

**CONEXIS Semi-monthly File Record Layout (PPP467)
As of release 1885 – 10/27/09**

FSA Data Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 20	20	EMPLOYER_EIN		Value: 94-3067788 Required for all action codes
21-22	2	ACTION_CODE		Value: 60 for enrollment transactions; 61 for FSA Payroll Deduction Processing; 67 for FSA Coverage Termination; 69 for Participant Level Copay
23-42	20	LAST_NAME	EDB0252	Required if action code = 60, otherwise filler
43-62	20	FIRST_NAME	EDB0250	Required if action code = 60, otherwise filler
63	1	MIDDLE_INITIAL	EDB0251	Optional if action code = 60, otherwise filler
64-74	11 999999999	EMPLOYEE_SSN	EDB0111	EDB item is only 9 characters. Required for all action codes.
75-85	11	Filler		Leave blank
86-105	20	EMPLOYEE_NUMBER		Employee number for action code 60, otherwise filler
106-155	50	DIVISION		Required if action code = 60 or 61, otherwise filler. If location indicator = A then value = DANR. If location indicator = P then value = UCOP. Otherwise, use 2-character location code concatenated with 1-character department location indicator. If the Department location indicator is "M" this value should be appended to the location code. Otherwise, the value of "C" should be used for the Department location indicator. See table Attachment C for values and definitions.
156-180	25	EMPLOYEE_CLASS		Required if action code = 60, otherwise filler Populate with 2-character Employee Benefit Eligibility Unit Code (EDB 0445) concatenated with 1-character Employee Benefit Representation Code (EDB 0446), for example "TXC".
181	1	RELATIONSHIP		Required if action code = 60, otherwise filler. Value: E

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182	1	GENDER	EDB0108	Required if action code = 60, otherwise filler.
183-192	10 MM/DD/YYYY	HIRE_DATE	EDB0113	Required if action code = 60, otherwise filler. Populate with most recent hire date
193-202	10 MM/DD/YYYY	BIRTH_DATE	EDB0107	Required if action code = 60, otherwise filler.
203-252	50	ADDRESS_1	EDB0204	Required if action code = 60, otherwise filler.
253-302	50	ADDRESS_2	EDB0205	Optional if action code = 60, otherwise filler.
303-322	20	CITY	EDB0206	Required if action code = 60, otherwise filler. UC item is 21 characters; there will be a truncation.
323-324	2	STATE	EDB0207	Required if action code = 60, otherwise filler.
325-334	10 99999 or 99999-9999	ZIP		Required if action code = 60, otherwise filler. EDB0208 for domestic addresses. EDB1119 (foreign postal code) for foreign addresses.
335-344	10	COUNTRY	EDB1118	Optional if action code = 60, otherwise filler. Mailing Country (if not USA). EDB item is 2 char foreign country code.
345	1	Filler		Leave blank
346	1	COBRA_ELIGIBLE		Required if action code = 60, otherwise filler. If participant is enrolled in Health FSA or both Health FSA and DepCare FSA, then "Y" else "N" Y = Yes N = No C = Use Loaded Coverage to determine
347-532	186	Filler		Leave blank
533-542	10	QUALIFYING_EVENT_DATE		Required for action code 67 records. If this is a Health FSA termination, populate with the Plan_Cov_End1. If this is a DepCare FSA termination, populate with the Plan_Cov_End2.

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543-687	145	Filler		Leave blank
688-737	50	PLAN_NAME1		This is used for a different purpose depending on the record type. Required for all action codes. For action code 60, 61, or 67, concatenate Plan year with Health FSA plan name, (e.g., 2009HealthFSA) if the employee is enrolled in the Health FSA. For action code 69, populate with the medical plan code (EDB0292) if the employee is enrolled in one of the UC medical plans.
738-739	2	PLAN_COV_CODE1		Required for action codes 60, 61, and 67 if the employee is enrolled in the Health FSA, otherwise filler. Value: 98 (Individually rated)
740-749	10 MM/DD/YYYY	PLAN_COV_START1	EDB7226E	Required for action code "60" and "67," otherwise filler. Use EDB7226E for Health FSA if the employee is enrolled in the Health FSA. Note: need to send as the first day of the next month, as is currently being done for SHPS.
750-759	10 MM/DD/YYYY	PLAN_COV_END1	EDB0314	Required for action code "60" and "67," otherwise filler. Populate if the employee is enrolled in the Health FSA. If blank, fill with the last day of the plan year. Otherwise use EDB0314.
760	1	SIGN		Value = '-' if Plan_Rate1 is a negative number, otherwise blank.
761-769	9 ZZZZZZ.99	PLAN_RATE1	EDB6226U	This is used for a different purpose depending on the record type. Required for action codes 60, 61, otherwise filler. Include the decimal point, suppress leading zeros. Action code 60: Populate with the

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				annual amount (EDB6226U) if the employee is enrolled in the Health FSA. Action code 61: Populate with the payroll deduction taken if the employee is enrolled in the Health FSA (GTN 226).
770-807	38	Filler		Leave blank
808-857	50	PLAN_NAME2		This is used for a different purpose depending on the record type. Required for all action codes. For action code 60, 61, or 67, Concatenate plan year with DepCare FSA plan name, (e.g., 2009DepCareFSA) if the employee is enrolled in the DepCare FSA. For action code 69, populate with the dental plan code (EDB0272), e.g., D1, D3.
858-859	2	PLAN_COV_CODE2		Required for action codes 60, 61, and 67 if the employee is enrolled in DepCare FSA, otherwise filler. Value: 98 (Individually rated)
860-869	10 MM/DD/YYYY	PLAN_COV_START2	EDB7227E	Use EDB7227E for action code "60" and "67" if the employee is enrolled in DepCare FSA, otherwise filler. Note: need to send as the first day of the next month, as is currently being done for SHPS.
870-879	10 MM/DD/YYYY	PLAN_COV_END2	EDB0315	Required for action code "60" and "67" if the employee is enrolled in DepCare FSA, otherwise filler. If blank, fill with the last day of the plan year. Otherwise use EDB0315.
880	1	SIGN		Value = '-' if Plan_Rate2 is a negative number, otherwise blank.
881-889	9 ZZZZZZ.99	PLAN_RATE2	EDB6227U	This is used for a different purpose depending on the record type. Required for action codes "60" and "61," otherwise filler.

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				<p>Include the decimal point, suppress leading zeros.</p> <p>Populate this field if the employee is enrolled in DepCare FSA.</p> <p>Action code 60: populate with the annual amount (EDB6227U).</p> <p>Action code 61: populate with the payroll deduction taken for the DepCare FSA (GTN 227).</p>
890-927	38	Filler		Leave blank
928-977	50	PLAN_NAME3	EDB0347	For action code 69, populate with the vision plan code if the employee is enrolled in a vision plan, otherwise filler.
978-1307	330	Filler		Leave blank
1308-1317	10 MM/DD/YYYY	PAY_RUN_DATE		<p>Required for action code 61; otherwise filler.</p> <p>If this file contains payroll deductions for an FSA plan, the pay run date that corresponds to those deductions.</p> <p>Populate with the date the file was created.</p>
1318-1342	25	PAY_SCHEDULE		<p>Required for action codes 60, 61, and 67; otherwise filler.</p> <p>D=Daily W=Weekly B=Bi-weekly S=Semi-Monthly M=Monthly</p> <p>Value = "D"</p>
1343-1472	130	Filler		Leave blank