



834 Benefit Enrollment and Maintenance

Standard Companion Guide

**Refers to the Implementation
Guides Based on ASC X12
version 005010**



Preface

Sanford Health Plan® (SHP) is accepting X12N 834 Benefit Enrollment and Maintenance, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The X12N 834 versions of the 5010 Standards for Electronic Data Interchange Technical Report Type 3 and Errata (also referred to as Implementation Guides) for the Health Care Institutional and Professional Claims have been established as the standard for Health Care Benefit Enrollment and Maintenance compliance.

This document has been prepared to serve as Sanford Health Plan's specific companion guide to the 834 Transaction Set. This document supplements but does not contradict any requirements in the 834 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Sanford Health Plan on the 834 Benefit Enrollment and Maintenance Transactions. This document will be subject to revision as new versions of the 834 Benefit Enrollment and Maintenance Transaction Set Technical Reports are released. This document has been designed to aid both the technical and business areas. It contains Sanford Health Plan's specifications for the transactions as well as contact information and key points.

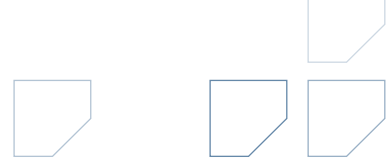


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Transaction Instruction (TI) Introduction

Background

In order to submit a valid transaction, please refer to the National Electronic Data Interchange Transaction Set Technical Report and Errata for the Health Care Benefit Enrollment and Maintenance ASC X12N 834 (005010X220, 005010X220A1 & 005010X220E1). The technical reports can be ordered from the Washington Publishing Company by visiting their website: wpc-edi.com.

Sanford Health Plan's billing guidelines are not included in this document. Please contact Provider Services at (800) 601-5086 for these guidelines.

Please note Sanford Health Plan is not responsible for any software utilized by the submitter for the creation of ASC X12N 834 transactions.

Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

Overview

HIPAA requires that the health care industry in the United States comply with the EDI standards as established by the Secretary of Health and Human Services. The ASC X12 834 v005010X220A1 is the established standard for the benefit enrollment and maintenance transaction.

The companion guide contains assumptions, conventions, determinations, or data specifications that are related for all employer groups, vendors, and other submitters of the 834 transactions. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to Sanford Health Plan.

General Transaction Information

Key Points

Inbound Transaction Supported

- 834 Benefit Enrollment and Maintenance – ASC X12N 834 (005010X220A1)

Delimiters Supported

A delimiter is a character used to separate two data elements (or sub elements) or to terminate a segment. The delimiters are in integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed-length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. Sanford Health Plan will implement the following delimiters:

Naming Convention

- Files submitted to Sanford Health should follow the naming convention of, **[Organization name]_834_yyyymmdd.txt.**
- Test files submitted to Sanford Health should follow the naming convention of, **TEST_[Organization name]_834_yyyymmdd.txt.**
- Open Enrollment files submitted to Sanford Health should follow the naming convention of, **OE [Organization name]_834_yyyymmdd.txt.**

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator
^	Carrot	Repetition Separator
~	Tilde	Segment Terminator



Testing with the Payer

During the testing process, Usage Indicator (ISA15) at the Interchange Control Header Segment must enter “T.” SHP will examine submitted test transactions for required elements and will also ensure that the submitter gets a response during the testing process.

When the submitter is ready to send an 834 transaction to the production environment, EDI Operations at SHP must be notified. Usage Indicator (ISA15) at the Interchange Control Header Segment must enter “P.” SHP will move the submitter to the production environment.

Sanford's sFTP Server

Sanford's sFTP server is a secure server utilizing the SSH File Transfer Protocol (also known as Secure FTP and SFTP) a computing network protocol for accessing and managing files on remote file systems. SFTP also allows file transfers between hosts, similar to the SCP protocol. Unlike standard File Transfer Protocol (FTP), SFTP encrypt commands and data both, preventing passwords and sensitive information from being transmitted in the clear over a network.

Open Enrollment

- Open enrollment files will include full membership with term by omission for members not included on the file.
- Existing members should have a new effective date if their group assignments are changing, and members are electing new assignments.
- Member's effective date should be equal to first date of group's open enrollment renewal date. (example: Group's renewal date is 1/1/2025; member's effective date should read 1/1/2025 on the Open Enrollment file)

Open enrollment files submitted to Sanford should follow the naming convention of **OE[Organization Name]_834_yyyymmdd.txt**. If OE files are submitted without OE at the beginning of the file, Sanford must be notified to avoid disruption of coverage.



Message Validation

Files may be rejected upon receipt for the following reasons:

- Syntax Errors – Such as valid segments, segment order, testing for number values in numeric data elements, etc.
- Loop 2000 missing REF*0F*SSN or not using the member ID (SSN)
- NM109 – Invalid SSN such as 000000000, too long, too short or special characters such as #####
- Loop 2300 Missing REF*1L*subgroup
- Ending segments improperly with extra delimiters such as **~ or *~
- Using special characters not part of the Basic character or Extended Character Set.
- PER Segment – Invalid phone numbers – format should be AAABBBCCCC (AAA-Area Code) (BBB – Telephone Number prefix) (CCC – telephone #)
- COBRA Updates – INS07 (Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code is Required) is missing. It is required when INS05 is 'C'
- INS09 should not be used when INS02 is '01'. Student Status Code should not be used for Member Level Detail
- Missing policyholder or dependents birthdates
- Missing policyholder addresses
- Incorrect file naming format. For example, a correct format would be:
Sanford Health Plannnnnn-ccymmdd.txt



Connectivity

Sanford Health Plan tests all files through a test database that is refreshed weekly. Testing will not be considered complete until the test file matches our current production system.

Process Flows

Files are due every week on the day decided when ready for production.

Test files should be named: TEST_[Organization Name]_834_yyyymmdd.txt

Production files should be named: [Organization Name]_834_yyyymmdd.txt

Open enrollment files should be named: OE_[Organization Name]_834_yyyymmdd.txt

Transmission Administrative Procedures

Enrollment files received before 10 a.m. ET are normally processed, reviewed, and approved to load the same day, except for weekends and holidays. There are two (2) points where files can be rejected: during Compliance and Business Rules Editing or at the Internal Review of the file.

Employer Groups/Vendors whose files are rejected by the Internal Review of the file will be contacted directly. Although, the HIPAA 834 file may have loaded to the enrollment database, individual records that do not pass business edits may be rejected. Refer to the LOAD REPORT.

Retransmission

Files that have been rejected can be retransmitted on the same day.

The file name of the retransmitted file must be the same as the original file.

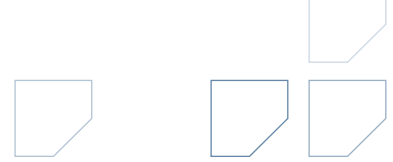
Communication Protocols

Files can be placed on Sanford Health Plan's SFTP site ([ftp.sanfordhealth.org:22](ftp:sanfordhealth.org:22)).

Let us know if you need a folder setup on our site. We will need the static IP address of the sender.

Passwords

If you cannot connect, check to see if the static IP of the sender has changed OR if the credentials need to be reset.



Contact Information

Eligibility Customer Service

Sanford Health Plan has a web portal that can be used to make eligibility changes until a group starts sending electronic files. Changes should be made on the electronic 834 file. Occasionally, there is a need to make emergency changes to eligibility. This can be done by calling (888) 535-4831 or emailing sales@sanfordhealth.org. Any change requested must also be included on the next eligibility file sent to Sanford Health Plan. If those changes are not sent on the file, they will be overridden in Sanford Health Plan's system.

Eligibility Technical Assistance

The Technical team is referred to as the Application Support team and they can be reached by sending an email to healthplanIT-AS@sanfordhealth.org. The Technical Team is available Monday through Friday from 8:00 AM.-4:30 PM. CT of any calendar week excluding weekends.

The Sanford Health Plan App Support Analyst is responsible for providing testing results.

If you are locked out and you know your username and most recent password, you can reset your password here: password.sanfordhealth.org

If you are locked out and do not know your username and/or password, you will need to contact our Service Center at (877) 949-5678.





Control Segments/Envelope

ISA-IEA

This section describes Sanford Health Plan's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information and delimiters. All positions within each of the data elements must be filled. The ISA segment can be considered a fixed record length segment.

ISA05 – Will be assigned ZZ or 30

ISA06 – Company EIN

ISA07 – ZZ

ISA08 – SHP

ISA15 – Defines whether the transaction is a T(est) or P(roduction)

GS-GE

This section describes Sanford Health Plan's use of the functional group control segments. It includes a description of expected application sender and receiver codes.

GS02 – Is the same as ISA06

GS03 – Is the same as ISA08

ST-SE

The total number of segments included in a transaction set including ST and SE segments are reported here.



Sanford Health Plan Specific Business Rules and Limitations

This section describes Sanford Health Plan's business rules, for example, communicating payer specific edits.

Member Terminations

- Sanford Health Plan will only allow a retro termination of 60 days.
- Term by absence (omission) from file (policyholder or dependent), if a termination date is sent on the file, this will override the omission date. Sanford Health Plan prefers term dates to be sent on the file.

As of the file receipt date, the member's termination will be entered at the end of the current month (i.e., the file is received on 1/15/2025, members omitted from the file will be terminated as of 1/31/2025) in Sanford Health Plan's system.

Discrepancies

*Sanford Health Plan does not send discrepancy reports to the vendor due to PHI

- Term dates on the file are different than the current Sanford Health Plan system term date
 - o Group will be notified to fix inaccuracies to align with business rules and limitations.
- Active and term records conflict for policyholders or dependents
- Group will be notified to fix inaccuracies to align with business rules and limitations. Effective dates on the file are different than the current Sanford Health Plan system effective date
 - o Group will be notified to fix inaccuracies to align with business rules and limitations. Transmission of files are limited to 10 megabytes

Additions and Changes

If a member has a qualifying event, the change made to the plan must be consistent with and appropriate for the new circumstances, and it must be done within 31 days of the event.

General Business Requirements for the 834 Benefit Enrollment and Maintenance Transactions

- When terminating a member from a plan, send the termination date in the DTP segment, Loop 2300. If you are moving a member from one plan to another, send the termination date in the DTP segment. Loop 2300. This transaction must proceed the addition/move to the new plan. (Refer to ASC X12 Standards for Electronic Data Interchange Technical Report ASC X12N: 3.2 Business Case Scenario 2 – Add a Dependent (full-time student) to an Existing Enrollment).

Loop ID 2300—Dependent address				
TR3 P.64	DTP Health Coverage Dates	DTP01 Date/Time Qualifier	349	349 - Benefit End

- When adding a dependent(s) to a subscriber's account, you must include the address for the dependent in loop 2100A.

Loop ID 2300—Dependent address				
TR3 P.64	NM1 Member Name	NM108 ID Code Qualifier	34	34 - Social Security Number
		NM109 Identification Code	(Member Identifier)	SSN is required for each subscriber, spouse and adult dependent. Sanford prefers to have SSNs for all dependents.

- When adding a member mailing address, you must use loop 2100C

Loop ID 2100C—Member Mailing Address				
TR3 P.64	NM1 Member Mailing Address	NM101 Entity Identified Code	31	31 – Postal Mailing Address
TR3 P.64	N3 Member Mail Street Address	N301 Address Information		Address Line 1
		N302 Address Information		Address Line 2
TR3 P.64	N4 Member Mail City, State, Zip Code	N401		City Name
		N402		State Code
		N403		Zip Code

- Send the subscribers SSN in REF*0F in loop 2000

Loop ID 2000—Subscriber Identifier

TR3 P.55	REF01 Reference Identification Qualifier	REF01 Subscriber Number	0F	0F - Social Security Number
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- Send the 10-digit Sanford Health Plan group ID in REF*1L in loop 2000

Loop ID 2000—Member Policy Number

TR3 P.56	REF Member Name	REF01 Reference Identification Qualifier	1L	1L - Group or Policy Number
		REF02 Reference Identification	Plan group ID	10-digit Sanford Health Plan group ID as found on the member's ID card.

- Send the member's SSN whenever possible. It is required for the subscriber and preferred for dependents.
- When adding a dependent(s) to a subscriber's account, you must include the address for the dependent in loop 2100A

Transaction-Specific Information

Table 1 – INTERCHANGE CONTROL HEADER

Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Value to Pass
NA	ISA	Usage Indicator	ISA15	Usage Indicator	R	"P" = Production "T" = Test

Table 2 – DETAIL

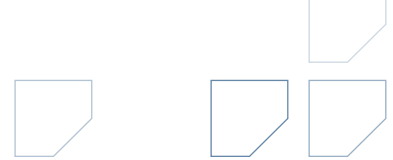
Loop ID	Segment ID	Segment Name	Data Element	Element Name	Usage	Value to Pass
2000	INS	Member Level Detail	INS01	Insured Indicator	R	Y = Insured Subscriber N = Dependent
2000	INS	Member Level Detail	INS02	Individual Relationship Code	R	The insured subscriber must be first in sequence when submitting new members.
2000	INS	Member Level Detail	INS03	Maintenance Type Code	R	Sanford Health Plan requires maintenance type code. Refer to Implementation Guide for valid codes.
2000	INS	Member Level Detail	INS05	Benefit Status Code	R	Sanford Health Plan requires a benefit status code. Refer to Implementation Guide for valid codes.
2000	REF	Subscriber Number	REF02	Subscriber Identifier (SSN)	R	Each Sanford Health Plan member is uniquely identified (an 11-digit number). The subscriber identification is the first 9 digits. Sanford Health Plan requires all 11-digit numbers if available.
2000	REF	Member Policy Number	REF02	Insured Group or Policy Number	R	This should be the Employer Group Number assigned by Sanford Health Plan. Optional if Maintenance Type Code is set to 024. Otherwise, this field is required.

2100A	NM1	Member Name	NM109	Subscriber Identifier	S	Sanford Health Plan requires member's SSN if available.
2100A	DMG	Member Demographics	DMG03	Gender Code	S	M = Male, F = Female, U = Unknown, <blank>
2300	REF	Health Coverage Policy Number	REF02	Insured Group or Policy Number	S	Use "ZZ" This is Sanford Health Plan code within a line of business that the member has selected. Optional if Maintenance Type Code is set to 024. Otherwise, this field is required.

INTERCHANGE CONTROL HEADER SEGMENT (ISA)

Data Element	Element Name	Size	Usage	Value to Pass	Comments
ISA01	Authorization Information Qualifier	2	R	00	No Authorization Information Present.
ISA02	Authorization Information	10	R	[Submitter-specific ID number, or ten-space placeholder]	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA03	Security Information Qualifier	2	R	00	No Security Information Present
ISA04	Security Information/Password	10	R	[Submitter-specific ID number, or ten-space placeholder]	If no Authorization Information number is present, simply enter 10 spaces in this field.
ISA05	Interchange ID Qualifier/Trading Partner Qualifier	2	R	30	Mutually Defined
ISA06	Interchange Sender ID/Trading Partner ID	15	R	Your Tax ID (no spaces or dashes)	
ISA07	Interchange ID Qualifier			ZZ	Mutually Defined

ISA09	Interchange Date	6	R	The date (ISA09) is expected to be no more than 7 days before the file is received. Any date that does not meet this criterion may cause the file to be rejected.	Date format: YYMMDD
ISA10	Interchange Time	4	R		Refer to the implementation guide specifications. Time Format: HHMM
ISA11	Interchange Control Standards ID	1	R	'A'	Use the value specified in the implementation guide
ISA12	Interchange Control Version Number	5	R	'00501'	
ISA13	Interchange Control Number/ Last Control Number	9	R	[Sender-specific control number]	
ISA14	Acknowledgment Request	1	R	'0'	
ISA15	Usage Indicator/ Acknowledgment Test Indicator	1	R	'P' = Production 'T' = Test	The Usage Indicator should be set appropriately. The value in this element will be verified against the account's "test" status in ETS and rejected if they do not match
ISA16	Component Element Sub-Element) Separator	1	R		The delimiter must be a unique character not found in any of the data included in the transaction set. This element contains the delimiter that will be used to separate component data elements within a composite data structure. This value must be different from the data element separator and the segment terminator.



INTERCHANGE CONTROL TRAILER SEGMENT (IEA)

Data Element	Element Name	Size	Usage	Value to Pass	Comments
IEA01	Number of Included Functional Groups	1/5	R		Count of the number of functional groups in the interchange. Multiple functional groups may be sent in one ISA/IEA envelope. This is the count of GS/GE functional groups included in the interchange structure. Limit the ISA/IEA envelope to one type of functional group i.e., functional identifier code 'BE' Benefit Enrollment (834).
IEA02	Interchange Control Number	9	R		The interchange control number in IEA02 must be identical to the associated interchange header value sent in ISA13. The interchange control number in IEA02 will be compared to the number sent in ISA13. If the numbers do not match the file will be rejected.

INTE FUNCTIONAL GROUP HEADER SEGMENT (GS)

Data Element	Element Name	Size	Usage	Value to Pass	Comments
GS01	Functional Identifier Code	2	R	'BE' = Benefit Enrollment and Maintenance	Use the value specified in the implementation guide.
GS02	Application Sender's Code	2/15	R	Your Tax ID (no spaces or dashes)	
GS03	Application Receiver's Code	2/15	R	'SHP'	This field will identify how the file is received by Sanford Health Plan.
GS04	Date	8	R		Refer to the implementation guide specifications. Date format: CCYYMMDD
GS05	Time	4/8	R		Refer to the implementation guide specification. Time format: HHMM

GS06	Group Control Number/Last Control Number	1/9	R		The group control number in GS06 must be identical to the associated group trailer GE02. This value is defined by the sender's system. If Sanford Health Plan eventually implements the 997, this number will be used to identify the functional group being acknowledged.
GS07	Responsible Agency Code	1/2	R	'X' = Accredited Standards Committee X12	Use the value specified in the implementation guide.
GS08	ANSI Version/Release Industry ID Code	1/12	R	Addenda Approved for Publication by ASCX12: '005010X220A1'	Use the current standard approved for publication by ASCX12. Other standards will not be accepted.

FUNCTIONAL GROUP TRAILER SEGMENT (GE)

Data Element	Element Name	Size	Usage	Value to Pass	Comments
GE01	Number of transaction Sets Included	1/6	R		Count of the number of transaction sets in the functional group. Multiple transaction sets may be sent in one GS/GE functional group. Only similar transaction sets may be included in the functional group.
GE02	Group Control Number	1/9	R		The group control number in GE02 must be identical to the associated functional group header value sent in GS06. The group control number in GE02 will be compared to the number sent in GS06. If the numbers do not match the entire file will be rejected.



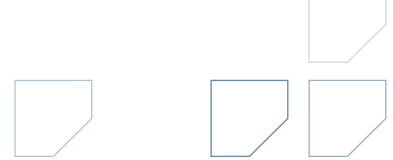
Implementation Checklist

- Return Group-Specific Transaction Information document that contains: ISA05-06, GS02, REF01-02 (Master Policy Number), HD04-05, REF01-02 in the 2300 Loop.
- Successfully submit a test file that passes all Sanford Health Plan gateway edits and validation requirements. At this point, the file will be forwarded for further testing.
- Successfully process a test file that closely mirrors production. This is the final step that leads to approving the move from test to production.
- Establish the frequency and the day that production files can be sent.
- Set up contacts for the Load Reports that are sent after a file is processed.

Appendices

Transmission Examples

ISA*00* *00* *30*123456789 *ZZ*SHP *230101*1253**^*00501*000000001*0*T*:~
GS*BE*123456789*SHP*20230101*1253*1*X*005010X220A1~
ST*834*0001*005010X220A1~
BGN*00*018140498*20230101*125319****4~
N1*P5*SHP GROUP NAME*ZZ*123456789~
N1*IN*SHP*FI*450409348~
INS*Y*18*030**A***FT~
REF*0F*123456789~
REF*1L*0123456789~
DTP*336*D8*20190101~
NM1*IL*1*Doe*John*M***34*123456789~
PER*IP**HP*6055551234~
N3*400 Main Street~
N4*Sioux Falls*SD*57108~
DMG*D8*19790910*F~
HD*030**HLT**EMP~
DTP*348*D8*20190101~
INS*Y*18*030**A***FT~
REF*0F*987654321~
REF*1L*0987654321~
DTP*336*D8*20190101~
NM1*IL*1*Flinstone*Fred*M***34*987654321~
PER*IP**HP*4128814901~
N3*300 Broadway Ave~
N4*Fargo*ND*58102~
DMG*D8*19801010*M~
HD*030**HLT*1234*ECH~
DTP*348*D8*20190101~
INS*N*19*030**A~
REF*0F*987654321~
REF*1L*0987654321~
DTP*336*D8*20190101~
NM1*IL*1*Flinstone*Jane*M***34*923456781~
PER*IP**HP*4128814901~
N3*300 Broadway Ave~
N4*Fargo*ND*58102~
DMG*D8*20000101*F~
HD*030**HLT~
DTP*348*D8*20190101~
SE*40*0001~
GE*1*1~
IEA*1*000000001~



Frequently Asked Questions

Frequently asked questions contain a compilation of questions and answers relative to Sanford Health Plan and its trading partners.

Q: Should files always use “~” for the segment terminator?

A: Yes “~” should always be used for the for the segment terminator.

Q: Will Sanford Health Plan issue ID cards?

A: Sanford Health Plan uses a third-party vendor for ID Card ordering and processing. ID cards are ordered the following business day after the file is processed. Members will receive their ID cards within 7-10 business days from the date the ID card is shipped from the vendor to the member.

Q: Do the files need to be encrypted (.pgp)?

A: Files do not have to be encrypted since they are sent via SFTP (Secure File Transfer Protocol). Authentication requires a login ID and password.

Q: How should telephone numbers be formatted when submitted?

A: AAABBBCCCC – AAA –area code, BBB is the telephone number prefix and CCCC is the telephone number [e.g., (534) 224-2525 would be represented as 5342242525].

Q: How should postal codes (zip codes) be formatted in the file?

A: The zip code should be 5 or 9 digits if the member lives in the USA. If outside of the USA, refer to the TR3 [e.g., 12345-1234 would be represented as 123451234].

Q: Is the dependent’s SSN required on the file?

A: No, only the subscriber’s SSN is required.

Q: Should I send the LUI – Member Language Segment?

A: This segment is situational. It is required if the sponsor knows that the member’s primary language is not English. If not required by this implementation guide, do not send.

Q: How should a change in circumstance, such as coverage level or subgroup change be handled for members/dependents?

A: A new effective date should appear in the 2300 Loop – DTP*349*D8*CCYYMMDD.

Q: How should a termination date be handled for a member/dependent?

A: The termination date should appear in the 2300 Loop -DTP*348*D8*CCYYMMDD. Do not send the termination date in the 2000 Loop DTP*357*D8*CCYYMMDD. Please see page 11 for Termination Rules.



Common Errors

- Incorrect coverage tiers based on the group's contract – such as dependents (e.g., group has employee and dependent (ECH) coverage, and they list two (TWO) on the file)
- Group does not send new effective dates for members that have subgroup changes or coverage level changes.
- Missing relationship codes
- Missing or Incomplete member addresses including city, state and/or zip code.
- Please review Alt IDs for each group, especially during Open Enrollment, to ensure correct Alt ID is being used.

Change Summary

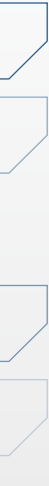
The Change Summary log below will be used to document revisions that are made after the initial publication of this guide.

Version	Date	Change Description
V1	5/2023	Created for SHP



Notes

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

