

***Flex Transfer Guide***

***Version 1.3e17***

***February 12, 2015***

***Table of Contents***

# REVISION HISTORY ............................................................................................................................. 4

**Transfer Guide ..................................................................................................................................................... 4**

**Version 1.3 Format .............................................................................................................................................. 5**

# OVERVIEW .............................................................................................................................................. 5

**EDI Versioning Overview ..................................................................................................................................... 5**

**Process Overview ................................................................................................................................................ 6**

**EDI APPLICATION PROCESS ............................................................................................................. 6**

**SFTP ACCOUNT SETUP ....................................................................................................................... 6**

**ACCURACY AND TIMELINESS OF DATA ........................................................................................ 7**

**ENCRYPTION ......................................................................................................................................... 7**

**TESTING .................................................................................................................................................. 7**

**OVERVIEW OF DATA EXCHANGED.................................................................................................. 7**

**COMMUNICATION PLAN .................................................................................................................... 8**

**TERMINOLOGY ...................................................................................................................................... 8**

**Frequently Asked Questions ................................................................................................................................ 9**

# FILE SPECIFICATIONS ...................................................................................................................... 10

**Overview ........................................................................................................................................................... 10**

**General Data Requirements .............................................................................................................................. 10**

**Data Types ........................................................................................................................................................ 11**

# ENROLLEE DEMOGRAPHIC (IB) FILE .......................................................................................... 12

**Using the File ..................................................................................................................................................... 12** Creating a participant ............................................................................................................................................ 12

Updating a participant ............................................................................................................................................ 12

Updating a participant’s social security number ..................................................................................................... 12 Terminating a participant ........................................................................................................................................ 13

Changes and Additions to Previous Formats ......................................................................................................... 13

**IB FILE SPECIFICATION ................................................................................................................... 14**

**Frequently Asked Questions .............................................................................................................................. 16**

**Notes about Using Auto-Deposit Last Allocation Date ....................................................................................... 19**

**Plan Definitions ................................................................................................................................................. 20**

Changes and Additions to Previous Format ........................................................................................................... 21

**FILE NAMING CONVENTIONS ......................................................................................................... 34**

# Overview

**Note:** If the employer only requires a onetime upload of new enrollments please contact your Account Executive. We have a spreadsheet loading method that is optimized for single-time use. 

This document is designed to explain the requirements, file layouts, and expectations for groups engaging in Electronic Data Integration (EDI) with AmeriFlex. It is intended for Plan Administrators, third party benefits vendors, IT technical staff internal to employers, and AmeriFlex Account Executives.

The AmeriFlex EDI process was designed as a convenient and automated way for clients to communicate participant demographics, participant accounts, and payroll deposit information.

## EDI Versioning Overview

The current version of AmeriFlex’s EDI File Specifications is 1.3e17. This versioning schema is broken up into four parts:

1. The first number is AmeriFlex’s internal EDI processor version.
2. The second number is the format spec version. Every time a new EDI format is released, the old format is still supported. It is not required to use the newest format spec; however, newer versions provide more features to give your company more control over your enrollee’s benefits. If you are new to EDI, we recommend using the newest format available.
3. The third number (actually a letter) tracks the change history of the format spec. If a format spec has a minor change, the third number will be incremented.
4. The fourth number is the version of the transfer guide associated with the format spec. A format guide may be improved to incorporate frequently asked questions, but this doesn’t mean the format has changed at all.

If your EDI files are not acting as expected, ask your AmeriFlex EDI Support Representative for the most recent version of the EDI Transfer Guide, as your question or concern may already be answered.

## Process Overview

EDI provides an automated means of transferring enrollee demographics, account details, payroll updates, and dependent demographics to our card provider on your payroll cycle. The associated benefits card for new enrollees will be created if none exists.

All files need to be formatted according to the AmeriFlex file specifications outlined in this document. Files deposited on the SFTP drop site are automatically processed into the AmeriFlex systems on a daily basis. Files are subject to audit and review at anytime.

After transfer to the AmeriFlex SFTP space, files are processed by AmeriFlex and loaded to the card vendor. The processing schedule is discussed in detail later in this document.

After you are approved for production status, any EDI errors wills be communicated to your group’s EDI contact via an automated email or your account executive if no EDI contact is provided.

AmeriFlex reserves the right to place a hold on and/or stop processing the EDI files. AmeriFlex will notify the group of the reason for the stop process order.

# EDI Application Process

The group or third party administrator can contact their AmeriFlex Account Executive to request an EDI connection with AmeriFlex. The timetable from inception to production is 8 weeks.

1. Group or third party administrator contacts AmeriFlex to request EDI

a. If a third party administrator contacts us on the group’s behalf, AmeriFlex will contact the group to verify the feed request and discuss the feed requirements.

1. Vendor and/or Group work to identify source data
2. Create and submit test files to AmeriFlex EDI contact either through SFTP file transfer or secure e-mail.
3. Production files that are built to the specifications outlined in this document can be provided on a regular basis
4. Errors will be communicated to the group via their AmeriFlex Account Executive and / or your groups designated EDI contact

# SFTP Account Setup

An SFTP account will be created for your group. To gain access to the SFTP drop site, the client will need to provide the public static IP address (single IP or contiguous block of IP addresses) that they will be using to send files. It may take up to 3 business days for the firewall changes to take place.

It is the responsibility of the group and its EDI agents to provide AmeriFlex with at least 3 business days’ notice of any changes to their static IP.

The SFTP domain name is sftp01.flex125.com

We use a username and SFTP SSH key exchange for authentication.

# Accuracy and Timeliness of Data

The accuracy and timeliness of enrollee demographics, account information, dependent demographics and deposits to accounts are the sole responsibility of the group and its EDI agents.

AmeriFlex begins processing files at 9:30 AM EST Monday through Friday . Files received after 9:30 AM EST will be processed on the following business day. AmeriFlex is not responsible for data that is not transmitted to our SFTP space in a timely manner.

After files have been processed, they are removed from your SFTP space and archived for future reference. The results of the file will be automatically emailed to you when processing has completed. However, the accuracy of all data is the responsibility of the group and, as such, data will applied directly to benefit accounts exactly as it is provided to AmeriFlex.

# Encryption

Due to security and privacy concerns, AmeriFlex requires that all test and production files be encrypted using PGP encryption. If you did not receive the AmeriFlex public PGP encryption key with this document, please request it by sending an e-mail to your EDI Implementation contact.

# Testing

Before production files can be transmitted, sample files for each data type a client will be transmitting must undergo testing.

During the testing phase, there are several steps that should be verified to be completed successfully before transitioning a group into live production processing.

* Add a participant (IB file)
* Add a plan (IC file)
* Terminate a participant to be effective the day of processing (IB file)
* Future terminate a participant (IB file)
* Terminate a single plan for a participant (IC file)
* Change a participant SSN (IB file)
* Change participant reimbursement information (IB file)
* Add a dependent – This is required if HRA plans are setup (ID file)
* Add a deposit (IH file, if applicable)
* Change an annual election/prefund amount (IC file)

# Overview of Data Exchanged

AmeriFlex will provide the following:

* GROUP CODE
* PLAN ID(s)
* Plan types we are expecting to get in the file
* Plan Start Date
* Plan End Date
* Calendar IDs for Group with cycle definition (if applicable)

# Communication Plan

* For questions when testing EDI files before the process has been automated, contact AmeriFlex’s EDI support team at edisupport@flex125.com or your EDI contact directly. The EDI support team will assist you in making your files compliant with AmeriFlex’s EDI specifications, as well as help you understand why files failed to process.
* Your Plan Administrator will receive the following emails:
  + Results emails showing which files processed and which records failed to process, if any.
  + Errors preventing files from processing correctly, such as an empty file, malformed file, incorrectly encrypted file, etc.
* You may have additional copies of the above emails sent to any number of recipients. For example, you may opt to have your EDI developer receive error emails, while your payroll department receives results emails.
* To have files processed in a non-standard way, i.e. if you need files processed after 9:30am EST but you did not have your files in the FTP space in time, you should contact your Account Executive or your EDI Implementation Specialist.

# Terminology

|  |  |
| --- | --- |
| Term | Definition |
| EDI | Electronic Data Interchange. The structured transmission of data between organizations by electronic means. It is used to transfer electronic documents or business data from one computer system to another computer system, i.e. from one trading partner to another trading partner without human intervention.  [en.wikipedia.org/wiki/Electronic\_Data\_Interchange](http://en.wikipedia.org/wiki/Electronic_Data_Interchange) |
| Enrollee | These terms are all used in this document interchangeably. It refers to the owner of the benefits accounts. **Only employees enrolled in benefit accounts should be sent, otherwise cards may be issued to employees without any accounts.** |
| Participant |
| Annual Election | Amount elected by the enrollee for the existence of the benefit account. New accounts and thus new annual elections are made every year. |
| Prefund | Synonymous with Annual Election or Annual Goal Amount |
| SFTP | Secure File Transfer Protocol. This is the location that you will be uploading your EDI files to. FTP is less secure than SFTP because, although FTP and SFTP are both password protected, SFTP adds an additional layer of security by encrypting the data transmitted. |
| PGP | Pretty Good Privacy (PGP) is a data encryption and decryption computer program that provides cryptographic privacy and authentication for data communication. All EDI files transmitted to AmeriFlex must be PGP encrypted. |

## Frequently Asked Questions

**Can we send files that match our own company’s specifications?** *No, AmeriFlex has a strict process and file format.*

**Do you accept full files?**

*We prefer full files, our system will not process a duplicate record.*

**Can we investigate a new file format?**

*All new file formats and processes will need to be reviewed. These requests need to go through our project vetting process. From there, the project will be prioritized appropriately.*

**Does AmeriFlex allow other file types to be used for EDI (e.g. CSV files)?** *No, currently we only allow space-delimited fixed-width files.*

**If there are errors how are we notified?**

*Errors are sent directly to the Account Executive for the participating group. If an action needs to be taken by the group than the Account Executive would contact the Plan Administrator. Additionally, your Plan Administrator may opt to have emails copied to additional persons.*

**When are files processed?**

*Files are processed Monday through Friday at 9:30am EST including holidays. AmeriFlex does not process files on Saturday or Sunday.*

**I can’t get to the FTP site!**

*You may have provided your EDI contact with incorrect information, preventing us from allowing your EDI system to pass through our firewalls and transmit EDI files.*

**What is PGP and where do I get the software?**

*PGP is a file encryption format. We adhere to the OpenPGP standard. GnuPGP is an open source library for working with files in the OpenPGP format.* [*http://www.gnupg.org/*](http://www.gnupg.org/)

**Do we have to encrypt the files using PGP?**

*Yes – AmeriFlex will provide a key to encrypt the files. We require the encryption to ensure the privacy and security of the enrollee’s personal information.*

**Does AmeriFlex terminate participants by absence?**

*No. We must have a termination record sent in the files to terminate an employee and/or an employee account.*

# File Specifications

## Overview

This file specifications section will outline the purpose, expected use, file specification, details of each field, and changes from previous formats for every currently supported file type.

## General Data Requirements

All implementations are for ongoing file feeds to AmeriFlex. Processing EDI files is at the sole discretion of AmeriFlex and for the benefit of the employer (customer) requesting the EDI feed.

The accepted character set for all fields in all AmeriFlex EDI files are limited to the letters AZ, a-z, the numbers 0-9, and the special characters space ( ), period (.), ampersand (&), comma (,), tilde(~), dash (-), underscore (\_), forward slash(/), left and right parentheses [()], single quote(‘), percent sign (%), and sign (@), equals sign (=), and the pound sign(#). However, most fields are more restrictive and do not include this entire character set, so please pay attention to the expected value of each individual data field. It is important to note that multi-byte and extended-ASCII characters such as characters with accents and tildes are not supported.

All AmeriFlex EDI files are fixed-width, meaning the number of characters each field occupies is known in advance. Every line of each file format is going to be the same length.

Some fields allow an ignore character, which is denoted by the tilde (~) character. An ignore character tells AmeriFlex that you do not want to change the value of a field. When this character is encountered, we will keep the existing data in the field unchanged. It must follow, then, that ignore characters are only allowed for existing records. If you are creating a brand new record that has not been previously sent to AmeriFlex, an error will occur because AmeriFlex will have no preexisting information to refer to. AmeriFlex’s system will continue to process a record if a tilde is encountered for a new record in a non-required field, but it is recommended to provide all values for new records to avoid unexpected errors from occurring. See each file’s field specification for details on which fields are ignorable as not all fields can be ignored.

**Important:** Using an ignore character (~) is different than leaving a field blank. A blank field will clear out any existing data previously set for that field, while an ignore character will keep existing data. 

## Data Types

Most EDI fields have a set data type, which narrows the allowed character set.

* Alpha: Letters A-Z, letters a-z are allowed. No spaces.
* Numeric: Only numbers 0-9 are allowed. Negative values are prohibited.
* Alphanumeric: Letters A-Z, letters a-z and numbers 0-9 are allowed.
* Alpha+space: Alpha character set plus the space ( ) character is allowed.
* Alphanumeric extended: alphanumeric plus the special characters period (.), ampersand (&), comma (,), dash(-), single quote(‘), and space ( ) are allowed.
* Phone: Must follow the format “(123) 456-7890 [1234]”. 4-digit extension is optional.
* State: only valid USPS 2-digit state abbreviations are allowed.
* Zip: like numeric in that only the numbers 0-9 are allowed, but also the length must be exactly 5 or 9 characters, nothing in between is allowed.
* Date: 8-digit date in the format YYYYMMDD. 4-digit year, followed by 2-digit month, followed by 2digit day.
* Enum: value must exist in the allowed set of values. Each enum (short for enumeration) field has its own specific allowed values, refer to file specification table for accepted values.
* Email: must be a valid email format
* Location: specific to the location field, includes alphanumeric extended characters plus the special characters left and right parentheses (()), equals sign (=), forward slash (/), and the pound sign (#).
* Currency: Must be a number with two digits after the decimal point. Any unused digits must be left zero-padded until the length of the field matches the required field length. For negative values, the negative sign is left-justified.

Example 1) To express $512 in a currency field, the end value would be 000000000000512.00. Example 2) To express $-252.26 in a currency field, the end value would be -00000000000252.26.  Boolean: Must be either “Y” for yes, or “N” for no. No other values are allowed.

# Enrollee Demographic (IB) File

The Enrollee Demographic file is used to create and update enrollees in AmeriFlex’s benefits system. An Enrollee demographic record is typically coupled with an Enrollee Account file, which associates the created enrollee with a benefit plan.

**Important:** If your group is configured to receive cards, sending a new enrollee through EDI **will** issue a card to that enrollee. This file should only include 

participants who have elected an AmeriFlex account.

## Using the File

**Creating a participant**

1. Enter all required demographic information for participant such as the SSN, name, address, and date of birth. All required fields must be present for a new participant, **ignore values are not allowed**.
2. Providing reimbursement data is an **optional** feature of the 1.3 formats. You will be able to provide per-member bank account information for the purposes of claim reimbursement. Additionally, you must use EDI to update this information; your participants will not be able to update the information themselves via our self-service options. If a participant wishes to be reimbursed for claims by direct deposit instead of by check, set **Reimbursement Method** to “A” indicating ACH / Direct Deposit. **Bank Name, Routing Number, Bank Account Number, and ACH Account Type** are all required to correctly set up reimbursement through ACH. If **Reimbursement Method** is set to “A”, **Routing Number, Bank Account Number, and ACH Account Type** become

required fields and will fail to process if they are left blank. By default, you are opted in to process reimbursement data; to opt out you must insert a single tilde (~) in the above fields. **See IB file specification for further clarification.**

1. Consider the **Benefit Effective Date** field to be either the date that the employee became first eligible for benefits OR the participant’s date of hire. Our processing uses this date to make sure that the participant is eligible to become enrolled into the plans controlled by the IC file. If this date gets changed during Open Enrollment due to the plan year change, there is the potential that current plan year benefits may become closed as this date becomes a future eligibility date.
2. Consider the **Benefit Termination Date** in this file as an Employment Termination Date. If you wish to automatically terminate a participant’s benefits on a known date in the future, you may set the **Benefit Termination Date** field and the participant will be automatically terminated on the selected date. Do not change the participant status “T” until that day has been reached. Changing the **Benefit Status** is an immediate effect regardless of the **Benefit Termination Date** value.

**Updating a participant**

1. Enter required, non-ignorable fields: **Record ID, TPA ID, Group Code, and SSN**.
2. For all other fields that are not going to change, simply use the ignore character (~) instead of filling in the actual data for that participant.
3. Enter real data for any fields you want to update.
4. All demographic data will remain the same except for the fields you chose to update.

**Updating a participant’s social security number**

1. Enter required, non-ignorable fields: Record ID, TPA ID, Group Code, and existing SSN.
2. For all other fields, use the ignore character (~) instead of filling in actual data for the participant.
3. For New SSN enter the participant’s new SSN.
4. After the file has successfully processed, begin to reference the enrollee by their new SSN, references to their initial SSN will not be recognized and will yield unexpected results.

**Important:** If you do not do this and instead you just change the SSN value, you may create the same enrollee twice which can result in billing errors. 

**Terminating a participant**

You would be using the termination status change in this file **only if a participant terminates employment.** These steps are for manually terminating a participant’s benefits, if you previously sent up a Benefit Termination Date, the participant’s benefits will automatically stop on that date and further action is not required.

1. Enter required, non-ignorable fields: record Record ID, TPA ID, Group Code, and SSN.
2. For all fields except for Benefit Status, enter an ignore character (~).
3. Set the **Benefit Status** field to “T” = Terminated.
4. Continue to send this participant in the Terminated state for two more days (a total of three times)

If you will be sending all the terminations together on file and presumably after the actual termination date, you will want to be sure and populate the participant’s termination date in the **Benefit Termination Date** field along with sending the **Benefit Status** as “T”. If it is not sent, then it is assumed that their termination date is the date the file was processed which could give the participant an extra few days, a week or even a month extra of benefits.

*If you wish to send “Future Terminations” on this file, do NOT change the* ***Benefit Status*** *to “T” until that termination date has been reached. Changing the participant* ***Benefit Status*** *is an immediate effect, therefore sending a* ***Benefit Status*** *of “T” will terminate the participant immediately regardless of the* ***Benefit Termination Date****.*

**Changes and Additions to Previous Formats**

* Ignore characters (~) allowed for fields that have not changed.
* Direct deposit reimbursement information added
* Date of birth field added
* Health Plan ID field added
* Benefit status field added
* Check option field removed
* Location field length increased to 20 characters

Group Name: UPG Enterprises LLC

Group ID: AMFUPGENL

Plan ID: UPGENL

Plan types expected on the files: FSA, DCA

File types expected: IB (demographic), IC (account enrollment)

Plan start date: 20210101

Plan end date: 20211231

Calendar IDs:

* 15THLASTDAYBUS (Semi monthly)
* AMF52FRI (Weekly
* AMFBW26B (Biweekly)

# IB FILE SPECIFICATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Length** | **Start Pos** | **Data Type** | **Expected Value** | **Required** | **Ignorable** | **Default** | **Description** | **Mapping Notes** |
| Record ID | 2 | 1 | enum | “IB” | Yes | No |  | The type of record to expect, must be “IB” | IB |
| TPA ID | 6 | 3 |  | AMF001 | Yes | No |  | Provided by Ameriflex, must be “AMF001” | AMF001 |
| Group Code | 9 | 9 |  |  | Yes | No |  | Provided by Ameriflex | AMFUPGENL |
| SSN | 9 | 18 | numeric |  | Yes | No |  | Enrollee’s Social Security Number | eepssn |
| Prefix | 5 | 27 | enum | “Mr.”, “Mrs.”, “Ms.”,  “Dr.”, “Rev.” | No | Yes | <blank> | Title, such as Mr., Mrs., Ms., Dr., or Rev. | Leave blank |
| Last Name | 26 | 32 | alphanumeric extended |  | Yes | Yes |  | Enrollee’s last name | Eepnamelast |
| First Name | 19 | 58 | alphanumeric extended |  | Yes | Yes |  | Enrollee’s first name | Eepnamefirst |
| Middle Initial | 1 | 77 | alpha |  | No | Yes | <blank> | Enrollee’s middle initial | Leave blank |
| Phone | 19 | 78 | phone | (123) 456-7890 [1234] | No | Yes | <blank> | Enrollee’s phone number, including area code. Optionally, an extension may be provided. | EepPhoneHomeNumber |
| Address Line 1 | 36 | 97 | alphanumeric extended |  | Yes | Yes |  | First line of the enrollee’s mailing address. | Eepaddressline1 |
| Address Line 2 | 36 | 133 | alphanumeric extended |  | No | Yes | <blank> | Second line of the enrollee’s mailing address. | Eepaddressline2 |
| City | 20 | 169 | alpha+space |  | Yes | Yes |  | City associated with the enrollee’s address | Eepaddresscity |
| State | 2 | 189 | state |  | Yes | Yes |  | Two-character state code associated with the enrollee’s address. | Eepaddressstate |
| Zip | 9 | 191 | numeric | 5 or 9 digit zip codes are accepted | Yes | Yes |  | ZIP code associated with the enrollee’s address. 5 or 9 digit zip codes are accepted. | Eepaddresszipcode |
| Country | 3 | 200 | enum | “USA” | No | Yes | “USA” | Value must be "USA" | USA |
| Date of Birth | 8 | 203 | date | YYYYMMDD | Yes | Yes |  | Date of birth for the enrollee. | eepdateofbirth |
| Gender | 1 | 211 | enum | “M” or “F” | Yes | Yes |  | M = Male; F = Female | eepgender |
| HICN | 12 | 212 | alphanumeric |  | Yes\* | Yes | <blank> | This value is the active covered individual’s/beneficiary’s health insurance claim number. | Leave blank |
| **Reimbursement Method\*** | 1 | 224 | enum | “C” » Checking; “A” »  ACH Direct Deposit | No | Yes | “~” | Method of reimbursing the enrollee for claims and substantiations. C = Checking *(Default)*; A = ACH Direct Deposit. Note: If ACH Direct  Deposit is selected for this field, ABA Routing Number, Bank Account Number, and ACH Account Type become required fields. | ~ |
| **Bank Name\*** | 50 | 225 | alphanumeric extended |  | No | Yes | “~” | Name of enrollee's bank. | ~ |
| **ABA Routing Number\*** | 9 | 275 | numeric |  | Yes\*\* | Yes | “~” | Routing number for the enrollee’s bank for direct deposit reimbursement. Note: Any Routing Number input must be valid. The IB Record will fail if an invalid Bank Routing Number is included. Additionally, an entry of ‘0’ in this field will cause the record to fail. | ~ |
| **Bank Account Number\*** | 20 | 284 | numeric |  | Yes\*\* | Yes | “~” | Enrollee bank account number for direct deposit reimbursements | ~ |
| **ACH Account**  **Type\*** | 1 | 304 | numeric | “C” » Checking; “S” »  Savings | Yes\*\* | Yes | “~” | C = Checking; S = Savings | ~ |
| Email | 100 | 305 | email |  | No | Yes | <blank> | Enrollee’s email address. A blank field does not overwrite a valid email address. Note: To remove an email address, you must coordinate removal with your account executive. | eepaddressemail |
| Location Code | 20 | 405 | location |  | No | Yes | <blank> | Used for Division reporting purposes | eeclocation |
| Employment  Status | 1 | 425 | enum | “A”  “I”  “T” | No | Yes | “A” | A = Active (Default); I = Temporarily Inactive; T = Terminated | If eepemplstatus = T send T else send A |
| Eligibility Date | 8 | 426 | date | YYYYMMDD | No | Yes | <blank> | Date upon which the enrollee was/is first eligible to elect benefits. This field must a date prior to the termination date. **BENEFIT EFFECTIVE**  **DATES WILL ONLY BE RESPECTED ON THE**  **IC FILE.THIS VALUE SHOULD NOT CHANGE FROM YEAR TO YEAR. A SUGGESTION IS TO USE DATE OF HIRE IN THIS INSTANCE.** | eecdateoflasthire |
| Benefit  Termination Date | 8 | 434 | date | YYYYMMDD | No | Yes | <blank> | Date upon which the enrollee is no longer eligible for benefits **DUE TO TERMINATION OF EMPLOYMENT**. This field is validated that it is after the eligibility date. **THIS DATE IS REQUIRED IF A NEW STATUS IS SENT OF**  **“I” OR “T’.** | If eepemplstatus = T send eedbenstopdate |
| New SSN | 9 | 442 | numeric |  | No | No | No change | Use this field if an enrollee's social security number has changed. The SSN field should    contain the old SSN, and this element should contain the new SSN. | Leave blank |
| Health Plan ID | 30 | 451 | alphanumeric |  | No | Yes | <blank> | An assigned ID for the enrollee’s health plan. (IF APPLICABLE). | Leave blank |
| Total Line Length | 481 |  |  |  |  |  |  | |  |

**\*If you do not house these data elements, send the tilde (~) in these start positions**

## Frequently Asked Questions

**Do I need to send a record for every enrollee in the company?** No, only the enrollees of AmeriFlex accounts are needed.

**Why did a non-enrollee receive a benefits card?**

The enrollee who is not enrolled into the benefits account was contained in the IB file. All enrollees in the IB file are considered enrollees during processing and will receive an AmeriFlex Convenience Card. This does not necessarily mean there are any funds attached to the card.

**If I stop sending an enrollee, will they be terminated?** No. You must explicitly send a termination.

**When do we remove an enrollee from the files after termination?** Remove the terminated enrollee from all files after their final pay cycle.

**Can the prefix of Miss be used?**

No, if you use a prefix other than the allowed set of prefixes (Mr., Mrs., Ms., Dr. or Rev.) then your record will fail to process.

## Plan Definitions

Each account type is unique. The type of the account dictates which of the three deposit fields (**Original Prefund / Annual Election**, **Enrollee Deposit Amount**, and **Employer Deposit Amount**) is required.

For most account types, not all three deposit fields are required. To calculate the **Enrollee Deposit Amount**, divide the **Original Prefund / Annual Election** amount by the number of pay cycles. The result is the **Enrollee Deposit Amount**, or the amount of money the enrollee deposits per pay period. Fields marked N/A are not used in typical use of the account type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Plan Name** | **Original Prefund**  **/ Annual Election**  **Amount** | **Enrollee Deposit**    **Amount** | **Employer Deposit Amount** |
| FSA | Flexible Spending Account *(Prefunded)* | Annual  Elected/Goal Amount | Annual Election /  Number of Pay Cycles | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |
| FS2 | **Employer Provided Flexible Spending Account *(Prefunded)*** | Annual  Elected/Goal Amount | Should be set to  0.00 | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |
| DCA | Dependent Care Account *(Payroll)* | Annual  Elected/Goal Amount | Annual Election /  Number of Pay Cycles | Should be set to  0.00 |
| TRN | Transit Account *(Payroll)* | Annual  Elected/Goal  Amount **ONLY IF**  **SENDING OUR**  **IH FILE,**  **OTHERWISE**  **SHOULD BE SET TO 0.00** | Annual Election /  Number of Pay Cycles | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |
| TRP | Transit Account-POST-TAX *(Payroll)* | Annual  Elected/Goal  Amount **ONLY IF**  **SENDING OUR**  **IH FILE,**  **OTHERWISE**  **SHOULD BE SET TO 0.00** | Annual Election /  Number of Pay Cycles | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |
| PKG | Parking Account *(Payroll)* | Annual  Elected/Goal  Amount **ONLY IF**  **SENDING OUR**  **IH FILE,**  **OTHERWISE**  **SHOULD BE SET TO 0.00** | Annual Election /  Number of Pay Cycles | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PKP | Parking Account-POST-TAX *(Payroll)* | Annual  Elected/Goal  Amount **ONLY IF**  **SENDING OUR**  **IH FILE,**  **OTHERWISE**  **SHOULD BE SET**  **TO 0.00** | Annual Election /  Number of Pay Cycles | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |
| HRA | Health Reimbursement Account *(Prefunded)* | Prefund Amount | Should be set to  0.00 | Should be set to  0.00 |
| AB2/ TBB | Health Savings Account *(Payroll)* | Should be set to  0.00 | Should be set to  0.00 | Should be set to  0.00 |
| LPF | Limited Purpose FSA *(Prefunded)* | Annual  Elected/Goal Amount | Annual Election /  Number of Pay Cycles | Annual Election /  Number of Pay  Cycles **ONLY IF**  **EMPLOYER IS**  **CONTRIBUTING,**  **OTHERWISE**  **SHOUD BE SET TO 0.00** |
| HRP | Health Reimbursement Plan *(Payroll)* | Should be set to  0.00 | Should be set to  0.00 | Annual Election /  Number of Pay Cycles |
| DED | Enrollee-Funded Deductible *(Prefunded)* | Prefund Amount | Should be set to  0.00 | Should be set to  0.00 |
| HR2 | Second-Tier Health Reimbursement Account *(Prefunded)* | Prefund Amount | Should be set to  0.00 | Should be set to  0.00 |
| EPR | Employer Funded Reimbursement Account  *(Payroll)-Employer funded account that reimburses for TRN/PKG and Cell Phone Reimbursement)* | Should be set to  0.00 | Should be set to  0.00 | Must have amount |
| DD2 | Second-Tier Enrollee-Funded Deductible *(Prefunded)* | Prefund Amount | Should be set to  0.00 | Should be set to  0.00 |
| HR3 | Third-Tier Health Reimbursement Account *(Prefunded)* | Prefund Amount | Should be set to  0.00 | Should be set to  0.00 |
| HR4 | Fourth-Tier Health Reimbursement Account *(Prefunded)* | Prefund Amount | Should be set to  0.00 | Should be set to  0.00 |

**Changes and Additions to Previous Format**

* Ignore characters (~) allowed for fields that have not changed.
* Benefit Start / End Date fields added
* Auto-Deposit Last Allocation Date field added
* Auto-add all dependents field added
* Prefunded plans (HRA, HR2, HR3, DED, DED2) are now supported. HSA/TBB plans now supported
* FS2 plan added-this account type is to be used **only for employer-sponsored FSA plans. This plan type is not to be used for a traditional FSA plan.**
* TRP and PKP (Post-tax employee contributions) plan types are now supported

File Naming Conventions

Your group is set up with its own individual directory for EDI files. It is required that each file type have the file type identifier in the first two positions of the file name and “.pgp” as the file extension. The file name must be unique. It is recommended to date the file and use your AmeriFlex Group ID in the file name, although this is not strictly required. Below is the recommended naming convention of files for each format.

**Note:** Required File type IB, IC, ID or IH at the beginning of the file and files 

must be PGP encrypted and end in .pgp or .gpg

**IB - Enrollee Demographic File**

IBYYMMDD\_GroupID.pgp

Where:

YY = 2 digit year

MM = 2 digit month

DD = 2 digit day

**IC - Account File**

ICYYMMDD\_GroupID.pgp

Where:

YY = 2 digit year

MM = 2 digit month

DD = 2 digit day

**IH - Payroll Deposit File**

IHYYMMDD\_GroupID.pgp

Where:

YY = 2 digit year

MM = 2 digit month

DD = 2 digit day

GroupID = “AMFXXXXXX” provided by Ameriflex

**Examples**

Enrollee Demographic File: *ib061025\_AMFAMEFLX.pgp*

Enrollee Account File: *ic061025\_AMFAMEFLX.pgp*

Dependent Demographic File: *id061025\_AMFAMEFLX.pgp*

Payroll Deposit File: *ih061025\_AMFAMEFLX.pgp*