

e-NMSN FEINS SPREADSHEET
 FOR EMPLOYERS PARTICIPATING IN THE ELECTRONIC NATIONAL MEDICAL SUPPORT NOTICE (e-NMSN) PROGRAM
 PLEASE PUT THE PRIMARY OR PARENT FEIN INFORMATION FOR THE EMPLOYER/THIRD PARTY PROVIDERS IN ROW 7 (IN BLUE) AND ALL SUBSIDIARY INFORMATION STARTING IN ROW 8 (IN RED) BELOW

Organization/Company "Known As" Name or Doing Business As Name	Organization/Company Subsidiary/Legal Name	FEIN	Active Status	Inactive Date	Start Date	Address Line 1	Address Line 2	City	State	ZIP/Postal Code	Contact Name	Contact Phone Number	Phone Ext	Email
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Put the parent, or primary, "Known As" name in this cell.
 Put the subsidiary "Known As" name in this cell. Repeat, as necessary, in the cells below.

Put the parent or primary's Legal Name in this cell.
 Put the Subsidiary/Legal Name in this cell. Repeat, as necessary, in the cells below.

Put the parent, or primary, FEIN in this cell.
 Put the subsidiary FEIN in this cell.

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PLAN ADMINISTRATOR FOR EMPLOYERS/ THIRD PARTY PROVIDERS PARTICIPATING IN THE ELECTRONIC NATIONAL MEDICAL SUPPORT NOTICE PROJECT

IT IS VERY IMPORTANT TO LIST ALL TYPES OF PLAN ADMIN INFORMATION

Employer / Third Party-Provider Organization Company Name	Employer / Third Party-Provider FEIN	Plan Admin type	Plan Administrator "Known As" Name or Doing Business As Name	Plan Administrator Subsidiary/Legal Name	Plan Administrator FEIN	Plan Admin's Contact Name	Plan Admin's Contact Phone Number	Plan Admin's Contact Phone Number Extension	Plan Admin's Contact Email address
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