### File Format Summary

| **Item** | **Detail** |
| --- | --- |
| File Format | Fixed width  |
| Alphanumeric Fields | Left-justified and blank filled |
| Numeric Fields | Right-justified and not zero filled |
| Date Fields | Formatted as YYYYMMDD |
| Time Fields | Formatted as HHMMSS using 24-hour time |
| Monetary Fields | Right-justified and not zero filled and formatted (fields must include decimal point followed by two digits).If the value is negative, then a negative sign should appear to the left of the numeric value within the field. For example, -100.00 would represent negative one hundred dollars and zero cents. |
| File Naming | File names will be determined during partner discovery |
| Transmission | Files will be sent via secure FTP |

### File Format Key

| **Req** | **Type** |
| --- | --- |
| Y = Required | A = Alphanumeric |
| N = Not Required | N = Numeric |
| S = Situational | D = Date |
|  | T = Time |
|  | M = Monetary |

### Online Enrollment Eligibility File Layout

The online enrollment eligibility file contains information for each member that is eligible for flexible spending account benefits for a given plan year.

| **Col** | **Field Name** | **Location** | **Size** | **Type** | **Req** | **Description** |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAIL RECORD** |
| 1 | Record Type | 1 – 1 | 1 | A | Y | Identifies record type(L = Online Enrollment Detail) |
| 2 | Further Group Number | 2 – 7 | 6 | A | Y | Group Number(Assigned by Further) |
| 3 | Social Security Number | 8 – 16 | 9 | N | Y | Social Security Number |
| 4 | Further Location Code | 17 – 21 | 5 | A | S | Location Code, if applicable(Assigned by Further) |
| 5 | First Name | 22 – 71 | 50 | A | Y | First Name |
| 6 | Middle Initial | 72 – 72 | 1 | A | N | Middle Initial |
| 7 | Last Name | 73 – 122 | 50 | A | Y | Last Name |
| 8 | Date of Birth | 123 – 130 | 8 | D | Y | Date of BirthFormat: yyyymmdd |
| 9 | Gender | 131 – 131 | 1 | A | Y | Gender Indicator (M/F) |
| 10 | Address Line 1 | 132 – 181 | 50 | A | S | Address Line 1Required for US address |
| 11 | Address Line 2 | 182 – 231 | 50 | A | N | Address Line 2 |
| 12 | City | 232 – 281 | 50 | A | S | City Required for US address |
| 13 | State | 282 – 283 | 2 | A | S | Two-character State Code Required for US address |
| 14 | Zip Code | 284 – 292 | 9 | N | S | Zip CodeFor US Address, Zip Code will be length 5 or 9 digits.Field should not include any formattingRequired for US address |
| 15 | Non-US Address Indicator | 293 – 293 | 1 | A | N | Indicator that the member has a non-US addressY will indicate a non-US address |
| 16 | Non-US Address Line 1 | 294 – 393  | 100 | A | S | Non-US Address Line 1Required for non-US address |
| 17 | Non-US Address Line 2 | 394 – 493  | 100 | A | N | Non-US Address Line 2 |
| 18 | Non-US Address Line 3 | 494 – 593  | 100 | A | S | City, Country, Postal CodeRequired for non-US address |
| 19 | Primary Phone Number | 594 – 603 | 10 | N | N | Member’s primary phone number with area code Field should not include any formatting |
| 20 | Primary Phone Mobile Indicator | 604 – 604 | 1 | A | N | Indicator that the Primary Phone Number is a mobile numberY will indicate the primary phone number is a mobile number |
| 21 | Alternate Phone Number | 605 – 614 | 10 | N | N | Member’s alternate phone number with area code Field should not include any formatting |
| 22 | Alternate Phone Mobile Indicator | 615 – 615 | 1 | A | N | Indicator that the Alternate Phone Number is a mobile numberY will indicate the alternate phone number is a mobile number |
| 23 | Primary Email Address | 616 – 735 | 120 | A | N | Primary email address |
| 24 | Alternate Email Address | 736 – 855 | 120 | A | N | Alternate email address |
| 25 | Employee Number | 856 – 905 | 50 | A | N | Employee ID Number (if applicable) |
| 26 | Department Number | 906 – 915 | 10 | A | N | Department Number (if applicable) |
| 27 | Health Plan ID Number | 916 – 935 | 20 | A | N | Health Plan Subscriber ID Number (if applicable) |
| 28 | Employer Defined Field 1 | 936 – 985 | 50 | A | N | Additional employer-defined member identifier (if applicable) |
| 29 | Employer Defined Field 2 | 986 – 1035 | 50 | A | N | Additional employer-defined member identifier (if applicable) |
| 30 | Employer Defined Field 3 | 1036 – 1085  | 50 | A | N | Additional employer-defined member identifier (if applicable) |
| 31 | Open Enrollment Start Date | 1086 – 1093 | 8 | D | N | First date of open enrollment period for the memberFormat: yyyymmddIf not provided, will default to open enrollment period defined for group |
| 32 | Open Enrollment End Date | 1094 – 1101  | 8 | D | N | Last date of open enrollment period for the memberFormat: yyyymmddIf not provided, will default to open enrollment period defined for group |
| 33 | Member Account Start Date | 1102 – 1109  | 8 | D | Y | Effective Date for the member’s benefit electionFormat: yyyymmdd |
| 34 | Number of Plan Year Pay Periods | 1110 – 1111 | 2 | N | N | Indicates the number of pay periods for member in plan yearIf not provided, per pay period data will not be displayed to member as part of enrollment process |
| 35 | Filler | 1112 – 1200 | 89 | A | Y | Filler (space filled) |
| **FILE TRAILER RECORD** |
| 1 | Record Type | 1 – 1 | 1 | A | Y | Identifies record type(T = Trailer Record) |
| 2 | Transaction Record Count | 2 – 16 | 15 | N | Y | Indicates the number of transactional records on the file |
| 3 | Filler | 17 – 1200 | 1184 | A | Y | Filler (space filled) |