



# BENEFIT IMPORT SYSTEM VERSION 3.5

## File Integration Guide

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# 1. File Requirements

Benefit files are provided to the system via SFTP.

## 1.1 Formatting Rules

- The file must be a pipe delimited ASCII (|) file. Fields within each record are delimited by the (|) character.
- The file must have the extension .TXT
- Each section type contains one row per record. Each row is terminated with a Carriage Return/Line Feed.
- Files may contain full data populations or changes only.
- Files may contain different combinations of records.
- Fields have specified maximum lengths as indicated in the specification. No zero padding or space padding is necessary unless specified.
- Dollar signs (\$) are not supported for currency fields.
- All fields within a record will be updated in the system regardless of the change, if at least one field on the record is changed from the previous file submission.
- Field names are not specified within the file. The fields are indicated by position based on the pipe-delimiter.
- Each file must contain a header and footer record. These records are required.
- The file name is limited to 100 characters and should be sent in the following format.
  - Test Data File Name: TEST\_YYYYMMDD\_\_GPID\_XCompany.txt
  - Live Data File Name: YYYYYMMDD\_GPID\_XCompany.txt

## 1.2 Participant Import ID Options

The Participant File Import ID field is used as the key indicator to uniquely identify a participant when creating or updating records in the system. There are three options to populate the Participant File Import ID:

1. Employee Number
2. Social Security Number (SSN)
3. Employer's Employee ID

- The Participant File Import ID may be configured per employer.
- Each time a record is sent, the Participant File Import ID is used to determine if the participant exists in the system.
- If the Participant File Import ID is not found by looking up the same value for the field used for the Participant File Import ID, then the participant will be added as a new participant to the system.
- If an existing participant record is found that matches the value provided in the Participant File Import ID, then the participant record will be updated with the data fields provided on the file.

**Note:** Selection of which value to use as your Participant Import ID, and then correctly using this value going forward, is critical to your ability to successfully process data. If the ID provided matches an existing record in the system, the record is updated. If no match is found, a new record is added.

## 2. Sending Files Using SFTP

The process for sending files using SFTP is as follows:

1. Send the file to the SFTP site via an automated file transfer process or by manually logging into the SFTP site and uploading the file.
2. The system processes and loads the file upon receipt.
3. An email notification is generated (if configured) once the file has been received.
4. If the file fails initial validation due to an incorrect file format, an email is communicating the failure.
5. If the error was caused by a file issue, the file should be corrected and resubmitted.

**Note:** If multiple files are sent (Demo, Enroll, Contribution) please ensure the proper file naming convention is used.

### 3. File Record Layout

The first record of any file must be the File Header. The last record of any file must be the File Footer.

Required Records	Valid Values
File Header	FH
File Footer	FF

The additional records can be sent in any order. On receipt, the system will sort the records in the order below to ensure record types are processed in the order of dependency.

Additional Records	Valid Values
Participant Record	PT
Enrollment Record	EN
Contribution Record (optional, based on plan design)	CT
Dependent Record (optional)	DP
Address Management Record (optional, based on plan design)	AM
Beneficiary Record (optional, based on plan design)	PB

## 4. Header Record Layout

The system requires a Header record for each file that is sent. The Header record must be the first record in the file. The purpose of this record is to identify the file for processing, the employer, and the date with which the file is associated.

### Example:

FH|DBI|12345|N|01012014|104320|3.5

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	Two-letter code that uniquely identifies the record.	Alpha	2	FH	Y
Administrator Code	Unique code assigned to each Administrator in the system.	Alpha	3	DBI	Y
Employer Code	Unique code assigned to each employer.	Alphanumeric	6		Y
Synchronize Flag	Synchronization loads all data within the file, not just changes. (Always use N)	Alpha	1	N	Y
Submitted Date	The date the file was submitted for processing.	Date	8	MMDDYYYY	Y
Submitted Time	The time of day the file was submitted for processing.	Time	6	HHMMSS	Y
File Version	Version of the file format being used.	Alphanumeric	6	3.5	Y

## 5. Participant Record Layout

The participant record is used to communicate demographic information that identifies the participant.

### Example:

PT|888888888|1425|Sample|Susan||F|S||08121968|888888888|13 1st Ave  
S|||Anytown|MN|12345||6122224564|||ssample@abcompany.com|||01012004|Divison|40|E|Monthly||  
Active|01012004|||||||||||||||||||6122224564|

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	Two-letter code that uniquely identifies the record.	Alphanumeric	2	PT	Y
Participant File Import ID	Unique identifier used to identify participants and their dependents when data about them is supplied through the import file.  *Note: Employee Numbers are unique to the participant. Employee Numbers cannot be re-used by new hires, as Terminated participants are retained in the system. To avoid potential file errors in the future, please ensure that the Employee Number is unique.	Alphanumeric	50	SSN, Employee Number, ER Employee ID	Y
Employer Employee ID	Unique identifier assigned by the Employer for the participant.	Alphanumeric	20		N
Employee Number	Unique identifier for the participant within the system.	Alphanumeric	15		Y
Last Name	Last name of the participant.	Alphanumeric	30		Y
First Name	First name of the participant.	Alphanumeric	30		Y
Middle Initial	Middle initial of the participant.	Alphanumeric	1		N
Gender	Gender of the participant.	Alphanumeric	1	F, M	N
Marital Status	Marital status of the participant.	Alphanumeric	1	M, S	N

Mothers Maiden Name	Maiden name of the participant's mother. Used for secure identification of the participant.	Alphanumeric	50		N
Date Of Birth	Birth date of the participant.	Date	8	MMDDYYYY	Y
SSN	Social Security Number of the Participant. <b>Note:</b> Do not include dashes.	Numeric	9		Y
Address Line 1	Participant's Address Line 1. <b>Note:</b> Do not include symbols, commas, periods.	Alphanumeric	50		Y
Address Line 2	Participant's Address Line 2. *City, State/Province, Postal Code are required in order required by the country if country is not US.	Alphanumeric	50		N*
Address Line 3	Participant's Address Line 3.	Alphanumeric	50		N
Address Line 4	This field is currently not supported.	Alphanumeric	50		N
City	Name of the city of the participant's address. *Not required if the Country is not US. Field can be populated with data but will not be entered in system.	Alphanumeric	30		Y*
State	State code of the participant's address. *Not required if the Country is not US. Field can be populated with data but will not be entered in system.	Alphanumeric	2	USPS standard state code	Y*
Zip Code	Zip code of the participant's address. <b>Note:</b> If zip code is sent with a dash, the dash must be between the 5 <sup>th</sup> and 6 <sup>th</sup> digits (total of 10 characters). *Not required if the Country is not US.	Alphanumeric	5, 9 or 10		Y*



Country	Country code of the participant's address. <b>*Required for non-US countries only.</b>	Alphanumeric	2	ISO Standard two character codes (US, CA, etc.)	N*
Home Phone	Home phone number of the participant. <b>Note:</b> Do not include dashes.	Phone	10		N
Work Phone	Work phone number of the participant. <b>Note:</b> Do not include dashes.	Phone	10		N
Work Phone Extension	Extension for the work phone number of the participant.	Numeric	6		N
Email Address	Email address for the participant that will be used for electronic communications to the participant. <b>Note:</b> Email address is required for most efficient and participant friendly experience.	Email	125		Y
Username	A unique identifier for each participant used to sign on to the Consumer Portal. <i>(Leave this field blank)</i>	Alphanumeric	100		N
Password	Password the participant uses to sign on to the Consumer Portal. <i>(Leave this field blank)</i>	Alphanumeric	100		N
Hire Date	Date the participant was hired by the Employer. <b>Note:</b> Future dates of hires are not accepted.	Date	8	MMDDYYYY	Y
Division	The division of the company to which the participant belongs. <b>Note:</b> This field must match a division defined in the system. If blank, the system will default the division to "Unassigned."	Alphanumeric	100		N

Hours Per Week	The expected number of hours per week the participant will be working. <i>(Leave this field blank)</i>	Numeric	2		N
Employee Class	The class the participant is associated with. Used to determine which plans a participant can enroll in. This field must match a class created in the system.	Alphanumeric	100	E	Y
Payroll Frequency	Identifies the participant's pay cycle. This field must match the payroll frequency name in the system.	Alphanumeric	100		Y
Payroll Frequency Effective Date	*Required if payroll frequency is changing from one value to another. The date of that change will need to be populated in this field.	Date	8	MMDDYYYY	N*
Participant Status	Identifies the employment status of the participant. <b>Note:</b> Only use the status <b>LOA</b> if the employee will NOT be able to access benefits during the leave of absence. Otherwise, leave status as <b>Active</b> .	Alphanumeric	20	Active, LOA, Terminated	Y
Status Effective Date	The date used depends upon the status of the participant:  <b>Active</b> – use Date of Hire (If an employee is re-hired, use the date of re-hire. <b>Do NOT</b> use original hire date.) <b>LOA</b> – use LOA start date (only if employee will NOT be able to access benefit) <b>Terminated</b> – use the first day the employee loses coverage. If the employee still has coverage on the day they are terminated, do not send the termination date.  <b>Note:</b> The date entered as the status effective date for a status of Terminated is also the date that the participant's benefits will end.	Date	8	MMDDYYYY	Y

Hold Payroll Deductions	When a status of <b>LOA</b> (Leave of Absence) has been submitted for a participant, this field indicates whether or not to Hold Payroll Deductions while the participant is in an <b>LOA</b> status. <b>Note:</b> If blank, system will default to <b>Y</b> .	Alphanumeric	1	Y, N	N*
Hold Employer Contributions	When a status of <b>LOA</b> (Leave of Absence) is submitted, this field indicates whether or not to Hold Employer Contributions while the participant is in an <b>LOA</b> status. <b>Note:</b> If blank, system will default to <b>Y</b> .	Alphanumeric	1	Y, N	N*
Incur Services	When a status of <b>LOA</b> (Leave of Absence) is submitted, this field indicates whether or not to approve claims for expenses incurred while the participant is in an <b>LOA</b> status. <b>Note:</b> If blank, system will default to <b>N</b> .	Alphanumeric	1	Y, N	N*
Final Payroll Process Date	This value will determine the last payroll deduction date to be posted for the participant. This date must be equal to or after the hire date. **Payroll contributions received via a file after this date will not process. <b>Note:</b> This field is required if the Participant Status is Terminated.	Date	8	MMDDYYYY	Y*
Final Contribution Process Date	This value will determine the last employer contribution date to be posted for the participant. This date must be equal to or after the hire date. **Employer contributions received via a file after this date will not process. <b>Note:</b> This field is required if the Participant Status is Terminated.	Date	8	MMDDYYYY	Y*
HSA Custodian	This field is currently not supported.	Alphanumeric	100		N

Medicare Beneficiary	This field is currently not supported.	Alphanumeric	1		N
Medicare ID	This field is currently not supported.	Alphanumeric	12		N
Exchange Integration ID	This field is currently not supported.	Alphanumeric	50		N
Reporting Hierarchy Level 1	This field is currently not supported.	Alphanumeric	100		N
Reporting Hierarchy Level 2	This field is currently not supported.	Alphanumeric	100		N
Reporting Hierarchy Level 3	This field is currently not supported.	Alphanumeric	100		N
Reporting Hierarchy Level 4	This field is currently not supported.	Alphanumeric	100		N
CDD_Citizenship	This field is currently not supported.	Alphanumeric	20		N
CDD_Country	This field is currently not supported.	Alphanumeric	2		N
CDD_EmploymentStatus	This field is currently not supported.	Alphanumeric	20		N
CDD_Employer	This field is currently not supported.	Alphanumeric	30		N
CDD_JobTitle	This field is currently not supported.	Alphanumeric	30		N
Class Effective Date	This field is currently not supported.	Date	8		N
ID_Identification Type	This field is currently not supported.	Alphanumeric	20		N
ID_Identification Number	This field is currently not supported.	Alphanumeric	30		N

ID_IssuingState	This field is currently not supported.	Alphanumeric	2		N
ID_Issuer	This field is currently not supported.	Alphanumeric	50		N
ID_IssueDate	This field is currently not supported.	Date	8		N
ID_ExpirationDate	This field is currently not supported.	Date	8		N
Mobile Carrier	Carrier that is supported for the mobile number.	Alphanumeric	20	AT&T, Sprint, T-Mobile, Verizon Wireless, US Cellular	N
Mobile Number	Mobile phone number of the participant. <b>Note:</b> Do not include dashes.	Numeric	10		N
Time Zone	Time zone for the location of the participant.	Alphanumeric	15	Hawaii, Alaska, Pacific Time, Arizona, Mountain Time, Central Time, Saskatchewan, Eastern Time, Indiana, Atlantic Time, Newfoundland	N

## 6. Enrollment Record Layout

The enrollment record is used to communicate enrollments for each participant. Each plan type may require different fields to be populated.

**Note:** Removing an enrollment for a participant that should not have been enrolled in a plan will have to be communicated to the plan administrator as this is not supported via file.

### Example:

- EN|888888888|Health Reimbursement Account|01012015|0.00||Family|1000.00|
- EN|888888888|Medical FSA|01012015|1800.00|
- EN|888888888|Health Savings Account|01012015|0.00|PerPay|Family|
- EN|888888888|Mass Transit|01012015|255.00|PerMonth|

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	A two-letter code that uniquely identifies the record.	Alphanumeric	2	EN	Y
Participant File Import Id	Unique identifier used to identify participants and their dependents when data about them is supplied through the import file.  *Note: Employee Numbers are unique to the participant. Employee Numbers cannot be re-used by new hires, as Terminated participants are retained in the system. To avoid potential file errors in the future, please ensure that the Employee Number is unique.	Alphanumeric	50	SSN, Employee Number, ER Employee ID	Y
Plan Name	The name of the plan the participant is enrolled in.  <b>Note:</b> The name provided in this field must match a plan name in the system.	Alphanumeric	100		Y

Enrollment Effective Date	Effective date of the participant's enrollment; represents either the initial effective date of the enrollment or the change effective date for a mid-year election change.	Date	8	MMDDYYYY	Y
Participant Election Amount	<p>The total dollar amount of the participant's election for the plan. (<i>Decimals are not assumed and must be populated</i>)</p> <p>* Must include a value for all plans that require a participant election. HRA and HSA plans can be 0.00 or blank.</p> <p><b>Note:</b> Values cannot have more than two decimal places and values less than \$1 must have a zero prior to the decimal places.</p>	Currency	8		N*
Enrollment Termination Date	<p>This is the date that an active employee is no longer enrolled or eligible for the plan. Use the first day the coverage on the plan ends, not the last day of coverage.</p> <p><b>Note:</b> This field should only be used for employees who had their plan terminated due to loss of eligibility while remaining actively employed with the company.</p> <p>*Do not use to communicate the end of a plan year: Plan year end is processed by omission.</p> <p>*Do not populate this field for HSA enrollments</p> <p>*Do not populate this field for Mass Transit or Parking enrollments unless specified by the plan documents.</p>	Date	8	MMDDYYYY	N
Employer Contribution Level	<p>*Required for HRA plans only. Indicates the level of coverage for this plan.</p>	Alphanumeric	10	Ind, IndSpouse, IndChild, Family	N*

Employer Contribution Amount	The total dollar amount of the Employer's contribution to the plan. This should represent the annual contribution amount.  *HSA plans can be 0.00 or blank. <b>Note:</b> Values cannot have more than two decimal places and values less than \$1 must have a zero prior to the decimal places.	Currency	8		N
Primary Reimbursement	The primary reimbursement method for the participant.	Alphanumeric	30	Debit Card	N
Alternate Reimbursement	The alternate reimbursement method for the participant.	Alphanumeric	30	Direct Deposit, Check	N
Enrolled In Claims Exchange	Claims Exchange allows health carriers to submit claims with the consumers' responsibility portion of their medical expenses to the administrator. The expenses are loaded into the system and reimbursed (if eligible) to the participant or provider. Also called 'Auto EOB'.	Alphanumeric	1	Y, N	N
Election Amount Indicator	*Required value of 'PerPay' for HSA plans.  'Per Month' may only be used for commuter plans.  This field must be blank for all other plans.	Alphanumeric	8	PerPay, PerMonth, PlanYear	N*
HDHP Coverage Level	*Required for HSA plans only. The participant's coverage level in a qualified HDHP health plan. This field is used to determine HSA eligibility.	Alphanumeric	6	Single, Family	N*
Plan Year Start Date	The start date for the plan year for which the enrollment is effective. If sent on the record, this value will be used to validate if the enrollment effective date is accurate for the plan year. If not populated, the plan year will be derived based on the enrollment effective date provided.	Date	8	MMDDYYYY	N



Terms and Conditions Accepted	Indicates whether or not the participant has already accepted the HSA terms and conditions. <b>Note:</b> Data in this field will only be accepted during the initial enrollment record upload. Once the participant is enrolled, this field is ignored.	Alphanumeric	1	Y,N	N
Date Terms Conditions Accepted	Date the participant accepted the HSA terms and conditions. <b>Note:</b> Data in this field will only be accepted during the initial enrollment record upload. Once the participant is enrolled, this field is ignored.	Date	8	MMDDYYYY	N
Time Terms Conditions Accepted	Time the participant accepted the HSA terms and conditions. <b>Note:</b> Data in this field will only be accepted during the initial enrollment record upload. Once the participant is enrolled, this field is ignored.	Time	6	HHMMSS	N
Change Date	<i>(Leave this field blank)</i>	Date	8	MMDDYYYY	N
Spend Down	Indicates whether the participant is eligible for spend down in new plan year.	Alphanumeric	1	Y, N	N

## 7. Contribution Record Layout

The contribution record is used to communicate contributions made by either the participant or the employer that need to be posted to a specific benefit plan. Participant payroll deductions and employer contributions must be sent as two separate contribution records.

**Note:** No employer contributions should be sent for a plan configured to fund the participant's account 100% on the start of the plan. These contributions will come through on the enrollment record.

If there is an estimated contribution amount already in the system for each pay date, this record will update the scheduled amount for the pay date with the amount received on the file.

### Examples:

- Contribution for both participant and employer contributions:

```
CT|888888888|Health Savings Account|01072015|Employer Contribution|25.00|Actual|
CT|888888888|Medical FSA|01072015|Payroll Deduction|38.00|Actual|
```

- Negative contribution amounts:

**Note:** Negative amounts cannot be accepted for Health Savings Account plans. HSA funds take two business days to process from the contribution date on the file.

```
CT|888888888|Medical FSA|01072015|Payroll Deduction|-38.00|Actual|
```

- Transit Examples:

```
CT|888888888|Mass Transit|01072015|Payroll Deduction|70.00|Actual|
```

```
CT|888888888|Parking|01072015|Payroll Deduction|30.00|Actual|
```

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	A two-letter code that uniquely identifies the record.	Alphanumeric	2	CT	Y

Participant File Import Id	<p>Unique identifier used to identify participants and their dependents when data about them is supplied through the import file.</p> <p><b>*Note:</b> Employee Numbers are unique to the participant. Employee Numbers cannot be re-used by new hires, as Terminated participants are retained in the system. To avoid potential file errors in the future, please ensure that the Employee Number is unique.</p>	Alphanumeric	50	SSN, Employee Number, ER Employee ID	Y
Plan Name	<p>The name of the plan the participant is enrolled in. Discovery Benefits uses unique plan names.</p> <p><b>Note:</b> The name provided in this field must match a plan name in the system.</p>	Alphanumeric	100		Y
Contribution Date	<p>Identifies the date the contribution is for. In most cases, the date provided must match a payroll date or an employer contribution date in the system.</p> <p><b>Note:</b> HSA funds will not be available until 2 business days after the date provided in this field.</p>	Date	8	MMDDYYYY	Y
Contribution Description	Identifies the type of contribution the record is for.	Alphanumeric	30	Payroll Deduction, Employer Contribution	Y
Contribution Amount	<p>Specifies the actual dollar amount of the contribution transaction. Decimals are not assumed and must be populated. Value cannot have more than two decimal places.</p> <p><b>Note:</b> Negative amounts are not supported for HSA plans and values less than \$1 must have a zero prior to the decimal places.</p>	Currency	9		Y
Amount Type	Provide the actual contribution amount for the participant; not assumed or year-to-date amount.	Alphanumeric	6	Actual	Y

Tax Year	Assigns the Current or Prior Tax Year to HSA contribution regardless of the contribution date in the record (only for HSAs).	Alphanumeric	7	Prior, Current	N
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## 8. Address Management Record Layout

The Address Management record is used to update the home address as well as apply a mailing address to a member's account. This record will be required for a member electing an HSA plan and has a PO Box, or if a member has an international address.

### Example:

AM|888888888|13 1st Ave S||||Anytown|MN|12345||PO Box 989||||Anytown|MN|12345||

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	A two-letter code that uniquely identifies the record.	Alphanumeric	2	AM	Y
Participant File Import Id	Unique identifier used to identify participants and their dependents when data about them is supplied through the import file  *Note: Employee Numbers are unique to the participant. Employee Numbers cannot be re-used by new hires, as Terminated participants are retained in the system. To avoid potential file errors in the future, please ensure that the Employee Number is unique.	Alphanumeric	50	SSN, Employee Number, ER Employee ID	Y
Home Address Line 1	Participant's Address Line 1. <b>Note:</b> Do not include symbols, commas, periods.	Alphanumeric	50		Y
Home Address Line 2	Participant's Address Line 2. *City, State/Province, Postal Code are required in order required by the country if country is not US.	Alphanumeric	50		N*
Home Address Line 3	Participant's Address Line 3.	Alphanumeric	50		N
Home Address Line 4	Participant's Address Line 4. <b>Note:</b> Address Line 4 is not currently supported by the system.	Alphanumeric	50		N

Home City	Name of the city of the participant's address.  *Not required if the Country is not US. Field can be populated with data but will not be entered in system.	Alphanumeric	30		Y*
Home State	State code of the participant's address.  *Not required if the Country is not US. Field can be populated with data but will not be entered in system.	Alphanumeric	2	USPS standard state code	Y*
Home Zip Code	Zip code of the participant's address.  <b>Note:</b> If zip code is sent with a dash, the dash must be between the 5 <sup>th</sup> and 6 <sup>th</sup> digits (total of 10 characters).  *Not required if the Country is not US.	Alphanumeric	5, 9 or 10		Y*
Home Country	Country code of the participant's address.  *Required for non-US countries only.	Alphanumeric	2	ISO Standard two character codes (US, CA, etc.)	N*
Mailing Address Line 1	Participant's Mailing Address.  <b>Note:</b> Do not include symbols, commas, periods.	Alphanumeric	50		Y
Mailing Address Line 2	Mailing Address Line 2.  *City, State/Province, Postal Code are required in order required by the country if country is not US.	Alphanumeric	50		N*
Mailing Address Line 3	Mailing Address Line 3.	Alphanumeric	50		N
Mailing Address Line 4	Mailing Address Line 4.  <b>Note:</b> Address Line 4 is not currently supported by the system.	Alphanumeric	50		N

Mailing City	Name of the city of the mailing address.  *Not required if the Country is not US. Field can be populated with data but will not be entered in system.	Alphanumeric	30		Y*
Mailing State	State code of the mailing address.  *Not required if the Country is not US. Field can be populated with data but will not be entered in system.	Alphanumeric	2	USPS standard state code	Y*
Mailing Zip Code	Zip code of the mailing address. <b>Note:</b> If zip code is sent with a dash, the dash must be between the 5 <sup>th</sup> and 6 <sup>th</sup> digits (total of 10 characters).  *Not required if the Country is not US.	Alphanumeric	5, 9 or 10		Y*
Mailing Country	Country code of the mailing address.  *Required for non-US countries only.	Alphanumeric	2	ISO Standard two character codes (US, CA, etc.)	N*
Undeliverable Mailing Address Flag	This field is currently not supported, leave blank.				N

## 9. Dependent Record Layout - Required for DCA and most HRA plans

The dependent record is used to communicate demographic information that identifies the dependents assigned to a participant's account.

### Example:

DP|888888888|123456789001|Spouse||LastName|FirstName||F|09121969|123456789|||||||  
 DP|888888888|123456789002|Dependent|Child|LastName|FirstName||F|10121999|777777777|||||||

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	A two-letter code that uniquely identifies the record.	Alphanumeric	2	DP	Y
Participant File Import Id	Unique identifier used to identify participants and their dependents when data about them is supplied through the import file  *Note: Employee Numbers are unique to the participant. Employee Numbers cannot be re-used by new hires, as Terminated participants are retained in the system. To avoid potential file errors in the future, please ensure that the Employee Number is unique.	Alphanumeric	50	SSN, Employee Number	Y
Dependent File Import Id	Unique identifier used to identify dependents when data is supplied through the import file.  <b>Note:</b> This ID must be used to identify the dependent for updates.	Alphanumeric	20	Dependent SSN, External Dependent ID	Y
Relationship	The relationship of the dependent to the participant.  Only one dependent may have the relationship title of "Spouse."	Alphanumeric	9	Spouse, Dependent	Y
Relationship Type	If the dependent's relationship is "Dependent", this further defines the type of relationship for MSP Reporting purposes.  <b>Note:</b> Default value is Child	Alphanumeric	16	Child, Domestic Partner, Other	N



Last Name	Last name of the dependent.	Alphanumeric	30		Y
First Name	First name of the dependent.	Alphanumeric	30		Y
Middle Initial	Middle initial of the dependent.	Alphanumeric	1		N
Gender	Gender of the dependent.	Alphanumeric	1	F, M	N
DOB	Birth date of the dependent.	MMDDYYYY	8		Y
SSN	Social Security Number of the dependent; no dashes.	Numeric	9		Y
Medicare Beneficiary	This field is currently not supported.	Alphanumeric	2		N
Medicare ID	This field is currently not supported.	Alphanumeric	12		N
Status	Status of the dependent.	Alphanumeric	8	Active, Inactive	N
Student	Identifies if the dependent is a full-time college student.	Alphanumeric	1	Y, N	N
Issue Card	Indicates issuance of a debit card for the dependent.	Alphanumeric	1	Y, N	N
HRA Enrollment Effective Date	Effective date of dependent's enrollment in HRA.	Date	8	MMDDYYYY	N
HRA Enrollment Termination Date	Termination date of dependent's enrollment in HRA. (not plan year end date)	Date	8	MMDDYYYY	N
External Dependent ID	Unique identifier supplied by employer to uniquely identify dependents in their own system.	Alphanumeric	20		N

## 10. Beneficiary Record Layout

The Beneficiary record is used to communicate beneficiary information if the participant has elected to contribute to an HSA account. If more than one beneficiary is specified for a participant, the sum of the Share percentages cannot exceed 100%.

New Beneficiary: Consumer Data Exchange will inactivate an existing record if a new beneficiary(s) has the same beneficiary type, and the share percentage totals 100 percent.

Partial Beneficiary Information: Consumer Data Exchange does not have to have a whole list to update the beneficiary record each time. But if the share percentage of the imported records and the share percentage of existing records do not total 100 percent, then the record will error on the file.

### Example:

PB|888888888|777777777|Spouse|Example|Spouse||09121969|Active|Primary|123 1st Ave  
S||MPLS|MN|55448|

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	A two-letter code that uniquely identifies the record.	Alphanumeric	2	PB	Y
Participant File Import Id	Unique identifier used to identify participants and their dependents when data about them is supplied through the import file  *Note: Employee Numbers are unique to the participant. Employee Numbers cannot be re-used by new hires, as Terminated participants are retained in the system. To avoid potential file errors in the future, please ensure that the Employee Number is unique.	Alphanumeric	50	SSN, Employee Number, ER Employee ID	Y
Beneficiary SSN	Unique identifier used to identify beneficiaries when data about them is supplied through the import file	Alphanumeric	20		Y
Relationship	Relationship of the beneficiary to the participant	Alphanumeric	9	Spouse, Dependent, Other	Y

Last Name	Last name of the beneficiary	Alphanumeric	30		Y
First Name	First name of the beneficiary	Alphanumeric	30		Y
Middle Initial	Middle initial of the beneficiary	Alphanumeric	1		N
DOB	Birth date of the of the beneficiary	MMDDYYYY	8		Y
Status	Status of the beneficiary	Alphanumeric	8	Active, Inactive	N
Beneficiary Type	Indicates the type of beneficiary	Alphanumeric	10	Primary, Contingent	Y
Share	Indicates the percentage share for the beneficiary	Numeric	3		Y
Address Line 1	Beneficiary's Address Line 1	Alphanumeric	50		Y
Address Line 2	Beneficiary's Address Line 2	Alphanumeric	50		N
City	Name of the city of the beneficiary's address	Alphanumeric	50		Y
State	State code of the beneficiary's address	Alphanumeric	2	USPS standard code	Y
Zip Code	Zip code of the Bank's address Note: If zip code is sent with a dash, the dash must be between the 5th and 6th digits (total of 10 characters).	Alphanumeric	5 or 9 or 10		Y
Country	Country code of the beneficiary's address	Alphanumeric	2	ISO Standard two-character codes (US, CA, etc.)	N

## 11. Footer Record Layout

The system requires a footer record for each file that is sent. The footer record must be the last record in the file. The purpose of this record is to identify the employer sending the file, the record count, and the date with which the file is associated.

### Example:

FF|12|DBI|12345|01012015|104320

Field Name	Field Description	Format	Maximum Field Length	Valid Value(s)	Required
Record Type	A two-letter code that uniquely identifies the record.	Alphanumeric	2	FF	Y
Record Count	Count of the total number of records, of any record type, included between the file header and footer records. File header and footer are not included in the total record count.	Numeric	20		Y
Administrator Code	Unique code assigned to each Administrator in the system.	Alphanumeric	3	DBI	Y
Employer Code	Unique code assigned to each employer when they are created in the system.	Alphanumeric	6		Y
Submitted Date	The date the file was submitted for processing.	Date	8	MMDDYYYY	Y
Submitted Time	The time of day the file was submitted for processing.	Time	6	HHMMSS	Y

## 12. Sample File Scenarios

The following examples illustrate common participant changes sent via File.

### 8.1 Payroll Frequency Change

- Participant A is changing from a Bi-Weekly payroll frequency to a monthly payroll frequency effective 5/1/2018.

```
PT|888888888|13100|90|Example|File|M|S||08121968|888888888|13 1st  
AveS||||Fargo|ND|58102|||||01012004|Division|E|Monthly|05012018|Active|01012011|||||||  
|6122224564|
```

### 8.2 Leave of Absence

- Participant A is starting a leave of absence on 6/1/2018. Payroll deductions will be held while Participant A is on LOA, but he will still be eligible for employer contributions. Additionally, Participant A will be eligible for claims incurred while he is on LOA.

```
PT|888888888|13100|90|Example|File|M|S||08121968|888888888|13 1st  
AveS||||Fargo|ND|58102|||||01012004|Division|E|Monthly||LOA|06012018|Y|N|Y|||||||612222  
4564|
```

### 8.3 Participant Termination

- Participant B has terminated her employment as of 3/1/2018. Her benefits end date is 03/31/2018. Her final payroll deduction was on 3/25/2018, and her final employer contribution was on 3/1/2018.

```
PT|888888888|12100|60|Sample|Participant|F|M||06151978|888888888|13 31st  
AveS||||Fargo|ND|58103|||||01012008|Division|E|BiWeekly||Terminated|04012018|||03252018|0301  
2018|||||||6122224564|
```

### 8.4 Enrollment Termination

- Participant C is terming her Dependent Care FSA election as of 6/1/2018.

```
EN|888888888|Dependent Care FSA|01012018|5000.00|06012018|||||||
```

### 8.5 Status/Election Change

- Participant A is increasing his Medical FSA election to \$2600 effective 8/1/2018 due to a status change.

```
EN|888888888|Medical FSA|08012018|2600.00|||||||
```

## 8.6 International Mailing Address

- Participant D has an international mailing address (outside of US).

PT|888888888|14100|30|LastName|Participant|| ||02131958|888888888|123 Perry Road|Mackay  
Queensland 4740|||||AU|||||03012008|Division||E|Bi-  
Weekly||Active|03012008|||||||||||||||||6122224564|