### 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 Birth  Format: yyyymmdd |
| 9 | Gender | | 131 – 131 | 1 | | | A | | | Y | | Gender Indicator (M/F) |
| 10 | Address Line 1 | | 132 – 181 | 50 | | | A | | | S | | Address Line 1  Required 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 Code  For US Address, Zip Code will be length 5 or 9 digits.  Field should not include any formatting  Required for US address |
| 15 | Non-US Address Indicator | | 293 – 293 | 1 | | | A | | | N | | Indicator that the member has a non-US address  Y will indicate a non-US address |
| 16 | Non-US Address Line 1 | | 294 – 393 | 100 | | | A | | | S | | Non-US Address Line 1  Required 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 Code  Required 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 number  Y 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 number  Y 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 member  Format: yyyymmdd  If 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 member  Format: yyyymmdd  If 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 election  Format: yyyymmdd |
| 34 | Number of Plan Year Pay Periods | | 1110 – 1111 | 2 | | | N | | | N | | Indicates the number of pay periods for member in plan year  If 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) | |