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| **Reimbursement Accounts** | File Specifications | |
| File Import Layout Specifications | |  |



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### Version Control Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | New Version # | Resp for Update | Changes Made | LFID |
| 4/28/2017 | 1.1 | Lisa Thatcher | Updated field 17 demo layout and field 6 election layout from 1,3,5 to A, L, T | 4559721 |
| 5/19/2017 | 1.2 | Jason Waite | Added Dependent spec and updated TOC | 4559721 |
| 9/14/2017 | 1.3 | Lisa Thatcher | Updated fields 20, 21, Demo  Title of layout page 7  Fields 15,16,17,18 Reimbursement Election File | 4559721 |
| 9/10/2018 | 1.4 | Lisa Thatcher | Updated “Notes” and “Naming Convention” section. Combined Demographic and Election files into one | 4559721 |
| 11/5/2018 | 1.5 | Lisa Thatcher | Added Commuter and Wellness to field 35 | 4559721 |
| 10/8/2019 | 2.0 | Jason Waite | Several general updates, merged takeover/conversion specifications into this document | 4559721 |
| 12/16/2019 | 2.0 | Lisa Thatcher | Added Commuter Pre/Post tax | 4559721 |
| 12/23/2019 | 2.1 | Jason Waite | Made primary enrollment spec “Preferred” and added a “Variation 1” spec for EE/Elections in a single row per EE | 4559721 |
| 12/3/2020 | 2.2 | Jason Waite | Correct maximum field lengths for Org Code fields | 4559721 |
| 1/5/2021 | 2.3 | Jason Waite | Added Employee Termination File Layout | 4559721 |

### Notes

TRI-AD accepts data in the following formats:

* csv (comma or pipe separated file) TRI-AD preferred format – quote qualified if comma separated
* xls/xlsx (Excel file) \* Excel files NOT preferred due to formatting issues caused by manual intervention
* txt (Fixed column width text file)
* The Position and the Length columns in each specification apply to fixed column width text files only.
* Standard carriage return and line feed characters to terminate each record should be used for .txt and .csv files.
* Dollar amounts should be expressed as either floating or fixed decimal. There should be no dollar signs ($) or commas (,) in these fields. Negative amounts should be preceded by a minus sign. We cannot accept parentheses in dollar amounts.
* Numeric fields do not require zero fill.
* For .csv files (comma separated values), ALL fields should be enclosed in quotation (“) marks to prevent field values containing commas from causing column count issues during processing.
* TRI-AD can support format variations although there may be an implementation cost depending upon the variance from this format.

### File Naming Convention

* The file name should provide information about who the client is, plan type, file type, and date.
* [ClientCode]\_[PlanType]\_[FileType]\_[Date].xxx (extension should be associated with the file type (eg. .csv)

Client code is an internal client identifier that will be provided by TRI-AD

* Client Code - provided by TRI-AD
* Plan Type - FSA, HSA, HRA, Commuter, etc. If multiple plan data is provided on same file, then Plan Type should be service-specific, such as Reimbursement.
* File Type would be as follows.
* “Enrollment”
* “Payroll”
* Date (Preferred format: YYYYMMDD) is the date the file is generated for enrollment files. For Payroll Files the date should be the Payroll Date
* Examples of filenames are:
* Clientcode\_FSA\_Enrollment\_20170329.csv or Clientcode\_HSA\_Payroll\_20170329.csv

### Explanation of Managing LOA using Account Status and Account Effective Date Fields in the Election File

Some participants who go on leave continue to pay their deductions, which does not affect their FSA account (often the case for paid leave). Some participants go on leave and stop contributing, at which time TRI-AD can suspend the account during the leave period.

A leave should be communicated in the enrollment file by populating the Account Status field with “L” and populating the Account Termination date with the date that indicates the start of the leave period. However, this is not a change in election. If a person goes on leave and it will not affect their FSA account, a status change need not be sent to TRI-AD. However, in the event the client cannot override this field coming out of their system in the export file, TRI-AD should be notified so configuration can be set to ignore the update when the Account Status field is populated with “L”.

For clients who do wish to have the accounts suspended during the leave period, the applicable account will be suspended during the leave period. The debit card will be disabled and manual claims submitted for expenses incurred during the leave period will not be approved. Manual claims submitted for expenses prior to the leave will still be processed. When the leave period is over, the Account Status field should be changed to “A” (Active) and the Account Effective Date populated with the date that indicates the end of the leave period. After processing, the account will be set back to active status.

### Reimbursement Account Employee Demographic & Enrollment File Layout – Preferred

This format requires one row for each participant and plan. For an employee participating in multiple account types, demographic data will be repeated across multiple rows (one row per account type).

| Field | Length | Contents | Req | Field Name | Description |
| --- | --- | --- | --- | --- | --- |
| 1 | 12 | Alphanumeric | a | Employer ID | Value (up to 12 characters) will be provided by TRI-AD |
| 2 | 30 | Alphanumeric | a | Employee ID | Unique Identifier up to 30 characters. If using SSN, Format=999999999; Omit dashes. For employers with employee identifiers that are padded to the left with zeros, the number of digits needs to be specified for configuration to enforce this format, as this field is involved in employee lookups more than any other field in our system. |
| 3 | 9 | Alphanumeric | a | Employee SSN | Format=999999999; Omit dashes |
| 4 | 5 | Character | b | Prefix | Title such as Mr.,Mrs., Ms.,Dr. or Rev |
| 5 | 26 | Character | a | Last Name |  |
| 6 | 19 | Character | a | First Name |  |
| 7 | 1 | Character | b | Middle Initial | If blank, will overwrite existing value in system |
| 8 | 19 | Alphanumeric | b | Employee work phone | Include area code (xxx)xxx-xxxx or xxx-xxx-xxxx |
| 9 | 19 | Alphanumeric | b | Employee mobile phone | Include area code (xxx)xxx-xxxx or xxx-xxx-xxxx. Value will override mobile number registered on web portal. |
| 10 | 75 | Alphanumeric | a | Street Address 1 | Physical street address. Do not include Apt #, Ste # etc on this line (please use Street Address 2) |
| 11 | 75 | Alphanumeric | b | Street Address 2 | Include Apt #, Ste #, etc., on this line. Do not include parenthesis or asterisks. |
| 12 | 30 | Character | a | City |  |
| 13 | 2 | Character | a | State/Province | 2 character US Postal Abbreviation |
| 14 | 9 | Alphanumeric | a | Zip/Postal Code | 5-digit format, no hyphen |
| 15 | 3 | Character | a | Country Code | Allowable value is US or US followed by a blank, if using fixed length fields |
| 16 | 100 | Character | a | Email Address | If blank, will not overwrite existing email address in system |
| 17 | 1 | Alphanumeric | a | Employee Status | A – Active, L – Temporarily Inactive, T – Terminated (If T, no election record is required to end account election, but this scenario will need to be specified for configuration purposes.) |
| 18 | 8 | Date | b | Hire Date | Format = YYYYMMDD; Latest hire/rehire date |
| 19 | 8 | Date | b | Original Hire Date | Format = YYYYMMDD; Not required, but helps to identify rehires |
| 20 | 8 | Date | b | Employee Status Effective Date | Format = YYYYMMDD, Use for Employee status A – Active, L – Temporarily Inactive, T – Terminated.  Effective date that corresponds to the status reported in field 17 |
| 21 | 8 | Date | b | Termination Date | Format = YYYYMMDD, Date of employment termination. Use for Employee status = T |
| 22 | 8 | Date | a | Birth Date | Format = YYYYMMDD; Required for user registration. |
| 23 | 50 | Alphanumeric | b | Organization Code - Level 1 | If applicable for reporting purposes. Eg. Location code. If blank, will not overwrite existing data |
| 24 | 50 | Alphanumeric | b | Organization Code - Level 2 | If applicable for reporting purposes. Eg. Department code. If blank, will not overwrite existing data |
| 25 | 50 | Alphanumeric | b | Organization Code - Level 3 | If applicable for reporting purposes. Eg. Division code. If blank, will not overwrite existing data |
| 26 | 20 | Alphanumeric | b | Employee Category Code | If applicable, used for reporting purposes. If blank, will not overwrite existing data |
| 27 | 1 | Alphanumeric | c | Key Employee | 1 – Yes, 0 – No. If blank, will default to No |
| 28 | 10 | Numeric | c | Previous year annual compensation | Format=9999999.99; W–2 / Gross wages |
| 29 | 8 | Numeric | c | Per Pay Period Health & Welfare Benefit Premium | Format=9999999.99; Employee Pre–tax premiums for Medical, Dental, Vision, etc. |
| 30 | 1 | Character | c | Officer flag | Y = Officer |
| 31 | 5 | Numeric | c | Ownership percentage | Format=99999; 0 – 100 |
| 32 | 30 | Alphanumeric | b | Health Plan ID | Assigned ID for employee’s health plan |
| 33 | 2 | Alphanumeric | b | Medical Coverage Tier | Single, Family |
| 34 | 1 | Alphanumeric | b | Enrolled in HDHP | 0 – No, 1 – Yes or Y/N. If blank, same as No. Indicates whether employee has current year high deductible plan. |
| 35 | 10 | Alphanumeric | a | Plan ID Code | Plan Code denotes which plan the following election data pertains to –  Codes to be used: HRA, HSA, HCA, LHCA, DCA, COMP = Parking Pretax, COMT = Transit Pretax, CMPA = Parking Post tax, CMTA = Transit Post tax, WELL = Wellness |
| 36 | 8 | Date | b | Plan Year Start Date | Format = YYYYMMDD; Required if data potentially spans configured plan years. |
| 37 | 8 | Date | b | Plan Year End Date | Format = YYYYMMDD; Required if data potentially spans configured plan years. |
| 38 | 1 | Alphanumeric | a | Account Status | A - Active, L – Temporarily Inactive (LOA), T - Terminated |
| 39 | 5 | Alphanumeric | a | Payroll Code | Payroll codes to be provided for each payroll cycle.  Suggested codes: W - Weekly, B - Biweekly, S - Semi-monthly, M - Monthly, A - Annually. |
| 40 | 8 | Date | b | First Payroll Deduction Date | Format = YYYYMMDD (needed if first payroll deduction date is not the first payroll date following the Effective Date). TBD during pre-implementation process. |
| 41 | 19 | Numeric | a | EE Per Pay Period Election | Format=9999.99; If not capable of populating, calculation can be performed. |
| 42 | 19 | Numeric | b | ER Per Pay Period Subsidy | Format=9999.99; Blank = Not applicable. |
| 43 | 19 | Numeric | a | EE Annual Election Amount | Format=9999.99 |
| 44 | 7 | Numeric | b | ER Annual Election Amount | Format=9999.99; Blank = Not applicable. |
| 45 | 10 | Date | a | Account Effective Date | Format = YYYYMMDD. This should always be the original start date for an election. |
| 46 | 10 | Date | b | Account Termination (Stop) Date | Format = YYYYMMDD; Only use when Account Status = “T”. |
| 47 | 10 | Alphanumeric | b | Coverage Tier ID | For Plans with Coverage Tiers enabled (HRA/HSA) |
| 48 | 1 | Alphanumeric | b | Deductible Met | “0” – No deductible, “1” – Deductible not met, “2” – Deductible Met. TBD during pre-implementation process and could apply to LPFSA or HRA plans. (HRA/LPFSA) |
| 49 | 19 | Numeric | b | Family Balance Max | Maximum amount that can be rolled over in this account for Family. (HRA) |
| 50 | 19 | Numeric | b | Individual Balance Max | Maximum amount that can be rolled over in this account for Individual. (HRA) |
| 51 | 19 | Numeric | d | EE Contribution YTD Amount | Format = 9999.99 |
| 52 | 19 | Numeric | d | ER Contribution YTD Amount | Format = 9999.99 |
| 53 | 19 | Numeric | d | Other Deposit YTD Amount | Format = 9999.99; Used for special deposits not associated to contribution schedules |
| 54 | 19 | Numeric | d | YTD Claims Paid | Format = 9999.99 |
| 55 | 8 | Date | d | Last Payroll Date | Format = YYYYMMDD |

***Notes:***

***a. Always required b. Required if applicable c. Required for Non–discrimination testing only, otherwise blank d. Required for “takeover” data file only***

### Reimbursement Account Employee Demographic & Enrollment File Layout – Variation 1

This format requires one row for each participant – election column sets are spread across a single row for a unique participant.

| Field | Length | Contents | Req | Field Name | Description |
| --- | --- | --- | --- | --- | --- |
| 1 | 12 | Alphanumeric | a | Employer ID | Value (up to 12 characters) will be provided by TRI-AD |
| 2 | 30 | Alphanumeric | a | Employee ID | Unique Identifier up to 30 characters. If using SSN, Format=999999999; Omit dashes. For employers with employee identifiers that are padded to the left with zeros, the number of digits needs to be specified for configuration to enforce this format, as this field is involved in employee lookups more than any other field in our system. |
| 3 | 9 | Alphanumeric | a | Employee SSN | Format=999999999; Omit dashes |
| 4 | 5 | Character | b | Prefix | Title such as Mr.,Mrs., Ms.,Dr. or Rev |
| 5 | 26 | Character | a | Last Name |  |
| 6 | 19 | Character | a | First Name |  |
| 7 | 1 | Character | b | Middle Initial | If blank, will overwrite existing value in system |
| 8 | 19 | Alphanumeric | b | Employee work phone | Include area code (xxx)xxx-xxxx or xxx-xxx-xxxx |
| 9 | 19 | Alphanumeric | b | Employee mobile phone | Include area code (xxx)xxx-xxxx or xxx-xxx-xxxx. Value will override mobile number registered on web portal. |
| 10 | 75 | Alphanumeric | a | Street Address 1 | Physical street address. Do not include Apt #, Ste # etc on this line (please use Street Address 2) |
| 11 | 75 | Alphanumeric | b | Street Address 2 | Include Apt #, Ste #, etc., on this line. Do not include parenthesis or asterisks. |
| 12 | 30 | Character | a | City |  |
| 13 | 2 | Character | a | State/Province | 2 character US Postal Abbreviation |
| 14 | 9 | Alphanumeric | a | Zip/Postal Code | 5-digit format, no hyphen |
| 15 | 3 | Character | a | Country Code | Allowable value is US or US followed by a blank, if using fixed length fields |
| 16 | 100 | Character | a | Email Address | If blank, will not overwrite existing email address in system |
| 17 | 1 | Alphanumeric | a | Employee Status | A – Active, L – Temporarily Inactive, T – Terminated (If T, no election record is required to end account election, but this scenario will need to be specified for configuration purposes.) |
| 18 | 8 | Date | b | Hire Date | Format = YYYYMMDD; Latest hire/rehire date |
| 19 | 8 | Date | b | Original Hire Date | Format = YYYYMMDD; Not required, but helps to identify rehires |
| 20 | 8 | Date | b | Employee Status Effective Date | Format = YYYYMMDD, Use for Employee status A – Active, L – Temporarily Inactive, T – Terminated.  Effective date that corresponds to the status reported in field 17 |
| 21 | 8 | Date | b | Termination Date | Format = YYYYMMDD, Date of employment termination. Use for Employee status = T |
| 22 | 8 | Date | a | Birth Date | Format = YYYYMMDD; Required for user registration. |
| 23 | 50 | Alphanumeric | b | Organization Code - Level 1 | If applicable for reporting purposes. Eg. Location code. If blank, will not overwrite existing data |
| 24 | 50 | Alphanumeric | b | Organization Code - Level 2 | If applicable for reporting purposes. Eg. Department code. If blank, will not overwrite existing data |
| 25 | 50 | Alphanumeric | b | Organization Code - Level 3 | If applicable for reporting purposes. Eg. Division code. If blank, will not overwrite existing data |
| 26 | 20 | Alphanumeric | b | Employee Category Code | If applicable, used for reporting purposes. If blank, will not overwrite existing data |
| 27 | 1 | Alphanumeric | c | Key Employee | 1 – Yes, 0 – No. If blank, will default to No |
| 28 | 10 | Numeric | c | Previous year annual compensation | Format=9999999.99; W–2 / Gross wages |
| 29 | 8 | Numeric | c | Per Pay Period Health & Welfare Benefit Premium | Format=9999999.99; Employee Pre–tax premiums for Medical, Dental, Vision, etc. |
| 30 | 1 | Character | c | Officer flag | Y = Officer |
| 31 | 5 | Numeric | c | Ownership percentage | Format=99999; 0 – 100 |
| 32 | 30 | Alphanumeric | b | Health Plan ID | Assigned ID for employee’s health plan |
| 33 | 2 | Alphanumeric | b | Medical Coverage Tier | Single, Family |
| 34 | 1 | Alphanumeric | b | Enrolled in HDHP | 0 – No, 1 – Yes or Y/N. If blank, same as No. Indicates whether employee has current year high deductible plan. |
| 35 | 10 | Alphanumeric | a | Plan 1 Code | Plan Code denotes which plan the following election data pertains to –  Codes to be used: HRA, HSA, HCA, LHCA, DCA, COMP = Parking Pretax, COMT = Transit Pretax, CMPA = Parking Post tax, CMTA = Transit Post tax, WELL = Wellness |
| 36 | 8 | Date | b | Plan 1 Plan Year Start Date | Format = YYYYMMDD; Required if data potentially spans configured plan years. |
| 37 | 8 | Date | b | Plan 1 Plan Year End Date | Format = YYYYMMDD; Required if data potentially spans configured plan years. |
| 38 | 1 | Alphanumeric | a | Plan 1 Account Status | A - Active, L – Temporarily Inactive (LOA), T - Terminated |
| 39 | 5 | Alphanumeric | a | Plan 1 Payroll Code | Payroll codes to be provided for each payroll cycle.  Suggested codes: W - Weekly, B - Biweekly, S - Semi-monthly, M - Monthly, A - Annually. |
| 40 | 8 | Date | b | Plan 1 First Payroll Deduction Date | Format = YYYYMMDD (needed if first payroll deduction date is not the first payroll date following the Effective Date). TBD during pre-implementation process. |
| 41 | 19 | Numeric | a | Plan 1 EE Per Pay Period Election | Format=9999.99; If not capable of populating, calculation can be performed. |
| 42 | 19 | Numeric | b | Plan 1 ER Per Pay Period Subsidy | Format=9999.99; Blank = Not applicable. |
| 43 | 19 | Numeric | a | Plan 1 EE Annual Election Amount | Format=9999.99 |
| 44 | 7 | Numeric | b | Plan 1 ER Annual Election Amount | Format=9999.99; Blank = Not applicable. |
| 45 | 10 | Date | a | Plan 1 Account Effective Date | Format = YYYYMMDD. This should always be the original start date for an election. |
| 46 | 10 | Date | b | Plan 1 Account Termination (Stop) Date | Format = YYYYMMDD; Only use when Account Status = “T”. |
| 47 | 10 | Alphanumeric | b | Plan 1 Coverage Tier ID | For Plans with Coverage Tiers enabled (HRA/HSA) |
| 48 | 1 | Alphanumeric | b | Plan 1 Deductible Met | “0” – No deductible, “1” – Deductible not met, “2” – Deductible Met. TBD during pre-implementation process and could apply to LPFSA or HRA plans. (HRA/LPFSA) |
| 49 | 19 | Numeric | b | Plan 1 Family Balance Max | Maximum amount that can be rolled over in this account for Family. (HRA) |
| 50 | 19 | Numeric | b | Plan 1 Individual Balance Max | Maximum amount that can be rolled over in this account for Individual. (HRA) |
| 35 | 10 | Alphanumeric | a | Plan N Code | Plan Code denotes which plan the following election data pertains to –  Codes to be used: HRA, HSA, HCA, LHCA, DCA, COMP = Parking Pretax, COMT = Transit Pretax, CMPA = Parking Post tax, CMTA = Transit Post tax, WELL = Wellness |
| 36 | 8 | Date | b | Plan N Plan Year Start Date | Format = YYYYMMDD; Required if data potentially spans configured plan years. |
| 37 | 8 | Date | b | Plan N Plan Year End Date | Format = YYYYMMDD; Required if data potentially spans configured plan years. |
| 38 | 1 | Alphanumeric | a | Plan N Account Status | A - Active, L – Temporarily Inactive (LOA), T - Terminated |
| 39 | 5 | Alphanumeric | a | Plan N Payroll Code | Payroll codes to be provided for each payroll cycle.  Suggested codes: W - Weekly, B - Biweekly, S - Semi-monthly, M - Monthly, A - Annually. |
| 40 | 8 | Date | b | Plan N First Payroll Deduction Date | Format = YYYYMMDD (needed if first payroll deduction date is not the first payroll date following the Effective Date). TBD during pre-implementation process. |
| 41 | 19 | Numeric | a | Plan N EE Per Pay Period Election | Format=9999.99; If not capable of populating, calculation can be performed. |
| 42 | 19 | Numeric | b | Plan N ER Per Pay Period Subsidy | Format=9999.99; Blank = Not applicable. |
| 43 | 19 | Numeric | a | Plan N EE Annual Election Amount | Format=9999.99 |
| 44 | 7 | Numeric | b | Plan N ER Annual Election Amount | Format=9999.99; Blank = Not applicable. |
| 45 | 10 | Date | a | Plan N Account Effective Date | Format = YYYYMMDD. This should always be the original start date for an election. |
| 46 | 10 | Date | b | Plan N Account Termination (Stop) Date | Format = YYYYMMDD; Only use when Account Status = “T”. |
| 47 | 10 | Alphanumeric | b | Plan N Coverage Tier ID | For Plans with Coverage Tiers enabled (HRA/HSA) |
| 48 | 1 | Alphanumeric | b | Plan N Deductible Met | “0” – No deductible, “1” – Deductible not met, “2” – Deductible Met. TBD during pre-implementation process and could apply to LPFSA or HRA plans. (HRA/LPFSA) |
| 49 | 19 | Numeric | b | Plan N Family Balance Max | Maximum amount that can be rolled over in this account for Family. (HRA) |
| 50 | 19 | Numeric | b | Plan N Individual Balance Max | Maximum amount that can be rolled over in this account for Individual. (HRA) |

***Notes:***

***a. Always required b. Required if applicable c. Required for Non–discrimination testing only, otherwise blank***

### Employee Termination File Layout

This format requires one row for each participant. This file should be required for clients with perpetual plan year plans, like HSA, where we might not receive a termination row in an ongoing enrollment file that is primarily for annual plans, such as FSA. This file should also be required for clients with carry-over plans, where an employee could have an account that carries over to the next plan year, even though they’re not participating in that plan year.

| Field | Length | Contents | Req | Field Name | Description |
| --- | --- | --- | --- | --- | --- |
| 1 | 12 | Alphanumeric | a | Employer ID | Value (up to 12 characters) will be provided by TRI-AD |
| 2 | 30 | Alphanumeric | a | Employee ID | Unique Identifier up to 30 characters. If using SSN, Format=999999999; Omit dashes. For employers with employee identifiers that are padded to the left with zeros, the number of digits needs to be specified for configuration to enforce this format, as this field is involved in employee lookups more than any other field in our system. |
| 3 | 9 | Alphanumeric | a | Employee SSN | Format=999999999; Omit dashes |
| 4 | 8 | Date | a | Termination Date | Format = YYYYMMDD, Date of employment termination. |

***Notes:***

***a. Always required***

### Reimbursement Account Dependent Demographic File Layout (HRA)

This format requires one row for each dependent.

| Field | Length | Contents | Req | Field Name | Description |
| --- | --- | --- | --- | --- | --- |
| 1 | 12 | Alphanumeric | a | Employer ID | Value (up to 12 characters) will be provided by TRI-AD |
| 2 | 30 | Alphanumeric | a | Employee ID | Must always be SSN or Employee ID provided in Employee Demographic import |
| 3 | 9 | Alphanumeric | a | Dependent ID | Provide SSN if required by plan design; Format=999999999; Omit dashes. Even though dependents each have a generated unique identifier in our system, it is recommended that correct SSN values be sent. |
| 4 | 5 | Character | b | Prefix | Title such as Mr., Mrs., Ms., Dr. or Rev |
| 5 | 26 | Character | a | Last Name |  |
| 6 | 19 | Character | a | First Name |  |
| 7 | 1 | Character | b | Middle Initial | If blank, will overwrite existing data. |
| 8 | 75 | Alphanumeric | a | Street Address 1 | Physical street address. Do not include Apt #, Ste # etc on this line (please use Street Address 2) |
| 9 | 75 | Alphanumeric | b | Street Address 2 | Include Apt #, Ste #, etc., on this line. Do not include parenthesis or asterisks. |
| 10 | 30 | Character | a | City |  |
| 11 | 2 | Character | a | State/Province | 2 character US Postal Abbreviation |
| 12 | 9 | Alphanumeric | a | Zip/Postal Code | 5-digit code, no hyphen |
| 13 | 3 | Character | a | Country Code | Allowable value is US or US followed by a blank, if using fixed length fields |
| 14 | 1 | Character | a | Dependent Status | A – Active, L – Temporarily Inactive, T – Terminated |

***Notes:***

***a. Always required b. Required if applicable c. Required for Non–discrimination testing only, otherwise blank***

### Reimbursement Account Pending Dependent Care Claim Amount File Layout (Takeover)

This format requires one row for each dependent care participant with a pending contribution claim amount.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Length | Contents | Req | Field Name | Description |
| 1 | 12 | Alphanumeric | a | Employer ID | Value (up to 12 characters) will be provided by TRI-AD |
| 2 | 30 | Alphanumeric | a | Employee ID | Must always be SSN or Employee ID provided in Employee Demographic import |
| 3 | 9 | Alphanumeric | a | Employee SSN | Provide SSN if Employee ID above is not SSN; Format = 999999999, omit dashes |
| 4 | 10 | Alphanumeric | a | Plan ID | Plan Code related to funded account  Codes to be used: HRA, HSA, HCA, LHCA, DCA, COMP, COMT, CMPA, CMTA |
| 5 | 8 | Date | a | Plan Year Start Date | Format = YYYYMMDD |
| 6 | 8 | Date | a | Plan Year End Date | Format = YYYYMMDD |
| 7 | 19 | Numeric | a | EE Pending Claim Amount | Format = 9999.99 |

***Notes:***

***a. Always required b. Required if applicable***

### Reimbursement Account Payroll Contribution Deposit File Layout

This format requires contributions be passed in a separate row for each participant and plan.

| Field | Length | Contents | Req | Field Name | Description |
| --- | --- | --- | --- | --- | --- |
| 1 | 12 | Alphanumeric | a | Employer ID | Value (up to 12 characters) will be provided by TRI-AD |
| 2 | 30 | Alphanumeric | a | Employee ID | Unique identifier managed by employer. If using SSN, Format=999999999; Omit dashes. If Employee ID is not provided in the demographic/enrollment file, this field must be populated with SSN. |
| 3 | 10 | Alphanumeric | a | Plan ID | Codes to be used: HRA, HSA, HCA, LHCA, DCA, COMP (Parking Pretax), COMT (Transit Pretax), CMPA (Parking Post tax), CMTA (Transit Post tax) |
| 4 | 8 | Date | b | Plan Year Start Date | Format = YYYYMMDD; If Effective Date is assumed to fall inside the current plan year, this field is not required. |
| 5 | 8 | Date | b | Plan Year End Date | Format = YYYYMMDD; If Effective Date is assumed to fall inside the current plan year, this field is not required. |
| 6 | 19 | Numeric | a | EE Contribution Amount | Format=9999.99 |
| 7 | 19 | Numeric | b | ER Contribution Amount | Format=9999.99 |
| 8 | 19 | Numeric | b | Other Deposit Amount | Format=9999.99; TBD during pre-implementation process. |
| 9 | 8 | Date | a | Effective Date | Format = YYYYMMDD; Generally payroll date. |

***Notes:***

***a. Required b. Required if applicable***

### Nondiscrimination Testing File Layout

Nondiscrimination testing is a requirement by which a Section 125 plan must pass in order to qualify for tax-favored status. The test ensures that a Section 125 plan must not discriminate in favor of highly-compensated employees (HCEs) and key employees with respect to eligibility, contributions and benefits. In order to meet these compliance requirements, a Section 125 must perform the test annually and document the results. The results are subject to audit by the Internal Revenue Service (IRS).

| Field | Position | Contents | Req | Field Name | Description |
| --- | --- | --- | --- | --- | --- |
| 1 | 1-9 | Alphanumeric | a | Employer’s Federal TIN | No hyphen. Eg. 500000001 |
| 2 | 10-18 | Alphanumeric | a | Employee’s SSN | Format: 999999999; No hyphen. |
| 3 | 19-38 | Character | a | Employee’s First Name |  |
| 4 | 39-58 | Character | a | Employee’s Last Name |  |
| 5 | 59-59 | Character | b | Employee’s Middle Initial |  |
| 6 | 60-67 | Date | a | Employee’s Hire Date | MMDDCCYY Ex: 10202008 |
| 7 | 68-75 | Date | a | Employee’s Birth Date | MMDDCCYY Ex: 08161976 |
| 8 | 76-83 | Date | a | Employee’s Termination Date | MMDDCCYY Ex: 02102010  Termination Date for employees who terminated from employment during the current plan year. Please do not include employees who terminated in the prior plan year. |
| 9 | 84-91 | Numeric | a | Per-Pay-Period Payroll Deduction for Health Benefits | Ex: 146.50  Format is 99999.99; no commas. Ex: 00174.56 = $174.56  Per-Pay-Period deduction taken from the employee’s paycheck for medical, dental and vision contributions |
| 10 | 92-93 | Numeric | a | Number of Pay Periods | Ex: 24 Number of pay periods in the plan year |
| 11 | 94-94 | Character | a | Officer Flag | Y = Yes Blank = No  Denotes if the employee is an officer as defined in Code Section 416(i). Generally, officers are defined as individuals, with or without a title, who have the authority to make decisions on the direction of the company. Typically, a C-level officer (e.g. CEO, CFO), or a Senior VP or a VP. |
| 12 | 95-104 | Numeric | a | Previous Plan Year’s Annual Compensation | Ex: 50000.00  Format is 9999999.99 with no commas. Ex: 0050000.00 = $50,000.00  Employee's gross wages from the previous year including any 1) salary reductions under a cafeteria plan (Code §125); 2) compensation reductions under a qualified transportation fringe benefit plan (Code § 132(f)(4)); 3) elective deferrals under a 401(k) plan, 4) salary reductions under a simplified employee pension plan (SARSEP), a Code § 408(p) SIMPLE plan, a Code § 403(b) tax-sheltered annuity, and a Code § 457 plan. |
| 13 | 105-109 | Numeric | a | Ownership Percentage | Ex: 1000 = 10% owner  Format is 9999 with implied 2 decimal places. |
| 14 | 110-116 | Numeric | a | Dependent Care FSA Annual Goal Amount | Ex: 5000.00 = $5,000  Format is 9999.99 with no commas. |
| 15 | 117-123 | Numeric | a | Healthcare FSA Annual Goal Amount | Ex: 5000.00 = $5,000  Format is 9999.99 with no commas. |
| 16 | 124-130 | Numeric | b | Other FSA Annual Goal Amount | Ex: 5000.00 = $5,000  Format is 9999.99 with no commas.  Employee’s annual goal amount if enrolled in a limited FSA |

***Notes:***

***a. Required b. Optional/Required if applicable***