



Flex Plan Electronic Data Formats: Sending Census & Enrollments Electronically

Many of our clients prefer to send the enrollment and eligibility data to us from their HRIS and/or payroll systems and we welcome those files. The format shown below is .CSV but Excel works just as well.

Sending your data electronically is even easier with our Employer Secured Portal (see below).

Eligibility Update Data File Format

Field Description	Type	Length (Max)	Comment/Format - One line per employee
Employee Number	Text	11	##### - No dashes
Employee First Name	Text	20	First Name
Middle Name	Text	1	Middle Initial
Last Name	Text	20	Last Name
Address 1	Text	32	Street Mailing Address, no commas
Address 2	Text	32	Street Mailing Address, no commas
City	Text	32	Mailing Address, City
State	Text	2	Mailing Address, State Abbreviation
Zip Code	Text	10	Zip Code, ##### **OR** #####-####
Phone Number	Text	20	Home Phone Number
Employee SSN	Text	11	###-##-####
Birth Date	Date	10	MM/DD/YYYY - REQUIRED
Payroll Schedule	Text	20	If you have more than one payroll schedule, on which schedule does this individual get paid?
Eligibility Date	Date	10	MM/DD/YYYY
Termination Date	Date	10	MM/DD/YYYY
E-mail Address	Text	64	Personal e-mail is suggested, rather than the work e-mail

Electronic Enrollment Data File Format – Open Enrollment Version

Field Description	Type	Length	Notes
<i>Each employee election will have a separate line (CRLF)</i>			
Employee SSN	Text	11	##### - no dashes
Employee Name	Text	32	Last, First preferred
Benefit Description	Text	8	Benefit: MED-FSA, DCAP, INDPREM, etc.
Annual Election	Numeric	As Required	Annual election for that benefit
Contribution Amount	Numeric	As Required	Per pay period contribution amount for that benefit.
Employer Portion	Numeric	As Required	Employer contribution per pay period, if applicable.
Effective Date	MM/DD/YYYY	10	Effective enrollment date (if new employee) or effective date of the mid-year enrollment change.
Nature of Change	Text	As Required	Description of the change, such as a new employee enrollment or a termination.

If you are working with a third-party enrollment provider or if you have an enrollment or payroll system from which you can draw this data, please contact us for the full-version of the data specifications.

To receive a sample or “starter” file that you can update and then upload to us on **the Secure Employer Portal** (The Password (including **) is: ****FlexTodayER****), please contact FlexToday at 800-995-5373 or e-mail FlexAdmin@FlexToday.com.