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# OVERVIEW

## Introductions

This document provides information about the format and layout of the HSA contribution file. The following sections are within this file:

* Header
* Detail

## Requirements

Business partner must agree to and be able to comply with the following requirements of HSA Bank:

 For security purposes, HSA requires all file exchanges between Business Partners and HSA Bank to be done via HSA’s standard PGP and SFTP standard guidelines.

## Important Notes

1. If field Account Number is not present, field SSN ***must*** be present. If field SSN is not present, field Account Number ***must*** be present.

1. It is imperative to code Transaction Types as either “prior” or “current” year, and to include the contribution year in the description to ensure correct IRS reporting. Contributions will be processed according to the file submitted.

1. All letters must be ***upper case***. Content data should appear ***without*** punctuation (except for email fields). Names should appear ***without*** dashes or hyphens. All field contents can be enclosed in ascii code 34 quotation marks.

1. The file will be comma delimited text file. The field size represents the maximum number of characters (including spaces) supported. Excess characters will be truncated.

1. Once approved for PRODUCTION no additional test file can be sent via the connection.

6.

# FILE STRUCTURE

Header Record (**Required**)

Detail Record (**Optional Repeating**)

**HEADER RECORD (Required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field** | **Max** | **Contents (Sample)** | **Field Validations** | **Comments** | **Mapping notes** |
| Fed ID | 9 | “999999999” | Must be numeric  Cannot exceed maximum length  Must be a valid value and exist in HSA Bank’s system | Federal Id Number or Business Partner ID  HSA Bank assigns and provides Business Partner ID | CmmFedtaxId |
| Clearing Account | 10 | “123456” | Must be numeric  Cannot exceed maximum length  Must be a valid value and exist in HSA Bank’s system | Clearing account at HSA Bank where funds will be sent  HSA Bank will provide the value for this field | 123456 |
| Email | 40 | “email@confirmations.com” | Must be a valid email  Cannot exceed maximum  length | Email address for confirmations or questions | benefits@versaintegrity.com |
| Date | 8 | “08102009” | Must be in MMDDYYYY format  Cannot exceed maximum length  Must be numeric  Must be within the last 7 days  Must not be a future date | Date file submitted to HSA Bank | Today’s date |
| Number of Records | 5 | “10” | Must be numeric  Equal to the number of contribution records in the file | Number of contribution records submitted | Count of records on file |
| Amount | 12 | “500000” | Must be numeric  Cannot exceed maximum length  Amount must equal the sum of the dollar amount in the contribution details | DDDDCC  (D = dollar, C = cent, no decimals)  Ex. $5,000.00 - send as 500000 | Sum(PdhEECurAmt) where PdhEEdedcode in (HSAFM, HSAFC, HSAEE, HSAEC) for all employees |
| Source | 3 | “ACH” | Must be alphanumeric  Cannot exceed maximum length  Must be one of the valid values listed below:   * ACH * WRE | ACH = Funds sent to clearing account via ACH  WRE = Funds sent to clearing account via wire | ACH |

**DETAIL RECORD (Optional Repeating)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field** | **Max** | **Contents (Sample)** | **Field Validations** | **Comments** |  |
| Last Name | 20 | “DOE” | Must be alpha characters  (including spaces)  Values longer than max length will be truncated | All text should be capitalized, no punctuation | eepnamelast |
| First Name | 20 | “JOHN” | Must be alpha characters  (including spaces)  Values longer than max length will be truncated | All text should be capitalized, no punctuation | eepnamefirst |
| Account Number | 17 | “77755522” | Must be numeric  Must be at least eight digits  Must be a valid value and exist in HSA Bank’s system | Numerical, no dashes  \*This field is used on an exception basis and needs prior approval. Please work with your implementation specialist if requesting to use. | Leave blank |
| SSN | 9 | “222005555” | Must be numeric, Must be nine digits  Must be a valid value and exist in HSA Bank’s system | Numerical, no dashes  (Account Number or SSN required; SSN preferred) | eepssn |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transaction  Amount | 12 | “500000” | Must be numeric  Must be sent without decimals.  The amount cannot exceed the maximum allowable amount for the current year for Transaction Type EE, ER, EX.  The amount cannot exceed the maximum allowable amount for the previous year for Transaction Type PE, PR, PX.  The amount cannot be negative and the entire file will fail if any transaction is negative. Any corrections must be handled manually. | DDDDCC  (D = dollar, C = cent, no decimals)  Ex. $5,000.00 - send as 500000  **Current Year**  EX = Employee Pre-Tax  (cafeteria plan) | Sum (PdhEECurAmt) where PdhEEdedcode in (HSAFM, HSAFC, HSAEE, HSAEC) |
| Transaction Type | 2 | “EE” | Must be alphanumeric  Cannot exceed maximum length  Must be one of the valid values listed below:   * EE * EX * ER | Contributions: accounts to be credited. (Please note coding to ensure proper processing)    **Current Year**  EX = Employee Pre-Tax  (cafeteria plan) | EX |
| Description | 80 | “CONTRIBUTION MARCH  2009” | Must be alphanumeric  If description field contains the calendar year, the year must represent this year, next year, or last year (where year equals year from the date in the Header).  The year must correspond to the Transaction Type | Do not leave this field blank | EE PAYROLL |

# Sample File

Sample file -

“999999999”,”123456789”,”email@hsabank.com”,”08092005”,”10”,”149075”,”WRE”

"SMITH","MARY","55874421",”394175578”,"30000","EE","HSA CONTRIBUTION"