

UMR FSA Standard File Layout

Effective 07/22/2017

# Header Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Starting Position | Ending Position | Data Type | Field Name | Definition/Value | Required/ Optional/  Situational | Mapping notes |
| 1 | 1 | A (1) | Record Type | H = Header | R | H |
| 2 | 5 | A (4) | Client Number | UMR will provide to client | R | 7670 |
| 6 | 35 | A (30) | Client Name | Client name | R | Trinity River Authority of Texas |
| 36 | 65 | A (30) | Filler | Filler field (spaces) | N/A | spaces |
| 66 | 75 | A (10) | Product Type | FLEX = Flexible spending File | R | FLEX |
| 76 | 95 | A (20) | Process Type | UPDATE = Update file (both eligibility and deposits)  ELIG = Eligibility-only file  PAYROLL = Deposit-only file | R | UPDATE |
| 96 | 103 | N (8) | File Creation Date | CCYYMMDD | R | Today’s date |
| 104 | 500 | A (397) | Filler | Filler field – spaces fill | N/A | spaces |

# Detail Record

Only fields 1 through 8 are required if process type = PAYROLL; 35 and 38 (41 and 42 if employer contributions are offered) are also required if parking and transit are part of the plan.

UMR does not assume any payroll dates or contribution amounts when deductions are sent via file to UMR. The specific information submitted on the file by the client will match that which is loaded for each employee in the processing system.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Excel Column | | | Field  Number | | | | Starting Position | | | | | | Ending Position | | | | | Data Type | | | | | Field Name | | | | | | | | | Definition/Value | | | | Required/ Optional/  Situational | | | | Mapping notes | | |
| A | | | 1. | | | | 1 | | | | | | 9 | | | | | N (9) | | | | | Employee SSN | | | | | | | | | Employee Social Security Number  Format: 999999999 (no dashes)    This value is the unique identifier between the client and the UMR processing system. When the file is processed, the processing system searches for the employee SSN. If no record is found, a new record is added. | | | | R | | | | eepssn | | |
| B | | | 2. | | | | 10 | | | | | | 29 | | | | | A (20) | | | | | Last Name | | | | | | | | | Employee Last Name | | | | R | | | | eepnamelast | | |
| C | | | 3. | | | | 30 | | | | | | 43 | | | | | A (14) | | | | | First Name | | | | | | | | | Employee First Name | | | | R | | | | eepnamefirst | | |
| D | | | 4. | | | | 44 | | | | | | 51 | | | | | N (8) | | | | | Payroll Date | | | | | | | | | Payroll Date  Format: CCYYMMDD    This value is used for reporting and inquiries regarding payroll periods and deposit amounts. This value must be populated each time the file is created when payroll deductions are included in the file. | | | | S | | | | PrgPayDate | | |
| E | | | 5. | | | | 52 | | | | | | 58 | | | | | N (7) | | | | | Employer Health Care Contribution | | | | | | | | | Employer Health Care Contribution (annual deduction)  Format: S9(5)V99    This value captures the employer’s contribution to the employee’s health care account. If the employer is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employer contribution).    The employer contribution should not be included in the Employee Annual Health Care Election Amount. | | | | S | | | | spaces | | |
| F | | | 6. | | | | 59 | | | | | | 65 | | | | | N (7) | | | | | Employee Health Care Contribution | | | | | | | | | Employee Health Care Contribution (per pay period deduction) Format: S9(5)V99    This value captures the employee’s payroll deduction for the health care account. This is the current pay period deduction – not the year-to-date amount. If the employee is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employee contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employee deduction does not impact the Employee Annual Health Care Election Amount. | | | | S | | | | SUM(PdhEECurAmt) where PdhDedCode IN (FSAM or FSAML)  For Percontrols posted in the date range of the file | | |
| G | | | 7. | | | | 66 | | | | | | 72 | | | | | N (7) | | | | | Employer Dependent Care Contribution | | | | | | | | | Employer Dependent Care Contribution (if applicable)  Format: S9(5)V99    This value captures the employer’s contribution to the employee’s dependent care account. If the employer is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employer contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employer contribution should not be included in the Employee Annual Dependent Care Election Amount. | | | | S | | | | spaces | | |
| H | | | 8. | | | | 73 | | | | | | 79 | | | | | N (7) | | | | | Employee Dependent Care Contribution | | | | | | | | | Employee Dependent Care Contribution (per pay period deduction) Format: S9(5)V99    This value captures the employee’s payroll deduction for the dependent care account. This is the current pay period deduction – not the year-to-date amount. If the employee is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employee contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employee deduction does not impact the Employee Annual Health Care Election Amount. | | | | S | | | | SUM(PdhEECurAmt) where PdhDedCode IN (FSAD)  For Percontrols posted in the date range of the file | | |
| I | | | 9. | | | | 80 | | | | | | 82 | | | | | N (3) | | | | | Limited Purpose FSA Indicator | | | | | | | | | LTD = Limited Purpose FSA    This value indicates that the employee should be enrolled in the limited purpose health care plan rather than the standard purpose health care plan. This value must be populated each time the file is created to prevent duplicate enrollments from being created.    If this value is not applicable, use spaces. | | | | S | | | | Send LTD if eeddedcode = FSAML | | |
| J | | | 10. | | | | 83 | | | | | | 86 | | | | | A (4) | | | | | Group Location Code | | | | | | | | | This value indicates the location of the employee within the organization. These locations are provided during the initial implementation of the client. If the location code is a three-digit code, leave the last byte blank. If the location code is a four-digit code, complete all bytes.    This field should be left-justified. | | | | R | | | | 001 | | |
| K | | | 11. | | | | 87 | | | | | | 87 | | | | | A (1) | | | | | Payroll Frequency | | | | | | | | | This value represents the payroll frequency/schedule for the employee. Valid values include:  M = Monthly  S = Semi-Monthly W= Weekly  B = Biweekly | | | | R | | | | B | | |
| L | | | 12. | | | | 88 | | | | | | 89 | | | | | N (2) | | | | | Filler | | | | | | | | | Filler field (spaces) | | | | N/A | | | | spaces | | |
| M | | | 13. | | | | 90 | | | | | | 95 | | | | | A (6) | | | | | Filler | | | | | | | | | Filler field (spaces) | | | | N/A | | | | spaces | | |
| N | | | 14. | | | | 96 | | | | | | 125 | | | | | A (30) | | | | | Address | | | | | | | | | Employee Address Line 1 text    If PO Box, include street address in this field. Include PO Box in Address 2 field. | | | | R | | | | EepAddressLine1 | | |
| O | | | 15. | | | | 126 | | | | | | 150 | | | | | A (25) | | | | | Address 2 | | | | | | | | | Employee Address line 2 text    If PO Box, include in this field. Include street address in first address field. | | | | O | | | | EepAddressLine2 | | |
| P | | | 16. | | | | 151 | | | | | | 170 | | | | | A (20) | | | | | City | | | | | | | | | Employee City text | | | | R | | | | EepAddressCity | | |
| Q | | | 17. | | | | 171 | | | | | | 172 | | | | | A (2) | | | | | State | | | | | | | | | Employee State text    If employee has a foreign address, include the FO in this field. The applicable country will be populated in column AD. | | | | R | | | | EepAddressState | | |
| R | | | 18. | | | | 173 | | | | | | 181 | | | | | A (9) | | | | | Zip Code | | | | | | | | | Employee Zip Code  Format: no dashes | | | | R | | | | EepAddressZipCode | | |
| S | | | 19. | | | | 182 | | | | | | 189 | | | | | N (8) | | | | | Employee Coverage Effective Date – Health Care | | | | | | | | | Employee Coverage Effective Date – Health Care  Format: CCYYMMDD    Use spaces if employee has no coverage.  At the beginning of each plan year, the month and day should be 0101 with the current century and year (e.g., 20170101), unless the employee is effective mid-year.  If the employee has a qualifying status event that allows him/her to adjust the annual amount, the use the effective date of the change.  If the employee is terminated and subsequently rehired, use the new effective date.  This value must be populated each time the file is created. | | | | S | | | | If EedDedCode = FSAM or FSAML send EedBenStartDate | | |
| T | | | 20. | | | | 190 | | | | | | 197 | | | | | N (8) | | | | | Employee Coverage  Termination Date – Health  Care | | | | | | | | | Employee Coverage Termination Date – Health Care  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 1231 with the current century and year (e.g., 20171231), unless the employee is terminated mid-year.    If no date is sent in this field, the processing system will default to the last day of the current plan year. | | | | S | | | | If EedDedCode = FSAM or FSAML send EedBenStopDate, if blank send CCYY1130 (plan end date is November 30th of each year) | | |
| U | | | 21. | | | | 198 | | | | | | 204 | | | | | N (7) | | | | | Employee Annual Health Care Election Amount | | | | | | | | | Total Annual Election Amount - Health Care  Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new annual health care amount and not the difference between the initial and new elections. | | | | S | | | | If EedDedCode = FSAM or FSAML send EedEEGoalAmt | | |
| V | | | 22. | | | | 205 | | | | | | 212 | | | | | N (8) | | | | | Automatic  Reimbursement/Debit Card  Effective Date | | | | | | | | | Automatic Reimbursement/Debit Card Effective Date  Format CCYYMMDD    This value captures the effective date for automatic reimbursement and/or debit card (if applicable) as indicated in column W. | | | | S | | | | spaces | | |
| W | 23. | | | | | 213 | | | | | | 213 | | | | | A (1) | | Automatic  Reimbursement/Debit Card Indicator | | | | | | | | | This value indicates the automatic reimbursement and/or debit care option for the employee. Valid values include  R = Medical claims D = Dental claims   1. = Both medical and dental claims 2. = Debit card   N = None    Once added to an employee’s account, the value will roll over when the employee enrolls in the next plan year. | | | | | | | S | | | | spaces | | | | |
| X | 24. | | | | | 214 | | | | | | 221 | | | | | N (8) | | Employee Coverage Effective Date – Dep Care | | | | | | | | | Employee Coverage Effective Date – Dep Care  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 0101 with the current century and year (e.g., 20170101), unless the employee is effective mid-year.    If the employee has a qualifying status event that allows him/her to adjust the annual amount, the use the effective date of the change.    If the employee is terminated and subsequently rehired, use the new effective date.    This value must be populated each time the file is created. | | | | | | | S | | | If EedDedCode = FSAD send EedBenStartDate | | | | | |
| Y | 25. | | | | | 222 | | | | | | 229 | | | | | N (8) | | Employee Coverage  Termination Date – Dep Care | | | | | | | | | Employee Coverage Termination Date – Dep Care  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 1231 with the current century and year (e.g., 20171231), unless the employee is terminated mid-year.    If no date is sent in this field, the processing system will default to the last day of the current plan year. | | | | | | | S | | | If EedDedCode = FSAD send EedBenStopDate, if blank send CCYY1130 (plan end date is November 30th of each year) | | | | | |
| Z | 26. | | | | | 230 | | | | | | 236 | | | | | N (7) | | Employee Annual Dependent Care Election Amount | | | | | | | | | Amount the employee is contributing for DEPENDENT CARE annually Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new annual health care amount and not the difference between the initial and new elections. | | | | | | | S | | | If EedDedCode = FSAD send EedEEGoalAmt | | | | | |
| AA | | 27. | | | | | | | | | 237 | | | | | 251 | | | | | | A (15) | | | Bank Routing Transit Number | | | | | Bank Routing Transit Number  Format: No dashes; left justified    This value should be nine digits and should include leading zeroes, if applicable. If no electronic deposit of claim reimbursements in elected by the employee, leave this field blank. | | | | | S | | | spaces | | | | | |
| AB | | 28. | | | | | | | | | 252 | | | | | 266 | | | | | | A (15) | | | Filler | | | | | Filler field (spaces) | | | | | N/A | | | spaces | | | | | |
| AC | | 29. | | | | | | | | | 267 | | | | | 267 | | | | | | A (1) | | | Type of Bank Account | | | | | C = Checking Account  S = Savings Account    If no electronic deposit of claim reimbursements in elected by the employee, leave this field blank. | | | | | S | | | spaces | | | | | |
| AD | | 30. | | | | | | | | | 268 | | | | | 277 | | | | | | A (10) | | | Country | | | | | Country    This value must be completed if the employee has a foreign address. | | | | | S | | | spaces | | | | | |
| AE | | 31. | | | | | | | | | 278 | | | | | 294 | | | | | | A (17) | | | Employee Bank Account Number | | | | | Employee Bank Account Number  (left justified)    If no electronic deposit of claim reimbursements in elected by the employee, leave this field blank. | | | | | S | | | spaces | | | | | |
| AF | | 32. | | | | | | | | | 295 | | | | | 326 | | | | | | (32) | | | Filler | | | | | Filler field (spaces) | | | | | N/A | | | spaces | | | | | |
| AG | | 33. | | | | | | | | | 327 | | | | | 333 | | | | | | N (7) | | | Employer Annual Health Care Contribution Amount | | | | | Amount the employer is contributing for HEALTH CARE  Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new annual health care amount and not the difference between the initial and new elections. | | | | | S | | | spaces | | | | | |
| AH | | 34. | | | | | | | | | 334 | | | | | 340 | | | | | | N (7) | | | Employer Annual Dependent Care Contribution Amount | | | | | Amount the employer is contributing for DEPENDENT CARE Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new annual dependent care amount and not the difference between the initial and new elections. | | | | | S | | | spaces | | | | | |
| AI | | | | 35. | | | | | 341 | | | | | | 347 | | | | | | N(7) | | | | | Employee Parking Contribution | | | | Employee Parking Contribution (Per pay period deduction) Format: S9(5)V99    This value captures the employee’s payroll deduction for the parking account. This is the current pay period deduction – not the year-to-date amount. If the employee is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employee contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employee deduction does not impact the Employee Monthly Parking Election Amount. | | | | | S | | | spaces | | | |
| AJ | | | | 36. | | | | | 348 | | | | | | 355 | | | | | | N (8) | | | | | Employee Coverage Effective Date – Parking | | | | Employee Coverage Effective Date – Parking  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 0101 with the current century and year (e.g., 20170101), unless the employee is effective mid-year.    If the employee needs to adjust the monthly amount, the use the effective date of the change.    If the employee is terminated and subsequently rehired, use the new effective date.    This value must be populated each time the file is created. | | | | | S | | | spaces | | | |
| AK | | | | 37. | | | | | 356 | | | | | | 363 | | | | | | N (8) | | | | | Employee Coverage  Termination Date – Parking | | | | Employee Coverage Termination Date – Parking  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 1231 with the current century and year (e.g., 20171231), unless the employee is terminated mid-year.    If no date is sent in this field, the processing system will default to the last day of the current plan year. | | | | | S | | | spaces | | | |
| AL | | | | | 38. | | | | | 364 | | | | | | 370 | | | | | | N(7) | | | | | Employee Transit Contribution | | | | Employee Transit Contribution (Per pay period deduction)  Format: S9(5)V99    This value captures the employee’s payroll deduction for the transit account. This is the current pay period deduction – not the year-to-date amount. If the employee is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employee contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employee deduction does not impact the Employee Monthly Transit Election Amount. | | | S | | | spaces | | | | |
| AM | | | | | 39. | | | | | 371 | | | | | | 378 | | | | | | N (8) | | | | | Employee Coverage Effective Date – Transit | | | | Employee Coverage Effective Date – Transit  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 0101 with the current century and year (e.g., 20170101), unless the employee is effective mid-year.    If the employee needs to adjust the monthly amount, the use the effective date of the change.    If the employee is terminated and subsequently rehired, use the new effective date.    This value must be populated each time the file is created. | | | S | | | spaces | | | | |
| AN | | | | | 40. | | | | | 379 | | | | | | 386 | | | | | | N (8) | | | | | Employee Coverage  Termination Date – Transit | | | | Employee Coverage Termination Date – Transit  Format: CCYYMMDD    Use spaces if employee has no coverage.    At the beginning of each plan year, the month and day should be 1231 with the current century and year (e.g., 20171231), unless the employee is terminated mid-year.    If no date is sent in this field, the processing system will default to the last day of the current plan year. | | | S | | | spaces | | | | |
| AO | | | | 41. | | | | 387 | | | | | | 393 | | | | | | N(7) | | | | Employer Parking Contribution | | | | | Employer Parking Contribution – Per pay period (if applicable) Format: S9(5)V99    This value captures the employer’s contribution to the employee’s parking account. If the employer is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employer contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employer contribution should not be included in the Employee Monthly Parking Election Amount. | | | | S | | | | spaces | | | |
| AP | | | | 42. | | | | 394 | | | | | | 400 | | | | | | N(7) | | | | Employer Transit Contribution | | | | | Employer Transit Contribution – Per pay period (if applicable) Format: S9(5)V99    This value captures the employer’s contribution to the employee’s transit account. If the employer is not contributing, include zeroes. Credit amounts may also be reported in this field (i.e., use negative amount to decrease the employer contribution).    Signed fields may be in front of the number for ASCII PC-based format. Signed fields may be in front of the number for EBCDIC mainframe formats.    The employer contribution should not be included in the Employee Monthly Parking Transit Amount. | | | | S | | | | spaces | | | |
| AQ | | | | 43. | | | | 401 | | | | | | 409 | | | | | | N(9) | | | | Filler | | | | | Filler field (spaces) | | | | N/A | | | | spaces | | | |
| AR | | | | 44. | | | | 410 | | | | | | 412 | | | | | | N(3) | | | | Filler | | | | | Filler field (spaces) | | | | N/A | | | | spaces | | | |
| AS | | | | 45. | | | | 413 | | | | | | 442 | | | | | | N(30) | | | | Employee ID | | | | | Employer assigned employee number | | | | S | | | | EecEmpNo | | | |
| AT | | | | 46. | | | | 443 | | | | | | 450 | | | | | | N(8) | | | | DOB | | | | | Employee's date of birth CCYYMMDD    This value is needed to load into the processing system, as it is a required value when the employee uses the IVR (to verify identity). If a correct date-ofbirth is not provided, the employee will have issues logging in. | | | | R | | | | eepdateofbirth | | | |
| AU | | | | 47. | | | | 451 | | | | | | 451 | | | | | | N(1) | | | | Marital Status | | | | | This value indicates the employee’s marital status. Valid values include  S = Single  M = Married  D = Divorced  L = Legally Separated W = Widowed  U = Unknown or Domestic Partner | | | | O | | | | eepmaritalstatus | | | |
| AV | | | | 48. | | | | 452 | | | | | | 452 | | | | | | N(1) | | | | Gender | | | | | This value indicates the employee's gender code. Valid values include:  F = Female  M = Male | | | | O | | | | eepgender | | | |
| AW | | | | 49. | | | | 453 | | | | | | 462 | | | | | | N(10) | | | | Phone Number | | | | | Employee's phone number No dashes | | | | O | | | | spaces | | | |
| AX | | | | 50. | | | | 463 | | | | | | 463 | | | | | | A (1) | | | | Middle Initial | | | | | Employee’s middle initial | | | | O | | | | spaces | | | |
| AY | | | | 51. | | | | 464 | | | | | | 472 | | | | | | N(9) | | | | Filler | | | | | Filler field (spaces) | | | | N/A | | | |  | | | |
| AZ | | | | 52. | | | | 473 | | | | | | 479 | | | | | | N(7) | | | | Employee Parking Monthly Election Amount | | | | | Amount the employee is contributing for parking monthly  Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new monthly parking amount and not the difference between the initial and new elections. | | | | S | | | | spaces | | | |
| BA | | | | 53. | | | | 480 | | | | | | 486 | | | | | | N(7) | | | | Employee Transit Monthly Election Amount | | | | | Amount the employee is contributing for transit monthly  Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new monthly transit amount and not the difference between the initial and new elections. | | | | S | | | | spaces | | | |
| BB | | | | 54. | | | | 487 | | | | | | 493 | | | | | | N(7) | | | | Employer Parking Monthly Contribution Amount | | | | | Amount the employer is contributing for parking monthly  Format: S9(5)V99    This value must be populated each time the file is created. If an adjustment is needed, include the new monthly parking amount and not the difference between the initial and new elections. | | | | S | | | | spaces | | | |
| BC | | | | 55. | | | | 494 | | | | | | 500 | | | | | | N(7) | | | | Employer Transit Monthly Contribution Amount | | | | | Amount the employer is contributing for transit monthly  Format: S9(5)V99 | | | | S | | | | spaces | | | |

Trailer Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Starting Position | Ending Position | Data Type | Field Name | Definition/Value | Required/  Optional/  Situational | Mapping notes |
| 1 | 1 | A (1) | Record Type | T = Trailer | R | T |
| 2 | 8 | N (7) | Record Count | Total Detail Records – does not include header/trailer (right justified) | R | Count of all detail records |
| 9 | 19 | N (11) | Total Employer Health Contributions for this pay cycle | Total Employer Health Contributions for this pay cycle  Format: S9(9)V99  Total of all detail records | S | Zero fill |
| 20 | 30 | N (11) | Total Employee Health  Contributions for this pay cycle | Total Employee Health Contributions for this pay cycle  Format: S9(9)V99  Total of all detail records | S | Total of all PdhEECurAmt for eeddedcode FSAM and FSAML |
| 31 | 41 | N (11) | Total Employer Dependent Care Contributions for this pay cycle | Total Employer Dependent Care Contributions for this pay cycle  Format: S9(9)V99  Total of all detail records | S | Zero fill |
| 42 | 52 | N (11) | Total Employee Dependent Care Contributions for this pay cycle | Total Employee Dependent Care Contributions for this pay cycle  Format: S9(9)V99  Total of all detail records | S | Total of all PdhEECurAmt for eeddedcode FSAD |
| 53 | 63 | N (11) | Total Employee Health Care Annual Amounts | Total Employee Health Care Annual Amounts  Total of all detail records  Format: S9(9)V99 | S | Total of all EedEEGoalAmt for eededcode FSAM and FSAML |
| 64 | 74 | N (11) | Total Employee Dependent Care Annual Amount | Total Employee Dependent Care Annual Amount  Total of all detail records  Format: S9(9)V99 | S | Total of all EedEEGoalAmt for eededcode FSAD |
| 75 | 85 | N (11) | Total Employer Health Care Annual Amounts | Total Employer Health Care Annual Amounts  Total of all detail records  Format: S9(9)V99 | S | Zero fill |
| 86 | 96 | N (11) | Total Employer Dependent Care Annual Amount | Total Employer Dependent Care Annual Amount  Total of all detail records  Format: S9(9)V99 | S | Zero fill |
| 97 | 107 | N(11) | Total Employee Parking Contributions | Total Employee Parking Contributions for this pay cycle  Total of all detail records Format S9(9)V99 | S | Zero fill |
| 108 | 118 | N(11) | Total Employee Transit Contributions | Total Employee Transit Contributions for this pay cycle  Total of all detail records Format S9(9)V99 | S | Zero fill |
| 119 | 129 | N(11) | Total Employer Parking Contributions | Total Employer Parking Contributions for this pay cycle.  Total of all detail records Format S9(9)V99 | S | Zero fill |
| 130 | 140 | N(11) | Total Employer Transit Contributions | Total Employer Transit Contributions for this pay cycle.  Total of all detail records Format S9(9)V99 | S | Zero fill |
| 141 | 500 | (360) | Filler | Filler field (spaces) | S | spaces |

# Electronic Communication Gateway

The Electronic Communication Gateway (ECG) is the managed file transfer (MFT) system UMR uses for transferring files securely. The ECG team transfers files reliably and securely through a single system (i.e., gateway) and has the ability to use different protocols such as HTTPS, FTPS, SFTP, and AS2, which enables security and flexibility to connect to any system, server, or client. Eligibility analysts assist clients with setting up secure connections through the ECG team.