nebraska	68510
10/24/1959	Female	Lincoln	Nebraska	68510
5/3/1954	Female	Lincoln	Nebraska	68510
12/29/1959	Female	Lincoln	Nebraska	68510
7/27/1973	Female	Lincoln	Nebraska	68510
3/20/1960	Female	Lincoln	Nebraska	68510
5/22/1951	Female	Lincoln	Nebraska	68510
6/24/1952	Male	Lincoln	Nebraska	68510
8/18/1958	Female	Lincoln	Nebraska	68510
12/21/1968	Male	LINCOLN	Nebraska	68510
11/7/1985	Female	Lincoln	Nebraska	68510
4/24/1987	Female	Lincoln	Nebraska	68510
12/21/1958	Female	Lincoln	Nebraska	68510
4/9/1982	Female	Lincoln	Nebraska	68510
11/7/1983	Male	Lincoln	Nebraska	68510
2/15/1955	Female	Lincoln	Nebraska	68510
3/4/1981	Male	Lincoln	Nebraska	68510
7/8/1986	Female	Lincoln	Nebraska	68510

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/20/1969	Female	Lincoln	Nebraska	68510
11/1/1960	Female	Lincoln	Nebraska	68510
11/3/1970	Male	Lincoln	Nebraska	68510
11/3/1952	Male	Lincoln	Nebraska	68510
10/13/1985	Female	Lincoln	Nebraska	68510
11/29/1963	Female	Lincoln	Nebraska	68512
3/22/1968	Male	Lincoln	Nebraska	68512
9/27/1960	Male	Lincoln	Nebraska	68512
3/28/1963	Male	Lincoln	Nebraska	68512
10/26/1954	Male	Lincoln	Nebraska	68512
12/20/1958	Male	Lincoln	Nebraska	68512
12/21/1953	Male	Lincoln	Nebraska	68512
6/18/1977	Male	Lincoln	Nebraska	68512
6/25/1958	Female	Lincoln	Nebraska	68512
2/16/1961	Male	Lincoln	Nebraska	68512
4/13/1974	Male	Lincoln	Nebraska	68512
1/8/1978	Male	Lincoln	Nebraska	68512
5/20/1972	Male	Lincoln	Nebraska	68512
1/9/1975	Male	Lincoln	Nebraska	68512
8/7/1975	Male	Lincoln	Nebraska	68512
7/13/1968	Male	Lincoln	Nebraska	68512
9/5/1983	Female	Lincoln	Nebraska	68512
5/8/1992	Male	Lincoln	Nebraska	68512
5/31/1975	Female	Lincoln	Nebraska	68512
10/20/1964	Female	Lincoln	Nebraska	68512
10/1/1979	Female	Lincoln	Nebraska	68512
2/6/1993	Female	Lincoln	Nebraska	68512
7/29/1971	Male	Lincoln	Nebraska	68512
4/3/1993	Male	Lincoln	Nebraska	68512
4/9/1958	Female	Lincoln	Nebraska	68512
12/3/1987	Female	Lincoln	Nebraska	68512
5/20/1994	Female	Lincoln	Nebraska	68512
12/1/1973	Male	Lincoln	Nebraska	68512
12/21/1960	Female	Lincoln	Nebraska	68512
9/7/1966	Male	Lincoln	Nebraska	68512
12/16/1949	Male	Lincoln	Nebraska	68512
4/14/1953	Male	Lincoln	Nebraska	68512
11/11/1959	Male	Lincoln	Nebraska	68512
12/1/1947	Male	Lincoln	Nebraska	68512
7/20/1954	Male	Lincoln	Nebraska	68512
5/8/1975	Female	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/13/1984	Male	Lincoln	Nebraska	68512
3/22/1961	Male	Lincoln	Nebraska	68512
3/7/1982	Male	Lincoln	Nebraska	68512
9/12/1979	Female	Lincoln	Nebraska	68512
7/15/1948	Male	Lincoln	Nebraska	68512
11/2/1956	Male	Lincoln	Nebraska	68512
5/3/1958	Male	Lincoln	Nebraska	68512
9/8/1987	Male	Lincoln	Nebraska	68512
5/17/1973	Male	Lincoln	Nebraska	68512
1/15/1953	Female	Lincoln	Nebraska	68512
12/21/1952	Female	Lincoln	Nebraska	68512
10/16/1958	Female	Lincoln	Nebraska	68512
6/24/1961	Male	Lincoln	Nebraska	68512
5/14/1945	Male	Lincoln	Nebraska	68512
10/21/1968	Male	Lincoln	Nebraska	68512
1/1/1966	Male	Lincoln	Nebraska	68512
1/1/1952	Male	Lincoln	Nebraska	68512
1/6/1959	Female	Lincoln	Nebraska	68512
12/9/1953	Female	Lincoln	Nebraska	68512
9/3/1955	Female	Lincoln	Nebraska	68512
11/26/1958	Male	Lincoln	Nebraska	68512
4/2/1971	Male	Lincoln	Nebraska	68512
2/26/1966	Female	Lincoln	Nebraska	68512
11/15/1955	Male	Lincoln	Nebraska	68512
2/14/1980	Female	Lincoln	Nebraska	68512
11/29/1976	Male	Lincoln	Nebraska	68512
6/10/1983	Male	Lincoln	Nebraska	68512
2/14/1985	Male	Lincoln	Nebraska	68512
4/28/1987	Male	Lincoln	Nebraska	68512
3/6/1969	Female	Lincoln	Nebraska	68512
5/22/1986	Male	Lincoln	Nebraska	68512
10/23/1986	Female	Lincoln	Nebraska	68512
3/20/1987	Male	Lincoln	Nebraska	68512
3/8/1950	Male	Lincoln	Nebraska	68512
3/4/1955	Male	Lincoln	Nebraska	68512
7/3/1986	Male	Lincoln	Nebraska	68512
7/19/1988	Male	Lincoln	Nebraska	68512
1/18/1965	Female	Lincoln	Nebraska	68512
6/24/1974	Male	Lincoln	Nebraska	68512
3/23/1989	Male	Lincoln	Nebraska	68512
7/1/1988	Male	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/15/1984	Male	Lincoln	Nebraska	68512
8/19/1961	Female	Lincoln	Nebraska	68512
7/10/1975	Male	Lincoln	Nebraska	68512
3/3/1993	Male	Lincoln	Nebraska	68512
3/27/1987	Male	Lincoln	Nebraska	68512
4/23/1990	Male	Lincoln	Nebraska	68512
3/4/1993	Male	Lincoln	Nebraska	68512
1/27/1970	Female	Lincoln	Nebraska	68512
7/26/1993	Male	Lincoln	Nebraska	68512
8/30/1987	Male	Lincoln	Nebraska	68512
8/30/1959	Female	Lincoln	Nebraska	68512
12/18/1991	Male	Lincoln	Nebraska	68512
7/31/1991	Male	Lincoln	Nebraska	68512
6/15/1992	Male	Lincoln	Nebraska	68512
8/20/1958	Male	Lincoln	Nebraska	68512
11/21/1987	Male	Lincoln	Nebraska	68512
6/18/1991	Female	Lincoln	Nebraska	68512
9/21/1988	Female	Lincoln	Nebraska	68512
9/29/1984	Male	Lincoln	Nebraska	68512
5/30/1991	Male	LINCOLN	Nebraska	68512
9/4/1974	Male	Lincoln	Nebraska	68512
3/26/1976	Male	Lincoln	Nebraska	68512
9/25/1992	Male	Lincoln	Nebraska	68512
6/21/1986	Female	Lincoln	Nebraska	68512
8/1/1990	Female	Lincoln	Nebraska	68512
8/12/1971	Female	Lincoln	Nebraska	68512
12/15/1983	Male	Lincoln	Nebraska	68512
9/3/1981	Female	Lincoln	Nebraska	68512
5/20/1980	Male	Lincoln	Nebraska	68512
6/30/1965	Female	Lincoln	Nebraska	68512
5/4/1956	Male	Lincoln	Nebraska	68512
1/23/1956	Male	Lincoln	Nebraska	68512
4/22/1958	Female	Lincoln	Nebraska	68512
6/13/1950	Male	Lincoln	Nebraska	68512
11/16/1975	Female	Lincoln	Nebraska	68512
7/30/1947	Female	Lincoln	Nebraska	68512
12/21/1950	Female	Lincoln	Nebraska	68512
11/12/1959	Female	Lincoln	Nebraska	68512
10/23/1966	Female	Lincoln	Nebraska	68512
7/27/1988	Female	Lincoln	Nebraska	68512
11/14/1982	Female	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/13/1978	Female	Lincoln	Nebraska	68512
10/7/1961	Female	Lincoln	Nebraska	68512
4/8/1969	Female	Lincoln	Nebraska	68512
3/7/1989	Male	Lincoln	Nebraska	68512
11/9/1969	Male	Lincoln	Nebraska	68512
6/15/1970	Male	Lincoln	Nebraska	68512
8/2/1962	Female	Lincoln	Nebraska	68512
3/13/1953	Male	Lincoln	Nebraska	68512
1/28/1951	Female	Lincoln	Nebraska	68512
1/4/1956	Female	Lincoln	Nebraska	68512
8/5/1969	Female	Lincoln	Nebraska	68512
7/28/1964	Male	Lincoln	Nebraska	68512
1/1/1982	Male	Lincoln	Nebraska	68512
2/21/1962	Female	Lincoln	Nebraska	68512
11/29/1982	Female	Lincoln	Nebraska	68512
9/18/1954	Female	Lincoln	Nebraska	68512
2/13/1979	Male	Lincoln	Nebraska	68512
4/17/1958	Male	Lincoln	Nebraska	68512
2/7/1953	Female	Lincoln	Nebraska	68512
6/27/1964	Male	Lincoln	Nebraska	68512
9/29/1968	Female	Lincoln	Nebraska	68512
2/26/1964	Male	Lincoln	Nebraska	68512
1/1/1952	Male	Lincoln	Nebraska	68512
6/19/1944	Male	Lincoln	Nebraska	68512
9/30/1949	Female	Lincoln	Nebraska	68512
11/25/1952	Male	Lincoln	Nebraska	68512
4/23/1953	Male	Lincoln	Nebraska	68512
9/10/1956	Female	Lincoln	Nebraska	68512
9/28/1957	Female	Lincoln	Nebraska	68512
11/19/1958	Female	Lincoln	Nebraska	68512
10/11/1959	Male	Lincoln	Nebraska	68512
11/21/1959	Female	Lincoln	Nebraska	68512
12/5/1947	Female	Lincoln	Nebraska	68512
4/4/1953	Male	Lincoln	Nebraska	68512
8/4/1956	Female	Lincoln	Nebraska	68512
8/10/1957	Female	Lincoln	Nebraska	68512
12/13/1967	Female	Lincoln	Nebraska	68512
11/8/1972	Female	Lincoln	Nebraska	68512
12/23/1954	Female	Lincoln	Nebraska	68512
5/19/1961	Female	Lincoln	Nebraska	68512
4/21/1956	Female	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/6/1972	Female	Lincoln	Nebraska	68512
9/5/1975	Female	Lincoln	Nebraska	68512
7/26/1956	Female	Lincoln	Nebraska	68512
1/17/1974	Female	Lincoln	Nebraska	68512
10/5/1975	Female	Lincoln	Nebraska	68512
2/16/1956	Female	Lincoln	Nebraska	68512
7/15/1979	Male	Lincoln	Nebraska	68512
7/27/1982	Female	Lincoln	Nebraska	68512
4/18/1985	Male	Lincoln	Nebraska	68512
5/10/1977	Female	Lincoln	Nebraska	68512
6/24/1981	Male	Lincoln	Nebraska	68512
7/24/1962	Female	Lincoln	Nebraska	68512
3/26/1960	Male	Lincoln	Nebraska	68512
4/23/1980	Female	Lincoln	Nebraska	68512
3/3/1979	Male	Lincoln	Nebraska	68512
11/29/1984	Male	Lincoln	Nebraska	68512
1/23/1980	Male	Lincoln	Nebraska	68512
5/8/1986	Female	Lincoln	Nebraska	68512
4/29/1981	Female	Lincoln	Nebraska	68512
5/1/1988	Female	Lincoln	Nebraska	68512
1/12/1978	Female	Lincoln	Nebraska	68512
3/1/1972	Female	Lincoln	Nebraska	68512
4/14/1952	Female	Lincoln	Nebraska	68512
5/23/1983	Male	Lincoln	Nebraska	68512
8/7/1991	Female	Lincoln	Nebraska	68512
9/19/1966	Male	Lincoln	Nebraska	68512
8/9/1971	Female	Lincoln	Nebraska	68512
11/26/1966	Female	Lincoln	Nebraska	68512
11/15/1990	Female	Lincoln	Nebraska	68512
12/24/1985	Female	Lincoln	Nebraska	68512
12/5/1966	Female	Lincoln	Nebraska	68512
7/28/1980	Female	Lincoln	Nebraska	68512
7/8/1959	Female	Lincoln	Nebraska	68512
8/3/1955	Female	Lincoln	Nebraska	68512
12/20/1960	Female	Lincoln	Nebraska	68512
11/25/1965	Female	Lincoln	Nebraska	68512
2/23/1991	Female	Lincoln	Nebraska	68512
1/3/1947	Female	Lincoln	Nebraska	68512
11/20/1966	Male	Lincoln	Nebraska	68512
4/21/1988	Male	Lincoln	Nebraska	68512
8/23/1972	Female	Lincoln	Nebraska	68512



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/24/1993	Female	Lincoln	Nebraska	68512
4/9/1967	Male	Lincoln	Nebraska	68512
9/25/1957	Male	Lincoln	Nebraska	68512
12/29/1978	Female	Lincoln	Nebraska	68512
12/1/1972	Male	Lincoln	Nebraska	68512
8/23/1968	Female	Lincoln	Nebraska	68512
8/16/1993	Female	Lincoln	Nebraska	68512
2/10/1986	Female	Lincoln	Nebraska	68512
12/17/1971	Male	Lincoln	Nebraska	68512
12/28/1975	Male	Lincoln	Nebraska	68512
2/11/1980	Male	Lincoln	Nebraska	68512
3/18/1984	Male	Lincoln	Nebraska	68512
9/5/1991	Male	Lincoln	Nebraska	68512
9/30/1989	Female	Lincoln	Nebraska	68512
12/18/1992	Female	Lincoln	Nebraska	68512
9/17/1988	Male	Lincoln	Nebraska	68512
4/2/1991	Male	Lincoln	Nebraska	68512
10/15/1992	Female	Lincoln	Nebraska	68512
5/22/1986	Female	Lincoln	Nebraska	68512
3/2/1978	Male	Lincoln	Nebraska	68512
8/30/1989	Female	Lincoln	Nebraska	68512
1/21/1992	Female	LINCOLN	Nebraska	68512
12/1/1969	Female	Lincoln	Nebraska	68512
2/8/1962	Female	Lincoln	Nebraska	68512
2/25/1961	Female	Lincoln	Nebraska	68512
8/17/1955	Male	Lincoln	Nebraska	68512
10/30/1958	Female	Lincoln	Nebraska	68512
5/26/1962	Female	Lincoln	Nebraska	68512
9/12/1965	Male	Lincoln	Nebraska	68512
12/3/1971	Female	Lincoln	Nebraska	68512
10/5/1968	Male	Lincoln	Nebraska	68512
7/6/1952	Female	Lincoln	Nebraska	68512
12/5/1969	Female	Lincoln	Nebraska	68512
2/16/1980	Female	Lincoln	Nebraska	68512
6/1/1978	Female	LINCOLN	Nebraska	68512
8/26/1961	Female	Lincoln	Nebraska	68512
3/31/1968	Female	Lincoln	Nebraska	68512
2/24/1951	Male	Lincoln	Nebraska	68512
5/30/1986	Male	Lincoln	Nebraska	68512
12/12/1984	Male	Lincoln	Nebraska	68512
1/14/1952	Male	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/6/1975	Female	Lincoln	Nebraska	68512
11/25/1976	Male	Lincoln	Nebraska	68512
7/12/1977	Female	LINCOLN	Nebraska	68512
6/17/1951	Female	Lincoln	Nebraska	68512
8/2/1947	Female	Lincoln	Nebraska	68512
3/3/1949	Male	Lincoln	Nebraska	68512
6/17/1952	Female	Lincoln	Nebraska	68512
5/3/1950	Male	Lincoln	Nebraska	68512
7/30/1959	Female	Lincoln	Nebraska	68512
8/1/1953	Male	Lincoln	Nebraska	68512
12/8/1975	Male	LINCOLN	Nebraska	68512
1/24/1990	Male	Lincoln	Nebraska	68512
3/17/1988	Male	Lincoln	Nebraska	68512
2/6/1947	Male	Lincoln	Nebraska	68512
11/5/1970	Female	Lincoln	Nebraska	68512
10/21/1966	Male	Lincoln	Nebraska	68512
8/4/1984	Male	Lincoln	Nebraska	68512
12/3/1959	Female	Lincoln	Nebraska	68512
4/18/1971	Male	Lincoln	Nebraska	68512
5/28/1964	Male	Lincoln	Nebraska	68512
3/3/1952	Female	Lincoln	Nebraska	68512
9/10/1970	Female	Lincoln	Nebraska	68512
7/17/1950	Female	Lincoln	Nebraska	68512
9/3/1969	Female	Lincoln	Nebraska	68512
4/9/1961	Female	Lincoln	Nebraska	68512
2/19/1979	Female	Lincoln	Nebraska	68512
9/15/1961	Female	Lincoln	Nebraska	68512
4/10/1975	Male	Lincoln	Nebraska	68512
10/9/1988	Male	Lincoln	Nebraska	68512
7/12/1986	Male	Lincoln	Nebraska	68512
5/1/1992	Male	Lincoln	Nebraska	68512
8/18/1988	Female	Lincoln	Nebraska	68512
1/21/1958	Female	Lincoln	Nebraska	68512
7/4/1977	Female	Lincoln	Nebraska	68512
12/19/1957	Female	Lincoln	Nebraska	68512
5/6/1953	Male	Lincoln	Nebraska	68512
7/13/1978	Male	Lincoln	Nebraska	68512
11/11/1946	Female	Lincoln	Nebraska	68512
1/19/1953	Male	Lincoln	Nebraska	68512
4/11/1963	Female	Lincoln	Nebraska	68512
8/31/1983	Male	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/22/1964	Female	Lincoln	Nebraska	68512
9/12/1966	Male	Lincoln	Nebraska	68512
8/8/1980	Male	Lincoln	Nebraska	68512
10/20/1957	Female	Lincoln	Nebraska	68512
7/31/1977	Male	Lincoln	Nebraska	68512
5/14/1968	Male	Lincoln	Nebraska	68512
5/17/1975	Female	Lincoln	Nebraska	68512
4/18/1960	Female	Lincoln	Nebraska	68512
12/17/1945	Male	Lincoln	Nebraska	68512
9/16/1975	Female	Lincoln	Nebraska	68512
11/26/1967	Female	Lincoln	Nebraska	68512
5/30/1968	Male	Lincoln	Nebraska	68512
5/30/1961	Male	Lincoln	Nebraska	68512
1/17/1953	Male	Lincoln	Nebraska	68512
11/2/1965	Male	Lincoln	Nebraska	68512
4/23/1952	Female	Lincoln	Nebraska	68512
3/18/1958	Female	Lincoln	Nebraska	68512
8/25/1956	Female	Lincoln	Nebraska	68512
9/7/1961	Male	Lincoln	Nebraska	68512
9/20/1962	Female	Lincoln	Nebraska	68512
6/10/1961	Male	Lincoln	Nebraska	68512
7/29/1967	Female	Lincoln	Nebraska	68512
8/19/1957	Male	Lincoln	Nebraska	68512
11/8/1942	Male	Lincoln	Nebraska	68512
7/11/1945	Male	Lincoln	Nebraska	68512
5/30/1947	Male	Lincoln	Nebraska	68512
6/21/1947	Male	Lincoln	Nebraska	68512
3/28/1959	Female	Lincoln	Nebraska	68512
5/5/1961	Male	Lincoln	Nebraska	68512
11/5/1959	Male	Lincoln	Nebraska	68512
4/3/1964	Female	Lincoln	Nebraska	68512
5/4/1975	Male	Lincoln	Nebraska	68512
9/25/1964	Male	Lincoln	Nebraska	68512
12/31/1950	Male	Lincoln	Nebraska	68512
11/18/1954	Male	Lincoln	Nebraska	68512
11/14/1968	Male	Lincoln	Nebraska	68512
2/26/1961	Female	Lincoln	Nebraska	68512
9/25/1958	Male	Lincoln	Nebraska	68512
1/10/1946	Male	Lincoln	Nebraska	68512
8/8/1949	Female	Lincoln	Nebraska	68512
4/2/1957	Female	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/20/1960	Male	Lincoln	Nebraska	68512
11/9/1954	Male	Lincoln	Nebraska	68512
8/2/1968	Female	Lincoln	Nebraska	68512
12/29/1982	Female	Lincoln	Nebraska	68512
8/25/1981	Female	Lincoln	Nebraska	68512
8/14/1978	Male	Lincoln	Nebraska	68512
7/4/1985	Male	Lincoln	Nebraska	68512
7/18/1986	Male	Lincoln	Nebraska	68512
3/15/1978	Female	Lincoln	Nebraska	68512
3/11/1971	Male	Lincoln	Nebraska	68512
2/7/1985	Male	Lincoln	Nebraska	68512
12/18/1965	Female	Lincoln	Nebraska	68512
6/28/1971	Male	Lincoln	Nebraska	68512
8/5/1987	Male	Lincoln	Nebraska	68512
2/19/1992	Female	Lincoln	Nebraska	68512
9/21/1964	Male	Lincoln	Nebraska	68512
1/20/1991	Female	Lincoln	Nebraska	68512
8/16/1959	Female	Lincoln	Nebraska	68512
7/8/1980	Female	Lincoln	Nebraska	68512
3/11/1974	Female	Lincoln	Nebraska	68512
5/19/1982	Male	Lincoln	Nebraska	68512
6/10/1956	Female	Lincoln	Nebraska	68512
1/14/1965	Male	Lincoln	Nebraska	68512
6/21/1972	Male	Lincoln	Nebraska	68512
2/11/1962	Female	Lincoln	Nebraska	68512
12/9/1957	Male	Lincoln	Nebraska	68512
4/12/1960	Female	Lincoln	Nebraska	68512
12/4/1947	Male	Lincoln	Nebraska	68512
9/27/1967	Male	Lincoln	Nebraska	68512
10/15/1956	Female	Lincoln	Nebraska	68512
5/27/1981	Male	Lincoln	Nebraska	68512
9/10/1982	Male	Lincoln	Nebraska	68512
2/4/1970	Male	Lincoln	Nebraska	68512
10/27/1986	Female	Lincoln	Nebraska	68512
4/13/1979	Female	Lincoln	Nebraska	68512
10/16/1979	Male	Lincoln	Nebraska	68512
5/4/1966	Male	Lincoln	Nebraska	68512
11/3/1962	Male	Lincoln	Nebraska	68512
6/24/1969	Male	Lincoln	Nebraska	68512
5/10/1947	Female	Lincoln	Nebraska	68512
2/21/1956	Female	Lincoln	Nebraska	68512

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/12/1953	Male	Lincoln	Nebraska	68512
4/21/1976	Female	Lincoln	Nebraska	68512
12/29/1956	Female	Lincoln	Nebraska	68512
1/6/1978	Female	Lincoln	Nebraska	68512
6/6/1984	Female	Lincoln	Nebraska	68512
5/29/1986	Female	Lincoln	Nebraska	68512
7/2/1971	Female	Lincoln	Nebraska	68512
2/2/1980	Female	Lincoln	Nebraska	68512
6/20/1959	Female	Lincoln	Nebraska	68512
8/22/1956	Female	Lincoln	Nebraska	68512
2/19/1958	Female	Lincoln	Nebraska	68512
8/12/1956	Male	Lincoln	Nebraska	68512
5/27/1989	Male	Lincoln	Nebraska	68512
12/25/1966	Female	Lincoln	Nebraska	68512
7/21/1989	Male	Lincoln	Nebraska	68512
4/1/1952	Female	Lincoln	Nebraska	68512
9/10/1970	Male	Lincoln	Nebraska	68512
11/18/1993	Female	Lincoln	Nebraska	68512
2/29/1972	Female	Lincoln	Nebraska	68512
2/16/1983	Male	Lincoln	Nebraska	68512
7/26/1983	Male	Gordon	Nebraska	68512
6/6/1994	Female	Lincoln	Nebraska	68512
4/24/1973	Female	Lincoln	Nebraska	68512
8/11/1970	Female	Lincoln	Nebraska	68512
11/7/1979	Female	Lincoln	Nebraska	68512
11/30/1949	Male	Lincoln	Nebraska	68512
6/11/1970	Male	Lincoln	Nebraska	68512
11/5/1953	Female	Lincoln	Nebraska	68512
7/3/1960	Female	Lincoln	Nebraska	68512
1/31/1984	Female	Lincoln	Nebraska	68514
8/7/1954	Male	Lincoln	Nebraska	68514
8/21/1972	Female	Lincoln	Nebraska	68514
1/23/1983	Male	Lincoln	Nebraska	68514
8/25/1956	Male	Lincoln	Nebraska	68516
6/13/1974	Male	Lincoln	Nebraska	68516
9/16/1951	Female	Lincoln	Nebraska	68516
9/19/1956	Male	Lincoln	Nebraska	68516
4/18/1956	Female	Lincoln	Nebraska	68516
10/26/1954	Male	Lincoln	Nebraska	68516
12/24/1980	Female	Lincoln	Nebraska	68516
7/1/1957	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/10/1952	Female	Lincoln	Nebraska	68516
5/14/1951	Male	Lincoln	Nebraska	68516
5/13/1957	Female	Lincoln	Nebraska	68516
4/1/1956	Female	Lincoln	Nebraska	68516
7/20/1957	Male	Lincoln	Nebraska	68516
11/26/1963	Female	Lincoln	Nebraska	68516
5/13/1961	Male	Lincoln	Nebraska	68516
7/18/1964	Male	Lincoln	Nebraska	68516
3/29/1965	Female	Lincoln	Nebraska	68516
4/23/1954	Male	Lincoln	Nebraska	68516
11/27/1957	Male	Lincoln	Nebraska	68516
7/10/1965	Female	Lincoln	Nebraska	68516
11/17/1968	Male	Lincoln	Nebraska	68516
9/22/1965	Female	Lincoln	Nebraska	68516
7/24/1944	Male	Lincoln	Nebraska	68516
2/18/1953	Male	Lincoln	Nebraska	68516
2/4/1953	Male	Lincoln	Nebraska	68516
2/16/1968	Male	Lincoln	Nebraska	68516
5/5/1952	Male	Lincoln	Nebraska	68516
1/7/1958	Female	Lincoln	Nebraska	68516
8/1/1952	Female	Lincoln	Nebraska	68516
6/20/1965	Male	Lincoln	Nebraska	68516
8/13/1955	Female	Lincoln	Nebraska	68516
10/8/1971	Male	Lincoln	Nebraska	68516
7/1/1976	Male	Lincoln	Nebraska	68516
12/2/1954	Male	Lincoln	Nebraska	68516
12/6/1953	Female	Lincoln	Nebraska	68516
12/3/1954	Female	Lincoln	Nebraska	68516
6/11/1966	Male	Lincoln	Nebraska	68516
10/28/1969	Male	Lincoln	Nebraska	68516
10/12/1981	Female	Lincoln	Nebraska	68516
6/23/1973	Female	Lincoln	Nebraska	68516
10/26/1966	Female	Lincoln	Nebraska	68516
11/12/1955	Male	Lincoln	Nebraska	68516
8/3/1956	Female	Lincoln	Nebraska	68516
11/20/1952	Female	Lincoln	Nebraska	68516
8/19/1972	Male	Lincoln	Nebraska	68516
3/29/1971	Female	Lincoln	Nebraska	68516
5/5/1967	Male	Lincoln	Nebraska	68516
6/1/1971	Female	Lincoln	Nebraska	68516
8/3/1963	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/27/1955	Male	Lincoln	Nebraska	68516
8/17/1979	Female	Lincoln	Nebraska	68516
5/6/1956	Female	Lincoln	Nebraska	68516
5/12/1975	Male	Lincoln	Nebraska	68516
10/5/1984	Male	Lincoln	Nebraska	68516
12/6/1962	Female	Lincoln	Nebraska	68516
1/7/1981	Male	Lincoln	Nebraska	68516
9/10/1987	Female	Lincoln	Nebraska	68516
9/21/1952	Female	Lincoln	Nebraska	68516
5/25/1988	Male	Lincoln	Nebraska	68516
4/15/1971	Female	Lincoln	Nebraska	68516
5/27/1988	Male	Lincoln	Nebraska	68516
12/28/1942	Male	Lincoln	Nebraska	68516
3/1/1983	Male	Lincoln	Nebraska	68516
10/15/1980	Male	Lincoln	Nebraska	68516
4/15/1981	Male	Lincoln	Nebraska	68516
12/25/1963	Female	Lincoln	Nebraska	68516
12/7/1985	Female	Lincoln	Nebraska	68516
7/14/1972	Female	Lincoln	Nebraska	68516
5/12/1992	Female	Lincoln	Nebraska	68516
7/26/1987	Female	Lincoln	Nebraska	68516
5/7/1996	Male	Lincoln	Nebraska	68516
9/19/1958	Male	Lincoln	Nebraska	68516
7/16/1976	Female	Lincoln	Nebraska	68516
12/2/1991	Female	Lincoln	Nebraska	68516
10/21/1952	Female	Lincoln	Nebraska	68516
3/14/1960	Male	Lincoln	Nebraska	68516
10/14/1980	Female	Lincoln	Nebraska	68516
3/16/1985	Male	Lincoln	Nebraska	68516
1/22/1981	Male	Lincoln	Nebraska	68516
11/21/1989	Male	Lincoln	Nebraska	68516
11/29/1979	Male	Lincoln	Nebraska	68516
4/15/1978	Female	Lincoln	Nebraska	68516
11/3/1972	Male	Lincoln	Nebraska	68516
7/11/1960	Male	Lincoln	Nebraska	68516
4/9/1980	Female	lincoln	Nebraska	68516
11/17/1968	Female	Lincoln	Nebraska	68516
2/7/1982	Male	Lincoln	Nebraska	68516
12/1/1971	Male	Lincoln	Nebraska	68516
12/7/1982	Female	Lincoln	Nebraska	68516
3/25/1987	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/4/1991	Female	Lincoln	Nebraska	68516
10/12/1985	Female	Lincoln	Nebraska	68516
4/23/1980	Female	Lincoln	Nebraska	68516
6/6/1980	Female	Lincoln	Nebraska	68516
4/9/1961	Female	Lincoln	Nebraska	68516
5/24/1958	Male	Lincoln	Nebraska	68516
11/11/1953	Female	Lincoln	Nebraska	68516
2/4/1953	Male	Lincoln	Nebraska	68516
9/23/1960	Female	Lincoln	Nebraska	68516
1/12/1976	Male	Lincoln	Nebraska	68516
4/11/1962	Female	Lincoln	Nebraska	68516
1/9/1954	Female	Lincoln	Nebraska	68516
10/19/1959	Female	Lincoln	Nebraska	68516
7/13/1964	Male	Lincoln	Nebraska	68516
10/31/1950	Male	Lincoln	Nebraska	68516
10/10/1979	Male	Lincoln	Nebraska	68516
11/7/1960	Female	Lincoln	Nebraska	68516
5/15/1983	Female	Lincoln	Nebraska	68516
2/28/1961	Female	Lincoln	Nebraska	68516
6/7/1957	Female	Lincoln	Nebraska	68516
9/12/1986	Female	Lincoln	Nebraska	68516
10/21/1966	Male	Lincoln	Nebraska	68516
10/14/1953	Female	Lincoln	Nebraska	68516
10/20/1952	Male	Lincoln	Nebraska	68516
4/27/1965	Female	Lincoln	Nebraska	68516
8/7/1961	Female	Lincoln	Nebraska	68516
10/11/1955	Female	Lincoln	Nebraska	68516
6/28/1952	Male	Lincoln	Nebraska	68516
4/8/1948	Female	Lincoln	Nebraska	68516
12/24/1977	Female	Lincoln	Nebraska	68516
6/10/1979	Female	Lincoln	Nebraska	68516
10/26/1974	Male	Lincoln	Nebraska	68516
10/22/1968	Female	Lincoln	Nebraska	68516
6/13/1971	Male	Lincoln	Nebraska	68516
10/8/1980	Female	Lincoln	Nebraska	68516
11/12/1969	Male	Lincoln	Nebraska	68516
3/6/1986	Male	Lincoln	Nebraska	68516
11/17/1972	Male	Lincoln	Nebraska	68516
5/18/1950	Female	Lincoln	Nebraska	68516
11/5/1968	Female	Lincoln	Nebraska	68516
4/4/1959	Male	Lincoln	Nebraska	68516



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/21/1962	Female	Lincoln	Nebraska	68516
1/5/1975	Female	Lincoln	Nebraska	68516
3/6/1961	Female	Lincoln	Nebraska	68516
4/29/1954	Female	Lincoln	Nebraska	68516
7/14/1954	Female	Lincoln	Nebraska	68516
4/4/1961	Female	Lincoln	Nebraska	68516
3/3/1988	Female	Lincoln	Nebraska	68516
2/2/1979	Female	Lincoln	Nebraska	68516
9/30/1961	Male	Lincoln	Nebraska	68516
9/14/1982	Male	LINCOLN	Nebraska	68516
10/20/1958	Male	Lincoln	Nebraska	68516
6/8/1985	Male	Lincoln	Nebraska	68516
3/16/1966	Male	Lincoln	Nebraska	68516
5/1/1954	Female	Lincoln	Nebraska	68516
12/18/1960	Male	Lincoln	Nebraska	68516
10/6/1964	Male	Lincoln	Nebraska	68516
5/21/1956	Male	Lincoln	Nebraska	68516
11/6/1961	Male	Lincoln	Nebraska	68516
6/22/1963	Male	Lincoln	Nebraska	68516
1/31/1958	Male	Lincoln	Nebraska	68516
3/28/1967	Male	Lincoln	Nebraska	68516
5/10/1964	Male	Lincoln	Nebraska	68516
10/3/1962	Female	Lincoln	Nebraska	68516
10/11/1958	Female	Lincoln	Nebraska	68516
5/16/1953	Male	Lincoln	Nebraska	68516
4/13/1965	Female	Lincoln	Nebraska	68516
6/25/1960	Female	Lincoln	Nebraska	68516
11/25/1970	Male	Lincoln	Nebraska	68516
7/9/1977	Male	Lincoln	Nebraska	68516
10/18/1949	Female	Lincoln	Nebraska	68516
1/31/1952	Male	Lincoln	Nebraska	68516
6/10/1953	Female	Lincoln	Nebraska	68516
5/2/1955	Male	Lincoln	Nebraska	68516
7/25/1954	Male	Lincoln	Nebraska	68516
9/25/1957	Male	Lincoln	Nebraska	68516
4/21/1958	Male	Lincoln	Nebraska	68516
8/20/1966	Female	Lincoln	Nebraska	68516
4/29/1959	Female	Lincoln	Nebraska	68516
3/7/1961	Male	Lincoln	Nebraska	68516
7/8/1966	Male	Lincoln	Nebraska	68516
9/29/1972	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/13/1978	Male	Lincoln	Nebraska	68516
4/23/1951	Male	Lincoln	Nebraska	68516
2/5/1951	Female	Lincoln	Nebraska	68516
6/26/1952	Male	Lincoln	Nebraska	68516
10/10/1959	Male	Lincoln	Nebraska	68516
7/30/1956	Male	Lincoln	Nebraska	68516
1/7/1961	Male	Lincoln	Nebraska	68516
3/5/1959	Female	Lincoln	Nebraska	68516
1/10/1970	Male	Lincoln	Nebraska	68516
4/6/1971	Male	Lincoln	Nebraska	68516
1/12/1975	Male	Lincoln	Nebraska	68516
9/22/1958	Male	Lincoln	Nebraska	68516
9/19/1954	Male	Lincoln	Nebraska	68516
9/11/1954	Male	Lincoln	Nebraska	68516
8/11/1966	Male	Lincoln	Nebraska	68516
10/23/1958	Male	Lincoln	Nebraska	68516
7/22/1958	Male	Lincoln	Nebraska	68516
12/21/1960	Male	Lincoln	Nebraska	68516
4/11/1970	Female	Lincoln	Nebraska	68516
10/9/1961	Male	Lincoln	Nebraska	68516
9/24/1962	Female	Lincoln	Nebraska	68516
1/8/1973	Female	Lincoln	Nebraska	68516
9/27/1955	Male	Lincoln	Nebraska	68516
8/11/1951	Male	Lincoln	Nebraska	68516
8/25/1953	Male	Lincoln	Nebraska	68516
1/31/1956	Male	Lincoln	Nebraska	68516
3/2/1959	Male	Lincoln	Nebraska	68516
1/14/1957	Male	Lincoln	Nebraska	68516
9/22/1971	Male	Lincoln	Nebraska	68516
11/4/1965	Male	Lincoln	Nebraska	68516
9/25/1964	Male	Lincoln	Nebraska	68516
8/1/1971	Male	Lincoln	Nebraska	68516
12/14/1968	Male	Lincoln	Nebraska	68516
6/29/1968	Male	Lincoln	Nebraska	68516
9/6/1979	Male	Lincoln	Nebraska	68516
1/6/1985	Male	Lincoln	Nebraska	68516
9/18/1967	Male	Lincoln	Nebraska	68516
10/6/1974	Male	Lincoln	Nebraska	68516
10/24/1969	Male	Lincoln	Nebraska	68516
8/30/1982	Male	Lincoln	Nebraska	68516
8/9/1970	Male	Lincoln	Nebraska	68516

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/20/1979	Male	Lincoln	Nebraska	68516
1/13/1984	Male	Lincoln	Nebraska	68516
7/21/1955	Female	Lincoln	Nebraska	68516
8/26/1965	Female	Lincoln	Nebraska	68516
3/28/1957	Female	Lincoln	Nebraska	68516
3/1/1983	Male	Lincoln	Nebraska	68516
6/27/1973	Male	Lincoln	Nebraska	68516
5/28/1978	Male	Lincoln	Nebraska	68516
3/20/1955	Female	Lincoln	Nebraska	68516
1/1/1975	Male	Lincoln	Nebraska	68516
11/15/1987	Male	Lincoln	Nebraska	68516
9/25/1978	Male	Lincoln	Nebraska	68516
8/20/1984	Male	Lincoln	Nebraska	68516
11/19/1947	Female	Lincoln	Nebraska	68516
9/20/1990	Male	Lincoln	Nebraska	68516
4/10/1970	Female	Lincoln	Nebraska	68516
1/5/1956	Male	Lincoln	Nebraska	68516
12/22/1953	Male	Lincoln	Nebraska	68516
3/20/1988	Female	Lincoln	Nebraska	68516
10/15/1990	Male	Lincoln	Nebraska	68516
1/16/1987	Male	Lincoln	Nebraska	68516
2/4/1961	Female	Lincoln	Nebraska	68516
10/20/1990	Female	Lincoln	Nebraska	68516
2/12/1993	Male	Lincoln	Nebraska	68516
10/1/1992	Male	Lincoln	Nebraska	68516
2/15/1995	Male	Lincoln	Nebraska	68516
10/23/1958	Female	Lincoln	Nebraska	68516
8/12/1962	Male	Lincoln	Nebraska	68516
9/28/1983	Male	Lincoln	Nebraska	68516
6/5/1981	Female	Lincoln	Nebraska	68516
3/1/1983	Female	Lincoln	Nebraska	68516
2/1/1978	Male	Lincoln	Nebraska	68516
6/2/1993	Male	Lincoln	Nebraska	68516
3/12/1988	Male	LINCOLN	Nebraska	68516
9/10/1979	Female	Lincoln	Nebraska	68516
11/9/1986	Male	Lincoln	Nebraska	68516
11/22/1958	Male	Lincoln	Nebraska	68516
5/19/1964	Female	Lincoln	Nebraska	68516
7/25/1995	Female	Lincoln	Nebraska	68516
9/11/1965	Male	Lincoln	Nebraska	68516
7/30/1952	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/9/1968	Male	Lincoln	Nebraska	68516
9/2/1996	Male	Lincoln	Nebraska	68516
12/10/1991	Male	Lincoln	Nebraska	68516
11/10/1980	Male	Lincoln	Nebraska	68516
4/20/1972	Female	Lincoln	Nebraska	68516
1/17/1995	Male	Lincoln	Nebraska	68516
2/27/1987	Male	Lincoln	Nebraska	68516
7/14/1995	Male	Lincoln	Nebraska	68516
7/3/1991	Male	Lincoln	Nebraska	68516
5/24/1993	Male	Lincoln	Nebraska	68516
2/6/1991	Female	Lincoln	Nebraska	68516
8/5/1991	Male	Lincoln	Nebraska	68516
11/15/1962	Male	Lincoln	Nebraska	68516
2/14/1996	Female	Lincoln	Nebraska	68516
1/1/1978	Male	Lincoln	Nebraska	68516
4/13/1991	Female	Lincoln	Nebraska	68516
6/2/1989	Female	Lincoln	Nebraska	68516
3/18/1965	Male	Lincoln	Nebraska	68516
12/27/1995	Female	Lincoln	Nebraska	68516
10/26/1972	Male	Lincoln	Nebraska	68516
11/25/1991	Male	Lincoln	Nebraska	68516
6/22/1959	Female	Lincoln	Nebraska	68516
7/19/1964	Female	Lincoln	Nebraska	68516
5/11/1993	Male	Lincoln	Nebraska	68516
7/25/1993	Male	Lincoln	Nebraska	68516
8/29/1997	Male	Lincoln	Nebraska	68516
8/22/1976	Female	Lincoln	Nebraska	68516
4/4/1995	Male	Lincoln	Nebraska	68516
4/3/1961	Female	Lincoln	Nebraska	68516
9/1/1994	Male	lincoln	Nebraska	68516
3/24/1956	Male	Lincoln	Nebraska	68516
9/24/1978	Male	Lincoln	Nebraska	68516
3/1/1972	Female	Lincoln	Nebraska	68516
7/17/1989	Female	Lincoln	Nebraska	68516
1/3/1962	Male	Lincoln	Nebraska	68516
3/29/1980	Female	Lincoln	Nebraska	68516
4/6/1973	Female	Lincoln	Nebraska	68516
10/21/1969	Male	Lincoln	Nebraska	68516
9/22/1954	Male	Lincoln	Nebraska	68516
6/7/1977	Female	Lincoln	Nebraska	68516
8/6/1956	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/14/1953	Male	Lincoln	Nebraska	68516
9/11/1952	Female	Lincoln	Nebraska	68516
9/8/1950	Female	Lincoln	Nebraska	68516
1/30/1954	Female	Lincoln	Nebraska	68516
11/30/1957	Female	Lincoln	Nebraska	68516
12/23/1959	Male	Lincoln	Nebraska	68516
7/12/1963	Female	Lincoln	Nebraska	68516
8/7/1950	Female	Lincoln	Nebraska	68516
9/27/1954	Female	Lincoln	Nebraska	68516
1/28/1956	Female	Lincoln	Nebraska	68516
11/18/1962	Female	Lincoln	Nebraska	68516
8/25/1964	Female	Lincoln	Nebraska	68516
11/14/1949	Female	Lincoln	Nebraska	68516
10/23/1954	Female	Lincoln	Nebraska	68516
9/16/1957	Female	Lincoln	Nebraska	68516
6/25/1955	Male	Lincoln	Nebraska	68516
8/23/1958	Male	Lincoln	Nebraska	68516
3/13/1966	Female	Lincoln	Nebraska	68516
1/12/1971	Female	Lincoln	Nebraska	68516
8/21/1970	Male	Lincoln	Nebraska	68516
12/19/1947	Male	Lincoln	Nebraska	68516
11/13/1955	Female	Lincoln	Nebraska	68516
10/11/1958	Male	Lincoln	Nebraska	68516
4/1/1973	Female	Lincoln	Nebraska	68516
9/30/1964	Female	Lincoln	Nebraska	68516
7/8/1974	Female	Lincoln	Nebraska	68516
10/13/1952	Female	Lincoln	Nebraska	68516
11/24/1955	Female	Lincoln	Nebraska	68516
4/23/1969	Female	Lincoln	Nebraska	68516
6/28/1971	Female	Lincoln	Nebraska	68516
4/5/1980	Female	Lincoln	Nebraska	68516
4/13/1984	Female	Lincoln	Nebraska	68516
5/1/1959	Female	Lincoln	Nebraska	68516
7/2/1958	Female	Lincoln	Nebraska	68516
6/10/1972	Male	Lincoln	Nebraska	68516
1/27/1982	Female	Lincoln	Nebraska	68516
6/4/1959	Male	Lincoln	Nebraska	68516
1/26/1981	Female	Lincoln	Nebraska	68516
9/1/1972	Female	Lincoln	Nebraska	68516
4/23/1981	Female	Lincoln	Nebraska	68516
3/2/1968	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/4/1984	Female	Lincoln	Nebraska	68516
7/16/1971	Female	Lincoln	Nebraska	68516
5/30/1973	Female	Lincoln	Nebraska	68516
7/13/1966	Male	Lincoln	Nebraska	68516
3/2/1981	Male	Lincoln	Nebraska	68516
3/6/1968	Female	Lincoln	Nebraska	68516
11/14/1963	Female	Lincoln	Nebraska	68516
9/12/1979	Male	Lincoln	Nebraska	68516
9/25/1985	Female	Lincoln	Nebraska	68516
3/29/1984	Female	Lincoln	Nebraska	68516
10/6/1983	Female	Lincoln	Nebraska	68516
7/13/1987	Female	Lincoln	Nebraska	68516
10/2/1983	Female	Lincoln	Nebraska	68516
2/28/1959	Female	Lincoln	Nebraska	68516
8/23/1961	Male	Lincoln	Nebraska	68516
12/26/1953	Male	Lincoln	Nebraska	68516
8/20/1954	Male	Lincoln	Nebraska	68516
9/12/1956	Male	Lincoln	Nebraska	68516
1/9/1953	Male	Lincoln	Nebraska	68516
10/24/1953	Female	Lincoln	Nebraska	68516
4/23/1966	Male	Lincoln	Nebraska	68516
2/26/1957	Female	Lincoln	Nebraska	68516
6/10/1958	Female	Lincoln	Nebraska	68516
3/4/1961	Male	Lincoln	Nebraska	68516
10/3/1973	Male	Lincoln	Nebraska	68516
11/16/1952	Male	Lincoln	Nebraska	68516
11/15/1949	Male	Lincoln	Nebraska	68516
6/28/1952	Female	Lincoln	Nebraska	68516
1/16/1954	Male	Lincoln	Nebraska	68516
8/15/1970	Female	Lincoln	Nebraska	68516
4/12/1965	Female	Lincoln	Nebraska	68516
8/1/1951	Male	Lincoln	Nebraska	68516
7/14/1953	Male	Lincoln	Nebraska	68516
7/1/1952	Male	Lincoln	Nebraska	68516
6/9/1955	Male	Lincoln	Nebraska	68516
2/28/1954	Male	Lincoln	Nebraska	68516
6/12/1962	Female	Lincoln	Nebraska	68516
12/5/1959	Male	Lincoln	Nebraska	68516
11/2/1959	Male	Lincoln	Nebraska	68516
2/11/1962	Male	Lincoln	Nebraska	68516
11/29/1964	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/1/1966	Male	Lincoln	Nebraska	68516
9/7/1968	Male	Lincoln	Nebraska	68516
8/17/1984	Male	Lincoln	Nebraska	68516
8/10/1983	Female	Lincoln	Nebraska	68516
2/23/1982	Male	Lincoln	Nebraska	68516
1/31/1974	Female	Lincoln	Nebraska	68516
12/22/1947	Male	Lincoln	Nebraska	68516
1/22/1984	Female	Lincoln	Nebraska	68516
7/7/1973	Male	Lincoln	Nebraska	68516
12/1/1963	Male	Lincoln	Nebraska	68516
8/11/1950	Male	Lincoln	Nebraska	68516
5/31/1968	Male	Lincoln	Nebraska	68516
8/17/1971	Male	Lincoln	Nebraska	68516
5/10/1949	Male	Lincoln	Nebraska	68516
1/25/1981	Male	Lincoln	Nebraska	68516
10/16/1955	Female	Lincoln	Nebraska	68516
9/2/1969	Female	Lincoln	Nebraska	68516
3/4/1951	Male	Lincoln	Nebraska	68516
5/16/1959	Male	Lincoln	Nebraska	68516
1/10/1942	Female	Lincoln	Nebraska	68516
11/18/1974	Female	Lincoln	Nebraska	68516
12/13/1955	Male	Lincoln	Nebraska	68516
11/28/1958	Male	Lincoln	Nebraska	68516
9/29/1958	Female	Lincoln	Nebraska	68516
10/16/1949	Male	Lincoln	Nebraska	68516
3/14/1973	Male	Lincoln	Nebraska	68516
10/16/1974	Female	Lincoln	Nebraska	68516
1/13/1977	Female	Lincoln	Nebraska	68516
2/14/1978	Female	Lincoln	Nebraska	68516
9/29/1964	Female	Lincoln	Nebraska	68516
9/18/1983	Male	Lincoln	Nebraska	68516
12/10/1989	Female	Lincoln	Nebraska	68516
12/28/1972	Male	Lincoln	Nebraska	68516
2/15/1959	Female	Lincoln	Nebraska	68516
4/21/1987	Female	Lincoln	Nebraska	68516
6/21/1983	Male	Lincoln	Nebraska	68516
6/6/1991	Male	Lincoln	Nebraska	68516
9/12/1951	Female	Lincoln	Nebraska	68516
1/2/1963	Female	Lincoln	Nebraska	68516
7/9/1961	Female	Lincoln	Nebraska	68516
12/4/1979	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/29/1951	Female	Lincoln	Nebraska	68516
5/11/1960	Male	Lincoln	Nebraska	68516
12/4/1947	Male	Lincoln	Nebraska	68516
3/18/1953	Female	Lincoln	Nebraska	68516
7/1/1949	Male	Lincoln	Nebraska	68516
6/26/1953	Male	Lincoln	Nebraska	68516
7/24/1952	Female	Lincoln	Nebraska	68516
4/22/1957	Male	Lincoln	Nebraska	68516
10/10/1971	Female	Lincoln	Nebraska	68516
8/27/1965	Male	Lincoln	Nebraska	68516
2/21/1954	Female	Lincoln	Nebraska	68516
3/21/1973	Female	Lincoln	Nebraska	68516
2/13/1976	Male	Lincoln	Nebraska	68516
5/6/1954	Female	Lincoln	Nebraska	68516
3/21/1965	Female	Lincoln	Nebraska	68516
11/18/1957	Female	Lincoln	Nebraska	68516
12/15/1951	Male	Lincoln	Nebraska	68516
3/21/1958	Male	Lincoln	Nebraska	68516
6/17/1966	Male	Lincoln	Nebraska	68516
2/19/1953	Male	Lincoln	Nebraska	68516
11/13/1965	Female	Lincoln	Nebraska	68516
2/26/1978	Male	Lincoln	Nebraska	68516
10/28/1966	Female	Lincoln	Nebraska	68516
7/16/1975	Female	Lincoln	Nebraska	68516
4/10/1962	Female	Lincoln	Nebraska	68516
11/11/1971	Female	Lincoln	Nebraska	68516
8/10/1950	Female	Lincoln	Nebraska	68516
6/5/1951	Male	Lincoln	Nebraska	68516
1/18/1951	Female	Lincoln	Nebraska	68516
9/1/1951	Female	Lincoln	Nebraska	68516
2/1/1952	Female	Lincoln	Nebraska	68516
12/1/1951	Male	Lincoln	Nebraska	68516
10/25/1955	Male	Lincoln	Nebraska	68516
5/14/1953	Female	Lincoln	Nebraska	68516
11/22/1955	Female	Lincoln	Nebraska	68516
2/27/1957	Female	Lincoln	Nebraska	68516
7/15/1956	Female	Lincoln	Nebraska	68516
4/10/1957	Female	Lincoln	Nebraska	68516
9/14/1957	Female	Lincoln	Nebraska	68516
6/14/1956	Female	Lincoln	Nebraska	68516
1/31/1960	Female	Lincoln	Nebraska	68516



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/5/1962	Female	Lincoln	Nebraska	68516
7/17/1963	Male	Lincoln	Nebraska	68516
11/20/1962	Female	Lincoln	Nebraska	68516
10/17/1975	Female	Lincoln	Nebraska	68516
7/22/1970	Female	Lincoln	Nebraska	68516
8/29/1970	Male	Lincoln	Nebraska	68516
11/14/1954	Female	Lincoln	Nebraska	68516
9/28/1954	Female	Lincoln	Nebraska	68516
9/17/1954	Female	Lincoln	Nebraska	68516
10/19/1950	Female	Lincoln	Nebraska	68516
3/9/1952	Female	Lincoln	Nebraska	68516
8/10/1957	Male	Lincoln	Nebraska	68516
9/30/1956	Female	Lincoln	Nebraska	68516
10/4/1962	Female	Lincoln	Nebraska	68516
8/17/1964	Male	Lincoln	Nebraska	68516
6/2/1960	Female	Lincoln	Nebraska	68516
2/15/1968	Female	Lincoln	Nebraska	68516
3/8/1973	Female	Lincoln	Nebraska	68516
4/20/1959	Female	Lincoln	Nebraska	68516
10/29/1964	Female	Lincoln	Nebraska	68516
12/28/1963	Female	Lincoln	Nebraska	68516
5/20/1967	Female	Lincoln	Nebraska	68516
5/28/1969	Female	Lincoln	Nebraska	68516
8/13/1954	Female	Lincoln	Nebraska	68516
1/14/1952	Male	Lincoln	Nebraska	68516
8/7/1960	Female	Lincoln	Nebraska	68516
7/11/1953	Female	Lincoln	Nebraska	68516
11/3/1961	Female	Lincoln	Nebraska	68516
1/21/1953	Female	Lincoln	Nebraska	68516
5/10/1958	Female	Lincoln	Nebraska	68516
2/18/1963	Male	Lincoln	Nebraska	68516
2/6/1965	Male	Lincoln	Nebraska	68516
1/13/1970	Female	Lincoln	Nebraska	68516
12/27/1962	Female	Lincoln	Nebraska	68516
2/9/1963	Female	Lincoln	Nebraska	68516
6/23/1965	Female	Lincoln	Nebraska	68516
11/12/1974	Male	Lincoln	Nebraska	68516
5/16/1953	Female	Lincoln	Nebraska	68516
1/5/1978	Male	Lincoln	Nebraska	68516
11/2/1976	Male	Lincoln	Nebraska	68516
8/16/1948	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/6/1950	Female	Lincoln	Nebraska	68516
6/13/1953	Male	Lincoln	Nebraska	68516
5/21/1951	Male	Lincoln	Nebraska	68516
12/31/1953	Female	Lincoln	Nebraska	68516
1/28/1957	Female	Lincoln	Nebraska	68516
12/20/1954	Female	Lincoln	Nebraska	68516
4/27/1958	Female	Lincoln	Nebraska	68516
1/10/1961	Female	Lincoln	Nebraska	68516
8/12/1959	Male	Lincoln	Nebraska	68516
9/11/1966	Male	Lincoln	Nebraska	68516
2/14/1960	Female	Lincoln	Nebraska	68516
6/17/1951	Female	Lincoln	Nebraska	68516
1/20/1960	Female	Lincoln	Nebraska	68516
9/11/1944	Female	Lincoln	Nebraska	68516
8/9/1949	Male	Lincoln	Nebraska	68516
7/5/1971	Female	Lincoln	Nebraska	68516
10/6/1968	Male	Lincoln	Nebraska	68516
1/10/1978	Female	Lincoln	Nebraska	68516
2/3/1973	Female	Lincoln	Nebraska	68516
3/21/1966	Female	Lincoln	Nebraska	68516
5/21/1978	Female	Lincoln	Nebraska	68516
6/28/1984	Female	Lincoln	Nebraska	68516
7/12/1969	Male	Lincoln	Nebraska	68516
6/17/1963	Male	Lincoln	Nebraska	68516
3/29/1974	Female	Lincoln	Nebraska	68516
2/4/1979	Female	Lincoln	Nebraska	68516
12/5/1962	Female	Lincoln	Nebraska	68516
11/14/1953	Male	Lincoln	Nebraska	68516
7/15/1975	Female	Lincoln	Nebraska	68516
8/16/1981	Female	Lincoln	Nebraska	68516
8/24/1972	Female	Lincoln	Nebraska	68516
12/29/1971	Female	Lincoln	Nebraska	68516
11/13/1976	Female	Lincoln	Nebraska	68516
7/30/1982	Male	Lincoln	Nebraska	68516
8/12/1975	Male	Lincoln	Nebraska	68516
10/1/1972	Male	Lincoln	Nebraska	68516
7/9/1947	Male	Lincoln	Nebraska	68516
5/2/1945	Female	Lincoln	Nebraska	68516
5/24/1981	Female	Lincoln	Nebraska	68516
6/11/1969	Female	Lincoln	Nebraska	68516
12/15/1970	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/25/1957	Male	Lincoln	Nebraska	68516
7/9/1957	Female	Lincoln	Nebraska	68516
9/26/1980	Male	Lincoln	Nebraska	68516
2/20/1963	Female	Lincoln	Nebraska	68516
10/1/1959	Female	Lincoln	Nebraska	68516
11/3/1960	Male	Lincoln	Nebraska	68516
10/16/1953	Female	Lincoln	Nebraska	68516
7/6/1978	Female	Lincoln	Nebraska	68516
9/21/1970	Female	Lincoln	Nebraska	68516
11/5/1978	Female	Lincoln	Nebraska	68516
4/30/1947	Female	Lincoln	Nebraska	68516
9/28/1946	Female	Lincoln	Nebraska	68516
8/17/1962	Female	Lincoln	Nebraska	68516
1/21/1980	Female	Lincoln	Nebraska	68516
2/6/1984	Male	Lincoln	Nebraska	68516
8/9/1985	Male	Lincoln	Nebraska	68516
8/1/1973	Male	Lincoln	Nebraska	68516
3/11/1985	Male	Lincoln	Nebraska	68516
12/17/1976	Male	Lincoln	Nebraska	68516
6/4/1971	Female	Lincoln	Nebraska	68516
5/25/1955	Female	Lincoln	Nebraska	68516
10/15/1978	Female	Lincoln	Nebraska	68516
10/22/1950	Female	Lincoln	Nebraska	68516
11/2/1951	Male	Lincoln	Nebraska	68516
9/18/1976	Male	Lincoln	Nebraska	68516
9/22/1954	Male	Lincoln	Nebraska	68516
8/24/1962	Female	Lincoln	Nebraska	68516
10/17/1967	Female	Lincoln	Nebraska	68516
7/10/1959	Female	Lincoln	Nebraska	68516
2/2/1983	Female	Lincoln	Nebraska	68516
2/5/1964	Female	Lincoln	Nebraska	68516
12/27/1958	Male	Lincoln	Nebraska	68516
1/3/1979	Female	Lincoln	Nebraska	68516
3/19/1982	Female	Lincoln	Nebraska	68516
4/30/1971	Male	Lincoln	Nebraska	68516
9/19/1958	Female	Lincoln	Nebraska	68516
11/12/1983	Female	Lincoln	Nebraska	68516
6/5/1969	Female	Lincoln	Nebraska	68516
12/21/1979	Male	Lincoln	Nebraska	68516
6/28/1979	Female	Lincoln	Nebraska	68516
2/28/1960	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
**Data as of** 10/19/2016  
**Agency** Statewide  
**Does not include** Those with no home Postal Code and those with no Date of Birth  
**Does include** Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/8/1978	Female	Lincoln	Nebraska	68516
3/17/1980	Female	Lincoln	Nebraska	68516
8/6/1975	Female	Lincoln	Nebraska	68516
6/22/1956	Female	Lincoln	Nebraska	68516
3/27/1983	Female	Lincoln	Nebraska	68516
10/23/1957	Male	Lincoln	Nebraska	68516
3/3/1952	Male	Lincoln	Nebraska	68516
1/9/1980	Female	Lincoln	Nebraska	68516
9/16/1983	Female	Lincoln	Nebraska	68516
4/13/1953	Female	Lincoln	Nebraska	68516
10/6/1966	Female	Lincoln	Nebraska	68516
5/3/1979	Male	Lincoln	Nebraska	68516
4/26/1982	Male	Lincoln	Nebraska	68516
10/3/1985	Male	Lincoln	Nebraska	68516
6/16/1982	Male	Lincoln	Nebraska	68516
9/26/1972	Female	Lincoln	Nebraska	68516
2/25/1975	Female	Lincoln	Nebraska	68516
5/4/1982	Female	Lincoln	Nebraska	68516
12/9/1982	Female	Lincoln	Nebraska	68516
7/2/1956	Female	Lincoln	Nebraska	68516
9/28/1955	Male	Lincoln	Nebraska	68516
3/5/1969	Female	Lincoln	Nebraska	68516
7/22/1961	Female	Lincoln	Nebraska	68516
10/5/1983	Female	Lincoln	Nebraska	68516
6/10/1985	Female	Lincoln	Nebraska	68516
5/4/1958	Female	LINCOLN	Nebraska	68516
4/11/1985	Female	Lincoln	Nebraska	68516
3/1/1984	Female	Lincoln	Nebraska	68516
10/21/1987	Female	Lincoln	Nebraska	68516
8/7/1971	Male	Lincoln	Nebraska	68516
5/25/1962	Female	Lincoln	Nebraska	68516
11/8/1959	Female	Lincoln	Nebraska	68516
4/10/1955	Female	Lincoln	Nebraska	68516
8/14/1975	Female	Lincoln	Nebraska	68516
1/2/1985	Male	Lincioln	Nebraska	68516
2/19/1982	Male	Lincoln	Nebraska	68516
4/27/1955	Female	IINCOLN	Nebraska	68516
2/14/1959	Female	Lincoln	Nebraska	68516
8/3/1990	Female	Lincoln	Nebraska	68516
8/14/1971	Female	Lincoln	Nebraska	68516
10/5/1979	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/28/1967	Female	Lincoln	Nebraska	68516
2/12/1950	Female	Lincoln	Nebraska	68516
8/11/1981	Male	Lincoln	Nebraska	68516
5/15/1986	Female	Lincoln	Nebraska	68516
1/10/1956	Female	Lincoln	Nebraska	68516
9/30/1976	Female	Lincoln	Nebraska	68516
11/13/1962	Female	Lincoln	Nebraska	68516
5/21/1966	Female	Lincoln	Nebraska	68516
6/17/1974	Female	Lincoln	Nebraska	68516
1/25/1973	Female	Lincoln	Nebraska	68516
1/20/1976	Male	Lincoln	Nebraska	68516
11/7/1981	Male	Lincoln	Nebraska	68516
2/28/1950	Female	Lincoln	Nebraska	68516
4/22/1963	Female	Lincoln	Nebraska	68516
1/4/1955	Male	Lincoln	Nebraska	68516
1/12/1990	Female	Lincoln	Nebraska	68516
4/8/1989	Female	Lincoln	Nebraska	68516
5/15/1983	Female	Lincoln	Nebraska	68516
4/18/1982	Female	Lincoln	Nebraska	68516
4/23/1951	Female	Lincoln	Nebraska	68516
7/11/1967	Female	Lincoln	Nebraska	68516
4/3/1975	Male	Lincoln	Nebraska	68516
1/28/1991	Female	Lincoln	Nebraska	68516
10/30/1988	Male	Lincoln	Nebraska	68516
12/30/1989	Male	Lincoln	Nebraska	68516
4/25/1980	Female	Lincoln	Nebraska	68516
11/12/1982	Female	Lincoln	Nebraska	68516
2/5/1977	Female	Lincoln	Nebraska	68516
11/27/1955	Female	Lincoln	Nebraska	68516
4/21/1991	Female	Lincoln	Nebraska	68516
7/31/1968	Male	Lincoln	Nebraska	68516
5/14/1977	Female	Lincoln	Nebraska	68516
1/9/1979	Male	Lincoln	Nebraska	68516
4/1/1983	Female	Lincoln	Nebraska	68516
4/29/1984	Male	Lincoln	Nebraska	68516
12/28/1989	Male	Lincoln	Nebraska	68516
8/17/1982	Female	Lincoln	Nebraska	68516
3/27/1953	Male	Lincoln	Nebraska	68516
9/17/1983	Female	Lincoln	Nebraska	68516
9/18/1977	Female	Lincoln	Nebraska	68516
3/13/1988	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/3/1986	Female	Lincoln	Nebraska	68516
1/29/1977	Female	Lincoln	Nebraska	68516
5/6/1968	Male	Lincoln	Nebraska	68516
12/24/1976	Female	Lincoln	Nebraska	68516
3/27/1981	Female	Lincoln	Nebraska	68516
3/5/1986	Male	Lincoln	Nebraska	68516
8/1/1957	Female	Lincoln	Nebraska	68516
8/13/1979	Female	Lincoln	Nebraska	68516
11/14/1984	Male	Lincoln	Nebraska	68516
4/12/1990	Male	Lincoln	Nebraska	68516
1/10/1979	Female	Lincoln	Nebraska	68516
7/18/1959	Female	Lincoln	Nebraska	68516
5/20/1979	Male	Lincoln	Nebraska	68516
3/21/1960	Female	Lincoln	Nebraska	68516
2/22/1985	Male	Lincoln	Nebraska	68516
6/9/1969	Female	Lincoln	Nebraska	68516
5/18/1992	Female	Lincoln	Nebraska	68516
8/6/1967	Female	Lincoln	Nebraska	68516
4/25/1983	Male	Lincoln	Nebraska	68516
7/5/1978	Female	Lincoln	Nebraska	68516
6/17/1970	Female	Lincoln	Nebraska	68516
1/1/1980	Male	Lincoln	Nebraska	68516
6/24/1994	Female	Lincoln	Nebraska	68516
1/4/1990	Male	Lincoln	Nebraska	68516
1/20/1971	Male	Lincoln	Nebraska	68516
11/1/1976	Female	Lincoln	Nebraska	68516
12/21/1969	Male	Lincoln	Nebraska	68516
8/3/1960	Female	Lincoln	Nebraska	68516
9/14/1977	Male	Lincoln	Nebraska	68516
11/19/1978	Male	Lincoln	Nebraska	68516
7/29/1956	Female	Lincoln	Nebraska	68516
11/20/1988	Male	Lincoln	Nebraska	68516
11/8/1956	Male	Lincoln	Nebraska	68516
7/5/1990	Female	Lincoln	Nebraska	68516
5/16/1994	Female	Lincoln	Nebraska	68516
10/12/1973	Female	Lincoln	Nebraska	68516
6/21/1957	Female	Lincoln	Nebraska	68516
11/24/1959	Female	Lincoln	Nebraska	68516
8/6/1984	Female	Lincoln	Nebraska	68516
1/3/1953	Male	Lincoln	Nebraska	68516
1/29/1963	Male	Lincoln	Nebraska	68516

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/12/1961	Female	Lincoln	Nebraska	68516
2/1/1974	Female	Lincoln	Nebraska	68516
7/16/1975	Female	Lincoln	Nebraska	68516
10/23/1982	Female	Lincoln	Nebraska	68516
3/17/1968	Male	Lincoln	Nebraska	68516
8/31/1985	Female	Lincoln	Nebraska	68516
2/24/1982	Male	Lincoln	Nebraska	68516
3/31/1989	Female	Lincoln	Nebraska	68516
3/13/1987	Female	Lincoln	Nebraska	68516
9/13/1960	Female	Lincoln	Nebraska	68516
10/30/1967	Male	Lincoln	Nebraska	68516
11/9/1966	Male	Lincoln	Nebraska	68516
12/2/1952	Female	Lincoln	Nebraska	68516
7/28/1953	Male	Lincoln	Nebraska	68516
10/29/1955	Female	Lincoln	Nebraska	68516
11/9/1957	Female	Lincoln	Nebraska	68516
2/10/1956	Female	Lincoln	Nebraska	68516
7/28/1957	Female	Lincoln	Nebraska	68516
11/23/1957	Male	Lincoln	Nebraska	68516
7/5/1957	Female	Lincoln	Nebraska	68516
8/25/1964	Female	Lincoln	Nebraska	68516
10/3/1951	Female	Lincoln	Nebraska	68516
6/20/1956	Male	Lincoln	Nebraska	68516
8/27/1980	Female	Lincoln	Nebraska	68516
6/13/1957	Female	Lincoln	Nebraska	68516
6/15/1971	Female	Lincoln	Nebraska	68516
4/8/1956	Male	Lincoln	Nebraska	68516
3/20/1963	Male	Lincoln	Nebraska	68516
7/7/1985	Female	Lincoln	Nebraska	68516
6/10/1966	Male	Lincoln	Nebraska	68516
1/27/1981	Male	Lincoln	Nebraska	68516
3/12/1969	Male	Lincoln	Nebraska	68516
4/24/1975	Male	Lincoln	Nebraska	68516
4/14/1965	Male	Lincoln	Nebraska	68516
6/24/1982	Male	Lincoln	Nebraska	68516
5/28/1990	Male	Lincoln	Nebraska	68516
8/4/1971	Female	Lincoln	Nebraska	68516
12/15/1980	Male	Lincoln	Nebraska	68516
10/16/1988	Female	Lincoln	Nebraska	68516
1/12/1993	Female	Lincoln	Nebraska	68516
4/7/1984	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/1/1979	Male	Lincoln	Nebraska	68516
6/11/1955	Female	Lincoln	Nebraska	68516
3/20/1949	Female	Lincoln	Nebraska	68516
7/17/1953	Female	Lincoln	Nebraska	68516
7/12/1948	Male	Lincoln	Nebraska	68516
2/13/1957	Female	Lincoln	Nebraska	68516
11/21/1951	Female	Lincoln	Nebraska	68516
5/16/1952	Male	Lincoln	Nebraska	68516
3/31/1957	Male	Lincoln	Nebraska	68516
4/25/1960	Male	Lincoln	Nebraska	68516
5/31/1964	Female	Lincoln	Nebraska	68516
9/21/1954	Male	Lincoln	Nebraska	68516
1/25/1955	Female	Lincoln	Nebraska	68516
6/30/1960	Female	Lincoln	Nebraska	68516
1/19/1938	Male	Lincoln	Nebraska	68516
8/1/1951	Female	Lincoln	Nebraska	68516
6/9/1961	Female	Lincoln	Nebraska	68516
1/12/1947	Female	Lincoln	Nebraska	68516
3/29/1974	Female	Lincoln	Nebraska	68516
8/14/1967	Male	Lincoln	Nebraska	68516
10/3/1978	Female	Lincoln	Nebraska	68516
12/1/1946	Female	Lincoln	Nebraska	68516
9/10/1982	Female	Lincoln	Nebraska	68516
9/5/1956	Female	Lincoln	Nebraska	68516
6/3/1991	Female	LINCOLN	Nebraska	68516
1/29/1983	Female	Lincoln	Nebraska	68516
8/23/1959	Female	Lincoln	Nebraska	68516
6/21/1944	Female	Lincoln	Nebraska	68516
7/24/1991	Male	Lincoln	Nebraska	68516
3/1/1979	Female	LINCOLN	Nebraska	68516
12/17/1960	Female	Lincoln	Nebraska	68516
7/29/1993	Female	Lincoln	Nebraska	68516
11/13/1964	Male	LINCOLN	Nebraska	68516
8/24/1945	Male	Lincoln	Nebraska	68516
7/2/1985	Male	Lincoln	Nebraska	68516
12/22/1991	Male	Lincoln	Nebraska	68516
5/17/1968	Female	Lincoln	Nebraska	68516
6/22/1965	Female	Lincoln	Nebraska	68516
5/29/1953	Female	Lincoln	Nebraska	68516
4/1/1969	Male	Lincoln	Nebraska	68516
1/12/1958	Female	Lincoln	Nebraska	68516



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/13/1978	Female	Lincoln	Nebraska	68516
4/5/1954	Male	Lincoln	Nebraska	68516
8/4/1987	Female	Lincoln	Nebraska	68516
1/21/1955	Female	Lincoln	Nebraska	68516
3/7/1970	Male	Lincoln	Nebraska	68516
12/10/1968	Male	Lincoln	Nebraska	68516
4/3/1947	Female	Lincoln	Nebraska	68516
10/30/1964	Female	Lincoln	Nebraska	68516
8/3/1943	Male	Lincoln	Nebraska	68516
10/24/1951	Male	Lincoln	Nebraska	68516
6/26/1972	Male	Lincoln	Nebraska	68516
6/20/1972	Male	Lincoln	Nebraska	68516
11/3/1957	Male	Lincoln	Nebraska	68516
7/20/1993	Male	Lincoln	Nebraska	68516
6/12/1961	Male	Lincoln	Nebraska	68516
7/12/1964	Male	Lincoln	Nebraska	68516
5/18/1993	Male	Lincoln	Nebraska	68516
4/11/1956	Male	Lincoln	Nebraska	68516
3/18/1984	Male	Lincoln	Nebraska	68516
8/10/1960	Female	Lincoln	Nebraska	68516
10/10/1958	Female	Lincoln	Nebraska	68516
11/18/1959	Female	Lincoln	Nebraska	68516
3/18/1959	Female	Lincoln	Nebraska	68516
3/15/1956	Female	Lincoln	Nebraska	68516
9/19/1958	Female	Lincoln	Nebraska	68516
6/27/1953	Female	Lincoln	Nebraska	68516
10/8/1979	Female	Lincoln	Nebraska	68516
7/19/1968	Female	Lincoln	Nebraska	68516
9/14/1954	Female	Lincoln	Nebraska	68516
8/11/1955	Female	Lincoln	Nebraska	68516
4/9/1964	Male	Lincoln	Nebraska	68516
11/20/1989	Female	Lincoln	Nebraska	68516
12/6/1954	Female	Lincoln	Nebraska	68516
3/20/1957	Male	Lincoln	Nebraska	68516
1/26/1976	Male	Lincoln	Nebraska	68516
12/25/1957	Male	Lincoln	Nebraska	68516
12/20/1948	Male	Lincoln	Nebraska	68516
4/24/1955	Male	Lincoln	Nebraska	68516
4/7/1984	Male	Lincoln	Nebraska	68516
3/4/1977	Male	Lincoln	Nebraska	68516
7/22/1961	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/21/1990	Male	Lincoln	Nebraska	68516
4/27/1987	Female	Lincoln	Nebraska	68516
1/16/1975	Female	Lincoln	Nebraska	68516
12/7/1966	Male	Lincoln	Nebraska	68516
5/28/1961	Female	Lincoln	Nebraska	68516
1/6/1963	Male	Lincoln	Nebraska	68516
6/5/1974	Female	Lincoln	Nebraska	68516
6/29/1983	Male	Lincoln	Nebraska	68516
7/24/1955	Female	Lincoln	Nebraska	68516
11/10/1964	Male	Lincoln	Nebraska	68516
4/6/1954	Male	Lincoln	Nebraska	68516
1/20/1959	Female	Lincoln	Nebraska	68516
11/11/1963	Male	Lincoln	Nebraska	68516
6/18/1961	Male	Lincoln	Nebraska	68516
2/24/1945	Male	Lincoln	Nebraska	68516
4/29/1956	Female	Lincoln	Nebraska	68516
11/2/1960	Female	Lincoln	Nebraska	68516
3/28/1969	Female	Lincoln	Nebraska	68516
12/30/1954	Female	Lincoln	Nebraska	68516
8/27/1963	Male	Lincoln	Nebraska	68516
6/4/1960	Female	Lincoln	Nebraska	68516
11/16/1974	Male	Lincoln	Nebraska	68516
11/29/1955	Female	Lincoln	Nebraska	68516
6/9/1950	Female	Lincoln	Nebraska	68516
6/29/1958	Female	Lincoln	Nebraska	68516
12/15/1989	Female	Lincoln	Nebraska	68516
4/26/1971	Female	Lincoln	Nebraska	68516
7/5/1946	Female	Lincoln	Nebraska	68516
12/14/1969	Male	Lincoln	Nebraska	68516
7/11/1975	Female	Lincoln	Nebraska	68516
9/16/1953	Female	Lincoln	Nebraska	68516
7/31/1955	Female	Lincoln	Nebraska	68516
10/8/1952	Female	Lincoln	Nebraska	68516
10/30/1955	Male	Lincoln	Nebraska	68516
10/20/1963	Male	Lincoln	Nebraska	68516
1/8/1967	Female	Lincoln	Nebraska	68516
1/11/1963	Female	Lincoln	Nebraska	68516
5/22/1945	Male	Lincoln	Nebraska	68516
12/28/1956	Male	Lincoln	Nebraska	68516
4/8/1954	Male	Lincoln	Nebraska	68516
2/28/1965	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/29/1955	Male	Lincoln	Nebraska	68516
1/5/1964	Male	Lincoln	Nebraska	68516
1/18/1963	Male	Lincoln	Nebraska	68516
10/15/1955	Female	Lincoln	Nebraska	68516
8/7/1969	Male	Lincoln	Nebraska	68516
4/24/1963	Female	Lincoln	Nebraska	68516
9/23/1959	Male	Lincoln	Nebraska	68516
12/17/1977	Male	Lincoln	Nebraska	68516
4/14/1982	Female	Lincoln	Nebraska	68516
9/29/1972	Male	Lincoln	Nebraska	68516
1/12/1976	Female	Lincoln	Nebraska	68516
5/26/1983	Male	Lincoln	Nebraska	68516
10/4/1975	Female	Lincoln	Nebraska	68516
1/8/1967	Female	Lincoln	Nebraska	68516
7/12/1974	Male	Lincoln	Nebraska	68516
8/27/1986	Female	Lincoln	Nebraska	68516
1/23/1983	Male	Lincoln	Nebraska	68516
5/20/1965	Male	Lincoln	Nebraska	68516
8/14/1971	Female	Lincoln	Nebraska	68516
2/14/1989	Male	Lincoln	Nebraska	68516
1/16/1981	Female	Lincoln	Nebraska	68516
4/10/1972	Female	Lincoln	Nebraska	68516
5/31/1982	Female	Lincoln	Nebraska	68516
2/28/1973	Female	Lincoln	Nebraska	68516
6/20/1958	Male	Lincoln	Nebraska	68516
1/15/1963	Male	Lincoln	Nebraska	68516
9/22/1949	Male	Lincoln	Nebraska	68516
1/31/1956	Male	Lincoln	Nebraska	68516
4/22/1967	Male	Lincoln	Nebraska	68516
2/9/1959	Female	Lincoln	Nebraska	68516
9/3/1965	Male	Lincoln	Nebraska	68516
12/31/1958	Male	Lincoln	Nebraska	68516
4/5/1966	Male	Lincoln	Nebraska	68516
5/1/1956	Male	Lincoln	Nebraska	68516
9/19/1976	Male	Lincoln	Nebraska	68516
1/19/1979	Female	Lincoln	Nebraska	68516
2/11/1945	Male	Lincoln	Nebraska	68516
12/11/1948	Male	Lincoln	Nebraska	68516
11/20/1951	Male	Lincoln	Nebraska	68516
5/1/1949	Male	Lincoln	Nebraska	68516
9/14/1950	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/21/1953	Female	Lincoln	Nebraska	68516
10/30/1954	Female	Lincoln	Nebraska	68516
3/18/1956	Male	Lincoln	Nebraska	68516
8/7/1956	Male	Lincoln	Nebraska	68516
11/11/1960	Male	Lincoln	Nebraska	68516
6/9/1961	Male	Lincoln	Nebraska	68516
10/27/1958	Female	Lincoln	Nebraska	68516
7/1/1962	Male	Lincoln	Nebraska	68516
2/27/1963	Male	Lincoln	Nebraska	68516
8/29/1961	Male	Lincoln	Nebraska	68516
5/20/1959	Female	Lincoln	Nebraska	68516
8/18/1964	Male	Lincoln	Nebraska	68516
8/10/1972	Male	Lincoln	Nebraska	68516
12/19/1975	Male	Lincoln	Nebraska	68516
2/13/1957	Female	Lincoln	Nebraska	68516
10/13/1952	Male	Lincoln	Nebraska	68516
1/23/1959	Female	Lincoln	Nebraska	68516
3/2/1954	Male	Lincoln	Nebraska	68516
9/16/1953	Female	Lincoln	Nebraska	68516
12/16/1955	Male	Lincoln	Nebraska	68516
8/29/1950	Female	Lincoln	Nebraska	68516
8/10/1957	Male	Lincoln	Nebraska	68516
12/25/1958	Male	Lincoln	Nebraska	68516
1/2/1954	Male	Lincoln	Nebraska	68516
11/26/1962	Female	Lincoln	Nebraska	68516
7/28/1959	Female	Lincoln	Nebraska	68516
12/12/1961	Female	Lincoln	Nebraska	68516
1/25/1965	Male	Lincoln	Nebraska	68516
3/23/1959	Male	Lincoln	Nebraska	68516
11/3/1975	Male	Lincoln	Nebraska	68516
7/27/1945	Female	Lincoln	Nebraska	68516
7/9/1954	Male	Lincoln	Nebraska	68516
5/19/1954	Female	Lincoln	Nebraska	68516
3/16/1949	Male	Lincoln	Nebraska	68516
4/29/1952	Male	Lincoln	Nebraska	68516
11/27/1956	Male	Lincoln	Nebraska	68516
5/28/1951	Male	Lincoln	Nebraska	68516
4/21/1952	Male	Lincoln	Nebraska	68516
7/15/1957	Male	Lincoln	Nebraska	68516
8/26/1959	Female	Lincoln	Nebraska	68516
6/10/1954	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/17/1959	Female	Lincoln	Nebraska	68516
12/4/1958	Male	Lincoln	Nebraska	68516
4/16/1960	Male	Lincoln	Nebraska	68516
6/17/1960	Female	Lincoln	Nebraska	68516
5/23/1965	Male	Lincoln	Nebraska	68516
6/14/1958	Male	Lincoln	Nebraska	68516
7/5/1966	Male	Lincoln	Nebraska	68516
11/11/1972	Male	Lincoln	Nebraska	68516
12/8/1950	Male	Lincoln	Nebraska	68516
7/23/1954	Female	Lincoln	Nebraska	68516
11/4/1953	Male	Lincoln	Nebraska	68516
12/17/1954	Female	Lincoln	Nebraska	68516
12/20/1963	Female	Lincoln	Nebraska	68516
9/29/1965	Male	Lincoln	Nebraska	68516
12/5/1965	Male	Lincoln	Nebraska	68516
3/14/1972	Female	Lincoln	Nebraska	68516
2/27/1964	Female	Lincoln	Nebraska	68516
5/8/1954	Male	Lincoln	Nebraska	68516
1/16/1964	Female	Lincoln	Nebraska	68516
12/16/1964	Male	Lincoln	Nebraska	68516
7/11/1974	Male	Lincoln	Nebraska	68516
5/18/1970	Male	Lincoln	Nebraska	68516
11/19/1969	Female	Lincoln	Nebraska	68516
9/23/1974	Male	Lincoln	Nebraska	68516
9/19/1963	Male	Lincoln	Nebraska	68516
10/7/1948	Male	Lincoln	Nebraska	68516
12/22/1972	Male	Lincoln	Nebraska	68516
7/6/1981	Male	Lincoln	Nebraska	68516
8/7/1982	Male	Lincoln	Nebraska	68516
6/11/1979	Male	Lincoln	Nebraska	68516
3/22/1984	Male	Lincoln	Nebraska	68516
5/17/1962	Male	Lincoln	Nebraska	68516
2/13/1973	Female	Lincoln	Nebraska	68516
10/20/1980	Male	Lincoln	Nebraska	68516
10/27/1967	Male	Lincoln	Nebraska	68516
3/17/1982	Male	Lincoln	Nebraska	68516
5/7/1978	Male	Lincoln	Nebraska	68516
2/1/1965	Female	Lincoln	Nebraska	68516
10/2/1965	Female	Lincoln	Nebraska	68516
3/25/1985	Male	Lincoln	Nebraska	68516
3/8/1957	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/12/1983	Male	Lincoln	Nebraska	68516
9/4/1977	Female	Lincoln	Nebraska	68516
9/21/1982	Male	Lincoln	Nebraska	68516
7/9/1973	Male	Lincoln	Nebraska	68516
8/14/1977	Male	Lincoln	Nebraska	68516
9/21/1962	Male	Lincoln	Nebraska	68516
7/12/1971	Male	Lincoln	Nebraska	68516
7/25/1956	Male	Lincoln	Nebraska	68516
10/11/1971	Male	Lincoln	Nebraska	68516
5/31/1966	Female	Lincoln	Nebraska	68516
3/9/1956	Male	Lincoln	Nebraska	68516
10/10/1946	Female	Lincoln	Nebraska	68516
8/9/1981	Female	Lincoln	Nebraska	68516
1/23/1988	Female	Lincoln	Nebraska	68516
6/28/1973	Female	Lincoln	Nebraska	68516
2/19/1989	Female	Lincoln	Nebraska	68516
8/21/1976	Male	Lincoln	Nebraska	68516
2/3/1953	Female	Lincoln	Nebraska	68516
11/8/1982	Female	Lincoln	Nebraska	68516
5/19/1988	Male	Lincoln	Nebraska	68516
2/16/1990	Female	Lincoln	Nebraska	68516
3/29/1979	Male	Lincoln	Nebraska	68516
9/17/1991	Male	Lincoln	Nebraska	68516
9/16/1952	Female	Lincoln	Nebraska	68516
7/14/1988	Female	Lincoln	Nebraska	68516
1/24/1990	Male	Lincoln	Nebraska	68516
4/17/1965	Male	Lincoln	Nebraska	68516
10/10/1967	Male	Lincoln	Nebraska	68516
10/28/1992	Female	Lincoln	Nebraska	68516
6/2/1972	Male	Lincoln	Nebraska	68516
6/3/1956	Male	Lincoln	Nebraska	68516
2/13/1991	Male	Lincoln	Nebraska	68516
8/3/1958	Male	Lincoln	Nebraska	68516
10/4/1971	Male	Lincoln	Nebraska	68516
5/2/1988	Male	Lincoln	Nebraska	68516
9/25/1993	Female	Lincoln	Nebraska	68516
8/12/1992	Male	Lincoln	Nebraska	68516
11/25/1958	Female	Lincoln	Nebraska	68516
9/20/1991	Female	Lincoln	Nebraska	68516
2/12/1985	Male	Lincoln	Nebraska	68516
12/13/1953	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/15/1958	Female	Lincoln	Nebraska	68516
5/19/1987	Female	Lincoln	Nebraska	68516
5/20/1983	Female	Lincoln	Nebraska	68516
6/15/1987	Female	Lincoln	Nebraska	68516
5/16/1991	Male	Lincoln	Nebraska	68516
7/3/1947	Male	Lincoln	Nebraska	68516
2/19/1969	Female	Lincoln	Nebraska	68516
12/31/1968	Male	Lincoln	Nebraska	68516
9/11/1971	Male	Lincoln	Nebraska	68516
5/17/1976	Female	Lincoln	Nebraska	68516
5/6/1971	Male	Lincoln	Nebraska	68516
8/16/1967	Male	Lincoln	Nebraska	68516
11/30/1968	Male	Lincoln	Nebraska	68516
2/27/1968	Male	Lincoln	Nebraska	68516
3/29/1963	Male	Lincoln	Nebraska	68516
2/1/1963	Male	Lincoln	Nebraska	68516
7/3/1972	Male	Lincoln	Nebraska	68516
5/17/1962	Male	Lincoln	Nebraska	68516
6/13/1967	Male	Lincoln	Nebraska	68516
5/15/1962	Male	Lincoln	Nebraska	68516
1/31/1971	Male	Lincoln	Nebraska	68516
2/28/1969	Male	Lincoln	Nebraska	68516
4/29/1956	Male	Lincoln	Nebraska	68516
7/30/1969	Male	Lincoln	Nebraska	68516
9/9/1969	Male	Lincoln	Nebraska	68516
1/18/1955	Male	Lincoln	Nebraska	68516
2/3/1960	Male	Lincoln	Nebraska	68516
10/22/1956	Male	Lincoln	Nebraska	68516
1/25/1977	Male	Lincoln	Nebraska	68516
7/26/1974	Male	Lincoln	Nebraska	68516
4/10/1963	Female	Lincoln	Nebraska	68516
2/1/1979	Male	Lincoln	Nebraska	68516
7/10/1943	Female	Lincoln	Nebraska	68516
8/23/1978	Female	Lincoln	Nebraska	68516
7/22/1959	Female	Lincoln	Nebraska	68516
11/27/1981	Female	Lincoln	Nebraska	68516
8/7/1980	Male	Lincoln	Nebraska	68516
6/13/1979	Male	Lincoln	Nebraska	68516
7/23/1963	Male	Lincoln	Nebraska	68516
11/4/1978	Male	Lincoln	Nebraska	68516
9/25/1979	Female	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/15/1957	Male	Lincoln	Nebraska	68516
1/10/1969	Female	Lincoln	Nebraska	68516
5/17/1988	Female	Lincoln	Nebraska	68516
6/11/1982	Female	Lincoln	Nebraska	68516
6/12/1981	Female	Lincoln	Nebraska	68516
12/27/1964	Male	Lincoln	Nebraska	68516
6/21/1991	Female	Lincoln	Nebraska	68516
12/25/1990	Male	Lincoln	Nebraska	68516
11/5/1986	Male	Lincoln	Nebraska	68516
8/1/1958	Male	Lincoln	Nebraska	68516
3/6/1989	Female	Lincoln	Nebraska	68516
2/16/1976	Female	Lincoln	Nebraska	68516
3/23/1985	Female	Lincoln	Nebraska	68516
5/8/1989	Female	Lincoln	Nebraska	68516
1/11/1954	Male	Lincoln	Nebraska	68516
1/15/1980	Female	Lincoln	Nebraska	68516
12/15/1978	Male	Lincoln	Nebraska	68516
6/13/1985	Male	Lincoln	Nebraska	68516
10/21/1961	Male	Lincoln	Nebraska	68516
2/25/1970	Female	Lincoln	Nebraska	68516
8/12/1978	Male	Lincoln	Nebraska	68516
8/24/1986	Male	Lincoln	Nebraska	68516
7/11/1989	Male	Lincoln	Nebraska	68516
5/24/1974	Female	Lincoln	Nebraska	68516
1/9/1960	Female	Lincoln	Nebraska	68516
8/26/1952	Female	Lincoln	Nebraska	68516
1/15/1956	Female	Lincoln	Nebraska	68516
3/23/1976	Male	Lincoln	Nebraska	68516
6/23/1976	Male	Lincoln	Nebraska	68516
12/24/1945	Male	Lincoln	Nebraska	68516
11/9/1952	Female	Lincoln	Nebraska	68516
8/7/1957	Female	Lincoln	Nebraska	68516
5/27/1947	Female	Lincoln	Nebraska	68516
7/18/1955	Female	Lincoln	Nebraska	68516
2/4/1965	Female	Lincoln	Nebraska	68516
1/2/1976	Female	Lincoln	Nebraska	68516
1/5/1974	Female	Lincoln	Nebraska	68516
4/26/1961	Male	Lincoln	Nebraska	68516
6/17/1962	Female	Lincoln	Nebraska	68516
6/14/1954	Male	Lincoln	Nebraska	68516
11/30/1951	Male	Lincoln	Nebraska	68516



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/14/1966	Female	Lincoln	Nebraska	68516
4/21/1981	Female	Lincoln	Nebraska	68516
2/27/1979	Male	Lincoln	Nebraska	68516
7/15/1980	Female	Lincoln	Nebraska	68516
5/17/1971	Female	Lincoln	Nebraska	68516
3/26/1973	Male	Lincoln	Nebraska	68516
10/27/1968	Female	Lincoln	Nebraska	68516
5/12/1962	Male	Lincoln	Nebraska	68516
12/5/1955	Female	Lincoln	Nebraska	68516
11/8/1971	Male	Lincoln	Nebraska	68516
3/13/1970	Female	Lincoln	Nebraska	68516
3/8/1959	Female	Lincoln	Nebraska	68516
9/16/1983	Female	Lincoln	Nebraska	68516
5/2/1987	Female	Lincoln	Nebraska	68516
9/7/1958	Female	Lincoln	Nebraska	68516
8/24/1969	Female	Lincoln	Nebraska	68516
3/13/1985	Female	Lincoln	Nebraska	68516
10/13/1985	Female	Lincoln	Nebraska	68516
7/22/1982	Male	Lincoln	Nebraska	68516
2/19/1983	Female	Lincoln	Nebraska	68516
6/15/1989	Male	Lincoln	Nebraska	68516
7/15/1989	Male	Lincoln	Nebraska	68516
12/15/1956	Female	Lincoln	Nebraska	68516
4/15/1955	Female	Lincoln	Nebraska	68516
10/21/1985	Male	Lincoln	Nebraska	68516
8/1/1987	Male	Lincoln	Nebraska	68516
2/17/1992	Female	Lincoln	Nebraska	68516
2/26/1981	Male	Lincoln	Nebraska	68516
6/14/1970	Male	Lincoln	Nebraska	68516
7/20/1986	Female	Lincoln	Nebraska	68516
1/15/1974	Female	Lincoln	Nebraska	68516
1/28/1983	Female	Lincoln	Nebraska	68516
7/31/1980	Female	Lincoln	Nebraska	68516
2/1/1991	Male	Lincoln	Nebraska	68516
12/8/1990	Male	Lincoln	Nebraska	68516
12/3/1958	Female	Lincoln	Nebraska	68516
7/10/1972	Female	Lincoln	Nebraska	68516
4/20/1965	Male	Lincoln	Nebraska	68516
11/2/1953	Male	Lincoln	Nebraska	68516
5/20/1953	Female	Lincoln	Nebraska	68516
11/9/1951	Male	Lincoln	Nebraska	68516

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/20/1954	Female	Lincoln	Nebraska	68516
9/24/1951	Male	Lincoln	Nebraska	68516
5/17/1950	Female	Lincoln	Nebraska	68516
10/11/1966	Female	Lincoln	Nebraska	68516
10/10/1974	Female	Lincoln	Nebraska	68516
1/17/1985	Female	Lincoln	Nebraska	68516
1/5/1976	Male	Lincoln	Nebraska	68516
8/15/1968	Male	Lincoln	Nebraska	68517
8/4/1958	Male	Lincoln	Nebraska	68517
8/27/1993	Female	Lincoln	Nebraska	68517
10/31/1954	Female	Lincoln	Nebraska	68517
11/24/1964	Female	Lincoln	Nebraska	68517
8/2/1975	Female	Lincoln	Nebraska	68517
7/29/1957	Female	Lincoln	Nebraska	68517
4/2/1965	Male	Lincoln	Nebraska	68517
5/19/1969	Male	Lincoln	Nebraska	68517
4/1/1959	Male	Lincoln	Nebraska	68517
1/28/1967	Male	Lincoln	Nebraska	68517
11/20/1963	Female	Lincoln	Nebraska	68517
7/17/1956	Female	Lincoln	Nebraska	68517
11/21/1972	Male	Lincoln	Nebraska	68517
1/9/1959	Male	Lincoln	Nebraska	68520
10/10/1954	Female	Lincoln	Nebraska	68520
9/29/1953	Male	Lincoln	Nebraska	68520
10/9/1952	Female	Lincoln	Nebraska	68520
7/20/1977	Female	Lincoln	Nebraska	68520
8/30/1971	Male	Lincoln	Nebraska	68520
10/25/1981	Female	Lincoln	Nebraska	68520
12/5/1978	Female	Lincoln	Nebraska	68520
9/8/1955	Male	Lincoln	Nebraska	68520
7/27/1952	Male	Lincoln	Nebraska	68520
5/3/1954	Male	Lincoln	Nebraska	68520
10/6/1954	Female	Lincoln	Nebraska	68520
2/16/1968	Male	Lincoln	Nebraska	68520
5/16/1986	Male	Lincoln	Nebraska	68520
10/22/1984	Female	Lincoln	Nebraska	68520
12/9/1983	Male	Lincoln	Nebraska	68520
5/1/1970	Male	Lincoln	Nebraska	68520
9/27/1983	Male	Lincoln	Nebraska	68520
9/27/1956	Male	Lincoln	Nebraska	68521
8/12/1968	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/13/1974	Female	Lincoln	Nebraska	68521
3/12/1945	Female	Lincoln	Nebraska	68521
4/1/1947	Male	Lincoln	Nebraska	68521
9/8/1951	Female	Lincoln	Nebraska	68521
1/8/1966	Male	Lincoln	Nebraska	68521
2/21/1956	Male	Lincoln	Nebraska	68521
12/10/1955	Female	Lincoln	Nebraska	68521
1/15/1967	Male	Lincoln	Nebraska	68521
9/23/1980	Male	Lincoln	Nebraska	68521
11/5/1965	Male	Lincoln	Nebraska	68521
12/6/1959	Female	Lincoln	Nebraska	68521
3/30/1947	Female	Lincoln	Nebraska	68521
9/10/1957	Male	Lincoln	Nebraska	68521
10/1/1964	Female	Lincoln	Nebraska	68521
11/1/1962	Female	Lincoln	Nebraska	68521
8/24/1962	Male	Lincoln	Nebraska	68521
12/4/1969	Male	Lincoln	Nebraska	68521
2/10/1961	Male	Lincoln	Nebraska	68521
3/8/1963	Male	Lincoln	Nebraska	68521
12/20/1974	Male	Lincoln	Nebraska	68521
2/7/1953	Male	Lincoln	Nebraska	68521
6/4/1971	Female	Lincoln	Nebraska	68521
4/16/1960	Male	Lincoln	Nebraska	68521
5/2/1937	Male	Lincoln	Nebraska	68521
7/31/1976	Female	Lincoln	Nebraska	68521
11/22/1942	Male	Lincoln	Nebraska	68521
2/10/1980	Female	Lincoln	Nebraska	68521
1/10/1981	Female	Lincoln	Nebraska	68521
11/16/1986	Male	Lincoln	Nebraska	68521
9/24/1970	Male	Lincoln	Nebraska	68521
10/7/1960	Female	Lincoln	Nebraska	68521
5/25/1993	Male	Lincoln	Nebraska	68521
5/24/1994	Female	Lincoln	Nebraska	68521
12/15/1970	Male	Lincoln	Nebraska	68521
10/11/1960	Male	Lincoln	Nebraska	68521
10/9/1958	Female	Lincoln	Nebraska	68521
9/6/1982	Female	Lincoln	Nebraska	68521
8/13/1985	Female	Lincoln	Nebraska	68521
11/2/1957	Female	Lincoln	Nebraska	68521
10/20/1977	Male	Lincoln	Nebraska	68521
3/1/1977	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/10/1994	Male	Lincoln	Nebraska	68521
4/2/1991	Male	Lincoln	Nebraska	68521
2/20/1977	Female	Lincoln	Nebraska	68521
4/20/1996	Female	Lincoln	Nebraska	68521
4/15/1957	Male	Lincoln	Nebraska	68521
10/7/1956	Male	Lincoln	Nebraska	68521
4/24/1948	Female	Lincoln	Nebraska	68521
4/15/1952	Male	Lincoln	Nebraska	68521
2/28/1960	Male	Lincoln	Nebraska	68521
12/17/1980	Female	Lincoln	Nebraska	68521
10/22/1959	Female	Lincoln	Nebraska	68521
6/9/1987	Female	Lincoln	Nebraska	68521
11/26/1966	Female	Lincoln	Nebraska	68521
12/20/1988	Male	Lincoln	Nebraska	68521
4/1/1972	Male	Lincoln	Nebraska	68521
1/20/1973	Male	Lincoln	Nebraska	68521
4/18/1954	Male	Lincoln	Nebraska	68521
8/26/1988	Female	Lincoln	Nebraska	68521
10/2/1985	Male	Lincoln	Nebraska	68521
12/13/1965	Female	Lincoln	Nebraska	68521
8/17/1952	Male	Lincoln	Nebraska	68521
11/5/1947	Male	Lincoln	Nebraska	68521
9/17/1974	Male	Lincoln	Nebraska	68521
2/23/1975	Male	Lincoln	Nebraska	68521
8/21/1962	Female	Lincoln	Nebraska	68521
5/24/1983	Female	LINCOLN	Nebraska	68521
12/25/1963	Male	Lincoln	Nebraska	68521
12/12/1953	Male	Lincoln	Nebraska	68521
1/27/1947	Female	Lincoln	Nebraska	68521
2/28/1974	Male	Lincoln	Nebraska	68521
1/6/1964	Male	Lincoln	Nebraska	68521
8/12/1954	Female	Lincoln	Nebraska	68521
3/28/1978	Female	Lincoln	Nebraska	68521
12/24/1953	Male	Lincoln	Nebraska	68521
9/7/1950	Male	Lincoln	Nebraska	68521
3/26/1958	Female	Lincoln	Nebraska	68521
9/20/1973	Male	Lincoln	Nebraska	68521
3/21/1958	Female	Lincoln	Nebraska	68521
10/3/1962	Male	Lincoln	Nebraska	68521
4/18/1961	Female	lincoln	Nebraska	68521
2/10/1962	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/13/1962	Male	Lincoln	Nebraska	68521
9/24/1970	Male	Lincoln	Nebraska	68521
10/20/1979	Female	Lincoln	Nebraska	68521
4/29/1951	Female	Lincoln	Nebraska	68521
3/9/1951	Female	Lincoln	Nebraska	68521
1/26/1959	Male	Lincoln	Nebraska	68521
9/23/1972	Male	Lincoln	Nebraska	68521
11/1/1961	Male	Lincoln	Nebraska	68521
11/16/1966	Female	Lincoln	Nebraska	68521
12/20/1974	Male	Lincoln	Nebraska	68521
12/18/1967	Male	Lincoln	Nebraska	68521
10/23/1972	Male	Lincoln	Nebraska	68521
11/16/1967	Female	Lincoln	Nebraska	68521
6/16/1963	Female	Lincoln	Nebraska	68521
11/6/1966	Male	Lincoln	Nebraska	68521
1/31/1955	Male	Lincoln	Nebraska	68521
1/14/1963	Male	Lincoln	Nebraska	68521
5/7/1978	Male	Lincoln	Nebraska	68521
6/3/1983	Male	Lincoln	Nebraska	68521
11/21/1975	Male	Lincoln	Nebraska	68521
10/9/1965	Female	Lincoln	Nebraska	68521
11/3/1947	Female	Lincoln	Nebraska	68521
10/20/1984	Female	Lincoln	Nebraska	68521
11/4/1952	Female	Lincoln	Nebraska	68521
1/13/1984	Male	Lincoln	Nebraska	68521
9/17/1974	Female	Lincoln	Nebraska	68521
2/7/1983	Male	Lincoln	Nebraska	68521
2/13/1970	Male	Lincoln	Nebraska	68521
12/31/1946	Male	Lincoln	Nebraska	68521
9/13/1986	Male	Lincoln	Nebraska	68521
4/3/1963	Female	Lincoln	Nebraska	68521
6/8/1985	Female	Lincoln	Nebraska	68521
1/5/1990	Male	Lincoln	Nebraska	68521
10/6/1961	Female	Lincoln	Nebraska	68521
5/25/1986	Male	Lincoln	Nebraska	68521
8/12/1986	Male	Lincoln	Nebraska	68521
8/20/1974	Female	Lincoln	Nebraska	68521
9/20/1956	Male	Lincoln	Nebraska	68521
8/15/1975	Male	Lincoln	Nebraska	68521
2/2/1991	Male	Lincoln	Nebraska	68521
4/13/1983	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/20/1972	Male	Lincoln	Nebraska	68521
5/2/1972	Male	Lincoln	Nebraska	68521
2/26/1990	Male	Lincoln	Nebraska	68521
1/13/1990	Male	Lincoln	Nebraska	68521
5/31/1984	Male	Lincoln	Nebraska	68521
1/16/1989	Male	Lincoln	Nebraska	68521
8/18/1992	Male	Lincoln	Nebraska	68521
3/11/1989	Male	Lincoln	Nebraska	68521
3/10/1989	Male	Lincoln	Nebraska	68521
7/12/1991	Female	Lincoln	Nebraska	68521
12/4/1953	Female	Lincoln	Nebraska	68521
2/11/1991	Female	LINCOLN	Nebraska	68521
6/1/1967	Female	Lincoln	Nebraska	68521
9/11/1969	Male	Lincoln	Nebraska	68521
6/25/1961	Female	Lincoln	Nebraska	68521
1/6/1994	Female	Lincoln	Nebraska	68521
11/1/1992	Male	Lincoln	Nebraska	68521
10/19/1989	Male	Lincoln	Nebraska	68521
9/14/1985	Male	Lincoln	Nebraska	68521
7/27/1981	Female	Lincoln	Nebraska	68521
9/10/1974	Female	Lincoln	Nebraska	68521
5/11/1991	Male	Lincoln	Nebraska	68521
3/26/1990	Male	Lincoln	Nebraska	68521
9/22/1993	Male	Lincoln	Nebraska	68521
9/14/1995	Female	Lincoln	Nebraska	68521
11/7/1961	Male	Lincoln	Nebraska	68521
4/14/1992	Male	Lincoln	Nebraska	68521
10/7/1986	Male	Lincoln	Nebraska	68521
2/21/1993	Male	Lincoln	Nebraska	68521
1/1/1984	Male	Lincoln	Nebraska	68521
4/22/1992	Female	Lincoln	Nebraska	68521
5/17/1983	Female	Lincoln	Nebraska	68521
9/22/1994	Male	Lincoln	Nebraska	68521
9/15/1985	Female	Lincoln	Nebraska	68521
3/26/1997	Female	Lincoln	Nebraska	68521
10/14/1974	Female	Lincoln	Nebraska	68521
3/12/1992	Male	Lincoln	Nebraska	68521
12/17/1990	Male	Lincoln	Nebraska	68521
9/7/1981	Male	Lincoln	Nebraska	68521
10/24/1985	Female	Lincoln	Nebraska	68521
2/28/1976	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/9/1988	Female	Lincoln	Nebraska	68521
2/4/1989	Male	Lincoln	Nebraska	68521
12/29/1995	Female	Lincoln	Nebraska	68521
3/13/1980	Male	LINCOLN	Nebraska	68521
5/21/1996	Male	Lincoln	Nebraska	68521
8/30/1985	Female	Lincoln	Nebraska	68521
10/30/1991	Male	Lincoln	Nebraska	68521
12/11/1955	Female	Lincoln	Nebraska	68521
12/20/1992	Male	Lincoln	Nebraska	68521
1/2/1990	Female	Lincoln	Nebraska	68521
12/13/1985	Female	Lincoln	Nebraska	68521
1/29/1994	Female	Lincoln	Nebraska	68521
8/14/1990	Female	Lincoln	Nebraska	68521
8/15/1995	Male	Lincoln	Nebraska	68521
11/20/1965	Female	Lincoln	Nebraska	68521
1/15/1988	Male	Lincoln	Nebraska	68521
9/21/1994	Male	Lincoln	Nebraska	68521
10/27/1992	Male	Lincoln	Nebraska	68521
9/12/1983	Female	Lincoln	Nebraska	68521
5/1/1991	Female	Lincoln	Nebraska	68521
8/8/1988	Female	Lincoln	Nebraska	68521
10/29/1949	Female	Lincoln	Nebraska	68521
10/22/1985	Female	Lincoln	Nebraska	68521
10/14/1965	Female	Lincoln	Nebraska	68521
10/12/1956	Male	Lincoln	Nebraska	68521
6/14/1967	Female	Lincoln	Nebraska	68521
9/14/1973	Female	Lincoln	Nebraska	68521
4/15/1976	Male	Lincoln	Nebraska	68521
4/27/1977	Female	Lincoln	Nebraska	68521
4/11/1985	Male	Lincoln	Nebraska	68521
1/8/1961	Female	Lincoln	Nebraska	68521
9/18/1960	Female	Lincoln	Nebraska	68521
12/2/1970	Male	Lincoln	Nebraska	68521
1/21/1955	Male	Lincoln	Nebraska	68521
8/29/1965	Female	Lincoln	Nebraska	68521
1/15/1976	Female	Lincoln	Nebraska	68521
10/6/1948	Male	Lincoln	Nebraska	68521
1/31/1966	Male	Lincoln	Nebraska	68521
4/14/1953	Male	Lincoln	Nebraska	68521
11/11/1965	Female	Lincoln	Nebraska	68521
9/18/1969	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/28/1949	Female	Lincoln	Nebraska	68521
3/12/1968	Female	Lincoln	Nebraska	68521
11/13/1959	Female	Lincoln	Nebraska	68521
7/3/1957	Female	Lincoln	Nebraska	68521
8/3/1960	Female	Lincoln	Nebraska	68521
10/17/1966	Female	Lincoln	Nebraska	68521
1/14/1973	Female	Lincoln	Nebraska	68521
1/7/1978	Male	Lincoln	Nebraska	68521
5/2/1976	Male	Lincoln	Nebraska	68521
4/17/1951	Male	Lincoln	Nebraska	68521
6/13/1959	Female	Lincoln	Nebraska	68521
12/14/1977	Female	Lincoln	Nebraska	68521
8/22/1973	Female	Lincoln	Nebraska	68521
10/29/1971	Male	Lincoln	Nebraska	68521
3/16/1984	Female	Lincoln	Nebraska	68521
8/4/1977	Female	Lincoln	Nebraska	68521
12/28/1977	Female	Lincoln	Nebraska	68521
7/31/1978	Female	Lincoln	Nebraska	68521
9/17/1975	Female	Lincoln	Nebraska	68521
12/26/1949	Male	Lincoln	Nebraska	68521
9/3/1948	Male	Lincoln	Nebraska	68521
3/27/1957	Male	Lincoln	Nebraska	68521
10/20/1961	Female	Lincoln	Nebraska	68521
12/6/1955	Female	Lincoln	Nebraska	68521
7/22/1955	Female	Lincoln	Nebraska	68521
7/29/1982	Male	Lincoln	Nebraska	68521
1/24/1982	Male	Lincoln	Nebraska	68521
6/29/1978	Male	Lincoln	Nebraska	68521
3/19/1961	Female	Lincoln	Nebraska	68521
11/23/1954	Female	Lincoln	Nebraska	68521
1/14/1952	Male	Lincoln	Nebraska	68521
3/8/1961	Male	Lincoln	Nebraska	68521
5/17/1962	Female	Lincoln	Nebraska	68521
11/18/1959	Female	Lincoln	Nebraska	68521
6/24/1961	Male	Lincoln	Nebraska	68521
10/22/1955	Female	Lincoln	Nebraska	68521
12/14/1963	Male	Lincoln	Nebraska	68521
2/18/1955	Male	Lincoln	Nebraska	68521
9/29/1972	Female	Lincoln	Nebraska	68521
10/18/1965	Male	Lincoln	Nebraska	68521
7/21/1964	Male	Lincoln	Nebraska	68521



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/1/1970	Male	Lincoln	Nebraska	68521
8/12/1967	Male	Lincoln	Nebraska	68521
7/6/1985	Male	Lincoln	Nebraska	68521
3/20/1989	Male	Lincoln	Nebraska	68521
1/31/1986	Male	Lincoln	Nebraska	68521
8/23/1970	Male	Lincoln	Nebraska	68521
4/28/1979	Female	Lincoln	Nebraska	68521
10/15/1976	Female	Lincoln	Nebraska	68521
10/19/1965	Male	Lincoln	Nebraska	68521
11/11/1968	Female	Lincoln	Nebraska	68521
5/19/1965	Female	Lincoln	Nebraska	68521
1/14/1957	Male	Lincoln	Nebraska	68521
5/14/1961	Female	Lincoln	Nebraska	68521
8/15/1960	Male	Lincoln	Nebraska	68521
11/4/1969	Male	Lincoln	Nebraska	68521
3/3/1955	Male	Lincoln	Nebraska	68521
2/8/1973	Male	Lincoln	Nebraska	68521
8/11/1950	Female	Lincoln	Nebraska	68521
12/8/1964	Female	Lincoln	Nebraska	68521
10/18/1979	Female	Lincoln	Nebraska	68521
5/22/1973	Female	Lincoln	Nebraska	68521
6/14/1953	Female	Lincoln	Nebraska	68521
12/28/1967	Male	Lincoln	Nebraska	68521
2/12/1969	Female	Lincoln	Nebraska	68521
2/27/1952	Male	Lincoln	Nebraska	68521
8/19/1957	Male	Lincoln	Nebraska	68521
9/12/1978	Male	Lincoln	Nebraska	68521
4/22/1950	Female	Lincoln	Nebraska	68521
1/18/1978	Male	Lincoln	Nebraska	68521
3/24/1961	Male	Lincoln	Nebraska	68521
6/24/1985	Male	Lincoln	Nebraska	68521
5/21/1986	Male	Lincoln	Nebraska	68521
2/20/1988	Male	Lincoln	Nebraska	68521
12/30/1989	Male	Lincoln	Nebraska	68521
6/1/1982	Male	Lincoln	Nebraska	68521
5/18/1990	Male	Lincoln	Nebraska	68521
10/28/1989	Female	Lincoln	Nebraska	68521
7/10/1955	Male	Lincoln	Nebraska	68521
5/17/1992	Male	Lincoln	Nebraska	68521
9/22/1994	Male	Lincoln	Nebraska	68521
3/8/1996	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/13/1987	Male	Lincoln	Nebraska	68521
8/27/1991	Female	Lincoln	Nebraska	68521
12/1/1979	Male	Lincoln	Nebraska	68521
4/19/1962	Female	Lincoln	Nebraska	68521
4/17/1963	Male	Lincoln	Nebraska	68521
1/11/1962	Male	Lincoln	Nebraska	68521
4/15/1975	Female	Lincoln	Nebraska	68521
7/4/1957	Female	Lincoln	Nebraska	68521
3/5/1955	Female	Lincoln	Nebraska	68521
1/23/1975	Female	Lincoln	Nebraska	68521
3/3/1957	Female	Lincoln	Nebraska	68521
8/8/1978	Female	Lincoln	Nebraska	68521
10/8/1943	Female	Lincoln	Nebraska	68521
3/23/1948	Male	Lincoln	Nebraska	68521
3/30/1953	Male	Lincoln	Nebraska	68521
10/5/1953	Female	Lincoln	Nebraska	68521
6/19/1954	Female	Lincoln	Nebraska	68521
8/18/1959	Female	Lincoln	Nebraska	68521
5/6/1968	Male	Lincoln	Nebraska	68521
2/2/1953	Female	Lincoln	Nebraska	68521
1/13/1956	Female	Lincoln	Nebraska	68521
9/24/1965	Female	Lincoln	Nebraska	68521
6/29/1964	Female	Lincoln	Nebraska	68521
2/17/1965	Female	Lincoln	Nebraska	68521
8/18/1960	Female	Lincoln	Nebraska	68521
11/4/1964	Male	Lincoln	Nebraska	68521
12/16/1963	Female	Lincoln	Nebraska	68521
10/3/1968	Male	Lincoln	Nebraska	68521
10/14/1964	Female	Lincoln	Nebraska	68521
4/8/1972	Female	Lincoln	Nebraska	68521
12/21/1946	Female	Lincoln	Nebraska	68521
8/6/1947	Female	Lincoln	Nebraska	68521
10/23/1951	Female	Lincoln	Nebraska	68521
3/7/1950	Female	Lincoln	Nebraska	68521
8/10/1956	Female	Lincoln	Nebraska	68521
5/15/1954	Female	Lincoln	Nebraska	68521
10/30/1956	Female	Lincoln	Nebraska	68521
7/19/1960	Female	Lincoln	Nebraska	68521
5/15/1969	Female	Lincoln	Nebraska	68521
12/9/1967	Female	Lincoln	Nebraska	68521
9/21/1974	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/20/1972	Female	Lincoln	Nebraska	68521
6/25/1963	Female	Lincoln	Nebraska	68521
12/28/1957	Female	Lincoln	Nebraska	68521
3/12/1962	Female	Lincoln	Nebraska	68521
4/30/1960	Female	Lincoln	Nebraska	68521
5/6/1959	Male	Lincoln	Nebraska	68521
12/10/1956	Male	Lincoln	Nebraska	68521
12/11/1958	Female	Lincoln	Nebraska	68521
5/26/1962	Female	Lincoln	Nebraska	68521
5/22/1950	Female	Lincoln	Nebraska	68521
8/8/1956	Male	Lincoln	Nebraska	68521
1/28/1967	Female	Lincoln	Nebraska	68521
2/11/1958	Female	Lincoln	Nebraska	68521
12/27/1963	Male	Lincoln	Nebraska	68521
11/17/1966	Female	Lincoln	Nebraska	68521
11/22/1976	Male	Lincoln	Nebraska	68521
2/1/1978	Female	Lincoln	Nebraska	68521
1/24/1968	Female	Lincoln	Nebraska	68521
12/9/1980	Female	Lincoln	Nebraska	68521
2/20/1975	Female	Lincoln	Nebraska	68521
7/10/1964	Female	Lincoln	Nebraska	68521
6/16/1970	Female	Lincoln	Nebraska	68521
8/30/1952	Female	Lincoln	Nebraska	68521
5/15/1957	Female	Lincoln	Nebraska	68521
11/9/1973	Female	Lincoln	Nebraska	68521
3/6/1981	Female	Lincoln	Nebraska	68521
10/28/1949	Female	Lincoln	Nebraska	68521
3/8/1950	Male	Lincoln	Nebraska	68521
2/10/1956	Female	Lincoln	Nebraska	68521
7/4/1980	Female	Lincoln	Nebraska	68521
10/9/1969	Female	Lincoln	Nebraska	68521
11/16/1983	Female	Lincoln	Nebraska	68521
3/4/1976	Female	Lincoln	Nebraska	68521
10/17/1951	Male	Lincoln	Nebraska	68521
4/8/1983	Female	Lincoln	Nebraska	68521
11/1/1983	Female	Lincoln	Nebraska	68521
3/27/1943	Female	Lincoln	Nebraska	68521
8/14/1979	Female	Lincoln	Nebraska	68521
7/17/1968	Female	Lincoln	Nebraska	68521
12/16/1980	Female	Lincoln	Nebraska	68521
1/31/1988	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/3/1967	Female	Lincoln	Nebraska	68521
8/23/1958	Female	Lincoln	Nebraska	68521
5/22/1979	Female	Lincoln	Nebraska	68521
3/2/1975	Male	Lincoln	Nebraska	68521
1/20/1958	Female	Lincoln	Nebraska	68521
1/23/1985	Female	Lincoln	Nebraska	68521
11/14/1985	Female	Lincoln	Nebraska	68521
7/10/1981	Male	Lincoln	Nebraska	68521
5/27/1981	Female	Lincoln	Nebraska	68521
10/3/1960	Female	Lincoln	Nebraska	68521
10/21/1982	Female	Lincoln	Nebraska	68521
3/12/1982	Female	Lincoln	Nebraska	68521
11/6/1985	Male	Lincoln	Nebraska	68521
5/11/1976	Female	Lincoln	Nebraska	68521
1/19/1985	Male	Lincoln	Nebraska	68521
9/7/1972	Female	Lincoln	Nebraska	68521
12/30/1987	Male	Lincoln	Nebraska	68521
12/14/1972	Female	Lincoln	Nebraska	68521
5/27/1984	Female	Lincoln	Nebraska	68521
7/23/1967	Female	Lincoln	Nebraska	68521
5/28/1983	Female	Lincoln	Nebraska	68521
10/6/1968	Female	Lincoln	Nebraska	68521
4/18/1976	Male	Lincoln	Nebraska	68521
7/8/1984	Male	Lincoln	Nebraska	68521
6/15/1991	Female	Lincoln	Nebraska	68521
1/8/1988	Female	Lincoln	Nebraska	68521
1/1/1961	Male	Lincoln	Nebraska	68521
11/21/1990	Female	Lincoln	Nebraska	68521
11/29/1954	Male	Lincoln	Nebraska	68521
7/9/1964	Male	Lincoln	Nebraska	68521
7/11/1973	Female	Lincoln	Nebraska	68521
4/1/1981	Female	Lincoln	Nebraska	68521
5/27/1987	Female	Lincoln	Nebraska	68521
7/13/1990	Female	Lincoln	Nebraska	68521
6/29/1981	Male	Lincoln	Nebraska	68521
12/26/1985	Female	Lincoln	Nebraska	68521
6/15/1985	Female	Lincoln	Nebraska	68521
5/30/1970	Female	Lincoln	Nebraska	68521
4/18/1975	Female	Lincoln	Nebraska	68521
7/12/1971	Male	Lincoln	Nebraska	68521
12/19/1960	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/23/1968	Male	Lincoln	Nebraska	68521
1/9/1963	Male	Lincoln	Nebraska	68521
1/24/1958	Female	Lincoln	Nebraska	68521
7/15/1975	Male	Lincoln	Nebraska	68521
4/11/1970	Female	Lincoln	Nebraska	68521
9/17/1982	Female	Lincoln	Nebraska	68521
1/30/1968	Male	Lincoln	Nebraska	68521
4/4/1957	Female	Council Bluffs	Nebraska	68521
10/6/1988	Female	Lincoln	Nebraska	68521
5/19/1992	Female	Lincoln	Nebraska	68521
1/14/1993	Female	Lincoln	Nebraska	68521
1/27/1978	Male	Lincoln	Nebraska	68521
6/28/1983	Male	Lincoln	Nebraska	68521
8/26/1983	Female	Lincoln	Nebraska	68521
10/2/1991	Female	Lincoln	Nebraska	68521
9/24/1971	Female	Lincoln	Nebraska	68521
7/4/1962	Female	Lincoln	Nebraska	68521
5/27/1980	Female	Lincoln	Nebraska	68521
4/16/1958	Female	Lincoln	Nebraska	68521
11/14/1978	Female	Lincoln	Nebraska	68521
8/17/1986	Male	Lincoln	Nebraska	68521
9/10/1987	Male	Lincoln	Nebraska	68521
2/10/1984	Female	Lincoln	Nebraska	68521
1/22/1964	Female	Lincoln	Nebraska	68521
5/13/1985	Female	Lincoln	Nebraska	68521
7/8/1974	Female	Lincoln	Nebraska	68521
2/24/1987	Female	Lincoln	Nebraska	68521
5/7/1985	Male	Lincoln	Nebraska	68521
4/30/1960	Female	Lincoln	Nebraska	68521
7/12/1972	Male	Lincoln	Nebraska	68521
10/11/1991	Female	Lincoln	Nebraska	68521
10/18/1989	Female	Lincoln	Nebraska	68521
3/15/1984	Female	Lincoln	Nebraska	68521
10/21/1981	Female	Lincoln	Nebraska	68521
11/3/1982	Female	Lincoln	Nebraska	68521
4/19/1992	Male	Lincoln	Nebraska	68521
6/19/1988	Female	Lincoln	Nebraska	68521
3/14/1990	Female	Lincoln	Nebraska	68521
4/7/1980	Male	Lincoln	Nebraska	68521
9/4/1992	Female	Lincoln	Nebraska	68521
9/28/1989	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/16/1970	Male	Lincoln	Nebraska	68521
3/20/1992	Male	Lincoln	Nebraska	68521
10/15/1967	Female	Lincoln	Nebraska	68521
5/12/1983	Male	Lincoln	Nebraska	68521
3/12/1982	Male	Lincoln	Nebraska	68521
1/20/1962	Female	Lincoln	Nebraska	68521
4/23/1990	Female	Lincoln	Nebraska	68521
7/16/1984	Female	Lincoln	Nebraska	68521
3/29/1983	Female	Lincoln	Nebraska	68521
11/27/1976	Female	Lincoln	Nebraska	68521
3/27/1965	Male	Lincoln	Nebraska	68521
6/27/1959	Female	Lincoln	Nebraska	68521
7/13/1964	Female	Lincoln	Nebraska	68521
10/11/1954	Female	Lincoln	Nebraska	68521
7/12/1974	Female	Lincoln	Nebraska	68521
8/28/1986	Female	Lincoln	Nebraska	68521
3/30/1972	Male	Lincoln	Nebraska	68521
9/22/1986	Female	Lincoln	Nebraska	68521
9/3/1976	Female	Lincoln	Nebraska	68521
2/11/1972	Female	Lincoln	Nebraska	68521
6/23/1951	Female	Lincoln	Nebraska	68521
3/27/1961	Male	Lincoln	Nebraska	68521
5/29/1957	Female	Lincoln	Nebraska	68521
10/20/1956	Female	Lincoln	Nebraska	68521
5/4/1955	Female	Lincoln	Nebraska	68521
10/19/1958	Female	Lincoln	Nebraska	68521
2/5/1954	Male	Lincoln	Nebraska	68521
7/4/1963	Male	Lincoln	Nebraska	68521
4/9/1952	Male	Lincoln	Nebraska	68521
10/16/1967	Female	Lincoln	Nebraska	68521
2/20/1979	Female	Lincoln	Nebraska	68521
5/31/1982	Female	Lincoln	Nebraska	68521
3/30/1978	Male	Lincoln	Nebraska	68521
10/13/1970	Male	Lincoln	Nebraska	68521
3/24/1982	Female	Lincoln	Nebraska	68521
8/14/1951	Male	Lincoln	Nebraska	68521
3/31/1985	Female	Lincoln	Nebraska	68521
3/22/1982	Female	Lincoln	Nebraska	68521
6/26/1992	Female	Lincoln	Nebraska	68521
6/11/1962	Male	Lincoln	Nebraska	68521
10/31/1982	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/4/1956	Male	Lincoln	Nebraska	68521
12/8/1969	Male	Lincoln	Nebraska	68521
9/19/1978	Female	Lincoln	Nebraska	68521
4/12/1989	Female	Lincoln	Nebraska	68521
8/11/1982	Male	Lincoln	Nebraska	68521
10/7/1989	Female	Lincoln	Nebraska	68521
12/3/1989	Female	Lincoln	Nebraska	68521
11/21/1991	Female	Lincoln	Nebraska	68521
6/21/1983	Male	Lincoln	Nebraska	68521
12/4/1992	Female	Lincoln	Nebraska	68521
1/24/1992	Female	Lincoln	Nebraska	68521
8/12/1983	Female	Lincoln	Nebraska	68521
3/7/1968	Male	Lincoln	Nebraska	68521
4/29/1961	Female	Lincoln	Nebraska	68521
5/21/1955	Female	Lincoln	Nebraska	68521
6/9/1961	Female	Lincoln	Nebraska	68521
2/1/1977	Male	Lincoln	Nebraska	68521
12/7/1985	Female	Lincoln	Nebraska	68521
6/23/1978	Male	LINCOLN	Nebraska	68521
3/13/1974	Female	Lincoln	Nebraska	68521
9/5/1989	Male	LINCOLN	Nebraska	68521
11/6/1983	Female	Lincoln	Nebraska	68521
9/23/1991	Female	Lincoln	Nebraska	68521
6/9/1972	Female	Lincoln	Nebraska	68521
8/5/1949	Female	Lincoln	Nebraska	68521
10/7/1994	Male	Lincoln	Nebraska	68521
3/2/1962	Female	Lincoln	Nebraska	68521
5/18/1971	Female	Lincoln	Nebraska	68521
11/2/1972	Male	Lincoln	Nebraska	68521
12/6/1952	Male	Lincoln	Nebraska	68521
11/18/1950	Female	Lincoln	Nebraska	68521
2/2/1956	Male	Lincoln	Nebraska	68521
9/6/1959	Male	Lincoln	Nebraska	68521
10/22/1949	Male	Lincoln	Nebraska	68521
9/16/1953	Male	Lincoln	Nebraska	68521
12/4/1967	Male	Lincoln	Nebraska	68521
2/20/1963	Female	Lincoln	Nebraska	68521
7/7/1962	Male	Lincoln	Nebraska	68521
8/26/1960	Female	Lincoln	Nebraska	68521
4/11/1964	Male	Lincoln	Nebraska	68521
12/3/1967	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/19/1951	Female	Lincoln	Nebraska	68521
3/18/1965	Male	Lincoln	Nebraska	68521
11/10/1962	Female	Lincoln	Nebraska	68521
8/9/1988	Female	Lincoln	Nebraska	68521
7/27/1955	Male	Lincoln	Nebraska	68521
2/16/1956	Male	Lincoln	Nebraska	68521
11/21/1985	Male	Lincoln	Nebraska	68521
1/22/1978	Male	Lincoln	Nebraska	68521
5/13/1950	Male	Lincoln	Nebraska	68521
2/9/1970	Female	Lincoln	Nebraska	68521
12/11/1956	Male	Lincoln	Nebraska	68521
7/18/1960	Female	Lincoln	Nebraska	68521
11/12/1953	Female	Lincoln	Nebraska	68521
2/22/1961	Male	Lincoln	Nebraska	68521
12/3/1960	Female	Lincoln	Nebraska	68521
3/16/1953	Male	Lincoln	Nebraska	68521
1/29/1971	Female	Lincoln	Nebraska	68521
2/4/1991	Male	Lincoln	Nebraska	68521
6/6/1953	Female	Lincoln	Nebraska	68521
6/5/1953	Male	Lincoln	Nebraska	68521
9/12/1961	Female	Lincoln	Nebraska	68521
1/15/1988	Female	Lincoln	Nebraska	68521
2/12/1988	Male	Lincoln	Nebraska	68521
4/24/1966	Female	Lincoln	Nebraska	68521
3/15/1958	Female	Lincoln	Nebraska	68521
4/22/1965	Female	Lincoln	Nebraska	68521
12/2/1959	Female	Lincoln	Nebraska	68521
5/17/1985	Male	Lincoln	Nebraska	68521
6/20/1982	Female	Lincoln	Nebraska	68521
11/13/1963	Male	Lincoln	Nebraska	68521
6/3/1965	Male	Lincoln	Nebraska	68521
11/9/1940	Male	Lincoln	Nebraska	68521
3/16/1954	Male	Lincoln	Nebraska	68521
6/28/1968	Female	Lincoln	Nebraska	68521
9/5/1979	Female	Lincoln	Nebraska	68521
5/3/1965	Male	Lincoln	Nebraska	68521
1/28/1958	Female	Lincoln	Nebraska	68521
12/28/1956	Male	Lincoln	Nebraska	68521
12/9/1946	Male	Lincoln	Nebraska	68521
3/12/1982	Female	Lincoln	Nebraska	68521
7/17/1964	Male	Lincoln	Nebraska	68521



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/15/1979	Male	Lincoln	Nebraska	68521
10/30/1959	Male	Lincoln	Nebraska	68521
10/6/1960	Female	Lincoln	Nebraska	68521
8/17/1966	Female	Lincoln	Nebraska	68521
9/10/1955	Female	Lincoln	Nebraska	68521
6/30/1956	Female	Lincoln	Nebraska	68521
12/11/1961	Female	Lincoln	Nebraska	68521
5/9/1961	Male	Lincoln	Nebraska	68521
3/20/1965	Female	Lincoln	Nebraska	68521
11/1/1962	Female	Lincoln	Nebraska	68521
3/29/1958	Female	Lincoln	Nebraska	68521
9/27/1962	Female	Lincoln	Nebraska	68521
10/14/1965	Male	Lincoln	Nebraska	68521
1/25/1959	Male	Lincoln	Nebraska	68521
5/2/1954	Male	Lincoln	Nebraska	68521
1/5/1964	Female	Lincoln	Nebraska	68521
1/6/1954	Female	Lincoln	Nebraska	68521
11/1/1962	Male	Lincoln	Nebraska	68521
4/19/1962	Male	Lincoln	Nebraska	68521
4/18/1954	Female	Lincoln	Nebraska	68521
4/9/1962	Female	Lincoln	Nebraska	68521
10/23/1958	Female	Lincoln	Nebraska	68521
7/11/1966	Female	Lincoln	Nebraska	68521
5/7/1947	Male	Lincoln	Nebraska	68521
11/9/1957	Male	Lincoln	Nebraska	68521
11/21/1973	Female	Lincoln	Nebraska	68521
3/15/1985	Female	Lincoln	Nebraska	68521
12/24/1964	Female	Lincoln	Nebraska	68521
11/1/1956	Female	Lincoln	Nebraska	68521
6/21/1976	Female	Lincoln	Nebraska	68521
9/29/1981	Male	Lincoln	Nebraska	68521
8/16/1951	Female	Lincoln	Nebraska	68521
11/30/1978	Male	Lincoln	Nebraska	68521
7/10/1960	Male	Lincoln	Nebraska	68521
10/5/1986	Male	Lincoln	Nebraska	68521
11/13/1980	Male	Lincoln	Nebraska	68521
6/11/1974	Male	Lincoln	Nebraska	68521
12/7/1964	Male	Lincoln	Nebraska	68521
5/12/1963	Female	Lincoln	Nebraska	68521
1/31/1968	Female	Lincoln	Nebraska	68521
7/7/1973	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/5/1966	Male	Lincoln	Nebraska	68521
12/18/1951	Female	Lincoln	Nebraska	68521
11/24/1951	Female	Lincoln	Nebraska	68521
12/14/1956	Male	Lincoln	Nebraska	68521
9/19/1952	Male	Lincoln	Nebraska	68521
12/25/1959	Female	Lincoln	Nebraska	68521
12/31/1966	Female	Lincoln	Nebraska	68521
7/25/1970	Male	Lincoln	Nebraska	68521
11/15/1962	Male	Lincoln	Nebraska	68521
8/23/1959	Male	Lincoln	Nebraska	68521
10/13/1967	Male	Lincoln	Nebraska	68521
2/16/1965	Male	Lincoln	Nebraska	68521
5/8/1964	Female	Lincoln	Nebraska	68521
9/12/1969	Male	Lincoln	Nebraska	68521
8/24/1974	Male	Lincoln	Nebraska	68521
1/18/1957	Female	Lincoln	Nebraska	68521
7/28/1959	Male	Lincoln	Nebraska	68521
9/5/1963	Male	Lincoln	Nebraska	68521
8/17/1968	Male	Lincoln	Nebraska	68521
9/16/1955	Female	Lincoln	Nebraska	68521
1/28/1957	Male	Lincoln	Nebraska	68521
8/31/1960	Female	Lincoln	Nebraska	68521
9/15/1960	Male	Lincoln	Nebraska	68521
3/31/1965	Male	Lincoln	Nebraska	68521
6/10/1966	Male	Lincoln	Nebraska	68521
8/8/1966	Male	Lincoln	Nebraska	68521
9/5/1980	Female	Lincoln	Nebraska	68521
2/14/1980	Male	Lincoln	Nebraska	68521
8/20/1976	Male	Lincoln	Nebraska	68521
8/2/1968	Male	Lincoln	Nebraska	68521
10/18/1980	Female	Lincoln	Nebraska	68521
6/17/1952	Male	Lincoln	Nebraska	68521
2/14/1973	Female	Lincoln	Nebraska	68521
8/2/1951	Male	Lincoln	Nebraska	68521
7/22/1982	Male	Lincoln	Nebraska	68521
9/26/1976	Male	Lincoln	Nebraska	68521
10/6/1983	Female	Lincoln	Nebraska	68521
11/27/1961	Male	Lincoln	Nebraska	68521
1/30/1986	Male	Lincoln	Nebraska	68521
10/16/1987	Female	Lincoln	Nebraska	68521
10/19/1987	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/13/1953	Male	Lincoln	Nebraska	68521
7/29/1974	Female	Lincoln	Nebraska	68521
11/29/1956	Female	Lincoln	Nebraska	68521
11/24/1984	Male	Lincoln	Nebraska	68521
8/28/1961	Male	Lincoln	Nebraska	68521
7/8/1983	Male	Lincoln	Nebraska	68521
8/12/1985	Male	Lincoln	Nebraska	68521
1/21/1959	Female	Lincoln	Nebraska	68521
7/3/1967	Female	Lincoln	Nebraska	68521
5/20/1987	Male	Lincoln	Nebraska	68521
5/15/1957	Male	Lincoln	Nebraska	68521
7/8/1992	Female	Lincoln	Nebraska	68521
11/16/1985	Male	LINCOLN	Nebraska	68521
3/25/1988	Female	Lincoln	Nebraska	68521
3/11/1971	Male	Lincoln	Nebraska	68521
8/16/1975	Male	Lincoln	Nebraska	68521
9/29/1988	Male	Lincoln	Nebraska	68521
6/2/1985	Male	Lincoln	Nebraska	68521
9/25/1970	Female	Lincoln	Nebraska	68521
12/11/1985	Male	Lincoln	Nebraska	68521
10/11/1991	Male	Lincoln	Nebraska	68521
12/23/1990	Male	Lincoln	Nebraska	68521
6/16/1980	Male	Lincoln	Nebraska	68521
3/10/1991	Male	Lincoln	Nebraska	68521
8/7/1975	Male	Lincoln	Nebraska	68521
1/6/1993	Male	Lincoln	Nebraska	68521
12/12/1989	Male	Lincoln	Nebraska	68521
10/31/1988	Female	Lincoln	Nebraska	68521
7/25/1986	Male	Lincoln	Nebraska	68521
2/5/1958	Male	Lincoln	Nebraska	68521
5/14/1959	Male	Lincoln	Nebraska	68521
2/27/1963	Female	Lincoln	Nebraska	68521
8/5/1967	Female	Lincoln	Nebraska	68521
8/9/1978	Male	Lincoln	Nebraska	68521
9/24/1986	Female	Lincoln	Nebraska	68521
9/2/1946	Male	Lincoln	Nebraska	68521
11/16/1984	Female	Lincoln	Nebraska	68521
7/11/1993	Male	Lincoln	Nebraska	68521
11/21/1992	Male	Lincoln	Nebraska	68521
10/8/1992	Male	Lincoln	Nebraska	68521
8/23/1993	Male	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/31/1952	Male	Lincoln	Nebraska	68521
12/16/1959	Female	Lincoln	Nebraska	68521
12/28/1962	Male	Lincoln	Nebraska	68521
12/29/1960	Female	Lincoln	Nebraska	68521
10/19/1972	Male	Lincoln	Nebraska	68521
7/13/1969	Male	Lincoln	Nebraska	68521
7/14/1961	Male	Lincoln	Nebraska	68521
10/7/1964	Male	Lincoln	Nebraska	68521
10/3/1950	Female	Lincoln	Nebraska	68521
2/19/1982	Female	Lincoln	Nebraska	68521
1/3/1948	Female	Lincoln	Nebraska	68521
8/27/1984	Male	Lincoln	Nebraska	68521
10/1/1983	Female	Lincoln	Nebraska	68521
4/8/1956	Female	Lincoln	Nebraska	68521
3/16/1983	Female	Lincoln	Nebraska	68521
7/1/1982	Female	Lincoln	Nebraska	68521
11/24/1983	Female	Lincoln	Nebraska	68521
9/3/1984	Male	Lincoln	Nebraska	68521
9/7/1949	Female	Lincoln	Nebraska	68521
12/26/1984	Female	Lincoln	Nebraska	68521
3/1/1984	Male	Lincoln	Nebraska	68521
9/28/1991	Female	Lincoln	Nebraska	68521
11/29/1983	Female	Lincoln	Nebraska	68521
12/17/1975	Male	Lincoln	Nebraska	68521
5/9/1987	Male	Lincoln	Nebraska	68521
8/20/1987	Male	Lincoln	Nebraska	68521
3/3/1997	Male	Lincoln	Nebraska	68521
3/3/1981	Female	Lincoln	Nebraska	68521
6/25/1988	Female	Lincoln	Nebraska	68521
12/13/1967	Female	Lincoln	Nebraska	68521
10/20/1964	Female	Lincoln	Nebraska	68521
5/1/1982	Female	Lincoln	Nebraska	68521
5/10/1994	Female	Lincoln	Nebraska	68521
5/24/1973	Female	Lincoln	Nebraska	68521
11/9/1952	Female	Lincoln	Nebraska	68521
12/12/1960	Female	Lincoln	Nebraska	68521
12/11/1957	Male	Lincoln	Nebraska	68521
2/4/1953	Female	Lincoln	Nebraska	68521
10/20/1958	Female	Lincoln	Nebraska	68521
4/3/1964	Male	Lincoln	Nebraska	68521
7/17/1973	Female	Lincoln	Nebraska	68521

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/3/1958	Female	Lincoln	Nebraska	68521
6/22/1963	Male	Lincoln	Nebraska	68521
1/30/1971	Male	Lincoln	Nebraska	68521
11/14/1978	Female	Lincoln	Nebraska	68521
9/28/1955	Female	Lincoln	Nebraska	68521
8/1/1954	Female	Lincoln	Nebraska	68521
5/24/1989	Female	Lincoln	Nebraska	68521
1/2/1970	Male	Lincoln	Nebraska	68521
3/3/1987	Female	Lincoln	Nebraska	68521
7/2/1988	Male	Lincoln	Nebraska	68521
8/27/1985	Female	Lincoln	Nebraska	68521
5/3/1967	Female	Lincoln	Nebraska	68521
8/10/1980	Male	Lincoln	Nebraska	68521
6/30/1963	Female	Lincoln	Nebraska	68521
2/2/1987	Female	Lincoln	Nebraska	68521
3/23/1987	Female	Lincoln	Nebraska	68521
12/7/1974	Female	Lincoln	Nebraska	68521
9/6/1966	Male	Lincoln	Nebraska	68521
4/27/1992	Female	Lincoln	Nebraska	68521
9/1/1956	Female	Lincoln	Nebraska	68521
11/18/1987	Female	Lincoln	Nebraska	68521
9/14/1960	Female	Lincoln	Nebraska	68521
5/7/1992	Female	Lincoln	Nebraska	68521
5/30/1980	Female	Lincoln	Nebraska	68521
10/5/1958	Female	Lincoln	Nebraska	68521
10/4/1979	Female	Lincoln	Nebraska	68521
4/7/1994	Female	Lincoln	Nebraska	68521
6/12/1983	Female	Lincoln	Nebraska	68521
12/7/1956	Male	Lincoln	Nebraska	68521
9/8/1988	Female	Lincoln	Nebraska	68521
12/16/1956	Female	Lincoln	Nebraska	68521
6/23/1951	Female	Lincoln	Nebraska	68521
3/10/1967	Female	Lincoln	Nebraska	68521
3/10/1971	Female	Lincoln	Nebraska	68521
11/23/1958	Male	Lincoln	Nebraska	68522
2/24/1954	Male	Lincoln	Nebraska	68522
5/27/1959	Female	Lincoln	Nebraska	68522
7/26/1961	Female	Lincoln	Nebraska	68522
10/27/1954	Male	Lincoln	Nebraska	68522
11/22/1969	Female	Lincoln	Nebraska	68522
2/5/1975	Female	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/6/1966	Female	Lincoln	Nebraska	68522
11/12/1960	Male	Lincoln	Nebraska	68522
3/26/1975	Female	Lincoln	Nebraska	68522
11/24/1976	Male	Lincoln	Nebraska	68522
2/12/1983	Female	Lincoln	Nebraska	68522
6/28/1983	Female	Lincoln	Nebraska	68522
3/5/1974	Female	Lincoln	Nebraska	68522
6/30/1981	Female	Lincoln	Nebraska	68522
9/20/1990	Female	Lincoln	Nebraska	68522
9/15/1956	Female	Lincoln	Nebraska	68522
1/22/1952	Female	Lincoln	Nebraska	68522
6/30/1960	Male	Lincoln	Nebraska	68522
8/31/1958	Female	Lincoln	Nebraska	68522
8/5/1987	Female	Lincoln	Nebraska	68522
4/20/1963	Female	Lincoln	Nebraska	68522
4/6/1953	Female	Lincoln	Nebraska	68522
4/18/1959	Male	Lincoln	Nebraska	68522
3/24/1966	Male	Lincoln	Nebraska	68522
5/30/1954	Male	Lincoln	Nebraska	68522
6/28/1976	Male	Lincoln	Nebraska	68522
5/3/1962	Male	Lincoln	Nebraska	68522
7/7/1954	Male	Lincoln	Nebraska	68522
4/2/1970	Male	Lincoln	Nebraska	68522
8/23/1975	Male	Lincoln	Nebraska	68522
6/1/1975	Male	Lincoln	Nebraska	68522
6/23/1970	Male	Lincoln	Nebraska	68522
10/23/1959	Male	Lincoln	Nebraska	68522
2/23/1964	Female	Lincoln	Nebraska	68522
1/28/1956	Male	Lincoln	Nebraska	68522
1/26/1957	Male	Lincoln	Nebraska	68522
5/20/1961	Male	Lincoln	Nebraska	68522
3/15/1960	Female	Lincoln	Nebraska	68522
12/7/1961	Male	Lincoln	Nebraska	68522
6/6/1962	Female	Lincoln	Nebraska	68522
10/21/1976	Female	Lincoln	Nebraska	68522
1/23/1973	Male	Lincoln	Nebraska	68522
4/26/1982	Male	Lincoln	Nebraska	68522
2/7/1949	Male	Lincoln	Nebraska	68522
5/19/1962	Female	Lincoln	Nebraska	68522
11/6/1977	Male	Lincoln	Nebraska	68522
3/30/1960	Male	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/21/1973	Male	Lincoln	Nebraska	68522
10/14/1974	Male	Lincoln	Nebraska	68522
3/24/1964	Male	Lincoln	Nebraska	68522
9/18/1962	Female	Lincoln	Nebraska	68522
6/30/1960	Female	Lincoln	Nebraska	68522
2/23/1971	Male	Lincoln	Nebraska	68522
8/15/1974	Male	Lincoln	Nebraska	68522
1/4/1949	Male	Lincoln	Nebraska	68522
3/30/1978	Male	Lincoln	Nebraska	68522
11/29/1968	Male	Lincoln	Nebraska	68522
6/27/1970	Male	Lincoln	Nebraska	68522
10/5/1953	Female	Lincoln	Nebraska	68522
6/24/1976	Male	Lincoln	Nebraska	68522
10/4/1981	Female	Lincoln	Nebraska	68522
1/25/1986	Male	Lincoln	Nebraska	68522
3/30/1983	Male	Lincoln	Nebraska	68522
10/26/1954	Male	Lincoln	Nebraska	68522
8/6/1980	Male	Lincoln	Nebraska	68522
12/21/1986	Female	Lincoln	Nebraska	68522
9/8/1962	Male	Lincoln	Nebraska	68522
4/13/1987	Female	Lincoln	Nebraska	68522
4/14/1977	Male	Lincoln	Nebraska	68522
2/12/1983	Male	Lincoln	Nebraska	68522
8/13/1978	Male	Lincoln	Nebraska	68522
9/1/1988	Male	Lincoln	Nebraska	68522
9/2/1952	Female	Lincoln	Nebraska	68522
3/29/1987	Male	Lincoln	Nebraska	68522
9/30/1972	Female	Lincoln	Nebraska	68522
6/24/1988	Male	Lincoln	Nebraska	68522
7/2/1990	Male	Lincoln	Nebraska	68522
6/23/1961	Male	Lincoln	Nebraska	68522
10/5/1988	Male	Lincoln	Nebraska	68522
3/2/1983	Male	Lincoln	Nebraska	68522
1/24/1985	Female	Lincoln	Nebraska	68522
1/29/1965	Female	Lincoln	Nebraska	68522
4/10/1991	Male	Lincoln	Nebraska	68522
11/14/1991	Male	Lincoln	Nebraska	68522
11/25/1987	Male	Lincoln	Nebraska	68522
7/12/1962	Female	Lincoln	Nebraska	68522
7/21/1993	Male	Lincoln	Nebraska	68522
1/26/1975	Male	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/28/1982	Male	Lincoln	Nebraska	68522
12/22/1981	Female	Lincoln	Nebraska	68522
2/14/1979	Male	Lincoln	Nebraska	68522
5/6/1995	Female	Lincoln	Nebraska	68522
8/13/1960	Male	Lincoln	Nebraska	68522
5/14/1971	Male	Lincoln	Nebraska	68522
9/10/1976	Female	Lincoln	Nebraska	68522
5/2/1992	Female	Lincoln	Nebraska	68522
2/12/1987	Male	Lincoln	Nebraska	68522
3/31/1992	Male	Lincoln	Nebraska	68522
10/26/1989	Male	Lincoln	Nebraska	68522
1/1/1986	Male	Lincoln	Nebraska	68522
10/21/1981	Male	Lincoln	Nebraska	68522
4/9/1996	Male	Lincoln	Nebraska	68522
1/8/1989	Male	Lincoln	Nebraska	68522
11/5/1981	Female	Lincoln	Nebraska	68522
4/15/1994	Male	Lincoln	Nebraska	68522
8/11/1995	Male	Lincoln	Nebraska	68522
10/16/1995	Male	Lincoln	Nebraska	68522
10/15/1995	Male	Lincoln	Nebraska	68522
12/31/1975	Female	Lincoln	Nebraska	68522
10/17/1995	Male	LINCOLN	Nebraska	68522
6/28/1983	Male	Lincoln	Nebraska	68522
6/18/1996	Male	Lincoln	Nebraska	68522
7/19/1995	Female	Lincoln	Nebraska	68522
1/19/1991	Male	Lincoln	Nebraska	68522
12/5/1989	Female	Lincoln	Nebraska	68522
9/3/1962	Male	Lincoln	Nebraska	68522
10/15/1971	Male	Lincoln	Nebraska	68522
6/1/1972	Female	Lincoln	Nebraska	68522
1/13/1951	Female	Lincoln	Nebraska	68522
4/11/1972	Female	Lincoln	Nebraska	68522
2/19/1982	Female	LINCOLN	Nebraska	68522
8/1/1954	Female	Lincoln	Nebraska	68522
1/3/1965	Male	Lincoln	Nebraska	68522
11/9/1954	Female	Lincoln	Nebraska	68522
11/14/1950	Female	Lincoln	Nebraska	68522
2/11/1976	Male	Lincoln	Nebraska	68522
11/17/1976	Female	Lincoln	Nebraska	68522
8/23/1982	Female	Lincoln	Nebraska	68522
1/8/1981	Female	Lincoln	Nebraska	68522



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/1/1953	Female	Lincoln	Nebraska	68522
7/25/1957	Female	Lincoln	Nebraska	68522
10/27/1963	Female	Lincoln	Nebraska	68522
4/24/1980	Male	Lincoln	Nebraska	68522
5/29/1988	Female	Lincoln	Nebraska	68522
5/28/1982	Female	Lincoln	Nebraska	68522
10/21/1976	Male	Lincoln	Nebraska	68522
6/11/1952	Male	Lincoln	Nebraska	68522
5/19/1967	Male	Lincoln	Nebraska	68522
3/4/1948	Female	Lincoln	Nebraska	68522
11/16/1965	Female	Lincoln	Nebraska	68522
3/20/1964	Female	Lincoln	Nebraska	68522
6/19/1980	Male	Lincoln	Nebraska	68522
8/11/1993	Male	Lincoln	Nebraska	68522
6/1/1977	Female	Lincoln	Nebraska	68522
8/15/1958	Male	Lincoln	Nebraska	68522
8/26/1948	Male	Lincoln	Nebraska	68522
9/13/1948	Female	Lincoln	Nebraska	68522
7/3/1964	Female	Lincoln	Nebraska	68522
12/30/1969	Female	Lincoln	Nebraska	68522
8/7/1944	Male	Lincoln	Nebraska	68522
4/26/1957	Male	Lincoln	Nebraska	68522
7/17/1959	Female	Lincoln	Nebraska	68522
3/23/1956	Female	Lincoln	Nebraska	68522
12/1/1956	Female	Lincoln	Nebraska	68522
9/16/1962	Female	Lincoln	Nebraska	68522
4/2/1972	Male	Lincoln	Nebraska	68522
7/17/1945	Female	Lincoln	Nebraska	68522
11/17/1955	Male	Lincoln	Nebraska	68522
11/6/1968	Male	Lincoln	Nebraska	68522
3/26/1962	Female	Lincoln	Nebraska	68522
2/4/1958	Female	Lincoln	Nebraska	68522
5/16/1961	Female	Lincoln	Nebraska	68522
4/6/1960	Male	Lincoln	Nebraska	68522
2/8/1958	Female	Lincoln	Nebraska	68522
4/17/1964	Female	Lincoln	Nebraska	68522
11/18/1969	Male	Lincoln	Nebraska	68522
11/26/1963	Female	Lincoln	Nebraska	68522
3/10/1958	Female	Lincoln	Nebraska	68522
7/4/1964	Female	Lincoln	Nebraska	68522
8/3/1963	Female	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/30/1963	Female	Lincoln	Nebraska	68522
11/11/1978	Female	Lincoln	Nebraska	68522
8/24/1981	Female	Lincoln	Nebraska	68522
5/6/1982	Male	Lincoln	Nebraska	68522
4/19/1985	Male	Lincoln	Nebraska	68522
4/6/1955	Male	Lincoln	Nebraska	68522
2/16/1970	Female	Lincoln	Nebraska	68522
12/6/1972	Female	Lincoln	Nebraska	68522
6/26/1956	Female	Lincoln	Nebraska	68522
5/14/1981	Female	Lincoln	Nebraska	68522
2/2/1948	Female	Lincoln	Nebraska	68522
4/16/1986	Male	Lincoln	Nebraska	68522
8/11/1979	Female	Lincoln	Nebraska	68522
7/7/1958	Female	Lincoln	Nebraska	68522
11/27/1985	Male	Lincoln	Nebraska	68522
8/16/1985	Female	Lincoln	Nebraska	68522
3/15/1980	Female	Lincoln	Nebraska	68522
9/3/1966	Male	Lincoln	Nebraska	68522
3/29/1966	Female	Lincoln	Nebraska	68522
2/14/1984	Male	Lincoln	Nebraska	68522
11/11/1966	Male	Lincoln	Nebraska	68522
4/26/1974	Female	Lincoln	Nebraska	68522
6/3/1964	Female	Lincoln	Nebraska	68522
6/16/1982	Female	Lincoln	Nebraska	68522
12/21/1970	Female	Lincoln	Nebraska	68522
5/31/1957	Female	Lincoln	Nebraska	68522
4/5/1984	Female	Lincoln	Nebraska	68522
6/6/1983	Female	Lincoln	Nebraska	68522
9/20/1984	Female	Lincoln	Nebraska	68522
3/12/1988	Female	Lincoln	Nebraska	68522
3/11/1975	Male	Lincoln	Nebraska	68522
3/18/1986	Female	Lincoln	Nebraska	68522
3/28/1986	Female	Lincoln	Nebraska	68522
9/22/1968	Female	Lincoln	Nebraska	68522
2/19/1978	Male	Lincoln	Nebraska	68522
12/1/1978	Female	Lincoln	Nebraska	68522
3/20/1969	Female	Lincoln	Nebraska	68522
10/20/1989	Female	Lincoln	Nebraska	68522
5/30/1986	Female	Lincoln	Nebraska	68522
8/27/1982	Female	Lincoln	Nebraska	68522
6/10/1973	Female	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/15/1990	Female	Lincoln	Nebraska	68522
11/23/1988	Male	Lincoln	Nebraska	68522
2/22/1990	Male	Lincoln	Nebraska	68522
2/27/1962	Male	Lincoln	Nebraska	68522
8/18/1981	Male	Lincoln	Nebraska	68522
6/8/1967	Male	Lincoln	Nebraska	68522
8/4/1974	Female	Lincoln	Nebraska	68522
11/17/1981	Female	Lincoln	Nebraska	68522
3/30/1984	Male	Lincoln	Nebraska	68522
3/25/1964	Female	Lincoln	Nebraska	68522
12/5/1980	Female	Lincoln	Nebraska	68522
7/8/1981	Male	Lincoln	Nebraska	68522
11/14/1991	Female	Lincoln	Nebraska	68522
1/17/1952	Male	Lincoln	Nebraska	68522
6/27/1979	Female	Lincoln	Nebraska	68522
1/31/1986	Male	Lincoln	Nebraska	68522
5/17/1971	Female	Lincoln	Nebraska	68522
5/7/1976	Female	Lincoln	Nebraska	68522
12/20/1991	Female	Lincoln	Nebraska	68522
10/13/1981	Female	Lincoln	Nebraska	68522
6/22/1982	Female	Lincoln	Nebraska	68522
10/14/1986	Female	Lincoln	Nebraska	68522
1/21/1969	Female	Lincoln	Nebraska	68522
7/26/1986	Female	Lincoln	Nebraska	68522
12/27/1988	Male	Lincoln	Nebraska	68522
6/29/1963	Male	Lincoln	Nebraska	68522
2/23/1994	Male	Lincoln	Nebraska	68522
10/15/1979	Male	Lincoln	Nebraska	68522
8/10/1986	Female	Lincoln	Nebraska	68522
5/15/1968	Female	Lincoln	Nebraska	68522
12/28/1980	Female	Lincoln	Nebraska	68522
3/19/1960	Female	Lincoln	Nebraska	68522
12/7/1971	Male	Lincoln	Nebraska	68522
1/1/1987	Male	Lincoln	Nebraska	68522
10/12/1979	Female	Lincoln	Nebraska	68522
12/20/1970	Male	Lincoln	Nebraska	68522
5/6/1991	Female	Lincoln	Nebraska	68522
7/16/1963	Female	Lincoln	Nebraska	68522
3/31/1952	Female	Lincoln	Nebraska	68522
9/20/1955	Female	Lincoln	Nebraska	68522
8/24/1964	Female	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/1/1967	Female	Lincoln	Nebraska	68522
10/29/1975	Male	Lincoln	Nebraska	68522
7/17/1979	Female	Lincoln	Nebraska	68522
3/15/1961	Female	lincoln	Nebraska	68522
7/10/1980	Female	Lincoln	Nebraska	68522
10/5/1948	Male	Lincoln	Nebraska	68522
4/16/1968	Male	Lincoln	Nebraska	68522
11/16/1973	Male	Lincoln	Nebraska	68522
8/15/1978	Female	Lincoln	Nebraska	68522
6/18/1990	Male	Lincoln	Nebraska	68522
7/1/1957	Female	Lincoln	Nebraska	68522
3/17/1964	Female	Lincoln	Nebraska	68522
2/7/1954	Male	Lincoln	Nebraska	68522
3/13/1957	Female	Lincoln	Nebraska	68522
10/25/1964	Female	Lincoln	Nebraska	68522
7/8/1961	Female	Lincoln	Nebraska	68522
1/20/1961	Male	Lincoln	Nebraska	68522
4/25/1969	Female	Lincoln	Nebraska	68522
2/15/1979	Female	Lincoln	Nebraska	68522
12/27/1965	Female	Lincoln	Nebraska	68522
8/30/1965	Female	Lincoln	Nebraska	68522
10/27/1978	Female	Lincoln	Nebraska	68522
10/3/1951	Female	Lincoln	Nebraska	68522
4/1/1955	Female	Lincoln	Nebraska	68522
5/15/1958	Male	Lincoln	Nebraska	68522
10/7/1970	Male	Lincoln	Nebraska	68522
7/28/1962	Male	Lincoln	Nebraska	68522
12/6/1951	Female	Lincoln	Nebraska	68522
1/23/1989	Female	Lincoln	Nebraska	68522
6/23/1951	Female	Lincoln	Nebraska	68522
5/7/1955	Female	Lincoln	Nebraska	68522
2/1/1966	Female	Lincoln	Nebraska	68522
4/9/1951	Male	Lincoln	Nebraska	68522
8/11/1966	Male	Lincoln	Nebraska	68522
7/11/1966	Female	Lincoln	Nebraska	68522
10/21/1957	Male	Lincoln	Nebraska	68522
3/20/1946	Female	Lincoln	Nebraska	68522
8/26/1958	Female	Lincoln	Nebraska	68522
5/18/1960	Male	Lincoln	Nebraska	68522
11/27/1961	Male	Lincoln	Nebraska	68522
1/3/1970	Female	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/21/1935	Male	Lincoln	Nebraska	68522
9/5/1959	Female	Lincoln	Nebraska	68522
4/14/1966	Male	Lincoln	Nebraska	68522
7/29/1959	Female	Lincoln	Nebraska	68522
6/18/1977	Male	Lincoln	Nebraska	68522
2/1/1978	Male	Lincoln	Nebraska	68522
10/6/1966	Male	Lincoln	Nebraska	68522
3/26/1960	Male	Lincoln	Nebraska	68522
4/23/1968	Male	Lincoln	Nebraska	68522
11/1/1985	Female	Lincoln	Nebraska	68522
3/5/1965	Male	Lincoln	Nebraska	68522
5/27/1959	Male	Lincoln	Nebraska	68522
2/21/1980	Male	Lincoln	Nebraska	68522
12/20/1990	Male	Lincoln	Nebraska	68522
6/2/1991	Male	Lincoln	Nebraska	68522
9/8/1956	Female	Lincoln	Nebraska	68522
9/7/1994	Male	Lincoln	Nebraska	68522
12/23/1992	Female	Lincoln	Nebraska	68522
2/16/1987	Male	Lincoln	Nebraska	68522
8/24/1951	Male	Lincoln	Nebraska	68522
6/19/1966	Male	Lincoln	Nebraska	68522
10/10/1965	Female	Lincoln	Nebraska	68522
12/10/1987	Female	Lincoln	Nebraska	68522
9/29/1981	Male	Lincoln	Nebraska	68522
3/26/1963	Male	Lincoln	Nebraska	68522
1/8/1965	Male	Lincoln	Nebraska	68522
1/24/1973	Male	Lincoln	Nebraska	68522
3/15/1976	Male	Lincoln	Nebraska	68522
10/18/1980	Female	Lincoln	Nebraska	68522
6/25/1960	Male	Lincoln	Nebraska	68522
9/21/1954	Male	Lincoln	Nebraska	68522
6/14/1985	Female	Lincoln	Nebraska	68522
11/6/1986	Female	Lincoln	Nebraska	68522
1/20/1974	Female	Lincoln	Nebraska	68522
6/21/1975	Female	Lincoln	Nebraska	68522
12/30/1980	Male	Lincoln	Nebraska	68522
4/11/1979	Female	Lincoln	Nebraska	68522
10/20/1972	Female	Lincoln	Nebraska	68522
2/14/1966	Female	Lincoln	Nebraska	68522
9/18/1954	Female	Lincoln	Nebraska	68522
3/1/1962	Male	Lincoln	Nebraska	68522

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/3/1977	Female	Lincoln	Nebraska	68522
6/12/1966	Female	Lincoln	Nebraska	68522
1/29/1973	Female	Lincoln	Nebraska	68522
10/21/1986	Male	Lincoln	Nebraska	68522
6/11/1985	Female	Lincoln	Nebraska	68522
4/9/1972	Female	Lincoln	Nebraska	68522
7/8/1987	Male	Lincoln	Nebraska	68522
7/7/1975	Male	Lincoln	Nebraska	68522
12/31/1973	Female	Lincoln	Nebraska	68522
6/6/1991	Female	Lincoln	Nebraska	68522
8/8/1973	Male	Lincoln	Nebraska	68522
9/12/1990	Female	Lincoln	Nebraska	68522
4/2/1982	Female	Lincoln	Nebraska	68522
3/28/1980	Male	Lincoln	Nebraska	68522
4/4/1958	Female	Lincoln	Nebraska	68522
10/3/1983	Female	Lincoln	Nebraska	68522
3/29/1966	Male	Lincoln	Nebraska	68522
3/6/1973	Female	Lincoln	Nebraska	68522
3/21/1959	Female	Lincoln	Nebraska	68522
5/16/1988	Male	Lincoln	Nebraska	68523
4/1/1982	Male	Lincoln	Nebraska	68523
9/5/1962	Female	Lincoln	Nebraska	68523
9/2/1954	Male	Lincoln	Nebraska	68523
5/10/1962	Male	Lincoln	Nebraska	68523
3/6/1968	Female	Lincoln	Nebraska	68523
1/7/1973	Male	Lincoln	Nebraska	68523
12/28/1963	Female	Lincoln	Nebraska	68523
10/27/1972	Female	Lincoln	Nebraska	68523
6/16/1974	Female	Lincoln	Nebraska	68523
5/8/1960	Male	Lincoln	Nebraska	68523
7/24/1956	Female	Lincoln	Nebraska	68523
8/2/1957	Female	Lincoln	Nebraska	68523
4/4/1974	Female	Lincoln	Nebraska	68523
12/24/1968	Male	Lincoln	Nebraska	68523
5/11/1956	Female	Lincoln	Nebraska	68523
10/22/1977	Male	Lincoln	Nebraska	68523
10/6/1971	Male	Lincoln	Nebraska	68523
4/29/1957	Female	Lincoln	Nebraska	68523
6/27/1952	Female	Lincoln	Nebraska	68523
4/13/1952	Female	Lincoln	Nebraska	68523
5/23/1947	Female	Lincoln	Nebraska	68523

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/24/1959	Female	Lincoln	Nebraska	68523
4/22/1961	Female	Lincoln	Nebraska	68523
10/16/1957	Male	Lincoln	Nebraska	68523
9/30/1957	Female	Lincoln	Nebraska	68523
3/31/1957	Female	Lincoln	Nebraska	68523
11/17/1950	Female	Lincoln	Nebraska	68523
5/27/1970	Female	Lincoln	Nebraska	68523
11/15/1951	Female	Lincoln	Nebraska	68523
7/11/1956	Male	Lincoln	Nebraska	68523
3/2/1952	Male	Lincoln	Nebraska	68523
6/26/1977	Male	Lincoln	Nebraska	68523
7/17/1968	Female	Lincoln	Nebraska	68523
1/3/1959	Female	Lincoln	Nebraska	68524
1/4/1973	Male	Lincoln	Nebraska	68524
1/17/1958	Male	Lincoln	Nebraska	68524
8/13/1965	Female	Lincoln	Nebraska	68524
1/25/1974	Male	Lincoln	Nebraska	68524
11/22/1975	Female	Lincoln	Nebraska	68524
12/26/1967	Female	Lincoln	Nebraska	68524
7/2/1982	Male	Lincoln	Nebraska	68524
9/10/1976	Female	Lincoln	Nebraska	68524
6/23/1961	Female	Lincoln	Nebraska	68524
4/24/1957	Female	Lincoln	Nebraska	68524
7/1/1972	Male	Lincoln	Nebraska	68524
9/19/1990	Female	Lincoln	Nebraska	68524
2/25/1977	Female	Lincoln	Nebraska	68524
7/14/1966	Female	Lincoln	Nebraska	68524
9/5/1976	Female	Lincoln	Nebraska	68524
2/20/1975	Male	Lincoln	Nebraska	68524
8/29/1977	Female	Lincoln	Nebraska	68524
9/10/1977	Male	Lincoln	Nebraska	68524
5/1/1964	Male	Lincoln	Nebraska	68524
7/30/1975	Female	Lincoln	Nebraska	68524
1/9/1970	Female	Lincoln	Nebraska	68524
12/8/1970	Male	Lincoln	Nebraska	68524
10/16/1967	Female	Lincoln	Nebraska	68524
1/15/1967	Female	Lincoln	Nebraska	68524
8/17/1969	Male	Lincoln	Nebraska	68524
2/29/1952	Male	Lincoln	Nebraska	68524
1/10/1972	Female	Lincoln	Nebraska	68524
6/24/1957	Female	Lincoln	Nebraska	68524

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/9/1981	Male	Lincoln	Nebraska	68524
2/16/1965	Male	Lincoln	Nebraska	68524
9/17/1975	Male	Lincoln	Nebraska	68524
5/17/1984	Male	Lincoln	Nebraska	68524
8/26/1956	Male	Lincoln	Nebraska	68524
8/16/1982	Male	Lincoln	Nebraska	68524
6/20/1985	Male	Lincoln	Nebraska	68524
3/20/1989	Male	Lincoln	Nebraska	68524
1/5/1972	Female	Lincoln	Nebraska	68524
10/22/1987	Male	Lincoln	Nebraska	68524
9/21/1975	Male	Lincoln	Nebraska	68524
9/29/1955	Female	Lincoln	Nebraska	68524
4/26/1987	Male	Lincoln	Nebraska	68524
6/21/1990	Male	Lincoln	Nebraska	68524
4/2/1986	Female	Lincoln	Nebraska	68524
7/10/1986	Male	Lincoln	Nebraska	68524
7/24/1992	Male	Lincoln	Nebraska	68524
1/11/1987	Male	Lincoln	Nebraska	68524
3/2/1991	Female	Lincoln	Nebraska	68524
4/6/1979	Male	Lincoln	Nebraska	68524
5/30/1984	Female	Lincoln	Nebraska	68524
12/31/1992	Male	Lincoln	Nebraska	68524
1/10/1994	Male	Lincoln	Nebraska	68524
7/16/1992	Female	Lincoln	Nebraska	68524
10/3/1988	Male	Lincoln	Nebraska	68524
1/22/1979	Male	Lincoln	Nebraska	68524
8/8/1976	Male	Lincoln	Nebraska	68524
6/26/1956	Female	Lincoln	Nebraska	68524
4/4/1966	Female	Lincoln	Nebraska	68524
12/19/1964	Male	Lincoln	Nebraska	68524
12/12/1992	Male	Lincoln	Nebraska	68524
12/19/1986	Female	Lincoln	Nebraska	68524
6/3/1944	Male	Lincoln	Nebraska	68524
9/30/1973	Male	Lincoln	Nebraska	68524
1/21/1975	Female	Lincoln	Nebraska	68524
6/1/1952	Male	Lincoln	Nebraska	68524
7/1/1961	Female	Lincoln	Nebraska	68524
9/7/1952	Female	Lincoln	Nebraska	68524
11/23/1975	Male	Lincoln	Nebraska	68524
8/29/1959	Female	Lincoln	Nebraska	68524
7/5/1964	Female	Lincoln	Nebraska	68524



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/20/1956	Female	Lincoln	Nebraska	68524
12/19/1975	Female	Lincoln	Nebraska	68524
1/9/1967	Female	Lincoln	Nebraska	68524
9/21/1968	Male	Lincoln	Nebraska	68524
4/15/1974	Female	Lincoln	Nebraska	68524
8/7/1960	Female	Lincoln	Nebraska	68524
7/9/1970	Male	Lincoln	Nebraska	68524
4/2/1983	Male	Lincoln	Nebraska	68524
4/19/1976	Female	Lincoln	Nebraska	68524
1/16/1963	Female	Lincoln	Nebraska	68524
8/16/1979	Female	Lincoln	Nebraska	68524
12/26/1955	Male	Lincoln	Nebraska	68524
10/19/1989	Male	Lincoln	Nebraska	68524
7/27/1986	Male	Lincoln	Nebraska	68524
10/21/1969	Female	Lincoln	Nebraska	68524
8/24/1980	Female	Lincoln	Nebraska	68524
11/15/1960	Female	Lincoln	Nebraska	68524
10/27/1975	Female	Lincoln	Nebraska	68524
11/2/1983	Female	Lincoln	Nebraska	68524
11/26/1985	Female	Lincoln	Nebraska	68524
3/18/1956	Female	Lincoln	Nebraska	68524
2/20/1990	Female	Lincoln	Nebraska	68524
11/10/1987	Female	Lincoln	Nebraska	68524
12/4/1965	Male	Lincoln	Nebraska	68524
8/15/1982	Male	Lincoln	Nebraska	68524
12/4/1984	Female	Lincoln	Nebraska	68524
2/12/1982	Female	Lincoln	Nebraska	68524
5/17/1988	Male	Lincoln	Nebraska	68524
1/3/1985	Female	Lincoln	Nebraska	68524
1/6/1988	Female	Lincoln	Nebraska	68524
3/15/1982	Female	Lincoln	Nebraska	68524
8/14/1970	Female	Lincoln	Nebraska	68524
4/24/1980	Female	Lincoln	Nebraska	68524
3/15/1990	Female	Lincoln	Nebraska	68524
8/22/1984	Male	Lincoln	Nebraska	68524
8/16/1965	Female	Lincoln	Nebraska	68524
5/15/1964	Female	Lincoln	Nebraska	68524
2/28/1977	Female	Lincoln	Nebraska	68524
12/3/1960	Female	Lincoln	Nebraska	68524
1/14/1970	Female	Lincoln	Nebraska	68524
2/9/1989	Male	Lincoln	Nebraska	68524

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/14/1954	Male	Lincoln	Nebraska	68524
6/23/1977	Female	Lincoln	Nebraska	68524
3/26/1977	Male	Lincoln	Nebraska	68524
9/23/1973	Male	Lincoln	Nebraska	68524
7/21/1984	Female	Lincoln	Nebraska	68524
7/6/1956	Female	Lincoln	Nebraska	68524
8/17/1954	Female	Lincoln	Nebraska	68524
10/11/1954	Female	Lincoln	Nebraska	68524
1/31/1977	Female	Lincoln	Nebraska	68524
6/24/1967	Male	Lincoln	Nebraska	68524
7/30/1981	Male	Lincoln	Nebraska	68524
1/23/1981	Female	Lincoln	Nebraska	68524
6/5/1969	Male	Lincoln	Nebraska	68524
3/1/1974	Male	Lincoln	Nebraska	68524
11/16/1974	Male	Lincoln	Nebraska	68524
11/8/1951	Female	Lincoln	Nebraska	68524
1/23/1961	Male	Lincoln	Nebraska	68524
8/7/1982	Male	Lincoln	Nebraska	68524
2/7/1961	Male	Lincoln	Nebraska	68524
1/30/1980	Male	Lincoln	Nebraska	68524
12/11/1986	Female	Lincoln	Nebraska	68524
7/16/1990	Male	Lincoln,	Nebraska	68524
4/5/1982	Female	Lincoln	Nebraska	68524
8/13/1982	Female	Lincoln	Nebraska	68524
4/8/1985	Female	Lincoln	Nebraska	68524
4/20/1989	Female	Lincoln	Nebraska	68524
4/10/1982	Male	Lincoln	Nebraska	68524
11/13/1988	Male	Lincoln	Nebraska	68524
10/30/1963	Female	Lincoln	Nebraska	68524
11/29/1974	Female	Lincoln	Nebraska	68524
1/9/1980	Female	Lincoln	Nebraska	68524
4/12/1961	Female	Lincoln	Nebraska	68524
4/8/1962	Female	Lincoln	Nebraska	68524
6/6/1981	Male	Lincoln	Nebraska	68524
10/19/1987	Female	Lincoln	Nebraska	68524
9/7/1991	Female	Lincoln	Nebraska	68524
11/26/1968	Male	Lincoln	Nebraska	68526
7/18/1979	Female	Lincoln	Nebraska	68526
9/2/1956	Female	Lincoln	Nebraska	68526
6/12/1963	Female	Lincoln	Nebraska	68526
2/16/1969	Male	Lincoln	Nebraska	68526

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/11/1964	Female	Lincoln	Nebraska	68526
7/10/1960	Female	Lincoln	Nebraska	68526
10/10/1964	Male	Lincoln	Nebraska	68526
8/2/1957	Female	Lincoln	Nebraska	68526
11/1/1970	Female	Lincoln	Nebraska	68526
10/7/1957	Male	Lincoln	Nebraska	68526
9/16/1953	Male	Lincoln	Nebraska	68526
11/25/1964	Female	Lincoln	Nebraska	68526
11/13/1952	Female	Lincoln	Nebraska	68526
11/15/1978	Male	Lincoln	Nebraska	68526
10/26/1960	Female	Lincoln	Nebraska	68526
8/13/1982	Female	Lincoln	Nebraska	68526
9/20/1979	Male	Lincoln	Nebraska	68526
8/10/1982	Female	Lincoln	Nebraska	68526
5/22/1974	Male	Lincoln	Nebraska	68526
2/3/1983	Male	Lincoln	Nebraska	68526
9/29/1953	Male	Lincoln	Nebraska	68526
3/3/1964	Male	Lincoln	Nebraska	68526
8/26/1968	Male	Lincoln	Nebraska	68526
11/29/1950	Male	Lincoln	Nebraska	68526
3/10/1951	Male	Lincoln	Nebraska	68526
1/23/1973	Male	Lincoln	Nebraska	68526
12/6/1972	Male	Lincoln	Nebraska	68526
7/31/1949	Male	Lincoln	Nebraska	68526
9/12/1994	Male	Lincoln	Nebraska	68526
4/23/1973	Female	Lincoln	Nebraska	68526
12/18/1981	Male	Lincoln	Nebraska	68526
12/10/1993	Male	Lincoln	Nebraska	68526
8/5/1993	Male	Lincoln	Nebraska	68526
10/15/1992	Male	Lincoln	Nebraska	68526
4/26/1966	Male	Lincoln	Nebraska	68526
5/4/1978	Male	Lincoln	Nebraska	68526
10/27/1962	Male	Lincoln	Nebraska	68526
3/17/1954	Female	Lincoln	Nebraska	68526
11/16/1969	Female	Lincoln	Nebraska	68526
10/1/1958	Male	Lincoln	Nebraska	68526
9/9/1972	Female	Lincoln	Nebraska	68526
7/2/1979	Female	Lincoln	Nebraska	68526
3/17/1986	Female	Lincoln	Nebraska	68526
9/22/1981	Male	Lincoln	Nebraska	68526
7/31/1971	Female	Lincoln	Nebraska	68526

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/23/1970	Male	Lincoln	Nebraska	68526
2/5/1965	Female	Lincoln	Nebraska	68526
11/16/1956	Female	Lincoln	Nebraska	68526
8/29/1957	Female	Lincoln	Nebraska	68526
9/24/1978	Female	Lincoln	Nebraska	68526
12/25/1978	Male	Lincoln	Nebraska	68526
7/2/1976	Male	Lincoln	Nebraska	68526
12/8/1960	Male	Lincoln	Nebraska	68526
6/18/1952	Female	Lincoln	Nebraska	68526
11/3/1965	Female	Lincoln	Nebraska	68526
8/6/1964	Female	Lincoln	Nebraska	68526
3/29/1960	Female	Lincoln	Nebraska	68526
9/15/1975	Female	Lincoln	Nebraska	68526
4/16/1977	Female	Lincoln	Nebraska	68526
2/24/1963	Female	Lincoln	Nebraska	68526
6/20/1984	Female	Lincoln	Nebraska	68526
6/18/1979	Female	Lincoln	Nebraska	68526
7/15/1973	Female	Lincoln	Nebraska	68526
12/27/1968	Female	Lincoln	Nebraska	68526
12/31/1968	Male	Lincoln	Nebraska	68526
4/23/1983	Female	Lincoln	Nebraska	68526
2/28/1977	Female	Lincoln	Nebraska	68526
10/29/1984	Female	Lincoln	Nebraska	68526
6/16/1964	Male	Lincoln	Nebraska	68526
8/6/1959	Male	Lincoln	Nebraska	68526
2/4/1981	Female	Lincoln	Nebraska	68526
11/2/1974	Male	Lincoln	Nebraska	68526
3/4/1960	Male	Lincoln	Nebraska	68526
4/14/1991	Female	Lincoln	Nebraska	68526
11/14/1985	Male	Lincoln	Nebraska	68526
2/14/1970	Male	Lincoln	Nebraska	68526
1/27/1991	Female	Lincoln	Nebraska	68526
9/14/1969	Female	Lincoln	Nebraska	68526
10/14/1967	Male	Lincoln	Nebraska	68526
7/23/1969	Male	Lincoln	Nebraska	68526
1/3/1952	Male	Lincoln	Nebraska	68526
6/10/1956	Male	Lincoln	Nebraska	68526
10/28/1977	Male	Lincoln	Nebraska	68526
6/3/1955	Female	Lincoln	Nebraska	68526
5/13/1963	Female	Lincoln	Nebraska	68526
12/4/1962	Female	Lincoln	Nebraska	68526

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/28/1965	Female	Lincoln	Nebraska	68526
9/23/1960	Female	Lincoln	Nebraska	68526
6/3/1989	Male	Lincoln	Nebraska	68526
1/25/1954	Female	Lincoln	Nebraska	68526
4/28/1957	Male	Lincoln	Nebraska	68526
4/10/1951	Female	Lincoln	Nebraska	68526
2/25/1963	Female	Lincoln	Nebraska	68526
8/6/1960	Male	Lincoln	Nebraska	68526
10/8/1964	Female	Lincoln	Nebraska	68526
2/6/1962	Male	Lincoln	Nebraska	68526
3/2/1973	Female	Lincoln	Nebraska	68526
4/22/1963	Male	Lincoln	Nebraska	68526
6/22/1963	Male	Lincoln	Nebraska	68526
7/16/1959	Female	Lincoln	Nebraska	68526
5/4/1947	Male	Lincoln	Nebraska	68526
6/3/1962	Male	Lincoln	Nebraska	68526
4/16/1950	Male	Lincoln	Nebraska	68526
10/7/1963	Female	Lincoln	Nebraska	68526
2/7/1966	Male	Lincoln	Nebraska	68526
7/12/1979	Female	Lincoln	Nebraska	68526
10/14/1951	Male	Lincoln	Nebraska	68526
5/29/1975	Male	Lincoln	Nebraska	68526
6/9/1950	Male	Lincoln	Nebraska	68526
2/11/1958	Male	Lincoln	Nebraska	68526
5/30/1967	Male	Lincoln	Nebraska	68526
2/7/1967	Male	Lincoln	Nebraska	68526
9/20/1957	Female	Lincoln	Nebraska	68526
12/17/1950	Male	Lincoln	Nebraska	68526
1/7/1954	Male	Lincoln	Nebraska	68526
10/1/1966	Female	Lincoln	Nebraska	68526
5/4/1953	Female	Lincoln	Nebraska	68526
4/27/1954	Male	Lincoln	Nebraska	68526
10/10/1968	Female	Lincoln	Nebraska	68526
5/1/1960	Female	Lincoln	Nebraska	68526
4/29/1988	Male	Lincoln	Nebraska	68526
11/20/1964	Female	Lincoln	Nebraska	68526
12/20/1981	Female	Lincoln	Nebraska	68526
3/8/1954	Female	Lincoln	Nebraska	68526
12/6/1980	Male	Lincoln	Nebraska	68526
1/21/1994	Male	Lincoln	Nebraska	68526
2/28/1992	Male	Lincoln	Nebraska	68526

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/9/1959	Male	Lincoln	Nebraska	68526
5/22/1977	Male	Lincoln	Nebraska	68526
2/7/1972	Female	Lincoln	Nebraska	68526
4/24/1967	Male	Lincoln	Nebraska	68526
3/18/1971	Male	Lincoln	Nebraska	68526
8/13/1970	Male	Lincoln	Nebraska	68526
2/6/1969	Male	Lincoln	Nebraska	68526
3/14/1952	Male	Lincoln	Nebraska	68526
10/29/1962	Male	Lincoln	Nebraska	68526
12/21/1993	Female	LINCOLN	Nebraska	68526
6/29/1984	Male	Lincoln	Nebraska	68526
8/4/1947	Male	Lincoln	Nebraska	68526
2/7/1968	Female	Elkhorn	Nebraska	68526
10/5/1956	Male	Lincoln	Nebraska	68526
10/29/1992	Male	Lincoln	Nebraska	68526
12/15/1980	Female	Lincoln	Nebraska	68527
9/15/1978	Female	Lincoln	Nebraska	68527
5/13/1954	Female	Lincoln	Nebraska	68527
12/29/1949	Male	Lincoln	Nebraska	68527
6/24/1954	Female	Lincoln	Nebraska	68527
6/19/1953	Female	Lincoln	Nebraska	68527
1/24/1952	Male	Lincoln	Nebraska	68527
4/6/1985	Female	Lincoln	Nebraska	68527
11/22/1983	Male	Lincoln	Nebraska	68527
7/21/1994	Female	Lincoln	Nebraska	68527
5/6/1991	Female	Lincoln	Nebraska	68527
3/13/1972	Female	Lincoln	Nebraska	68527
12/7/1964	Female	Lincoln	Nebraska	68528
2/3/1978	Female	Lincoln	Nebraska	68528
4/7/1948	Male	Lincoln	Nebraska	68528
1/18/1948	Female	Lincoln	Nebraska	68528
8/7/1981	Female	Lincoln	Nebraska	68528
6/26/1970	Female	Lincoln	Nebraska	68528
12/8/1948	Male	Lincoln	Nebraska	68528
4/1/1951	Male	Lincoln	Nebraska	68528
7/22/1979	Male	Lincoln	Nebraska	68528
8/23/1963	Male	Lincoln	Nebraska	68528
8/23/1991	Male	Lincoln	Nebraska	68528
6/23/1972	Female	Lincoln	Nebraska	68528
5/11/1988	Male	Lincoln	Nebraska	68528
1/31/1963	Female	Lincoln	Nebraska	68528

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/11/1953	Female	Lincoln	Nebraska	68528
2/16/1984	Female	Lincoln	Nebraska	68528
12/21/1957	Male	Lincoln	Nebraska	68528
10/28/1956	Male	Lincoln	Nebraska	68528
2/16/1960	Male	Lincoln	Nebraska	68528
6/11/1973	Male	Lincoln	Nebraska	68528
8/17/1965	Female	Lincoln	Nebraska	68528
4/27/1959	Male	Lincoln	Nebraska	68528
2/16/1954	Male	Lincoln	Nebraska	68528
9/19/1965	Male	Lincoln	Nebraska	68528
5/4/1985	Male	Lincoln	Nebraska	68528
9/27/1984	Male	Lincoln	Nebraska	68528
6/26/1987	Female	Lincoln	Nebraska	68528
11/17/1978	Male	Lincoln	Nebraska	68528
9/18/1987	Female	Lincoln	Nebraska	68528
11/10/1985	Male	Lincoln	Nebraska	68528
8/13/1993	Male	Lincoln	Nebraska	68528
8/12/1990	Female	Lincoln	Nebraska	68528
6/27/1991	Male	Lincoln	Nebraska	68528
9/12/1986	Male	Lincoln	Nebraska	68528
10/30/1995	Male	Lincoln	Nebraska	68528
8/26/1984	Male	Lincoln	Nebraska	68528
3/16/1969	Female	Lincoln	Nebraska	68528
2/14/1989	Female	Lincoln	Nebraska	68528
4/12/1996	Male	Lincoln	Nebraska	68528
4/13/1993	Female	Lincoln	Nebraska	68528
2/10/1994	Male	Lincoln	Nebraska	68528
12/19/1944	Female	Lincoln	Nebraska	68528
4/11/1976	Female	Lincoln	Nebraska	68528
4/25/1953	Female	Lincoln	Nebraska	68528
4/28/1972	Female	Lincoln	Nebraska	68528
3/6/1955	Female	Lincoln	Nebraska	68528
6/18/1974	Female	Lincoln	Nebraska	68528
12/4/1977	Female	Lincoln	Nebraska	68528
2/21/1982	Female	Lincoln	Nebraska	68528
2/8/1954	Male	Lincoln	Nebraska	68528
8/7/1952	Male	Lincoln	Nebraska	68528
6/14/1966	Female	Lincoln	Nebraska	68528
1/31/1989	Male	Lincoln	Nebraska	68528
4/27/1953	Female	Lincoln	Nebraska	68528
4/16/1955	Male	Lincoln	Nebraska	68528

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/5/1952	Female	Lincoln	Nebraska	68528
12/20/1945	Male	Lincoln	Nebraska	68528
7/8/1985	Male	Lincoln	Nebraska	68528
7/24/1989	Male	Lincoln	Nebraska	68528
6/25/1990	Male	Lincoln	Nebraska	68528
10/13/1993	Male	Lincoln	Nebraska	68528
2/15/1959	Female	Lincoln	Nebraska	68528
6/12/1966	Female	Lincoln	Nebraska	68528
10/10/1972	Female	Lincoln	Nebraska	68528
9/26/1964	Male	Lincoln	Nebraska	68528
4/13/1954	Male	Lincoln	Nebraska	68528
7/12/1956	Female	Lincoln	Nebraska	68528
12/26/1968	Female	Lincoln	Nebraska	68528
11/1/1955	Female	Lincoln	Nebraska	68528
3/3/1959	Female	Lincoln	Nebraska	68528
9/1/1965	Female	Lincoln	Nebraska	68528
7/25/1951	Male	Lincoln	Nebraska	68528
11/13/1952	Female	Lincoln	Nebraska	68528
11/6/1987	Female	Lincoln	Nebraska	68528
7/20/1982	Female	Lincoln	Nebraska	68528
12/15/1983	Female	Lincoln	Nebraska	68528
6/18/1983	Female	Lincoln	Nebraska	68528
4/5/1959	Female	Lincoln	Nebraska	68528
11/18/1979	Female	Lincoln	Nebraska	68528
1/1/1971	Male	Lincoln	Nebraska	68528
8/22/1969	Male	Lincoln	Nebraska	68528
11/5/1966	Female	Lincoln	Nebraska	68528
2/24/1984	Female	Lincoln	Nebraska	68528
12/1/1980	Female	Lincoln	Nebraska	68528
2/17/1990	Female	Lincoln	Nebraska	68528
3/4/1956	Female	Lincoln	Nebraska	68528
10/3/1963	Female	Lincoln	Nebraska	68528
7/12/1981	Female	Lincoln	Nebraska	68528
8/22/1984	Female	Lincoln	Nebraska	68528
6/19/1990	Female	Lincoln	Nebraska	68528
5/6/1973	Male	Lincoln	Nebraska	68528
12/19/1960	Female	Lincoln	Nebraska	68528
12/12/1964	Female	Lincoln	Nebraska	68528
5/8/1974	Female	Lincoln	Nebraska	68528
12/27/1982	Female	Lincoln	Nebraska	68528
1/24/1955	Female	Lincoln	Nebraska	68528



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/12/1981	Female	Lincoln	Nebraska	68528
11/5/1991	Female	Lincoln	Nebraska	68528
1/6/1992	Male	Lincoln	Nebraska	68528
4/25/1994	Female	Lincoln	Nebraska	68528
4/25/1989	Male	Lincoln	Nebraska	68528
7/3/1992	Female	Lincoln	Nebraska	68528
8/30/1958	Male	Lincoln	Nebraska	68528
6/4/1991	Male	Lincoln	Nebraska	68528
1/2/1972	Female	Lincoln	Nebraska	68528
9/14/1969	Female	Lincoln	Nebraska	68528
5/28/1979	Female	Lincoln	Nebraska	68528
12/13/1985	Male	Lincoln	Nebraska	68528
12/15/1958	Male	Lincoln	Nebraska	68528
3/2/1985	Male	Lincoln	Nebraska	68528
1/18/1975	Female	Lincoln	Nebraska	68528
10/19/1948	Male	Lincoln	Nebraska	68528
3/14/1957	Male	Lincoln	Nebraska	68528
1/11/1976	Female	Lincoln	Nebraska	68528
6/10/1990	Male	Lincoln	Nebraska	68528
2/11/1977	Male	Lincoln	Nebraska	68528
8/24/1960	Female	Lincoln	Nebraska	68528
10/2/1961	Male	Lincoln	Nebraska	68528
3/26/1961	Male	Lincoln	Nebraska	68528
3/26/1963	Female	Lincoln	Nebraska	68528
11/28/1971	Male	Lincoln	Nebraska	68528
5/8/1959	Female	Lincoln	Nebraska	68528
10/29/1990	Female	Lincoln	Nebraska	68528
11/23/1960	Female	Lincoln	Nebraska	68528
10/21/1960	Female	Lincoln	Nebraska	68528
9/15/1952	Female	Lincoln	Nebraska	68528
4/30/1958	Female	Lincoln	Nebraska	68528
7/21/1975	Male	Lincoln	Nebraska	68528
12/18/1980	Male	Lincoln	Nebraska	68528
12/30/1962	Female	Lincoln	Nebraska	68528
8/18/1990	Male	Lincoln	Nebraska	68528
10/20/1956	Female	Lincoln	Nebraska	68528
11/8/1972	Male	Lincoln	Nebraska	68528
2/15/1963	Male	Lincoln	Nebraska	68528
7/4/1968	Female	Lincoln	Nebraska	68528
7/17/1954	Male	Lincoln	Nebraska	68528
7/7/1988	Male	Lincoln	Nebraska	68528

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/2/1964	Female	Lincoln	Nebraska	68528
10/25/1972	Male	Lincoln	Nebraska	68528
6/14/1988	Female	Lincoln	Nebraska	68528
5/15/1989	Female	Lincoln	Nebraska	68528
6/12/1956	Female	Lincoln	Nebraska	68528
8/1/1978	Male	Lincoln	Nebraska	68528
12/4/1979	Male	Lincoln	Nebraska	68528
1/19/1981	Male	Lincoln	Nebraska	68528
10/2/1985	Male	Lincoln	Nebraska	68528
9/12/1986	Female	Lincoln	Nebraska	68528
11/23/1970	Female	Lincoln	Nebraska	68528
3/24/1972	Female	Lincoln	Nebraska	68528
12/18/1951	Female	Lincoln	Nebraska	68528
8/23/1955	Female	Lincoln	Nebraska	68528
8/21/1956	Female	Lincoln	Nebraska	68528
12/10/1953	Female	Lincoln	Nebraska	68528
8/3/1991	Female	Lincoln	Nebraska	68528
9/13/1987	Female	Lincoln	Nebraska	68528
9/12/1980	Female	Lincoln	Nebraska	68528
8/13/1965	Male	Lincoln	Nebraska	68528
9/12/1964	Female	Lincoln	Nebraska	68529
6/24/1989	Male	LINCOLN	Nebraska	68529
4/3/1962	Female	Lincoln	Nebraska	68532
12/21/1956	Female	Lincoln	Nebraska	68532
12/18/1970	Female	Lincoln	Nebraska	68532
10/14/1971	Female	Lincoln	Nebraska	68532
12/5/1954	Male	Lincoln	Nebraska	68532
8/6/1951	Female	Lincoln	Nebraska	68532
3/28/1960	Female	Lincoln	Nebraska	68532
5/16/1955	Male	Lincoln	Nebraska	68532
9/10/1954	Male	Lincoln	Nebraska	68532
1/30/1955	Male	Lincoln	Nebraska	68532
5/25/1959	Female	Lincoln	Nebraska	68532
5/26/1965	Male	Lincoln	Nebraska	68532
12/9/1959	Male	Lincoln	Nebraska	68542
3/26/1954	Female	Lincoln	Nebraska	68542
5/6/1980	Male	Lincoln	Nebraska	68542
4/19/1968	Male	Lincoln	Nebraska	68542
7/30/1952	Female	Lincoln	Nebraska	68542
6/20/1974	Female	Lincoln	Nebraska	68542
10/6/1972	Female	Lincoln	Nebraska	68542

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/14/1965	Male	Lincoln	Nebraska	68542
10/22/1966	Male	Lincoln	Nebraska	68542
4/3/1961	Male	Lincoln	Nebraska	68542
6/30/1955	Male	Lincoln	Nebraska	68542
5/13/1948	Male	Lincoln	Nebraska	68542
10/8/1955	Male	Lincoln	Nebraska	68542
5/13/1954	Male	Lincoln	Nebraska	68542
5/27/1972	Male	Lincoln	Nebraska	68542
9/20/1958	Female	Lincoln	Nebraska	68542
5/27/1965	Female	Lincoln	Nebraska	68542
2/3/1993	Female	Columbus	Nebraska	68601
6/28/1989	Male	Columbus	Nebraska	68601
10/4/1959	Female	Columbus	Nebraska	68601
12/20/1981	Female	Columbus	Nebraska	68601
10/15/1973	Female	Columbus	Nebraska	68601
9/30/1983	Female	Columbus	Nebraska	68601
9/28/1986	Female	Columbus	Nebraska	68601
6/19/1984	Female	Columbus	Nebraska	68601
5/19/1969	Male	Columbus	Nebraska	68601
1/31/1969	Male	Columbus	Nebraska	68601
9/7/1974	Female	Columbus	Nebraska	68601
2/14/1963	Female	Columbus	Nebraska	68601
5/4/1955	Male	Columbus	Nebraska	68601
5/22/1989	Male	Columbus	Nebraska	68601
6/27/1963	Female	Columbus	Nebraska	68601
9/13/1961	Female	Columbus	Nebraska	68601
10/7/1961	Female	Columbus	Nebraska	68601
3/11/1965	Female	Columbus	Nebraska	68601
9/16/1952	Female	Columbus	Nebraska	68601
8/24/1955	Female	Columbus	Nebraska	68601
10/13/1952	Female	Columbus	Nebraska	68601
8/25/1960	Female	Columbus	Nebraska	68601
7/29/1987	Female	Columbus	Nebraska	68601
3/13/1987	Female	Columbus	Nebraska	68601
5/25/1988	Female	Columbus	Nebraska	68601
1/19/1968	Female	Columbus	Nebraska	68601
8/12/1971	Female	Columbus	Nebraska	68601
10/30/1982	Female	Columbus	Nebraska	68601
10/29/1966	Male	Columbus	Nebraska	68601
11/18/1959	Female	Columbus	Nebraska	68601
9/27/1984	Female	Columbus	Nebraska	68601

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/1/1986	Female	Columbus	Nebraska	68601
10/10/1973	Female	Columbus	Nebraska	68601
2/8/1988	Female	Columbus	Nebraska	68601
1/10/1962	Female	Columbus	Nebraska	68601
3/9/1989	Male	Columbus	Nebraska	68601
4/3/1989	Female	Columbus	Nebraska	68601
12/9/1960	Female	Columbus	Nebraska	68601
12/13/1990	Female	Columbus	Nebraska	68601
9/16/1965	Female	Columbus	Nebraska	68601
7/8/1989	Female	Columbus	Nebraska	68601
4/26/1991	Female	Columbus	Nebraska	68601
10/9/1970	Female	Columbus	Nebraska	68601
9/8/1987	Female	Columbus	Nebraska	68601
11/20/1987	Female	Columbus	Nebraska	68601
12/17/1993	Male	Columbus	Nebraska	68601
12/24/1994	Female	Columbus	Nebraska	68601
12/28/1978	Female	Columbus	Nebraska	68601
3/28/1998	Female	Columbus, NE	Nebraska	68601
9/5/1966	Female	Columbus	Nebraska	68601
12/9/1972	Female	Columbus	Nebraska	68601
10/15/1960	Female	Columbus	Nebraska	68601
3/10/1986	Female	Columbus	Nebraska	68601
12/2/1951	Male	Columbus	Nebraska	68601
4/4/1951	Male	Columbus	Nebraska	68601
2/27/1981	Male	Columbus	Nebraska	68601
9/6/1968	Male	Columbus	Nebraska	68601
6/28/1951	Male	Columbus	Nebraska	68601
4/23/1969	Male	Columbus	Nebraska	68601
4/2/1954	Male	Columbus	Nebraska	68601
8/12/1957	Male	Columbus	Nebraska	68601
12/28/1958	Male	Columbus	Nebraska	68601
7/5/1953	Male	Columbus	Nebraska	68601
2/10/1956	Male	Columbus	Nebraska	68601
7/20/1959	Male	Columbus	Nebraska	68601
10/24/1986	Male	Columbus	Nebraska	68601
2/28/1987	Male	Columbus	Nebraska	68601
3/11/1987	Male	Columbus	Nebraska	68601
6/27/1977	Male	Columbus	Nebraska	68601
8/15/1971	Male	Columbus	Nebraska	68601
3/22/1964	Male	Columbus	Nebraska	68601
9/26/1976	Male	Columbus	Nebraska	68601

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/28/1982	Male	Columbus	Nebraska	68601
8/29/1979	Male	Columbus	Nebraska	68601
5/15/1989	Male	Columbus	Nebraska	68601
3/26/1993	Female	Columbus	Nebraska	68601
1/20/1967	Female	Columbus	Nebraska	68601
3/8/1950	Male	Columbus	Nebraska	68601
10/29/1949	Female	Columbus	Nebraska	68601
2/3/1954	Male	Columbus	Nebraska	68601
9/8/1960	Female	Columbus	Nebraska	68601
10/11/1957	Female	Columbus	Nebraska	68601
8/1/1965	Female	Columbus	Nebraska	68601
2/27/1977	Male	Columbus	Nebraska	68601
9/3/1956	Female	Columbus	Nebraska	68601
3/24/1977	Female	Columbus	Nebraska	68601
7/22/1984	Female	Columbus	Nebraska	68601
6/12/1984	Male	Columbus	Nebraska	68601
2/24/1988	Male	Columbus	Nebraska	68601
9/20/1985	Female	Columbus	Nebraska	68601
3/29/1953	Female	Columbus	Nebraska	68601
6/28/1994	Male	Columbus	Nebraska	68601
11/20/1972	Male	Columbus	Nebraska	68601
7/4/1991	Female	Columbus	Nebraska	68601
8/24/1975	Male	Columbus	Nebraska	68601
9/26/1970	Male	Columbus	Nebraska	68601
4/14/1989	Female	Columbus	Nebraska	68601
6/26/1957	Female	Columbus	Nebraska	68602
6/24/1977	Female	Columbus	Nebraska	68602
8/26/1951	Male	Columbus	Nebraska	68602
4/19/1957	Female	Albion	Nebraska	68620
5/11/1984	Female	Albion	Nebraska	68620
4/30/1993	Female	Albion	Nebraska	68620
6/15/1957	Male	Albion	Nebraska	68620
5/24/1966	Male	Albion	Nebraska	68620
7/6/1954	Male	Albion	Nebraska	68620
7/1/1960	Male	Albion	Nebraska	68620
2/28/1985	Male	Albion	Nebraska	68620
8/9/1968	Male	Albion	Nebraska	68620
4/23/1976	Male	Ames	Nebraska	68621
11/23/1934	Male	Ames	Nebraska	68621
1/9/1944	Male	Ames	Nebraska	68621
8/20/1947	Male	Ames	Nebraska	68621

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/22/1984	Female	Ames	Nebraska	68621
10/15/1979	Female	Ames	Nebraska	68621
2/13/1978	Female	Ames	Nebraska	68621
10/6/1958	Female	Ames	Nebraska	68621
11/15/1954	Male	Ames	Nebraska	68621
7/30/1971	Female	BARTLETT	Nebraska	68622
9/27/1971	Female	Barlett	Nebraska	68622
3/14/1954	Male	Bartlett	Nebraska	68622
3/22/1982	Male	Bartlett	Nebraska	68622
8/26/1984	Male	Belgrade	Nebraska	68623
2/6/1986	Female	Belgrade	Nebraska	68623
2/25/1980	Female	Bellwood	Nebraska	68624
3/8/1958	Female	Bellwood	Nebraska	68624
8/18/1970	Male	Bellwood	Nebraska	68624
5/1/1942	Male	Bellwood	Nebraska	68624
3/19/1982	Male	Bellwood	Nebraska	68624
4/24/1962	Male	Brainard	Nebraska	68626
1/13/1956	Female	Brainard	Nebraska	68626
11/3/1990	Male	Brainard	Nebraska	68626
5/31/1950	Male	Brainard	Nebraska	68626
5/16/1966	Male	Brainard	Nebraska	68626
7/13/1977	Female	Cedar Rapids	Nebraska	68627
3/1/1950	Female	Cedar Rapids	Nebraska	68627
9/24/1968	Female	Cedar Rapids	Nebraska	68627
7/27/1955	Female	Clarks	Nebraska	68628
4/4/1966	Female	Clarks	Nebraska	68628
7/13/1979	Female	Clarks	Nebraska	68628
10/16/1968	Male	Clarks	Nebraska	68628
1/20/1986	Female	Clarkson	Nebraska	68629
10/7/1990	Female	Clarkson	Nebraska	68629
5/20/1955	Male	Clarkson	Nebraska	68629
10/22/1964	Male	Clarkson	Nebraska	68629
9/22/1957	Male	Clarkson	Nebraska	68629
7/26/1990	Male	Clarkson	Nebraska	68629
5/2/1990	Male	Clarkson	Nebraska	68629
10/14/1977	Female	Clarkson	Nebraska	68629
2/24/1989	Male	Creston	Nebraska	68631
2/27/1972	Male	Creston	Nebraska	68631
12/4/1961	Male	Creston	Nebraska	68631
3/26/1992	Female	Creston	Nebraska	68631
12/14/1961	Male	David City	Nebraska	68632

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/29/1978	Female	David City	Nebraska	68632
3/13/1965	Female	David City	Nebraska	68632
11/22/1970	Male	David City	Nebraska	68632
6/23/1981	Female	David City	Nebraska	68632
12/7/1960	Male	David City	Nebraska	68632
6/11/1968	Male	David City	Nebraska	68632
8/29/1949	Female	David City	Nebraska	68632
2/6/1981	Female	David City	Nebraska	68632
3/17/1948	Male	David City	Nebraska	68632
1/16/1951	Male	David City	Nebraska	68632
11/14/1953	Male	David City	Nebraska	68632
11/19/1951	Male	David City	Nebraska	68632
1/14/1981	Male	David City	Nebraska	68632
7/26/1994	Male	David City	Nebraska	68632
3/22/1972	Male	David City	Nebraska	68632
9/13/1984	Male	David City	Nebraska	68632
8/16/1989	Male	Seward	Nebraska	68632
9/23/1961	Female	David City	Nebraska	68632
2/12/1985	Male	David City	Nebraska	68632
8/31/1976	Male	Dodge	Nebraska	68633
5/24/1943	Female	Dodge	Nebraska	68633
9/25/1939	Male	Dodge	Nebraska	68633
2/12/1973	Female	Dodge	Nebraska	68633
3/6/1984	Male	Duncan	Nebraska	68634
12/18/1989	Female	Duncan	Nebraska	68634
5/11/1962	Female	Dwight	Nebraska	68635
1/3/1962	Female	Dwight	Nebraska	68635
4/3/1967	Female	Dwight	Nebraska	68635
4/12/1963	Female	Dwight	Nebraska	68635
9/7/1972	Female	Dwight	Nebraska	68635
12/13/1954	Female	Dwight	Nebraska	68635
7/27/1959	Female	Dwight	Nebraska	68635
2/9/1960	Male	Dwight	Nebraska	68635
8/2/1986	Male	Dwight	Nebraska	68635
8/21/1978	Male	Dwight	Nebraska	68635
2/21/1969	Male	Elgin	Nebraska	68636
11/28/1991	Female	Elgin	Nebraska	68636
3/13/1957	Female	Elgin	Nebraska	68636
11/29/1951	Female	Elgin	Nebraska	68636
10/25/1986	Female	Elgin	Nebraska	68636
5/22/1977	Male	Ericson	Nebraska	68637

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/9/1995	Male	Ericson	Nebraska	68637
11/16/1958	Male	Fullerton	Nebraska	68638
12/22/1981	Female	Fullerton	Nebraska	68638
8/12/1954	Female	Fullerton	Nebraska	68638
1/27/1959	Male	Fullerton	Nebraska	68638
5/15/1965	Male	Fullerton	Nebraska	68638
2/18/1972	Male	Fullerton	Nebraska	68638
7/9/1952	Male	Fullerton	Nebraska	68638
8/30/1971	Male	Fullerton	Nebraska	68638
12/25/1968	Male	Fullerton	Nebraska	68638
10/18/1963	Female	Fullerton	Nebraska	68638
10/11/1955	Female	Genoa	Nebraska	68640
5/7/1958	Female	Genoa	Nebraska	68640
9/7/1959	Male	Genoa	Nebraska	68640
11/27/1982	Male	Genoa	Nebraska	68640
11/29/1979	Female	Genoa	Nebraska	68640
7/19/1955	Male	Howells	Nebraska	68641
7/24/1962	Male	Howells	Nebraska	68641
5/24/1956	Female	Humphrey	Nebraska	68642
8/20/1965	Female	Humphrey	Nebraska	68642
8/4/1983	Female	Humphrey	Nebraska	68642
7/23/1955	Male	Humphrey	Nebraska	68642
5/31/1985	Female	Humphrey	Nebraska	68642
10/31/1992	Male	Humphrey	Nebraska	68642
2/21/1989	Female	Humphrey	Nebraska	68642
4/8/1990	Female	Humphrey	Nebraska	68642
10/2/1954	Male	Humphrey	Nebraska	68642
8/31/1967	Male	Humphrey	Nebraska	68642
8/4/1954	Female	Humphrey	Nebraska	68642
5/8/1989	Female	Leigh	Nebraska	68643
6/14/1988	Male	Leigh	Nebraska	68643
7/27/1955	Female	Leigh	Nebraska	68643
9/1/1986	Male	Leigh	Nebraska	68643
11/8/1970	Female	Leigh	Nebraska	68643
4/23/1982	Female	Lindsay	Nebraska	68644
5/27/1988	Male	Lindsay	Nebraska	68644
11/7/1958	Female	Lindsay	Nebraska	68644
11/30/1995	Female	North Bend	Nebraska	68649
2/11/1993	Male	North Bend	Nebraska	68649
5/27/1969	Male	North Bend	Nebraska	68649
7/26/1955	Male	North Bend	Nebraska	68649



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/8/1961	Female	North Bend	Nebraska	68649
9/6/1986	Female	North Bend	Nebraska	68649
6/23/1961	Female	North Bend	Nebraska	68649
9/13/1966	Female	North Bend	Nebraska	68649
7/19/1991	Female	North Bend	Nebraska	68649
5/27/1981	Female	North Bend	Nebraska	68649
5/12/1978	Female	North Bend	Nebraska	68649
7/10/1966	Female	North Bend	Nebraska	68649
3/5/1963	Male	North Bend	Nebraska	68649
12/2/1980	Male	North Bend	Nebraska	68649
5/3/1977	Female	North Bend	Nebraska	68649
7/24/1986	Female	Osceola	Nebraska	68651
9/5/1969	Female	Osceola	Nebraska	68651
11/19/1960	Female	Osceola	Nebraska	68651
7/4/1994	Female	Osceola	Nebraska	68651
7/16/1980	Female	Osceola	Nebraska	68651
10/28/1954	Male	Osceola	Nebraska	68651
2/28/1962	Female	Osceola	Nebraska	68651
12/10/1949	Male	Osceola	Nebraska	68651
6/18/1970	Male	Osceola	Nebraska	68651
9/20/1968	Male	Osceola	Nebraska	68651
8/13/1987	Female	Osceola	Nebraska	68651
10/2/1971	Female	Osceola	Nebraska	68651
10/10/1982	Female	Petersburg	Nebraska	68652
8/26/1981	Male	Petersburg	Nebraska	68652
4/9/1982	Female	Platte Center	Nebraska	68653
9/30/1967	Female	Platte Center	Nebraska	68653
7/2/1985	Female	Platte Center	Nebraska	68653
9/30/1960	Male	Platte Center	Nebraska	68653
10/5/1961	Female	Platte Center	Nebraska	68653
1/15/1961	Female	Polk	Nebraska	68654
1/16/1989	Male	Polk	Nebraska	68654
12/3/1970	Female	Polk	Nebraska	68654
10/8/1984	Male	Polk	Nebraska	68654
9/21/1961	Female	Rising City	Nebraska	68658
3/2/1997	Male	Rising City	Nebraska	68658
9/2/1959	Female	Rising City	Nebraska	68658
2/4/1984	Male	Rising City	Nebraska	68658
5/15/1970	Female	Rising City	Nebraska	68658
7/21/1982	Male	Saint Edward	Nebraska	68660
7/28/1993	Male	Saint Edward	Nebraska	68660

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/9/1977	Female	Schuyler	Nebraska	68661
11/7/1988	Male	Schuyler	Nebraska	68661
6/15/1959	Male	Schuyler	Nebraska	68661
10/28/1980	Male	Schuyler	Nebraska	68661
3/22/1961	Female	Schuyler	Nebraska	68661
6/12/1960	Female	Schuyler	Nebraska	68661
7/27/1990	Female	Schuyler	Nebraska	68661
11/15/1993	Female	Shelby	Nebraska	68662
9/6/1968	Female	Shelby	Nebraska	68662
6/21/1959	Male	Shelby	Nebraska	68662
3/6/1984	Male	SHelby	Nebraska	68662
12/24/1990	Female	Silver Creek	Nebraska	68663
8/8/1950	Male	Stromsburg	Nebraska	68666
6/19/1978	Female	Stromsburg	Nebraska	68666
10/31/1950	Female	Stromsburg	Nebraska	68666
5/24/1956	Male	Stromsburg	Nebraska	68666
1/30/1957	Male	Stromsburg	Nebraska	68666
11/1/1985	Female	Stromsburg	Nebraska	68666
12/18/1969	Male	Stromsburg	Nebraska	68666
6/29/1983	Male	Stromsburg	Nebraska	68666
6/3/1958	Male	Norfolk	Nebraska	68701
12/27/1959	Female	Norfolk	Nebraska	68701
4/25/1950	Male	Norfolk	Nebraska	68701
3/2/1986	Female	Norfolk	Nebraska	68701
4/27/1958	Male	Norfolk	Nebraska	68701
4/28/1954	Male	Norfolk	Nebraska	68701
10/14/1958	Male	Norfolk	Nebraska	68701
6/28/1951	Female	Norfolk	Nebraska	68701
12/26/1962	Male	Hadar	Nebraska	68701
2/24/1976	Female	Norfolk	Nebraska	68701
1/20/1961	Female	Norfolk	Nebraska	68701
9/27/1961	Female	Norfolk	Nebraska	68701
2/25/1971	Female	Norfolk	Nebraska	68701
3/31/1951	Female	Norfolk	Nebraska	68701
3/11/1954	Female	Norfolk	Nebraska	68701
2/1/1949	Female	Norfolk	Nebraska	68701
9/20/1953	Female	Norfolk	Nebraska	68701
4/10/1976	Female	Norfolk	Nebraska	68701
2/14/1978	Female	Norfolk	Nebraska	68701
11/11/1982	Female	Norfolk	Nebraska	68701
3/5/1983	Female	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/2/1980	Female	Norfolk	Nebraska	68701
4/5/1985	Female	Norfolk	Nebraska	68701
10/6/1977	Male	Norfolk	Nebraska	68701
12/22/1956	Male	Norfolk	Nebraska	68701
6/12/1956	Male	Norfolk	Nebraska	68701
3/23/1970	Male	Norfolk	Nebraska	68701
8/24/1955	Female	Norfolk	Nebraska	68701
7/25/1950	Male	Norfolk	Nebraska	68701
6/24/1960	Female	Norfolk	Nebraska	68701
3/1/1957	Female	Norfolk	Nebraska	68701
5/25/1955	Male	Norfolk	Nebraska	68701
5/20/1949	Female	Norfolk	Nebraska	68701
12/20/1962	Female	Norfolk	Nebraska	68701
10/23/1946	Male	Norfolk	Nebraska	68701
3/17/1956	Male	Norfolk	Nebraska	68701
10/16/1952	Male	Norfolk	Nebraska	68701
5/31/1953	Female	Norfolk	Nebraska	68701
8/8/1957	Male	Norfolk	Nebraska	68701
9/2/1964	Male	Norfolk	Nebraska	68701
2/10/1964	Female	Norfolk	Nebraska	68701
11/11/1966	Female	Norfolk	Nebraska	68701
8/14/1966	Female	Norfolk	Nebraska	68701
3/6/1970	Female	Norfolk	Nebraska	68701
11/25/1969	Female	Norfolk	Nebraska	68701
9/5/1937	Female	Norfolk	Nebraska	68701
9/9/1946	Female	Norfolk	Nebraska	68701
12/30/1959	Female	Norfolk	Nebraska	68701
10/9/1959	Male	Norfolk	Nebraska	68701
10/11/1954	Female	Norfolk	Nebraska	68701
11/24/1954	Female	Norfolk	Nebraska	68701
6/4/1956	Female	Norfolk	Nebraska	68701
10/2/1964	Female	Norfolk	Nebraska	68701
2/27/1965	Female	Norfolk	Nebraska	68701
7/16/1956	Female	Norfolk	Nebraska	68701
10/13/1963	Male	Norfolk	Nebraska	68701
9/8/1959	Female	Norfolk	Nebraska	68701
12/24/1960	Female	Norfolk	Nebraska	68701
6/1/1957	Male	Norfolk	Nebraska	68701
1/12/1961	Female	Norfolk	Nebraska	68701
8/3/1959	Female	Norfolk	Nebraska	68701
7/15/1971	Female	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/21/1959	Male	Norfolk	Nebraska	68701
3/1/1961	Female	Norfolk	Nebraska	68701
6/18/1964	Female	Norfolk	Nebraska	68701
2/23/1968	Female	Norfolk	Nebraska	68701
4/8/1960	Male	Norfolk	Nebraska	68701
12/24/1959	Female	Norfolk	Nebraska	68701
8/20/1969	Female	Norfolk	Nebraska	68701
7/30/1967	Male	Norfolk	Nebraska	68701
12/29/1964	Female	Norfolk	Nebraska	68701
10/24/1974	Female	Norfolk	Nebraska	68701
9/4/1943	Male	Norfolk	Nebraska	68701
3/6/1953	Female	Norfolk	Nebraska	68701
5/13/1959	Male	Norfolk	Nebraska	68701
8/26/1945	Female	Norfolk	Nebraska	68701
1/5/1953	Male	Norfolk	Nebraska	68701
12/6/1952	Female	Norfolk	Nebraska	68701
5/19/1954	Female	Norfolk	Nebraska	68701
1/1/1962	Female	Norfolk	Nebraska	68701
1/3/1957	Female	Norfolk	Nebraska	68701
1/25/1952	Female	Norfolk	Nebraska	68701
11/5/1955	Female	Norfolk	Nebraska	68701
7/2/1958	Female	Norfolk	Nebraska	68701
12/24/1965	Female	Norfolk	Nebraska	68701
3/4/1959	Male	Norfolk	Nebraska	68701
5/6/1963	Female	Norfolk	Nebraska	68701
8/28/1969	Female	Norfolk	Nebraska	68701
6/1/1962	Female	Norfolk	Nebraska	68701
2/5/1964	Male	Norfolk	Nebraska	68701
6/22/1963	Female	Norfolk	Nebraska	68701
7/16/1963	Female	Norfolk	Nebraska	68701
2/12/1965	Male	Norfolk	Nebraska	68701
10/26/1964	Female	Norfolk	Nebraska	68701
2/17/1974	Female	Norfolk	Nebraska	68701
8/24/1969	Female	Norfolk	Nebraska	68701
8/8/1953	Male	Norfolk	Nebraska	68701
5/6/1953	Female	Norfolk	Nebraska	68701
11/10/1948	Male	Norfolk	Nebraska	68701
5/18/1956	Male	Norfolk	Nebraska	68701
1/14/1952	Female	Norfolk	Nebraska	68701
12/15/1950	Male	Norfolk	Nebraska	68701
10/16/1954	Male	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/31/1952	Female	Norfolk	Nebraska	68701
12/2/1955	Female	Norfolk	Nebraska	68701
11/17/1962	Female	Norfolk	Nebraska	68701
10/14/1955	Female	Norfolk	Nebraska	68701
5/12/1963	Female	Norfolk	Nebraska	68701
5/15/1958	Female	Norfolk	Nebraska	68701
5/18/1960	Female	Norfolk	Nebraska	68701
4/22/1958	Female	Norfolk	Nebraska	68701
3/23/1960	Male	Norfolk	Nebraska	68701
1/13/1959	Female	Norfolk	Nebraska	68701
6/11/1962	Female	Norfolk	Nebraska	68701
11/1/1976	Female	Norfolk	Nebraska	68701
12/21/1966	Male	Norfolk	Nebraska	68701
7/10/1967	Female	Norfolk	Nebraska	68701
11/24/1971	Female	Norfolk	Nebraska	68701
12/28/1980	Female	Norfolk	Nebraska	68701
10/31/1978	Female	Norfolk	Nebraska	68701
6/13/1950	Female	Norfolk	Nebraska	68701
12/1/1948	Female	Norfolk	Nebraska	68701
5/18/1952	Female	Norfolk	Nebraska	68701
3/17/1953	Female	Norfolk	Nebraska	68701
10/22/1953	Female	Norfolk	Nebraska	68701
1/12/1955	Female	Norfolk	Nebraska	68701
2/20/1955	Male	Norfolk	Nebraska	68701
7/5/1956	Female	Norfolk	Nebraska	68701
3/5/1954	Female	Norfolk	Nebraska	68701
8/17/1957	Female	Norfolk	Nebraska	68701
8/27/1960	Female	Norfolk	Nebraska	68701
1/8/1965	Female	Norfolk	Nebraska	68701
7/5/1977	Male	Norfolk	Nebraska	68701
10/14/1962	Female	Norfolk	Nebraska	68701
7/7/1962	Female	Norfolk	Nebraska	68701
1/28/1958	Male	Norfolk	Nebraska	68701
4/4/1965	Male	Norfolk	Nebraska	68701
6/11/1963	Female	Norfolk	Nebraska	68701
8/13/1960	Male	Norfolk	Nebraska	68701
9/4/1957	Female	Norfolk	Nebraska	68701
8/17/1959	Female	Norfolk	Nebraska	68701
8/6/1966	Male	Norfolk	Nebraska	68701
7/17/1962	Male	Norfolk	Nebraska	68701
1/11/1961	Female	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/17/1965	Female	Norfolk	Nebraska	68701
10/14/1955	Female	Norfolk	Nebraska	68701
8/12/1959	Male	Norfolk	Nebraska	68701
2/1/1948	Female	Norfolk	Nebraska	68701
8/3/1956	Female	Norfolk	Nebraska	68701
1/19/1968	Female	Norfolk	Nebraska	68701
7/18/1968	Female	Hadar	Nebraska	68701
11/22/1957	Female	Norfolk	Nebraska	68701
9/22/1947	Female	Norfolk	Nebraska	68701
6/23/1954	Male	Norfolk	Nebraska	68701
2/19/1980	Female	Norfolk	Nebraska	68701
3/6/1946	Female	Norfolk	Nebraska	68701
5/12/1964	Female	Norfolk	Nebraska	68701
9/4/1964	Female	Norfolk	Nebraska	68701
12/3/1984	Female	Norfolk	Nebraska	68701
1/14/1965	Female	Norfolk	Nebraska	68701
9/24/1964	Female	Norfolk	Nebraska	68701
6/27/1979	Female	Norfolk	Nebraska	68701
3/1/1954	Female	Norfolk	Nebraska	68701
5/14/1960	Female	Norfolk	Nebraska	68701
7/7/1960	Male	Norfolk	Nebraska	68701
12/31/1955	Female	Norfolk	Nebraska	68701
5/15/1971	Female	Norfolk	Nebraska	68701
11/16/1950	Female	Norfolk	Nebraska	68701
5/1/1967	Female	Norfolk	Nebraska	68701
10/2/1963	Female	Norfolk	Nebraska	68701
5/10/1971	Female	Norfolk	Nebraska	68701
3/8/1959	Male	Norfolk	Nebraska	68701
5/4/1975	Female	Norfolk	Nebraska	68701
4/20/1976	Female	Norfolk	Nebraska	68701
12/16/1979	Female	Norfolk	Nebraska	68701
11/16/1982	Female	Norfolk	Nebraska	68701
9/11/1982	Female	Norfolk	Nebraska	68701
7/3/1959	Male	Norfolk	Nebraska	68701
1/18/1956	Female	Norfolk	Nebraska	68701
1/19/1980	Female	Norfolk	Nebraska	68701
2/11/1967	Female	Norfolk	Nebraska	68701
11/13/1965	Female	Norfolk	Nebraska	68701
10/10/1962	Female	Norfolk	Nebraska	68701
12/22/1969	Female	Norfolk	Nebraska	68701
12/4/1973	Male	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/7/1951	Male	Norfolk	Nebraska	68701
2/28/1959	Female	Norfolk	Nebraska	68701
12/12/1968	Female	Norfolk	Nebraska	68701
12/5/1963	Male	Norfolk	Nebraska	68701
8/9/1956	Female	Norfolk	Nebraska	68701
2/14/1954	Female	Norfolk	Nebraska	68701
1/26/1960	Female	Norfolk	Nebraska	68701
5/4/1975	Male	Norfolk	Nebraska	68701
10/8/1958	Female	Norfolk	Nebraska	68701
9/24/1960	Female	Norfolk	Nebraska	68701
11/9/1960	Female	Norfolk	Nebraska	68701
1/6/1944	Female	Norfolk	Nebraska	68701
6/23/1984	Female	Hadar	Nebraska	68701
5/22/1943	Male	Norfolk	Nebraska	68701
6/11/1989	Female	Nofolk	Nebraska	68701
9/11/1974	Female	Norfolk	Nebraska	68701
1/9/1973	Male	Norfolk	Nebraska	68701
1/9/1972	Female	Norfolk	Nebraska	68701
8/5/1978	Male	Norfolk	Nebraska	68701
5/11/1983	Male	Norfolk	Nebraska	68701
10/31/1955	Female	Norfolk	Nebraska	68701
5/27/1988	Female	Norfolk	Nebraska	68701
2/20/1962	Female	Norfolk	Nebraska	68701
4/17/1984	Female	Norfolk	Nebraska	68701
10/15/1955	Female	Norfolk	Nebraska	68701
2/19/1964	Female	Norfolk	Nebraska	68701
7/23/1989	Male	Norfolk	Nebraska	68701
7/20/1947	Male	Norfolk	Nebraska	68701
8/1/1954	Female	Norfolk	Nebraska	68701
7/28/1985	Female	Norfolk	Nebraska	68701
5/27/1963	Male	norfolk	Nebraska	68701
4/2/1991	Female	Norfolk	Nebraska	68701
9/13/1983	Female	Norfolk	Nebraska	68701
5/26/1955	Male	Norfolk	Nebraska	68701
5/2/1984	Female	Norfolk	Nebraska	68701
4/11/1988	Female	Norfolk	Nebraska	68701
7/13/1989	Female	Norfolk	Nebraska	68701
12/8/1972	Female	Norfolk	Nebraska	68701
2/11/1993	Female	Norfolk	Nebraska	68701
1/31/1988	Female	Norfolk	Nebraska	68701
11/7/1979	Female	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/17/1990	Female	Norfolk	Nebraska	68701
9/29/1958	Female	Norfolk	Nebraska	68701
8/6/1953	Female	Norfolk	Nebraska	68701
6/26/1995	Male	Norfolk	Nebraska	68701
2/24/1963	Female	Norfolk	Nebraska	68701
5/28/1970	Female	Norfolk	Nebraska	68701
7/30/1957	Female	Norfolk	Nebraska	68701
7/19/1980	Female	Norfolk	Nebraska	68701
7/16/1982	Male	Norfolk	Nebraska	68701
11/11/1952	Female	Norfolk	Nebraska	68701
8/27/1962	Female	Norfolk	Nebraska	68701
4/4/1995	Male	Norfolk	Nebraska	68701
6/23/1972	Female	Norfolk	Nebraska	68701
12/25/1960	Female	Norfolk	Nebraska	68701
2/12/1956	Female	Norfolk	Nebraska	68701
1/22/1990	Female	Norfolk	Nebraska	68701
12/6/1989	Female	Norfolk	Nebraska	68701
1/3/1983	Female	Norfolk	Nebraska	68701
4/17/1989	Female	Norfolk	Nebraska	68701
6/5/1981	Female	Norfolk	Nebraska	68701
2/9/1960	Female	Norfolk	Nebraska	68701
8/26/1955	Female	Norfolk	Nebraska	68701
1/27/1986	Female	Norfolk	Nebraska	68701
10/21/1989	Female	Norfolk	Nebraska	68701
5/18/1977	Female	Norfolk	Nebraska	68701
11/1/1971	Male	Norfolk	Nebraska	68701
4/21/1977	Female	Norfolk	Nebraska	68701
2/28/1990	Male	Norfolk	Nebraska	68701
3/30/1994	Female	Norfolk	Nebraska	68701
6/1/1987	Female	Norfolk	Nebraska	68701
12/23/1994	Female	Norfolk	Nebraska	68701
2/6/1981	Female	Norfolk	Nebraska	68701
11/25/1982	Male	Norfolk	Nebraska	68701
8/14/1978	Female	Norfolk	Nebraska	68701
2/1/1988	Female	Norfolk	Nebraska	68701
5/21/1980	Female	Norfolk	Nebraska	68701
10/30/1957	Male	Norfolk	Nebraska	68701
10/8/1987	Male	Norfolk	Nebraska	68701
9/6/1958	Female	Norfolk	Nebraska	68701
5/7/1991	Male	Norfolk	Nebraska	68701
5/10/1975	Female	Norfolk	Nebraska	68701



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/6/1967	Male	Norfolk	Nebraska	68701
4/1/1964	Male	Norfolk	Nebraska	68701
12/31/1966	Female	Norfolk	Nebraska	68701
9/19/1954	Male	Norfolk	Nebraska	68701
12/5/1994	Female	Norfolk	Nebraska	68701
1/30/1990	Male	Norfolk	Nebraska	68701
12/28/1988	Female	Norfolk	Nebraska	68701
11/14/1970	Female	Norfolk	Nebraska	68701
6/29/1968	Female	Norfolk	Nebraska	68701
5/5/1969	Female	Norfolk	Nebraska	68701
9/4/1986	Female	Norfolk	Nebraska	68701
2/8/1979	Male	Norfolk	Nebraska	68701
1/11/1990	Female	Norfolk	Nebraska	68701
12/3/1992	Female	Norfolk	Nebraska	68701
4/21/1962	Female	Norfolk	Nebraska	68701
9/16/1991	Female	Norfolk	Nebraska	68701
4/10/1995	Female	Norfolk	Nebraska	68701
6/13/1991	Female	Norfolk	Nebraska	68701
7/29/1993	Female	Norfolk	Nebraska	68701
8/30/1981	Male	Norfolk	Nebraska	68701
10/23/1985	Female	Norfolk	Nebraska	68701
8/22/1965	Female	Norfolk	Nebraska	68701
8/2/1995	Female	Norfolk	Nebraska	68701
6/21/1983	Female	NORFOLK	Nebraska	68701
3/10/1992	Female	Norfolk	Nebraska	68701
2/2/1953	Female	Norfolk	Nebraska	68701
9/26/1970	Female	Norfolk	Nebraska	68701
1/8/1991	Female	Norfolk	Nebraska	68701
3/15/1980	Female	Norfolk	Nebraska	68701
11/6/1995	Female	Norfolk	Nebraska	68701
1/9/1968	Male	Norfolk	Nebraska	68701
4/2/1995	Female	Norfolk	Nebraska	68701
1/25/1988	Female	Norfolk	Nebraska	68701
7/17/1991	Female	Norfolk	Nebraska	68701
4/30/1972	Male	Norfolk	Nebraska	68701
12/13/1995	Male	Norfolk	Nebraska	68701
11/8/1993	Male	Norfolk	Nebraska	68701
9/29/1987	Female	Norfolk	Nebraska	68701
4/27/1992	Male	Norfolk	Nebraska	68701
10/28/1991	Male	Norfolk	Nebraska	68701
5/16/1989	Male	Norfolk	Nebraska	68701

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/31/1973	Male	Norfolk	Nebraska	68701
1/14/1998	Male	Norfolk	Nebraska	68701
7/15/1990	Male	Norfolk	Nebraska	68701
4/16/1996	Female	Norfolk	Nebraska	68701
7/14/1993	Female	Norfolk	Nebraska	68701
6/1/1985	Female	Norfolk	Nebraska	68701
8/9/1997	Female	Norfolk	Nebraska	68701
10/18/1991	Female	Norfolk	Nebraska	68701
3/6/1979	Female	Norfolk	Nebraska	68701
8/10/1980	Female	Norfolk	Nebraska	68701
4/26/1969	Female	Norfolk	Nebraska	68701
8/24/1989	Male	Norfolk	Nebraska	68701
1/16/1965	Female	Norfolk	Nebraska	68701
12/13/1964	Female	Norfolk	Nebraska	68701
6/3/1960	Female	Norfolk	Nebraska	68701
4/15/1967	Female	Norfolk	Nebraska	68701
1/1/1971	Male	Norfolk	Nebraska	68701
12/1/1975	Female	Norfolk	Nebraska	68701
3/15/1972	Male	Norfolk	Nebraska	68701
6/11/1981	Female	Norfolk	Nebraska	68701
7/25/1978	Female	Norfolk	Nebraska	68701
2/4/1981	Female	Norfolk	Nebraska	68701
9/19/1953	Male	NORFOLK	Nebraska	68701
6/17/1965	Male	Norfolk	Nebraska	68701
12/20/1983	Female	Norfolk	Nebraska	68701
7/1/1952	Male	Norfolk	Nebraska	68701
5/27/1977	Male	Norfolk	Nebraska	68701
6/27/1953	Female	Norfolk	Nebraska	68701
10/8/1966	Male	Norfolk	Nebraska	68701
8/3/1983	Male	Norfolk	Nebraska	68701
8/30/1987	Female	Norfolk	Nebraska	68701
7/18/1984	Male	Norfolk	Nebraska	68701
12/16/1954	Male	Norfolk	Nebraska	68701
10/29/1961	Male	Norfolk	Nebraska	68701
7/16/1979	Male	Norfolk	Nebraska	68701
8/4/1951	Male	Norfolk	Nebraska	68701
11/1/1958	Female	Norfolk	Nebraska	68701
11/10/1976	Male	Norfolk	Nebraska	68701
4/7/1955	Male	Norfolk	Nebraska	68701
2/15/1954	Male	Norfolk	Nebraska	68701
9/7/1957	Male	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/11/1980	Male	Norfolk	Nebraska	68701
10/7/1971	Female	Norfolk	Nebraska	68701
6/27/1952	Male	Norfolk	Nebraska	68701
12/29/1956	Male	Norfolk	Nebraska	68701
2/18/1969	Female	Norfolk	Nebraska	68701
6/3/1960	Male	Norfolk	Nebraska	68701
12/15/1960	Male	Norfolk	Nebraska	68701
11/8/1953	Female	Norfolk	Nebraska	68701
11/30/1961	Female	Norfolk	Nebraska	68701
5/7/1963	Male	Norfolk	Nebraska	68701
7/17/1960	Male	Norfolk	Nebraska	68701
5/12/1959	Male	Norfolk	Nebraska	68701
3/18/1962	Male	Norfolk	Nebraska	68701
10/27/1977	Male	Norfolk	Nebraska	68701
1/23/1967	Male	Norfolk	Nebraska	68701
2/16/1980	Male	Norfolk	Nebraska	68701
8/4/1942	Male	Norfolk	Nebraska	68701
11/25/1966	Male	Norfolk	Nebraska	68701
2/19/1972	Male	Norfolk	Nebraska	68701
4/20/1988	Male	Norfolk	Nebraska	68701
12/1/1964	Male	Norfolk	Nebraska	68701
8/22/1988	Male	Norfolk	Nebraska	68701
10/22/1959	Male	Norfolk	Nebraska	68701
7/1/1978	Male	Norfolk	Nebraska	68701
6/8/1962	Male	Norfolk	Nebraska	68701
4/28/1972	Male	Norfolk	Nebraska	68701
11/18/1963	Male	Norfolk	Nebraska	68701
8/5/1984	Male	Norfolk	Nebraska	68701
10/10/1965	Male	Norfolk	Nebraska	68701
8/23/1968	Male	Norfolk	Nebraska	68701
9/21/1975	Male	Norfolk	Nebraska	68701
5/26/1964	Male	Norfolk	Nebraska	68701
12/14/1965	Male	Norfolk	Nebraska	68701
4/19/1970	Male	Norfolk	Nebraska	68701
12/14/1969	Male	Norfolk	Nebraska	68701
4/20/1964	Male	Norfolk	Nebraska	68701
9/7/1975	Female	Norfolk	Nebraska	68701
8/1/1960	Male	Norfolk	Nebraska	68701
8/17/1960	Male	Norfolk	Nebraska	68701
6/28/1963	Male	Norfolk	Nebraska	68701
5/27/1972	Female	Norfolk	Nebraska	68701

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/19/1967	Female	Norfolk	Nebraska	68701
3/25/1964	Male	Norfolk	Nebraska	68701
12/8/1978	Male	Norfolk	Nebraska	68701
8/20/1982	Male	Norfolk	Nebraska	68701
6/22/1967	Female	Norfolk	Nebraska	68701
2/27/1991	Male	Norfolk	Nebraska	68701
12/17/1970	Male	Norfolk	Nebraska	68701
8/26/1958	Female	Norfolk	Nebraska	68701
12/27/1953	Female	Norfolk	Nebraska	68701
8/2/1973	Female	Norfolk	Nebraska	68701
6/23/1959	Female	Norfolk	Nebraska	68701
6/11/1956	Male	Norfolk	Nebraska	68701
12/8/1963	Female	Norfolk	Nebraska	68701
7/28/1967	Female	Norfolk	Nebraska	68701
2/5/1979	Female	Norfolk	Nebraska	68701
3/6/1954	Male	Norfolk	Nebraska	68701
2/1/1962	Female	Norfolk	Nebraska	68701
6/4/1974	Female	Norfolk	Nebraska	68701
3/4/1959	Male	Norfolk	Nebraska	68701
12/31/1982	Male	Norfolk	Nebraska	68701
10/17/1986	Male	Norfolk	Nebraska	68701
11/27/1957	Female	Norfolk	Nebraska	68701
5/23/1987	Female	Norfolk	Nebraska	68701
12/31/1986	Male	Norfolk	Nebraska	68701
11/24/1967	Male	Norfolk	Nebraska	68701
1/19/1956	Male	Norfolk	Nebraska	68701
10/28/1990	Female	Norfolk	Nebraska	68701
6/20/1983	Female	Norfolk	Nebraska	68701
9/6/1992	Female	Norfolk	Nebraska	68701
11/11/1979	Female	Norfolk	Nebraska	68701
7/22/1985	Male	Norfolk	Nebraska	68701
5/6/1992	Female	Norfolk	Nebraska	68701
6/11/1986	Female	Norfolk	Nebraska	68701
6/6/1983	Female	Norfolk	Nebraska	68701
1/30/1987	Female	Norfolk	Nebraska	68701
5/21/1992	Male	Norfolk	Nebraska	68701
5/26/1986	Female	Norfolk	Nebraska	68701
2/23/1967	Female	Norfolk	Nebraska	68701
11/26/1982	Female	Norfolk	Nebraska	68701
8/15/1992	Female	Norfolk	Nebraska	68701
10/28/1949	Male	Norfolk	Nebraska	68702

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/29/1955	Female	Norfolk	Nebraska	68702
4/17/1959	Male	Norfolk	Nebraska	68702
4/17/1954	Male	Norfolk	Nebraska	68702
8/10/1955	Female	Norfolk	Nebraska	68702
11/5/1985	Male	Norfolk	Nebraska	68702
2/24/1964	Female	Norfolk	Nebraska	68702
2/6/1967	Female	Norfolk	Nebraska	68702
6/18/1961	Female	Allen	Nebraska	68710
8/20/1960	Female	Allen	Nebraska	68710
3/30/1954	Male	Allen	Nebraska	68710
11/2/1959	Female	Allen	Nebraska	68710
1/24/1990	Male	Amelia	Nebraska	68711
10/13/1965	Male	Atkinson	Nebraska	68713
10/25/1971	Female	Atkinson	Nebraska	68713
6/11/1988	Female	Atkinson	Nebraska	68713
9/13/1961	Female	Atkinson	Nebraska	68713
4/18/1955	Male	Atkinson	Nebraska	68713
6/25/1952	Female	Atkinson	Nebraska	68713
4/10/1961	Male	Atkinson	Nebraska	68713
12/20/1974	Male	Atkinson	Nebraska	68713
6/26/1983	Male	Atkinson	Nebraska	68713
3/26/1973	Female	Atkinson	Nebraska	68713
9/19/1967	Male	BASSETT	Nebraska	68714
8/2/1956	Male	Bassett	Nebraska	68714
11/5/1954	Male	Bassett	Nebraska	68714
11/5/1953	Male	Bassett	Nebraska	68714
1/8/1970	Male	Bassett	Nebraska	68714
4/3/1990	Female	BASSETT	Nebraska	68714
7/16/1984	Female	Bassett	Nebraska	68714
3/2/1972	Male	Bassett	Nebraska	68714
10/6/1988	Male	Bassett	Nebraska	68714
10/31/1969	Male	Bassett	Nebraska	68714
2/2/1992	Male	Bassett	Nebraska	68714
8/9/1971	Male	Bassett	Nebraska	68714
12/19/1972	Male	Bassett	Nebraska	68714
2/12/1993	Male	Bassett	Nebraska	68714
7/31/1988	Male	Battle Creek	Nebraska	68715
3/7/1951	Male	Battle Creek	Nebraska	68715
5/15/1973	Male	Battle Creek	Nebraska	68715
1/27/1980	Male	Battle Creek	Nebraska	68715
2/24/1970	Female	Battle Creek	Nebraska	68715

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/21/1970	Female	Battle Creek	Nebraska	68715
12/15/1958	Female	Battle Creek	Nebraska	68715
11/30/1965	Female	Battle Creek	Nebraska	68715
7/26/1953	Female	Battle Creek	Nebraska	68715
10/21/1981	Female	Battle Creek	Nebraska	68715
2/6/1965	Male	Battle Creek	Nebraska	68715
6/7/1976	Male	Battle Creek	Nebraska	68715
8/8/1959	Female	Battle Creek	Nebraska	68715
3/10/1988	Female	Beemer	Nebraska	68716
1/29/1986	Female	Beemer	Nebraska	68716
7/23/1978	Male	Bloomfield	Nebraska	68718
3/31/1987	Female	Bloomfield	Nebraska	68718
9/24/1987	Female	Bloomfield	Nebraska	68718
2/12/1961	Female	Bloomfield	Nebraska	68718
3/21/1980	Female	Bloomfield	Nebraska	68718
5/12/1972	Male	Bloomfield	Nebraska	68718
5/4/1955	Male	Bloomfield	Nebraska	68718
2/28/1962	Male	Bloomfield	Nebraska	68718
1/29/1967	Male	Bloomfield	Nebraska	68718
12/21/1960	Male	Bloomfield	Nebraska	68718
4/23/1960	Male	Bloomfield	Nebraska	68718
1/26/1979	Male	Bloomfield	Nebraska	68718
12/28/1991	Male	Bloomfield	Nebraska	68718
7/2/1992	Male	Bloomfield	Nebraska	68718
4/12/1954	Male	Bloomfield	Nebraska	68718
11/1/1973	Male	Bloomfield	Nebraska	68718
11/8/1984	Male	Brunswick	Nebraska	68720
9/17/1975	Male	Butte	Nebraska	68722
10/16/1959	Male	Butte	Nebraska	68722
7/1/1958	Female	Butte	Nebraska	68722
1/23/1969	Male	Carroll	Nebraska	68723
8/15/1965	Female	Carroll	Nebraska	68723
12/17/1953	Male	Carroll	Nebraska	68723
9/21/1985	Male	Carroll	Nebraska	68723
3/14/1980	Male	Carroll	Nebraska	68723
7/7/1955	Female	Carroll	Nebraska	68723
10/2/1991	Male	Center	Nebraska	68724
8/6/1965	Male	Center	Nebraska	68724
9/16/1959	Male	Center	Nebraska	68724
11/23/1959	Male	Center	Nebraska	68724
3/27/1979	Female	Chambers	Nebraska	68725

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/12/1975	Female	Chambers	Nebraska	68725
5/11/1953	Female	Clearwater	Nebraska	68726
2/21/1979	Male	Clearwater	Nebraska	68726
9/3/1988	Female	Coleridge	Nebraska	68727
9/23/1959	Male	Creighton	Nebraska	68729
2/26/1958	Female	Creighton	Nebraska	68729
8/29/1992	Female	Creighton	Nebraska	68729
4/28/1955	Male	Creighton	Nebraska	68729
8/6/1962	Male	Creighton	Nebraska	68729
11/7/1961	Female	Creighton	Nebraska	68729
12/30/1977	Male	Creighton	Nebraska	68729
8/30/1956	Male	Crofton	Nebraska	68730
8/11/1940	Male	Crofton	Nebraska	68730
10/12/1940	Male	Crofton	Nebraska	68730
1/1/1951	Male	Crofton	Nebraska	68730
10/3/1952	Female	Crofton	Nebraska	68730
2/24/1996	Male	Crofton	Nebraska	68730
5/25/1983	Female	Crofton	Nebraska	68730
9/14/1954	Male	Crofton	Nebraska	68730
10/24/1977	Male	Crofton	Nebraska	68730
9/19/1993	Female	Crofton	Nebraska	68730
8/26/1980	Male	Crofton	Nebraska	68730
10/23/1985	Male	Crofton	Nebraska	68730
5/26/1989	Male	Crofton	Nebraska	68730
8/26/1985	Male	Crofton	Nebraska	68730
9/20/1964	Female	Dakota City	Nebraska	68731
7/24/1990	Female	Dakota City	Nebraska	68731
10/5/1943	Male	Dakota City	Nebraska	68731
6/28/1964	Male	Dakota City	Nebraska	68731
1/17/1966	Male	Dakota City	Nebraska	68731
12/14/1961	Male	Dakota City	Nebraska	68731
8/17/1974	Male	Dakota City	Nebraska	68731
8/18/1962	Male	Dixon	Nebraska	68732
4/16/1957	Male	Dixon	Nebraska	68732
12/1/1959	Female	Emerson	Nebraska	68733
2/7/1958	Male	Emerson	Nebraska	68733
9/3/1986	Female	Emerson	Nebraska	68733
12/20/1958	Female	Emerson	Nebraska	68733
5/12/1978	Female	Emerson	Nebraska	68733
8/14/1990	Female	Emmet	Nebraska	68734
1/7/1967	Male	Ewing	Nebraska	68735

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/12/1968	Male	Fordyce	Nebraska	68736
4/21/1974	Male	Fordyce	Nebraska	68736
1/13/1981	Male	Fordyce	Nebraska	68736
3/5/1961	Female	Hadar	Nebraska	68738
2/19/1947	Male	Hartington	Nebraska	68739
6/22/1973	Male	Hartington	Nebraska	68739
6/20/1969	Male	Hartington	Nebraska	68739
9/25/1955	Male	Hartington	Nebraska	68739
11/20/1984	Male	Hartington	Nebraska	68739
6/11/1954	Male	Hartington	Nebraska	68739
2/24/1968	Male	Hartington	Nebraska	68739
2/19/1991	Male	Hartington	Nebraska	68739
5/7/1954	Female	Hartington	Nebraska	68739
5/29/1969	Female	Hartington	Nebraska	68739
12/10/1957	Male	Hartington	Nebraska	68739
8/17/1957	Female	Hartington	Nebraska	68739
12/25/1952	Female	Hoskins	Nebraska	68740
9/13/1962	Female	Hoskins	Nebraska	68740
6/24/1957	Female	Hoskins	Nebraska	68740
5/3/1968	Male	Hoskins	Nebraska	68740
10/16/1963	Female	Hoskins	Nebraska	68740
6/19/1956	Female	Hoskins	Nebraska	68740
1/9/1946	Male	Hoskins	Nebraska	68740
11/2/1965	Female	Hoskins	Nebraska	68740
12/11/1950	Male	Hoskins	Nebraska	68740
12/8/1952	Male	Hoskins	Nebraska	68740
3/31/1961	Male	Hoskins	Nebraska	68740
4/6/1979	Male	Hoskins	Nebraska	68740
3/3/1963	Female	Hoskins	Nebraska	68740
3/28/1960	Male	Hubbard	Nebraska	68741
10/5/1976	Female	Hubbard	Nebraska	68741
5/5/1990	Male	Inman	Nebraska	68742
8/5/1960	Female	Jackson	Nebraska	68743
6/17/1964	Female	Jackson	Nebraska	68743
11/29/1960	Male	Jackson	Nebraska	68743
11/1/1976	Female	Jackson	Nebraska	68743
10/19/1969	Female	Jackson	Nebraska	68743
2/16/1962	Male	Laurel	Nebraska	68745
8/28/1965	Female	Laurel	Nebraska	68745
1/12/1964	Female	Laurel	Nebraska	68745
7/31/1989	Female	Laurel	Nebraska	68745



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/21/1992	Female	Laurel	Nebraska	68745
6/30/1953	Male	Laurel	Nebraska	68745
1/3/1959	Male	Laurel	Nebraska	68745
8/1/1962	Male	Laurel	Nebraska	68745
4/7/1986	Male	Laurel	Nebraska	68745
12/30/1989	Male	Laurel	Nebraska	68745
7/30/1994	Male	Laurel	Nebraska	68745
5/18/1987	Female	McLean	Nebraska	68747
5/19/1984	Female	Madison	Nebraska	68748
3/14/1956	Male	Madison	Nebraska	68748
6/13/1956	Female	Madison	Nebraska	68748
11/18/1950	Female	Madison	Nebraska	68748
9/30/1953	Female	Madison	Nebraska	68748
7/21/1957	Male	Madison	Nebraska	68748
9/19/1954	Female	Madison	Nebraska	68748
7/27/1967	Male	Madison	Nebraska	68748
2/6/1989	Female	Madison	Nebraska	68748
1/12/1964	Female	Madison	Nebraska	68748
4/19/1993	Female	Madison	Nebraska	68748
7/30/1990	Female	Madison	Nebraska	68748
1/4/1992	Female	Madison	Nebraska	68748
1/17/1955	Male	Madison	Nebraska	68748
9/2/1966	Male	Madison	Nebraska	68748
11/20/1951	Male	Madison	Nebraska	68748
7/2/1954	Male	Madison	Nebraska	68748
9/7/1954	Male	Madison	Nebraska	68748
9/24/1959	Male	Madison	Nebraska	68748
11/24/1949	Female	Madison	Nebraska	68748
8/5/1958	Female	Magnet	Nebraska	68749
2/2/1969	Male	MEADOW GROVE	Nebraska	68752
12/1/1968	Female	Meadow Grove	Nebraska	68752
2/17/1971	Female	Meadow Grove	Nebraska	68752
7/8/1969	Female	meadow grove	Nebraska	68752
11/24/1972	Male	Meadow Grove	Nebraska	68752
10/12/1997	Female	Meadow Grove	Nebraska	68752
2/14/1977	Male	Meadow Grove	Nebraska	68752
9/12/1964	Male	Meadow Grove	Nebraska	68752
4/6/1959	Female	Meadow Grove	Nebraska	68752
2/26/1970	Male	Naper	Nebraska	68755
1/9/1964	Female	Naper	Nebraska	68755
3/29/1993	Male	Naper	Nebraska	68755

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/10/1945	Male	Neligh	Nebraska	68756
4/19/1956	Female	Neligh	Nebraska	68756
4/17/1953	Female	Neligh	Nebraska	68756
9/29/1976	Female	Neligh	Nebraska	68756
3/30/1957	Female	Neligh	Nebraska	68756
1/6/1981	Female	Neligh	Nebraska	68756
12/10/1958	Female	Neligh	Nebraska	68756
7/31/1989	Female	Neligh	Nebraska	68756
3/25/1959	Male	Neligh	Nebraska	68756
5/3/1979	Male	Neligh	Nebraska	68756
8/25/1959	Male	Neligh	Nebraska	68756
12/5/1960	Male	Neligh	Nebraska	68756
10/18/1977	Male	Neligh	Nebraska	68756
5/10/1961	Male	Neligh	Nebraska	68756
4/15/1969	Male	Neligh	Nebraska	68756
11/3/1962	Male	Neligh	Nebraska	68756
11/19/1992	Male	Neligh	Nebraska	68756
7/17/1974	Male	Neligh	Nebraska	68756
1/28/1965	Male	Neligh	Nebraska	68756
9/25/1973	Male	Neligh	Nebraska	68756
8/31/1978	Male	Neligh	Nebraska	68756
4/6/1955	Female	Neligh	Nebraska	68756
3/18/1953	Male	Newcastle	Nebraska	68757
4/28/1950	Male	Newcastle	Nebraska	68757
7/17/1953	Male	Newcastle	Nebraska	68757
4/26/1970	Male	Newcastle	Nebraska	68757
11/25/1964	Male	Newcastle	Nebraska	68757
9/9/1965	Female	Newcastle	Nebraska	68757
6/7/1979	Male	Newcastle	Nebraska	68757
2/2/1969	Female	Newman Grove	Nebraska	68758
4/25/1965	Male	Newman Grove	Nebraska	68758
3/10/1962	Male	Newman Grove	Nebraska	68758
9/22/1957	Male	Niobrara	Nebraska	68760
2/2/1966	Female	Niobrara	Nebraska	68760
9/28/1948	Male	Niobrara	Nebraska	68760
10/5/1948	Female	Niobrara	Nebraska	68760
6/7/1958	Female	Niobrara	Nebraska	68760
2/11/1959	Female	Niobrara	Nebraska	68760
5/25/1982	Female	Niobrara	Nebraska	68760
8/31/1962	Female	Niobrara	Nebraska	68760
1/19/1970	Male	Niobrara	Nebraska	68760

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/16/1960	Male	Niobrara	Nebraska	68760
1/31/1969	Male	Niobrara	Nebraska	68760
11/29/1966	Male	Niobrara	Nebraska	68760
7/29/1969	Female	Niobrara	Nebraska	68760
2/12/1997	Male	Niobrara	Nebraska	68760
9/17/1952	Female	Oakdale	Nebraska	68761
7/21/1948	Female	Oakdale	Nebraska	68761
8/12/1984	Female	Oneill	Nebraska	68763
6/22/1979	Female	O'Neill	Nebraska	68763
3/30/1988	Male	O'Neill	Nebraska	68763
5/10/1952	Female	Oneill	Nebraska	68763
9/19/1960	Female	Oneill	Nebraska	68763
10/5/1962	Female	Oneill	Nebraska	68763
2/20/1960	Female	O'Neill	Nebraska	68763
4/21/1975	Female	ONeill	Nebraska	68763
6/3/1984	Female	ONeill	Nebraska	68763
4/16/1986	Male	Oneill	Nebraska	68763
8/12/1955	Male	O'Neill	Nebraska	68763
1/11/1959	Male	O'Neill	Nebraska	68763
9/12/1960	Male	O'Neill	Nebraska	68763
2/7/1957	Male	O'Neill	Nebraska	68763
7/12/1958	Male	O'Neill	Nebraska	68763
1/7/1962	Female	O'Neill	Nebraska	68763
6/28/1956	Male	O'Neill	Nebraska	68763
7/18/1963	Female	O'Neill	Nebraska	68763
12/4/1953	Male	O'Neill	Nebraska	68763
1/17/1962	Male	O'Neill	Nebraska	68763
4/29/1980	Male	O'Neill	Nebraska	68763
4/16/1982	Male	O'Neill	Nebraska	68763
6/26/1992	Male	O'Neill	Nebraska	68763
4/17/1960	Male	Oneill	Nebraska	68763
11/25/1967	Male	Oneill	Nebraska	68763
9/8/1982	Male	Oneill	Nebraska	68763
8/12/1963	Female	Oneill	Nebraska	68763
3/12/1951	Male	Oneill	Nebraska	68763
8/29/1965	Female	Oneill	Nebraska	68763
4/5/1974	Male	Oneill	Nebraska	68763
1/10/1961	Female	Oneill	Nebraska	68763
7/2/1961	Female	Oneill	Nebraska	68763
6/12/1973	Female	O'Neill,	Nebraska	68763
8/5/1981	Female	O'Neill	Nebraska	68763

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**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/18/1990	Male	Orchard	Nebraska	68764
6/7/1949	Male	Foster	Nebraska	68765
9/7/1981	Male	Osmond	Nebraska	68765
10/7/1969	Female	Osmond	Nebraska	68765
12/25/1989	Female	Osmond	Nebraska	68765
9/14/1959	Male	Osmond	Nebraska	68765
9/20/1959	Male	Page	Nebraska	68766
7/14/1952	Male	Page	Nebraska	68766
2/21/1966	Female	Pierce	Nebraska	68767
1/10/1954	Male	Pierce	Nebraska	68767
10/19/1959	Female	Pierce	Nebraska	68767
1/15/1952	Male	Pierce	Nebraska	68767
11/10/1948	Male	Pierce	Nebraska	68767
9/18/1990	Male	Pierce	Nebraska	68767
6/27/1964	Male	Pierce	Nebraska	68767
6/6/1955	Male	Pierce	Nebraska	68767
8/11/1968	Female	Pierce	Nebraska	68767
11/7/1956	Male	Pierce	Nebraska	68767
5/20/1959	Female	Pierce	Nebraska	68767
7/31/1971	Female	Pierce	Nebraska	68767
4/23/1957	Female	Pierce	Nebraska	68767
6/3/1961	Female	Pierce	Nebraska	68767
5/20/1971	Female	Pierce	Nebraska	68767
5/18/1963	Female	Pierce	Nebraska	68767
7/1/1962	Female	Pierce	Nebraska	68767
7/3/1957	Female	Pierce	Nebraska	68767
5/24/1979	Female	Pierce	Nebraska	68767
4/18/1956	Female	Pierce	Nebraska	68767
1/6/1956	Male	Pierce	Nebraska	68767
10/12/1967	Female	Pierce	Nebraska	68767
3/6/1951	Female	Pierce	Nebraska	68767
5/7/1969	Male	Pierce	Nebraska	68767
12/13/1950	Female	Pierce	Nebraska	68767
6/6/1975	Female	Pierce	Nebraska	68767
7/16/1948	Male	Pierce	Nebraska	68767
7/24/1955	Female	Pierce	Nebraska	68767
4/22/1961	Female	Pierce	Nebraska	68767
2/4/1978	Female	Pierce	Nebraska	68767
9/18/1961	Female	Pierce	Nebraska	68767
2/16/1967	Female	Pierce	Nebraska	68767
9/13/1970	Female	Pierce	Nebraska	68767

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/21/1975	Female	Pierce	Nebraska	68767
2/13/1957	Male	Pierce	Nebraska	68767
4/30/1967	Female	Pierce	Nebraska	68767
11/20/1980	Female	Pierce	Nebraska	68767
7/14/1961	Female	Pierce	Nebraska	68767
6/10/1958	Male	Pierce	Nebraska	68767
2/13/1961	Male	Pierce	Nebraska	68767
3/10/1955	Male	Pierce	Nebraska	68767
8/25/1959	Male	Pierce	Nebraska	68767
4/29/1995	Female	Pierce	Nebraska	68767
2/10/1958	Male	Pierce	Nebraska	68767
1/7/1973	Male	Pierce	Nebraska	68767
12/10/1983	Male	Pierce	Nebraska	68767
8/26/1955	Female	Pierce	Nebraska	68767
6/30/1968	Female	Pierce	Nebraska	68767
1/23/1969	Female	Pierce	Nebraska	68767
9/30/1958	Female	Pilger	Nebraska	68768
9/10/1957	Female	Pilger	Nebraska	68768
6/22/1957	Female	Pilger	Nebraska	68768
9/20/1962	Female	Pilger	Nebraska	68768
6/18/1961	Male	Pilger	Nebraska	68768
11/4/1990	Male	Plainview	Nebraska	68769
2/27/1990	Male	Plainview	Nebraska	68769
3/30/1963	Female	Plainview	Nebraska	68769
7/8/1972	Female	Plainview	Nebraska	68769
2/10/1975	Female	Plainview	Nebraska	68769
3/8/1962	Female	Plainview	Nebraska	68769
11/21/1957	Male	Plainview	Nebraska	68769
12/22/1959	Female	Plainview	Nebraska	68769
5/7/1973	Male	Plainview	Nebraska	68769
7/26/1973	Male	Plainview	Nebraska	68769
6/11/1982	Male	Plainview	Nebraska	68769
4/20/1966	Male	Ponca	Nebraska	68770
12/5/1956	Female	Ponca	Nebraska	68770
8/7/1949	Male	Ponca	Nebraska	68770
1/5/1953	Male	Ponca	Nebraska	68770
4/14/1957	Male	Ponca	Nebraska	68770
1/11/1952	Female	Ponca	Nebraska	68770
1/27/1987	Male	Ponca	Nebraska	68770
11/17/1965	Male	Ponca	Nebraska	68770
5/10/1991	Male	Ponca	Nebraska	68770

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**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/7/1956	Female	Ponca	Nebraska	68770
2/8/1946	Female	Ponca	Nebraska	68770
6/23/1974	Female	Ponca	Nebraska	68770
8/10/1998	Female	Ponca	Nebraska	68770
5/22/1989	Male	Ponca	Nebraska	68770
6/21/1942	Male	Ponca	Nebraska	68770
2/19/1977	Female	Ponca	Nebraska	68770
10/29/1979	Female	Ponca	Nebraska	68770
6/16/1950	Female	Ponca	Nebraska	68770
7/6/1986	Male	Ponca	Nebraska	68770
4/28/1954	Male	Ponca	Nebraska	68770
11/30/1968	Male	Ponca	Nebraska	68770
1/21/1989	Female	Ponca	Nebraska	68770
6/10/1965	Male	Ponca	Nebraska	68770
4/18/1953	Male	Ponca	Nebraska	68770
12/28/1955	Male	Ponca	Nebraska	68770
10/25/1989	Female	Ponca	Nebraska	68770
9/11/1953	Male	Randolph	Nebraska	68771
4/7/1972	Female	Randolph	Nebraska	68771
6/5/1985	Male	Randolph	Nebraska	68771
9/21/1948	Female	Randolph	Nebraska	68771
9/9/1958	Male	Randolph	Nebraska	68771
11/8/1984	Male	Randolph	Nebraska	68771
6/25/1977	Male	Randolph	Nebraska	68771
6/8/1963	Male	Randolph	Nebraska	68771
8/17/1966	Male	Royal	Nebraska	68773
4/21/1964	Male	Royal	Nebraska	68773
3/18/1950	Male	Royal	Nebraska	68773
9/27/1958	Male	Royal	Nebraska	68773
8/21/1951	Male	Saint Helena	Nebraska	68774
3/30/1977	Female	South Sioux City	Nebraska	68776
6/7/1953	Female	South Sioux City	Nebraska	68776
12/21/1974	Female	South Sioux City	Nebraska	68776
9/21/1988	Female	South Sioux City	Nebraska	68776
9/8/1987	Female	South Sioux City	Nebraska	68776
10/7/1993	Female	South Sioux City	Nebraska	68776
10/9/1955	Female	South Sioux City	Nebraska	68776
3/15/1962	Male	South Sioux City	Nebraska	68776
1/9/1957	Male	South Sioux City	Nebraska	68776
5/22/1975	Male	South Sioux City	Nebraska	68776
6/11/1992	Male	South Sioux City	Nebraska	68776

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/18/1964	Male	South Sioux City	Nebraska	68776
2/16/1992	Male	South Sioux City	Nebraska	68776
4/28/1971	Female	South Sioux City	Nebraska	68776
8/5/1955	Female	South Sioux City	Nebraska	68776
2/24/1952	Male	South Sioux City	Nebraska	68776
3/21/1988	Female	South Sioux City	Nebraska	68776
6/7/1979	Female	South Sioux City	Nebraska	68776
11/13/1959	Female	Spencer	Nebraska	68777
11/25/1955	Male	Spencer	Nebraska	68777
6/20/1963	Female	Spencer	Nebraska	68777
9/23/1949	Male	Spencer	Nebraska	68777
2/21/1954	Male	Spencer	Nebraska	68777
8/18/1957	Male	Springview	Nebraska	68778
11/9/1956	Female	Springview	Nebraska	68778
1/25/1992	Male	Springview	Nebraska	68778
3/5/1991	Male	Springview	Nebraska	68778
4/19/1990	Male	Springview	Nebraska	68778
3/1/1959	Female	Stanton	Nebraska	68779
10/15/1967	Female	Stanton	Nebraska	68779
5/11/1955	Female	Stanton	Nebraska	68779
2/11/1957	Female	Stanton	Nebraska	68779
1/2/1960	Female	Stanton	Nebraska	68779
11/4/1970	Female	Stanton	Nebraska	68779
5/21/1955	Male	Stanton	Nebraska	68779
12/11/1957	Female	Stanton	Nebraska	68779
10/8/1959	Female	Stanton	Nebraska	68779
1/31/1964	Female	Stanton	Nebraska	68779
7/24/1955	Female	Stanton	Nebraska	68779
7/10/1969	Female	Stanton	Nebraska	68779
11/2/1979	Female	Stanton	Nebraska	68779
8/6/1969	Female	Stanton	Nebraska	68779
2/22/1960	Female	Stanton	Nebraska	68779
6/1/1948	Female	Stanton	Nebraska	68779
2/26/1977	Male	Stanton	Nebraska	68779
3/9/1982	Female	Stanton	Nebraska	68779
11/20/1984	Male	Stanton	Nebraska	68779
5/27/1990	Male	Stanton	Nebraska	68779
3/5/1959	Female	Stanton	Nebraska	68779
10/2/1986	Female	Stanton	Nebraska	68779
9/24/1970	Female	Stanton	Nebraska	68779
10/5/1992	Female	Stanton	Nebraska	68779

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/7/1979	Female	Stanton	Nebraska	68779
4/10/1989	Male	Stanton	Nebraska	68779
10/30/1993	Male	Stanton	Nebraska	68779
11/26/1994	Male	Stanton	Nebraska	68779
12/2/1979	Male	Stanton	Nebraska	68779
8/6/1971	Male	Stanton	Nebraska	68779
9/12/1953	Male	Stanton	Nebraska	68779
11/10/1975	Male	Stanton	Nebraska	68779
9/2/1953	Male	Stanton	Nebraska	68779
11/12/1993	Male	Stanton	Nebraska	68779
2/12/1990	Male	Stanton	Nebraska	68779
3/16/1971	Male	Stanton	Nebraska	68779
9/24/1983	Female	Stanton	Nebraska	68779
9/2/1983	Female	Stanton	Nebraska	68779
9/18/1980	Female	Stuart	Nebraska	68780
10/8/1951	Female	Stuart	Nebraska	68780
6/29/1983	Male	Stuart	Nebraska	68780
2/15/1980	Male	Tilden	Nebraska	68781
5/13/1991	Male	Tilden	Nebraska	68781
5/5/1961	Female	Tilden	Nebraska	68781
12/14/1984	Female	Tilden	Nebraska	68781
3/23/1972	Female	Tilden	Nebraska	68781
12/1/1959	Female	Tilden	Nebraska	68781
3/1/1958	Female	Tilden	Nebraska	68781
3/27/1973	Male	Tilden	Nebraska	68781
8/17/1986	Male	Tilden	Nebraska	68781
4/15/1957	Male	Verdigre	Nebraska	68783
8/21/1968	Male	Verdigre	Nebraska	68783
10/10/1998	Male	Verdigre	Nebraska	68783
1/4/1958	Female	Verdigre	Nebraska	68783
8/1/1985	Female	Verdigre	Nebraska	68783
8/5/1969	Female	Verdigre	Nebraska	68783
7/1/1958	Male	Verdigre	Nebraska	68783
2/19/1955	Female	Wakefield	Nebraska	68784
1/16/1959	Female	Waterbury	Nebraska	68785
2/19/1968	Female	Waterbury	Nebraska	68785
8/15/1954	Male	Waterbury	Nebraska	68785
12/1/1959	Female	Waterbury	Nebraska	68785
1/18/1979	Male	Waterbury	Nebraska	68785
7/7/1952	Male	Wausa	Nebraska	68786
9/22/1961	Male	Wausa	Nebraska	68786



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/22/1982	Male	Wausa	Nebraska	68786
8/10/1963	Female	Wausa	Nebraska	68786
10/1/1964	Female	Wausa	Nebraska	68786
3/10/1963	Female	Wausa	Nebraska	68786
6/27/1965	Female	Wayne	Nebraska	68787
3/2/1972	Male	Wayne	Nebraska	68787
11/16/1973	Female	Wayne	Nebraska	68787
1/24/1989	Male	Wayne	Nebraska	68787
10/11/1983	Female	Wayne	Nebraska	68787
6/24/1980	Male	Wayne	Nebraska	68787
5/30/1990	Female	Wayne	Nebraska	68787
3/19/1993	Female	Wayne	Nebraska	68787
1/17/1993	Male	Wayne	Nebraska	68787
4/24/1951	Female	Wayne	Nebraska	68787
3/20/1958	Male	Wayne	Nebraska	68787
1/13/1971	Male	Wayne	Nebraska	68787
6/30/1956	Male	Wayne	Nebraska	68787
1/26/1963	Female	Wayne	Nebraska	68787
7/2/1954	Male	Wayne	Nebraska	68787
2/25/1971	Male	Wayne	Nebraska	68787
6/7/1971	Male	Wayne	Nebraska	68787
1/16/1985	Male	Wayne	Nebraska	68787
7/12/1977	Male	Wayne	Nebraska	68787
1/20/1980	Male	Wayne	Nebraska	68787
9/30/1986	Male	Wayne	Nebraska	68787
7/13/1959	Female	Wayne	Nebraska	68787
3/25/1988	Male	Wayne	Nebraska	68787
7/9/1983	Female	West Point	Nebraska	68788
4/2/1965	Male	West Point	Nebraska	68788
8/22/1977	Male	West Point	Nebraska	68788
5/25/1997	Male	West Point	Nebraska	68788
11/30/1969	Male	West Point	Nebraska	68788
6/13/1965	Female	West Point	Nebraska	68788
3/19/1964	Female	West Point	Nebraska	68788
3/26/1975	Female	West Point	Nebraska	68788
5/10/1974	Female	West Point	Nebraska	68788
6/8/1981	Female	West Point	Nebraska	68788
8/28/1967	Female	West Point	Nebraska	68788
2/22/1962	Male	West Point	Nebraska	68788
7/7/1965	Male	West Point	Nebraska	68788
5/23/1969	Male	West Point	Nebraska	68788

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/13/1960	Male	West Point	Nebraska	68788
10/13/1958	Male	West Point	Nebraska	68788
1/28/1949	Male	West Point	Nebraska	68788
8/13/1976	Male	West Point	Nebraska	68788
8/15/1992	Male	West Point	Nebraska	68788
7/31/1964	Male	West Point	Nebraska	68788
1/31/1984	Male	West Point	Nebraska	68788
5/13/1991	Male	West Point	Nebraska	68788
12/22/1966	Female	West Point	Nebraska	68788
12/28/1965	Female	West Point	Nebraska	68788
2/28/1981	Female	West Point	Nebraska	68788
8/9/1957	Male	Winnetoon	Nebraska	68789
8/7/1958	Female	Winnetoon	Nebraska	68789
1/12/1984	Female	Winside	Nebraska	68790
9/23/1962	Female	Winside	Nebraska	68790
10/27/1988	Male	Norfolk	Nebraska	68790
11/30/1963	Female	Winside	Nebraska	68790
12/5/1981	Female	Winside	Nebraska	68790
8/1/1979	Male	Winside	Nebraska	68790
1/22/1956	Male	Wisner	Nebraska	68791
8/29/1952	Male	Wisner	Nebraska	68791
9/7/1992	Female	Wisner	Nebraska	68791
8/9/1956	Female	Wisner	Nebraska	68791
8/13/1985	Female	Wisner	Nebraska	68791
8/25/1950	Male	Wisner	Nebraska	68791
4/3/1989	Female	Wisner	Nebraska	68791
11/19/1971	Female	Wisner	Nebraska	68791
2/15/1982	Male	Wisner	Nebraska	68791
9/16/1967	Male	Wisner	Nebraska	68791
2/25/1981	Female	Wynot	Nebraska	68792
10/7/1953	Male	Grand Island	Nebraska	68801
7/15/1948	Male	Grand Island	Nebraska	68801
7/23/1957	Female	Grand Island	Nebraska	68801
12/18/1959	Male	Grand Island	Nebraska	68801
12/20/1978	Female	Grand Island	Nebraska	68801
11/14/1965	Male	Grand Island	Nebraska	68801
1/20/1956	Male	Grand Island	Nebraska	68801
7/2/1986	Female	Grand Island	Nebraska	68801
6/10/1979	Female	Grand Island	Nebraska	68801
3/20/1998	Male	Grand Island	Nebraska	68801
10/29/1992	Female	Grand Island	Nebraska	68801

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/7/1963	Male	Grand Island	Nebraska	68801
3/2/1965	Male	Grand Island	Nebraska	68801
4/6/1958	Female	Grand Island	Nebraska	68801
7/12/1943	Female	Grand Island	Nebraska	68801
4/18/1964	Male	Grand Island	Nebraska	68801
8/22/1961	Male	Grand Island	Nebraska	68801
5/7/1980	Female	Grand Island	Nebraska	68801
10/29/1967	Female	Grand Island	Nebraska	68801
7/18/1973	Female	Grand Island	Nebraska	68801
3/2/1955	Male	Grand Island	Nebraska	68801
8/27/1991	Male	Grand Island	Nebraska	68801
9/5/1957	Female	Grand Island	Nebraska	68801
2/22/1957	Female	Grand Island	Nebraska	68801
10/16/1952	Female	Grand Island	Nebraska	68801
8/3/1950	Female	Grand Island	Nebraska	68801
10/19/1959	Female	Grand Island	Nebraska	68801
7/21/1947	Male	Grand Island	Nebraska	68801
1/2/1953	Female	Grand Island	Nebraska	68801
2/12/1950	Female	Grand Island	Nebraska	68801
10/7/1964	Female	Grand Island	Nebraska	68801
4/23/1953	Female	Grand Island	Nebraska	68801
5/28/1957	Female	Grand Island	Nebraska	68801
1/15/1957	Female	Grand Island	Nebraska	68801
7/3/1971	Female	Grand Island	Nebraska	68801
7/8/1959	Female	Grand Island	Nebraska	68801
2/3/1961	Male	Grand Island	Nebraska	68801
5/11/1964	Female	Grand Island	Nebraska	68801
2/1/1959	Female	Grand Island	Nebraska	68801
12/4/1947	Female	Grand Island	Nebraska	68801
3/21/1959	Male	Grand Island	Nebraska	68801
8/20/1958	Female	Grand Island	Nebraska	68801
10/12/1963	Female	Grand Island	Nebraska	68801
1/7/1964	Female	Grand Island	Nebraska	68801
6/7/1939	Female	Grand Island	Nebraska	68801
12/30/1954	Female	Grand Island	Nebraska	68801
9/12/1955	Female	Grand Island	Nebraska	68801
10/28/1957	Female	Grand Island	Nebraska	68801
8/22/1956	Female	Grand Island	Nebraska	68801
11/23/1957	Female	Grand Island	Nebraska	68801
10/17/1959	Female	Grand Island	Nebraska	68801
9/1/1962	Male	Grand Island	Nebraska	68801

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/16/1971	Male	Grand Island	Nebraska	68801
9/30/1946	Female	Grand Island	Nebraska	68801
6/12/1952	Female	Grand Island	Nebraska	68801
9/13/1965	Female	Grand Island	Nebraska	68801
9/23/1958	Female	Grand Island	Nebraska	68801
7/1/1957	Female	Grand Island	Nebraska	68801
4/7/1949	Male	Grand Island	Nebraska	68801
7/29/1965	Female	Grand Island	Nebraska	68801
7/31/1973	Female	Grand Island	Nebraska	68801
5/8/1977	Female	Grand Island	Nebraska	68801
11/12/1977	Female	Grand Island	Nebraska	68801
8/29/1978	Female	Grand Island	Nebraska	68801
5/13/1957	Female	Grand Island	Nebraska	68801
7/6/1964	Female	Grand Island	Nebraska	68801
11/3/1953	Female	Grand Island	Nebraska	68801
11/13/1957	Female	Grand Island	Nebraska	68801
7/2/1955	Female	Grand Island	Nebraska	68801
2/28/1987	Female	Grand Island	Nebraska	68801
11/2/1974	Female	Grand Island	Nebraska	68801
8/24/1942	Female	Grand Island	Nebraska	68801
9/1/1963	Female	Grand Island	Nebraska	68801
9/21/1956	Female	Grand Island	Nebraska	68801
10/20/1984	Female	Grand Island	Nebraska	68801
11/4/1941	Female	Grand Island	Nebraska	68801
2/2/1989	Female	Grand Island	Nebraska	68801
9/9/1954	Male	Grand Island	Nebraska	68801
2/22/1975	Female	Grand Island	Nebraska	68801
10/10/1987	Female	Grand Island	Nebraska	68801
8/25/1959	Female	Grand Island	Nebraska	68801
11/23/1955	Female	Grand Island	Nebraska	68801
8/26/1953	Female	Grand Island	Nebraska	68801
8/27/1982	Male	Grand Island	Nebraska	68801
12/30/1987	Female	Grand Island	Nebraska	68801
1/14/1959	Female	Grand Island	Nebraska	68801
12/12/1956	Female	Grand Island	Nebraska	68801
8/28/1959	Female	GRAND ISLAND	Nebraska	68801
4/17/1990	Female	Grand Island	Nebraska	68801
10/29/1971	Female	Grand Island	Nebraska	68801
7/28/1989	Female	Grand Island	Nebraska	68801
10/15/1990	Male	Grand Island	Nebraska	68801
3/30/1966	Male	Grand Island	Nebraska	68801

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/28/1990	Female	Grand Island	Nebraska	68801
2/17/1971	Female	Grand Island	Nebraska	68801
9/25/1989	Female	Lincoln	Nebraska	68801
3/26/1984	Male	Grand Island	Nebraska	68801
10/2/1989	Female	Grand Island	Nebraska	68801
8/6/1989	Female	Grand Island	Nebraska	68801
4/30/1976	Female	Grand Island	Nebraska	68801
11/4/1969	Female	Grand Island	Nebraska	68801
4/5/1989	Female	Grand Island	Nebraska	68801
12/8/1994	Female	Grand Island	Nebraska	68801
4/2/1992	Female	Grand Island	Nebraska	68801
2/2/1988	Female	Grand Island	Nebraska	68801
2/8/1957	Male	Grand Island	Nebraska	68801
2/16/1969	Female	Grand Island	Nebraska	68801
3/6/1986	Female	Grand Island	Nebraska	68801
10/31/1985	Female	Grand Island	Nebraska	68801
9/8/1994	Female	Grand Island	Nebraska	68801
4/10/1995	Female	Grand Island	Nebraska	68801
2/13/1982	Female	Grand Island	Nebraska	68801
1/29/1988	Female	Grand Island	Nebraska	68801
7/19/1995	Female	Grand Island	Nebraska	68801
4/5/1985	Male	Grand Island	Nebraska	68801
6/21/1965	Male	Grand Island	Nebraska	68801
12/3/1990	Female	Grand Island	Nebraska	68801
3/31/1996	Female	Grand Island	Nebraska	68801
12/4/1992	Female	Grand Island	Nebraska	68801
10/22/1982	Female	Grand Island	Nebraska	68801
3/3/1972	Female	grand island	Nebraska	68801
9/22/1985	Female	Grand Island	Nebraska	68801
9/23/1967	Female	Grand Island	Nebraska	68801
9/16/1983	Male	Grand Island	Nebraska	68801
5/14/1964	Male	Grand Island	Nebraska	68801
12/27/1966	Female	Grand Island	Nebraska	68801
8/6/1995	Female	Grand Island	Nebraska	68801
12/20/1989	Female	Grand Island	Nebraska	68801
10/29/1992	Female	Grand Island	Nebraska	68801
9/28/1972	Female	Grand Island	Nebraska	68801
6/22/1997	Female	Grand Island	Nebraska	68801
7/2/1997	Female	Grand Island	Nebraska	68801
2/6/1985	Female	Grand Island	Nebraska	68801
12/4/1988	Male	Grand Island	Nebraska	68801

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/31/1981	Female	Grand Island	Nebraska	68801
10/25/1993	Female	Grand Island	Nebraska	68801
9/29/1957	Male	Grand Island	Nebraska	68801
9/16/1980	Female	Grand Island	Nebraska	68801
5/6/1951	Female	Grand Island	Nebraska	68801
7/22/1977	Female	Grand Island	Nebraska	68801
10/28/1971	Female	Grand Island	Nebraska	68801
3/31/1991	Female	Grand Island	Nebraska	68801
5/7/1997	Female	Grand Island	Nebraska	68801
1/1/1979	Female	Grand Island	Nebraska	68801
7/24/1971	Female	Grand Island	Nebraska	68801
2/3/1971	Female	Grand Island	Nebraska	68801
11/18/1972	Female	Grand Island	Nebraska	68801
3/20/1957	Male	Grand Island	Nebraska	68801
11/28/1992	Female	Grand Island	Nebraska	68801
2/14/1986	Female	Grand Island	Nebraska	68801
8/6/1996	Male	Grand Island	Nebraska	68801
10/19/1970	Male	Grand Island	Nebraska	68801
12/22/1994	Female	Grand Island	Nebraska	68801
2/22/1990	Female	Grand Island	Nebraska	68801
12/3/1979	Female	Grand Island	Nebraska	68801
5/11/1997	Female	Grand Island	Nebraska	68801
9/22/1993	Female	Grand Island	Nebraska	68801
8/31/1998	Female	Grand Island	Nebraska	68801
8/31/1998	Female	Grand Island	Nebraska	68801
9/6/1977	Female	Grand Island	Nebraska	68801
7/29/1997	Male	Grand Island	Nebraska	68801
4/19/1995	Female	Grand Island	Nebraska	68801
5/5/1952	Male	Grand Island	Nebraska	68801
5/30/1962	Female	Grand Island	Nebraska	68801
4/15/1974	Female	Grand Island	Nebraska	68801
3/17/1982	Male	Grand Island	Nebraska	68801
6/22/1958	Female	Grand Island	Nebraska	68801
1/14/1958	Female	Grand Island	Nebraska	68801
12/30/1957	Male	Grand Island	Nebraska	68801
7/17/1960	Female	Grand Island	Nebraska	68801
8/2/1956	Male	Grand Island	Nebraska	68801
10/30/1958	Male	Grand Island	Nebraska	68801
12/26/1962	Male	Grand Island	Nebraska	68801
9/24/1966	Male	Grand Island	Nebraska	68801
11/30/1973	Male	Grand Island	Nebraska	68801

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/9/1963	Male	Grand Island	Nebraska	68801
10/30/1964	Male	Grand Island	Nebraska	68801
7/14/1969	Male	Grand Island	Nebraska	68801
5/19/1953	Female	Grand Island	Nebraska	68801
1/23/1970	Male	Grand Island	Nebraska	68801
2/29/1992	Male	Grand Island	Nebraska	68801
6/28/1979	Male	Grand Island	Nebraska	68801
8/8/1989	Male	Grand Island	Nebraska	68801
10/8/1979	Male	Grand Island	Nebraska	68801
5/17/1965	Male	Grand Island	Nebraska	68801
2/1/1994	Male	Grand Island	Nebraska	68801
1/14/1997	Male	Grand Island	Nebraska	68801
3/6/1967	Female	Grand Island	Nebraska	68801
6/11/1952	Female	Grand Island	Nebraska	68801
1/14/1964	Female	Grand Island	Nebraska	68801
9/17/1961	Male	Grand Island	Nebraska	68801
1/28/1958	Male	Grand Island	Nebraska	68801
8/15/1980	Male	Grand Island	Nebraska	68801
6/18/1970	Female	Grand Island	Nebraska	68801
3/5/1983	Female	Grand Island	Nebraska	68801
1/12/1992	Male	Grand Island	Nebraska	68801
2/23/1960	Female	Grand Island	Nebraska	68801
1/29/1975	Female	Grand Island	Nebraska	68801
3/22/1963	Female	Grand Island	Nebraska	68801
4/18/1980	Female	Grand Island	Nebraska	68801
6/22/1975	Female	Grand Island	Nebraska	68801
7/23/1959	Male	Grand Island	Nebraska	68801
12/29/1984	Female	Grand Island	Nebraska	68801
10/14/1991	Female	Grand Island	Nebraska	68801
1/18/1953	Female	Grand Island	Nebraska	68801
7/5/1978	Female	Grand Island	Nebraska	68801
12/4/1957	Female	Grand Island	Nebraska	68801
7/10/1968	Female	Grand Island	Nebraska	68801
10/8/1980	Female	Grand Island	Nebraska	68801
2/8/1969	Male	Grand Island	Nebraska	68801
4/16/1992	Female	Grand Island	Nebraska	68801
11/14/1984	Female	Grand Island	Nebraska	68801
3/31/1981	Female	Grand Island	Nebraska	68801
12/30/1975	Female	Grand Island	Nebraska	68801
2/28/1976	Male	Grand Island	Nebraska	68802
4/21/1958	Female	Grand Island	Nebraska	68802

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/15/1961	Female	Grand Island	Nebraska	68802
8/24/1952	Male	Grand Island	Nebraska	68803
5/1/1972	Male	Grand Island	Nebraska	68803
7/15/1964	Female	Grand Island	Nebraska	68803
8/13/1963	Female	Grand Island	Nebraska	68803
7/5/1971	Male	Grand Island	Nebraska	68803
5/3/1958	Female	Grand Island	Nebraska	68803
3/12/1972	Female	Grand Island	Nebraska	68803
3/27/1956	Female	Grand Island	Nebraska	68803
3/17/1960	Female	Grand Island	Nebraska	68803
8/21/1978	Male	Grand Island	Nebraska	68803
3/1/1986	Male	Grand Island	Nebraska	68803
9/1/1987	Female	Grand Island	Nebraska	68803
8/16/1986	Male	Grand Island	Nebraska	68803
9/22/1985	Male	Grand Island	Nebraska	68803
3/21/1954	Male	Grand Island	Nebraska	68803
12/3/1959	Male	Grand Island	Nebraska	68803
6/8/1953	Male	Grand Island	Nebraska	68803
12/18/1936	Male	Grand Island	Nebraska	68803
6/29/1990	Male	Grand Island	Nebraska	68803
4/18/1952	Female	Grand Island	Nebraska	68803
7/7/1953	Female	Grand Island	Nebraska	68803
6/1/1954	Male	Grand Island	Nebraska	68803
7/3/1953	Female	Grand Island	Nebraska	68803
6/9/1955	Male	Grand Island	Nebraska	68803
8/2/1955	Female	Grand Island	Nebraska	68803
9/3/1962	Male	Grand Island	Nebraska	68803
6/21/1959	Female	Grand Island	Nebraska	68803
6/17/1957	Female	Grand Island	Nebraska	68803
2/29/1956	Female	Grand Island	Nebraska	68803
5/22/1962	Female	Grand Island	Nebraska	68803
3/13/1962	Female	Grand Island	Nebraska	68803
6/3/1960	Female	Grand Island	Nebraska	68803
12/8/1972	Female	Grand Island	Nebraska	68803
10/11/1947	Female	Grand Island	Nebraska	68803
12/12/1949	Female	Grand Island	Nebraska	68803
5/8/1950	Female	Grand Island	Nebraska	68803
1/30/1950	Male	Grand Island	Nebraska	68803
11/27/1951	Female	Grand Island	Nebraska	68803
12/29/1961	Female	Grand Island	Nebraska	68803
9/8/1974	Male	Grand Island	Nebraska	68803



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/21/1959	Female	Grand Island	Nebraska	68803
12/17/1948	Male	Grand Island	Nebraska	68803
8/26/1950	Male	Grand Island	Nebraska	68803
9/21/1952	Female	Grand Island	Nebraska	68803
8/23/1954	Female	Grand Island	Nebraska	68803
1/4/1959	Female	Grand Island	Nebraska	68803
10/9/1960	Female	Grand Island	Nebraska	68803
5/20/1953	Male	Grand Island	Nebraska	68803
12/27/1961	Female	Grand Island	Nebraska	68803
3/15/1963	Female	Grand Island	Nebraska	68803
2/18/1966	Male	Grand Island	Nebraska	68803
6/13/1964	Female	Grand Island	Nebraska	68803
10/4/1961	Female	Grand Island	Nebraska	68803
3/14/1966	Female	Grand Island	Nebraska	68803
8/5/1975	Female	Grand Island	Nebraska	68803
1/11/1955	Female	Grand Island	Nebraska	68803
3/30/1955	Female	Grand Island	Nebraska	68803
10/28/1953	Female	Grand Island	Nebraska	68803
9/21/1975	Male	Grand Island	Nebraska	68803
1/17/1957	Female	Grand Island	Nebraska	68803
12/21/1973	Male	Grand Island	Nebraska	68803
8/27/1953	Male	Grand Island	Nebraska	68803
5/12/1957	Female	Grand Island	Nebraska	68803
1/7/1964	Female	Grand Island	Nebraska	68803
9/7/1959	Female	Grand Island	Nebraska	68803
8/27/1962	Male	Grand Island	Nebraska	68803
12/10/1973	Female	Grand Island	Nebraska	68803
9/24/1951	Female	Grand Island	Nebraska	68803
7/9/1980	Female	Grand Island	Nebraska	68803
1/18/1976	Female	Grand Island	Nebraska	68803
5/27/1978	Female	Grand Island	Nebraska	68803
2/24/1955	Male	Grand Island	Nebraska	68803
7/26/1986	Female	Grand Island	Nebraska	68803
9/26/1963	Female	Grand Island	Nebraska	68803
4/30/1959	Male	Grand Island	Nebraska	68803
12/13/1961	Female	Grand Island	Nebraska	68803
4/30/1992	Male	Grand Island	Nebraska	68803
12/12/1989	Female	Grand Island	Nebraska	68803
8/21/1975	Female	Grand Island	Nebraska	68803
12/5/1964	Male	Grand Island	Nebraska	68803
8/10/1953	Female	Grand Island	Nebraska	68803

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/2/1975	Female	Grand Island	Nebraska	68803
2/15/1960	Female	Grand Island	Nebraska	68803
2/12/1962	Female	Grand Island	Nebraska	68803
7/19/1979	Female	Grand Island	Nebraska	68803
5/6/1984	Female	Grand Island	Nebraska	68803
1/17/1989	Female	Grand Island	Nebraska	68803
6/13/1989	Female	Grand Island	Nebraska	68803
4/26/1968	Female	Grand Island	Nebraska	68803
12/12/1986	Male	Grand Island	Nebraska	68803
1/2/1962	Male	Grand Island	Nebraska	68803
11/21/1974	Female	Grand Island	Nebraska	68803
9/16/1987	Female	Grand Island	Nebraska	68803
2/2/1995	Female	Grand Island	Nebraska	68803
11/9/1975	Female	Grand Island	Nebraska	68803
2/23/1982	Female	Grand Island	Nebraska	68803
9/9/1982	Male	Grand Island	Nebraska	68803
1/16/1985	Male	Grand Island	Nebraska	68803
2/8/1986	Male	Grand Island	Nebraska	68803
6/10/1974	Female	Grand Island	Nebraska	68803
12/8/1980	Female	Grand Island	Nebraska	68803
5/1/1995	Female	Grand Island	Nebraska	68803
2/13/1991	Female	Grand Island	Nebraska	68803
6/18/1982	Female	Grand Island	Nebraska	68803
11/21/1987	Female	Grand Island	Nebraska	68803
2/15/1992	Female	Grand Island	Nebraska	68803
3/1/1988	Female	Grand Island	Nebraska	68803
10/6/1989	Female	Grand Island	Nebraska	68803
1/1/1978	Male	Grand Island	Nebraska	68803
3/8/1985	Male	Grand Island	Nebraska	68803
12/3/1964	Female	Grand Island	Nebraska	68803
3/9/1974	Female	Grand Island	Nebraska	68803
2/12/1975	Female	Grand Island	Nebraska	68803
9/29/1985	Female	Grand Island	Nebraska	68803
6/19/1983	Female	Grand Island	Nebraska	68803
8/13/1995	Female	Grand Island	Nebraska	68803
4/7/1974	Female	Grand Island	Nebraska	68803
5/21/1960	Male	Grand Island	Nebraska	68803
6/24/1975	Female	Grand Island	Nebraska	68803
8/7/1973	Male	Grand Island	Nebraska	68803
2/28/1987	Male	Grand Island	Nebraska	68803
7/1/1994	Female	Grand Island	Nebraska	68803

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/24/1959	Female	Grand Island	Nebraska	68803
9/13/1982	Male	Grand Island	Nebraska	68803
8/26/1958	Female	Grand Island	Nebraska	68803
7/14/1992	Female	Grand Island	Nebraska	68803
7/17/1965	Female	Grand Island	Nebraska	68803
1/30/1982	Female	Grand Island	Nebraska	68803
2/16/1990	Male	Grand Island	Nebraska	68803
1/5/1968	Female	Grand Island	Nebraska	68803
7/9/1992	Male	Grand Island	Nebraska	68803
6/2/1996	Female	Grand Island	Nebraska	68803
11/27/1950	Male	Grand Island	Nebraska	68803
7/31/1966	Male	Grand Island	Nebraska	68803
6/23/1965	Female	Grand Island	Nebraska	68803
6/30/1975	Female	Grand Island	Nebraska	68803
1/26/1964	Male	Grand Island	Nebraska	68803
9/18/1951	Female	Grand Island	Nebraska	68803
5/4/1972	Male	Grand Island	Nebraska	68803
11/1/1951	Male	Grand Island	Nebraska	68803
8/25/1957	Male	Grand Island	Nebraska	68803
6/12/1979	Female	Grand Island	Nebraska	68803
11/20/1969	Male	Grand Island	Nebraska	68803
10/8/1950	Male	Grand Island	Nebraska	68803
6/10/1951	Male	Grand Island	Nebraska	68803
3/3/1971	Male	Grand Island	Nebraska	68803
6/2/1955	Male	Grand Island	Nebraska	68803
6/4/1957	Male	Grand Island	Nebraska	68803
4/2/1963	Male	Grand Island	Nebraska	68803
1/29/1977	Male	Grand Island	Nebraska	68803
10/17/1961	Male	Grand Island	Nebraska	68803
8/29/1964	Male	Grand Island	Nebraska	68803
11/16/1985	Male	Grand Island	Nebraska	68803
7/7/1962	Male	Grand Island	Nebraska	68803
9/26/1967	Male	Grand Island	Nebraska	68803
5/24/1964	Male	Grand Island	Nebraska	68803
3/10/1985	Male	Grand Island	Nebraska	68803
4/4/1967	Female	Grand Island	Nebraska	68803
10/10/1966	Female	Grand Island	Nebraska	68803
4/24/1987	Male	Grand Island	Nebraska	68803
12/27/1977	Male	Grand Island	Nebraska	68803
7/8/1990	Male	Grand Island	Nebraska	68803
6/24/1986	Male	Grand Island	Nebraska	68803

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/19/1981	Female	Grand Island	Nebraska	68803
9/15/1974	Male	Grand Island	Nebraska	68803
12/30/1957	Male	Grand Island	Nebraska	68803
1/2/1976	Male	Grand Island	Nebraska	68803
1/4/1977	Male	Grand Island	Nebraska	68803
12/19/1967	Male	Grand Island	Nebraska	68803
5/22/1959	Male	Grand Island	Nebraska	68803
12/4/1970	Female	Grand Island	Nebraska	68803
3/6/1974	Male	Grand Island	Nebraska	68803
7/11/1970	Male	Grand Island	Nebraska	68803
10/12/1968	Female	Grand Island	Nebraska	68803
11/21/1967	Male	Grand Island	Nebraska	68803
1/20/1983	Male	Grand Island	Nebraska	68803
1/11/1981	Male	Grand Island	Nebraska	68803
9/23/1981	Female	Grand Island	Nebraska	68803
2/8/1978	Male	Grand Island	Nebraska	68803
10/20/1983	Male	Grand Island	Nebraska	68803
11/6/1961	Female	Grand Island	Nebraska	68803
3/24/1953	Female	Grand Island	Nebraska	68803
11/15/1951	Male	Grand Island	Nebraska	68803
9/19/1951	Female	Grand Island	Nebraska	68803
9/13/1965	Male	Grand Island	Nebraska	68803
10/28/1952	Female	Grand Island	Nebraska	68803
6/16/1963	Female	Grand Island	Nebraska	68803
2/24/1966	Female	Grand Island	Nebraska	68803
7/24/1982	Female	Grand Island	Nebraska	68803
6/21/1978	Female	Grand Island	Nebraska	68803
3/20/1992	Female	Grand Island	Nebraska	68803
3/17/1974	Female	Grand Island	Nebraska	68803
3/28/1987	Female	Grand Island	Nebraska	68803
6/9/1959	Female	Grand Island	Nebraska	68803
8/18/1955	Male	Grand Island	Nebraska	68803
6/1/1993	Female	Grand Island	Nebraska	68803
3/3/1977	Female	Grand Island	Nebraska	68803
2/13/1981	Female	Grand Island	Nebraska	68803
11/23/1965	Female	Grand Island	Nebraska	68803
11/24/1961	Female	Alda	Nebraska	68810
5/23/1960	Female	Alda	Nebraska	68810
4/26/1953	Female	Alda	Nebraska	68810
4/19/1983	Female	Alda	Nebraska	68810
3/15/1956	Female	Amherst	Nebraska	68812

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/19/1957	Female	Amherst	Nebraska	68812
10/25/1993	Female	Amherst	Nebraska	68812
2/19/1960	Female	Amherst	Nebraska	68812
8/4/1948	Male	Anselmo	Nebraska	68813
10/7/1952	Female	Anselmo	Nebraska	68813
9/18/1965	Male	Anselmo	Nebraska	68813
9/23/1986	Female	Anselmo	Nebraska	68813
5/26/1947	Male	Ansley	Nebraska	68814
10/20/1960	Male	Ansley	Nebraska	68814
11/28/1962	Male	Ansley	Nebraska	68814
1/22/1971	Male	Ansley	Nebraska	68814
4/11/1963	Female	Ansley	Nebraska	68814
10/17/1975	Male	Arcadia	Nebraska	68815
9/20/1955	Male	Arcadia	Nebraska	68815
1/8/1979	Male	Arcadia	Nebraska	68815
6/19/1983	Male	Arcadia	Nebraska	68815
12/12/1964	Female	Archer	Nebraska	68816
10/21/1959	Female	Ashton	Nebraska	68817
7/16/1963	Male	Ashton	Nebraska	68817
7/24/1990	Male	Ashton	Nebraska	68817
4/7/1985	Male	Ashton	Nebraska	68817
11/27/1959	Female	Ashton	Nebraska	68817
1/8/1973	Male	Aurora	Nebraska	68818
10/12/1980	Male	Aurora	Nebraska	68818
4/8/1968	Female	Aurora	Nebraska	68818
2/23/1990	Male	Aurora	Nebraska	68818
3/4/1983	Female	Aurora	Nebraska	68818
6/9/1983	Female	Aurora	Nebraska	68818
12/11/1960	Female	Aurora	Nebraska	68818
1/2/1962	Female	Aurora	Nebraska	68818
11/13/1982	Female	Aurora	Nebraska	68818
2/19/1978	Male	Aurora	Nebraska	68818
3/9/1959	Male	Aurora	Nebraska	68818
12/25/1952	Female	Aurora	Nebraska	68818
4/23/1952	Male	Aurora	Nebraska	68818
2/18/1951	Male	Aurora	Nebraska	68818
11/13/1963	Female	Aurora	Nebraska	68818
9/6/1984	Female	Aurora	Nebraska	68818
2/16/1983	Female	Aurora	Nebraska	68818
2/22/1994	Female	Aurora	Nebraska	68818
6/20/1983	Female	Aurora	Nebraska	68818

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/11/1957	Male	Aurora	Nebraska	68818
2/8/1963	Female	Aurora	Nebraska	68818
10/31/1952	Male	Aurora	Nebraska	68818
4/10/1966	Male	Aurora	Nebraska	68818
12/19/1960	Male	Aurora	Nebraska	68818
5/31/1960	Male	Aurora	Nebraska	68818
10/30/1988	Male	Aurora	Nebraska	68818
7/1/1976	Male	Aurora	Nebraska	68818
6/29/1965	Male	Aurora	Nebraska	68818
12/16/1975	Male	Aurora	Nebraska	68818
5/26/1966	Male	Aurora	Nebraska	68818
5/17/1971	Male	Aurora	Nebraska	68818
4/7/1977	Male	Aurora	Nebraska	68818
7/17/1966	Male	Aurora	Nebraska	68818
3/14/1964	Male	Aurora	Nebraska	68818
7/19/1970	Male	Aurora	Nebraska	68818
12/25/1970	Male	Aurora	Nebraska	68818
10/12/1971	Male	Aurora	Nebraska	68818
2/4/1985	Male	Aurora	Nebraska	68818
10/16/1980	Male	Aurora	Nebraska	68818
11/12/1971	Female	Aurora	Nebraska	68818
3/28/1976	Female	Aurora	Nebraska	68818
5/15/1970	Female	Aurora	Nebraska	68818
8/11/1955	Female	Boelus	Nebraska	68820
12/9/1959	Female	Boelus	Nebraska	68820
7/16/1965	Male	Boelus	Nebraska	68820
6/10/1987	Male	Boelus	Nebraska	68820
7/15/1960	Male	Boelus	Nebraska	68820
12/21/1949	Male	Brewster	Nebraska	68821
9/8/1951	Male	Broken Bow	Nebraska	68822
11/14/1955	Male	Broken Bow	Nebraska	68822
8/8/1981	Male	Broken Bow	Nebraska	68822
9/28/1957	Male	Broken Bow	Nebraska	68822
1/15/1951	Female	Broken Bow	Nebraska	68822
5/12/1963	Female	Broken Bow	Nebraska	68822
5/17/1951	Female	Broken Bow	Nebraska	68822
5/16/1952	Female	Broken Bow	Nebraska	68822
6/20/1955	Female	Broken Bow	Nebraska	68822
11/11/1969	Female	Broken Bow	Nebraska	68822
8/10/1965	Female	Broken Bow	Nebraska	68822
9/13/1969	Female	Broken Bow	Nebraska	68822

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/27/1982	Female	Broken Bow	Nebraska	68822
4/8/1950	Female	Broken Bow	Nebraska	68822
7/6/1967	Female	Broken Bow	Nebraska	68822
5/29/1972	Male	Broken Bow	Nebraska	68822
12/9/1954	Male	Broken Bow	Nebraska	68822
6/13/1977	Male	Broken Bow	Nebraska	68822
9/5/1967	Female	Broken Bow	Nebraska	68822
10/26/1952	Male	Broken Bow	Nebraska	68822
10/13/1955	Male	Broken Bow	Nebraska	68822
6/4/1985	Male	Broken Bow	Nebraska	68822
8/5/1956	Male	Broken Bow	Nebraska	68822
4/29/1977	Male	Broken Bow	Nebraska	68822
11/25/1966	Male	Broken Bow	Nebraska	68822
3/24/1969	Male	Broken Bow	Nebraska	68822
7/29/1969	Male	Broken Bow	Nebraska	68822
8/17/1960	Female	Broken Bow	Nebraska	68822
3/10/1961	Female	Broken Bow	Nebraska	68822
4/15/1989	Male	Broken Bow	Nebraska	68822
2/9/1968	Female	Broken Bow	Nebraska	68822
11/2/1993	Female	Broken Bow	Nebraska	68822
10/20/1968	Male	BURWELL	Nebraska	68823
8/16/1967	Male	Burwell	Nebraska	68823
12/5/1953	Male	Burwell	Nebraska	68823
6/11/1954	Male	Burwell	Nebraska	68823
10/6/1981	Male	Burwell	Nebraska	68823
10/25/1967	Male	Burwell	Nebraska	68823
1/1/1958	Female	Burwell	Nebraska	68823
5/26/1985	Male	Burwell	Nebraska	68823
10/25/1988	Male	Burwell	Nebraska	68823
6/13/1951	Female	Burwell	Nebraska	68823
12/31/1958	Male	Burwell	Nebraska	68823
1/4/1973	Male	Burwell	Nebraska	68823
11/13/1972	Male	Burwell	Nebraska	68823
7/7/1964	Male	Burwell	Nebraska	68823
2/12/1975	Male	Burwell	Nebraska	68823
12/19/1954	Male	Burwell	Nebraska	68823
6/8/1957	Male	Burwell	Nebraska	68823
6/5/1990	Male	Burwell	Nebraska	68823
1/29/1972	Female	Cairo	Nebraska	68824
2/22/1981	Female	Cairo	Nebraska	68824
1/7/1980	Male	Cairo	Nebraska	68824

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/29/1965	Male	Cairo	Nebraska	68824
1/30/1957	Female	Cairo	Nebraska	68824
1/19/1954	Female	Cairo	Nebraska	68824
11/19/1966	Female	Cairo	Nebraska	68824
11/24/1965	Male	Cairo	Nebraska	68824
8/10/1965	Female	Cairo	Nebraska	68824
5/30/1991	Male	Cairo	Nebraska	68824
7/26/1957	Male	Cairo	Nebraska	68824
1/4/1981	Female	Cairo	Nebraska	68824
5/23/1990	Female	Cairo	Nebraska	68824
7/23/1957	Female	Cairo	Nebraska	68824
1/20/1961	Female	Cairo	Nebraska	68824
12/12/1978	Male	Cairo	Nebraska	68824
5/27/1975	Female	Cairo	Nebraska	68824
5/12/1975	Female	Cario	Nebraska	68824
4/20/1971	Female	Callaway	Nebraska	68825
2/24/1986	Male	Callaway	Nebraska	68825
10/3/1960	Male	Callaway	Nebraska	68825
12/29/1951	Male	Central City	Nebraska	68826
8/16/1964	Male	Central City	Nebraska	68826
3/31/1992	Male	Central City	Nebraska	68826
8/22/1978	Male	Central City	Nebraska	68826
7/12/1972	Male	Central City	Nebraska	68826
1/19/1972	Female	Central City	Nebraska	68826
12/20/1995	Female	Central City	Nebraska	68826
3/20/1966	Female	Central City	Nebraska	68826
7/27/1957	Female	Central City	Nebraska	68826
7/13/1974	Female	Central City	Nebraska	68826
2/22/1988	Female	Central City	Nebraska	68826
8/20/1955	Male	Central City	Nebraska	68826
1/12/1987	Female	Central City	Nebraska	68826
5/10/1979	Female	Central City	Nebraska	68826
8/31/1968	Male	Central City	Nebraska	68826
1/26/1965	Male	Central City	Nebraska	68826
10/15/1966	Male	Central City	Nebraska	68826
10/15/1972	Male	Central City	Nebraska	68826
1/5/1963	Male	Central City	Nebraska	68826
7/30/1961	Female	Central City	Nebraska	68826
4/8/1962	Female	Central City	Nebraska	68826
7/18/1959	Female	Central City	Nebraska	68826
12/22/1953	Female	Central City	Nebraska	68826



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/24/1972	Female	Central City	Nebraska	68826
7/4/1962	Female	Central City	Nebraska	68826
6/19/1989	Female	Central City	Nebraska	68826
3/30/1969	Male	Central City	Nebraska	68826
11/5/1966	Female	Central City	Nebraska	68826
12/26/1949	Female	Chapman	Nebraska	68827
10/23/1995	Female	Chapman	Nebraska	68827
11/17/1984	Male	Chapman	Nebraska	68827
8/15/1968	Male	Chapman	Nebraska	68827
7/30/1966	Male	Chapman	Nebraska	68827
3/19/1964	Male	Chapman	Nebraska	68827
5/20/1978	Male	Chapman	Nebraska	68827
5/7/1963	Female	Comstock	Nebraska	68828
7/23/1956	Male	Dannebrog	Nebraska	68831
9/20/1961	Female	Dannebrog	Nebraska	68831
11/12/1955	Female	Dannebrog	Nebraska	68831
12/30/1964	Male	Dannebrog	Nebraska	68831
12/31/1973	Female	Dannebrog	Nebraska	68831
7/9/1971	Female	Dannebrog	Nebraska	68831
7/4/1953	Male	Dannebrog	Nebraska	68831
5/23/1971	Male	Dannebrog	Nebraska	68831
2/2/1968	Female	Dannebrog	Nebraska	68831
7/17/1952	Male	Doniphan	Nebraska	68832
4/14/1963	Male	Doniphan	Nebraska	68832
1/26/1948	Female	Doniphan	Nebraska	68832
7/12/1990	Male	Doniphan	Nebraska	68832
4/4/1967	Female	Doniphan	Nebraska	68832
4/27/1965	Female	Doniphan	Nebraska	68832
11/16/1980	Female	Doniphan	Nebraska	68832
5/5/1985	Female	Doniphan	Nebraska	68832
1/23/1986	Female	Doniphan	Nebraska	68832
12/4/1984	Female	Doniphan	Nebraska	68832
8/4/1952	Male	Doniphan	Nebraska	68832
10/3/1966	Male	Doniphan	Nebraska	68832
11/17/1971	Male	Doniphan	Nebraska	68832
11/8/1948	Female	Doniphan	Nebraska	68832
1/7/1952	Male	Doniphan	Nebraska	68832
12/23/1983	Female	Doniphan	Nebraska	68832
6/25/1971	Male	Doniphan	Nebraska	68832
9/4/1986	Female	Doniphan	Nebraska	68832
6/14/1971	Male	Eddyville	Nebraska	68834

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/12/1954	Female	Elba	Nebraska	68835
9/8/1967	Female	Cotesfield	Nebraska	68835
3/14/1953	Male	Elba	Nebraska	68835
10/15/1960	Male	Elba	Nebraska	68835
7/20/1966	Male	Elm Creek	Nebraska	68836
10/23/1992	Female	Elm Creek	Nebraska	68836
1/6/1962	Male	Elm Creek	Nebraska	68836
4/22/1955	Male	Elm Creek	Nebraska	68836
3/5/1966	Female	Elm Creek	Nebraska	68836
3/9/1960	Male	Elm Creek	Nebraska	68836
11/6/1968	Female	Elm Creek	Nebraska	68836
5/7/1950	Female	Elm Creek	Nebraska	68836
12/1/1990	Female	Elm Creek	Nebraska	68836
12/31/1988	Male	Elm Creek	Nebraska	68836
6/24/1951	Male	Gibbon	Nebraska	68840
11/25/1977	Male	Gibbon	Nebraska	68840
12/8/1964	Male	Gibbon	Nebraska	68840
6/19/1965	Female	Gibbon	Nebraska	68840
8/14/1992	Male	Gibbon	Nebraska	68840
2/20/1952	Male	Gibbon	Nebraska	68840
9/12/1997	Male	Gibbon	Nebraska	68840
4/6/1977	Female	Gibbon	Nebraska	68840
9/2/1975	Female	Gibbon	Nebraska	68840
5/1/1973	Female	Gibbon	Nebraska	68840
4/2/1989	Female	Gibbon	Nebraska	68840
4/25/1988	Female	GIBBON	Nebraska	68840
8/1/1960	Female	Gibbon	Nebraska	68840
8/14/1990	Female	Gibbon	Nebraska	68840
11/28/1991	Female	Gibbon	Nebraska	68840
11/2/1990	Male	Giltner	Nebraska	68841
9/6/1960	Female	Giltner	Nebraska	68841
9/21/1980	Female	Giltner	Nebraska	68841
3/7/1967	Female	Giltner	Nebraska	68841
5/19/1966	Male	Giltner	Nebraska	68841
9/26/1967	Male	Giltner	Nebraska	68841
7/24/1980	Female	Greeley	Nebraska	68842
8/1/1958	Male	Greeley	Nebraska	68842
7/7/1952	Male	Greeley	Nebraska	68842
7/1/1955	Male	Greeley	Nebraska	68842
5/18/1953	Male	Greeley	Nebraska	68842
7/23/1988	Male	Greeley	Nebraska	68842

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/27/1952	Female	Greeley	Nebraska	68842
2/4/1955	Male	HAMPTON	Nebraska	68843
12/2/1963	Male	Hampton	Nebraska	68843
8/22/1971	Female	Hampton	Nebraska	68843
1/20/1954	Male	Hampton	Nebraska	68843
3/14/1955	Female	Hampton	Nebraska	68843
8/15/1951	Male	Hampton	Nebraska	68843
6/15/1978	Male	Hampton	Nebraska	68843
10/14/1955	Female	Hampton	Nebraska	68843
3/10/1967	Female	Hazard	Nebraska	68844
2/28/1960	Male	Kearney	Nebraska	68845
12/19/1973	Male	Kearney	Nebraska	68845
6/6/1962	Male	Kearney	Nebraska	68845
10/29/1952	Male	Kearney	Nebraska	68845
7/25/1979	Female	Kearney	Nebraska	68845
1/6/1972	Female	Kearney	Nebraska	68845
2/18/1955	Female	Kearney	Nebraska	68845
6/18/1959	Female	Kearney	Nebraska	68845
2/15/1994	Female	KEARNEY	Nebraska	68845
2/17/1991	Female	KEARNEY	Nebraska	68845
12/13/1992	Female	Kearney	Nebraska	68845
1/3/1959	Female	Kearney	Nebraska	68845
5/25/1952	Male	Kearney	Nebraska	68845
3/17/1951	Female	Kearney	Nebraska	68845
6/18/1970	Female	Kearney	Nebraska	68845
2/24/1965	Female	Kearney	Nebraska	68845
4/20/1961	Female	Kearney	Nebraska	68845
7/25/1943	Male	Kearney	Nebraska	68845
4/2/1982	Female	Kearney	Nebraska	68845
9/16/1988	Male	Kearney	Nebraska	68845
6/12/1989	Male	Kearney	Nebraska	68845
10/30/1971	Female	Kearney	Nebraska	68845
5/4/1964	Male	Kearney	Nebraska	68845
5/13/1950	Male	Kearney	Nebraska	68845
2/24/1969	Male	Kearney	Nebraska	68845
4/12/1952	Female	Kearney	Nebraska	68845
12/17/1994	Female	Kearney	Nebraska	68845
8/17/1986	Male	Kearney	Nebraska	68845
5/15/1994	Male	Kearney	Nebraska	68845
4/17/1989	Male	Kearney	Nebraska	68845
2/15/1957	Female	Kearney	Nebraska	68845

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/20/1962	Female	Kearney	Nebraska	68845
3/24/1964	Male	Kearney	Nebraska	68845
7/9/1963	Male	Kearney	Nebraska	68845
1/15/1974	Female	Kearney	Nebraska	68845
1/5/1970	Female	Kearney	Nebraska	68845
8/31/1972	Male	Kearney	Nebraska	68845
11/6/1961	Female	Kearney	Nebraska	68845
10/13/1963	Female	Kearney	Nebraska	68845
10/15/1968	Female	Kearney	Nebraska	68845
2/15/1971	Male	Kearney	Nebraska	68845
8/31/1979	Female	Kearney	Nebraska	68845
11/7/1963	Female	Kearney	Nebraska	68845
12/26/1963	Male	Kearney	Nebraska	68845
6/13/1975	Male	Kearney	Nebraska	68845
3/4/1972	Male	Kearney	Nebraska	68845
4/6/1960	Male	Kearney	Nebraska	68845
8/24/1954	Male	Kearney	Nebraska	68845
1/19/1953	Female	Kearney	Nebraska	68845
4/27/1955	Female	Kearney	Nebraska	68845
7/8/1958	Female	Kearney	Nebraska	68845
10/29/1963	Male	Kearney	Nebraska	68845
10/8/1969	Male	Kearney	Nebraska	68845
9/7/1970	Female	Kearney	Nebraska	68845
2/6/1954	Male	Kearney	Nebraska	68845
12/26/1959	Male	Kearney	Nebraska	68845
11/4/1958	Female	Kearney	Nebraska	68845
2/25/1957	Male	Kearney	Nebraska	68845
7/5/1963	Male	Kearney	Nebraska	68845
12/7/1968	Male	Kearney	Nebraska	68845
9/7/1953	Female	Kearney	Nebraska	68845
1/25/1984	Male	Kearney	Nebraska	68845
1/24/1979	Male	Kearney	Nebraska	68845
5/8/1978	Male	Kearney	Nebraska	68845
2/2/1981	Male	Kearney	Nebraska	68845
4/25/1988	Male	Kearney	Nebraska	68845
12/19/1964	Female	Kearney	Nebraska	68845
6/3/1981	Female	Kearney	Nebraska	68845
9/9/1949	Male	Kearney	Nebraska	68845
3/29/1948	Female	Kearney	Nebraska	68845
4/17/1988	Female	Kearney	Nebraska	68845
6/9/1974	Male	Kearney	Nebraska	68845

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/29/1982	Female	Kearney	Nebraska	68845
9/16/1974	Female	Kearney	Nebraska	68845
3/29/1989	Male	Kearney	Nebraska	68845
2/27/1990	Female	Kearney	Nebraska	68845
10/4/1973	Male	Kearney	Nebraska	68845
1/7/1984	Male	Kearney	Nebraska	68845
5/5/1953	Male	Kearney	Nebraska	68845
4/25/1966	Female	Kearney	Nebraska	68845
9/20/1989	Male	Kearney	Nebraska	68845
5/1/1981	Male	Kearney	Nebraska	68845
2/3/1981	Female	Kearney	Nebraska	68845
7/30/1973	Female	Kearney	Nebraska	68845
5/16/1989	Male	Kearney	Nebraska	68845
2/8/1982	Female	Kearney	Nebraska	68845
9/26/1986	Female	Kearney	Nebraska	68845
8/24/1970	Female	Kearney	Nebraska	68845
5/9/1988	Female	Kearney	Nebraska	68845
6/25/1988	Male	Kearney	Nebraska	68845
11/24/1978	Female	Kearney	Nebraska	68845
12/31/1990	Male	Kearney	Nebraska	68845
3/28/1978	Female	Kearney	Nebraska	68845
6/16/1990	Female	Kearney	Nebraska	68845
9/3/1987	Male	Kearney	Nebraska	68845
11/5/1986	Female	Kearney	Nebraska	68845
7/24/1960	Female	Kearney	Nebraska	68845
11/10/1992	Male	Kearney	Nebraska	68845
8/11/1987	Female	Kearney	Nebraska	68845
7/6/1973	Male	Kearney	Nebraska	68845
1/15/1951	Male	Kearney	Nebraska	68845
1/14/1990	Female	Kearney	Nebraska	68845
5/21/1990	Male	Kearney	Nebraska	68845
6/21/1990	Female	Kearney	Nebraska	68845
4/25/1987	Female	Kearney	Nebraska	68845
2/6/1963	Male	Kearney	Nebraska	68845
5/20/1958	Female	Kearney	Nebraska	68845
5/16/1991	Male	Kearney	Nebraska	68845
8/7/1989	Male	Kearney	Nebraska	68845
12/27/1973	Male	Kearney	Nebraska	68845
11/8/1980	Female	Kearney	Nebraska	68845
12/10/1992	Male	Kearney	Nebraska	68845
9/6/1961	Female	Kearney	Nebraska	68845

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/29/1992	Female	Kearney	Nebraska	68845
12/2/1981	Female	Kearney	Nebraska	68845
5/25/1976	Male	Kearney	Nebraska	68845
3/4/1992	Male	Kearney	Nebraska	68845
5/5/1994	Male	Kearney	Nebraska	68845
4/26/1986	Female	Kearney	Nebraska	68845
1/14/1980	Male	Kearney	Nebraska	68845
9/27/1986	Male	Kearney	Nebraska	68845
8/23/1967	Female	Kearney	Nebraska	68845
2/17/1994	Male	KEARNEY	Nebraska	68845
12/21/1966	Female	Kearney	Nebraska	68845
6/23/1997	Female	Kearney	Nebraska	68845
7/26/1978	Male	Kearney	Nebraska	68845
4/1/1961	Male	Kearney	Nebraska	68845
11/29/1958	Female	Kearney	Nebraska	68845
11/2/1994	Male	Kearney	Nebraska	68845
10/22/1987	Male	Kearney	Nebraska	68845
3/17/1947	Male	Kearney	Nebraska	68845
3/10/1994	Female	Kearney	Nebraska	68845
3/9/1942	Male	Kearney	Nebraska	68845
9/26/1953	Male	Kearney	Nebraska	68845
10/10/1968	Male	Kearney	Nebraska	68845
9/27/1954	Male	Kearney	Nebraska	68845
5/6/1962	Female	Kearney	Nebraska	68845
11/3/1957	Male	Kearney	Nebraska	68845
12/30/1964	Male	Kearney	Nebraska	68845
2/15/1957	Male	Kearney	Nebraska	68845
8/27/1953	Male	Kearney	Nebraska	68845
5/28/1967	Male	Kearney	Nebraska	68845
10/2/1990	Male	Kearney	Nebraska	68845
7/14/1958	Male	Kearney	Nebraska	68845
4/9/1984	Male	Kearney	Nebraska	68845
3/22/1972	Male	Kearney	Nebraska	68845
12/29/1990	Male	Kearney	Nebraska	68845
10/20/1989	Male	Kearney	Nebraska	68845
4/21/1972	Male	Kearney	Nebraska	68845
6/4/1971	Male	Kearney	Nebraska	68845
10/16/1976	Male	Kearney	Nebraska	68845
3/2/1979	Male	Kearney	Nebraska	68845
1/11/1953	Male	Kearney	Nebraska	68845
8/13/1950	Female	Kearney	Nebraska	68845

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/29/1950	Female	Kearney	Nebraska	68845
11/1/1970	Female	Kearney	Nebraska	68845
8/13/1975	Male	Kearney	Nebraska	68845
5/31/1977	Female	Kearney	Nebraska	68845
6/25/1956	Female	Kearney	Nebraska	68845
12/14/1984	Male	Kearney	Nebraska	68845
1/22/1983	Female	Kearney	Nebraska	68845
8/28/1948	Male	Kearney	Nebraska	68845
8/6/1981	Female	Kearney	Nebraska	68845
1/19/1990	Male	Kearney	Nebraska	68845
4/30/1990	Female	Kearney	Nebraska	68845
4/26/1974	Female	Kearney	Nebraska	68845
9/8/1991	Female	Kearney	Nebraska	68845
6/6/1953	Male	Kearney	Nebraska	68845
10/5/1982	Female	Kearney	Nebraska	68845
8/4/1970	Male	Kearney	Nebraska	68845
8/29/1993	Female	Kearney	Nebraska	68845
11/4/1992	Female	Kearney	Nebraska	68845
1/16/1959	Male	Kearney	Nebraska	68845
3/28/1963	Female	Hordville	Nebraska	68846
3/17/1958	Female	Hordville	Nebraska	68846
3/26/1991	Male	Kearney	Nebraska	68847
7/20/1955	Female	Kearney	Nebraska	68847
5/9/1972	Male	Kearney	Nebraska	68847
12/23/1962	Male	Kearney	Nebraska	68847
6/10/1992	Male	Kearney	Nebraska	68847
7/26/1985	Female	Kearney	Nebraska	68847
8/12/1959	Male	Kearney	Nebraska	68847
7/7/1993	Female	Kearney	Nebraska	68847
4/25/1954	Female	Kearney	Nebraska	68847
7/29/1957	Female	Kearney	Nebraska	68847
5/15/1970	Female	Kearney	Nebraska	68847
6/1/1954	Female	Kearney	Nebraska	68847
12/18/1986	Female	Kearney	Nebraska	68847
9/29/1982	Female	Kearney	Nebraska	68847
1/20/1956	Male	Kearney	Nebraska	68847
3/25/1960	Male	Kearney	Nebraska	68847
9/24/1950	Male	Kearney	Nebraska	68847
11/13/1967	Male	Kearney	Nebraska	68847
3/11/1948	Male	Kearney	Nebraska	68847
12/7/1979	Male	Kearney	Nebraska	68847

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/24/1954	Female	Kearney	Nebraska	68847
11/2/1976	Male	Kearney	Nebraska	68847
5/31/1967	Female	Kearney	Nebraska	68847
9/1/1952	Male	Kearney	Nebraska	68847
1/2/1955	Female	Kearney	Nebraska	68847
2/28/1967	Male	Kearney	Nebraska	68847
4/22/1969	Female	Kearney	Nebraska	68847
10/6/1960	Male	Kearney	Nebraska	68847
2/9/1963	Male	Kearney	Nebraska	68847
1/20/1966	Male	Kearney	Nebraska	68847
4/12/1968	Male	Kearney	Nebraska	68847
9/29/1970	Male	Kearney	Nebraska	68847
9/17/1962	Female	Kearney	Nebraska	68847
11/18/1959	Male	Kearney	Nebraska	68847
6/22/1964	Male	Kearney	Nebraska	68847
6/16/1952	Female	Kearney	Nebraska	68847
12/12/1964	Male	Kearney	Nebraska	68847
2/6/1978	Female	Kearney	Nebraska	68847
5/13/1979	Female	Kearney	Nebraska	68847
3/7/1983	Female	Kearney	Nebraska	68847
1/31/1972	Male	Kearney	Nebraska	68847
6/11/1977	Female	Kearney	Nebraska	68847
2/12/1986	Male	Kearney	Nebraska	68847
8/18/1971	Female	Kearney	Nebraska	68847
4/15/1966	Male	Kearney	Nebraska	68847
10/11/1966	Female	Kearney	Nebraska	68847
8/16/1959	Male	Kearney	Nebraska	68847
11/23/1956	Female	Kearney	Nebraska	68847
5/1/1983	Female	Kearney	Nebraska	68847
5/25/1975	Male	Kearney	Nebraska	68847
10/10/1980	Male	Kearney	Nebraska	68847
3/13/1987	Female	Kearney	Nebraska	68847
11/12/1969	Female	Kearney	Nebraska	68847
3/8/1990	Male	Kearney	Nebraska	68847
1/25/1986	Male	Kearney	Nebraska	68847
3/27/1993	Female	Kearney	Nebraska	68847
7/18/1983	Male	Kearney	Nebraska	68847
3/30/1967	Male	Kearney	Nebraska	68847
6/6/1987	Female	Kearney	Nebraska	68847
12/18/1984	Female	Kearney	Nebraska	68847
9/17/1971	Male	Kearney	Nebraska	68847



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/16/1988	Male	Kearney	Nebraska	68847
11/10/1988	Female	Kearney	Nebraska	68847
2/19/1963	Female	Kearney	Nebraska	68847
11/18/1982	Female	Kearney	Nebraska	68847
7/6/1970	Female	Kearney	Nebraska	68847
3/22/1960	Female	Kearney	Nebraska	68847
8/15/1971	Female	Kearney	Nebraska	68847
2/19/1958	Female	Kearney	Nebraska	68847
8/18/1990	Male	Kearney	Nebraska	68847
3/5/1991	Male	Kearney	Nebraska	68847
10/26/1989	Male	Kearney	Nebraska	68847
4/10/1989	Female	Kearney	Nebraska	68847
8/13/1986	Male	Kearney	Nebraska	68847
11/21/1985	Male	Kearney	Nebraska	68847
6/1/1959	Female	Kearney	Nebraska	68847
10/27/1959	Female	Kearney	Nebraska	68847
8/2/1973	Female	Kearney	Nebraska	68847
11/17/1990	Female	Kearney	Nebraska	68847
2/22/1992	Male	Kearney	Nebraska	68847
9/30/1977	Female	Kearney	Nebraska	68847
4/7/1991	Male	Kearney	Nebraska	68847
9/29/1986	Female	Kearney	Nebraska	68847
4/12/1981	Female	Kearney	Nebraska	68847
11/14/1987	Male	Kearney	Nebraska	68847
10/27/1992	Female	Kearney	Nebraska	68847
4/30/1980	Male	Kearney	Nebraska	68847
12/19/1967	Male	Kearney	Nebraska	68847
10/28/1989	Male	Kearney	Nebraska	68847
6/27/1975	Female	Kearney	Nebraska	68847
12/4/1990	Female	Kearney	Nebraska	68847
11/6/1974	Male	Kearney	Nebraska	68847
1/28/1984	Female	Kearney	Nebraska	68847
5/3/1976	Male	Kearney	Nebraska	68847
12/10/1986	Male	Kearney	Nebraska	68847
5/16/1994	Male	Kearney	Nebraska	68847
11/10/1989	Female	Kearney	Nebraska	68847
7/18/1994	Male	Kearney	Nebraska	68847
9/18/1973	Male	Kearney	Nebraska	68847
4/27/1991	Female	Kearney	Nebraska	68847
3/1/1989	Female	Kearney	Nebraska	68847
11/24/1955	Male	Kearney	Nebraska	68847

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/20/1946	Female	Kearney	Nebraska	68847
12/11/1955	Female	Kearney	Nebraska	68847
9/18/1989	Male	Kearney	Nebraska	68847
7/17/1956	Male	Kearney	Nebraska	68847
3/20/1955	Male	Kearney	Nebraska	68847
6/2/1967	Female	Kearney	Nebraska	68847
10/25/1963	Male	Kearney	Nebraska	68847
10/15/1975	Male	Kearney	Nebraska	68847
9/5/1957	Male	Kearney	Nebraska	68847
11/12/1977	Male	Kearney	Nebraska	68847
1/8/1959	Male	Kearney	Nebraska	68847
9/11/1951	Male	Kearney	Nebraska	68847
3/16/1974	Male	Kearney	Nebraska	68847
2/6/1984	Male	Kearney	Nebraska	68847
8/15/1958	Male	Kearney	Nebraska	68847
10/12/1962	Male	Kearney	Nebraska	68847
7/3/1990	Male	Kearney	Nebraska	68847
4/7/1962	Male	Kearney	Nebraska	68847
8/27/1981	Male	Kearney	Nebraska	68847
1/12/1966	Male	Kearney	Nebraska	68847
1/15/1976	Male	Kearney	Nebraska	68847
9/8/1976	Male	Kearney	Nebraska	68847
2/27/1969	Male	Kearney	Nebraska	68847
4/20/1980	Female	Kearney	Nebraska	68847
9/26/1952	Female	Kearney	Nebraska	68847
5/7/1955	Female	Kearney	Nebraska	68847
11/16/1955	Male	Kearney	Nebraska	68847
1/12/1980	Male	Kearney	Nebraska	68847
7/3/1985	Female	Kearney	Nebraska	68847
3/23/1961	Female	Kearney	Nebraska	68847
5/7/1971	Female	Kearney	Nebraska	68847
6/18/1969	Female	Kearney	Nebraska	68847
2/11/1975	Female	Kearney	Nebraska	68847
6/5/1981	Female	Kearney	Nebraska	68847
5/1/1979	Male	Kearney	Nebraska	68847
10/28/1988	Female	Kearney	Nebraska	68847
7/1/1982	Female	Kearney	Nebraska	68847
10/18/1972	Female	Kearney	Nebraska	68848
5/9/1961	Female	Kearney	Nebraska	68848
12/30/1965	Female	Kearney	Nebraska	68848
5/24/1952	Female	Kearney	Nebraska	68848

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/4/1957	Female	Kearney	Nebraska	68848
3/27/1953	Male	Kearney	Nebraska	68848
1/4/1978	Female	Kearney	Nebraska	68848
9/21/1954	Female	Lexington	Nebraska	68850
12/12/1965	Female	Lexington	Nebraska	68850
3/9/1954	Female	LEXINGTON	Nebraska	68850
2/25/1964	Female	Lexington	Nebraska	68850
12/12/1973	Female	Lexington	Nebraska	68850
10/7/1955	Female	Lexington	Nebraska	68850
3/19/1956	Female	Lexington	Nebraska	68850
7/29/1966	Female	Lexington	Nebraska	68850
3/31/1959	Female	Lexington	Nebraska	68850
7/11/1958	Female	Lexington	Nebraska	68850
7/12/1976	Female	Lexington	Nebraska	68850
5/8/1962	Female	Lexington	Nebraska	68850
12/26/1985	Female	Lexington	Nebraska	68850
1/29/1977	Female	Lexington	Nebraska	68850
8/24/1958	Female	Lexington	Nebraska	68850
12/6/1959	Female	Lexington	Nebraska	68850
5/10/1948	Female	Lexington	Nebraska	68850
6/29/1967	Female	Lexington	Nebraska	68850
6/3/1986	Female	Lexington	Nebraska	68850
6/14/1987	Female	Lexington	Nebraska	68850
4/25/1989	Female	Lexington	Nebraska	68850
12/6/1958	Female	Lexington	Nebraska	68850
2/15/1981	Male	Lexington	Nebraska	68850
3/8/1991	Female	Lexington	Nebraska	68850
10/24/1985	Female	Lexington	Nebraska	68850
5/7/1991	Female	Lexington	Nebraska	68850
11/25/1987	Female	Lexington	Nebraska	68850
2/5/1988	Female	Lexington	Nebraska	68850
11/20/1990	Female	Lexington	Nebraska	68850
4/21/1991	Female	Lexinton	Nebraska	68850
5/11/1977	Female	Lexington	Nebraska	68850
4/15/1989	Female	Lexington	Nebraska	68850
4/21/1991	Female	Lexington	Nebraska	68850
7/24/1991	Female	Lexington	Nebraska	68850
12/7/1991	Female	Lexington	Nebraska	68850
1/2/1989	Female	Lexington	Nebraska	68850
11/25/1992	Female	Lexington	Nebraska	68850
3/23/1993	Male	Lexington	Nebraska	68850

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/27/1969	Female	Lexington	Nebraska	68850
1/10/1992	Female	Lexington	Nebraska	68850
10/19/1991	Female	Lexington	Nebraska	68850
5/21/1993	Male	Lexington	Nebraska	68850
4/11/1987	Male	Lexington	Nebraska	68850
1/22/1981	Male	Lexington	Nebraska	68850
9/18/1981	Female	Lexington	Nebraska	68850
1/26/1954	Male	Lexington	Nebraska	68850
10/17/1955	Male	Lexington	Nebraska	68850
8/23/1955	Male	Lexington	Nebraska	68850
11/10/1969	Male	Lexington	Nebraska	68850
7/3/1969	Male	Lexington	Nebraska	68850
8/19/1981	Male	Lexington	Nebraska	68850
8/2/1971	Male	Lexington	Nebraska	68850
3/4/1987	Female	Lexington	Nebraska	68850
7/14/1992	Male	Lexington	Nebraska	68850
9/12/1991	Male	Lexington	Nebraska	68850
8/21/1990	Male	Lexington	Nebraska	68850
6/7/1979	Female	Lexington	Nebraska	68850
6/2/1959	Female	Lexington	Nebraska	68850
1/23/1955	Male	Lexington	Nebraska	68850
8/1/1976	Female	Lexington	Nebraska	68850
8/4/1974	Female	Lexington	Nebraska	68850
7/1/1956	Male	Lexington	Nebraska	68850
7/7/1983	Female	Lexington	Nebraska	68850
11/4/1955	Female	Lexington	Nebraska	68850
2/4/1969	Male	Lexington	Nebraska	68850
8/29/1968	Male	Lexington	Nebraska	68850
7/13/1991	Female	Lexington	Nebraska	68850
4/4/1985	Female	Lexington	Nebraska	68850
3/31/1992	Female	Lexington	Nebraska	68850
6/11/1962	Female	Lexington	Nebraska	68850
12/3/1992	Female	Lexington	Nebraska	68850
1/22/1962	Female	Litchfield	Nebraska	68852
1/1/1985	Female	Loup City	Nebraska	68853
6/3/1952	Male	Loup City	Nebraska	68853
7/18/1984	Male	Loup City	Nebraska	68853
11/15/1962	Male	Loup City	Nebraska	68853
4/10/1972	Female	Loup City	Nebraska	68853
6/14/1985	Female	Loup City	Nebraska	68853
2/4/1978	Female	Loup City	Nebraska	68853

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/11/1975	Male	Loup City	Nebraska	68853
2/22/1948	Male	Loup City	Nebraska	68853
6/23/1957	Male	Loup City	Nebraska	68853
11/3/1961	Female	Loup City	Nebraska	68853
10/19/1954	Male	Loup City	Nebraska	68853
11/22/1977	Male	Loup City	Nebraska	68853
3/29/1984	Male	Loup City	Nebraska	68853
6/5/1968	Male	Loup city	Nebraska	68853
8/17/1996	Female	Marquette	Nebraska	68854
8/23/1957	Female	Merna	Nebraska	68856
10/25/1952	Male	Merna	Nebraska	68856
12/3/1991	Male	Merna	Nebraska	68856
7/27/1959	Female	North Loup	Nebraska	68859
5/25/1973	Female	Oconto	Nebraska	68860
12/8/1985	Female	Oconto	Nebraska	68860
5/26/1958	Male	Oconto	Nebraska	68860
9/26/1951	Male	Oconto	Nebraska	68860
10/18/1973	Male	Onconto	Nebraska	68860
7/21/1965	Female	Odessa	Nebraska	68861
6/18/1956	Male	Ord	Nebraska	68862
12/21/1972	Male	Ord	Nebraska	68862
8/15/1952	Female	Ord	Nebraska	68862
10/20/1950	Female	Ord	Nebraska	68862
8/15/1979	Female	Ord	Nebraska	68862
3/18/1954	Male	Ord	Nebraska	68862
10/22/1978	Male	Ord	Nebraska	68862
3/19/1985	Male	Ord	Nebraska	68862
6/29/1957	Male	Ord	Nebraska	68862
11/25/1963	Female	Ord	Nebraska	68862
7/3/1966	Male	Ord	Nebraska	68862
10/31/1955	Male	Ord	Nebraska	68862
2/16/1962	Male	Ord	Nebraska	68862
3/5/1971	Male	Ord	Nebraska	68862
2/5/1951	Male	Ord	Nebraska	68862
8/6/1968	Male	Ord	Nebraska	68862
3/23/1971	Male	Ord	Nebraska	68862
9/3/1995	Male	Ord	Nebraska	68862
8/17/1978	Male	Ord	Nebraska	68862
3/21/1986	Male	Ord	Nebraska	68862
9/10/1958	Male	Ord	Nebraska	68862
6/26/1966	Male	Ord	Nebraska	68862

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/6/1987	Male	Ord	Nebraska	68862
7/10/1957	Female	Overton	Nebraska	68863
5/24/1962	Female	Overton	Nebraska	68863
9/13/1966	Male	Overton	Nebraska	68863
6/21/1965	Female	Overton	Nebraska	68863
6/10/1989	Female	Overton	Nebraska	68863
2/10/1964	Female	Overton	Nebraska	68863
6/5/1960	Female	Overton	Nebraska	68863
3/29/1956	Female	Overton	Nebraska	68863
11/24/1988	Female	Overton	Nebraska	68863
12/27/1966	Female	Overton	Nebraska	68863
9/21/1967	Male	Overton	Nebraska	68863
1/12/1958	Female	Overton	Nebraska	68863
4/12/1973	Female	Overton	Nebraska	68863
11/23/1973	Female	Overton	Nebraska	68863
4/26/1983	Female	Palmer	Nebraska	68864
8/31/1955	Female	Phillips	Nebraska	68865
2/17/1958	Female	Phillips	Nebraska	68865
1/13/1969	Male	Phillips	Nebraska	68865
12/16/1969	Male	Phillips	Nebraska	68865
1/31/1963	Male	Phillips	Nebraska	68865
3/30/1950	Female	Phillips	Nebraska	68865
1/7/1981	Female	Pleasanton	Nebraska	68866
4/1/1959	Female	Pleasanton	Nebraska	68866
10/13/1975	Female	Pleasanton	Nebraska	68866
8/30/1985	Female	Pleasanton	Nebraska	68866
11/23/1945	Male	Pleasanton	Nebraska	68866
10/24/1970	Female	Pleasanton	Nebraska	68866
8/5/1961	Female	Ravenna	Nebraska	68869
9/19/1979	Female	Ravenna	Nebraska	68869
9/25/1961	Female	Ravenna	Nebraska	68869
1/20/1976	Female	Ravenna	Nebraska	68869
4/1/1974	Male	Ravenna	Nebraska	68869
6/18/1989	Female	Ravenna	Nebraska	68869
5/3/1967	Female	Ravenna	Nebraska	68869
2/16/1982	Female	Ravenna	Nebraska	68869
5/7/1991	Male	Ravenna	Nebraska	68869
10/10/1991	Female	Ravenna	Nebraska	68869
7/14/1976	Male	Ravenna	Nebraska	68869
9/5/1991	Male	Ravenna	Nebraska	68869
6/30/1963	Male	Ravenna	Nebraska	68869

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/26/1951	Male	Ravenna	Nebraska	68869
2/18/1964	Male	Ravenna	Nebraska	68869
6/2/1960	Male	Ravenna	Nebraska	68869
6/13/1962	Male	Ravenna	Nebraska	68869
7/21/1951	Female	Riverdale	Nebraska	68870
6/28/1968	Female	Riverdale	Nebraska	68870
5/9/1994	Female	Riverdale	Nebraska	68870
12/8/1959	Female	Rockville	Nebraska	68871
10/19/1978	Female	Rockville	Nebraska	68871
4/19/1950	Male	Saint Libory	Nebraska	68872
9/5/1955	Female	Saint Libory	Nebraska	68872
9/19/1963	Female	Saint Libory	Nebraska	68872
7/22/1981	Female	Saint Libory	Nebraska	68872
5/13/1969	Female	Saint Libory	Nebraska	68872
6/17/1976	Female	Saint Libory	Nebraska	68872
8/20/1968	Male	St Libory	Nebraska	68872
9/6/1954	Female	St Libory	Nebraska	68872
8/25/1966	Female	Saint Paul	Nebraska	68873
11/23/1954	Male	Saint Paul	Nebraska	68873
7/5/1967	Female	Saint Paul	Nebraska	68873
11/19/1963	Male	Saint Paul	Nebraska	68873
7/14/1962	Male	Saint Paul	Nebraska	68873
2/12/1965	Male	Saint Paul	Nebraska	68873
11/11/1955	Female	Saint Paul	Nebraska	68873
5/10/1962	Female	Saint Paul	Nebraska	68873
9/29/1953	Female	Saint Paul	Nebraska	68873
9/4/1957	Female	Saint Paul	Nebraska	68873
12/21/1953	Female	Saint Paul	Nebraska	68873
6/9/1988	Female	Saint Paul	Nebraska	68873
2/4/1954	Male	Saint Paul	Nebraska	68873
2/7/1958	Female	St. Paul	Nebraska	68873
8/2/1963	Male	Saint Paul	Nebraska	68873
4/29/1957	Male	Saint Paul	Nebraska	68873
3/27/1972	Female	Saint Paul	Nebraska	68873
10/25/1943	Male	Saint Paul	Nebraska	68873
11/5/1949	Male	Saint Paul	Nebraska	68873
10/17/1970	Male	Saint Paul	Nebraska	68873
2/5/1953	Male	St Paul	Nebraska	68873
5/2/1973	Male	Saint Paul	Nebraska	68873
4/19/1978	Female	St. Paul	Nebraska	68873
10/31/1974	Male	Saint Paul	Nebraska	68873

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/1/1973	Male	St. Paul	Nebraska	68873
11/30/1977	Male	Saint Paul	Nebraska	68873
5/15/1990	Male	St Paul	Nebraska	68873
1/6/1988	Male	Saint Paul	Nebraska	68873
9/21/1973	Male	Saint Paul	Nebraska	68873
1/24/1969	Male	St Paul	Nebraska	68873
2/27/1974	Male	St Paul	Nebraska	68873
9/17/1961	Male	Saint Paul	Nebraska	68873
12/7/1974	Female	St. Paul	Nebraska	68873
11/25/1993	Male	St. Paul	Nebraska	68873
1/30/1971	Female	St Paul	Nebraska	68873
4/15/1960	Male	Sargent	Nebraska	68874
11/17/1980	Female	Sargent	Nebraska	68874
1/20/1994	Male	Sargent	Nebraska	68874
7/27/1970	Female	Sargent	Nebraska	68874
6/18/1991	Male	Sargent	Nebraska	68874
10/23/1967	Male	Sargent	Nebraska	68874
11/20/1966	Male	Sargent	Nebraska	68874
8/18/1959	Male	Sargent	Nebraska	68874
12/16/1958	Female	Sargent	Nebraska	68874
1/9/1964	Female	Scotia	Nebraska	68875
4/7/1959	Female	Scotia	Nebraska	68875
5/9/1967	Male	Scotia	Nebraska	68875
12/13/1961	Female	Shelton	Nebraska	68876
2/13/1950	Female	Shelton	Nebraska	68876
9/14/1971	Female	Shelton	Nebraska	68876
4/7/1998	Female	Shelton	Nebraska	68876
6/16/1962	Male	Sumner	Nebraska	68878
2/25/1957	Male	Sumner	Nebraska	68878
3/13/1974	Female	Sumner	Nebraska	68878
2/19/1974	Female	Sumner	Nebraska	68878
6/1/1987	Female	Sumner	Nebraska	68878
1/25/1972	Female	Taylor	Nebraska	68879
5/25/1974	Male	Taylor	Nebraska	68879
11/12/1982	Male	Taylor	Nebraska	68879
8/2/1958	Male	Wolbach	Nebraska	68882
6/4/1994	Male	Wood River	Nebraska	68883
10/24/1963	Female	Wood River	Nebraska	68883
10/15/1956	Female	Wood River	Nebraska	68883
8/14/1995	Female	Wood River	Nebraska	68883
6/27/1959	Female	Wood River	Nebraska	68883



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/3/1971	Female	Wood River	Nebraska	68883
7/19/1963	Female	Wood River	Nebraska	68883
12/2/1991	Female	Woodriver	Nebraska	68883
11/25/1983	Male	Wood River	Nebraska	68883
7/15/1973	Male	Wood River	Nebraska	68883
8/20/1964	Female	Wood River	Nebraska	68883
5/5/1993	Female	Wood River	Nebraska	68883
3/8/1965	Female	Hastings	Nebraska	68901
8/22/1953	Male	Hastings	Nebraska	68901
5/8/1970	Male	Hastings	Nebraska	68901
7/18/1953	Female	Hastings	Nebraska	68901
2/2/1965	Female	Hastings	Nebraska	68901
7/8/1955	Female	Hastings	Nebraska	68901
8/30/1963	Female	Hastings	Nebraska	68901
12/12/1967	Female	Hastings	Nebraska	68901
1/23/1998	Male	Hastings	Nebraska	68901
2/16/1970	Male	Hastings	Nebraska	68901
7/9/1946	Female	HASTINGS	Nebraska	68901
2/13/1956	Male	Hastings	Nebraska	68901
9/12/1950	Female	Hastings	Nebraska	68901
5/1/1948	Female	Hastings	Nebraska	68901
5/17/1969	Male	Hastings	Nebraska	68901
1/19/1950	Male	Hastings	Nebraska	68901
9/11/1956	Male	Hastings	Nebraska	68901
10/27/1950	Female	Hastings	Nebraska	68901
1/30/1957	Male	Hastings	Nebraska	68901
1/28/1966	Male	Hastings	Nebraska	68901
8/24/1942	Female	Hastings	Nebraska	68901
5/9/1948	Female	Hastings	Nebraska	68901
6/24/1952	Female	Hastings	Nebraska	68901
11/28/1953	Female	Hastings	Nebraska	68901
3/15/1954	Female	Hastings	Nebraska	68901
11/16/1955	Female	Hastings	Nebraska	68901
9/22/1955	Female	Hastings	Nebraska	68901
7/3/1956	Female	Hastings	Nebraska	68901
1/12/1959	Male	Hastings	Nebraska	68901
12/28/1954	Female	Hastings	Nebraska	68901
6/6/1956	Female	Hastings	Nebraska	68901
12/6/1971	Male	Hastings	Nebraska	68901
11/10/1960	Female	Hastings	Nebraska	68901
2/10/1959	Male	Hastings	Nebraska	68901

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/4/1963	Female	Hastings	Nebraska	68901
5/11/1968	Female	Hastings	Nebraska	68901
3/25/1966	Female	Hastings	Nebraska	68901
4/12/1966	Female	Hastings	Nebraska	68901
11/7/1965	Male	Hastings	Nebraska	68901
8/7/1968	Female	Hastings	Nebraska	68901
7/22/1949	Female	Hastings	Nebraska	68901
4/8/1957	Male	Hastings	Nebraska	68901
7/8/1952	Female	Hastings	Nebraska	68901
2/8/1948	Female	Hastings	Nebraska	68901
1/23/1956	Female	Hastings	Nebraska	68901
10/6/1970	Female	Hastings	Nebraska	68901
4/30/1958	Female	Hastings	Nebraska	68901
12/4/1968	Female	Hastings	Nebraska	68901
2/28/1953	Female	Hastings	Nebraska	68901
9/28/1952	Male	Hastings	Nebraska	68901
5/11/1952	Female	Hastings	Nebraska	68901
11/12/1953	Female	Hastings	Nebraska	68901
7/11/1953	Female	Hastings	Nebraska	68901
8/7/1953	Female	Hastings	Nebraska	68901
4/20/1957	Female	Hastings	Nebraska	68901
4/27/1964	Female	Hastings	Nebraska	68901
1/26/1973	Female	Hastings	Nebraska	68901
10/12/1945	Female	Hastings	Nebraska	68901
5/9/1953	Female	Hastings	Nebraska	68901
1/14/1955	Female	Hastings	Nebraska	68901
6/25/1957	Female	Hastings	Nebraska	68901
7/2/1956	Female	Hastings	Nebraska	68901
8/16/1957	Female	Hastings	Nebraska	68901
7/13/1962	Female	Hastings	Nebraska	68901
3/13/1958	Female	Hastings	Nebraska	68901
7/6/1969	Female	Hastings	Nebraska	68901
10/13/1964	Female	Hastings	Nebraska	68901
9/15/1971	Male	Hastings	Nebraska	68901
6/7/1956	Female	Hastings	Nebraska	68901
1/11/1950	Female	Hastings	Nebraska	68901
5/24/1947	Female	Hastings	Nebraska	68901
7/10/1949	Female	Hastings	Nebraska	68901
7/26/1970	Female	Hastings	Nebraska	68901
11/28/1978	Female	Hastings	Nebraska	68901
10/27/1964	Female	Hastings	Nebraska	68901

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/28/1960	Female	Hastings	Nebraska	68901
4/6/1971	Male	Hastings	Nebraska	68901
6/28/1978	Female	Hastings	Nebraska	68901
11/14/1976	Female	Hastings	Nebraska	68901
8/19/1950	Female	Hastings	Nebraska	68901
6/8/1953	Female	Hastings	Nebraska	68901
8/11/1977	Female	Hastings	Nebraska	68901
5/22/1954	Female	Hastings	Nebraska	68901
10/21/1954	Male	Hastings	Nebraska	68901
11/5/1959	Female	Hastings	Nebraska	68901
8/2/1984	Female	Hastings	Nebraska	68901
12/15/1984	Male	Hastings	Nebraska	68901
6/29/1985	Male	Hastings	Nebraska	68901
7/30/1964	Female	Hastings	Nebraska	68901
3/1/1975	Female	Hastings	Nebraska	68901
8/17/1984	Female	Hastings	Nebraska	68901
6/19/1953	Female	Hastings	Nebraska	68901
4/14/1987	Male	Hastings	Nebraska	68901
11/3/1981	Female	Hastings	Nebraska	68901
6/28/1989	Female	Hastings	Nebraska	68901
12/17/1983	Female	Hastings	Nebraska	68901
12/8/1966	Female	Hastings	Nebraska	68901
10/23/1960	Male	Hastings	Nebraska	68901
9/15/1971	Female	Hastings	Nebraska	68901
5/21/1990	Female	Hastings	Nebraska	68901
6/21/1980	Female	Hastings	Nebraska	68901
10/13/1986	Female	Hastings	Nebraska	68901
2/28/1984	Female	Hastings	Nebraska	68901
10/26/1992	Female	Hastings	Nebraska	68901
1/6/1949	Female	Hastings	Nebraska	68901
1/21/1985	Male	Hastings	Nebraska	68901
10/10/1971	Male	Hastings	Nebraska	68901
5/27/1991	Female	Hastings	Nebraska	68901
7/7/1955	Female	Hastings	Nebraska	68901
12/6/1967	Female	Hastings	Nebraska	68901
5/1/1990	Male	Hastings	Nebraska	68901
9/13/1964	Female	Hastings	Nebraska	68901
7/29/1989	Female	Hastings	Nebraska	68901
5/12/1988	Female	Hastings	Nebraska	68901
12/29/1991	Female	Hastings	Nebraska	68901
5/22/1989	Female	Hastings	Nebraska	68901

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
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 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/8/1976	Female	Hastings	Nebraska	68901
9/24/1981	Female	HASTINGS	Nebraska	68901
10/22/1993	Female	Hastings	Nebraska	68901
2/21/1982	Female	Hastings	Nebraska	68901
6/23/1963	Female	Hastings	Nebraska	68901
3/20/1986	Female	Hastings	Nebraska	68901
1/25/1991	Female	Hastings	Nebraska	68901
9/4/1987	Female	Hastings	Nebraska	68901
12/6/1983	Female	Hastings	Nebraska	68901
8/13/1992	Female	Hastings	Nebraska	68901
4/22/1988	Female	Hastings	Nebraska	68901
12/1/1989	Male	Hastings	Nebraska	68901
3/19/1994	Female	Hastings	Nebraska	68901
3/18/1963	Female	Hastings	Nebraska	68901
3/29/1960	Male	Hastings	Nebraska	68901
7/9/1980	Female	Hastings	Nebraska	68901
3/20/1991	Female	Hastings	Nebraska	68901
3/1/1994	Female	Hastings	Nebraska	68901
3/6/1992	Female	Hastings	Nebraska	68901
9/1/1977	Female	Hasdtings	Nebraska	68901
4/13/1990	Female	Hastings	Nebraska	68901
12/1/1990	Female	Hastings	Nebraska	68901
4/5/1972	Female	Hastings	Nebraska	68901
8/10/1982	Male	Hastings	Nebraska	68901
2/12/1970	Male	Hastings	Nebraska	68901
12/16/1968	Male	Hastings	Nebraska	68901
11/4/1990	Female	Hastings	Nebraska	68901
11/19/1994	Female	Hastings	Nebraska	68901
6/30/1963	Female	Hastings	Nebraska	68901
2/7/1963	Male	Hastings	Nebraska	68901
3/10/1941	Male	Hastings	Nebraska	68901
8/22/1947	Male	Hastings	Nebraska	68901
3/26/1967	Male	Hastings	Nebraska	68901
10/26/1975	Male	Hastings	Nebraska	68901
1/8/1956	Female	Hastings	Nebraska	68901
2/7/1944	Male	Hastings	Nebraska	68901
1/22/1956	Female	Hastings	Nebraska	68901
3/27/1956	Male	Hastings	Nebraska	68901
3/7/1955	Male	Hastings	Nebraska	68901
1/17/1961	Male	Hastings	Nebraska	68901
3/28/1977	Male	Hastings	Nebraska	68901

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/22/1959	Male	Hastings	Nebraska	68901
2/26/1993	Male	Hastings	Nebraska	68901
12/3/1991	Male	Hastings	Nebraska	68901
7/13/1988	Male	Hastings	Nebraska	68901
1/11/1974	Male	Hastings	Nebraska	68901
5/1/1968	Male	Hastings	Nebraska	68901
4/15/1965	Male	Hastings	Nebraska	68901
1/28/1972	Male	Hastings	Nebraska	68901
6/13/1983	Male	Hastings	Nebraska	68901
2/11/1984	Male	Hastings	Nebraska	68901
2/5/1984	Male	Hastings	Nebraska	68901
4/18/1977	Male	Hastings	Nebraska	68901
9/20/1957	Female	Hastings	Nebraska	68901
3/13/1957	Female	Hastings	Nebraska	68901
7/21/1964	Female	Hastings	Nebraska	68901
9/14/1968	Female	Hastings	Nebraska	68901
4/12/1962	Female	Hastings	Nebraska	68901
6/24/1974	Male	Hastings	Nebraska	68901
5/21/1963	Female	Hastings	Nebraska	68901
7/27/1946	Male	Hastings	Nebraska	68901
11/1/1965	Male	Hastings	Nebraska	68901
10/22/1975	Female	Hastings	Nebraska	68901
8/9/1980	Male	Hastings	Nebraska	68901
5/3/1970	Female	Hastings	Nebraska	68901
12/12/1982	Male	Hastings	Nebraska	68901
4/28/1977	Male	Hastings	Nebraska	68901
8/8/1956	Female	Hastings	Nebraska	68901
9/9/1947	Male	Hastings	Nebraska	68901
7/9/1970	Female	Hastings	Nebraska	68901
12/20/1959	Male	Hastings	Nebraska	68901
3/8/1969	Female	Hastings	Nebraska	68901
6/6/1990	Female	Hastings	Nebraska	68901
11/23/1963	Female	Hastings	Nebraska	68901
4/12/1984	Female	Hastings	Nebraska	68901
12/13/1961	Male	Hastings	Nebraska	68901
5/5/1995	Female	Hastings	Nebraska	68901
4/10/1976	Male	Hastings	Nebraska	68901
5/30/1967	Female	Hastings	Nebraska	68902
9/16/1958	Female	Hastings	Nebraska	68902
10/6/1962	Female	Hastings	Nebraska	68902
4/28/1977	Female	Hastings	Nebraska	68902

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/30/1962	Female	Hastings	Nebraska	68902
5/2/1951	Male	Alma	Nebraska	68920
10/24/1949	Male	Alma	Nebraska	68920
3/31/1982	Male	Alma	Nebraska	68920
1/7/1988	Male	Alma	Nebraska	68920
12/24/1994	Male	Alma	Nebraska	68920
2/12/1954	Male	Alma	Nebraska	68920
7/19/1960	Male	Alma	Nebraska	68920
12/2/1979	Female	Arapahoe	Nebraska	68922
4/6/1978	Female	Arapahoe	Nebraska	68922
4/16/1961	Male	Arapahoe	Nebraska	68922
12/31/1982	Male	Arapahoe	Nebraska	68922
10/4/1952	Male	Arapahoe	Nebraska	68922
10/22/1984	Female	Axtell	Nebraska	68924
10/7/1956	Female	Axtell	Nebraska	68924
11/2/1973	Female	Axtell	Nebraska	68924
2/10/1959	Male	Axtell	Nebraska	68924
11/6/1989	Male	Axtell	Nebraska	68924
7/21/1972	Female	Axtell	Nebraska	68924
4/19/1994	Female	Axtell	Nebraska	68924
11/28/1994	Male	Axtell	Nebraska	68924
12/21/1965	Male	Axtell	Nebraska	68924
3/8/1965	Male	Ayr	Nebraska	68925
11/10/1993	Male	Beaver City	Nebraska	68926
7/14/1979	Female	Beaver City	Nebraska	68926
2/27/1985	Female	Bertrand	Nebraska	68927
8/15/1975	Male	Bertrand	Nebraska	68927
9/11/1977	Male	Bertrand	Nebraska	68927
10/31/1979	Female	Bertrand	Nebraska	68927
2/14/1957	Male	Blue Hill	Nebraska	68930
3/23/1952	Male	Blue Hill	Nebraska	68930
10/4/1976	Female	Blue Hill	Nebraska	68930
7/1/1970	Female	Blue Hill	Nebraska	68930
8/26/1982	Female	Blue Hill	Nebraska	68930
5/9/1975	Female	Blue Hill	Nebraska	68930
10/26/1959	Female	Blue Hill	Nebraska	68930
9/14/1995	Male	Blue Hill	Nebraska	68930
7/22/1975	Male	Blue Hill	Nebraska	68930
12/24/1979	Female	Blue Hill	Nebraska	68930
9/12/1983	Female	Blue Hill	Nebraska	68930
7/21/1989	Male	Clay Center	Nebraska	68933

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/4/1977	Female	Clay Center	Nebraska	68933
2/25/1982	Male	Clay Center	Nebraska	68933
12/16/1974	Female	Clay Center	Nebraska	68933
4/7/1954	Female	Edgar	Nebraska	68935
1/9/1956	Female	Edgar	Nebraska	68935
6/26/1959	Male	Elwood	Nebraska	68937
8/25/1953	Female	Johnson Lake	Nebraska	68937
1/11/1954	Male	Elwood	Nebraska	68937
5/23/1978	Female	Elwood	Nebraska	68937
12/23/1989	Male	Elwood	Nebraska	68937
2/12/1971	Female	Johnson Lake	Nebraska	68937
4/4/1954	Female	Johnson Lake	Nebraska	68937
12/29/1984	Female	Elwood	Nebraska	68937
6/11/1964	Male	Elwood	Nebraska	68937
9/25/1980	Female	Elwood	Nebraska	68937
9/19/1980	Female	Elwood	Nebraska	68937
2/19/1966	Male	Johnson Lake	Nebraska	68937
8/20/1970	Female	Johnson Lake	Nebraska	68937
11/9/1977	Male	Elwood	Nebraska	68937
9/22/1956	Male	Elwood	Nebraska	68937
12/17/1954	Male	Elwood	Nebraska	68937
3/14/1962	Male	Elwood	Nebraska	68937
10/24/1972	Male	Elwood	Nebraska	68937
11/28/1978	Male	Elwood	Nebraska	68937
7/5/1954	Female	Johnson Lake	Nebraska	68937
1/5/1986	Female	Elwood	Nebraska	68937
6/17/1966	Female	Fairfield	Nebraska	68938
4/12/1987	Female	Fairfield	Nebraska	68938
9/29/1993	Female	Fairfield	Nebraska	68938
5/24/1997	Male	Fairfield	Nebraska	68938
5/29/1998	Female	Fairfield	Nebraska	68938
6/28/1994	Male	Fairfield	Nebraska	68938
9/10/1987	Female	Franklin	Nebraska	68939
6/26/1970	Male	Franklin	Nebraska	68939
12/4/1994	Female	Franklin	Nebraska	68939
10/22/1982	Male	Franklin	Nebraska	68939
4/26/1963	Female	Franklin	Nebraska	68939
7/26/1960	Male	Funk	Nebraska	68940
3/8/1984	Female	Funk	Nebraska	68940
2/6/1955	Female	Glensvil	Nebraska	68941
9/13/1961	Female	Glensvil	Nebraska	68941

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/5/1962	Female	Glensvil	Nebraska	68941
7/8/1977	Female	Glensvil	Nebraska	68941
10/10/1956	Male	Guide Rock	Nebraska	68942
8/5/1961	Male	Guide Rock	Nebraska	68942
1/27/1982	Male	Guide Rock	Nebraska	68942
3/9/1965	Female	Guide Rock	Nebraska	68942
12/14/1956	Male	Harvard	Nebraska	68944
12/25/1970	Female	Harvard	Nebraska	68944
3/26/1973	Female	Harvard	Nebraska	68944
12/11/1951	Female	Harvard	Nebraska	68944
5/26/1974	Male	Heartwell	Nebraska	68945
9/28/1961	Male	Heartwell	Nebraska	68945
6/17/1974	Female	Hildreth	Nebraska	68947
12/8/1969	Female	Hildreth	Nebraska	68947
5/12/1956	Male	Holbrook	Nebraska	68948
5/15/1961	Male	Holbrook	Nebraska	68948
10/1/1959	Male	Holdrege	Nebraska	68949
5/8/1962	Male	Holdrege	Nebraska	68949
10/23/1980	Male	Holdrege	Nebraska	68949
2/25/1983	Male	Holdrege	Nebraska	68949
3/21/1952	Female	Holdrege	Nebraska	68949
3/26/1970	Male	Holdrege	Nebraska	68949
11/15/1974	Male	Holdrege	Nebraska	68949
7/16/1989	Male	Holdrege	Nebraska	68949
2/6/1972	Female	Holdrege	Nebraska	68949
7/7/1969	Female	Holdrege	Nebraska	68949
9/3/1955	Female	Holdrege	Nebraska	68949
9/30/1969	Female	Holdrege	Nebraska	68949
6/30/1965	Male	Holdrege	Nebraska	68949
2/21/1969	Female	Holdrege	Nebraska	68949
4/22/1985	Female	Holdrege	Nebraska	68949
10/18/1992	Female	Holdrege	Nebraska	68949
6/4/1981	Male	Holdrege	Nebraska	68949
6/19/1943	Male	Holdrege	Nebraska	68949
5/18/1962	Male	Holdrege	Nebraska	68949
3/7/1965	Male	Holdrege	Nebraska	68949
6/27/1960	Male	Holdrege	Nebraska	68949
7/29/1975	Male	Holdrege	Nebraska	68949
5/30/1954	Male	Holdrege	Nebraska	68949
9/14/1960	Male	Holdrege	Nebraska	68949
10/3/1956	Male	Holdrege	Nebraska	68949



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/11/1965	Male	Holdrege	Nebraska	68949
10/22/1960	Female	Holdrege	Nebraska	68949
8/9/1976	Male	Holdrege	Nebraska	68949
1/11/1961	Male	Holdrege	Nebraska	68949
4/23/1961	Male	Holdrege	Nebraska	68949
7/31/1970	Male	Holdrege	Nebraska	68949
12/7/1947	Male	Holdrege	Nebraska	68949
10/25/1968	Male	Holdrege	Nebraska	68949
3/14/1970	Male	Holdrege	Nebraska	68949
7/7/1976	Male	Holdrege	Nebraska	68949
5/8/1958	Female	Holdrege	Nebraska	68949
2/24/1946	Female	Holdrege	Nebraska	68949
6/22/1966	Male	Holdrege	Nebraska	68949
12/10/1973	Female	Holdrege	Nebraska	68949
2/8/1965	Male	Holdrege	Nebraska	68949
11/19/1976	Female	Holstein	Nebraska	68950
11/15/1958	Male	Inavale	Nebraska	68952
12/11/1957	Female	Inland	Nebraska	68954
8/19/1963	Male	Juniata	Nebraska	68955
7/24/1958	Male	Juniata	Nebraska	68955
3/16/1957	Female	Juniata	Nebraska	68955
11/11/1949	Female	Juniata	Nebraska	68955
3/2/1957	Male	Juniata	Nebraska	68955
2/18/1954	Male	Juniata	Nebraska	68955
7/15/1959	Female	Juniata	Nebraska	68955
12/9/1950	Female	Juniata	Nebraska	68955
5/3/1955	Male	Juniata	Nebraska	68955
7/30/1972	Male	Juniata	Nebraska	68955
7/11/1961	Female	Juniata	Nebraska	68955
3/14/1952	Male	Juniata	Nebraska	68955
11/4/1954	Female	Juniata	Nebraska	68955
4/4/1964	Female	Juniata	Nebraska	68955
8/8/1959	Female	Juniata	Nebraska	68955
10/11/1961	Female	Juniata	Nebraska	68955
2/3/1984	Male	Juniata	Nebraska	68955
8/17/1966	Male	Juanita	Nebraska	68955
7/24/1984	Female	Juniata	Nebraska	68955
3/5/1998	Female	Juniata	Nebraska	68955
5/31/1969	Male	Juniata	Nebraska	68955
1/13/1969	Male	Juniata	Nebraska	68955
10/8/1982	Male	Juniata	Nebraska	68955

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/14/1956	Male	Juniata	Nebraska	68955
9/19/1974	Male	Juniata	Nebraska	68955
1/14/1977	Male	Juniata	Nebraska	68955
1/11/1956	Male	Juniata	Nebraska	68955
8/25/1962	Female	Juniata	Nebraska	68955
7/24/1956	Female	Juniata	Nebraska	68955
8/16/1966	Male	Juniata	Nebraska	68955
6/11/1979	Male	Kenesaw	Nebraska	68956
8/12/1970	Male	Kenesaw	Nebraska	68956
7/15/1981	Male	Kenesaw	Nebraska	68956
7/28/1954	Male	Kenesaw	Nebraska	68956
7/15/1952	Female	Kenesaw	Nebraska	68956
7/10/1960	Female	Kenesaw	Nebraska	68956
5/14/1973	Female	Kenesaw	Nebraska	68956
8/30/1958	Male	Kenesaw	Nebraska	68956
5/22/1963	Male	Kenesaw	Nebraska	68956
11/29/1990	Female	Kenesaw	Nebraska	68956
11/2/1991	Male	Kenesaw	Nebraska	68956
5/24/1959	Female	Kenesaw	Nebraska	68956
8/29/1974	Male	Kenesaw	Nebraska	68956
2/26/1982	Female	Lawrence	Nebraska	68957
2/5/1965	Female	Lawrence	Nebraska	68957
8/18/1972	Male	Lawrence	Nebraska	68957
7/4/1990	Female	Loomis	Nebraska	68958
11/10/1977	Female	Loomis	Nebraska	68958
8/9/1964	Male	Minden	Nebraska	68959
1/18/1965	Male	Minden	Nebraska	68959
6/9/1962	Female	Minden	Nebraska	68959
8/7/1969	Female	Minden	Nebraska	68959
4/8/1971	Male	Minden	Nebraska	68959
3/25/1950	Female	Minden	Nebraska	68959
6/30/1970	Male	Minden	Nebraska	68959
10/4/1987	Male	Minden	Nebraska	68959
3/27/1956	Female	Minden	Nebraska	68959
10/18/1985	Female	Minden	Nebraska	68959
6/20/1963	Female	Minden	Nebraska	68959
2/23/1987	Female	Minden	Nebraska	68959
11/27/1954	Male	Minden	Nebraska	68959
4/30/1969	Male	Minden	Nebraska	68959
1/20/1979	Male	Minden	Nebraska	68959
5/14/1979	Male	Minden	Nebraska	68959

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/18/1988	Male	Minden	Nebraska	68959
11/9/1970	Male	Minden	Nebraska	68959
6/20/1970	Female	Minden	Nebraska	68959
2/2/1959	Female	Minden	Nebraska	68959
5/21/1956	Female	Minden	Nebraska	68959
12/11/1953	Female	Minden	Nebraska	68959
8/15/1956	Male	Nelson	Nebraska	68961
11/7/1969	Female	Nelson	Nebraska	68961
1/15/1959	Female	Nelson	Nebraska	68961
8/31/1960	Male	Nelson	Nebraska	68961
3/10/1959	Female	Nelson	Nebraska	68961
12/7/1950	Male	Orleans	Nebraska	68966
8/5/1970	Male	Orleans	Nebraska	68966
5/4/1973	Male	Orleans	Nebraska	68966
12/22/1960	Male	Orleans	Nebraska	68966
8/3/1960	Female	Orleans	Nebraska	68966
12/18/1956	Female	Oxford	Nebraska	68967
3/1/1962	Female	Oxford	Nebraska	68967
4/4/1985	Male	Oxford	Nebraska	68967
2/10/1962	Female	Oxford	Nebraska	68967
9/12/1957	Female	Red Cloud	Nebraska	68970
5/8/1963	Male	Red Cloud	Nebraska	68970
3/25/1968	Male	red cloud	Nebraska	68970
8/20/1955	Male	Republican City	Nebraska	68971
4/10/1976	Male	Republican City	Nebraska	68971
5/20/1961	Male	Republican City	Nebraska	68971
5/22/1955	Male	red cloud	Nebraska	68972
12/18/1963	Male	Roseland	Nebraska	68973
11/6/1994	Female	Ruskin	Nebraska	68974
5/3/1977	Male	Saronville	Nebraska	68975
2/22/1996	Female	Smithfield	Nebraska	68976
6/2/1954	Female	Smithfield	Nebraska	68976
3/16/1984	Female	Smithfield	Nebraska	68976
11/10/1971	Female	Smithfield	Nebraska	68976
1/18/1955	Male	Superior	Nebraska	68978
3/18/1967	Female	Superior	Nebraska	68978
6/15/1956	Male	Superior	Nebraska	68978
3/5/1957	Male	Superior	Nebraska	68978
8/26/1958	Male	Superior	Nebraska	68978
4/2/1977	Male	Superior	Nebraska	68978
9/15/1960	Male	Superior	Nebraska	68978

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/9/1965	Male	Superior	Nebraska	68978
12/17/1991	Male	Superior	Nebraska	68978
2/16/1965	Female	Superior	Nebraska	68978
12/10/1984	Female	Sutton	Nebraska	68979
11/4/1961	Female	Sutton	Nebraska	68979
12/8/1984	Male	Sutton	Nebraska	68979
12/11/1953	Female	Sutton	Nebraska	68979
9/16/1953	Female	Sutton	Nebraska	68979
2/26/1955	Male	Sutton	Nebraska	68979
11/18/1949	Female	Sutton	Nebraska	68979
8/15/1948	Female	Sutton	Nebraska	68979
1/2/1968	Female	Sutton	Nebraska	68979
8/13/1968	Female	Sutton	Nebraska	68979
5/28/1956	Female	Sutton	Nebraska	68979
5/1/1959	Male	Sutton	Nebraska	68979
1/5/1955	Female	Sutton	Nebraska	68979
8/30/1961	Male	Sutton	Nebraska	68979
8/14/1993	Female	Sutton	Nebraska	68979
7/14/1989	Female	Sutton	Nebraska	68979
2/29/1988	Female	Sutton	Nebraska	68979
8/18/1957	Male	Sutton	Nebraska	68979
6/11/1967	Male	Sutton	Nebraska	68979
3/26/1980	Male	Sutton	Nebraska	68979
10/29/1992	Male	Sutton	Nebraska	68979
9/19/1959	Female	Sutton	Nebraska	68979
5/12/1988	Female	Sutton	Nebraska	68979
11/21/1966	Male	Sutton	Nebraska	68979
1/14/1993	Female	Sutton	Nebraska	68979
11/12/1952	Female	Trumbull	Nebraska	68980
10/30/1958	Male	Trumbull	Nebraska	68980
6/23/1978	Female	Trumbull	Nebraska	68980
2/27/1964	Female	Upland	Nebraska	68981
3/1/1976	Female	Upland	Nebraska	68981
2/4/1952	Male	Wilcox	Nebraska	68982
5/13/1958	Male	Wilcox	Nebraska	68982
9/26/1949	Female	Wilcox	Nebraska	68982
8/25/1957	Female	Wilcox	Nebraska	68982
4/22/1954	Female	Wilcox	Nebraska	68982
2/15/1995	Male	McCook	Nebraska	69001
9/15/1962	Female	McCook	Nebraska	69001
7/18/1972	Female	McCook	Nebraska	69001

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/28/1947	Female	Mccook	Nebraska	69001
6/24/1953	Female	Mccook	Nebraska	69001
3/18/1960	Female	Mccook	Nebraska	69001
2/23/1975	Female	Mccook	Nebraska	69001
12/10/1959	Male	Mccook	Nebraska	69001
12/31/1958	Male	Mccook	Nebraska	69001
6/15/1969	Female	Mccook	Nebraska	69001
3/14/1968	Male	Mccook	Nebraska	69001
1/17/1980	Female	Mccook	Nebraska	69001
8/24/1977	Male	Mccook	Nebraska	69001
6/10/1953	Male	Mccook	Nebraska	69001
11/7/1960	Female	Mccook	Nebraska	69001
2/26/1967	Female	Mccook	Nebraska	69001
10/24/1979	Female	Mccook	Nebraska	69001
2/22/1981	Male	Mccook	Nebraska	69001
4/24/1951	Female	Mccook	Nebraska	69001
6/22/1961	Male	Mccook	Nebraska	69001
12/18/1981	Male	Mccook	Nebraska	69001
6/13/1955	Female	Mccook	Nebraska	69001
5/30/1951	Male	Mccook	Nebraska	69001
12/2/1963	Male	Mccook	Nebraska	69001
2/2/1960	Female	Mccook	Nebraska	69001
7/26/1960	Female	Mccook	Nebraska	69001
8/10/1981	Male	Mccook	Nebraska	69001
3/24/1976	Female	Mccook	Nebraska	69001
2/7/1980	Male	Mccook	Nebraska	69001
11/1/1982	Male	Mccook	Nebraska	69001
3/9/1960	Female	Mccook	Nebraska	69001
8/26/1983	Male	Mccook	Nebraska	69001
5/15/1976	Male	Mccook	Nebraska	69001
5/2/1985	Female	Mccook	Nebraska	69001
10/19/1988	Female	Mccook	Nebraska	69001
5/4/1963	Female	Mccook	Nebraska	69001
8/4/1978	Female	Mccook	Nebraska	69001
12/8/1978	Male	McCook	Nebraska	69001
7/18/1954	Male	Mccook	Nebraska	69001
11/13/1969	Male	McCook	Nebraska	69001
2/3/1989	Male	McCook	Nebraska	69001
11/30/1988	Female	McCook	Nebraska	69001
8/30/1962	Female	McCook	Nebraska	69001
7/31/1968	Male	McCook	Nebraska	69001

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/21/1980	Male	McCook	Nebraska	69001
7/8/1991	Female	McCook	Nebraska	69001
4/24/1991	Female	McCook	Nebraska	69001
2/11/1962	Male	McCook	Nebraska	69001
10/21/1989	Male	McCook	Nebraska	69001
11/2/1995	Male	McCook	Nebraska	69001
10/31/1989	Male	McCook	Nebraska	69001
5/8/1988	Male	McCook	Nebraska	69001
6/6/1988	Female	McCook	Nebraska	69001
10/20/1971	Female	McCook	Nebraska	69001
3/18/1996	Male	McCook	Nebraska	69001
12/23/1978	Male	McCook	Nebraska	69001
6/13/1984	Male	McCook	Nebraska	69001
1/5/1992	Male	McCook	Nebraska	69001
11/21/1995	Male	McCook	Nebraska	69001
1/15/1986	Male	McCook	Nebraska	69001
1/14/1953	Male	McCook	Nebraska	69001
4/29/1980	Male	McCook	Nebraska	69001
9/26/1977	Male	McCook	Nebraska	69001
9/24/1986	Male	Mccook	Nebraska	69001
9/17/1948	Male	MCCOOK	Nebraska	69001
4/7/1987	Male	McCook	Nebraska	69001
1/14/1993	Female	McCook	Nebraska	69001
8/23/1956	Female	McCook	Nebraska	69001
10/8/1974	Female	Mccook	Nebraska	69001
4/12/1958	Female	Mccook	Nebraska	69001
5/18/1957	Female	Mccook	Nebraska	69001
7/28/1971	Female	Mccook	Nebraska	69001
2/11/1963	Female	Mccook	Nebraska	69001
12/2/1974	Female	Mccook	Nebraska	69001
8/13/1974	Female	Mccook	Nebraska	69001
4/4/1961	Female	Mccook	Nebraska	69001
8/17/1970	Female	McCook	Nebraska	69001
6/12/1963	Female	McCook	Nebraska	69001
3/14/1986	Female	McCook	Nebraska	69001
9/12/1964	Female	McCook	Nebraska	69001
11/13/1958	Female	McCook	Nebraska	69001
3/31/1973	Male	Mccook	Nebraska	69001
12/15/1972	Female	McCook	Nebraska	69001
10/12/1969	Male	McCook	Nebraska	69001
12/15/1954	Male	McCook	Nebraska	69001

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/1/1979	Male	McCook	Nebraska	69001
12/28/1959	Male	McCook	Nebraska	69001
9/13/1960	Male	McCook	Nebraska	69001
4/5/1969	Male	McCook	Nebraska	69001
9/14/1969	Male	McCook	Nebraska	69001
5/10/1968	Male	McCook	Nebraska	69001
12/20/1963	Male	McCook	Nebraska	69001
12/30/1963	Male	McCook	Nebraska	69001
3/26/1973	Male	McCook	Nebraska	69001
7/22/1964	Male	McCook	Nebraska	69001
10/16/1947	Female	McCook	Nebraska	69001
1/3/1952	Male	McCook	Nebraska	69001
8/2/1957	Female	McCook	Nebraska	69001
3/9/1986	Male	McCook	Nebraska	69001
6/7/1989	Male	McCook	Nebraska	69001
10/15/1990	Male	McCook	Nebraska	69001
1/12/1951	Male	McCook	Nebraska	69001
9/21/1981	Male	McCook	Nebraska	69001
5/27/1953	Male	McCook	Nebraska	69001
12/25/1972	Male	McCook	Nebraska	69001
5/1/1965	Male	McCook	Nebraska	69001
7/28/1995	Female	McCook	Nebraska	69001
1/21/1978	Female	McCook	Nebraska	69001
8/3/1978	Male	McCook	Nebraska	69001
3/1/1987	Male	McCook	Nebraska	69001
12/2/1979	Male	McCook	Nebraska	69001
2/15/1990	Male	McCook	Nebraska	69001
3/29/1969	Male	Mccook	Nebraska	69001
9/3/1983	Male	Mccook	Nebraska	69001
9/8/1971	Male	Mccook	Nebraska	69001
3/31/1984	Male	Mccook	Nebraska	69001
1/19/1989	Female	McCook	Nebraska	69001
2/9/1953	Female	Mccook	Nebraska	69001
6/20/1971	Female	Mccook	Nebraska	69001
7/11/1971	Female	Mccook	Nebraska	69001
10/29/1969	Female	Mccook	Nebraska	69001
3/28/1958	Female	Mccook	Nebraska	69001
8/20/1971	Male	Mccook	Nebraska	69001
12/1/1975	Male	Mccook	Nebraska	69001
3/19/1979	Male	Mccook	Nebraska	69001
3/27/1951	Female	Mccook	Nebraska	69001

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/11/1973	Female	Mc Cook	Nebraska	69001
8/19/1981	Female	McCook	Nebraska	69001
7/30/1986	Male	McCook	Nebraska	69001
10/9/1975	Male	Bartley	Nebraska	69020
1/29/1960	Male	Bartley	Nebraska	69020
7/27/1957	Female	Bartley	Nebraska	69020
2/7/1977	Male	Bartley	Nebraska	69020
3/12/1984	Male	Bartley	Nebraska	69020
7/13/1959	Male	Benkelman	Nebraska	69021
10/19/1963	Male	Benkelman	Nebraska	69021
6/4/1964	Male	Benkelman	Nebraska	69021
3/10/1965	Female	Benkelman	Nebraska	69021
8/7/1957	Male	Benkelman	Nebraska	69021
7/11/1962	Male	Benkelman	Nebraska	69021
6/17/1965	Female	Benkelman	Nebraska	69021
5/17/1956	Male	Cambridge	Nebraska	69022
11/24/1976	Male	Cambridge	Nebraska	69022
4/22/1985	Female	Cambridge	Nebraska	69022
10/28/1978	Male	Cambridge	Nebraska	69022
8/1/1973	Male	Cambridge	Nebraska	69022
2/28/1963	Male	Cambridge	Nebraska	69022
10/9/1981	Male	Cambridge	Nebraska	69022
8/28/1987	Male	Cambridge	Nebraska	69022
1/17/1965	Female	Cambridge	Nebraska	69022
7/12/1975	Male	Cambridge	Nebraska	69022
3/28/1980	Male	Cambridge	Nebraska	69022
4/6/1977	Male	Cambridge	Nebraska	69022
4/18/1963	Male	Cambridge	Nebraska	69022
9/25/1986	Male	Cambridge	Nebraska	69022
5/14/1980	Male	Champion	Nebraska	69023
1/24/1983	Male	CULBERTSON	Nebraska	69024
8/14/1952	Male	Culbertson	Nebraska	69024
6/8/1965	Female	Culbertson	Nebraska	69024
2/22/1978	Female	Culbertson	Nebraska	69024
1/20/1965	Female	Culbertson	Nebraska	69024
7/2/1973	Male	Culbertson	Nebraska	69024
8/5/1983	Female	Culbertson	Nebraska	69024
11/14/1968	Female	Culbertson	Nebraska	69024
5/13/1983	Male	Culbertson	Nebraska	69024
6/21/1983	Male	Culbertson	Nebraska	69024
1/2/1959	Female	Curtis	Nebraska	69025



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/27/1963	Male	Curtis	Nebraska	69025
5/29/1984	Male	Curtis	Nebraska	69025
9/2/1942	Male	Curtis	Nebraska	69025
8/3/1987	Female	Eustis	Nebraska	69028
4/8/1975	Male	Eustis	Nebraska	69028
7/19/1952	Male	Eustis	Nebraska	69028
12/26/1955	Female	Eustis	Nebraska	69028
2/1/1982	Female	Eustis	Nebraska	69028
1/21/1993	Female	Farnam	Nebraska	69029
8/28/1964	Female	Hayes Center	Nebraska	69032
10/26/1953	Male	Imperial	Nebraska	69033
11/23/1988	Male	Imperial	Nebraska	69033
6/12/1969	Female	Imperial	Nebraska	69033
6/17/1963	Female	Imperial	Nebraska	69033
9/19/1976	Female	Imperial	Nebraska	69033
4/22/1959	Female	Imperial	Nebraska	69033
12/8/1959	Male	Imperial	Nebraska	69033
9/4/1958	Male	imperial	Nebraska	69033
1/19/1961	Male	Imperial	Nebraska	69033
7/23/1987	Male	Imperial	Nebraska	69033
10/31/1963	Female	Imperial	Nebraska	69033
2/10/1987	Male	Indianola	Nebraska	69034
4/19/1995	Female	Indianola	Nebraska	69034
1/29/1997	Male	Indianola	Nebraska	69034
1/12/1973	Male	Indianola	Nebraska	69034
5/4/1954	Male	Indianola	Nebraska	69034
5/13/1967	Male	Indianola	Nebraska	69034
5/14/1959	Male	Indianola	Nebraska	69034
1/23/1947	Male	Indianola	Nebraska	69034
11/12/1959	Male	Lebanon	Nebraska	69036
10/14/1957	Female	Lebanon	Nebraska	69036
8/18/1964	Female	Maywood	Nebraska	69038
6/13/1988	Female	Maywood	Nebraska	69038
9/16/1963	Female	Maywood	Nebraska	69038
10/14/1960	Male	Maywood	Nebraska	69038
4/6/1954	Male	Maywood	Nebraska	69038
5/17/1978	Male	Maywood	Nebraska	69038
12/12/1951	Male	Moorefield	Nebraska	69039
4/19/1960	Male	Palisade	Nebraska	69040
9/18/1980	Male	Palisade	Nebraska	69040
1/19/1964	Female	Palisade	Nebraska	69040

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/16/1952	Female	Hamlet	Nebraska	69040
2/26/1969	Female	Palisade	Nebraska	69040
6/12/1971	Male	Palisade	Nebraska	69040
6/13/1970	Male	Parks	Nebraska	69041
6/17/1953	Male	Parks	Nebraska	69041
1/1/1981	Female	Parks	Nebraska	69041
4/10/1965	Male	Stratton	Nebraska	69043
3/9/1972	Male	Stratton	Nebraska	69043
12/15/1957	Female	Stratton	Nebraska	69043
6/4/1967	Female	Trenton	Nebraska	69044
10/11/1960	Male	Trenton	Nebraska	69044
7/18/1976	Female	Trenton	Nebraska	69044
4/2/1992	Male	Trenton	Nebraska	69044
12/8/1988	Male	Trenton	Nebraska	69044
10/9/1973	Male	Wauneta	Nebraska	69045
9/19/1994	Male	Wauneta	Nebraska	69045
9/8/1963	Female	North Platte	Nebraska	69101
6/15/1949	Male	North Platte	Nebraska	69101
8/24/1956	Male	North Platte	Nebraska	69101
8/24/1959	Male	North Platte	Nebraska	69101
12/6/1963	Male	North Platte	Nebraska	69101
3/5/1984	Female	North Platte	Nebraska	69101
12/19/1962	Male	North Platte	Nebraska	69101
7/25/1964	Female	NORTH PLATTE	Nebraska	69101
11/18/1980	Female	NORTH PLATTE	Nebraska	69101
8/26/1947	Male	North Platte	Nebraska	69101
3/9/1973	Male	North Platte	Nebraska	69101
4/12/1980	Male	North Platte	Nebraska	69101
4/21/1983	Male	North Platte	Nebraska	69101
8/29/1963	Female	NORTH PLATTE	Nebraska	69101
7/9/1970	Female	North Platte	Nebraska	69101
3/9/1954	Female	North Platte	Nebraska	69101
6/26/1952	Female	North Platte	Nebraska	69101
8/8/1961	Female	North Platte	Nebraska	69101
5/25/1964	Male	North Platte	Nebraska	69101
4/23/1961	Female	North Platte	Nebraska	69101
5/29/1973	Female	North Platte	Nebraska	69101
2/5/1966	Female	North Platte	Nebraska	69101
11/21/1946	Male	North Platte	Nebraska	69101
2/25/1951	Male	North Platte	Nebraska	69101
9/14/1983	Male	North Platte	Nebraska	69101

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/28/1992	Male	North Platte	Nebraska	69101
1/5/1962	Male	North Platte	Nebraska	69101
4/3/1985	Male	North Platte	Nebraska	69101
8/31/1935	Male	North Platte	Nebraska	69101
5/23/1950	Male	North Platte	Nebraska	69101
11/24/1948	Male	North Platte	Nebraska	69101
8/14/1961	Female	North Platte	Nebraska	69101
8/3/1964	Male	North Platte	Nebraska	69101
3/16/1957	Male	North Platte	Nebraska	69101
3/4/1967	Male	North Platte	Nebraska	69101
2/5/1983	Male	North Platte	Nebraska	69101
2/12/1985	Male	North Platte	Nebraska	69101
11/3/1986	Male	North Platte	Nebraska	69101
4/11/1939	Male	North Platte	Nebraska	69101
10/9/1980	Male	North Platte	Nebraska	69101
5/29/1985	Female	North Platte	Nebraska	69101
7/30/1987	Male	North Platte	Nebraska	69101
10/30/1985	Male	North Platte	Nebraska	69101
4/24/1936	Male	North Platte	Nebraska	69101
7/15/1966	Female	North Platte	Nebraska	69101
2/9/1980	Male	North Platte	Nebraska	69101
11/4/1968	Female	North Platte	Nebraska	69101
10/1/1974	Male	North Platte	Nebraska	69101
3/30/1994	Female	North Platte	Nebraska	69101
11/4/1942	Male	North Platte	Nebraska	69101
4/9/1985	Male	North Platte	Nebraska	69101
3/18/1973	Female	North Platte	Nebraska	69101
1/7/1967	Female	North Platte	Nebraska	69101
3/11/1964	Female	North Platte	Nebraska	69101
10/16/1948	Female	North Platte	Nebraska	69101
3/18/1953	Female	North Platte	Nebraska	69101
12/31/1956	Female	North Platte	Nebraska	69101
12/2/1955	Female	North Platte	Nebraska	69101
9/2/1961	Female	North Platte	Nebraska	69101
7/21/1956	Female	North Platte	Nebraska	69101
2/26/1960	Female	North Platte	Nebraska	69101
11/13/1952	Female	North Platte	Nebraska	69101
5/25/1952	Female	North Platte	Nebraska	69101
4/13/1953	Female	North Platte	Nebraska	69101
8/12/1961	Male	North Platte	Nebraska	69101
3/3/1955	Male	North Platte	Nebraska	69101

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/15/1968	Female	North Platte	Nebraska	69101
5/20/1966	Female	North Platte	Nebraska	69101
6/9/1966	Female	North Platte	Nebraska	69101
3/2/1954	Male	North Platte	Nebraska	69101
9/8/1959	Female	North Platte	Nebraska	69101
2/9/1979	Female	North Platte	Nebraska	69101
1/19/1974	Female	North Platte	Nebraska	69101
12/1/1956	Female	North Platte	Nebraska	69101
7/9/1976	Female	North Platte	Nebraska	69101
7/23/1977	Female	North Platte	Nebraska	69101
3/4/1979	Female	North Platte	Nebraska	69101
10/13/1954	Female	North Platte	Nebraska	69101
2/1/1987	Female	North Platte	Nebraska	69101
7/4/1987	Female	North Platte	Nebraska	69101
7/2/1984	Female	North Platte	Nebraska	69101
6/26/1980	Female	North Platte	Nebraska	69101
9/28/1974	Female	North Platte	Nebraska	69101
8/2/1990	Female	North Platte	Nebraska	69101
5/20/1956	Female	North Platte	Nebraska	69101
4/19/1951	Female	North Platte	Nebraska	69101
6/5/1962	Female	North Platte	Nebraska	69101
7/12/1957	Female	North Platte	Nebraska	69101
12/19/1974	Female	North Platte	Nebraska	69101
3/4/1983	Female	North Platte	Nebraska	69101
6/19/1990	Female	North Platte	Nebraska	69101
8/3/1990	Female	North Platte	Nebraska	69101
7/26/1987	Male	North Platte	Nebraska	69101
9/22/1953	Female	North Platte	Nebraska	69101
12/16/1992	Female	North Platte	Nebraska	69101
11/26/1990	Female	North Platte	Nebraska	69101
6/14/1976	Female	North Platte	Nebraska	69101
8/5/1988	Female	North Platte	Nebraska	69101
6/14/1967	Female	North Platte	Nebraska	69101
1/8/1992	Female	North Platte	Nebraska	69101
11/14/1954	Female	North Platte	Nebraska	69101
6/1/1954	Female	North Platte	Nebraska	69101
4/16/1952	Female	North Platte	Nebraska	69101
6/8/1985	Female	North Platte	Nebraska	69101
11/8/1987	Male	North Platte	Nebraska	69101
5/14/1982	Female	North Platte	Nebraska	69101
10/27/1989	Male	North Platte	Nebraska	69101

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/10/1955	Male	North Platte	Nebraska	69101
2/5/1964	Female	North Platte	Nebraska	69101
2/21/1983	Female	North Platte	Nebraska	69101
5/13/1970	Male	North Platte	Nebraska	69101
10/23/1982	Female	North Platte	Nebraska	69101
2/18/1977	Female	North Platte	Nebraska	69101
10/10/1962	Male	North Platte	Nebraska	69101
8/2/1958	Female	North Platte	Nebraska	69101
7/11/1977	Female	North Platte	Nebraska	69101
4/13/1959	Female	North Platte	Nebraska	69101
4/12/1989	Male	North Platte	Nebraska	69101
6/15/1958	Male	North Platte	Nebraska	69101
4/15/1962	Male	North Platte	Nebraska	69101
8/26/1980	Male	North Platte	Nebraska	69101
6/12/1962	Male	North Platte	Nebraska	69101
9/15/1954	Male	North Platte	Nebraska	69101
10/8/1955	Male	North Platte	Nebraska	69101
10/7/1957	Male	North Platte	Nebraska	69101
3/10/1972	Male	North Platte	Nebraska	69101
8/30/1969	Male	North Platte	Nebraska	69101
3/22/1973	Male	North Platte	Nebraska	69101
3/23/1951	Male	North Platte	Nebraska	69101
6/23/1961	Male	North Platte	Nebraska	69101
9/28/1960	Male	North Platte	Nebraska	69101
7/2/1965	Male	North Platte	Nebraska	69101
5/28/1961	Female	North Platte	Nebraska	69101
2/10/1952	Male	North Platte	Nebraska	69101
2/7/1960	Female	North Platte	Nebraska	69101
6/27/1957	Male	North Platte	Nebraska	69101
8/25/1977	Male	North Platte	Nebraska	69101
3/3/1966	Female	North Platte	Nebraska	69101
7/30/1970	Male	North Platte	Nebraska	69101
5/29/1952	Male	North Platte	Nebraska	69101
8/27/1956	Male	North Platte	Nebraska	69101
6/1/1956	Male	North Platte	Nebraska	69101
7/30/1972	Male	North Platte	Nebraska	69101
9/11/1957	Male	North Platte	Nebraska	69101
1/23/1960	Male	North Platte	Nebraska	69101
7/29/1961	Female	North Platte	Nebraska	69101
5/27/1976	Male	North Platte	Nebraska	69101
3/10/1956	Male	North Platte	Nebraska	69101

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/10/1957	Male	north platte	Nebraska	69101
12/29/1981	Male	North Platte	Nebraska	69101
3/25/1983	Male	North Platte	Nebraska	69101
9/18/1981	Male	North Platte	Nebraska	69101
2/21/1966	Male	North Platte	Nebraska	69101
1/28/1957	Male	North Platte	Nebraska	69101
11/25/1961	Female	North Platte	Nebraska	69101
11/4/1980	Male	North Platte	Nebraska	69101
10/6/1957	Male	North Platte	Nebraska	69101
3/9/1951	Female	North Platte	Nebraska	69101
11/28/1987	Male	North Platte	Nebraska	69101
12/2/1986	Male	North Platte	Nebraska	69101
1/27/1982	Male	North Platte	Nebraska	69101
4/29/1959	Male	North Platte	Nebraska	69101
2/16/1973	Male	North Platte	Nebraska	69101
9/13/1991	Male	North Platte	Nebraska	69101
9/9/1989	Male	North Platte	Nebraska	69101
6/30/1956	Male	North Platte	Nebraska	69101
9/19/1987	Male	North Platte	Nebraska	69101
3/30/1989	Male	North Platte	Nebraska	69101
5/7/1984	Male	North Platte	Nebraska	69101
12/18/1984	Male	North Platte	Nebraska	69101
7/24/1993	Male	North Platte	Nebraska	69101
4/14/1963	Female	North Platte	Nebraska	69101
3/24/1991	Female	North Platte	Nebraska	69101
3/10/1990	Male	North Platte	Nebraska	69101
11/3/1992	Male	North Platte	Nebraska	69101
5/13/1982	Male	North Platte	Nebraska	69101
3/27/1994	Male	North Platte	Nebraska	69101
11/3/1966	Male	North Platte	Nebraska	69101
3/24/1996	Male	North Platte	Nebraska	69101
2/7/1989	Male	North Platte	Nebraska	69101
2/9/1989	Male	North Platte	Nebraska	69101
7/23/1991	Male	North Platte	Nebraska	69101
3/6/1991	Male	North Platte	Nebraska	69101
7/9/1992	Female	North Platte	Nebraska	69101
10/11/1988	Male	North Platte	Nebraska	69101
1/8/1961	Female	North Platte	Nebraska	69101
9/22/1959	Female	North Platte	Nebraska	69101
6/23/1970	Male	North Platte	Nebraska	69101
5/19/1975	Male	North Platte	Nebraska	69101

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/27/1963	Male	North Platte	Nebraska	69101
1/6/1959	Male	North Platte	Nebraska	69101
9/16/1961	Male	North Platte	Nebraska	69101
8/21/1966	Male	North Platte	Nebraska	69101
6/26/1973	Male	North Platte	Nebraska	69101
6/27/1968	Male	North Platte	Nebraska	69101
3/1/1976	Male	North Platte	Nebraska	69101
9/10/1973	Male	North Platte	Nebraska	69101
2/13/1956	Female	North Platte	Nebraska	69101
6/30/1968	Male	North Platte	Nebraska	69101
12/1/1975	Male	North Platte	Nebraska	69101
11/4/1961	Male	North Platte	Nebraska	69101
7/14/1963	Female	North Platte	Nebraska	69101
7/15/1976	Male	North Platte	Nebraska	69101
10/6/1966	Male	North Platte	Nebraska	69101
10/18/1975	Male	North Platte	Nebraska	69101
4/19/1980	Male	North Platte	Nebraska	69101
9/2/1980	Male	North Platte	Nebraska	69101
8/17/1984	Male	North Platte	Nebraska	69101
3/9/1977	Female	North Platte	Nebraska	69101
10/12/1983	Male	North Platte	Nebraska	69101
6/7/1948	Male	North Platte	Nebraska	69101
11/6/1968	Female	North Platte	Nebraska	69101
10/31/1985	Male	North Platte	Nebraska	69101
5/2/1982	Male	North Platte	Nebraska	69101
5/19/1981	Male	North Platte	Nebraska	69101
6/8/1986	Male	North Platte	Nebraska	69101
12/24/1991	Male	North Platte	Nebraska	69101
12/19/1985	Female	North Platte	Nebraska	69101
8/24/1980	Female	North Platte	Nebraska	69101
9/19/1988	Female	North Platte	Nebraska	69101
6/25/1993	Male	North Platte	Nebraska	69101
2/2/1990	Male	North Platte	Nebraska	69101
5/31/1993	Female	North Platte	Nebraska	69101
9/4/1980	Female	North Platte	Nebraska	69101
1/7/1987	Female	North Platte	Nebraska	69101
10/8/1985	Male	North Platte	Nebraska	69101
5/4/1968	Male	North Platte	Nebraska	69101
8/13/1958	Female	North Platte	Nebraska	69101
11/21/1949	Male	North Platte	Nebraska	69101
3/18/1958	Female	North Platte	Nebraska	69101

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/9/1958	Male	North Platte	Nebraska	69101
12/8/1967	Female	North Platte	Nebraska	69101
4/16/1953	Female	North Platte	Nebraska	69101
3/3/1971	Male	North Platte	Nebraska	69101
9/16/1982	Female	North Platte	Nebraska	69101
12/27/1952	Male	North Platte	Nebraska	69101
4/10/1980	Female	North Platte	Nebraska	69101
11/17/1970	Female	North Platte	Nebraska	69101
4/19/1961	Female	North Platte	Nebraska	69101
11/26/1971	Female	North Platte	Nebraska	69101
6/16/1976	Female	North Platte	Nebraska	69101
2/25/1976	Male	North Platte	Nebraska	69101
1/2/1984	Female	North Platte	Nebraska	69101
12/1/1966	Female	North Platte	Nebraska	69101
5/15/1988	Female	North Platte	Nebraska	69101
3/17/1989	Male	North Platte	Nebraska	69101
12/9/1990	Female	North Platte	Nebraska	69101
3/2/1993	Female	North Platte	Nebraska	69101
11/11/1989	Female	North Platte	Nebraska	69101
11/27/1981	Male	North Platte	Nebraska	69101
1/9/1990	Female	North Platte	Nebraska	69101
4/4/1988	Female	North Platte	Nebraska	69101
2/24/1983	Female	North Platte	Nebraska	69101
12/20/1989	Female	North Platte	Nebraska	69101
3/28/1990	Male	North Platte	Nebraska	69101
9/12/1990	Female	North Platte	Nebraska	69101
9/15/1985	Female	North Platte	Nebraska	69101
4/3/1988	Female	North Platte	Nebraska	69101
1/20/1993	Female	North Platte	Nebraska	69101
9/30/1976	Female	North Platte	Nebraska	69101
5/31/1993	Female	North Platte	Nebraska	69101
10/14/1995	Male	North Platte	Nebraska	69101
8/28/1952	Male	North Platte	Nebraska	69103
9/19/1952	Female	North Platte	Nebraska	69103
5/10/1961	Female	North Platte	Nebraska	69103
9/19/1967	Female	North Platte	Nebraska	69103
10/1/1963	Female	North Platte	Nebraska	69103
9/16/1954	Male	North Platte	Nebraska	69103
11/27/1962	Female	Arnold	Nebraska	69120
11/13/1951	Female	Arnold	Nebraska	69120
9/13/1956	Female	Arnold	Nebraska	69120



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
12/9/1961	Female	Arnold	Nebraska	69120
10/12/1987	Female	Arnold	Nebraska	69120
9/11/1962	Female	Arnold	Nebraska	69120
9/25/1964	Male	Arnold	Nebraska	69120
5/31/1974	Male	Arnold	Nebraska	69120
11/21/1942	Male	Arthur	Nebraska	69121
11/24/1956	Male	Arthur	Nebraska	69121
3/19/1965	Female	Big Springs	Nebraska	69122
11/17/1986	Female	Big Springs	Nebraska	69122
1/22/1980	Male	Big Springs	Nebraska	69122
9/28/1992	Male	Big Springs	Nebraska	69122
1/30/1982	Male	Big Springs	Nebraska	69122
1/16/1982	Male	Big Springs	Nebraska	69122
3/17/1952	Male	Big Springs	Nebraska	69122
10/16/1989	Female	Big Springs	Nebraska	69122
8/31/1955	Female	Brady	Nebraska	69123
11/17/1973	Male	Brady	Nebraska	69123
11/21/1993	Male	Brady	Nebraska	69123
6/9/1959	Female	Brady	Nebraska	69123
12/5/1954	Female	Brady	Nebraska	69123
9/22/1955	Female	Brady	Nebraska	69123
10/25/1959	Female	Brady	Nebraska	69123
11/17/1976	Female	Brady	Nebraska	69123
6/5/1982	Female	Brady	Nebraska	69123
6/3/1962	Male	Brady	Nebraska	69123
9/25/1963	Female	Brady	Nebraska	69123
9/13/1956	Female	Brady	Nebraska	69123
2/21/1987	Female	Brady	Nebraska	69123
6/8/1983	Female	Brady	Nebraska	69123
1/25/1960	Male	Brady	Nebraska	69123
9/26/1963	Male	Brady	Nebraska	69123
12/4/1958	Male	Broadwater	Nebraska	69125
3/23/1992	Male	Broadwater	Nebraska	69125
9/4/1951	Male	Brule	Nebraska	69127
10/5/1955	Male	Brule	Nebraska	69127
1/19/1971	Male	Bushnell	Nebraska	69128
7/9/1979	Male	Chappell	Nebraska	69129
10/1/1959	Male	Chappell	Nebraska	69129
7/5/1986	Female	Chappell	Nebraska	69129
3/7/1969	Female	Chappell	Nebraska	69129
9/8/1972	Male	Chappell	Nebraska	69129

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/12/1980	Male	Chappell	Nebraska	69129
4/13/1958	Male	Chappell	Nebraska	69129
11/3/1962	Female	Chappell	Nebraska	69129
7/28/1970	Male	Chappell	Nebraska	69129
7/19/1965	Male	Chappell	Nebraska	69129
12/28/1963	Male	Chappell	Nebraska	69129
12/13/1989	Male	chappell	Nebraska	69129
12/22/1988	Male	chappell	Nebraska	69129
9/15/1992	Male	Chappell	Nebraska	69129
10/28/1996	Male	Chappell	Nebraska	69129
4/30/1970	Male	Chappell	Nebraska	69129
2/28/1971	Female	Chappell	Nebraska	69129
3/13/1988	Female	Cozad	Nebraska	69130
9/13/1987	Female	Cozad	Nebraska	69130
9/28/1965	Male	COZAD	Nebraska	69130
6/13/1950	Male	Cozad	Nebraska	69130
12/31/1976	Male	Cozad	Nebraska	69130
12/4/1951	Male	Cozad	Nebraska	69130
7/9/1985	Female	Cozad	Nebraska	69130
8/4/1961	Female	Cozad	Nebraska	69130
9/6/1979	Male	Cozad	Nebraska	69130
11/22/1990	Female	Cozad	Nebraska	69130
2/13/1984	Female	Cozad	Nebraska	69130
4/14/1989	Female	Cozad	Nebraska	69130
6/6/1984	Male	Cozad	Nebraska	69130
11/14/1957	Male	Cozad	Nebraska	69130
1/21/1965	Male	Cozad	Nebraska	69130
10/22/1973	Male	Cozad	Nebraska	69130
10/20/1971	Female	Cozad	Nebraska	69130
3/6/1991	Male	Cozad	Nebraska	69130
2/9/1979	Female	Cozad	Nebraska	69130
11/26/1979	Female	Cozad	Nebraska	69130
3/25/1958	Female	Cozad	Nebraska	69130
12/2/1969	Female	Cozad	Nebraska	69130
6/23/1968	Female	Cozad	Nebraska	69130
11/21/1984	Female	Dalton	Nebraska	69131
3/13/1984	Male	Dix	Nebraska	69133
4/8/1966	Male	Dix	Nebraska	69133
11/20/1986	Male	Gothenburg	Nebraska	69138
3/1/1958	Male	Gothenburg	Nebraska	69138
8/13/1989	Male	Gothenburg	Nebraska	69138

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/23/1973	Female	Gothenburg	Nebraska	69138
6/24/1968	Female	Gothenburg	Nebraska	69138
5/24/1988	Female	Gothenburg	Nebraska	69138
2/5/1949	Male	Gothenburg	Nebraska	69138
3/10/1959	Male	Gothenburg	Nebraska	69138
5/14/1961	Male	Gothenburg	Nebraska	69138
5/26/1966	Male	Gothenburg	Nebraska	69138
2/10/1981	Male	Gothenburg	Nebraska	69138
5/1/1963	Male	Gothenburg	Nebraska	69138
11/4/1970	Male	Gothenburg	Nebraska	69138
9/24/1970	Female	Gothenburg	Nebraska	69138
11/20/1958	Female	Gothenburg	Nebraska	69138
9/27/1978	Male	Gothenburg	Nebraska	69138
3/23/1984	Male	Gothenburg	Nebraska	69138
9/7/1981	Male	Gothenburg	Nebraska	69138
7/21/1978	Female	Gothenburg	Nebraska	69138
1/31/1937	Female	Grant	Nebraska	69140
9/18/1970	Male	Grant	Nebraska	69140
10/5/1952	Male	Grant	Nebraska	69140
7/23/1951	Male	Grant	Nebraska	69140
10/20/1953	Male	Grant	Nebraska	69140
12/19/1953	Male	Grant	Nebraska	69140
3/7/1967	Female	Grant	Nebraska	69140
2/22/1971	Female	Grant	Nebraska	69140
6/23/1976	Female	Gurley	Nebraska	69141
2/26/1992	Female	Halsey	Nebraska	69142
11/10/1960	Female	Hershey	Nebraska	69143
11/29/1966	Female	Hershey	Nebraska	69143
6/3/1979	Female	Hershey	Nebraska	69143
5/23/1988	Female	Hershey	Nebraska	69143
11/2/1976	Female	Hershey	Nebraska	69143
5/8/1954	Male	Kimball	Nebraska	69145
11/28/1961	Female	Kimball	Nebraska	69145
6/15/1956	Male	Kimball	Nebraska	69145
6/6/1962	Male	Kimball	Nebraska	69145
10/13/1954	Male	Kimball	Nebraska	69145
4/24/1985	Male	Kimball	Nebraska	69145
7/13/1966	Male	Kimball	Nebraska	69145
10/27/1986	Male	Kimball	Nebraska	69145
11/3/1973	Male	Kimball	Nebraska	69145
9/25/1973	Male	Kimball	Nebraska	69145

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/23/1959	Male	Kimball	Nebraska	69145
11/4/1959	Male	Kimball	Nebraska	69145
9/15/1960	Male	Kimball	Nebraska	69145
1/20/1995	Male	Kimball	Nebraska	69145
1/23/1968	Male	Kimball	Nebraska	69145
5/6/1991	Male	Kimball	Nebraska	69145
12/5/1971	Female	Kimball	Nebraska	69145
12/1/1982	Female	Kimball	Nebraska	69145
4/24/1992	Female	Kimball	Nebraska	69145
6/23/1954	Male	Lemoynes	Nebraska	69146
3/30/1989	Male	Lemoynes	Nebraska	69146
6/20/1961	Male	Lemoynes	Nebraska	69146
9/14/1953	Male	Lewellen	Nebraska	69147
2/22/1960	Female	Lewellen	Nebraska	69147
7/25/1988	Male	Lewellen	Nebraska	69147
9/27/1994	Male	Lodgepole	Nebraska	69149
12/2/1987	Female	Lodgepole	Nebraska	69149
10/23/1995	Female	Madrid	Nebraska	69150
5/28/1982	Female	Maxwell	Nebraska	69151
10/8/1980	Female	Maxwell	Nebraska	69151
4/2/1970	Male	Maxwell	Nebraska	69151
6/9/1979	Female	Mullen	Nebraska	69152
8/6/1963	Male	Mullen	Nebraska	69152
5/16/1970	Male	Mullen	Nebraska	69152
3/1/1977	Male	Mullen	Nebraska	69152
4/12/1990	Male	Mullen	Nebraska	69152
12/28/1953	Male	Mullen	Nebraska	69152
12/12/1985	Male	Mullen	Nebraska	69152
7/15/1990	Male	Mullen	Nebraska	69152
5/19/1947	Male	Ogallala	Nebraska	69153
12/5/1955	Male	Ogallala	Nebraska	69153
12/28/1966	Male	Ogallala	Nebraska	69153
9/23/1950	Female	Ogallala	Nebraska	69153
2/5/1973	Male	Ogallala	Nebraska	69153
4/2/1951	Male	Ogallala	Nebraska	69153
10/13/1972	Male	Ogallala	Nebraska	69153
10/13/1954	Male	Ogallala	Nebraska	69153
12/28/1985	Male	Ogallala	Nebraska	69153
12/9/1986	Male	Ogallala	Nebraska	69153
8/27/1961	Female	Ogallala	Nebraska	69153
4/25/1989	Male	Ogallala	Nebraska	69153

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/3/1962	Female	Ogallala	Nebraska	69153
10/4/1966	Female	Ogallala	Nebraska	69153
2/28/1961	Female	Ogallala	Nebraska	69153
1/12/1985	Female	Ogallala	Nebraska	69153
8/9/1967	Female	Ogallala	Nebraska	69153
9/8/1991	Female	Ogallala	Nebraska	69153
4/16/1991	Female	Ogallala	Nebraska	69153
10/2/1962	Female	Ogallala	Nebraska	69153
1/17/1969	Male	Ogallala	Nebraska	69153
9/17/1952	Male	Ogallala	Nebraska	69153
4/24/1971	Male	Ogallala	Nebraska	69153
1/11/1956	Male	Ogallala	Nebraska	69153
1/12/1973	Male	Ogallala	Nebraska	69153
1/23/1962	Male	Ogallala	Nebraska	69153
12/7/1963	Female	Ogallala	Nebraska	69153
7/27/1957	Male	Ogallala	Nebraska	69153
10/28/1957	Male	Ogallala	Nebraska	69153
9/4/1959	Male	Ogallala	Nebraska	69153
12/2/1960	Male	Ogallala	Nebraska	69153
6/26/1957	Male	Ogallala	Nebraska	69153
2/10/1983	Male	Ogallala	Nebraska	69153
6/27/1973	Male	Ogallala	Nebraska	69153
6/29/1965	Male	Ogallala	Nebraska	69153
4/15/1963	Female	Ogallala	Nebraska	69153
10/1/1972	Male	Ogallala	Nebraska	69153
12/24/1971	Male	Ogallala	Nebraska	69153
4/16/1979	Male	Ogallala	Nebraska	69153
11/16/1977	Male	Ogallala	Nebraska	69153
10/4/1981	Male	Ogallala	Nebraska	69153
2/2/1987	Male	Ogallala	Nebraska	69153
2/21/1986	Male	Ogallala	Nebraska	69153
6/17/1990	Male	Ogallala	Nebraska	69153
12/4/1965	Male	Ogallala	Nebraska	69153
3/15/1973	Female	Ogallala	Nebraska	69153
1/15/1953	Male	Ogallala	Nebraska	69153
9/9/1961	Female	Ogallala	Nebraska	69153
9/24/1962	Female	Ogallala	Nebraska	69153
11/21/1986	Female	Ogallala	Nebraska	69153
11/18/1976	Female	Ogallala	Nebraska	69153
7/27/1993	Female	Ogallala	Nebraska	69153
9/30/1987	Male	Ogallala	Nebraska	69153

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/31/1956	Male	Oshkosh	Nebraska	69154
10/9/1944	Male	Oshkosh	Nebraska	69154
4/12/1961	Male	Oshkosh	Nebraska	69154
4/22/1968	Female	Oshkosh	Nebraska	69154
5/28/1982	Male	Oshkosh	Nebraska	69154
12/21/1968	Male	Oshkosh	Nebraska	69154
2/4/1964	Female	Oshkosh	Nebraska	69154
4/25/1977	Female	Paxton	Nebraska	69155
5/22/1991	Female	Paxton	Nebraska	69155
1/19/1967	Female	Paxton	Nebraska	69155
11/6/1965	Female	Paxton	Nebraska	69155
8/13/1992	Female	Paxton	Nebraska	69155
10/27/1951	Female	Paxton	Nebraska	69155
6/15/1988	Male	Paxton	Nebraska	69155
5/12/1972	Female	Paxton	Nebraska	69155
8/10/1957	Female	Potter	Nebraska	69156
8/4/1980	Female	Potter	Nebraska	69156
1/26/1971	Male	Potter	Nebraska	69156
10/11/1965	Female	Potter	Nebraska	69156
11/30/1960	Male	Seneca	Nebraska	69161
8/12/1960	Female	Seneca	Nebraska	69161
10/9/1962	Male	Sidney	Nebraska	69162
12/26/1951	Male	Sidney	Nebraska	69162
1/28/1971	Male	Sidney	Nebraska	69162
2/16/1958	Female	Sidney	Nebraska	69162
1/16/1951	Female	Sidney	Nebraska	69162
3/11/1986	Female	Sidney	Nebraska	69162
4/7/1980	Female	Sidney	Nebraska	69162
7/2/1982	Male	Sidney	Nebraska	69162
5/15/1953	Male	Sidney	Nebraska	69162
3/13/1959	Male	Sidney	Nebraska	69162
7/29/1951	Male	Sidney	Nebraska	69162
11/15/1959	Female	Sidney	Nebraska	69162
2/16/1957	Male	Sidney	Nebraska	69162
3/25/1986	Female	Sidney	Nebraska	69162
7/3/1956	Female	Sidney	Nebraska	69162
4/27/1952	Male	Sidney	Nebraska	69162
7/12/1958	Male	Sidney	Nebraska	69162
6/16/1958	Male	Sidney	Nebraska	69162
6/5/1971	Male	Sidney	Nebraska	69162
9/6/1982	Male	Sidney	Nebraska	69162

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/8/1972	Male	Sidney	Nebraska	69162
3/28/1978	Male	Sidney	Nebraska	69162
12/9/1968	Male	Sidney	Nebraska	69162
3/28/1973	Male	Sidney	Nebraska	69162
6/15/1979	Male	Sidney	Nebraska	69162
5/19/1987	Male	Sidney	Nebraska	69162
12/18/1965	Male	Sidney	Nebraska	69162
1/28/1980	Male	Sidney	Nebraska	69162
11/5/1978	Male	Sidney	Nebraska	69162
8/28/1971	Male	Sidney	Nebraska	69162
4/24/1966	Male	Sidney	Nebraska	69162
5/20/1965	Male	Sidney	Nebraska	69162
7/21/1971	Male	Sidney	Nebraska	69162
4/26/1990	Male	Sidney	Nebraska	69162
8/7/1987	Male	Sidney	Nebraska	69162
2/28/1989	Male	Sidney	Nebraska	69162
5/1/1992	Male	Sidney	Nebraska	69162
6/30/1963	Female	Sidney	Nebraska	69162
5/20/1974	Male	Sidney	Nebraska	69162
1/12/1966	Male	Sidney	Nebraska	69162
5/10/1968	Female	Sidney	Nebraska	69162
8/20/1990	Female	Sidney	Nebraska	69162
5/13/1967	Female	Sidney	Nebraska	69162
8/7/1966	Female	Sidney	Nebraska	69162
9/13/1970	Female	Stapleton	Nebraska	69163
1/24/1955	Female	Stapleton	Nebraska	69163
11/30/1979	Female	Stapleton	Nebraska	69163
11/24/1951	Male	Stapleton	Nebraska	69163
8/23/1975	Male	Stapleton	Nebraska	69163
10/14/1972	Male	Stapleton	Nebraska	69163
11/1/1983	Male	Stapleton	Nebraska	69163
9/23/1966	Female	Stapleton	Nebraska	69163
8/22/1991	Female	Sutherland	Nebraska	69165
5/9/1967	Female	Sutherland	Nebraska	69165
11/26/1961	Male	Sutherland	Nebraska	69165
5/15/1975	Female	Sutherland	Nebraska	69165
12/17/1958	Male	Sutherland	Nebraska	69165
10/5/1973	Female	Sutherland	Nebraska	69165
9/11/1965	Female	Sutherland	Nebraska	69165
9/11/1960	Male	Sutherland	Nebraska	69165
10/10/1955	Male	Sutherland	Nebraska	69165

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
4/15/1960	Female	Sutherland	Nebraska	69165
2/15/1974	Male	Sutherland	Nebraska	69165
8/13/1971	Female	Sutherland	Nebraska	69165
9/27/1973	Male	Sutherland	Nebraska	69165
10/7/1974	Male	Sutherland	Nebraska	69165
2/15/1975	Female	Sutherland	Nebraska	69165
12/23/1963	Female	Sutherland	Nebraska	69165
10/19/1976	Female	Sutherland	Nebraska	69165
2/7/1957	Male	Thedford	Nebraska	69166
7/19/1974	Male	Thedford	Nebraska	69166
11/8/1981	Male	Thedford	Nebraska	69166
6/17/1985	Male	Tryon	Nebraska	69167
12/16/1959	Female	Tryon	Nebraska	69167
3/31/1985	Female	Tryon	Nebraska	69167
6/5/1956	Male	Venango	Nebraska	69168
3/14/1980	Male	Wallace	Nebraska	69169
4/20/1962	Male	Wallace	Nebraska	69169
9/21/1989	Female	Wallace	Nebraska	69169
5/16/1982	Male	Wallace	Nebraska	69169
1/12/1972	Male	Wellfleet	Nebraska	69170
8/9/1952	Male	Wellfleet	Nebraska	69170
7/11/1985	Male	Wellfleet	Nebraska	69170
9/19/1986	Male	Wellfleet	Nebraska	69170
6/21/1970	Male	Wellfleet	Nebraska	69170
5/22/1953	Male	Valentine	Nebraska	69201
10/3/1955	Male	Valentine	Nebraska	69201
11/25/1968	Male	Valentine	Nebraska	69201
11/2/1956	Male	Valentine	Nebraska	69201
11/9/1960	Male	Valentine	Nebraska	69201
6/9/1953	Male	Valentine	Nebraska	69201
1/15/1963	Male	Valentine	Nebraska	69201
1/18/1968	Male	Valentine	Nebraska	69201
6/5/1978	Male	Valentine	Nebraska	69201
5/17/1938	Male	Valentine	Nebraska	69201
3/16/1974	Male	Valentine	Nebraska	69201
11/25/1969	Male	Valentine	Nebraska	69201
12/9/1970	Female	Valentine	Nebraska	69201
9/3/1985	Female	Valentine	Nebraska	69201
10/4/1971	Female	Valentine	Nebraska	69201
12/1/1961	Male	Valentine	Nebraska	69201
9/19/1958	Male	Valentine	Nebraska	69201



## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
10/25/1974	Male	Valentine	Nebraska	69201
8/4/1949	Female	Valentine	Nebraska	69201
4/14/1958	Male	Valentine	Nebraska	69201
3/22/1957	Male	Valentine	Nebraska	69201
1/26/1960	Male	Valentine	Nebraska	69201
4/9/1973	Male	Valentine	Nebraska	69201
7/16/1962	Male	Valentine	Nebraska	69201
5/3/1981	Male	Valentine	Nebraska	69201
8/4/1968	Male	Valentine	Nebraska	69201
5/16/1981	Male	Valentine	Nebraska	69201
6/13/1967	Male	Valentine	Nebraska	69201
10/25/1969	Male	Valentine	Nebraska	69201
4/21/1975	Male	Valentine	Nebraska	69201
9/11/1984	Male	Valentine	Nebraska	69201
2/16/1991	Male	Valentine	Nebraska	69201
4/28/1956	Female	Valentine	Nebraska	69201
11/27/1960	Female	Valentine	Nebraska	69201
3/15/1963	Male	Valentine	Nebraska	69201
9/17/1976	Female	Ainsworth	Nebraska	69210
12/6/1958	Male	Ainsworth	Nebraska	69210
11/27/1961	Male	Ainsworth	Nebraska	69210
1/17/1992	Male	Ainsworth	Nebraska	69210
3/28/1957	Female	Ainsworth	Nebraska	69210
9/22/1990	Female	Ainsworth	Nebraska	69210
7/19/1973	Female	Ainsworth	Nebraska	69210
3/27/1977	Female	Ainsworth	Nebraska	69210
5/12/1961	Female	Ainsworth	Nebraska	69210
12/25/1956	Male	Ainsworth	Nebraska	69210
4/15/1955	Male	Ainsworth	Nebraska	69210
6/10/1955	Male	Ainsworth	Nebraska	69210
2/28/1966	Male	Ainsworth	Nebraska	69210
12/13/1972	Male	Ainsworth	Nebraska	69210
2/20/1972	Male	Ainsworth	Nebraska	69210
3/8/1959	Male	Ainsworth	Nebraska	69210
8/28/1960	Female	Ainsworth	Nebraska	69210
12/17/1958	Male	Ainsworth	Nebraska	69210
7/16/1953	Male	Ainsworth	Nebraska	69210
6/1/1958	Female	Ainsworth	Nebraska	69210
3/28/1968	Male	Ainsworth	Nebraska	69210
1/5/1963	Male	Ainsworth	Nebraska	69210
7/24/1965	Male	Ainsworth	Nebraska	69210

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/18/1956	Male	Ainsworth	Nebraska	69210
8/29/1972	Male	Ainsworth	Nebraska	69210
1/29/1977	Male	Ainsworth	Nebraska	69210
1/1/1969	Female	Ainsworth	Nebraska	69210
3/27/1991	Male	Ainsworth	Nebraska	69210
9/8/1962	Male	Ainsworth	Nebraska	69210
2/22/1977	Male	Ainsworth	Nebraska	69210
8/5/1977	Male	Ainsworth	Nebraska	69210
6/3/1970	Male	Ainsworth	Nebraska	69210
9/17/1959	Female	Ainsworth	Nebraska	69210
7/27/1971	Female	Ainsworth	Nebraska	69210
4/12/1972	Male	Ainsworth	Nebraska	69210
9/23/1953	Male	Ainsworth	Nebraska	69210
12/22/1989	Female	Cody	Nebraska	69211
1/15/1963	Male	Cody	Nebraska	69211
3/20/1981	Female	Johnstown	Nebraska	69214
6/5/1961	Female	Johnstown	Nebraska	69214
9/26/1961	Female	Kilgore	Nebraska	69216
7/10/1964	Female	Long Pine	Nebraska	69217
2/11/1948	Female	Long Pine	Nebraska	69217
9/16/1951	Male	Long Pine	Nebraska	69217
6/10/1983	Male	Long Pine	Nebraska	69217
9/15/1959	Male	Long Pine	Nebraska	69217
12/20/1981	Male	Long Pine	Nebraska	69217
4/24/1960	Male	Long Pine	Nebraska	69217
6/25/1979	Male	Long Pine	Nebraska	69217
12/15/1976	Female	Long Pine	Nebraska	69217
1/1/1955	Female	Merriman	Nebraska	69218
9/8/1961	Male	Merriman	Nebraska	69218
1/8/1959	Male	Merriman	Nebraska	69218
9/28/1965	Male	Merriman	Nebraska	69218
6/27/1980	Male	Merriman	Nebraska	69218
7/18/1977	Male	Merriman	Nebraska	69218
10/6/1975	Female	Alliance	Nebraska	69301
9/5/1970	Female	Alliance	Nebraska	69301
7/27/1976	Female	Alliance	Nebraska	69301
1/13/1952	Male	Alliance	Nebraska	69301
4/5/1964	Male	Alliance	Nebraska	69301
10/25/1962	Female	Alliance	Nebraska	69301
2/24/1987	Male	Alliance	Nebraska	69301
7/26/1970	Female	Alliance	Nebraska	69301

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/7/1983	Male	Alliance	Nebraska	69301
11/5/1988	Male	Alliance	Nebraska	69301
11/1/1989	Female	Alliance	Nebraska	69301
9/30/1986	Female	Alliance	Nebraska	69301
1/17/1962	Female	Alliance	Nebraska	69301
7/21/1961	Female	Alliance	Nebraska	69301
1/28/1970	Female	Alliance	Nebraska	69301
8/16/1986	Male	Alliance	Nebraska	69301
10/30/1982	Female	Alliance	Nebraska	69301
5/11/1963	Female	Alliance	Nebraska	69301
3/14/1960	Female	Alliance	Nebraska	69301
8/30/1948	Male	Alliance	Nebraska	69301
11/29/1955	Female	Alliance	Nebraska	69301
10/18/1948	Female	Alliance	Nebraska	69301
6/25/1955	Female	Alliance	Nebraska	69301
3/30/1970	Female	Alliance	Nebraska	69301
4/19/1958	Male	Alliance	Nebraska	69301
2/29/1956	Male	Alliance	Nebraska	69301
2/23/1959	Male	Alliance	Nebraska	69301
3/20/1981	Male	Alliance	Nebraska	69301
9/29/1958	Male	Alliance	Nebraska	69301
4/17/1960	Male	Alliance	Nebraska	69301
12/14/1955	Male	Alliance	Nebraska	69301
12/24/1970	Male	Alliance	Nebraska	69301
6/29/1966	Male	Alliance	Nebraska	69301
9/29/1988	Male	Alliance	Nebraska	69301
11/27/1966	Male	Alliance	Nebraska	69301
7/27/1985	Male	Alliance	Nebraska	69301
5/23/1962	Female	Alliance	Nebraska	69301
3/30/1970	Female	Alliance	Nebraska	69301
12/9/1982	Female	Alliance	Nebraska	69301
11/15/1975	Male	Alliance	Nebraska	69301
1/7/1983	Female	Alliance	Nebraska	69301
9/23/1991	Female	Alliance	Nebraska	69301
9/3/1991	Female	Alliance	Nebraska	69301
11/20/1991	Male	Alliance	Nebraska	69301
4/29/1967	Male	Alliance	Nebraska	69301
11/26/1966	Male	Alliance	Nebraska	69301
3/11/1987	Male	Alliance	Nebraska	69301
7/22/1993	Male	Alliance	Nebraska	69301
9/4/1965	Female	Bayard	Nebraska	69334

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
7/29/1966	Female	Bayard	Nebraska	69334
10/5/1967	Male	Bayard	Nebraska	69334
4/23/1987	Male	Bayard	Nebraska	69334
3/25/1983	Female	Bayard	Nebraska	69334
3/4/1988	Female	Bayard	Nebraska	69334
5/23/1992	Female	Bayard	Nebraska	69334
8/2/1982	Female	Bayard	Nebraska	69334
5/16/1984	Female	Bayard	Nebraska	69334
10/20/1968	Female	Bayard	Nebraska	69334
10/10/1963	Male	Bayard	Nebraska	69334
3/20/1944	Female	Bayard	Nebraska	69334
3/1/1963	Male	Bayard	Nebraska	69334
7/8/1976	Male	Bayard	Nebraska	69334
8/3/1975	Male	Bayard	Nebraska	69334
2/6/1963	Female	Bayard	Nebraska	69334
10/29/1993	Male	Bayard	Nebraska	69334
7/15/1959	Female	Bayard	Nebraska	69334
6/15/1980	Female	Bayard	Nebraska	69334
11/6/1982	Male	Bridgeport	Nebraska	69336
8/26/1973	Male	Bridgeport	Nebraska	69336
1/28/1953	Female	Bridgeport	Nebraska	69336
11/6/1951	Female	Bridgeport	Nebraska	69336
12/29/1959	Female	Bridgeport	Nebraska	69336
8/10/1964	Male	Bridgeport	Nebraska	69336
8/17/1977	Male	Bridgeport	Nebraska	69336
6/10/1944	Male	Bridgeport	Nebraska	69336
2/7/1969	Male	Bridgeport	Nebraska	69336
4/30/1986	Male	Bridgeport	Nebraska	69336
2/7/1968	Male	Bridgeport	Nebraska	69336
7/11/1955	Male	Bridgeport	Nebraska	69336
7/16/1971	Male	Bridgeport	Nebraska	69336
12/19/1962	Female	Bridgeport	Nebraska	69336
3/1/1952	Male	Bridgeport	Nebraska	69336
3/17/1958	Male	Bridgeport	Nebraska	69336
9/14/1968	Male	Bridgeport	Nebraska	69336
9/8/1950	Male	Bridgeport	Nebraska	69336
5/24/1977	Male	Bridgeport	Nebraska	69336
10/22/1974	Male	Bridgeport	Nebraska	69336
5/17/1960	Male	Bridgeport	Nebraska	69336
11/17/1987	Male	Bridgeport	Nebraska	69336
9/19/1990	Female	Bridgeport	Nebraska	69336

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/12/1993	Female	Bridgeport	Nebraska	69336
7/6/1945	Female	Bridgeport	Nebraska	69336
2/26/1966	Female	Bridgeport	Nebraska	69336
12/27/1968	Male	Chadron	Nebraska	69337
3/18/1978	Male	Bayard	Nebraska	69337
3/17/1957	Male	Chadron	Nebraska	69337
7/12/1969	Male	Chadron	Nebraska	69337
8/17/1971	Male	Chadron	Nebraska	69337
4/24/1974	Female	Chadron	Nebraska	69337
1/23/1950	Male	Chadron	Nebraska	69337
3/23/1953	Female	Chadron	Nebraska	69337
7/29/1940	Male	Chadron	Nebraska	69337
12/26/1988	Male	Chadron	Nebraska	69337
11/17/1972	Male	Chadron	Nebraska	69337
9/4/1948	Male	Chadron	Nebraska	69337
3/24/1993	Male	CHADRON	Nebraska	69337
9/10/1944	Male	Chadron	Nebraska	69337
6/25/1990	Female	Chadron	Nebraska	69337
7/13/1948	Male	Chadron	Nebraska	69337
9/26/1962	Female	Chadron	Nebraska	69337
1/13/1991	Female	Chadron	Nebraska	69337
6/27/1989	Female	Chadron	Nebraska	69337
10/6/1987	Female	Chadron	Nebraska	69337
12/16/1955	Female	Chadron	Nebraska	69337
1/2/1967	Female	Chadron	Nebraska	69337
10/5/1957	Female	Chadron	Nebraska	69337
6/2/1981	Female	Chadron	Nebraska	69337
9/1/1983	Female	Chadron	Nebraska	69337
11/16/1982	Female	Chadron	Nebraska	69337
4/11/1987	Female	Chadron	Nebraska	69337
11/6/1984	Female	Chadron	Nebraska	69337
1/25/1988	Female	Chadron	Nebraska	69337
7/3/1981	Male	Chadron	Nebraska	69337
8/9/1958	Male	Chadron	Nebraska	69337
5/20/1959	Female	Chadron	Nebraska	69337
10/17/1958	Female	Chadron	Nebraska	69337
10/21/1958	Male	Chadron	Nebraska	69337
10/7/1966	Male	Chadron	Nebraska	69337
1/25/1958	Male	Chadron	Nebraska	69337
6/28/1970	Male	Chadron	Nebraska	69337
7/29/1964	Male	Chadron	Nebraska	69337

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/16/1971	Male	Chadron	Nebraska	69337
2/26/1993	Male	Chadron	Nebraska	69337
5/13/1973	Male	Chadron	Nebraska	69337
12/15/1982	Male	Chadron	Nebraska	69337
2/22/1970	Male	Chadron	Nebraska	69337
12/13/1977	Male	Chadron	Nebraska	69337
10/2/1989	Male	Chadron	Nebraska	69337
5/7/1970	Male	Chadron	Nebraska	69337
11/30/1957	Male	Chadron	Nebraska	69337
8/31/1971	Male	Chadron	Nebraska	69337
4/22/1968	Male	Chadron	Nebraska	69337
6/15/1975	Male	Chadron	Nebraska	69337
7/30/1985	Male	Chadron	Nebraska	69337
6/4/1959	Female	Chadron	Nebraska	69337
4/24/1964	Female	Chadron	Nebraska	69337
9/1/1953	Male	Chadron	Nebraska	69337
7/11/1994	Female	Chadron	Nebraska	69337
10/17/1966	Male	Chadron	Nebraska	69337
10/20/1975	Male	Crawford	Nebraska	69339
3/29/1984	Male	Crawford	Nebraska	69339
2/4/1965	Male	Crawford	Nebraska	69339
6/9/1971	Male	Crawford	Nebraska	69339
8/8/1960	Male	Crawford	Nebraska	69339
8/7/1963	Male	Crawford	Nebraska	69339
7/29/1952	Female	Crawford	Nebraska	69339
12/15/1959	Male	Crawford	Nebraska	69339
5/29/1953	Female	Crawford	Nebraska	69339
6/20/1965	Male	Crawford	Nebraska	69339
3/3/1971	Male	Crawford	Nebraska	69339
10/12/1957	Female	Crawford	Nebraska	69339
3/9/1956	Female	Crawford	Nebraska	69339
12/7/1957	Male	Crawford	Nebraska	69339
4/24/1947	Male	Crawford	Nebraska	69339
6/28/1943	Male	Crawford	Nebraska	69339
10/24/1966	Female	Crawford	Nebraska	69339
3/9/1965	Male	Crawford	Nebraska	69339
6/9/1989	Male	Crawford	Nebraska	69339
5/9/1989	Male	Crawford	Nebraska	69339
11/10/1976	Female	Crawford	Nebraska	69339
10/24/1990	Male	Crawford	Nebraska	69339
8/31/1982	Female	Crawford	Nebraska	69339

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/30/1975	Male	Crawford	Nebraska	69339
1/17/1982	Female	Crawford	Nebraska	69339
8/15/1956	Male	Crawford	Nebraska	69339
10/29/1949	Male	Crawford	Nebraska	69339
2/25/1945	Male	Crawford	Nebraska	69339
2/25/1951	Male	Crawford	Nebraska	69339
9/7/1986	Male	Crawford	Nebraska	69339
5/1/1953	Male	Crawford	Nebraska	69339
7/14/1980	Female	Crawford	Nebraska	69339
9/29/1962	Male	Crawford	Nebraska	69339
10/27/1979	Male	Crawford	Nebraska	69339
5/25/1990	Female	Crawford	Nebraska	69339
10/10/1959	Female	Crawford	Nebraska	69339
4/5/1955	Male	Gering	Nebraska	69341
2/5/1947	Female	Gering	Nebraska	69341
3/8/1946	Male	Gering	Nebraska	69341
5/19/1992	Female	Gering	Nebraska	69341
2/21/1956	Female	Gering	Nebraska	69341
9/26/1953	Female	Gering	Nebraska	69341
8/2/1958	Male	Gering	Nebraska	69341
3/1/1949	Female	Gering	Nebraska	69341
9/14/1953	Female	Gering	Nebraska	69341
6/4/1981	Female	Gering	Nebraska	69341
2/25/1993	Female	Gering	Nebraska	69341
10/24/1954	Male	Gering	Nebraska	69341
1/10/1960	Male	Gering	Nebraska	69341
4/4/1952	Female	Gering	Nebraska	69341
11/4/1979	Female	Gering	Nebraska	69341
3/30/1950	Female	Gering	Nebraska	69341
12/9/1949	Female	Gering	Nebraska	69341
5/3/1969	Female	Gering	Nebraska	69341
10/5/1950	Female	Gering	Nebraska	69341
3/29/1952	Female	Gering	Nebraska	69341
12/7/1954	Female	Gering	Nebraska	69341
5/31/1967	Female	Gering	Nebraska	69341
11/18/1953	Female	Gering	Nebraska	69341
10/27/1965	Female	Gering	Nebraska	69341
6/20/1960	Female	Gering	Nebraska	69341
7/21/1963	Female	Gering	Nebraska	69341
12/13/1970	Female	Gering	Nebraska	69341
9/24/1964	Female	Gering	Nebraska	69341

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
9/14/1962	Female	Gering	Nebraska	69341
8/13/1957	Female	Gering	Nebraska	69341
7/26/1960	Female	Gering	Nebraska	69341
10/24/1963	Female	Gering	Nebraska	69341
9/26/1961	Female	Gering	Nebraska	69341
9/24/1951	Female	Gering	Nebraska	69341
10/10/1964	Female	Gering	Nebraska	69341
12/23/1944	Female	Gering	Nebraska	69341
11/9/1966	Male	Gering	Nebraska	69341
11/25/1979	Female	Gering	Nebraska	69341
5/18/1980	Female	Gering	Nebraska	69341
1/25/1956	Male	Gering	Nebraska	69341
7/25/1978	Female	Gering	Nebraska	69341
11/11/1961	Female	Gering	Nebraska	69341
9/22/1954	Male	Gering	Nebraska	69341
3/14/1951	Female	Gering	Nebraska	69341
1/22/1961	Male	Gering	Nebraska	69341
1/17/1985	Female	Gering	Nebraska	69341
4/25/1956	Female	Gering	Nebraska	69341
12/16/1961	Female	Gering	Nebraska	69341
6/21/1961	Female	Gering	Nebraska	69341
2/12/1986	Female	Gering	Nebraska	69341
10/1/1971	Female	Gering	Nebraska	69341
7/28/1962	Female	Gering	Nebraska	69341
11/11/1958	Female	Gering	Nebraska	69341
11/28/1982	Male	Gering	Nebraska	69341
6/17/1974	Female	Gering	Nebraska	69341
11/21/1974	Female	Gering	Nebraska	69341
12/29/1985	Female	Gering	Nebraska	69341
9/25/1986	Female	Gering	Nebraska	69341
7/25/1980	Male	Gering	Nebraska	69341
12/31/1953	Male	Gering	Nebraska	69341
9/21/1963	Male	Gering	Nebraska	69341
4/21/1990	Female	Gering	Nebraska	69341
4/9/1986	Female	Gering	Nebraska	69341
8/6/1983	Female	Gering	Nebraska	69341
10/4/1965	Female	Gering	Nebraska	69341
10/4/1986	Female	Gering	Nebraska	69341
8/5/1957	Female	Gering	Nebraska	69341
1/28/1989	Female	Gering	Nebraska	69341
12/13/1970	Female	Gering	Nebraska	69341



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
11/9/1988	Female	Gering	Nebraska	69341
8/30/1954	Male	Gering	Nebraska	69341
8/22/1952	Female	Gering	Nebraska	69341
1/24/1989	Female	Gering	Nebraska	69341
5/1/1979	Female	Gering	Nebraska	69341
9/14/1959	Female	Gering	Nebraska	69341
3/2/1971	Female	Gering	Nebraska	69341
11/26/1990	Female	Gering	Nebraska	69341
3/26/1988	Female	Scottsbluff	Nebraska	69341
4/10/1977	Female	Gering	Nebraska	69341
4/21/1955	Female	Gering	Nebraska	69341
3/24/1987	Female	Gering	Nebraska	69341
9/2/1982	Female	Gering	Nebraska	69341
7/7/1972	Male	Gering	Nebraska	69341
9/23/1978	Male	Gering	Nebraska	69341
4/7/1967	Female	Gering	Nebraska	69341
1/11/1989	Female	Gering	Nebraska	69341
10/29/1990	Female	Gering	Nebraska	69341
9/6/1991	Female	Gering	Nebraska	69341
1/1/1963	Female	Gering	Nebraska	69341
2/26/1985	Female	Gering	Nebraska	69341
4/15/1976	Female	Gering	Nebraska	69341
11/13/1985	Female	Gering	Nebraska	69341
3/14/1958	Female	Gering	Nebraska	69341
1/16/1978	Female	Gering	Nebraska	69341
7/13/1993	Female	Gering	Nebraska	69341
6/18/1977	Female	Gering	Nebraska	69341
1/26/1984	Female	Gering	Nebraska	69341
9/11/1991	Female	Gering	Nebraska	69341
8/26/1995	Female	Gering	Nebraska	69341
4/23/1997	Female	Gering	Nebraska	69341
12/3/1973	Female	Gering	Nebraska	69341
3/16/1988	Female	Gering	Nebraska	69341
2/15/1973	Female	Gering	Nebraska	69341
10/6/1974	Female	Gering	Nebraska	69341
5/25/1984	Female	Gering	Nebraska	69341
12/17/1976	Female	Gering	Nebraska	69341
11/7/1990	Female	Gering	Nebraska	69341
7/3/1993	Male	Gering	Nebraska	69341
4/25/1982	Female	Gering	Nebraska	69341
1/24/1998	Female	Gering	Nebraska	69341

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/17/1993	Female	Gering	Nebraska	69341
3/17/1962	Female	Gering	Nebraska	69341
12/25/1967	Female	Gering	Nebraska	69341
11/12/1983	Female	Gering	Nebraska	69341
4/7/1978	Female	Gering	Nebraska	69341
5/23/1984	Female	Gering	Nebraska	69341
1/27/1948	Female	Gering	Nebraska	69341
5/29/1975	Female	Gering	Nebraska	69341
12/29/1967	Male	Gering	Nebraska	69341
10/11/1951	Male	Gering	Nebraska	69341
10/2/1972	Male	Gering	Nebraska	69341
8/29/1963	Male	Gering	Nebraska	69341
1/22/1972	Female	Gering	Nebraska	69341
1/13/1956	Male	Gering	Nebraska	69341
11/20/1958	Female	Gering	Nebraska	69341
4/6/1951	Male	Gering	Nebraska	69341
12/29/1972	Male	Gering	Nebraska	69341
5/30/1959	Male	Gering	Nebraska	69341
10/19/1964	Male	Gering	Nebraska	69341
6/19/1958	Male	Gering	Nebraska	69341
2/11/1964	Male	Gering	Nebraska	69341
8/25/1962	Male	Gering	Nebraska	69341
4/19/1972	Female	Gering	Nebraska	69341
11/19/1968	Male	Gering	Nebraska	69341
3/26/1987	Male	Gering	Nebraska	69341
4/6/1968	Male	Gering	Nebraska	69341
1/2/1978	Male	Gering	Nebraska	69341
2/6/1995	Male	Gering	Nebraska	69341
12/11/1979	Male	Gering	Nebraska	69341
9/13/1965	Male	Gering	Nebraska	69341
6/21/1955	Male	Gering	Nebraska	69341
10/1/1966	Female	Gering	Nebraska	69341
10/27/1962	Male	Gering	Nebraska	69341
3/21/1979	Male	Gering	Nebraska	69341
5/21/1974	Male	Gering	Nebraska	69341
9/24/1952	Female	Gering	Nebraska	69341
5/21/1971	Male	Gering	Nebraska	69341
6/19/1973	Male	Gering	Nebraska	69341
6/6/1966	Female	Gering	Nebraska	69341
7/1/1964	Female	Gering	Nebraska	69341
2/20/1969	Female	Gering	Nebraska	69341

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/8/1987	Female	Gering	Nebraska	69341
11/8/1989	Male	Gering	Nebraska	69341
11/24/1988	Male	Gering	Nebraska	69341
11/9/1994	Female	Gering	Nebraska	69341
12/2/1970	Male	Gering	Nebraska	69341
3/15/1971	Female	Gering	Nebraska	69341
3/3/1954	Female	Gering	Nebraska	69341
4/11/1960	Female	Gering	Nebraska	69341
4/6/1960	Female	Gering	Nebraska	69341
4/29/1962	Female	Gering	Nebraska	69341
5/18/1967	Male	Gering	Nebraska	69341
8/14/1965	Male	Gering	Nebraska	69341
11/12/1958	Female	Gering	Nebraska	69341
7/20/1960	Female	Gering	Nebraska	69341
5/25/1980	Male	Gering	Nebraska	69341
3/7/1982	Female	Gering	Nebraska	69341
12/15/1970	Female	Gering	Nebraska	69341
8/11/1950	Female	Gering	Nebraska	69341
1/2/1984	Female	Gering	Nebraska	69341
4/28/1989	Female	Gering	Nebraska	69341
10/3/1963	Female	Gering	Nebraska	69341
12/25/1991	Male	Gering	Nebraska	69341
7/23/1984	Female	Gering	Nebraska	69341
1/8/1971	Female	Gering	Nebraska	69341
3/15/1967	Female	Gering	Nebraska	69341
5/4/1991	Female	Gering	Nebraska	69341
3/20/1990	Female	Gering	Nebraska	69341
5/9/1979	Female	Gering	Nebraska	69341
12/12/1975	Female	Gering	Nebraska	69341
8/22/1950	Male	Gordon	Nebraska	69343
3/6/1984	Male	Gordon	Nebraska	69343
4/3/1959	Male	Gordon	Nebraska	69343
3/28/1950	Female	Gordon	Nebraska	69343
7/19/1958	Male	Gordon	Nebraska	69343
1/14/1969	Male	Gordon	Nebraska	69343
4/13/1971	Male	Gordon	Nebraska	69343
1/18/1957	Female	Gordon	Nebraska	69343
1/14/1965	Male	Gordon	Nebraska	69343
7/25/1961	Male	Gordon	Nebraska	69343
7/20/1975	Male	Gordon	Nebraska	69343
2/15/1976	Male	Gordon	Nebraska	69343

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
2/14/1991	Male	Gordon	Nebraska	69343
8/17/1979	Male	Gordon	Nebraska	69343
7/3/1971	Male	Gordon	Nebraska	69343
12/29/1964	Female	Gordon	Nebraska	69343
1/12/1961	Female	Harrisburg	Nebraska	69345
10/18/1995	Male	Harrison	Nebraska	69346
1/3/1969	Male	Harrison	Nebraska	69346
11/28/1995	Female	Harrison	Nebraska	69346
4/23/1979	Male	Harrison	Nebraska	69346
6/4/1959	Female	Harrison	Nebraska	69346
10/31/1963	Male	Harrison	Nebraska	69346
4/12/1955	Male	Harrison	Nebraska	69346
9/11/1959	Male	Harrison	Nebraska	69346
11/16/1966	Female	Hay Springs	Nebraska	69347
4/27/1974	Female	Hay Springs	Nebraska	69347
7/29/1969	Male	Hay Springs	Nebraska	69347
3/13/1952	Female	Hay Springs	Nebraska	69347
8/10/1961	Male	Hemingford	Nebraska	69348
3/27/1953	Female	Hemingford	Nebraska	69348
6/21/1981	Female	Hemingford	Nebraska	69348
2/4/1974	Male	Hemingford	Nebraska	69348
3/24/1973	Female	Hemingford	Nebraska	69348
7/28/1952	Male	HYANNIS	Nebraska	69350
12/19/1964	Male	Hyannis	Nebraska	69350
9/28/1985	Male	Hyannis	Nebraska	69350
5/10/1964	Female	Lyman	Nebraska	69352
1/12/1988	Female	McGrew	Nebraska	69353
1/17/1985	Female	Melbeta	Nebraska	69355
1/21/1958	Female	Minatare	Nebraska	69356
1/3/1958	Male	Minatare	Nebraska	69356
3/6/1949	Male	Minatare	Nebraska	69356
10/3/1983	Female	Minatare	Nebraska	69356
2/15/1961	Female	Minatare	Nebraska	69356
7/12/1963	Female	Minatare	Nebraska	69356
11/18/1959	Female	Minatare	Nebraska	69356
11/25/1951	Female	Minatare	Nebraska	69356
2/8/1960	Female	Minatare	Nebraska	69356
8/17/1964	Female	Minatare	Nebraska	69356
3/7/1988	Female	Minatare	Nebraska	69356
3/27/1978	Female	Minatare	Nebraska	69356
12/27/1978	Female	Minatare	Nebraska	69356

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/3/1984	Female	Minatare	Nebraska	69356
2/17/1988	Male	Minatare	Nebraska	69356
11/6/1963	Female	Minatare	Nebraska	69356
2/17/1963	Female	Minatare	Nebraska	69356
7/6/1989	Male	Minatare	Nebraska	69356
8/8/1994	Female	Minatare	Nebraska	69356
5/22/1954	Female	Minatare	Nebraska	69356
7/24/1952	Female	Minatare	Nebraska	69356
3/5/1957	Female	Minatare	Nebraska	69356
2/26/1952	Male	Minatare	Nebraska	69356
11/21/1970	Male	Minatare	Nebraska	69356
10/1/1967	Male	Minatare	Nebraska	69356
9/18/1969	Male	Minatare	Nebraska	69356
9/23/1956	Female	Minatare	Nebraska	69356
9/28/1958	Female	Minatare	Nebraska	69356
6/24/1984	Female	Mitchell	Nebraska	69357
10/31/1971	Male	Mitchell	Nebraska	69357
3/17/1955	Female	Mitchell	Nebraska	69357
7/1/1978	Male	Mitchell	Nebraska	69357
8/28/1961	Female	Mitchell	Nebraska	69357
10/11/1951	Male	Mitchell	Nebraska	69357
7/19/1955	Female	Mitchell	Nebraska	69357
1/22/1961	Female	Mitchell	Nebraska	69357
12/13/1955	Female	Mitchell	Nebraska	69357
7/27/1973	Female	Mitchell	Nebraska	69357
10/26/1978	Female	Mitchell	Nebraska	69357
12/25/1980	Male	Mitchell	Nebraska	69357
4/22/1982	Female	Mitchell	Nebraska	69357
7/5/1992	Female	Mitchell	Nebraska	69357
10/25/1978	Female	Mitchell	Nebraska	69357
12/27/1978	Female	Mitchell	Nebraska	69357
10/19/1995	Female	Mitchell	Nebraska	69357
11/25/1991	Female	Mitchell	Nebraska	69357
11/10/1953	Female	Mitchell	Nebraska	69357
1/2/1962	Male	Mitchell	Nebraska	69357
3/4/1990	Female	Mitchell	Nebraska	69357
12/2/1991	Female	Mitchell	Nebraska	69357
3/31/1970	Female	Mitchell	Nebraska	69357
1/15/1965	Female	Mitchell	Nebraska	69357
12/1/1994	Female	Mitchell	Nebraska	69357
12/14/1958	Female	Mitchell	Nebraska	69357

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/30/1975	Male	Mitchell	Nebraska	69357
5/30/1953	Male	Mitchell	Nebraska	69357
3/31/1979	Male	Mitchell	Nebraska	69357
5/3/1996	Male	Mitchell	Nebraska	69357
9/23/1985	Male	Mitchell	Nebraska	69357
1/24/1976	Male	Mitchell	Nebraska	69357
4/9/1974	Male	Mitchell	Nebraska	69357
2/13/1965	Female	Mitchell	Nebraska	69357
11/19/1973	Male	Morrill	Nebraska	69358
7/31/1956	Female	Morrill	Nebraska	69358
3/20/1947	Female	Morrill	Nebraska	69358
2/2/1990	Female	Morrill	Nebraska	69358
8/2/1977	Female	Morrill	Nebraska	69358
2/9/1991	Female	Morrill	Nebraska	69358
7/30/1965	Female	Morrill	Nebraska	69358
5/11/1990	Female	Morrill	Nebraska	69358
12/21/1978	Female	Morrill	Nebraska	69358
1/13/1962	Female	Morrill	Nebraska	69358
7/13/1957	Female	Morrill	Nebraska	69358
6/14/1989	Female	Morrill	Nebraska	69358
7/4/1986	Female	Henry	Nebraska	69358
8/27/1986	Male	Morrill	Nebraska	69358
2/27/1975	Male	Morrill	Nebraska	69358
6/9/1979	Male	Rushville	Nebraska	69360
8/9/1996	Female	Rushville	Nebraska	69360
1/28/1982	Female	Rushville	Nebraska	69360
5/4/1954	Female	Rushville	Nebraska	69360
10/12/1987	Female	Scottsbluff	Nebraska	69361
4/22/1953	Male	Scottsbluff	Nebraska	69361
10/31/1955	Male	Scottsbluff	Nebraska	69361
2/22/1982	Female	Scottsbluff	Nebraska	69361
9/5/1976	Female	Scottsbluff	Nebraska	69361
3/3/1972	Female	Scottsbluff	Nebraska	69361
9/27/1970	Male	Scottsbluff	Nebraska	69361
6/1/1954	Male	Scottsbluff	Nebraska	69361
5/8/1967	Female	Scottsbluff	Nebraska	69361
5/18/1970	Male	Scottsbluff	Nebraska	69361
6/27/1983	Male	Scottsbluff	Nebraska	69361
9/21/1983	Male	Scottsbluff	Nebraska	69361
6/21/1946	Male	Scottsbluff	Nebraska	69361
7/28/1986	Female	Scottsbluff	Nebraska	69361

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
6/29/1984	Female	Scottsbluff	Nebraska	69361
5/17/1957	Male	Scottsbluff	Nebraska	69361
1/27/1958	Female	Scottsbluff	Nebraska	69361
8/15/1964	Female	Scottsbluff	Nebraska	69361
11/15/1957	Female	Scottsbluff	Nebraska	69361
12/18/1962	Female	Scottsbluff	Nebraska	69361
5/30/1952	Female	Scottsbluff	Nebraska	69361
8/12/1955	Female	Scottsbluff	Nebraska	69361
11/20/1957	Female	Scottsbluff	Nebraska	69361
9/15/1948	Female	Scottsbluff	Nebraska	69361
2/17/1952	Female	Scottsbluff	Nebraska	69361
1/25/1952	Female	Scottsbluff	Nebraska	69361
2/16/1953	Female	Scottsbluff	Nebraska	69361
11/3/1956	Female	Scottsbluff	Nebraska	69361
10/21/1952	Female	Scottsbluff	Nebraska	69361
6/8/1952	Female	Scottsbluff	Nebraska	69361
10/11/1964	Male	Scottsbluff	Nebraska	69361
6/27/1953	Female	Scottsbluff	Nebraska	69361
12/10/1966	Male	Scottsbluff	Nebraska	69361
12/7/1957	Female	Scottsbluff	Nebraska	69361
8/28/1953	Female	Scottsbluff	Nebraska	69361
1/5/1951	Male	Scottsbluff	Nebraska	69361
11/20/1945	Female	Scottsbluff	Nebraska	69361
1/14/1970	Female	Scottsbluff	Nebraska	69361
12/22/1961	Female	Scottsbluff	Nebraska	69361
1/31/1985	Female	Scottsbluff	Nebraska	69361
2/2/1955	Female	Scottsbluff	Nebraska	69361
5/27/1982	Female	Scottsbluff	Nebraska	69361
7/8/1947	Female	Scottsbluff	Nebraska	69361
5/6/1977	Female	Scottsbluff	Nebraska	69361
4/25/1958	Female	Scottsbluff	Nebraska	69361
9/9/1963	Female	Scottsbluff	Nebraska	69361
9/24/1960	Female	Scottsbluff	Nebraska	69361
12/30/1957	Female	Scottsbluff	Nebraska	69361
4/16/1964	Male	Scottsbluff	Nebraska	69361
9/19/1988	Female	Scottsbluff	Nebraska	69361
9/2/1952	Female	Scottsbluff	Nebraska	69361
2/23/1970	Female	Scottsbluff	Nebraska	69361
1/29/1965	Female	Scottsbluff	Nebraska	69361
11/16/1975	Female	Scottsbluff	Nebraska	69361
9/30/1987	Female	Scottsbluff	Nebraska	69361

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
5/22/1973	Female	Scottsbluff	Nebraska	69361
9/7/1981	Female	Scottsbluff	Nebraska	69361
9/25/1953	Female	Scottsbluff	Nebraska	69361
4/5/1970	Female	Scottsbluff	Nebraska	69361
4/19/1956	Female	Scottsbluff	Nebraska	69361
7/18/1965	Female	Scottsbluff	Nebraska	69361
9/13/1966	Female	Scottsbluff	Nebraska	69361
11/27/1987	Female	Scottsbluff	Nebraska	69361
1/4/1978	Female	Scottsbluff	Nebraska	69361
12/10/1955	Female	Scottsbluff	Nebraska	69361
8/26/1972	Female	Scottsbluff	Nebraska	69361
1/11/1955	Female	Scottsbluff	Nebraska	69361
10/26/1965	Female	Scottsbluff	Nebraska	69361
7/3/1967	Female	Scottsbluff	Nebraska	69361
9/14/1977	Female	Scottsbluff	Nebraska	69361
9/18/1979	Female	Scottsbluff	Nebraska	69361
10/29/1970	Male	Scottsbluff	Nebraska	69361
2/24/1984	Female	Scottsbluff	Nebraska	69361
7/14/1971	Female	Scottsbluff	Nebraska	69361
5/21/1974	Male	Scottsbluff	Nebraska	69361
1/15/1980	Male	Scottsbluff	Nebraska	69361
2/5/1961	Female	Scottsbluff	Nebraska	69361
7/9/1988	Female	Scottsbluff	Nebraska	69361
3/21/1977	Female	Scottsbluff	Nebraska	69361
7/3/1983	Female	Scottsbluff	Nebraska	69361
1/30/1981	Male	Scottsbluff	Nebraska	69361
2/23/1962	Female	Scottsbluff	Nebraska	69361
12/9/1970	Female	Scottsbluff	Nebraska	69361
12/24/1978	Female	Scottsbluff	Nebraska	69361
8/4/1982	Male	Scottsbluff	Nebraska	69361
5/11/1985	Female	Scottsbluff	Nebraska	69361
5/26/1990	Female	Scottsbluff	Nebraska	69361
8/13/1973	Female	Scottsbluff	Nebraska	69361
8/30/1971	Male	Scottsbluff	Nebraska	69361
11/12/1970	Female	Scottsbluff	Nebraska	69361
9/24/1961	Female	Scottsbluff	Nebraska	69361
6/15/1968	Female	Scottsbluff	Nebraska	69361
3/27/1977	Male	Scottsbluff	Nebraska	69361
11/1/1986	Female	Scottsbluff	Nebraska	69361
6/11/1988	Female	Scottsbluff	Nebraska	69361
1/30/1961	Female	Scottsbluff	Nebraska	69361



**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/25/1980	Female	Scottsbluff	Nebraska	69361
7/22/1992	Female	Scottsbluff	Nebraska	69361
6/19/1972	Female	Scottsbluff	Nebraska	69361
8/19/1988	Female	Scottsbluff	Nebraska	69361
3/20/1976	Female	Scottsbluff	Nebraska	69361
8/14/1992	Female	Scottsbluff	Nebraska	69361
3/8/1982	Male	Scottsbluff	Nebraska	69361
6/21/1973	Female	Scottsbluff	Nebraska	69361
11/10/1994	Female	Scottsbluff	Nebraska	69361
9/10/1969	Male	Scottsbluff	Nebraska	69361
12/5/1990	Female	Scottsbluff	Nebraska	69361
10/28/1981	Female	Scottsbluff	Nebraska	69361
9/27/1985	Female	Scottsbluff	Nebraska	69361
9/16/1972	Female	Scottsbluff	Nebraska	69361
12/12/1993	Female	Scottsbluff	Nebraska	69361
8/7/1993	Female	Scottsbluff	Nebraska	69361
3/2/1981	Male	Scottsbluff	Nebraska	69361
3/1/1996	Female	Scottsbluff	Nebraska	69361
4/25/1995	Female	Scottsbluff	Nebraska	69361
2/15/1971	Female	Scottsbluff	Nebraska	69361
7/19/1990	Female	Scottsbluff	Nebraska	69361
10/3/1980	Female	Scottsbluff	Nebraska	69361
11/19/1970	Female	Scottsbluff	Nebraska	69361
2/15/1991	Female	Scottsbluff	Nebraska	69361
1/16/1979	Female	Scottsbluff	Nebraska	69361
11/8/1989	Female	Scottsbluff	Nebraska	69361
6/4/1988	Male	Scottsbluff	Nebraska	69361
4/23/1986	Male	Scottsbluff	Nebraska	69361
3/28/1978	Female	Scottsbluff	Nebraska	69361
12/31/1991	Female	Scottsbluff	Nebraska	69361
2/9/1992	Female	Scottsbluff	Nebraska	69361
4/26/1993	Female	Scottsbluff	Nebraska	69361
6/24/1972	Female	Scottsbluff	Nebraska	69361
7/4/1974	Female	Scottsbluff	Nebraska	69361
10/27/1955	Male	Scottsbluff	Nebraska	69361
10/30/1997	Female	Scottsbluff	Nebraska	69361
6/3/1959	Female	Scottsbluff	Nebraska	69361
4/15/1979	Male	Scottsbluff	Nebraska	69361
11/15/1961	Male	Scottsbluff	Nebraska	69361
12/3/1995	Female	Scottsbluff	Nebraska	69361
9/26/1980	Male	Scottsbluff	Nebraska	69361

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
1/7/1986	Female	Scottsbluff	Nebraska	69361
5/14/1977	Female	Scottsbluff	Nebraska	69361
2/5/1980	Female	Scottsbluff	Nebraska	69361
12/27/1956	Female	Scottsbluff	Nebraska	69361
5/17/1983	Male	Scottsbluff	Nebraska	69361
8/5/1991	Male	Scottsbluff	Nebraska	69361
5/30/1994	Female	Scottsbluff	Nebraska	69361
9/28/1992	Male	Scottsbluff	Nebraska	69361
5/9/1985	Female	Scottsbluff	Nebraska	69361
5/20/1980	Female	Scottsbluff	Nebraska	69361
2/6/1974	Male	Scottsbluff	Nebraska	69361
8/14/1974	Female	Scottsbluff	Nebraska	69361
6/19/1972	Female	Scottsbluff	Nebraska	69361
9/3/1968	Female	Scottsbluff	Nebraska	69361
12/25/1957	Female	Scottsbluff	Nebraska	69361
6/15/1978	Female	Scottsbluff	Nebraska	69361
4/19/1970	Female	Scottsbluff	Nebraska	69361
10/20/1964	Female	Scottsbluff	Nebraska	69361
11/27/1974	Female	Scottsbluff	Nebraska	69361
4/4/1986	Male	Scottsbluff	Nebraska	69361
10/7/1965	Female	Scottsbluff	Nebraska	69361
11/11/1954	Male	Scottsbluff	Nebraska	69361
4/25/1959	Male	Scottsbluff	Nebraska	69361
8/9/1957	Male	Scottsbluff	Nebraska	69361
6/23/1959	Male	Scottsbluff	Nebraska	69361
11/16/1954	Male	Scottsbluff	Nebraska	69361
2/7/1962	Male	Scottsbluff	Nebraska	69361
4/15/1951	Male	Scottsbluff	Nebraska	69361
1/6/1955	Male	Scottsbluff	Nebraska	69361
11/17/1978	Male	Scottsbluff	Nebraska	69361
6/14/1983	Male	Scottsbluff	Nebraska	69361
5/17/1979	Female	Scottsbluff	Nebraska	69361
1/25/1959	Male	Scottsbluff	Nebraska	69361
12/31/1982	Male	Scottsbluff	Nebraska	69361
11/13/1965	Male	Scottsbluff	Nebraska	69361
2/28/1966	Male	Scottsbluff	Nebraska	69361
6/16/1982	Female	Scottsbluff	Nebraska	69361
1/28/1993	Male	Scottsbluff	Nebraska	69361
2/23/1984	Male	Scottsbluff	Nebraska	69361
11/19/1985	Male	Scottsbluff	Nebraska	69361
1/17/1970	Male	Scottsbluff	Nebraska	69361

**Attachment 2**

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
 Data as of 10/19/2016  
 Agency Statewide  
 Does not include Those with no home Postal Code and those with no Date of Birth  
 Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
3/21/1953	Female	Scottsbluff	Nebraska	69361
2/20/1965	Male	Scottsbluff	Nebraska	69361
6/2/1954	Female	Scottsbluff	Nebraska	69361
11/8/1964	Female	Scottsbluff	Nebraska	69361
11/7/1969	Male	Scottsbluff	Nebraska	69361
12/19/1972	Male	Scottsbluff	Nebraska	69361
1/10/1984	Male	Scottsbluff	Nebraska	69361
12/6/1981	Male	Scottsbluff	Nebraska	69361
5/20/1989	Male	Scottsbluff	Nebraska	69361
6/22/1967	Male	Scottsbluff	Nebraska	69361
12/5/1948	Male	Scottsbluff	Nebraska	69361
10/21/1957	Female	Scottsbluff	Nebraska	69361
12/14/1965	Male	Scottsbluff	Nebraska	69361
1/18/1957	Female	Scottsbluff	Nebraska	69361
11/21/1955	Male	Scottsbluff	Nebraska	69361
3/18/1969	Male	Scottsbluff	Nebraska	69361
9/15/1963	Female	Scottsbluff	Nebraska	69361
3/28/1984	Male	Scottsbluff	Nebraska	69361
1/7/1981	Female	Scottsbluff	Nebraska	69361
8/29/1984	Female	Scottsbluff	Nebraska	69361
6/11/1973	Male	Scottsbluff	Nebraska	69361
3/12/1980	Female	Scottsbluff	Nebraska	69361
1/22/1985	Male	Scottsbluff	Nebraska	69361
7/21/1995	Female	Scottsbluff	Nebraska	69361
7/19/1964	Male	Scottsbluff	Nebraska	69363
3/11/1957	Female	Scottsbluff	Nebraska	69363
8/2/1960	Male	Scottsbluff	Nebraska	69363
4/28/1960	Male	Scottsbluff	Nebraska	69363
11/19/1944	Female	Scottsbluff	Nebraska	69363
3/4/1975	Female	Scottsbluff	Nebraska	69363
1/8/1958	Female	Scottsbluff	Nebraska	69363
3/9/1986	Female	Scottsbluff	Nebraska	69363
6/23/1952	Female	Scottsbluff	Nebraska	69363
12/21/1964	Female	Scottsbluff	Nebraska	69363
12/15/1950	Female	Scottsbluff	Nebraska	69363
9/12/1961	Male	Whitman	Nebraska	69366
8/28/1955	Male	Whitney	Nebraska	69367
10/8/1941	Male	Frisco	Texas	75034
7/26/1987	Female	Westminister	Colorado	80031
6/23/1975	Female	Ovid	Colorado	80744
7/30/1982	Female	Sedgwick	Colorado	80749

## Attachment 2

**File Name** Vision Insurance RFP, Gender, Date of Birth, Home Postal Code  
**Report Name** Active Employees Eligible for Benefits  
Data as of 10/19/2016  
Agency Statewide  
Does not include Those with no home Postal Code and those with no Date of Birth  
Does include Employees whose address is in other states !!!

Date of Birth	Gender	Home City	Home State	5-digit Home Postal Code
8/14/1961	Female	Torrington	Wyoming	82240
1/17/1963	Female	Torrington	Wyoming	82240
7/10/1955	Female	Torrington	Wyoming	82240
10/13/1980	Female	Torrington	Wyoming	82240
1/21/1989	Female	Torrington	Wyoming	82240
4/22/1984	Female	Torrington	Wyoming	82240
8/31/1981	Male	Torrington	Wyoming	82240
1/29/1949	Male	Yoder	Wyoming	82244
1/24/1994	Female	Yoder	Wyoming	82244
7/17/1991	Male	Sammamish	Washington	98075
3/15/1949	Male	Anacortes	Washington	98221
8/16/1959	Male	Rochester	Washington	98579

**STATE OF NEBRASKA**

**BUSINESS ASSOCIATE AGREEMENT**

**THIS BUSINESS ASSOCIATE AGREEMENT** (“Agreement”) amends and is made a part of all Services Agreements (as defined below) between \_\_\_\_\_ (“Business Associate”) and State of Nebraska (“Company”) on behalf of the Group Health Plans sponsored by Company (the “Plan”). This Agreement is effective \_\_\_\_\_ or upon the effective date of the underlying Services Agreement, whichever is later (“Effective Date”). This Agreement supersedes and replaces any prior Business Associate Agreements between the parties.

1. **Definitions.**

a. **Catch-all definitions.** The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Covered Entity, Data Aggregation, Designated Record Set, Disclose or Disclosure, Electronic Protected Health Information, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Protected Health Information or PHI, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use. Other capitalized terms used but not otherwise defined in this Agreement shall have the meaning ascribed in the HIPAA Rules.

b. **Specific definitions.**

(1) **“Business Associate”** shall generally have the same meaning as the term "Business Associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the party identified above as Business Associate.

(2) **“Business Associate Functions”** means functions performed by Business Associate on behalf of the Plan in the course of providing or arranging for plan administration services which involve the creation, receipt, maintenance or transmission of PHI by Business Associate or its agents or Subcontractors. It is anticipated that the services provided by Business Associate will be performed as part of the Plan's “health care operations” as defined in the HIPAA Rules.

(3) **“HIPAA Rules”** shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended at the time the section is to be applied.

(4) **“Individual”** shall generally have the same meaning ascribed in the HIPAA Rules and shall refer only to Individuals who are covered persons under the Plan.

(5) **“Services Agreements”** means all agreements whether now in effect or hereafter entered into, between Company and Business Associate for the performance of Business Associate Functions by Business Associate on behalf of the Plan.

2. **Purpose.** The Plan is a Covered Entity under HIPAA. The HIPAA Rules require the Plan to obtain, and Business Associate to provide, satisfactory written contractual assurances before Business Associate may create, receive, maintain, or Disclose PHI to perform Business Associate Functions on behalf of the Plan. This Agreement is entered into to provide the contractual assurances required under the HIPAA Rules.

3. **Obligations of Business Associate.** As an express condition of performing Business Associate Functions, Business Associate agrees to:

a. Not Use or Disclose PHI other than as permitted or required by this Agreement or as otherwise Required by Law.

b. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent Use or Disclosure of PHI other than as provided for in this Agreement.

c. Report to the Plan's designated privacy official, without unreasonable delay but in no event more than three (3) business days after discovery by Business Associate, any Use or Disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware, including any Breach of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware, together with any remedial or mitigating action taken or proposed to be taken with respect thereto. If Business Associate does not have available complete information in satisfaction of 45 CFR 164.410(c) within three (3) business days of discovery of the impermissible Use or Disclosure, Business Associate shall provide all information it has at such time, and immediately update the Plan with additional information as it becomes available through prompt investigation. This Agreement serves as Business Associate's notice to the Plan that attempted but unsuccessful Security Incidents regularly occur and that no further notice will be made by Business Associate unless there has been a successful Security Incident or attempts or patterns of attempts that Business Associate determines to be suspicious.

Business Associate shall cooperate with the Plan in mitigating any harmful effects of any impermissible Use or Disclosure. In the case of a Breach as determined to exist in the sole discretion of the Plan which was due to a violation of this Agreement by Business Associate, Business Associate shall pay for the reasonable costs of investigation, mitigation and notification to affected Individuals. As an alternative to Business Associate reimbursing Company and the Plan for the costs of notification, the Plan may elect to have Business Associate directly provide the notifications to Individuals for breaches caused by Business Associate, provided that Company and the Plan shall have final approval of all content of notifications to Individuals.

d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

e. Within ten (10) business days of request by an Individual or notification by the Plan, make available to the Individual such Individual's PHI maintained by Business Associate in a Designated Record Set in accordance with 45 CFR 164.524. The

parties agree that Individuals will be directed to Business Associate to make all requests for access to PHI. Business Associate will provide such access according to its own procedures for such access in accordance with the requirements of 45 CFR 164.524. If the requested PHI is maintained in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such PHI, Business Associate must provide the Individual with access to PHI in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to between Business Associate and the Individual. Business Associate shall provide the requested information directly to the Individual, along with a notice to the Individual that a copy of the individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of the request. The Plan will be responsible for providing access or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or subcontractor of Business Associate. Business Associate may charge the Individual reasonable fees related to this access, as determined by Business Associate, but only in such amounts as permitted by the HIPAA Rules. The Plan authorizes Business Associate to require payment of such fees from the Individual prior to releasing any records.

f. Business Associate agrees to receive requests for amendment and amend PHI as required by 45 CFR 164.526 on the Plan's behalf for as long as such information is maintained by Business Associate. The parties agree that Individuals will be directed to Business Associate to make all such requests for amendment of PHI. Business Associate will amend such PHI according to its own procedures for such amendment in accordance with the requirements of 45 CFR 164.526. If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of such request. The Plan will be responsible for amending or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or contractor of Business Associate. Business Associate shall notify the Plan of any amendments made to PHI.

g. Business Associate agrees to process all requests for disclosure accounting by Individuals for as long as such information is maintained by Business Associate. Individuals will be directed to Business Associate to make all such requests. Business Associate will provide the accounting that is required under 45 CFR 164.528 on the Plan's behalf directly to the Individual. Business Associate will provide such accounting according to its own procedures for such accounting in accordance with the requirements of 45 CFR 164.528.

Business Associate shall notify the Plan within three (3) days of any request made by an Individual for a disclosure accounting. The Plan will be responsible for responding directly to the Individual (or the Individual's personal representative) pursuant to 45 CFR 164.528 with respect to disclosures of PHI by persons or entities other than Business Associate or a subcontractor or agent of Business Associate.

Business Associate shall provide directly to the Individual the requested accounting of disclosures made by Business Associate or a subcontractor or agent of Business Associate, along with a notice to the Individual that a copy of the Individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

h. Make its internal practices, books and records relating to this Agreement available to the Secretary of HHS and to the Plan for purposes of determining the Plan's and Business Associate's compliance with the HIPAA Rules.

i. So that the Plan may meet its obligations to evaluate requests for restrictions and confidential communications in connection with the disclosure of PHI under 45 CFR 164.522, Business Associate and the Plan agree that, to the extent that communications are within the control of Business Associate, Business Associate will perform these evaluations on behalf of the Plan. Business Associate will evaluate such requests according to its own procedures for such requests, in accordance with the requirements of 45 CFR 164.522, and shall implement such appropriate operational steps as are required by its own procedures. Such evaluation will not relieve the Plan of any additional and independent obligations to evaluate restrictions or implement confidential communications where requested by an Individual. Accordingly, Business Associate will evaluate requests for restrictions and requests for confidential communications, and will respond to these requests as appropriate under Business Associate's procedures. The Plan agrees that it will not agree to such restriction or request that would affect Business Associate without the approval of Business Associate, so that Business Associate can determine whether it can reasonably administer the request.

j. So that the Plan may meet its obligation to evaluate complaints from Individuals regarding their privacy rights or privacy practices of the Plan or Business Associate, the parties agree that Individuals shall be directed to submit any such complaint to Business Associate for review and evaluation. Business Associate will evaluate such complaints according to its own procedures for complaints, and shall implement appropriate operation steps as are required by its own procedures. The Privacy Officer of the Plan shall cooperate with Business Associate in the evaluation of any such complaint. Business Associate shall provide a copy of all complaints to the Plan within three (3) days of receipt by Business Associate. If the complaint appears to involve handling of PHI by the Plan, Plan Sponsor, or other Business Associate of the Plan, Business Associate shall notify the Plan and it shall be the Plan's responsibility to review and evaluate the complaint.

k. Limit the Uses and Disclosures of, or requests for, PHI for purposes described in this Agreement to the Minimum Necessary to perform the required Business Associate Functions. Business Associate shall comply with any additional requirements for the determination of Minimum Necessary as are required from time to time by the HIPAA Rules, as amended, or through additional guidance published by the Secretary.

l. To the extent Business Associate is expressly obligated under the Services Agreements to carry out one or more of the Plan's obligation(s) under Subpart E of



45 CFR Part 164, comply with the requirements of Subpart E that apply to the Plan in the performance of such obligation(s).

m. Except for the specific Uses and Disclosures for the Business Associate's own management and administration or to carry out the legal responsibilities of Business Associate, Business Associate shall not Use or Disclose PHI in a manner that would violate the HIPAA Rules if done by the Plan.

4. **Permitted Uses and Disclosures of PHI.** Business Associate shall only Use or Disclose PHI as follows:

a. Business Associate may Use or Disclose PHI as Required by Law.

b. Business Associate may Use or Disclose PHI as necessary to carry out Business Associate Functions.

c. Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

d. Business Associate may Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the Disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that the information will remain confidential and be Used or further Disclosed only as Required by Law or for the purposes for which it was Disclosed to the person, and the person notifies Business Associate in writing of any instances of which it is aware in which the confidentiality of the information has been breached or compromised.

e. If specifically identified as a Business Associate Function in the Services Agreements, Business Associate may provide Data Aggregation services relating to the Health Care Operations of Covered Entity.

f. If de-identification is listed as a Business Associate Function in the Services Agreements, or if Business Associate is expressly permitted to de-identify PHI and use data thus de-identified for its own uses in the Services Agreements, Business Associate may Use PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c). Business Associate may use de-identified data only for the purposes specified in the Services Agreements.

5. **Responsibilities of the Plan.** The Plan agrees to:

a. Notify Business Associate promptly of any restriction on the Use or Disclosure of PHI that the Plan has agreed to or is required to abide by under 45 CFR 164.522, to the extent such restriction may affect Business Associate's Use or Disclosure of PHI.

b. Notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.

c. Provide Business Associate with a copy of any amendment to PHI which is accepted by Covered Entity under 45 CFR 164.526 which Covered Entity believes will apply to PHI maintained by Business Associate in a Designated Record Set.

d. Not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Plan, with exception for any Data Aggregation services permitted under Section 4.

6. **Compliance with Electronic Transactions Rule.** If Business Associate conducts in whole or part electronic Transactions (as defined in 45 CFR 160.103) on behalf of Covered Entity for which the Secretary of HHS has established standards, Business Associate will comply, and will require any Subcontractor involved with the conduct of such Transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 CFR Parts 160 and 162 and of any operating rules adopted by the Secretary of HHS with respect to Transactions.

7. **Supervening Law.** Upon the enactment of any law or regulation affecting the Use or Disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, the parties agree to amend this Agreement in such manner as is necessary to comply with such law or regulation. If the parties are unable to agree on an amendment within thirty (30) days, either party may terminate the Services Agreements on not less than thirty (30) days' written notice to the other.

8. **Liability and Indemnification.** Each party shall be responsible for the acts and omissions of its own agents, employees and contractors. Notwithstanding the foregoing, and notwithstanding any limitation of liability or disclaimer of damages in the Services Agreements or elsewhere, to the extent that the Secretary determines that Business Associate is acting as an agent of the Plan under the Services Agreements or this Agreement, Business Associate shall indemnify Company and the Plan for any fines, civil monetary penalties or monetary resolutions incurred by Company or the Plan, plus reasonable attorneys' fees of Company and the Plan, arising out of or relating to the actions or omissions of Business Associate which constitute a breach of this Agreement by Business Associate. This indemnification is in addition to any additional indemnification provided by Business Associate in the Services Agreement.

9. **Term and Termination.**

a. **Term.** This Agreement shall become effective on the Effective Date and shall continue in effect until all obligations of the parties have been met, including return or destruction of all PHI in Business Associate's possession (or in the possession of Business Associate's agents and Subcontractors), unless sooner terminated as provided herein. It is expressly agreed that the terms and conditions of this Agreement designed to safeguard PHI shall survive expiration or other termination of the Services Agreements and shall continue in effect until Business Associate has performed all obligations under this Agreement and has either returned or destroyed all PHI.

b. **Termination.** Company may immediately terminate this Agreement and the Services Agreements, if Company and/or the Plan makes the determination that

Business Associate has breached a material term of this Agreement. Alternatively, Company may choose to provide Business Associate with written notice of the existence of an alleged material breach, and afford Business Associate an opportunity to cure the alleged material breach upon mutually agreeable terms. Failure to take reasonable steps to cure the breach is grounds for the immediate termination of this Agreement.

c. **Business Associate Obligations Upon Termination.** Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from the Plan, or created, maintained, or received by Business Associate on behalf of the Plan, shall:

- (i) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities or as to which Business Associate reasonably determines such PHI is technically incapable of being returned or destroyed;
- (ii) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained under 8.c.(i) that the Business Associate maintains in any form;
- (iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information retained by Business Associate to prevent Use or Disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;
- (iv) Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Sections 4.c. and 4.d. which applied prior to termination; and
- (v) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained by Business Associate under Section 8.c.(i) when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities, except where Business Associate reasonably determines such PHI is not technically capable of being returned or destroyed.

10. **Miscellaneous.**

a. **Applicability.** For purposes of this Agreement, and as applicable to the Business Associate Functions of Business Associate under the Services Agreements covered by this Agreement, references to the Plan shall include the named Plan and all other group health plans subject to HIPAA and sponsored by Company that participate in an organized health care arrangement.

b. **Survival.** The respective rights and obligations of Business Associate and the Plan or Company hereunder shall survive termination of this Agreement

according to the terms hereof and the obligations imposed on the Plan or Company and Business Associate under the HIPAA Rules.

c. **Interpretation; Amendment.** This Agreement shall be interpreted and applied in a manner consistent with the Plan's and Business Associate's obligations under the HIPAA Rules. All amendments shall be in writing and signed by both parties, except that this Agreement shall attach to additional Services Agreements entered into between the parties in the future without the necessity of amending this Agreement each time. This Agreement is intended to cover the entire Business Associate *relationship* between the parties, as amended, from time to time, through Services Agreements or other means.

d. **Waiver.** A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

e. **No Third-Party Beneficiaries.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies or obligations.

**IN WITNESS WHEREOF**, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

**Company:**

**Business Associate:**

**State of Nebraska**

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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