Private Health Insurance Detail (HP) Section

```
-------------------------------------------------------
| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI         |
| SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE     |
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER,    |
| CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN   |
| ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END     |
| DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS,      |
| THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF     |
| THE SECOND YEAR OF THE PANEL.                       |
-------------------------------------------------------


-------------------------------------------------------
| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE'    |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS         |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN  |
| ALL FUTURE ROUNDS.                                  |
-------------------------------------------------------


-------------------------------------------------------
| NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND     |
| THE INFORMED CONSENT SCREENS WERE OMITTED STARTING  |
| IN PANEL 12 ROUND 3.  THIS INFORMATION WAS          |
| IN PANEL 12 ROUNDS 1 AND 2.                         |
|                                                     |
| STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED    |
| IN ALL ROUNDS.                                      |
-------------------------------------------------------
```

BOX_00
======

```
-------------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:                |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME,               |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,        |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY,        |
| 'INSURANCE SOURCE'.                                 |
|                                                     |
| FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT   |
| FROM HX23. IF HX23=91, DISPLAY THE OTHER SPECIFY    |
| TEXT.                                               |
-------------------------------------------------------
```

BOX_01
======

```
     ----------------------------------------------------
     |  IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE    |
     |  EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH       |
     |  INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED'     |
     |  WITH A FIRM-SIZE-1, GO TO LOOP_01                 |
     ----------------------------------------------------


     ----------------------------------------------------
     |  IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON   |
     |  AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM   |
     |  A SCHOOL)), GO TO HP03                             |
     ----------------------------------------------------


     ----------------------------------------------------
     |  IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL)   |
     |  AT HX23, CONTINUE WITH HP01                        |
     ----------------------------------------------------
```

HP01
====

Does the insurance from the school cover only injuries caused
by accidents, or does it have general health coverage?

```
     GENERAL HEALTH COVERAGE ................ 1 {HP02}
     ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
     REF .................................... -7 {HP02}
     DK ..................................... -8 {HP02}
```

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
====

Would the insurance from the school cover health services
outside of a school clinic?

```
YES .................................... 1 {HP03}
NO ..................................... 2 {BOX_11}
REF .................................... -7 {HP03}
DK ..................................... -8 {HP03}
```


HP03
====

I'd like to talk about the insurance which is from {CATEGORY
NAME FROM HX03 OR HX23}. That is, the health insurance {through
a self-employed business/someone in the family purchased or
obtained directly from that source.}

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS INSURANCE
REPORTED IN ERROR.

```
CONTINUE ................................ 1 {LOOP_01}
INSURANCE REPORTED IN ERROR ............ 2 {BOX_11}
```

[Code One]


```
    ----------------------------------------------------
    |  DISPLAY 'through a self-employed business' IF    |
    |  LOOPING ON AN HX03 CATEGORY.  DISPLAY 'someone in |
    |  the family purchased or obtained directly from    |
    |  that source.'  IF LOOPING ON AN HX23 CATEGORY.   |
    ----------------------------------------------------
```

```
-----------------------------------------------------
|  DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03|
|  OR HX23':                                         |
|                                                    |
|  - 'a professional association' IF CODED '1' AT    |
|     HX03                                           |
|  - 'a small business group' IF CODED '2' AT HX03   |
|  - 'a union' IF CODED '3' AT HX03                  |
|  - 'an insurance agent' IF CODED '5' AT HX03       |
|  - 'an insurance company' IF CODED '6' AT HX03     |
|  - 'an HMO' IF CODED '7' AT HX03                   |
|  - 'a previous employer' IF CODED '8' AT HX03      |
|  - 'a previous employer (COBRA)' IF CODED '9' AT   |
|     HX03                                           |
|  - 'the {HX03OV OTHER SPECIFY TEXT}' IF CODED '91' |
|     AT HX03                                        |
|  - 'source purchased for that business' IF CODED   |
|     '-7' OR '-8' AT HX03                           |
|                                                    |
|  - 'a group or association' IF CODED '1' AT HX23   |
|  - 'a school' IF CODED '3' AT HX23                 |
|  - 'an insurance agent' IF CODED '4' AT HX23       |
|  - 'an insurance company' IF CODED '5' AT HX23     |
|  - 'an HMO' IF CODED '6' AT HX23                   |
|  - 'a union' IF CODED '7' AT HX23                  |
|  - 'a previous employer (COBRA)' IF CODED '8' AT   |
|     HX23                                           |
|  - 'a previous employer (not COBRA)' IF CODED '9'  |
|     AT HX23                                        |
|  - 'a spouse's (or deceased spouse's) previous     |
|     employer' IF CODED '10' AT HX23                |
|  - 'some other employer' IF CODED '11' AT HX23     |
|  - 'the plan of someone not living here' IF CODED  |
|     '12' AT HX23                                   |
|  - 'the {HX23OV OTHER SPECIFY TEXT} IF CODED '91'  |
|      AT HX23                                       |
|  - 'a source that provided directly purchased      |
|     insurance' IF CODED '-7' OR '-8'               |
-----------------------------------------------------


-----------------------------------------------------
|  IF CODED '2' (INSURANCE REPORTED IN ERROR), FLAG  |
|  ITEM FOR SOURCE CLEAN-UP.                         |
-----------------------------------------------------
```

LOOP_01
=======

```
 -------------------------------------------------------
|  FOR EACH OF THE FOLLOWING:                           |
|                                                       |
|  ESTABLISHMENT 1                                      |
|  ESTABLISHMENT 2                                      |
|  ESTABLISHMENT 3                                      |
|  ESTABLISHMENT 4                                      |
|                                                       |
|  ASK BOX_01A-END_LP01                                 |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|  LOOP DEFINITION:  LOOP-01 COLLECTS DETAILED          |
|  INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN      |
|  EMPLOYER OR THE ESTABLISHMENT NAMES OF THE           |
|  INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23.|
|  IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER |
|  ONLY ONE LOOP CYCLE IS COMPLETED.                    |
|                                                       |
|  IF LOOPING ON INSURANCE PROVIDED THROUGH AN          |
|  INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE      |
|  FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT     |
|  NAME OF THE INSURANCE SOURCE.  SUBSEQUENT CYCLES, |
|  IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18.      |
|  IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN |
|  TO COLLECT THE NEXT ESTABLISHMENT NAME.  IF HP18     |
|  IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),|
|  OR '-8' (DON'T KNOW), THE LOOP ENDS.                 |
 -------------------------------------------------------
```

BOX_01A
=======

```
 -------------------------------------------------------
|  IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN           |
|  EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
|  FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,       |
|  GO TO HP09                                           |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|  OTHERWISE, CONTINUE WITH HP04                        |
 -------------------------------------------------------
```

5

HP04A
=====

OMITTED.

HP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT} {END-DT}

{Please give me the name of the {**professional association/small
business group/union/insurance company/HMO/previous employer/
previous employer (using COBRA)/group or association/school/
spouse's (or deceased spouse's) previous employer/employer/
{HX03OV/HX23OV OTHER SPECIFY}/**the source} {from which someone
in the family {purchased/obtained} this insurance/for the
insurance purchased from an agent}. / You mentioned that someone
in the family receives health insurance from the plan of someone
not living here. How does that policyholder get this insurance?}

VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:

ROSTER. ESTABLISHMENT
1. Establishment Name-30
2. Establishment Name-30
3. Establishment Name-30

```
-----------------------------------------------------
| DISPLAY 'Please … an agent.' IF NOT LOOPING  |
| ON HX23 CODE '12' (UNDER PLAN OF SOMEONE NOT    |
| LIVING HERE).  DISPLAY 'You mentioned...this    |
| insurance?' IF LOOPING ON HX23 CODE '12' (UNDER |
| PLAN OF SOMEONE NOT LIVING HERE).               |
|                                                 |
| DISPLAY 'professional association' IF LOOPING ON |
| HX03 CODE '1' (FROM A PROFESSIONAL ASSOCIATION). |
|                                                 |
| DISPLAY 'small business group' IF LOOPING ON HX03 |
| CODE '2' (FROM A SMALL BUSINESS GROUP).         |
|                                                 |
| DISPLAY 'union' IF LOOPING ON HX03 CODE '3' (FROM |
| A UNION) OR LOOPING ON HX23 CODE '7' (FROM A    |
| UNION).                                         |
|                                                 |
| DISPLAY 'insurance company' IF LOOPING ON HX03  |
| CODE '5' (DIRECTLY FROM AN INSURANCE AGENT) OR '6'|
| (DIRECTLY FROM INSURANCE COMPANY) OR LOOPING ON |
| HX23 CODE '4' (DIRECTLY FROM AN INSURANCE AGENT) |
| OR '5' (DIRECTLY FROM INSURANCE COMPANY).       |
|                                                 |
| DISPLAY 'HMO' IF LOOPING ON HX03 CODE '7'       |
| (DIRECTLY FROM AN HMO) OR LOOPING ON HX23 CODE '6'|
| (DIRECTLY FROM AN HMO).                         |
-----------------------------------------------------
```

```
-----------------------------------------------------
| DISPLAY 'previous employer' IF LOOPING ON HX03    |
| CODE '8' (FROM A PREVIOUS EMPLOYER) OR LOOPING ON |
| HX23 CODE '9' (FROM ANYONE'S PREVIOUS EMPLOYER).  |
|                                                   |
| DISPLAY 'previous employer (using COBRA)' IF      |
| LOOPING ON HX03 CODE '9' (FROM A PREVIOUS EMPLOYER|
| (COBRA)) OR LOOPING ON  HX23 CODE '8' (FROM       |
| ANYONE'S PREVIOUS EMPLOYER (COBRA)).              |
|                                                   |
| DISPLAY 'group or association' IF LOOPING ON HX23 |
| CODE '1' (FROM A GROUP OR ASSOCIATION).           |
|                                                   |
| DISPLAY 'school' IF LOOPING ON HX23 CODE '3'      |
| (DIRECTLY THROUGH A SCHOOL).                      |
|                                                   |
| DISPLAY 'spouse's (or deceased spouse's) previous |
| employer' IF LOOPING ON HX23 CODE '10' (FROM      |
| SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER).    |
|                                                   |
| DISPLAY 'employer' IF LOOPING ON HX23 CODE '11'   |
| (FROM SOME OTHER EMPLOYER).                       |
|                                                   |
| DISPLAY '{HX03OV/HX23OV OTHER SPECIFY}' IF LOOPING|
| ON HX03 CODE '91' (OTHER) OR LOOPING ON HX23 CODE |
| '91' (OTHER SOURCE).                             |
|                                                   |
|   FOR 'HX03OV/HX23OV OTHER SPECIFY' DISPLAY THE   |
|    TEXT ENTERED AT EITHER HX03OV OR HX23OV.       |
|                                                   |
| DISPLAY 'the source' IF LOOPING ON HX03 OR HX23   |
| CODES '-7' (REF) OR '-8' (DK).                   |
|                                                   |
| DISPLAY 'from which someone in the family         |
| {purchased/obtained} this insurance' IF NOT       |
| LOOPING ON HX03 CODE '5' (DIRECTLY FROM AN        |
| INSURANCE AGENT) OR HX23 CODE '4' (DIRECTLY FROM  |
| AN INSURANCE AGENT) IF LOOPING ON HX03 CODE '5' OR|
| HX23 CODE '4', DISPLAY, 'for the insurance        |
| purchased from an agent'.                         |
|                                                   |
| DISPLAY 'purchased' IF LOOPING ON HX03 CODES '1', |
| '2', '3', '6', '7', '-7,' OR '-8' OR IF LOOPING ON|
| HX23 CODES '1', '3', '5', '6', '7', '-7,' OR '-8'.|
|                                                   |
| DISPLAY 'obtained' IF LOOPING ON HX03 CODES '8',  |
| '9', OR '91' OR IF LOOPING ON HX23 CODES '8', '9',|
| '10', '11', OR '91'.                             |
-----------------------------------------------------
```

7

```
----------------------------------------------------
| THE CONTEXT HEADER DISPLAYED ON SCREENS            |
| HP04 - HP08 DEPENDS ON THE PATH THAT LEADS TO      |
| THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON      |
| (I.E., JOBHOLDER WHEN COMING FROM AN HX03          |
| CATEGORY), CAPI DISPLAYS THE PERSON AND START      |
| DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT,    |
| CAPI DISPLAYS THE ESTABLISHMENT AND START DATE.    |
| OTHERWISE, CAPI DISPLAYS THE START DATE. FOR       |
| ROUND 5, CAPI ALSO DISPLAYS THE END DATE OF THE    |
| REFERENCE PERIOD.                                  |
----------------------------------------------------


----------------------------------------------------
| DISPLAY AN "ADD ESTABLISHMENT" OPTION ON THIS      |
| SCREEN.                                            |
----------------------------------------------------


----------------------------------------------------
| IF 'ADD ESTABLISHMENT' OPTION IS SELECTED,         |
| CONTINUE WITH BOX_01B                              |
----------------------------------------------------


----------------------------------------------------
| OTHERWISE (ESTABLISHMENT WAS SELECTED FROM THE     |
| LIST), GO TO BOX_02                                |
----------------------------------------------------


----------------------------------------------------
| ROSTER DETAILS:                                    |
| TITLE: RU_ESTB_3                                   |
|                                                    |
| COL # 1 HEADER: ESTABLISHMENT                      |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME           |
| (ESTB.ESTBNAME)                                    |
----------------------------------------------------


----------------------------------------------------
| ROSTER DEFINITION:                                 |
| THIS ITEM DISPLAYS RU-ESTABLISHMENTS-ROSTERS FOR   |
| DISPLAY OF PRIVATE INSURANCE ESTABLISHMENTS.       |
----------------------------------------------------


----------------------------------------------------
| ROSTER BEHAVIOR:                                   |
| 1. SELECT ALLOWED.                                 |
|                                                    |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT          |
|    DISALLOWED.                                     |
----------------------------------------------------
```

```
--------------------------------------------------------
| ROSTER FILTER:                                        |
| DISPLAY ESTABLISHMENTS THAT ARE SOURCES OF PRIVATE|
| INSURANCE. THIS DOES NOT INCLUDE ESTABLISHMENTS   |
| FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A  |
| FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES. |
--------------------------------------------------------
```

BOX_01B
=======

```
--------------------------------------------------------
| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT|
| LIVING HERE) AT HX23 AND IF 'ADD ESTABLISHMENT'   |
| IS SELECTED, GO TO HP07. (NOTE THAT HP07 IS NOT A |
| SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.)  |
--------------------------------------------------------
```

```
--------------------------------------------------------
| IF 'ADD ESTABLISHMENT' IS SELECTED AND IF NOT     |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT   |
| LIVING HERE) AT HX23, CONTINUE WITH HP06 (NOTE    |
| THAT HP06 IS NOT A SEPARATE SCREEN; IT REPRESENTS |
| A POPUP ON HP04.)                                 |
--------------------------------------------------------
```

HP05
====
OMITTED.

HP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED
INSURANCE.

{ESTABLISHMENT: [_____]   {BOX_02}

```
-----------------------------------------------------
|  DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03|
|  OR HX23':                                         |
|                                                    |
|  - 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03 |
|  - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03     |
|  - 'UNION' IF CODED '3' AT HX03                    |
|  - 'INSURANCE AGENT' IF CODED '5' AT HX03          |
|  - 'INSURANCE COMPANY' IF CODED '6' AT HX03        |
|  - 'HMO' IF CODED '7' AT HX03                      |
|  - 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03        |
|  - 'PREVIOUS EMPLOYER [COBRA]' IF CODED '9' AT HX03|
|  - THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03|
|  - 'SOURCE PURCHASED FROM FOR THAT BUSINESS' IF    |
|     CODED '-7' OR '-8' AT HX03                     |
|                                                    |
|  - 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23     |
|  - 'SCHOOL' IF CODED '3' AT HX23                   |
|  - 'INSURANCE AGENT' IF CODED '4' AT HX23          |
|  - 'INSURANCE COMPANY' IF CODED '5' AT HX23        |
|  - 'HMO' IF CODED '6' AT HX23                      |
|  - 'UNION' IF CODED '7' AT HX23                    |
|  - 'PREVIOUS EMPLOYER [COBRA]' IF CODED            |
|    '8' AT HX23                                     |
|  - 'PREVIOUS EMPLOYER [NOT COBRA]' IF              |
|    CODED '9' AT HX23                               |
|  - 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER'  |
|    IF CODED '10' AT HX23                           |
|  - 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23     |
|  - 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12' |
|    AT HX23                                         |
|  - THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23|
|  - 'SOURCE THAT PROVIDED DIRECTLY PURCHASED        |
|    INSURANCE' IF CODED '-7' OR '-8'                |
-----------------------------------------------------
```

```
-----------------------------------------------------
|   WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-    |
|   ROSTER.                                          |
-----------------------------------------------------
```

HP07
====

{STR-DT}
{END-DT}

You mentioned that someone in the family receives health
insurance from the plan of someone not living here. How
does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.

   [Establishment Name] .... {BOX_02}

```
-----------------------------------------------------
|   ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE NOT    |
|   LIVING HERE) OF HX23 IS ASKED HP07.              |
-----------------------------------------------------
```

```
-----------------------------------------------------
|   WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-    |
|   ROSTER.                                          |
-----------------------------------------------------
```

HP08
====
OMITTED.

11

BOX_02
======

```
--------------------------------------------------
| IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |
| 'GROUP'.                                          |
| IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS       |
| 'UNION'.                                          |
| IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS       |
| 'INSURANCE COMPANY-FROM AN AGENT'.                |
| IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS       |
| 'INSURANCE COMPANY'.                              |
| IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.|
| IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS       |
| 'PREVIOUS EMPLOYER, NOT COBRA'.                   |
| IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS       |
| 'COBRA'.                                          |
| IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS      |
| 'UNKNOWN TYPE-COLLECTED AT OTHER'.                |
|                                                   |
| IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS       |
| 'GROUP'.                                          |
| IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS       |
| 'SCHOOL'.                                         |
| IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS       |
| 'INSURANCE COMPANY-FROM AN AGENT'.                |
| IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS       |
| 'INSURANCE COMPANY'.                              |
| IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS       |
| 'HMO'.                                            |
| IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS       |
| 'UNION'.                                          |
| IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS       |
| 'COBRA'.                                          |
| IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS       |
| 'PREVIOUS EMPLOYER, NOT COBRA'.                   |
| IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS      |
| 'SPOUSE PREVIOUS EMPLOYER'.                       |
| IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS      |
| 'EMPLOYER'.                                       |
| IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS      |
| 'UNKNOWN TYPE-OUTSIDE RU'.                        |
| IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS      |
| 'UNKNOWN TYPE - COLLECTED AT OTHER'.             |
--------------------------------------------------

--------------------------------------------------
| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE'  |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS       |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN|
| ALL FUTURE ROUNDS.                                |
--------------------------------------------------
```

BOX_03
======

```
--------------------------------------------------------
|  IF LOOPING ON AN HX23 CATEGORY, GO TO HP11          |
--------------------------------------------------------

--------------------------------------------------------
|  OTHERWISE, CONTINUE WITH HP09                       |
--------------------------------------------------------
```

HP09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured
person or policyholder of this health coverage through
(ESTABLISHMENT)?

```
    YES ..................................... 1 {LOOP_02}
    NO ...................................... 2 {HP10}
    REF .................................... -7 {HP10}
    DK ..................................... -8 {HP10}
```

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```
--------------------------------------------------------
|  DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY 'As of|
|  (END DATE), was' IF ROUND 5.                       |
--------------------------------------------------------

--------------------------------------------------------
|  PERSON REFERS TO JOBHOLDER.                        |
--------------------------------------------------------

--------------------------------------------------------
|  IF CODED '1' (YES), FLAG JOBHOLDER AS              |
|  'POLICYHOLDER'.                                    |
--------------------------------------------------------
```

HP10
====

{NAME OF ESTABLISHMENT} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

{JOBHOLDER/EMPLOYER-PAIR 1}
{JOBHOLDER/EMPLOYER-PAIR 2}
{JOBHOLDER/EMPLOYER-PAIR 3}

        JOBHOLDER/EMPLOYER IS LISTED .... 1 {END_LP01}
        JOBHOLDER/EMPLOYER IS NOT LISTED .... 2 {END_LP01}
        REF .... -7 {END_LP01}
        DK .... -8 {END_LP01}

        HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

                        [Code One]

        | DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
        | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
        | OTHERWISE, USE NULL DISPLAY. |

        | IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
        | KNOW), FLAG FOR EVENT CLEANUP. |

        | ROSTER DETAILS: |
        | TITLE: RU_ESTB_PERS_PAIRS_2 |
        | |
        | COL # 1 HEADER: JOBHOLDER/EMPLOYER PAIR |
        | INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
        | AND LAST NAME/ESTABLISHMENT NAME (PERS.FULLNAME/ |
        | ESTB.ESTBNAME) |

        | ROSTER DEFINITION: |
        | THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
        | ROSTER FOR DISPLAY OF EMPLOYER/JOBHOLDER PAIRS. |

14

```
   ----------------------------------------------------
   | ROSTER BEHAVIOR:                                 |
   | 1. DISPLAY ONLY.                                 |
   |                                                  |
   | 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.     |
   ----------------------------------------------------


   ----------------------------------------------------
   | ROSTER FILTER:                                   |
   | DISPLAY ALL PAIRS ON THE RU-ESTABLISHMENT-PERSON-|
   | PAIRS-ROSTER THAT MEET BOTH OF THE FOLLOWING     |
   | CONDITIONS:                                      |
   |                                                  |
   | 1. ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT|
   | IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE'   |
   | AND                                              |
   |                                                  |
   | 2. PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY  |
   | ESTABLISHMENT                                    |
   ----------------------------------------------------
```

HP11
====

{NAME OF ESTABLISHMENT} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

  [1. First Name,[Middle Name],Last Name-35] ..
  [2. First Name,[Middle Name],Last Name-35] ..
  [3. First Name,[Middle Name],Last Name-35] ..

    HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

              [Code All that Apply]

   | DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
   | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
   | OTHERWISE, USE NULL DISPLAY. DISPLAY A |
   | "POLICYHOLDER NOT LISTED IN DU" AND "POLICYHOLDER|
   | DECEASED" OPTION ON THIS SCREEN. |

```
------------------------------------------------------
|  IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND        |
|  'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO    |
|  LOOP_02                                            |
------------------------------------------------------
```

```
------------------------------------------------------
|  IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN   |
|  COMBINATION WITH OTHER NAMES EXCEPT 'POLICYHOLDER  |
|  NOT LISTED IN DU', GO TO HP11B                     |
------------------------------------------------------
```

```
------------------------------------------------------
|  IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE |
|  OR IN COMBINATION WITH OTHER NAMES AND/OR          |
|  'POLICYHOLDER DECEASED', CONTINUE WITH HP11A        |
------------------------------------------------------
```

```
------------------------------------------------------
|  ROSTER DETAILS:                                    |
|  TITLE: DU_MEMBERS_1                                 |
|                                                     |
|  COL # 1 HEADER: NAME                               |
|  INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE,   |
|  AND LAST NAMES (PERS.FULLNAME)                     |
------------------------------------------------------
```

```
------------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS DU-MEMBERS-  |
|  ROSTER FOR SELECTION.                              |
------------------------------------------------------
```

```
------------------------------------------------------
|  ROSTER BEHAVIOR:                                   |
|  1. MULTIPLE SELECT ALLOWED.                        |
|                                                     |
|  2. ADD, DELETE, AND EDIT DISALLOWED.               |
------------------------------------------------------
```

```
------------------------------------------------------
|  ROSTER FILTER:                                     |
|  NO FILTER; DISPLAY ALL DU MEMBERS.                 |
------------------------------------------------------
```

HP11A
=====

{NAME OF ESTABLISHMENT}   {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO
IS NOT IN THE DU:

      [Enter Specify-15] .... {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

      | WHENEVER THIS POLICYHOLDER IS BEING ASKED ABOUT |
      | IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
      | POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
      | DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY |
      | THE 15 CHARACTER ENTRY AT HP11A. |

      | IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, |
      | CONTINUE WITH HP11B |

      | OTHERWISE, GO TO LOOP_02 |

HP11B
=====

{NAME OF ESTABLISHMENT}   {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

      [Enter Specify-40] .... {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

      | FLAG POLICYHOLDER AS 'DECEASED'. |

```
-------------------------------------------------
| WHENEVER THE POLICYHOLDER IS BEING ASKED ABOUT  |
| IN THE REMAINDER OF HP, HQ, HX, AND OE, THE      |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE  |
| DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE |
| FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.       |
-------------------------------------------------
```

LOOP_02
=======

```
-------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK BOX_04 - END_LP02              |
-------------------------------------------------
```

```
-------------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION    |
| ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH   |
| ESTABLISHMENT-PERSON.  THIS LOOP CYCLES ON EACH  |
| ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11|
| DURING THE CURRENT ROUND FOR THE ESTABLISHMENT   |
| BEING CYCLED ON IN LOOP_01.                      |
-------------------------------------------------
```

BOX_04
======

```
-------------------------------------------------
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN        |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO  |
| BOX_07                                           |
-------------------------------------------------
```

```
-------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_05                  |
-------------------------------------------------
```

BOX_05
======

```
--------------------------------------------------------
|   IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA),    |
|   '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE    |
|   PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER)       |
|   CONTINUE WITH BOX_06                               |
--------------------------------------------------------


--------------------------------------------------------
|   OTHERWISE, GO TO BOX_07                            |
--------------------------------------------------------
```

BOX_06
======

```
--------------------------------------------------------
|   IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED',|
|   CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |
|   AND GO TO HP13                                     |
--------------------------------------------------------


--------------------------------------------------------
|   IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |
|   BOX_07                                             |
--------------------------------------------------------


--------------------------------------------------------
|   OTHERWISE, CONTINUE WITH HP12                      |
--------------------------------------------------------
```

HP12
====

> {POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
> ESTABLISHMENT} {STR-DT}
> {END-DT}

(Are/Is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

```
    CURRENTLY EMPLOYED ..................... 1  {HP13}
    RETIRED ................................ 2  {HP13}
    PREVIOUSLY EMPLOYED .................... 3  {HP13}
    DECEASED .............................. 4  {HP13}
    OTHER ................................. 91 {HP12OV}
    REF ................................... -7 {HP13}
    DK .................................... -8 {HP13}
```

   HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

                    [Code One]

```
-----------------------------------------------------
|  IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS    |
|  'DECEASED'.                                      |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  HARD CHECK:                                      |
|  CODE '4' (DECEASED) CANNOT BE SELECTED FOR A     |
|  POLICYHOLDER WHO IS A CURRENT RU MEMBER.         |
-----------------------------------------------------
```

HP12OV
======

OTHER:

```
    [Enter Other Specify] ..................  {HP13}
    REF ................................... -7 {HP13}
    DK .................................... -8 {HP13}
```

HP13
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government
employee at this job?

```
     YES ................................... 1 {BOX_07}
     NO .................................... 2 {BOX_07}
     REF ................................. -7 {BOX_07}
     DK .................................. -8 {BOX_07}
```

   HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.

     | DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY|
     | EMPLOYED). OTHERWISE, DISPLAY '(Were/Was)'. |

BOX_07
======

```
       ---------------------------------------------------
       |  IF ESTABLISHMENT THAT PROVIDES INSURANCE IS      |
       |  FLAGGED AS:                                      |
       |                                                  |
       |  'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN', |
       |  'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE      |
       |  PERIOD', OR 'RETIREMENT JOB'                     |
       |  OR                                              |
       |  'EMPLOYER' AND [JOB SUBTYPE IS 'FORMER MAIN',    |
       |  'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE      |
       |  REFERENCE PERIOD'] AND JOB IS ALSO FLAGGED AS    |
       |  'NOT RETIRED FROM'                               |
       |  OR                                              |
       |  'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE  |
       |  '8'; HX23-CODE '9')                             |
       |  OR                                              |
       |  'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT |
       |  CODED '1' (CURRENTLY EMPLOYED)                   |
       |  OR                                              |
       |  'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10') |
       |  OR                                              |
       |  'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12') |
       |  OR                                              |
       |  'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-   |
       |  CODE '91'),                                      |
       |                                                  |
       |  CONTINUE WITH HP14                              |
       ---------------------------------------------------


       ---------------------------------------------------
       |  OTHERWISE, GO TO HP15                           |
       ---------------------------------------------------
```

HP14
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Some employer insurance can be continued after leaving the
company by continuing to pay the premium. This is sometimes
referred to as a COBRA plan.

{Is/Was} (POLICYHOLDER)'s (ESTABLISHMENT) insurance like that
{on (END DATE)}?

         YES .... 1 {HP15}
         NO .... 2 {HP15}
         REF .... -7 {HP15}
         DK .... -8 {HP15}

             HELP AVAILABLE FOR DEFINITION OF COBRA.

         | DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
         | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
         | OTHERWISE, USE NULL DISPLAY. |

HP15
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Was anyone {living here} covered as a dependent under
(POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
at any time {since (START DATE)/between (START DATE) and
(END DATE)}?

         YES .... 1 {HP16}
         NO .... 2 {HP17}
         REF .... -7 {HP17}
         DK .... -8 {HP17}

             HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

23

```
-----------------------------------------------------
| DISPLAY 'living here' IF LOOPING ON CODE '12'      |
| (OUTSIDE RU) AT HX23.                              |
|                                                    |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.       |
| DISPLAY 'between (START DATE) and (END DATE)' IF   |
| ROUND 5.                                           |
-----------------------------------------------------
```

HP16
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DATE}

Who is that?

PROBE: Was anyone else covered as a dependent {since
(START DATE)/between (START DATE) and (END DATE)}?

    [1. First Name,[Middle Name],Last Name-35]
    [2. First Name,[Middle Name],Last Name-35]
    [3. First Name,[Middle Name],Last Name-35]

         [Code All That Apply]

```
-----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.       |
| DISPLAY 'between (START DATE) and (END DATE)' IF   |
| ROUND 5.                                           |
-----------------------------------------------------


-----------------------------------------------------
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG     |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR   |
| AS 'COVERING PERSON NOT LISTED IN RU'.             |
-----------------------------------------------------


-----------------------------------------------------
| GO TO BOX_08                                       |
-----------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_MEMBERS_1                               |
|                                                   |
| COL # 1 HEADER: NAME                             |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION|
| OF RU-MEMBERS.                                     |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
|                                                   |
| 2. ADD, DELETE, AND EDIT DISALLOWED.              |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER      |
| EXCLUDING THE PERSON WHO IS THE POLICYHOLDER FOR  |
| THIS INSURANCE; THAT IS, DO NOT DISPLAY THE NAME  |
| OF PERSON IN THE ESTABLISHMENT-PERSON-PAIR BEING  |
| ASKED ABOUT.                                      |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ITEM ON |
| ROSTER.                                           |
-----------------------------------------------------
```

HP17
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

```
         YES ...................................... 1 {BOX_08}
         NO ....................................... 2 {BOX_08}
         REF ..................................... -7 {BOX_08}
         DK ...................................... -8 {BOX_08}
```

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
    --------------------------------------------------
    | DISPLAY 'Does' IF NOT ROUND 5.  DISPLAY 'Between  |
    |  (START DATE) and (END DATE), did' IF ROUND 5.    |
    --------------------------------------------------
```

```
    --------------------------------------------------
    | IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS   |
    | ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
    | LISTED IN RU' IN HP16.                            |
    --------------------------------------------------
```

BOX_08
======

```
    --------------------------------------------------
    | IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO  |
    | ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A|
    | DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS      |
    | FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER    |
    | DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS      |
    | 'COVERING PERSON NOT IN RU', GO TO END_LP02       |
    --------------------------------------------------
```

```
    --------------------------------------------------
    | OTHERWISE, CONTINUE WITH LOOP_03                 |
    --------------------------------------------------
```

LOOP_03
=======

```
        --------------------------------------------------
        |   FOR EACH  ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-  |
        |   PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03         |
        --------------------------------------------------

        --------------------------------------------------
        |   LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD    |
        |   COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE|
        |   INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. |
        |   THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE    |
        |   SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER  |
        |   WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS       |
        |   INSURANCE.                                        |
        --------------------------------------------------
```

BOX_09
======

```
        --------------------------------------------------
        |   ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.  |
        |                                                    |
        |   AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ)  |
        |   SECTION, CONTINUE WITH END_LP03                  |
        --------------------------------------------------
```

END_LP03
========

```
        --------------------------------------------------
        |   CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-    |
        |   COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS  |
        |   STATED IN THE LOOP DEFINITION.                   |
        --------------------------------------------------

        --------------------------------------------------
        |   IF NO OTHER PERSONS MEET THE STATED CONDITIONS,  |
        |   END LOOP_03 AND CONTINUE WITH END_LP02           |
        --------------------------------------------------
```

END_LP02
========

```
     -----------------------------------------------------
     |  CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
     |  PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN   |
     |  THE LOOP DEFINITION.                              |
     -----------------------------------------------------


     -----------------------------------------------------
     |  IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
     |  LOOP_02 AND CONTINUE WITH BOX_10                  |
     -----------------------------------------------------
```

BOX_10
======

```
     -----------------------------------------------------
     |  IF LOOPING ON AN ESTABLISHMENT FLAGGED IN         |
     |  EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT  |
     |  FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO  |
     |  TO END_LP01                                       |
     -----------------------------------------------------


     -----------------------------------------------------
     |  OTHERWISE, CONTINUE WITH HP18                     |
     -----------------------------------------------------
```

HP18
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there
another health insurance plan that anyone in the family obtains
from {CATEGORY NAME FROM HX03 OR HX23}?

```
     YES ..................................... 1 {END_LP01}
     NO ...................................... 2 {END_LP01}
     REF ..................................... -7 {END_LP01}
     DK ...................................... -8 {END_LP01}
```

```
--------------------------------------------------
|  DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03|
|  OR HX23':                                       |
|                                                  |
|  - 'a professional association' IF CODED '1' AT  |
|     HX03                                         |
|  - 'a small business group' IF CODED '2' AT HX03 |
|  - 'a union' IF CODED '3' AT HX03                |
|  - 'an insurance agent' IF CODED '5' AT HX03     |
|  - 'an insurance company' IF CODED '6' AT HX03   |
|  - 'an HMO' IF CODED '7' AT HX03                 |
|  - 'a previous employer' IF CODED '8' AT HX03    |
|  - 'a previous employer (COBRA)' IF CODED '9' AT |
|     HX03                                         |
|  - 'the {HX03OV OTHER SPECIFY TEXT}' IF CODED '91' |
|     AT HX03                                      |
|  - 'source purchased for that business' IF CODED |
|     '-7' OR '-8' AT HX03                         |
|                                                  |
|  - 'a group or association' IF CODED '1' AT HX23 |
|  - 'a school' IF CODED '3' AT HX23               |
|  - 'an insurance agent' IF CODED '4' AT HX23     |
|  - 'an insurance company' IF CODED '5' AT HX23   |
|  - 'an HMO' IF CODED '6' AT HX23                 |
|  - 'a union' IF CODED '7' AT HX23                |
|  - 'a previous employer (COBRA)' IF CODED '8' AT |
|     HX23                                         |
|  - 'a previous employer (not COBRA)' IF CODED '9' |
|     AT HX23                                      |
|  - 'a spouse's (or deceased spouse's) previous   |
|     employer' IF CODED '10' AT HX23              |
|  - 'some other employer' IF CODED '11' AT HX23   |
|  - 'the plan of someone not living here' IF CODED |
|     '12' AT HX23                                 |
|  - 'the {HX23OV OTHER SPECIFY TEXT} IF CODED '91' |
|      AT HX23                                     |
|  - 'a source that provided directly purchased    |
|     insurance' IF CODED '-7' OR '-8'             |
--------------------------------------------------
```

END_LP01
========

```
-----------------------------------------------------
|  IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
|  ESTABLISHMENT NAME.                               |
-----------------------------------------------------


-----------------------------------------------------
|  IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7'   |
|  (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND  |
|  CONTINUE WITH BOX_11                              |
-----------------------------------------------------
```

BOX_11
======

```
-----------------------------------------------------
|  RETURN TO THE HEALTH INSURANCE (HX) SECTION.     |
-----------------------------------------------------
```