

ELECTRONIC DATA FILE FORMATS

CENSUS DATA FILE FORMAT - Updated Information

		DATA FIELDS		FORMAT		Notes/Reference Information	
CENSUS DATA FILE FORMAT	1	A	CONTRACT NUMBER	SEE BELOW	1	A	<p>After the initial file per year, we prefer changes-only files.</p> <p>The Email Address is very important to allow the participants to be quickly and efficiently kept informed as to their account status.</p> <p><==== VERY IMPORTANT</p>
	2	B	SSN	SSN, NO DASHES	2	B	
	3	C	FIRST NAME		3	C	
	4	D	MI		4	D	
	5	E	LAST NAME	NO COMMAS	5	E	
	6	F	ADDRESS1	NO COMMAS	6	F	
	7	G	ADDRESS 2	NO COMMAS	7	G	
	8	H	CITY	NO COMMAS	8	H	
	9	I	STATE	NO COMMAS	9	I	
	10	J	ZIP CODE	##### OR #####-####	10	J	
	11	K	PHONE		11	K	
	12	L	SSN	SSN, NO DASHES	12	L	
	13	M	DEPARTMENT	See Below	13	M	
	14	N	PAYROLL ASSIGNMENT	See Below	14	N	
	15	O	DOB	MM/DD/YYYY	15	O	
	16	P	DOH	MM/DD/YYYY	16	P	
	17	Q	DOT	MM/DD/YYYY	17	Q	
	18	R	EMAIL ADDRESS		18	R	
	19	S	PAYROLL ID NUMBER	Optional	19	S	
OPTIONAL CENSUS DATA FILE ELEMENTS - Insurance Information Required If Client Has Debit Cards and/or HRA Benefits							
		DATA FIELDS		FORMAT		Notes/Reference Information	
OPTIONAL CENSUS DATA FILE ELEMENTS	20	T	INSURANCE ELECT CODE		20	T	MEDICAL PLANS
	21	U	INSURANCE COVERAGE TIER	See List Above Right	21	U	DENTAL PLANS
	22	V	INSURANCE ELECT CODE		22	V	VISION PLANS
	23	W	INSURANCE COVERAGE TIER	See List Above Right	23	W	OTHER
	24	X	INSURANCE ELECT CODE		24	X	OTHER
	25	Y	INSURANCE COVERAGE TIER	See List Above Right	25	Y	
	26	Z	INSURANCE ELECT CODE		26	Z	
	27	AA	INSURANCE COVERAGE TIER	See List Above Right	27	AA	
	28	AB	INSURANCE ELECT CODE		28	AB	
	29	AC	INSURANCE COVERAGE TIER	See List Above Right	29	AC	
	30	AD	LOA BEGINNING DATE	MM/DD/YYYY	30	AD	<p>If you do not have/need data fields in the optional data section, skip the field(s) and replace it with the next field that applies.</p>
	31	AE	LOA ENDING DATE	MM/DD/YYYY	31	AE	
	32	AF	HIGHLY COMPENSATED EMPLOYEE	1 = True, Blank = False	32	AF	
	33	AG	KEY EMPLOYEE	1 = True, Blank = False	33	AG	
	34	AH	STOCKHOLDER/OWNER	1 = True, Blank = False	34	AH	
	35	AI	Direct Deposit Enrollment	1 = True, Blank = False	35	AI	
	36	AJ	Direct Deposit Bank Account		36	AJ	
	37	AK	Direct Deposit Transit Number		37	AK	
	38	AL	Direct Deposit Bank Code	22=Checking, 23=Savings	38	AL	

ENROLLMENT/ELECTION DATA FILE FORMAT - New Enrollments and Enrollment Changes

ENROLLMENT DATA FILE	DATA FIELDS		FORMAT			Notes/Reference Information	
	1	A	CONTRACT NUMBER	SEE BELOW	1	A	Usual Benefit Codes: 1MEDFSA = Med Flex 2DCAP = Dep Day Care 3INDINS = Ind. Prem Benefit TRANSIT = Mass Transit PARKING = Parking 1MEDFSAZ = Ltd Purp Med 9HRA = HRA Benefit
	2	B	PLAN YEAR	2008	2	B	
	3	C	SSN	SSN, NO DASHES	3	C	
	4	D	BENEFIT CODE	SEE LIST AT RIGHT	4	D	
	5	E	ENROLLMENT EFFECTIVE DATE	MM/DD/YYYY	5	E	
	6	F	ANNUAL ELECTION	0.00	6	F	
	7	G	CONTRIBUTION PER PAY PERIOD	0.00	7	G	
	8	H	ENROLLMENT TERM DATE	MM/DD/YYYY	8	H	
	9	I	Order New Debit Card Flag	1 = True, Blank = False	9	I	
	10	J	SPOUSE 1ST NAME	See Notes At Right	10	J	Only applies if Debit Card is being ordered
	11	K	SPOUSE MIDDLE NAME	See Notes At Right	11	K	
	12	L	SPOUSE LAST NAME	See Notes At Right	12	L	
	13	M	FULL NAME (L,F M)	LAST, FIRST MI	13	M	This file should be changes-only after the initial file per year.
14	N	ENROLLMENT CHANGE REASON	UNLIMITED	14	N		

CONTRIBUTION DATA FILE FORMAT - Actual Payroll Deduction Information

CONTRIBUTION DATA FILE	DATA FIELDS		FORMAT			Notes/Reference Information	
	1	A	CONTRACT NUMBER	SEE BELOW	1	A	Usual Benefit Codes: 1MEDFSA = Med Flex 2DCAP = Dep Day Care 3INDINS = Ind. Prem Benefit TRANSIT = Mass Transit PARKING = Parking 1MEDFSAZ = Ltd Purp Med 9HRA = HRA Benefit
	2	B	PLAN YEAR	2008, 2009, ETC.	2	B	
	3	C	SSN	SSN, NO DASHES	3	C	
	4	D	BENEFIT CODE	SEE LIST AT RIGHT	4	D	
	5	E	PAYROLL DATE	MM/DD/YYYY	5	E	
	6	F	CURRENT CONTRIBUTION	0.00 FORMAT	6	F	
	7	G	EMPLOYER PORTION OF CONTRIB.	0.00 FORMAT	7	G	
	8	H	YTD CONTRIBUTION	0.00 FORMAT	8	H	
	9	I	FULL NAME (L,F M)	LAST, FIRST MI	9	I	
	10	J	HIRE DATE	MM/DD/YYYY	10	J	For Contributions Files, ALL employees, active, terminated and loa/inactive should be included for year-to-date balances.
	11	K	TERM DATE	MM/DD/YYYY	11	K	
12	L	PR ID NUMBER	Optional	12	L		

NOTES AND GENERAL

NOTES AND GENERAL	Contract Number: **Please Call Us**	
	Payroll Assignment: **Please Call Us**	
Department: **Please Call Us**		
<p>For all files, CRLF, .csv file format, no commas or quotes within data fields. Full file initially and again at open enrollment. Thereafter, all census and enrollment/election files should be change-only files.</p> <p>File receipt options: Secured FTP (yours or ours), Secured Email, PGP Key Sharing</p>		
<p>If you have departments or divisions, please send a list of the codes you'll be using.</p> <p style="text-align: center;">For more information</p> <p>Kathleen Hopper FlexAdmin@FlexToday.com Ph 800-995-5373 or by Fax 559-432-6220</p>		