Mitsubishi Logisnext Americas, Inc.

Employee Information File

09-LF0171

Effective: 1.1.20

Revised 9.19.20

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## Introduction

This document describes the employee information sent by customers via an electronic file. Customers may submit files at an agreed upon frequency, such as weekly, bi-weekly, monthly etc. - typically based on the size of the customer population and expected claim volume per week. This document serves as the customer’s tool for format, default, and valid value definitions for each ‘data element’ on the file. All employee information is stored in a back-end database and is used to rapidly update views in front-end applications.

**File Naming Convention**- File Name will be as follows: Div/Serial\_ Customer Name\_CCYYMMDD.elg.txt If PGP encryption is used, add .pgp to the end

**Example**: 09LF0171\_Mitsubishi\_20200101.elg.txt or 09LF0171\_Mitsubishi\_20200101.elg.txt.pgp

The employee information consists of an ASCII file with 3 fixed length records. The records consist of fixed length fields that are described fully in this document.

* **Header Record** = File Control Record …………….. Contains information regarding the company transmitting the file.
* **Detail Record** = Employee Detail Record ……….. Contains employee information from employer.
* **Trailer Record** = Final Total Record ………………… Contains information indicating total number of records in the file.

**Field Formatting:**

* All fields are left justified and padded to the appropriate length with spaces, unless otherwise noted in the Format column.
* Fields may contain any visible ASCII character and the ASCII space character.
* Please do not pass the following symbols as this will cause a file failure:
  + back tick `
  + backslash \
  + bar |
  + caret ^
  + brackets [ ]
  + parentheses ( )
  + percent %
  + tilde ~
  + quote “
* Numeric fields may contain only ASCII characters in the range 0-9 and an ASCII period where appropriate. Numeric fields must be left justified and padded with spaces.
* The format of a numeric field may have explicit decimals in the form ###.## where # represents an ASCII value in the range 0-9 and “.” is an ASCII period.
* There are predefined codes for some of the data fields; these are defined in the appendices. If a valid code is not used then the predefined default value must be passed.
* Shaded (grayed-out) data items do not pertain to your particular benefits. However, the default values noted in those fields are required so that the employee records will continue to be 3000 bytes in length.
* **Each record will contain 2999 printable characters and every record should end with a valid End-of-Line (EOL) character. This EOL character is what constitutes the 3000th character.**

## Header Record – File Control Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 1-9 | Customer ID | Header Record: Disability Customer ID | 1 | 9 | 09-LF0171 | 99-999999 |
| 10-16 | Record Number | Header Record: Default Value | 10 | 7 | 0000000 | Always the default |
| 17-26 | Date | Header Record: Date the file is generated | 17 | 10 | Today’s date | YYYYMMDD followed by 2 spaces |
| 27-33 | Record Length | Header Record: File Length | 27 | 7 | 3000 | 3000 followed by 3 spaces |
| 34-2999 | Filler | Header Record: Filler | 34 | 2966 | Spaces |  |
| 3000 | Record Delimiter | Header Record: Line Feed | 3000 | 1 | Line Feed | Hex 0A |

## Detail Record – Employee Detail Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 1 | Record Type | An indicator that describes the type of record. It is always set to ‘D’ for detail. | 1 | 1 | Always set to “D” | If not equal to D, the record will reject. |
| 2 | iCAM Account ID Number | A number arbitrarily assigned to an Account to uniquely identify it. | 2 | 6 | 000000 | 6 digit code  If value not present, record will reject. |
| 3 | iCAM Account Verification Number | A second number arbitrarily assigned to an Account to verify the account ID. | 8 | 6 | 000000 | 6 digit code  If value not present, record will reject. |
| 4 | Disability Customer ID | Contract Number | 14 | 9 | 09-LF0171 | ##-###### where # is an ASCII value in the range 0-9, and dash is included. If value not present, record will reject. |
| 5 | Account Specific Organization 1 Code | Internal use only | 23 | 30 | 30 spaces |  |
| 6 | Account Specific Organization 2 Code | Internal use only | 53 | 30 | 30 spaces |  |
| 7 | Account Specific Organization 3 Code | Internal use only | 83 | 30 | 30 spaces |  |
| 8 | Account Specific Organization 4 Code | Internal use only | 113 | 30 | 30 spaces |  |
| 9 | Account Specific Organization 5 Code | Internal use only | 143 | 30 | 30 spaces |  |
| 10 | Account Specific Organization 6 Code | Internal use only | 173 | 30 | 30 spaces |  |
| 11 | Account Specific Organization 7 Code | Internal use only | 203 | 30 | 30 spaces |  |
| 12 | Account Specific Organization 8 Code | Internal use only | 233 | 30 | 30 spaces |  |
| 13 | Account Specific Organization 9 Code | Internal use only | 263 | 30 | 30 spaces |  |
| 14 | Account Specific Organization 10 Code | Internal use only | 293 | 30 | 30 spaces |  |
| 15 | WC Insured Location Code | A customer organization or accident location code provided by the customer organization (Insured Location Code). | 323 | 30 | 30 spaces |  |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 16 | Disability Subsidiary Code | Subsidiary which currently employs the employee. Customer defined | 353 | 4 | If cmpcompanycode = NFCNA send UCA0  If cmpcompanycode = CEH send CEH0 | Alpha and/or numeric only. No spaces or special characters.  If less than 4 characters, pad to the right (backfill) with zeros.  NOTE: Default value must be 4 zeros. |
| 17 | Organizational Structure I | For non-standard reporting only. | 357 | 30 | 30 spaces |  |
| 18 | Organizational Structure II | For non-standard reporting only. | 387 | 30 | 30 spaces |  |
| 19 | Current Division Code | Division in which the employee works. Customer Defined. | 417 | 10 | 10 spaces |  |
| 20 | Current Department Code | Current department in which the employee works. Customer defined. | 427 | 10 | 10 spaces |  |
| 21 | Current Position Code | Position code of employee's current position. Customer defined. | 437 | 10 | 10 spaces |  |
| 22 | Disability Contact Type Code | Disability Contact Type of Individual  \*If contact varies by employee groups | 447 | 1 | 1 spaces | See [appendix O](#3o7alnk). If value present, must be valid or record will reject. |
| 23 | Disability Contact First Name | Disability Contact First Name  \*If contact varies by employee groups | 448 | 35 | 35 spaces |  |
| 24 | Disability Contact Last Name | Disability Contact Last Name  \*If contact varies by employee groups | 483 | 35 | 35 spaces |  |
| 25 | Disability Contact Name Suffix | The suffix code of the Contact's name. | 518 | 5 | 5 spaces | Codes must be in the exact format as listed in [Appendix C](#17dp8vu).  For example, the following codes will cause the record to fail: Jr or Jr.  Correct version is just JR (Capitalized and no period after the “R”). |
| 26 | Disability Contact Address Line 1 | Disability Contact Address Line 1  \*If contact varies by employee groups | 523 | 30 | 30 spaces |  |
| 27 | Disability Contact Address Line 2 | Disability Contact Address Line 2  \*If contact varies by employee groups | 553 | 30 | 30 spaces |  |
| 28 | Disability Contact Address City | Disability Contact City  \*If contact varies by employee groups | 583 | 20 | 20 spaces |  |
| 29 | Disability Contact Address State | Disability Contact State  \*If contact varies by employee groups | 603 | 2 | 2 spaces | See [appendix B](#4d34og8), If value present, must be valid or record will reject. |
| 30 | Disability Contact Address Postal Code | Disability Contact Postal Code  \*If contact varies by employee groups | 605 | 9 | 9 spaces | See [appendix H](#3j2qqm3), If value present, must be valid or record will reject. |
| 31 | Disability Contact Address Country Code | Disability Contact Country Code | 614 | 3 | 3 spaces | See [appendix A](#1t3h5sf), If value present, must be valid or record will reject. |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 32 | Disability Contact Email Address | Disability Contact Email Address \*If contact varies by employee groups | 617 | 100 | 100 spaces |  |
| 33 | Disability Contact Telephone Area Code | Disability Contact's telephone area code. \*If contact varies by employee groups | 717 | 3 | 3 spaces |  |
| 34 | Disability Contact Telephone Exchange Number | Indicates first 3 digits in the Disability Contact's telephone code. \*If contact varies by employee groups | 720 | 3 | 3 spaces |  |
| 35 | Disability Contact Telephone Line Range Number | Indicates last 4 digits in the Disability Contact's home telephone code. \*If contact varies by employee groups | 723 | 4 | 4 spaces |  |
| 36 | Disability Contact Phone Extension | Indicates extension for the Disability Contact  \*If contact varies by employee groups | 727 | 8 | 8 spaces |  |
| 37 | Supervisor First Name | Indicates the Supervisor's name.  Note: For WC purposes only. | 735 | 35 | 35 spaces |  |
| 38 | Supervisor Last Name | Indicates the Supervisor's name.  Note: For WC purposes only. | 770 | 35 | 35 spaces |  |
| 39 | Supervisor Middle Initial | Indicates the Supervisor middle initial.  Note: For WC purposes only. | 805 | 1 | 1 space |  |
| 40 | Supervisor Name Suffix | The suffix code of the Supervisor's name.  Note: For WC purposes only. | 806 | 5 | 5 spaces | See [appendix C](#17dp8vu),  If value present, must be valid or record will reject. |
| 41 | Supervisor Telephone Area Code | Supervisor's telephone area code.  Note: For WC purposes only. | 811 | 3 | 3 spaces |  |
| 42 | Supervisor Telephone Exchange Number | Indicates first 3 digits in the supervisor's telephone code.  Note: For WC purposes only. | 814 | 3 | 3 spaces |  |
| 43 | Supervisor Telephone Line Range Number | Indicates last 4 digits in the supervisor's telephone code.  Note: For WC purposes only. | 817 | 4 | 4 spaces |  |
| 44 | Employee Identification | A number used as the unique key by an employer to identify each employee. | 821 | 11 | EecEmpNo | Pad with spaces to complete 11 bytes. |
| 45 | Employment State | State in which the employee currently works | 832 | 2 | LocAddressState in EecLocation | See [appendix B](#4d34og8), If value present, must be valid or record will reject. |
| 46 | Disability Location Code | Facility Location in which the employee works. Customer defined. | 834 | 8 | 8 zeros | Alpha and/or numeric only. No spaces or special characters.  If less than 8 characters, pad to the right (backfill) with zeros.  NOTE: Default value must be 8 zeros. |
| 47 | Employee Department Name | The name of the department where the Employee works. | 842 | 15 | 15 spaces |  |
| 48 | Occupation Code | Code describing employee's occupation | 857 | 4 | 4 spaces | See [appendix I](#1y810tw),  If value present, must be valid or record will reject. |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 49 | Occupation Description | The employee's job title. | 861 | 50 | EecJobtitle | padded to the right with spaces to complete 50 byte field. |
| 50 | Physical Demands Code | Code describing physical demands of the employee. | 911 | 1 | 1 space | See [appendix J](#2xcytpi),  If value present, must be valid or record will reject. |
| 51 | Employee First Name | Indicates the Employee's name. | 912 | 35 | EepNameFirst | If blank, record not rejected. |
| 52 | Employee Last Name | Indicates the Employee's name. | 947 | 35 | EepNameLast | If blank, record not rejected. |
| 53 | Employee Middle Initial | Indicates the Employee middle initial. | 982 | 1 | 1st digit of EepNameMiddle |  |
| 54 | Employee Name Suffix | The suffix code of the Employee's name. | 983 | 5 | 5 spaces | See [appendix C](#17dp8vu),  If value present, must be valid or record will reject. |
| 55 | Employee Address Line 1 Name | The employee’s domicile, usually house number and street. | 988 | 30 | EepAddressLine1 | If blank, record not rejected. |
| 56 | Employee Address Line 2 Name | Additional information such as apartment number or P.O. Box | 1018 | 30 | EepAddressLine2 |  |
| 57 | Employee Address City Name | Address city where Employee resides. | 1048 | 20 | EepAddressCity | If blank, record not rejected. |
| 58 | Employee Address State Code | The state in which the Employee resides. | 1068 | 2 | EepAddressState | See [appendix B](#4d34og8),  If value present, must be valid or record will reject. |
| 59 | Employee Address Postal Code | Postal Code of Employee | 1070 | 9 | EepAddressZipCode | See [appendix H](#3j2qqm3),  If value present, must be valid or record will reject. |
| 60 | Employee Address Country Code | Address country where Employee resides. | 1079 | 3 | USA | See [appendix A](#1t3h5sf),  If value present, must be valid or record will reject. |
| 61 | Employee Address County Name | Address county where Employee resides.  Note: For WC purposes only. | 1082 | 30 | 30 spaces |  |
| 62 | Employee Telephone Area Code | Indicates Employee's home telephone area code. | 1112 | 3 | 3 spaces |  |
| 63 | Employee Telephone Exchange Number | Indicates first 3 digits in the Employee's home telephone code. | 1115 | 3 | 3 spaces |  |
| 64 | Employee Telephone Line Range Number | Indicates last 4 digits in the Employee's home telephone code. | 1118 | 4 | 4 spaces |  |
| 65 | Social Security Number | A number used as the unique key by an employer to identify each employee. | 1122 | 11 | EepSsn | 9 digits followed by 2 spaces. No dashes/hyphens/special characters.  If value not present, record will reject. |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 66 | Social Security Number Type Code | An indicator used to identify the employee's SSN as being either from the US or Canada.  \*For Intake application | 1133 | 1 | 1 | 1 - USA 2- CAN |
| 67 | Employee Gender Code | Indicates Employee's gender | 1134 | 1 | EepGender  1 space if unknown |  |
| 68 | Employee Birth Date | The date the Employee was born. | 1135 | 8 | EepDateOfBirth | YYYYMMDD |
| 69 | Employee Marital Status Code | Indicates Employee's marital status. | 1143 | 1 | 1 space | See [appendix E](#lnxbz9),  If value present, must be valid or record will reject. |
| 70 | W4 Marital Status Code | Marital Status reported on last W4 for federal tax filing purposes. | 1144 | 1 | 1 space | See [appendix K](#3whwml4),  If value present, must be valid or record will reject. |
| 71 | Spouse Birth Date | The date the Employee’s spouse was born. | 1145 | 8 | 8 spaces | YYYYMMDD |
| 72 | Employee Dependent Quantity | The total number of individuals dependent on the Employee for support. | 1153 | 2 | **0 plus 1 space** | Valid values are 0-99 |
| 73 | Employee Dependents Under 18 Quantity | The total number of individuals under 18 dependent on the Employee for support.  Note: For WC purposes only. | 1155 | 2 | **0 plus 1 space** | Valid values are 0-99 |
| 74 | Education Level | Represents the highest level of education attained by the Employee.  Note: For WC purposes only. | 1157 | 3 | 3 spaces | See [appendix D](#26in1rg),  If value present, must be valid or record will reject. |
| 75 | Salary Amount | Salary amount per mode for the employee.  \*If Hourly Wage blank | 1160 | 10 | If EecSalaryOrHourly = S send EecAnnSalary, else pass 0.0 left justified; pad with spaces to complete 10 byte field size | ########.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. |
| 76 | Hourly Wage | Employee's hourly wage.  \*If Salary Amount blank | 1170 | 10 | If EecSalaryOrHourly = H, send EecHourlyPayRate, else pass 0.0 left justified; pad with spaces to complete 10 byte field size | ########.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. |
| 77 | Salary Effective Date | Date the salary or hourly wage became effective | 1180 | 8 | dsi\_fnlib\_GetAnnSalary\_EffDate\_WithStartDate | YYYYMMDD |
| 78 | Salary Type | Type of salary with which the employee is compensated | 1188 | 2 | If EecSalaryOrHourly = S send SL  If EecSalaryOrHourly = H send HR  Or send 2 spaces | See [Appendix M](#1pxezwc),  If value present, must be valid or record will reject. |
| 79 | Bonus Amount | Any bonuses received within a specified period.. example 12 months.  \*Unless included in Salary | 1190 | 10 | 1. left justified; pad with spaces to complete 10 byte field size | ########.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 80 | Commission Amount | Total commissions received within a specified period - example 12 months.  \*Unless included in Salary | 1200 | 10 | 0.0 left justified; pad with spaces to complete 10 byte field size | ########.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. |
| 81 | Salary Mode | Indicate the mode of the salary amount passed in data item #75 | 1210 | 1 | If EecSalaryOrHourly = S send 6  If EecSalaryOrHourly = H send 1  Or send 1 space | See [appendix G](#2jxsxqh),  If value present, must be valid or record will reject. |
| 82 | Year to Date Wages | Total wages earned year to date | 1211 | 10 | 0.0 left justified; pad with spaces to complete 10 byte field size | ########.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. |
| 83 | W4 Withholding Allowance | Number of exemptions for tax reporting status | 1221 | 2 | 0 plus 1 space | Valid values are 0-99 |
| 84 | Employee Custom Data Element 1 | Position to hold specific employee information as requested by an employer | 1223 | 80 | If EedDedCode = 345, 287, 288 or 289 and EedBenAmt = 10000 send CRITIL10K  If EedDedCode = 345, 287, 288 or 289 and EedBenAmt = 20000 send CRITIL20K  Else send 80 spaces | Ex. CRITIL10K, CRITIL10KT, CRITIL20K, CRITIL20KT –  Ded codes – 345, 287, 288, 289 |
| 85 | Employee Custom Data Element 2 | Position to hold specific employee information as requested by an employer | 1303 | 80 | EedBenStartDate or 80 spaces | Format: YYYYMMDD |
| 86 | Employee Custom Data Element 3 | Position to hold specific employee information as requested by an employer | 1383 | 80 | If EedDedCode = 286 or 346 send ACCIDCOV or 80 spaces | Example: ACCIDCOV  Ded codes – 286, 346 |
| 87 | Employee Custom Data Element 4 | Position to hold specific employee information as requested by an employer | 1463 | 80 | EedBenStartDate or 80 spaces | Format: YYYYMMDD |
| 88 | Employee Custom Data Element 5 | Position to hold specific employee information as requested by an employer | 1543 | 80 | 80 spaces |  |
| 89 | Employee Custom Data Element 6 | Position to hold specific employee information as requested by an employer | 1623 | 80 | 80 spaces |  |
| 90 | Employee Custom Data Element 7 | Position to hold specific employee information as requested by an employer | 1703 | 80 | 80 spaces |  |
| 91 | Employee Custom Data Element 8 | Position to hold specific employee information as requested by an employer | 1783 | 80 | 80 spaces |  |
| 92 | Employee Custom Data Element 9 | Position to hold specific employee information as requested by an employer | 1863 | 80 | 80 spaces |  |
| 93 | Employee Custom Data Element 10 | Position to hold specific employee information as requested by an employer | 1943 | 80 | 80 spaces |  |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 94 | Employment Type | Indicates if the employee is full time, part time, etc | 2023 | 1 | If EecFullTimeOrPartTime = F send 1  If EecFullTimeOrPartTime = P send 2  Else send 1 space | See [appendix F](#1ksv4uv),  If value present, must be valid or record will reject. |
| 95 | Service Months | Internal Use Only | 2024 | 4 | 0 plus 3 spaces | Valid values are 0 - 9999. |
| 96 | Original Hire Date | The initial or first date the employee was hired by the employer. | 2028 | 8 | EecDateOfOriginalHire | YYYYMMDD  Note: DOH cannot be greater than File Generation Date. |
| 97 | Hire State Code | State in which the employee was originally hired. | 2036 | 2 | 2 spaces | See [appendix B](#4d34og8),  If value present, must be valid or record will reject. |
| 98 | Employment Status | Whether employee is currently employed. | 2038 | 1 | If EecEmplStatus = T send T, else send A | See [appendix L](#3as4poj),  If value not present, or invalid, record will reject. . Terminated employees to remain for 90 days |
| 99 | Date of Termination | Date the employee was terminated.  Note: Please keep terminated employees on the file for 90 days after Date of Termination. | 2039 | 8 | If EecEmplStatus = T send EecDateOfTermination  Else send 8 spaces | YYYYMMDD |
| 100 | Hours Last 12 Months | Internal Use Only | 2047 | 6 | 0.0 left justified; pad with spaces to complete 6 byte field size | ####.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 4 decimal places is acceptable. |
| 101 | Hours Worked Per Week | Internal Use Only | 2053 | 10 | 0.0 left justified; pad with spaces to complete 10 byte field size | ###.######, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. 40.00spaces |
| 102 | Hours Worked Per Day | Internal Use Only | 2063 | 9 | 1. left justified; pad with spaces to complete 9 byte field size | ##.######, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable - 8.0spaces |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 103 | Days Worked per Week Quantity | Internal Use Only | 2072 | 8 | 0.0 left justified; pad with spaces to complete 8 byte field size | #.######, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable. --5.0spaces |
| 104 | Workday Indicator - Monday | Internal Use Only | 2080 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 105 | Workday Indicator - Tuesday | Internal Use Only | 2081 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 106 | Workday Indicator - Wednesday | Internal Use Only | 2082 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 107 | Workday Indicator - Thursday | Internal Use Only | 2083 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 108 | Workday Indicator - Friday | Internal Use Only | 2084 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 109 | Workday Indicator - Saturday | Internal Use Only | 2085 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 110 | Workday Indicator - Sunday | Internal Use Only | 2086 | 1 | 1 space | See [appendix T](#4f1mdlm) |
| 111 | Insurance Company - Medical | Internal Use Only | 2087 | 60 | 60 spaces |  |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 112 | Product 1 – Product Code | Type of disability coverage. | 2147 | 5 | If EedDedCode = 94 or 342 send STD plus two spaces  Else send 5 spaces | See [appendix N](#2p2csry),  If value present, must be valid or record will reject.  Ded codes 342, 94 |
| 113 | Product 1 - Benefit Type | Benefit or plan type associated with Product 1. May be used to help identify group or class of employees. | 2152 | 5 | If cmpcompanycode = NFCNA send STD04  If cmpcompanycode = CEH send STD02  Else send *pass 5 spaces.* | STD02 = (Fully Insured- UCA) All US Employees of Capitol Equipment & Handling, Inc. (CEH)  STD04 - unicarriers |
| 114 | Product 1 - Coverage Status | Indicates whether the employee’s coverage under Product 1 is active or terminated. | 2157 | 1 | If EedDedCode = 94 or 342 and EedBenStatus = T send T  If EedDedCode = 94 or 342 and EedBenStatus = A send A  Else send 1 space | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject.  **If the actively employed employee is eligible (or if terminated employee was eligible) for product coverage, pass A for Active Product Coverage Status.**  **If the actively employed employee (or terminated employee) opted-out of their product coverage, pass T for Terminated Product Coverage Status.**  *If active employee is not eligible (or if terminated employee was not eligible) for product coverage, pass 1 space.* |
| 115 | Product 1 - Coverage Effective Date | Date the employee’s coverage under Product 1 became effective. | 2158 | 8 | If EedDedCode = 94 or 342 send EedBenStartDate  Else send 8 spaces | YYYYMMDD – send original date of hire |
| 116 | Product 1 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2166 | 3 | If cmpcompanycode = NFCNA send 000  If cmpcompanycode = CEH send 100 | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution.  **STD02= 100**  **STD04 = 000** |
| 117 | Product 1 - Benefit Level | Benefit percent provided under Product 1. | 2169 | 3 | If cmpcompanycode = NFCNA send 070  If cmpcompanycode = CEH send 060  Else send 0 plus 2 spaces | **If eligible, pass**  **STD02= 060**  **STD04 = 070** |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 118 | Product 2 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2172 | 5 | If EedDedCode = 93 or 343 send LTD plus two spaces  Else send 5 spaces | See [appendix N](#2p2csry),  If value present, must be valid or record will reject.  Ded code 343 or 93 |
| 119 | Product 2 - Benefit Type | Benefit or plan type associated with Product 2. May be used to help identify group or class of employees. | 2177 | 5 | If EedDedCode = 93 or 343 send LTD01 plus two spaces  Else send 5 spaces | **If applicable, pass**  LTD01 = All Eligible Employees of Daily Equipment Company (DEC), Rapidparts Incorporated (RPI), MCJ, MCFA, Unicarrier (UCA, CEH, NEIT excluding employees classified as executives)  LTD02 = All Eligible Employees Classified as Executives – client to setup field |
| 120 | Product 2 - Coverage Status | Indicates whether the employee’s coverage under Product 2 is active or terminated. | 2182 | 1 | If EedDedCode = 93 or 343 and EedBenStatus = T send T  If EedDedCode = 93 or 343 and EedBenStatus = A send A  Else send 1 space | **If the actively employed employee is eligible (or if terminated employee was eligible) for product coverage, pass A for Active Product Coverage Status.**  **If the actively employed employee (or terminated employee) opted-out of their product coverage, pass T for Terminated Product Coverage Status.**  *If active employee is not eligible (or if terminated employee was not eligible) for product coverage, pass 1 space.*. |
| 121 | Product 2 - Coverage Effective Date | Date the employee’s coverage under Product 2 became effective. | 2183 | 8 | If EedDedCode = 93 or 343 send EedBenStartDate  Else send 8 spaces | YYYYMMDD – ben start date |
| 122 | Product 2 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2191 | 3 | If EedDedCode = 93 or 343 send 000  Else send 0 plus 2 spaces | **If eligible, pass 000**  *If not eligible, pass 0 & 2 spaces.* |
| 123 | Product 2 - Benefit Level | Benefit percent provided under Product 2. | 2194 | 3 | If EedDedCode = 93 or 343 send 060  Else send 0 plus 2 spaces | **If eligible, pass 060**  *If not eligible, pass 0 & 2 spaces.* |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 124 | Product 3 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2197 | 5 | If EecEEType = REG send LEAVE | See [appendix N](#2p2csry),  If value present, must be valid or record will reject. |
| 125 | Product 3 - Benefit Type | Benefit or plan type associated with Product 3. May be used to help identify group or class of employees. | 2202 | 5 | FMLA plus one space | Customer defined text |
| 126 | Product 3 - Coverage Status | Indicates whether the employee’s coverage under Product 3 is active or terminated. | 2207 | 1 | A | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject. |
| 127 | Product 3 - Coverage Effective Date | Date the employee’s coverage under Product 3 became effective. | 2208 | 8 | EecDateOfOriginalHire | YYYYMMDD |
| 128 | Product 3 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2216 | 3 | 000 | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution. |
| 129 | Product 3 - Benefit Level | Benefit percent provided under Product 3. | 2219 | 3 | 000 | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g.:  50% = 050  66 2/3% = 066  100% = 100  Variable/Tiered = 999 |
| 130 | Product 4 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2222 | 5 | 5 spaces | See [appendix N](#2p2csry),  If value present, must be valid or record will reject. |
| 131 | Product 4 - Benefit Type | Benefit or plan type associated with Product 4. May be used to help identify group or class of employees. | 2227 | 5 | 5 spaces | Customer defined text |
| 132 | Product 4 - Coverage Status | Indicates whether the employee’s coverage under Product 4 is active or terminated. | 2232 | 1 | 1 space | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject. |
| 133 | Product 4 - Coverage Effective Date | Date the employee’s coverage under Product 4 became effective. | 2233 | 8 | 8 spaces | YYYYMMDD |
| 134 | Product 4 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2241 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution. |
| 135 | Product 4 - Benefit Level | Benefit percent provided under Product 4. | 2244 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g.:  50% = 050  66 2/3% = 066  100% = 100  Variable/Tiered = 999 |
| 136 | Product 5 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2247 | 5 | 5 spaces | See [appendix N](#2p2csry),  If value present, must be valid or record will reject. |
| 137 | Product 5 - Benefit Type | Benefit or plan type associated with Product 5. May be used to help identify group or class of employees. | 2252 | 5 | 5 spaces | Customer defined text |
| 138 | Product 5 - Coverage Status | Indicates whether the employee’s coverage under Product 5 is active or terminated. | 2257 | 1 | 1 space | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject. |
| 139 | Product 5 - Coverage Effective Date | Date the employee’s coverage under Product 5 became effective. | 2258 | 8 | 8 spaces | YYYYMMDD |
| 140 | Product 5 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2266 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution. |
| 141 | Product 5 - Benefit Level | Benefit percent provided under Product 5. | 2269 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g.:  50% = 050  66 2/3% = 066  100% = 100  Variable/Tiered = 999 |
| 142 | Product 6 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2272 | 5 | 5 spaces | See [appendix N](#2p2csry),  If value present, must be valid or record will reject. |
| 143 | Product 6 - Benefit Type | Benefit or plan type associated with Product 6. May be used to help identify group or class of employees. | 2277 | 5 | 5 spaces | Customer defined text |
| 144 | Product 6 - Coverage Status | Indicates whether the employee’s coverage under Product 6 is active or terminated. | 2282 | 1 | 1 space | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject. |
| 145 | Product 6 - Coverage Effective Date | Date the employee’s coverage under Product 6 became effective. | 2283 | 8 | 8 spaces | YYYYMMDD |
| 146 | Product 6 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2291 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution. |
| 147 | Product 6 - Benefit Level | Benefit percent provided under Product 6. | 2294 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g.:  50% = 050  66 2/3% = 066  100% = 100  Variable/Tiered = 999 |
| 148 | Product 7 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2297 | 5 | 5 spaces | See [appendix N,](#_3dy6vkm)  If value present, must be valid or record will reject. |
| 149 | Product 7 - Benefit Type | Benefit or plan type associated with Product 7. May be used to help identify group or class of employees. | 2302 | 5 | 5 spaces | Customer defined text |
| 150 | Product 7 - Coverage Status | Indicates whether the employee’s coverage under Product 7 is active or terminated. | 2307 | 1 | 1 space | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject. |
| 151 | Product 7 - Coverage Effective Date | Date the employee’s coverage under Product 7 became effective. | 2308 | 8 | 8 spaces | YYYYMMDD |
| 152 | Product 7 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2316 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution. |
| 153 | Product 7 - Benefit Level | Benefit percent provided under Product 7. | 2319 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g.:  50% = 050  66 2/3% = 066  100% = 100  Variable/Tiered = 999 |
| 154 | Product 8 - Product Code | Type of disability coverage  \*If Benefit Type, Coverage Status or Coverage Effective Date are not = spaces, or Employee Premium Contribution or Benefit Level are not = 0, then Product Code is required. | 2322 | 5 | 5 spaces | See [appendix N](#2p2csry),  If value present, must be valid or record will reject. |
| 155 | Product 8 - Benefit Type | Benefit or plan type associated with Product 8. May be used to help identify group or class of employees. | 2327 | 5 | 5 spaces | Customer defined text |
| 156 | Product 8 - Coverage Status | Indicates whether the employee’s coverage under Product 8 is active or terminated. | 2332 | 1 | 1 space | See [appendix U](#2u6wntf),  If value present, must be valid or record will reject. |
| 157 | Product 8 - Coverage Effective Date | Date the employee’s coverage under Product 8 became effective. | 2333 | 8 | 8 spaces | YYYYMMDD |
| 158 | Product 8 - Employee Premium Contribution | Percent the employee contributes towards the premium. | 2341 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g., 50% = 050. Use 999 for variable Employee Premium Contribution. |
| 159 | Product 8 - Benefit Level | Benefit percent provided under Product 8. | 2344 | 3 | 0 & 2 spaces | Valid values are  0-100 or 999. Enter percentage as a whole number, e.g.:  50% = 050  66 2/3% = 066  100% = 100  Variable/Tiered = 999 |
| 160 | Entitlement Tracking Duration Type | The type of period used for measuring FMLA entitlement if employee has chosen the non- standard option. Type is coded in Admin at Sub/Loc level. | 2347 | 1 | 1 space | See [appendix P](#ihv636),  If value present, must be valid or record will reject. |
| 161 | Fixed Start Date | If the Entitlement Tracking Duration Type = Fixed, enter the month/day of the begin point.  For future use | 2348 | 4 | 4 spaces | Valid values are valid 2 digit month followed by valid 2 digit day for that month. February 1st – 0201; 0230 is invalid |
| 162 | Eligibility Amount Mode | The mode associated with the actual amount of time that the employee has worked. Used to determine if the employee is eligible for benefits. For example, if the Eligibility Amount Mode = Hours, and the Duration = 1250, and the Review Period Mode = Months and the Duration = 12, then the employee has worked 1250 hours in the past 12 months. NOT to be used in conjunction with Hours last 12 months (item 100).  \*If Hours last 12 months blank | 2352 | 1 | H | See [appendix Q](#1hmsyys),  If value present, must be valid or record will reject.  Note: Passing any value other than H (representing hours) is non-standard, and must be approved by the LMLS Unit. |
| 163 | Eligibility Amount Duration | A number when linked to the Eligibility Amount Mode, represents the actual amount of time that the employee has worked. Used to determine if the employee is eligible for benefits. For example, if the Eligibility Amount Mode = Hours, and the Duration = 1250, and the Review Period Mode = Months and the Duration = 12, then the employee has worked 1250 hours in the past 12 months. NOT to be used in conjunction with Hours last 12 months (item 100).  \*If Hours last 12 months blank | 2353 | 11 | actual hours 12 months back from the run date of the file for all employees. –  exclude earnings codes:  E220  E210  E200 | #########.#, where # is an ASCII value in the range 0-9 and the ASCII period is included. Maximum of 6 decimal places is acceptable.  If actual hours, it is inclusive of overtime, but it excludes vacation, sick time, and holiday pay 12 months back from the run date of the file for all employees. – need earnings codes   1. left justified; pad with spaces to complete 11 byte field size |
| 164 | Eligibility Review Period Mode | A mode, that when associated with a Review Period number, represents a time period during which the employee worked. For example, if the Elig. Review Period Mode = Months, and the Amount is 12, then the employee worked for the past 12 months. The Eligibility Amount Mode combined with the Eligibility Amount Duration represents the 'amount of time worked' within that period, for instance 1250 hours in the past 12 months. NOT to be used in conjunction with Hours last 12 months (item 100).  \*If Hours last 12 months blank | 2364 | 1 | M | See [appendix R](#2grqrue),  If value present, must be valid or record will reject. |
| 165 | Eligibility Review Period Duration | A number when linked to the Eligibility Review Period Mode, represents a time period during which the employee worked. For example, if the Elig. Review Period Mode = Months, and the Amount is 12, then the employee worked for the past 12 months. The Eligibility Amount Mode combined with the Eligibility Amount Duration represents the 'amount of time worked' within that period, for instance 1250 hours in the past 12 months. NOT to be used in conjunction with Hours last 12 months (item 100).  \*If Hours last 12 months blank | 2365 | 3 | 012 | Valid values are 000 - 999, representing number of days, weeks, months or years |
| 166 | Service Mode | The mode under which the employee's actual amount of service time is provided. For example, if the Service Mode = months and the Service Amount = 12, then the employee has worked for the employer for the past 12 months. NOT to be used in conjunction with Service Months (item 95)  \*If Service Months is blank, and if customer requires Service time to be eligible. | 2368 | 1 | M | See [appendix S](#3fwokq0),  If value present, must be valid or record will reject.  Note: Passing any value other than M (representing months) is non-standard, and must be approved by the LMLS Unit. |
| 167 | Service Amount | A number when associated with Service Mode represents the actual amount of time the employee worked for the employer. For example, if the Service Mode = months and the Service Amount = 12, then the employee has worked for the employer for the past 12 months. NOT to be used in conjunction with Service Months (item 95).  \*If Service Months blank, and if customer requires Service time to be eligible. | 2369 | 12 | # of months from EecDateOfSeniority to today’s date | ##########.#, where # is an ASCII value in range 0-9 and the ASCII period is included. Maximum of 6 decimal places accepted.  File run date to seniority date   1. left justified; pad with spaces to complete 12 byte field size |
| 168 | Non-eligible Location indicator | Indicates if an employee works in a customer location that is not eligible for Leave benefits.  \*If non-eligible employees exist. | 2381 | 1 | 1 space | Valid values: Y, N or space |
| 169 | Work Schedule Effective Date | Internal Use Only | 2382 | 8 | 8 spaces | YYYYMMDD |
| 170 | Hours per Day – Monday | Number of hours employee normally works on Monday. | 2390 | 9 | 8 plus 6 spaces | Number must be followed by a period followed by another number, and padded with spaces to complete the 9 byte field; or the record will reject.  Correct example:  8.0 padded with 6 spaces  Incorrect example:  8 padded with 8 spaces  Maximum of 6 decimal places accepted. |
| 171 | Hours per Day – Tuesday | Number of hours employee normally works on Tuesday. | 2399 | 9 | 8 plus 6 spaces | See formatting note in data item 170. |
| 172 | Hours per Day – Wednesday | Number of hours employee normally works on Wednesday. | 2408 | 9 | 8 plus 6 spaces | See formatting note in data item 170. |
| 173 | Hours per Day – Thursday | Number of hours employee normally works on Thursday. | 2417 | 9 | 8 plus 6 spaces | See formatting note in data item 170. |
| 174 | Hours per Day – Friday | Number of hours employee normally works on Friday. | 2426 | 9 | 8 plus 6 spaces | See formatting note in data item 170. |
| 175 | Hours per Day – Saturday | Number of hours employee normally works on Saturday. | 2435 | 9 | 0.0 left justified; pad with spaces to complete 9 byte field size | See formatting note in data item 170. |
| 176 | Hours per Day – Sunday | Number of hours employee normally works on Sunday. | 2444 | 9 | 0.0 left justified; pad with spaces to complete 9 byte field size | See formatting note in data item 170. |
| 177 | Acquisition Date | Date employees is acquired the customer | 2453 | 8 | 8 spaces | YYYYMMDD |
| 178 | Latest Hire Date | Most recent date of hire.  \*Used to determine FMLA eligibility. | 2461 | 8 | Will pass – most recent | YYYYMMDD |
| 179 | Key Employee indicator | An executive employee with high wage earnings. | 2469 | 1 | 1 space | Valid values: Y, N or space |
| 180 | Union Employee indicator | Indicates whether an employee belongs to a Union or not. | 2470 | 1 | 1 space | Valid values: Y, N or space |
| 181 | Exempt Employee indicator | Indicates whether and employee is defined as an Exempt employee. | 2471 | 1 | If EjhFLSACategory = Exempt send Y else send N | Valid values: Y, N or space  Will pass Y for exempt and N for non-exempt |
| 182 | Co-worker Spouse SSN | Identifies the SSN of the employee's spouse who works for the same employer in order to link or coordinate benefits where limitations apply to family members. | 2472 | 11 | 11 spaces | 9 digits pad with spaces |
| 183 | Date Created | Date File created by customer. Must be updated with each file submission and reflect the latest create date.  \*Used to calculate an adjusted Service amount for FMLA eligibility | 2483 | 8 | todays date | YYYYMMDD |
| 184 | Filler | Spaces | 2491 | 509 | spaces | spaces |
| 185 | Record Delimiter | A line feed | 3000 | 1 |  | Hex 0A |

## 

## Trailer Record – Final Total Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data item** | **Business Element** | **Element Description** | **Position** | **Field Length** | **Value or Default Value Passed / Notes** | **Format** |
| 1-9 | Customer ID | Trailer Record: Disability Customer ID | 1 | 9 | 09-LF0171 | 99-999999 |
| 10-16 | Record # | Trailer Record: Default value | 10 | 7 | 9999999 | Always the default |
| 17-26 | Date | Trailer Record: Date file is generated | 17 | 10 |  | YYYYMMDD followed by 2 spaces |
| 27-33 | Number of detailed records | Trailer Record: Number of records in the file excluding Header and Trailer record | 27 | 7 |  | Left justified pad to the right with spaces to complete 7 bytes |
| 34-2999 | Filler | Trailer Record: Filler | 34 | 2966 | spaces |  |
| 3000 | Record Delimiter | Trailer Record: Line feed | 3000 | 1 | Line feed | Hex 0A |

## Claim Management Notes

|  |  |
| --- | --- |
| Date of note | Installation Notes |
|  | STD Definition of Earnings = |
|  | LTD Definition of Earnings = |
|  | Benefit Effective Date = |
|  | B2B Transport Type= |
|  | File Frequency= |
|  |  |
|  |  |
|  |  |

## Customer Data History Log

|  |  |  |
| --- | --- | --- |
| Date of update | Data Item(s) | Post-Installation Notes |
|  |  |  |
|  |  |  |
|  |  |  |
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## 

## Appendices

**Appendix A – County Codes**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Code** | **Description** | **Code** | **Description** | **Code** | **Description** | **Code** |
| ARUBA | ABW | BOUVET ISLAND | BVT | FINLAND | FIN | IRAN (ISLAMIC REPUBLIC) | IRN |
| AFGHANISTAN | AFG | BOTSWANA | BWA | FIJI | FJI | IRAQ | IRQ |
| ANGOLA | AGO | CENTRAL AFRICAN REPUBLIC | CAF | FALKLAND ISLANDS (MALVINAS) | FLK | ICELAND | ISL |
| ANGUILLA | AIA | CANADA | CAN | FRANCE | FRA | ISRAEL | ISR |
| ALBANIA | ALB | COCOS (KEELING) ISLANDS | CCK | FAROE ISLANDS | FRO | ITALY | ITA |
| ANDORRA | AND | SWITZERLAND | CHE | MICRONESIA, FEDERATED STATES OF | FSM | JAMAICA | JAM |
| NETHERLANDS/ANTILLES | ANT | CHILE | CHL | FRANCE, METROPOLITAN | FXX | JAPAN | JPN |
| UNITED ARAB EMIRATES | ARE | CHINA | CHN | GABON | GAB | KAZAKHSTAN | KAZ |
| ARGENTINA | ARG | COTE D'IVOIRE | CIV | UNITED KINGDOM | GBR | KENYA | KEN |
| ARMENIA | ARM | CAMEROON | CMR | GEORGIA | GEO | KYRGYZSTAN | KGZ |
| AMERICAN SAMOA | ASM | CONGO | COG | GHANA | GHA | CAMBODIA | KHM |
| ANTARCTICA | ATA | COOK ISLANDS | COK | GIBRALTAR | GIB | KIRIBATI | KIR |
| FRENCH SOUTHERN TERR | ATF | COLOMBIA | COL | GUINEA | GIN | SAINT KITTS AND NEVIS | KNA |
| ANTIGUA AND BARBUDA | ATG | COMOROS | COM | GUADELOUPE | GLP | KOREA, REPUBLIC OF | KOR |
| AUSTRALIA | AUS | CAPE VERDE | CPV | GAMBIA | GMB | KUWAIT | KWT |
| AUSTRIA | AUT | COSTA RICA | CRI | GUINEA-BISSAU | GNB | LAO PEOPLE'S DEMOCRATIC REPUBLIC | LAO |
| AZERBAIJAN | AZE | CUBA | CUB | EQUATORIAL GUINEA | GNQ | LEBANON | LBN |
| BURUNDI | BDI | CHRISTMAS ISLAND | CXR | GREECE | GRC | LIBERIA | LBR |
| BELGIUM | BEL | CAYMAN ISLANDS | CYM | GRENADA | GRD | LIBYAN ARAB JAMAHIRIYA | LBY |
| BENIN | BEN | CYPRUS | CYP | GREENLAND | GRL | SAINT LUCIA | LCA |
| BURKINA FASO | BFA | CZECH REPUBLIC | CZE | GUATEMALA | GTM | LIECHTENSTEIN | LIE |
| BANGLADESH | BGD | GERMANY | DEU | FRENCH GUIANA | GUF | SRI LANKA | LKA |
| BULGARIA | BGR | DJIBOUTI | DJI | GUAM | GUM | LESOTHO | LSO |
| BAHRAIN | BHR | DOMINICA | DMA | GUYANA | GUY | LITHUANIA | LTU |
| BAHAMAS | BHS | DENMARK | DNK | HONG KONG | HKG | LUXEMBOURG | LUX |
| BOSNIA AND HERZ. | BIH | DOMINICAN REPUBLIC | DOM | HEARD AND MC DONALD ISLANDS | HMD | LATVIA | LVA |
| BELARUS | BLR | ALGERIA | DZA | HONDURAS | HND | MACAU | MAC |
| BELIZE | BLZ | ECUADOR | ECU | CROATIA (Hrvatska) | HRV | MOROCCO | MAR |
| BERMUDA | BMU | EGYPT | EGY | HAITI | HTI | MONACO | MCO |
| BOLIVIA | BOL | ERITREA | ERI | HUNGARY | HUN | MOLDOVA, REPUBLIC OF | MDA |
| BRAZIL | BRA | WESTERN SAHARA | ESH | INDONESIA | IDN | MADAGASCAR | MDG |
| BARBADOS | BRB | SPAIN | ESP | INDIA | IND | MALDIVES | MDV |
| BRUNEI DARUSSALAM | BRN | ESTONIA | EST | BRITISH IND. OCEAN TERR. | IOT | MEXICO | MEX |
| BHUTAN | BTN | ETHIOPIA | ETH | IRELAND | IRL | MARSHALL ISLANDS | MHL |

**Appendix A – Country Codes (cont.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Code** | **Description** | **Code** | **Description** | **Code** | **Description** | **Code** |
| MACEDONIA | MKD | PAKISTAN | PAK | SAN MARINO | SMR | U.S. MINOR OUTLYING ISLANDS | UMI |
| MALI | MLI | PANAMA | PAN | SOMALIA | SOM | URUGUAY | URY |
| MALTA | MLT | PITCAIRN | PCN | ST. PIERRE AND MIQUELON | SPM | UNITED STATES | USA |
| MYANMAR | MMR | PERU | PER | SAO TOME AND PRINCIPE | STP | UZBEKISTAN | UZB |
| MONGOLIA | MNG | PHILIPPINES | PHL | SURINAME | SUR | VATICAN CITY STATE | VAT |
| NORTHERN MARIANA ISLANDS | MNP | PALAU | PLW | SLOVAKIA | SVK | SAINT VINCENT AND THE GRENADINES | VCT |
| MOZAMBIQUE | MOZ | PAPUA NEW GUINEA | PNG | SLOVENIA | SVN | VENEZUELA | VEN |
| MAURITANIA | MRT | POLAND | POL | SWEDEN | SWE | BRITISH VIRGIN ISLANDS | VGB |
| MONTSERRAT | MSR | PUERTO RICO | PRI | SWAZILAND | SWZ | U.S. VIRGIN ISLANDS | VIR |
| MARTINIQUE | MTQ | KOREA, DEMOCRATIC PEOPLE'S REPUBLIC | PRK | SEYCHELLES | SYC | VIET NAM | VNM |
| MAURITIUS | MUS | PORTUGAL | PRT | SYRIA | SYR | VANUATU | VUT |
| MALAWI | MWI | PARAGUAY | PRY | TURKS AND CAICOS ISLANDS | TCA | WALLIS AND FUTUNA ISLANDS | WLF |
| MALAYSIA | MYS | FRENCH POLYNESIA | PYF | CHAD | TCD | SAMOA | WSM |
| MAYOTTE | MYT | QATAR | QAT | TOGO | TGO | YEMEN | YEM |
| NAMIBIA | NAM | REUNION | REU | THAILAND | THA | YUGOSLAVIA | YUG |
| NEW CALEDONIA | NCL | ROMANIA | ROM | TAJIKISTAN | TJK | SOUTH AFRICA | ZAF |
| NIGER | NER | RUSSIA | RUS | TOKELAU | TKL | ZAIRE | ZAR |
| NORFOLK ISLAND | NFK | RWANDA | RWA | TURKMENISTAN | TKM | ZAMBIA | ZMB |
| NON ADMITTED FOREIGN | NFR | SAUDI ARABIA | SAU | EAST TIMOR | TMP | ZIMBABWE | ZWE |
| NIGERIA | NGA | SUDAN | SDN | TONGA | TON |  |  |
| NICARAGUA | NIC | SENEGAL | SEN | TRINIDAD AND TOBAGO | TTO |  |  |
| NIUE | NIU | SINGAPORE | SGP | TUNISIA | TUN |  |  |
| NETHERLANDS | NLD | SOUTH GEORGIA & SOUTH SANDWICH ISLD | SGS | TURKEY | TUR |  |  |
| NORWAY | NOR | ST. HELENA | SHN | TUVALU | TUV |  |  |
| NEPAL | NPL | SVALBARD AND JAN MAYEN ISLANDS | SJM | TAIWAN | TWN |  |  |
| NAURU | NRU | SOLOMON ISLANDS | SLB | TANZANIA | TZA |  |  |
| NEW ZEALAND | NZL | SIERRA LEONE | SLE | UGANDA | UGA |  |  |
| OMAN | OMN | EL SALVADOR | SLV | UKRAINE | UKR |  |  |

**Appendix B - State Codes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Code** | **Description** | **Code** | **Description** | **Code** |
| ALBERTA | AB | MISSISSIPPI | MS | TENNESSEE | TN |
| ALASKA | AK | MONTANA | MT | TEXAS | TX |
| ALABAMA | AL | NON ADMITTED FOREIGN  \*\*\*Do not use\*\*\* | NA | UTAH | UT |
| ARKANSAS | AR | NEW BRUNSWICK | NB | VIRGINIA | VA |
| ARIZONA | AZ | NORTH CAROLINA | NC | VIRGIN ISLANDS (U.S.) | VI |
| BRITISH COLUMBIA | BC | NORTH DAKOTA | ND | VERMONT | VT |
| CALIFORNIA | CA | NEBRASKA | NE | WASHINGTON | WA |
| COLORADO | CO | NEWFOUNDLAND | NF | WISCONSIN | WI |
| CONNECTICUT | CT | NEW HAMPSHIRE | NH | WEST VIRGINIA | WV |
| DISTRICT OF COLUMBIA | DC | NEW JERSEY | NJ | WYOMING | WY |
| DELAWARE | DE | NEWFOUNDLAND/LABRADOR | NL | YUKON TERRITORIES | YT |
| FLORIDA | FL | NEW MEXICO | NM |  |  |
| GEORGIA | GA | NOVA SCOTIA | NS |  |  |
| GUAM | GU | NORTHWEST TERRITORIES | NT |  |  |
| HAWAII | HI | NUNAVUT | NU |  |  |
| IOWA | IA | NEVADA | NV |  |  |
| IDAHO | ID | NEW YORK | NY |  |  |
| ILLINOIS | IL | OHIO | OH |  |  |
| INDIANA | IN | OKLAHOMA | OK |  |  |
| KANSAS | KS | ONTARIO | ON |  |  |
| KENTUCKY | KY | OREGON | OR |  |  |
| LOUISIANA | LA | PENNSYLVANIA | PA |  |  |
| MASSACHUSETTS | MA | PRINCE EDWARD ISLAND | PE |  |  |
| MANITOBA | MB | PUERTO RICO | PR |  |  |
| MARYLAND | MD | QUEBEC | QC |  |  |
| MAINE | ME | RHODE ISLAND | RI |  |  |
| MICHIGAN | MI | SOUTH CAROLINA | SC |  |  |
| MINNESOTA | MN | SOUTH DAKOTA | SD |  |  |
| MISSOURI | MO | SASKATCHEWAN | SK |  |  |

**Appendix C – Name Suffix**

Please note: Codes must be in the exact format as listed in the table below.

For example, the following codes will cause the record to fail: Jr or Jr.

Correct version is just JR (Capitalized and no period after the “R”).

|  |
| --- |
| **Valid Name Suffix Codes** |
| JR |
| SR |
| I |
| II |
| III |
| IV |
| V |

**Appendix D - Education Level (for WC only)**

|  |  |
| --- | --- |
| **Description** | **Code** |
| 1ST GRADE | 04 |
| 2ND GRADE | 05 |
| 3RD GRADE | 06 |
| 4TH GRADE | 07 |
| 5TH GRADE | 08 |
| 6TH GRADE | 09 |
| 7TH GRADE | 10 |
| 8TH GRADE | 11 |
| 9TH GRADE | 12 |
| 10TH GRADE | 13 |
| 11TH GRADE OR LESS THAN HIGH SCHOOL | 14 |
| 12TH GRADE OR GED | 15 |
| MORE THAN HIGHSCHOOL | 16 |
| ASSOCIATES DEGREE | 17 |
| BACHELORS DEGREE | 18 |
| MASTERS DEGREE | 19 |
| DOCTORATE DEGREE | 20 |
| UNKNOWN (default) | 21 |

**Appendix E - Marital Status**

|  |  |
| --- | --- |
| **Description** | **Code** |
| SINGLE | 1 |
| MARRIED | 2 |
| WIDOWED | 3 |
| DIVORCED | 4 |
| SEPARATED | 5 |
| UNKNOWN | 6 |

**Appendix F –– Employment Type**

|  |  |
| --- | --- |
| **Description** | **Code** |
| FULL TIME (default) | 1 |
| PART TIME | 2 |
| UNEMPLOYED | 3 |
| ON STRIKE | 4 |
| DISABLED | 5 |
| RETIRED | 6 |
| OTHER | 7 |
| SEASONAL | 8 |
| VOLUNTEER | 9 |
| FULL-TIME APPRENTICE | A |
| PART-TIME APPRENTICE | B |
| PIECE WORKER | C |
| UNKNOWN | U |

**Appendix G – Salary Mode**

|  |  |
| --- | --- |
| **Description** | **Code** |
| HOURLY | 1 |
| DAILY | 2 |
| WEEKLY | 3 |
| BI-WEEKLY | 4 |
| MONTHLY | 5 |
| YEARLY | 6 |
| OTHER | 7 |
| SEMI-MONTHLY | 8 |

**Appendix H – Postal Code (Zip Code)**

|  |  |
| --- | --- |
| General | The postal code may be a US zip code or a Canadian postal code. |
| USA | Should be in the form:   * NNNNNspacespacespacespace or NNNNNNNNN where each N is a digit. * For example, 04096 followed by four spaces to complete the 9 byte field; * and 040961411 are both valid zip codes for Yarmouth, Maine |
| Canada | Should be in the form:   * ANA NAN where N is numeric and A is alpha. * For example, B3K 5M9, is in Halifax, Nova Scotia. * The form ANANAN without a space is also acceptable. |

**Appendix I - Occupation**

|  |  |
| --- | --- |
| **Description** | **Code** |
| MANAGEMENT | MGMT |
| SUPERVISORY | SPVR |
| PROFESSIONAL | PROF |
| ADMINISTRATIVE | ADMN |
| TECHNICAL | TECH |
| SALES | SALE |
| SEMI-PROFESSIONAL | SMPR |
| SKILLED | SKLL |
| SEMI-SKILLED | SMSK |
| UNSKILLED | UNSK |

**Appendix J - Physical Demands**

|  |  |
| --- | --- |
| **Description** | **Code** |
| SEDENTARY | S |
| LIGHT | L |
| MEDIUM | M |
| HEAVY | H |
| VERY HEAVY | V |

**Appendix K - W4 Marital Status**

|  |  |
| --- | --- |
| **Description** | **Code** |
| SINGLE | S |
| MARRIED | M |
| MARRIED BUT WITHHOLDING | Z |

# 

**Appendix L – Employment Status**

|  |  |
| --- | --- |
| **Description** | **Code** |
| ACTIVE = Actively employed. | A |
| TERMINATED = Terminated from employment. | T |

**Appendix M - Salary Type**

|  |  |
| --- | --- |
| **Description** | **Code** |
| SALARY | SL |
| HOURLY | HR |
| SALARY AND COMMISSION | SC |
| BONUS | BN |
| COMMISSION ONLY | CO |
| STANDARD | W2 |

**Appendix N - Disability Products**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Short Term Disability | STD |
| Long Term Disability | LTD |
| Supplemental Long Term Disability | SLTD |
| Statutory | STAT |
| STD Companion Product | STDCP |
| LTD Companion Product | LTDCP |
| Salary Continuance | SALCN |
| Leave Administration | LEAVE |

**Appendix O - Contact Type**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Additional Contact | A |
| Benefits Coordinator | B |
| Manager | M |
| Supervisor | S |

**Appendix P – Entitlement Tracking Duration Type**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Fixed | 1 |
| Rolling Backward | 2 |
| Rolling Forward | 3 |
| Calendar Year | 4 |

**Appendix Q – Eligibility Amount Mode**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Hours | H |
| Days | D |
| Weeks | W |
| Months | M |

**Appendix R – Eligibility Review Period Mode**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Days | D |
| Weeks | W |
| Months | M |
| Years | Y |

**Appendix S – Service Mode**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Hours | H |
| Days | D |
| Weeks | W |
| Months | M |

**Appendix T – Work Day Indicator**

|  |  |
| --- | --- |
| **Description** | **Code** |
| Work day | W |
| Non-Work day | N |

**Appendix U – Product Coverage Status**

* Please note:
  + The product coverage status refers specifically to whether or not the employee is (or was) eligible for the product coverage.
  + If a terminated employee had product coverage prior to his/her termination date, it is expected that he/she appear on the file with the respective product coverage as A for Active.
  + This is not to be confused with Appendix L, which refers to an employee’s employment status.

|  |  |
| --- | --- |
| **Description** | **Code** |
| ACTIVE = If the actively employed employee is eligible (or if terminated employee was eligible) for product coverage, pass A for Active Product Coverage Status. | A |
| TERMINATED = If the actively employed employee (or terminated employee) opted-out of their product coverage, pass T for Terminated Product Coverage Status. | T |