Billing and Services Feed Specifications

# Neighborcare Health

**Feed Effective Date: 1/1/2019**

# Ensuring a Successful Implementation

We are most successful when we partner with the right people from the customer and file provider; people who:

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

# Implementation Timeline

**Activities Deliverable from Policyholder Due**

|  |  |  |
| --- | --- | --- |
| **Feed and Data Specifications** | | |
| * Customer confirms desired services * Understand file layout and connectivity requirements | **Part 1** Collaborative discussion with The Standard regarding data needed to support the desired services.  **Part 2** File layout agreement ensures alignment between all parties regarding the format, layout, structure and expected data. Connectivity is established after file layout agreement is provided. | 9/16/2019        10/14/2019 |
| **Testing Phase 1** | | |
| * Ensure test file aligns to feed specifications * Ensure successful file transmission | **File Testing** File provider and Customer Integration Analyst review the file based on format requirements, including timely revisions and additional test files[[1]](#footnote-1). | 10/28/2019 |
| **Testing Phase 2** | | |
| * Data quality review and resolution * Ensure successful processing through test systems | **File Testing** File provider and Customer Integration Analyst review the file for format and data quality, including timely revisions and additional test files1. | 11/11/2019 |
| **Production Preview File** | | |
| * File generated from production system, represents a preview of the initial production file * Ensure successful processing through test systems | **Production File Preview** Final test file sent from production system to confirm the data quality continues to meet requirements. | 12/9/2019 |
| **Initial Production File** | | |
| * First production file sent * File loaded into production | Production file delivered through The Standard’s production connection to the production environment. | 12/16/2019 |

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

# Resources

## Implementation

### The Standard Neighborcare Health / Ultimate Software (TekPartners)

|  |  |  |
| --- | --- | --- |
| **Project and Business Leads** | |  |
| Mason Love, Implementation Manager | | Lisa Cunha |
| Phone | 971.321.8450 | Phone 206.548.3060 |
| Email | mason.love@standard.com | Email LisaC@neighborcare.org |
|  |  | Renee Swain |
|  |  | Phone 206.548.3057 |
|  |  | Email ReneeS@neighborcare.org |
|  |  | Giving Israel |
|  |  | Phone 206.548.5676 |
|  |  | Email GivingI@neighborcare.org |

|  |  |
| --- | --- |
| **File Development** |  |
| Hansford Hair, Customer Integration Analyst | Trena King |
| Phone 971.321.8764 | Phone 678.431.1781 |
| Email hansford.hair@standard.com | Email tking@tekpartners.com |
| Tyler Keeley, Data Feed Billing Analyst |  |
| Phone 971.321.2085 |  |
| Email tyler.keeley@standard.com |  |

|  |  |
| --- | --- |
| **Connectivity** |  |
|  | Trena King |
|  | Email trena\_king@ultimatesoftware.com |
|  |  |

## The Standard’s Ongoing Contacts

|  |  |
| --- | --- |
| **Business Contact[[2]](#footnote-2)** | **Technical Contact[[3]](#footnote-3)** |
| Chris Gamboa, Account Manager | **File Administration Team** |
| Phone 425.283.1070 | Email DATSupport@standard.com |
| Email christine.gamboa@standard.com | **Billing Administration Team** |
|  | Email BillingFeedSupport@standard.com |
|  |  |

# Revision History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date and Version** | | **Section** | **Description of Revision** | **Author** |
| 9/25/2019 | 2.0 | Document | Initial Draft | Hansford Hair |
| 10/14/2019 | 2.1 | Document | Updated based on feed review call. | Hansford Hair |
| 11/4/2019 | 2.2 | Document | Updated based on further discovery. | Hansford Hair |

# Outstanding Items

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Subject Area** | **Description** | **Assigned To** | **Current State of Resolution** | **Status** |
| 1 | Test Data | Confirm test files coming from production environment | Trena King |  | New |
| 2 | Benefits  Eligibility Date | Field 26. Have US send Current Hire Date in this field. | Hansford Hair |  | New |
| 3 | Earnings | Explore options and best practices for capturing earnings. How do we build in future capability to capture shift differential | Hansford Hair | 20191014 HH: Utilize scheduled earnings segments 1 and 2 to capture base rate salary information for all employees. We will capture any future employees with shift differential by out-reach at time of claim. | Resolved |
| 4 | Disability  Claim Outreach contact | Provide HR contact email alias for disability claim outreach questions and follow-up. | Neighborcare  Team | 20191014 HH:  benefits@neighborcare.org | Resolved |
| 5 | Update SIC system  notifications | Update system notifications to add GivingL@ and Benefits@. | Hansford Hair |  | New |
|  |  |  |  |  |  |

**Customer Specific Notes**

# File Delivery Specifications

**File Specifications**

**File Name** neighborcarehealth\_10144292\_1\_EB\_YYYYMMDDHHmm.txt

## Delivery Specifications

File transfer protocol and file delivery schedule will be confirmed as part of the connectivity setup process. If you have a preference on file schedule, please share that information with your Connectivity Contact noted on page two.

**Transfer Protocol** SFTP

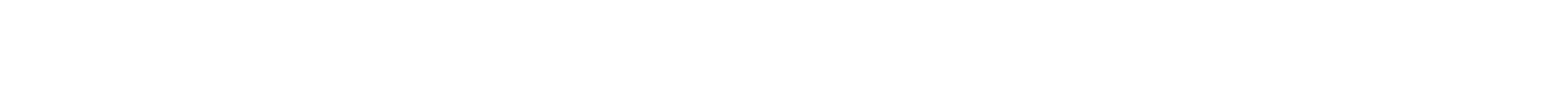
**File Frequency** ☒ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other: Click here to enter text.

**Schedule Date and Time** Mondays 2pm PT

**Data Extraction** ☒ Automated / Scheduled ☐ Manual

**File Delivery** ☒ Automated / Scheduled ☐ Manual

**Failure to place the file on the server by the expected date/time may affect the services provided; we cannot guarantee a late file will be processed before the billing cut-off date.**



## Email Subscriptions

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

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

**File Received & Loaded** Sent when we successfully load a file

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

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

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

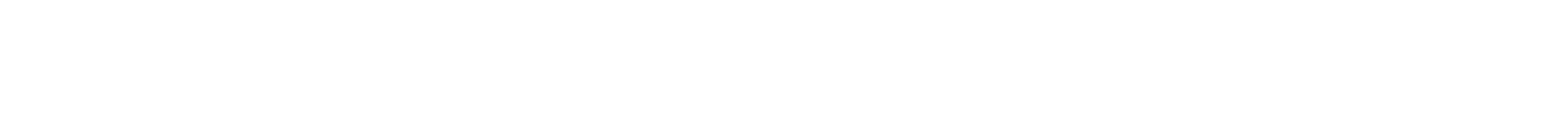
* You retain full control over who receives email notifications
* You may specify multiple email distribution lists and each address may subscribe to different notifications
* Updates can be made immediately as personnel changes occur, updates made by The Standard can take up to two-weeks

☐ Received ☐ Received & Loaded ☐ Empty ☒ File Not Received Email: ReneeS@neighborcare.org

☐ Received ☐ Received & Loaded ☐ Empty ☒ File Not Received Email: Benefits@neighborcare.org

☐ Received ☐ Received & Loaded ☐ Empty ☒ File Not Received Email: GivingL@neighborcare.org

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



## Error Reporting

Report of database and processing exceptions emailed following file receipt. Our expectation is that the file provider and customer will resolve errors noted and direct any questions to the production support team, DATSupport@standard.com.

Email: ReneeS@neighborcare.org

Email: Benefits@neighborcare.org

Email: GivingL@neighborcare.org

# Data Specifications

## Source System Information

Name of source system UltiPro

Who will provide your data in production? Third Party,

Type of system ☒ Enrollment

☒ HRIS

☒ Payroll

☒ Time Tracking

What environment will your test data come from? Production

Refresh Date Click here to enter text.

## Managing Employee and Coverage Records

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

|  |  |
| --- | --- |
| **Terminating an Employee Record** |  |
| How long will terminations be sent on the file (min 2 times or 30 days) | 2 times |
| What is the lookback period based on? | N/A |
| Are future termination dates stored? | No |
| *Can future termination dates be withheld until the date is equal to or past the current system date?* | N/A |
|  |  |

### Coverage Records

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

# Detailed File Layout Specifications

## File and Data Rules

Employee Population

All employees (i

ncluding part time and temporary)

File Content

Full File

File Format

Pipe Delimited, |

File Layout

All fields must be represented in the file

-

Fields marked ‘Required’ are required for all employees on th

e file; those marked with an ‘x’

are expected for all employees

with this

information in the source system

; those marked wit

h an open che

ckbox should be sent as null fields

-

If data will not be included for

a field, it must be included

as a null/empty posi

tion (two delimiters

next to each other)

-

No pipe delimiter after t

he last field in the file

Character Format

All characters in the file

should be bas

e ASCII format/mode

Format Rules

Format rules are provided by field, where applicable

If no format/data rule i

s listed, Alpha or Nu

meric is accepted,

including other characters

within base ASCII format/mode

Domain Values

If listed, values on the inbound f

iles must exact

ly match one o

f the values listed incl

uding case and spacing

## Header Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Definition of value and any additional notes** | **Customer Specific Comments** |
| 1 | Header Identifier |  | 3 |  | Send: HDR |
| 2 | File Date | YYYYMMDD | 8 | Date of file |  |
| 3 | SFG Company ID |  |  | Internal Company ID | Send: SI |
| 4 | Customer Name |  |  | Customer Name | Send: neighborcarehealth |
| 5 | Group ID |  | 8 | Group Identification number assigned by The Standard | Send: 10144292 |

## Trailer Record

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

## Employee Demographic Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **File Fields** |
| 1 | Group ID |  | 8 |  | Identifier provided by The Standard | Required | Send: 10144292 |
| 2 | Sub Org Text |  | 50 |  |  | ☐ |  |
| 3 | Social Security Number | 999999999 | 9 |  | United States Social Security Number  **Do not send foreign IDs or employee IDs** | Required | eepSSN |
| 4 | Employee ID |  | 20 |  | Employee IDs must be unique; foreign IDs are acceptable  **Do not send Social Security Number** | ☒ | EecEEID |
| 5 | Name Prefix |  | 20 | Doctor Dr. Miss Mr.  Mrs.  Ms.  Professor | Employee name prefix | ☐ |  |
| 6 | First Name |  | 40 |  |  | Required | EepNameFirst |
| 7 | Middle Name |  | 40 |  |  | ☒ | EepNameMiddle |
| 8 | Last Name |  | 40 |  |  | Required | EepNameLast |
| 9 | Name Suffix |  | 10 |  |  | ☐ |  |
| 10 | Date of Birth | YYYYMMDD | 8 |  |  | Required | EepDateOfBirth |
| 11 | Date of Death | YYYYMMDD | 8 |  |  | ☐ |  |
| 12 | Gender |  | 1 | M  F | M .... Male  F ..... Female | Required | EepGender |
| 13 | Marital Status |  | 16 | Common Law  Divorced  Domestic Partner  Married  Separated  Single  Unknown  Widowed | Employee marital status | ☐ |  |
| 14 | Address Line 1 |  | 50 |  |  | Required | EepAddressLine1 |
| 15 | Address Line 2 |  | 50 |  |  | ☒ | EepAddressLine2 |
| 16 | Address Line 3 |  | 50 |  |  | ☐ |  |
| 17 | City |  | 50 |  |  | Required | EepAddressCity |
| 18 | State/Province |  | 2 |  | **Required for addresses in US or Canada** | ☒ | EepAddressState |
| 19 | Postal Code |  | 20 |  |  | Required | EepAddressZipCode |
|  |  |  |  |  |  |  |  |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 20 | Country | ISO Standards | 50 |  | **For US addresses, send "United States of America"** | Required | EepAddressCountry |
| 21 | Non-Work Phone | 9999999999 | 15 |  | Phone number where an employee can be reached after normal business hours | ☒ | Send EepPhoneHomeNumber, else send efoPhoneType |
| 22 | Employee Tobacco  Indicator |  | 3 | Y  N |  | ☐ |  |
|  |  |  |  |  |  |  |  |

Key Event Dates

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 23 | Current Hire Date | YYYYMMDD | 8 |  | Date of Hire associated with current employment period.  *Used for eligibility determination* | Required | EecDateOfLastHire |
| 24 | Original Hire Date | YYYYMMDD | 8 |  | Date of Hire associated with employee’s original employment period. | ☒ | EecDateOfOriginalHire |
| 25 | Adjusted Hire Date | YYYYMMDD | 8 |  | Current hire date adjusted to include prior periods of employment. Often called Credited Service Date. | ☐ |  |
| 26 | Benefits Eligibility Date | YYYYMMDD | 8 |  | The date an employee transitions from a non-benefit eligible to a benefit eligible status.  *Used for eligibility determination* | Required | EedBenStartDate / GLIFE |
| 27 | Benefits Effective Date | YYYYMMDD | 8 |  | The date coverage becomes effective for a given employee. Traditionally, the first day following completion of the eligibility waiting period.  *Supply only when Benefits Eligibility Date is not available.* | ☐ |  |
| 28 | Loss of Benefits Date | YYYYMMDD | 8 |  | The date an employee transitions from a benefit eligible to a non-benefit eligible status. The last day in which the employee is eligible for a benefit. | ☐ |  |
| 29 | Employment  Termination Date | YYYYMMDD | 8 |  | Date employment is terminated. | Required | EecDateOfTermination |
| 30 | Employment Status |  | 26 | Active  Active Military - Overseas  Active Military - USA  Deceased  Inactive  Leave of Absence  Leave of Absence FMLA  Leave of Absence Military  Paid Leave of Absence  Retired  Suspended  Temporary Layoff  Terminated  Unpaid Leave of Absence |  | ☐ |  |
| 31 | Employment Status Effective Date | YYYYMMDD | 8 |  | Effective date of the employment status. | ☐ |  |
|  |  |  |  |  |  |  |  |

## Employment Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 32 | Work State |  | 2 |  | State/Province where an employee works; this may be different than the state where they reside.  **Absence Management:** Applicable state leave is determined by this value.  **Disability-only customers:** Notification related to state income tax is determined by this value. | Required | EecSITWorkInStateCode |
| 33 | Job Title |  | 50 |  |  | ☒ | EecJobtitle |
| 34 | Scheduled Work Hours | If fraction of hour, include decimal, i.e.  80.25 | 8 |  | Hours an employee is scheduled to work during the period provided in the Scheduled Work Hours Frequency field | ☒ | EecScheduledWorkHrs |
| 35 | Scheduled Work Hours Frequency |  | 12 | Weekly  Bi-Weekly  Monthly  Semi-Monthly  Annual  Ratio to FTE  Percent to FTE | Period of time an employee works the hours provided in the Scheduled Work Hours field | ☒ | EecScheduledWorkHrs |
| 36 | Employee Pay Type |  | 11 | Hourly  Salary  Commission  Salary + OT | How an employee receives their pay | ☒ | EecSalaryOrHourly |
| 37 | Full / Part Time |  | 9 | Full Time  Part Time | Full/Part time status of an employee | ☒ | EecFullTimeOrPartTime |
| 38 | Employment Type |  | 9 | Regular  Temporary  Seasonal |  | ☒ | EecEEType |
| 39 | Work Email Address |  | 100 |  | Employee work email address | ☒ | eepAddressEMail |
| 40 | Exempt Status |  | 10 | Exempt  Non-Exempt |  | ☐ |  |
| 41 | Union Flag |  | 1 | Y  N |  | ☒ | If EecUnionNational or EecUnionLocal then Y, else N |
| 42 | Union Name |  | 50 |  |  | ☐ |  |
| 43 | Employer Affiliate |  | 50 |  |  | ☐ |  |
| 44 | Employer Location Code |  | 50 |  |  | ☒ | **loccode** |
| 45 | Employer Location  Name |  | 50 |  |  | ☒ | **locdesc** |
| 46 | Department Code |  | 50 |  |  | ☒ | **CodCode** |
| 47 | Department Name |  | 50 |  |  | ☒ | **CodDesc** |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 48 | Occupation Code |  | 50 |  |  | ☐ |  |
| 49 | Job Category |  | 50 |  | The Standard will provide instructions, if needed | ☐ |  |
| 50 | Grandfathered Employee |  | 1 | Y  N | The Standard will provide instructions, if needed | ☐ |  |
| 51 | User Specific 1 |  | 50 |  | The Standard will provide instructions, if needed | ☐ |  |
| 52 | User Specific 2 |  | 50 |  | The Standard will provide instructions, if needed | ☐ |  |
| 53 | User Specific 3 |  | 50 |  | The Standard will provide instructions, if needed | ☐ |  |
| 54 | User Specific 4 |  | 50 |  | The Standard will provide instructions, if needed | ☐ |  |
| 55 | User Specific 5 |  | 50 |  | The Standard will provide instructions, if needed | ☐ |  |

## Dependent Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max**  **Leng th** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 56 | Spouse First Name |  | 50 |  |  | ☒ | ConNameFirst |
| 57 | Spouse Last Name |  | 50 |  |  | ☒ | ConNameLast |
| 58 | Spouse Date of Birth | YYYYMMDD | 8 |  |  | ☒ | ConDateOfBirth |
| 59 | Spouse Address Line 1 |  | 50 |  |  | ☐ |  |
| 60 | Spouse Address Line 2 |  | 50 |  |  | ☐ |  |
| 61 | Spouse Address Line 3 |  | 50 |  |  | ☐ |  |
| 62 | Spouse Address City |  | 30 |  |  | ☐ |  |
| 63 | Spouse Address State/Province |  | 2 |  |  | ☐ |  |
| 64 | Spouse Address Postal Code |  | 20 |  |  | ☐ |  |
| 65 | Spouse Non-Work Phone |  | 15 |  |  | ☐ |  |
| 66 | Spouse Email Address |  | 50 |  |  | ☐ |  |
| 67 | Spouse Relationship to Employee |  | 15 | Spouse  Husband  Wife  Partner | Relationship of the dependent to the employee. | ☒ | ConRelationship |
| 68 | Spouse Gender |  | 1 | M  F  U | M .... Male  F .... Female  U .... Undefined | ☒ | ConGender |
| 69 | Spouse Tobacco Indicator |  | 3 | Y  N | Required if premium is based on spouse's tobacco usage. | ☐ |  |
| 70 | Family Indicator |  | 1 | A  B  C  D | Value populated needs to be one of the following values,   1. .... Employee and Family 2. .... Employee and Spouse 3. .... Employee only 4. .... Employee and Dependents (not spouse)     Required for non-elective dependent benefits. | ☐ |  |
| 71 | Family Indicator Effective Date | YYYYMMDD | 8 |  | The date the family indicator changed or took effect. *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☐ |  |
| 72 | Qualifying Event Date | YYYYMMDD | 8 |  | Date the qualifying event occurred. This will only be used for elective coverages. | ☐ |  |

## Scheduled Earnings 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** | |
| 73 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  PDE  Shift Differential  Frozen Pay  Life Earnings  Mileage | PDE ....... Predisability Earnings | ☒ | Send: Billing |  |
| 74 | Earnings Amount | 9999999999.99 | 13 |  |  | ☒ | EecAnnSalary |  |
| 75 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☒ | EecBiWeeklyWeekly |  |
| 76 | Earnings Effective Date | YYYYMMDD | 8 |  | Effective date of the earnings sent in Earnings Amount).  *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☒ | dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate,else send today’s date | |
|  |  |  |  |  |  |  |  | |

## Scheduled Earnings 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 77 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  PDE  Shift Differential  Frozen Pay  Life Earnings  Mileage | PDE ....... Predisability Earnings | ☒ | Send: Base Rate |
| 78 | Earnings Amount | 9999999999.99 | 13 |  |  | ☒ | EecAnnSalary |
| 79 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☒ | EecBiWeekly/Weekly |
| 80 | Earnings Effective Date | YYYYMMDD | 8 |  | Effective date of the earnings sent in Earnings Amount).  *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☒ | dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate,else send today’s date |
|  |  |  |  |  |  |  |  |

## Scheduled Earnings 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 81 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  PDE  Shift Differential  Frozen Pay  Life Earnings  Mileage | PDE ....... Predisability Earnings | ☐ | Send: |
| 82 | Earnings Amount | 9999999999.99 | 13 |  |  | ☐ |  |
| 83 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 84 | Earnings Effective Date | YYYYMMDD | 8 |  | Effective date of the earnings sent in Earnings Amount).  *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☐ |  |
|  |  |  |  |  |  |  |  |

## Scheduled Earnings 4

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 85 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  PDE  Shift Differential  Frozen Pay  Life Earnings  Mileage | PDE ....... Predisability Earnings | ☐ | Send: |
| 86 | Earnings Amount | 9999999999.99 | 13 |  |  | ☐ |  |
| 87 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 88 | Earnings Effective Date | YYYYMMDD | 8 |  | Effective date of the earnings sent in Earnings Amount).  *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☐ |  |
|  |  |  |  |  |  |  |  |

## Actual Earnings 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 89 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  Shift Differential  Frozen Pay  Mileage |  | ☐ | Send |
| 90 | Earnings Amount | 9999999999.99 | 13 |  |  | ☐ |  |
| 91 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 92 | Earnings Pay Date | YYYYMMDD | 8 |  | Date the earnings sent in Earnings Amount were paid | ☐ |  |
| 93 | Pay Frequency |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | How often this type of earnings are paid,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 94 | Pay Start Date | YYYYMMDD | 8 |  | Pay Period beginning date | ☐ |  |
| 95 | Pay End Date | YYYYMMDD | 8 |  | Pay Period ending date | ☐ |  |
| 96 | Pay Period Hours | If fraction of hour, include decimal, i.e.  80.25 | 8 |  | Hours worked during the pay period specified | ☐ |  |
|  |  |  |  |  |  |  |  |

## Actual Earnings 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 97 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  Shift Differential  Frozen Pay  Mileage |  | ☐ | Send: |
| 98 | Earnings Amount | 9999999999.99 | 13 |  |  | ☐ |  |
| 99 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 100 | Earnings Pay Date | YYYYMMDD | 8 |  | Date the earnings sent in Earnings Amount were paid | ☐ |  |
| 101 | Pay Frequency |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | How often this type of earnings are paid,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 102 | Pay Start Date | YYYYMMDD | 8 |  | Pay Period beginning date | ☐ |  |
| 103 | Pay End Date | YYYYMMDD | 8 |  | Pay Period ending date | ☐ |  |
| 104 | Pay Period Hours | If fraction of hour, include decimal, i.e.  80.25 | 8 |  | Hours worked during the pay period specified | ☐ |  |
|  |  |  |  |  |  |  |  |

## Actual Earnings 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 105 | Earnings Type |  | 18 | Base Rate  Billing  Bonus  Commission  Shift Differential  Frozen Pay  Mileage |  | ☐ | Send: |
| 106 | Earnings Amount | 9999999999.99 | 13 |  |  | ☐ |  |
| 107 | Earnings Amount Expression |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | The period the Earnings Amount represents,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 108 | Earnings Pay Date | YYYYMMDD | 8 |  | Date the earnings sent in Earnings Amount were paid | ☐ |  |
| 109 | Pay Frequency |  | 22 | Annual  Weekly  Monthly  Hourly  Bi-Weekly  Semi-Monthly  Irregular  Semi-Monthly/10 Months | How often this type of earnings are paid,  Bi-Weekly .............................................. 26 Periods Semi-Monthly ........................................ 24 Periods Semi-Monthly/10 Months ...................... 20 Periods | ☐ |  |
| 110 | Pay Start Date | YYYYMMDD | 8 |  | Pay Period beginning date | ☐ |  |
| 111 | Pay End Date | YYYYMMDD | 8 |  | Pay Period ending date | ☐ |  |
| 112 | Pay Period Hours | If fraction of hour, include decimal, i.e.  80.25 | 8 |  | Hours worked during the pay period specified | ☐ |  |
|  |  |  |  |  |  |  |  |

## Absence Management

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fiel** | | **d** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 113 | |  | Hours Worked in the Last 12 Months | If fraction of hour, include decimal, i.e.  80.25 | 8 |  | FMLA regulation definition: Includes: hours actually worked for the employer; regular, shift differential, overtime, paid volunteer, etc.  Excludes: sick leave, vacation, paid time off, paid and unpaid leave.  **Required for Absence Management services.** | Required | pehCurHrsYTD from the PearHist |
| 114 | |  | Hours Worked in the Last 12 Months thru Date | YYYYMMDD | 8 |  | Represents the date that the Hours Worked in Last 12 Months were calculated/updated.  **Required for Absence Management services.** | Required | Is this today’s date or the last payroll date? |
| 115 | |  | Supervisor/Manager Employee ID |  | 20 |  | May be required based on configuration for system access and correspondence. | ☒ | Send Supervisor EE number from EECSUPERVISORID |
| 116 | |  | AMS User Defined Field |  | 1 |  | Future use field |  |  |
|  | |  | | --- | | 117 | |  | AMS Reporting Group 1 |  | 50 |  | Use field for HR Business Partners assigned to  each member. | ☐ |  |
|  |
| 118 | |  | AMS Reporting Group 2 |  | 50 |  |  | ☐ |  |
| 119 | |  | AMS Reporting Group 3 |  | 50 |  |  | ☐ |  |
| 120 | |  | AMS Reporting Group 4 |  | 50 |  |  | ☐ |  |
| 121 | |  | AMS Reporting Group 5 |  | 50 |  |  | ☐ |  |
| 122 | |  | AMS Reporting Group 6 |  | 50 |  |  | ☐ |  |
| 123 | |  | AMS Reporting Group 7 |  | 50 |  |  | ☐ |  |
| 124 | |  | AMS Reporting Group 8 |  | 50 |  |  | ☐ |  |
| 125 | |  | AMS Reporting Group 9 |  | 50 |  |  | ☐ |  |
|  | |  |  |  |  |  |  |  |  |

## Disability Claim Outreach

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 126 | HR Contact Recipient |  | 50 |  | Name of area receiving Employer Notification | ☐ | Send: |
| 127 | HR Contact Email Address |  | 100 |  | Distribution list for Disability Employer  Notifications | Required | Send: benefits@neighborcare.org |
| 128 | HR Contact Work Phone | Number | 15 |  |  | ☐ |  |

## Claim Reporting

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 129 | Reporting Category 1 |  | 50 |  |  | ☐ |  |
| 130 | Reporting Category 2 |  | 50 |  |  | ☐ |  |
| 131 | Reporting Category 3 |  | 50 |  |  | ☐ |  |
| 132 | Reporting Category 4 |  | 50 |  |  | ☐ |  |
| 133 | Reporting Category 5 |  | 50 |  |  | ☐ |  |
|  |  |  |  |  |  |  |  |

## Billing Management

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 134 | Policy |  | 6 |  | Provided by The Standard | Required | Send: 163708 |
| 135 | Billing Division |  | 4 |  | Provided by The Standard | ☒ | Send: 0001 |
| 136 | Billing Division Effective  Date | YYYYMMDD | 8 |  | Date the Billing Division took effect  *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☐ |  |
| 137 | Billing Category |  | 4 |  | Provided by The Standard | ☒ | Send:0100 |
| 138 | Billing Category Effective Date | YYYYMMDD | 8 |  | Date the Billing Category took effect  *If date is unavailable, leave null, The Standard will default to the file processing date.* | ☐ |  |
| 139 | Customer Defined Division |  | 50 |  | Provided by The Standard | ☐ |  |
| 140 | Customer Defined Billing Category |  | 50 |  | Provided by The Standard | ☐ |  |

## State Disability Coverage

Information in this section is used to create coverage records for New Jersey TDB and/or New York DBL products. The logic is based on the Work State and the Current Hire Date provided in the Employment Information section.

**In order for this logic to function, information must be provided as noted for *all* employees on the file.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 141 | NJ TDB Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 142 | NJ TDB Plan |  | 2 |  | Provided by The Standard | ☐ |  |
| 143 | NJ TDB Employer Plan Code |  | 50 |  |  | ☐ |  |
| 144 | NY DBL Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 145 | NY DBL Plan |  | 2 |  | Provided by The Standard | ☐ |  |
| 146 | NY DBL Employer Plan Code |  | 50 |  |  | ☐ |  |

## Disability Coverage 1

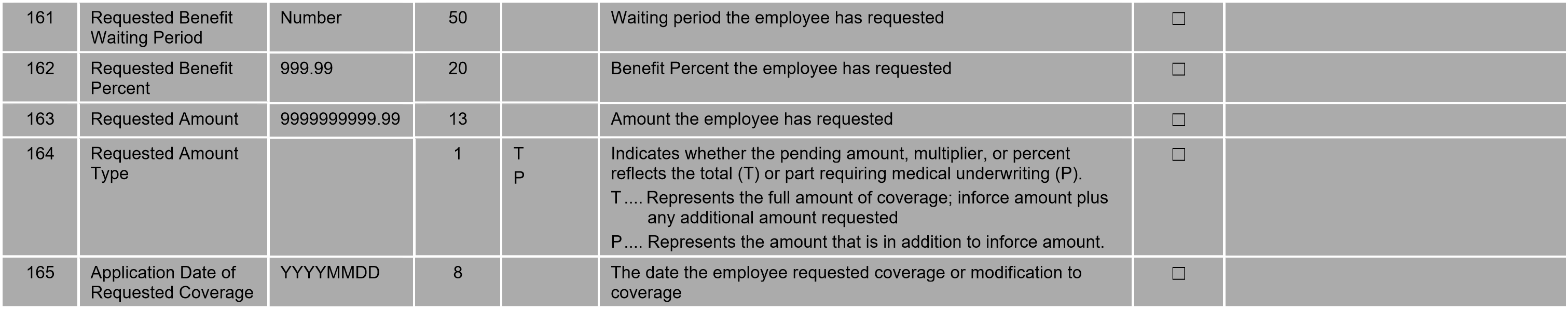
### Short Term Disability ATP

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 147 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 756823 |
| 148 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 149 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: ST |
| 150 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 151 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled. | ☐ |  |
| 152 | AM Class | Number | 10 |  | Provided by The Standard, when applicable | ☐ |  |
| 153 | Class Name |  | 50 |  | Provided by The Standard, when applicable | ☐ |  |
| 154 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 155 | Benefit Waiting Period | Number | 50 |  | Waiting period in which employee is enrolled | ☐ |  |
| 156 | Benefit Percent | 999.99 | 20 |  | Percent of benefit for which the employee is enrolled | ☐ |  |
| 157 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 158 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 159 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 160 | Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii



## Disability Coverage 2

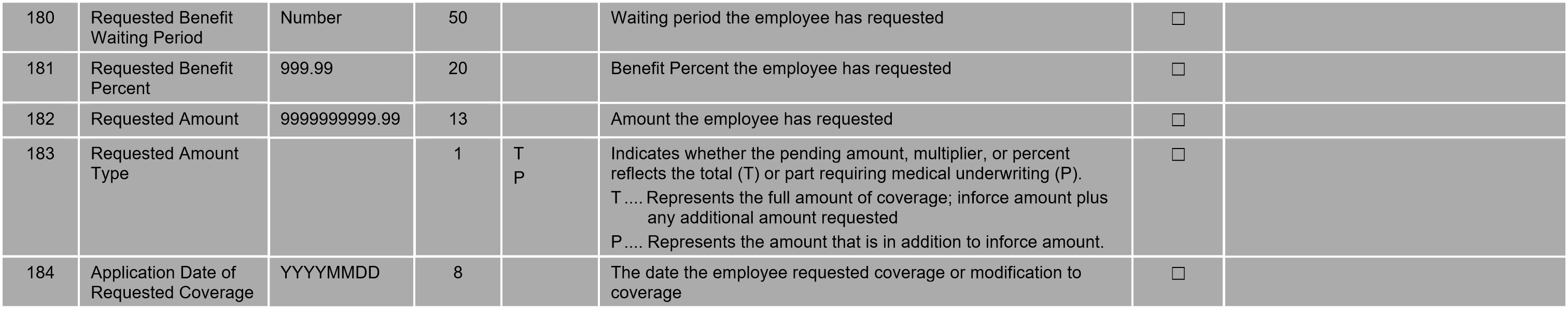
### Long Term Disability

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 166 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 167 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: B |
| 168 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: LT |
| 169 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 170 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 171 | AM Class | Number | 10 |  | Provided by The Standard, when applicable | ☐ |  |
| 172 | Class Name |  | 50 |  | Provided by The Standard, when applicable | ☐ |  |
| 173 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 174 | Benefit Waiting Period | Number | 50 |  | Waiting period in which employee is enrolled | ☐ |  |
| 175 | Benefit Percent | 999.99 | 20 |  | Percent of benefit for which the employee is enrolled | ☐ |  |
| 176 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 177 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 178 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 179 | Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii



## Disability Coverage 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 185 | Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 186 | Plan ID |  | 2 |  | Provided by The Standard | ☐ | Send: |
| 187 | Product ID |  | 4 |  | Provided by The Standard | ☐ | Send: |
| 188 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 189 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 190 | AM Class | Number | 10 |  | Provided by The Standard, when applicable | ☐ |  |
| 191 | Class Name |  | 50 |  | Provided by The Standard, when applicable | ☐ |  |
| 192 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 193 | Benefit Waiting Period | Number | 50 |  | Waiting period in which employee is enrolled | ☐ |  |
| 194 | Benefit Percent | 999.99 | 20 |  | Percent of benefit for which the employee is enrolled | ☐ |  |
| 195 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 196 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 197 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  |
| 198 | Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 199 | Requested Benefit Waiting Period | Number | 50 |  | Waiting period the employee has requested | ☐ |  |
| 200 | Requested Benefit Percent | 999.99 | 20 |  | Benefit Percent the employee has requested | ☐ |  |
| 201 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 202 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .... Represents the amount that is in addition to inforce amount. | ☐ |  |
| 203 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Disability Coverage 4

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 204 | Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 205 | Plan ID |  | 2 |  | Provided by The Standard | ☐ | Send: |
| 206 | Product ID |  | 4 |  | Provided by The Standard | ☐ | Send: |
| 207 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 208 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 209 | AM Class | Number | 10 |  | Provided by The Standard, when applicable | ☐ |  |
| 210 | Class Name |  | 50 |  | Provided by The Standard, when applicable | ☐ |  |
| 211 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 212 | Benefit Waiting Period | Number | 50 |  | Waiting period in which employee is enrolled | ☐ |  |
| 213 | Benefit Percent | 999.99 | 20 |  | Percent of benefit for which the employee is enrolled | ☐ |  |
| 214 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 215 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 216 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  |
| 217 | Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 218 | Requested Benefit Waiting Period | Number | 50 |  | Waiting period the employee has requested | ☐ |  |
| 219 | Requested Benefit Percent | 999.99 | 20 |  | Benefit Percent the employee has requested | ☐ |  |
| 220 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 221 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .... Represents the amount that is in addition to inforce amount. | ☐ |  |
| 222 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Disability Coverage 5

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 223 | Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 224 | Plan ID |  | 2 |  | Provided by The Standard | ☐ | Send: |
| 225 | Product ID |  | 4 |  | Provided by The Standard | ☐ | Send: |
| 226 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 227 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 228 | AM Class | Number | 10 |  | Provided by The Standard, when applicable | ☐ |  |
| 229 | Class Name |  | 50 |  | Provided by The Standard, when applicable | ☐ |  |
| 230 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 231 | Benefit Waiting Period | Number | 50 |  | Waiting period in which employee is enrolled | ☐ |  |
| 232 | Benefit Percent | 999.99 | 20 |  | Percent of benefit for which the employee is enrolled | ☐ |  |
| 233 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 234 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 235 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  |
| 236 | Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 237 | Requested Benefit Waiting Period | Number | 50 |  | Waiting period the employee has requested | ☐ |  |
| 238 | Requested Benefit Percent | 999.99 | 20 |  | Benefit Percent the employee has requested | ☐ |  |
| 239 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 240 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .... Represents the amount that is in addition to inforce amount. | ☐ |  |
| 241 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Disability Coverage 6

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 242 | Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 243 | Plan ID |  | 2 |  | Provided by The Standard | ☐ | Send: |
| 244 | Product ID |  | 4 |  | Provided by The Standard | ☐ | Send: |
| 245 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 246 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 247 | AM Class | Number | 10 |  | Provided by The Standard, when applicable | ☐ |  |
| 248 | Class Name |  | 50 |  | Provided by The Standard, when applicable | ☐ |  |
| 249 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 250 | Benefit Waiting Period | Number | 50 |  | Waiting period in which employee is enrolled | ☐ |  |
| 251 | Benefit Percent | 999.99 | 20 |  | Percent of benefit for which the employee is enrolled | ☐ |  |
| 252 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 253 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 254 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  |
| 255 | Termination Date | YYYYMMDD | 8 |  | The last day the coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 256 | Requested Benefit Waiting Period | Number | 50 |  | Waiting period the employee has requested | ☐ |  |
| 257 | Requested Benefit Percent | 999.99 | 20 |  | Benefit Percent the employee has requested | ☐ |  |
| 258 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 259 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .... Represents the amount that is in addition to inforce amount. | ☐ |  |
| 260 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Life Coverage 1

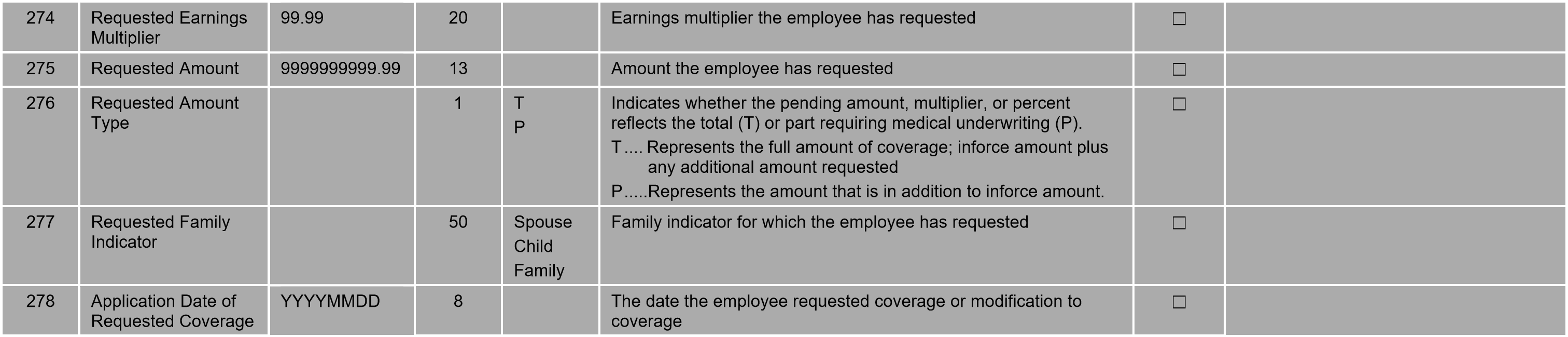
### Basic Life

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 261 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 262 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 263 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: BL |
| 264 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 265 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 266 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 267 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 268 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 269 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 270 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 271 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 272 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 273 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii



## Life Coverage 2

### Additional Life

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 279 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 280 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 281 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: AL |
| 282 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 283 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 284 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 285 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 286 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 287 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 288 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 289 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 290 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 291 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 292 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 293 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 294 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 295 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 296 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Life Coverage 3

### Additional Spouse Life

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 297 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 298 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 299 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: ASL |
| 300 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 301 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 302 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 303 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 304 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 305 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 306 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 307 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 308 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 309 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 310 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 311 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 312 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 313 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 314 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Life Coverage 4

### Additional Child Life

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 315 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 316 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 317 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: ACL |
| 318 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 319 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 320 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 321 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 322 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 323 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 324 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 325 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 326 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 327 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 328 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 329 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 330 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 331 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 332 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  |  |  |  |  |  |  |  |

## Life Coverage 5

### Dependent Life

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 333 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 334 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 335 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: XDL |
| 336 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 337 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 338 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 339 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |
| 340 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 341 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 342 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 343 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☒ | If EedBenOption is Spouse send EES; If Child send EEC; If Family send EEF |
| 344 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 345 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |
| 346 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 347 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 348 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .... Represents the amount that is in addition to inforce amount. | ☐ |  |
| 349 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 350 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee requested coverage or modification to coverage | ☐ |  |
|  | |  |  |  |  |  |  |

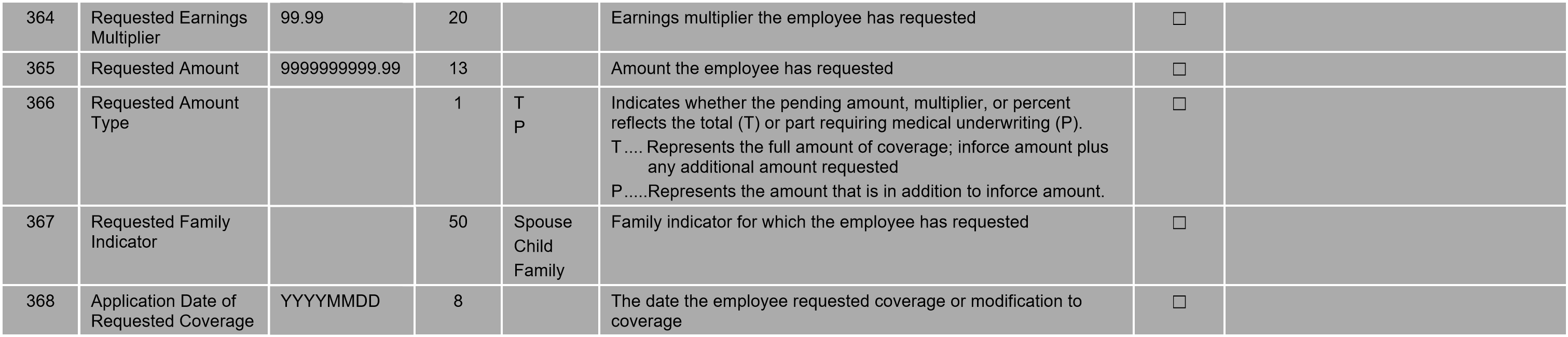
## Life Coverage 6

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 351 | Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 352 | Plan ID |  | 2 |  | Provided by The Standard | ☐ | Send: |
| 353 | Product ID |  | 4 |  | Provided by The Standard | ☐ | Send: |
| 354 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 355 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 356 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 357 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 358 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 359 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 360 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 361 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 362 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  |
| 363 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  |

Requested Benefit (Pending) Amounts and Datesii



## Accidental Death & Dismemberment Coverage 1

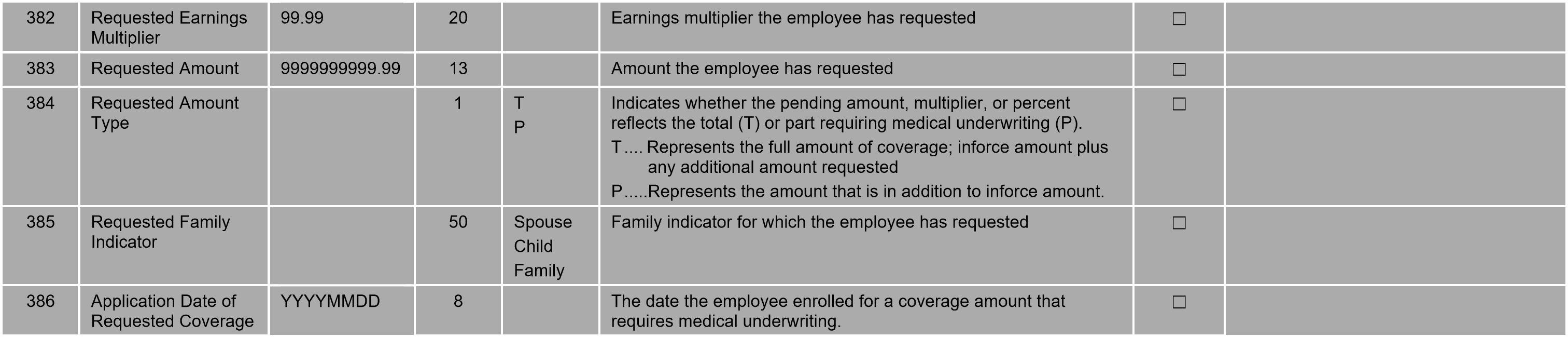
### Basic AD&D

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 369 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 370 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 371 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: BA |
| 372 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 373 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 374 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 375 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 376 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 377 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 378 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 379 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 380 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 381 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii



## emberment Coverage 2

### Additional AD&D

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 387 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 388 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 389 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: AA |
| 390 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 391 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 392 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 393 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 394 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 395 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 396 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 397 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 398 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 399 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage wascan never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 400 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 401 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 402 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 403 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 404 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  |
|  |  |  |  |  |  |  |  |

## emberment Coverage 3

### Additional Spouse AD&D

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 405 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 406 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 407 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: ASA |
| 408 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 409 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 410 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 411 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 412 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 413 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 414 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 415 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 416 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 417 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 418 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 419 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 420 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 421 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 422 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  |
|  |  |  |  |  |  |  |  |

## emberment Coverage 4

### Additional Child AD&D

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 423 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 424 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 425 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: ACA |
| 426 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 427 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 428 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 429 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 430 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 431 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 432 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 433 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 434 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 435 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 436 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 437 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 438 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 439 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 440 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  |
|  |  |  |  |  |  |  |  |

## emberment Coverage 5

### Dependent AD&D

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 441 | Policy |  | 6 |  | Provided by The Standard | ☒ | Send: 163708 |
| 442 | Plan ID |  | 2 |  | Provided by The Standard | ☒ | Send: A |
| 443 | Product ID |  | 4 |  | Provided by The Standard | ☒ | Send: XDA |
| 444 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 445 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 446 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 447 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 448 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 449 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☒ | EedBenAmt |
| 450 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 451 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☒ | If EedBENOPTION is Spouse send EES; If Child send EEC; If Family send EEF |
| 452 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☒ | EedBenStartDate |
| 453 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☒ | EecDateOfTermination |

Requested Benefit (Pending) Amounts and Datesii

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 454 | Requested Earnings  Multiplier | 99.99 | 20 |  | Earnings multiplier the employee has requested | ☐ |  |
| 455 | Requested Amount | 9999999999.99 | 13 |  | Amount the employee has requested | ☐ |  |
| 456 | Requested Amount Type |  | 1 | T  P | Indicates whether the pending amount, multiplier, or percent reflects the total (T) or part requiring medical underwriting (P).  T .... Represents the full amount of coverage; inforce amount plus any additional amount requested  P .....Represents the amount that is in addition to inforce amount. | ☐ |  |
| 457 | Requested Family  Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee has requested | ☐ |  |
| 458 | Application Date of Requested Coverage | YYYYMMDD | 8 |  | The date the employee enrolled for a coverage amount that requires medical underwriting. | ☐ |  |
|  |  |  |  |  |  |  |  |

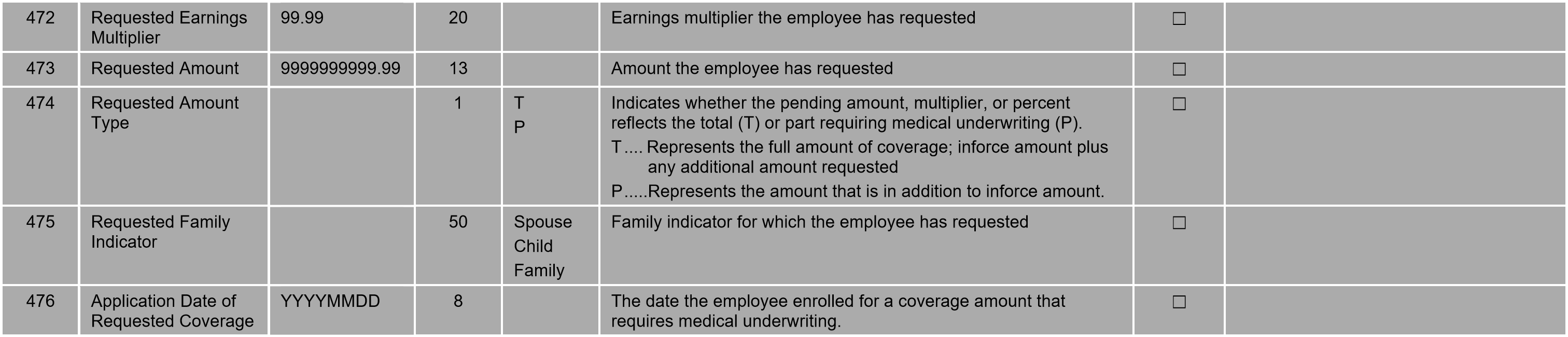
## emberment Coverage 6

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Attribute** | **Format and**  **Data Rule(s)** | **Max Length** | **Domain**  **Values** | **Definition of Value** | **Include in File** | **Customer Specific Comments** |
| 459 | Policy |  | 6 |  | Provided by The Standard | ☐ | Send: |
| 460 | Plan ID |  | 2 |  | Provided by The Standard | ☐ | Send: |
| 461 | Product ID |  | 4 |  | Provided by The Standard | ☐ | Send: |
| 462 | Schedule ID |  | 50 |  | Provided by The Standard | ☐ | Send: |
| 463 | Employer Plan Code |  | 50 |  | Uniquely identifies the plan in which the employee is enrolled | ☐ |  |
| 464 | Class Name |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |
| 465 | User Specific |  | 50 |  | Provided by The Standard, if applicable | ☐ |  |

Covered Benefit Amounts and Datesi

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| 466 | Earnings Multiplier | 99.99 | 20 |  | Earnings multiplier for which the employee is enrolled | ☐ |  |
| 467 | Covered Amount | 9999999999.99 | 13 |  | Benefit amount for which the employee is enrolled | ☐ |  |
| 468 | Prior Carrier  Takeover Amount | 9999999999.99 | 13 |  | For a one time enrollment file, if amounts from other carriers are being honored by The Standard include the takeover amount. | ☐ |  |
| 469 | Family Indicator |  | 50 | Spouse  Child  Family | Family indicator for which the employee is enrolled | ☐ |  |
| 470 | Effective Date | YYYYMMDD | 8 |  | The date the coverage begins or changes. Required when employee has coverage and when coverage ends. | ☐ |  |
| 471 | Termination Date | YYYYMMDD | 8 |  | The last day this coverage is in effect; the coverage terminates at the end of this day. If coverage was never in force, the termination date needs to be the same as the coverage effective date. | ☐ |  |

Requested Benefit (Pending) Amounts and Datesii



## End Notes

i Captures amounts that have been approved and represent what an employee is insured for ii Captures values related to coverage or parts of coverage for which evidence of insurability is required

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