General Information

Filename: AGGREGATOR\_GROUPID.FILEEXTENSION Example: ADPHRB\_ABCGROUP.CSV

* If the group is sending the file, the filename can simply be: GROUPID.FILEEXTENSION

File Format: .csv format preferred. Fields with data containing a comma should be surrounded by quotation marks.

* .xls, or .xlsx,(true Excel formats, not a comma separated value file saved as .xls), txt (pipe delimited only), and tab (tab delimited only) are also accepted formats

File Type: Lincoln can accept full or changes-only files

Frequency: Based upon agreement with LFG

File Transfer: SFTP. The login information will be provided in the file specification email.

Optional Header Record: If a header record is provided, it must adhere to the following requirements:

* The Header Record must be the first row of data in the file.
* The data described below must be placed in one data field on the first row in the file.
* The required format and data are: o Constant value of “EDIHeader” followed by a colon, then
  + The Group ID assigned to the Policyholder whose information is included in the file followed by a colon, then

 If the data in the file represents enrollment information for multiple Group IDs, then this data element should be left blank, but still include the colon.

* + Constant value of “LFGV2” o No additional data element should be included on this row within the file.
  + Example: EDIHeader:ABCGROUP:LFGV2
* The Header Row (the list of data fields included) must be the second row of data in the file when this Optional Header Record is included.

Please use the information in this document to create a file with all active members. We will use this file:

* To verify that all required data and fields are present
* To verify that the file format is correct
* To compare this data to our system

If there are errors within the file, we will ask for these to be corrected and an updated test file sent. This process will be repeated until the file meets our requirements. At this point, any discrepancies during our comparison to our system will be sent back to you as audit results.

# Policy Number Field Formatting

The Policy Number should include the full 18 digit value assigned by LFG, including leading zeroes and a dash, as shown in examples 1 and 2 below. Please note: any alpha characters in the Policy Number should be capitalized, but lowercase will be accepted.

Example 1: 000011234567-00000 (Life policy number) or 000400001000-12345 (Voluntary Life trust policy number)

Example 2: 00001D123456-00000 (Dental policy number)

# Coverage Field Formatting

Coverages should include coverage code and corresponding volume separated by a hyphen, as shown in examples 1 and 2 below. LFG will accept an option number or the number of units elected instead of the volume, as shown in examples 3 and 4 below. Please note: when the coverage volume value is provided, it should not include commas.

Example 1: VLTD-1500

Voluntary Long Term Disability Coverage Code with 1,500 volume

Example 2: VLI-100000

Voluntary Member Life Coverage Code with 100,000 volume

Example 3: VLI-2

Voluntary Member Life Coverage Code with Option 2 election

Example 4: VLI-10

Voluntary Member Life Coverage Code with 10 Units elected

# Data Type-Length

AN – alpha numeric, consists of both letters and numbers

N – numeric, numbers only that may include a decimal as noted

Date – date only field, in MM/DD/YYYY format

# File Layout

A header row is REQUIRED for every file. All fields are REQUIRED for every record, even if your organization has no data to populate them. Do not delete or move the position of any field. Deletion of fields will cause errors during the import process. Please refer to the Legend to determine which fields require data to be populated in the field.

Conditionally required fields:

* When a member has elected a particular coverage – unless otherwise noted in the Valid Values and Comments column of the below field list, every Field Name highlighted in the same color is required on that record
* Other conditional fields have the required condition included in the Valid Values and Comments column of the below field list

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LEGEND | | M = Mandatory | | | |  | | | | | | |  | C = Conditional | | | |  | |  | O = Optional | | | | |  | | |
|  | Field Name | | Data  TypeLength | | | | | | | | Format | | | | | | | Valid Values and Comments | | | | Usage | | | Mapping | |
|  | Employee ID | | AN-20 | | | | | | | |  | | | | | | | Value used to uniquely identify a member | | | | O | | | EecEmpNo | |
|  | Change Date | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Effective date of the Member change (required when member change is present on the file) | | | | C | | | later of:  most recent audit date and most recent EdhBenStartDate for all ded codes | |
|  | Dep Change Date | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Effective date of the covered dependent change (required when dependent add, term, change, or tier change is present on the file). | | | | C | | | if dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC and send DbnBenStartDate | |
|  | Termination Date | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Termination date for the Member. This date is the last day that the member should be covered for LFG benefits (required when member termination is present on the file). | | | | C | | | EedBenStopDate | |
|  | Mbr First Name | | AN-50 | | | | | | | |  | | | | | | | Member’s first name | | | | M | | | EepNameFirst | |
|  | Mbr Last Name | | AN-50 | | | | | | | |  | | | | | | | Member’s last name. Include any suffix information in this field. | | | | M | | | EepNameLast | |
|  | Mbr Middle Initial | | AN-1 | | | | | | | |  | | | | | | | First initial of Member’s middle name | | | | O | | | 1st digit of EepNameMiddle | |
|  | Mbr SSN | | AN-11 | | | | | | | | ###-##-#### | | | | | | | Member’s Social Security Number Include leading zeros; no special characters other than dashes are accepted. | | | | M | | | EepSsn | |
|  | Mbr Gender | | AN-1 | | | | | | | |  | | | | | | | M = Male; F = Female Valid Values: M, F | | | | M | | | EepGender | |
|  | Mbr DOB | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Member’s date of birth | | | | M | | | EepDateOfBirth | |
|  | App Sign Date | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Signature date of original enrollment OR the most recent signature date of amended enrollment. This date is used by LFG to calculate the effective date of coverage and the Member’s late entrant status | | | | M | | | Eedbenstartdate - 1 | |
|  | Occupation | | AN-50 | | | | | | | |  | | | | | | | Member's occupation or job title | | | | O | | | JbcDesc where JbcCode = EecJobCode | |
|  | Hrs Per Week | | N-6 | | | | | | | | ###.## | | | | | | | The number of regularly scheduled hours for the  Member each week (required when any coverage election is included on the file). This number should not include special characters, with the exception of a decimal point, but only if needed – Ex 20.5. | | | | C | | | EecScheduledWorkHrs divided by 2 | |
|  | Salary Amt | | N-12 | | | | | | | | #########.## | | | | | | | The amount of Member's salary (required when any salary-based coverage election is included on the file). This number should not include special characters, with the exception of a decimal point, but only if needed – Ex. 50500.50. | | | | C | | | EecAnnSalary | |
|  | Salary Code | | AN-2 | | | | | | | |  | | | | | | | The frequency with which the Salary Amt provided in the previous field is distributed (required when a Salary Amt value is included on the file). A = Annual;  H = Hourly; W = Weekly; M = Monthly; S = Semi-  Monthly; B = Bi-Weekly  Valid Values: A, H, W, M, S, B | | | | C | | | A | |
|  | Sal Eff Date | | | Date-10 | | | | MM/DD/YYYY | | | | | | | The effective date of the salary provided- this could be the date of hire or the date of the most recent salary change (required when a Salary Amt or Salary Code includes a change on the file). | | | | | | | C | | | Most recent dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate | |
|  | Mbr Addr 1 | | | AN-40 | | | |  | | | | | | | Member's residential street address, including any apartment or additional numbers (required when a dental or vision type of coverage election is included on the file). | | | | | | | C | | | EepAddressLine1 | |  | | |
|  | Mbr Addr 2 | | | AN-40 | | | |  | | | | | | | Use for the Member’s residential address information that does not fit in the Mbr Addr 1 field. | | | | | | | O | | | EepAddressLine2 | |  | | |
|  | Mbr City | | | AN-40 | | | |  | | | | | | | Member’s residential city associated with the street address (required when a Mbr Addr 1 value is included on the file). | | | | | | | C | | | EepAddressCity | |  | | |
|  | Mbr State | | | AN-2 | | | |  | | | | | | | Member’s two-character USPS state abbreviation associated with the residential street address, city, and zip code (required when a Mbr Addr 1 value is included on the file). | | | | | | | C | | | EepAddressState | |  | | |
|  | Mbr Zip Code | | | AN-7 | | | |  | | | | | | | Member’s Zip or Postal Code associated with the residential street address, city, and state (required when a Mbr Addr 1 value is included on the file). | | | | | | | C | | | EepAddressZipCode | |  | | |
|  | Mbr Zip Plus 4 | | | N-4 | | | | #### | | | | | | | Member’s 4-digit extension of Zip Code associated with the residential street address, city, state, and zip code. | | | | | | | O | | | Leave blank | |  | | |
|  | Home Phone | | | AN-12 | | | | ###-###-#### | | | | | | | Member’s personal phone number (e.g. home, mobile, etc.). Special characters other than dashes are not accepted. | | | | | | | O | | | EepPhoneHomeNumber | |  | | |
|  | Work Phone | | | AN-12 | | | | ###-###-#### | | | | | | | Member’s work phone number. Special characters other than dashes are not accepted. | | | | | | | O | | | Leave blank | |  | | |
|  | Work Phone Ext | | | N-5 | | | | ##### | | | | | | | Member’s extension associated with a work phone number. Do not populate this value if the Work Phone is not also provided. Special characters are not accepted. | | | | | | | O | | | Leave blank | |  | | |
|  | Email Address | | | AN-100 | | | |  | | | | | | | Member’s email address – personal or work. (e.g.  yourname@email.com). | | | | | | | O | | | Leave blank | |  | | |
|  | Date of Benefits Eligibility | | | Date-10 | | | | MM/DD/YYYY | | | | | | | Member’s original hire date, if initially eligible for LFG benefits. Member’s initial date of benefits eligibility, if NOT originally eligible for LFG benefits (e.g. If part-time at original hire is ineligible, then move to full-time and become eligible – provide the full-time start date). This date is used by LFG to calculate the effective date of coverage and the member’s late entrant status. | | | | | | | M | | | EecDateOfOriginalHire | |  | | |
|  | Subsequent Date of Benefits  Eligibility | | | Date-10 | | | | MM/DD/YYYY | | | | | | | If Member loses benefits eligibility and then returns to a benefits eligible status, then this is the date that the Member again became benefits eligible (e.g. A rehire populates the Subsequent Date of Benefits Eligibility field OR part-time back to full-time populates with the new full-time start date). | | | | | | | O | | | If EecDateOfOriginalHire does not = EecDateOfLastHire, send EecDateOfLastHire else leave blank | |  | | |
|  | Reason for Prior Loss of Benefits  Eligibility | | | AN-20 | | | |  | | | | | | | Reason that the Member was no longer eligible for benefits after their initial Date of Benefits Eligibility (required when the Subsequent Date of Benefits  Eligibility is included on the file). This is used by LFG to calculate the effective date of the coverage using the policy’s reinstatement provisions.  Valid Values: TERMINATION, LEAVE OF ABSENCE,  LAYOFF, LOST ELIGIBILITY | | | | | | | C | | | If EecDateOfOriginalHire does not = EecDateOfLastHire send TERMINATION | |  | | |
|  | Pri Bene First Name | | | AN-50 | | | |  | | | | | | | Primary Beneficiary's first name | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Last Name | | | | AN-50 | |  | | | | | | | | Primary Beneficiary's last name. Include any suffix information in this Field. | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Middle Init | | | | AN-1 | |  | | | | | | | | First initial of Primary Beneficiary's middle name | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Relationship | | | | AN-40 | |  | | | | | | | | Primary Beneficiary’s Relationship to Member | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Address 1 | | | | AN-40 | |  | | | | | | | | Primary Beneficiary’s residential street address, including any apartment or additional numbers. | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Address 2 | | | | AN-40 | |  | | | | | | | | Use for the Primary Beneficiary’s residential address information that does not fit in the Pri Bene Address 1 Field. | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene City | | | | AN-40 | |  | | | | | | | | Primary Beneficiary's residential city associated with the street address. | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene State | | | | AN-2 | |  | | | | | | | | Primary Beneficiary's two-character USPS state abbreviation associated with the residential street address, city, and zip code. | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Zip Code | | | | AN-7 | |  | | | | | | | | Primary Beneficiary's Zip or Postal Code | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene Zip Plus 4 | | | | N-4 | | #### | | | | | | | | Primary Beneficiary’s 4-digit extension of Zip Code associated with the residential street address, city, state and zip code. | | | | | | | O | | | Leave blank | |  | | |
|  | Pri Bene SSN | | | | AN-11 | | ###-##-#### | | | | | | | | Primary Beneficiary’s Social Security Number. Include leading zeros; no special characters other than dashes are permitted. | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene First Name | | | | AN-50 | |  | | | | | | | | Contingent Beneficiary's first name | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Last Name | | | | AN-50 | |  | | | | | | | | Contingent Beneficiary's last name. Include any suffix information in this Field. | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Middle Init | | | | AN-1 | |  | | | | | | | | First initial of Contingent Beneficiary's middle name | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Relationship | | | | AN-40 | |  | | | | | | | | Contingent Beneficiary’s Relationship to Member | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Address 1 | | | | AN-40 | |  | | | | | | | | Contingent Beneficiary’s street address, including any apartment or additional numbers | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Address 2 | | | | AN-40 | |  | | | | | | | | Use for the Contingent Beneficiary’s residential address information that does not fit in the Co Bene Address 1 Field. | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene City | | | | AN-40 | |  | | | | | | | | Contingent Beneficiary's residential city associated with the street address. | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene State | | | | AN-2 | |  | | | | | | | | Contingent Beneficiary's two-character USPS state abbreviation associated with the residential street address, city, and zip code. | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Zip Code | | | | AN-7 | |  | | | | | | | | Contingent Beneficiary's Zip or Postal Code | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene Zip Plus 4 | | | | N-4 | | #### | | | | | | | | Contingent Beneficiary's 4-digit extension of Zip Code associated with the residential street address, city, state and zip code. | | | | | | | O | | | Leave blank | |  | | |
|  | Co Bene SSN | | | | AN-11 | | ###-##-#### | | | | | | | | Contingent Beneficiary’s Social Security Number Include leading zeros; no special characters other than dashes are permitted. | | | | | | | O | | | Leave blank | |  | | |
|  | Beneficiary Comments | | | | AN-500 | |  | | | | | | | | Open for comments relating to beneficiary information or additional beneficiary designations. | | | | | | | O | | | Leave blank | |  | | |
|  | Accident Policy Number | | | | AN-18 | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | | LFG defined policy number of Accident policy elections made by the Member. Provide leading and trailing zeros. | | | | | | | C | | | Leave blank | |  | | |
|  | Accident Bill Location A/C  Number\* | | | | AN-10 | |  | | | | | | | | LFG defined billing location account number of Accident policy elections made by the Member. | | | | | | | C | | | Leave blank | |  | | |
|  | Accident Sort Group | | | | AN-40 | |  | | | | | | | | Member’s Sort Group for the Accident policy’s Bill Location A/C Number, if applicable (required when the Accident Bill Location A/C Number provided has been set up with Sort Groups). | | | | | | | C | | | Leave blank | |  | | |
|  | Accident Eff Date | | | | Date-10 | | MM/DD/YYYY | | | | | | | | Requested Effective Date of Accident policy elections made by the Member. | | | | | | | C | | | Leave blank | |  | | |
|  | Accident Plan Code\* | | N-1 | | | | | | | | # | | | | | | | LFG defined Plan Code for Accident policy elections made by the Member. Plan designs: 1 = Select, 2 = Choice, 3 = Preferred, 4 = Elite. Valid Values = 1, 2, 3, or 4 | | | | C | | | Leave blank | |  | | |
|  | Accident Class Code\* | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for Accident policy elections made by the Member.  Valid values = 1 through 15 | | | | C | | | Leave blank | |  | | |
|  | Accident Tier Code\* | | AN-9 | | | | | | | |  | | | | | | | Member’s elected tier for the Accident Product. Tier options: EE = Member Only, EE/Child = Member + Child, EE/Spouse = Member + Spouse, EE/Family = Member + Family, null = no coverage, WAIVE = no coverage  Valid Values: EE, EE/Child, EE/Spouse, EE/Family, or WAIVE | | | | C | | | Leave blank | |  | | |
|  | Health Asses Tier | | AN-9 | | | | | | | |  | | | | | | | Member’s elected tier for the Health Assessment Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information.  Tier options: EE = Member Only, EE/Child = Member  + Child, EE/Spouse = Member + Spouse, EE/Family = Member + Family, null = no coverage, WAIVE = no coverage  Valid Values: EE, EE/Child, EE/Spouse, EE/Family, or WAIVE | | | | C | | | Leave blank | |  | | |
|  | Hospital Tier\* | | AN-9 | | | | | | | |  | | | | | | | Member’s elected tier for the Sickness Hospital Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information.  Tier options: EE = Member Only, EE/Child =  Member + Child, EE/Spouse = Member + Spouse,  EE/Family = Member + Family, null = no coverage,  WAIVE = no coverage  Valid Values: EE, EE/Child, EE/Spouse, EE/Family, or WAIVE | | | | C | | | Leave blank | |  | | |
|  | Accident Disability Amount | | N-6 | | | | | | | | ###### | | | | | | | Member’s elected benefit amount for the Accident Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information. | | | | C | | | Leave blank | |  | | |
|  | Accident DI Tier | | AN-9 | | | | | | | |  | | | | | | | Member’s elected tier for the Accident Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information.  Tier options: EE = Member Only, EE/Spouse = Member + Spouse, null = no coverage, WAIVE = no coverage  Valid Values: EE, EE/Spouse, WAIVE | | | | C | | | Leave blank | |  | | |
|  | Accident DI Benefit Period | | N-3 | | | | | | | | ### | | | | | | | Member’s elected benefit period (as number of months) for the Accident Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information. | | | | C | | | Leave blank | |  | | |
|  | Accident DI Elim Period | | N-3 | | | | | | | | ### | | | | | | | Member’s elected elimination period (as number of days) for the Accident Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information. | | | | C | | | Leave blank | |  | | |
|  | Accident Sickness Disability  Amount | | N-6 | | | | | | | | ###### | | | | | | | Member’s elected benefit amount for the  Accident/Sickness Disability Rider. Required when group specific structure includes this Rider as  Mandatory; confirm based on policy information. | | | | C | | | Leave blank | |  | | |
|  | Accident/sick Tier | | | | AN-9 | |  | | | | | | | | Member’s elected tier for the Accident/Sickness Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information.  Tier options: EE = Member Only, EE/Child = Member  + Child, EE/Spouse = Member + Spouse, EE/Family = Member + Family, null = no coverage, WAIVE = no coverage  Valid Values: EE, EE/Child, EE/Spouse, EE/Family, WAIVE | | | | | | | C | | | Leave blank | |  | | |
|  | Accident/sick DI Benefit Period | | | | N-3 | | ### | | | | | | | | Member’s elected benefit period (as number of months) for the Accident/Sickness Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information. | | | | | | | C | | | Leave blank | |  | | |
|  | Accident/sick DI Elim Period | | | | AN-7 | | ###/### | | | | | | | | Member’s elected elimination period (as number of days) for the Accident/Sickness Disability Rider. Required when group specific structure includes this Rider as Mandatory; confirm based on policy information. | | | | | | | C | | | Leave blank | |  | | |
|  | Accident Termination Date | | | | Date-10 | | MM/DD/YYYY | | | | | | | | Requested Termination Date of Member's Accident policy. | | | | | | | O | | | Leave blank | |  | | |
|  | Critical Illness Policy Number | | | | AN-18 | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | | LFG defined policy number of Critical Illness policy elections made by the Member. Provide leading and trailing zeros. | | | | | | | C | | | Leave blank | |  | | |
|  | Critical Illness Bill Location A/C  Number\* | | | | AN-10 | |  | | | | | | | | LFG defined billing location account number of  Critical Illness policy elections made by the Member. | | | | | | | C | | | Leave blank | |  | | |
|  | Critical Illness Sort Group | | | | AN-40 | |  | | | | | | | | Member’s Sort Group for the Critical Illness policy’s Bill Location A/C Number, if applicable (required when the Critical Illness Bill Location A/C Number provided has been set up with Sort Groups). | | | | | | | C | | | Leave blank | |  | | |
|  | Critical Illness Eff Date | | | | Date-10 | | MM/DD/YYYY | | | | | | | | Requested Effective date of Critical Illness policy available to the Member. | | | | | | | C | | | Leave blank | |  | | |
|  | Critical Illness Plan Code | | | | N-2 | | ## | | | | | | | | LFG defined Plan Code for Critical Illness policy elections made by the Member. Valid Values: 1 through 14 | | | | | | | C | | | Leave blank | |  | | |
|  | Critical Illness Class Code | | | | N-2 | | ## | | | | | | | | LFG defined Class Code for Critical Illness policy elections made by the Member. Valid Values: 1 through 15 | | | | | | | C | | | Leave blank | |  | | |
|  | Critical Illness Termination Date | | | | Date-10 | | MM/DD/YYYY | | | | | | | | Requested Termination Date of Member's Critical Illness policy. | | | | | | | O | | | Leave blank | |  | | |
|  | EE Principal Sum Amt Approved | | | | N-6 | | ###### | | | | | | | | Member’s elected Critical Illness Principal Sum Benefit Amount for the Member. If Guarantee Issue has been applied, then limit this value to the approved Guarantee Issue amount. Special characters not permitted. | | | | | | | C | | | Leave blank | |  | | |
|  | EE Principal Sum Amt Pending | | | | N-6 | | ###### | | | | | | | | If Guarantee Issue has been applied to the Critical Illness EE Principal Sum Amt Approved field, then this is the amount of elected benefit over the Guarantee Issue Amount. Special characters not permitted. | | | | | | | C | | | Leave blank | |  | | |
|  | SP Principal Sum Amt Approved | | | | N-6 | | ###### | | | | | | | | Member’s elected Critical Illness Principal Sum Benefit Amount for the Member’s Spouse, if applicable. If Guarantee Issue has been applied, then limit this value to the approved Guarantee  Issue amount. Special characters not permitted. | | | | | | | C | | | Leave blank | |  | | |
|  | SP Principal Sum Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness SP Principal Sum Amt Approved field, then this is the amount of the elected benefit for the Spouse over the Guarantee Issue Amount. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | CH Principal Sum Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Critical Illness Principal Sum Benefit Amount for the Member's Child(ren), if applicable. If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | CH Principal Sum Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness CH Principal Sum Amt Approved field, then this is the amount of the elected benefit for the Child(ren) over the Guarantee Issue Amount. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | EE Heart Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Heart Category for the Member. Required when group specific structure includes this Category as Mandatory; confirm based on policy information. If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if EE Heart Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | EE Heart Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness EE Heart Amt Approved field, then this is the amount of the elected benefit for the Member over the Guarantee Issue Amount. Leave blank if EE Heart Category is not available or not elected.  Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | SP Heart Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Heart Category for the Member's Spouse.  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if SP Heart Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | SP Heart Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness SP Heart Amt Approved field, then this is the amount of the elected benefit for the Member's Spouse over the Guarantee Issue Amount. Leave blank if SP Heart Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | CH Heart Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Heart Category for the Member's Child(ren).  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if CH Heart Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | CH Heart Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness CH Heart Amt Approved field, then this is the amount of the elected benefit for the Member's Child(ren) over the Guarantee Issue Amount. Leave blank if CH Heart Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | EE Cancer Amt Approved | | | N-6 | | | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Cancer Category for the Member. Required when group specific structure includes this Category as Mandatory; confirm based on policy information. If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if EE Cancer Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | EE Cancer Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness EE Cancer Amt Approved field, then this is the amount of the elected benefit for the Member over the Guarantee Issue Amount. Leave blank if EE Cancer Category is not available or not elected.  Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | SP Cancer Amt Approved | | | N-6 | | | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Cancer Category for the Member's Spouse.  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if SP Cancer Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | SP Cancer Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness SP Cancer Amt Approved field, then this is the amount of the elected benefit for the Member's Spouse over the Guarantee Issue Amount. Leave blank if SP Cancer Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | CH Cancer Amt Approved | | | N-6 | | | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Cancer Category for the Member's Child(ren).  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if CH Cancer Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | CH Cancer Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness CH Cancer Amt Approved field, then this is the amount of the elected benefit for the Member's Child(ren) over the Guarantee Issue Amount. Leave blank if CH Cancer Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | EE Organ Amt Approved | | | N-6 | | | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Organ Category for the Member. Required when group specific structure includes this Category as Mandatory; confirm based on policy information. If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if EE Organ Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | EE Organ Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness EE Organ Amt Approved field, then this is the amount of the elected benefit for the Member over the Guarantee Issue Amount. Leave blank if EE Organ Category is not available or not elected.  Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | SP Organ Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Organ Category for the Member's Spouse.  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if SP Organ Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | SP Organ Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness SP Organ Amt Approved field, then this is the amount of the elected benefit for the Member's Spouse over the Guarantee Issue Amount. Leave blank if SP Organ Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | CH Organ Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Organ Category for the Member's Child(ren).  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if CH Organ Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | CH Organ Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness CH Organ Amt Approved field, then this is the amount of the elected benefit for the Member's Child(ren) over the Guarantee Issue Amount. Leave blank if CH Organ Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | EE Quality of Life Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical Illness Quality of Life Category for the Member.  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if EE Quality of Life Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | EE Quality of Life Amt Pending | | | N-6 | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness EE Quality of Life Amt Approved field, then this is the amount of the elected benefit for the Member over the Guarantee Issue Amount. Leave blank if EE Quality of Life Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | SP Quality of Life Amt Approved | | | N-6 | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical  Illness Quality of Life Category for the Member's Spouse. Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if SP Quality of Life Category is not available or not elected. Special characters not permitted. | | | | | | C | | | Leave blank | |  | | |
|  | SP Quality of Life Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness SP Quality of Life Amt Approved field, then this is the amount of the elected benefit for the  Member's Spouse over the Guarantee Issue  Amount. Leave blank if SP Quality of Life Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | CH Quality of Life Amt Approved | | | N-6 | | | | | | | ###### | | | | | | | Member's elected Benefit Amount for the Critical  Illness Quality of Life Category for the Member's Child(ren). Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value the approved Guarantee Issue amount. Leave blank if CH Quality of Life Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | CH Quality of Life Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness CH Quality of Life Amt Approved field, then this is the amount of the elected benefit for the Member’s Child(ren) over the Guarantee Issue Amount. Leave blank if CH Quality of Life Category in not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | Child Category Amt Approved | | | N-6 | | | | | | | ###### | | | | | | | Member’s elected Benefit Amount for the Critical Illness Child Category for the Member’s Child(ren).  Required when group specific structure includes this Category as Mandatory; confirm based on policy information.  If Guarantee Issue has been applied, then limit this value to the approved Guarantee Issue amount Leave blank if CH Child Category is not available for not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | Child Category Amt Pending | | | N-6 | | | | | | | ###### | | | | | | | If Guarantee Issue has been applied to the Critical Illness CH Child Amt Approved field, then this is the amount of the elected benefit for the Member’s Child(ren) over the Guarantee Issue Amount. Leave blank if CH Child Category is not available or not elected. Special characters not permitted. | | | | C | | | Leave blank | |  | | |
|  | EE Treatment Care Y/N | | | AN-1 | | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Treatment Care Rider for the Member. Y = Rider elected, blank = Rider not elected. Valid Values: Y | | | | C | | | Leave blank | |  | | |
|  | SP Treatment Care Y/N | | | AN-1 | | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Treatment Care Rider for the Member’s Spouse. Y = Rider elected, blank = Rider not elected. Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | CH Treatment Care Y/N | | | AN-1 | | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Treatment Care Rider for the Member’s Child(ren). Y = Rider elected, blank = Rider not elected. Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | EE DI Y/N | | | AN-1 | | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Disability Income Rider for the Member. Y = Rider elected, blank = Rider not elected. Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | SP DI Y/N | | | | AN-1 | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Disability Income Rider for the Member’s Spouse. Y = Rider elected, blank = Rider not elected. Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | EE Accident Y/N | | | | AN-1 | | | | | |  | | | | | | | Indicates whether the Member has elected the Critical Illness Accident Rider for the Member. Y = Rider elected, blank = Rider not elected.  Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | SP Accident Y/N | | | | AN-1 | | | | | |  | | | | | | | Indicates whether the Member has elected the Critical Illness Accident Rider for the Member’s  Spouse. Y = Rider elected, blank = Rider not elected.  Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | CH Accident Y/N | | | | AN-1 | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Accident Rider for the Member’s Child(ren).. Y = Rider elected, blank = Rider not elected. Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | EE Occ/HIV Y/N | | | | AN-1 | | | | | |  | | | | | | | Indicates whether the Member has elected the  Critical Illness Occupational HIV Rider for the Member. Y = Rider elected, blank = Rider not elected. Valid Value: Y | | | | C | | | Leave blank | |  | | |
|  | Life Policy Number | | | | AN-18 | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the true group Life policy elections made by the Member. Provide leading and trailing zeros. | | | | C | | | If eeddedcode = GLIFE send  000010221390-00000 | |  | | |
|  | Life Bill Location A/C Number | | | | AN-10 | | | | | |  | | | | | | | LFG defined billing location account number for the true group Life policy elections made by the Member. | | | | C | | | If eeddedcode = GLIFE send 1568117 | |  | | |
|  | Life Sort Group | | | | AN-40 | | | | | |  | | | | | | | Member’s Sort Group for the true group Life policy’s Bill Location A/C Num, if applicable (required when the Life Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | | | Leave blank | |  | | |
|  | Life Eff Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the true group Life policy elections made by the Member. | | | | C | | | If eeddedcode = GLIFE send EedBenStartDate | |  | | |
|  | Life Plan Code | | | | N-2 | | | | | | ## | | | | | | | LFG defined Plan Code for the true group Life policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | | | If eeddedcode = GLIFE send 1 | |  | | |
|  | Life Class Code | | | | N-2 | | | | | | ## | | | | | | | LFG defined Class Code for the true group Life policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | | | If eeddedcode = GLIFE send 1 | |  | | |
|  | LI Cvgs | | | | AN-200 | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected coverages and benefit amounts for the true group Life policy. Valid Coverage Code/Description: LI = Member Life | | | | C | | | If eeddedcode = GLIFE send LI- 1 | |  | | |
|  | LI Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of Member's Life coverage elected on the true group Life policy. | | | | O | | | If eeddedcode = GLIFE send EedBenStopDate | |  | | |
|  | AD Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Member  AD&D coverage on the true group Life policy. Valid  Coverage Code/Description: AD = Member AD&D | | | | C | | | If eeddedcode = GLIFE send AD- 1 | |  | | |
|  | AD Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of Member AD&D coverage elected on the true group Life policy. | | | | O | | | If eeddedcode = GLIFE send EedBenStopDate | |  | | |
|  | DLI Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Covered Dependent Life coverage on the true group Life policy. Valid Coverage Code/Description: DLI = Dependent Life | | | | C | | | Leave blank | |  | | |
|  | DLI Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Covered Dependent's Life coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | DAD Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions at the top of this document. | | | | | | | Member’s elected benefit amount for the Covered Dependent AD&D coverage on the true group Life  policy. Valid Coverage Code/Description: DAD = Dependent AD&D | | | | C | | | Leave blank | |  | | |
|  | DAD Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Covered Dependent's AD&D coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | OLI Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Member  Optional Life coverage on the true group Life policy.  Valid Coverage Code/Description: OLI = Optional Member Life | | | | C | | | Leave blank | |  | | |
|  | OLI Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Optional Life coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | OAD Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Member Optional AD&D coverage on the true group Life  policy. Valid Coverage Code/Description: OAD = Optional Member AD&D | | | | C | | | Leave blank | |  | | |
|  | OAD Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Optional AD&D coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | ODLI Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Covered  Dependent Optional Life coverage on the true group  Life policy. Valid Coverage Code/Description: ODLI = Optional Dependent Life | | | | C | | | Leave blank | |  | | |
|  | ODLI Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Covered Dependent's Optional Life coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | ODAD Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Covered Dependent Optional AD&D coverage on the true group Life policy. Valid Coverage Code/Description: ODAD = Optional Dependent AD&D | | | | C | | | Leave blank | |  | | |
|  | ODAD Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Covered Dependent's Optional AD&D coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | SLI Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Spouse  Life coverage on the true group Life policy. Valid  Coverage Code/Description: SLI = Spouse Life | | | | C | | | Leave blank | |  | | |
|  | SLI Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse's Life coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | SAD Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Spouse  AD&D coverage on the true group Life policy. Valid  Coverage Code/Description: SAD = Spouse AD&D | | | | C | | | Leave blank | |  | | |
|  | SAD Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse's AD&D coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | CLI Cvgs | | | | AN-50 | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Child Life coverage on the true group Life policy. Valid Coverage Code/Description: CLI = Child Life | | | | C | | | Leave blank | |  | | |
|  | CLI Termination Date | | | | Date-10 | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Child's Life coverage elected on the true group Life policy. | | | | O | | | Leave blank | |  | | |
|  | OSLI Cvgs | | | | AN-50 | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Spouse Optional Life coverage on the true group Life policy.  Valid Coverage Code/Description: OSLI = Optional Spouse Life | | | | | C | | | Leave blank | |  | | |
|  | OSLI Termination Date | | | | Date-10 | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse's Optional Life coverage elected on the true group Life policy. | | | | | O | | | Leave blank | |  | | |
|  | OSAD Cvgs | | | | AN-50 | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Spouse Optional AD&D coverage on the true group Life policy. Valid Coverage Code/Description: OSAD = Optional Spouse AD&D | | | | | C | | | Leave blank | |  | | |
|  | OSAD Termination Date | | | | Date-10 | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse's Optional AD&D coverage elected on the true group Life policy. | | | | | O | | | Leave blank | |  | | |
|  | OCLI Cvgs | | | | AN-50 | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Child Optional Life coverage on the true group Life policy.  Valid Coverage Code/Description: OCLI = Optional Child Life | | | | | C | | | Leave blank | |  | | |
|  | OCLI Termination Date | | | | Date-10 | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Child's Optional Life coverage elected on the true group Life policy. | | | | | O | | | Leave blank | |  | | |
|  | WI Policy Number | | | | AN-18 | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the true group Weekly Income (STD) policy elections made by the Member.  Provide leading and trailing zeros. | | | | | C | | | If eeddedcode = STD send 000010221393-00000 | |  | | |
|  | WI Bill Location A/C Number | | | | AN-10 | | | | |  | | | | | | | LFG defined billing location account number for the true group Weekly Income (STD) policy elections made by the Member. | | | | | C | | | If eeddedcode = STD send 1568117 | |  | | |
|  | WI Sort Group | | | | AN-40 | | | | |  | | | | | | | Member’s Sort Group for the true group Weekly Income (STD) policy’s Bill Location A/C Number, if applicable (required when the WI Bill Location A/C Number provided has been set up with Sort Groups). | | | | | C | | | Leave blank | |  | | |
|  | WI Eff Date | | | | Date-10 | | | | | MM/DD/YYYY | | | | | | | Requested effective date of the true group Weekly Income (STD) policy elections made by the Member. If an additional coverage is elected at a later time, this date reflects the latest requested coverage effective date. | | | | | C | | | If eeddedcode = STD send EedBenStartDate | |  | | |
|  | WI Plan Code | | | | N-2 | | | | | ## | | | | | | | LFG defined Plan Code for the true group Weekly Income (STD) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | | C | | | If eeddedcode = STD send 1 | |  | | |
|  | WI Class Code | | | | N-2 | | | | | ## | | | | | | | LFG defined Class Code for the true group Weekly Income (STD) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | | C | | | If eeddedcode = STD send 2 | |  | | |
|  | WI Cvgs | | | | AN-40 | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected coverages and benefit amounts for the true group Weekly Income (STD) policy.  Valid Coverage Code/Description:  WI = Weekly Income/Short Term Disability | | | | | C | | | If eeddedcode = STD send WI- 1 | |  | | |
|  | WI Termination Date | | | | Date-10 | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Weekly Income/Short-Term Disability coverage elected on the true group Weekly Income (STD) policy. | | | | | O | | | If eeddedcode = STD send EedBenStopDate | |  | | |
|  | OWI Cvgs | | | AN-50 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Optional Weekly Income coverage on the true group Weekly Income (STD) policy.  Valid Coverage Code/Description:  OWI = Optional Weekly Income/Short Term  Disability | | | | C | Leave blank | | | |  | | |
|  | OWI Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Optional Weekly Income/Short-Term Disability coverage elected on the true group Weekly Income (STD) policy. | | | | O | Leave blank | | | |  | | |
|  | LTD Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the true group LongTerm Disability (LTD) policy elections made by the Member. Provide leading and trailing zeros. | | | | C | If eeddedcode = LTD send 000010221391-00000 | | | |  | | |
|  | LTD Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the true group Long-Term Disability (LTD) policy elections made by the Member. | | | | C | If eeddedcode = LTD send 1568117 | | | |  | | |
|  | LTD Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the true group Long-Term Disability (LTD) policy’s Bill Location A/C Number, if applicable (required when the LTD Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | LTD Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the true group LongTerm Disability (LTD) policy elections made by the Member.  If an additional coverage is elected at a later time, this date reflects the latest requested coverage effective date. | | | | C | If eeddedcode = LTD send EedBenStartDate | | | |  | | |
|  | LTD Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the true group Long-Term  Disability (LTD) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | If eeddedcode = LTD send 1 | | | |  | | |
|  | LTD Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the true group LongTerm Disability (LTD) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | If eeddedcode = LTD send 2 | | | |  | | |
|  | LTD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected coverages and benefits amounts for the true group Long-Term Disability (LTD) policy.  Valid Coverage Code/Description: LTD = Long Term Disability | | | | C | If eeddedcode = LTD send LTD-1 | | | |  | | |
|  | LTD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's LongTerm Disability coverage elected on the true group Long-Term Disability (LTD) policy. | | | | O | If eeddedcode = LTD send EedBenStopDate | | | |  | | |
|  | OLTD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member’s elected benefit amount for the Optional LTD coverage on the LTD policy. Valid Coverage Code/Description:  OLTD = Optional Long Term Disability | | | | C | Leave blank | | | |  | | |
|  | OLTD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Optional Long-Term Disability coverage elected on the true group Long-Term Disability (LTD) policy. | | | | O | Leave blank | | | |  | | |
|  | CI Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member's elected benefit amount for the Critical  Illness coverage on the true group Long-Term  Disability (LTD) policy. Valid Coverage  Code/Description: CI = Critical Illness | | | | C | Leave blank | | | |  | | |
|  | CI Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Critical Illness coverage elected on the true group Long-Term Disability (LTD) policy. | | | | O | Leave blank | | | |  | | |
|  | Dent Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the true group Dental policy elections made by the Member. Provide leading and trailing zeros. | | | | C | If eeddedcode = DENLO send 00001D040083-00000  If eeddedcode = DENHI send 00001D033144-00000 | | | |  | | |
|  | Dent Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the true group Dental policy elections made by the Member. | | | | C | If eeddedcode = DENLO or DENHI send 1568117 | | | |  | | |
|  | Dent Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the true group Dental policy’s Bill Location A/C Number, if applicable (required when the Dent Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | Dent Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the true group Dental policy elections made by the Member. | | | | C | If eeddedcode = DENLO or DENHI send EedBenStartDate | | | |  | | |
|  | Dent Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the true group Dental policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | If eeddedcode = DENLO or DENHI send 1 | | | |  | | |
|  | Dent Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the true group Dental policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | If eeddedcode = DENLO or DENHI send 1 | | | |  | | |
|  | Dent Coverage Tier | | | N-1 | | | | | | | | # | | | | | | | Member’s elected Tier value for the true group Dental policy. Correct tier is dependent on group specific structure; confirm tier based on policy information.  4 Tier: [1- Employee Only, 2- Employee + Spouse, 3- Employee + Child(ren), 4- Family] | | | | C | If eeddedcode = DENLO or DENHI and  EedBenOption = EE send 1  If EedBenOption = EES send 2  If EedBenOption = EEC send 3  If EedBenOption = EEF send 4 | | | |  | | |
|  | Dent Other Ins | | | AN-1 | | | | | | | |  | | | | | | | Does Member have another active dental insurance policy requiring coordination of benefits?  Y = yes; N = no; U = unknown  Valid Values: Y, N, U | | | | C | U | | | |  | | |
|  | Dent Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Dental coverage elected on the true group Dental policy. | | | | O | If eeddedcode = DENLO or DENHI send EedBenStopDate | | | |  | | |
|  | DHMO Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the true group DHMO policy elections made by the Member. Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | DHMO Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the true group DHMO policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | DHMO Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the true group DHMO policy’s Bill Location A/C Number, if applicable (required when the DHMO Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | DHMO Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the true group DHMO policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | DHMO Plan Code | | | AN-18 | | | | | | | |  | | | | | | | LFG defined Plan Code for the true group DHMO policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | DHMO Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the true group DHMO policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | DHMO Coverage Tier | | | N-1 | | | | | | | | # | | | | | | | Member’s elected Tier value for the true group DHMO policy. Correct tier is dependent on group specific structure; confirm tier based on policy information.  Valid Values = 1, 2, 3, or 4 | | | | C | Leave blank | | | |  | | |
|  | DHMO PCP | | | AN-40 | | | | | | | |  | | | | | | | The Primary Care Provider (PCP) Number available from the LFG website or the enrollment materials. Note: Lincoln will not recognize changes to PCP numbers on an ongoing basis. | | | | C | Leave blank | | | |  | | |
|  | DHMO Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's DHMO coverage elected on the true group DHMO policy. | | | | O | Leave blank | | | |  | | |
|  | LVC Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the true group Lincoln Vision Connect (LVC) policy elections made by the  Member. Provide leading and trailing zeros. | | | | C | If eeddedcode = VISC send 000010221392-00000 | | | |  | | |
|  | LVC Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the true group Lincoln Vision Connect (LVC) policy elections made by the Member. | | | | C | If eeddedcode = VISC send 1568117 | | | |  | | |
|  | LVC Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the true group Lincoln  Vision Connect (LVC) policy’s Bill Location A/C  Number, if applicable (required when the LVC Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | LVC Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the true group Lincoln  Vision Connect (LVC) policy elections made by the Member. | | | | C | If eeddedcode = VISC send EedBenStartDate | | | |  | | |
|  | LVC Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the true group Lincoln  Vision Connect (LVC) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | If eeddedcode = VISC send 1 | | | |  | | |
|  | LVC Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the true group Lincoln  Vision Connect (LVC) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | If eeddedcode = VISC send 1 | | | |  | | |
|  | LVC Coverage Tier | | | N-1 | | | | | | | | # | | | | | | | Member’s elected Tier value for the true group Lincoln Vision Connect (LVC) policy. Correct tier is dependent on group specific structure; confirm tier based on policy information. Valid Values = 1, 2, 3, or 4 | | | | C | If eeddedcode = VISC and EedBenOption =  EE send 1  If EedBenOption = EES send 2  If EedBenOption = EEC send 3  If EedBenOption = EEF send 4 | | | |  | | |
|  | LVC Other Ins | | | AN-1 | | | | | | | |  | | | | | | | Does Member have another active vision insurance policy requiring coordination of benefits?  Y = yes; N = no; U = unknown  Valid Values: Y, N, U | | | | C | U | | | |  | | |
|  | LVC Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Vision coverage elected on the true group Lincoln Vision Connect (LVC) policy. | | | | O | If eeddedcode = VISC send EedBenStopDate | | | |  | | |
|  | VLVC Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of Voluntary Lincoln Vision Connect (VLVC) policy elections made by the Member. Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | VLVC Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the Voluntary Lincoln Vision Connect (VLVC) policy elections made by the Member, including applicable sort group. | | | | C | Leave blank | | | |  | | |
|  | VLVC Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Voluntary Lincoln  Vision Connect (VLVC) policy’s Bill Location A/C  Number, if applicable (required when the VLVC Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | VLVC Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Voluntary Lincoln Vision Connect (VLVC) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VLVC Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary Lincoln  Vision Connect (VLVC) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLVC Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the Voluntary Lincoln  Vision Connect (VLVC) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLVC Coverage Tier | | | N-1 | | | | | | | | # | | | | | | | Member’s elected Tier value for the Voluntary Lincoln Vision Connect (VLVC) policy. Correct tier is dependent on group specific structure; confirm tier  based on policy information Valid Values = 1, 2, 3, or 4 | | | | C | Leave blank | | | |  | | |
|  | VLVC Other Ins | | | AN-1 | | | | | | | |  | | | | | | | Does Member have another active vision insurance policy requiring coordination of benefits?  Y = yes; N = no; U = unknown  Valid Values: Y, N, U | | | | C | Leave blank | | | |  | | |
|  | VLVC Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Vision coverage elected on the Voluntary Lincoln Vision Connect (VLVC) policy. | | | | O | Leave blank | | | |  | | |
|  | VDN Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the Voluntary Dental (VDN) policy elections made by the Member.  Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | VDN Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the Voluntary Dental (VDN) policy elections made by the Member, including applicable sort group. | | | | C | Leave blank | | | |  | | |
|  | VDN Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Voluntary Dental (VDN) policy’s Bill Location A/C Number, if  applicable (required when the VDN Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | VDN Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Voluntary Dental (VDN) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VDN Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary Dental (VDN) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VDN Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the Voluntary Dental (VDN) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VDN Coverage Tier | | | N-1 | | | | | | | | # | | | | | | | Member’s elected Tier value for the Voluntary Dental (VDN) policy. Correct tier is dependent on group specific structure; confirm tier based on policy information.  Valid Values = 1, 2, 3, or 4 | | | | C | Leave blank | | | |  | | |
|  | VDN Other Ins | | | AN-1 | | | | | | | |  | | | | | | | Does Member have another active dental insurance policy requiring coordination of benefits?  Y = yes; N = no; U = unknown  Valid Values: Y, N, U | | | | C | Leave blank | | | |  | | |
|  | VDN Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Dental coverage elected on the Voluntary Dental (VDN) policy. | | | | O | Leave blank | | | |  | | |
|  | VDHMO Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the Voluntary DHMO (VDHMO) policy elections made by the Member.  Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | VDHMO Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the Voluntary DHMO (VDHMO) policy elections made by the Member, including applicable sort group. | | | | C | Leave blank | | | |  | | |
|  | VDHMO Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Voluntary DHMO (VDHMO) policy’s Bill Location A/C Number, if applicable (required when the VDHMO Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | VDHMO Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Voluntary DHMO (VDHMO) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VDHMO Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary DHMO (VDHMO) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VDHMO Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the Voluntary DHMO (VDHMO) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VDHMO Coverage Tier | | | N-1 | | | | | | | | # | | | | | | | Member’s elected Tier value for the Voluntary DHMO (VDHMO) policy. Correct tier is dependent on group specific structure; confirm tier based on policy information.  Valid Values = 1, 2, 3, or 4 | | | | C | Leave blank | | | |  | | |
|  | VDHMO PCP | | | AN-40 | | | | | | | |  | | | | | | | The Primary Care Provider (PCP) Number available from the LFG website or the enrollment materials. Note: Lincoln will not recognize changes to PCP numbers on an ongoing basis. | | | | C | Leave blank | | | |  | | |
|  | VDHMO Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's DHMO coverage elected on the Voluntary DHMO (VDHMO) policy. | | | | O | Leave blank | | | |  | | |
|  | VLIF Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the Voluntary Life (VLIF) policy elections made by the Member.  Provide leading and trailing zeros. | | | | C | If eeddedcode = SUPLE send 000400001000-21636 | | | |  | | |
|  | VLIF Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | Member's elected benefit amount for the Member  Voluntary AD&D coverage on the Voluntary Life  (VLIF) policy. Valid Coverage Code/Description: VAD  = Voluntary Member AD&D | | | | C | If eeddedcode = SUPLE send 1568117 | | | |  | | |
|  | VLIF Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Voluntary Life (VLIF) policy’s Bill Location A/C Number, if applicable (required when the VLIF Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | VLIF Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Voluntary Life (VLIF) policy elections made by the Member. If an additional coverage is elected at a later time, this date reflects the latest requested coverage effective date. | | | | C | If eeddedcode = SUPLE send EedBenStartDate | | | |  | | |
|  | VLIF Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary Life (VLIF) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | If eeddedcode = SUPLE send 1 | | | |  | | |
|  | VLIF Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary Life (VLIF) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | If eeddedcode = SUPLE send 1 | | | |  | | |
|  | VLI Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Voluntary Member Life coverage on the Voluntary Life (VLIF) policy. Valid Coverage Code/Description: VLI = Voluntary Member Life | | | | C | If eeddedcode = SUPLE send VLI- plus  EedBenAmt  example - “VLI-100000” | | | |  | | |
|  | VLI Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Life coverage elected on the Voluntary Life (VLIF) policy. | | | | O | If eeddedcode = SUPLE send EedBenStopDate | | | |  | | |
|  | VAD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member's elected benefit amount for the Voluntary  Member AD&D coverage on the Voluntary Life  (VLIF) policy. Valid Coverage Code/Description: VAD  = Voluntary Member AD&D | | | | C | If eeddedcode = SUPLE send VAD- plus  EedBenAmt  example - “VAD-100000” | | | |  | | |
|  | VAD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's AD&D coverage elected on the Voluntary Life (VLIF) policy. | | | | O | If eeddedcode = SUPLE send EedBenStopDate | | | |  | | |
|  | VSLI Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member's elected benefit amount for the Voluntary Spouse Life coverage on the Voluntary Life (VLIF) policy. Valid Coverage Code/Description: VSLI = Voluntary Spouse Life | | | | C | If eeddedcode = SUPLS send VSLI- plus  EedBenAmt  example - “VSLI-100000” | | | |  | | |
|  | VSLI Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse's Life coverage elected on the Voluntary Life (VLIF) policy. | | | | O | If eeddedcode = SUPLS send EedBenStopDate | | | |  | | |
|  | VSAD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions  at the top of this document | | | | | | | Member's elected benefit amount for the Voluntary Spouse AD&D coverage on the Voluntary Life (VLIF) policy. Valid Coverage Code/Description: VSAD = Voluntary Spouse AD&D | | | | C | If eeddedcode = SUPLS send VSAD- plus  EedBenAmt  example - “VSAD-100000” | | | |  | | |
|  | VSAD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse's AD&D coverage elected on the Voluntary Life (VLIF) policy. | | | | O | If eeddedcode = SUPLS send EedBenStopDate | | | |  | | |
|  | VCLI Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member's elected benefit amount for the Voluntary Child Life coverage on the Voluntary Life (VLIF) policy. Valid Coverage Code/Description: VCLI = Voluntary Child Life | | | | C | If eeddedcode = SUPLC send VCLI-10000 | | | |  | | |
|  | VCLI Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Child's Life coverage elected on the Voluntary Life (VLIF) policy. | | | | O | If eeddedcode = SUPLC send EedBenStopDate | | | |  | | |
|  | VWI Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the Voluntary Weekly Income/Short-Term Disability (VWI) policy elections made by the Member. Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | VWI Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the Voluntary Weekly Income/Short-Term Disability (VWI) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VWI Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Voluntary Weekly  Income/Short-Term Disability (VWI) policy’s Bill Location A/C Number, if applicable (required when the VWI Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | VWI Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Voluntary Weekly Income/Short-Term Disability (VWI) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VWI Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary Weekly Income/Short-Term Disability (VWI) policy elections made by the Member. If only one Plan Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VWI Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the Voluntary Weekly Income/Short-Term Disability (VWI) policy elections made by the Member. If only one Class Code, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VWI Benefit Amt | | | N-6 | | | | | | | | ###### | | | | | | | Member elected weekly volume for the Voluntary Weekly Income/Short-Term Disability (VWI) policy. LFG will accept an option number or the number of units elected instead of the volume, based upon the plan design noted in the Group Specific document. | | | | C | Leave blank | | | |  | | |
|  | VWI Elim Period | | | N-1 | | | | | | | | # | | | | | | | Member elected Elimination Period option number for the Voluntary Weekly Income/Short-Term Disability (VWI) policy. Option Numbers are defined in the Group Specific document provided. If only one option, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VWI Benefit Duration | | | N-1 | | | | | | | | # | | | | | | | Member elected Max Benefit Duration option number for the Voluntary Weekly Income/ShortTerm Disability (VWI) policy. Option Numbers are defined in the Group Specific document provided. If only one option, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VWI Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's Weekly Income/Short-Term Disability coverage elected on the Voluntary Weekly Income/ShortTerm Disability (VWI) policy. | | | | O | Leave blank | | | |  | | |
|  | VLTD Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the Voluntary LongTerm Disability (VLTD) policy elections made by the Member. Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | VLTD Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number for the Voluntary Long-Term Disability (VLTD) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VLTD Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Voluntary Long-Term Disability (VLTD) policy’s Bill Location A/C Number, if applicable (required when the VLTD Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | VLTD Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Voluntary LongTerm Disability (VLTD) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | VLTD Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Voluntary Long-Term  Disability (VLTD) policy elections made by the Member. If only one Plan Code exists, default all Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLTD Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the Voluntary Long-Term  Disability (VLTD) policy elections made by the Member. If only one Class Code exists, default all Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLTD Benefit Amt | | | N-6 | | | | | | | | ###### | | | | | | | Member elected monthly volume for the Voluntary Long-Term Disability (VLTD) policy. LFG will accept an option number or the number of units elected instead of the volume, based upon the plan design noted in the Group Specific document. | | | | C | Leave blank | | | |  | | |
|  | VLTD Elim Period | | | N-1 | | | | | | | | # | | | | | | | Member elected Elimination Period option number for the Voluntary Long-Term Disability (VLTD) policy. Option Numbers are defined in the Group Specific document provided. If only one option, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLTD Benefit Duration | | | N-1 | | | | | | | | # | | | | | | | Member elected Max Benefit Duration option number for the Voluntary Long-Term Disability (VLTD) policy. Option Numbers are defined in the Group Specific document provided. If only one option, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLTD Benefit Pct | | | N-1 | | | | | | | | # | | | | | | | Member elected Benefit Percent option number for the Voluntary Long-Term Disability (VLTD) policy. Option Numbers are defined in the Group Specific document provided. If only one option, default all enrolled Members to 1. | | | | C | Leave blank | | | |  | | |
|  | VLTD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member's LongTerm Disability coverage elected on the Voluntary Long-Term Disability (VLTD) policy. | | | | O | Leave blank | | | |  | | |
|  | STAD Policy Number | | | AN-18 | | | | | | | | See Policy Number Field Formatting instructions at the top of this document | | | | | | | LFG defined policy number of the Stand-alone AD&D (STAD) policy elections made by the Member.  Provide leading and trailing zeros. | | | | C | Leave blank | | | |  | | |
|  | STAD Bill Location A/C Number | | | AN-10 | | | | | | | |  | | | | | | | LFG defined billing location account number the Stand-alone AD&D (STAD) policy elections made by the Member, including applicable sort group. | | | | C | Leave blank | | | |  | | |
|  | STAD Sort Group | | | AN-40 | | | | | | | |  | | | | | | | Member’s Sort Group for the Stand-alone AD&D (STAD) policy’s Bill Location A/C Number, if applicable (required when the STAD Bill Location A/C Number provided has been set up with Sort Groups). | | | | C | Leave blank | | | |  | | |
|  | STAD Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Effective Date of the Stand-alone AD&D (STAD) policy elections made by the Member. | | | | C | Leave blank | | | |  | | |
|  | STAD Plan Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Plan Code for the Stand-alone AD&D (STAD) policy elections made by the Member. If only one Plan Code exists, default all Members to 1. | | | | C | Leave blank | | | |  | | |
|  | STAD Class Code | | | N-2 | | | | | | | | ## | | | | | | | LFG defined Class Code for the Stand-alone AD&D (STAD) policy elections made by the Member. If only one Class Code exists, default all Members to 1. | | | | C | Leave blank | | | |  | | |
|  | STVAD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Stand  Alone Voluntary Member AD&D coverage on the STAD policy. Valid Coverage Code/Description:  STVAD = Stand Alone Voluntary Member AD&D | | | | C | Leave blank | | | |  | | |
|  | STVAD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Member AD&D coverage elected on the Stand-alone AD&D (STAD) policy. | | | | O | Leave blank | | | |  | | |
|  | STVSAD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected elected benefit amount for the Stand Alone Voluntary Spouse AD&D coverage on the Stand-alone AD&D (STAD) policy. Valid Coverage Code/Description:  STVSAD = Stand Alone Voluntary Spouse AD&D | | | | C | Leave blank | | | |  | | |
|  | STVSAD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Spouse AD&D coverage elected on the Stand-alone AD&D (STAD) policy. | | | | O | Leave blank | | | |  | | |
|  | STVCAD Cvgs | | | AN-40 | | | | | | | | See Coverage Field Formatting instructions at the top of this document | | | | | | | Member’s elected benefit amount for the Stand Alone Voluntary Child AD&D coverage on the Stand-  alone AD&D (STAD) policy. Valid Coverage Code/Description:  STVCAD = Stand Alone Voluntary Child AD&D | | | | C | Leave blank | | | |  | | |
|  | STVCAD Termination Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Requested Termination Date of the Child AD&D coverage elected on the Stand-alone AD&D (STAD) policy. | | | | O | Leave blank | | | |  | | |
|  | Qualifying Event Code | | | AN-2 | | | | | | | |  | | | | | | | Qualifying Event Code for Dental/Voluntary  Dental/DHMO/Voluntary DHMO/LVC/Voluntary LVC  Tier Increases/Covered Dependent adds: OT = Other  Coverage Terminated; MA = Marriage; BA =  Birth/Adoption; CO = Court Order; CB = Covered  Dependent Child’s 3rd Birthday; DP = Start of  Domestic Partnership; VD = Voluntary Election of  Covered Dependent Coverage  Valid Values: OT, MA, BA, CO, CB, DP, VD | | | | O | Leave blank | | | |  | | |
|  | Qualifying Event Eff Date | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Effective date of qualifying event for  Dental/Voluntary Dental/DHMO/Voluntary  DHMO/LVC/Voluntary LVC Tier Increases/Covered  Dependent adds. Do not populate this value if the Qualifying Event Code is not also provided or if the Qualifying Event Code value is VD. | | | | O | Leave blank | | | |  | | |
|  | Mbr Smoker | | | AN-1 | | | | | | | |  | | | | | | | Does the Member use tobacco products? In order to indicate No, the Member must be tobacco-free for  at least 12 months. Y = Yes; N= No Valid Values: Y, N | | | | O | EepIsSmoker | | | |  | | |
|  | Spouse Smoker | | | AN-1 | | | | | | | |  | | | | | | | Does the Member’s Spouse use tobacco products? In order to indicate No, the Member’s Spouse must be tobacco-free for at least 12 months. Y = Yes; N=  No  Valid Values: Y, N | | | | O | If Conrelationship = SPS or DP send  ConIsSmoker | | | |  | | |
|  | Spouse DOB | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Member’s Spouse's Date of Birth. Must be populated if Spouse Life coverage is elected. | | | | O | If Conrelationship = SPS or DP send ConDateOfBirth | | | |  | | |
|  | Dep First Name | | | AN-40 | | | | | | | |  | | | | | | | Covered Dependent’s first name. | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC send connamefirst | | | |  | | |
|  | Dep Last Name | | | AN-40 | | | | | | | |  | | | | | | | Covered Dependent’s last name. Include any suffix information in this field. | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC send connamelast | | | |  | | |
|  | Dep M I | | | AN-1 | | | | | | | |  | | | | | | | First initial of Covered Dependent’s middle name. | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC send 1st digit of connamemiddle | | | |  | | |
|  | Dep Gender | | | AN-1 | | | | | | | |  | | | | | | | Covered Dependent’s gender. M = Male; F = Female Valid Values: M, F | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC send congender | | | |  | | |
|  | Dep DOB | | | Date-10 | | | | | | | | MM/DD/YYYY | | | | | | | Covered Dependent’s date of birth | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC send ConDateOfBirth | | | |  | | |
|  | Dep Relationship Code | | | AN-1 | | | | | | | |  | | | | | | | Covered Dependent’s relationship to the Member.  Choose S for Spouse or C for Child. Valid Values: S, C | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC and Conrelationship = SPS or DP  send S else send C | | | |  | | |
|  | Dep Student Code | | | AN-1 | | | | | | | |  | | | | | | | If the Coverage Dependent is a Child, then indicate if this dependent is a full-time student.  Y = Yes, N= No  Valid Values: Y, N | | | | O | N | | | |  | | |
|  | Dep Disabled Y/N | | | AN-1 | | | | | | | |  | | | | | | | Is the Covered Dependent disabled? Y = Yes, N = No Valid Values: Y, N | | | | O | If dbndedcode = DENLO, DENHI, VISC, SUPLS or SUPLC send ConIsDisabled else send N | | | |  | | |
|  | Dep Cvg Indicator\* | | | AN-3 | | | | | | | |  | | | | | | | Indicate which products the Member has elected for this covered dependent. Coverage indicators are:  D = Dental/Voluntary Dental/DHMO/Voluntary DHMO;  V = LVC/Voluntary LVC;  D,V = a Dental election & a Vision election. Valid Values: D, V, or D,V | | | | O | If dbndedcode = DENLO, DENHI and VISC  send D,V  If dbndedcode = DENLO or DENHI and not  VISC send D  If dbndedcode = VISC and not DENLO or  DENHI send V  Else leave blank | | | |  | | |
|  | Dep DHMO PCP | | | AN-40 | | | | | | | |  | | | | | | | The Primary Care Provider (PCP) Number available from the LFG website or the enrollment materials. Note: Lincoln will not recognize changes to PCP numbers on an ongoing basis. | | | | O | Leave blank | | | |  | | |

Dependents 2 - 40 follow the same layout as the Dep fields; increment the number with each dependent up to 39 additional sets of dependent fields. For example Dep 2 First Name, Dep 2 Last Name, etc.