

## **Eligibility File Instructions**

The requested eligibility file will be considered complete only when successful test files have been processed and the file is approved for production by both Unum and the client.

***If there is anything in this document that you cannot provide, please notify us immediately.***

---

**Purpose of the eligibility file:** An Eligibility file is required when Unum is administering FMLA services and Telephonic Claims Submission for Disability products and/or Self-Billed Supplemental Health products.

- Eligibility data for multiple products/services will be passed on one file
- Eligibility files will be sent from the client/third party to Unum and stored in our database. In the event an employee telephones our call center to submit a claim/leave, the data in our database will be used to determine the employee's eligibility.

---

**Maintaining Eligibility Information:** In order for Unum to maintain up-to-date eligibility information, the client/third party must provide all changes, additions, and deletions timely and accurately.

- A **full** population eligibility file is always required.
- Weekly files are recommended.
- With each new file, all prior data is deleted and new data loaded to database.
- Only current eligibility information is maintained.

---

**Employee Selection Criteria: The following considerations should be made when determining who should be included in the file:**

- **All employees on the U.S. payroll should be included on the file for FMLA purposes (including non-benefit eligible employees).**
- **Newly hired employees should be included on the file for FMLA immediately as of their hire date.**
- **All employees who are eligible and enrolled in one or more Disability and/or Self-Billed Supplemental Health plan should be included on the file as of their coverage effective date, taking into consideration applicable waiting periods.**

---

Coverage Effective Dates:

- Should reflect the date the coverage becomes effective (in accordance with applicable plan provisions) and should be later of policy effective date or hire date plus applicable waiting period.
  - When adding/removing Spouse and/or Child coverage resulting from a qualifying life event (i.e., marriage, divorce, birth, adoption, etc.) the original Effective Date of Employee Coverage should not be changed.
  - When adding dependent coverage at a later date, we would expect to see a current coverage effective date for the dependent with no change to the employee's original coverage effective date.
  - When removing dependent coverage, only pass termination dates for the dependent(s) with no change to the employee's original coverage effective date.
  - During a re-enrollment event, original Employee, Spouse, Child effective date(s) should not be changed.
  - When there is an increase/decrease in the employee's Critical Illness benefit amount, the new benefit amount should be reported on the existing employee record. Note: The employee's coverage effective date should not be changed when there is an increase/decrease in the benefit amount.
-

---

**Terminations:** Multiple termination dates can be passed on the file:

- Employment Termination Date – if employee’s employment ends
- Coverage Termination Date – if employee, spouse, or child coverage ends (date should be in accordance with applicable plan provisions)
- Termination date should be passed once, then employee or applicable coverage(s) dropped from the next file. **(Unum's preference)**
- Unum must receive termination dates to end coverage. If an employee is dropped from the file without passing a term date, the employee’s coverage will remain active in Unum’s database for claims. For Supp Health products, we will continue to allocate premium for that employee and pay broker commissions until a termination date is passed on the file.
- Terminations will be maintained by Unum for a minimum of 26 weeks following the termination date.

---

**Layout and File Requirements:**

**Note:** Unum’s Template Field Names/Column Headers must be provided in the first row of the file.

Each employee should be passed on one row, with applicable eligibility data.

Coverage fields will be repeated to accommodate each policy expected on the file.

- If an employee is enrolled in multiple policies - Coverage fields (i.e., Product, Policy, Division, etc.) will be repeated (looped) for each applicable policy.
- If an employee is enrolled in only one policy - it is expected that only one Coverage loop will be passed and other Coverage loops will be blank (all fields within the Coverage loop must be blank).

Dates can be provided in month-day-year or year-month-day format. Slashes, dashes or other non-numeric delimiters can be used.

All numeric fields can contain a whole number or a number with a decimal. If no decimal is provided, none will be assumed. We cannot accept negative numbers.

Sample file Name: Client Name.Test.DateOfFileRun (include valid file extension).

File Format: .xls; .xlsx; .csv; or .txt (comma or pipe delimited)



Attribute	Template Field Name	Max Column Size	Valid Values	Value Required			Comments	
				Disability/Paid Leave	FMLA	Critical Illness		
Partner Case ID	PARTNERCASE_ID	10	Alphanumeric	Y	Y	Y	<b>MUST</b> be present on the file for processing through our system.  Identifier provided by Unum.	
Service Indicator	SERVICE_INDICATOR	10	Alphanumeric	Y	Y	Y	Eligibility pass <b>ELG</b>	
EE Social Security Number	EE_SSN	11	Alphanumeric	Y	Y	Y	<b>MUST</b> provide employee's social security number in this field.	
Employee ID	EE_ID	20	Alphanumeric	Y	Y	Y	Used in file error reporting & automated leave notification emails.  Can be the employee's Employee ID or SSN if Employee ID is not available.  <b>Unum prefers to use the Employee ID when possible.</b>	Outstanding
Employee ID Type	EE_ID_TYPE	5	Alphanumeric	Y	Y	Y	' <b>SSN</b> ' or ' <b>EEID</b> '  If SSN is passed in the Employee ID field, this field should be passed with the letters SSN  If Employee ID is passed in the Employee ID field, this field should be passed with the letters EEID.	
Employee First Name	EE_FIRST_NAME	15	Alphanumeric	Y	Y	Y		
Employee Middle Initial	EE_MIDDLE_INITIAL	1	Alphanumeric	N	N	N		
Employee Last Name	EE_LAST_NAME	25	Alphanumeric	Y	Y	Y		
EE Street Address 1	EE_ST_ADDR_1	40	Alphanumeric	Y	Y	Y		
EE Street Address 2	EE_ST_ADDR_2	40	Alphanumeric	N	N	N		
EE City	EE_CITY	30	Alphanumeric	Y	Y	Y		
EE Residence State/Province	EE_RDC_ST_PVC	2	Alphanumeric	Y	Y	Y	Two letter standard state or province abbreviation when the country code is US or CA respectively. Values will be accepted as provided for other country codes.  <b>Note:</b> Unum will refine full state names to 2 letter abbreviation.	

EE Postal Code	EE_POSTAL_CD	11	Alphanumeric	Y	Y	Y	Zip code must be five or nine digits for US or six characters formatted as ANANAN for CA (A=alpha and N=numeric). Values will be accepted as provided for other country codes  <b>Note:</b> Unum will refine full state names to 2 letter abbreviation.	
EE Country Code	EE_CNTRY_CD	2	Alphanumeric	Y	Y	Y	Country Code should align with the employee's mailing address.  Non-US country code must be passed in accordance with the 2-letter ISO standard.  <b>Note:</b> Unum considers Puerto Rico, Guam and Virgin Islands as a country, in accordance with ISO.  <b>Note:</b> Unum will refine full country name to two letter country abbreviation.	
EE Work State/Province	EE_WRK_ST_PVC	2	Alphanumeric	Y	Y	Y	Used to determine state level disability & leave regulations.  <b>Note:</b> Unum will refine full state names to 2 letter abbreviation.	Required- Cannot provide
EE Date of Birth	EE_DOB	10	Alphanumeric	Y	Y	Y		
SpouseDOB	SP_DOB	10	Alphanumeric	N	N	Y	<b>Required only for Critical Illness when Spouse coverage is elected</b>	
EE Gender	EE_GENDER	3	Alphanumeric	O	O	O	Can accept: Male or M Female or F Leave blank if unknown	
Employee Tobacco Use	EE_TOBACCO_USE	1	Alphanumeric	N	N	Y (Conditionally Required)	<b>Required only for Critical Illness when the plan is tobacco rated</b>  Can accept: Yes or Y No or N  CI is Uni-tobacco, so this can also be blank.	
Marital Status	MARITAL_STATUS	3	Alphanumeric	Y	Y	N	Can accept: Married or MAR Single or SGL Divorced or DIV Widow or WID Unknown or UNK  <b>Note:</b> Unum will refine blanks to unknown when the file is processed.	
Employee Job Title	EE_JOB_TLE	40	Alphanumeric	O	O	N	Descriptive job title - used for claim administration.	

Most Recent Hire Date	MOST_RCNT_HIRE_DATE	10	Alphanumeric	Y	Y	Y	<p>This is the most recent hire date as determined by the employer. Rehire date, if applicable.</p> <p>May be same as Original Hire Date if there has been no break in service.</p>	
Original Hire Date	ORG_HIRE_DATE	10	Alphanumeric	N	Y	N	<p>This is the initial hire date of the employee as determined by the employer.</p> <p>For employees of an acquired company, this would be the initial date of hire with the acquired company (as long as that date is recognized in relation to tenure/benefits/etc.).</p>	
Employment Termination Date	EE_TERM_DATE	10	Alphanumeric	Y (Conditionally required when terminating employment)	Y (Conditionally required when terminating employment)	Y (Conditionally required when terminating employment)	<p>Provide the last date of active employment to communicate terminations.</p> <p>Pass employment termination date once, then drop employee from next file.</p> <p>See also Terminations section on Instructions tab.</p>	
Employment Status	EE_STATUS	3	Alphanumeric	Y	Y	N	<p>Can accept: For Active or Terminated status, pass: <a href="#">Active</a>, <a href="#">ACT</a> or <a href="#">A</a> For Layoff status, pass: <a href="#">Layoff</a> or <a href="#">LAY</a> For Disability status, pass: <a href="#">Disability</a>, <a href="#">DIS</a> or <a href="#">D</a> For Leave of absence status, pass: <a href="#">Leave</a>, <a href="#">Leave of absence</a> or <a href="#">LOA</a></p> <p><b>Note:</b> Unum will refine full words to 3 letter abbreviations.</p>	
Weekly Scheduled Work Hours	WKLY_SCH_WRK_HRS	5	Numeric	Y	Y	Y	<p>Regular weekly scheduled hours.</p> <p>Key determinant for disability eligibility and FMLA entitlement.</p> <p>For Critical Illness/Accident/Hospital only, default to 40 hours.</p> <p>Max field value: 999.99</p>	
Sick Pay Hours	SICK_PAY_HRS	6	Numeric	Y (Conditionally required)	N	N	<p>Required if Unum plan includes a provision to offset or delay disability benefits due to receipt of accumulated sick time or salary continuation.</p> <p>Max field value: 9,999.99</p>	

Date of Last Salary Change	DATE_OF_LST_SLY_CHG	10	Alphanumeric	Y	N	N	<p>The Date the employee’s last salary change took effect. Used to verify accurate earnings information at date of disability.</p> <p><b>Note:</b> For employees who have not yet had a salary change, use most recent date of hire.</p>	
Employee Home Phone Number	EE_HOME_PHONE	10	Numeric	N	Y	N	<p>Include the area code but <b>do not</b> include country exchange code.</p> <p>If phone number is not available, pass blanks.</p> <p><b>Note:</b> Unum will refine phone numbers to remove punctuation.</p>	
Manager First Name	MGR_FIRST_NAME	15	Alphanumeric	N	Y (Conditionally required)	N	<p><b>Required for FMLA if Unum is asked to send leave notifications to employee's direct managers.</b></p> <p>Provide name of person who should receive leave &amp; RTW confirmation emails.</p>	
Manager Last Name	MGR_LAST_NAME	25	Alphanumeric	N	Y (Conditionally required)	N	<p><b>Required for FMLA if Unum is asked to send leave notifications to employee's direct managers.</b></p> <p>Provide name of person who should receive leave &amp; RTW confirmation emails.</p>	
Manager Email	MGR_EMAIL	110	Alphanumeric	N	Y (Conditionally required)	N	<p><b>Required for FMLA if Unum is asked to send leave notifications to employee's direct managers.</b></p> <p>Provide email address of person who should receive leave &amp; RTW confirmation emails.</p>	
Employee Second Manager Email	EE_SCND_MGR_EMAIL	110	Alphanumeric	N	Y (Conditionally required)	N	<p><b>Required for FMLA if Unum is asked to send leave notifications to additional manager/client contacts.</b></p> <p>Provide if a second client contact should be copied on employee leave notifications.</p>	
Employee Third Manager Email	EE_THRD_MGR_EMAIL	110	Alphanumeric	N	Y (Conditionally required)	N	<p><b>Required for FMLA if Unum is asked to send leave notifications to additional manager/client contacts.</b></p> <p>Provide if a third client contact should be copied on employee leave notifications.</p>	

Hours Worked In the Past 12 Months	HR_WRKED_IN_PST_12_MNTHS	6	Numeric	N	Y	N	<p>This should be the rolling number of hours the employee physically worked in the past 12 months.</p> <p>Exclude hours the employee did not actually work (i.e., sick, PTO, paid leave, etc.)</p> <p>Include any hours served in the military and time worked as a temporary employee for the company.</p> <p>Max acceptable value: 9,999.99</p>	
Work On Sunday?	WRK_ON_SUN	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	
Work On Monday?	WRK_ON_MON	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	
Work On Tuesday?	WRK_ON_TUES	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	
Work On Wednesday?	WRK_ON_WEDS	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	
Work On Thursday?	WRK_ON_THURS	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	



Work On Friday?	WRK_ON_FRI	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	
Work On Saturday?	WRK_ON_SAT	1	Alphanumeric	N	Y (Conditionally required)	N	<p>Not required if client has employees that work a variable work schedule.</p> <p>Can accept: Yes or Y No or N</p> <p><b>Note:</b> Unum will refine the full word to first letter.</p>	
FMLA Reporting Group	FMLA_RPTING_GRP	6	Numeric	N	Y	N	<p>Used for FMLA reporting. Reporting Groups are defined by client and Unum.</p> <p><b>Max acceptable value: 99999</b> (first digit in our system must be zero)</p> <p><b>See Eligibility Mapping document for expected values.</b></p>	
EE Salary Mode	EE_SAL_MD	1	Alphanumeric	N	Y	N	<p>Can accept: Salary or S Hourly or H</p> <p><b>Note:</b> Unum will refine the full word to the first letter.</p>	
Product	PRODUCT	4	Numeric	Y	N	Y	<p>Field will be repeated if employee has multiple Coverages.</p> <p>A unique number, defined by Unum, assigned to identify a product.</p> <p><b>See Eligibility Mapping tab for expected values.</b></p>	
Policy Number	POLICY_NBR	6	Numeric	Y	N	Y	<p>Field will be repeated if employee has multiple Coverages.</p> <p>The policy number, assigned by Unum, corresponding with the product code in the preceding field.</p> <p><b>See Eligibility Mapping tab for expected values.</b></p>	

Division	DIVISION	3	Numeric	Y	N	Y	Field will be repeated if employee has multiple Coverages.  <b>For Disability products:</b> This is the <u>claims</u> reporting division (billing divisions are not required on the file).  <b>For Supplemental Health products:</b> This is the <u>billing</u> division (which may be the same as the claims division).  <b>See Eligibility Mapping tab for expected values.</b>	
Policy Eligibility Group (Class)	POLICY_ELG_GRP	3	Numeric	Y	N	Y	Field will be repeated if employee has multiple Coverages.  Identifies subsets of employees who may have different benefit levels and/or plan provisions.  <b>See Eligibility Mapping tab for expected values.</b>	
Choice	CHOICE	2	Numeric	Y	N	Y	Field will be repeated if employee has multiple Coverages.  Used to identify employee elected benefit levels.  <b>See Eligibility Mapping tab for expected values.</b>	
Employee Post-Tax Contribution %	EE_POSTTAX_CNTRB_PCT	6	Numeric	Y	N	N	Field will be repeated if employee has multiple Coverages.  Percentage of the premium the employee pays (post-tax) in relation to the total premium.  <b>See Eligibility Mapping tab for expected values.</b>	
Earnings	EARNINGS	8	Numeric	Y	N	Y	Field will be repeated if employee has multiple Coverages.  Earnings as defined in the contract/service agreement or in compliance with statutory plans.  A weekly value should be passed for STD and Statutory plans. A monthly value should be passed for LTD.  For Critical Illness/Accident/Hospital, default earnings to 0.  Max Acceptable value: 999,999.99	

Earnings Period	EARNINGS_PRD	2	Alphanumeric	Y	N	Y	Field will be repeated if employee has multiple Coverages.  STD, Statutory plans, CI/ACC/HOSP = <b>Weekly</b> or <b>WK</b> LTD = <b>Monthly</b> or <b>MO</b>  <b>Note:</b> Unum will refine full word to WK or MO when file is processed.	
Effective Date of Employee Coverage	EFF_DATE_OF_EE_COVG	10	Numeric	Y	N	Y	Field will be repeated if employee has multiple Coverages.  <b>Pass original effective date of coverage; should be later of policy effective date or hire date plus applicable waiting period and should be retained.</b>  See also Coverage Effective Date section on Instructions tab for more information.	<b>Date to be no earlier than 1/1/2018</b>
Employee Coverage Termination Date	COVG_TERM_DATE	10	Alphanumeric	Y (Conditionally required)	N	Y (Conditionally required)	Field will be repeated for each policy on the file.  <b>Pass coverage termination date once, then drop coverage from next file.</b>  See also Terminations section on Instructions tab.	
Employee Benefit Amount	EE_BEN_AMT	10	Alphanumeric	Y (Conditionally required)	N	Y	<b>Field will be repeated if employee has multiple Coverages.</b>  <b>Required for Critical Illness and incremental disability policies.</b>  <b>Should be blank for all other products.</b>  <b>Max acceptable value: 99,999,999.99</b>  <b>Note: Unum will remove all punctuation when file is processed.</b>	

Critical Illness/Specified Disease Spouse Indicator	CI_SP_IND	1	Alphanumeric	N	N	Y (Conditionally required when requesting coverage for Spouse)	Field will be repeated if employee has multiple Coverages.  <b>Required only for Critical Illness when Spouse coverage is elected.</b>  <b>Should be blank for all other products.</b>  Can accept: Yes or Y No or N  <b>Note:</b> Unum will refine blanks to N when file is processed.	
Spouse Effective Date	EFF_DATE_OF_SP_COVG	10	Alphanumeric	N	N	Y	Field will be repeated if employee has multiple Coverages.  <b>Required for Critical Illness/Accident/Hospital when Spouse coverage is elected.</b>  <b>Should be blank for all other products.</b>  See also Coverage Effective Date section on Instructions tab.	
Spouse Termination Date	SP_COVG_TERM_DATE	10	Alphanumeric	N	N	Y	Field will be repeated if employee has multiple Coverages.  <b>Pass coverage termination date once, then drop coverage from next file.</b>  See also Terminations section on Instructions tab.	

CUSTOMER NAME  
Disability Mapping

Product Code	Product Description	Policy #	Division #	Division Description	PEG #	PEG/Class Description	Choice	Choice Description	EE Post Tax - Contribution %
SHORT TERM DISABILITY									
192	STD	911285	1	Holman Distribution Center of Wasington, Inc. WA Ees	1	All Full-Time Employees	1	n/a	100
			2	Holman Distribution Center of Wasington, Inc. Non-WA Ees	1	All Full-Time Employees	1	n/a	100
LONG TERM DISABILITY									
195	LTD	911285	1	Holman Distribution Center of Wasington, Inc. WA Ees	1	All Full-Time Employees	1	n/a	100
			2	Holman Distribution Center of Wasington, Inc. Non-WA Ees	1	All Full-Time Employees	1	n/a	100
CRITICAL ILLNESS									
822	AACI	474378	1	Holman Distribution of Washington	1	All Employees	1	\$10,000 Benefit Amount	100
							2	\$20,000 Benefit Amount	100
							3	\$30,000 Benefit Amount	100

#### **STD Earnings Definition**

"Weekly Earnings" means your gross weekly income from your Employer, not including shift differential, in effect just prior to your date of disability. It includes your total income before taxes. It is prior to any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account. It does not include income received from commissions, bonuses, overtime pay or any other extra compensation or income received from sources other than your Employer.

#### **LTD Earnings Definition**

"Monthly Earnings" means your gross monthly income from your Employer, not including shift differential, in effect just prior to your date of disability. It includes your total income before taxes. It is prior to any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account. It does not include income received from commissions, bonuses, overtime pay or any other extra compensation or income received from sources other than your Employer.

#### **Statutory Earnings Definition**

Average weekly wage based on the last 8 weeks, per DBL/TDB/TDI law

## Customer Name

### FMLA File Feed Data Requirements

[illegible]