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# 1. File Requirements

Benefit files are provided to the system via SFTP.

## 1.1 Formatting Rules

* The file must be a pipe delimited ASCII (|) file. Fields within each record are delimited by the (|) character.
* The file must have the extension .TXT
* Each section type contains one row per record. Each row is terminated with a Carriage Return/Line Feed.
* Files may contain full data populations or changes only.
* Files may contain different combinations of records.
* Fields have specified maximum lengths as indicated in the specification. No zero padding or space padding is necessary unless specified.
* Dollar signs ($) are not supported for currency fields.
* All fields within a record will be updated in the system regardless of the change, if at least one field on the record is changed from the previous file submission.
* Field names are not specified within the file. The fields are indicated by position based on the pipe-delimiter.
* Each file must contain a header and footer record. These records are required.  The file name is limited to 100 characters and should be sent in the following format.

o Test Data File Name: TEST\_YYYYMMDD\_\_GPID\_XCompany.txt o Live Data File Name: YYYYMMDD\_GPID\_XCompany.txt

## 1.2 Participant Import ID Options

The Participant File Import ID field is used as the key indicator to uniquely identify a participant when creating or updating records in the system. There are three options to populate the Participant File Import ID:

1. Employee Number
2. Social Security Number (SSN)
3. Employer’s Employee ID

* The Participant File Import ID may be configured per employer.
* Each time a record is sent, the Participant File Import ID is used to determine if the participant exists in the system.
* If the Participant File Import ID is not found by looking up the same value for the field used for the Participant File Import ID, then the participant will be added as a new participant to the system.
* If an existing participant record is found that matches the value provided in the Participant File Import ID, then the participant record will be updated with the data fields provided on the file.

**Note:** Selection of which value to use as your Participant Import ID, and then correctly using this value going forward, is critical to your ability to successfully process data. If the ID provided matches an existing record in the system, the record is updated. If no match is found, a new record is added.

# 2. Sending Files Using SFTP

The process for sending files using SFTP is as follows:

 Send the file to the SFTP site via an automated file transfer process or by manually logging into the SFTP site and uploading the file.

 The system processes and loads the file upon receipt.

 An email notification is generated (if configured) once the file has been received.

 If the file fails initial validation due to an incorrect file format, an email is communicating the failure.

 If the error was caused by a file issue, the file should be corrected and resubmitted.

**Note:** If multiple files are sent (Demo, Enroll, Contribution) please ensure the proper file naming convention is used.

# 3. File Record Layout

The first record of any file must be the File Header. The last record of any file must be the File Footer.

|  |  |
| --- | --- |
| **Required Records** | **Valid Values** |
| File Header | FH |
| File Footer | FF |

The additional records can be sent in any order. On receipt, the system will sort the records in the order below to ensure record types are processed in the order of dependency.

|  |  |
| --- | --- |
| **Additional Records** | **Valid Values** |
| Participant Record | PT |
| Enrollment Record | EN |

# 4. Header Record Layout

The system requires a Header record for each file that is sent. The Header record must be the first record in the file. The purpose of this record is to identify the file for processing, the employer, and the date with which the file is associated.

**Example:**

FH|DBI|12345|N|01012014|104320|3.5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Field Description** | **Format** | **Maximum**  **Field**  **Length** | **Mapping Notes** | **Required** |
| Record Type | Two-letter code that uniquely identifies the record. | Alpha | 2 | FH | Y |
| Administrator Code | Unique code assigned to each Administrator in the system. | Alpha | 3 | DBI | Y |
| Employer Code | Unique code assigned to each employer. | Alphanumeric | 6 | 40641 | Y |
| Synchronize Flag | Synchronization loads all data within the file, not just changes.  (*Always use N*) | Alpha | 1 | N | Y |
| Submitted Date | The date the file was submitted for processing.  Format - MMDDYYYY | Date | 8 | Today’s date  Format - MMDDYYYY | Y |
| Submitted Time | The time of day the file was submitted for processing.  Format - HHMMSS | Time | 6 | Current time  Format - HHMMSS | Y |
| File Version | Version of the file format being used. | Alphanumeric | 6 | 3.5 | Y |

# 5. Participant Record Layout

The participant record is used to communicate demographic information that identifies the participant.

**Example:**

PT|888888888||1425|Sample|Susan||F|S||08121968|888888888|13 1st Ave

S||||Anytown|MN|12345||6122224564|||ssample@abcompany.com|||01012004|Divison|40|E|Monthly||

Active|01012004|||||||||||||||||||||||||||6122224564|

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | **Field Description** | **Format** | | **Maximum**  **Field**  **Length** | | **Mapping Notes**  **Include employees that have ded codes FSA, FSAD** | | **Required** |
| Record Type  1 | Two-letter code that uniquely identifies the record. | Alphanumeric | | 2 | | PT | | Y |
| Participant File Import ID  2 | Unique identifier used to identify participants and their dependents  when data about them is supplied through the import file.  \*Note: Employee Numbers are unique to the participant. Employee Numbers cannot be reused by new hires, as Terminated participants are retained in the  system. To avoid potential file  errors in the future, please ensure that the Employee Number is unique. | Alphanumeric | | 50 | | eepssn | | Y |
| Employer Employee ID  3 | Unique identifier assigned by the Employer for the participant. | Alphanumeric | | 20 | | Leave blank | | N |
| Employee Number  4 | Unique identifier for the participant within the system. | Alphanumeric | | 15 | | eecempno | | Y |
| Last Name  5 | Last name of the participant. | Alphanumeric | | 30 | | eepnamelast | | Y |
| First Name  6 | First name of the participant. | Alphanumeric | | 30 | | eepnamefirst | | Y |
| Middle Initial  7 | Middle initial of the participant. | Alphanumeric | | 1 | | 1st digit of eepnamemiddle | | N |
| Gender  8 | Gender of the participant. | Alphanumeric | | 1 | | If EepGender = M send M  If EepGender = F send F  Else leave blank | | N |
| Marital Status  9 | Marital status of the participant. | Alphanumeric | | 1 | | if eepMaritalStatus = S send S  if eepMaritalStatus = M send M  else send blank | | N |
| Mothers Maiden Name  10 | Maiden name of the participant's mother. Used for secure  identification of the participant. | Alphanumeric | | 50 | | Leave blank | | N |
| Date Of Birth  11 | Birth date of the participant.  Format - MMDDYYYY | Date | | 8 | | eepdateofbirth | | Y |
| SSN  12 | Social Security Number of the Participant.  **Note:** Do not include dashes. | Numeric | | 9 | | eepssn | | Y |
| Address Line 1  13 | Participant’s Address Line 1.  **Note:** Do not include symbols, commas, periods. | Alphanumeric | | 50 | | Eepaddressline1 | | Y |
| Address Line 2  14 | Participant’s Address Line 2.  **\***City, State/Province, Postal  Code are required in order required by the country if country is not US. | Alphanumeric | | 50 | | Eepaddressline2 | | N\* |
| Address Line 3  15 | Participant’s Address Line 3. | Alphanumeric | | 50 | | Leave blank | | N |
| Address Line 4  16 | This field is currently not supported. | Alphanumeric | | 50 | | Leave blank | | N |
| City  17 | Name of the city of the participant’s address.  \*Not required if the Country is not  US. Field can be populated with data but will not be entered in system. | Alphanumeric | | 30 | | eepaddresscity | | Y\* |
| State  18 | State code of the participant’s address.  \*Not required if the Country is not  US. Field can be populated with data but will not be entered in system. | Alphanumeric | | 2 | | eepaddresstate | | Y\* |
| Zip Code  19 | Zip code of the participant’s address.  **Note:** If zip code is sent with a dash, the dash must be between the 5th and 6th digits (total of 10 characters).  \*Not required if the Country is not US. | Alphanumeric | | 5, 9 or 10 | | eepaddresszip | | Y\* |
| Country  20 | Country code of the participant’s address.  **\***Required for non-US countries only. | Alphanumeric | | 2 | | Leave Blank | | N\* |
| Home Phone  21 | Home phone number of the participant.  **Note:** Do not include dashes. | Phone | | 10 | | EepPhoneHomeNumber  else blank | | N |
| Work Phone  22 | Work phone number of the participant.  **Note:** Do not include dashes. | Phone | | 10 | | Leave blank | | N |
| Work Phone Extension  23 | Extension for the work phone number of the participant. | Numeric | | 6 | | Leave blank | | N |
| Email Address  24 | Email address for the participant that will be used for electronic communications to the participant.  **Note:** Email address is required for most efficient and participant friendly experience. | Email | | 125 | | eepaddressemail | | Y |
| Username  25 | A unique identifier for each participant used to sign on to the Consumer Portal.  *(Leave this field blank)* | Alphanumeric | | 100 | | Leave blank | | N |
| Password  26 | Password the participant uses to sign on to the Consumer Portal.  *(Leave this field blank)* | Alphanumeric | | 100 | | Leave blank | | N |
| Hire Date  27 | Date the participant was hired by the Employer.  **Note:** Future dates of hires are not accepted. | Date | | 8 | | EecDateOfOriginalHire  MMDDYYYY | | Y |
| Division  28 | The division of the company to which the participant belongs. **Note:** This field must match a division defined in the system. If  blank, the system will default the division to “Unassigned.” | Alphanumeric | | 100 | | Leave Blank | | N |
| Hours Per Week  29 | The expected number of hours per week the participant will be working.  *(Leave this field blank)* | Numeric | | 2 | | Leave blank | | N |
| Employee Class  30 | The class the participant is associated with. Used to determine which plans a  participant can enroll in. This field must match a class created in the system. | Alphanumeric | | 100 | | E | | Y |
| Payroll  Frequency  31 | Identifies the participant’s pay cycle. This field must match the payroll frequency name is the system. | Alphanumeric | | 100 | | Bi-Weekly 20 | | Y |
| Payroll  Frequency  Effective Date  32 | \*Required if payroll frequency is changing from one value to  another. The date of that change will need to be populated in this field.  Format - MMDDYYYY | Date | | 8 | | Leave Blank | | N\* |
| Participant Status  33 | Identifies the employment status of the participant.  ***Note****: Only use the status* **LOA** *if the employee will NOT be able to*  *access benefits during the leave of absence. Otherwise, leave status as* **Active***.*  Active, LOA, Terminated | Alphanumeric | | 20 | | If EecEmplStatus = T send Terminated  else send Active | | Y |
| Status Effective Date  34 | The date used depends upon the status of the participant:    **Active** – use Date of Hire *(If an employee is re-hired, use the*  *date of re-hire.* ***Do NOT*** *use original hire date.)*  **LOA** – use LOA start date *(only if employee will NOT be able to access benefit)*  **Terminated** – *use the first day the employee loses coverage. If the employee still has coverage on the day they are terminated,*  *do not send the termination date.* ***Note:*** *The date entered as the status effective date for a status of Terminated is also the date that the participant’s benefits will end.*  Format - MMDDYYYY | Date | | 8 | | If EecEmplStatus = T send eecdateoftermination  else send eecdateoflasthire  MMDDYYYY | | Y |
| Hold Payroll Deductions  35 | When a status of **LOA** (Leave of  Absence) has been submitted for a participant, this field indicates whether or not to Hold Payroll  Deductions while the participant is in an **LOA** status.  **Note:** If blank, system will default to **Y**. | Alphanumeric | | 1 | | Leave blank | | N\* |
| Hold Employer Contributions  36 | When a status of **LOA** (Leave of Absence) is submitted, this field indicates whether or not to Hold  Employer Contributions while the participant is in an **LOA** status.  **Note:** If blank, system will default to **Y**. | Alphanumeric | | 1 | | Leave blank | | N\* |
| Incur Services  37 | When a status of **LOA** (Leave of  Absence) is submitted, this field indicates whether or not to  approve claims for expenses  incurred while the participant is in an **LOA** status.  **Note:** If blank, system will default to **N**. | Alphanumeric | | 1 | | Leave blank | | N\* |
| Final Payroll Process Date  38 | This value will determine the last payroll deduction date to be  posted for the participant. This  date must be equal to or after the hire date. \*\*Payroll contributions received via a file after this date will not process.  **Note:** This field is required if the  Participant Status is Terminated.  Format - MMDDYYYY | Date | | 8 | | Leave Blank | | Y\* |
| Final  Contribution  Process Date  39 | This value will determine the last employer contribution date to be posted for the participant. This  date must be equal to or after the hire date. \*\*Employer  contributions received via a file after this date will not process.  **Note:** This field is required if the  Participant Status is Terminated.  Format - MMDDYYYY | Date | | 8 | | Leave Blank | | Y\* |
| HSA Custodian  40 | This field is currently not supported. | Alphanumeric | | 100 | | Leave blank | | N |
| Medicare Beneficiary  41 | This field is currently not supported. | | Alphanumeric | | 1 | | Leave blank | N |
| Medicare ID  42 | This field is currently not supported. | | Alphanumeric | | 12 | | Leave blank | N |
| Exchange  Integration ID  43 | This field is currently not supported. | | Alphanumeric | | 50 | | Leave blank | N |
| Reporting  Hierarchy Level 1  44 | This field is currently not supported. | | Alphanumeric | | 100 | | Leave blank | N |
| Reporting  Hierarchy Level 2  45 | This field is currently not supported. | | Alphanumeric | | 100 | | Leave blank | N |
| Reporting  Hierarchy Level 3  46 | This field is currently not supported. | | Alphanumeric | | 100 | | Leave blank | N |
| Reporting  Hierarchy Level 4  47 | This field is currently not supported. | | Alphanumeric | | 100 | | Leave blank | N |
| CDD\_Citizenshi p  48 | This field is currently not supported. | | Alphanumeric | | 20 | | Leave blank | N |
| CDD\_Country  49 | This field is currently not supported. | | Alphanumeric | | 2 | | Leave blank | N |
| CDD\_Employm entStatus  50 | This field is currently not supported. | | Alphanumeric | | 20 | | Leave blank | N |
| CDD\_Employer  51 | This field is currently not supported. | | Alphanumeric | | 30 | | Leave blank | N |
| CDD\_JobTitle  52 | This field is currently not supported. | | Alphanumeric | | 30 | | Leave blank | N |
| Class Effective Date  53 | This field is currently not supported. | | Date | | 8 | | Leave blank | N |
| ID\_Identification Type  54 | This field is currently not supported. | | Alphanumeric | | 20 | | Leave blank | N |
| ID\_Identification Number  55 | This field is currently not supported. | | Alphanumeric | | 30 | | Leave blank | N |
| ID\_IssuingState  56 | This field is currently not supported. | | Alphanumeric | | 2 | | Leave blank | N |
| ID\_Issuer  57 | This field is currently not supported. | | Alphanumeric | | 50 | | Leave blank | N |
| ID\_IssueDate  58 | This field is currently not supported. | | Date | | 8 | | Leave blank | N |
| ID\_ExpirationDa te  59 | This field is currently not supported. | | Date | | 8 | | Leave blank | N |
| Mobile Carrier  60 | Carrier that is supported for the mobile number. | | Alphanumeric | | 20 | | Leave blank | N |
| Mobile Number  61 | Mobile phone number of the participant.  **Note:** Do not include dashes. | | Numeric | | 10 | | if efoPhoneType is CEL, send efoPhoneNumber from table EmpMPhon  else blank | N |
| Time Zone  62 | Time zone for the location of the participant. | | Alphanumeric | | 15 | | Leave blank | N |

# 6. Enrollment Record Layout

The enrollment record is used to communicate enrollments for each participant. Each plan type may require different fields to be populated.

**Note:**  Removing an enrollment for a participant that should not have been enrolled in a plan will have to be communicated to the plan administrator as this is not supported via file.

**Example:**

* EN|888888888|Health Reimbursement Account|01012015|0.00||Family|1000.00||||||||||
* EN|888888888|Medical FSA|01012015|1800.00|||||||||||||
* EN|888888888|Health Savings Account|01012015|0.00|||||||PerPay|Family|||||
* EN|888888888|Mass Transit|01012015|255.00|||||||PerMonth||||||

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Field Description** | **Format** | **Maximum**  **Field**  **Length** | Mapping Notes  Include employees that have ded codes FSA, FSAD | **Required** |
| Record Type  1 | A two-letter code that uniquely identifies the record. | Alphanumeric | 2 | EN | Y |
| Participant File Import Id  2 | Unique identifier used to identify participants and their dependents  when data about them is supplied through the import file.  \*Note: Employee Numbers are unique to the participant. Employee Numbers cannot be reused by new hires, as Terminated participants are retained in the  system. To avoid potential file  errors in the future, please ensure that the Employee Number is unique. | Alphanumeric | 50 | eepssn | Y |
| Plan Name  3 | The name of the plan the participant is enrolled in.  **Note:** The name provided in this field must match a plan name in the system. | Alphanumeric | 100 | If eeddedcode = FSA send Medical FSA  If eeddedcode = FSAD send Dependent Care FSA | Y |
| Enrollment Effective Date  4 | Effective date of the participant’s enrollment; represents either the initial effective date of the enrollment or the change  effective date for a mid-year election change.  Format - MMDDYYYY | Date | 8 | if EedDedCode = FSA, FSAD send eedbenstartdate  Send a minimum effective date of 04012021 or later  MMDDYYYY  Note  Please ensure the file is coded to send a minimum effective date of  April 1st of each current year (04012022, 04012023, etc.) | Y |
| Participant Election Amount  5 | The total dollar amount of the participant’s election for the plan.  (*Decimals are not assumed and must be populated*)  **\*** Must include a value for all plans that require a participant  election. HRA and HSA plans can be 0.00 or blank.  **Note:** Values cannot have more than two decimal places and  values less than $1 must have a zero prior to the decimal places. | Currency | 8 | if EedDedCode = FSA, FSAD send EedEEGoalAmt  else leave blank  *Decimals are not assumed and must be populated*  Values cannot have more than two decimal places and  values less than $1 must have a zero prior to the decimal places. | N\* |
| Enrollment  Termination Date  6 | This is the date that an active employee is no longer enrolled or  eligible for the plan. Use the first  day the coverage on the plan ends, not the last day of coverage.  **Note**: This field should only be used for employees who had their plan termed due to loss of  eligibility while remaining actively employed with the company.  \*Do not use to communicate the end of a plan year: Plan year end is processed by omission.  \*Do not populate this field for HSA enrollments  \*Do not populate this field for  Mass Transit or Parking enrollments unless specified by the plan documents.  Format - MMDDYYYY | Date | 8 | If eecemplstatus <> T and EedDedCode = FSA, FSAD send eedbenstopdate else leave blank | N |
| Employer  Contribution Level  7 | \*Required for HRA plans only.  Indicates the level of coverage for this plan. | Alphanumeric | 10 | Leave blank | N\* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer  Contribution Amount  8 | The total dollar amount of the  Employer’s contribution to the plan. This should represent the annual contribution amount.  **Note:** Values cannot have more than two decimal places and  values less than $1 must have a zero prior to the decimal places. | Currency | 8 | Leave blank | N |
| Primary Reimbursement  9 | The primary reimbursement method for the participant.  Debit Card | Alphanumeric | 30 | Leave blank | N |
| Alternate  Reimbursement  10 | The alternate reimbursement method for the participant.  Direct Deposit, Check | Alphanumeric | 30 | Leave blank | N |
| Enrolled In Claims  Exchange  11 | Claims Exchange allows health carriers to submit claims with the consumers’ responsibility portion of their medical expenses to the  administrator. The expenses are loaded into the system and  reimbursed (if eligible) to the participant or provider. Also called ‘Auto EOB’. | Alphanumeric | 1 | Leave blank | N |
| Election Amount Indicator  12 | \*Required value of ‘PerPay’ for HSA plans.  ‘Per Month’ may only be used for commuter plans.  This field must be blank for all other plans. | Alphanumeric | 8 | Leave Blank | N\* |
| HDHP  Coverage Level  13 | \*Required for HSA plans only.  The participant’s coverage level in a qualified HDHP health plan. This field is used to determine HSA eligibility. | Alphanumeric | 6 | Leave Blank | N\* |
| Plan Year Start Date  14 | The start date for the plan year for which the enrollment is  effective. If sent on the record,  this value will be used to validate if the enrollment effective date is accurate for the plan year. If not populated, the plan year will be  derived based on the enrollment effective date provided.  Format - MMDDYYYY | Date | 8 | Leave Blank | N |
| Terms and  Conditions  Accepted  15 | Indicates whether or not the participant has already accepted the HSA terms and conditions.  **Note**: Data in this field will only be accepted during the initial  enrollment record upload. Once the participant is enrolled, this field is ignored. | Alphanumeric | 1 | Leave Blank | N |
| Date Terms  Conditions  Accepted  16 | Date the participant accepted the HSA terms and conditions.  **Note**: Data in this field will only be accepted during the initial  enrollment record upload. Once the participant is enrolled, this field is ignored. Format - MMDDYYYY | Date | 8 | Leave Blank | N |
| Time Terms  Conditions  Accepted  17 | Time the participant accepted the HSA terms and conditions.  **Note**: Data in this field will only be accepted during the initial  enrollment record upload. Once the participant is enrolled, this field is ignored. Format - HHMMSS | Time | 6 | Leave Blank | N |
| Change Date  18 | (*Leave this field blank*) | Date | 8 | Leave blank | N |
| Spend Down  19 | Indicates whether the participant is eligible for spend down in new plan year. | Alphanumeric | 1 | Leave blank | N |

# 8. Footer Record Layout –

The system requires a footer record for each file that is sent. The footer record must be the last record in the file. The purpose of this record is to identify the employer sending the file, the record count, and the date with which the file is associated.

**Example:**

FF|12|DBI|12345|01012015|104320

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Field Description** | **Format** | **Maximum**  **Field**  **Length** | **Mapping Notes** | **Required** |
| Record Type | A two-letter code that uniquely identifies the record. | Alphanumeric | 2 | FF | Y |
| Record Count | Count of the total number of records, of any record type,  included between the file header and footer records. File header  and footer are not included in the total record count. | Numeric | 20 | Count of all lines except header and footer | Y |
| Administrator Code | Unique code assigned to each Administrator in the system. | Alphanumeric | 3 | DBI | Y |
| Employer Code | Unique code assigned to each employer when they are created in the system. | Alphanumeric | 6 | 40641 | Y |
| Submitted Date | The date the file was submitted for processing.  Format - MMDDYYYY | Date | 8 | Today’s date (run date)  Format - MMDDYYYY | Y |
| Submitted Time | The time of day the file was submitted for processing.  Format - HHMMSS | Time | 6 | Current time  Format - HHMMSS | Y |

# 9. Sample File Scenarios

The following examples illustrate common participant changes sent via File.

## 8.1 Payroll Frequency Change

 Participant A is changing from a Bi-Weekly payroll frequency to a monthly payroll frequency effective 5/1/2018.

PT|888888888|13100|90|Example|File||M|S||08121968|888888888|13 1st

AveS||||Fargo|ND|58102||||||||01012004|Division||E|Monthly|05012018|Active|01012011|||||||||||||||||||||||||| |6122224564|

## 8.2 Leave of Absence

 Participant A is starting a leave of absence on 6/1/2018. Payroll deductions will be held while Participant A is on LOA, but he will still be eligible for employer contributions. Additionally, Participant A will be eligible for claims incurred while he is on LOA.

PT|888888888|13100|90|Example|File||M|S||08121968|888888888|13 1st

AveS||||Fargo|ND|58102||||||||01012004|Division||E|Monthly||LOA|06012018|Y|N|Y|||||||||||||||||||||612222 4564|

## 8.3 Participant Termination

 Participant B has terminated her employment as of 3/1/2018. Her benefits end date is 03/31/208. Her final payroll deduction was on 3/25/2018, and her final employer contribution was on 3/1/2018.

PT|888888888|12100|60|Sample|Participant||F|M||06151978|888888888|13 31st

AveS||||Fargo|ND|58103||||||||01012008|Division||E|BiWeekly||Terminated|04012018||||03252018|0301

2018||||||||||||||||||||||6122224564|

## 8.4 Enrollment Termination

 Participant C is terming her Dependent Care FSA election as of 6/1/2018.

EN|888888888|Dependent Care FSA|01012018|5000.00|06012018||||||||||||

## 8.5 Status/Election Change

 Participant A is increasing his Medical FSA election to $2600 effective 8/1/2018 due to a status change.

EN|888888888|Medical FSA|08012018|2600.00|||||||||||||