

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 style="text-align: center;">After the initial file per year, we prefer changes-only files.</p> <p style="text-align: center;">The Email Address is very important to allow the participants to be quickly and efficiently kept informed as to their account status.</p> <p style="text-align: center;"><==== 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	<p>MEDICAL PLANS</p> <p>DENTAL PLANS</p> <p>VISION PLANS</p> <p>OTHER</p> <p>OTHER</p>
21	U	INSURANCE COVERAGE TIER		See List Above Right		21	U	
22	V	INSURANCE ELECT CODE				22	V	
23	W	INSURANCE COVERAGE TIER		See List Above Right		23	W	
24	X	INSURANCE ELECT CODE				24	X	
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	
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	

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.

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

	DATA FIELDS	FORMAT			Notes/Reference Information	
ENROLLMENT DATA FILE	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	
	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	
	14	N ENROLLMENT CHANGE REASON	UNLIMITED	14	N	

Only applies if Debit Card is being ordered

This file should be changes-only after the initial file per year.

CONTRIBUTION DATA FILE FORMAT - Actual Payroll Deduction Information

	DATA FIELDS	FORMAT			Notes/Reference Information	
CONTRIBUTION DATA FILE	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	
	11	K TERM DATE	MM/DD/YYYY	11	K	
	12	L PR ID NUMBER	Optional	12	L	

For Contributions Files, ALL employees, active, terminated and loa/inactive should be included for year-to-date balances.

NOTES AND GENERAL

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Contract Number: **Please Call Us** Payroll Assignment: **Please Call Us** Department: **Please Call Us** </div> <p style="text-align: center;">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 style="text-align: center;">File receipt options: Secured FTP (yours or ours), Secured Portal or Encrypted Email</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 style="text-align: center;">Kathleen Hopper FlexAdmin@FlexToday.com Ph 800-995-5373 or by Fax 559-432-6220</p>
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