1. **Member Record**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | | **Required** | | **Format** | | **Width** | | **Position** | | **Business Rules** | **UltiPro Field Mapping Notes**  **File format = Fixed Width**  **Column/Field Headers are not Required**  **Full File**  **Weekly**  **Terms will be sent once then drop from the file**  **Sort Order**  **Employee 01, 02, 05 then Spouse 01, 05**  **(group employee and spouse data together)**  **Deduction codes below will be included on the file**  **GACC, GLIFE, GTLII, LIFEE, LIFEC, LIFES, CRILE, CRILC, CRILS, VIS** |
| Record Type | | Y | | XX | | 2 | | 1-2 | | Value - '01'  Employee (a single record for each employee member) | Send one 01 record for each employee on the file and one 02 record for Spouse Dependents that have ded code LIFES, CRILS  Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send 01  Spouse Record  if DbnDedCode = LIFES, CRILS send 01 |
| Group Number | | Y | | XXXXXXXXXX | | 10 | | 3-12 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send F026358  Spouse Record  if DbnDedCode = LIFES, CRILS send F026358  Left justify, pad with spaces |
| Employee SSN | | Y | | 9(9) | | 9 | | 13-21 | | Right justify, pad with zeros | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send eepSSN  Spouse Record  if DbnDedCode = LIFES, CRILS send ConSSN |
| New Participant Id | | - | | 9(9) | | 9 | | 22-30 | | Not used on 01 Member Record, fill with zeros | Zero Fill |
| Account Number | | Y | | 99999 | | 5 | | 31-35 | | Right justify, pad with zeros | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send 00001  Spouse Record  if DbnDedCode = LIFES, CRILS send 00001  Right justify, pad with zeros |
| Dependent SSN | | - | | 9(9) | | 9 | | 36-44 | | Not used on 01 Member Record, fill with zeros | Zero Fill |
| Member Effective Date | | Y | | CCYYMMDD | | 8 | | 45-52 | | This field contains the Member's original Effective Date, **must not precede Group Effective Date** | Employee Record  If EedDedCode = GLIFE, send EedBenStartDate  Send minimum effective date of 20210101  Spouse Record  if DbnDedCode = LIFES or CRILS send DbnBenStartDate  Send minimum effective date of 20210101  CCYYMMDD |
| ID Number | | - | | XXXXXXXXXX | | 12 | | 53-64 | | Not available for use on 01 Member Record if there is Dental product(s), fill with spaces | Leave Blank |
| Last Name | | Y | | X(20) | | 20 | | 65-84 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS, send EepNameLast  Spouse Record  if DbnDedCode = LIFES or CRILS send ConNameLast  Left justify, pad with spaces |
| First Name | | Y | | X(17) | | 17 | | 85-101 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepNameFirst  Spouse Record  if DbnDedCode = LIFES or CRILS send ConNameFirst  Left justify, pad with spaces |
| Middle Initial | | N | | X | | 1 | | 102 | | Fill with spaces if unused or no Middle Initial | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send 1st digit of EepNameMiddle  Spouse Record  if DbnDedCode = LIFES or CRILS send 1st digit of ConNameMiddle  Else space fill |
| Address Line 1 | | Y | | X(30) | | 30 | | 103-132 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepAddressLine1  Spouse Record  if DbnDedCode = LIFES or CRILS send ConAddressLine1  Left justify, pad with spaces |
| Filler | | - | | X(10)` | | 10 | | 133-142 | | Not used, pad with spaces | space fill |
| Address Line 2 | | N | | X(30) | | 30 | | 143-172 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepAddressLine2  Spouse Record  if DbnDedCode = LIFES or CRILS send ConAddressLine2  Left justify, pad with spaces |
| Filler | | - | | X(10) | | 10 | | 173-182 | | Not used, pad with spaces | space fill |
| Address Line 3 | | - | | X(40) | | 40 | | 183-222 | | Not used, pad with spaces | space fill |
| City | | Y | | X(20) | | 20 | | 223-242 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepAddressCity  Spouse Record  if DbnDedCode = LIFES or CRILS send ConAddressCity  Left justify, pad with spaces |
| Filler | | N | | X(9) | | 9 | | 243-251 | | Not used, pad with spaces | space fill |
| State | | Y | | XX | | 2 | | 252-253 | | Valid State Codes Required | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepAddressState  Spouse Record  if DbnDedCode = LIFES or CRILS send ConAddressState |
| Zip Code | | Y | | XXXXXXXXX | | 9 | | 254-262 | | Left justify, pad with spaces | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepAddressZipCode  Spouse Record  if DbnDedCode = LIFES or CRILS send ConAddressZipCode  Send first 5 digits only  Left justify, pad with spaces – do not send dashes |
| Relationship Code | | - | | X | | 1 | | 263 | | Not used on 01 Member Record, fill with spaces | space fill |
| Gender | | Y | | X | | 1 | | 264 | | Value must be either M = Male or F = Female | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS and if EepGender = F send F  Else send M  Spouse Record  if DbnDedCode = LIFES or CRILS and if ConGender = F send F  Else send M |
| Date of Birth | | Y | | CCYYMMDD | | 8 | | 265-272 | | Date formatted CCYYMMDD | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EepDateOfBirth  Spouse Record  if DbnDedCode = LIFES or CRILS send ConDateOfBirth |
| Smoker Indicator | | Y | | X | | 1 | | 273 | | Valid values: 'Y' or 'N' or ‘ ‘  Default value = space (not applicable) | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS If EepIsSmoker = Y send Y  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS If EepIsSmoker = N send N  Else send blank  Spouse Record  if DbnDedCode = LIFES or CRILS and if ConIsSmoker = Y send Y  if DbnDedCode = LIFES or CRILS and if ConIsSmoker = N send N  Else send blank |
| Date of Hire | | Y | | CCYYMMDD | | 8 | | 274-281 | | Date formatted CCYYMMDD | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EecDateOfLastHire  If EecDateOfLastHire is less than 20210101 send 20210101  Spouse Record  if DbnDedCode = LIFES or CRILS send EecDateOfLastHire  If EecDateOfLastHire is less than 20210101 send 20210101  CCYYMMDD |
| Location Number | | Y | | 9999999 | | 7 | | 282-288 | | Right justify, pad with zeros Default Location = '0000000' | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send values below  Spouse Record  if DbnDedCode = LIFES or CRILS send values below  If EecOrgLvl1 = NEOK then 0000001  If EecOrgLvl1 = NEWV then 0000002  If EecOrgLvl1 = OHCORP then 0000003  If EecOrgLvl1 = SWCAOR then 0000004  If EecOrgLvl1 = SWSTX then 0000005  If EecOrgLvl1 = SWWAR then 0000006  If EecOrgLvl1 = SWWTX then 0000007  Else 0000000 |
| Location Date | | Y | | CCYYMMDD | | 8 | | 289-296 | | Default Value = 'Member Effective Date’  **Must not precede ‘Group Effective Date’** | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS and if EecOrgLvl1 value changes send the date it changed (I am not sure if this is in job history or audit date).  The date reported on the file must be the first of the month following the change.  Send minimum effective date of 20210101  If changed date is 1/15/21 this date will need to be 2/1/21  Spouse Record  if DbnDedCode = LIFES or CRILS and if EecOrgLvl1 value changes send the date it changed (I am not sure if this is in job history or audit date)  The date reported on the file must be the first of the month following the change.  Send minimum effective date of 20210101  If changed date is 1/15/21 this date will need to be 2/1/21 |
| Reported Salary | | Y | | 9(9)v99 | | 11 | | 297-307 | | Right justify, pad with zeros, **decimal point assumed**.  Example: $56,789.99  '00005678999'  Example: $105,000.00  ‘00010500000’ | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EecAnnSalary  Spouse Record  if DbnDedCode = LIFES or CRILS send EecAnnSalary  Right justify, pad with zeros, **decimal point assumed**.  Example: $56,789.99 = '00005678999' |
| Salary Mode | | Y | | X | | 1 | | 308 | | Indicates the frequency with which the reported salary is paid.  A - Annual, B - Biweekly, H - Hourly, M - Monthly, S - Semimonthly, W - Weekly | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send A  Spouse Record  if DbnDedCode = LIFES or CRILS send A |
| Salary Effective Date | | Y | | CCYYMMDD | | 8 | | 309-316 | | When the salary effective date is before the Member Effective  Date’ the Default Value = 'Member Effective Date'.  ***The Salary Effective Date (on the ‘01’ record), and any salary based Product Effective Date (on the ’05’ record), should be revised effective the 1st of month following member’s salary changes/update***.  **Must not precede Group or Member Effective Date** | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send value below  Spouse Record  if DbnDedCode = LIFES or CRILS send value below  dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate  Send most current salary effective date  Note this date must be the first of the month after effective date  Send minimum effective date of 20210101  If changed date is 1/15/21 this date will need to be 2/1/21  CCYYMMDD |
| Weekly Hours | | N | | 999v99 | | 5 | | 317-321 | | Only used when Salary Mode = H, otherwise pad with zeros | | Zero Fill |
| Product Id | | - | | XXXXXXX | | 7 | | 322-328 | | Not used on 01 Member Record, fill with spaces | | Space Fill |
| Termination Date | | N | | CCYYMMDD | | 8 | | 329-336 | | Pad with zeros when not sending a Termination. **Termination date and termination reason code are to be provided when the member is no longer covered. (Reinstatements require all 9’s term date and reason code)** | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EecDateOfTermination  Or  if EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS, EecEmplStatus = A and all EedBenStatus = T send EedBenStopDate  Else Zero Fill  Spouse Record  if DbnDedCode = LIFES or CRILS and EecEmplStatus = T send eecDateOfTermination  Or  if DbnDedCode = LIFES or CRILS and DbnBenStatus = T send DbnBenStopDate  Else Zero Fill  CCYYMMDD |
| Termination Reason Code | | N | | 99 | | 2 | | 337-338 | | Pad with zeros when not sending a termination. **Termination date and termination reason code are to be provided when the member is no longer covered.**  Values on Mapping Page **(Reinstatements require all 9’s term date and reason code)** | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send value below  if EecEmplStatus = T send 32  if EecEmplStatus = T and EecTermReason = 203 send 22  if EecEmplStatus = A and all EedBenStatus = send 13  Else Zero Fill  Spouse Record  if DbnDedCode = LIFES, CRILS, and DbnBenStatus = T send 12  Else Zero Fill |
| Coverage Option | | - | | X | | 1 | | 339 | | Not used on 01 Member Record, fill with spaces | | Space Fill |
| Plan Code | | - | | XXXXXXX | | 7 | | 340-346 | | Not used on 01 Member Record, fill with spaces | | Space Fill |
| Units | | - | | 999999v99 | | 9 | | 347-355 | | Not used on 01 Member Record, fill with zeros | | Space Fill |
| Product Set Id | | - | | XXXXX | | 5 | | 356-360 | | Not used on 01 Member Record, fill with spaces | | Space Fill |
| Underwriting Status Indicator | | - | | X | | 1 | | 361 | | Not used on 01 Member Record, fill with spaces | | Space Fill |
| Application Received Date | | - | | CCYYMMDD | | 8 | | 362-369 | | Not used on 01 Member Record, fill with zeros | | Zero Fill |
| Certificate Number | | - | | X(10) | | 10 | | 370-379 | | Left justify, fill with zeros | | Zero Fill |
| Dependent Sequence | | - | | 99 | | 2 | | 380-381 | | Not used on 01 Member Record, fill with zeros | | Zero Fill |
| Foreign Address Indicator | | N | | X | | 1 | | 382 | | Valid values ‘Y’ or blank | | Space fill |
| Filler | | N | | X(617) | | 617 | | 383-999 | | Reserved for future use, fill with spaces | | Space Fill |
| Delimiting Character | | Y | | X | | 1 | | 1000 | | End Of Line Delimiter (\*) | | \* |
| End of Line Character | | Y | |  | | 1 | | 1001 | | End of Line Character (Line Feed) | | End of Line Character (Line Feed) |

1. **Dependent Record (Required only for Vision or Dental Cov)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Required** | **Format** | | **Width** | | **Position** | | **Business Rules** | **UltiPro Field Mapping Notes**  **Send one 02 record for each dependent that has deduction code VIS**  This is for dependents only do not send an 02 record for EE |
| Record Type | Y | XX | | 2 | | 1-2 | | Value - '02'  Dependent (one record for each dependent).  Only Required member has dependents | If DbnDedCode = VIS send 02  Else do not send an 02 Record |
| Group Number | Y | XXXXXXXXXX | | 10 | | 3-12 | | Left justify, pad with spaces | F026358  Left justify, pad with spaces |
| Employee SSN | Y | 9(9) | | 9 | | 13-21 | | Right justify, pad with zeros | eepSSN |
| New Participant Id | - | 9(9) | | 9 | | 22-30 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Account Number | Y | 99999 | | 5 | | 31-35 | | Right justify, pad with zeros | ‘**00001**  Right justify, pad with zeros |
| Dependent SSN | Y | 9(9) | | 9 | | 36-44 | | Right justify, pad with zeros | ConSSN  If dependent SSN is blank or dummy #, send zeros  example dummy numbers  all 0's, all 1's, all 9s, all 8's, 123456789, start with 999 or 998  Right justify, pad with zeros |
| Dependent Effective Date | Y | CCYYMMDD | | 8 | | 45-52 | | Dependent Effective Date cannot precede Member Effective Date | DbnBenStartDate  CCYYMMDD |
| ID Number | - | XXXXXXXXXX | | 12 | | 53-64 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Last Name | Y | X(20) | | 20 | | 65-84 | | Left justify, pad with spaces | ConNameLast  Left justify, pad with spaces |
| First Name | Y | X(17) | | 17 | | 85-101 | | Left justify, pad with spaces | ConNameFirst  Left justify, pad with spaces |
| Middle Initial | N | X | | 1 | | 102 | | Fill with spaces if unused or no Middle Initial | 1st digit ConNameMiddle |
| Address Line 1 | N | X(30) | | 30 | | 103-132 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Filler | - | X(10) | | 10 | | 133-142 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Address Line 2 | - | X(30) | | 30 | | 143-172 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Filler | - | X(10) | | 10 | | 173-182 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Address Line 3 | - | X(40) | | 40 | | 183-222 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| City | - | X(20) | | 20 | | 223-242 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Filler | - | X(9) | | 9 | | 243-251 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| State | - | XX | | 2 | | 252-253 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Zip Code | - | XXXXXXXXX | | 9 | | 254-262 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Relationship Code | Y | X | | 1 | | 263 | | Must use a valid code: C - Child, S - Spouse, O - Other | If ConRelationship = DP, SPS send S  If ConRelationship = CHL, DPC, STC send C |
| Gender | Y | X | | 1 | | 264 | | Value must be either M = Male or F = Female | If ConGender = M send M  If ConGender = F send F  Else send M |
| Date of Birth | Y | CCYYMMDD | | 8 | | 265-272 | | Date formatted CCYYMMDD | ConDateOfBirth  CCYYMMDD |
| Smoker Indicator | Y | X | | 1 | | 273 | | Valid values: 'Y' or 'N' or ‘ ‘  Default value = space (not applicable) | If ConIsSmoker = Y send Y  If ConIsSmoker = N send N  Else send blank |
| Date of Hire | - | CCYYMMDD | | 8 | | 274-281 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Location Number | - | 9999999 | | 7 | | 282-288 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Location Date | - | CCYYMMDD | | 8 | | 289-296 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Reported Salary | - | 9(9)v99 | | 11 | | 297-307 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Salary Mode | - | X | | 1 | | 308 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Salary Effective Date | - | CCYYMMDD | | 8 | | 309-316 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Weekly Hours | - | 999v99 | | 5 | | 317-321 | | Not used on 02 Dependent Record, fill with zeros | Zero Fill |
| Product Id | - | XXXXXXX | | 7 | | 322-328 | | Not used on 02 Dependent Record, fill with spaces | Space Fill |
| Termination Date | N | CCYYMMDD | 8 | | 329-336 | | Pad with zeros when not sending a Termination. **Termination date and termination reason code are to be provided when the member is no longer covered.** | | if DbnDedCode = VIS and DbnBenStatus = T send DbnBenStopDate  Else Zero Fill  CCYYMMDD |
| Termination Reason Code | N | 99 | 2 | | 337-338 | | Pad with zeros when not sending a termination. **Termination date and termination reason code are to be provided when the member is no longer covered.** Values on Mapping Page | | if DbnDedCode = VIS and DbnBenStatus = T send 12  if DbnDedCode = VIS and DbnBenStatus = A and DbnBenStopDate is not blank send 13  Else Zero Fill |
| Coverage Option | - | X | 1 | | 339 | | Not used on 02 Dependent Record, fill with spaces | | Space Fill |
| Plan Code | - | XXXXXXX | 7 | | 340-346 | | Not used on 02 Dependent Record, fill with spaces | | Space Fill |
| Units | - | 999999v99 | 9 | | 347-355 | | Not used on 02 Dependent Record, fill with zeros | | Zero Fill |
| Product Set Id | - | XXXXX | 5 | | 356-360 | | Not used on 02 Dependent Record, fill with spaces | | Space Fill |
| Underwriting Status Indicator | - | X | 1 | | 361 | | Not used on 02 Dependent Record, fill with spaces | | Space Fill |
| Application Received Date | - | CCYYMMDD | 8 | | 362-369 | | Not used on 02 Dependent Record, fill with zeros | | Zero Fill |
| Certificate Number | - | X(10) | 10 | | 370-379 | | Not used on 02 Dependent Record, fill with zeros | | Zero Fill |
| Dependent Sequence | Y | 99 | 2 | | 380-381 | | Fill with zeros. Required | | Zero Fill |
| Foreign Address Indicator | N | X | 1 | | 382 | | Not used on 02 Dependent Record, fill with spaces | | Space Fill |
| Filler | N | X(617) | 617 | | 383-999 | | Reserved for future use, fill with spaces | | Space Fill |
| Delimiting Character | Y | X | 1 | | 1000 | | End Of Line Delimiter (\*) | | \* |
| End of Line Character | Y |  | 1 | | 1001 | | End of Line Character (Line Feed) | | End of Line Character (Line Feed) |

**05 Product Record**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Required** | **Format** | | **Width** | | **Position** | | **Business Rules** | **UltiPro Field Mapping Notes**  **Send one 05 record for every plan the employee has (they may have** multiple products so multiple 05 records will be sent)  **Important Note**  **The following deduction codes are Bundled and will require 2 separate 05 records**  **GLIFE, GTLII, LIFEE, LIFEC, LIFES** |
| Record Type | Y | XX | | 2 | | 1-2 | | Value - '05'  Product History (multiple products per employee member)  All members must have at least one '05' Product History Record | On Employee Record  Send an 05 Record for each deduction code below  if EedDedCode = GACC send 05  if EedDedCode = GLIFE, GTLII send 05  if EedDedCode = GLIFE, GTLII send 05  if EedDedCode = LIFEE send 05  if EedDedCode = LIFEE send 05  if EedDedCode = LIFEC send 05  if EedDedCode = LIFEC send 05  if EedDedCode = CRILE send 05  if EedDedCode = CRILC send 05  if EedDedCode = VIS send 05  On Spouse Record (if they have an 01 Record)  Send an 05 Record for each deduction code below  if DbnDedCode = LIFES send 05  if DbnDedCode = LIFES send 05  if DbnDedCode = CRILS send 05 |
| Group Number | Y | XXXXXXXXXX | | 10 | | 3-12 | | Left justify, pad with spaces | On Employee Record  if EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send F026358  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES, CRILS send F026358  Left justify, pad with spaces |
| Employee SSN | Y | 9(9) | | 9 | | 13-21 | | Right justify, pad with zeros | On Employee Record  if EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send eepSSN  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES, CRILS send ConSSN  Right justify, pad with zeros |
| New Participant Id | - | 9(9) | | 9 | | 22-30 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Account Number | Y | 99999 | | 5 | | 31-35 | | Right justify, pad with zeros | On Employee Record  if EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send **00001**  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES, CRILS send **00001**  Right justify, pad with zeros |
| Dependent SSN | - | 9(9) | | 9 | | 36-44 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Product Effective Date | Y | CCYYMMDD | | 8 | | 45-52 | | Cannot precede Member Effective Date | On Employee Record  if EedDedCode = GACC send EedBenStartDate  if EedDedCode = GLIFE, GTLII send EedBenStartDate  if EedDedCode = GLIFE, GTLII send EedBenStartDate  if EedDedCode = LIFEE send EedBenStartDate  if EedDedCode = LIFEE send EedBenStartDate  if EedDedCode = LIFEC send EedBenStartDate  if EedDedCode = LIFEC send EedBenStartDate  if EedDedCode = CRILE send EedBenStartDate  if EedDedCode = CRILC send EedBenStartDate  if EedDedCode = VIS send EedBenStartDate  Send minimum effective date of 20210101  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES send DbnBenStartDate  if DbnDedCode = LIFES send DbnBenStartDate  if DbnDedCode = CRILS send DbnBenStartDate  Send minimum effective date of 20210101 |
| ID Number | - | XXXXXXXXXX | | 12 | | 53-64 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Last Name | - | X(20) | | 20 | | 65-84 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| First Name | - | X(17) | | 17 | | 85-101 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Middle Initial | - | X | | 1 | | 102 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Address Line 1 | - | X(30) | | 30 | | 103-132 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Filler | - | X(10) | | 10 | | 133-142 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Address Line 2 | - | X(30) | | 30 | | 143-172 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Filler | - | X(10) | | 10 | | 174-182 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Address Line 3 | - | X(40) | | 40 | | 183-222 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| City | - | X(20) | | 20 | | 223-242 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Filler | - | X(9) | | 9 | | 243-251 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| State | - | XX | | 2 | | 252-253 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Zip Code | - | XXXXXXXXX | | 9 | | 254-262 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Relationship Code | - | X | | 1 | | 263 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Gender | - | X | | 1 | | 264 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Date of Birth | - | CCYYMMDD | | 8 | | 265-272 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Smoker Indicator | - | X | | 1 | | 273 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Date of Hire | - | CCYYMMDD | | 8 | | 274-281 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Location Number | - | 9999999 | | 7 | | 282-288 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Location Date | - | CCYYMMDD | | 8 | | 289-296 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Reported Salary | - | 9(9)v99 | | 11 | | 297-307 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Salary Mode | - | X | | 1 | | 308 | | Not used on 05 Product Record, fill with spaces | Space Fill |
| Salary Effective Date | - | CCYYMMDD | | 8 | | 309-316 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Weekly Hours | - | 999v99 | | 5 | | 317-321 | | Not used on 05 Product Record, fill with zeros | Zero Fill |
| Product Id | Y | XXXXXXX | | 7 | | 322-328 | | Left justify, pad with spaces.  Default Values: See Mapping Page within this document | On Employee Record  if EedDedCode = GACC send ACCIV  if EedDedCode = GLIFE, GTLII send LIFE  if EedDedCode = GLIFE, GTLII send ADD  if EedDedCode = LIFEE send LIFSUP1  if EedDedCode = LIFEE send ADDSUP1  if EedDedCode = LIFEC send DEPSUPC  if EedDedCode = LIFEC send ADDSUPC  if EedDedCode = CRILE send CRITVE  if EedDedCode = CRILC send CRITVC  if EedDedCode = VIS send VISB  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES send DEPSUPS  if DbnDedCode = LIFES send ADDSUPS  if DbnDedCode = CRILS send CRITVS |
| Termination Date | N | CCYYMMDD | 8 | | 329-336 | | Pad with zeros when not sending a Termination. **Termination date and termination reason code are to be provided when the member is no longer covered. (Reinstatements require all 9’s term date and reason code)** | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send EecDateOfTermination  Or  if EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS, EecEmplStatus = A and all EedBenStatus = T send EedBenStopDate  Else Zero Fill  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES or CRILS and EecEmplStatus = T send eecDateOfTermination  Or  if DbnDedCode = LIFES or CRILS and DbnBenStatus = T send DbnBenStopDate  Else Zero Fill  CCYYMMDD |
| Termination Reason Code | N | 99 | 2 | | 337-338 | | Pad with zeros when not sending a Termination. **Termination date and termination reason code are to be provided when the member is no longer covered.**  Values on Mapping Page of this document **(Reinstatements require all 9’s term date and reason code)** | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS send value below  if EecEmplStatus = T send 32  if EecEmplStatus = T and EecTermReason = 203 send 22  if EecEmplStatus = A and EedBenStatus = send 13  Else Zero Fill  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES, CRILS, and DbnBenStatus = T send 12  Else Zero Fill |
| Coverage Option | N | X | 1 | | 339 | | Pad with spaces  See Mapping Page within this document | | Employee Record Only  if EedDedCode = GACC and  EedBenOption = EE send E  EedBenOption = EES, EEDP send S  EedBenOption = EEC send C  EedBenOption = EEF, EEDPF send F  if EedDedCode = VIS and  EedBenOption = EE send E  EedBenOption = EES, EEDP send S  EedBenOption = EEC send C  EedBenOption = EEF, EEDPF send F  Else Space Fill |
| Plan Code | N | XXXXXXX | 7 | | 340-346 | | **Left justify, pad with spaces for alpha or alpha/numeric plan codes. Right Justify and pre fill with zeros if plan code is completely numeric.**  Default Values: See Mapping Page within this document | | Employee Record  if EedDedCode = GACC send 0008201  if EedDedCode = GLIFE, GTLII, EecFullTimeOrPartTime = F and EecSalaryOrHourly = S send 0001001 (on LIFE Product)  if EedDedCode = GLIFE, GTLII, EecFullTimeOrPartTime = F and EecSalaryOrHourly = H send 0001002 (on LIFE Product)  if EedDedCode = GLIFE, GTLII, EecFullTimeOrPartTime = F and EecSalaryOrHourly = S send 0002001 (on ADD Product)  if EedDedCode = GLIFE, GTLII, EecFullTimeOrPartTime = F and EecSalaryOrHourly = H send 0002002 (on ADD Product)  if EedDedCode = LIFEE send 0001101 (on LIFSUP1 product)  if EedDedCode = LIFEE send 0002101 (on ADDSUP1 product)  if EedDedCode = LIFEC send 0001301 (on DEPSUPC product)  if EedDedCode = LIFEC send 0002301 (on ADDSUPC product)  if EedDedCode = CRILE send 0001501  if EedDedCode = CRILC send 0001503  if EedDedCode = VIS send 0009108  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES send 0001201 (on DEPSUPS product)  if DbnDedCode = LIFES send 0002201 (on ADDSUPS product)  if DbnDedCode = CRILS send 0001502 |
| Units | Y | 999999v99 | 9 | | 347-355 | | Right justify, pad with zeros. Fill with zeros  Example: LIFE Unit Value = 1000  $65,000.00 in Life insurance is 65.00 units and represented as: '000006500' **Only send Approved in Play benefit amount for each product** | | Employee Record  if EedDedCode = GACC send 000000100  if EedDedCode = GLIFE, GTLII send EedBenAmt divided by 1000 (on both the LIFE and ADD products)  if EedDedCode = LIFEE send EedBenAmt divided by 1000 (on both the LIFSUP1 and ADDSUP1 products)  if EedDedCode = LIFEC send EedBenAmt divided by 1000 (on both the DEPSUPC and ADDSUPC products)  if EedDedCode = CRILE send EedBenAmt divided by 1000  if EedDedCode = CRILC send EedBenAmt divided by 1000  if EedDedCode = VIS send 000000100  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES send EedBenAmt divided by 1000 (on both the DEPSUPS and ADDSUPS products)  if DbnDedCode = CRILS send EedBenAmt divided by 1000  Important Note  If unit = 0 then do not include an 05 record for that product  **Units are to be supplied with an implied decimal and two '00' at the end of the value for the decimals**  Example: if LIFE benefit amount = 65,000.00 - the unit value should be 65.00 and represented as: '000006500 on the file |
| Product Set Id | Y | XXXXX | 5 | | 356-360 | | Left justify, pad with spaces.  Value: See Mapping Page within this document | | Employee Record  If EedDedCode = GACC, GLIFE, GTLII, LIFEE, LIFEC, CRILE, CRILC, VIS and  EecFullTimeOrPartTime = F and EecSalaryOrHourly = S send 1  EecFullTimeOrPartTime = F and EecSalaryOrHourly = H send 2  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES, CRILS send 3 |
| Underwriting Status Indicator | Y | X | 1 | | 361 | | Indicates the Underwriting Status of the Coverage Amount Requested Values:  '0' = No underwriting required for this coverage or amount does not exceed Guarantee Issue Amount    '2' = Coverage Amount exceeds Guarantee Issue and has been **approved** by Medical Underwriting | | Employee Record  If EedDedCode = LIFEE and EedBenAmt is less than EedEOIDesiredAmt send 0 Else send 2  On Spouse Record (if they have an 01 Record)  if DbnDedCode = LIFES and EedBenAmt is less than EedEOIDesiredAmt send 0 Else send 2 |
| Application Received Date | N | CCYYMMDD | 8 | | 362-369 | | Pad with zeros when not sending Application Received Date | | Zero Fill |
| Certificate Number | - | X(10) | 10 | | 370-379 | | Not used on 05 Product Record, fill with zeros | | Zero Fill |
| Dependent Sequence | - | 99 | 2 | | 380-381 | | Not used on 05 Product Record, fill with zeros | | Zero Fill |
| Foreign Address Indicator | N | X | 1 | | 382 | | Not used on 05 Product Record, fill with spaces | | Space Fill |
| Filler | N | X(617) | 617 | | 383-999 | | Reserved for future use, fill with spaces | | Space Fill |
| Delimiting Character | Y | X | 1 | | 1000 | | End Of Line Delimiter (\*) | | \* |
| End of Line Character | Y |  | 1 | | 1001 | | End of Line Character (Line Feed) | | End of Line Character (Line Feed) |

**Mapping Information**

|  |  |
| --- | --- |
| **Field Name** | **Code** |
| Group Number | F026358 |
| Account Number | ‘00001’ |
| Relationship Code | C = Child  S = Spouse  O = Other (Disabled Adult Dependent) |
| Gender Code | M = Male  F = Female |
| Location Number | ‘0000001’ = NEOK  ‘0000002’ = NEWV  ‘0000003’ = OHCORP  ‘0000004’ = SWCAOR  ‘0000005’ = SWSTX  ‘0000006’ = SWWAR  ‘0000007’ = SWWTX  ‘0000999’ = COBRA |
| Term Reason Code | 12=Dependent Termination  13 = Product Termination  22 = Deceased  32 = Left Employment |
| Product ID | ACCIV = Voluntary Accident  LIFE = Basic Life  ADD = Basic Accidental Death & Disability  LIFSUP1 = Supplemental Employee Life  ADDSUP1 = Supplemental Employee ADD  DEPSUPC = Supplemental Child Life  ADDSUPC = Supplemental Child ADD  DEPSUPS = Supplemental Spouse Life  ADDSUPS = Supplemental Spouse ADD  CRITVE = Employee Critical Illness  CRITVC = Child Critical Illness  CRITVS = Spouse Critical Illness  VISB = Basic Vision |
| Plan Code | ACCIV = ‘0008201’ (Set 1, 2)  LIFE = ‘0001001’ (Set 1, 4); ‘0001002’ (Set 2, 5)  ADD = ‘0002001’ (Set 1, 4); ‘0002002’ (Set 2, 5)  LIFSUP1 = ‘0001101’ (Set 1, 2, 4, 5)  ADDSUP1 = ‘0002101’ (Set 1, 2, 4, 5)  DEPSUPC = ‘0001301’ (Set 1, 2, 4, 5)  ADDSUPC = ‘0002301’ (Set 1, 2, 4, 5)  DEPSUPS = ‘0001201’ (Set 3, 6)  ADDSUPS = ‘0002201’ (Set 3, 6)  CRITVE = ‘0001501’ (Set 1, 2)  CRITVC = ‘0001503’ (Set 1, 2)  CRITVS = ‘0001502’ (Set 3)  VISB = ‘0009108’ (Set 1, 2, 4, 5) |
| Coverage Option | ACCIV & VISV Only:    ‘E’ = Employee Only  ‘S’ = Employee + Spouse  ‘C’ = Employee + Child  ‘F’ = Employee + Family |
| Product Set ID | 1. = ALL ACTIVE FULL TIME SALARIED 2. = ALL OTHER ACT FT EXCL SALARIED 3. = SPOUSE 4. = NAAW CLASS 1 (CLOSED) 5. = NAAW CLASS 2 (CLOSED)   = NAAW SPOUSE (CLOSED) |
| Units | Units are to be supplied with an implied decimal and two '00' at the end of the value for the decimals.    Basic Life & ADD/Supplemental Life & ADD/ Critical Illness products = benefit/1000.  Example $25,000 = 25 units.    ACCIV / VISV = 1 unit so file send ‘000000100’ |
| Naming  Convention | OPER.EDI.FTP.GROUP#.CCYYMMDD.1.dat    \*Note the ".dat" portion of the name must be lower case, the rest is case agnostic    EXAMPLE FILE NAME:  OPER.EDI.FTP.F026358.20210223.1.dat |

Plan Mapping information

Deduction Codes Highlighted in Blue are bundled – 2 separate plans must be reported on the file

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Product ID | Description | UltiPro Ded Code | Description |
| ACCIV | Voluntary Accident | GACC | Accidental Insurance |
| LIFE | Basic Life | GLIFE GTLII | Basic Life - I Basic Life - II |
| ADD | Basic Accidental Death & Disability | GLIFE GTLII | Basic Life - I Basic Life - II |
| LIFSUP1 | Supplemental Employee Life | LIFEE | Voluntary Life/AD&D - Employee |
| ADDSUP1 | Supplemental Employee ADD | LIFEE | Voluntary Life/AD&D - Employee |
| DEPSUPC | Supplemental Child Life | LIFEC | Voluntary Life/AD&D - Child |
| ADDSUPC | Supplemental Child ADD | LIFEC | Voluntary Life/AD&D - Child |
| DEPSUPS | Supplemental Spouse Life | LIFES | Voluntary Life/AD&D - Spouse |
| ADDSUPS | Supplemental Spouse ADD | LIFES | Voluntary Life/AD&D - Spouse |
| CRITVE | Employee Critical Illness | CRILE | Critical Illness - Employee |
| CRITVC | Child Critical Illness | CRILC | Critical Illness - Child |
| CRITVS | Spouse Critical Illness | CRILS | Critical Illness - Spouse |
| VISB | Basic Vision | VIS | Vision |

