

PPS Requirements
Establish End Date and Annual Amount for DepCare

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1.0 Purpose

The purpose of this document is to request the addition of an Annual Amount and End Date for the Dependent Care Assistance Program (DEPCARE). As part of administering the program, the end date is needed for mid year termination of enrollment when employee goes on any unpaid leave.

2.0 Background

The plan is designed so that employees on a leave without pay are terminated from the plan. No Claims can be submitted for expenses incurred after the termination date. A new period of initial eligibility (PIE) is established when the employee returns from leave. Re-enrollment must be completed via "paper" form.

3.0 PPS Modifications

3.1 Overview of PPS Modifications

1. A new EDB data element will be established to carry the termination date of the DEPCARE agreement. The DEPCARE annual amount is stored in the U_balance.
2. CICS and web on-line screens will be modified to allow entry and display of the DEPCARE data elements. On-line help should be developed for the new data elements.
3. EDB Explicit Maintenance will be modified to allow the update of the DEPCARE data, and to perform the required edits on that data.
4. The EDB Daily Maintenance process that accepts transactions from the Web/IVR applications will be modified to accept transactions to update the DEPCARE data elements.
5. The EDB Monthly Maintenance process will be modified to clear out the DEPCARE deduction when there is a DEPCARE termination date.
6. EDB Calendar Year End Maintenance will be modified to initialize DEPCARE data elements.
7. The CICS and web PAN formats will be modified to display the DEPCARE data.
8. The IDOC will be modified to display the DEPCARE data.
9. The Compute process must be modified to identify employees who are on leave without pay and have insufficient earnings to take the DEPCARE deduction. A DEPCARE Termination date should be established.
10. Interface files will be modified to include the DEPCARE data on the Web/IVR interface file, the CPS/BCS interface file.
11. A one-time program is required to populated the DEPCARE Annual Amount for employees who are currently enroll in the DEPCARE Program.
12. Forms may need to be developed to capture DEPCARE information for input to PPS. UCOP Benefits will coordinate forms development.

3.2 New Data Elements

A new EDB data element should be established to store the DEPCARE termination date.

DEPCARE Annual Amount – The DEPCARE Annual Amount is established but is currently not passed to SHPS.

DEPCARE Termination Date – The DEPCARE Termination Date will record the end date of the agreement. It is the last day for which claims can be made against the DEPCARE Account. The termination date will normally be initial values. When the agreement is terminated prior to the end of the calendar year, the termination date is recorded.

Refer to Attachment A for drafts of the Data Dictionary pages.

3.3 On-line Screens

3.3.1 *ERET screen*

The DEPCARE Annual Amount and DEPCARE Termination Date should be added to the ERET screen right above the line that contains the field label “HCRA Annual”. The field labels should read, “DEPCARE Annual:”, “Monthly:”, “Eff Date:” and “Term Date:”. Corresponding space should be provided to the right of each field label for displaying the value of each data element. To make space for these new and existing fields, the field labels “DCP Plan Code” and corresponding display should be moved to the line above.

Both data elements should be available for update on this screen.

Refer to Attachment B for a mockup of the CICS on-line screen changes.

3.3.2 *Web EDB Inquiry Benefits page*

The DEPCARE Annual Amount and DEPCARE Termination Date, should be added to the Benefits Enrollment Information page of Web EDB Inquiry. The label, “DepCare Reimbursement Account” should be added, and immediately below that, the field labels “Annual Amount:”, “Monthly Amount:”, “Effective Date:” and “Termination Date:”. Corresponding space should be provided to the right of each field label for displaying the value of each data element.

Refer to Attachment C for a mockup of the EDB Web Inquiry screen changes.

3.3.3 *On-line help*

On-line field-level help for the new data elements, “ DEPCARE Annual Amount” and “DEPCARE Termination Date” should be made available. Wording for that help is shown below:

EDB6335U GTN DEPCARE Annual Amount
Description: The annual amount elected by the employee to be deducted in a plan year for DepCare Account salary reduction plan.
Format: nnnnnnn.nn
Code Translation: N/A

EDB6335Y GTN DEPCARE Eff Date

Description: The effective date for the deduction associated with the employee's voluntary participation in the University's DepCare program.

Format: nnnnnnnn.nn
Code Translation: N/A

No changes are required to screen-level help.

3.4 EDB Explicit Maintenance

3.4.1 Edits

1. Edits must be established to check that the DEPCARE Annual Amount is within the minimum and maximum allowed by federal regulations. These edits should be triggered by a change to the DEPCARE Annual Amount (new data element).

If the DEPCARE Annual Amount is less than 180, the update should be blocked. An error message with the text 'DEPCARE Annual Amount May Not Be Less Than \$180' should be issued in both the USER08 and the USER12 process. The message should have a severity level of 'Employee Reject' in both batch and on-line.

If the DEPCARE Annual Amount is greater than 5000, the update should be blocked. An error message with the text 'DEPCARE Annual Amount May Not Exceed \$5000' should be issued in both the USER08 and the USER12 process. The message should have a severity level of 'Employee Reject' in both batch and on-line.

2. An edit must be established to ensure that the DEPCARE Annual Amount is not zero when there is an existing DEPCARE Deduction Amount. This edit should be triggered by a change to the DEPCARE Annual Amount or DEPCARE Deduction Amount. If the DEPCARE Annual Amount (6335U) is zero, and the DEPCARE Deduction Amount (6335G) is not zero, the update should be blocked.

An error message with the text 'DEPCARE Annual Amount is required with DEPCARE deduction' should be issued in both the USER08 and the USER12 processes. The message should have a severity level of 'Employee Reject' in both batch and on-line.

3. An edit must be established to prevent setting the DEPCARE Termination Date to a date that is later than the Separation Date. The edit should be triggered by a change to the DEPCARE Termination Date.

If the DEPCARE Termination Date is later than the Separation Date (EDB 0140), the update should be blocked. An error message with the text 'DEPCARE Termination may not be later than Separation' should be issued in both the USER08 and the USER12 processes. The message should have a severity level of 'Employee Reject' in both batch and on-line.

4. An edit must be established to ensure that the DEPCARE Termination Date is not prior to the DEPCARE Effective Date. The edit should be triggered by a change to the DEPCARE Termination Date or DEPCARE Effective Date.

If the DEPCARE Termination Date is prior to the DEPCARE Effective Date (7335E), the update should be blocked. An error message with the text 'DEPCARE Termination must be later than begin date'

should be issued in both the USER08 and the USER12 processes. The message should have a severity level of 'Employee Reject' in both batch and on-line.

3.4.2 Implied Maintenance

Separation from the University for any reason (including retirement) or on any leave without pay, terminates the DEPCARE Agreement. The system must establish a DEPCARE Termination Date (new data element) when the employee separates. This derivation should be triggered whenever there is a change to the Separation Date (EDB 0140) and the employee is currently enrolled in DEPCARE (DEPCARE Annual Amount is greater than zero). The DEPCARE Termination Date should be set as follows:

The DEPCARE Termination Date should be set equal to the last day of the month following the month of the Separation Date, except in the following cases:

- There is an existing DEPCARE Termination Date that is prior to that date; in that case the existing date should be retained.
- The end date would be in a calendar year later than the year of the DEPCARE Agreement; in that case, the DEPCARE Termination Date should be set equal to the last day of the calendar year (i.e. 12/31).

3.5 EDB Periodic Maintenance – Daily Transactions from IVR/Web

EDB Daily Maintenance processes transactions from the Web/IVR applications and performs limited edits on the transaction data. No change is needed.

3.6 EDB Periodic Maintenance – Monthly

1. The EDB monthly maintenance process must be modified to initialize the DEPCARE data elements when the DEPCARE Termination Date has been achieved. If the DEPCARE Termination Date is prior to the month being started by EDB Monthly Maintenance, the DEPCARE deduction amount (EDB 6335G) and the DEPCARE Effective Date (EDB 7335E) should be set to initial values.
2. The EDB monthly maintenance process must be modified to establish a DEPCARE Termination Date when it establishes a Separation Date due to I-4 separation. The DEPCARE Termination Date should be set equal to the Separation Date.

3.7 EDB Periodic Maintenance – Calendar Year End

DEPCARE Agreements expire at the end of the plan year (December 31) and must be renewed through a positive enrollment. At year's end, the current year's agreements must be removed prior to the recording of the upcoming year's agreements.

Set the DEPCARE Effective Date, DEPCARE Annual Amount, DEPCARE Monthly Amount and DEPCARE Termination Date to initial values.

3.8 Post Authorization Notification (PAN)

3.8.1 Trigger PAN Event

A change to the DEPCARE Annual Amount, effective date or Termination Date should trigger the Benefits (BENE) PAN event.

3.8.2 CICS PAN

The new data elements, "DEPCARE Annual Amount" should be added to the Benefits section of the CICS PAN page just above the line displaying the field label, "Health Care Reimbursement Account-Annual Amt:". The field labels should appear to the right of the label, "Dependent Care Account" and should read, "Annual Amt:" and "Monthly Amt:". Corresponding space should be provided to the right of the field labels for displaying the contents of the field.

Refer to Attachment D for a mockup of the CICS PAN changes.

3.8.3 Web PAN

The new data elements, "DEPCARE Annual Amount" and "DEPCARE Termination Date" should be added to the Benefits section of the Web PAN. The field labels should appear to the right of the label, "DepCare Reimbursement Account" and should read, "Annual Amt:", "Monthly Amount:", "Eff Date:" and "Term Date:". Corresponding space should be provided to the right of each field label for displaying the contents of each field.

Refer to Attachment E for a mockup of the Web PAN changes.

3.9 Employee Documents (IDOC)

Insert the following wording just below the label "Dependent Care Assistance Program", "You have signed up for a \$_____ annual amount".

Refer to Attachment F for a mockup showing the IDOC changes.

3.10 Compute

The Compute must be modified to recognize an employee who is on leave without pay and has insufficient earnings to take the DEPCARE deduction. In this case, the employee's DEPCARE agreement must be terminated, and any temporary suspense that is created should be cleared out.

For employees who meet all the following criteria:

- The employee has a DEPCARE deduction (EDB 6335G not = zero)
- The Employment Status (EDB 0144) is "N" (Leave Without Pay)
- There are insufficient funds for the deduction

The DEPCARE Termination Date should be set equal to the last day of the month of the compute's Pay Period End Date. For example, if the Pay period End Date is 11/02/03, the DEPCARE Termination Date should be set to 11/30/03; if the Pay Period End Date is 10/31/03, the DEPCARE Termination Date should be set to 10/31/03.

3.11 Interface Files for UCOP

3.11.1 WEB/IVR Nightly file

The Web/IVR history file and interface file must be modified to include the new DEPCARE data. The annual amount and termination date should be added to the employee record.

Refer to Attachment G for the proposed changes to the Web/IVR file employee and deduction record layouts.

3.11.2 CPS/BCS Monthly file

The additional DEPCARE data elements should be added to the employee record of the monthly Corporate Personnel System (CPS) and Benefits Counseling System (BCS) interface file.

1. A field for the DEPCARE Annual Amount will be added to the CPS Employee record. If the value is zero, the field should be left blank.
2. A field for the DEPCARE Termination Date will be added to the CPS Employee record. The date should be written to the file in the format YYMMDD.

Refer to Attachment H for the proposed CPS/BCS file record layout changes.

3.12 FSA Eligibility File

In addition to establishing a DEPCARE Termination Date in PPS, PPP466 should be modified to include the DEPCARE Termination Date.

1. The DEPCARE Termination Date should be written to position 252-259 in the format CCYYMMDD.

Refer to Attachment I for the FSA Eligibility record layout.

3.13 One-time Program

Due to the mid-year implementation of this service request, a one-time program is required to ensure that the DEPCARE Annual Amount is populated for the employees who are currently enroll in the DEPCARE Program. The DEPCARE Annual Amount should be populated as follow:

DEPCARE Deduction Amount (6335G) * Number of months enrolled** = DEPCARE Annual Amount

**Number of months enrolled is determined the DEPCARE Effective Date (EDB 7335E).

3.14 Forms

UCOP Benefits will coordinate any required changes to benefits forms.

4.0 Attachments

Attachment A	EDB Data Dictionary Page
Attachment B	CICS On-line Screens
Attachment C	Web EDB Inquiry Screen
Attachment D	CICS Post Authorization Notification (PAN)
Attachment E	Web Post Authorization Notification (PAN)
Attachment F	Employee Documents (IDOC)
Attachment G	IVR/Web Interface File
Attachment H	CPS/BCS Interface File
Attachment I	FSA Eligibility Record Layout

4.1 Attachment A – EDB Data Dictionary Page

Depcare Termination Date

System Number: EDBxxxx

User Access Name:

Programming Name:

Revision Date:

Comments:

Source(s):

Use(s):

Location(s):

Name: DEPCARE TERMINATION DATE

Type: NUMERIC

Length: 6

Format:

MM/DD/YY - Inquiry Only; MMDDYY - Entry/Update

General Description:

The date on which the DepCare agreement ends for the employee. Claims may not be made for expenses incurred after this date.

Code Interpretation:

N/A

4.2 Attachment B – CICS On-line Screen

PPERET0-E1440 EDB Entry/Update 02/10/03 14:17:03
02/10/03 14:17:02 Retirement Information Userid: PAYPCW
ID: 000050020 Name: PRESENTTLYUNACCOUN, MARCUS SSN: 555-55-5020 Pri Pay: MO

Retirement System Code: U FICA Eligibility Code: E Ret FICA Derive:
Covered Comp Limit Cd : G DCP Plan Code: S¹
DepCare Annual: 3600 Monthly: 350.00 Eff Date: 010103 Term Date: 010103²
HCRA Annual : 4800 Monthly: 400.00 Eff Date: 010103 Term Date: 123103³
HCRA Decl/YTD: 4800.00/ 0.00 403b Lmt: 12000 MAC Change: 01/01/03
Voluntary Contribution
Deduction Num Description Amount/Percent Decl Balance Eff Date
030 UCRS-BOND 110.00 010193

Next Func: ID: Name: SSN:
U0007 Update process complete
===>
F: 1-Help 3-PrevMenu 4-Print 5-Update
F: 9-Jump 12-Exit

¹ Move the field label, 'DCP Plan Code:' and the contents of the data field to this line and position.

² Insert the field label, 'DepCare Annual:' and space for displaying the 5 character amount field.

Insert the field label, 'Monthly:' and space for displaying the 8 character field.

Insert the field label, 'Eff Date:' and space for displaying the 6 character date field.

Insert the field label, 'Term Date:' and space for displaying the 6 character date field.

³ Align the existing HCRA data up with the DepCare data

4.3 Attachment C – Web EDB Inquiry Screen

Benefits Enrollment Information

Insurance Type	Coverage	Salary Base/ Coverage Amt.	Effective Date	Employee Cost
Short Term Disability	A - Covered			0.00
Supplemental Disability	007 - 7 day waiting period	4,117		0.00
Basic Life	Enrolled	50,000		0.00
Supplemental Life	4 - 4 X Annual	50,000		30.00
Dependent Life Insurance	Not Enrolled			
AD&D Insurance	M - Modified Family Plan	85,000		0.00
Dependent Care Account ⁴				
	⁵ Annual Amount: 3600	Monthly Amount: 300.00	Effective Date: 01/01/03	Termination Date: 12/31/03
Health Care Reimbursement Account				
	Annual Amount: 4800	Monthly Amount: 400.00	Effective Date: 01/01/03	Termination Date: 12/31/03

⁴ Insert the section label, 'DepCare Reimbursement Account'

⁵ Insert the field label, 'Annual Amount' and space for displaying the 5 character amount field.
Insert the field label, 'Monthly Amount' and space for displaying the 8 character amount field.
Insert the field label, 'Effective Date' and space for displaying the 8 character date field.
Insert the field label, 'Termination date' and space for displaying the 8 character date field.

Edit logic:

1. Currently, when an employee is enrolled in DepCare, the literal, 'per month' is displayed after the monthly amount. This literal will no longer be displayed.
2. Currently, when an employee is not enrolled in DepCare, the literal, 'Not Enrolled' is displayed. This literal will no longer be displayed.

4.4 Attachment D – CICS Post Authorization Notification (PAN)

CICS PAN

----- Benefits Information -----
Medical: Core Medical Eff Dt: 01/01/03 End Dt: Cov: Self
Dental: Delta Dental Eff Dt: 07/01/01 End Dt: 04/30/03 Cov: Self
Vision: Vision Services Eff Dt: 07/01/01 End Dt: 04/30/03 Cov: Self
Legal: Signature Legal Eff Dt: 07/01/01 End Dt: Cov: Self
Contribution Base: 37
Medical Plan Opt Out: Dental Plan Opt Out: Vision Plan Opt Out:
Supplemental Life: 4 X Annual Salary Base: 39 Cov. Eff Date: 07/01/01
Dependent Life: Spouse/Domestic Partner & child(ren) Cov. Eff Date: 07/01/01
Supplemental Disability: 030 Days Salary Base: 3224 Cov. Eff Date: 07/01/01
AD&D Plan: Family Coverage Principal Sum: 400 Cov. Eff Date: 07/01/01
TIP Code:
Executive Life Change Code: Change Eff Date:
Dependent Care Account-Annual Amt:⁶ 2400 Monthly Amt:⁷ 200.00
Health Care Reimbursement Account-Annual Amt: 2400 Monthly Amt: 200.00

⁶ Add the field label 'Dependent Care Account-Annual Amt:' and provide space to display the DepCare Annual Amount.

⁷ Move the field label, 'Dependent Care Deduction' and space for displaying the field contents to the right and rename the field label, 'Monthly Amt:'

4.5 Attachment E – Web Post Authorization Notification (PAN)

CICS Web PAN

Benefits

Medical	Core Medical	Eff		End					
		Dt	01/01/03	Dt				Cov	Self
		Eff		End					
Dental	Delta Dental	Dt	07/01/01	Dt	04/30/03			Cov	Self
		Eff		End					
Vision	Vision Services	Dt	07/01/01	Dt	04/30/03			Cov	Self
	Signature	Eff		End					
Legal	Legal	Dt	07/01/01	Dt				Cov	Self
Contribution Base									
Medical Opt Out									
			Dental Opt Out		Vision Opt Out				
								Cov.	Eff
Supplemental Life		4 X Annual			Salary Base	39		Date	07/01/01
								Cov.	Eff
Dependent Life		Spouse/Domestic Partner & child(ren)						Date	07/01/01
								Cov.	Eff
Supplemental Disability		30 Day Waiting Period			Salary Base	3224		Date	07/01/01
								Cov.	Eff
AD&D Plan		Family Coverage			Principal Sum	400		Date	07/01/01
TIP Code									
								Change Eff	
Executive Life Change Code								Date	
Dependent Care Account									
		Annual Amt: 4800	Monthly Amount: 400.00	Eff Date: 01/01/02	Term Date: 12/31/03 ⁸				
Health Care Reimbursement Account		Annual Amt: 4800	Monthly Amount: 400.00	Eff Date: 01/01/02	Term Date: 12/31/03				

⁸ Add new field labels and space for displaying annual amount, effective date and termination date. Align with HCRA fields.

4.6 Attachment F – Employee Documents (IDOC)

HEALTH AND WELFARE BENEFIT ENROLLMENT INFORMATION

You are enrolled in the following health and welfare plans:

- * Core Medical
W/Adult Coverage
Coverage Effective date: 01/01/01 End Date: 12/31/04
Your monthly cost for this coverage is: \$ 0.00
Your contribution base is: 037
- * Delta Dental
W/Adult Coverage
Coverage Effective date: 01/01/01 End Date: 12/31/04
Your monthly cost for this coverage is: \$ 0.00
- * Vision Services Plan
W/Adult Coverage
Coverage Effective date: 01/01/01 End Date: 12/31/04
Your monthly cost for this coverage is: \$ 0.00
- * Signature LegalCare
Family Coverage
Coverage Effective date: 01/01/01 End Date: 12/31/04
Your monthly cost for this coverage is: \$ 10.63

The following family members are enrolled:

Name	Relationship	Enrolled/Effective Date/End Date					
No.	Birthdate	Sex	Relationship	Medical	Dental	Vision	Legal
MARY MONTGOMERY	Spouse			Yes	Yes	Yes	Yes
01	10/16/56	Female	353-43-4444	01/01/01	01/01/01	01/01/01	01/01/01

(It is your responsibility to ensure that all family members meet UC eligibility requirements. Contact your campus Benefit Representative for more information.)

Additionally, you are enrolled in the following:

- * Accidental Death & Dismemberment Insurance
Your coverage type is: Family coverage
Amount of Coverage: \$ 400,000.00
Coverage Effective Date: 07/01/01
Your monthly cost for this coverage is: \$ 11.20
- * Short Term Disability Insurance
- * Supplemental Disability Insurance
Waiting period: 30 days
Salary Base: \$ 3224.00
Coverage Effective Date: 07/01/01
Your monthly cost for this coverage is: \$ 11.61
- * Basic Life Insurance in the amount of \$ 39,000.00
- * Supplemental Life Insurance
Plan Type: 4 times your most recent January 1 Annual Salary Base
Annual Salary Base: \$ 39,000.00
Coverage Effective Date: 07/01/01
Your monthly cost for this coverage is: \$ 5.93
- * Dependent Life Insurance
Coverage Level: Spouse/Domestic Partner & child(ren)
Coverage Amount: Spouse/Partner - \$ 78,000.00
Eligible Children - \$10,000 each
Coverage Effective Date: 07/01/01
Your monthly cost for this plan is: \$ 3.16

- * Dependent Care Assistance Program

DEPCARE End Date

You have signed up for a \$ 3600 annual payment⁹

Your monthly pre-tax contribution is: \$ 300.00

* Health Care Reimbursement Account

You have signed up for a \$ 3600 annual payment

Your monthly pre-tax contribution is: \$ 300.00

You are participating in the Tax Savings on Insurance Premium (TIP) Plan. Any premiums you pay as an employee for health will be on a pre-tax basis.

⁹ Insert the phrase, "You have signed up for a \$xxxxxxx annual payment

4.7 Attachment G – IVR/Web Interface File

IVR/Web Extract File Layout				
Employee Record				
Position	Length/ Format	Field Description	Data Element #	Comments
01	01	Add/Change/Delete Record	n/a	
02 – 11	10 mm/dd/yyyy	IVR/Web Employee Record Update Date	n/a	Update date is set to the current date when PPS program PPIIVER detects that a change has been made to any field in the IVR employee record.
12 – 13	02	Location Code	n/a	A unique code assigned to each campus, lab or location (Hastings, ASUCLA)
14 – 22	09	Employee SSN	EDB0111	
23 – 31	09	Employee ID Number	n/a	EDB record key
32 – 57	26	Employee Name	EDB0105	
58 – 67	10 mm/dd/yyyy	Employee Birth Date	EDB0107	
68	01	Employee Sex Code	EDB0108	
69 – 78	10 mm/dd/yyyy	Employee Hire Date	EDB0113	
79 – 84	06	Home Department Code	EDB0114	
85 – 94	10 mm/dd/yyyy	Leave Begin Date	EDB0137	
95 – 104	10 mm/dd/yyyy	Leave Return Date	EDB0138	
105 – 106	02	Leave Type Code	EDB0139	
107 – 116	10 mm/dd/yyyy	Separation Date	EDB0140	
117	01	Employment Status Code	EDB0144	
118 – 121	04	Primary Title Code	EDB0460	
122	01	Personnel Program Code for Primary Title	n/a	The Personnel Program Code for the Primary Title Code is looked up on the PPS TCT (Title Code Table).
123	01	FICA Eligibility Code	EDB0120	
124	10 9(07).99	Prior Year FWT Gross	EDB0481	
134 – 163	30	Address-Line 1	EDB0204	
164 – 193	30	Address-Line 2	EDB0205	
194 – 223	30	Address-City	EDB0206	
224 – 225	02	Address-State	EDB0207	
226 - 230	05	Address-Zip	EDB0208	
231	01	Retirement System Code	EDB0122	
232	01	UC Paid Disability Code	EDB0123	
233	01	DCP Plan Code	EDB0129	
234 – 235	02	Age on Jan 1	EDB0254	
236 – 245	10 mm/dd/yyyy	403b Change Date	EDB0279	
246	01	TIP Code (Insurance Reduction Code)	EDB0299	
247 – 249	03	EPD Waiting Period	EDB0231	

IVR/Web Extract File Layout				
Employee Record				
Position	Length/ Format	Field Description	Data Element #	Comments
250 – 257	08 9(05).99	EPD Salary Base	EDB0233	
258 – 267	10 mm/dd/yyyy	EPD CED	EDB0233	
268 – 273	06 9(03).99	EPD – employee cost	n/a	The employee premium for Employee Paid Disability is looked up on the PPS Benefits Rates Table.
274 – 275	02	Dental Plan Code	EDB0272	
276 – 278	03	Dental Plan Coverage Code	EDB0273	
279 – 288	10 mm/dd/yyyy	Dental Plan PCED	EDB0274	
289 – 293	5	HCRA Annual Amount	EDB6338U	
294 – 303	10 mm/dd/yyyy	HCRA Termination Date	EDB0314	
304	1	Filler		
305 – 310	06	Life Ins Salary Base	EDB0275	
311	01	Life Ins Plan Code	EDB0276	
312 – 321	10 mm/dd/yyyy	Life Ins CED	EDB0277	
322 – 328	07	Life Ins Amount	n/a	The amount of Life Insurance is calculated, or looked up on the Benefits Rtes Table.
329 – 336	08 9(05).99	Life Ins. Premium	n/a	The life insurance premium is looked up on the Benefits Rates Table.
337	01	Dep Life Ins Plan Code	EDB0278	
338 – 347	10 mm/dd/yyyy	Dep Life CED	EDB0188	
348 – 355	08 9(05).99	Dep Life Premium	n/a	The dependent life insurance premium is looked up on the Benefits Rates Table.
356 – 361	06	Accidental Death and Dismemberment Principal Sum	EDB0280	
362	01	Accidental Death and Dismemberment Coverage Code	EDB0281	
363 – 372	10 mm/dd/yyyy	Accidental Death and Dismemberment CED	EDB0282	
373 – 380	08 9(05).99	Accidental Death and Dismemberment Premium	n/a	The D&D premium is looked up on the Benefits Rates Table.
381 – 382	02	Medical Plan Code	EDB0292	
383 – 385	03	Medical Plan Coverage Code	EDB0293	
386 – 395	10 mm/dd/yyyy	Medical Plan PCED	EDB0294	
396 – 400	5	DepCare Annual Amount	EDB6335U	
401 – 410	10 mm/dd/yyyy	DepCare Termination Date		New Data Element
411	1	Filler		
412 – 417	06	UC Paid Life Insurance	EDB0330	
418 – 427	10 mm/dd/yyyy	UC Paid Life Insurance CED	EDB0451	

IVR/Web Extract File Layout				
Employee Record				
Position	Length/ Format	Field Description	Data Element #	Comments
428 – 429	02	Vision Plan Code	EDB0347	
430 – 432	03	Vision Plan Coverage Code	EDB0348	
433 – 442	10 mm/dd/yyyy	Vision CED	EDB0349	
443 – 460	16	Filler		
459 – 460	02	Legal Plan Code	EDB0353	
461 – 463	03	Legal Plan Coverage Code	EDB0354	
464 – 473	10 mm/dd/yyyy	Legal Plan PCED	EDB0355	
474 – 489	16	Filler		
490	01	Executive Life Indicator	EDB0356	
491 – 496	06	Executive Life Sal Base	EDB0357	
497 – 506	10 mm/dd/yyyy	Executive Life CED	EDB0452	
507	01	Medical Opt Out Code	EDB0377	
508	01	Dental Opt Out Code	EDB0378	
509	01	Vision Opt Out Code	EDB0379	
510 - 511	02	Deduction Pay Schedule Code	EDB0152	
512	01	BELI Code-Assigned	EDB0360	
513	01	BELI-Code-Derived	EDB0375	
514 – 523	10 mm/dd/yyyy	BELI Effective Date	EDB0341	
524 – 527	04	US Savings Bond 1 Denomination Code	EDB1103	
528 – 531	04	US Savings Bond 2 Denomination Code	EDB1203	
532 – 535	04	US Savings Bond 3 Denomination Code	EDB1303	
536 – 539	04	US Savings Bond 4 Denomination Code	EDB1404	
540 - 548	09 9(05).99	403(b) Maximum Annual Contribution (MAC)	EDB6008U	
549 – 558	10 mm/dd/yyyy	Medical Plan ECED	EDB0454	
559 – 568	10 mm/dd/yyyy	Dental Plan ECED	EDB0455	
569 – 578	10 mm/dd/yyyy	Vision Plan ECED	EDB0456	
579 – 588	10 mm/dd/yyyy	Leal Plan ECED	EDB0457	
589 – 589	02	Employee Unit Code	EDB0255	
591	01	Employee Relations Code	EDB0160	
592	01	Employee Representation Code	EDB0295	
593	01	Employee Special Handling Code	EDB0256	
594	01	Employee Distribution Unit Code	EDB0257	
595 – 604	10 mm/dd/yyyy	PIN Authorization Signature Date		
605 – 614	10	Period of Initial Eligibility End		

IVR/Web Extract File Layout

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
	mm/dd/yyyy	Date		
615	01	Direct Deposit Indicator		
616 – 617	02	Separation Reason Code	EDB0141	
618	01	Federal Tax Marital Status Code	EDB0127	
619 – 621	03	Federal Tax Withholding Allowances	EDB0128	
622	01	State Tax Marital Status Code	EDB0130	
623 – 625	03	State Tax Personal Tax Withholding Allowances	EDB0131	
626 – 628	03	State Tax Itemized Deductions Withholding Allowances	EDB0132	
629 – 645	17	Surepay Bank Account Number	EDB225	
646	1	Surepay Checking/Savings	EDB226	
647 – 681	35	Bank Name		
682 – 690	9	Bank Transit Routing Number		
691 – 700	10 mm/dd/yyyy	Anticipated Retirement Date	EDB0765	
701	1	Foreign Address Code	EDB0291	
702 – 716	15	Address Permanent Foreign Province	EDB1120	
717 – 718	2	Address Permanent Foreign Country Code	EDB1118	
719 – 728	10	Address Permanent Foreign Postal Code	EDB1119	
729 – 738	10	Employee Home Telephone	EDB0210	
739 – 763	25	Spouse Name	EDB0312	
764	1	Employee Organization Home Address Disclosure Code	EDB0247	
765	1	Employee Organization Home Phone Disclosure Code	EDB0248	
766	1	Home Address Release Code	EDB0244	
767	1	Home Phone Release Code	EDB0245	
768	1	Spouse Name Release Code	EDB0246	
769	4	Employee Name Suffix	EDB0106	
773 – 802	30	Employee First Name	EDB0250	
803 – 832	30	Employee Middle Name	EDB0251	
833 – 862	30	Employee Last Name	EDB0252	
863 – 872	10	NetID	EDB0249	
873	1	Citizenship Status Code	EDB0109	
874 – 875	2	Visa Type Code	EDB0110	
876 – 878	3	Federal Tax-Maximum Withholding Allowances	EDB0320	
879 – 881	3	State Tax-Maximum Withholding Allowances	EDB0321	
882 – 884	3	State Declaration of	EDB0288	

IVR/Web Extract File Layout**Employee Record**

Position	Length/ Format	Field Description	Data Element #	Comments
		Domestic Partnership		
883 – 885	3	Medical Contribution Base – Current Year	EDB0289	
886 – 888	3	Medical Contribution Base - Next Year	EDB0290	
889 – 892	4	Filler		Value is spaces
893 – 902	10 mm/dd/yyyy	Employment Status Change Date	EDB0766	This field must always be the last field on the employee record.

4.8 Attachment H – CPS/BCS Interface File

Corporate Personnel System (CPS) PPP711				
Employee Record				
Position	Length/ Format	Field Description	Data Element #	Comments
1 – 2	2	Location		
3 – 11	9	Employee Identification Number		
12 – 46	35	Employee Name	EDB0105	
47 – 76	30	Address Permanent Line One	EDB0204	
77 – 106	30	Address Permanent Line Two	EDB0205	
107-127	30	Address Permanent City	EDB0206	
128-129	2	Address Permanent State	EDB0207	
130-134	5	Address Permanent ZIP	EDB0208	
135-137	3 99V9	Number of Registered UC Student Units	EDB0237	
138-139	2	Filler		
140	1	Home Address Disclosure Indicator	EDB0211	
141-149	9	Social Security Number	EDB0111	
150	1	Sex Code	EDB0108	
151-156	6 (yymmdd)	Date of Birth	EDB0107	
15	1	Citizenship Status Code	EDB0109	
158-159	2	Ethnic Origin Code	EDB0112	
160	1	Retirement system Code	EDB0122	
161	1	FICA Eligibility Code	EDB0120	
162	1	Unemployment Insurance Coverage Code	EDB0121	
163	1	UC Student Status Code	EDB0119	
164-172	9	Previous ID Number		
173-175	3	Prior Service Credit Months	EDB0146	
176-177	2	Filler		
178-193	16	Organization Code		
194	1	Position Type Code		
195	1	Confidential Information Code		
196-201	6 (yymmdd)	Most Recent Hire Date	EDB0113	
202-205	4 (yymm)	Next Salary Review	EDB0136	
206	1	Next Salary Review Type	EDB0135	
207	1	Employment Status Code	EDB0144	
208-209	2	Visa Type Code	EDB0110	
210-213	4	Merit Percent	EDB0153	
214-219	6 (yymmdd)	Separation Date	EDB0140	
220-221	2	Separation Reason Code	EDB0141	

Corporate Personnel System (CPS) PPP711

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
222-227	6 (yymmdd)	Leave of Absence Begin Date	EDB0137	
228-233	6 (yymmdd)	Leave of Absence Return Date	EDB0138	
234-235	2	Leave of Absence Type Code	EDB0138	
236	1	DCP Plan Code	EDB0129	
237-240	4	Sick Leave Used		Zero Filled
241-245	5	Sick Leave Hours Balance (Current)	EDB5186	
246	1	Retirement/FICA Derivation Indicator	EDB0238	
247-249	3	Vacation Used		Zero Filled
250-252	3	Vacation Leave Hours Balance (Current)	EDB5185	
253-256	4	Vacation Lost		Zero Filled
257-259	3	Compensation Time Used		Zero Filled
260-263	4	Compensatory Time Hours Balance (Current)	EDB5110	
264-268	5	Overtime Paid		Zero Filled
269-273	5	Overtime Worked		Zero Filled
274-279	6	Overtime Hours Worked YTD	EDB5103	
280	1	Month Pay Indicator-January	EDB0171	
281	1	Month Pay Indicator- February	EDB0172	
282	1	Month Pay Indicator-March	EDB0173	
283	1	Month Pay Indicator-April	EDB0174	
284	1	Month Pay Indicator-May	EDB0175	
285	1	Month Pay Indicator-June	EDB0176	
286	1	Month Pay Indicator-July	EDB0177	
287	1	Month Pay Indicator-August	EDB0178	
288	1	Month Pay Indicator- September	EDB0179	
289	1	Monthly Pay Indicator- October	EDB0180	
290	1	Monthly Pay Indicator- November	EDB0181	
291	1	Monthly Pay Indicator- December	EDB0182	
292-297	6 (yymmdd)	Accidental Death and Dismemberment Coverage Effective Date	EDB0282	
298	1	Accidental Death and Dismemberment Coverage Code	EDB0281	
299-301	3	Accidental Death and Dismemberment Principal Sum	EDB0280	
302-307	6 (yymmdd)	Dental Plan Coverage Effective Date	EDB0274	
308-309	2	Filler		

Corporate Personnel System (CPS) PPP711

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
310-315	6 (yymmdd)	Supplemental Life Insurance Coverage Effective Date	EDB0277	
316	1	Supplemental Life Insurance Plan Code	EDB0276	
317-319	3	Supplemental Life Insurance Salary Base	EDB0275	
320	1	Dependent Life Insurance Plan Code	EDB0278	
321-326	6 (yymmdd)	Medical Plan Coverage Effective Date	EDB0294	
327-328	2	Medical Plan Code	EDB0292	
329	1	Filler		
330-332	3	Medical Plan Coverage Code	EDB0293	
333-338	6 (yymmdd)	Basic Life Insurance Effective Date	EDB0451	
339-343	5	Filler		
344-345	2	Primary BELI Status Qualification Code	EDB0240	
346-351	6 (yymmdd)	Primary BELI Status Qualification Effective Date	EDB0241	
352-353	2	Secondary BELI Status Qualification Code	EDB0242	
354-359	6 (yymmdd)	Secondary BELI Status Qualification Effective Date	EDB0243	
360	1	UC Paid Temporary Disability Insurance Code	EDB0123	
361-363	3	Medical Contribution Base – Current year	EDB0289	
364-366	3	Medical Contribution Base – Next Year	EDB0290	
367-368	2	START Reduction Percentage	EDB0495	
369	1	War/Campaign/Expedition Veteran Status Code	EDB0345	
370	1	Vietnam Era Veteran Status Code	EDB0350	
371	1	Veteran Disability Status Code	EDB0351	
372	1	Handicapped Status Code	EDB0352	
373	1	Insurance Reduction Code	EDB0299	
374-375	2	Employee Unit Code	EDB0255	
376	1	Employee Special Handling Code	EDB0256	
377	1	Employee Distribution Unit Code	EDB0257	
378	1	Employee Representation Code	EDB0295	
379-384	6 (yymmdd)	Executive Life Insurance Effective Date	EDB0452	
385-390	6 (yymmdd)	Original Hire Date	EDB0704	

Corporate Personnel System (CPS) PPP711

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
391	1	Depcare Participation Indicator		
392-399	8	Filler		
400	1	FCP Select Flag		
410-402	2	Dental Plan Code	EDB0272	
403-405	3	Dental Coverage Code	EDB0273	
406	1	Federal Tax Marital Status Code	EDB0127	
407	1	State Tax Marital Status Code	EDB0130	
408	1	Filler		
409-414	6 (yymmdd)	Vision Plan Coverage Effective Date	EDB0349	
415-416	2	Vision Plan Code	EDB0347	
417-419	3	Vision Plan Coverage Code	EDB0348	
420-423	4 (yymm)	Recently Separated Veteran Date		
424-426	3	Basic Life Insurance	EDB0330	
427	1	UCRS Short Loan		
428	1	UCRS Long Loan		
429-430	2	Legal Plan Code	EDB0353	
431-433	3	Legal Plan Coverage Code	EDB0354	
434-439	6 (yymmdd)	Legal Plan Coverage Effective Date	EDB0355	
440-442	3	Federal Tax Withholding Allowances	EDB0128	
443-445	3	State Tax Personal Withholding Allowances	EDB0131	
446-448	3	State Tax Itemized Deduction Withholding Allowances	EDB0132	
449	1	Executive Life Insurance Indicator	EDB0356	
450-452	3	Executive Life Insurance Salary Base	EDB0357	
453	1	Benefits Eligibility Level Indicator	EDB0360	
454	1	Benefits Eligibility Level Indicator Derived	EDB0375	
455-458	4 (yymm)	Benefits Eligibility Level Indicator Conflict Date	EDB0376	
459	1	Medical Insurance Opt Out Code	EDB0377	
460	1	Dental Insurance Opt Out Code	EDB0378	
461	1	Vision Insurance Opt Out Code	EDB0379	
462-465	4	Average Hours Worked Per Week	EDB5132	
466-471	6 (yymmdd)	Dependent Life Coverage Effective Date	EDB0188	

Corporate Personnel System (CPS) PPP711

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
472-480	9	Total Gross YTD	EDB5501	
481-489	9	Federal Withholding Tax Gross YTD	EDB5502	
490-498	9	DepCare Year-To-Date Deduction	EDB6335	
499-507	9	Hours Toward Career Status Eligibility – Total	EDB0426	
508-516	9	Hours Toward Benefits Eligibility – Total	EDB5142	
517-522	6	Last Day On Pay Status	EDB0189	
523-531	9	SPP-Total Interest-Sr Mgt	EDB0409	
532-540	9	SPP-Total Contribution- Interest Posted-Sr Mgt	EDB0402	
541-546	6 (yymmdd)	SPP-Changed Date-Sr Mgt	EDB0411	
547-555	9 (1 st -6 th Month)	SPP-X Month Contribution- No Interest-Sr Mgt Where X = 1 st , 2 nd , 3 rd , 4 th , 5 th or 6 th	EDB0403 – EDB0408	
556-564	9	SPP Current Month Contribution		
565-573	9	SPP-Total Interest-HS	EDB0439	
574-582	9	SPP-Total Contribution- Interest Posted-HS	EDB0432	
583-588	6 (yymmdd)	SPP-Changed Date-HS	EDB0441	
589-597	9 (1 st – 6 th Month)	SPP-X Month Contribution- No Interest-HS Where X = 1 st , 2 nd , 3 rd , 4 th , 5 th or 6 th	EDB0433 – EDB0438	
598-606	9	HSPP Current Month Contribution		
607	1	Supplemental Disability Indicator		
608-610	2	Supplemental Disability Waiting Period	EDB0231	
611-615	5	Supplemental Disability Salary Base	EDB0232	
616-621	6 (yymmdd)	Supplemental Disability Coverage Effective Date	EDB0233	
622-625	4	Primary Title Code	EDB0460	
626-631	6	START Begin Date	EDB0496	
632-637	6	START End Date	EDB0497	
638-643	6 (yymmdd)	Short Term Disability Coverage Effective Date	EDB0453	
644-652	9	Federal Withholding Tax Gross – FYTD	EDB5545	
653-658	6	Home Department Code	EDB0114	
658-688	30	Home Department Name	EDB0114	From the Home Department Table
689-690	2	Country of Residency Code	EDB0143	

Corporate Personnel System (CPS) PPP711

Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
691-720	30	Country of Residency	EDB0143	From the Foreign Country Table
721-721	1	Health Care Reimbursement Account Indicator		
722-726	5	HCRA Annual Amount	EDB6338U	
727-732	6 (yymmdd)	HCRA Termination Date	EDB0314	
733-741	9 9(07)V99	HCRA Year-To-Date deductions	EDB6338Y	
742-746	5	DepCare Annual Amount	EDB6335U	
747-752	6 (yymmdd)	DepCare Termination Date		New Data Element
753-760	8	Filler		

4.9 Attachment I – 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.
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. Record as "XX" for foreign addresses.
Zip Code	171-179	9	Yes	Numeric	Left justify and space fill. – Zero-filled for Foreign addresses.

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
From Date	180-187	8	Yes	Alphanumeric	Beginning effective date for this plan year/pay period. Format CCYYMMDD. Zero Filled if not used. CCYY0101
To Date	188-195	8	Yes	Alphanumeric	Ending effective date for this plan year/pay period. Format CCYYMMDD. Zero Filled if not used. CCYY1231
Filler	196-227	32	No	Alphanumeric	Spaces
Comments					

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 CCYYMMDD . Zero fill if not used..
EE-HCRA Termination Date	236-243	8	Yes	Numeric	Employee termination date for Health Care Reimbursement Account. Format CCYYMMDD . 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 CCYYMMDD . Zero fill if not used.
EE-DCRA Termination Date	252-259	8	Yes	Numeric	Employee termination date for Dependent Care Reimbursement Account. Format CCYYMMDD . 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 CCYYMMDD . Required for employee's access to SHPS Online Services.
Employer HCRA Amount	268-275	8	No	Numeric	Zero fill. Not used at UC.
Employee HCRA Amount	276-283	8	No	Numeric	Health Care Reimbursement Account <u>Employee deposit</u> amount for this period. Format S9(6)V99 . Zero fill if not used.
Employer DCRA Amount	284-291	8	No	Numeric	Zero fill. Not used at UC.
Employee DCRA Amount	292-299	8	No	Numeric	Dependent Care Reimbursement Account <u>Employee deposit</u> amount for this period. Format S9(6)V99 . Zero fill if not used.
Employee HCRA Annual	300-307	8	Yes	Numeric	Health Care Reimbursement Format S9(6)V99 Zero fill if not used.
Employee	308-315	8	Yes	Numeric	Dependent Care Reimbursement

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
DCRA Annual					Format S9(6)V99 . Zero fill if not used.
Pay Frequency	316-316	1	No	Alphanumeric	B = Bi weekly, M= Monthly, W= Weekly, S= Semi monthly
Street 3	317-351	35	No	Alphanumeric	Space fill. Not used at UC.
Survivor SSN	352-360	9	No	Numeric	Space fill. Not used at UC.
Comments					
EFT Account Type	361	1	Yes	Alphanumeric	Space fill.
EFT Termination Date	362-369	8	Yes	Numeric	Zero fill. Not used at UC.
EFT Transit Number	370-378	9	Yes	Numeric	Zero fill. Not used at UC.
EFT Account Number	379-395	17	Yes	5.0 Alphanumeric	Space fill. Not used at UC.
Filler	396-400	5	No	Alphanumeric	Space Fill
Internet Address	401-500	100	No	Alphanumeric	Space fill. Not used at UC.
Comments					
Filler	501-532	32	No	Alphanumeric	Spaces
EE - Parking Effective Date	533-540	8	Yes	Numeric	Zero fill. Not used at UC..
EE-Parking Termination Date	541-548	8	Yes	Numeric	Zero fill. Not used at UC.
EE-Transportation Effective Date	549-556	8	Yes	Numeric	Zero fill. Not used at UC.
EE-Transportation Termination Date	557-564	8	Yes	Numeric	Zero fill. Not used at UC.
Employer Parking Amount	565-572	8	No	Numeric	Zero fill. Not used at UC..
Employee Parking Amount	573-580	8	Yes	Numeric	Zero fill. Not used at UC.
Employer Transportation	581-588	8	No	Numeric	Zero fill. Not used at UC.

FIELD NAME	POS.	LEN.	REQ.	FORMAT	DESCRIPTION
n Amount					
Employee Transportation Amount	589-596	8	Yes	Numeric	Zero fill. Not used at UC.
Annual Parking Plan Maximum	597-604	8	Yes	Numeric	Zero fill. Not used at UC.
Annual Transportation Plan Maximum	605-612	8	Yes	Numeric	Zero fill. Not used at UC.
Filler	613-800	188	No	Alphanumeric	Spaces
Comments					