BOX_01
======

```
 ---------------------------------------------------------
| IF ONE OR MORE RU MEMBERS STILL HOLD A 'CURRENT         |
| MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND         |
| THAT WAS REPORTED DURING THE PREVIOUS ROUND AS          |
| PROVIDING HEALTH INSURANCE ON THE DATE OF THE           |
| PREVIOUS ROUND'S INTERVIEW, THAT IS:                    |
|                                                         |
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE        |
| RU MEET THE FOLLOWING CONDITIONS:                       |
| - RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS          |
|   ROUND FOR THIS PAIR, AND                              |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND           |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS         |
|   INSURANCE, AND                                        |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING           |
|   THE PREVIOUS ROUND AS 'PROVIDES HEALTH                |
|   INSURANCE' AND,                                       |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT        |
|   COVERED PERSON ON THE DATE OF THE PREVIOUS            |
|   ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE          |
|   TIME) OR HQ02 WAS CODED '1' (YES) IN THE              |
|   PREVIOUS ROUND), AND                                  |
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-         |
|   EMPLOYED' WITH A FIRM-SIZE-1,                         |
|                                                         |
| CONTINUE WITH LOOP_01                                   |
 ---------------------------------------------------------


 ---------------------------------------------------------
| OTHERWISE, GO TO BOX_10                                 |
 ---------------------------------------------------------


 ---------------------------------------------------------
| NOTE:  IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT       |
| IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE,       |
| THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET         |
| IF AT LEAST ONE DEPENDENT WAS COVERED BY                |
| POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S        |
| INTERVIEW DATE.  THE LOOP WILL CYCLE ON THE             |
| POLICYHOLDER'S NAME.                                    |
 ---------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  ESTABLISHMENT-PERSON-PAIRS WHERE THE         |
| POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED,       |
| INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT   |
| ROUND'S INTERVIEW DATE, BUT WHERE THE               |
| ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO    |
| ARE STILL RU MEMBERS MAY STILL QUALIFY FOR          |
| LOOP_01.                                            |
-------------------------------------------------------
```

LOOP_01
=======

```
-------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-    |
| PAIRS-ROSTER, ASK OE01 - END_LP01.                  |
-------------------------------------------------------
```

```
-------------------------------------------------------
| LOOP DEFINITION:                                    |
|                                                     |
| LOOP_01 COLLECTS INFORMATION ABOUT THE              |
| CONTINUATION OF INSURANCE COVERAGE THROUGH A        |
| 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT  |
| WAS COLLECTED IN THE PREVIOUS ROUND.  THIS LOOP     |
| CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE  |
| FOLLOWING CONDITIONS:                               |
|                                                     |
| - RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS      |
|   ROUND FOR THIS PAIR, AND                          |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND       |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS     |
|   INSURANCE, AND                                    |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING       |
|   THE PREVIOUS ROUND AS 'PROVIDES HEALTH            |
|   INSURANCE' AND,                                   |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT    |
|   COVERED PERSON ON THE DATE OF THE PREVIOUS        |
|   ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE      |
|   TIME) OR HQ02 WAS CODED '1' (YES) IN THE          |
|   PREVIOUS ROUND), AND                              |
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-     |
|   EMPLOYED' WITH A FIRM-SIZE-1                      |
-------------------------------------------------------
```

OE01
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance.  {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

```
     YES ................................. 1 {BOX_02}
     NO .................................. 2
     REF ................................ -7 {END_LP01}
     DK ................................. -8 {END_LP01}
```

```
      -------------------------------------------------
     |  DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY    |
     |  '(Was/Were)' IF ROUND 5.                       |
     |                                                 |
     |  DISPLAY 'today,' IF NOT ROUND 5.  OTHERWISE, USE A|
     |  NULL DISPLAY.                                  |
      -------------------------------------------------
```

OE02
====

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

On what date did (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) end?

        [Enter Month-2, Day-2, Year-4] .........
        REF ................................. -7
        DK .................................. -8


        ------------------------------------------------------
        |  EDIT (FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED    |
        |  CANNOT BE AFTER 12/31/2004.  IF A DATE AFTER       |
        |  12/31/2004 IS ENTERED, DISPLAY THE FOLLOWING       |
        |  MESSAGE:  'DATE CANNOT BE AFTER 12/31/2004.  IF    |
        |  INSURANCE ENDED AFTER 12/31/2004, USE CTRL/B TO    |
        |  BACK-UP AND CHANGE RESPONSE TO OE01.               |
        ------------------------------------------------------


        ------------------------------------------------------
        | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
        | KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED)  |
        | OR '-8' (DON'T KNOW), CONTINUE WITH OE02OV         |
        ------------------------------------------------------


        ------------------------------------------------------
        |  OTHERWISE, GO TO BOX_02                            |
        ------------------------------------------------------


OE02OV
======

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

        WHOLE MONTH ........................... 1
        PART OF THE MONTH ..................... 2
        REF ................................. -7
        DK .................................. -8

                        [Code One]

BOX_02
======

```
       -------------------------------------------------------
      |  IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT  |
      |  THE PREVIOUS ROUND'S INTERVIEW DATE BY THE         |
      |  INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,     |
      |  AUTOMATICALLY CODE OE03 AS '1' (YES) AND GO TO     |
      |  BOX_03                                             |
       -------------------------------------------------------


       -------------------------------------------------------
      |  OTHERWISE, CONTINUE WITH OE03                      |
       -------------------------------------------------------
```

OE03
====

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

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until
{{OE02 DATE}/it ended}/on (END-DT)}?

 TO SCROLL, USE ARROW KEYS.
 TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

        YES ................................... 1
        NO .................................... 2
        REF .................................. -7
        DK ................................... -8

        ------------------------------------------------------
        | ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-     |
        | PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY    |
        | THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:    |
        | - PERSON WAS COVERED AT THE PREVIOUS ROUND'S        |
        |   INTERVIEW DATE BY THE INSURANCE FROM THIS         |
        |   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE          |
        |   POLICYHOLDER                                      |
        | - PERSON IS AN RU MEMBER                            |
        ------------------------------------------------------


        ------------------------------------------------------
        | DISPLAY 'Are' IF OE01 IS CODED '1' (YES).          |
        | DISPLAY 'Were' IF OE01 IS CODED '2' (NO) OR IF     |
        | CURRENT ROUND IS ROUND 5.                          |
        |                                                     |
        | DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2'   |
        | (NO).                                               |
        | DISPLAY 'on (END-DT)' IF OE01 IS CODED '1' (YES).  |
        |                                                     |
        | DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'. |
        | IF THE MONTH AND DAY FIELD AT OE02 IS CODED '-7'   |
        | (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |
        | FOR 'OE02 DATE'.                                    |
        ------------------------------------------------------

BOX_03
======

```
---------------------------------------------------
|  IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
|  TO THE END DATE OF THE CURRENT ROUND, THAT IS:    |
|                                                    |
|  IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1'  |
|  (YES),                                            |
|                                                    |
|  FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
|  THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH|
|  THE REFERENCE PERIOD END DATE AND                 |
|                                                    |
|  GO TO BOX_05                                      |
---------------------------------------------------


---------------------------------------------------
|  IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
|  TO PART OF THE CURRENT ROUND, THAT IS:            |
|                                                    |
|  IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1'   |
|  (YES),                                            |
|                                                    |
|  FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
|  THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH|
|  THE DATE RECORDED AT OE02 AND                     |
|                                                    |
|  GO TO BOX_05                                      |
---------------------------------------------------


---------------------------------------------------
|  OTHERWISE (I.E., OE03 CODED '2' (NO), '-7'        |
|  (REFUSED), OR '-8' (DON'T KNOW)),                 |
|  CONTINUE WITH OE04                               |
---------------------------------------------------
```

OE04
====

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on
(END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
-----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-    |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY   |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:   |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S       |
|   INTERVIEW DATE BY THE INSURANCE FROM THIS        |
|   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE         |
|   POLICYHOLDER                                     |
| - PERSON IS AN RU MEMBER                           |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'is' IF OE01 IS CODED '1' (YES).           |
| DISPLAY 'was' IF OE01 IS CODED '2' (NO) OR IF      |
| CURRENT ROUND IS ROUND 5.                          |
|                                                    |
| DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2'   |
| (NO).                                              |
| DISPLAY 'on (END-DT)' IF OE01 IS CODED '1' (YES).  |
|                                                    |
| DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'. |
| IF THE MONTH AND DAY FIELD AT OE02 IS CODED '-7'   |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |
| FOR 'OE02 DATE'.                                   |
-----------------------------------------------------
```

```
---------------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS            |
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1'          |
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT            |
| SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE      |
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE       |
| PERIOD END DATE.                                      |
---------------------------------------------------------


---------------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH       |
| THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2'     |
| (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED     |
| AT OE04 AS 'CONTINUOUS COVERAGE' FROM THE             |
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED       |
| AT OE02.                                              |
---------------------------------------------------------
```

LOOP_02
=======

```
---------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-       |
| PERS-TRPLS-ROSTER, ASK OE05 - END_LP02.               |
---------------------------------------------------------


---------------------------------------------------------
| LOOP DEFINITION:  LOOP_02 COLLECTS THE DATE ON        |
| WHICH THE INSURANCE COVERAGE THROUGH THIS             |
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER|
| WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE|
| PERIOD END DATE OR THE DATE REPORTED IN OE02.         |
| THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.         |
---------------------------------------------------------
```

OE05
====

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

               On what date did the health insurance through (ESTABLISHMENT)
               end for (PERSON)?

                    [Enter Month-2, Day-2, Year-4] .........
                    REF ................................. -7
                    DK .................................. -8


                    -----------------------------------------------------
                    | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
                    |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
                    |  OR '-8' (DON'T KNOW), CONTINUE WITH OE05OV        |
                    -----------------------------------------------------

                    -----------------------------------------------------
                    |  OTHERWISE, GO TO BOX_04                          |
                    -----------------------------------------------------


OE05OV
======

               Can you just tell me if (PERSON) was covered under that
               insurance the whole month or part of the month?

                    WHOLE MONTH ........................... 1
                    PART OF THE MONTH ..................... 2
                    REF ................................. -7
                    DK .................................. -8

                              [Code One]


BOX_04
======

                    -----------------------------------------------------
                    |  FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
                    |  THROUGH THE COMPLETE DATE RECORDED AT OE05 AND    |
                    |  OE05OV.                                          |
                    -----------------------------------------------------

END_LP02
========

```
-------------------------------------------------------
|  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_02 AND CONTINUE WITH BOX_05               |
-------------------------------------------------------
```

BOX_05
======

```
-------------------------------------------------------
|  IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY    |
|  THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,  |
|  (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU   |
|  MEMBERS NOT COVERED BY THIS INSURANCE ON THE        |
|  PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU    |
|  MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04),  |
|  CONTINUE WITH OE06                                  |
-------------------------------------------------------


-------------------------------------------------------
|  OTHERWISE, GO TO OE08A                              |
-------------------------------------------------------
```

OE06
====

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

```
     YES ................................... 1
     NO .................................... 2 {OE08A}
     REF .................................. -7 {OE08A}
     DK ................................... -8 {OE08A}
```

          PRESS F1 FOR DEFINITION OF DEPENDENT.


     --------------------------------------------------
     |  DISPLAY 'Since (START DATE)' IF NOT ROUND 5.    |
     |  DISPLAY 'Between (START DATE) and (END DATE)' IF |
     |  ROUND 5.                                        |
     --------------------------------------------------

OE07
====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE:  Who else {has been/was} covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
-----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
| PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
| THIS ROSTER.                                      |
-----------------------------------------------------


-----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-   |
| COVRD-PERS-TRPLS-ROSTER.                          |
-----------------------------------------------------


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


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

LOOP_03
=======

```
     ------------------------------------------------------
    |   FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-    |
    |   PERS-TRPLS-ROSTER, ASK OE08 - END_LP03.            |
     ------------------------------------------------------


     ------------------------------------------------------
    |   LOOP DEFINITION:  LOOP_03 COLLECTS THE COVERAGE    |
    |   START DATE FOR ALL PERSONS NEWLY COVERED DURING    |
    |   THE CURRENT ROUND BY THE INSURANCE THROUGH THIS    |
    |   ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON    |
    |   PERSONS SELECTED AT OE07.                          |
     ------------------------------------------------------
```

OE08
====

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

On what date did the health insurance through (ESTABLISHMENT)
begin for (PERSON)?

```
     [Enter Month-2, Day-2, Year-4] ........
     REF .................................. -7
     DK ................................... -8
```

```
     ------------------------------------------------------
    | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
    |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
    |  OR '-8' (DON'T KNOW), CONTINUE WITH OE08OV        |
     ------------------------------------------------------


     ------------------------------------------------------
    |   OTHERWISE, GO TO BOX_06                           |
     ------------------------------------------------------
```

OE08OV
======

Can you just tell me if (PERSON) was covered under that
insurance the whole month or part of the month?

```
        WHOLE MONTH ........................... 1
        PART OF THE MONTH ..................... 2
        REF .................................. -7
        DK ................................... -8
```

[Code One]

```
        -------------------------------------------------------
        |  EDIT:  COMPLETE DATE AT OE08 MUST BE < THAN        |
        |  COMPLETE DATE AT OE02 IF A DATE IS RECORDED AT     |
        |  OE02 OR < THAN REFERENCE PERIOD END DATE IF NO     |
        |  DATE IS RECORDED AT OE02.                          |
        -------------------------------------------------------
```

BOX_06
======

```
        -------------------------------------------------------
        |  IF FAMILY STILL HAS INSURANCE THROUGH THIS         |
        |  ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1'       |
        |  (YES)), FLAG INSURANCE FOR THIS PERSON AS          |
        |  'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08   |
        |  UNTIL THE REFERENCE PERIOD END DATE.               |
        -------------------------------------------------------
```

```
        -------------------------------------------------------
        |  IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH    |
        |  ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO))|
        |  FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS      |
        |  COVERAGE' FROM DATE RECORDED AT OE08 UNTIL DATE    |
        |  RECORDED AT OE02.                                  |
        -------------------------------------------------------
```

END_LP03
========

```
--------------------------------------------------------
| CYCLE ON NEXT PERSON IN 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 GO TO BOX_07                          |
--------------------------------------------------------
```

OE08A
=====

{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
    NO ...................................... 2
    REF ..................................... -7
    DK ...................................... -8
```

        PRESS F1 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 OE07                                 |
--------------------------------------------------------
```

BOX_07
======

```
         -------------------------------------------------------
         |  IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE|
         |  INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR    |
         |  ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,    |
         |  OE01 IS CODED '1' (YES), CONTINUE WITH BOX_07A     |
         -------------------------------------------------------


         -------------------------------------------------------
         |  OTHERWISE, GO TO END_LP01                          |
         -------------------------------------------------------
```

BOX_07A
=======

```
         -------------------------------------------------------
         |  IF ROUND 3, CONTINUE WITH OE09A                    |
         -------------------------------------------------------

         -------------------------------------------------------
         |  OTHERWISE, GO TO OE09                               |
         -------------------------------------------------------
```

OE09A
=====

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

For the coverage through (ESTABLISHMENT), does anyone in the
family pay all of the premium or cost, some of the premium or
cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a
paycheck.]

```
        YES, PAY ALL OF PREMIUM/COST ........... 1
        YES, PAY SOME OF PREMIUM/COST .......... 2
        YES, BUT DON'T KNOW IF PAY ALL OR SOME
        OF PREMIUM/COST ....................... 3
        NO, DO NOT PAY ........................ 4 {OE09AAA}
        REF ................................. -7 {OE09}
        DK .................................. -8 {OE09}
```

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

```
        -------------------------------------------------------
        |  NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE      |
        |  DISPLAYED HERE FOR THE INSURANCE FROM A            |
        |  SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM       |
        |  DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF  |
        |  THE SOURCE, NOT THE NAME OF THE EMPLOYER OR        |
        |  DIRECTLY PURCHASED CATEGORY.                       |
        -------------------------------------------------------
```

OE09AA
======

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

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
coverage?

PROBE:  Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................. -7 {BOX_08A}
DK .................................. -8 {BOX_08A}

```
     -------------------------------------------------
    |  NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE   |
    |  DISPLAYED HERE FOR THE INSURANCE FROM A         |
    |  SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM    |
    |  DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
    |  THE SOURCE, NOT THE NAME OF THE EMPLOYER OR      |
    |  DIRECTLY PURCHASED CATEGORY.                     |
     -------------------------------------------------
```

OE09AAOV1
=========

ENTER UNIT OF COVERAGE:

PER YEAR ................................. 1 {BOX_08A}
QUARTERLY/EVERY 3 MONTHS ............... 2 {BOX_08A}
BIMONTHLY/EVERY 2 MONTHS .............. 3 {BOX_08A}
PER MONTH ............................ 4 {BOX_08A}
PER WEEK ................................. 5 {BOX_08A}
BIWEEKLY/EVERY 2 WEEKS ................. 6 {BOX_08A}
SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {BOX_08A}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_08A}
OTHER ................................ 91
REF ................................. -7 {BOX_08A}
DK .................................. -8 {BOX_08A}

[Code One]

OE09AAOV2
=========

              ENTER OTHER:

                 [Enter Other Specify] ..................
                 REF ................................... -7
                 DK ................................... -8


BOX_08A
=======

                 -------------------------------------------------------
                 |   IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/    |
                 | COST), GO TO OE09                                    |
                 -------------------------------------------------------

                 -------------------------------------------------------
                 |   OTHERWISE, CONTINUE WITH OE09AAA                   |
                 -------------------------------------------------------

OE09AAA
=======

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

Who {else} pays {some of/for} the premium or cost
of this insurance?

```
            FEDERAL GOVERNMENT ....................  1
            STATE GOVERNMENT ......................  2
            LOCAL GOVERNMENT ......................  3
            SOME GOVERNMENT .......................  4
            EMPLOYER ..............................  5
            UNION .................................  6
            OTHER ................................. 91
            REF ................................... -7
            DK .................................... -8
```

[Code All That Apply]

```
    ------------------------------------------------------
   |  DISPLAY 'else' IF OE09A IS CODED '2' (YES, PAY     |
   |  SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW  |
   |  IF PAY ALL OR SOME OF PREMIUM/COST).  OTHERWISE,   |
   |  USE A NULL DISPLAY                                 |
   |                                                    |
   |  DISPLAY 'some of' IF OE09A IS CODED '2' (YES, PAY  |
   |  SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW  |
   |  IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |
   |  IF OE09A IS CODED '4' (NO, DO NOT PAY).            |
    ------------------------------------------------------


    ------------------------------------------------------
   |  IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
   |  WITH ANY OTHER CODE, CONTINUE WITH OE09AAAOV       |
    ------------------------------------------------------


    ------------------------------------------------------
   |  OTHERWISE, GO TO OE09                              |
    ------------------------------------------------------
```

OE09AAAOV
=========

ENTER OTHER:

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

OE09
====

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and
(END DATE), was there} any change in the plan name of the health
insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

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


        --------------------------------------------------
       | ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL       |
       | INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-   |
       | ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
       | PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE    |
       | SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED   |
       | WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-    |
       | PERSON-PAIR.                                      |
        --------------------------------------------------


        --------------------------------------------------
       | DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
       | NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-|
       | PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
       | MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME|
       | DURING THE PREVIOUS ROUND.                        |
        --------------------------------------------------


        --------------------------------------------------
       | DISPLAY 'Since (START DATE), has there been' AND  |
       | 'has' IF NOT ROUND 5.  DISPLAY 'Between (START    |
       | DATE) and (END DATE), was there' AND 'had' IF     |
       | ROUND 5.                                          |
        --------------------------------------------------

```
------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT   |
| ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON-    |
| PAIR.                                             |
------------------------------------------------------
```

OE10
====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CODE ALL THAT APPLY.

```
      HOSPITAL AND PHYSICIAN BENEFITS,
          INCLUDING COVERAGE THROUGH AN HMO ... 1
      DENTAL ................................. 2
      PRESCRIPTION DRUGS ..................... 3
      VISION ................................. 4
      MEDICARE SUPPLEMENT/MEDIGAP ............ 5
      LONG TERM CARE IN A NURSING HOME ....... 6
      EXTRA CASH FOR HOSPITAL STAYS .......... 7
      SERIOUS DISEASE OR DREAD DISEASE ....... 8
      DISABILITY ............................. 9
      WORKER'S COMPENSATION .................. 10
      ACCIDENT ............................... 11
      OTHER .................................. 91
      REF .................................... -7
      DK ..................................... -8
```

                 [Code All That Apply]

          PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

     [NOTE:  CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]


         -----------------------------------------------------
         | DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did'|
         | IF ROUND 5.                                       |
         |                                                   |
         | DISPLAY 'now' IF NOT ROUND 5.  OTHERWISE, USE A   |
         | NULL DISPLAY.                                     |
         |                                                   |
         | DISPLAY 'on (END DATE)' IF ROUND 5.  OTHERWISE,   |
         | USE A NULL DISPLAY.                               |
         -----------------------------------------------------

```
   -------------------------------------------------------
   |  IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
   |  WITH ANY OTHER CODES, CONTINUE WITH OE10OV         |
   -------------------------------------------------------


   -------------------------------------------------------
   |  OTHERWISE, GO TO BOX_08                            |
   -------------------------------------------------------
```

OE10OV
======

ENTER OTHER:

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

BOX_08
======

```
   -------------------------------------------------------
   |  IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN       |
   |  BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP),    |
   |  ALONE OR WITH ANY OTHER COMBINATION OF CODES,      |
   |  CONTINUE WITH OE11                                 |
   -------------------------------------------------------


   -------------------------------------------------------
   |  OTHERWISE, GO TO END_LP01                          |
   -------------------------------------------------------


   -------------------------------------------------------
   |  NOTE:  ALL ESTABLISHMENTS WHICH ARE BEING LOOPED   |
   |  ON HERE ARE EMPLOYERS.  THEREFORE, IT IS NOT       |
   |  NECESSARY TO AUTOMATICALLY CODE OE11 IF THE        |
   |  ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE  |
   |  WE KNOW IT IS NOT).                                |
   -------------------------------------------------------
```

OE11
====

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

What is the new plan name for (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) which provides the {hospital
and physician benefits/Medicare Supplement or Medigap benefit}?

IF MORE THAN ONE NAME, PROBE:  What is the main new plan name?
RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer]    TYPE: 1 = INSURANCE COMPANY
                                          2 = HMO
                                          3 = COMPANY IS SELF-INSURED

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
--------------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND        |
| 'HOSPITAL' IF OE10 IS CODED '1' (HOSPITAL AND        |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE     |
| SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement   |
| or Medigap benefits' AND 'MEDIGAP' IF OE10 IS CODED  |
| '5' (MEDICARE SUPPLEMENT/MEDIGAP).                   |
--------------------------------------------------------


--------------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-     |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS        |
| ESTABLISHMENT-PERSON-PAIR.                           |
--------------------------------------------------------


--------------------------------------------------------
| FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT         |
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-    |
| PAIR.                                                |
--------------------------------------------------------
```

```
-------------------------------------------------------
|  IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) |
|  FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE      |
|  SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES        |
|  HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT      |
|  ROUND.                                             |
-------------------------------------------------------


-------------------------------------------------------
|  IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN       |
|  BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/       |
|  MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING     |
|  HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT       |
|  ROUND.                                             |
-------------------------------------------------------
```

LOOP_04
=======

```
-------------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-   |
|  TRIPLES-ROSTER, ASK OE11A - END_LP04.              |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  LOOP DEFINITION:  LOOP_04 COLLECTS OTHER POLICY    |
|  NAMES AND MANAGED CARE INFORMATION FOR INSURERS    |
|  COLLECTED AT OE11. THIS LOOP CYCLES ON TRIPLES     |
|  THAT MEET THE FOLLOWING CONDITIONS:                |
|                                                     |
|  - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE |
|    BEING ASKED ABOUT                                |
|  - INSURER IS ENTERED AT OE11                       |
-------------------------------------------------------
```

OE11A
=====

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

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

```
YES, ANOTHER NAME ...................... 1
NO OTHER NAME .......................... 2 {BOX_09A}
REF ................................... -7 {BOX_09A}
DK .................................... -8 {BOX_09A}
```

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

```
-------------------------------------------------------
|  DISPLAY THE NAME OF THE INSURANCE CO/HMO           |
|  RECORDED IN OE11_01 WHICH IS BEING LOOPED ON       |
|  FOR 'INSURANCE...NAME.'                             |
-------------------------------------------------------
```

OE11AOV
=======

                ENTER OTHER NAME:

                    [Enter Policy Name] ....................
                    REF .................................. -7
                    DK .................................. -8


BOX_09A
=======

                    ------------------------------------------------------
                    |   IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN  |
                    |   OE11_02, CONTINUE WITH OE11B                      |
                    ------------------------------------------------------

                    ------------------------------------------------------
                    |   OTHERWISE, GO TO BOX_09                           |
                    ------------------------------------------------------


OE11B
=====

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

                INSURER NAME:  {NAME OF INSURER BEING LOOPED ON}

                Will (POLICYHOLDER)'s plan pay for any of the costs of
                visits to doctors who are **not** part of (POLICYHOLDER)'s
                HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

                    YES .................................. 1 {END_LP04}
                    NO ................................... 2 {END_LP04}
                    REF ................................. -7 {END_LP04}
                    DK .................................. -8 {END_LP04}

BOX_09
======

```
-------------------------------------------------------
|  ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER|
|                                                     |
|  AT COMPLETION OF MANAGED CARE (MC) SECTION,        |
|  CONTINUE WITH END_LP04                             |
-------------------------------------------------------
```

END_LP04
========

```
-------------------------------------------------------
|  CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-      |
|  INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS   |
|  STATED IN THE LOOP DEFINITION.                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  IF NO OTHER INSURERS MEET THE STATED CONDITIONS,   |
|  END LOOP_04 AND CONTINUE WITH END_LP01             |
-------------------------------------------------------
```

END_LP01
========

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

```
-------------------------------------------------------
|  IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
|  LOOP_01 AND CONTINUE WITH BOX_10                   |
-------------------------------------------------------
```

BOX_10
======

```
---------------------------------------------------------
|  IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A       |
|  'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS|
|  ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND    |
|  AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE      |
|  PREVIOUS ROUND'S INTERVIEW, THAT IS:                  |
|                                                        |
|  IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE      |
|  RU MEET THE FOLLOWING CONDITIONS:                     |
|  - RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED),|
|    '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS        |
|    PAIR, AND                                           |
|  - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND        |
|  - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS       |
|    INSURANCE, AND                                      |
|  - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING         |
|    THE PREVIOUS ROUND AS 'PROVIDES HEALTH              |
|    INSURANCE' AND,                                     |
|  - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT      |
|    COVERED PERSON ON THE DATE OF THE PREVIOUS          |
|    ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE        |
|    TIME) OR HQ02 WAS CODED '1' (YES) IN THE            |
|    PREVIOUS ROUND), AND                                |
|  - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-       |
|    EMPLOYED' WITH A FIRM-SIZE-1,                       |
|                                                        |
|  CONTINUE WITH LOOP_05                                 |
---------------------------------------------------------


---------------------------------------------------------
|  OTHERWISE, GO TO BOX_19                               |
---------------------------------------------------------


---------------------------------------------------------
|  NOTE:  IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |
|  IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, |
|  THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET   |
|  IF AT LEAST ONE DEPENDENT WAS COVERED BY          |
|  POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S  |
|  INTERVIEW DATE.  COVERAGE FOR THE POLICYHOLDER IS |
|  ASSUMED IN THAT CASE AND THE LOOP WILL CYCLE ON   |
|  THE POLICYHOLDER'S NAME.                          |
---------------------------------------------------------
```

```
---------------------------------------------------------
| NOTE:  ESTABLISHMENT-PERSON-PAIRS WHERE THE            |
| POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED,          |
| INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT      |
| ROUND'S INTERVIEW DATE, BUT WHERE THE                  |
| ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO       |
| ARE STILL RU MEMBERS MAY STILL QUALIFY FOR             |
| LOOP_05.                                               |
---------------------------------------------------------
```

LOOP_05
=======

```
---------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-       |
| PAIRS-ROSTER, ASK OE12-END_LP05.                       |
---------------------------------------------------------
```

```
---------------------------------------------------------
| LOOP DEFINITION:                                       |
|                                                        |
| LOOP_05 COLLECTS INFORMATION ABOUT THE                 |
| CONTINUATION OF INSURANCE COVERAGE THROUGH A           |
| NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT              |
| MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE           |
| PREVIOUS ROUND.  THIS LOOP CYCLES ON                   |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE               |
| FOLLOWING CONDITIONS:                                  |
|                                                        |
| - RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED),|
|   '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS         |
|   PAIR, AND                                            |
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND         |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS        |
|   INSURANCE, AND                                       |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING          |
|   THE PREVIOUS ROUND AS 'PROVIDES HEALTH               |
|   INSURANCE' AND,                                      |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT       |
|   COVERED PERSON ON THE DATE OF THE PREVIOUS           |
|   ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE         |
|   TIME) OR HQ02 WAS CODED '1' (YES) IN THE             |
|   PREVIOUS ROUND), AND                                 |
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-        |
|   EMPLOYED' WITH A FIRM-SIZE-1.                        |
---------------------------------------------------------
```

OE12
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance.  {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

```
    YES ................................... 1 {OE16}
    NO .................................... 2
    REF .................................. -7 {END_LP05}
    DK ................................... -8 {END_LP05}
```

```
    ------------------------------------------------------
   |  DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY         |
   |  '(Was/Were)' IF ROUND 5.                            |
   |                                                      |
   |  DISPLAY 'today,' IF NOT ROUND 5.  OTHERWISE, USE A  |
   |  NULL DISPLAY.                                       |
    ------------------------------------------------------
```

OE13
====

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

Did the health insurance (POLICYHOLDER) had through
(ESTABLISHMENT) continue for any period of time after
(POLICYHOLDER) stopped working at (ESTABLISHMENT)?

```
    YES ................................... 1
    NO .................................... 2 {OE15}
    REF .................................. -7 {OE15}
    DK ................................... -8 {OE15}
```

OE14
====

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

Did that health insurance continue through COBRA?

        YES ................................... 1
        NO .................................... 2
        REF .................................. -7
        DK ................................... -8

                PRESS F1 FOR DEFINITION OF COBRA.

OE15
====

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

On what date did (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) end?

        [Enter Month-2, Day-2, Year-4] ........
        REF .................................. -7
        DK ................................... -8

        -------------------------------------------------------
        |  EDIT (FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED    |
        |  CANNOT BE AFTER 12/31/2004.  IF A DATE AFTER       |
        |  12/31/2004 IS ENTERED, DISPLAY THE FOLLOWING       |
        |  MESSAGE: 'DATE CANNOT BE AFTER 12/31/2004.  IF     |
        |  INSURANCE ENDED AFTER 12/31/2004, USE CTRL/B TO    |
        |  BACK-UP AND CHANGE RESPONSE TO OE12.               |
        -------------------------------------------------------

        -------------------------------------------------------
        | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
        |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
        |  OR '-8' (DON'T KNOW), CONTINUE WITH OE15OV        |
        -------------------------------------------------------

        -------------------------------------------------------
        |  OTHERWISE, GO TO BOX_11                           |
        -------------------------------------------------------

OE15OV
======

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

```
WHOLE MONTH ........................... 1 {BOX_11}
PART OF THE MONTH ..................... 2 {BOX_11}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}
```

[Code One]


OE16
====

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

Is (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) now extended through COBRA?

```
YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8
```

PRESS F1 FOR DEFINITION OF COBRA.


BOX_11
======

```
-----------------------------------------------------
|  IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
|  THE PREVIOUS ROUND'S INTERVIEW DATE BY THE        |
|  INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
|  AUTOMATICALLY CODE OE17 AS '1' (YES) AND GO TO    |
|  BOX_12                                            |
-----------------------------------------------------


-----------------------------------------------------
|  OTHERWISE, CONTINUE WITH OE17                     |
-----------------------------------------------------
```

OE17
====

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

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until
{{OE15 DATE}/it ended}/on (END-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

```
     YES ................................... 1
     NO .................................... 2
     REF ................................... -7
     DK .................................... -8
```

```
---------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-   |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY  |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:  |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S      |
|   INTERVIEW DATE BY THE INSURANCE FROM THIS       |
|   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE        |
|   POLICYHOLDER                                    |
| - PERSON IS AN RU MEMBER                          |
---------------------------------------------------
```

```
---------------------------------------------------
| DISPLAY 'Are' IF OE12 IS CODED '1' (YES).         |
| DISPLAY 'Were' IF OE12 IS CODED '2' (NO) OR IF    |
| CURRENT ROUND IS ROUND 5.                         |
|                                                   |
| DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2'  |
| (NO). DISPLAY 'on (END-DT)' IF OE12 IS CODED '1'  |
| (YES).                                            |
|                                                   |
| DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'.|
| IF THE MONTH AND DAY FIELD AT OE15 IS CODED '-7'  |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
| FOR 'OE15 DATE'.                                  |
---------------------------------------------------
```

BOX_12
======

```
---------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:    |
|                                                   |
| IF OE12 IS CODED '1' (YES) AND OE17 IS CODED '1'  |
| (YES),                                            |
|                                                   |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH|
| THE REFERENCE PERIOD END DATE AND                 |
|                                                   |
| GO TO BOX_14                                      |
---------------------------------------------------


---------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
|                                                   |
| IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1'   |
| (YES),                                            |
|                                                   |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH|
| THE DATE RECORDED AT OE15 AND                     |
|                                                   |
| GO TO BOX_14                                      |
---------------------------------------------------


---------------------------------------------------
| OTHERWISE (I.E., OE17 CODED '2' (NO), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH   |
| OE18                                              |
---------------------------------------------------
```

OE18
====

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/
on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

      [1. First Name, [Middle Name], Last Name-65]
      [2. First Name, [Middle Name], Last Name-65]
      [3. First Name, [Middle Name], Last Name-65]

```
   ----------------------------------------------------
   |  ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-  |
   |  PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY  |
   |  THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:  |
   |  - PERSON WAS COVERED AT THE PREVIOUS ROUND'S      |
   |    INTERVIEW DATE BY THE INSURANCE FROM THIS       |
   |    ESTABLISHMENT-PERSON-PAIR, INCLUDING THE        |
   |    POLICYHOLDER                                    |
   |  - PERSON IS AN RU MEMBER                          |
   ----------------------------------------------------


   ----------------------------------------------------
   |  DISPLAY 'is' IF OE12 IS CODED '1' (YES).         |
   |  DISPLAY 'was' IF OE12 IS CODED '2' (NO) OR IF    |
   |  CURRENT ROUND IS ROUND 5.                        |
   |                                                    |
   |  DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' |
   |  (NO).  DISPLAY 'on (END-DT)' IF OE12 IS CODED '1' |
   |  (YES).                                            |
   |                                                    |
   |  DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'.|
   |  IF THE MONTH AND DAY FIELD AT OE15 IS CODED '-7' |
   |  (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
   |  FOR 'OE15 DATE'.                                  |
   ----------------------------------------------------
```

```
---------------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS            |
| ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1'          |
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT            |
| SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE|
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE       |
| PERIOD END DATE.                                      |
---------------------------------------------------------


---------------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH   |
| THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2',|
| (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED|
| AT OE18 AS CONTINUOUS COVERAGE FROM THE REFERENCE |
| PERIOD START DATE UNTIL DATE RECORDED AT OE15.    |
---------------------------------------------------------
```

LOOP_06
=======

```
---------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-       |
| PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.              |
---------------------------------------------------------


---------------------------------------------------------
| LOOP DEFINITION:  LOOP_06 COLLECTS THE DATE ON        |
| WHICH THE INSURANCE COVERAGE THROUGH THIS            |
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER|
| WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD|
| END DATE OR THE DATE REPORTED IN OE15.  THIS LOOP |
| CYCLES ON PERSONS SELECTED AT OE18.               |
---------------------------------------------------------
```

OE19
====

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

                On what date did the health insurance through (ESTABLISHMENT)
                end for (PERSON)?


                    [Enter Month-2, Day-2, Year-4] ........
                    REF ................................. -7
                    DK .................................. -8


                -----------------------------------------------------
                | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
                |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
                |  OR '-8' (DON'T KNOW), CONTINUE WITH OE19OV        |
                -----------------------------------------------------

                -----------------------------------------------------
                |  OTHERWISE, GO TO BOX_13                           |
                -----------------------------------------------------


OE19OV
======

                Can you just tell me if (PERSON) was covered under that
                insurance the whole month or part of the month?

                    WHOLE MONTH ........................... 1
                    PART OF THE MONTH ..................... 2
                    REF ................................. -7
                    DK .................................. -8

                            [Code One]


BOX_13
======

                    -----------------------------------------------------
                    |  FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
                    |  THROUGH THE COMPLETE DATE RECORDED AT OE19 AND    |
                    |  OE19OV.                                           |
                    -----------------------------------------------------

END_LP06
========

```
-----------------------------------------------------
|   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_06 AND CONTINUE WITH BOX_14               |
-----------------------------------------------------
```


BOX_14
======

```
-----------------------------------------------------
|   IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY  |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,  |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU   |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE        |
| PREVIOUS ROUND'S INTERVIEW DATE, EXCLUDES RU        |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18),  |
| CONTINUE WITH OE20                                  |
-----------------------------------------------------
```

```
-----------------------------------------------------
| OTHERWISE, GO TO OE22A                             |
-----------------------------------------------------
```

OE20
====

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, that we have not yet mentioned, been
covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

               YES ................................... 1
               NO  ................................... 2 {OE22A}
               REF ................................... -7 {OE22A}
               DK  ................................... -8 {OE22A}

          PRESS F1 FOR DEFINITION OF DEPENDENT.


     -------------------------------------------------
     |  DISPLAY 'Since (START DATE)' IF NOT ROUND 5.    |
     |  DISPLAY 'Between (START DATE) and (END DATE)' IF |
     |  ROUND 5.                                        |
     -------------------------------------------------

OE21
====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE:  Who else {has been/was} covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]


        ----------------------------------------------------
        | ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
        | ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
        | THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
        | PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
        ----------------------------------------------------


        ----------------------------------------------------
        | DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
        | THIS ROSTER.                                      |
        ----------------------------------------------------


        ----------------------------------------------------
        | WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-   |
        | COVRD-PERS-TRPLS-ROSTER.                          |
        ----------------------------------------------------


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


        ----------------------------------------------------
        | DISPLAY 'has been' AND 'since (START DATE)' IF NOT|
        | ROUND 5.  DISPLAY 'was' AND 'between (START DATE) |
        | and (END DATE)' IF ROUND 5.                       |
        ----------------------------------------------------

LOOP_07
=======

```
---------------------------------------------------
|  FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-  |
|  PERS-TRPLS-ROSTER, ASK OE22 - END_LP07.          |
---------------------------------------------------
```

```
---------------------------------------------------
|  LOOP DEFINITION:  LOOP_07 COLLECTS THE COVERAGE  |
|  START DATE FOR ALL PERSONS NEWLY COVERED DURING  |
|  THE CURRENT ROUND BY THE INSURANCE THROUGH THIS  |
|  ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON  |
|  PERSONS SELECTED AT OE21.                        |
---------------------------------------------------
```

OE22
====

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

On what date did the health insurance through (ESTABLISHMENT)
begin for (PERSON)?

    [Enter Month-2, Day-2, Year-4] ........
    REF .................................. -7
    DK ................................... -8

```
---------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
|  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
|  OR '-8' (DON'T KNOW), CONTINUE WITH OE22OV        |
---------------------------------------------------
```

```
---------------------------------------------------
|  OTHERWISE, GO TO BOX_15                          |
---------------------------------------------------
```

OE22OV
======

Can you just tell me if (PERSON) was covered under that
insurance the whole month or part of the month?

```
     WHOLE MONTH ...........................  1
     PART OF THE MONTH .....................  2
     REF ...................................  -7
     DK ....................................  -8
```

[Code One]

```
--------------------------------------------------------
|  EDIT:  COMPLETE DATE AT OE22 MUST BE < THAN         |
|  COMPLETE DATE AT OE15 IF A DATE IS RECORDED AT      |
|  OE15 OR < THAN REFERENCE PERIOD END DATE IF NO      |
|  DATE IS RECORDED AT OE15.                           |
--------------------------------------------------------
```

BOX_15
======

```
--------------------------------------------------------
|  IF FAMILY STILL HAS INSURANCE THROUGH THIS          |
|  ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1'        |
|  (YES)), FLAG INSURANCE FOR THIS PERSON AS           |
|  'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22     |
|  UNTIL THE REFERENCE PERIOD END DATE.                |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH     |
|  THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2'   |
|  (NO)), FLAG INSURANCE FOR THIS PERSON AS            |
|  'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22     |
|  UNTIL DATE RECORDED AT OE15.                        |
--------------------------------------------------------
```

END_LP07
========

```
--------------------------------------------------------
| 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_07 AND GO TO BOX_16                         |
--------------------------------------------------------
```

OE22A
=====

{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
    NO ...................................... 2
    REF ..................................... -7
    DK ...................................... -8
```

               PRESS F1 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 OE21                                |
--------------------------------------------------------
```

BOX_16
======

```
---------------------------------------------------------
|  IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE|
|  INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR   |
|  ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,    |
|  OE12 IS CODED '1'(YES), CONTINUE WITH BOX_16A      |
---------------------------------------------------------


---------------------------------------------------------
|  OTHERWISE, GO TO END_LP05                             |
---------------------------------------------------------
```

BOX_16A
=======

```
---------------------------------------------------------
|  IF ROUND 3, CONTINUE WITH OE23A                      |
---------------------------------------------------------

---------------------------------------------------------
|  OTHERWISE, GO TO OE23                                 |
---------------------------------------------------------
```

OE23A
=====

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

For the coverage through (ESTABLISHMENT), does anyone in the
family pay all of the premium or cost, some of the premium or
cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a
paycheck.]

```
        YES, PAY ALL OF PREMIUM/COST ........... 1
        YES, PAY SOME OF PREMIUM/COST .......... 2
        YES, BUT DON'T KNOW IF PAY ALL OR SOME
        OF PREMIUM/COST ....................... 3
        NO, DO NOT PAY ........................ 4 {OE23AAA}
        REF ................................. -7 {OE23}
        DK .................................. -8 {OE23}
```

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

```
        -------------------------------------------------
        |  NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE  |
        |  DISPLAYED HERE FOR THE INSURANCE FROM A        |
        |  SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM   |
        |  DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
        |  THE SOURCE, NOT THE NAME OF THE EMPLOYER OR    |
        |  DIRECTLY PURCHASED CATEGORY.                   |
        -------------------------------------------------
```

OE23AA
======

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

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
coverage?

PROBE:  Is that per year, per month, per week, or what?

    [Enter Amount in Dollars] ..............
    REF ................................. -7 {BOX_17A}
    DK .................................. -8 {BOX_17A}


        ----------------------------------------------------
        |  NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE    |
        |  DISPLAYED HERE FOR THE INSURANCE FROM A          |
        |  SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM     |
        |  DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
        |  THE SOURCE, NOT THE NAME OF THE EMPLOYER OR      |
        |  DIRECTLY PURCHASED CATEGORY.                     |
        ----------------------------------------------------


OE23AAOV1
=========

        ENTER UNIT OF COVERAGE:

            PER YEAR ............................... 1 {BOX_17A}
            QUARTERLY/EVERY 3 MONTHS ............... 2 {BOX_17A}
            BIMONTHLY/EVERY 2 MONTHS .............. 3 {BOX_17A}
            PER MONTH ............................. 4 {BOX_17A}
            PER WEEK .............................. 5 {BOX_17A}
            BIWEEKLY/EVERY 2 WEEKS ................ 6 {BOX_17A}
            SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {BOX_17A}
            SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_17A}
            OTHER ................................ 91
            REF ................................. -7 {BOX_17A}
            DK .................................. -8 {BOX_17A}

                        [Code One]

OE23AAOV2
=========

                ENTER OTHER:

                    [Enter Other Specify] ..................
                    REF .................................... -7
                    DK .................................... -8


BOX_17A
=======

                    -------------------------------------------------------
                    |   IF OE23A IS CODED '1' (YES, PAY ALL OF PREMIUM/    |
                    |   COST), GO TO OE23                                  |
                    -------------------------------------------------------

                    -------------------------------------------------------
                    |   OTHERWISE, CONTINUE WITH OE23AAA                   |
                    -------------------------------------------------------

OE23AAA
=======

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

Who {else} pays {some of/for} the premium or cost
of this insurance?

```
        FEDERAL GOVERNMENT ....................  1
        STATE GOVERNMENT ......................  2
        LOCAL GOVERNMENT ......................  3
        SOME GOVERNMENT .......................  4
        EMPLOYER ..............................  5
        UNION .................................  6
        OTHER ................................. 91
        REF ................................... -7
        DK .................................... -8
```

[Code All That Apply]

```
        -------------------------------------------------------
       |  DISPLAY 'else' IF OE23A IS CODED '2' (YES, PAY       |
       |  SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW    |
       |  IF PAY ALL OR SOME OF PREMIUM/COST).  OTHERWISE,     |
       |  USE A NULL DISPLAY                                   |
       |                                                      |
       |  DISPLAY 'some of' IF OE23A IS CODED '2' (YES, PAY   |
       |  SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW   |
       |  IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'  |
       |  IF OE23A IS CODED '4' (NO, DO NOT PAY).             |
        -------------------------------------------------------


        -------------------------------------------------------
       |  IF CODED '91' (OTHER), ALONE OR IN COMBINATION       |
       |  WITH ANY OTHER CODE, CONTINUE WITH OE23AAAOV         |
        -------------------------------------------------------


        -------------------------------------------------------
       |  OTHERWISE, GO TO OE23                                |
        -------------------------------------------------------
```

OE23AAAOV
=========

ENTER OTHER:

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

OE23
====

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and
(END DATE), was there} any change in the plan name of the health
insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

     YES .................................  1
     NO ..................................  2 {END_LP05}
     REF ................................. -7 {END_LP05}
     DK ................................. -8 {END_LP05}


      -------------------------------------------------------
     |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL           |
     |  INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-       |
     |  ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
     |  PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE       |
     |  SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED      |
     |  WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-       |
     |  PERSON-PAIR.                                          |
      -------------------------------------------------------


      -------------------------------------------------------
     |  DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
     |  NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-|
     |  PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
     |  MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME|
     |  DURING THE PREVIOUS ROUND.                           |
      -------------------------------------------------------


      -------------------------------------------------------
     |  DISPLAY 'Since (START DATE), has there been' AND  |
     |  'has' IF NOT ROUND 5.  DISPLAY 'Between (START    |
     |  DATE) and (END DATE), was there' AND 'had' IF     |
     |  ROUND 5.                                             |
      -------------------------------------------------------

```
      -------------------------------------------------
     |  IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
     |  KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT  |
     |  ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON-   |
     |  PAIR.                                            |
      -------------------------------------------------
```

OE24
====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CODE ALL THAT APPLY.

        HOSPITAL AND PHYSICIAN BENEFITS,
            INCLUDING COVERAGE THROUGH AN HMO ... 1
        DENTAL ................................. 2
        PRESCRIPTION DRUGS ..................... 3
        VISION ................................. 4
        MEDICARE SUPPLEMENT/MEDIGAP ............ 5
        LONG TERM CARE IN A NURSING HOME ....... 6
        EXTRA CASH FOR HOSPITAL STAYS .......... 7
        SERIOUS DISEASE OR DREAD DISEASE ....... 8
        DISABILITY ............................. 9
        WORKER'S COMPENSATION ................. 10
        ACCIDENT .............................. 11
        OTHER ................................. 91
        REF ................................... -7
        DK .................................... -8

                [Code All That Apply]

        PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

    [NOTE:  CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

```
--------------------------------------------------------
| DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did'|
| IF ROUND 5.                                       |
|                                                   |
| DISPLAY 'now' IF NOT ROUND 5.  OTHERWISE, USE A   |
| NULL DISPLAY.                                     |
|                                                   |
| DISPLAY 'on (END DATE)' IF ROUND 5.  OTHERWISE,   |
| USE A NULL DISPLAY.                               |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION    |
| WITH ANY OTHER CODES, CONTINUE WITH OE24OV        |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, GO TO BOX_17                           |
--------------------------------------------------------
```

OE24OV
======

          ENTER OTHER:

               [Enter Other Specify] ..................
               REF .................................. -7
               DK .................................. -8

BOX_17
======

```
-----------------------------------------------------
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN       |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP),    |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES,      |
| CONTINUE WITH OE25                                 |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO END_LP05                          |
-----------------------------------------------------


-----------------------------------------------------
| NOTE:  ALL ESTABLISHMENTS WHICH ARE BEING LOOPED   |
| ON HERE ARE EMPLOYERS.  THEREFORE, IT IS NOT       |
| NECESSARY TO AUTOMATICALLY CODE OE25 IF THE        |
| ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE  |
| WE KNOW IT IS NOT).                                |
-----------------------------------------------------
```

OE25
====

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

What is the new plan name for (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) which provides the {hospital and
physician benefits/Medicare supplement or Medigap benefit}?

IF MORE THAN ONE NAME, PROBE:  What is the main new plan name?
RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer]    TYPE: 1 = INSURANCE COMPANY
                                          2 = HMO
                                          3 = COMPANY IS SELF-INSURED

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
-------------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND       |
| 'HOSPITAL' IF OE24 IS CODED '1' (HOSPITAL AND        |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE     |
| SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement   |
| or Medigap benefits' AND 'MEDIGAP' IF OE24 IS CODED  |
| '5' (MEDICARE SUPPLEMENT/MEDIGAP).                   |
-------------------------------------------------------


-------------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER-      |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS        |
| ESTABLISHMENT-PERSON-PAIR.                           |
-------------------------------------------------------


-------------------------------------------------------
| FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT         |
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-    |
| PAIR.                                                |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP)|
|   FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE     |
|   SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES        |
|   HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT      |
|   ROUND.                                             |
-------------------------------------------------------


-------------------------------------------------------
|   IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN       |
|   BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/        |
|   MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING     |
|   HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT       |
|   ROUND.                                             |
-------------------------------------------------------
```

LOOP_08
=======

```
---------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |
|  TRIPLES-ROSTER, ASK OE25AA - END_LP08.           |
---------------------------------------------------
```

```
---------------------------------------------------
|  LOOP DEFINITION:  LOOP_08 COLLECTS OTHER POLICY  |
|  NAMES AND MANAGED CARE INFORMATION FOR INSURERS  |
|  COLLECTED AT OE25.  THIS LOOP CYCLES ON TRIPLES  |
|  THAT MEET THE FOLLOWING CONDITIONS:              |
|                                                   |
|  - ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE   |
|    BEING ASKED ABOUT                              |
|  - INSURER IS ENTERED AT OE25                     |
---------------------------------------------------
```

OE25AA
======

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

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

```
     YES, ANOTHER NAME ....................... 1
     NO OTHER NAME ........................... 2 {BOX_18A}
     REF ..................................... -7 {BOX_18A}
     DK ...................................... -8 {BOX_18A}
```

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

```
---------------------------------------------------
|  DISPLAY THE NAME OF THE INSURANCE CO/HMO         |
|  RECORDED IN OE25_01 WHICH IS BEING LOOPED ON     |
|  FOR 'INSURANCE...NAME.'                          |
---------------------------------------------------
```

OE25AAOV
========

ENTER OTHER NAME:

[Enter Policy Name] ....................
REF ................................... -7
DK .................................... -8


BOX_18A
=======

```
---------------------------------------------------
|   IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN  |
|   OE25_02, CONTINUE WITH OE25B                      |
---------------------------------------------------

---------------------------------------------------
|   OTHERWISE, GO TO BOX_18                           |
---------------------------------------------------
```


OE25B
=====

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

INSURER NAME:  {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of
visits to doctors who are **not** part of (POLICYHOLDER)'s
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ................................... 1 {END_LP08}
NO .................................... 2 {END_LP08}
REF .................................. -7 {END_LP08}
DK ................................... -8 {END_LP08}

BOX_18
======

```
---------------------------------------------------------
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER|
|                                                   |
| AT COMPLETION OF MANAGED CARE (MC) SECTION,       |
| CONTINUE WITH END_LP08                            |
---------------------------------------------------------
```

END_LP08
========

```
---------------------------------------------------------
| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-        |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS    |
| STATED IN THE LOOP DEFINITION.                      |
---------------------------------------------------------

---------------------------------------------------------
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS,    |
| END LOOP_08 AND CONTINUE WITH END_LP05              |
---------------------------------------------------------
```

END_LP05
========

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

---------------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS,     |
| END LOOP_05 AND CONTINUE WITH BOX_19              |
---------------------------------------------------------
```

BOX_19
======

```
---------------------------------------------------------
| IF ONE OR MORE OR RU MEMBERS WAS COVERED BY            |
| INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE      |
| PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-          |
| EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE     |
| SOURCE ON THE PREVIOUS ROUND'S INTERVIEW DATE,         |
| THAT IS:                                               |
|                                                        |
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE       |
| RU MEETS THE FOLLOWING CONDITIONS:                     |
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:         |
|    - FLAGGED AS A DIRECT PURCHASE SOURCE               |
|    - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1,        |
|      FLAGGED DURING THE PREVIOUS ROUND AS              |
|      'PROVIDES HEALTH INSURANCE', OR                   |
|    - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-          |
|      GREATER-THAN-1, FLAGGED DURING THE PREVIOUS       |
|      ROUND AS 'PROVIDES HEALTH INSURANCE', AND         |
|      HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING      |
|      THE PREVIOUS ROUND:                               |
|       - 'FORMER MAIN WITHIN REFERENCE PERIOD'          |
|       - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE     |
|          PERIOD'                                       |
|       - 'LAST JOB OUTSIDE REFERENCE PERIOD'            |
|       - 'RETIREMENT JOB'                               |
|   - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT,     |
|     IF THE ESTABLISHMENT IS ONE OF THE SECOND 2        |
|     TYPES NOTED ABOVE;                                 |
|   - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS      |
|     INSURANCE;                                         |
|   - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT     |
|     COVERED PERSON ON THE DATE OF THE PREVIOUS         |
|     ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE         |
|     TIME) OR HQ02 WAS CODED '1' (YES) IN THE           |
|     PREVIOUS ROUND);                                   |
|                                                        |
| CONTINUE WITH LOOP_09                                  |
---------------------------------------------------------

---------------------------------------------------------
| OTHERWISE, GO TO BOX_29                                |
---------------------------------------------------------
```

```
---------------------------------------------------------
| NOTE:  IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |
| IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, |
| THE LAST CONDITION IN THE ABOVE BOX CAN BE MET    |
| IF AT LEAST ONE DEPENDENT WAS COVERED BY          |
| POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S  |
| INTERVIEW DATE.  THE LOOP WILL CYCLE ON THE       |
| POLICYHOLDER'S NAME.                              |
---------------------------------------------------------


---------------------------------------------------------
| NOTE:  ESTABLISHMENT-PERSON-PAIRS WHERE THE       |
| POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED,     |
| INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT |
| ROUND'S INTERVIEW DATE, BUT WHERE THE            |
| ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO  |
| ARE STILL RU MEMBERS MAY STILL QUALIFY FOR        |
| LOOP_09.                                         |
---------------------------------------------------------


---------------------------------------------------------
| NOTE:  FOR DIRECT PURCHASE AND SELF-EMPLOYED-FIRM-|
| SIZE-1, THE CONTEXT HEADER SHOULD DISPLAY THE NAME|
| OF THE SOURCE PROVIDING THE INSURANCE RATHER THAN |
| THE NAME OF THE DIRECT PURCHASE CATEGORY OR THE   |
| SELF-EMPLOYED-FIRM-SIZE-1 EMPLOYER NAME OR TYPE OF|
| PURCHASE CATEGORY.  FOR EMPLOYERS WHICH ARE NOT   |
| SELF-EMPLOYED WITH FIRM-SIZE-1, USE THE JOBHOLDER |
| NAME AND EMPLOYER NAME IN THE CONTEXT HEADER.     |
---------------------------------------------------------
```

LOOP_09
=======

```
---------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK BOX_19A - END_LP09             |
---------------------------------------------------


---------------------------------------------------
| LOOP DEFINITION:  LOOP_09 COLLECTS INFORMATION    |
| ABOUT THE CONTINUATION OF INSURANCE COVERAGE      |
| THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS  |
| ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH|
| A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE THAT   |
| WAS COLLECTED IN THE PREVIOUS ROUND.  THIS LOOP   |
| CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET    |
| THE FOLLOWING CONDITIONS:                         |
|                                                   |
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:    |
|   - FLAGGED AS A DIRECT PURCHASE SOURCE           |
|   - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1,    |
|     FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES|
|     HEALTH INSURANCE', OR                         |
|   - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-      |
|     GREATER-THAN-1, FLAGGED DURING THE PREVIOUS   |
|     ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD |
|     ONE OF THE FOLLOWING JOB SUBTYPES DURING THE  |
|     PREVIOUS ROUND:                               |
|     - 'FORMER MAIN WITHIN REFERENCE PERIOD'       |
|     - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE  |
|       PERIOD'                                     |
|     - 'LAST JOB OUTSIDE REFERENCE PERIOD'         |
|     - 'RETIREMENT JOB'                            |
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT,  |
|   IF THE ESTABLISHMENT IS ONE OF THE SECOND 2     |
|   TYPES NOTED ABOVE;                              |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS   |
|   INSURANCE;                                      |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT  |
|   COVERED PERSON ON THE DATE OF THE PREVIOUS      |
|   ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME)|
|   OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS     |
|   ROUND)                                          |
---------------------------------------------------
```

BOX_19A
=======

```
           -------------------------------------------------------
           | IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-   |
           | PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU   |
           | (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE WITH     |
           | OE25A                                               |
           -------------------------------------------------------


           -------------------------------------------------------
           | OTHERWISE, GO TO OE26                               |
           -------------------------------------------------------
```

OE25A
=====

```
{POLICYHOLDER'S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}
```

INTERVIEWER:  IF (POLICYHOLDER)'S NAME IS LISTED ON THE
ROSTER BELOW, SELECT IT.  IF NOT, SELECT 'NAME NOT ON ROSTER'
AND CONTINUE.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [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 One]


        -------------------------------------------------
        |  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        |  ON THE DU-MEMBERS-ROSTER.                          |
        -------------------------------------------------


        -------------------------------------------------
        |  DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON THIS|
        |  ROSTER.                                           |
        -------------------------------------------------


        -------------------------------------------------
        |  IF A DU MEMBER'S NAME IS SELECTED FROM THE        |
        |  ROSTER, REPLACE THIS NAME AS THE CURRENT          |
        |  POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR.   |
        |  IF 'NAME NOT ON ROSTER' SELECTED LEAVE THE        |
        |  POLICYHOLDER NAME OF THIS ESTABLISHMENT-PERSON-   |
        |  PAIR AS IS.                                       |
        -------------------------------------------------
```

OE26
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance.  {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

```
     YES .................................... 1
     NO ..................................... 2 {OE28}
     REF .................................... -7 {END_LP09}
     DK ..................................... -8 {END_LP09}
```

```
    --------------------------------------------------------
    |  DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY          |
    |  '(Was/Were)' IF ROUND 5.                             |
    |                                                       |
    |  DISPLAY 'today,' IF NOT ROUND 5.  OTHERWISE, USE A|
    |  NULL DISPLAY.                                        |
    --------------------------------------------------------
```

```
    --------------------------------------------------------
    |  IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON-  |
    |  PAIR IS AN ESTABLISHMENT FLAGGED AS 'SELF-          |
    |  EMPLOYED' WITH FIRM-SIZE-1, CONTINUE WITH OE27     |
    --------------------------------------------------------
```

```
    --------------------------------------------------------
    |  IF CODED '1' (YES) AND ESTABLISHMENT-PERSON-PAIR  |
    |  IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1, GO TO    |
    |  BOX_20                                              |
    --------------------------------------------------------
```

OE27
====

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

Is this insurance still through (POLICYHOLDER)'s self-employed
business?

        YES ..................................... 1 {BOX_20}
        NO ...................................... 2 {BOX_20}
        REF ................................... -7 {BOX_20}
        DK .................................... -8 {BOX_20}

            PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.


OE28
====

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

On what date did (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) end?

        [Enter Month-2, Day-2, Year-4] ........
        REF ................................... -7
        DK .................................... -8


        -------------------------------------------------------
        |  EDIT (FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED    |
        |  CANNOT BE AFTER 12/31/2004.  IF A DATE AFTER       |
        |  12/31/2004 IS ENTERED, DISPLAY THE FOLLOWING       |
        |  MESSAGE:  'DATE CANNOT BE AFTER 12/31/2004.  IF    |
        |  INSURANCE ENDED AFTER 12/31/2004, USE CTRL/B TO    |
        |  BACK-UP AND CHANGE RESPONSE TO OE26.               |
        -------------------------------------------------------


        -------------------------------------------------------
        | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
        |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
        |  OR '-8' (DON'T KNOW), CONTINUE WITH OE28OV        |
        -------------------------------------------------------


        -------------------------------------------------------
        |  OTHERWISE, GO TO BOX_20                           |
        -------------------------------------------------------

OE28OV
======

> Can you just tell me if (POLICYHOLDER) was covered under that
> insurance the whole month or part of the month?

```
        WHOLE MONTH ........................... 1
        PART OF THE MONTH ..................... 2
        REF .................................. -7
        DK ................................... -8
```

[Code One]

BOX_20
======

```
        -------------------------------------------------------
        |  IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT  |
        |  THE PREVIOUS ROUND'S INTERVIEW DATE BY THE         |
        |  INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,     |
        |  AUTOMATICALLY CODE OE29 AS '1' (YES) AND GO TO     |
        |  BOX_21                                             |
        -------------------------------------------------------


        -------------------------------------------------------
        |  OTHERWISE, CONTINUE WITH OE29                      |
        -------------------------------------------------------
```

OE29
====

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

                During the last interview, we recorded that (READ NAMES BELOW)
                (were/was) covered by (POLICYHOLDER)'s health insurance
                through (ESTABLISHMENT).

                {Are/Were} they **all** covered by this health insurance {until
                {{OE28 DATE}/it ended}/on (END-DT)}?

                TO SCROLL, USE ARROW KEYS.
                TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

                {PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
                {PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
                {PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

                    YES .................................. 1
                    NO ................................... 2
                    REF ................................. -7
                    DK .................................. -8


                 -----------------------------------------------------
                 |  ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-  |
                 |  PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY  |
                 |  THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:  |
                 |  - PERSON WAS COVERED AT THE PREVIOUS ROUND'S      |
                 |    INTERVIEW DATE BY THE INSURANCE FROM THIS       |
                 |    ESTABLISHMENT-PERSON-PAIR, INCLUDING THE        |
                 |    POLICYHOLDER                                   |
                 |  - PERSON IS AN RU MEMBER                         |
                 -----------------------------------------------------


                 -----------------------------------------------------
                 |  DISPLAY 'Are' IF OE26 IS CODED '1' (YES).        |
                 |  DISPLAY 'Were' IF OE26 IS CODED '2' (NO) OR IF    |
                 |  CURRENT ROUND IS ROUND 5.                        |
                 |                                                   |
                 |  DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' |
                 |  (NO).  DISPLAY 'on (END-DT)' IF OE26 IS CODED '1'|
                 |  (YES).                                          |
                 |                                                   |
                 |  DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.|
                 |  IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' |
                 |  (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
                 |  FOR 'OE28 DATE'.                                |
                 -----------------------------------------------------

BOX_21
======

```
 -----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:    |
|                                                   |
| IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1'  |
| (YES),                                            |
|                                                   |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH|
| THE REFERENCE PERIOD END DATE AND                 |
|                                                   |
| GO TO BOX_23                                      |
 -----------------------------------------------------


 -----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
|                                                   |
| IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1'   |
| (YES).                                            |
|                                                   |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH|
| THE DATE RECORDED AT OE28 AND                     |
|                                                   |
| GO TO BOX_23                                      |
 -----------------------------------------------------


 -----------------------------------------------------
| OTHERWISE (I.E., OE29 CODED '2' (NO), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH   |
| OE30                                              |
 -----------------------------------------------------
```

OE30
====

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/
on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-     |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY    |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:    |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S        |
|   INTERVIEW DATE BY THE INSURANCE FROM THIS         |
|   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE          |
|   POLICYHOLDER                                      |
| - PERSON IS AN RU MEMBER                            |
------------------------------------------------------


------------------------------------------------------
| DISPLAY 'is' IF OE26 IS CODED '1' (YES).            |
| DISPLAY 'was' IF OE26 IS CODED '2' (NO) OR IF       |
| CURRENT ROUND IS ROUND 5.                           |
|                                                     |
| DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2'    |
| (NO).                                               |
| DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES).   |
|                                                     |
| DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.  |
| IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7'    |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'  |
| FOR 'OE28 DATE'.                                    |
------------------------------------------------------


------------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS          |
| ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1'        |
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT          |
| SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE  |
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE     |
| PERIOD END DATE.                                    |
------------------------------------------------------
```

```
---------------------------------------------------------
|   IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH     |
|   THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2'   |
|   (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED  |
|   AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE   |
|   PERIOD START DATE UNTIL DATE RECORDED AT OE28       |
---------------------------------------------------------
```

LOOP_10
=======

```
---------------------------------------------------------
|   FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-     |
|   PERS-TRPLS-ROSTER, ASK OE31 - END_LP10.             |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   LOOP DEFINITION:  LOOP_10 COLLECTS THE DATE ON      |
|   WHICH THE INSURANCE COVERAGE THROUGH THIS           |
|   ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER  |
|   WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE  |
|   PERIOD END DATE OR THE DATE REPORTED IN OE28.       |
|   THIS LOOP CYCLES ON PERSONS SELECTED AT OE30.       |
---------------------------------------------------------
```

OE31
====

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

On what date did the health insurance through (ESTABLISHMENT)
end for (PERSON)?

```
    [Enter Month-2, Day-2, Year-4] ........
    REF .................................. -7
    DK ................................... -8
```

```
---------------------------------------------------------
|  IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |
|  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED)   |
|  OR '-8' (DON'T KNOW), CONTINUE WITH OE31OV          |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   OTHERWISE, GO TO BOX_22                            |
---------------------------------------------------------
```

OE31OV
======

Can you just tell me if (PERSON) was covered under that
insurance the whole month or part of the month?

```
WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................. -7
DK .................................. -8
```

[Code One]


BOX_22
======

```
-------------------------------------------------------
|   FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
|   THROUGH THE COMPLETE DATE RECORDED AT OE31 AND    |
|   OE31OV.                                           |
-------------------------------------------------------
```


END_LP10
========

```
-------------------------------------------------------
|   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_10 AND CONTINUE WITH BOX_23              |
-------------------------------------------------------
```

BOX_23
======

```
         --------------------------------------------------------
        |  IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY      |
        |  THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
        |  (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU     |
        |  MEMBERS NOT COVERED BY THIS INSURANCE ON THE          |
        |  PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU      |
        |  MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30),    |
        |  CONTINUE WITH OE32                                    |
         --------------------------------------------------------


         --------------------------------------------------------
        |  OTHERWISE, GO TO OE34A                                |
         --------------------------------------------------------
```

OE32
====

```
        {POLICYHOLDER'S FIRST MIDDLE LAST NAME}    {NAME OF
        ESTABLISHMENT........}    {STR-DT}
        {END-DT}
```

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

```
        YES ...................................  1
        NO ....................................  2 {OE34A}
        REF ................................... -7 {OE34A}
        DK ................................... -8 {OE34A}
```

PRESS F1 FOR DEFINITION OF DEPENDENT.

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

OE33
====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE:  Who else {has been/was} covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
    -----------------------------------------------------
    | ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
    | ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
    | THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
    | PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
    -----------------------------------------------------


    -----------------------------------------------------
    | DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
    | THIS ROSTER.                                      |
    -----------------------------------------------------


    -----------------------------------------------------
    | WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-   |
    | COVRD-PERS-TRPLS-ROSTER.                          |
    -----------------------------------------------------


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


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

LOOP_11
=======

```
        -------------------------------------------------------
        |  FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-    |
        |  PERS-TRPLS-ROSTER, ASK OE34 - END_LP11.            |
        -------------------------------------------------------


        -------------------------------------------------------
        |  LOOP DEFINITION:  LOOP_11 COLLECTS THE COVERAGE    |
        |  START DATE FOR ALL PERSONS NEWLY COVERED DURING    |
        |  THE CURRENT ROUND BY THE INSURANCE THROUGH THIS    |
        |  ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON    |
        |  PERSONS SELECTED AT OE33.                          |
        -------------------------------------------------------
```

OE34
====

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

On what date did the health insurance through (ESTABLISHMENT)
begin for (PERSON)?

```
     [Enter Month-2, Day-2, Year-4] ........
     REF ................................. -7
     DK .................................. -8
```

```
        -------------------------------------------------------
        | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |
        |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED)  |
        |  OR '-8' (DON'T KNOW), CONTINUE WITH OE34OV         |
        -------------------------------------------------------


        -------------------------------------------------------
        |  OTHERWISE, GO TO BOX_24                            |
        -------------------------------------------------------
```

OE34OV
======

Can you just tell me if (PERSON) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH .................... 2
REF ................................... -7
DK .................................... -8

[Code One]

```
---------------------------------------------------------
|   EDIT:   COMPLETE DATE AT OE34 MUST BE < THAN          |
|  COMPLETE DATE AT OE28 IF A DATE IS RECORDED AT         |
|  OE28 OR < THAN REFERENCE PERIOD END DATE IF NO         |
|  DATE IS RECORDED AT OE28.                              |
---------------------------------------------------------
```

BOX_24
======

```
---------------------------------------------------------
|   IF FAMILY STILL HAS INSURANCE THROUGH THIS           |
|  ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1'          |
|  (YES)), FLAG INSURANCE FOR THIS PERSON AS             |
|  'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34      |
|  UNTIL THE REFERENCE PERIOD END DATE.                  |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH      |
|  THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2'     |
|  (NO)), FLAG INSURANCE FOR THIS PERSON AS              |
|  'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34      |
|  UNTIL DATE RECORDED AT OE28.                          |
---------------------------------------------------------
```

END_LP11
========

```
         -------------------------------------------------
        |  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_11 AND GO TO BOX_25                   |
         -------------------------------------------------
```

OE34A
=====

{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
        NO ...................................... 2
        REF ..................................... -7
        DK ...................................... -8
```

            PRESS F1 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 OE33                           |
         -------------------------------------------------
```

BOX_25
======

```
--------------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE|
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON|
| THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, OE26 |
| IS CODED '1'(YES), CONTINUE WITH BOX_25A          |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, GO TO END_LP09                            |
--------------------------------------------------------
```

BOX_25A
=======

```
--------------------------------------------------------
| IF ROUND 3, CONTINUE WITH OE35A                      |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, GO TO OE35                                |
--------------------------------------------------------
```

OE35A
=====

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

For the coverage through (ESTABLISHMENT), does anyone in the
family pay all of the premium or cost, some of the premium or
cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a
paycheck.]

```
        YES, PAY ALL OF PREMIUM/COST ........... 1
        YES, PAY SOME OF PREMIUM/COST .......... 2
        YES, BUT DON'T KNOW IF PAY ALL OR SOME
        OF PREMIUM/COST ........................ 3
        NO, DO NOT PAY ......................... 4 {OE35AAA}
        REF ................................... -7 {OE35}
        DK .................................... -8 {OE35}
```

                    [Code One]

    PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.


        -------------------------------------------------------
        |  NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE      |
        |  DISPLAYED HERE FOR THE INSURANCE FROM A            |
        |  SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM       |
        |  DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF  |
        |  THE SOURCE, NOT THE NAME OF THE EMPLOYER OR        |
        |  DIRECTLY PURCHASED CATEGORY.                       |
        -------------------------------------------------------

OE35AA
======

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

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
coverage?

PROBE:  Is that per year, per month, per week, or what?

        [Enter Amount in Dollars] ..............
        REF .................................. -7 {BOX_26A}
        DK .................................. -8 {BOX_26A}

        -----------------------------------------------------
        |  NOTE:   THE ESTABLISHMENT NAME WHICH SHOULD BE     |
        |  DISPLAYED HERE FOR THE INSURANCE FROM A            |
        |  SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM       |
        |  DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF  |
        |  THE SOURCE, NOT THE NAME OF THE EMPLOYER OR        |
        |  DIRECTLY PURCHASED CATEGORY.                       |
        -----------------------------------------------------


OE35AAOV1
=========

ENTER UNIT OF COVERAGE:

        PER YEAR ................................ 1 {BOX_26A}
        QUARTERLY/EVERY 3 MONTHS ............... 2 {BOX_26A}
        BIMONTHLY/EVERY 2 MONTHS ............... 3 {BOX_26A}
        PER MONTH ............................. 4 {BOX_26A}
        PER WEEK ............................... 5 {BOX_26A}
        BIWEEKLY/EVERY 2 WEEKS ................. 6 {BOX_26A}
        SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {BOX_26A}
        SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_26A}
        OTHER ................................. 91
        REF .................................. -7 {BOX_26A}
        DK .................................. -8 {BOX_26A}

                        [Code One]

OE35AAOV2
=========

                    ENTER OTHER:

                         [Enter Other Specify] ..................
                         REF ................................... -7
                         DK .................................... -8


BOX_26A
=======

                    -------------------------------------------------------
                    |   IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/     |
                    |   COST), GO TO OE35                                   |
                    -------------------------------------------------------


                    -------------------------------------------------------
                    |   OTHERWISE, CONTINUE WITH OE35AAA                    |
                    -------------------------------------------------------

OE35AAA
=======

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

Who {else} pays {some of/for} the premium or cost
of this insurance?

```
        FEDERAL GOVERNMENT ....................  1
        STATE GOVERNMENT ......................  2
        LOCAL GOVERNMENT ......................  3
        SOME GOVERNMENT .......................  4
        EMPLOYER ..............................  5
        UNION .................................  6
        OTHER ................................. 91
        REF ................................... -7
        DK .................................... -8
```

[Code All That Apply]

```
--------------------------------------------------------
|  DISPLAY 'else' IF OE35A IS CODED '2' (YES, PAY     |
|  SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW  |
|  IF PAY ALL OR SOME OF PREMIUM/COST).  OTHERWISE,   |
|  USE A NULL DISPLAY                                 |
|                                                     |
|  DISPLAY 'some of' IF OE35A IS CODED '2' (YES, PAY  |
|  SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW  |
|  IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |
|  IF OE35A IS CODED '4' (NO, DO NOT PAY).            |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
|  WITH ANY OTHER CODE, CONTINUE WITH OE35AAAOV       |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE, GO TO OE35                              |
--------------------------------------------------------
```

OE35AAAOV
=========

ENTER OTHER:

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

OE35
====

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and
(END DATE), was there} any change in the plan name of the health
insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

     YES ................................... 1
     NO .................................... 2 {END_LP09}
     REF ................................... -7 {END_LP09}
     DK .................................... -8 {END_LP09}


      -------------------------------------------------------
      |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL          |
      |  INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-     |
      |  ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
      |  PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE      |
      |  SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED     |
      |  WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-      |
      |  PERSON-PAIR.                                        |
      -------------------------------------------------------


      -------------------------------------------------------
      |  DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
      |  NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-|
      |  PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
      |  MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME|
      |  DURING THE PREVIOUS ROUND.                         |
      -------------------------------------------------------


      -------------------------------------------------------
      |  DISPLAY 'Since (START DATE), has there been' AND  |
      |  'has' IF NOT ROUND 5.  DISPLAY 'Between (START    |
      |  DATE) and (END DATE), was there' AND 'had' IF     |
      |  ROUND 5.                                           |
      -------------------------------------------------------

```
-------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT   |
| ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON-    |
| PAIR.                                             |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS|
| AN INSURANCE CO. OR HMO, CONTINUE WITH OE36       |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '1' (YES) AND ESTABLISHMENT IS NOT       |
| FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37     |
-------------------------------------------------------
```

OE36
====

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

What is the new plan name of (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT)?

     [Enter Plan Name/Establishment Name] .............

```
     -------------------------------------------------------
     | WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-      |
     | ESTABLISHMENT-PERSONS-PAIRS-ROSTER.  THIS IS THE    |
     | CORRECTED ESTABLISHMENT NAME.                       |
     -------------------------------------------------------
```

```
     -------------------------------------------------------
     | FLAG INSURER ENTERED ABOVE AS CURRENT ROUND'S       |
     | INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.   |
     -------------------------------------------------------
```

```
     -------------------------------------------------------
     | NOTE:  IF A SOURCE OF INSURANCE WAS DIRECTLY        |
     | PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE     |
     | ESTABLISHMENT NAME IS THE SAME AS THE INSURER       |
     | NAME.  THEREFORE, ANY CHANGE IN PLAN NAME           |
     | AUTOMATICALLY DICTATES A CHANGE IN THE              |
     | ESTABLISHMENT NAME.                                 |
     -------------------------------------------------------
```

OE37
====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CODE ALL THAT APPLY.

```
        HOSPITAL AND PHYSICIAN BENEFITS,
            INCLUDING COVERAGE THROUGH AN HMO ... 1
        DENTAL ................................. 2
        PRESCRIPTION DRUGS ..................... 3
        VISION ................................. 4
        MEDICARE SUPPLEMENT/MEDIGAP ............ 5
        LONG TERM CARE IN A NURSING HOME ....... 6
        EXTRA CASH FOR HOSPITAL STAYS .......... 7
        SERIOUS DISEASE OR DREAD DISEASE ....... 8
        DISABILITY ............................. 9
        WORKER'S COMPENSATION .................. 10
        ACCIDENT ............................... 11
        OTHER .................................. 91
        REF ................................... -7
        DK .................................... -8
```

                [Code All That Apply]

          PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

     [NOTE:  CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]


          ----------------------------------------------------
          | DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did'|
          | IF ROUND 5.                                       |
          |                                                   |
          | DISPLAY 'now' IF NOT ROUND 5.  OTHERWISE, USE A   |
          | NULL DISPLAY.                                     |
          |                                                   |
          | DISPLAY 'on (END DATE)' IF ROUND 5.  OTHERWISE,   |
          | USE A NULL DISPLAY.                               |
          ----------------------------------------------------

```
    --------------------------------------------------------
    |   IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
    |   WITH ANY OTHER CODES, CONTINUE WITH OE37OV         |
    --------------------------------------------------------

    --------------------------------------------------------
    |   OTHERWISE, GO TO BOX_26                            |
    --------------------------------------------------------
```

OE37OV
======

ENTER OTHER:

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

BOX_26
======

```
    --------------------------------------------------------
    |   IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN       |
    |   BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP),    |
    |   ALONE OR WITH ANY OTHER COMBINATION OF CODES,     |
    |   CONTINUE WITH BOX_27                              |
    --------------------------------------------------------

    --------------------------------------------------------
    |   OTHERWISE, GO TO END_LP09                          |
    --------------------------------------------------------
```

BOX_27
======

```
    --------------------------------------------------------
    |   IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE    |
    |   CO.' OR 'HMO', AUTOMATICALLY CODE OE38 WITH        |
    |   APPROPRIATE RESPONSES AND GO TO LOOP_12           |
    --------------------------------------------------------

    --------------------------------------------------------
    |   OTHERWISE, CONTINUE WITH OE38                      |
    --------------------------------------------------------
```

OE38
====

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

What is the new plan name for (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) which provides the {hospital and
physician benefits/Medicare supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE:  What is the main new plan name?
RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer]    TYPE: 1 = INSURANCE COMPANY
                                          2 = HMO
                                          3 = COMPANY IS SELF-INSURED

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
----------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND     |
| 'HOSPITAL' IF OE37 IS CODED '1' (HOSPITAL AND     |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE  |
| SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement |
| or Medigap benefits' AND 'MEDIGAP' IF OE37 IS CODED|
| '5' (MEDICARE SUPPLEMENT/MEDIGAP).                |
----------------------------------------------------


----------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-  |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS     |
| ESTABLISHMENT-PERSON-PAIR                          |
----------------------------------------------------


----------------------------------------------------
| FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT      |
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                              |
----------------------------------------------------
```

```
---------------------------------------------------
|  IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP)|
|  FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE     |
|  SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES       |
|  HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT     |
|  ROUND.                                            |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN      |
|  BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/       |
|  MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING     |
|  HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT       |
|  ROUND.                                            |
---------------------------------------------------
```

LOOP_12
=======

```
         -------------------------------------------------------
        |  FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-     |
        |  TRIPLES-ROSTER, ASK OE38A - END_LP12.                |
         -------------------------------------------------------


         -------------------------------------------------------
        |  LOOP DEFINITION:  LOOP_12 COLLECTS OTHER POLICY      |
        |  NAMES AND MANAGED CARE INFORMATION FOR INSURERS      |
        |  COLLECTED AT OE38.  THIS LOOP CYCLES ON TRIPLES      |
        |  THAT MEET THE FOLLOWING CONDITIONS:                  |
        |                                                       |
        |  - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE   |
        |    BEING ASKED ABOUT                                  |
        |  - INSURER IS ENTERED AT OE38                         |
         -------------------------------------------------------
```

OE38A
=====

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

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

```
        YES, ANOTHER NAME ....................... 1
        NO OTHER NAME ........................... 2 {BOX_28A}
        REF ..................................... -7 {BOX_28A}
        DK ...................................... -8 {BOX_28A}
```

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

```
         -------------------------------------------------------
        |  DISPLAY THE NAME OF THE INSURANCE CO/HMO             |
        |  RECORDED IN OE38_01 WHICH IS BEING LOOPED ON         |
        |  FOR 'INSURANCE...NAME.'                              |
         -------------------------------------------------------
```

OE38AOV
=======

ENTER OTHER NAME:

[Enter Policy Name] ....................
REF ................................... -7
DK .................................... -8


BOX_28A
=======

```
    --------------------------------------------------------
    |   IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN   |
    |   OE38_02, CONTINUE WITH OE38B                       |
    --------------------------------------------------------

    --------------------------------------------------------
    |   OTHERWISE, GO TO BOX_28                            |
    --------------------------------------------------------
```


OE38B
=====

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

INSURER NAME:  {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of
visits to doctors who are **not** part of (POLICYHOLDER)'s
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ................................... 1 {END_LP12}
NO .................................... 2 {END_LP12}
REF ................................... -7 {END_LP12}
DK .................................... -8 {END_LP12}

BOX_28
======

```
      --------------------------------------------------------
     |  ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER|
     |                                                    |
     |  AT COMPLETION OF MANAGED CARE (MC) SECTION,       |
     |  CONTINUE WITH END_LP12                            |
      --------------------------------------------------------
```

END_LP12
========

```
      --------------------------------------------------------
     |  CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-     |
     |  INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS  |
     |  STATED IN THE LOOP DEFINITION.                    |
      --------------------------------------------------------


      --------------------------------------------------------
     |  IF NO OTHER INSURERS MEET THE STATED CONDITIONS,  |
     |  END LOOP_12 AND CONTINUE WITH END_LP09            |
      --------------------------------------------------------
```

END_LP09
========

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


      --------------------------------------------------------
     |  IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
     |  LOOP_09 AND CONTINUE WITH BOX_29                  |
      --------------------------------------------------------
```

BOX_29
======

```
--------------------------------------------------------
| IF ONE OR MORE RU MEMBERS WAS A COVERED PERSON BY     |
| AN ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS          |
| ROUND'S INTERVIEW DATE WHERE THE ESTABLISHMENT IS     |
| A PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER    |
| IS FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT     |
| RUS' AT THE CURRENT ROUND'S INTERVIEW DATE,           |
| CONTINUE WITH LOOP_13                                 |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, GO TO BOX_33                               |
--------------------------------------------------------


--------------------------------------------------------
| NOTE:  WHEN A POLICYHOLDER LEAVES AN RU, WE WILL      |
| NEVER ASK RJ AND THAT POLICYHOLDER WILL NEVER         |
| QUALIFY FOR LOOPS 01, 05, OR 09.  WE CREATED A        |
| NEW LOOP, LOOP_13 THAT WILL HANDLE THE SITUATIONS     |
| WHERE THE POLICYHOLDER HAS LEFT THE RU AND LEFT       |
| DEPENDENTS BEHIND, OR THE SITUATION WHERE THE         |
| DEPENDENTS HAVE LEFT THE RU (WITHOUT THE              |
| POLICYHOLDER).  THIS SITUATION WILL BE FLAGGED AS     |
| 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUs'.  THIS      |
| FLAG CAN BE ASSOCIATED WITH ANY ESTABLISHMENT-        |
| PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE         |
| COVERED PERSONS, BUT THE POLICYHOLDER IS IN           |
| ANOTHER RU.  THIS FLAG SHOULD NEVER EXIST ON A        |
| PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR      |
| IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR         |
| WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY     |
| CREATED AS 'POLICYHOLDER NOT IN RU/DU' OR             |
| 'POLICYHOLDER DECEASED'.                              |
--------------------------------------------------------
```

LOOP_13
=======

```
       -------------------------------------------------------
      |  FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-    |
      |  PAIRS-ROSTER, ASK OE39 - END_LP13.                 |
       -------------------------------------------------------


       -------------------------------------------------------
      |  LOOP DEFINITION:                                    |
      |                                                      |
      |  LOOP_13 COLLECTS INFORMATION ABOUT THE              |
      |  CONTINUATION OF INSURANCE COVERAGE THROUGH AN       |
      |  ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER    |
      |  OR THE ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE    |
      |  RU. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS  |
      |  THAT MEET THE FOLLOWING CONDITIONS:                 |
      |                                                      |
      |  - THE ESTABLISHMENT IS A PRIVATE SOURCE OF          |
      |     INSURANCE                                        |
      |  - THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS       |
      |   'POLICYHOLDER/DEPENDENT MOVED' AT THE CURRENT      |
      |     ROUND'S INTERVIEW DATE FOR THIS RU              |
      |  - AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR   |
      |     THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS   |
      |     ROUND'S INTERVIEW DATE                          |
      |  - POLICYHOLDER IS NOT A CURRENT RU MEMBER          |
       -------------------------------------------------------
```

OE39
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance.  {Is/Was} anyone in the family, living here{ now},
covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN
DISCUSSED, CODE '3'.

```
      YES ...................................  1 {OE41}
      NO ....................................  2
      INSURANCE ALREADY DISCUSSED ..........  3 {END_LP13}
      REF .................................. -7 {END_LP13}
      DK ................................... -8 {END_LP13}
```

[Code One]

```
      -------------------------------------------------------
      |  DISPLAY 'Is' IF NOT ROUND 5.  DISPLAY 'Was' IF    |
      |  ROUND 5.                                          |
      |                                                    |
      |  DISPLAY 'today,' AND ' now' IF NOT ROUND 5.       |
      |  OTHERWISE, USE A NULL DISPLAY.                    |
      -------------------------------------------------------


      -------------------------------------------------------
      |  IF CODED '3' (INSURANCE ALREADY DISCUSSED), FLAG  |
      |  ITEM FOR SOURCE CLEAN-UP.                         |
      -------------------------------------------------------
```

OE40
====

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

On what date did this health insurance through (ESTABLISHMENT)
end?

        [Enter Month-2, Day-2, Year-4] .........
        REF .................................. -7
        DK .................................. -8


        ------------------------------------------------------
        |  EDIT (FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED   |
        |  CANNOT BE AFTER 12/31/2004.  IF A DATE AFTER      |
        |  12/31/2004 IS ENTERED, DISPLAY THE FOLLOWING      |
        |  MESSAGE:  'DATE CANNOT BE AFTER 12/31/2004.  IF   |
        |  INSURANCE ENDED AFTER 12/31/2004, USE CTRL/B TO   |
        |  BACK-UP AND CHANGE RESPONSE TO OE39.              |
        ------------------------------------------------------


        ------------------------------------------------------
        | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
        | KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED)  |
        | OR '-8' (DON'T KNOW), CONTINUE WITH OE40OV         |
        ------------------------------------------------------


        ------------------------------------------------------
        |  OTHERWISE, GO TO OE43                             |
        ------------------------------------------------------

OE40OV
======

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

```
        WHOLE MONTH ...........................  1
        PART OF THE MONTH .....................  2
        REF ...................................  -7
        DK ....................................  -8
```

[Code One]

```
        -------------------------------------------------------
        |   IF ONLY ONE PERSON COVERED AT END OF PREVIOUS     |
        |   ROUND, GO TO OE43                                 |
        -------------------------------------------------------
```

OE41
====

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

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until
{{OE40 DATE}/it ended}/on (END-DT)}?

 TO SCROLL, USE ARROW KEYS.
 TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

        YES .................................  1
        NO ..................................  2
        REF ................................. -7
        DK ................................. -8

```
     -----------------------------------------------------
     |  ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-  |
     |  PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
     |  THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
     |  - PERSON WAS COVERED AT THE PREVIOUS ROUND'S     |
     |    INTERVIEW DATE BY THE INSURANCE FROM THIS      |
     |    ESTABLISHMENT-PERSON-PAIR,                     |
     |  - PERSON IS AN RU MEMBER                         |
     -----------------------------------------------------


     -----------------------------------------------------
     |  DISPLAY 'Are' IF OE39 IS CODED '1' (YES).        |
     |  DISPLAY 'Were' IF OE39 IS CODED '2' (NO) OR IF   |
     |  CURRENT ROUND IS ROUND 5.                        |
     |                                                   |
     |  DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' |
     |  (NO).                                            |
     |  DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).|
     |                                                   |
     |  DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'.|
     |  IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7' |
     |  (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
     |  FOR 'OE40 DATE'.                                 |
     -----------------------------------------------------
```

```
-------------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:    |
|                                                   |
| IF OE39 IS CODED '1' (YES) AND OE41 IS CODED '1'  |
| (YES),                                            |
|                                                   |
| FLAG INSURANCE FOR ALL COVERED PERSONS AS         |
| 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD|
| END DATE AND                                      |
|                                                   |
| GO TO BOX_31                                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
|                                                   |
| IF OE39 IS CODED '2' (NO) AND OE41 IS CODED '1'   |
| (YES),                                            |
|                                                   |
| FLAG INSURANCE FOR ALL COVERED PERSONS AS         |
| 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED   |
| AT OE40 AND                                       |
|                                                   |
| GO TO BOX_31                                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE (I.E., OE41 CODED '2' (NO), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW)),                 |
| CONTINUE WITH OE42                                |
-------------------------------------------------------
```

OE42
====

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

                    Who {is/was} no longer covered by (POLICYHOLDER)'s health
                    insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on
                    (END-DT)}?

                    TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
                    TO LEAVE, PRESS ESC.

                         [1. First Name, [Middle Name], Last Name-65]
                         [2. First Name, [Middle Name], Last Name-65]
                         [3. First Name, [Middle Name], Last Name-65]


                    ------------------------------------------------------
                    | ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-     |
                    | PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY     |
                    | THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:     |
                    | - PERSON WAS COVERED AT THE PREVIOUS ROUND'S         |
                    |   INTERVIEW DATE BY THE INSURANCE FROM THIS          |
                    |   ESTABLISHMENT-PERSON-PAIR,                         |
                    | - PERSON IS AN RU MEMBER                             |
                    ------------------------------------------------------


                    ------------------------------------------------------
                    | DISPLAY 'is' IF OE39 IS CODED '1' (YES).            |
                    | DISPLAY 'was' IF OE39 IS CODED '2' (NO) OR IF        |
                    | CURRENT ROUND IS ROUND 5.                            |
                    |                                                      |
                    | DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2'     |
                    | (NO).                                                |
                    | DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).    |
                    |                                                      |
                    | DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'.   |
                    | IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7'     |
                    | (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'   |
                    | FOR 'OE40 DATE'.                                     |
                    ------------------------------------------------------


                    ------------------------------------------------------
                    | IF FAMILY STILL HAS INSURANCE THROUGH THIS          |
                    | ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1'         |
                    | (YES)), FLAG INSURANCE FOR ALL PERSONS **NOT**       |
                    | SELECTED AT OE42 AS CONTINUOUS COVERAGE FROM THE     |
                    | REFERENCE PERIOD START DATE UNTIL THE REFERENCE      |
                    | PERIOD END DATE.                                     |
                    ------------------------------------------------------

```
--------------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH      |
| THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2'    |
| (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED    |
| AT OE42 AS 'CONTINUOUS COVERAGE' FROM THE            |
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED      |
| AT OE40.                                             |
--------------------------------------------------------
```

LOOP_14
=======

```
--------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-      |
| PERS-TRPLS-ROSTER, ASK OE43 - END_LP14.             |
--------------------------------------------------------
```

```
--------------------------------------------------------
| LOOP DEFINITION:  LOOP_14 COLLECTS THE DATE ON      |
| WHICH THE INSURANCE COVERAGE THROUGH THIS           |
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER  |
| WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE  |
| PERIOD END DATE OR THE DATE REPORTED IN OE40.       |
| THIS LOOP CYCLES ON PERSONS SELECTED AT OE42.       |
--------------------------------------------------------
```

OE43
====

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

             On what date did the health insurance through (ESTABLISHMENT)
             end for (PERSON)?

                 [Enter Month-2, Day-2, Year-4] .........
                 REF .................................. -7
                 DK ................................... -8


                 --------------------------------------------------
                | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
                |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
                |  OR '-8' (DON'T KNOW), CONTINUE WITH OE43OV        |
                 --------------------------------------------------

                 --------------------------------------------------
                |  OTHERWISE, GO TO BOX_30                          |
                 --------------------------------------------------


OE43OV
======

             Can you just tell me if (PERSON) was covered under that
             insurance the whole month or part of the month?

                 WHOLE MONTH ...........................  1
                 PART OF THE MONTH .....................  2
                 REF .................................. -7
                 DK ................................... -8

                            [Code One]


BOX_30
======

                 --------------------------------------------------
                |  FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
                |  THROUGH THE COMPLETE DATE RECORDED AT OE43 AND    |
                |  OE43OV.                                           |
                 --------------------------------------------------

END_LP14
========

```
--------------------------------------------------------
|   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_14 AND CONTINUE WITH BOX_31                |
--------------------------------------------------------
```

BOX_31
======

```
--------------------------------------------------------
|   IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY    |
|   THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,  |
|   (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU   |
|   MEMBERS NOT COVERED BY THIS INSURANCE ON THE        |
|   PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU    |
|   MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42),  |
|   CONTINUE WITH OE44                                  |
--------------------------------------------------------


--------------------------------------------------------
|   OTHERWISE, GO TO OE47                               |
--------------------------------------------------------
```

OE44
====

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

    YES ................................... 1
    NO .................................... 2 {OE47}
    REF ................................... -7 {OE47}
    DK .................................... -8 {OE47}

       PRESS F1 FOR DEFINITION OF DEPENDENT.

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

OE45
====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE:  Who else {has been/was} covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
-----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
| PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
| THIS ROSTER.                                      |
-----------------------------------------------------


-----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-   |
| COVRD-PERS-TRPLS-ROSTER.                          |
-----------------------------------------------------


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


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

LOOP_15
=======

```
    -------------------------------------------------------
   |   FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-    |
   |   PERS-TRPLS-ROSTER, ASK OE46 - END_LP15.           |
    -------------------------------------------------------


    -------------------------------------------------------
   |   LOOP DEFINITION:  LOOP_15 COLLECTS THE COVERAGE    |
   |   START DATE FOR ALL PERSONS NEWLY COVERED DURING    |
   |   THE CURRENT ROUND BY THE INSURANCE THROUGH THIS    |
   |   ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON    |
   |   PERSONS SELECTED AT OE45.                          |
    -------------------------------------------------------
```


OE46
====

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

On what date did the health insurance through (ESTABLISHMENT)
begin for (PERSON)?

```
     [Enter Month-2, Day-2, Year-4] .........
     REF .................................. -7
     DK ................................... -8
```


```
    -------------------------------------------------------
   | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
   |  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
   |  OR '-8' (DON'T KNOW), CONTINUE WITH OE46OV        |
    -------------------------------------------------------


    -------------------------------------------------------
   |   OTHERWISE, GO TO BOX_32                           |
    -------------------------------------------------------
```

OE46OV
======

Can you just tell me if (PERSON) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]

```
--------------------------------------------------------
|  EDIT:  COMPLETE DATE AT OE46 MUST BE < THAN          |
|  COMPLETE DATE AT OE40 IF A DATE IS RECORDED AT       |
|  OE40 OR < THAN REFERENCE PERIOD END DATE IF NO       |
|  DATE IS RECORDED AT OE40.                            |
--------------------------------------------------------
```

BOX_32
======

```
--------------------------------------------------------
|  IF FAMILY STILL HAS INSURANCE THROUGH THIS          |
|  ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1'         |
|  (YES)), FLAG INSURANCE FOR THIS PERSON AS            |
|  'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE40     |
|  UNTIL THE REFERENCE PERIOD END DATE.                 |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH      |
|  ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO))|  |
|  FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS        |
|  COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE      |
|  RECORDED AT OE40.                                    |
--------------------------------------------------------
```

END_LP15
========

```
         -------------------------------------------------
        |  CYCLE ON NEXT PERSON IN 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_15 AND GO TO END_LP13                   |
         -------------------------------------------------
```

OE47
====

{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
        NO ...................................... 2
        REF ..................................... -7
        DK ...................................... -8
```

            PRESS F1 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 OE45                            |
         -------------------------------------------------
```

END_LP13
========

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


         --------------------------------------------------
        |  IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
        |  LOOP_13 AND CONTINUE WITH BOX_33                  |
         --------------------------------------------------
```


BOX_33
======

```
         --------------------------------------------------
        |  RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.   |
         --------------------------------------------------
```