

If you have any questions regarding this layout please contact:

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FAQs and Answers

1. **Q: What is the purpose of the file?**

**A:** This file is used to update P&A’s systems with employee enrollments and changes. The file includes information such as employee payroll contributions, employee addresses, name changes, new hire information, and employee termination dates.

1. **Q: Should we send a full or change file?**

**A:** Only employees who are enrolled in a FSA or Section 132 plan should be included on this file. This file should be a FULL enrollment file.

1. **Q: How often should a file be sent?** **A:** We prefer to receive a weekly file, or whenever payroll commences.

1. **Q: Is a header record required?**

**A:** No, please do not remit a file with a header record. If a header record is remitted, we may reject the file and request a corrected file.

1. **Q: Is there a file format for the trailer record required?**

**A:** Yes, a trailer record is a required field. If a trailer record is not remitted, we may reject the file and request a corrected file.

1. **Q: Is there a format for the trailer record?**

**A:** Yes, the trailer record should list the file date under the file date field; 999999999 under the Social

Security Field; and, the Division field should contain the total number of records including the trailer record.

All account totals for both the annualized and payroll deduction amount should also be included

1. **Q: What is the desired file format (i.e. csv, txt)?**

**A:** The file should be sent in a comma delimited file format with an extension of .csv or .txt format. **We cannot accept excel files (.xls).** If you will require an alternate format, please contact P&A and we will work together on a mutually acceptable format. Records are delimited by a Carriage Return character (ASCII 0D hex or 13 decimal) followed by a Line Feed (ASCII 0A hex or 10 decimal) character.

1. **Q: What is the naming convention of the file?**

**A:** The naming convention of the file is the PPA and Client Number and the date of the file. Please contact the P&A Group for your PPA and Client Numbers. Using an example of 999 as the PPA Number and a Client Number of 123456 and a date of April 15, 2014, the naming convention would be 999123456\_20140415.csv

1. **Q: What is the maximum number of characters or true position field on the file?**

**A:** We have added a column on the below spec sheet to include the number of characters or true position fields. This is under column named  **BYTES.**

1. **Q: Is there a requirement for any fields that contain a comma?**

**A:** Any field that contains alphanumeric information, i.e. an address, should be encapsulated with double quotes. As an example, an address of 123 Main Street, Apartment 5a, should be remitted to P&A as “123 Main Street Apartment 5a”.

1. **Q: Does P&A have a preference as to how the file should be remitted?**

**A:** Yes, we would like you to SFTP the file to our FTP site, ftp@padmin.com, with an FTP user name that will be provided to you at a later date, along with the password. We ask you push the file to P&A on a weekly basis, and we will supply you with our public PGP Key at a later date. Additionally, we are requesting your Public SFTP (SSH) Key for additional security purposes.

**\*\*The following Q&As are regarding specific fields and formatting concerns\*\***

1. **Q: Please explain the field A, Pay Date.**

**A:** This is the date in where the actual pay date of the deductions is effective. This must be formatted in a Year Month Date format of YYYYMMDD.

1. **Q: Should field B, Social Security Number, contain hyphens?**

**A:** It is not necessary for the Social Security Number to contain hyphens. An example of 123-45-6789 can be remitted as either 123456789 or 123-45-6789.

1. **Q: What is required under field C, Level 1 Reporting?**

**A:** This is only required if the client requests and is determined by the employer. Ideally this is used to break down employee’s for billing and\or reporting purposes. This is the first sort hierarchy per the client’s needs for various reporting purposes.

1. **What is required under field D, Level 2 Reporting?**

**A:** This is only required if the client requests and is determined by the employer. Ideally this is used for billing and\or reporting purposes, and is to only be used if additional sub reporting is required by the employer after Level 1 Reporting.

1. **What is required under field E, Level 3 Reporting Field?**

**A:** This is only required if the client requests and is determined by the employer. Ideally this is used for billing and\or reporting purposes, and is to only be used if additional sub reporting is required by the employer after both Level 1 Reporting and Level 2 Reporting.

1. **Q: Please explain the field Payroll Deduction Frequency.**

**A:** The payroll deduction cycle field refers to the frequency of deductions taken from the participant’s pay. In most cases, the deduction frequency is the same as the payroll frequency. However, some employers prefer to use a different cycle for payroll deductions. For example, if a participant is paid bi-weekly (26 times per year) but deductions will occur twice-monthly (24 times per year- on the first two payrolls of each month); the payroll deduction code should be listed as **S**. If deductions are taken once per month from the participant’s pay, the code should be listed as **M**, if deductions are taken weekly, the code should be listed as **W** and if the deductions are taken bi-weekly, the code should be listed as **B**. If you process deductions on a frequency not covered here, please contact P&A and we will work with you to determine the proper code.

1. **Q: Please explain the Employee ID field.**

**A:** This is only required if the client requests and is determined by the employer. Typically, this is a number used by the Employer to refer to their employees.

1. **Q: Please explain field Employee Termination Date.**

**A: This column should only include participants who are no longer actively employed**. The employee termination date should be remitted when the employee is terminated from their position. Past termination dates, ones that are no longer applicable to the participant and\or plan year, should not be remitted on the file. If an outdated termination date is remitted on the file the participant will be terminated, and their debit card will be shut off, if applicable.

As an example, if an employee was terminated June 1, 2010 and was rehired January 1, 2011, the old termination date of June 1, 2010 should not be remitted. Only current dates that apply to the current or upcoming plan years can be remitted to P&A.

1. **Q: Please explain field Employee Re-Hire Date.**

**A:** The date the employee was re-hired should be remitted when the employee was previously terminated and re-hired by the same agency.  **Past re-hire dates, which are no longer applicable to the current or upcoming plan years should not be remitted**. As an example, if an employee was terminated March 1, 2010 and was rehired April 30, 2010, the old re-hire date April 30, 2010 should not be remitted. Only current dates that apply to the current or upcoming plan years can be remitted to P&A. If this is not used, please leave blank.

1. **Q: Please explain field Employee LOA Date.**

**A:** Depending on plan rules and eligibility, this is the date the employee was placed on a Leave of Absence (LOA). **Past LOA dates, which are no longer applicable to the current or upcoming plan years should not be remitted**.

1. **Q: Please explain field Employee Return LOA Date.**

**A:** The date the employee was has returned from their LOA.  **Past LOA dates, which are no longer applicable, should not be remitted to P&A.** As an example if an employee has returned from an LOA on November 1, 2012, this is no longer applicable and should not be sent on a file.

1. **Q: What is the Bank Routing number?**

**A**: This should only be completed if the plan only allows reimbursements via direct deposit. This is the employee’s bank routing number the employer has on file. If this is not used, please leave blank.

1. **Q: What is the Bank Account number?**

**A:** This should only be completed if the plan only allows reimbursements via direct deposit. This is the employee bank account umber the employer has on file. If this is not used, please leave blank.

1. **Q: What is the Bank Account type?**

**A:** This should only be completed if the plan only allows reimbursements via direct deposit. This is the type of bank account the employee has on record; C for checking or S for savings. If this is not used, please leave blank.

1. **Q: What is the PPA Number?** **A:** The PPA number will be 999.

1. **Q: Will the PPA Number change each plan year?** **A:** No, the PPA Number will always stay 999.

1. **Q: What is the Client Number?** **A:** The Client Number will be assigned to you upon completion of the Installation Questionnaire.

1. **Q: Will the Client Number change each plan year?**

**A:** Depending on the purpose of the file, the Client Number may change, since it is used internally by P&A as a way to make any changes to the employer’s plan year. The Client Number may be based on plan year, and potentially plan design.

If this file is going to work as both an Open Enrollment file and a Payroll file, then yes. A Client Number will be given only for Open Enrollment and a separate Client Number will be given for Payroll deduction/contributions. If the file is going to be used for ongoing Enrollment information to P&A, then it is possible this number will change after Open Enrollment.

**Please note: after the Open Enrollment of the first active plan year, P&A will expect to receive data on both the current plan year (e.g. 2014) and the upcoming plan year (e.g. 2015) until the start of that upcoming year. For example, imagine that the plan starts January 1, 2014. Then, the Open Enrollment for the 2015 plan year will start October 2014. During that time, P&A would expect to receive the enrollment information for the current year (2014) as well as the upcoming plan year’s enrollment information (2015) on the same file.**

If you plan on remitting both an Open Enrollment file please let P&A know.

1. **Please explain all fields with an (Account) Effective Date , i.e. Health care FSA (Fields AA, AE, AJ, AN, AR, AV, AZ, BD, BH) :**

**A**: This is the date the employee’s account enrollment is effective and/or Qualifying Change of Status the new election is effective. If the employee enrolled during Open Enrollment, the effective date remitted would be the first date of the plan year (i.e. January 1, 2015 or 01012015).

If the employee is a mid-year new hire or has had a Qualifying Change in status, the date they enrolled is their effective date into the plan. As an example, if a new hire is enrolling effective March 1, 2015, the effective date for the employee’s account would be 20150301.

If an employee elected $500 during Open Enrollment and had a Qualifying change of status effective June 15, 2015 and increased their annual election to $1000 a new effective date of 06152015 should be remitted as well as a revised annual election of 1000.00

1. **Q: What should be remitted on fields listed as (Account) Annual Election, i.e. Health Care FSA Annual election (Fields AB, AF, AK, AO, AS, AW, BA, BE, BI)?**

**A**: This is the amount the employee enrolled for in any FSA or Section 132 Plan. Any HRA or HRP accounts should be the amount the Employer is giving to the employee under that specific account.

1. **Q: What should be remitted on fields’ listed as (Account) Payroll Deduction amount, i.e. Health** **Care Payroll deduction amount (Fields AC, AG, AL, AP, AT, AX, BB, BF, and BJ)?**

**A**: This is the payroll deduction or contribution amount based off of the annualized dollar amount divided by the remaining number of payroll dates in the plan year. If this amount is not known, please pass as 0.00.

1. **Q: Are dollar signs and commas acceptable under numeric fields?**

**A**: No, for any annual election and payroll deduction fields please do not include dollar signs or commas. An annual election of $2,500.00 should be remitted as 2500.00 or as 2500.00.

1. **Q: Please explain fields listed as (Account) Termination date, i.e. Health Care Termination date** **(Fields AD, AH, AM, AQ, AU, AY, BC, BG, BK)?**

**A**: This column will only contain employees who are still actively employed but have dropped their account due to a Qualifying Event. This is the date the employee terminated the specific account. Please only remit the date the employee’s coverage has stopped. **Please do not prepopulate with the plan year end**

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| **date**. |  |  |

1. **Q: Are dollar signs and commas acceptable under numeric fields?**

**A**: No, for fields AB (HCFSA annual election), AC (HCFSA Payroll deduction amount), AF (DDCFSA annual election) and AG (DDCFSA Payroll deduction amount), please do not include dollar signs or commas. An annual election of $2,500.00 should be remitted as 2500.00.

1. **Q: Please explain the Debit Card field, in field BL.** **A:** This field indicates if the participant should have access to the debit card.

1. **Q: What is an HRP Plan?**

**A**: An HRP Plan, is an HRA Plan, but the funds or annual election, are not given up front, but rather on a scheduled basis, i.e. Monthly, Quarterly etc. An HRP Plan, unlike and HRA Plan, will only reimburse participants up to the amount that has been given to them to date. An HRP plan reimburses participants similar to the Dependent Daycare FSA Plan, unlike the HRA Plan, which reimburses like a Health Care FSA Plan.

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| **Field** | **Bytes** |  | **Description** | **Format** | **Example** | **Mapping notes** |
| A | 8 | File date | | **This MUST be in format YYYYMMDD** | 20150105 | Today’s date |
| B | 11 | Social Security Number | | Hyphens are not necessary | 123456789 | eepssn |
| C | 20 | Level 1 Reporting | |  | Division | Leave blank |
| D | 20 | Level 2 Reporting | |  | Location | Leave blank |
| E | 20 | Level 3 Reporting | |  | Department | Leave blank |
| F | 20 | Last Name | |  | Doe | eepnamelast |
| G | 20 | First Name | |  | John | eepnamefirst |
| H | 1 | Middle Initial | | If initials are not used, please leave blank | T | 1st digit of eepnamemiddle |
| I | 50 | Street Address (1) | |  | 123 Main Street | EepAddressLine1 |
| J | 50 | Street Address (2) | |  | Apt 5a | EepAddressLine2 |
| K | 20 | City | |  | Anywhere | EepAddressCity |
| L | 2 | State | | This is two (2) positions | MD | EepAddressState |
| M | 10 | Zip code | |  | 12345 | EepAddressZipCode |
| N | 100 | Email address | |  | DoeJ@email.net | eepAddressEMail |
| O | 8 | Date of Birth | | **This MUST be in the format MMDDYYYY** | 01011960 | EepDateOfBirth |
| P | 1 | Payroll Deduction Cycle | | Frequency of Deductions. One Position only (B=Biweekly, S=Semimonthly, M=monthly) | M | PgrPayFrequency |
| Q | 10 | Employee ID | | Employee ID Number | 5684561 | EecEmpNo |
| R | 8 | Employee Termination Date | | **This MUST be in format MMDDYYYY.** This is the last date of employment. | 04012015 | EecDateOfTermination |
| S | 8 | Employee Rehire Date | | **This MUST be in format MMDDYYYY.** | 04012015 | If EecDateOfOriginalHire does not = EecDateOfLastHire, send EecDateOfLastHire else leave blank |
| T | 8 | Employee LOA Date | | **This MUST be in format MMDDYYYY.** | 04012015 | if EecEmplStatus = L, send EecStatusStartDate |
| U | 8 | Employee Return LOA Date | | **This MUST be in format MMDDYYYY.** | 04012015 | if EecEmplStatus = L, send EshStatusStopDate |
| V | 9 | Bank Routing Number | |  |  | Leave blank |
| W | 20 | Bank Account Number | |  |  | Leave blank |
| X | 1 | Bank Account Type | |  |  | Leave blank |
| Y | 3 | PPA Number | | 999 | 999 | 999 |
| Z | 5 | Client Number | | This is a five (5) character field which will vary by Client, plan year and possibly plan design | 12345 | 31347 |
| AA | 8 | Health care FSA Effective Date | | **This MUST be in format MMDDYYYY.** | 02012015 | If EedDedCode = 220 send EedBenStartDate |
| AB | 8.2 | Health care FSA Annual Election | | **NUMERIC FIELD ONLY - No $ signs or**  **commas.** Send 0.00 if unknown | 1200 | If EedDedCode = 220 send EedEEGoalAmt |
| AC | 8.2 | Health care FSA Payroll Deduction amount | | **NUMERIC FIELD ONLY - No $ signs or**  **commas.** Send 0.00 if unknown | 100 | Elected per pay amount - If EedDedCode = 220 send EedEEAmt |
| AD | 8 | Health care FSA Termination date | | **This MUST be in format MMDDYYYY.** | 03012015 | If EedDedCode = 220 send EedBenStopDate |
| AE | 8 | Dependent Daycare FSA Effective Date | | **This MUST be in format MMDDYYYY.** | 02012015 | If EedDedCode = 225 send EedBenStartDate |
| AF | 8.2 | Dependent Daycare FSA Annual Election | | **NUMERIC FIELD ONLY - No $ signs or**  **commas.** Send 0.00 if unknown | 5000 | If EedDedCode = 225 send EedEEGoalAmt |
| AG | 8.2 | Dependent Daycare FSA Payroll Deduction amount | | **NUMERIC FIELD ONLY - No $ signs or**  **commas.** Send 0.00 if unknown | 416.66 | Elected per pay amount - If EedDedCode = 225 send EedEEAmt |

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| AH | 8 | Dependent Daycare FSA Termination Date | **This MUST be in format MMDDYYYY.** | |  | | 03012015 | If EedDedCode = 225 send EedBenStopDate |
| AI | 8 | PAD | **Please leave blank** | |  | |  | Leave blank |
| AJ | 8 | Individual Premium  Reimbursement FSA Effective  Date | **This MUST be in format MMDDYYYY.** | |  | | 02012015 | Leave blank |
| AK | 8.2 | Individual Premium  Reimbursement FSA Annual  Election | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | |  | Leave blank |
| AL | 8.2 | Individual Premium  Reimbursement FSAPayroll  Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | |  | Leave blank |
| AM | 8 | Individual Premium  Reimbursement FSA  Termination date | **This MUST be in format MMDDYYYY.** | |  | | 03012015 | Leave blank |
| AN | 8 | Adoption Assistance FSA Effective Date | **This MUST be in format MMDDYYYY.** | |  | | 02012015 | Leave blank |
| AO | 8.2 | Adoption Assistance FSA Annual Election | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | |  | Leave blank |
| AP | 8.2 | Adoption Assistance FSA Payroll Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | |  | Leave blank |
| AQ | 8 | Adoption Assistance FSA Termination date | **This MUST be in format MMDDYYYY.** | |  | | 03012015 | Leave blank |
| AR | 8 | Parking Effective Date | **This MUST be in format MMDDYYYY.** | |  | | 02012015 | Leave blank |
| AS | 8.2 | Parking Annual Election | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | |  | Leave blank |
| AT | 8.2 | Parking Payroll Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | |  | Leave blank |
| AU | 8 | Parking Termination date | **This MUST be in format MMDDYYYY.** | |  | | 03012015 | Leave blank |
| AV | 8 | Transit Effective Date | **This MUST be in format MMDDYYYY.** | |  | | 02012015 | Leave blank |
| AW | 8.2 | Transit Annual Election | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | | 1300 | Leave blank |
| AX | 8.2 | Transit Payroll Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | | 0 | Leave blank |
| AY | 8 | Transit Termination date | **This MUST be in format MMDDYYYY.** | |  | | 03012015 | Leave blank |
|  | **\*DO NOT REMIT IF PARTICIPANT SHOULD** |
| **HAVE ACCESS TO THEIR AVAILABLE BALA** | **NCE.** |  |  |
| AZ | 8 | Limited Purpose HCFSA Effective Date | **This MUST be in format MMDDYYYY.** | |  | | 02012015 | If EedDedCode = 221 send EedBenStartDate |
| BA | 8.2 | Limited Purposed HCFSA Annual Election | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | | 1200 | If EedDedCode = 221 send EedEEGoalAmt |
| BB | 8.2 | Limited Purpose HCFSA  Payroll Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** | |  | | 100 | Elected per pay amount - If EedDedCode = 221 send EedEEAmt |
| BC | 8 | Limited Purpose HCFSA Termination date | **This MUST be in format MMDDYYYY.** | |  | | 03012015 | If EedDedCode = 221 send EedBenStopDate |

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| BD | 8 | HRA Effective Date | **This MUST be in format MMDDYYYY.** | 02012015 | Leave blank |
| BE | 8.2 | HRA Annual Election | **NUMERIC FIELD ONLY – No $ signs or commas.** | 36 | Leave blank |
| BF | 8.2 | HRA Payroll Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** |  | Leave blank |
| BG | 8 | HRA Termination date | **This MUST be in format MMDDYYYY.** | 03012015 | Leave blank |
| BH | 8 | HRP Effective Date | **This MUST be in format MMDDYYYY.** | 02012015 | Leave blank |
| BI | 8.2 | HRP Annual Election | **NUMERIC FIELD ONLY - No $ signs or commas.** |  | Leave blank |
| BJ | 8.2 | HRP Payroll Deduction amount | **NUMERIC FIELD ONLY - No $ signs or commas.** |  | Leave blank |
| BK | 8 | HRP Termination date | **This MUST be in format MMDDYYYY.** | 03012015 | Leave blank |
| BL | 1 | Debit card | One Character (Y for Yes or N for No) | Y | Y |
| BM | 8 | ER Funded Health FSA Effective  Date | **This MUST be in format MMDDYYYY.** | 02012015 | Leave blank |
| BN | 8.2 | ER Funded Health FSA Annual Election | **NUMERIC FIELD ONLY - No $ signs or commas.** |  | Leave blank |
| BO | 8 | ER Funded Health FSA Contribution amount | **NUMERIC FIELD ONLY - No $ signs or commas.** |  | Leave blank |
| BP | 8 | ER Funded Health FSA Termination date | **This MUST be in format MMDDYYYY.** | 03012015 | Leave blank |