COBRA Qualified Beneficiary (QB) Import

Version 1

# File Delivery Details

File Format

Comma delimited text file or CSV. Note: You should not use Excel to edit or save these files as Excel will alter the format of large numeric columns (such as SSN) and make them unreadable to the

File Frequency

Standard is weekly; however employers can send on their preferred frequency.

File Naming Convention

QB\_[SOURCE]\_[EMPLOYER].[YYYYMMDDhhmmss].txt|.csv|.encryption extension

# Field Requirements

|  |  |
| --- | --- |
| **Indicator** | **Detail** |
| R | Required Field. Must be included on the file. |
| O | Optional Field. Should be included where available. |
| C | Conditional, may be required based on a specific configuration. |

# Data Types

The data types used in the various import sections are defined below.

**Note:**  The fields in the import file are all text fields (since the file is CSV format). The following definitions explain the formatting of the text in the corresponding field.

|  |  |
| --- | --- |
| Item | Detail |
| Text | Can be any text value up to the number of characters specified. If the text contains a comma, then the entire field should be enclosed in double quotes (“). If you need a double quote to be represented in the text then the double quote (“) must be escaped with a back slash (\”). To get the text - My “Cool” Company – you would represent it like this – My \”Cool\” Company - this escape character works inside other double quotes as well, for example “My “other” Company” would be represented by “My \”other\” Company”. |
| Numeric | Can be any number from 0 to 32,767. No punctuation. |
| Date | Entered as MM/DD/YYYY, where MM is the month, DD is the day and YYYY is the year. You can use a single digit or two digit leading zero for the month and day. The year should always be entered as 4 digits. |
| DateTime | Entered as MM/DD/YYYY HH:mm AM, where MM is the month, DD is the day and YYYY is the year, HH is the hour, mm is the minute and AM is either AM or PM. You can use a single digit or two digit leading zero for the month, day, hour and minute. The year should always be entered as 4 digits. |
| Boolean | Where true can be represented by 1, Y, YES, T, or TRUE and false can be represented by 0, N, NO, F, or FALSE. |
| Currency | Format as number with one period, no commas and always have at least one digit to the left of the period and 2 digits to the right of the period. Example: 12 cents would be entered 0.12 |
| SSN | Format as 9 digits, with or without the dashes. Note that leading zeros are required if the SSN begins with zeros. |
| Phone | Format as 10 digits. |
| Email | Text (100), with at least one @ sign and at least one period (.) after the @ sign. |
| Decimal | Format as number with one period, no commas and always have at least one digit to the left of the period and up to 4 digits to the right of the period. Example: 0.1234 |

# Import File Layout

The Import file is a CSV file where each line has values separated by commas. To allow for the importation of different types of information, the first field of each line defines what type of information will follow for the fields of that line. For instance, to begin the importation of a qualified beneficiary record you will need a qualified beneficiary line that starts with a line identifier of “[QB]” and may appear like the following:

[QB],My Client Name,My Client Division Name,MR,Bob,L,Jones,555555555, (etc.)

This qualified beneficiary will then also need a line that defines the qualifying event information. This is accomplished with a line that begins with a line identifier of “[QBEVENT]” and the file might now appear something like this:

[QB],My Client Name,My Client Division Name,MR,Bob,L,Jones,555555555, (etc.)

[QBEVENT],TERMINATION,5/1/2008,1/1/1999,,, (etc.)

All of the lines that follow the “[QB]” line are related to that QB. When a new “[QB]” line is encountered, the previous qualified beneficiary record is validated and saved to the database and then the import process begins for the new qualified beneficiary.

# Line Identifiers

Line identifiers and their definitions are as follows:

|  |  |  |
| --- | --- | --- |
| Line Identifier | Required | Description |
| [VERSION] | ⌧ | The file version record |
| [QB] | ⌧ | The main QB record |
| [QBEVENT] | ⌧ | The QB’s qualifying event information |
| [QBPLANINITIAL] | ⌧ | Defines a single client plan that the QB is eligible for under COBRA. There must be at least one of these lines in the import file for each QB, but there may be several for each QB if the QB is eligible for more than one plan. |
| [QBDEPENDENT] |  | Defines a single dependent that is also eligible for COBRA under the QB. This is an option line, but there may be several of these lines for a QB if there are multiple dependents under this QB. |
| [QBDEPENDENTPLAN] |  | Defines a single QB Plan that a dependent is enrolled on for this QB. These records must be under the appropriate [QBDEPENDENT] record and there may be multiple of these for a single dependent. |
| [QBSUBSIDYSCHEDULE] |  | Defines a single record of a subsidy schedule for a QB. These are optional and there may be several of these lines to define a schedule for multiple insurance types. |
| [QBPLANMEMBERSPECIFICRATE] |  | If a QB is under a plan that has a rate type of “Member Specific Rates”, then these lines are used to describe the rate to be used for this QB. These records should be immediately after the [QBPLANINITIAL] record that they refer to. |

Required fields need to have a value after the comma that corresponds to the data type specified. Non-required fields may be left blank (nothing appearing between the commas).

# Version Record

Developer Notes for QB Record

If term due to one of the reasons below, do not send the employee, only send the dependents 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 = 201 |

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| Version | Record Type | 0 | Text | Y | Should always be set to [VERSION]  [VERSION] | VERSION |
| Version | Version Type | 1 | Decimal | Y | Should always be set to 1.2  1.2 | 1.2 |

[VERSION],1.2

# Qualified Beneficiary Record

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| QB | Record Type | 0 | Text | Y | Should always be set to [QB]  [QB] | QB |
| QB | ClientName | 1 | Text (100) | Y | Name of the employer client as configured in the system. HealthEquity will provide the system configured value.  ABC Company | Experity Health |
| QB | ClientDivisionName | 2 | Text (50) | Y | The division to which this qualified beneficiary is associated as configured in the system, if applicable. If there are no divisions, then use the ClientName. HealthEquity will provide the system configured value(s).  Location 26 | Leave Blank |
| QB | Salutation | 3 | Text (35) | O | Acceptable values are MR, MRS, MS, MISS, DR  MS | Leave Blank |
| QB | FirstName | 4 | Text (50) | Y | First name of the qualified beneficiary.  Samantha | If edhChangeReason = LEVNT4, 204, 210 or 201 send connamefirst  else send Eepnamefirst |
| QB | MiddleInitial | 5 | Text (1) | O | Middle initial of the qualified beneficiary.  M | If edhChangeReason = LEVNT4, 204, 210 or 201 send 1st digit of connamemiddle  else send 1st digit of eepnamemiddle |
| QB | LastName | 6 | Text (50) | Y | Last name of the qualified beneficiary.  Smith | If edhChangeReason = LEVNT4, 204, 210 or 201 send connamelast  else send Eepnamelast |
| QB | SSN | 7 | SSN | Y | SSN of the qualified beneficiary.  999999999 | If edhChangeReason = LEVNT4, 204, 210 or 201 send conssn  else send Eepssn  send all 9 digits (including leading zeros) |
| QB | IndividualID | 8 | Text (50) | O | Additional employee identifier, such as employee ID or department, if applicable.  Marketing | EecEmpNo |
| QB | Email | 9 | Email | O | Email address for qualified beneficiary, if available.  SamanthaMS@webdomain.com | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConEmailAddr  else send eepAddressEMail  Please use the primary email address field |
| QB | Phone | 10 | Phone | O | Qualified beneficiary primary phone number.  8115551717 | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConPhoneHomeNumber  else send EepPhoneHomeNumber (please make sure this is the EE Primary Home Phone) |
| QB | Phone2 | 11 | Phone | O | Qualified beneficiary secondary phone number.  8115552727 | Leave Blank |
| QB | Address1 | 12 | Text (50) | Y | Qualified beneficiary mailing address line 1.  123 Fort Street | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConAddressLine1  else send EepAddressLine1 |
| QB | Address2 | 13 | Text (50) | O | Qualified beneficiary mailing address line 2.  Apt A | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConAddressLine2  else send EepAddressLine2 |
| QB | City | 14 | Text (50) | Y | Qualified beneficiary mailing address city.  Springfield | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConAddressCity  else send EepAddressCity |
| QB | StateOrProvince | 15 | Text (50) | Y | Qualified beneficiary mailing address state.  MA | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConAddressState  else send EepAddressState |
| QB | PostalCode | 16 | Text (35) | Y | Qualified beneficiary mailing address postal code.  00416 | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConAddressZipCode  else send EepAddressZipCode |
| QB | Country | 17 | Text (50) | O | Qualified beneficiary mailing address country. Leave blank if the QB resides in the USA. | Leave Blank |
| QB | PremiumAddressSameAsPrimary | 18 | Boolean | Y | Always set to True  True | TRUE |
| QB | PremiumAddress1 | 19 | Text (50) | O | Do not use. | Leave Blank |
| QB | PremiumAddress2 | 20 | Text (50) | O | Do not use. | Leave Blank |
| QB | PremiumCity | 21 | Text (50) | O | Do not use. | Leave Blank |
| QB | PremiumStateOrProvince | 22 | Text (50) | O | Do not use. | Leave Blank |
| QB | PremiumPostalCode | 23 | Text (35) | O | Do not use. | Leave Blank |
| QB | PremiumCountry | 24 | Text (50) | O | Do not use. | Leave Blank |
| QB | Sex | 25 | Text (1) | Y | Acceptable values are M or F  F | If eepgender or ConGender = M send M  If eepgender or ConGender = F send F  Else send U |
| QB | DOB | 26 | Date | Y | Qualified beneficiary date of birth.  04/11/1962 | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConDateOfBirth  else send Eepdateofbirth  Format MM/DD/YYYY |
| QB | TobaccoUse | 27 | Text (35) | Y | Set as UNKNOWN | UNKNOWN |
| QB | EmployeeType | 28 | Text (35) | Y | Set as UNKNOWN | UNKNOWN |
| QB | EmployeePayrollType | 29 | Text (35) | Y | Set as UNKNOWN | UNKNOWN |
| QB | YearsOfService | 30 | Numeric | O | Qualified beneficiary years of service, informational only.  6 | Leave Blank |
| QB | PremiumCouponType | 31 | Text (35) | Y | Should always be set as COUPONBOOK  COUPONBOOK | COUPONBOOK |
| QB | UsesHCTC | 32 | Boolean | Y | True if this qualified beneficiary uses the Health Care Tax Credit (HCTC) system. Typically, False.  FALSE | FALSE |
| QB | Active | 33 | Boolean | Y | Should always be set to True  TRUE | TRUE |
| QB | AllowMemberSSO | 34 | Boolean | Y | Should always be set to False  FALSE | FALSE |
| QB | BenefitGroup | 35 | Text (50) | C | May be required depending on setup. | Leave Blank |
| QB | AccountStructure | 36 | Text (50) | C | May be required depending on setup. | Leave Blank |
| QB | ClientSpecificData | 37 | Text (50) | C | May be required depending on setup. | Leave Blank |
| QB | SSOIdentifier | 38 | Text (50) | O | Leave blank | Leave Blank |

# Qualified Beneficiary Event Record

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| QBEVENT | Record Type | 0 | Text | Y | Should always be set to [QBEVENT]  [QBEVENT] | QBEVENT |
| QBEVENT | EventType | 1 | Text (35) | Y | Qualified Beneficiary event type. Acceptable values are DIVORCELEGALSEPARATION, DEATH, INELIGIBLEDEPENDENT, MEDICARE, TERMINATION, RETIREMENT, REDUCTIONINHOURS-STATUSCHANGE. Additional values available in the appendix.  TERMINATION | Include all where BchIsCOBRAQualifiedEvent = Y  If edhChangeReason = 204 or LEVNT4 send DIVORCELEGALSEPARATION  If EecEmplStatus = T and EecTermReason = 203 send DEATH  If edhChangeReason = 205 send MEDICARE  If edhChangeReason = 201 or LEVNT3 send INELIGIBLEDEPENDENT  If EecEmplStatus = T and EecTermReason <> 202 or 203 and eectermtype = V send TERMINATION  If edhChangeReason = 208 or EecEmplStatus = T and EecTermReason = 202 send RETIREMENT  If edhChangeReason = 203 or 202 send REDUCTIONINHOURSSTATUSCHANGE  If edhChangeReason = 206 REDUCTIONINHOURSENDOFLEAVE  If EecEmplStatus = T and eectermtype = I send INVOLUNTARYTERMINATION |
| QBEvent | EventDate | 2 | Date | Y | The qualifying event date on which the event type occurred. Do not adjust for plan benefit termination types, just use the actual date of the event.  01/02/2019 | If edhChangeReason = LEVNT4, 204, 210 or 201 send ConCOBRAStatusDate  else send eepDateOfCOBRAEvent |
| QBEvent | EnrollmentDate | 3 | Date | Y | Original enrollment date of the member’s current plan.  05/01/2013 | most recent Eedbenstartdate or conbenstartdate |
| QBEvent | EmployeeSSN | 4 | SSN | Y | The original employee’s SSN. | Eepssn |
| QBEvent | EmployeeName | 5 | Text (100) | Y | The original employee’s Name. | Eepnamefirst space Eepnamelast |
| QBEvent | SecondEventOriginalFDOC | 6 | Date | Y | Not applicable, leave blank. | Leave Blank |

# Qualified Beneficiary Plan

The qualified beneficiary plan record type enters a QB on a plan with a coverage level. It assumes that the QB is on the plan from FDOC (First Day of COBRA) through LDOC (Last Day of COBRA). There must be at least one of these lines in the import file for each QB, but there may be several for each QB if the QB is eligible for more than one plan (e.g. Medical, Dental, and Vision).

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| QBPlanInitial | Record Type | 0 | Text | Y | Should always be set to [QBPLANINITIAL]  [QBPLANINITIAL] | QBPLANINITIAL |
| QBPlanInitial | PlanName | 1 | Text (50) | Y | The unique client plan name. HealthEquity will provide the system configured value.  ABC Company Medical | When EedDedCode = DE360, DE361 or edhChangeReason = LEVNT4, 204, 210 or 201 and DbnDedCode = DE360, DE361 send Experity Dental Buy-Up Plan  When EedDedCode = DE351, DE350 or edhChangeReason = LEVNT4, 204, 210 or 201 and DbnDedCode = DE351, DE350, send Experity Dental Core Plan  When EedDedCode = HE354, HE353, HE359 or edhChangeReason = LEVNT4, 204, 210 or 201 and DbnDedCode = HE354, HE353, HE359 send Experity HDHP High PPO  When EedDedCode = HE355, HE357 or edhChangeReason = LEVNT4, 204, 210 or 201 and DbnDedCode = HE355, HE357 send Experity HDP Low PPO  When EedDedCode = HE356, HE358 or edhChangeReason = LEVNT4, 204, 210 or 201 and DbnDedCode = HE356, HE358 send Experity Traditional PPO  When EedDedCode = VI721, V1722 or edhChangeReason = LEVNT4, 204, 210 or 201 and DbnDedCode = VI721, V1722 send Experity Vision VSP  When EedDedCode = FS214 send Full Purpose FSA  When EedDedCode = FS213, FS215 send Limited Purpose FSA |
| QBPlanInitial | CoverageLevel | 2 | Text (35) | Y | Acceptable values are EE, EE+SPOUSE, EE+CHILD, EE+CHILDREN, EE+FAMILY, EE+1, EE+2, EE+DOMESTICPARTNER, EE+3, EE+4  EE+SPOUSE | If EedBenOption = EMA535, EMA528, EMA525 send EE  if EedBenOption = EMS675, EMS668, EMS665 send EE+SPOUSE  if EedBenOption = EMC107, EMC106 send EE+CHILD  if EedBenOption = EMC108, EMC105, EMC115, EMC110, EMC109 send EE+CHILDREN  if EedBenOption = EMF215, EMF213, EMF210 send EE+FAMILY  If EedDedCode = FS214, FS213, FS215 send EE |
| QBPlanInitial | NumberOfUnits | 3 | Decimal | O | Not applicable, leave blank. | Leave Blank |

Example: [QBPLANINITIAL],Medical Plan,EE+FAMILY,,

# Qualified Beneficiary Dependent Record

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| QBDependent | Record Type | 0 | Text | Y | Should always be set to [QBDEPENDENT]  [QBDEPENDENT] | QBDEPENDENT |
| QBDependent | SSN | 1 | SSN | Y | Dependent SSN.  888888888 | ConSSN |
| QBDependent | Relationship | 2 | Text (35) | Y | Acceptable values are SPOUSE, CHILD, or DOMESTICPARTNER  SPOUSE | if ConRelationship = SPS, send SPOUSE  if ConRelationship = DP, send DOMESTICPARTNER  if ConRelationship = CHD, CHL, CHS, DCH, STC send CHILD |
| QBDependent | Salutation | 3 | Text (35) | O | Acceptable values are MR, MRS, MS, MISS, or DR  MR | Leave Blank |
| QBDependent | FirstName | 4 | Text (50) | Y | Dependent first name.  Frank | ConNameFirst |
| QBDependent | MiddleInitial | 5 | Text (1) | O | Dependent middle initial.  H | 1st digit of ConNameMiddle |
| QBDependent | LastName | 6 | Text (50) | Y | Dependent last name.  Smith | ConNameLast |
| QBDependent | Email | 7 | Email | O | Dependent email. | Leave Blank |
| QBDependent | Phone | 8 | Phone | O | Dependent primary phone.  8115559922 | Leave Blank |
| QBDependent | Phone2 | 9 | Phone | O | Dependent secondary phone. | Leave Blank |
| QBDependent | AddressSameAsQB | 10 | Boolean | Y | Set to True if the Dependent’s address is the same as the qualified beneficiary’s address.  TRUE | If ConAddressIsDifferent = NO send TRUE  Else send False |
| QBDependent | Address1 | 11 | Text (50) | C | Required if AddressSameAsQB is set to False | If AddressSameAsQB = False send ConAddressLine1  Else Leave Blank |
| QBDependent | Address2 | 12 | Text (50) | C | Required if AddressSameAsQB is set to False | If AddressSameAsQB = False send ConAddressLine2  Else Leave Blank |
| QBDependent | City | 13 | Text (50) | C | Required if AddressSameAsQB is set to False | If AddressSameAsQB = False send ConAddressCity  Else Leave Blank |
| QBDependent | StateOrProvince | 14 | Text (50) | C | Required if AddressSameAsQB is set to False | If AddressSameAsQB = False send ConAddressState  Else Leave Blank |
| QBDependent | PostalCode | 15 | Text (35) | C | Required if AddressSameAsQB is set to False | If AddressSameAsQB = False send ConAddressZipCode  Else Leave Blank |
| QBDependent | Country | 16 | Text (50) | C | Required if AddressSameAsQB is set to False. Leave empty if the Dependent resides in the USA. | Leave Blank |
| QBDependent | EnrollmentDate | 17 | Date | O | Original enrollment date of the dependent’s plan.  05/01/2013 | Leave Blank |
| QBDependent | Sex | 18 | Text (1) | Y | Acceptable values are M or F  M | If ConGender = M send M  If ConGender = F send F  Else send U |
| QBDependent | DOB | 19 | Date | Y | Dependent date of birth.  12/31/1960 | ConDateOfBirth |
| QBDependent | IsQMCSO | 20 | Boolean | O | True if the dependent is under a Qualified Medical Child Support Order (QMCSO). Typically, False. | FALSE |

# Qualified Beneficiary Dependent Plan Record

The qualified beneficiary dependent plan record type enters a qualified dependent on a plan. It assumes that the QB dependent is on the plan from FDOC (First Day of COBRA) through LDOC (Last Day of COBRA).

Pass a unique record for every plan that applies to the QB Dependent. These records must be under the appropriate [QBDEPENDENT] record and there may be multiple of these for a single dependent.

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| QBDependentPlan | Record Type | 0 | Text | Y | Should always be set to [QBDEPENDENTPLANINITIAL]  [QBDEPENDENTPLANINITIAL] | QBDEPENDENTPLANINITIAL |
| QBDependentPlan | PlanName | 1 | Text (50) | Y | The unique client plan name. HealthEquity will provide the system configured value(s).  ABC MEDICAL | When DbnDedCode = DE360, DE361 send Experity Dental Buy-Up Plan  When DbnDedCode = DE351, DE356, DE315, DE350, DE355 send Experity Dental Core Plan  When DbnDedCode = HE354, HE353, HE359 send Experity HDHP High PPO  When DbnDedCode = HE355, HE357 send Experity HDP Low PPO  When DbnDedCode = HE356, HE358 send Experity Traditional PPO  When DbnDedCode = VI721, V1722 send Experity Vision VSP |

# Qualified Beneficiary Member Specific Rate Record

Used for members who wish to continue their FSA.

The qualified beneficiary member specific rate record type is used to enter a member specific rate for a plan. It assumes that the rate will be applied from FDOC (First Day of COBRA) through LDOC (Last Day of COBRA).

The qualified beneficiary member specific rate record must only be used with a corresponding qualified beneficiary plan record. These records should be presented immediately after the [QBPLANINITIAL] record to which they refer.

| **Record Type** | **Field Name** | **Column** | **Type** | **Required** | **Description** | **UltiPro Field Mapping Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| QBRate | Record Type | 0 | Text | Y | Should always be set to [QBPLANMEMBERSPECIFICRATEINITIAL]  [QBPLANMEMBERSPECIFICRATEINITIAL] | QBPLANMEMBERSPECIFICRATEINITIAL |
| QBRate | PlanName | 1 | Text (50) | Y | The unique client plan name. HealthEquity will provide the system configured value(s).  ABC FSA | When EedDedCode = FS214 send Full Purpose FSA  When EedDedCode = FS213, FS215 send Limited Purpose FSA |
| QBRate | Rate | 2 | Decimal | Y | The monthly rate, less the 2% administration fee.  166.67 | EedEEGoalAmt  This value must be a Monthly Amount minus 2%.  Can you divide the employees annual goal amount by 12 to get the monthly amount then subtract 2% from the monthly total?  For example if the employees annual goal amount on the FSA deduction code is 2650.00 the monthly goal amount would be 220.83 minus 2% = 216.41 (I hope my math is correct 😊) |

# Sample Import File

The following text is the contents of a sample file that demonstrates the import of a QB.

[VERSION],1.2

[QB],Itsy Bitsy Bakery,Itsy Bitsy Bakery,Ms,Juliet,A,Maker,999999999,Marketing,jc@gmail.com,8016591782,8019647329,123 Nice Street,Suite I,Salt Lake City,AZ,84117,,1,,,,,,,F,5/1/1990,Unknown,Unknown,Unknown,6,Couponbook,False,T,0,,,,

[QBEVENT],TERMINATION,7/13/2019,12/1/2016,999999999,Juliet Maker,,

[QBPLANINITIAL],Choice Medical,EE,

[QBPLANINITIAL],Flexible Spending Account,EE,

[QBPLANMEMBERSPECIFICRATEINITIAL],Flexible Spending Account,166.02

[QB],Itsy Bitsy Bakery,Itsy Bitsy Bakery,Mr,James,C,Jerry,7777777,Engineering,JK@gmail.com,4357618496,3853279648,4160 Pirate Place,,Salt Lake City,UT,84117,,1,,,,,,,M,01/12/1977,Unknown,Unknown,Unknown,7,Couponbook,False,T,0,,,,

[QBEVENT],TERMINATION,07/29/2019,5/11/2018,7777777,James Jerry,,

[QBPLANINITIAL],Choice Medical (coverage level),EE+CHILD,

[QBDEPENDENT],3333333,CHILD,,Gilly,J,Jerry,,,,TRUE,,,,,,,,F,11/12/2016,False

[QBDEPENDENTPLANINITIAL],Choice Medical (coverage level)

[QBSUBSIDYSCHEDULE],MEDICAL,Flat,5/1/2019,12/31/2019,496.50,Employer

# Appendix

Additional QB Event options include:

REDUCTIONINFORCE

BANKRUPTCY

STATECONTINUATION

LOSSOFELIGIBILITY

REDUCTIONINHOURS-ENDOFLEAVE

WORKSTOPPAGE

USERRA-TERMINATION

USERRA-REDUCTIONINHOURS

INVOLUNTARYTERMINATION

TERMINATIONWITHSEVERANCE

RETIREEBANKRUPTCY