Eligibility Data Specifications: Proprietary Format

* Data file format: CSV. Please provide comma separated data values. Data Type column indicates character or number format for data.
* Once Voya Financial has been notified that an individual has been terminated, an additional record for the same individual should not be received.
* See "Field Label". A Header record with a field label for each column is required on the first row of the file.

Record Detail:

Fld#	Field Description	Field Label	Maximum Length	Data Type	EE Record (Required/Not required)	SP/CH Record (Required/Not required)	Formatting/Valid Values	Comments
1	Group Benefit Plan ID	GBPID	8	Numeric	Y	Y	12345678	Hardcode:"00717452"
2	Claim Account Number	ACCT	4	Numeric	Y	Y		Hardcode: "0001"
3	Employee ID	EEID	15	Alphanumeric	Y	Y		Employee's (EE) ID number if used or Employee's (EE) Social Security Number in 999999999 format ONLY
4	Relationship	REL	2	Alpha	Y	Y	CH, EE, SP	EE= Employee, SP= Spouse, CH = Child
5	Insured SSN	SSN	9	Numeric	Y	N	123456789	SSN of EE, SP or CH
6	Last Name	LASTNM	30	Alpha	Y	Y		EE/SP/CH Last Name.
7	First Name	FIRSTNM	20	Alpha	Y	Y		EE/SP/CH First Name.
8	Middle Name or Middle Initial	MIDDLE	10	Alpha	N	N		EE/SP/CH Middle Name. This field is not required however if able to populate, please provide.
9	Name Suffix	NMSUFFIX	10	Alpha	N	N		EE/SP/CH Name Suffix. This field is not required however if able to populate, please provide.
10	Address Line #1	ADD1	30	Alphanumeric	Y	N		Address Line 1 of Residence
11	Address Line #2	ADD2	30	Alphanumeric	N	N		Address Line 2 of Residence
12	City	CITY	30	Alpha	Y	N		City of Residence
13	State	ST	2	Alpha	Y	N		US Postal Service 2-character State abbreviation, 2-character Canadian Province abbreviation, Puerto Rico = PR, Virgin Islands = VI, Guam = GU
14	Zip Code	ZIP	9	Numeric	Y	N	123456789	Zip Code of Residence
15	Date of Birth	DOB	8	Numeric	Y	Y	MMDDYYYY	Member or Insured Date of Birth
16	Gender	GENDER	1	Alpha	Y	Y	M, F	Member or Insured Gender M= male, F= female
17	Phone	PHONE	13	Numeric	N	N	9999999999	Member or Insured Contact Phone Number.
18	Employment Status	EEST	30	Alpha	Y	N	A, T	A = Active T = Employment Terminated
19	Date of Hire	EEDOH	8	Numeric	Y	N	MMDDYYYY	Employee's most recent date of hire
20	Employment Termination Date	ETD	8	Numeric	N	N	MMDDYYYY	Required on EE records where Employment Status indicates employment is terminated
21	Rehire Date	EERHD	8	Numeric	N	N	MMDDYYYY	Original/Initial Date of Hire for employees who have been rehired
22	Takeover	TKVR	1	Alpha	Y	Y	N	Required on all records N = No
23	Employee's Job Title	EEJT	30	Alphanumeric	N	N		Provide if available.
24	Work Location	WRKL	10	Alphanumeric	N	N		Provide if available.
25	Change SSN	CHGSSN	1	Alpha	N	N		Y = Yes, Null/Blank = No
26	Plan Type	PLTP	4	Alpha	Y	Y	CI, AC, HI	Standard Employee Paid Coverages: CI, HI, AC.
27	Benefit Class	BFCLS	30	Alphanumeric	N	N		Indicate the Level of the accident plan selected. AC= "Low" AC= "High"
28	Voya Coverage Effective Date	VOYAED	8	Numeric	Y	Y	MMDDYYYY	01012021
29	Employer Paid Amount	ERPD	8	Numeric	N	N	99999999.99	Leave this field blank.
30	Employee Paid Amount	EEPD	8	Numeric	N	N	99999999.99	CI records: populate with employee paid Critical Illness/Specified Disease coverage amount. EE: "10,000" or "20,000" SP: 50% of employee elected amount. CH: 50% of employee elected amount. HI records: populate with employee paid HI daily benefit amount. Daily Benefit Amount: "200" AC records: leave this field null
31	Benefit Term Date	BTD	8	Numeric	N	N	MMDDYYYY	Required when enrolled individual(s) are dropping/waiving coverage. Also required on Employment termination records, indicate date coverage is

									ending
32	Original Coverage Effective Date	OCED	8	Numeric	N	N	MMDDYYYY	Leave this field blank.
33	Coverage Tier	TIER	3	Alpha	Y	Y		EMP=Employee ESP=Employee+Spouse ECH=Employee+Child(ren) FAM=Family Coverage (EE+SP+CH(ren))
34	Supplemental Information	SINFO	50	Alphanumeric	N	N		Supplemental Information/Payroll Deduction Frequency (12, 24, 26, etc.)
35	Tobacco Status	TOB	3	Alpha	Y	Y	NA	Tobacco rates are not applicable for group, value of 'N/A' needs to be hardcoded to this field for all records.
36	Organization 1	Disability Indicator	50	Alphanumeric	N	N		If the child is above the age 26 and is considered a disabled dependent, you would indicate the value 'Disable' for all CH records that fit the scenario. This shows the child is allowed to be on the plan
37	Address Country	Country	20	Alphanumeric	N	N		Required if State field indicates a province/state/etc. from a foreign country. Please indicate country on all records if there is a foreign address. United States, Canada, Puerto Rico, US Virgin Islands, Guam, etc.
38	Employee Work Email Address	WORKEMAIL	100	Alphanumeric	N	N		Work email address for employee record.

*Minimum of one record per insured individual per product. When both employer-paid AND employee-paid coverage is enrolled, provide two records.