

SR80286  
Flexible Spending Account Vendor File

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## SR80286 Vendor File for Flexible Spending Accounts

### ***Background***

The University has contract with an outside vendor, SHPS, to administer its two flexible spending accounts, DepCare and Health Care Reimbursement Account (HCRA) programs. Release 1440 (SR80238 and SR80251) creates the mechanism to collect and monitor the contributions. This release addresses the creation and transmission of the enrollment file to SHPS.

### ***SHPS File (Report of Contributions)***

The University is required make available to SHPS an 800-byte file for initial enrollments and full-replacement files to update contributions collected and changes to the annual amount, demographic information (such as address) and enrollment status. The file layout is detailed in Attachment A.

The full replacement file should be produced twice monthly. The file should include all enrollees in the DepCare and HCRA programs. If the employee either has an annual amount or a deduction taken, the record should be included. An employee may be enrolled in either or both of the two programs.

The files from the individual campuses and laboratories should be transmitted to UCOP for consolidation.

### ***Plan Enrollment Begin Dates***

To force a deduction at the earliest point, the Payroll System has been programmed to use the last day of the month as the effective date for HCRA deductions. In fact, enrollment in HCRA is always the first of the month. The enrollment date for HCRA should always be the first of the month following the HCRA Effective Date.

Whenever the DepCare Effective Date is December 31, January 1 of the next year should be reported on the SHPS file; otherwise report the DepCare effective date.

### ***Header Information***

Since a unique header should be on each transmission, the following rules should be established:

Begin Date = the semi-monthly date that is the start of this file

End Date = the semi-monthly date that is the end of this file

For example, if the first semi-month file of the month reports activity from the 1<sup>st</sup> of the month to the 15<sup>th</sup> of the month and the second file of the month reports activity from the 16<sup>th</sup> of the month through the last day of the month, the begin date on the first file would be January 1, 2003 and the end date would be January 15, 2003 (in January 2003). The dates for dates for the second file of the month would be January 16, 2003 through January 31, 2003.

The header begin and end dates for the open enrollment file should be January 1, 2003 and January 2, 2003 (for the 2003 OE file).

The header begin and end dates for the weekly enrollment files should be the day the file is created and the following day. For example, if the file is created on January 23<sup>rd</sup>, the begin date would be January 23 and the end date would be January 24<sup>th</sup>.

### ***Missing Data***

In the event that data is missing from either the semi-monthly or enrollment files, it should be blank or zero filled depending upon whether it is an alphanumeric or numeric field. SHPS is aware that it is possible to make a contribution before the deduction segment is established in Payroll.

### ***Terminated Enrollment***

A record should be sent on each semi-monthly file for all employees who are enrolled during the plan year. This includes employees who have terminated enrollment for any reason. The contribution amount will be zero and the termination date should be included.

### ***Initial Enrollment File***

The SHPS initial enrollment files should be produced for Open Enrollment and weekly enrollments from the IVR/Web. These files will contain no contributions collected.

### ***Benefits Accounting Report***

A comma/tab delineated file mirroring the trailer record for each location should be created for the Benefits Accounting unit. See Attachment B for the details of the file.

## **SHPS File Specifications**

With UC Notations

The following specifications contain a Header, Eligibility Deposit, and Trailer Record Layouts. These layouts are to be used as specified. There will be a Header and Trailer record sent with each file. The specifications are YEAR 2000 COMPLIANT. All dates are to be formatted in CCYYMMDD. For example, July 27, 2000 would be passed as, "20000727". The full 8 positions should be utilized by zero filling any position that is not 2 positions. Please, do not send packed fields on any section of the file layout.

Signed zone decimals are as follows:

<b>Zone Decimal for Positive Numbers</b>			<b>Zone Decimal for Negative Numbers</b>		
{	=	0	}	=	0
A	=	1	J	=	-1
B	=	2	K	=	-2
C	=	3	L	=	-3
D	=	4	M	=	-4
E	=	5	N	=	-5
F	=	6	O	=	-6
G	=	7	P	=	-7
H	=	8	Q	=	-8
I	=	9	R	=	-9

### **HEADER RECORD LAYOUT**

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
Header ID	1-11	11	Yes	Numeric	"0000000000"
Control Number	12-16	5	Yes	Numeric	"97001"
From Date	17-24	8	Yes	Numeric	From date of pay period. Format CCYYMMDD
To Date	25-32	8	Yes	Numeric	To date of pay period. Format CCYYMMDD
Pay Indicator	33-34	2	Yes	Alphanumeric	"DP"
EFT Indicator	35	1	Yes	Alphanumeric	"N"
Filler	36-800	765	No	Alphanumeric	Spaces

#### **Comments**

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### **FSA ELIGIBILITY RECORD LAYOUT**

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
Social Security Number	1-9	9	Yes	Numeric	Social Security Number. Right justified and zero filled.

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
Filler	10-11	2	Yes	Numeric	"00"
Control Number	12-16	5	Yes	Alphanumeric	"97001"
Last Name	17-36	20	Yes	Alphanumeric	No special characters except dash and apostrophe. The last name may be followed by a blank and either JR, SR, or III, etc. The unused portion must be spaces. Left Justified. Truncate from the left if UC Last Name is longer than 20 characters.
First Name	37-50	14	Yes	Alphanumeric	No special characters except dash and apostrophe. Only one blank at a time is permitted within the name. The unused portion must be spaces. Left Justified. Truncate from the left if UC First Name is longer than 14 characters.
Middle Initial	51	1	No	Alphanumeric	Alpha characters A-Z or spaces are accepted. Truncate from the left if UC Middle Name is longer than 1 character.
Branch Code	52-56	5	Yes	Alphanumeric	Location Code 000+2 digit Location Code. 00001 UCB 00002 UCSF 00003 UCD 00004 UCLA 00005 UCR 00006 UCSD 00007 UCSC 00008 UCSF 00009 UCI 00094 LBL 00095 LLNL 00096 LANL 00097 ASUCLA 00098 HASTINGS
Filler	57-76	20	No	Alphanumeric	Space fill
Street 1	77-111	35	Yes	Alphanumeric	First line of the employee's street address.
Street 2	112-146	35	No	Alphanumeric	Second line of the employee's street address. Space fill if not used.
City	147-168	22	Yes	Alphanumeric	City of employee.
State	169-170	2	Yes	Alphanumeric	Must conform to the US Post Office's two position state abbreviation codes. <b>Record as "XX" for foreign addresses.</b>
Zip Code	171-179	9	Yes	Numeric	Left justify and space fill. – <b>Zero-filled for Foreign addresses.</b>
From Date	180-187	8	Yes	Alphanumeric	Beginning effective date for this plan year/pay period. Format CCYYMMDD. Zero Filled if not used. <b>CCYY0101</b>
To Date	188-195	8	Yes	Alphanumeric	Ending effective date for this plan year/pay period. Format CCYYMMDD. Zero Filled if not used. <b>CCYY1231</b>
Filler	196-227	32	No	Alphanumeric	Spaces
<b>Comments</b>					

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
EE-HCRA Effective Date	228-235	8	Yes	Numeric	Employee effective date for Health Care Reimbursement Account. Format <b>CCYYMMDD</b> . Zero fill if not used..
EE-HCRA Termination Date	236-243	8	Yes	Numeric	Employee termination date for Health Care Reimbursement Account. Format <b>CCYYMMDD</b> . Zero fill if not used. (only to be populated upon termination of an employee from the plan)
EE-DCRA Effective Date	244-251	8	Yes	Numeric	Employee effective date for Dependent Care Reimbursement Account. Format <b>CCYYMMDD</b> . Zero fill if not used.
EE-DCRA Termination Date	252-259	8	Yes	Numeric	Employee termination date for Dependent Care Reimbursement Account. Format <b>CCYYMMDD</b> . Zero fill if not used. (only to be populated upon termination of an employee from the plan)
EE-Birth Date	260-267	8	Yes	Numeric	Employee's Birth Date. Format <b>CCYYMMDD</b> . <b>Required for employee's access to SHPS Online Services.</b>
Employer HCRA Amount	268-275	8	No	Numeric	Zero fill.
Employee HCRA Amount	276-283	8	No	Numeric	Health Care Reimbursement Account <u>Employee deposit</u> amount for this period. <b>Format S9(6)V99</b> . Zero fill if not used.
Employer DCRA Amount	284-291	8	No	Numeric	Zero fill.
Employee DCRA Amount	292-299	8	No	Numeric	Dependent Care Reimbursement Account <u>Employee deposit</u> amount for this period. <b>Format S9(6)V99</b> . Zero fill if not used.
Employee HCRA Annual	300-307	8	Yes	Numeric	Health Care Reimbursement <b>Format S9(6)V99</b> Zero fill if not used.
Employee DCRA Annual	308-315	8	Yes	Numeric	Dependent Care Reimbursement <b>Format S9(6)V99</b> . Zero fill if not used.
Pay Frequency	316-316	1	No	Alphanumeric	B = Bi weekly, M= Monthly, W= Weekly, S= Semi monthly –Space fill if not used.
Street 3	317-351	35	No	Alphanumeric	Space fill
Survivor SSN	352-360	9	No	Numeric	Space fill
<b>Comments</b>					

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
EFT Account Type	361	1	Yes	Alphanumeric	Space fill.
EFT Termination Date	362-369	8	Yes	Numeric	Zero fill
EFT Transit Number	370-378	9	Yes	Numeric	Zero fill
EFT Account Number	379-395	17	Yes	Alphanumeric	Space fill
Filler	396-400	5	No	Alphanumeric	Space Fill
Internet Address	401-500	100	No	Alphanumeric	Space Fill
<b>Comments</b>					
Filler	501-532	32	No	Alphanumeric	Spaces
EE - Parking Effective Date	533-540	8	Yes	Numeric	Zero fill if not used.
EE-Parking Termination Date	541-548	8	Yes	Numeric	Zero fill if not used.
EE-Transportation Effective Date	549-556	8	Yes	Numeric	Zero fill if not used.
EE-Transportation Termination Date	557-564	8	Yes	Numeric	Zero fill if not used.
Employer Parking Amount	565-572	8	No	Numeric	<b>Format S9(6)V99</b> Zero fill if not used.
Employee Parking Amount	573-580	8	Yes	Numeric	<b>Format S9(6)V99</b> Zero fill if not used.
Employer Transportation Amount	581-588	8	No	Numeric	<b>Format S9(6)V99</b> Zero fill if not use.
Employee Transportation Amount	589-596	8	Yes	Numeric	<b>Format S9(6)V99</b> Zero fill if not use.
Annual Parking Plan Maximum	597-604	8	Yes	Numeric	<b>Format S9(6)V99.</b> Zero fill if not used.
Annual Transportation Plan Maximum	605-612	8	Yes	Numeric	<b>Format S9(6)V99.</b> Zero fill if not use.
Filler	613-800	188	No	Alphanumeric	Spaces
<b>Comments</b>					

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION

### **TRAILER RECORD LAYOUT**

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
Trailer ID	1-9	9	Yes	Numeric	Always "999999999"
Filler	10-11	2	Yes	Numeric	Always contains "00"
Control Number	12-16	5	Yes	Numeric	Always "97001"
Record Count	17-23	7	Yes	Numeric	Number of records on file including header and trailer
Employer HCRA Total	24-34	11	Yes	Numeric	<b>Format S9(9)V99</b> Zero Fill if not used
Employee HCRA Total	35-45	11	Yes	Numeric	Health Care Reimbursement Account total Employee Amount. <b>Format S9(9)V99</b> Zero Fill if not used
Employer DCRA Total	46-56	11	Yes	Numeric	Dependent Care Reimbursement Account total Employer Amount. <b>Format S9(9)V99</b> Zero Fill if not used
Employee DCRA Total	57-67	11	Yes	Numeric	Dependent Care Reimbursement Account total Employee Total. <b>Format S9(9)V99</b> Zero Fill if not used
HCRA Annual Amount	68-78	11	Yes	Numeric	Health Care Reimbursement Account Total Annual Amount. <b>Format S9(9)V99</b> Zero Fill if not used
DCRA Annual Amount	79-89	11	Yes	Numeric	Dependent Care Reimbursement Account Total Annual Amount. <b>Format S9(9)V99</b> Zero Fill if not used
Employer Parking Total	90-100	11	Yes	Numeric	Parking Account total Employer Amounts. <b>Format S9(9)V99</b> Zero Fill if not used

Employee Parking Total	101-111	11	Yes	Numeric	Parking Account total Employee Amounts. <b>Format S9(9)V99</b> Zero Fill if not used
Employer Transportation Total	112-122	11	Yes	Numeric	Transportation Amount total Employer Amounts. <b>Format S9(9)V99</b> Zero Fill if not used
Employee Transportation Total	123-133	11	Yes	Numeric	Transportation Amount total Employee Amounts. <b>Format S9(9)V99</b> Zero Fill if not used
Filler	134-800	667	No	Alphanumeric	Format to all spaces.

<b>Comments</b>

**Section 1**

**Identify Critical Client Business Requirements**

- Ability to meet standard Data Transmission Methods
- Ability to meet standard Eligibility File Requirements(header/eligibility/trailer)
- Special Requirements Identified

Item#	Requirement	Ownership	Due Date	Comments

<b>Critical Requirements or Comments</b>

<b>Section 2</b>
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<b>Payroll Frequency Schedule</b>
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Please complete the following payroll frequency schedule to assist SHPS in tracking your payroll eligibility files. If there will be multiple eligibility files expected for the same frequency, please provide a breakdown payroll frequency schedule for each eligibility file expected.

Please utilize the following Frequency ID chart to breakdown your expected files.

Frequency ID	Frequency
(D) Daily	Based upon 5 business days in a work week
(W) Weekly	52 pay periods per year
(B) Bi-Weekly	26 pay periods per year
(S) Semi-Monthly	24 pay periods per year
(M) Monthly	12 pay periods per year
(O) Other	

<b>If multiple files will be received for the same frequency, please provide a breakdown of each payroll frequency.</b>
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Frequency ID	Location (Eligibility File ID)	Frequency Begin Date	Frequency End Date	Comments


**Payroll Frequency special comments**

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To assist in eligibility file tracking, Please remember to contact SHPS when sending “off cycle” eligibility files.

**Section 2**

**Client Contact and Notification Information**

The Client Contact and Notification document will allow SHPS to have a point of contact for troubleshooting participant and eligibility file discrepancies. It will also allow SHPS the opportunity to produce **email** communications when eligibility files are received and loaded, updating your employee’s information.

<b>Contact Information</b>	<b><i>Client contact</i> Payroll file receipt notification</b>
Contact Name	
Contact Title	
Street Address 1	
Street Address 2	
City	
State	
Postal Code	
Phone Number	
Alternate Phone Number	
Fax Number	
Email Address	
<b>Contact Information</b>	<b><i>Systems contact</i> Payroll file receipt notification</b>
Contact Name	
Contact Title	
Street Address 1	
Street Address 2	
City	
State	
Postal Code	
Phone Number	
Alternate Phone Number	
Fax Number	
Email Address	

Contact Information	Additional( )
Contact Name	
Contact Title	
Street Address 1	
Street Address 2	
City	
State	
Postal Code	
Country Code	
Phone Number	
Alternate Phone Number	
Fax Number	
Email Address	

**Section 2****Scheduled Testing**

Contact Name	Scheduled Date	Tested Date	Testing ID	Comments
Issues Log:	Corrections:			Date:
Testing comments				

<b>Eligibility Testing and Validation Sign off</b>		<b>Date</b>
<b>Client</b>		
<b>Implementation Analyst Signature</b>		
<b>Implementation Manager Signature</b>		
<b>FSA Technical Consultant Signature</b>		

## ***Benefits Accounting Record Layout***

<b>FIELD NAME</b>	<b>POS.</b>	<b>LEN.</b>	<b>REQ.</b>	<b>FORMAT</b>	<b>DESCRIPTION</b>
File Type	1-3	3	Yes	Alphanumeric	Always "FSA"
From Date	4-11	8	Yes	Numeric	From date of pay period. Format CCYYMMDD
To Date	12-19	8	Yes	Numeric	To date of pay period. Format CCYYMMDD
Employee HCRA Total	20-30	11	Yes	Numeric	Health Care Reimbursement Account total Employee Amount. <b>Format S9(9)V99</b> Zero Fill if not used
Employee DCRA Total	31-41	11	Yes	Numeric	Dependent Care Reimbursement Account total Employee Total. <b>Format S9(9)V99</b> Zero Fill if not used
HCRA Annual Amount	42-52	11	Yes	Numeric	Health Care Reimbursement Account Total Annual Amount. <b>Format S9(9)V99</b> Zero Fill if not used
Location	53-54	2	Yes	Numeric	Campus or Laboratory two digit code