Billing Feed Specifications

# First Community Credit Union

**Feed Effective Date: 7/24/2020Purpose of the Billing Feed**

## Purpose of a Billing Feed

Billing Feeds are used to provide member updates electronically, to update The Standard’s billing system. The feed will be presented as a full file and include updates to group life, group disability and supplemental insurance products for list bill customers.

To support updates to a list bill, the feed must supply the necessary data elements that represent member additions, changes, terminations and coverage elections.

## Ensuring a Successful Implementation

The most important factor to successfully implementing a feed is engaging with the right people from the customer and file provider. We are most successful when we work with people who:

* Understand what information is available in the source system
* Participate in feed discussions
* Provide business decisions, if needed
* Provide prompt revisions to test files

## Implementation Timeline

**Activities Deliverable from Policyholder Due Date**

|  |  |  |
| --- | --- | --- |
| **Feed and Data Specifications** | |  |
| * Customer confirms desired services and service level * Understand file layout and connectivity requirements | **Part 1** Collaborative discussion to confirm data needed to support the desired services.  **Part 2** File layout agreement ensures alignment between all parties regarding the format, layout, structure and expected data. Connectivity is established after file layout agreement is provided. | **5/22/2020**    **5/29/2020** |
| **Testing Phase** | |  |
| * Ensure test file aligns to feed specifications * Ensure successful file transmission | **File Testing** File provider and Customer Integration Analyst review the file based on format requirements, including timely revisions and additional test files[[1]](#footnote-1). | **6/12/2020** |
| **Production Preview File** | |  |
| * File generated from production system, represents a preview of the initial production file * Ensure successful processing through test systems | **Production File Preview** Final test file sent from production system to confirm the data quality continues to meet requirements.  **Member Data Audit** Comparison between customer data and The  Standard’s systems, using customer system data as source-of-truth to align our systems. Updates will reflect on the customer’s bill following the audit. | **7/10/2020** |
| **Initial Production File** | |  |
| * First production file sent * File loaded into production | Production file delivered through The Standard’s production connection to the production environment. | **7/24/2020** |

**Until this feed is in production, other methods may need to be used to provide member maintenance updates to support the management of the list bill.**

# Resources

## Implementation

**The Standard / Ultimate Software First Community CU**

|  |  |
| --- | --- |
| **File Development** |  |
| Jenna Aberg, Customer Integration Analyst | Amy Chaviers |
| Phone 207.245.2535 | Phone 281.856.5416 |
| Email jenna.aberg@standard.com | Email Amy.Chaviers@fccu.org |
| Barbara Denny, Customer Integration Analyst | Jenny Lau |
| Phone 971.291.9327 | Phone TBD |
| Email barbara.denny@standard.com | Email Jenny.Lau@fccu.org |
| Alexandra Goodwin | Katie Rigby |
| Phone 954.759.3240 | Phone 281.856.5418 |
| Email alex.goodwin@ultimatesoftware.com | Email katie.rigby@fccu.org |

|  |  |  |
| --- | --- | --- |
| **Connectivity** |  |  |
| Email invitation to a self-directed connectivity setup tool | TBD |  |
|  | Email | TBD |
|  |  |  |

## The Standard’s Ongoing Contacts

|  |  |
| --- | --- |
| **Business Contact[[2]](#footnote-2)** | **Technical Contact[[3]](#footnote-3)** |
| Jackie Gibson, Account Manager | **File Administration Team** |
| Phone 281.517.5761 Ext. 761 | Email DATSupport@standard.com |
| Email Jackie.gibson@standard.com | **Billing Administration Team** |
|  | Email BillingFeedSupport@standard.com |
|  |  |

# Revision History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date and Version** | | **Section** | **Description of Revision** | **Author** |
| 5/11/2020 | 1.0 | Document | Initial Draft | Jenna Aberg |
|  |  |  |  |  |
|  |  |  |  |  |

# Outstanding Items

The following items are outstanding and could impact the file feed requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Subject Area** | **Description** | **Assigned To** | **Current State of Resolution** | **Status** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
|  |  |  |  |  |  |

# Customer Specific Notes

|  |  |  |
| --- | --- | --- |
| **File Delivery Specifications** | | |
| **File Specifications**  **File Name** | firstcommunitycu\_10151124\_1\_EMM\_YYYYMMDDHHmm.txt | |
| **Delivery Specifications**  **File Method** | SFTP |  |
| **File Frequency** | ☒ Weekly ☐ Bi-Weekly | ☐ Monthly ☐ Other: Click here to enter text. |
| **Schedule Date and Time** | Thursdays (time TBD) |  |
| **Data Extraction** | ☒ Automated / Scheduled | ☐ Manual |
| **File Delivery** | ☒ Automated / Scheduled | ☐ Manual |
| **Failure to place the file on the server by the expected date/time may affect the services provided; we cannot guarantee a late file will be processed before the billing cut-off date.** | | |
| **Email Subscriptions - Production** | | |

## Email Subscriptions

Automated email notification and error reports based on the file status. Options include,

**File Received** Sent when we successfully receive a file from you

**File Empty** Sent when a 0-byte file is provided

**File Not Received** Sent when we do not receive a file by the expected date and time

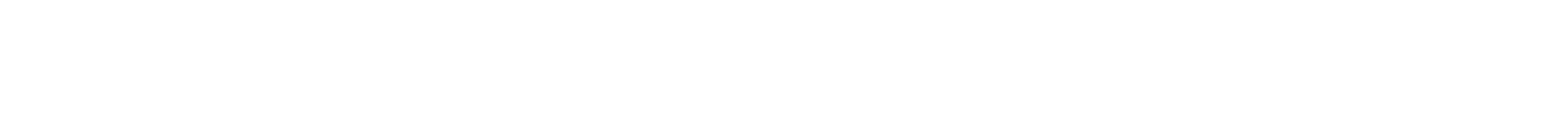
Providing an email distribution list for subscriptions, rather than individual email addresses, provides the following benefits,

* You retain full control over who receives email notifications
* You may specify multiple email distribution lists and each address may subscribe to different notifications
* Updates can be made immediately as personnel changes occur, updates made by The Standard can take up to two-weeks

☐ Received ☐ Empty ☒ File Not Received Email: TBD

☐ Received ☐ Empty ☐ File Not Received Email: TBD

**Email notifications are automated and occur on weekends and holidays. If your normal file schedule coincides with a holiday and a file is not received on that day, please send the file on the following business day.**



# Data Specifications

## Source System Information

Name of source system Ultipro

Who will provide your data in production? Ultimate Software

Type of system ☐ Enrollment

☐ HRIS

☐ Payroll

☐ Time Tracking

What environment will your test data come from? Test

Refresh Date Click here to enter text.

## Managing Employee and Coverage Records

The Standard’s system does not terminate coverage or employment by omission on a subsequent file; explicit termination dates must be provided. We also prefer not to receive future effective dates due to system processing rules. **Employee Records**

|  |  |
| --- | --- |
| **Terminating an Employee Record** |  |
| How long will terminations be sent on the file (min 2 times or 30 days) | 2 times |
| What is the lookback period based on? | Choose an item. |
| Are future termination dates stored? | Choose an item. |
| *Can future termination dates be withheld until the date is equal to or past the current system date?* | Choose an item. |
|  |  |

**Coverage Records**

|  |  |
| --- | --- |
| **Creating Coverage Records** |  |
| Effective dates are based on, | Original (Continuous) Coverage |
| *If coverages are stored by plan year, the file should only include a coverage termination date for a true coverage termination. Employees continuing their coverage in the new plan year should not have a coverage termination date at the close of the plan year.* |  |
| Are future coverage effective dates stored? | Choose an item. |
| *Can future effective dates be withheld until the date is equal to or past the current system date?* | Choose an item. |
| *In the event the individual terminates before coverage is effective, can a termination date equal to the effective date be provided?* | Choose an item. |
| **Terminating Coverage Records** |  |
| How long will terminations be sent on the file (min 2 times or 30 days) | 2 times |
| What is the lookback period based on? | Choose an item. |
| Are future termination dates stored? | Choose an item. |
| *Can future termination dates be withheld until the date is equal to or past the current system date?* | Choose an item. |

# Detailed File Layout Specifications

## File and Data Rules

|  |  |
| --- | --- |
| Employee Population | All employees with active or recently terminated enrollment of The Standard's products; including employer and employee-paid coverages |
| File Content | Full File |
| File Format | Pipe Delimited, | |
| File Layout | All fields must be represented in the file   * Fields marked ‘Required’ are required for all employees on the file; those marked with an ‘x’ are expected for all employees with this information in the source system; those marked with an open checkbox should be sent as null fields * If data will not be included for a field, it must be included as a null/empty position (two delimiters next to each other) - No pipe delimiter after the last field in the file |
| Character Format | All characters in the file should be base ASCII format/mode |
| Format Rules | When format rules exist they are noted for each field |
| If no format/data rule is listed field accepts Alpha or Numbers including other characters within base ASCII format/mode |
| Domain Values | If listed, values on the inbound files must exactly match one of the values listed including case and spacing |
|  |  |

## Header Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Definition of value and any additional notes** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 1 | Header Identifier |  | 3 |  | Send: HDR | HDR |
| 2 | File Date | YYYYMMDD | 8 | Date of file |  | Transmission Date  Format - YYYYMMDD |
| 3 | SFG Company ID |  |  | Internal Company ID | Send: SI | SI |
| 4 | Customer Name |  |  | Customer Name | Send: firstcommunitycu | firstcommunitycu |
| 5 | Group ID |  | 8 | Group Identification number assigned by The Standard | Send: 10151124 | 10151124 |

## Trailer Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Definition of value and any additional notes** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 1 | Trailer Identifier |  | 3 |  | Send: TLR | TLR |
| 2 | Record Count |  |  | Total number of records on file, excluding header and trailer record. Used for validation of data file. |  | Count of Records  EXCLUDE Header and Trailer record |

## Basic Employee Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 1 | Policy | 000000 | 8 | XXXXXX | Defined by The Standard | ☒ | Send: 166888 | 166888 |
| 2 | Billing Division | 0000 | 4 | 000X | Defined by The Standard | ☒ | Send: 0001 | 0001 |
| 3 | Billing Division Effective  Date | YYYYMMDD | 8 |  | Date the Billing Division took effect. | ☐ |  | Leave blank |
| 4 | Billing Category | 0000 | 4 | 0X00 | Defined by The Standard  **0100**: All other members electing 40% STD  **0200**: All other members electing 50% STD  **0300**: All other members electing 60% STD  **0400**: Board Members (no STD Plan) | ☒ | Send: 0100, 0200, 0300, 0400 | If EedDedCode = STD40 send 0100  If EedDedCode = STD50 send 0200  If EedDedCode = STD60 send 0300  Do not send 0400 on the file |
| 5 | Billing Category Effective Date | YYYYMMDD | 8 |  | Date the Billing Category took effect. | ☒ |  | EedBenStartDate |
| 6 | Social Security Number | 999999999 | 9 |  | Employee Social Security Number | REQ |  | eepSSN |
| 7 | Employee ID | Alphanumeric | 9 |  | Unique value created by the customer identifying each employee. | ☐ |  | Leave Blank |
| 8 | First Name |  | 40 |  | Employee First Name | REQ |  | EepNameFirst |
| 9 | Last Name |  | 40 |  | Employee Last Name | REQ |  | EepNameLast |
| 10 | Date of Birth | YYYYMMDD | 8 |  | Employee Date of Birth | REQ |  | EepDateOfBirth |
| 11 | Gender |  | 1 | M  F | Employee Gender  M ......... Male  F .......... Female | REQ |  | If EepGender = M send M  If EepGender = F send F  If EepGender is blank send F |
| 12 | Occupation Code | 0X | 2 | 01-09 | Data is used in the renewal by underwriting.   1. Executives and Architect, CPA, Professor 2. White Collar & All Other Professionals 03 Technical Occupations 3. Production Supervision & Retail Sales 4. Select Skilled Labor 5. Skilled Craft Occupations 6. Construction & Manual Labor Occupations 7. Seasonal & Special Risk Occupations 8. Outside Sales | ☐ | Can be supplied, but is not available in the downstream system. | Leave Blank |
| 13 | Work State |  | 2 | 50 states and union territories. | State/Canadian Province where an employee works; this may be different than the State where an employee resides. | REQ |  | use LocAddressState in eeclocation for work state |
| 14 | Current Hire Date | YYYYMMDD | 8 |  | Most recent hire date of the employee. | REQ |  | EecDateOfLastHire |
| 15 | Policy Eligibility Date | YYYYMMDD | 8 |  | The date the employee begins any waiting periods for benefit coverage. For many, this will be the same as the hire date. | ☒ |  | EecDateOfBenefitSeniority |
| 16 | Policy Effective Date |  | 50 |  | The effective date of benefits, following any waiting periods. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |  |
| 17 | Termination Date | YYYYMMDD | 8 |  | The date an employee becomes ineligible for benefits. For many, this will be the same as the employee termination date. Coverage would continue through this day. | ☒ |  | EecDateOfTermination  Important Note  Terminations should stay on the file at least 2 times before they drop off the file |
| 18 | Employee Tobacco  Indicator |  | 3 | Y N | Required if premium based on tobacco usage. | ☐ |  | Leave Blank |
| 19 | Work Hours |  | 3 |  | Hours an employee is scheduled to work per week | ☐ |  | Leave Blank |
| 20 | Earnings Amount | 9999999999.99 | 13 |  | The amount that will be used when calculating premium. It should be the same number defined by the earnings definition in the customer policies. | ☒ |  | EecAnnSalary |
| 21 | Earnings Mode |  | 1 | A  M  W  H | Earnings Amount above, is expressed as:  A .......... Annual  M ......... Monthly  W ......... Weekly  H .......... Hourly | ☒ |  | A |
| 22 | Earnings Amount Effective Date | YYYYMMDD | 8 |  | Effective date of the earnings amount. For benefits that are driven by salary, this will be the effective date for the new premium amount. | ☒ |  | dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate |
| 23 | Payroll frequency |  | 50 | Bi-Weekly  Undefined  Hourly  Weekly  Monthly  Semi-Monthly  Annual  Irregular | This field identifies how often the member gets paid; it is only needed if there is variation in how frequently members are being paid. | ☐ |  | Leave Blank |
| 24 | Family Indicator |  | 1 | A  B  C  D | Value populated needs to be one of the following values   1. .......... Member and Family 2. .......... Member and Spouse 3. .......... Member only 4. .......... Member and Dependents (not spouse) | ☒ |  | If EedDedCode = GDLIF and  ConRelationship = DP, SPS and ConRelationship = CHL, DIS, DPC, STC send A  If EedDedCode = GDLIF and  ConRelationship = DP, SPS and ConRelationship <> CHL, DIS, DPC, STC send B  If EedDedCode = GDLIF and ConRelationship <> DP, SPS, CHL, DIS, DPC, STC send C  If EedDedCode = GDLIF and ConRelationship = CHL, DIS, DPC, STC and ConRelationship <> DP, SPS send D |
| 25 | Family Indicator Effective Date | YYYYMMDD | 8 |  | The date the family indicator changed or took effect. Field tied to Family Indicator and used for non-elective dependent life benefits only. | ☒ |  | If EedDedCode = GDLIF send EedBenStartDate |
| 26 | Qualifying Event Date | YYYYMMDD | 8 |  | Date the member’s family status changed. This will only be used for elective coverages. | ☒ |  | This value will only be sent on the file when the employee has a benefit option change (i.e., from employee only to employee plus spouse) and only for the deduction codes LIFEC, LIFES, LIFEE  The Effective Date is in the employee’s history for each of the deduction codes  If EedDedCode = LIFEC, LIFES, LIFEE and edhChangeReason = 103, 105, 201, 204, 300, 302, 303, LEVNT2, LEVNT3, LEVNT4 send EdhEffDate  Else leave blank |
|  |  |  |  |  |  |  |  |  |

## Additional Employee Fields

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 27 | Employer Affiliate |  | 50 |  |  | ☐ |  | Leave Blank |
| 28 | Customer Defined  Division |  | 50 |  | Billing division definition used by the customer. Please provide instruction on what values should be expected. | ☐ |  | Leave Blank |
| 29 | Customer Defined Billing Category |  | 50 |  | Billing category definition used by the customer. Please provide instruction on what values should be expected. | ☐ |  | Leave Blank |
| 30 | Job Category |  | 50 |  |  | ☐ |  | Leave Blank |
| 31 | Job Department |  | 50 |  |  | ☐ |  | Leave Blank |
| 32 | Job Title |  | 50 |  |  | ☐ |  | Leave Blank |
| 33 | Employer Location |  | 50 |  |  | ☐ |  | Leave Blank |
| 34 | Full Time or Part Time |  |  | Full Time Part Time |  | ☐ |  | Leave Blank |
| 35 | Employment Status |  |  | Regular  Temporary |  | ☐ |  | Leave Blank |
| 36 | Exempt Status |  |  | Exempt  Non-Exempt  Y  N |  | ☐ |  | Leave Blank |
| 37 | Grandfathered Employee |  |  | Y N |  | ☐ |  | Leave Blank |
| 38 | Union Employee |  |  | Y N |  | ☐ |  | Leave Blank |
| 39 | Union Name |  |  |  |  | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Employee Contact Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 40 | Address 1 |  | 50 |  | Employee Address | ☐ |  | Leave Blank |
| 41 | Address 2 |  | 50 |  | Employee Address Line 2 | ☐ |  | Leave Blank |
| 42 | Address 3 |  | 50 |  | Employee Address Line 3 | ☐ |  | Leave Blank |
| 43 | City |  | 30 |  | Employee City | ☐ |  | Leave Blank |
| 44 | State |  | 2 | 50 states and union territories. | Employee State | ☐ |  | Leave Blank |
| 45 | Zip |  | 20 |  | Employee Zip Code | ☐ |  | Leave Blank |
| 46 | Phone | Numeric | 15 |  | Employee Phone Number | ☐ |  | Leave Blank |
| 47 | Email address | Alphanumeric | 50 |  | Employee Email Address | ☐ |  | Leave Blank |

## Spouse Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 48 | Spouse First Name |  | 50 |  | Spouse First Name | ☒ |  | If ConRelationship = DP, SPS send ConNameFirst  Else Blank |
| 49 | Spouse Last Name |  | 50 |  | Spouse Last Name | ☒ |  | If ConRelationship = DP, SPS send ConNameLast  Else Blank |
| 50 | Spouse DOB | YYYYMMDD | 8 |  | Spouse Date of Birth | ☒ |  | If ConRelationship = DP, SPS send ConDateOfBirth  Else Blank |
| 51 | Address 1 |  | 50 |  |  | ☐ |  | Leave Blank |
| 52 | Address 2 |  | 50 |  |  | ☐ |  | Leave Blank |
| 53 | Address 3 |  | 50 |  |  | ☐ |  | Leave Blank |
| 54 | City |  | 30 |  |  | ☐ |  | Leave Blank |
| 55 | State |  | 2 | 50 states and union territories. | State of Residence | ☐ |  | Leave Blank |
| 56 | Zip |  |  |  |  | ☐ |  | Leave Blank |
| 57 | Phone |  |  |  |  | ☐ |  | Leave Blank |
| 58 | Email address | Alphanumeric | 50 |  | Spouse Email Address | ☐ |  | Leave Blank |
| 59 | Relationship to Member |  | 15 | Spouse  Husband  Wife  Partner | Relationship of the dependent to the member. | ☒ |  | If ConRelationship = DP send Partner  If ConRelationship = SPS send Spouse  Else Blank |
| 60 | Spouse Gender |  | 1 | M  F | Spouse Gender  M ......... Male  F .......... Female | ☒ |  | If ConRelationship = DP, SPS and ConGender = M send M  If ConRelationship = DP, SPS and ConGender = F send F  If ConRelationship = DP, SPS and ConGender is Blank send F |
| 61 | Spouse Tobacco  Indicator |  | 3 | Y N | Required if premium is based on spouse's tobacco usage. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Basic Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 62 | Product ID |  | 4 | BL | Product Code provided by The Standard | ☒ | Send: BL | If EedDedCode = GLIFE send BL  Else Blank |
| 63 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 64 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 65 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 66 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 67 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If EedDedCode = GLIFE send EedBenStartDate  Else Blank |
| 68 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If EedDedCode = GLIFE send EedBenStopDate  Else Blank |
| 69 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 70 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 71 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Basic Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 72 | Product ID |  | 4 | BA | Product Code provided by The Standard | ☒ | Send: BA | If EedDedCode = ADD send BA  Else Blank |
| 73 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 74 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 75 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 76 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 77 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If EedDedCode = ADD send EedBenStartDate  Else Blank |
| 78 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If EedDedCode = ADD send EedBenStopDate  Else Blank |
| 79 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 80 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 81 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Additional Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 82 | Product ID |  | 4 | AL | Product Code provided by The Standard | ☒ | Send: AL | If EedDedCode = LIFEE send AL  Else Blank |
| 83 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 84 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 85 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 86 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 87 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If EedDedCode = LIFEE send EedBenStartDate  Else Blank |
| 88 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If EedDedCode = LIFEE send EedBenStopDate  Else Blank |
| 89 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 90 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☒ |  | If EedDedCode = LIFEE send EedBenAmt  Else Blank |
| 91 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Additional Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 92 | Product ID |  | 4 | AA | Product Code provided by The Standard | ☐ | Send: AA | Leave Blank |
| 93 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 94 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 95 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 96 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 97 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 98 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 99 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 100 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 101 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Spouse Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 102 | Product ID |  | 4 | XSL | Product Code provided by The Standard | ☐ | Send: XSL | Leave Blank |
| 103 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 104 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 105 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 106 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 107 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 108 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 109 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 110 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 111 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Additional Spouse Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 112 | Product ID |  | 4 | ASL | Product Code provided by The Standard | ☒ | Send: ASL | If ConRelationship = DP, SPS and DbnDedCode = LIFES send ASL  Else Blank |
| 113 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 114 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 115 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 116 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 117 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If ConRelationship = DP, SPS and DbnDedCode = LIFES send DbnBenStartDate  Else Blank |
| 118 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If ConRelationship = DP, SPS and DbnDedCode = LIFES send DbnBenStopDate  Else Blank |
| 119 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 120 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☒ |  | If ConRelationship = DP, SPS and DbnDedCode = LIFES send EedBenAmt  Else Blank |
| 121 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Spouse Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 122 | Product ID |  | 4 | XSA | Product Code provided by The Standard | ☐ | Send: XSA | Leave Blank |
| 123 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 124 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 125 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 126 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 127 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 128 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 129 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 130 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 131 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Additional Spouse Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 132 | Product ID |  | 4 | ASA | Product Code provided by The Standard | ☐ | Send: ASA | Leave Blank |
| 133 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 134 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 135 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 136 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 137 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 138 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 139 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 140 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 141 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Child Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 142 | Product ID |  | 4 | XCL | Product Code provided by The Standard | ☐ | Send: XCL | Leave Blank |
| 143 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 144 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 145 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 146 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 147 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 148 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 149 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 150 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 151 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Additional Child Life

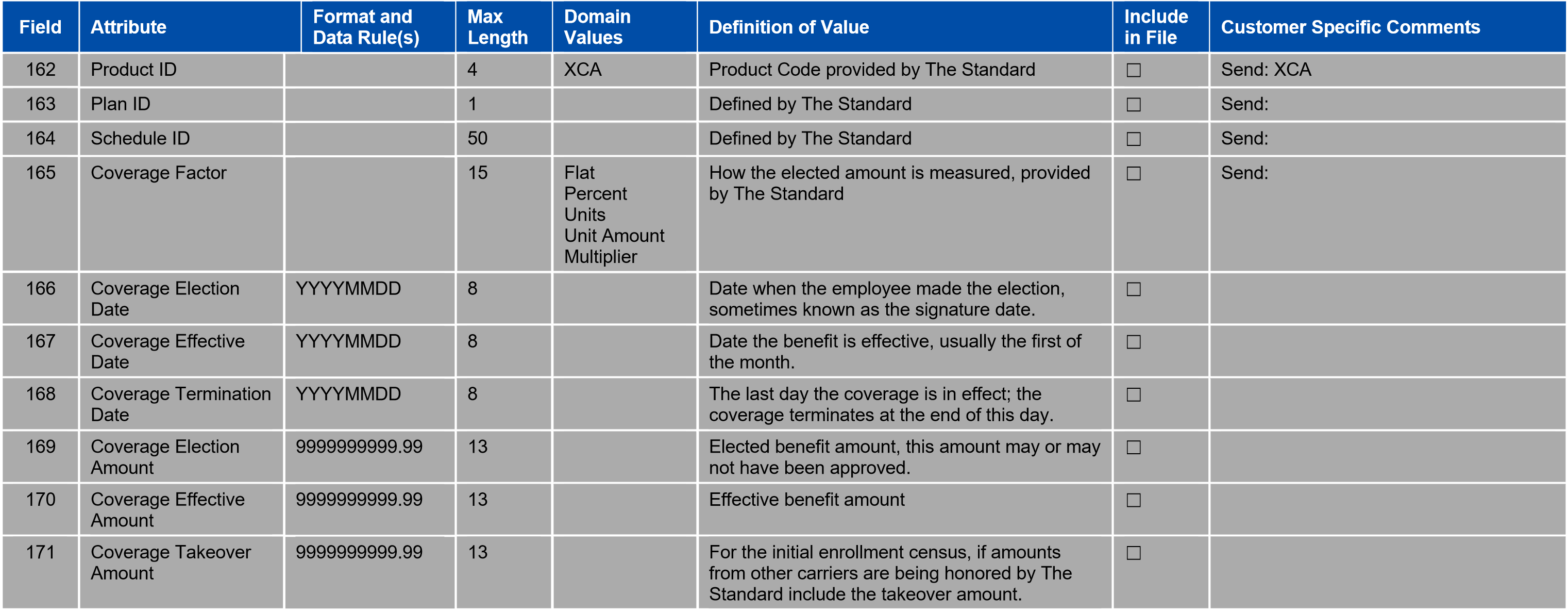
|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 152 | Product ID |  | 4 | ACL | Product Code provided by The Standard | ☒ | Send: ACL | If ConRelationship = CHL, DIS, DPC, STC and DbnDedCode = LIFEC send ACL  Else Blank |
| 153 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 154 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 155 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 156 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 157 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If ConRelationship = CHL, DIS, DPC, STC and DbnDedCode = LIFEC send DbnBenStartDate  Else Blank |
| 158 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If ConRelationship = CHL, DIS, DPC, STC and DbnDedCode = LIFEC send DbnBenStopDate  Else Blank |
| 159 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 160 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☒ |  | If ConRelationship = CHL, DIS, DPC, STC and DbnDedCode = LIFEC send EedBenAmt  Else Blank |
| 161 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Child Accidental Death and Dismemberment

Note for Developer – The info below is a picture and not a table so I can’t update each row…………

For this Section (Coverage for Child Accidental Death & Dismemberment -)

Include all the fields/columns (field 162 through field 171) in the grid below. Each field has a blank value



## Coverage for Additional Child Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Length** | **Domain Values** | | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 172 | Product ID |  | 4 | ACA | | Product Code provided by The Standard | ☐ | Send: ACA | Leave Blank |
| 173 | Plan ID |  | 1 |  | | Defined by The Standard | ☐ | Send: | Leave Blank |
| 174 | Schedule ID |  | 50 |  | | Defined by The Standard | ☐ | Send: | Leave Blank |
| 175 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 176 | Coverage Election Date | YYYYMMDD | 8 |  | | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 177 | Coverage Effective Date | YYYYMMDD | 8 |  | | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 178 | Coverage  Termination Date | YYYYMMDD | 8 |  | | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 179 | Coverage Election Amount | 9999999999.99 | 13 |  | | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 180 | Coverage Effective Amount | 9999999999.99 | 13 |  | | Effective benefit amount | ☐ |  | Leave Blank |
| 181 | Coverage Takeover Amount | 9999999999.99 | 13 |  | | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |  |

## Coverage for Dependent Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 182 | Product ID |  | 4 | XDL | Product Code provided by The Standard | ☒ | Send: XDL | If EedDedCode = GDLIF send XDL  Else Blank |
| 183 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 184 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 185 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 186 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 187 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If EedDedCode = GDLIF send EedBenStartDate  Else Blank |
| 188 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If EedDedCode = GDLIF send EedBenStopDate  Else Blank |
| 189 | Family Election Indicator |  | 50 | Spouse  Child  Family |  | ☒ |  | If EedDedCode = GDLIF and  ConRelationship = DP, SPS and ConRelationship = CHL, DIS, DPC, STC send Family  If EedDedCode = GDLIF and  ConRelationship = DP, SPS and ConRelationship <> CHL, DIS, DPC, STC send Spouse  If EedDedCode = GDLIF and ConRelationship = CHL, DIS, DPC, STC and ConRelationship <> DP, SPS send Child |
| 190 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 191 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 192 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Dependent Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 193 | Product ID |  | 4 | XDA | Product Code provided by The Standard | ☐ | Send: XDA | Leave Blank |
| 194 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 195 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 196 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 197 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 198 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 199 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 200 | Family Election Indicator |  | 50 | Spouse  Child  Family |  | ☐ |  | Leave Blank |
| 201 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 202 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 203 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Supplemental Life

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 204 | Product ID |  | 4 | SL | Product Code provided by The Standard | ☐ | Send: SL | Leave Blank |
| 205 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 206 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 207 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 208 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 209 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 210 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 211 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 212 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 213 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
| 214 | Spouse Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 215 | Spouse Amount | 9999999999.99 | 13 |  | Spouse elected benefit amount | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Voluntary Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 216 | Product ID |  | 4 | SA | Product Code provided by The Standard | ☐ | Send: SA | Leave Blank |
| 217 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 218 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 219 | Coverage Factor |  | 15 | Flat  Percent Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 220 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 221 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 222 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 223 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 224 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 225 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Voluntary Spouse Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 226 | Product ID |  | 4 | SAS | Product Code provided by The Standard | ☐ | Send: SAS | Leave Blank |
| 227 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 228 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 229 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 230 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 231 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 232 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 233 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 234 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 235 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Voluntary Child Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 236 | Product ID |  | 4 | SAC | Product Code provided by The Standard | ☐ | Send: SAC | Leave Blank |
| 237 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 238 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 239 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 240 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 241 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 242 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 243 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 244 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 245 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Voluntary Family Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 246 | Product ID |  | 4 | SAF | Product Code provided by The Standard | ☐ | Send: SAF | Leave Blank |
| 247 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 248 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 249 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 250 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 251 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 252 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 253 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 254 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 255 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Short Term Disability

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 256 | Product ID |  | 4 | ST | Product Code provided by The Standard | ☒ | Send: ST | If EedDedCode = STD40, STD50, STD60 send ST  Else Blank |
| 257 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 258 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 259 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 260 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 261 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If EedDedCode = STD40, STD50, STD60 send EedBenStartDate  Else Blank |
| 262 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If EedDedCode = STD40, STD50, STD60 send EedBenStopDate  Else Blank |
| 263 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 264 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 265 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
| 266 | Benefit Waiting Period |  | 3 |  | When an employee has a choice of different benefit waiting periods. | ☐ |  | Leave Blank |
| 267 | Maximum Benefit Period |  | 5 |  | When an employee has a choice of different max benefit periods | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Buy Up Short Term Disability

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 268 | Product ID |  | 4 | BST | Product Code provided by The Standard | ☐ | Send: BST | Leave Blank |
| 269 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 270 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 271 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 272 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 273 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 274 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 275 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 276 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 277 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from  other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Long Term Disability

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 278 | Product ID |  | 4 | LT | Product Code provided by The Standard | ☒ | Send: LT | If EedDedCode = LTD1 send LT  Else Blank |
| 279 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 280 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 281 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 282 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 283 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☒ |  | If EedDedCode = LTD1 send EedBenStartDate  Else Blank |
| 284 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☒ |  | If EedDedCode = LTD1 send EedBenStopDate  Else Blank |
| 285 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 286 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 287 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
| 288 | Benefit Waiting Period |  | 8 |  | When an employee has a choice of different benefit waiting periods. | ☐ |  | Leave Blank |
| 289 | Maximum Benefit Period | Numeric | 3 |  | When an employee has a choice of different max benefit periods | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Buy Up Long Term Disability

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 290 | Product ID |  | 4 | BLT | Product Code provided by The Standard | ☐ | Send: BLT | Leave Blank |
| 291 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 292 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 293 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 294 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 295 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 296 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 297 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 298 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 299 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Statutory Disability

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 300 | Product ID |  |  |  |  | ☐ | Send: SD | Leave Blank |
| 301 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 302 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 303 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 304 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 305 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 306 | Coverage Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 307 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 308 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 309 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Voluntary Accidental Death and Dismemberment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 310 | Product ID |  |  |  |  | ☐ | Send: SU | Leave Blank |
| 311 | Plan ID |  | 1 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 312 | Schedule ID |  | 50 |  | Defined by The Standard | ☐ | Send: | Leave Blank |
| 313 | Coverage Factor |  | 15 | Flat  Percent  Units  Unit Amount  Multiplier | How the elected amount is measured, provided by The Standard | ☐ | Send: | Leave Blank |
| 314 | Coverage Election Date | YYYYMMDD | 8 |  | Date when the employee made the election, sometimes known as the signature date. | ☐ |  | Leave Blank |
| 315 | Coverage Effective Date | YYYYMMDD | 8 |  | Date the benefit is effective, usually the first of the month. | ☐ |  | Leave Blank |
| 316 | Coverage  Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. | ☐ |  | Leave Blank |
| 317 | Coverage Election Amount | 9999999999.99 | 13 |  | Elected benefit amount, this amount may or may not have been approved. | ☐ |  | Leave Blank |
| 318 | Coverage Effective Amount | 9999999999.99 | 13 |  | Effective benefit amount | ☐ |  | Leave Blank |
| 319 | Coverage Takeover Amount | 9999999999.99 | 13 |  | For the initial enrollment census, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Accident Insurance

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 320 | Product ID |  | 4 | AI | Provided by The Standard | ☐ | Send: AI | Leave Blank |
| 321 | Application Date | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  | Leave Blank |
| 322 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  | Leave Blank |
| 323 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  | Leave Blank |
| 324 | Family Election Indicator |  | 50 | A  B  C  D | Family benefit for which the employee is insured for  *Do not include a family status subject to medical underwriting until that status is approved.*   1. ....... Family 2. ....... Spouse 3. ....... Member 4. ....... Child | ☐ |  | Leave Blank |
| 325 | Health Maintenance Screening Benefit |  | 1 | Y  N | Provide when Health Maintenance Screening Benefit is electable | ☐ |  | Leave Blank |
| 326 | Automobile Accident Benefit |  | 1 | Y  N | Provide when Automobile Accident Benefit is electable | ☐ |  | Leave Blank |
| 327 | Question 1 |  | 1 | Y  N | Answer to Medical Underwriting question on the Enrollment Form, may vary by policy. | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Critical Illness Insurance

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 328 | Product ID |  | 4 | CI | Provided by The Standard | ☐ | Send: CI | Leave Blank |
| 329 | Employee Amount | 9999999999.99 | 13 |  | Amount for which the employee is insured for.  *Do not include amounts subject to medical underwriting until that amount is approved.* | ☐ |  | Leave Blank |
| 330 | Employee Amount with Cancer Coverage | 9999999999.99 | 13 |  | Amount for which the employee is insured for.  *Do not include amounts subject to medical underwriting until that amount is approved.* | ☐ |  | Leave Blank |
| 331 | Application Date | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  | Leave Blank |
| 332 | Employee Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends | ☐ |  | Leave Blank |
| 333 | Employee  Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  | Leave Blank |
| 334 | Spouse Amount | 9999999999.99 | 13 |  | Amount for which the spouse is insured for.  *Do not include amounts subject to medical underwriting until that amount is approved.* | ☐ |  | Leave Blank |
| 335 | Spouse Amount with Cancer Coverage | 9999999999.99 | 13 |  | Amount for which the spouse is insured for.  *Do not include amounts subject to medical underwriting until that amount is approved.* | ☐ |  | Leave Blank |
| 336 | Spouse Percent |  | 20 |  | Percent for which the spouse is insured for.  *Do not include amounts subject to medical underwriting until that amount is approved.* | ☐ |  | Leave Blank |
| 337 | Spouse Percent with Cancer Coverage |  | 20 |  | Percent for which the spouse is insured for.  *Do not include amounts subject to medical underwriting until that amount is approved.* | ☐ |  | Leave Blank |
| 338 | Spouse Gainfully Employed |  | 1 | Y  N | Critical Illness related eligibility question. | ☐ |  | Leave Blank |
| 339 | Spouse Effective Date | YYYYMMDD | 8 |  | The date the spouse coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  | Leave Blank |
| 340 | Spouse Termination Date | YYYYMMDD | 8 |  | The last day the spouse coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  | Leave Blank |
| 341 | Health Maintenance Screening Benefit |  | 1 | Y  N | Provide when Health Maintenance Screening Benefit is electable | ☐ |  | Leave Blank |
| 342 | All questions answered favorably for **employee** benefit |  | 1 | Y  N | Benefits Administration evaluation of all the questions for employee enrollment that can be used instead of specific questions. | ☐ |  | Leave Blank |
| 343 | All questions answered favorably for **spouse** benefit |  | 1 | Y  N | Benefits Administration evaluation of all the questions for spouse enrollment that can be used instead of specific questions. | ☐ |  | Leave Blank |
| 344 | Question 1 |  | 1 | Y |  | ☐ |  | Leave Blank |
| 345 | Question 2 |  | 1 | N | Answer to Medical Underwriting question on the Enrollment Form, may vary by policy. | ☐ |  | Leave Blank |
|  |  |  |  |  |  | Leave Blank |
| 346 | Question 3 |  | 1 |  |  | ☐ |  | Leave Blank |
| 347 | Question 4 |  | 1 | ☐ |  | Leave Blank |
| 348 | Question 5 |  | 1 | ☐ |  | Leave Blank |
| 349 | Question 6 |  | 1 | ☐ |  | Leave Blank |
| 350 | Question 7 |  | 1 | ☐ |  | Leave Blank |
| 351 | Question 8 |  | 1 | ☐ |  | Leave Blank |
| 352 | Question 9 |  | 1 | ☐ |  | Leave Blank |
| 353 | Question 10 |  | 1 | ☐ |  | Leave Blank |
| 354 | Question 11 |  | 1 | ☐ |  | Leave Blank |
| 355 | Question 12 |  | 1 | ☐ |  | Leave Blank |
| 356 | Question 13 |  | 1 | ☐ |  | Leave Blank |
| 357 | Question 14 |  | 1 | ☐ |  | Leave Blank |
| 358 | Spouse Question 1 |  | 1 | Y  N | Answer to Medical Underwriting question on the Enrollment Form, may vary by policy. | ☐ |  | Leave Blank |
| 359 | Spouse Question 2 |  | 1 | ☐ |  | Leave Blank |
| 360 | Spouse Question 3 |  | 1 | ☐ |  | Leave Blank |
| 361 | Spouse Question 4 |  | 1 | ☐ |  | Leave Blank |
| 362 | Spouse Question 5 |  | 1 | ☐ |  | Leave Blank |
| 363 | Spouse Question 6 |  | 1 | ☐ |  | Leave Blank |
| 364 | Spouse Question 7 |  | 1 | ☐ |  | Leave Blank |
| 365 | Spouse Question 8 |  | 1 | ☐ |  | Leave Blank |
| 366 | Spouse Question 9 |  | 1 | ☐ |  | Leave Blank |
| 367 | Spouse Question 10 |  | 1 | ☐ |  | Leave Blank |
|  |  |  |  |  |  |  |  |  |

## Coverage for Hospital Indemnity Insurance

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | **UltiPro Field Mapping Notes** |
| 368 | Product ID |  | 4 | HI | Product Code provided by The Standard | ☐ | Send: HI | Leave Blank |
| 369 | Application Date | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  | Leave Blank |
| 370 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  | Leave Blank |
| 371 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  | Leave Blank |
| 372 | Family Election Indicator |  | 50 | A  B  C  D | Family benefit for which the employee is insured for  *Do not include a family status subject to medical underwriting until that status is approved.*   1. ....... Family 2. ....... Spouse 3. ...... Member 4. ...... Child | ☐ |  | Leave Blank |
| 373 | Health Maintenance Screening Benefit |  | 1 | Y  N | Provide when Health Maintenance Screening Benefit is electable | ☐ |  | Leave Blank |
| 374 | Spouse Gainfully Employed |  | 1 | Y  N | Hospital Insurance related eligibility question | ☐ |  | Leave Blank |
| 375 | All questions answered favorably for **employee** benefit |  | 1 | Y  N | Benefits Administration evaluation of all the questions for employee enrollment that can be used instead of specific questions. | ☐ |  | Leave Blank |
| 376 | All questions answered favorably for **spouse** benefit |  | 1 | Y  N | Benefits Administration evaluation of all the questions for spouse enrollment that can be used instead of specific questions. | ☐ |  | Leave Blank |
| 377 | All questions answered favorably for **child** benefit |  | 1 | Y  N | Benefits Administration evaluation of all the questions for child enrollment that can be used instead of specific questions. | ☐ |  | Leave Blank |
| 378 | Question 1 |  | 1 | Y  N | Answer to Medical Underwriting question on the Enrollment Form, may vary by policy. | ☐ |  | Leave Blank |
| 379 | Question 2 |  | 1 | ☐ |  | Leave Blank |
| 380 | Question 3 |  | 1 | ☐ |  | Leave Blank |
| 381 | Question 4 |  | 1 | ☐ |  | Leave Blank |
| 382 | Question 5 |  | 1 | ☐ |  | Leave Blank |
| 383 | Question 6 |  | 1 | ☐ |  | Leave Blank |
| 384 | Question 7 |  | 1 | ☐ |  | Leave Blank |
| 385 | Question 8 |  | 1 | ☐ |  | Leave Blank |
| 386 | Question 9 |  | 1 | ☐ |  | Leave Blank |
| 387 | Question 10 |  | 1 | ☐ |  | Leave Blank |
| 388 | Question 11 |  | 1 | ☐ |  | Leave Blank |
| 389 | Spouse Question 1 |  | 1 | Y  N | Answer to Medical Underwriting question on the Enrollment Form related to spouse, may vary by policy. | ☐ |  | Leave Blank |
| 390 | Spouse Question 2 |  | 1 | ☐ |  | Leave Blank |
| 391 | Spouse Question 3 |  | 1 | ☐ |  | Leave Blank |
| 392 | Spouse Question 4 |  | 1 | ☐ |  | Leave Blank |
| 393 | Spouse Question 5 |  | 1 | ☐ |  | Leave Blank |
| 394 | Spouse Question 6 |  | 1 | ☐ |  | Leave Blank |
| 395 | Spouse Question 7 |  | 1 | ☐ |  | Leave Blank |
| 396 | Spouse Question 8 |  | 1 | ☐ |  | Leave Blank |
| 397 | Spouse Question 9 |  | 1 | ☐ |  | Leave Blank |
| 398 | Spouse Question 10 |  | 1 | ☐ |  | Leave Blank |
| 399 | Child Question 1 |  | 1 | Y  N | Answer to Medical Underwriting question on the Enrollment Form related to child, may vary by policy. | ☐ |  | Leave Blank |
| 400 | Child Question 2 |  | 1 | ☐ |  | Leave Blank |
| 401 | Child Question 3 |  | 1 | ☐ |  | Leave Blank |
| 402 | Child Question 4 |  | 1 | ☐ |  | Leave Blank |
| 403 | Child Question 5 |  | 1 | ☐ |  | Leave Blank |
| 404 | Child Question 6 |  | 1 | ☐ |  | Leave Blank |
| 405 | Child Question 7 |  | 1 | ☐ |  | Leave Blank |
| 406 | Child Question 8 |  | 1 | ☐ |  | Leave Blank |
| 407 | Child Question 9 |  | 1 | ☐ |  | Leave Blank |
| 408 | Child Question 10 |  | 1 | ☐ |  | Leave Blank |
|  | |  |  |  |  |  |  |  |

1. Multiple files will be required during this phase until test file meets The Standard’s requirements [↑](#footnote-ref-1)
2. Contact for day-to-day business questions [↑](#footnote-ref-2)
3. Contact for data feed processing questions [↑](#footnote-ref-3)