

Claimant Last Name	Claimant First Name	Kaiser Member Record Number	Claimant Address Line	Claimant City	Claimant State Abbreviation	Claimant ZIP Code	Claimant Phone Number	Claimant Email	Attorney Last Name	Attorney First Name	Attorney Address Line	Attorney City	Attorney State Abbreviation	Attorney ZIP Code	Attorney Phone Number	Attorney Email
Doe	John	12345678	123 Main Street	Anytown	CA	99999	999-999-9999	claimantone@email.com	One	Attorney	123 Main Street	Anytown	CA	99999	999-999-9999	representativeone@email.com
Doe	Jane	12345678	321 Main Street	Anytown	CA	99999	999-999-9999	claimanttwo@email.com	Two	Attorney	321 Main Street	Anytown	CA	99999	999-999-9999	representativetwo@email.com