**TaxSaver Plan Cobra Layout Qualified Event File**

All field types will be listed below. Those with special considerations (for example, can only contain certain values, like Event Type) will be listed separately.

This file should be created in xls / csv and uploaded to the TaxSaver Plan website at [www.taxsaverplan.com/employerreports/](http://www.taxsaverplan.com/employerreports/). Chose File Type: COBRA QE FILE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column** | **Heading** | **Type** | **Required** | **Notes** | **Mapping notes** |
| A | SSN | SSN | Y | Always should be the Employee | Eepssn |
| B | First Name | Text | Y | Always should be the Employee information | Eepnamefirst |
| C | Last Name | Text | Y | Always should be the Employee information | Eepnamelast |
| D | Sex | Char | Y | M / F - Always should be the Employee information | Eepgender |
| E | DOB | Date | Y | MM-DD-YYYY - Always should be the Employee information | Eepdateofbirth |
| F | Division | Text | Y | Division employee falls under, must be predefined | Leave blank |
| G | Event Type | Event | Y | Acceptable values outlined below DIVORCELEGALSEPARATION, DEATH, INELIGIBLEDEPENDENT, MEDICARE, TERMINATION, INVOLUNTARYTERMINATION, RETIREMENT, REDUCTIONINHOURS-STATUSCHANGE, REDUCTIONINFORCE, BANKRUPTCY, STATECONTINUATION, LOSSOFELIGIBLITY, REDUCTIONINHOURS-ENDOFLEAVE, USERRA-TERMINATION, USERRA-REDUCTIONINHOURS, TERMINATIONWITHSEVERANCE | Include all where BchIsCOBRAQualifiedEvent = Y  If edhChangeReason = 204 or LEVNT4 send DIVORCELEGALSEPARATION  If EecEmplStatus = T and EecTermReason  = 203 send DEATH  If edhChangeReason = 205 send MEDICARE  If edhChangeReason = 201 or LEVNT3 send INELIGIBLEDEPENDENT  If EecEmplStatus = T  and EecTermReason  <> 202 or 203 and eectermtype  = V send TERMINATION  If edhChangeReason = 208 or EecEmplStatus = T and EecTermReason = 202 send RETIREMENT  If edhChangeReason = 203 or 202 send  REDUCTIONINHOURS-STATUSCHANGE  If edhChangeReason = 206 REDUCTIONINHOURSENDOFLEAVE  If EecEmplStatus = T and eectermtype = I send INVOLUNTARYTERMINATION |
| H | Event Date | Date | Y | Date event in G took place MM-DD-YYYY | eepDateOfCOBRAEvent |
| I | Original Enrollment Date | Date | Y | Date original enrollment in medical plan took place, required for HIPAA continuous coverage MM-DD-YYYY | Eedbenstartdate |
| J | AEI Eligible | Y/N | Y | Default to N or remove all together – not applicable | N |
| K | Uses HCTC | Y/N | Y | Uses Health Care Tax Credit, Default to N if unknown | N |
| L | Address 1 | Text | Y | Street Address only, no city state or zip | Eepaddressline1 |
| M | Address 2 | Text | N | For APT/Suite #, or spillover from L | Eepaddressline2 |
| N | City | Text | Y | Full city names please | Eepaddresscity |
| O | State or Province | Text | Y | Full state names or two letter postal abbr. for US | Eepaddressstate |
| P | Postal Code | Zip | Y | 5 digit or 9 digit US, with or without dashes, left open for foreign postal codes | Eepaddresszip |
| Q | Country | Text | N | If blank, USA is assumed, Otherwise full Country Name please | Leave blank |
| R | Medical Plan | Text | Y | Must match a plan on file for your company, or NONE | If eeddedcode = MEDBC send BCBS PPO Plan  If eeddedcode = I5 send Traditional Plan  else send NONE |
| S | Medical Coverage | Cov | Y | See below for acceptable values, ignored if R is NONE  EE, EE+SPOUSE, EE+CHILD, EE+CHILDREN, EE+FAMILY | If eeddedcode = MEDBC or I5 and eedbenoption = EE send EE  If eedbenoption = EES or EEDP send EE+SPOUSE  If eedbenoption = EEC send EE+CHILDREN  If eedbenoption = EEF or EEDPF and send EE+ FAMILY  Else leave blank |
| T | Dental Plan | Text | Y | Must match a plan on file for your company, or NONE | If eeddedcode = D1 send Dental Plan else send NONE |
| U | Dental Coverage | Cov | Y | See below for acceptable values, ignored if T is NONE  EE, EE+SPOUSE, EE+CHILD, EE+CHILDREN, EE+FAMILY | If eeddedcode = D1 and eedbenoption = EE send EE  If eedbenoption = EEFD and send EE+ FAMILY  Else leave blank |
| V | Vision Plan | Text | Y | Must match a plan on file for your company, or NONE | If eeddedcode = V send Vision Plan else send NONE |
| W | Vision Coverage | Cov | Y | See below for acceptable values, ignored if V is NONE  EE, EE+SPOUSE, EE+CHILD, EE+CHILDREN, EE+FAMILY, | If eeddedcode = V and eedbenoption = EE send EE  If eedbenoption = E1 and conrelationship = SPS or DP send EE+SPOUSE  If eedbenoption = E1 and conrelationship <> SPS or DP send EE+CHILD  If eedbenoption = E2 and conrelationship contains SPS or DP send EE+FAMILY  If eedbenoption = E2 and conrelationship does not contain SPS or DP send EE+CHILDREN  Else leave blank |
| X | EAP Plan | Text | Y | Must match a plan on file for your company, or NONE | If eeddedcode = MEDBC EECUDFIELD11 = 11 send Maxor Prescription Plan Vermont  If eeddedcode = MEDBC EECUDFIELD11 = 13 send Maxor Prescription Plan  If eeddedcode = MEDBC EECUDFIELD11 = 14 send Maxor Prescription Plan Amarillo  If eeddedcode = MEDBC EECUDFIELD11 = 15 send Maxor Prescription Plan Houston  If eeddedcode = MEDBC EECUDFIELD11 = 16 send Maxor Prescription Plan California  If eeddedcode = MEDBC EECUDFIELD11 = 18 send Maxor Prescription Plan Lubbock |
| Y | EAP Coverage | Cov | Y | See below for acceptable values, typically defaults to ‘EE’ | If eeddedcode = MEDBC or I5 and eedbenoption = EE send EE  If eedbenoption = EES or EEDP send EE+SPOUSE  If eedbenoption = EEC send EE+CHILDREN  If eedbenoption = EEF or EEDPF and send EE+ FAMILY  Else leave blank |
| Z | FSA | Y/N | Y | If a Health FSA or Limited FSA offered. Default to Y if unknown and AA (below) is set, else default to N. | If eeddedcode = MC send Y else send N |
| AA | FSA Contrib | Money | Y | Annual FSA Contribution, Ignored if Z is N | If eeddedcode = MC send EedEEGoalAmt  Else leave blank |
| AB | Spouse First | Text | Y | First name of spouse | If conrelationship = SPS or DP send connamefirst |
| AC | Spouse Last | Text | Y | Last name of spouse | If conrelationship = SPS or DP send connamelast |
| AD | Spouse SSN | SSN | Y |  | If conrelationship = SPS or DP send conssn |
| AE | Spouse DOB | Date | Y | MM-DD-YYYY | If conrelationship = SPS or DP send condateofbirth |
| AF | CH1 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| AG | CH1 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| AH | CH1 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| AI | CH1 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| AJ | CH2 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| AK | CH2 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| AL | CH2 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| AM | CH2 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| AN | CH3 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| AO | CH3 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| AP | CH3 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| AQ | CH3 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| AR | CH4 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| AS | CH4 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| AT | CH4 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| AU | CH4 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| AV | CH5 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| AW | CH5 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| AX | CH5 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| AY | CH5 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| AZ | CH6 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BA | CH6 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BB | CH6 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| BC | CH6 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| BD | CH7 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BE | CH7 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BF | CH7 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| BG | CH7 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| BH | CH8 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BI | CH8 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BJ | CH8 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| BK | CH8 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| BL | CH9 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BM | CH9 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BN | CH9 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| BO | CH9 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| BP | CH10 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BQ | CH10 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BR | CH10 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| BS | CH10 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| BT | CH11 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BU | CH11 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BV | CH11 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| BW | CH11 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| BX | CH12 First | Text | Y | First name of child | If conrelationship = CHL, DCH, DPC or STC send connamefirst |
| BY | CH12 Last | Text | Y | Last name of child | If conrelationship = CHL, DCH, DPC or STC send connamelast |
| BZ | CH12 SSN | SSN | Y |  | If conrelationship = CHL, DCH, DPC or STC send conssn |
| CA | CH12 DOB | Date | Y | MM-DD-YYYY | If conrelationship = CHL, DCH, DPC or STC send condateofbirth |
| CB | SSN | SSN | Y | The QB (Qualified Beneficiary)/Dependent affected – repeat columns CB-CF for each QB | Eepssn or conssn |
| CC | First Name | Text | Y | The QB (Qualified Beneficiary)/Dependent affected | eepnamefirst or connamefirst |
| CD | Last Name | Text | Y | The QB (Qualified Beneficiary)/Dependent affected | eepnamelast or connamelast |
| CE | Sex | Char | Y | M / F - The QB (Qualified Beneficiary)/Dependent affected | eepgender or congender |
| CF | DOB | Date | Y | MM-DD-YYYY - The QB (Qualified Beneficiary)/Dependent affected | eepdateofbirth or condateofbirth |

Fields -

Text - Alphanumeric characters accepted, maximum length 50 characters

Date - All dates must be in MM-DD-YYYY format

Char - Single character

SSN - SSN, accepts in both 9 number blocks and 3-2-4 format

Y/N - Single character, Y or N for yes or no

Int - Whole numbers, positive. Anything trailing a decimal will be truncated, not rounded.

Money - Accepts values that look like a monetary value, can accept dollar signs but will be truncated off the final value.

**Event** - A predefined code for the event that prompted this change, acceptable values are:

DIVORCELEGALSEPARATION, DEATH, INELIGIBLEDEPENDENT, MEDICARE, TERMINATION, INVOLUNTARYTERMINATION,RETIREMENT, REDUCTIONINHOURS-STATUSCHANGE, REDUCTIONINFORCE, BANKRUPTCY, STATECONTINUATION, LOSSOFELIGIBLITY, REDUCTIONINHOURS-ENDOFLEAVE, WORKSTOPPAGE, USERRA-TERMINATION, USERRA-REDUCTIONINHOURS, TERMINATIONWITHSEVERANCE

**Cov(erage**) - A predefined code for Coverage Level, acceptable values are:

EE, EE+SPOUSE, EE+CHILD, EE+CHILDREN, EE+FAMILY,

**Plan Names –**

MEDBC - BCBS PPO Plan   
D1 - Dental Plan   
EAP Plan   
MC - FSA Plan   
EECUDFIELD11 = 13 - Maxor Prescription Plan   
EECUDFIELD11 = 14 - Maxor Prescription Plan Amarillo   
EECUDFIELD11 = 16 - Maxor Prescription Plan California   
EECUDFIELD11 = 15 - Maxor Prescription Plan Houston   
EECUDFIELD11 = 18 - Maxor Prescription Plan Lubbock   
EECUDFIELD11 = 11 - Maxor Prescription Plan Vermont

I5 - Traditional Plan   
V - Vision Plan

|  |  |  |
| --- | --- | --- |
| **Rx Code in UltiPro** | **NETWORK ID** | **REGION** |
| 14 | 150614 | Amarillo, TX Area |
| 18 | 150618 | Lubbock, TX Area |
| 15 | 150615 | Houston, TX Area |
| 11 | 150611 | Vermont |
| 16 | 150616 | California |
| 13 | 150613 | All Other Areas |