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| **P&A GROUP** **PAYROLL WITH**    **ENROLLMENT FILE**    ***W******arehouse File Layout T Instructions***  P&A Administrative Services, Inc.  17 Court Street, Suite 500 Buffalo, NY 14202  (800) 688-2611  (716) 852-2611 www.padmin.com |



If you have any questions regarding this layout please contact your FSA\Commuter Plan Administrator or:

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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 transactions that occur each payroll cycle. 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 have had an FSA or Section 132 payroll transaction during the pay cycle should be included on this file.

1. **Q: How often should a file be sent?**

**A:** Since the file is used for payroll purposes, the file should be sent to P&A as soon as payroll has been completed.

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 Number Field; and, the Employee ID 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 see the below for the PPA and Client Numbers. Using an example of 999 as the PPA Number and a Client Number of 123456 and a date of July 1, 2015, the naming convention would be 999123456\_20150701.csv

1. **Q: What is the maximum number of characters (bytes) per field on the file?**

**A:** We have included a column on the below spec sheet to include the number of characters (bytes) per field. This is under column named **Field Length.**

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”. Numeric fields MUST not contain a comma or $ sign. Negative amounts must have a leading sign. Example: -250.00

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 date should correspond to the list of pay dates P&A received from the client for Implementation and\or Enrollment purposes. The “pay date” is the date the participants receive their paycheck, not the date payroll has commenced, was processed or finalized. 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. However, it may be helpful to encapsulate the Social Security Number field with quotes to avoid a lead zero from being dropped.

1. **Q: What is required under field C, Payroll File Number field?**

**A:** This is not a required field. You may choose to use this field to record the payroll file number. For example, the January 3, 2014 payroll file number would be 1, the Payroll file number for the next week, January 10, 2014 would be 2 and so on.

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

A: This field should only include a termination date for participants who are no longer actively employed AND have recently terminated their employment. 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 the debit card is offered.** 

As an example, if an employee was terminated June 1, 2010 and was rehired January 1, 2015, the old termination date of June 1, 2010 should not be remitted. If it is remitted, we will terminate the employee account. Only current dates that apply to the **current** or upcoming plan years can be remitted to P&A.

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 the purpose of the file is for Open Enrollment file and a Payroll file, then yes, new Client Number will change each year. 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. 2015) and the upcoming plan year (e.g. 2016) until the start of that upcoming year. For example, imagine that the plan starts January 1, 2015. Then, the Open Enrollment for the 2016 plan year will start October 1, 2015. During that time, P&A would expect to receive the enrollment information for the current year (2015) as well as the upcoming plan year’s enrollment information (2016) on separate files.**

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

1. **Q: Please explain the Debit Card field, in field U.**

**A:** This field indicates if the participant should have access to the debit card.

1. **Q: What should be remitted on fields listed as (Account) Deduction amount, i.e., Health Care payroll deduction amount (Fields Z, AB, AD, AF, AH, AJ, AL)?**

**A:** This is the payroll deduction amount that was withheld from the employee’s paycheck for that specific account type, for the pay date listed on the file. Any negative amounts must have a leading sign. Example: -250.00; not acceptable is 250.00-

1. **Q: What should be remitted on fields listed as (Account) Annual Election, i.e. Health Care FSA Annual election (Fields AA, AC, AE, AG, AI, AK, AM)?**

**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.

# File Layout Instructions

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|  |  | |  |  |  |
| **Field**  **Position** | **Field Length** | **Field Name** | **Description** | **Example** | **Mapping notes** |
| **A** | 8 | Pay Date | **This MUST be in the format YYYYMMDD.** This is the date employees receive their paychecks. | 20150703 | PrgPayDate |
| **B** | 11 | Social Security  Number | Hyphens are not necessary 123456789*. It may be helpful to surround this field with “” to avoid a lead zero from being dropped.* | "012345678" | eepssn |
| **C** | 15 | Employee ID | Optional – This is to be used if the Client is tracking | 12345 | EecEmpNo |
| **D** | 30 | Last Name |  | Smith | Eepnamelast |
| **E** | 20 | First Name |  | John | eepnamefirst |
| **F** | 1 | Middle Initial | If you do not use middle initials please leave this column blank | A | 1st digit of eepnamemiddle |
| **G** | 50 | Street Address  (1) | remove any punctuation | 123 Sunshine Lane | EepAddressLine1 |
| **H** | 50 | Street Address  (2) | Optional - remove any punctuation | Apt. 3A | EepAddressLine2 |
| **I** | 35 | Street Address  (2) | Optional |  | Leave blank |
| **J** | 35 | Street Address | Optional |  | Leave blank |
| **K** | 20 | City |  | Summerville | EepAddressCity |
| **L** | 2 | State | This is two positions. Example: New York is  NY | NY | EepAddressState |
| **M** | 5 | Zip code |  | 12345 | EepAddressZipCode |
| **N** | 30 | Country | Blank if USA |  |  |
| **O** | 12 | Date of Birth | **This MUST be in the format YYYYMMDD** | 19650515 | eepdateofbirth |
| **P** | 12 | Pad | **Please leave this field empty** |  | Leave blank |
| **Q** | 12 | Employee  Termination Date | **This MUST be in the format YYYYMMDD** | 20150715 | eecdateoftermination |
| **R** | 12 | Pad | **Please leave this field empty** |  | Leave blank |
| **S** | 3 | PPA Number | 999 | 999 | 999 |
| **T** | 5 | Client Number | P&A will provide this to you |  | If PgrPayFrequency = W send 31345  If PgrPayFrequency = S send 31346 |
| **U** | 1 | Debit card | One Character (Y or N). Enter a Y in this field if your plan offers the debit card | Y | Y |
| **V** | 1 | Gender | One Character (M or F) | M | Eepgender |
| **W** | 20 | Division | Optional alpha/numeric field – Insert your code up to 8 characters which will be used for reporting and billing purposes |  | Leave blank |
| **X** | 1 | Marital Status | S for Single, M for Married, D for Divorced or O for Other |  | eepmaritalstatus |
| **Y** | 1 | Payroll  Deduction  Frequency | Frequency the plan deductions are taken. S= Twice Monthly, B=Biweekly, W=Weekly or M=Monthly | W | PgrPayFrequency |
| **Z** | 20 | Health FSA Deduction amount | **Numeric field reflecting the Health FSA deductions taken within the deduction cycle. Do not include $ or commas.** | 10.00 | If PdhDedCode = 220 send PdhEECurAmt |
| **AA** | 20 | Health FSA Annual Election amount | **Numeric field reflecting the Annual Health FSA election amount. Do not include $ or commas.** | 520.00 | If EedDedCode = 220 send EedEEGoalAmt |
| **AB** | 20 | Dependent Care Deduction amount | **Numeric field reflecting the Dependent Care deductions taken within the deduction cycle. Do not include $ or commas.** | 75.00 | If PdhDedCode = 225 send PdhEECurAmt |
| **AC** | 20 | Dependent  Care Annual Election amount | **Numeric field reflecting the Annual Dependent Care election amount. Do not include $ or commas.** | 3900.00 | If EedDedCode = 225 send EedEEGoalAmt |
| **AD** | 20 | Parking Deduction amount | **Numeric field reflecting the Parking deductions taken within the deduction cycle. Do not include $ or commas.** | 20.00 | Leave blank |
| **AE** | 20 | Parking Annual amount | **Numeric field reflecting the Annualized Parking election amount. Do not include $ or commas.** | 1040.00 | Leave blank |
| **AF** | 20 | Individual  Premium  Account Deduction amount | **Numeric field reflecting the Individual Premium Account deductions taken within the deduction cycle. Do not include $ or commas.** | 25.00 | Leave blank |
| **AG** | 20 | Individual  Premium FSA  Annual amount | **Numeric field reflecting the Annualized Individual Premium Account Election amount. Do not include $ or commas.** | 1300.00 | Leave blank |
| **AH** | 20 | Adoption FSA Deduction amount | **Numeric field reflecting the Adoption Account deductions taken within the deduction cycle. Do not include $ or commas.** | 50.00 | Leave blank |
| **AI** | 20 | Adoption FSA Annual amount | **Numeric field reflecting the Annual Adoption Account Election amount. Do not include $ or commas.** | 2600.00 | Leave blank |
| **AJ** | 20 | Transit Deduction amount | **Numeric field reflecting the Transit deductions taken within the deduction cycle. Do not include $ or commas.** | 15.00 | Leave blank |
| **AK** | 20 | Transit Annual amount | **Numeric field reflecting the Annualized Transit election amount. Do not include $ or commas.** | 780.00 | Leave blank |
| **AL** | 20 | Limited  Purpose Health FSA Deduction amount | **Numeric field reflecting the Restricted Health FSA deductions taken within the deduction cycle. Do not include $ or commas.** |  | If PdhDedCode = 221 send PdhEECurAmt |
| **AM** | 20 | Limited  Purpose Health FSA Annual amount | **Numeric field reflecting the Restricted or "Limited Purpose" Health FSA Annual election amount. Do not include $ or commas.** |  | If EedDedCode = 221 send EedEEGoalAmt |