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| **Mutual of Omaha File Specifications**  **Group ID:**  **Create Date: 08/01/2019 Group Name: Angel of the Winds Casino G000BGY2** |
| **\* Be Advised that all testing data submitted must be active live data in order to perform a true system to system test.** |
| **\* Full files are required.** |
| **\* All existing records will have a specific EDI start date with Mutual of Omaha. Historical data should be updated manually prior to this date. The EDI start date for this group is 09/01/2019.** |
| **\* All dates should be formatted as YYYYMMDD.** |
| **\* Please do not hard code any effective dates on the file. All effective dates must change when the corresponding information (subgroup, class, salary, etc) changes.** |
| **\* Spouse/Dependent records should include demographic information only and should be blank after position 325** |
| **\* For all fields not being used below, please format to include filler spaces, NOT TABS. (fillers are used to ensure that the following columns of data begin at the correct positions on the file.)** |
| **\* Terminated records must be reported on the file at least once and may be dropped from the file after they have been reported. Termination Date must be Last Day of Coverage PLUS ONE DAY.** |
| **\* To avoid inadvertant termination of coverages, Mutual of Omaha requires a termination date and will not terminate by omission.** |
| **\* To maintain continuity of the Mutual of Omaha contract, we request that only pre-approved voluntary benefits and volumes be submitted on the electronic enrollment files. Any non-approved voluntary benefit or volume must be suspended from files until a letter of approval is received.** |

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| **It is CRITICAL that data start in the column positions outlined**  **below** | | | | | **MUTUAL OF OMAHA CONTACT:** | | | | | | **Business Systems Analyst: Denita Johnson**  **Telephone Number: 402-351-6881**  **Email: grpins.ee@mutualofomaha.com** | | | |  | |
| **Requirements Key: REQ=Required OPT=Optional CR=Conditionally Required N/A=Omit** | | | | | | | | | | | | | | |  | |
|  | **FIELD NAME** | | **Position/Column**  **Begin Number** | | **DATA LENGTH**  **FORMAT** | | **- MEM**  **REQ'D** | | **SP/DP**  **REQ'D** | | **DESCRIPTION** | | | |  | |
|  |  | |  | |  | |  | |  | | **DEMOGRAPHICS SEGMENT** | | | | **Mapping Notes** | |
| 1 | Trans Date | | 1 | | 8 | | REQ | | REQ | | Date of transaction file preparation date. Format: YYYYMMDD | | | | Today’s date | |
| 2 | Group ID | | 9 | | 8 | | REQ | | REQ | | **G000BGY2** | | | | **G000BGY2** | |
| 3 | Relationship Code | | 17 | | 1 | | REQ | | REQ | | Relationship of Insured. Values:  **M** = employee  **H** = husband  **W** = wife  **S** = son  **D** = Daughter  **I** = Incapacitated Child (In case of "I," Documentation must be submitted to Mutual of Omaha). | | | |  | |
| 4 | Employee ID | | 18 | | 9 | | REQ | | REQ | | Employee’s social security number. Format:  **NNNNNNNNN** | | | | Eepssn | |
| 5 | Last Name | | 28 | | 35 | | REQ | | REQ | | **Last Name.** | | | | **Eepnamelast or connamelast** | |
| 6 | First Name | | 63 | | 15 | | REQ | | REQ | | **First Name.** | | | | **Eepnamfirst or connamefirs** | |
| 7 | Gender Code | | 89 | | 1 | | REQ | | REQ | | Values are **M** = Male; **F** = Female; **U** = Unknown | | | | Eepgender or congender | |
| 8 | Date of Birth | | 90 | | 8 | | REQ | | REQ | | Format:  **YYYYMMDD** | | | | Eepdateofbirth or condateofbirth | |
| 9 | Address Line 1 | | 109 | | 30 | | CR | | N/A | | ***(only applicable for Dental & Vision)*** Primary street address.  Use Post Office abbreviations.  Exclude punctuation and symbols.  **If foreign country submit company mailing address.** | | | | Leave blank | |
| 10 | Address Line 2 | | 149 | | 30 | | CR | | N/A | | ***(only applicable for Dental & Vision)*** Supplemental address (Box Number, Apartment  number, etc.) Use Post Office abbreviations.  **Text and Numbers only - no punctuation or symbols. (@-#$%^&\*)** | | | | Leave blank | |
| 11 | City | | 229 | | 19 | | CR | | N/A | | ***(only applicable for Dental & Vision)***  City of residence.  **Text only - no punctuation nor symbols. (@-#$%^&\*)**  **If foreign country submit company mailing address / city** | | | | Leave blank | |
| 12 | State | | 248 | | 2 | | CR | | N/A | | ***(only applicable for Dental & Vision)*** State of residence. (Example: CA, FL, etc.)  **If foreign country submit company mailing address / state** | | | | Leave blank | |
| 13 | Zip Code | | 250 | | 11 | | CR | | N/A | | ***(only applicable for Dental & Vision)***  Postal zip code. Format:  **XXXXX** or **XXXXXXXXX**  **Numbers only - no hyphens.**  **If foreign country submit company mailing address / ZIP** | | | | Leave blank | |
| 14 | Date of Hire (DOH) | | 309 | | 8 | | REQ | | N/A | | Employee’s employment date. Format: **YYYYMMDD**.  IMPORTANT: Field value is to remain unchanged. | | | | eecdateoforiginalhire | |
| 15 | Employee Effective Date | | 317 | | 8 | | REQ | | REQ | | This field is the date of hire, full time effective date, date employee becomes eligible for coverage, or the EDI Start Date with Mutual of Omaha **09/01/2019**, whichever is more current. Format: YYYYMMDD.  Example: Hire Date: 06/01/2016, EDI Start Date 09/01/2019, SEND 09/01/2019  Example: Hire Date: 11/01/2019, EDI Start Date 09/01/2019, SEND 11/01/2019 | | | | If eecdateoflasthire is later than 9/1/2019 send eecdateoflasthire else send 20190901 | |
|  |  | |  | |  | |  | |  | | **Bill Group DATA SEGMENT** | | | |  | |
| 16 | Bill Group Effective Date | | 393 | | 8 | | REQ | | N/A | | This field is the date of hire, full time effective date, date employee becomes eligible for coverage, the EDI Start Date with Mutual of Omaha **09/01/2019,** or the date the employee became active under the bill group; whichever is more current. Format: YYYYMMDD.  For new employees this date will follow the exact same rules as the employee Effective Date above in position 317.  Example: Hire Date 06/01/2016 in Bill Group 0001, EDI Start Date 09/01/2019, SEND 09/01/2019. | | | | If eecdateoflasthire is later than 9/1/2019 send eecdateoflasthire else send 20190901 | |
| 17 | Bill Group ID | | 401 | | 4 | | REQ | | N/A | | **0001** - Angel of the Winds Casino  **Note: Please send BOLDED numeric ID in this field only.** | | | | **0001** | |
|  |  | |  | |  | |  | |  | | **SALARY DATA SEGMENT** | | | |  | |
| 18 | Basic Salary Effective  Date | | 475 | | 8 | | CR | | N/A | | This field is the date of hire, full time effective date, date employee becomes eligible for coverage, the EDI  Start Date with Mutual of Omaha **09/01/2019,** or salary effective date; whichever is more current. Format:  YYYYMMDD.  For new employees this date will follow the exact same rules as the employee Effective Date above in position 317.  **Date MUST change as salary value in position 484 changes.**  Example: Hire Date 06/01/2016, EDI Start Date 09/01/2019, SEND 09/01/2019.  If employee's salary changes effective 11/01/2019, SEND 11/01/2019 changing the Salary Amount in position 484  Note: Salary Update required annually. | | | | dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate | |
| 19 | Basic Salary Mode | | 483 | | 1 | | CR | | N/A | | Values: H = Hourly; W = Weekly; B = Bi-weekly; S = Semi-monthly; M = Monthly;  **(preferred mode) A = Annual** | | | | A | |
| 20 | Basic Salary Amount | | 484 | | 16 | | CR | | N/A | | Employee's Basic salary amount: Assume decimal. Example: $50,000 = 0000000005000000 | | | | eecannsalary | |
|  |  | |  | |  | |  | |  | | **CLASS DATA SEGMENT** | | | |  | |
| 21 | Class Effective Date | | 608 | | 8 | | REQ | | N/A | | This field is the date of hire, full time effective date, date employee becomes eligible for coverage, the EDI Start Date with Mutual of Omaha **09/01/2019,** or date employee became active in the class; whichever is more current. Format: YYYYMMDD.  For new employees this date will follow the exact same rules as the employee Effective Date above in position 317.  **Date MUST change when Class ID in position 616 changes.**  Example: Hire Date 06/01/2016 in Class A001, EDI Start Date 09/01/2019, SEND 09/01/2019.  If employee moves to Class A002 effective 11/01/2019, SEND 11/01/2019 changing the Class ID in position 616. | | | | If eecdateoflasthire is later than 9/1/2019 send eecdateoflasthire else send 20190901 | |
| 22 | Class ID | | 616 | | 4 | | REQ | | N/A | | **A001** – All Eligible Directors  **A002** - All Eligible Managers  **A003** - All Other Eligible Employees  **Note: Please send BOLDED alpha numeric ID in this field only.** | | | | If eeddedcode = GLIFM send A002  If eeddedcode = GLIFD send A001  Else send A003 | |
|  |  | |  | |  | |  | |  | | **ELIGIBILITY SEGMENTS** | | | |  | |
|  |  | |  | |  | |  | |  | | **Basic Life** | | | |  | |
| 23 | Product Category | | **810** | | 1 | | REQ | | N/A | | Value: **1** | | | | If eeddedcode = GLIFM, GLIFD or GLIFE send 1 | |
| 24 | Effective Date | | 811 | | 8 | | REQ | | N/A | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = GLIFM, GLIFD or GLIFE send eedbenstartdate | |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | | | |
| 25 | Eligibility Event | | 819 | | 2 | | REQ | | N/A | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = GLIFM, GLIFD or GLIFE and eedbenstatus = T send TM else send EN | |
| 26 | Plan ID | | 821 | | 10 | | REQ | | N/A | | Employee's selection of coverage.  **LTL0NCFLAT** | | | | If eeddedcode = GLIFM, GLIFD or GLIFE send LTL0NCFLAT | |
| 27 | Family Coverage  Indicator | | 831 | | 1 | | REQ | | N/A | | **C** – Employee only | | | | If eeddedcode = GLIFM, GLIFD or GLIFE send C | |
|  |  | |  | |  | |  | |  | |  | | | |  | |
|  |  | |  | |  | |  | |  | | **Basic AD&D** | | | |  | |
| 28 | Product Category | | **865** | | 1 | | REQ | | N/A | | Value: **a** | | | | If eeddedcode = ERADD, ERADE or ERADM send a | |
| 29 | Effective Date | | 866 | | 8 | | REQ | | N/A | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = ERADD, ERADE or ERADM send eedbenstartdate | |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | | | |
| 30 | Eligibility Event | | 874 | | 2 | | REQ | | N/A | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = ERADD, ERADE or ERADM and eedbenstatus = T send TM else send EN | |
| 31 | Plan ID | | 876 | | 10 | | REQ | | N/A | | Employee's selection of coverage.  **ATA0NCFLAT** | | | | If eeddedcode = ERADD, ERADE or ERADM send ATA0NCFLAT | |
| 32 | Family Coverage  Indicator | | 886 | | 1 | | REQ | | N/A | | **C** – Employee only | | | | If eeddedcode = ERADD, ERADE or ERADM send C | |
|  |  | |  | |  | |  | |  | |  | | | |  | |
|  |  | |  | |  | |  | |  | | **Basic STD** | | | |  | |
| 33 | Product Category | | **920** | | 1 | | REQ | | N/A | | Value: **S** | | | | If eeddedcode = ERSTD send S | |
| 34 | Effective Date | | 921 | | 8 | | REQ | | N/A | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = ERSTD send eedbenstartdate | |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **On the Day.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the day: Last Day Worked 12/15/2019; Termination Date 12/16/2019** | | | | | |
| 35 | Eligibility Event | | 929 | | 2 | | REQ | | N/A | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = ERSTD and eedbenstatus = T send TM else send EN | |
| 36 | Plan ID | | 931 | | 10 | | REQ | | N/A | | Employee's selection of coverage.  **STS00NCSAL** | | | | If eeddedcode = ERSTD send STS00NCSAL | |
| 37 | Family Coverage  Indicator | | 941 | | 1 | | REQ | | N/A | | **C** – Employee only | | | | If eeddedcode = ERSTD send C | |
|  |  | |  | |  | |  | |  | |  | | | |  | |
|  |  | |  | |  | |  | |  | | **Basic LTD (Class A001 & A002 only)** | | | |  | |
| 38 | Product Category | | **975** | | 1 | | REQ | | N/A | | Value: **T** | | | | If eeddedcode = ERLTD send T | |
| 39 | Effective Date | | 976 | | 8 | | REQ | | N/A | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = ERLTD send eedbenstartdate | |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **On the Day.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the day: Last Day Worked 12/15/2019; Termination Date 12/16/2019** | | | | | |
| 40 | Eligibility Event | | 984 | | 2 | | REQ | | N/A | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = ERLTD and eedbenstatus = T send TM else send EN | |
| 41 | Plan ID | | 986 | | 10 | | REQ | | N/A | | Employee's selection of coverage.  **TTT00NCSAL** (Class A001 & A002 only) | | | | If eeddedcode = ERLTD send TTT00NCSAL | |
| 42 | Family Coverage  Indicator | | 996 | | 1 | | REQ | | N/A | | **C** – Employee only | | | | If eeddedcode = ERLTD send C | |
|  |  | |  | |  | |  | |  | |  | | | |  | |
|  |  | |  | |  | |  | |  | | **Voluntary Term Life Coverage Employee** | | | |  | |
| 43 | Product Category | | **1030** | | 1 | | REQ | | N/A | | Value: **3** | | | | If eeddedcode = LIFEE send 3 | |
| 44 | Effective Date | | 1031 | | 8 | | REQ | | N/A | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = LIFEE send eedbenstartdate | |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | | | |
| 45 | Eligibility Event | | 1039 | | 2 | | REQ | | N/A | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = LIFEE and eedbenstatus = T send TM else send EN | |
| 46 | Plan ID | | 1041 | | 10 | | REQ | | N/A | | Employee's selection of coverage.  **ETL0CEEVAL** | | | | If eeddedcode = LIFEE send ETL0CEEVAL | |
| 47 | Family Coverage  Indicator | | 1051 | | 1 | | REQ | | N/A | | **C** – Employee only | | | | If eeddedcode = LIFEE send C | |
| 48 | Elected and Approved  Amount Effective Date | | 1056 | | 8 | | CR | | N/A | | Effective date for the Elected and Approved Amount elected. Format: **YYYYMMDD** | | | | If eeddedcode = LIFEE send eedbenstartdate | |
| 49 | Elected and Approved  Amount | | 1064 | | 10 | | CR | | N/A | | Elected and Approved Amount Election of coverage.  Sample of Elected and Approved Amount I.e. $150,000 = 0000150000  Minimum: 10,000  Maximum: 500,000  Guarantee Issue: 150,000  Increments: 10,000  (5)x Salary Rule: Employee voluntary volume is limited to (5)x salary, rounded up to the next 10,000 | | | | If eeddedcode = LIFEE send eedbenamt | |
|  |  | |  | |  | |  | |  | |  | | | |  | |
|  |  | |  | |  | |  | |  | | **Voluntary Term Life Coverage Spouse** | | | |  | |
| 50 | Product Category | | **1085** | | 1 | | REQ | | CR | | Value: **4** | | | | If eeddedcode = LIFES send 4 | |
| 51 | Effective Date | | 1086 | | 8 | | REQ | | CR | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = LIFES send eedbenstartdate | |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month:**  **Hired 09/15/2019; Effective date 10/01/2019** | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage**  **PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019;**  **Termination Date 01/01/2020** | | | | |
| 52 | Eligibility Event | | 1094 | | 2 | | REQ | | CR | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = LIFES and eedbenstatus = T send TM else send EN |
| 53 | Plan ID | | 1096 | | 10 | | REQ | | CR | | Employee's selection of coverage.  **ETL0CSPVAL** | | | | If eeddedcode = LIFES send ETL0CSPVAL |
| 54 | Family Coverage  Indicator | | 1106 | | 1 | | REQ | | CR | | **C** – Employee only | | | | If eeddedcode = LIFES send C |
| 55 | Elected and Approved  Amount Effective Date | | 1111 | | 8 | | REQ | | CR | | Effective date for the Elected and Approved Amount elected. Format: **YYYYMMDD** | | | | If eeddedcode = LIFES send eedbenstartdate |
| 56 | Elected and Approved  Amount | | 1119 | | 10 | | REQ | | CR | | Elected and Approved Amount Election of coverage.  Sample of Elected and Approved Amount I.e. $25,000 = 0000025000  Minimum: 5,000  Maximum: 500,000  Guarantee: Issue 25,000 Increments: 5,000  (100%) Rule: Any Spouse or Dependent VLife volume is limited to (100%) of the Employee VLife volume.    Spouse and/or Dependent may not elect VLife without a employee VLife election | | | | If eeddedcode = LIFES send eedbenamt |
|  |  | |  | |  | |  | |  | |  | | | |  |
|  |  | |  | |  | |  | |  | | **Voluntary Term Life Coverage Dependent** | | | |  |
| 57 | Product Category | | **1140** | | 1 | | REQ | | CR | | Value: **5** | | | | If eeddedcode = LIFEC send 5 |
| 58 | Effective Date | | 1141 | | 8 | | REQ | | CR | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = LIFEC send eedbenstartdate |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | | |
| 59 | Eligibility Event | | 1149 | | 2 | | REQ | | CR | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = LIFEC and eedbenstatus = T send TM else send EN |
| 60 | Plan ID | | 1151 | | 10 | | REQ | | CR | | Employee's selection of coverage.  **ETL0CDPVAL** | | | | If eeddedcode = LIFEC send ETL0CDPVAL |
| 61 | Family Coverage  Indicator | | 1161 | | **1** | | REQ | | CR | | **C** – Employee only | | | | If eeddedcode = LIFEC send C |
| 62 | Elected and Approved  Amount Effective Date | | 1166 | | 8 | | REQ | | CR | | Effective date for the Elected and Approved Amount elected. Format: **YYYYMMDD** | | | | If eeddedcode = LIFEC send eedbenstartdate |
| 63 | Elected and Approved  Amount | | 1174 | | 10 | | REQ | | CR | | Elected and Approved Amount Election of coverage.  Sample of Elected and Approved Amount I.e. $10,000 = 0000010000  Minimum: 2,000  Maximum: 10,000  Guarantee Issue: 10,000  Increments: 1,000  (100%) Rule: Any Spouse or Dependent VLife volume is limited to (100%) of the Employee VLife volume.  Spouse and/or Dependent may not elect VLife without a employee VLife election | | | | If eeddedcode = LIFEC send eedbenamt |
|  |  | |  | |  | |  | |  | |  | | | |  |
|  |  | |  | |  | |  | |  | | **Voluntary AD&D Coverage Employee** | | | | **Voluntary AD&D Coverage Employee** |
| 64 | Product Category | | **1195** | | 1 | | REQ | | N/A | | Value: **c** (lower case) | | | | If eeddedcode = ADDE send c |
| 65 | Effective Date | | 1196 | | 8 | | REQ | | N/A | | Effective date corresponding to the election or termination of coverage.  Format: **YYYYMMDD** | | | | If eeddedcode = ADDE send eedbenstartdate |
|  | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | | |
|  | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | | |
| 66 | Eligibility Event | | 1204 | | 2 | | REQ | | N/A | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | | | If eeddedcode = ADDE and eedbenstatus = T send TM else send EN |
| 67 | Plan ID | | 1206 | | 10 | | REQ | | N/A | | Employee's selection of coverage.  **BTA0CEEVAL** | | | | If eeddedcode = ADDE send BTA0CEEVAL |
| 68 | Family Coverage  Indicator | | 1216 | | 1 | | REQ | | N/A | | **C** – Employee only | | | | If eeddedcode = ADDE send C |
| 69 | Elected and Approved  Amount Effective Date | | 1221 | | 8 | | REQ | | N/A | | Effective date for the Elected and Approved Amount elected. Format: YYYYMMDD | | | | If eeddedcode = ADDE send eedbenstartdate |
| 70 | Elected and Approved  Amount | | 1229 | | 10 | | REQ | | N/A | | Elected and Approved Amount Election of coverage.  Sample of Elected and Approved Amount I.e. $150,000 = 0000150000  Minimum: 10,000  Maximum: 500,000  Guarantee Issue: 150,000 Increments: 10,000  NON MATCHING Employee can decline VAD&D. If elected volume does not have to match VLife volume.  VLife must be elected in order to elect VAD&D | | | | If eeddedcode = ADDE send eedbenamt |
|  |  | |  | |  | |  | |  | |  | | | |  |
|  |  | |  | |  | |  | |  | | **Voluntary AD&D Coverage Spouse** | | | |  |
| 71 | Product Category | | **1250** | | 1 | | REQ | | CR | | Value: **e** | | | | If eeddedcode = ADDS send e |
| 72 | | Effective Date | | 1251 | | 8 | | REQ | | CR | | Effective date corresponding to the election or termination of coverage.  Format:  **YYYYMMDD** | | If eeddedcode = ADDS send eedbenstartdate | |
|  | | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | |
|  | | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | |
| 73 | | Eligibility Event | | 1259 | | 2 | | REQ | | CR | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | | If eeddedcode = ADDS and eedbenstatus = T send TM else send EN | |
| 74 | | Plan ID | | 1261 | | 10 | | REQ | | CR | | Employee's selection of coverage.  **BTA0CSPVAL** | | If eeddedcode = ADDS send BTA0CSPVAL | |
| 75 | | Family Coverage  Indicator | | 1271 | | 1 | | REQ | | CR | | **C** – Employee only | | If eeddedcode = ADDS send C | |
| 76 | | Elected and Approved  Amount Effective Date | | 1276 | | 8 | | REQ | | CR | | Effective date for the Elected and Approved Amount elected. Format: YYYYMMDD | | If eeddedcode = ADDS send eedbenstartdate | |
| 77 | | Elected and Approved  Amount | | 1284 | | 10 | | REQ | | CR | | Elected and Approved Amount Election of coverage.  Sample of Elected and Approved Amount I.e. $25,000 = 0000025000  Minimum: 5,000  Maximum: 500,000  Guarantee Issue: 25,000 Increments: 5,000  NON MATCHING Employee can decline VAD&D. If elected volume does not have to match VLife volume.  VLife must be elected in order to elect VAD&D  Employee VAD&D must be elected in order to elect spouse and/or dependent VAD&D | | If eeddedcode = ADDS send eedbenamt | |
|  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | | **Voluntary AD&D Coverage Dependent** |  | | |
| 78 | | Product Category | | **1305** | | 1 | | REQ | | CR | | Value: **d** | If eeddedcode = ADDC send d | | |
| 79 | | Effective Date | | 1306 | | 8 | | REQ | | CR | | Effective date corresponding to the election or termination of coverage.  Format:  **YYYYMMDD** | If eeddedcode = ADDC send eedbenstartdate | | |
|  | | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | |
|  | | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | |
| 80 | | Eligibility Event | | 1314 | | 2 | | REQ | | CR | | Employee Record Values:  **EN** – Employee election or change of coverage  **TM** – Employee record termination of coverage. | If eeddedcode = ADDC and eedbenstatus = T send TM else send EN | | |
| 81 | | Plan ID | | 1316 | | 10 | | REQ | | CR | | Employee's selection of coverage.  **BTA0CDPVAL** | If eeddedcode = ADDC send BTA0CDPVAL | | |
| 82 | | Family Coverage  Indicator | | 1326 | | 1 | | REQ | | CR | | **C** – Employee only | If eeddedcode = ADDC send C | | |
| 83 | | Elected and Approved  Amount Effective Date | | 1331 | | 8 | | REQ | | CR | | Effective date for the Elected and Approved Amount elected. Format: YYYYMMDD | If eeddedcode = ADDC send eedbenstartdate | | |
| 84 | | Elected and Approved  Amount | | 1339 | | 10 | | REQ | | CR | | Elected and Approved Amount Election of coverage.  Sample of Elected and Approved Amount I.e. $10,000 = 0000010000  Minimum: 2,000  Maximum: 10,000  Guarantee Issue: 10,000 Increments: 1,000  NON MATCHING Employee can decline VAD&D. If elected volume does not have to match VLife volume.  VLife must be elected in order to elect VAD&D  Employee VAD&D must be elected in order to elect spouse and/or dependent VAD&D | | If eeddedcode = ADDC send eedbenamt | |
|  | |  | |  | |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | | **Voluntary Accident** | |  | |
| 85 | | Product Category | | 1855 | | 1 | | REQ | | CR | | Value: **h** | | If eeddedcode = MVACE send h | |
| 86 | | Effectiive Date | | 1856 | | 8 | | REQ | | CR | | Effective Date corresponding to the election, change or termination of coverage. Format:  **YYYYMMDD** | | If eeddedcode = MVACE send eedbenstartdate | |
|  | | Waiting Period: Elapsed time before employee can be eligible for benefits (In days); and rule on when the benefits will actually start | | | | **Waiting Period:** Elapsed time before employee can be eligible for benefits: **(0);** and rule on when the benefits start: **(First Day of the Policy Month).** | | | | | | **Example: 0 Days; Effective First Day of Policy Month: Hired 09/15/2019; Effective date 10/01/2019** | | | |
|  | | Termination Rules: When a benefit can be terminated. (i.e. On the Day, First Day, or  Last Day of the month.) | | | | **Termination Rules:**  Termination Effective: **Last Day of the Policy Month.** | | | | | | **Note - Termination Date must be Last Day of Coverage PLUS ONE DAY.**  **Example: On the last day: Last Day Worked 12/15/2019; Termination Date 01/01/2020** | | | |
| 87 | | Eligibility Event | | 1864 | | 2 | | REQ | | CR | | Employee Record Values:  **EN** – employee election or change of coverage **TM** – employee record termination of coverage.  **SE** – spouse and dependent record termination of coverage (only to be used when spouse/dependent is being removed from coverage, but the employee is to remain active) | | If eeddedcode = MVACE and eedbenstatus = T send TM  If dbndedcode = MVACE and dbnbenstatus = T and eedbenstatus <> T send SE else send EN | |
| 88 | | Plan ID | | 1866 | | 10 | | REQ | | CR | | Employee's selection of coverage.  **6AS000VACC** | | If eeddedcode = MVACE send 6AS000VACC | |
| 89 | | Family Coverage  Indicator | | 1876 | | 1 | | REQ | | CR | | Employee's selection of covered employees Values:   1. - Family 2. - Employee & Spouse 3. - Employee Only 4. - Employee & Dependents (not incl. spouse) | If eeddedcode = MVACE and eedbenoption = EE send C  If eedbenoption = EES send B  If eedbenoption = EEC send D  If eedbenoption = EEF send A | | |