Guardians Proprietary Electronic Enrollment and Maintenance User Guide

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The Guardian Life Insurance Company of America is pleased to provide you with this User Guide; however it is a work in progress and may change from time to time. Therefore, Guardian reserves the right to change this document at any time without notice. The most current version of the document will be posted to the Guardian web site as updates are made.

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Section 1: Introduction to Electronic Data Interchange (EDI) – Proprietary File Enrollment and Maintenance

Overview

This User Guide will assist you with your implementation of the electronic transfer of enrollment and maintenance eligibility using Guardian's standard proprietary file format.

This format covers the transmission of eligibility data for group life, voluntary life, medical, dental, vision, prescription drug, critical illness, and disability coverages.

If you prefer not to use this file format, other electronic methods we offer are HIPAA834, Guardian Anytime, and excel spreadsheet.
At this time, there is no cost to participate in submitting enrollment/eligibility via one of our EDI processes.

To ensure privacy and security, you also need to be able to send files via Secure File Transfer Protocol (SFTP) or FTP with Guardian PGP encryption.

What is in this Guide?

This Electronic Enrollment and Maintenance guide outlines the criteria for establishing an electronic enrollment relationship with Guardian Life Insurance Company via our proprietary file format, including:

- File Types (i.e. Full vs. Change files)
- File Specifications

Questions

We want you to feel at ease using Electronic Enrollment submissions. If you have questions, please call Guardian's Group Client Administration department at 800-433-5982 and immediately enter "1" then extension 7311 Monday through Friday between 8 a.m. and 5:00 p.m. EST to be connected with an EDI Team representative.

Shared Expectations

Telephone inquires between our businesses should generally be acknowledged within one business day.

Guardian has the right to suspend submission of EDI files based on your inability to comply with the accepted format, processes, expectations and requirements/guidelines.

To help ensure a smooth EDI submission process, Guardian will:

- Process your file within one to two business days of the date received or we will notify you of our inability to use the file as submitted.
  Note: some of our EDI transactions/changes are uploaded into our system real-time however some need manual intervention prior to updating our system.

- Within one business day, identify and communicate errors that need to be resolved by the client.

In return, we ask clients to:

- Submit files accurately and according to the agreed-upon submission schedule.
- Correct actionable errors within two business days from the date the errors are communicated.
- Submit any file specification changes to Guardian for approval before implementing the changes, as it may result in Guardian not being able to code changes appropriately.

Required Paper Submissions

The following eligibility events require paper form submissions:

- GUL (Group Universal Life) enrollments/changes
- State-specific Disability (DBL) enrollments/changes
- Medical/Prescription drug for NJ dependents over the child/student age limit covered until the age of 30
- Virginia Continued Health Benefits for Students
- Pennsylvania-Coverage for Military under Parent's policy
- EOI – Evidence of Insurability
- Domestic Partner documentation
- Conditional Underwriting documentation
- Certification of Prior Coverage
- Loss of Group Coverage
- Student Status, unless otherwise arranged with the client
- US Homeland Security Form I-9, Employment Verification Form
- Dependent Eligibility Form for Connecticut.
- Dependent Eligibility Form for Massachusetts
- State ARRA Election Form
- DD214 Certificate of Release or Discharge from Active Duty
- New York Dependent Eligibility Certification Form
- Ohio Dependent Eligibility Certification Form
- Pennsylvania Dependent Eligibility Certification Form

File Types

Guardian accepts the following two types of files:

- Full files (preferred type) must contain one record for each subscriber and any associated dependents.
- Change files contain records for a specific add, change, termination. A change file may also be needed if all coverage elections are going to be submitted electronically.

For each new file you send to Guardian, a compare process is run against our enrollment system to determine the specific add, change, or termination transactions included in the file.

Preference is given to full file transmissions because they provide an inherent audit benefit, allowing all systems to remain synchronous.

Requirements/Guidelines

The requirements for electronic enrollment/eligibility transactions are as follows:

- Generate the required data elements that include effective and termination dates coinciding with each transaction.
- Provide employees' and eligible dependents' data
  - In order for dependents' to have coverage, they need to be reflected on the electronic file transmission)
- Send the files to Guardian on a mutually agreed upon schedule
- Send the files to Guardian utilizing one of the below methods:
  - SFTP (Secure File Transfer Protocol)
  - FTP with Guardian PGP encryption

  An FTP questionnaire is available via the URL link below. This questionnaire needs to be completed and submitted back to Guardian in order to send your production files.
  http://www.guardianlife.com
  Click on the Electronic Enrollment Link and then the FTP Questionnaire link.

Linking a dependent to an employee:

Employees and dependents are sent as separate occurrences. In order to capture dependent enrollment/eligibility accurately, the dependent(s) record needs to follow directly after the employee record for which they belong to.

Employment termination:

If a date is present in the employment termination date on the employees record, all coverage's for that employee and for all dependents linked to that employee will be terminated effective on that date.

Note: if the plan has a termination policy that carries the coverage through the end of the month in which their employment ended (1st of the month termination rule), a date needs to be present in each of the applicable coverage end date fields representing the last day of the month in which their employment terminated.

Coverage Termination:

If a date is passed in a coverage end date field, then the coverage for that specific insurance product for that member and/or dependent will be terminated effective on that date. Coverage for other insurance products for that member and/or dependent will not be affected.

Note: Once a termination (employment and/or coverage) is transmitted on a file, the change can be dropped from future files.

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Group Header Record	**A**	**1**	1	1	Record Identifier	H=Header	R
Group Name	**AN**	**60**	2	61	Name of the Group/Employer		R
Guardian Group Number	**N**	**8**	62	69	Group Number		R
Sender Tax ID	**N**	**15**	70	84	Sender Identification number		R
File Date	**N**	**10**	85	94	File create date	CCYYMMDD format	S
Time of File	**N**	**8**	95	102	Time file was created	HHMM format	S
Usage Indicator	**A**	**1**	103	103	Code indicating interchange is Test or Production	**P** = Production **T** = Test	**R**
File Type	**A**	**1**	104	104	Code indicating type of action	**F=**Full file **C=**Change File	**R**
Filler		**1896**	105	**2000**			

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Group Detail Record	**A**	**1**	1	1	Record Identifier	**D =** Detail	
Employee/Dependent Identifier	**A**	**1**	2	2	Employee/Dependent identifier	**E =** Employee **D =** Dependent	**R**
Employee SSN	**N**	**11**	3	13	Social Security Number of the Employee	**Employee SSN**	**R**
Guardian Group Number	**N**	**8**	14	21	Group Number		**S**
Employment Status	**A**	**2**	22	23	Code indicating employee's employment status	**FT=**Fulltime **RT=**Retired	**S**
Status of coverage	**A**	**1**	24	24	Type of coverage under which benefits are paid	**A=**Active **C=**COBRA	**S**
Reason Code	**A**	**2**	25	26	Code identifying the reason for the change	**BR=**Birth **AD=**Adoption **MR=**Marriage **DE=**Death **RT=**Retirement **TE=**Termination of Employment **LA=**Leave of Absense **LO=**Layoff **DI =** Divorce	**S**
Class Code	**N**	**4**	27	30	Code identifying a group of employees		**R**
Class Effective Date	**N**	**10**	31	40	Date employee became effective in the specified class code	**CCYYMMDD format**	**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	**R=**Required **S =** Situational **RS** = if coverage is elected, data is required
			From	Thru			
Division Code	**N**	**4**	41	44	Code identifying branch/affiliated company employee is employed for		**R**
Division Effective Date	**N**	**10**	45	54	Date employee became effective in the specified division code	**CCYYMMDD format**	**S**
Department Code	**AN**	**8**	55	62	Code identifying a break down of employees on the plan by planholder defined categories		**S**
Full time date of hire	**N**	**10**	63	72	Date of full time employment	**CCYYMMDD format**	**R**
Retirement Date	**N**	**10**	73	82	Date employee retires	**CCYYMMDD format**	**S**
Employment Term Date	**N**	**10**	83	92	Employees Last Day Worked	**CCYYMMDD format**	**S**
COBRA Indicator	**A**	**1**	93	93	Cobra identification	**Y=**COBRA	**S**
Last Name	**A**	**30**	94	123	Employee or Dependent Last Name		**R**
First Name	**A**	**30**	124	153	Employee or Dependent First Name		**R**
Middle Initial	**A**	**1**	154	154	Employee or Dependent Middle Initial		**S**
Home Phone Number	**N**	**12**	155	166	Telephone number of the employee or dependent		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Email Address	**AN**	**50**	167	216	Email address of the employee or dependent		**S**
Address1	**AN**	**30**	217	246	Mailing address of the employee or dependent		**R**
Address2	**AN**	**30**	247	276	Additional mailing address of the employee or dependent if necessary		**S**
City	**A**	**30**	277	306	City Name		**R**
State	**A**	**2**	307	308	State Code		**R**
Zip	**AN**	**9**	309	317	Postal Code		**R**
Country Code	**A**	**3**	318	320	Code identifying country		**S**
Date of Birth	**N**	**10**	321	330	The date of birth of the employee or dependent	**CCYYMMDD format**	**R**
Gender	**A**	**1**	331	331	A code designating the employee or dependents gender	**M=**Male **F=**Female	**R**
Relationship Code	**A**	**2**	332	333	A code designating the employee or dependents relationship	**SP=**Spouse **CH=**Child **AC=**Adopted Child **FC=**Foster Child **DP=**Domestic Partner **CA=**Court Appointed Guardian **SC=**Stepson or Stepdaughter **EX =** Ex-spouse **SE =** Self	**R**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Marital Status	**A**	**1**	334	334	The marital status of the employee or dependent	**M=**Married **S=**Single **U=**Unreported **W =** Widowed **D =** Divorced	**S**
Dependent SSN	**N**	**11**	335	345	Social Security Number of the dependent		**S**
Student Status	**A**	**1**	346	346	A code indicating the dependent is pursuing an academic or vocational course of training in a college setting	**F=**Full Time Student **N=**Not a Student	**S**
Handicap Status	**A**	**1**	347	347	A code indicating the dependent is handicapped/disabled	**H=**Handicapped	**S**
Salary	**N**	**17**	348	364	Employees wage		**S**
Salary Mode/Frequency	**A**	**2**	365	366	Code indicating frequency or type of payment	**H=**Hourly **W=**Weekly **BI=**BiWeekly **SM=**Semimonthly **M=**Monthly **A=**Annual	**S**
Salary Effective Date	**N**	**10**	367	376	Date specified Salary became effective	**CCYYMMDD format**	**S**
Hours Worked	**N**	**4**	377	380	Hours worked per week		**S**
Smoker Code	**A**	**1**	381	381	Code indicating a specific health situation	**T=**Tobacco Use **N=**None	**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Medical Coverage Election	**A**	**10**	382	391	Indicates whether the employee or dependent is enrolled	**MM**	**S**
Medical Coverage Description	**AN**	**8**	392	399	Description that describes the coverage being elected		**S**
Medical Coverage Level	**A**	**3**	400	402	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Medical Coverage Effective Date	**N**	**10**	403	412	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Medical Coverage End Date	**N**	**10**	413	422	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Dental Coverage Election	**A**	**10**	423	432	Indicates whether the employee or dependent is enrolled	**DEN**	**S**
Dental Coverage Description	**AN**	**8**	433	440	Description that describes the coverage being elected		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Dental Coverage Level	**A**	**3**	441	443	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Dental Coverage Effective Date	**N**	**10**	444	453	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Dental Coverage End Date	**N**	**10**	454	463	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Primary Care Dentist election	**AN**	**12**	464	**475**	Code identifying the Primary Care Dentist the employee or dependent has elected		**S**
Prescription Drug Coverage Election	**A**	**10**	**476**	**485**	Indicates whether the employee or dependent is enrolled	**RX**	**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Prescription Drug Coverage Description	**AN**	**8**	**486**	**493**	Description that describes the coverage being elected		**S**
Prescription Drug Coverage Level	**A**	**3**	**494**	**496**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Prescription Drug Coverage Effective Date	**N**	**10**	**497**	**506**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Prescription Drug Coverage End Date	**N**	**10**	**507**	**516**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Vision Coverage Election	**A**	**10**	**517**	**526**	Indicates whether the employee or dependent is enrolled	**VIS**	**S**
Vision Coverage Description	**AN**	**8**	**527**	**534**	Description that describes the coverage being elected		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Vision Coverage Level	**A**	**3**	**535**	**537**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Vision Coverage Effective Date	**N**	**10**	**538**	**547**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Vision Coverage End Date	**N**	**10**	**548**	**557**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
LTD Coverage Election	**A**	**10**	**558**	**567**	Indicates whether the employee or dependent is enrolled	**LTD**	**S**
LTD Coverage Description	**AN**	**8**	**568**	**575**	Description that describes the coverage being elected		**S**
LTD Volume Election	**N**	**15**	**576**	**590**	Amount of coverage being elected when coverage is not salary based		**S**
LTD Coverage Level	**A**	**3**	**591**	**593**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only	**RS**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
LTD Coverage Effective Date	N	10	594	603	Date on which the employee or dependents coverage begins	CCYYMMDD format	RS
LTD Coverage End Date	N	10	604	613	Date on which the employee or dependents coverage ends	CCYYMMDD format	S
STD Coverage Election	A	10	614	623	Indicates whether the employee or dependent is enrolled	STD	S
STD Coverage Description	AN	8	624	631	Description that describes the coverage being elected		S
STD Volume Election	N	15	632	646	Amount of coverage being elected when coverage is not salary based		S
STD Coverage Level	A	3	647	649	Code indicating the level of coverage being requested for the employee/dependent	EMP=Employee Only	RS
STD Coverage Effective Date	N	10	650	659	Date on which the employee or dependents coverage begins	CCYYMMDD format	RS
STD Coverage End Date	N	10	660	669	Date on which the employee or dependents coverage ends	CCYYMMDD format	S

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Basic Life Coverage Election	**A**	**10**	670	679	Indicates whether the employee or dependent is enrolled	**LIFE**	**S**
Basic Life Coverage Description	**AN**	**8**	680	687	Description that describes the coverage being elected		**S**
Basic Life Volume Election	**N**	**15**	688	702	Amount of coverage being elected when coverage is not salary based		**S**
Basic Life Coverage Level	**A**	**3**	703	705	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only	**RS**
Basic Life Coverage Effective Date	**N**	**10**	706	715	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Basic Life Coverage End Date	**N**	**10**	716	725	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Basic AD&D Coverage Election	**A**	**10**	726	735	Indicates whether the employee or dependent is enrolled	**ADD**	**S**
Basic AD&D Coverage Description	**AN**	**8**	736	743	Description that describes the coverage being elected		**S**
Basic AD&D Volume Election	**N**	**15**	744	758	Amount of coverage being elected when coverage is not salary based		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Basic AD&D Coverage Level	**A**	**3**	**759**	**761**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only	**RS**
Basic AD&D Coverage Effective Date	**N**	**10**	**762**	**771**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Basic AD&D Coverage End Date	**N**	**10**	**772**	**781**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Dependent Life Coverage Election	**A**	**10**	**782**	**791**	Indicates whether the employee or dependent is enrolled	**DEPLIF**	**S**
Dependent Life Coverage Description	**AN**	**8**	**792**	**799**	Description that describes the coverage being elected		**S**
Dependent Life Volume Election	**N**	**15**	**800**	**814**	Amount of coverage being elected when coverage is not salary based		**S**
Dependent Life Coverage Level	**A**	**3**	**815**	**817**	Code indicating the level of coverage being requested for the dependent	**SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Dependent Life Coverage Effective Date	**N**	**10**	**818**	**827**	Date on which the dependents coverage begins	**CCYYMMDD format**	**RS**
Dependent Life Coverage End Date	**N**	**10**	**828**	**837**	Date on which the dependents coverage ends	**CCYYMMDD format**	**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Voluntary Life Coverage Election	**A**	**10**	**838**	**847**	Indicates whether the employee or dependent is enrolled	**VOLLIF**	**S**
Voluntary Life Coverage Description	**AN**	**8**	**848**	**855**	Description that describes the coverage being elected		**S**
Voluntary Life Volume Election	**N**	**15**	**856**	**870**	Amount of coverage being elected		**RS**
Voluntary Life Coverage Level	**A**	**3**	**871**	**873**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Voluntary Life Coverage Effective Date	**N**	**10**	**874**	**883**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Voluntary Life Coverage End Date	**N**	**10**	**884**	**893**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Voluntary AD&D Coverage Election	**A**	**10**	**894**	**903**	Indicates whether the employee or dependent is enrolled	**VOLADD**	**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Voluntary AD&D Coverage Description	**AN**	**8**	**904**	**911**	Description that describes the coverage being elected		**S**
Voluntary AD&D Volume Election	**N**	**15**	**912**	**926**	Amount of coverage being elected		**RS**
Voluntary AD&D Coverage Level	**A**	**3**	**927**	**929**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Voluntary AD&D Coverage Effective Date	**N**	**10**	**930**	**939**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Voluntary AD&D Coverage End Date	**N**	**10**	**940**	**949**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Voluntary LTD Coverage Election	**A**	**10**	**950**	**959**	Indicates whether the employee or dependent is enrolled	**VOLLTD**	**S**
Voluntary LTD Coverage Description	**AN**	**8**	**960**	**967**	Description that describes the coverage being elected		**S**
Voluntary LTD Volume Election	**N**	**15**	**968**	**982**	Amount of coverage being elected		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Voluntary LTD Coverage Level	**A**	**3**	**983**	**985**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only	**RS**
Voluntary LTD Coverage Effective Date	**N**	**10**	**986**	**995**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Voluntary LTD Coverage End Date	**N**	**10**	**996**	**1005**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Critical Illness/Specified Disease Coverage Election	**A**	**10**	**1006**	**1015**	Indicates whether the employee or dependent is enrolled	**CRITIL**	**S**
Critical Illness/Specified Disease Coverage Description	**AN**	**8**	**1016**	**1023**	Description that describes the coverage being elected		**S**
Critical Illness/Specified Disease Volume Election	**N**	**15**	**1024**	**1038**	Amount of coverage being elected when coverage is not salary based		**RS**
Critical Illness/Specified Disease Coverage Level	**A**	**3**	**1039**	**1041**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Critical Illness/Specified Disease Coverage Effective Date	**N**	**10**	**1042**	**1051**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Critical Illness/Specified Disease Coverage End Date	**N**	**10**	**1052**	**1061**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Voluntary Critical Illness/Specified Disease Coverage Election	**A**	**10**	**1062**	**1071**	Indicates whether the employee or dependent is enrolled	**VOLCRIT**	**S**
Voluntary Critical Illness/Specified Disease Coverage Description	**AN**	**8**	**1072**	**1079**	Description that describes the coverage being elected		**S**
Voluntary Critical Illness/Specified Disease Volume Election	**N**	**15**	**1080**	**1094**	Amount of coverage being elected when coverage is not salary based		**RS**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Voluntary Critical Illness/Specified Disease Coverage Level	**A**	**3**	**1095**	**1097**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Voluntary Critical Illness/Specified Disease Coverage Effective Date	**N**	**10**	**1098**	**1107**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Voluntary Critical Illness/Specified Disease Coverage End Date	**N**	**10**	**1108**	**1117**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Accident Coverage Election	**A**	**10**	**1118**	**1127**	Indicates whether the employee or dependent is enrolled	**ACC**	**S**
Accident Coverage Description	**AN**	**8**	**1128**	**1135**	Description that describes the coverage being elected		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Accident Coverage Level	**A**	**3**	**1136**	**1138**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=**Employee Only **ESP=**Employee + Spouse **ECH=**Employee + Child **FAM=**Family **SPO=**Spouse Only **CHD=**Child Only **SPC =** Spouse + Child	**RS**
Accident Coverage Effective Date	**N**	**10**	**1139**	**1148**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Accident Coverage End Date	**N**	**10**	**1149**	**1158**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Cancer Coverage Election	**A**	**10**	**1159**	**1168**	Indicates whether the employee or dependent is enrolled	**CAN**	**S**
Cancer Coverage Description	**AN**	**8**	**1169**	**1176**	Description that describes the coverage being elected		**S**

Field Name	Type A = Alpha only N = Numeric only AN = Alpha/Numeric	Length	Position		Description	Value	R=Required S = Situational RS = if coverage is elected, data is required
			From	Thru			
Cancer Coverage Level	**A**	**3**	**1177**	**1179**	Code indicating the level of coverage being requested for the employee/dependent	**EMP=Employee Only ESP=Employee + Spouse ECH=Employee + Child FAM=Family SPO=Spouse Only CHD=Child Only SPC = Spouse + Child**	**RS**
Cancer Coverage Effective Date	**N**	**10**	**1180**	**1189**	Date on which the employee or dependents coverage begins	**CCYYMMDD format**	**RS**
Cancer Coverage End Date	**N**	**10**	**1190**	**1199**	Date on which the employee or dependents coverage ends	**CCYYMMDD format**	**S**
Filler		**801**	**1200**	**2000**			
Trailer Record	**A**	**1**	1	1	Record Identifier	**T=Trailer**	**R**
Record Count	**N**	**10**	2	11	Total of all records		
Filler		**1989**	12	**2000**			

Section 3: Example File

To assist with creating an electronic eligibility/enrollment feed utilizing our proprietary format, attached are a few example files

Dental EXAMPLE FILE

Multibenefit example file