

**HSA Record Specifications (19H) and Reimbursement Account (RA) Record Specification**

**Contribution Record (RAC)**

**CORNERSTONE HOME LENDING**

**HSA/FSA Plan Number: 77277**

**Clone: FCIN**

**Payroll Vendor: ultipro**

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# Document Change Log

The following table is used to track any changes made to the original specifications document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Page Number** | **Description** |
| 1.0 | 11/5/2020 | JR Grubbs | All | Initial Draft |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Project Issues Log

The following table contains information about any issues encountered during the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Original Discussion Date** | **Discussion Item** | **Responsible Person** | **Resolution** | **Resolution Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Record Specification Programming Timeline

The following table contains programming steps to complete that apply to the plan:

|  |  |
| --- | --- |
| **Step** | **Completion Date** |
| Finalize Fidelity Record Specifications |  |
| 1st Test File for the 19H Record to Fidelity |  |
| 2nd Test File for the 19H Record to Fidelity (if necessary) |  |
| First Live File for the 19H Record to Fidelity |  |

# Record Specifications Pictures Overview

The record layout grid contains a Picture column that describes the field format in COBOL syntax, as follows:

* 9 denotes that only numeric data is acceptable and the field is typically right justified with leading zeroes.
* X denotes that alphanumeric data is acceptable and the field is typically left justified with spaces at the end.

For numeric pictures:

* V denotes that there is an implied decimal point
* S9 denotes that signed fields must be used

**Example**:

|  |  |
| --- | --- |
| **This picture…** | **Represents this type of field…** |
| 9(05) | An unsigned, numeric field of five digits |
| X(20) | A 20-character, alphanumeric field |
| 9(5)V99 | A numeric field with five digits to the left of the decimal point and two digits to the right of the decimal point |
| S9(11)V99 | A signed numeric field with 11 digits left of the decimal point and two digits right of the decimal point |

# Signed Fields

If the picture for a field indicates that it is a signed numeric field, the sign must be sent as part of the right-most digit in the field rather than as a separate sign byte. The accepted values for signed fields are:

|  |  |  |  |
| --- | --- | --- | --- |
| **Enter this in the rightmost digit** | **To denote this value** | **Enter this in the rightmost digit** | **To denote this value** |
| A | +1 | J | -1 |
| B | +2 | K | -2 |
| C | +3 | L | -3 |
| D | +4 | M | -4 |
| E | +5 | N | -5 |
| F | +6 | O | -6 |
| G | +7 | P | -7 |
| H | +8 | Q | -8 |
| I | +9 | R | -9 |
| { | +0 | } | -0 |

**Example**:

|  |  |  |
| --- | --- | --- |
| **If a field has the following picture…** | **And the field value is…** | **Should be sent as…** |
| S9(2)V99 | +21.95 | 219E |
| +21.90 | 219{ |

# Inbound to Fidelity - Record Specification (19H Record)

## Population to Include

The following participants should be included on the file to Fidelity.

Participants that have contributions to be posted to their HSA. 19H records should not be created with a zero contribution amount.

## Dependences Between the Contribution Record (19H) and Enrollment Record (HS)

Fidelity is not able to process Contribution Records (19H) for a participant without an Active Enrollment Record (HS) or if the contributions are received prior to the participant’s active enrollment effective date on their Enrollment Record (HS).

For example: For a Contribution Record (19H) received on 04/20/2015 with a 2015 tax year, Fidelity’s system will confirm the participant has an active Enrollment Record (HS) for the corresponding tax year on the Contribution Record (19H). In this example, Fidelity’s system would be looking for an active Enrollment Record (HS) for the 2015 tax year. If the participant does not have an active Enrollment Record (HS) for the 2015 tax year, the contribution will create an error. If the participant does have an active Enrollment Record (HS) for the 2015 tax year, Fidelity’s system will check the effective date on the participant’s active Enrollment Record (HS). If the effective date is 04/20/2015 or prior, the contribution will not create an error as the effective date is equal to the current date or in the past. If the effective date is after 04/20/2015, the contribution will create an error because the effective date for the active enrollment is in the future. In general, the effective date on the active enrollment record (HS) is the date for which Fidelity can start accepting contributions on behalf of the participant.

**Please Note:** Legally Fidelity cannot process contributions for a year until 01/01 of that year. For example: If a 2015 contribution file is sent in on 12/30/2014, a batch will be created on PSW reflecting all of the records as rejected because it is prior to the 01/01/2015 effective date. With this said, because of the prelim process available on PSW, the contribution file can be sent on 12/30/2014, all record reflect as rejected, and then resubmit (reprelim) the file on 01/02/2015. The resubmit will check the edits again, and since the enrollment is now effective the contribution records will no longer reject.

## Frequency of the 19H Record Specification Inbound File

|  |  |  |
| --- | --- | --- |
| **Type of File** | **Frequency** | **Day of the Week** |
| 19H Record Specification | <Frequency> | <Day of the Week> |

## Transmission Method

|  |  |
| --- | --- |
| **Type of File** | **Transmission Method** |
| 19H Record Specification | EDT- SFTP |

## Funding Method

|  |  |
| --- | --- |
| **Type of File** | **Funding Method** |
| 19H Record Specification | <Funding method – Wire, ACH, Auto Debit> |

# Inbound to Fidelity - Record Specification (RAC Record)

## Population to Include

The following participants should be included on the file to Fidelity.

Participants that have contributions to be posted to their FSAs (Reimbursement Accounts).

## Frequency of the RAC Record Specification Inbound File

|  |  |  |
| --- | --- | --- |
| **Type of File** | **Frequency** | **Day of the Week** |
| RAC Record Specification | <Frequency> | <Day of the Week> |

## Transmission Method

|  |  |
| --- | --- |
| **Type of File** | **Transmission Method** |
| RAC Record Specification | EDT-SFTP |

## Testing Header Required

The following header is required when test files are sent to Fidelity via the EDT connection. The header must be the first line in the test file.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **EDT Test Header** | |
| **FIELD NO.** | **NUMBER**  **OF**  **BYTES** | **POSITIONS** | | **VALUE** | **FIELD NAME** | **PICTURE** |
|  | **FROM** | **TO** |
| 1 | 7 | 1 | 7 | TESTEDT | TEST FILE IDENTIFIER | X(07) |
| 2 | 73 | 8 | 80 | SPACES | FILLER | X(73) |

|  |  |  |
| --- | --- | --- |
| **RECORD SPECIFICATION DETAILS**  **EDT TEST HEADER** | | |
| **Purpose** | To identify a test transmission. This record should be the first line in the file.  The TESTEDT record is not case sensitive. | |
| **Field Number** | **Field Name** | **Field Description** |
|
| 1 | Test File identifier | Should be populated with “TESTEDT” ONLY |

## RAC Record Specification

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **REIMBURSEMENT ACCOUNT RECORD**  **RAC - CONTRIBUTION**  **(ALL ALPHA CHARACTERS MUST BE CAPITALIZED)** | | | **MAPPING NOTES** |
|  | **FIELD NO.** | **NUMBER** | **POSITIONS** | | **VALUE** | **FIELD NAME** | **PICTURE** |  | |
|  | **OF** |  | |
|  |  | **BYTES** | **FROM** | **TO** |  |  |  |  | |
|  | 1 | 5 | 1 | 5 | 77277 | reimbursement account PLAN NUMBER (HSA / FSA Plan Number) | X(5) | 77277 | |
|  | 2 | 4 | 6 | 9 | SPACES | Filler | X(4) | Space fill | |
|  | 3 | 3 | 10 | 12 | SPACES | FILLER | X(3) | Space fill | |
|  | 4 | 11 | 13 | 23 | ###-##-#### | SOCIAL SECURITY NUMBER | X(11) | eepssn | |
|  | 5 | 1 | 24 | 24 | SPACE | FILLER | X(01) | Space fill | |
|  | 6 | 1 | 25 | 25 | SPACE | FILLER | X(01) | Space fill | |
|  | 7 | 4 | 26 | 29 | YYYY | PLAN YEAR ASSOCIATED WITH DEDUCTION / CONTRIBUTION | X(04) | 4 digit year of eedbenstartdate | |
|  | 8 | 2 | 30 | 31 | RA | RECORD IDENTIFIER | X(02) | RA | |
|  | 9 | 1 | 32 | 32 | C | FIELD type | X(01) | C | |
|  | 10 | 6 | 33 | 38 | SEE KEY | REIBURSEMENT ACCOUNT PLAN Code | X(6) | If eeddedcode = R or 62 send HCFSA  If eeddedcode = U or 72 send DCFSA  If eeddedcode = V or 73  Send LPFSA | |
|  | 11 | 8 | 39 | 46 |  | Pre-Tax Payroll Deduction | S9(6)V99 | If eeddedcode = R or 62 send PdhEECurAmt on HCFSA line  If eeddedcode = U or 72 send PdhEECurAmt on DCFSA  If eeddedcode = V or 73  Send PdhEECurAmt on LPFSA | |
|  | 12 | 8 | 47 | 54 | SPACES | Post-Tax Payroll Deduction | S9(6)V99 | Space fill | |
|  | 13 | 8 | 55 | 62 | SPACES | Pre-Tax eMPLOYER Contribution | S9(6)V99 | Space fill | |
|  | 14 | 8 | 63 | 70 | SPACES | Post-Tax EMPLOYER Contribution | S9(6)V99 | Space fill | |
|  | 15 | 8 | 71 | 78 | MMDDYYYY | CHECK Date | 9(08) | Prgpaydate | |
|  | 16 | 2 | 79 | 80 | SPACES | FILLER | X(2) | Space fill | |

|  |  |
| --- | --- |
| **RECORD SPECIFICATION DETAILS**  **RAC RECORD - CONTRIBUTIONS** | |
| **Purpose:** | Contribution records increment the administrative system to reflect payroll or employer contributions. These are not financial transactions and do not prompt any funding activity. |

|  |  |  |
| --- | --- | --- |
| **Field Number** | **Field Name** | **Field Description** |
| 1 | REIMBURSEMENT ACCOUNT PLAN NUMBER (HSA / FSA PLAN NUMBER) | ***Required Field***  The 5 digit number assigned by Fidelity. This is the same plan number as the HSA plan number. |
| 4 | SOCIAL SECURITY NUMBER | ***Required Field***  Each participant in the plan must have a unique Social Security Number. The 11 digit field requires that hyphens be included.  Only valid US Social Security Numbers should be provided. |
| 7 | PLAN YEAR | ***Required Field***  Identifies the plan year that this deduction / contribution record will be applied and attributed.   |  |  | | --- | --- | | **Plan Year** | **Examples** | | 01/01 – 12/31 | For plan year 01/01/2020 through 12/31/2020, if the check date is 06/18/2020 then the Plan Year would be 2020. | | 04/01 – 03/31 | For plan year 04/01/2020 through 03/31/2021, if the check date is 01/15/2021 then the Plan Year would be 2020. | |
| 8 | RECORD IDENTIFIER | ***Required Field***  Populate with RA. |
| 9 | FIELD TYPE | ***Required Field***  Populate with C. |
| 10 | REIMBURSEMENT ACCOUNT PLAN CODE | ***Required Field***  Identifies the plan that this contribution record will be applied and attributed.  **Please Note:** If a participant is enrolled in multiple plans, designate this with multiple RAC records with the appropriate Plan Codes.  **Valid Values**   |  |  | | --- | --- | | **Plan Codes** | **Description** | | HCFSA | Health Care Flexible Spending Account | | DCFSA | Dependent Care Flexible Spending Account | | LPFSA | Limited Purpose Flexible Spending Account | |
| 11 | PRE-TAX PAYROLL DEDUCTION | ***Not a Required Field***  Amount of pre-tax payroll deduction. Will be differentiated from other funding amounts for reporting purposes only. Funding amounts will be added to previously submitted funding amounts.  **Please Note:** Negative amounts are allowed. Below are two examples for when a negative would be applicable.  #1 – Retroactive Terminations – For example: A participant terminates on 09/01/2019 however the termination is not updated in payroll until 10/15/2019. In this situation deductions would need to be reversed.  #2 – FSA Election Correction – A participant elects a dependent care account in error. They should have elected a health care FSA instead. Negative contributions would need to be sent to reverse the DCFSA contributions that were already sent to Fidelity. A correction for the RAE and positive HCFSA contributions would also be needed in this scenario.  This field will be used for the following plans   |  |  | | --- | --- | | **Plan Codes** | **Description** | | HCFSA | Health Care Flexible Spending Account | | DCFSA | Dependent Care Flexible Spending Account | | LPFSA | Limited Purpose Flexible Spending Account | |
| 12 | POST-TAX PAYROLL DEDUCTION | ***Not a Required Field***  Amount of post-tax payroll deduction. Will be differentiated from other funding amounts for reporting purposes only. Funding amounts will be added to previously submitted funding amounts.  **Please Note:** Negative amounts are allowed.  **Please Note:** In some circumstances such as unpaid Leave of Absence or COBRA participants, FSA contributions are post-tax contributions. |
| 13 | PRE-TAX PROGRAM SPONSOR CONTRIBUTION | ***Not a Required Field***  Amount of Program Sponsor contribution that will not be applied toward Election Amount but will provide additional benefits. Will be differentiated from other funding amounts for reporting purposes only. Funding amounts will be added to previously submitted funding amounts.  **Please Note:** Negative amounts are allowed.  **Please Note:** A Pre-tax Program Sponsor Contribution example is for an Employer Transit or Parking Contribution. Some employer will provide employer contributions to help with commuter expenses. Another example would be if an employer provided employer contributions to assist with dependent care (DCFSA) expenses.  This field will be used for the following plans   |  |  | | --- | --- | | **Plan Codes** | **Description** | | HCFSA | Health Care Flexible Spending Account | | DCFSA | Dependent Care Flexible Spending Account | | LPFSA | Limited Purpose Flexible Spending Account | |
| 14 | POST-TAX PROGRAM SPONSOR CONTRIBUTION | ***Not a Required Field***  Amount of Program Sponsor contribution that will not be applied toward Election Amount but will provide additional benefits. Will be differentiated from other funding amounts for reporting purposes only. Funding amounts will be added to previously submitted funding amounts.  **Please Note:** Negative amounts are allowed.  This field will be used for the following plans   |  |  | | --- | --- | | **Plan Codes** | **Description** | | HCFSA | Health Care Flexible Spending Account | | DCFSA | Dependent Care Flexible Spending Account | | LPFSA | Limited Purpose Flexible Spending Account | |
| 15 | CHECK DATE | ***Required Field***  This is the check date for which the FSA contribution was deducted from the employee’s paycheck.  The date this funding should be posted to this Participant's account (if in the future). If this is a future date, funding will not post to account until this date. If this is past date, funding will post to account the day this record is processed. |

## 19H Record Specification

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **HEALTH SAVINGS ACCOUNT RECORD**  **19H - CONTRIBUTION** | | | **MAPPING NOTES** |
|  | **FIELD NO.** | **NUMBER** | **POSITIONS** | | **VALUE** | **FIELD NAME** | **PICTURE** |  | |
|  | **OF** |  | |
|  |  | **BYTES** | **FROM** | **TO** |  |  |  |  | |
|  | 1 | 5 | 1 | 5 | 77277 | HSA PLAN NUMBER | 9(05) | 77277 | |
|  | 2 | 4 | 6 | 9 | SPACES | BATCH GROUP ID | X(04) | Space fill | |
|  | 3 | 3 | 10 | 12 | SPACES | FILLER | X(03) | Space fill | |
|  | 4 | 11 | 13 | 23 | ###-##-#### | SOCIAL SECURITY NUMBER | X(11) | eepssn | |
|  | 5 | 1 | 24 | 24 | SPACE | FILLER | X(01) | Space fill | |
|  | 6 | 5 | 25 | 29 | ZEROES | RESERVED | 9(05) | Space fill | |
|  | 7 | 2 | 30 | 31 | 19 | RECORD IDENTIFIER | 9(02) | 19 | |
|  | 8 | 4 | 32 | 35 | SPACES | FILLER | X(04) | Space fill | |
|  | 9 | 3 | 36 | 38 | 220 | TRANSACTION CODE | 9(03) | 220 | |
|  | 10 | 2 | 39 | 40 | SPACES | FILLER | X(02) | Space fill | |
|  | 11 | 2 | 41 | 42 | SEE KEY | SOURCE | 9(02) | If eeddedcode = HSAI, HSAI1, HSAIE, HSAF, HSAF1 or HSAFE  Send 01  If eeddedcode = HSACI, HSCI1, HSCIE, HSACF, HSCF1 or HSCFE  Send 02 | |
|  | 12 | 2 | 43 | 44 | 01 | ITEM NUMBER | 9(02) | 01 | |
|  | 13 | 1 | 45 | 45 | SPACE | FILLER | X(01) | Space fill | |
|  | 14 | 13 | 46 | 58 |  | AMOUNT | S9(11)V99 | If eeddedcode = HSAI, HSAI1, HSAIE, HSAF, HSAF1, HSAFE, HSACI, HSCI1, HSCIE, HSACF, HSCF1 or HSCFE  Send PdhEECurAmt | |
|  | 15 | 4 | 59 | 62 | SPACES | FILLER | X(04) | Space fill | |
|  | 16 | 4 | 63 | 66 |  | TAX YEAR | 9(04) | 4 digit year of eedbenstartdate | |
|  | 17 | 1 | 67 | 67 | SPACE | FILLER | X(01) | Space fill | |
|  | 18 | 8 | 68 | 75 | YYYYMMDD | CHECK DATE | 9(08) | PRGPAYDATE | |
|  | 19 | 5 | 76 | 80 | SPACES | RESERVED | X(05) | Space fill | |

|  |  |  |
| --- | --- | --- |
| **RECORD SPECIFICATION DETAILS**  **19H RECORD - CONTRIBUTIONS** | | |
| **Purpose:** | For a HSA contribution to Fidelity. | |
| **Field Number** | **Field Name** | **Field Description** |
| 1 | HSA PLAN NUMBER | ***Required Field***  The 5 digit number assigned by Fidelity. |
| 2 | BATCH GROUP IDENTIFIER | ***Not a Required Field***  A four character, alpha/numeric field defined by the user. This field could potentially be used to group transactions into separate batches for the same plan or for PSW divisional security. If populated, this field must be left justified (space fill if not valid). |
| 4 | SOCIAL SECURITY NUMBER | ***Required Field***  Each participant in the plan must have a unique Social Security Number. The 11 digit field requires that hyphens be included.  Only valid US Social Security Numbers should be provided. |
| 7 | RECORD IDENTIFIER | ***Required Field***  The value of this field must be "19". |
| 9 | TRANSACTION CODE | ***Required Field***  The value of this field must be "220". This is a transaction code indicating a contribution. |
| 11 | SOURCE | ***Required Field***  This field identifies what type of money is being contributed (i.e. Employee Pretax, Employer Pretax).   |  |  | | --- | --- | | **Source** | **Source Name** | | **01** | **Employee Basic** | | 02 | Employee Catch-up | | **03** | **Employer Basic** | | 04 | Employer Match | | 05 | Employer Incentive |   This field is right justified with leading zeroes. |
| 12 | ITEM NUMBER | ***Required Field***  This field is equal to "01" indicating a contribution. |
| 14 | AMOUNT | ***Required Field***  The dollar amount of the contribution. This field must be right justified, with leading zeroes, and assumed or implied decimals.  **Negative Contributions**  If negative deductions are passed, the negative deductions will error out of the HSA system and require manual intervention. Negative values sent will not be processed. If an erroneous contribution is funded, please contact your HSA Service Delivery Manager for additional information regarding possible corrective action. |
| 16 | TAX YEAR | ***Required Field***  A four digit year identifying the tax year of the contribution. This is a required field that should be populated with check-date year.  **Please Note:** If a contribution needs to be sent in for a prior Tax Year before the April tax deadline, the Tax Year field should be populated with the prior tax year and the check date should be the check date that the HSA contribution was deducted from. For example: If a contribution needs to be sent in for a participant in 2015 for the 2014 tax year, the Tax Year field would be populated with 2014. |
| 18 | CHECK DATE | ***Required Field***  This is the check date for which the HSA contribution was deducted from the employee’s paycheck. |