

DIAL Data Specifications: CSV Format

* Data file format: CSV. Please provide comma separated data values. Data Type column indicates character or number format for data.

Record Detail:

Fld#	Field Description	Field Label	Maximum Length	Data Type	EE Record (Required/Not required)	Formatting/Valid Values	Comments
1	Group Benefit Plan ID	Group Benefit Plan Number	8	Numeric	Y	12345678	00711781
2	Claim Account Number	Claim Account Number	4	Numeric	Y		1001 Clintonville 1002 Consumer Offsite NonSales 1003 Consumer Sales 1004 Foodservice Sales 1005 Fort Wayne 1006 Indianapolis 1007 Joliet 1008 Oconto 1009 Oshkosh 1010 Sumner
3	Insured SSN	Employee/ Member Social Security Number	9	Numeric	Y	123456789	
4	Employee ID	Employee ID	15	Alphanumeric	Y		Unique employee ID, never reused or recycled
5	Last Name	Last Name	30	Alpha	Y		
6	First Name	First Name	20	Alpha	Y		
7	Middle Name or Middle Initial	Middle Name or Initial	10	Alpha	N		
8	Name Suffix	Name Suffix	10	Alpha	N		Employee's name suffix (Jr., III, etc.)
9	Address Line #1	Address Line 1	30	Alphanumeric	Y		Employee's home address.
10	Address Line #2	Address Line 2	30	Alphanumeric	N		Employee's home address. Spaces if not available.
11	City	City	30	Alphanumeric	Y		City or town for the Employee's home address.
12	State	State	2	Alpha	Y		State for the Employee's home address. Official US Postal Service 2-character code.
13	Zip Code	Zip Code	9	Numeric	Y	12345	ZIP Code for the Employee's home address.
14	Date of Birth	Date of Birth	8	Date	Y	YYYYMMDD	Employee's date of birth.
15	Gender	Gender	1	Alpha	Y	M, F, U	F = Female M = Male U
16	Employment Status	Employment Status	1	Alpha	Y	A, T	A = Active T = Employment Terminated
17	Date of Hire	Date of Hire	8	Date	Y	YYYYMMDD	Employee's most recent date of hire
18	Employment Termination Date	Employment Term Date	8	Date	N	YYYYMMDD	Required if employee is terminated. Date on which employment terminates.
19	Pay Type	Pay Type	1	Alpha	Y	H, S	H = Hourly S = Salary
20	Payroll Frequency	Payroll Frequency	1	Alpha	Y	W, S, B, M	W = Weekly S = Semi-Monthly B = Bi-Weekly M = Monthly
21	Employee's Job Title	Employee's Job Title	30	Alphanumeric	Y		Descriptive job/position title
22	Work Location	Work Location	10	Alphanumeric	Y		State where the employee works. Will match field 31
23	STD Eligibility Date	STD Eligibility Date	8	Date	N	YYYYMMDD	Required for employees with STD coverage. Date continuous STD coverage began for this employee. NOTE: For new hires, date must adhere to new hire waiting period.
24	LTD Eligibility Date	LTD Eligibility Date	8	Date	N	YYYYMMDD	Leave this field blank
25	STD Eligible Flag	STD Eligible Flag	1	Alpha	Y	Y, N	Y = Has STD Coverage N = Not Eligible for Telephonic STD Only persons with a "Y" in this field will be eligible for Telephonic STD.
26	FMLA Consideration Flag	FMLA Consideration Flag	1	Alpha	Y	Y, N	Hardcode Y on all records
27	Employee Annual Salary	Annual Salary	11	Numeric	N	999999999.99	Employee's annual salary, excluding bonus/commissions/overtime
28	Hourly Wage	Hourly Wage	6	Numeric	N	999999999.99	Employee's hourly wage
29	Hours Worked Per Week	Weekly Hours Worked	4	Numeric	Y		Scheduled number of hours per week worked by this employee
30	Employment Category	Employment Category	1	Alpha	Y	F, P	F = Full-Time P = Part-Time
31	Employee State Worked	Employee State Worked	2	Alpha	Y		State where the employee works. Will match field 22 Official US Postal Service 2-character code.

32	Work Phone Number	Work Phone Number	13	Numeric	N	(999)999-9999	Employee's phone number at work, including area code
33	Home Phone	Home Phone	13	Numeric	N	(999)999-9999	Employee's Home Phone Number Example: (999)999-9999
34	Business Unit	Business Unit	30	Alphanumeric	N		Member department category. Example: 'Sales'
35	Exempt Status	Exempt Status	15	Alpha	N		Exempt status indicator or name of exempt status. Examples: Exempt, Non-Exempt
36	Work Zip Code	Work Zip Code	10	Numeric	N	12345	United States - Five digit zip code or zip plus four including hyphen. Canada - ANA NAN where 'A' represents an alphabetic value and 'N' represents a numeric value. Examples: US - 12345 or 12345-6789, Canada - E4m-2X9
37	Compysch Supplemental Information	Compysch Supplemental Information	5	Alpha	N		Field is space-filled unless otherwise directed by Compysch.
38	Primary Contact ID #	Primary Contact ID #	13	Alphanumeric	N		Primary contact ID responsible for managing specific member. If field #4 is populated, that is the primary indicator otherwise field #3 is the primary indicator.
39	Employee Work Email Address	Employee Work Email Address	100	Alphanumeric	N		Work email address for employee record.
40	Union Status	Union Status	30	Alpha	N		Union indicator or name of Union. Valid Values include 'U', 'NU', or union name is more than one union present across enrolled members.
41	Division	Division	30	Alpha	N		Division indicator or name of division.
42	Group Type	Group Type	30	Alpha	N		Group type indicator or name of group type.
43	Scheduled Number of Days per Week	Scheduled Number of Days per Week	2	Numeric	Y		
44	Anniversary Date	Anniversary Date	9	Date	N	YYYYMMDD	Anniversary Date of the employee as a driver of FMLA/STD administration
45	Rehire Date	Rehire Date	8	Date	N	YYYYMMDD	Original/initial date of hire for employees who have been rehired
46	Hours Worked in Previous 12 Month Period	Hours Worked in Previous 12 Month Period	7	Numeric	Y		Hours worked in prior 12 month period.
47	Compysch Account Number	Compysch Account Number	7	Numeric	Y		158332
48	Supplemental Information	Supplemental Info	30	Alphanumeric	N		According to plan design. Voya/Compysch will provide this value, if necessary. This field is used to obtain additional info needed to process the claim/administer FMLA.
49	Remarks	Remarks	30	Alphanumeric	N		Class 1 = All Salaried Employees Class 2 = Fulltime Oshkosh (union) Class 3 = All Hourly Employees who are non-union