**Eligibility Data Specifications: Proprietary Format**

* **Data file format: CSV. Please provide comma separated data values. Data Type column indicates character or number format for data.**
* **Once Voya Financial has been notified that an individual has been terminated, an additional record for the same individual should not be received.\* See "Field Label". A Header record with a field label for each column is required on the first row of the file.**

**Record Detail:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fld#** | **Field Description** | **Field Label** | **Maximum Length** | **Data Type** | **EE Record**  **(Required/Not required)** | **SP/CH Record**  **(Required/Not required)** | **Formatting/Valid Values** | **Comments** | **UltiPro field mapping Notes**  **Important Note for Developer**  **Data file format: CSV**  **A Header record with a field label for each column is required on the first row of the file**  **Send terminations one time then drop them from the file**  **This file will include employees/dependents with the deduction codes below**  VLAIH, VLAIL, VC1EE, VC1EC, VC1EF, VC1ES, VC2EC, VC2EF, VC2ES, VC2EE, VLHOI |
| 1 | Group Benefit Plan ID | GBPID | 8 | Numeric | Y | Y | 12345678 | Hardcode:"00717452" | 00717452 |
| 2 | Claim Account  Number | ACCT | 4 | Numeric | Y | Y |  | Hardcode: "0001" | 0001 |
| 3 | Employee ID | EEID | 15 | Alphanumeric | Y | Y |  | Employee’s (EE) ID number if used or  Employee’s (EE) Social Security  Number in 999999999 format ONLY | eepSSN |
| 4 | Relationship | REL | 2 | Alpha | Y | Y | CH, EE, SP | EE= Employee, SP= Spouse, CH = Child | If EE send EE  If conrelationship = CHL, DCH, DPC, STC send CH  If conrelationship = DP, SPS send SP |
| 5 | Insured SSN | SSN | 9 | Numeric | Y | N | 123456789 | SSN of EE, SP or CH | eepSSN  If ConSSN = 999999999 send a blank  Else send ConSSN |
| 6 | Last Name | LASTNM | 30 | Alpha | Y | Y |  | EE/SP/CH Last Name. | EepNameLast or ConNameLast |
| 7 | First Name | FIRSTNM | 20 | Alpha | Y | Y |  | EE/SP/CH First Name. | EepNameFirst or ConNameFirst |
| 8 | Middle Name or  Middle Initial | MIDDLE | 10 | Alpha | N | N |  | EE/SP/CH Middle Name. This field is not required however if able to populate, please provide. | 1st digit only EepNameMiddle or ConNameMiddle |
| 9 | Name Suffix | NMSUFFIX | 10 | Alpha | N | N |  | EE/SP/CH Name Suffix. This field is not required however if able to populate, please provide. | EepNameSuffix or ConNameSuffix |
| 10 | Address Line #1 | ADD1 | 30 | Alphanumeric | Y | N |  | Address Line 1 of Residence | EepAddressLine1  Double quote the value as special characters are not allowed |
| 11 | Address Line #2 | ADD2 | 30 | Alphanumeric | N | N |  | Address Line 2 of Residence | EepAddressLine2  Double quote the value as special characters are not allowed |
| 12 | City | CITY | 30 | Alpha | Y | N |  | City of Residence | EepAddressCity |
| 13 | State | ST | 2 | Alpha | Y | N |  | US Postal Service 2-character State abbreviation, 2-character Canadian Province abbreviation, Puerto Rico =  PR, Virgin Islands = VI, Guam = GU | EepAddressState |
| 14 | Zip Code | ZIP | 9 | Numeric | Y | N | 123456789 | Zip Code of Residence | EepAddressZipCode |
| 15 | Date of Birth | DOB | 8 | Numeric | Y | Y | MMDDYYYY | Member or Insured Date of Birth | EepDateOfBirth or ConDateOfBirth |
| 16 | Gender | GENDER | 1 | Alpha | Y | Y | M, F | Member or Insured Gender M= male, F= female | If EepGender or congender = M send M  If EepGender or congender = F send F |
| 17 | Phone | PHONE | 13 | Numeric | N | N | 9999999999 | Member or Insured Contact Phone Number. | EepPhoneHomeNumber or ConPhoneHomeNumber |
| 18 | Employment Status | EEST | 30 | Alpha | Y | N | A, T | A = Active    T = Employment Terminated | If EecEmplStatus = T send T  Else send A |
| 19 | Date of Hire | EEDOH | 8 | Numeric | Y | N | MMDDYYYY | Employee's most recent date of hire | EecDateOfBenefitSeniority |
| 20 | Employment  Termination  Date | ETD | 8 | Numeric | N | N | MMDDYYYY | Required on EE records where Employment Status indicates employment is terminated | EecDateOfTermination |
| 21 | Rehire Date | EERHD | 8 | Numeric | N | N | MMDDYYYY | Original/Initial Date of Hire for employees who have been rehired | EecDateOfOriginalHire |
| 22 | Takeover | TKVR | 1 | Alpha | Y | Y | N | Required on all records N = No | N |
| 23 | Employee's Job  Title | EEJT | 30 | Alphanumeric | N | N |  | Provide if available. | JbcDesc where JbcCode = EecJobCode  Double quote the value as special characters are not allowed |
| 24 | Work Location | WRKL | 10 | Alphanumeric | N | N |  | Provide if available. | Leave Blank |
| 25 | Change SSN | CHGSSN | 1 | Alpha | N | N |  | Y = Yes, Null/Blank = No | If eepOldSSN <> blank send Y  else leave blank |
| 26 | Plan Type | PLTP | 4 | Alpha | Y | Y | CI, AC, HI | Standard Employee Paid Coverages: CI, HI, AC. | If EedDedCode or DbnDedCode = VLAIH, VLAIL send AC  If EedDedCode or DbnDedCode = VC1EE, VC1EC, VC1EF, VC1ES, VC2EC, VC2EF, VC2ES, VC2EE send CI  If EedDedCode or DbnDedCode = VLHOI send HI |
| 27 | Benefit Class | BFCLS | 30 | Alphanumeric | N | N |  | Indicate the Level of the accident plan selected.    AC= "Low"    AC= "High" | If EedDedCode or DbnDedCode = VLAIH send High  If EedDedCode or DbnDedCode = VLAIL send Low  Else send blank |
| 28 | Voya Coverage Effective Date | VOYAED | 8 | Numeric | Y | Y | MMDDYYYY | 01012021 | If EedDedCode = VLAIH, VLAIL, VC1EE, VC1EC, VC1EF, VC1ES, VC2EC, VC2EF, VC2ES, VC2EE, VLHOI send EedBenStartDate  If DbnDedCode = VLAIH, VLAIL, VC1EE, VC1EC, VC1EF, VC1ES, VC2EC, VC2EF, VC2ES, VC2EE, VLHOI send DbnBenStartDate  Send min effective date of 20210101 |
| 29 | Employer Paid Amount | ERPD | 8 | Numeric | N | N | 99999999.99 | Leave this field blank. | Leave Blank |
| 30 | Employee Paid Amount | EEPD | 8 | Numeric | N | N | 99999999.99 | CI records: populate with employee paid Critical Illness/Specified Disease coverage amount.    EE: "10,000" or "20,000"    SP: 50% of employee elected amount.    CH: 50% of employee elected amount.    HI records: populate with employee paid HI daily benefit amount.    Daily Benefit Amount: "200"    AC records: leave this field null | If EedDedCode = VC1EE, VC1EC, VC1EF, VC1ES send 10000.00  If EedDedCode = VC2EC, VC2EF, VC2ES, VC2EE send 20000.00  If DbnDedCode = VC1EE, VC1EC, VC1EF, VC1ES send 5000.00  If DbnDedCode = VC2EC, VC2EF, VC2ES, VC2EE send 10000.00  If EedDedCode or DbnDedCode = VLHOI send 200  Else leave blank |
| 31 | Benefit Term Date | BTD | 8 | Numeric | N | N | MMDDYYYY | Required when enrolled individual(s) are dropping/waiving coverage. Also required on Employment termination records, indicate date coverage is | If EedDedCode = VLAIH, VLAIL, VC1EE, VC1EC, VC1EF, VC1ES, VC2EC, VC2EF, VC2ES, VC2EE, VLHOI send EedBenStopDate  If DbnDedCode = VLAIH, VLAIL, VC1EE, VC1EC, VC1EF, VC1ES, VC2EC, VC2EF, VC2ES, VC2EE, VLHOI send DbnBenStopDate  Else leave blank |
| 32 | Original  Coverage  Effective Date | OCED | 8 | Numeric | N | N | MMDDYYYY | Leave this field blank. | Leave Blank |
| 33 | Coverage Tier | TIER | 3 | Alpha | Y | Y |  | EMP=Employee  ESP=Employee+Spouse  ECH=Employee+Child(ren)  FAM=Family Coverage  (EE+SP+CH(ren)) | If EedDedCode = VLAIH, VLAIL, VC1EE, VC2EE, VLHOI and EedBenOption = EE send EMP  If EedDedCode or DbnDedCode = VLAIH, VLAIL, VC1ES, VC2ES, VLHOI and EedBenOption = EES, EDP send ESP  If EedDedCode or DbnDedCode = VLAIH, VLAIL, VC1EC, VC2EC, VLHOI and EedBenOption = EEC send ECH  If EedDedCode or DbnDedCode = VLAIH, VLAIL, VC1EF, VC2EF, VLHOI and EedBenOption = EEF, EEDPF send FAM |
| 34 | Supplemental Information | SINFO | 50 | Alphanumeric | N | N |  | Supplemental Information/Payroll  Deduction Frequency (12, 24, 26, etc.) | 26 |
| 35 | Tobacco Status | TOB | 3 | Alpha | Y | Y | NA | Tobacco rates are not applicable for group, value of 'N/A' needs to be hardcoded to this field for all records. | N/A |
| 36 | Organization 1 | Disability Indicator | 50 | Alphanumeric | N | N |  | If the child is above the age 26 and is considered a disabled dependent, you would indicate the value 'Disable' for all CH records that fit the scenario. This shows the child is allowed to be on the plan | If DbnDedCode = VLAIH, VLAIL, VC1EC, VC2EC, VC1EF, VC2EF, VLHOI and conrelationship = CHL, DCH, DPC, STC and ConIsDisabled = Y send Disable  Else leave blank |
| 37 | Address Country | Country | 20 | Alphanumeric | N | N |  | Required if State field indicates a province/state/etc. from a foreign country. Please indicate country on all records if there is a foreign address. United States, Canada, Puerto Rico, US Virgin Islands, Guam, etc. | US |
| 38 | Employee Work Email Address | WORKEMAIL | 100 | Alphanumeric | N | N |  | Work email address for employee record. | |  | | --- | | eepAddressEMail | |  | |

**\*Minimum of one record per insured individual per product. When both employer-paid AND employee-paid coverage is enrolled, provide two records.**