GROUP QUERY

User Guide

System Requirements: Netscape 4.7 or higher / Internet Explorer 4.0 or higher
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**Group Query Overview**

Welcome to Group Query! Group Query is an Internet based system providing Group Administrators direct control of employee and dependent eligibility. Group Administrators are able to make additions, cancellations and updates real time. Eligibility status can be viewed for each enrollee in your group. This guide provides step-by-step instructions to use the Group Query System.

The Group Query System is available online 24/7. Contact your Membership and Billing Representative at the telephone number provided on your invoice or use the email link on the Group Query main page to request technical support, to ask questions, or obtain information about Group Query.

Please note if a Group Query user does not access the system during any consecutive 365 days, the access will suspend. If a User ID is not used during the 180 days following the suspension, the access will be canceled. Password reactivation can be requested via the email link from the Group Query main page or by contacting your Membership and Billing Representative.

NOTE: Group Query does not have a logout feature and will remain active until the browser window is closed.
Getting Started

Log into Group Query by going to www.unitedconcordia.com and clicking on the Employers box, then the Enrollment link.
Select **Contact** to obtain a telephone number for assistance and resolution to your Group Query questions.

**Enrollment**

*Enrollment (Group Query)* makes managing employee enrollment an easy and convenient process. Benefits administrators have the ability to view eligibility and add, change or delete enrollment online, in real time. *Enrollment FAQs*

**Billing & Premiums**

*Billing & Premiums (e-Bill)* allows benefits administrators to view and print bills, pay bills and set up recurring payments, all using our secure online system.

**ConcordiaConnect**

*ConcordiaConnect* offers benefits administrators of self-insured (ASO) groups access to the information necessary to manage their dental benefits programs, including details on benefits, claims status, payments and maximum and deductible accumulations.

**Need Help?**

Forgot your User ID or password or need help with one of the applications above? **Contact us**.
Group Query User Guide

To obtain an additional Group Query User Guide, select Resources and then select Group Query User Guide from the drop down menu. This option will allow you to download step-by-step instructions for the Group Query System.

For Employers

Enrollment

Enrollment (Group Query) makes managing employee enrollment an easy and convenient process. Benefits administrators have the ability to view eligibility and add, change or delete enrollment online, in real time. Enrollment FAQs

Billing & Premiums

Billing & Premiums (a Bill) allows benefits administrators to view and print bills, pay bills and set up recurring payments, all using our secure online system.

ConcordiaConnect

ConcordiaConnect offers benefits administrators of self-insured (ASO) groups access to the information necessary to manage their dental benefits programs, including details on benefits, claims status, payments and maximum and deductible accumulations.

Need Help?

Forgot your User ID or password or need help with one of the applications above? Contact us.
Access Group Query

Once you are in the Employers section on the United Concordia website, to log into Group Query, select the Enrollment link or enter your User ID and Password in the Log In section.

If you select Enrollment, a screen will appear requiring you to enter your User ID and Password.

These fields are case sensitive and your information must be entered exactly as it was originally provided to you.

*Refer to your Account Information Sheet for your User ID (8 digits beginning with GA) and Password (8 digits) provided in the e-mails sent from the Group Query Coordinator.

NOTE: The Group Query User ID and Password provided to you cannot be changed or modified by the user. **Users may not share User ID's or Passwords.** If a user no longer requires Group Query access, email grpqry@ucci.com to have the User ID and Password deleted. If additional users are needed, email grpqry@ucci.com for additional forms and access.
For Employers

Enrollment

Enrollment (Group Query) makes managing employee enrollment an easy and convenient process. Benefits administrators have the ability to view eligibility and add, change or delete enrollment online, in real time. Enrollment FAQs

Billing & Premiums

Billing & Premiums (e-Bill) allows benefits administrators to view and print bills, pay bills and set up recurring payments, all using our secure online system.

ConcordiaConnect

ConcordiaConnect offers benefits administrators of self-insured (ASO) groups access to the information necessary to manage their dental benefits programs, including details on benefits, claims status, payments and maximum and deductible accumulations.
Congratulations! You have successfully entered Group Query and you are ready to proceed to the Group Maintenance screen. The chart below shows the functions available for each Menu Option.

<table>
<thead>
<tr>
<th>Menu Option</th>
<th>Function</th>
<th>Required Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New</strong></td>
<td>Select ’New’ to enroll a new employee or to enter an employee into a new group number.</td>
<td>All fields are required</td>
</tr>
</tbody>
</table>
| **Update**          | Select ’Update’ to update an employee record. This includes: adding or canceling dependents to an existing employee record, changing an address, or requesting ID cards. | **Contract ID (SSN)**
|                     |                                                                          | Enrollment Source Code                                 |
|                     |                                                                          | Group Number                                           |
|                     |                                                                          | Benefit Level                                          |
|                     |                                                                          | *ESC is always 005                                     |
| **Cancel**          | Select ’Cancel’ to cancel the subscriber and all dependents. This function will cancel all coverage for the contract. | **Contract ID (SSN)**
|                     |                                                                          | Enrollment Source Code                                 |
|                     |                                                                          | Group Number                                           |
|                     |                                                                          | Benefit Level                                          |
|                     |                                                                          | *ESC is always 005                                     |
| **Eligibility Information** | Select ’Eligibility Information’ to view eligibility information. | **Contract ID (SSN)**                                  |

Return to Benefits Managers
Quick Tip:
There is a simple process to pull up enrollment information if an employee is already enrolled in dental benefits and you need to make an update to their enrollment.

1. Enter the **Contract ID (SSN)** and remove any information in all the other fields.

2. Click on **Eligibility Information**.

3. Click on the **Home** button.

4. Click on the **Update** or **Cancel** button to proceed with enrollment changes.
Adding a New Employee with No Dependents

Complete all fields on the Group Maintenance screen, select **New**.

This will take you to the **Add Employee** (contract holder) information screen.

1. Enter the employee’s demographic information.

*Note: Always enter 005 in the Enrollment Source Code Field.*
2. Scroll down through this screen to the Employee Contract Enrollment Information. Select the Type Contract that applies from the drop down list:

- Male Individual
- Female Individual
- Employee and Spouse
- Employee, Spouse, and Children
- Employee and Child
- Employee and Children

Class Code should remain blank.

Reporting Plan is the state in which the employee resides.
**Contract Effective Date** is the effective date of the employee’s coverage. This is usually the first day of the month. UCCI’s retroactivity policy permits enrollment additions or cancellations during the current month and 2 months prior. Please contact your Membership and Billing Representative before entering new enrollment or cancellations beyond the UCCI policy.

3. Scroll down to **Additional Employee Information**

**Original Employment Date = MM/DD/YYYY**  
*If your group has variable benefits please contact your sales representative to determine if this field must be populated.

**Employee Status** - should remain blank.

**Hire Date = MM/DD/YYYY**  
*If your group has variable benefits please contact your sales representative to determine if this field must be populated.

**Prior Enrollment Date = MM/DD/YYYY**  
*If your group has variable benefits please contact your sales representative to determine if this field must be populated.

**Payroll Location** - Enter a 5 digit id, if your group utilizes payroll locations.

**ID Card Code** – (No ID Card/Welcome Card/Replacement Card) Default is No ID Card. This field is required when a card is requested.

**Issue a New Card** – (Yes/No) Default is no. Select yes to request a card.

*NOTE- A new ID card must be ordered for all new enrollments.*

**Enrollment Source** - System populated with 005.

4. Scroll down to **Employee Primary Dental Office Information** (applies for DHMO groups only)

**Provider ID** – Enter assigned Provider number. Provider numbers can be found under “Find a Dentist” on the UCCI.com website. Click on the Provider’s name to obtain the 9 digit provider number.

**Provider Effective Date** – Enter the provider’s effective date for this employee.

*See Screen Print on next page
When all required fields are complete for this contract ID, select **Submit** at the bottom of the screen.
When all information submitted is correct and all required fields are completed, an **Update Successful** message will display. If information entered is incorrect, conflicting or required fields are incomplete, an error message will display at the bottom of the screen. Correct the necessary information and resubmit. Your entry will not process until you receive an **Update Successful** message.
Adding a New Employee with Dependents

Complete all fields on the Group Administrator Maintenance screen, select New.

This link will take you to the Add Employee (contract holder information) screen.

1. Enter the employee’s demographic information.

*Note: Always enter 005 in the Enrollment Source Code Field.
2. Scroll down through this screen to the **Employee Contract Enrollment Information**. Select the **Type Contract** that applies from the drop down list:

- Male Individual
- Female Individual
- Employee and Spouse
- Employee, Spouse, and Children
- Employee and Child
- Employee and Children

**Class Code** should remain blank.

**Reporting Plan** is the state in which the employee resides.

**Contract Effective Date** is the effective date of the employee’s coverage. This is usually the first day of the month. UCCI’s retroactivity policy permits enrollment additions or cancellations during the current month and 2 months prior. Please contact your Membership and Billing Representative before entering new enrollment or cancellations beyond the UCCI policy.

3. Scroll down to **Additional Employee Information**

**Original Employment Date** = MM/DD/YYYY
*If your group has variable benefits please contact your sales representative to determine if this field must be populated.

**Employee Status** - should remain blank.

**Hire Date** = MM/DD/YYYY
*If your group has variable benefits please contact your sales representative to determine if this field must be populated.

**Prior Enrollment Date** = MM/DD/YYYY
*If your group has variable benefits please contact your sales representative to determine if this field must be populated.

**Payroll Location**- Enter a 5 digit id, if your group utilizes payroll locations.

**ID Card Code** – (No ID Card/Welcome Card/Replacement Card) Default is No ID Card. This field is required when a card is requested.

**Issue a New Card** – (Yes/No) Default is no. Select yes to request a card.

*NOTE- A new ID card must be ordered for all new enrollments.*

**Enrollment Source**- System populated with 005.
4. Continue to scroll down to **Employee Primary Dental Office Information** (applies for DHMO groups only)

**Provider ID** – Enter assigned Provider number. Provider numbers can be found under “Find a Dentist” on the UCCI.com website. Click on the Provider’s name to obtain the 9 digit provider number.

**Provider Effective Date** – Enter the provider’s effective date for this employee.
5. Scroll to the bottom of the screen to **Add Dependents**. Select the number of dependents you wish to add. Click **Add Dependent**.

Group Query will create fields to be completed for the number of dependents selected.

**Dependent Relationship** – Select the dependent’s relationship to the employee from the drop down list.

**Complete the required fields for each dependent:**

- **First Name**
- **Last Name**
- **DOB**
- **Dependent Effective Date** - UCCI’s retroactivity policy permits enrollment additions or cancellations during the current month and 2 months prior. Please contact your Membership and Billing Representative before entering new enrollment or cancellations beyond the UCCI policy.

**Dependents SSN** is not a required field, but may be entered if available.

**Enter Primary Dental Office Information**, if DHMO.
When all required fields are complete for this Contract ID, select **Submit** at the bottom of the screen.
When all information submitted is correct and all required fields are completed, an **Update Successful** message will display. If information entered is incorrect, conflicting or required fields are incomplete, an error message will display at the bottom of the screen. Correct the necessary information and resubmit. Your entry will not process until you receive an **Update Successful** message.
Adding Dependents with a Change in Type Contract

This function will add dependents to an existing contract, creating a need to change the level of coverage. Complete the required fields on the Group Administrator Maintenance screen and select Update.

1. This link will take you to the Update Enrollment screen. Scroll to the bottom of the screen, select the number of dependents you wish to add, and then select Add Dependent.

Group Query will create fields to be completed for the number of dependents selected.

**Dependent Relationship** – Select the dependent’s relationship to the employee from the drop down list.
Complete the required fields for each dependent:

- **First Name**
- **Last Name**
- **DOB**
- **Dependent Effective Date** - UCCI’s retroactivity policy permits enrollment additions or cancellations during the current month and 2 months prior. Please contact your Membership and Billing Representative before entering new enrollment or cancellations beyond the UCCI policy.

Dependents **SSN** is not a required field, but may be entered if available.

Enter **Primary Dental Office Information**, if DHMO.
2. After all dependent information is entered, click on the yellow highlighted area - “Click here - if you need to change Employee’s Contract Type”.
This link will take you to Employee Contract Enrollment Information screen. Change Type Contract to indicate the change in coverage level and enter contract effective date to indicate the date the level of coverage became effective.

*Please note: Failure to change Contract Type and Contract Effective Date will result in an error message. Your entry will not process successfully.
When all required fields are complete for this contract ID, select **Submit** at the bottom of the screen.
When all information submitted is correct and all required fields are completed, an **Update Successful** message will display. If information entered is incorrect, conflicting or required fields are incomplete, an error message will display at the bottom of the screen. Correct the necessary information and resubmit. Your entry will not process until you receive an **Update Successful** message.
Canceling Dependents with a Change in Type Contract

This function cancels dependents from an existing contract, creating the need to change the Type Contract. Complete the required fields on the Group Administrator Maintenance screen and select Update.
1. This link will take you to the **Update Enrollment** screen. Scroll to the dependent or dependents you wish to cancel. Enter a **Dependent Cancel Date** for each dependent. UCCI’s retroactivity policy permits enrollment additions or cancellations during the current month and 2 months prior. Please contact your Membership and Billing Representative before entering new enrollment or cancellations beyond the UCCI policy.

If the employee has DHMO coverage, move to each **Dependent’s Primary Dental Office Information** area and enter a **Provider Cancel Date** for each dependent, using the same date the dependent’s coverage will cancel.
2. When **Dependent Cancel Dates** and **Provider Cancel Dates** are entered for each dependent you wish to cancel, click on the yellow highlighted area—"**Click here if you need to change Employee's Contract Type**".
This link will take you to the Employee Contract Enrollment information screen. Change the Type Contract to indicate the change in coverage level and change the Contract Effective Date to indicate the date the level of coverage became effective.

*Please note: Failure to change Contract Type and Contract Effective Date when applicable will result in an error message. Your entry will not process successfully.*
When all required fields are complete for this Contract ID, select **Submit** at the bottom of the screen.
When all information submitted is correct and all required fields are completed, an **Update Successful** message will display. If information entered is incorrect, conflicting or required fields are incomplete, an error message will display at the bottom of the screen. Correct the necessary information and resubmit. Your entry will not process until you receive an **Update Successful** message.
Canceling Entire Contract

This function cancels all members associated with the contract in one step. Complete required fields on the Group Administrator Maintenance screen, select **Cancel**.
1. This link will take you to the **Cancel Contract** screen. Scroll to enter the **Contract Cancel Date**. UCCI’s retroactivity policy permits enrollment additions or cancellations during the current month and 2 months prior. Please contact your Membership and Billing Representative before entering new enrollment or cancellations beyond the UCCI policy.

2. When the **Contract Cancel Date** field is complete for this Contract ID, select **Submit** at the bottom of the screen.
When all information submitted is correct and all required fields are completed, an **Update Successful** message will display. If information entered is incorrect, conflicting or required fields are incomplete, an error message will display at the bottom of the screen. Correct the necessary information and resubmit. *Your entry will not process until you receive an Update Successful message.*
Requesting an ID Card and/or Updating an Address

Employee addresses can be updated and ID cards can be requested at any time using the New or Update function.

Group Query allows employee address updates and ID card requests to be entered as a separate update function. You may request a card or update an address even if you do not have other updates to enter for this contract. Complete the required fields on the Group Administrator Maintenance screen and select Update.
Requesting an ID card

1. This link will take you to the Update Enrollment screen. To request an ID card, scroll to the Additional Employee Information section.

2. Select the appropriate ID Card Code and Issue a New Card option.

**ID Card Code** – (No ID Card/Welcome Card/Replacement Card) Default is No ID Card. This field is required when a card is requested.

**Issue a New Card** – (Yes/No) Default is no. Select yes to request a card.

*NOTE- A new ID card must be ordered for all new enrollments. Allow 7–10 business days for receipt of ID card requests.*
Address updates

This link will take you to the Update Enrollment screen. To update an address, scroll to Update Employee section and update the address.
Once an ID Card is requested or an Address Updated scroll to the bottom of the screen and select **Submit**.
If you receive an **Update Successful** message, the address has been updated and/or your card has been requested.

If you receive an **Address Cannot Be Updated** error message please submit your address change to your medical and/or vision carrier.
Changing an Employee to a Different Plan or Subgroup

This applies when changing an employee from one plan or subgroup to another.

- Cancel contract in the employee’s current group.
- Add the contract as “New”, using the subgroup number you wish to assign.

Example: Employee is currently active in group number xxxxxxx001, an active group number. You wish to enter this employee into COBRA group, xxxxxxx099, effective 05/01/2010.

- Cancel employee’s coverage in group number xxxxxxx001, effective 05/01/2010.
- Enter this employee, using the “New” function, into group number xxxxxxx099 with an effective date of 05/01/2010.

When an employee is new to your group or moved to a new group number, they are entered as “New”.

**Eligibility Information**

Typically, **Contract ID** is the only necessary field. Enter the **Contract ID** and select **Eligibility Info**. Your browser will move to the **Member List** screen. The members (i.e., employee, spouse, dependents, etc.) associated with this Contract ID are listed. Select a member by clicking their name.

---

**Return to Benefits Managers**
The member selected will highlight and appear in the upper portion of the screen.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN DOE</td>
<td>01/01/1911</td>
<td>M</td>
<td>1</td>
</tr>
<tr>
<td>JANE DOE</td>
<td>01/02/1911</td>
<td>F</td>
<td>2</td>
</tr>
<tr>
<td>JIM DOE</td>
<td>06/01/1941</td>
<td>M</td>
<td>3</td>
</tr>
</tbody>
</table>

Relationship Id Codes

1 Employee
2 Spouse / Domestic Partner
3 Dependent
4 Disabled Dependent
All dependents either active or cancelled will be included in the Member List. To see only active dependents please review the Eligibility tab.

Selecting the Eligibility tab provides an overview of eligibility information. The date in the query field defaults to today’s date. The eligibility information shown is for eligibility as of today. Changing the date in the query field will allow eligibility for a previous time to be viewed, if it exists. Future eligibility will not be displayed.

Fields shown are:
- **Enrollment Effective Date and Enrollment Cancel Date**
- **Enrollment Class Code**—internal use
- **Plan Name**
- **Student Certification Date**: United Concordia populates this field based on the Student Certification form completed by the member. This field is not populated for self-reporting groups.

For DHMO plans, Primary Dental Office information:
- **Primary Dental Office Number**
- **Primary Dental Office Name**
- **Primary Dental Office Effective Date**
- **Primary Dental Office Cancel Date**
# Glossary of Field Definitions

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Level</td>
<td>A number that identifies the breakdown of a group beyond the group number. If nothing is keyed in the field, the system will default to zeros. Refer to your Account Information Sheet to determine if this is a required field.</td>
</tr>
<tr>
<td>Cancel Date</td>
<td>The date that the employee’s enrollment coverage with a group is cancelled. The cancel date should always be the 1st of the month. Example: If Joe Smith’s coverage cancels on 11-30-99, then 12-01-99 should be keyed.</td>
</tr>
<tr>
<td>City</td>
<td>City portion of employee’s mailing address.</td>
</tr>
<tr>
<td>Class Code</td>
<td>This code represents benefits assigned to an employee enrollment.</td>
</tr>
<tr>
<td>Contract ID (Contract Identification)</td>
<td>A unique identifier that is assigned by the Group to the Employee’s Contract, usually the employee’s Social Security Number. Enter nine digit number using no slashes, dashes or spaces.</td>
</tr>
<tr>
<td>Dependent Relationship</td>
<td>A code that indicates the dependent’s relationship to the employee. Examples: Spouse/Domestic Partner=2, Child=3, and Disabled Dependent=4</td>
</tr>
<tr>
<td>DOB</td>
<td>The date of birth of the employee/dependent, entered as MM/DD/YYYY.</td>
</tr>
<tr>
<td>Effective Date</td>
<td>The date the employee’s enrollment coverage begins with the group. The effective date typically is the 1st of the month.</td>
</tr>
<tr>
<td>Employee Status</td>
<td>A code that designates the employee’s status. Examples: Exempt (Management)=E, Retirees=N, Salaried Represented= R, Salaried Non Represented=S, and Wage=W</td>
</tr>
<tr>
<td>Enrollment Source Code</td>
<td>A code representing the source for enrollment information. The Enrollment Source Code will always be 005.</td>
</tr>
<tr>
<td>First Name</td>
<td>The employee’s/dependent’s first name.</td>
</tr>
<tr>
<td>Foreign Address</td>
<td>The street, city, country, and postal delivery code for an employee residing in a foreign country outside of the United States.</td>
</tr>
<tr>
<td>Group Number</td>
<td>A unique 9-digit number assigned to a particular group. Enter group numbers without slashes, dashes or spaces.</td>
</tr>
<tr>
<td>Hire Date</td>
<td>If your group has variable benefits please contact your sales representative to determine if this field must be populated.</td>
</tr>
<tr>
<td><strong>ID Card Code</strong></td>
<td>This code establishes the type of card that will be generated for the employee. The choices are Welcome Card (for new enrollees), Replacement Card or No ID Card.</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td>The employee’s /dependents last name.</td>
</tr>
<tr>
<td><strong>Middle Initial</strong></td>
<td>The employee’s/dependent’s middle initial.</td>
</tr>
<tr>
<td><strong>Original Employment Date</strong></td>
<td>If your group has variable benefits please contact your sales representative to determine if this field must be populated.</td>
</tr>
<tr>
<td><strong>Payroll Location</strong></td>
<td>This code represents an extension of a group number. Please refer to your Account Information Sheet to determine if this is a required field. If required, payroll locations are always 5 digits.</td>
</tr>
<tr>
<td><strong>Prefix</strong></td>
<td>A pre title to the employee’s name. Example: Rev (Reverend)</td>
</tr>
<tr>
<td><strong>Previous Carrier Effective Date</strong></td>
<td>The date the employee first obtained dental benefits from the group. This date is only to be used by groups offering variable benefits</td>
</tr>
<tr>
<td><strong>Prior Enrollment Date</strong></td>
<td>If your group has variable benefits please contact your sales representative to determine if this field must be populated.</td>
</tr>
<tr>
<td><strong>Provider Cancel Date</strong></td>
<td>The date the employee/dependent cancelled the benefits with a provider. The cancel date should always be the 1st of the month. (DHMO only)</td>
</tr>
<tr>
<td><strong>Provider Effective Date</strong></td>
<td>The date the employee/dependent became with a provider. Effective date should always be the 1st of the month. (DHMO only)</td>
</tr>
<tr>
<td><strong>Provider Identification Number</strong></td>
<td>A unique number assigned to a dental provider. Provider numbers can be found under “Find a Dentist” on the UCCI.com website. Click on the Provider’s name to obtain the 9 digit provider number.</td>
</tr>
<tr>
<td><strong>Reporting Area</strong></td>
<td>This code should always be the state abbreviation where the employee resides; regardless of the state the employer group is located.</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Represents the gender of the employee/dependent.</td>
</tr>
<tr>
<td><strong>Social Security Number</strong></td>
<td>The employee’s/dependent’s social security number.</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>State abbreviation for the employee’s address.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>Mailing address of the employee. Avoid using punctuation in all fields of the system.</td>
</tr>
<tr>
<td><strong>Suffix</strong></td>
<td>A succeeding title to the employee’s/dependent’s name. Example: Jr or II</td>
</tr>
<tr>
<td>Type Contract</td>
<td>Type Contract indicates the family status of the contract. Examples: Male Employee=1, Female Employee=2, Employee &amp; Spouse=3, Employee, Spouse, &amp; Children=4, Employee &amp; Child=7, Employee &amp; Children=9.</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Zip +4</td>
<td>The 4-digit zip code extension.</td>
</tr>
<tr>
<td>Zip Code</td>
<td>5-digit zip code</td>
</tr>
</tbody>
</table>