



GROUP BENEFITS

**Absence Management Eligibility File Specification and Instructions**

**Innovation Specialists LLC DBA 2nd MD**

Target: September 1, 2020

V 4.6



# **Eligibility File Basics**

## Client Instructions

As part of Lincoln’s Absence Management Services, we require complete, accurate, and timely Eligibility Files from our clients.  The eligibility file is a key component to our Absence Management Services and contains a listing of basic demographic information, organizational hierarchy details, and absence eligibility information from your various payroll and human resource records.  The Eligibility File is used in a number of functions, including determining employee eligibility for federal, state, and/or company leaves of absence, directing communications to employees and employer contacts, report security access, billing calculations, and the enablement of certain product features or options.

This document provides detailed instructions on the creation and delivery requirements of the Eligibility File.  As part of your implementation, Lincoln will walk through this document with you and your team.  Please carefully review each section of this document and designate the appropriate technical resource(s) required to develop and produce the file.  If you require assistance from external service delivery providers (such as payroll provider) to develop and/or maintain this file, we recommend you provide them with as much advance notice as possible, along with a copy of this specification document so the work can be completed by your target dates.

In order to continue providing the most accurate services to our clients, this file must be regularly delivered to Lincoln in a timely manner.  We recommend delivering this file on a schedule that coincides with your payroll cycle (every 1-2 weeks), and supplying an updated file in response to any error notifications as soon as possible.

Lincoln expects the eligibility file will both be developed and continue to be delivered in adherence to the format provided in these specifications.  Changes made after the final test file structure and content have been deemed acceptable will require LFG support and in most cases, additional fees will be applicable.

**Note: The file must contain information for your entire employee population for which we are administering leaves of absence.**

**An employee should never be dropped from the eligibility file without first having a termination record sent to LFG.**

## Test and Production File Schedule and Validation

|  |  |
| --- | --- |
| **Type** | **Due Date** |
| Initial Test File | 60 days prior to Effective Date |
| Initial Production File | 30 days prior to Effective Date |

|  |  |  |
| --- | --- | --- |
| **Expectations** |  | **Expected Turnaround Time** |
| Upon receipt of test and production-ready files Lincoln will perform validation testing and provide corresponding results |  | 3 business days from receipt of file |
| After providing validation results, Lincoln requires an updated test file |  | 3 business days from receipt of validation results  Is your company able to meet this deadline?  ☐ Yes ☐ No  If no, please indicate the number of business days it will take to provide an updated file after Lincoln has communicated the validation results: |

# **File Structure and Delivery**

## File Structure

|  |  |  |
| --- | --- | --- |
| **Category** | **Description/Instruction** | **Client File Specifics** |
| File Type | The **required file type is .csv**  File must be encoded in UTF-8. All rows, including header row must have the same number of columns, whether data is present in a column or not. | Client can deliver to File Type: Y/N |
| Header rows | The following are the standards for header rows:  **Header row:** ***Field Name*** must match the field names as identified in Section 3 Eligibility file data layout in this document. | Client can deliver to Header: Y/N |
| Blank Fields | To align with our automated process, all columns must be sent on the file. Therefore, blank columns must be sent for any fields that the client is not including in their data. If a field initially has data and then later on a new file it becomes blank the previous data will remain. If the data needs to be removed please contact your Absence Implementation Specialist or your Account Manager for assistance. | Client can send Blank Fields: Y/N |

## File Delivery Instructions

Our absence administration is contingent upon the data provided by you in this file; therefore the Eligibility File must be delivered on a frequent and consistent basis. As described, we automate the upload of all Eligibility Files, which means the file delivery instructions below must be adhered to exactly as described below. If the Eligibility File does not follow the naming and delivery protocols agreed to during your implementation, then it will not be recognized or uploaded, which could lead to inaccurate administration of absences. Please discuss any questions or concerns with your Absence Implementation Specialist.

|  |  |  |
| --- | --- | --- |
| **Category** | **Description/Instruction** | **Client File Specifics** |
| Filename | Please name the file cvLFGEligibility\_ClientName\_YYYYMMDD.csv, where the date string is the **delivery date** of the file. The file name must match this naming format, as the automated process is contingent on an exact match in order to upload the file. Any changes, including files with a date other than the expected delivery date, will result in the file failing to upload and therefore, updating the system. | cvLFGEligibility\_ClientName\_YYYYMMDD.csv  Actual name:  **cvLFGEligibility\_ 2NDMD\_YYYYMMDD.csv** |
| File Transfer | The standard file **transfer is via SFTP.** Files should be delivered to Lincoln’s SFTP server. | Client can deliver via our File Transfer Protocol: Y/N |
| Frequency and Schedule | Bi-Weekly is the minimal frequency recommended for file delivery because frequent file updates help ensure the accuracy of claim administration. Your Absence Implementation Specialist can help you decide the appropriate frequency for your needs. | File Update Frequency:    Day of the week: |
| Retention | Lincoln Financial Group will retain the Client Eligibility File for **6 months**. | Retain File for 6 months in Lincoln Financial Group Folder (internal use): |

# **Eligibility File Data Layout**

The following table describes each of the data elements of the Eligibility File. Please note which are Required Fields, and speak to your Absence Implementation Specialist immediately if you are unable to provide one of these fields. Key: Optional Data Required Data May be required based on client program decisions

| # | Column heading | Required | Client Including | Type (Max chars) | Sample Value | Ulti Value | Description | Client Comment Field |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | SSN | Yes | Must be provided | Numeric  (9) | 123456789 | eepssn | Employee’s Social Security Number.  **Note:** Please do not include dashes. |  |
|  | Employee Number | Yes | Must be provided | Alphanumeric (25) | E987654321 | EecEmpNo | Employee’s employer-assigned unique identification number. |  |
|  | Key Employee Identifier | YES | Yes  No | Alpha  (1) | Y | 2nd.MD will work with Richard to determine how to populate this field. | Designates whether the employee is a key employee with the company; required if the employer is enforcing the Key Employee Rule.   |  | | --- | | Valid values: | | N = No | | Y = Yes | | May be required based on client program decisions. |
|  | Employee Last Name | Yes | Must be provided | Alpha  (50) | Smith-Charles | eepnamelast | Employee’s last name. |  |
|  | Employee First Name | Yes | Must be provided | Alpha  (20) | Lynn | eepnamefirst | Employee’s first name. |  |
|  | Employee Middle Name | No | Yes  No | Alpha  (20) | James | eepnamemiddle | Employee’s middle name. |  |
|  | Suffix | No | Yes  No | Alpha  (12) | Jr., Sr., III | Leave blank | Suffix to the employee’s name. |  |
|  | Salutation | No | Yes  No | Alpha  (12) | Mr., Mrs., Ms., Dr. | Leave blank | Salutation or title to the employee’s name. |  |
|  | Employee Contact Email | Yes | Yes  No | Alphanumeric  (50) | L123@company.com | eepAddressEMail | Employee’s work email address.  **Purpose: This value may be used to communicate absence claim information an employee’s supervisor or additional reports to contact reflected in the eligibility file.** |  |
|  | Date of Birth | Yes | Must be provided | Numeric  (8) | 19741014 | eepdateofbirth | Employee’s date of birth.   |  | | --- | | Valid date format: | | YYYYMMDD | |  |
|  | Gender | Yes | Must be provided | Alpha  (1) | M, F | Eepgender (can be blank if they do not identify) | Employee’s gender.   |  | | --- | | Valid values: | | F = Female | | M = Male | |  |
|  | Marital Status | No | Yes  No | Alpha  (1) | S | Leave blank | Employee’s marital status.     |  | | --- | | Valid values: | | D = Divorced | | M = Married | | P = Domestic Partner | | S = Single | | W = Widow | |  |
|  | Married Couple Rule Indicator | NO | Yes  No | Alpha  (5) | TRUE | Leave blank | Indicates whether the employee’s spouse works for the same company.   |  | | --- | | Valid values: | | FALSE | | TRUE |     **Note:** This is a required field if the company wants to enforce the FMLA Married Couple Rule. | May be required based on client program decisions. |
|  | Spouse Employee ID | NO | Yes  No | Alphanumeric  (25) | B898765154 | Leave blank | Employee’s spouse’s assigned employer identification number.  **Note:** Required when the MarriedCoupleRuleIndicator = “TRUE”. | May be required based on client program decisions. |
|  | Address1 | Yes | Yes  No | Alphanumeric  (100) | 704 Huntington Ave. | Eepaddressline1 | Employee’s home street addresses line 1. |  |
|  | Address2 | No | Yes  No | Alphanumeric  (100) | Unit #204 | Eepaddressline2 | Employee’s home street address line 2. |  |
|  | City | Yes | Yes  No | Alpha  (30) | Boston | Eepaddresscity | Employee’s home city. |  |
|  | State | Yes | Yes  No | Alpha  (2) | MA | eepaddressstate | Employee’s two-character home state.  **Note:** Valid state values are available in Appendix A: Data elements—State codes. |  |
|  | Postal Code | Yes | Yes  No | Numeric  (20) | 02115-5244 | eepaddresszip | Employee’s home postal/ZIP code.  **Note:** Include leading zeros, dash and plus 4 characters when applicable. |  |
|  | Country | No | Yes  No | Alpha  (2) | ZZ | Leave blank | Employee’s residence country.  **Note: ”**ZZ” required if your company has employees residing outside the U.S. included in our administration. |  |
|  | Home Phone | Yes | Yes  No | Numeric  (30) | 402-361-1234 | cell phone = if efoPhoneType is CEL, send efoPhoneNumber from table EmpMPhon | Employee’s home phone number.  **Note:** Special characters such as dashes or parenthesis are acceptable. |  |
|  | Work Phone | Yes | Yes  No | Numeric  (30) | 402-361-1235 | EecPhoneBusinessNumber | Employee’s work phone number.  **Note:** Special characters such as dashes or parenthesis are acceptable. |  |
|  | Fax | No | Yes  No | Numeric  (30) | 402-362-1236 | Leave blank | Employee’s fax number.  **Note:** Special characters such as dashes or parenthesis are acceptable. |  |
|  | Work State | Yes | Must be provided | Alpha  (2) | NE | use LocAddressState in eeclocation | The two character code of the state or province where the employee physically works.  Employees who do not have a consistent physical work location (long haul truck drivers, traveling salespeople, etc.) should be listed with the two character code of the state or province that their work orders or assignments originate in.  Employees considered to be ‘remote employees’ or ‘work from home’ employees should list the two character code of the state or province that they physically work in.   This is used to determine the state leaves they may be eligible for.  **Note:** Valid state/province values are available in Appendix A: Data Elements - State Codes. |  |
|  | Work Location Code | TBD | Yes  No | Alphanumeric  (10) | Omaha342 | LocCode | The work location of the employee.  **Note:** This field is required if the 50/75 eligibility rule applies to your organization, and you cannot populate the  Eligibility Indicator in field 85. | May be required based on client program decisions. |
|  | Job Code | TBD | Yes  No | Alphanumeric  (50) | LEAD7, 104887 | EecJobCode | Employee’s job code. | May be required based on client program decisions. |
|  | Job Title | TBD | Yes  No | Alphanumeric  (50) | Manager II | use JbcDesc where JbcCode = EecJobCode to get the title connected to the job code | Employee’s job title.  **Note:** Required if used to determine eligibility for a company leave | May be required based on client program decisions. |
|  | Job Status | Yes | **Yes**  No | Alpha  (1) | A | If EecEmplStatus = A send A  If EecEmplStatus = S send I  If EecEmplStatus = L send L  If EecEmplStatus = T send T | Employee’s job status.   |  | | --- | | Valid values: | | A = Active | | I = Inactive or Suspended | | L = Leave of Absence or Leave with Pay | | T = Terminated | |  |
|  | Job Status Date | Yes | Yes  No | Numeric  (8) | 20161007 | EecEmplStatusStartDate | The effective date of the reported job status.   |  | | --- | | Valid date format: | | YYYYMMDD | |  |
|  | Employment Type | YES | Yes  No | Alpha  (1) | R | If EecEEType = CON send C  If EecEEType = INT send I  If EecEEType = REG send R  If EecEEType = SUN send S  If EecEEType = TES send T | Employee’s employment type.     |  | | --- | | Valid values: | | C = Contract | | I = Intern | | R = Regular | | S = Seasonal | | T = Temporary | | V = Voluntary | | May be required based on client program decisions. |
|  | Full Time | YES | Yes  No | Alpha  (5) | TRUE | If EecFullTimeOrPartTime = F send True, else False | Employee is a full-time employee.   |  | | --- | | Valid values: | | FALSE (Part time) | | TRUE (Full time) | | May be required based on client program decisions. |
|  | Exempt | TBD | Yes  No | Alpha  (5) | TRUE | If EecSalaryOrHourly = S send True, else send False | Employee is an exempt status employee.   |  | | --- | | Valid values: | | FALSE (Non-Exempt) | | TRUE (Exempt) | | May be required based on client program decisions. |
|  | Hire Date | Yes | Yes  No | Numeric  (8) | 20090317 | EecDateOfLastHire | Employee’s most recent date of hire. If an acquisition applies, provide the most recent date of hire with the acquired company.   |  | | --- | | Valid date format: | | YYYYMMDD | |  |
|  | Months of Service | TBD | Yes  No | Numeric  (3) | 12 | Leave blank | The whole number of months the employee has worked for the employer the past seven years. | May be required based on client program decisions. |
|  | Adjusted Service Date | TBD | Yes  No | Numeric  (8) | 20080402 | Leave blank | Alternate ‘Date of Hire’ that accounts for prior service for the purposes of determining total months of service eligibility rule.   |  | | --- | | Valid date format: | | YYYYMMDD | | May be required based on client program decisions. |
|  | Termination Date | Yes | Yes  No | Numeric  (8) | 20140921 | EecDateOfTermination (leave on file for 30 days) | The date the employee was terminated.   |  | | --- | | Valid date format: | | YYYYMMDD |   **Note:** Required when Job Status = “T”  NEVER drop the employee from the Eligibility File.  Simply dropping an employee from the Eligibility File will not terminate an employee from the LFG Absence System or billing and will have downstream administrative impacts. |  |
|  | Job Start Date | No | Yes  No | Numeric  (8) | 20090317 | Leave blank | Employee’s job start date for their current assignment.   |  | | --- | | Valid date format: | | YYYYMMDD | |  |
|  | Job End Date | No | Yes  No | Numeric  (8) | 20160514 | Leave blank | Employee’s job end date for their current assignment.   |  | | --- | | Valid date format: | | YYYYMMDD | |  |
|  | Shift | No | Yes  No | Alphanumeric  (30) | Graveyard, Swing | Leave blank | Employee’s work shift. |  |
|  | Hours Per Week | Yes | Yes  No | Numeric  (5,2) | 40.00 | EecScheduledWorkHrs  (if no hours, leave blank. 0 will create issues) | The number of hours per week that the employee is scheduled to work. Include decimal if applicable.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Per Day | No | Yes  No | Numeric  (5,2) | 8.00 | Leave blank | The number of hours per day that the employee is scheduled to work. Include decimal if applicable.  **Note:** Provide null value if there are no hours to report. |  |
|  | Days Per Week | No | Yes  No | Numeric  (1) | 5 | Leave blank | The number of days per seven (7) day week that the employee is scheduled to work.  **Note:** Provide null value if there are no hours to report. |  |
|  | Actual Hours Worked | Yes | Yes  No | Numeric  (4,2) | 2080.00 | EeePriorYTDHrs | The whole number of actual hours worked by the employee during the previous 12 months. Data should reflect hours in the 12 months immediately preceding the date of the eligibility file. Include decimal if applicable.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Begin Date | No | Yes  No | Numeric  (8) | 20090317 | Leave blank | The beginning date for the dates being reported in the Hours Scheduled Day # fields below.   |  | | --- | | Valid date format: | | YYYYMMDD |   **Note:** Required if any information is entered in any of the Hours Scheduled Day # fields. |  |
|  | Hours Scheduled Day 1 | No | Yes  No | Numeric  (4,2) | 8.00 | Leave blank | The number of hours the employee is scheduled to work on the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 2 | No | Yes  No | Numeric  (4,2) | 6.00 | Leave blank | The number of hours the employee is scheduled to work one day after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 3 | No | Yes  No | Numeric  (4,2) | 8.00 | Leave blank | The number of hours the employee is scheduled to work two days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 4 | No | Yes  No | Numeric  (4,2) | 10.00 | Leave blank | The number of hours the employee is scheduled to work three days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 5 | No | Yes  No | Numeric  (4,2) | 8.00 | Leave blank | The number of hours the employee is scheduled to work four days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 6 | No | Yes  No | Numeric  (4,2) | 0.00 | Leave blank | The number of hours the employee is scheduled to work five days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 7 | No | Yes  No | Numeric  (4,2) | 0.00 | Leave blank | The number of hours the employee is scheduled to work six days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 8 | No | Yes  No | Numeric  (4,2) | 10.00 | Leave blank | The number of hours the employee is scheduled to work seven days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 9 | No | Yes  No | Numeric  (4,2) | 6.00 | Leave blank | The number of hours the employee is scheduled to work eight days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 10 | No | Yes  No | Numeric  (4,2) | 8.00 | Leave blank | The number of hours the employee is scheduled to work nine days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 11 | No | Yes  No | Numeric  (4,2) | 8.00 | Leave blank | The number of hours the employee is scheduled to work ten days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 12 | No | Yes  No | Numeric  (4,2) | 8.00 | Leave blank | The number of hours the employee is scheduled to work eleven days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 13 | No | Yes  No | Numeric  (4,2) | 0.00 | Leave blank | The number of hours the employee is scheduled to work twelve days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Hours Scheduled Day 14 | No | Yes  No | Numeric  (4,2) | 0.00 | Leave blank | The number of hours the employee is scheduled to work thirteen days after the date specified in Hours Scheduled Begin Date. Include decimal if applicable. This can be used to provide hours for employees with varying schedules.  **Note:** Provide null value if there are no hours to report. |  |
|  | Union Name | TBD | Yes  No | Alpha  (50) | UNION | Leave blank | The name of the employee’s union. | May be required based on client program decisions. |
|  | Union Local | TBD | Yes  No | (30) | 123 | Leave blank | Employee’s union local number. | May be required based on client program decisions. |
|  | Union Contact | TBD | Yes  No | Alpha  (75) | Sally Smith | Leave blank | The name of the union contact for the employee. | May be required based on client program decisions. |
|  | Union Contact Phone | TBD | Yes  No | Numeric  (30) | 402-361-0123 | Leave blank | The union contact phone number for the employee.  **Note:** Special characters such as dashes or parenthesis are acceptable. | May be required based on client program decisions. |
|  | Base Pay | Yes | Yes  No | Numeric  (10,2) | 25.00 | eecAnnSalary or eecHourlyPayRate | Employee’s base pay amount, including two decimal places. Do not include any other formatting (commas, dollar signs, etc.). |  |
|  | Base Pay Period / Salary Code | Yes | Yes  No | Alpha  (1) | H | use PgrPayFrequency for pay frequency  (dependent on Base Pay field above. i.e. if salary being sent this field would send A) | Employee’s base pay period.   |  | | --- | | Valid values: | | A = Annual | | B = Biweekly | | H = Hourly | | S = Semimonthly | | W = Weekly | |  |
|  | Other Pay | No | Yes  No | Numeric  (10,2) | 2500.00 | Leave blank | Employee’s other pay amount, including two decimal places. Do not include any other formatting (commas, dollar signs, etc.). |  |
|  | Other Pay Type | No | Yes  No | Alphanumeric  (25) | Bonus1 | Leave blank | The pay type of the employee’s other pay reported in the Other Pay field. |  |
|  | Other Pay Period | No | Yes  No | Alpha  (1) | A | Leave blank | The pay period for the pay reported in the Other Pay field.   |  | | --- | | Valid values: | | A = Annual | | B = Biweekly | | H = Hourly | | S = Semimonthly | | W = Weekly | |  |
|  | Pay Effective Date | Yes | Yes  No | Numeric  (8) | 20160101 | PrgPayDate | The effective date for the base pay.   |  | | --- | | Valid date format: | | YYYYMMDD | |  |
|  | Reporting Level 1 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | EecOrgLvl1 | This field is optional and will be used to provide reporting capabilities to the employer. Reporting Level 1 is required if Reporting Level 2 is populated.  This field is used by the employer to determine how they would like the employee data grouped and reported.  Examples of possible levels would be business units, divisions, work locations, departments, demographics, etc. | May be required based on client program decisions |
|  | Reporting Level 2 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | EecOrgLvl2 | This field is optional and will be used to provide reporting capabilities to the employer. Reporting Level 2 is required if Reporting Level 3 is populated.  This field is used by the employer to determine how they would like the employee data grouped and reported.  Examples of possible levels would be business units, divisions, work locations, departments, demographics, etc. | May be required based on client program decisions |
|  | Reporting Level 3 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | This field is optional and will be used to provide reporting capabilities to the employer. Reporting Level 3 is required if Reporting Level 4 is populated.  This field is used by the employer to determine how they would like the employee data grouped and reported.  Examples of possible levels would be business units, divisions, work locations, departments, demographics, etc. | May be required based on client program decisions |
|  | Reporting Level 4 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | This field is optional and will be used to provide reporting capabilities to the employer.  This field is used by the employer to determine how they would like the employee data grouped and reported.  Examples of possible levels would be business units, divisions, work locations, departments, demographics, etc. | May be required based on client program decisions |
|  | Supervisor ID | TBD | Yes  No | Alphanumeric  (25) | M778352434 | All employees will have 200159 | The employee number for employee’s supervisor.  **Purpose: this value drives organizational hierarchy and enables supervisors to view direct report information via self-service and reporting functions. If this value is not supplied, supervisors will not be able to see their direct reports information nor receive any correspondence related to direct reports.** | May be required based on client program decisions |
|  | Employer Contact Name | TBD | Yes  No | Alpha  (50) | Roy Jones | EepNameLast + EepNameFirst + EepNameMiddle Where EepEEID = EecSupervisorID | The name of the employer contact. | May be required based on client program decisions |
|  | Employer Contact Email | TBD | Yes  No | Alphanumeric  (50) | roy.jones@company.com | eepAddressEMail Where EepEEID = EecSupervisorID | Employee’s employer contact’s work email address. | May be required based on client program decisions |
|  | Employer Contact Phone | TBD | Yes  No | Numeric  (30) | 402-361-9544 | Leave blank | Employee’s employer contact’s phone number.  **Note:** Special characters such as dashes or parenthesis are acceptable. | May be required based on client program decisions |
|  | EVR Contact Name | TBD | Yes  No | Alpha  (50) | Roger Waters | Leave blank | The name of the individual or entity for Lincoln to contact when it is necessary to confirm an employee’s employment or eligibility. | May be required based on client program decisions |
|  | EVR Contact Email | TBD | Yes  No | Alphanumeric  (50) | roger.waters@company.com | Leave blank | The contact email address to be used in the event that Lincoln must verify the employee’s employment or eligibility. | May be required based on client program decisions |
|  | EVR Contact Phone | TBD | Yes  No | Numeric  (30) | 402-361-5309 | Leave blank | The contact phone number to be used in the event that Lincoln must verify the employee’s employment or eligibility.  **Note:** Special characters such as dashes or parenthesis are acceptable. | May be required based on client program decisions |
|  | Group ID | Yes | Yes  No | Alphanumeric  (10) | ABCCOMP2 | 2mdmd | The Lincoln assigned Group ID for your company. |  |
|  | Short Term Disability Bill Location | Yes | Yes  No | Numeric  (50) | 123654789 | 1659224 | Employee’s billing location that will be used for billing purposes.  **Note:** The value entered in this field is supplied to you by Lincoln for inclusion in the eligibility file. |  |
|  | Claim Location | Yes | Yes  No | Numeric  (50) | 987456321 | 3838214 | Employee’s claim location.  **Note:** The value entered in this field is supplied to you by Lincoln Financial Group for inclusion in the Eligibility File. |  |
|  | Eligibility Indicator | Yes | Yes  No | Alphanumeric  (13) | STDY\_LTDY\_XXX | If ecFullTimeOrPartTime = F send Y, else send N | Benefit eligibility indicator. “Y” is a placeholder to indicate: Y (person has coverage) or N (person does not have coverage). XXX is a placeholder for future enhancements and must be provided.   |  | | --- | | Valid values: | | STDN\_LTDN\_XXX = Employee does not have STD or LTD coverage. | | STDY\_LTDN\_XXX = Employee has only STD coverage. | | STDN\_LTDY\_XXX = Employee has only LTD coverage. | | STDY\_LTDY\_XXX = Employee has both STD and LTD coverage. |     **Purpose: Short and/or Long-term disability coverage determination** |  |
|  | Statutory Disability Indicator | Yes | Yes  No | Alpha  (2) | NY | If eepIsDisabled is selected and employee resides in HI, NJ, or NY send state code. Else, send NO | Indicates whether an employee has statutory disability protection.   |  | | --- | | Valid values: | | NO= None | | HI = Hawaii | | NJ = New Jersey | | NY = New York | |  |
|  | Eligible 50–75 Indicator | TBD | Yes  No | Alpha  (1) | Y | Leave blank | Indicates whether the employer has 50 employees working within a 75-mile radius and that this employee is within that group.   |  | | --- | | Valid values: | | <blank> | | N = No | | Y = Yes |     **Note:** “Y” indicates the employee meets the 50 employee/75 mile rule.  “N” indicates the employee does not meet the 50 employee/75 mile rule. Employees with “N” in this field will have the federal FMLA request denied, although state/company absence plans may still be applicable.  **Purpose: Federal FMLA leave eligibility** | May be required based on client program decisions |
|  | WI Policy Number | Yes | Yes  No | (40) | **0000005550101010** | 00001025746100000 | The short-term disability policy number with Lincoln. If employee is not enrolled in short-term disability this should be left blank.  **Note:** The value entered in this field is supplied to you by Lincoln for inclusion in the eligibility file and it **MUST be 17** characters in length. |  |
|  | WI Plan Identifier | Yes | Yes  No | Numeric  (5) | 1 | 1 | The short-term disability plan number with Lincoln. If employee is not enrolled in short-term disability this should be left blank.  **Note:** The value entered in this field is supplied to you by Lincoln for inclusion in the eligibility file.  If only one plan code exists, default all employees to 1. |  |
|  | WI Class Identifier | Yes | Yes  No | Numeric  (5) | 3 | If EecFullTimeOrPartTime = F send 1, else leave blank | The short-term disability class of coverage with Lincoln. If employee is not enrolled in short-term disability this should be left blank.  **Note:** The value entered in this field is supplied to you by Lincoln for inclusion in the eligibility file.  If only one class code exists, default all employees to 1. |  |
|  | Additional Reports To | No | Yes  No | (25) | A5408652437 | Leave blank | The employee number for person designated to view the employee information in addition to the Supervisor.  **Purpose: this value drives organizational hierarchy and enables viewing via self-service and reporting functions. If this value is not supplied, only supervisors will be able to see their direct reports information and related correspondence.** |  |
|  | Actual Hours Worked in Last 180 Days | TBD | Yes  No | Numeric  (4,2) | 750.25 | Leave blank | The number actual hours worked by the employee during the previous 180 days. Data should reflect hours in the 180 days immediately preceding the date of the Eligibility File.  This is required for some state leaves.  **Note:** Provide null value if there are no hours to report. | May be required based on client program decisions. |
|  | Reserved Field 3 | No | Yes  No | Alphanumeric  (50) | N/A | Leave blank | Reserved for LFG future use. |  |
|  | Reserved Field 2 | No | Yes  No | Alphanumeric  (50 | N/A | Leave blank | Reserved for LFG future use. |  |
|  | Reserved Field 1 | No | Yes  No | Alphanumeric  (50) | N/A | Leave blank | Reserved for LFG future use. |  |
|  | User Def 5 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | Can be used to further identify a segment of your population for leave eligibility or additional report filtering. | May be required based on client program decisions. |
|  | User Def 6 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | Can be used to further identify a segment of your population for leave eligibility or additional report filtering. | May be required based on client program decisions. |
|  | User Def 7 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | Can be used to further identify a segment of your population for leave eligibility or additional report filtering. | May be required based on client program decisions. |
|  | User Def 8 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | Can be used to further identify a segment of your population for leave eligibility or additional report filtering. | May be required based on client program decisions. |
|  | User Def 9 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | Can be used to further identify a segment of your population for leave eligibility or additional report filtering. | May be required based on client program decisions. |
|  | User Def 10 | TBD | Yes  No | Alphanumeric  (50) | Client Specific Discussion | Leave blank | Can be used to further identify a segment of your population for leave eligibility or additional report filtering. | May be required based on client program decisions. |

# Appendices

## Appendix A: Data Elements - State Codes

Following is a list of State and Country Codes that Lincoln Financial Group currently supports.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **State** | **State Code** | **Country Code** |  | **State** | **State Code** | **Country Code** |
| Alabama | AL | US |  | Nevada | NV | US |
| Alaska | AK | US |  | New Hampshire | NH | US |
| Arizona | AZ | US |  | New Jersey | NJ | US |
| Arkansas | AR | US |  | New Mexico | NM | US |
| California | CA | US |  | New York | NY | US |
| Colorado | CO | US |  | North Carolina | NC | US |
| Connecticut | CT | US |  | North Dakota | ND | US |
| Delaware | DE | US |  | Ohio | OH | US |
| District of Columbia | DC | US |  | Oklahoma | OK | US |
| Florida | FL | US |  | Oregon | OR | US |
| Georgia | GA | US |  | Pennsylvania | PA | US |
| Hawaii | HI | US |  | Rhode Island | RI | US |
| Idaho | ID | US |  | South Carolina | SC | US |
| Illinois | IL | US |  | South Dakota | SD | US |
| Indiana | IN | US |  | Tennessee | TN | US |
| Iowa | IA | US |  | Texas | TX | US |
| Kansas | KS | US |  | Utah | UT | US |
| Kentucky | KY | US |  | Vermont | VT | US |
| Louisiana | LA | US |  | Virginia | VA | US |
| Maine | ME | US |  | Washington | WA | US |
| Maryland | MD | US |  | West Virginia | WV | US |
| Massachusetts | MA | US |  | Wisconsin | WI | US |
| Michigan | MI | US |  | Wyoming | WY | US |
| Minnesota | MN | US |  | Guam | GU | GU |
| Mississippi | MS | US |  | Puerto Rico | PR | PR |
| Missouri | MO | US |  | Virgin Islands | VI | VI |
| Montana | MT | US |  | American Samoa | AS | AS |
| Nebraska | NE | US |  | Marianas | MP | MP |
|  |  |  |  | Employees living outside US States and Territories | ZZ | ZZ |