|  |  |  |
| --- | --- | --- |
| 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

**COBRA Notification Qualifying Event File Layout:**

| Field | Position | Len | Contents | Req | Field Name | Description | Notes |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 – 3 | 3 | Character | a | APP/DEP Flag | APP – Applicant  DEP – Dependent |  |
| 2 | 4 – 12 | 9 | Numeric | a | Employer’s Federal TIN | Format=999999999; Omit dashes | Required for ACA reporting |
| 3 | 13 – 21 | 9 | Numeric | a | Employee’s SSN | Format=999999999; Omit dashes |  |
| 4 | 22 – 31 | 10 | Alpha-numeric | b | Employee ID |  |  |
| 5 | 32 – 40 | 9 | Numeric | b | Dependent’s SSN | Format=999999999; Omit dashes; Leave blank if unavailable |  |
| 6 | 41 – 60 | 20 | Character | a | First Name |  |  |
| 7 | 61 – 80 | 20 | Character | a | Last Name |  |  |
| 8 | 81 – 81 | 1 | Character | a | Middle Initial |  |  |
| 9 | 82 – 111 | 30 | Alpha-numeric | a | Street Address1 |  |  |
| 10 | 112 – 141 | 30 | Alpha-numeric |  | Street Address2 |  |  |
| 11 | 142 – 171 | 30 | Character | a | City |  |  |
| 12 | 172 – 173 | 2 | Character | a | State | 2 character US Postal Abbreviation |  |
| 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. |  |
| 14 | 183 – 183 | 1 | Character | a | Gender | M – Male  F – Female |  |
| 15 | 184 – 184 | 1 | Character | a | Marital Status | S – Single  M – Married  W – Widowed  D – Divorced  P – Domestic partner |  |
| 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 |  |
| 17 | 188 – 195 | 8 | Numeric | a | Employee/Dependent Birth Date | Format=CCYYMMDD |  |
| 18 | 196 – 203 | 8 | Numeric | a | Original Coverage Start Date | Format=CCYYMMDD  Used for HIPAA notification purposes | Date of hire |
| 19 | 204 – 206 | 3 | Alpha-numeric | b | Division |  |  |
| 20 | 207 – 208 | 2 | Alpha-numeric | a | Qualifying Event Code | See “Qualifying Event Code” Appendix C |  |
| 21 | 209 – 216 | 8 | Numeric | a | Qualifying Event Date | Format=CCYYMMDD | Actual date of termination, divorce, reduced hours, etc. |
| 22 | 217 – 224 | 8 | Numeric | a | Last Day of Active Coverage | Format=CCYYMMDD | Per Plan Rules |
| 23 | 225 - 231 | 7 | Alpha-numeric | a | Benefit 1 Code | See “Benefit Codes” in Appendix A |  |
| 24 | 232 - 233 | 2 | Alpha-numeric | a | Benefit 1 Tier | See “Benefit Tier” in Appendix B |  |
| 25 | 234 - 240 | 7 | Alpha-numeric | b | Benefit 2 Code | See “Benefit Codes” in Appendix A |  |
| 26 | 241 - 242 | 2 | Alpha-numeric | b | Benefit 2 Tier | See “Benefit Tier” in Appendix B |  |
| 27 | 243 - 249 | 7 | Alpha-numeric | b | Benefit 3 Code | See “Benefit Codes” in Appendix A |  |
| 28 | 250 - 251 | 2 | Alpha-numeric | b | Benefit 3 Tier | See “Benefit Tier” in Appendix B |  |
| 29 | 252 - 258 | 7 | Alpha-numeric | b | Benefit 4 Code | See “Benefit Codes” in Appendix A |  |
| 30 | 259 - 260 | 2 | Alpha-numeric | b | Benefit 4 Tier | See “Benefit Tier” in Appendix B |  |
| 31 | 261 - 267 | 7 | Alpha-numeric | b | Benefit 5 Code | See “Benefit Codes” in Appendix A |  |
| 32 | 268 - 269 | 2 | Alpha-numeric | b | Benefit 5 Tier | See “Benefit Tier” in Appendix B |  |
| 33 | 270 - 276 | 7 | Alpha-numeric | b | Benefit 6 Code | See “Benefit Codes” in Appendix A |  |
| 34 | 277 - 278 | 2 | Alpha-numeric | b | Benefit 6 Tier | See “Benefit Tier” in Appendix B |  |
| 35 | 279 - 285 | 7 | Alpha-numeric | b | Benefit 7 Code | See “Benefit Codes” in Appendix A |  |
| 36 | 268 - 287 | 2 | Alpha-numeric | b | Benefit 7 Tier | See “Benefit Tier” in Appendix B |  |
| 37 | 288 – 294 | 7 | Alpha-numeric | b | Benefit 8 Code | See “Benefit Codes” in Appendix A |  |
| 38 | 295 – 296 | 2 | Alpha-numeric | b | Benefit 8 Tier | See “Benefit Tier” in Appendix B |  |
| 39 | 297 – 303 | 7 | Alpha-numeric | b | Benefit 9 Code | See “Benefit Codes” in Appendix A |  |
| 40 | 304 – 305 | 2 | Alpha-numeric | b | Benefit 9 Tier | See “Benefit Tier” in Appendix B |  |
| 41 | 306 – 312 | 7 | Alpha-numeric | b | Benefit 10 Code | See “Benefit Codes” in Appendix A |  |
| 42 | 313 – 314 | 2 | Alpha-numeric | b | Benefit 10 Tier | See “Benefit Tier” in Appendix B |  |
| **Fields 43 – 46 Apply to New Hire Reporting Only** | | | | | | | |
| 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 |
| 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 |
| 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 |
| 46 | 356 - 357 | 2 | Numeric | b | Number of Dependents | Format = 99 |  |
| 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. |
| 48 | 388 - 417 | 30 | Variable | b | Health FSA Monthly Premium | Monthly Premium Amount for Health FSA | To be discussed further. |
| 49 | 418 - 447 | 30 | Variable | c | Optional Data 3 |  |  |
| 50 | 448 - 477 | 30 | Variable | c | Optional Data 4 |  |  |
| 51 | 478 - 507 | 30 | Variable | c | Optional Data 5 |  |  |
| 52 | 508 - 537 | 30 | Variable | c | Optional Data 6 |  |  |
| 53 | 538 - 567 | 30 | Variable | c | Optional Data 7 |  |  |
| 54 | 568 - 597 | 30 | Variable | c | Optional Data 8 |  |  |
| 55 | 598 - 627 | 30 | Variable | c | Optional Data 9 |  |  |
| 56 | 628 - 657 | 30 | Variable | c | Optional Data 10 |  |  |

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

# COBRA Initial Notification (New Hire Notice) Layout (If sending as separate file):

| Field | Position | Len | Contents | | Req | Field Name | Description | Notes |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 – 9 | 9 | Numeric | a | | Employee’s SSN | Format = 999999999; Omit dashes |  |
| 2 | 10 – 29 | 20 | Character | a | | First Name |  |  |
| 3 | 30 – 49 | 20 | Character | a | | Last Name |  |  |
| 4 | 50 – 50 | 1 | Character |  | | Middle Initial |  |  |
| 5 | 51 – 80 | 30 | Alpha-numeric | a | | Street Address1 |  |  |
| 6 | 81 – 110 | 30 | Alpha-numeric |  | | Street Address2 |  |  |
| 7 | 111 – 140 | 30 | Character | a | | City |  |  |
| 8 | 141 – 142 | 2 | Character | a | | State | 2 character US Postal Abbreviation |  |
| 9 | 143 – 151 | 9 | Numeric | a | | Zip/Postal Code | Format = 999999999; Left justify the five-digit code and blank fill the field to the right. |  |
| 10 | 152 – 152 | 1 | Character | a | | Marital Status | S – Single  M – Married  W – Widowed  D – Divorced  P – Domestic partner |  |
| 11 | 153 – 160 | 8 | Numeric | a | | Original Coverage Start Date | Format - CCYYMMDD |  |
| 12 | 161 – 163 | 3 | Alpha-numeric | b | | Division |  |  |
| 13 | 164 – 165 | 2 | Numeric | b | | Number of Dependents | Format = 99 |  |
| 14 | 166 – 185 | 20 | Character | b | | Spouse First Name | Required if Spouse is enrolled in benefits |  |
| 15 | 186 – 205 | 20 | Character | b | | Spouse Last Name | Required if Spouse is enrolled in benefits |  |
| 16 | 206 – 235 | 30 | Variable | c | | Reserved for future use | Leave blank |  |
| 17 | 236 – 265 | 30 | Variable | c | | Reserved for future use | Leave blank |  |
| 18 | 266 – 295 | 30 | Variable | c | | Reserved for future use | Leave blank |  |
| 19 | 296 – 325 | 30 | Variable | c | | Reserved for future use | Leave blank |  |

**COBRA Takeover File Layout:**

| Field | Position | Len | Contents | Req | Field Name | Description | Notes |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 - 3 | 3 | Character | a | APP/DEP Flag | APP – Applicant  DEP – Dependent |  |
| 2 | 4 - 12 | 9 | Numeric | a | Employer’s Federal TIN | Format=999999999; Omit dashes |  |
| 3 | 13 - 21 | 9 | Numeric | a | Employee’s SSN | Format=999999999; Omit dashes |  |
| 4 | 22 - 31 | 10 | Alpha-numeric | b | Employee ID |  |  |
| 5 | 32 - 40 | 9 | Numeric | b | Dependent’s SSN | Format=999999999; Omit dashes; Leave blank if unavailable |  |
| 6 | 41 - 60 | 20 | Character | a | First Name |  |  |
| 7 | 61 - 80 | 20 | Character | a | Last Name |  |  |
| 8 | 81 - 81 | 1 | Character | a | Middle Initial |  |  |
| 9 | 82 - 111 | 30 | Alpha-numeric | a | Street Address1 |  |  |
| 10 | 112 - 141 | 30 | Alpha-numeric |  | Street Address2 |  |  |
| 11 | 142 - 171 | 30 | Character | a | City |  |  |
| 12 | 172 - 173 | 2 | Character | a | State | 2 character US Postal Abbreviation |  |
| 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. |  |
| 14 | 183 - 183 | 1 | Character | a | Gender | M – Male  F – Female |  |
| 15 | 184 - 184 | 1 | Character | a | Marital Status | S – Single  M – Married  W – Widowed  D – Divorced  P – Domestic partner |  |
| 16 | 185 - 204 | 20 | Alpha-numeric | c | Phone Number |  |  |
| 17 | 205 - 207 | 3 | Alpha-numeric | a | Dependent Relationship Code | SPO – Spouse  DAU – Daughter  SON – Son  DPT – Domestic Partner  DDA – DP daughter  DSO – DP son |  |
| 18 | 208 - 215 | 8 | Numeric | a | Employee/Dependent Birth Date | Format=CCYYMMDD |  |
| 19 | 216 - 218 | 3 | Alpha-numeric | b | Division |  |  |
| 20 | 219 - 220 | 2 | Alpha-numeric | a | Qualifying Event Code | See “Qualifying Event Code” Appendix C |  |
| 21 | 221 - 228 | 8 | Numeric | a | Qualifying Event Date | Format=CCYYMMDD | Last Day of Active Coverage |
| 22 | 229 - 236 | 8 | Numeric | a | COBRA Start Date | Format= CCYYMMDD | First Day of COBRA Coverage |
| 23 | 237 - 244 | 8 | Numeric | a | Notification Date | Format= CCYYMMDD |  |
| 24 | 245 - 252 | 8 | Numeric | b | Enrollment Date | Format= CCYYMMDD |  |
| 25 | 253 - 253 | 1 | Character | a | Current Status | A – Active  P – Enrolled, pending payment  N – Notified |  |
| 26 | 254 - 261 | 8 | Numeric | b | Company Paid / Severance Start Date | Format= CCYYMMDD |  |
| 27 | 262 - 269 | 8 | Numeric | b | Company Paid / Severance End Date | Format= CCYYMMDD |  |
| 28 | 270 - 276 | 7 | Alpha-numeric | a | Benefit 1 Code | See “Benefit Codes” in Appendix A |  |
| 29 | 277 - 278 | 2 | Alpha-numeric | a | Benefit 1 Tier | See “Benefit Tier” in Appendix B |  |
| 30 | 279 - 286 | 8 | Numeric | a | Benefit 1 Effective Date | Format= CCYYMMDD |  |
| 31 | 287 - 294 | 8 | Numeric | b | Benefit 1 Paid Thru Date | Format= CCYYMMDD |  |
| 32 | 295 - 301 | 7 | Alpha-numeric | a | Benefit 2 Code | See “Benefit Codes” in Appendix A |  |
| 33 | 302 - 303 | 2 | Alpha-numeric | a | Benefit 2 Tier | See “Benefit Tier” in Appendix B |  |
| 34 | 304 - 311 | 8 | Numeric | a | Benefit 2 Effective Date | Format= CCYYMMDD |  |
| 35 | 312 - 319 | 8 | Numeric | b | Benefit 2 Paid Thru Date | Format= CCYYMMDD |  |
| 36 | 320 - 326 | 7 | Alpha-numeric | a | Benefit 3 Code | See “Benefit Codes” in Appendix A |  |
| 37 | 327 - 328 | 2 | Alpha-numeric | a | Benefit 3 Tier | See “Benefit Tier” in Appendix B |  |
| 38 | 329 - 336 | 8 | Numeric | a | Benefit 3 Effective Date | Format= CCYYMMDD |  |
| 39 | 337 - 344 | 8 | Numeric | b | Benefit 3 Paid Thru Date | Format= CCYYMMDD |  |
| 40 | 345 - 351 | 7 | Alpha-numeric | a | Benefit 4 Code | See “Benefit Codes” in Appendix A |  |
| 41 | 352 - 353 | 2 | Alpha-numeric | a | Benefit 4 Tier | See “Benefit Tier” in Appendix B |  |
| 42 | 354 - 361 | 8 | Numeric | a | Benefit 4 Effective Date | Format= CCYYMMDD |  |
| 43 | 362 - 369 | 8 | Numeric | b | Benefit 4 Paid Thru Date | Format= CCYYMMDD |  |
| 44 | 370 - 376 | 7 | Alpha-numeric | a | Benefit 5 Code | See “Benefit Codes” in Appendix A |  |
| 45 | 377 - 378 | 2 | Alpha-numeric | a | Benefit 5 Tier | See “Benefit Tier” in Appendix B |  |
| 46 | 379 - 386 | 8 | Numeric | a | Benefit 5 Effective Date | Format= CCYYMMDD |  |
| 47 | 387 - 394 | 8 | Numeric | b | Benefit 5 Paid Thru Date | Format= CCYYMMDD |  |
| 48 | 395 - 401 | 7 | Alpha-numeric | a | Benefit 6 Code | See “Benefit Codes” in Appendix A |  |
| 49 | 402 - 403 | 2 | Alpha-numeric | a | Benefit 6 Tier | See “Benefit Tier” in Appendix B |  |
| 50 | 404 - 411 | 8 | Numeric | a | Benefit 6 Effective Date | Format= CCYYMMDD |  |
| 51 | 412 - 419 | 8 | Numeric | b | Benefit 6 Paid Thru Date | Format= CCYYMMDD |  |
| 52 | 420 - 426 | 7 | Alpha-numeric | a | Benefit 7 Code | See “Benefit Codes” in Appendix A |  |
| 53 | 427 - 428 | 2 | Alpha-numeric | a | Benefit 7 Tier | See “Benefit Tier” in Appendix B |  |
| 54 | 429 - 436 | 8 | Numeric | a | Benefit 7 Effective Date | Format= CCYYMMDD |  |
| 55 | 437 - 444 | 8 | Numeric | b | Benefit 7 Paid Thru Date | Format= CCYYMMDD |  |
| 56 | 445 - 451 | 7 | Alpha-numeric | a | Benefit 8 Code | See “Benefit Codes” in Appendix A |  |
| 57 | 452 - 453 | 2 | Alpha-numeric | a | Benefit 8 Tier | See “Benefit Tier” in Appendix B |  |
| 58 | 454 - 461 | 8 | Numeric | a | Benefit 8 Effective Date | Format= CCYYMMDD |  |
| 59 | 462 - 469 | 8 | Numeric | b | Benefit 8 Paid Thru Date | Format= CCYYMMDD |  |
| 60 | 470 - 476 | 7 | Alpha-numeric | a | Benefit 9 Code | See “Benefit Codes” in Appendix A |  |
| 61 | 477 - 478 | 2 | Alpha-numeric | a | Benefit 9 Tier | See “Benefit Tier” in Appendix B |  |
| 62 | 479 - 486 | 8 | Numeric | a | Benefit 9 Effective Date | Format= CCYYMMDD |  |
| 63 | 487 - 494 | 8 | Numeric | b | Benefit 9 Paid Thru Date | Format= CCYYMMDD |  |
| 64 | 495 - 501 | 7 | Alpha-numeric | a | Benefit 10 Code | See “Benefit Codes” in Appendix A |  |
| 65 | 502 - 503 | 2 | Alpha-numeric | a | Benefit 10 Tier | See “Benefit Tier” in Appendix B |  |
| 66 | 504 - 511 | 8 | Numeric | a | Benefit 10 Effective Date | Format= CCYYMMDD |  |
| 67 | 512 - 519 | 8 | Numeric | b | Benefit 10 Paid Thru Date | Format= CCYYMMDD |  |
| 68 | 520 - 549 | 30 | Variable | c | Optional Data 1 |  |  |
| 69 | 550 - 579 | 30 | Variable | c | Optional Data 2 |  |  |
| 70 | 580 - 609 | 30 | Variable | c | Optional Data 3 |  |  |
| 71 | 610 - 639 | 30 | Variable | c | Optional Data 4 |  |  |
| 72 | 640 - 669 | 30 | Variable | c | Optional Data 5 |  |  |

**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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

| **TRI-AD Tier** | **Description** | **Tier Code Passed on File** | **Same for All Benefits?** |
| --- | --- | --- | --- |
| 00 | No coverage |  |  |
| 01 | Employee Only |  |  |
| 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) |  |  |
| 08 | Employee plus spouse |  |  |
| 09 | Employee plus family |  |  |
| 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 | |