

Billing and Services Feed Specifications

Neighborcare Health

Feed Effective Date: 1/1/2019



Ensuring a Successful Implementation

We are most successful when we partner with the right people from the customer and file provider; people who:

- Understand what information is available in the source system
- Actively participate in feed discussions
- Provide business decisions, when needed
- Provide prompt revisions to test files

Implementation Timeline

Activities	Deliverable from Policyholder	Due
Feed and Data Specifications		
<ul style="list-style-type: none">• Customer confirms desired services• Understand file layout and connectivity requirements	Part 1 Collaborative discussion with The Standard regarding data needed to support the desired services.	9/16/2019
	Part 2 File layout agreement ensures alignment between all parties regarding the format, layout, structure and expected data. Connectivity is established after file layout agreement is provided.	10/14/2019
Testing Phase 1		
<ul style="list-style-type: none">• Ensure test file aligns to feed specifications• Ensure successful file transmission	File Testing File provider and Customer Integration Analyst review the file based on format requirements, including timely revisions and additional test files ¹ .	10/28/2019
Testing Phase 2		
<ul style="list-style-type: none">• Data quality review and resolution• Ensure successful processing through test systems	File Testing File provider and Customer Integration Analyst review the file for format and data quality, including timely revisions and additional test files ¹ .	11/11/2019
Production Preview File		
<ul style="list-style-type: none">• File generated from production system, represents a preview of the initial production file• Ensure successful processing through test systems	Production File Preview Final test file sent from production system to confirm the data quality continues to meet requirements.	12/9/2019
Initial Production File		
<ul style="list-style-type: none">• First production file sent• File loaded into production	Production file delivered through The Standard's production connection to the production environment.	12/16/2019

Until this feed is in production, other methods may need to be used to provide member maintenance updates to support the management of the list bill.

¹ Multiple files will be required during this phase until test file meets The Standard's requirements

Resources

Implementation

The Standard

Neighborcare Health / Ultimate Software (TekPartners)

Project and Business Leads

Mason Love, Implementation Manager	Renee Swain
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File Development

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Tyler Keeley, Data Feed Billing Analyst	
Phone 971.321.2085	
Email tyler.keeley@standard.com	

Connectivity

Click here to enter text.

Email Click here to enter text.

The Standard's Ongoing Contacts

Business Contact ²	Technical Contact ³
Chris Gamboa, Account Manager	File Administration Team
Phone 425.283.1070	Email DATSupport@standard.com
Email christine.gamboa@standard.com	Billing Administration Team
	Email BillingFeedSupport@standard.com

² Contact for day-to-day business questions

³ Contact for data feed processing questions

Revision History

Date and Version		Section	Description of Revision	Author
9/25/2019	2.0	Document	Initial Draft	Hansford Hair

Outstanding Items

The following items are outstanding and could impact the file feed requirements.

#	Subject Area	Description	Assigned To	Current State of Resolution	Status
1					
2					
3					
4					
5					

Customer Specific Notes

File Delivery Specifications

File Specifications

File Name neighborcarehealth_10144292_1_EB_YYYYMMDDHHmm.txt

Delivery Specifications

File transfer protocol and file delivery schedule will be confirmed as part of the connectivity setup process. If you have a preference on file schedule, please share that information with your Connectivity Contact noted on page two.

Transfer Protocol SFTP
File Frequency ☒ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other: Click here to enter text.
Schedule Date and Time Mondays 2pm PT
Data Extraction ☒ Automated / Scheduled ☐ Manual
File Delivery ☒ Automated / Scheduled ☐ Manual



Failure to place the file on the server by the expected date/time may affect the services provided; we cannot guarantee a late file will be processed before the billing cut-off date.

Email Subscriptions

Automated email notification and error reports based on the file status. Options include,

File Received Sent when we successfully receive a file from you
File Received & Loaded Sent when we successfully load a file
File Empty Sent when a 0-byte file is provided
File Not Received Sent when we do not receive a file by the expected date and time

Providing an email distribution list for subscriptions, rather than individual email addresses, provides the following benefits,

- You retain full control over who receives email notifications
- You may specify multiple email distribution lists and each address may subscribe to different notifications
- Updates can be made immediately as personnel changes occur, updates made by The Standard can take up to two-weeks

☐ Received ☐ Received & Loaded ☐ Empty ☒ File Not Received Email: ReneeS@neighborcare.org
☐ Received ☐ Received & Loaded ☐ Empty ☐ File Not Received Email: Click here to enter text.



Email notifications are automated and occur on weekends and holidays. If your normal file schedule coincides with a holiday and a file is not received on that day, please send the file on the following business day.

Error Reporting

Report of database and processing exceptions emailed following file receipt. Our expectation is that the file provider and customer will resolve errors noted and direct any questions to the production support team, DATSupport@standard.com.

Email: ReneeS@neighborcare.org
Email: Click here to enter text.

Data Specifications

Source System Information

Name of source system	UltiPro
Who will provide your data in production?	Third Party,
Type of system	<input type="checkbox"/> Enrollment <input type="checkbox"/> HRIS <input type="checkbox"/> Payroll <input type="checkbox"/> Time Tracking
What environment will your test data come from?	Production
Refresh Date	Click here to enter text.

Managing Employee and Coverage Records

The Standard's system does not terminate coverage or employment by omission on a subsequent file; explicit termination dates must be provided. We also prefer not to receive future effective dates due to system processing rules.

Employee Records

Terminating an Employee Record	
How long will terminations be sent on the file (min 2 times or 30 days)	2 times
What is the lookback period based on?	N/A
Are future termination dates stored?	No
<i>Can future termination dates be withheld until the date is equal to or past the current system date?</i>	N/A

Coverage Records

Creating Coverage Records	
Effective dates are based on,	Original (Continuous) Coverage
<i>If coverages are stored by plan year, the file should only include a coverage termination date for a true coverage termination. Employees continuing their coverage in the new plan year should not have a coverage termination date at the close of the plan year.</i>	N/A
Are future coverage effective dates stored?	Yes
<i>Can future effective dates be withheld until the date is equal to or past the current system date?</i>	Choose an item.
<i>In the event the individual terminates before coverage is effective, can a termination date equal to the effective date be provided?</i>	Choose an item.
Terminating Coverage Records	
How long will terminations be sent on the file (min 2 times or 30 days)	2 times
What is the lookback period based on?	N/A
Are future termination dates stored?	Choose an item.
<i>Can future termination dates be withheld until the date is equal to or past the current system date?</i>	Choose an item.

Detailed File Layout Specifications

File and Data Rules

Employee Population	All employees (including part time and temporary)
File Content	Full File
File Format	Pipe Delimited,
File Layout	<p>All fields must be represented in the file</p> <ul style="list-style-type: none"> - Fields marked 'Required' are required for all employees on the file; those marked with an 'x' are expected for all employees with this information in the source system; those marked with an open checkbox should be sent as null fields - If data will not be included for a field, it must be included as a null/empty position (two delimiters next to each other) - No pipe delimiter after the last field in the file
Character Format	All characters in the file should be base ASCII format/mode
Format Rules	<p>Format rules are provided by field, where applicable</p> <p>If no format/data rule is listed, Alpha or Numeric is accepted, including other characters within base ASCII format/mode</p>
Domain Values	If listed, values on the inbound files must exactly match one of the values listed including case and spacing

Header Record

Field	Attribute	Format and Data Rule(s)	Max Length	Definition of value and any additional notes	Customer Specific Comments
1	Header Identifier		3		Send: HDR
2	File Date	YYYYMMDD	8	Date of file	
3	SFG Company ID			Internal Company ID	Send: SI
4	Customer Name			Customer Name	Send: neighborcarehealth
5	Group ID		8	Group Identification number assigned by The Standard	Send: 10144292

Trailer Record

Field	Attribute	Format and Data Rule(s)	Max Length	Definition of value and any additional notes	Customer Specific Comments
1	Trailer Identifier		3		Send: TLR
2	Record Count			Total number of records on file, excluding header and trailer record. Used for validation of data file.	

Employee Demographic Information

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
1	Group ID		8		Identifier provided by The Standard	Required	Send: 10144292
2	Sub Org Text		50			<input type="checkbox"/>	
3	Social Security Number	999999999	9		United States Social Security Number Do not send foreign IDs or employee IDs	Required	
4	Employee ID		20		Employee IDs must be unique; foreign IDs are acceptable Do not send Social Security Number	<input checked="" type="checkbox"/>	
5	Name Prefix		20	Doctor Dr. Miss Mr. Mrs. Ms. Professor	Employee name prefix	<input type="checkbox"/>	
6	First Name		40			Required	
7	Middle Name		40			<input checked="" type="checkbox"/>	
8	Last Name		40			Required	
9	Name Suffix		10			<input type="checkbox"/>	
10	Date of Birth	YYYYMMDD	8			Required	
11	Date of Death	YYYYMMDD	8			<input type="checkbox"/>	
12	Gender		1	M F	M....Male F.....Female	Required	
13	Marital Status		16	Common Law Divorced Domestic Partner Married Separated Single Unknown Widowed	Employee marital status	<input type="checkbox"/>	
14	Address Line 1		50			Required	
15	Address Line 2		50			<input checked="" type="checkbox"/>	
16	Address Line 3		50			<input type="checkbox"/>	
17	City		50			Required	
18	State/Province		2		Required for addresses in US or Canada	<input checked="" type="checkbox"/>	
19	Postal Code		20			Required	

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
20	Country	ISO Standards	50		For US addresses, send "United States of America"	Required	
21	Non-Work Phone	9999999999	15		Phone number where an employee can be reached after normal business hours	<input checked="" type="checkbox"/>	
22	Employee Tobacco Indicator		3	Y N		<input type="checkbox"/>	

Key Event Dates

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
23	Current Hire Date	YYYYMMDD	8		Date of Hire associated with current employment period. <i>Used for eligibility determination</i>	Required	
24	Original Hire Date	YYYYMMDD	8		Date of Hire associated with employee's original employment period.	<input type="checkbox"/>	
25	Adjusted Hire Date	YYYYMMDD	8		Current hire date adjusted to include prior periods of employment. Often called Credited Service Date.	<input checked="" type="checkbox"/>	
26	Benefits Eligibility Date	YYYYMMDD	8		The date an employee transitions from a non-benefit eligible to a benefit eligible status. <i>Used for eligibility determination</i>	Required	
27	Benefits Effective Date	YYYYMMDD	8		The date coverage becomes effective for a given employee. Traditionally, the first day following completion of the eligibility waiting period. <i>Supply only when Benefits Eligibility Date is not available.</i>	<input type="checkbox"/>	
28	Loss of Benefits Date	YYYYMMDD	8		The date an employee transitions from a benefit eligible to a non-benefit eligible status. The last day in which the employee is eligible for a benefit.	<input checked="" type="checkbox"/>	
29	Employment Termination Date	YYYYMMDD	8		Date employment is terminated.	Required	
30	Employment Status		26	Active Active Military - Overseas Active Military - USA Deceased Inactive Leave of Absence Leave of Absence FMLA Leave of Absence Military Paid Leave of Absence Retired Suspended Temporary Layoff Terminated Unpaid Leave of Absence		<input type="checkbox"/>	
31	Employment Status Effective Date	YYYYMMDD	8		Effective date of the employment status.	<input type="checkbox"/>	

Employment Information

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
32	Work State		2		State/Province where an employee works; this may be different than the state where they reside. Absence Management: Applicable state leave is determined by this value. Disability-only customers: Notification related to state income tax is determined by this value.	Required	
33	Job Title		50			<input checked="" type="checkbox"/>	
34	Scheduled Work Hours	If fraction of hour, include decimal, i.e. 80.25	8		Hours an employee is scheduled to work during the period provided in the Scheduled Work Hours Frequency field	<input checked="" type="checkbox"/>	
35	Scheduled Work Hours Frequency		12	Weekly Bi-Weekly Monthly Semi-Monthly Annual Ratio to FTE Percent to FTE	Period of time an employee works the hours provided in the Scheduled Work Hours field	<input checked="" type="checkbox"/>	
36	Employee Pay Type		11	Hourly Salary Commission Salary + OT	How an employee receives their pay	<input checked="" type="checkbox"/>	
37	Full / Part Time		9	Full Time Part Time	Full/Part time status of an employee	<input checked="" type="checkbox"/>	
38	Employment Type		9	Regular Temporary Seasonal		<input checked="" type="checkbox"/>	
39	Work Email Address		100		Employee work email address	<input checked="" type="checkbox"/>	
40	Exempt Status		10	Exempt Non-Exempt		<input type="checkbox"/>	
41	Union Flag		1	Y N		<input type="checkbox"/>	
42	Union Name		50			<input type="checkbox"/>	
43	Employer Affiliate		50			<input type="checkbox"/>	
44	Employer Location Code		50			<input type="checkbox"/>	
45	Employer Location Name		50			<input type="checkbox"/>	
46	Department Code		50			<input type="checkbox"/>	
47	Department Name		50			<input type="checkbox"/>	

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
48	Occupation Code		50			<input type="checkbox"/>	
49	Job Category		50		The Standard will provide instructions, if needed	<input type="checkbox"/>	
50	Grandfathered Employee		1	Y N	The Standard will provide instructions, if needed	<input type="checkbox"/>	
51	User Specific 1		50		The Standard will provide instructions, if needed	<input type="checkbox"/>	
52	User Specific 2		50		The Standard will provide instructions, if needed	<input type="checkbox"/>	
53	User Specific 3		50		The Standard will provide instructions, if needed	<input type="checkbox"/>	
54	User Specific 4		50		The Standard will provide instructions, if needed	<input type="checkbox"/>	
55	User Specific 5		50		The Standard will provide instructions, if needed	<input type="checkbox"/>	

Dependent Information

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
56	Spouse First Name		50			<input checked="" type="checkbox"/>	
57	Spouse Last Name		50			<input checked="" type="checkbox"/>	
58	Spouse Date of Birth	YYYYMMDD	8			<input checked="" type="checkbox"/>	
59	Spouse Address Line 1		50			<input type="checkbox"/>	
60	Spouse Address Line 2		50			<input type="checkbox"/>	
61	Spouse Address Line 3		50			<input type="checkbox"/>	
62	Spouse Address City		30			<input type="checkbox"/>	
63	Spouse Address State/Province		2			<input type="checkbox"/>	
64	Spouse Address Postal Code		20			<input type="checkbox"/>	
65	Spouse Non-Work Phone		15			<input type="checkbox"/>	
66	Spouse Email Address		50			<input type="checkbox"/>	
67	Spouse Relationship to Employee		15	Spouse Husband Wife Partner	Relationship of the dependent to the employee.	<input checked="" type="checkbox"/>	
68	Spouse Gender		1	M F U	M....Male FFemale UUndefined	<input checked="" type="checkbox"/>	
69	Spouse Tobacco Indicator		3	Y N	Required if premium is based on spouse's tobacco usage.	<input type="checkbox"/>	
70	Family Indicator		1	A B C D	Value populated needs to be one of the following values, AEmployee and Family BEmployee and Spouse CEmployee only DEmployee and Dependents (not spouse) Required for non-elective dependent benefits.	<input type="checkbox"/>	
71	Family Indicator Effective Date	YYYYMMDD	8		The date the family indicator changed or took effect. <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input type="checkbox"/>	
72	Qualifying Event Date	YYYYMMDD	8		Date the qualifying event occurred. This will only be used for elective coverages.	<input type="checkbox"/>	

Scheduled Earnings 1

Scheduled earnings communicate amounts expected to be paid to an employee as of the date specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
73	Earnings Type		18	Base Rate Billing Bonus Commission PDE Shift Differential Frozen Pay Life Earnings Mileage	PDEPredisability Earnings	<input checked="" type="checkbox"/>	Send: Base Rate
74	Earnings Amount	9999999999.99	13			<input checked="" type="checkbox"/>	
75	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input checked="" type="checkbox"/>	
76	Earnings Effective Date	YYYYMMDD	8		Effective date of the earnings sent in Earnings Amount). <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input checked="" type="checkbox"/>	

Scheduled Earnings 2

Scheduled earnings communicate amounts expected to be paid to an employee as of the date specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
77	Earnings Type		18	Base Rate Billing Bonus Commission PDE Shift Differential Frozen Pay Life Earnings Mileage	PDEPredisability Earnings	<input type="checkbox"/>	Send:
78	Earnings Amount	9999999999.99	13			<input type="checkbox"/>	
79	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
80	Earnings Effective Date	YYYYMMDD	8		Effective date of the earnings sent in Earnings Amount). <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input type="checkbox"/>	

Scheduled Earnings 3

Scheduled earnings communicate amounts expected to be paid to an employee as of the date specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
81	Earnings Type		18	Base Rate Billing Bonus Commission PDE Shift Differential Frozen Pay Life Earnings Mileage	PDEPredisability Earnings	<input type="checkbox"/>	Send:
82	Earnings Amount	9999999999.99	13			<input type="checkbox"/>	
83	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
84	Earnings Effective Date	YYYYMMDD	8		Effective date of the earnings sent in Earnings Amount). <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input type="checkbox"/>	

Scheduled Earnings 4

Scheduled earnings communicate amounts expected to be paid to an employee as of the date specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
85	Earnings Type		18	Base Rate Billing Bonus Commission PDE Shift Differential Frozen Pay Life Earnings Mileage	PDEPredisability Earnings	<input type="checkbox"/>	Send:
86	Earnings Amount	9999999999.99	13			<input type="checkbox"/>	
87	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
88	Earnings Effective Date	YYYYMMDD	8		Effective date of the earnings sent in Earnings Amount). <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input type="checkbox"/>	

Actual Earnings 1

Actual earnings communicate amounts paid to an employee over the period specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
89	Earnings Type		18	Base Rate Billing Bonus Commission Shift Differential Frozen Pay Mileage		<input type="checkbox"/>	Send:
90	Earnings Amount	9999999999.99	13			<input type="checkbox"/>	
91	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
92	Earnings Pay Date	YYYYMMDD	8		Date the earnings sent in Earnings Amount were paid	<input type="checkbox"/>	
93	Pay Frequency		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	How often this type of earnings are paid, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
94	Pay Start Date	YYYYMMDD	8		Pay Period beginning date	<input type="checkbox"/>	
95	Pay End Date	YYYYMMDD	8		Pay Period ending date	<input type="checkbox"/>	
96	Pay Period Hours	If fraction of hour, include decimal, i.e. 80.25	8		Hours worked during the pay period specified	<input type="checkbox"/>	

Actual Earnings 2

Actual earnings communicate amounts paid to an employee over the period specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
97	Earnings Type		18	Base Rate Billing Bonus Commission Shift Differential Frozen Pay Mileage		<input type="checkbox"/>	Send:
98	Earnings Amount	9999999999.99	13			<input type="checkbox"/>	
99	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
100	Earnings Pay Date	YYYYMMDD	8		Date the earnings sent in Earnings Amount were paid	<input type="checkbox"/>	
101	Pay Frequency		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	How often this type of earnings are paid, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
102	Pay Start Date	YYYYMMDD	8		Pay Period beginning date	<input type="checkbox"/>	
103	Pay End Date	YYYYMMDD	8		Pay Period ending date	<input type="checkbox"/>	
104	Pay Period Hours	If fraction of hour, include decimal, i.e. 80.25	8		Hours worked during the pay period specified	<input type="checkbox"/>	

Actual Earnings 3

Actual earnings communicate amounts paid to an employee over the period specified.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
105	Earnings Type		18	Base Rate Billing Bonus Commission Shift Differential Frozen Pay Mileage		<input type="checkbox"/>	Send:
106	Earnings Amount	9999999999.99	13			<input type="checkbox"/>	
107	Earnings Amount Expression		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	The period the Earnings Amount represents, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
108	Earnings Pay Date	YYYYMMDD	8		Date the earnings sent in Earnings Amount were paid	<input type="checkbox"/>	
109	Pay Frequency		22	Annual Weekly Monthly Hourly Bi-Weekly Semi-Monthly Irregular Semi-Monthly/10 Months	How often this type of earnings are paid, Bi-Weekly..... 26 Periods Semi-Monthly 24 Periods Semi-Monthly/10 Months 20 Periods	<input type="checkbox"/>	
110	Pay Start Date	YYYYMMDD	8		Pay Period beginning date	<input type="checkbox"/>	
111	Pay End Date	YYYYMMDD	8		Pay Period ending date	<input type="checkbox"/>	
112	Pay Period Hours	If fraction of hour, include decimal, i.e. 80.25	8		Hours worked during the pay period specified	<input type="checkbox"/>	

Absence Management

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
113	Hours Worked in the Last 12 Months	If fraction of hour, include decimal, i.e. 80.25	8		FMLA regulation definition: Includes: hours actually worked for the employer; regular, shift differential, overtime, paid volunteer, etc. Excludes: sick leave, vacation, paid time off, paid and unpaid leave. Required for Absence Management services.	Required	
114	Hours Worked in the Last 12 Months thru Date	YYYYMMDD	8		Represents the date that the Hours Worked in Last 12 Months were calculated/updated. Required for Absence Management services.	Required	
115	Supervisor/Manager Employee ID		20		May be required based on configuration for system access and correspondence.	<input type="checkbox"/>	
116	AMS User Defined Field		1		Future use field		
117	AMS Reporting Group 1		50			<input type="checkbox"/>	
118	AMS Reporting Group 2		50			<input type="checkbox"/>	
119	AMS Reporting Group 3		50			<input type="checkbox"/>	
120	AMS Reporting Group 4		50			<input type="checkbox"/>	
121	AMS Reporting Group 5		50			<input type="checkbox"/>	
122	AMS Reporting Group 6		50			<input type="checkbox"/>	
123	AMS Reporting Group 7		50			<input type="checkbox"/>	
124	AMS Reporting Group 8		50			<input type="checkbox"/>	
125	AMS Reporting Group 9		50			<input type="checkbox"/>	

Disability Claim Outreach

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
126	HR Contact Recipient		50		Name of area receiving Employer Notification	<input type="checkbox"/>	Send:
127	HR Contact Email Address		100		Distribution list for Disability Employer Notifications	Required	Send:
128	HR Contact Work Phone	Number	15			<input type="checkbox"/>	

Claim Reporting

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
129	Reporting Category 1		50			<input type="checkbox"/>	
130	Reporting Category 2		50			<input type="checkbox"/>	
131	Reporting Category 3		50			<input type="checkbox"/>	
132	Reporting Category 4		50			<input type="checkbox"/>	
133	Reporting Category 5		50			<input type="checkbox"/>	

Billing Management

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
134	Policy		6		Provided by The Standard	Required	Send: 163708
135	Billing Division		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 0001
136	Billing Division Effective Date	YYYYMMDD	8		Date the Billing Division took effect <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input type="checkbox"/>	
137	Billing Category		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send:0100
138	Billing Category Effective Date	YYYYMMDD	8		Date the Billing Category took effect <i>If date is unavailable, leave null, The Standard will default to the file processing date.</i>	<input type="checkbox"/>	
139	Customer Defined Division		50		Provided by The Standard	<input type="checkbox"/>	
140	Customer Defined Billing Category		50		Provided by The Standard	<input type="checkbox"/>	

State Disability Coverage

Information in this section is used to create coverage records for New Jersey TDB and/or New York DBL products. The logic is based on the Work State and the Current Hire Date provided in the Employment Information section.

In order for this logic to function, information must be provided as noted for *all* employees on the file.

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
141	NJ TDB Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
142	NJ TDB Plan		2		Provided by The Standard	<input type="checkbox"/>	
143	NJ TDB Employer Plan Code		50			<input type="checkbox"/>	
144	NY DBL Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
145	NY DBL Plan		2		Provided by The Standard	<input type="checkbox"/>	
146	NY DBL Employer Plan Code		50			<input type="checkbox"/>	

Disability Coverage 1

Short Term Disability ATP

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
147	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 756823
148	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
149	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: ST
150	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
151	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled.	<input type="checkbox"/>	
152	AM Class	Number	10		Provided by The Standard, when applicable	<input type="checkbox"/>	
153	Class Name		50		Provided by The Standard, when applicable	<input type="checkbox"/>	
154	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

155	Benefit Waiting Period	Number	50		Waiting period in which employee is enrolled	<input type="checkbox"/>	
156	Benefit Percent	999.99	20		Percent of benefit for which the employee is enrolled	<input type="checkbox"/>	
157	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
158	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
159	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
160	Termination Date	YYYYMMDD	8		The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

161	Requested Benefit Waiting Period	Number	50		Waiting period the employee has requested	<input type="checkbox"/>	
162	Requested Benefit Percent	999.99	20		Benefit Percent the employee has requested	<input type="checkbox"/>	
163	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
164	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T.... Represents the full amount of coverage; inforce amount plus any additional amount requested P.... Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
165	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Disability Coverage 2

Long Term Disability

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
166	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
167	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: B
168	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: LT
169	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
170	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
171	AM Class	Number	10		Provided by The Standard, when applicable	<input type="checkbox"/>	
172	Class Name		50		Provided by The Standard, when applicable	<input type="checkbox"/>	
173	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

174	Benefit Waiting Period	Number	50		Waiting period in which employee is enrolled	<input type="checkbox"/>	
175	Benefit Percent	999.99	20		Percent of benefit for which the employee is enrolled	<input type="checkbox"/>	
176	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
177	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
178	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
179	Termination Date	YYYYMMDD	8		The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

180	Requested Benefit Waiting Period	Number	50		Waiting period the employee has requested	<input type="checkbox"/>	
181	Requested Benefit Percent	999.99	20		Benefit Percent the employee has requested	<input type="checkbox"/>	
182	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
183	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T.... Represents the full amount of coverage; inforce amount plus any additional amount requested P.... Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
184	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Disability Coverage 3

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
185	Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
186	Plan ID		2		Provided by The Standard	<input type="checkbox"/>	Send:
187	Product ID		4		Provided by The Standard	<input type="checkbox"/>	Send:
188	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
189	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
190	AM Class	Number	10		Provided by The Standard, when applicable	<input type="checkbox"/>	
191	Class Name		50		Provided by The Standard, when applicable	<input type="checkbox"/>	
192	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

193	Benefit Waiting Period	Number	50		Waiting period in which employee is enrolled	<input type="checkbox"/>	
194	Benefit Percent	999.99	20		Percent of benefit for which the employee is enrolled	<input type="checkbox"/>	
195	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
196	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
197	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input type="checkbox"/>	
198	Termination Date	YYYYMMDD	8		The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

199	Requested Benefit Waiting Period	Number	50		Waiting period the employee has requested	<input type="checkbox"/>	
200	Requested Benefit Percent	999.99	20		Benefit Percent the employee has requested	<input type="checkbox"/>	
201	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
202	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
203	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Disability Coverage 4

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
204	Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
205	Plan ID		2		Provided by The Standard	<input type="checkbox"/>	Send:
206	Product ID		4		Provided by The Standard	<input type="checkbox"/>	Send:
207	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
208	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
209	AM Class	Number	10		Provided by The Standard, when applicable	<input type="checkbox"/>	
210	Class Name		50		Provided by The Standard, when applicable	<input type="checkbox"/>	
211	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

212	Benefit Waiting Period	Number	50		Waiting period in which employee is enrolled	<input type="checkbox"/>	
213	Benefit Percent	999.99	20		Percent of benefit for which the employee is enrolled	<input type="checkbox"/>	
214	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
215	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
216	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input type="checkbox"/>	
217	Termination Date	YYYYMMDD	8		The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

218	Requested Benefit Waiting Period	Number	50		Waiting period the employee has requested	<input type="checkbox"/>	
219	Requested Benefit Percent	999.99	20		Benefit Percent the employee has requested	<input type="checkbox"/>	
220	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
221	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
222	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Disability Coverage 5

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
223	Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
224	Plan ID		2		Provided by The Standard	<input type="checkbox"/>	Send:
225	Product ID		4		Provided by The Standard	<input type="checkbox"/>	Send:
226	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
227	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
228	AM Class	Number	10		Provided by The Standard, when applicable	<input type="checkbox"/>	
229	Class Name		50		Provided by The Standard, when applicable	<input type="checkbox"/>	
230	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

231	Benefit Waiting Period	Number	50		Waiting period in which employee is enrolled	<input type="checkbox"/>	
232	Benefit Percent	999.99	20		Percent of benefit for which the employee is enrolled	<input type="checkbox"/>	
233	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
234	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
235	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input type="checkbox"/>	
236	Termination Date	YYYYMMDD	8		The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

237	Requested Benefit Waiting Period	Number	50		Waiting period the employee has requested	<input type="checkbox"/>	
238	Requested Benefit Percent	999.99	20		Benefit Percent the employee has requested	<input type="checkbox"/>	
239	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
240	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
241	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Disability Coverage 6

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
242	Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
243	Plan ID		2		Provided by The Standard	<input type="checkbox"/>	Send:
244	Product ID		4		Provided by The Standard	<input type="checkbox"/>	Send:
245	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
246	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
247	AM Class	Number	10		Provided by The Standard, when applicable	<input type="checkbox"/>	
248	Class Name		50		Provided by The Standard, when applicable	<input type="checkbox"/>	
249	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

250	Benefit Waiting Period	Number	50		Waiting period in which employee is enrolled	<input type="checkbox"/>	
251	Benefit Percent	999.99	20		Percent of benefit for which the employee is enrolled	<input type="checkbox"/>	
252	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
253	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
254	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input type="checkbox"/>	
255	Termination Date	YYYYMMDD	8		The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

256	Requested Benefit Waiting Period	Number	50		Waiting period the employee has requested	<input type="checkbox"/>	
257	Requested Benefit Percent	999.99	20		Benefit Percent the employee has requested	<input type="checkbox"/>	
258	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
259	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
260	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Life Coverage 1

Basic Life

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
261	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
262	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
263	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: BL
264	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
265	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
266	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
267	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

268	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
269	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
270	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
271	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
272	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
273	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

274	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
275	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
276	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
277	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
278	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Life Coverage 2

Additional Life

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
279	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
280	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
281	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: AL
282	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
283	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
284	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
285	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

286	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
287	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
288	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
289	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
290	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
291	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

292	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
293	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
294	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
295	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
296	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Life Coverage 3

Additional Spouse Life

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
297	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
298	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
299	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: ASL
300	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
301	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
302	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
303	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

304	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
305	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
306	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
307	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
308	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
309	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

310	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
311	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
312	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
313	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
314	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Life Coverage 4

Additional Child Life

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
315	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
316	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
317	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: ACL
318	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
319	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
320	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
321	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

322	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
323	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
324	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
325	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
326	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
327	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

328	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
329	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
330	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
331	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
332	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Life Coverage 5

Dependent Life

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
333	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
334	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
335	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: XDL
336	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
337	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
338	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
339	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

340	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
341	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
342	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
343	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input checked="" type="checkbox"/>	
344	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
345	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

346	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
347	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
348	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
349	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
350	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Life Coverage 6

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
351	Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
352	Plan ID		2		Provided by The Standard	<input type="checkbox"/>	Send:
353	Product ID		4		Provided by The Standard	<input type="checkbox"/>	Send:
354	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
355	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
356	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
357	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

358	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
359	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
360	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
361	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
362	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input type="checkbox"/>	
363	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

364	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
365	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
366	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
367	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
368	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee requested coverage or modification to coverage	<input type="checkbox"/>	

Accidental Death & Dismemberment Coverage 1

Basic AD&D

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
369	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
370	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
371	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: BA
372	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
373	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
374	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
375	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

376	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
377	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
378	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
379	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
380	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
381	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

382	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
383	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
384	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
385	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
386	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee enrolled for a coverage amount that requires medical underwriting.	<input type="checkbox"/>	

Accidental Death & Dismemberment Coverage 2

Additional AD&D

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
387	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
388	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
389	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: AA
390	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
391	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
392	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
393	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

394	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
395	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
396	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
397	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
398	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
399	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

400	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
401	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
402	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
403	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
404	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee enrolled for a coverage amount that requires medical underwriting.	<input type="checkbox"/>	

Accidental Death & Dismemberment Coverage 3

Additional Spouse AD&D

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
405	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
406	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
407	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: ASA
408	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
409	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
410	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
411	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

412	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
413	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
414	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
415	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
416	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
417	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

418	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
419	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
420	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
421	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
422	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee enrolled for a coverage amount that requires medical underwriting.	<input type="checkbox"/>	

Accidental Death & Dismemberment Coverage 4

Additional Child AD&D

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
423	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
424	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
425	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: ACA
426	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
427	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
428	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
429	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

430	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
431	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
432	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
433	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
434	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
435	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

436	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
437	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
438	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
439	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
440	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee enrolled for a coverage amount that requires medical underwriting.	<input type="checkbox"/>	

Accidental Death & Dismemberment Coverage 5

Dependent AD&D

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
441	Policy		6		Provided by The Standard	<input checked="" type="checkbox"/>	Send: 163708
442	Plan ID		2		Provided by The Standard	<input checked="" type="checkbox"/>	Send: A
443	Product ID		4		Provided by The Standard	<input checked="" type="checkbox"/>	Send: XDA
444	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
445	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
446	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
447	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

448	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
449	Covered Amount	9999999999.99	13		Benefit amount for which the employee is enrolled	<input checked="" type="checkbox"/>	
450	Prior Carrier Takeover Amount	9999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
451	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input checked="" type="checkbox"/>	
452	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input checked="" type="checkbox"/>	
453	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input checked="" type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

454	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
455	Requested Amount	9999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
456	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P.....Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
457	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
458	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee enrolled for a coverage amount that requires medical underwriting.	<input type="checkbox"/>	

Accidental Death & Dismemberment Coverage 6

Field	Attribute	Format and Data Rule(s)	Max Length	Domain Values	Definition of Value	Include in File	Customer Specific Comments
459	Policy		6		Provided by The Standard	<input type="checkbox"/>	Send:
460	Plan ID		2		Provided by The Standard	<input type="checkbox"/>	Send:
461	Product ID		4		Provided by The Standard	<input type="checkbox"/>	Send:
462	Schedule ID		50		Provided by The Standard	<input type="checkbox"/>	Send:
463	Employer Plan Code		50		Uniquely identifies the plan in which the employee is enrolled	<input type="checkbox"/>	
464	Class Name		50		Provided by The Standard, if applicable	<input type="checkbox"/>	
465	User Specific		50		Provided by The Standard, if applicable	<input type="checkbox"/>	

Covered Benefit Amounts and Datesⁱ

466	Earnings Multiplier	99.99	20		Earnings multiplier for which the employee is enrolled	<input type="checkbox"/>	
467	Covered Amount	999999999.99	13		Benefit amount for which the employee is enrolled	<input type="checkbox"/>	
468	Prior Carrier Takeover Amount	999999999.99	13		For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount.	<input type="checkbox"/>	
469	Family Indicator		50	Spouse Child Family	Family indicator for which the employee is enrolled	<input type="checkbox"/>	
470	Effective Date	YYYYMMDD	8		The date the coverage begins or changes. Required when employee has coverage and when coverage ends.	<input type="checkbox"/>	
471	Termination Date	YYYYMMDD	8		The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date.	<input type="checkbox"/>	

Requested Benefit (Pending) Amounts and Datesⁱⁱ

472	Requested Earnings Multiplier	99.99	20		Earnings multiplier the employee has requested	<input type="checkbox"/>	
473	Requested Amount	999999999.99	13		Amount the employee has requested	<input type="checkbox"/>	
474	Requested Amount Type		1	T P	Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P). T Represents the full amount of coverage; inforce amount plus any additional amount requested P Represents the amount that is in addition to inforce amount.	<input type="checkbox"/>	
475	Requested Family Indicator		50	Spouse Child Family	Family indicator for which the employee has requested	<input type="checkbox"/>	
476	Application Date of Requested Coverage	YYYYMMDD	8		The date the employee enrolled for a coverage amount that requires medical underwriting.	<input type="checkbox"/>	

End Notes

ⁱ Captures amounts that have been approved and represent what an employee is insured for

ⁱⁱ Captures values related to coverage or parts of coverage for which evidence of insurability is required