

LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
1	Header	Header Version Number	2	Alpha-Numeric	"T1"
2	Header	Developer Code	4	Numeric	NACTP Vendor code
3	Header	Jurisdiction Code	2	Alpha	MD
4	Header	Description	4	Numeric	502B
5	Header	Specification Version	2	Numeric	02
6	Header	Software Form Version	2	Numeric	00-99
7	1st Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
8	1st Dep	Dependent's SSN	9	Numeric	
9	1st Dep	Dependent child	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
10	1st Dep	Does dependent child have medical insurance - YES box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
11	1st Dep	Does dependent child have medical insurance - NO box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
12	2nd Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
13	2nd Dep	Dependent's SSN	9	Numeric	
14	2nd Dep	Dependent child	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
15	2nd Dep	Does dependent child have medical insurance - YES box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
16	2nd Dep	Does dependent child have medical insurance - NO box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
17	3rd Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
18	3rd Dep	Dependent's SSN	9	Numeric	
19	3rd Dep	Dependent child	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
20	3rd Dep	Does dependent child have medical insurance - YES box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
21	3rd Dep	Does dependent child have medical insurance - NO box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
22	4th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
23	4th Dep	Dependent's SSN	9	Numeric	
24	4th Dep	Dependent child	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
25	4th Dep	Does dependent child have medical insurance - YES box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
26	4th Dep	Does dependent child have medical insurance - NO box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
27	5th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
28	5th Dep	Dependent's SSN	9	Numeric	
29	5th Dep	Dependent child	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
30	5th Dep	Does dependent child have medical insurance - YES box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
31	5th Dep	Does dependent child have medical insurance - NO box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
32	A	Trailer			*EOD* <CR>
33		Leave this line blank.			
	Rev. 9.21	Corrected Line Numbers			
	Rev. 9.27	Specification Version 02			
		Removed Primary and Secondary Names and SS#'s			
		Changed field names for dependent information			