| COBRA Administration |  | |
| --- | --- | --- |
| File specifications for reporting COBRA qualifying events to TRI-AD Actuaries | | File Specifications |

**File Content:**

* TRI-AD COBRA QE file specifications
* Files have record types for—employees and dependents
* Employee and dependent COBRA Qualifying Events
* Employee and dependent new enrollees triggering Initial Rights Notification
* COBRA eligible benefits
* Files DO include records for new hire *Initial Rights Notification* and HIPAA *Certificates of Coverage*

**“Qualified Beneficiary” (QB) Selection Criteria:**

Selection set to include:

* Employees and dependents that qualify for COBRA following a COBRA qualifying event (QE). Employees / dependents meeting these criteria (QBs) are to be sent one time only. QBs will have lost medical, dental, vision, EAP and / or health care FSA.
* Dependents that lose medical, dental, vision, EAP and/or health FSA as a result of a change in their eligibility status
* If the QE pertains to the employee, then the applicant (APP) record is to be created with the employee’s information. Any dependents losing coverage as a result of the employee’s event will be passed as dependent (DEP) records.
* If the QE pertains to a dependent (e.g. divorce or legal separation; death of the employee; or a child loses eligibility), the APP record is to be created with the spouse’s/DP’s information. Other dependents losing coverage will be passed as DEP records of the spouse’s/DP’s APP record.
* If the QE pertains to only dependent children, populate an APP record with the eldest dependent child’s information and pass the other children as DEP records.

**Sort Order:**

* DEP records follow their respective APP records

**File Formatting:**

Please provide the data to TRI-AD in this format stored as an Excel File (.XLS). TRI-AD can also accept fixed ASCII file (.TXT) or comma separated file (.CSV).

When providing a fixed ASCII file or comma separated file, each record should be terminated with standard carriage return (CR) and line feed (LF) characters. This is standard formatting for “DOS-compatible” files.

If providing a comma separated file, all fields should be enclosed with quote (“) marks.

The file should contain no headers or footers.

Dollar amounts should be expressed as either floating or fixed decimal. There should be no dollar signs ($) or commas (,) in the dollar amounts.

Provide the employee ID and/or division code only in the case that you desire TRI-AD to provide reporting on those items.

**Transmission Protocols:**

Files can be transmitted to TRI-AD via FTP with PGP encryption, SFTP or file upload through TRI-AD’s Data Management Site.

If sending SFTP or FTP with PGP encrypted:

Login Credentials:

Site: [ftp.tri-ad.com](ftp://ftp.tri-ad.com)

User ID: TBD

Password: TBD

Path: TBD

Notes for Developer

This is a .csv file

This is a combined New Hire and Termination File

This a changes only file

Please note that if there is no data on the file the vendor does not want a file sent to them

The file should contain no headers or footers

ALL fields should be enclosed in quotation (“) marks to prevent field values containing commas from causing column count issues during processing.

Standard carriage return and line feed characters to terminate each record should be used

This format requires one row for each participant and plan (employee one row with their benefits and one row for each of their dependents)

We will need Scheduled, On Demand, Test sessions

Employees and dependents with the deduction codes below will be included on this file

500 = PPO Medical

501 = FSA Healthcare

520 = CDHP

524 = Dental

525 = Vision

Selection set to include:

* Employees and dependents that qualify for COBRA following a COBRA qualifying event (QE). Employees / dependents meeting these criteria (QBs) are to be sent one time only. QBs will have lost medical, dental, vision, and / or health care FSA.
* Dependents that lose medical, dental, vision, and/or health FSA as a result of a change in their eligibility status
* If the QE pertains to the employee, then the applicant (APP) record is to be created with the employee’s information. Any dependents losing coverage as a result of the employee’s event will be passed as dependent (DEP) records.
* If the QE pertains to a dependent (e.g. divorce or legal separation; death of the employee; or a child loses eligibility), the APP record is to be created with the spouse’s/DP’s information. Other dependents losing coverage will be passed as DEP records of the spouse’s/DP’s APP record.

If the QE pertains to only dependent children, populate an APP record with the eldest dependent child’s information and pass the other children as DEP records

If term due to one of the reasons below, do not send the employee, only send the deps losing coverage.

| Death of the Employee | edhChangeReason = 210 or EecEmplStatus = T and EecTermReason = 203 |
| --- | --- |
| Divorce/Legal Separation | edhChangeReason = LEVNT4 or 204 |
| Dependent Ceasing to be Dep | edhChangeReason = LEVNT3, 201 |

**COBRA Notification Qualifying Event File Layout:**

| Field | Position | Len | Contents | Req | Field Name | Description | Notes | UKG Pro Field Mapping Notes |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 – 3 | 3 | Character | a | APP/DEP Flag | APP – Applicant  DEP – Dependent |  | This file will include New Hires and Terminations for employees that have deduction codes 500, 501, 520, 524, 525  APP Record (QB person losing coverage)  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 or if EecEmplStatus = T send APP  DEP Record  If DbnDedCode = 500, 520, 524, 525 send DEP |
| 2 | 4 – 12 | 9 | Numeric | a | Employer’s Federal TIN | Format=999999999; Omit dashes | Required for ACA reporting | APP Record  930672034  DEP Record  930672034  Format=999999999; Omit dashes |
| 3 | 13 – 21 | 9 | Numeric | a | Employee’s SSN | Format=999999999; Omit dashes |  | APP Record  Eepssn  DEP Record  Eepssn  Format=999999999; Omit dashes |
| 4 | 22 – 31 | 10 | Alpha-numeric | b | Employee ID |  |  | APP Record  Eecempno  Dep Record  Eecempno |
| 5 | 32 – 40 | 9 | Numeric | b | Dependent’s SSN | Format=999999999; Omit dashes; Leave blank if unavailable |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send Conssn  DEP Record  Conssn  Format=999999999; Omit dashes; Leave blank if unavailable |
| 6 | 41 – 60 | 20 | Character | a | First Name |  |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send confnamefirst else send eepnamefirst  DEP Record  connamefirst |
| 7 | 61 – 80 | 20 | Character | a | Last Name |  |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send confnamelast else send eepnamelast  DEP Record  confnamelast |
| 8 | 81 – 81 | 1 | Character | a | Middle Initial |  |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send 1st digit of connamemiddle  else send 1st digit of eepnamemiddle  DEP Record  1st digit of connamemiddle |
| 9 | 82 – 111 | 30 | Alpha-numeric | a | Street Address1 |  |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send ConAddressLine1  else send EepAddressLine1  DEP Record  ConAddressLine1 |
| 10 | 112 – 141 | 30 | Alpha-numeric |  | Street Address2 |  |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send ConAddressLine2  else send EepAddressLine2  DEP Record  ConAddressLine2 |
| 11 | 142 – 171 | 30 | Character | a | City |  |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send ConAddressCity  else send EepAddressCity  DEP Record  ConAddressCity |
| 12 | 172 – 173 | 2 | Character | a | State | 2 character US Postal Abbreviation |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send ConAddressState  else send EepAddressState  DEP Record  ConAddressState |
| 13 | 174 – 182 | 9 | Numeric | a | Zip/Postal Code | Format=999999999; Left justify the five-digit code and blank fill the field to the right if only 5 digits are being sent. |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send ConAddressZipCode  else send EepAddressZipCode  DEP Record  ConAddressZipCode |
| 14 | 183 – 183 | 1 | Character | a | Gender | M – Male  F – Female |  | APP Record  If eepgender or ConGender = M send M  If eepgender or ConGender = F send F  Else send U  DEP Record  If ConGender = M send M  If ConGender = F send F  Else send U |
| 15 | 184 – 184 | 1 | Character | a | Marital Status | S – Single  M – Married  W – Widowed  D – Divorced  P – Domestic partner |  | APP Record  If eepMaritalStatus = D send D  If eepMaritalStatus = M send M  If eepMaritalStatus = S send S  If eepMaritalStatus = W send W  DEP Record  Leave Blank |
| 16 | 185 – 187 | 3 | Alpha-numeric | a | Dependent Relationship Code | SPO – Spouse  DAU – Daughter  SON – Son  DPT – Domestic Partner  DDA – DP daughter  DSO – DP son |  | APP Record  Leave Blank  DEP Record  if conrelationship = EX, SPS send SPO  if conrelationship = CHL, STC and congender = M send SON  if conrelationship = CHL, STC and congender = F send DAU |
| 17 | 188 – 195 | 8 | Numeric | a | Employee/Dependent Birth Date | Format=CCYYMMDD |  | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send condateofbirth else send eepdateofbirth  DEP Record  Condateofbirth  Format = YYYYMMDD |
| 18 | 196 – 203 | 8 | Numeric | a | Original Coverage Start Date | Format=CCYYMMDD  Used for HIPAA notification purposes | Date of hire | Leave Blank |
| 19 | 204 – 206 | 3 | Alpha-numeric | b | Division |  |  | APP Record  EecUDField04  (note the value in this field is a 2 digit number – i.e., 01, 02, 10)  DEP Record  EecUDField04 |
| 20 | 207 – 208 | 2 | Alpha-numeric | a | Qualifying Event Code | See “Qualifying Event Code” Appendix C |  | APP Record  If EecEmplStatus = T and eectermtype = V send FE  If EecEmplStatus = T and EecTermReason = 203, E202 send WW  If EecEmplStatus = T and EecTermReason = 202, 215, E104 send RT  If EecEmplStatus = T and EecTermReason = 218 send ML  If EecEmplStatus = T and eectermtype = I send IV  If edhChangeReason = 208 send RT  If edhChangeReason = 207 send ML  If edhChangeReason = 204 or LEVNT4 send DS  If edhChangeReason = 201, or LEVNT3 send DC  If edhChangeReason = 203 send RH  DEP Record  If EecEmplStatus = T and eectermtype = V send FE  If EecEmplStatus = T and EecTermReason = 203, E202 send WW  If EecEmplStatus = T and EecTermReason = 202, 215, E104 send RT  If EecEmplStatus = T and EecTermReason = 218 send ML  If EecEmplStatus = T and eectermtype = I send IV  If edhChangeReason = 208 send RT  If edhChangeReason = 207 send ML  If edhChangeReason = 204 or LEVNT4 send DS  If edhChangeReason = 201, or LEVNT3 send DC  If edhChangeReason = 203 send RH |
| 21 | 209 – 216 | 8 | Numeric | a | Qualifying Event Date | Format=CCYYMMDD | Actual date of termination, divorce, reduced hours, etc. | If EecEmplStatus = T and EecTermReason <> 202, E202, 203, 215, E104, send EecDateOfTermination  Or  If EecEmplStatus = T and EecTermReason = 202, E202, 203, 215, E104 and eepDateOfCOBRAEvent is blank send EecDateOfTermination  Or  If edhChangeReason = LEVNT3, LEVNT4, 204, 210, 201, 203 205, 207, 208 send edheffdate  else send eepDateOfCOBRAEvent  Format=YYYYMMDD |
| 22 | 217 – 224 | 8 | Numeric | a | Last Day of Active Coverage | Format=CCYYMMDD | Per Plan Rules | APP Record  If edhChangeReason = 201, LEVNT3, 204, 210 or LEVNT4 send most recent DbnBenStopDate  Else send most recent EedBenStopDate  DEP Record  send most recent DbnBenStopDate  Format=CCYYMMDD |
| 23 | 225 - 231 | 7 | Alpha-numeric | a | Benefit 1 Code | See “Benefit Codes” in Appendix A |  | APP Record  If EedDedCode = 500 send M01  DEP Record  If DbnDedCode = 500 send M01  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 24 | 232 - 233 | 2 | Alpha-numeric | a | Benefit 1 Tier | See “Benefit Tier” in Appendix B |  | APP Record  If EedDedCode = 500 and  EedBenOption = EE, send 01  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  DEP Record  If DbnDedCode = 500 and  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 25 | 234 - 240 | 7 | Alpha-numeric | b | Benefit 2 Code | See “Benefit Codes” in Appendix A |  | APP Record  If EedDedCode = 520 send M02  DEP Record  If DbnDedCode = 520 send M02  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 26 | 241 - 242 | 2 | Alpha-numeric | b | Benefit 2 Tier | See “Benefit Tier” in Appendix B |  | APP Record  If EedDedCode = 520 and  EedBenOption = EE, send 01  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  DEP Record  If DbnDedCode = 520 and  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 27 | 243 - 249 | 7 | Alpha-numeric | b | Benefit 3 Code | See “Benefit Codes” in Appendix A |  | APP Record  If EedDedCode = 524 send D01  DEP Record  If DbnDedCode = 524 send D01  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 28 | 250 - 251 | 2 | Alpha-numeric | b | Benefit 3 Tier | See “Benefit Tier” in Appendix B |  | APP Record  If EedDedCode = 524 and  EedBenOption = EE, send 01  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  DEP Record  If DbnDedCode = 524 and  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 29 | 252 - 258 | 7 | Alpha-numeric | b | Benefit 4 Code | See “Benefit Codes” in Appendix A |  | APP Record  If EedDedCode = 525 send V01  DEP Record  If DbnDedCode = 525 send V01  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 30 | 259 - 260 | 2 | Alpha-numeric | b | Benefit 4 Tier | See “Benefit Tier” in Appendix B |  | APP Record  If EedDedCode = 525 and  EedBenOption = EE, send 01  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  DEP Record  If DbnDedCode = 525 and  EedBenOption = EECH send 07  EedBenOption = EESP send 08  EedBenOption = EESPCH send 09  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 31 | 261 - 267 | 7 | Alpha-numeric | b | Benefit 5 Code | See “Benefit Codes” in Appendix A |  | APP Record  If EedDedCode = 501 send F01  DEP Record  Leave Blank  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 32 | 268 - 269 | 2 | Alpha-numeric | b | Benefit 5 Tier | See “Benefit Tier” in Appendix B |  | APP Record  If EedDedCode = 501 send 01  DEP Record  Leave Blank  Do not send this value if employee is new hire that elected one of COBRA benefits during the date range used to run the file |
| 33 | 270 - 276 | 7 | Alpha-numeric | b | Benefit 6 Code | See “Benefit Codes” in Appendix A |  | Leave Blank |
| 34 | 277 - 278 | 2 | Alpha-numeric | b | Benefit 6 Tier | See “Benefit Tier” in Appendix B |  | Leave Blank |
| 35 | 279 - 285 | 7 | Alpha-numeric | b | Benefit 7 Code | See “Benefit Codes” in Appendix A |  | Leave Blank |
| 36 | 268 - 287 | 2 | Alpha-numeric | b | Benefit 7 Tier | See “Benefit Tier” in Appendix B |  | Leave Blank |
| 37 | 288 – 294 | 7 | Alpha-numeric | b | Benefit 8 Code | See “Benefit Codes” in Appendix A |  | Leave Blank |
| 38 | 295 – 296 | 2 | Alpha-numeric | b | Benefit 8 Tier | See “Benefit Tier” in Appendix B |  | Leave Blank |
| 39 | 297 – 303 | 7 | Alpha-numeric | b | Benefit 9 Code | See “Benefit Codes” in Appendix A |  | Leave Blank |
| 40 | 304 – 305 | 2 | Alpha-numeric | b | Benefit 9 Tier | See “Benefit Tier” in Appendix B |  | Leave Blank |
| 41 | 306 – 312 | 7 | Alpha-numeric | b | Benefit 10 Code | See “Benefit Codes” in Appendix A |  | Leave Blank |
| 42 | 313 – 314 | 2 | Alpha-numeric | b | Benefit 10 Tier | See “Benefit Tier” in Appendix B |  | Leave Blank |
| **Fields 43 – 46 Apply to New Hire Reporting Only** | | | | | | | | **Notes to Developer for fields 43 - 46**  **To determine if an employee is a New Hire or Re enrollee Use our standard NPM functionality for Option 4 (see below)**  **If employee meets the conditions in Option 4 then their data will be sent in this field**  **Option 4 - All new enrollees & re-enrollees with no active plan since their Date of Last Hire (eecDateOfLastHire)**  **Include all ded codes where UseCobraCoveredDeds = Y** |
| 43 | 315 - 315 | 1 | Alpha-numeric | b | New Hire/Initial Notification Flag | H for New Hire or leave field blank | Space fill if N/A | APP Record  If employee is New Hire and elected benefits (EedDedCode = 500, 501, 520, 524, 525 or newly enrolled in benefits) send H  Else send Blank  DEP Record  Leave blank |
| 44 | 316 - 335 | 20 | Character | b | Spouse First Name | Required if Spouse is enrolled in benefits. | Only populate if field 43 is H. Space fill if N/A | APP Record  If employee is New Hire and elected benefits (EedDedCode = 500, 501, 520, 524, 525 or newly enrolled in benefits) and ConRelationship = SPS send ConNameFirst  Else send Blank  DEP Record  Leave blank |
| 45 | 336 - 355 | 20 | Character | b | Spouse Last Name | Required if Spouse is enrolled in benefits. | Only populate if field 43 is H. Space fill if N/A | APP Record  If employee is New Hire and elected benefits (EedDedCode = 500, 501, 520, 524, 525 or newly enrolled in benefits) and ConRelationship = SPS send ConNameLast  Else send Blank  DEP Record  Leave blank |
| 46 | 356 - 357 | 2 | Numeric | b | Number of Dependents | Format = 99 |  | APP Record  If employee is New Hire and elected benefits (EedDedCode = 500, 501, 520, 524, 525 or newly enrolled in benefits) send count of Dependents ConIsDependent = Y)  Else send Blank  DEP Record  Leave blank |
| 47 | 358 - 387 | 30 | Numeric | b | Company Paid Time | End Date of Company Paid Time | Last day premiums will be paid by Client (if applicable). Can also accept number of weeks or months. | APP Record  EECUDFIELD08  Important Note  The date format in the user defined field will need to be converted before sending the date on the file  The date format that must be sent in this field is  CCYYMMDD  Dep Record  Leave Blank |
| 48 | 388 - 417 | 30 | Variable | b | Health FSA Monthly Premium | Monthly Premium Amount for Health FSA | To be discussed further. | APP Record  If EedDedCode = 501 send Send EedEEAmt multiplied by 52 (weeks) and divided by 12 (months)  DEP Record  Leave Blank |
| 49 | 418 - 447 | 30 | Variable | c | Optional Data 3 |  |  | Leave Blank |
| 50 | 448 - 477 | 30 | Variable | c | Optional Data 4 |  |  | Leave Blank |
| 51 | 478 - 507 | 30 | Variable | c | Optional Data 5 |  |  | Leave Blank |
| 52 | 508 - 537 | 30 | Variable | c | Optional Data 6 |  |  | Leave Blank |
| 53 | 538 - 567 | 30 | Variable | c | Optional Data 7 |  |  | Leave Blank |
| 54 | 568 - 597 | 30 | Variable | c | Optional Data 8 |  |  | Leave Blank |
| 55 | 598 - 627 | 30 | Variable | c | Optional Data 9 |  |  | Leave Blank |
| 56 | 628 - 657 | 30 | Variable | c | Optional Data 10 |  |  | Leave Blank |

**Notes: a. Required b. Required if applicable c. Optional**

# 

C**OBRA File Code References:**

### Appendix A – Benefit Codes

| **Plan Identifier** | **Plan Code** | **Example** |
| --- | --- | --- |
| **Column1** | **Column 2-3** |  |
| M | 01  02  03 | M01 = Medical Plan 1  M02 = Medical Plan 2  M03 = Medical Plan 3 |
| D | 01  02  03 | D01 = Dental Plan 1  D02 = Dental Plan 2  D03 = Dental Plan 3 |
| V | 01  02  03 | V01 = Vision Plan 1  V02 = Vision Plan 2  V03 = Vision Plan 3 |
| F | 01 | F01 = Health Care Spending Account |
| E | 01 | E01 = EAP Plan |

### Define Benefit Codes to be Passed on QE File

| **Plan Identifier** | **Client Plan Code** | **Plan Description** | **Plan Code Passed on QE File** |
| --- | --- | --- | --- |
| Example: M | HMO | Carrier HMO Medical | M01 |
| M | ??? | PPO Medical (Deduction Code = 500) | M01 |
| M | ??? | CDHP (Deduction Code = 520) | M02 |
| D | ??? | Dental (Deduction code = 524) | D01 |
| V | ??? | Vision (Deduction code = 525) | V01 |
| F | ??? | FSA Healthcare (Deduction code = 501) | F01 |

**Appendix B – Benefit Tier/Other Tier**

| **TRI-AD Tier** | **Description** | **Tier Code Passed on File** | **Same for All Benefits?** |
| --- | --- | --- | --- |
| 00 | No coverage | Ben Option |  |
| 01 | Employee Only | EE | 01 |
| 02 | Employee plus one dependent |  |  |
| 03 | Employee plus two or more dependents |  |  |
| 04 | Employee plus two dependents |  |  |
| 05 | Employee plus three dependents |  |  |
| 06 | Employee plus three or more dependents |  |  |
| 07 | Employee plus child(ren) | EECH | 07 |
| 08 | Employee plus spouse | EESP | 08 |
| 09 | Employee plus family | EESPCH | 09 |
| 10 | Employee plus one child |  |  |
| 11 | Employee plus two children |  |  |
| 12 | Employee plus three or more children |  |  |
| 13 | Employee plus domestic partner |  |  |
| 14 | Employee plus domestic partner and children |  |  |
| 15 | Employee plus one dependent plus domestic partner |  |  |
| 16 | Employee plus two or more dependents plus domestic partner |  |  |
| 17 | Employee plus domestic partner plus domestic partner children |  |  |
| 18 | Employee plus one plus domestic partner plus domestic partner children |  |  |
| 19 | Employee plus two or more plus domestic partner plus domestic partner children |  |  |
| 20 | Employee plus one or more dependents |  |  |
| 21 | Dependents Only |  |  |

**Appendix C – Qualifying Event (QE) Codes**

| **Example** | |  |
| --- | --- | --- |
| CS | Cost Share / Severance (Company Paid COBRA) | |
| DC | Overage Dependent Child | |
| DI | Disability (COBRA with 11-month extension for SS approved disability status) | |
| DM | Registered DP (18 months COBRA) | |
| DS | Divorced Spouse | |
| FE | Voluntary Termination | |
| IV | Involuntary Termination | |
| IC | Ineligible Classification | |
| LA | LOA | |
| ML | USERRA / Military Leave | |
| RH | Reduction in Hours | |
| WW | Surviving Dependent | |
| LO | Lay Off | |
| RT | Retirement | |