



Best Practices for 403(b) Plans Information Sharing -- Minimum and Comprehensive Data Elements¹ May 7, 2008 (Version 1)

Introduction

Final Regulations under Section 403(b) of the Internal Revenue Code that were published in the Federal Register on July 26, 2007 (72 FR 41128) include comprehensive requirements for 403(b) plans. The regulations, which generally become effective for tax years beginning after December 31, 2008, include a special rule requiring information sharing between employers and vendors in order for certain contracts issued in exchange transactions to be treated as part of the plan. The final regulations also require that certain 403(b) plan transaction activity (e.g. participant loan and hardship transactions) be coordinated among plan vendors.

This document sets forth certain best practices with respect to the data elements for information sharing between 403(b) plan employers or employer representatives and vendors. The document also identifies a basic file convention layout. The document does not define best practices for: (1) the methods and frequency of data transmission, or (2) information sharing with respect to specific plan transactions or events (e.g., loans).

The best practices were developed for purposes of facilitating compliance with the final regulations by identifying the specific data elements necessary to coordinate plan administration. Additionally, the best practices are offered with a view to facilitating uniform expectations among 403(b) vendors and employers who will be engaged in data sharing and to facilitate efficient information technology design and development. The best practices represent the views of The SPARK Institute only and are not intended as the sole or exclusive means of effecting 403(b) data sharing.

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¹ These data sharing best practices identify both (a) the minimum data sharing elements required to support a plan that has adopted the model language published in Rev. Proc. 2007-71, and (b) the additional data sharing elements that an employer and vendor may agree to share to support plan features in addition to those addressed by the model language (e.g., employer contributions or Roth features).

PART I

File Layout Convention for Data Sharing Between Vendors and Employers or Employer Representatives (Aggregators)

- The extract file should be an ASCII file that is pipe “|” delimited, with no spaces between the data element and pipe at either end.
- The file will be variable length.
- In order to maintain file layout consistency, all fields, including null fields, must be provided. Note that multiple loans would be reported as recurring loan components [one set for each loan] with a single account record, rather than repeating records for the same account.
- File name: *VendorName/Employer Name/Aggregator_YYMMDD_HHMMSS.TXT*
Identifying the data source (Vendor, Employer or Aggregator) and creation date of the data. A Vendor is the Investment Provider, a.k.a.”IP”. An “Aggregator” is a firm (e.g. TPA) responsible for Vendor recordkeeping/administration and/or the consolidated platform for administering a Retirement Plan(s) on behalf of an Employer(s). Some Vendors may also provide Aggregator services. A date/time stamp is important in case replacement files are created. Example: VendorABC_081001_110503.TXT.
- All numeric fields should have an explicit decimal point. All amounts on the Part II – the Vendor detail file (basic Account, Hardships, Loans, and Non-Emergency Withdrawals) represent the latest available data and therefore are positive amounts; no sign is necessary.
- All date fields should be formatted as YYYYMMDD.
- Null fields should contain no values/spaces between delimiters.

Each Vendor and Employer Data File should contain a file header with the following information and layout:

Field	Max Length	Data Type	Example	Comments
Header	6	Text	HEADER	Constant value: HEADER.
Data Source	30	Text	For Vendor: Vendor_ABC For Employer: ER_XYZ School District For Aggregator: Aggregator_NNNTPA	Identifies the data source as the Vendor (Investment Provider), Employer or Aggregator.
File Creation Date/Time	15	Text	20081001-110503	Format: YYYYMMDD-HHMMSS (time is in Military format 120000 for noon, 190000 for 7:00pm).
Contact	40	Text	Free-form J.Smith1-222-333-4444 x123	Optional, identifies an individual and phone number if there are questions about the content of the file.
Sender	40	Text	Free-form ABC Firm as Aggregator for Vendors D, E and F in School District Z.	Optional, identifies sender name and role (i.e., Aggregator or Vendor)

Each Vendor and Employer Data File should contain a file trailer including the number of records within the file, including header and trailer.

Field	Max Length	Data Type	Example	Comments
Trailer	7	Text	TRAILER	Constant value TRAILER.
Record Count	8	Text	00045678	Total number of ALL records INCLUDING header and trailer records. Format 99999999, right justified, spaces filled with zeros.
Filler	65	Text	blank	Spaces, reserved for future use.

PART II

Data Sharing Elements for Vendor File Detail Records to be Shared with Employers or Employer Representatives

A. Basic Account Data

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Vendor Source Name	20	Text	Varies	Required	Required	Identity of Vendor associated with the account.
Aggregator Source Name	20	Alpha-numeric	Varies	Conditional, required if a third party is supplying data on behalf of a Vendor	Conditional, required if a third party is supplying data on behalf of a Vendor	Identity of Aggregator, if any, supplying the fields.
Vendor Source ID	20	Alpha-numeric	Varies	Optional	Optional	The identifier used by the Aggregator (if any) to identify the Vendor.
Aggregator Plan ID	20	Alpha-numeric	Varies	Conditional, required if a third party is supplying data on behalf of a Vendor	Conditional, required if a third party is supplying data on behalf of a Vendor	The identifier used by the Aggregator (if any) to identify the Plan.
Vendor Plan ID	20	Alpha-numeric	Varies	Required	Required	The identifier used by the Vendor to identify the Plan. May be the same as the Aggregator Plan ID.
Employee Account #	25	Alpha-numeric		Optional	Optional	Employee specific account/contract # at the Vendor. This is the Participant's contract or account number at the Vendor level. Participants may have more than one account or contract with the same Vendor. This field is needed in order to properly reflect the account values at the contract level.
Employee SSN	9	Numeric	123456789	Required	Required	The participant's social security number will be used to identify the participant.
Employee ID	20	Alpha-Numeric	Varies	Optional	Optional	Employee identification found on the Employer records; default to SSN if employer does not use a unique ID

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Employee First Name	35	Text		Required	Required	For research purposes only. Will be used in the event of a record rejecting.
Employee Last Name	35	Text		Required	Required	For research purposes only. Will be used in the event of a record rejecting.
Date of Birth	8	Text	YYYYMMDD	Required	Required	For research purposes only. Will be used in the event of a record rejecting.
Cash Value Type ²	1	Alpha	G or N	Required	Required	Identifies the account Cash Value as Gross or Net. If Gross, cash value as of the reporting date. If Net, Gross less all outstanding loan balances.
Employer Cash Value	11.2	Numeric	12345678.12	Does not apply, submit as 0.00	Required for Plans with employer contributions	The value of the Participant's account containing Employer Contributions. For an account containing both Employee and Employer contributions for a 403(b) plan, which can not distinguish a separate value by money sources, the reported value should be combined into the more restrictive money source. If no value submit as 0.00.

² All Cash Value fields are either gross or net.

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
EE Deferral Cash Value	11.2	Numeric	12345678.12	Required	Required	<p>The value of the Participant's account containing Employee Pre-Tax or Salary Deferral Contributions.</p> <p>For an account containing both Employee and Employer contributions for a 403(b) plan, which can not distinguish a separate value by money sources, the reported value should be combined into the more restrictive money source.</p> <p>If no value submit as 0.00.</p>
Rollover EE Pre-Tax Cash Value	11.2	Numeric	12345678.12	Required for Plans that allow rollover amounts	Required for Plans that allow rollover amounts	<p>The value of the Participant's account containing Rollover Employee Pre-Tax or Salary Deferral Monies.</p> <p>This does not include Roth 403(b) rollovers that can be tracked with Rollover Roth Cash Value.</p> <p>If no value submit as 0.00.</p>
Rollover EE Post-Tax Cash Value	11.2	Numeric	12345678.12	Required for Plans that allow rollover amounts	Required for Plans that allow rollover amounts	<p>The value of the Participant's account containing the Rollover Employee Post-Tax monies.</p> <p>If no value submit as 0.00.</p>
Rollover Roth Cash Value	11.2	Numeric	12345678.12	Required for Plans that allow rollover amounts	Required for Plans that allow rollover amounts	<p>The value of the Participant's account containing Rollover Roth monies.</p> <p>If no value submit as 0.00.</p>
EE Post-Tax Cash Value	11.2	Numeric	12345678.12	Required for Plans with EE after tax contributions	Required for Plans with EE after tax contributions	<p>The value of the Participant's account containing Employee Post-Tax Contributions.</p> <p>If no value submit as 0.00.</p>

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Roth 403(b) Cash Value	11.2	Numeric	12345678.12	Does not apply, submit as 0.00	Required for Plans with Roth features	The value of the Participant's account containing Roth 403(b) Contributions, including Roth Rollovers. If no value submit as 0.00.
Date of First Roth Contribution	8	Text	YYYYMMDD	Does not apply, leave blank	Required for Plans with Roth features	The Date of the first Roth contribution
403(b)(7) Cash Value	11.2	Numeric	12345678.12	Required if any	Required if any	Monies (including both Employee and Employer) that are or were formerly allocated to a 403(b)(7) custodial account are subject to more stringent distribution restrictions than are amounts that have always been in a 403(b)(1). If no value submit as 0.00.
Cash Value Date	8	Text	YYYYMMDD	Required	Required	The Date of Valuation of all Cash Value fields provided within this file.
Type of Account	3	Text	001, 007, 008	Required	Required	001 = 403(b)(1) 007 = 403(b)(7) 008 = Both 403(b)(1) and (7)

B. Deferral Limit Monitoring

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Year-to-Date EE Contributions	11.2	Numeric	12345678.12	Required	Required	The amount of the Participant's contributions, (Employee pre-tax and Roth) year to date. If no value submit as 0.00.
Account Inception-to-Date EE Contributions	11.2	Numeric	12345678.12	Optional	Optional	The amount of the Participant's contributions, (Employee pre-tax and Roth) since account inception, for calculation of 15 year Catch-Up. If no value, submit as 0.00

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Account Inception-to-Date 15 Year Catch-Up Contributions	11.2	Numeric	12345678.12	Optional	Optional	The amount of any 15 year Catch-Up contributions (Employee pre-tax and Roth) made since account inception. If no value, submit as 0.00

C. Required Minimum Distribution Data

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
12/31/86 Cash Value – EE	11.2	Numeric	12345678.12	Does not apply as no RMD coordination is required across vendors. Submit as 0.00	Required for Plans seeking to coordinate minimum required distributions.	The value of the Participant's account, containing Employee Pre-Tax or Voluntary Contributions, as of 12/31/1986. For an account containing both Employee and Employer contributions for a 403(b) plan, which can not distinguish a separate value by money sources, the reported value should be combined into the more restrictive money source. If no value submit as 0.00.
12/31/86 Cash Value – ER	11.2	Numeric	12345678.12	Does not apply as no RMD coordination is required across vendors. Submit as 0.00	Required for Plans seeking to coordinate minimum required distributions.	The value of the Participant's account, containing Employer Contributions, as of 12/31/1986. For an account containing both Employee and Employer contributions for a 403(b) plan, which can not distinguish a separate value by money sources, the reported value should be combined into the more restrictive money source. If no value submit as 0.00.

D. Hardship Withdrawal Data: Provide Calculated Hardship Amount or Components, if Hardship Withdrawals are allowed under the Plan.

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Method of Reporting Hardship data	1	Alpha	M or C	Required	Required	The method of reporting Hardship data. M = Maximum hardship available reported. C = Hardship components are reported. If no Hardships are permitted under the Plan, enter M If no Hardships have been take by this participant account, enter M
Total Hardship Amount Available	11.2	Numeric	12345678.12	Conditional, Required if a) b) c) d) are not supplied	Conditional, Required if a) b) c) d) are not supplied	The value of the Participant's account available for withdrawal on account of a hardship. This amount is calculated by adding (a) 12-31-88 Cash Value-EE (b) 12-31-88 Cash Value-ER (c) post 12-31-88 EE contributions and subtracting (d) post 12-31-88 withdrawals If no value submit as 0.00.
Latest Hardship Distribution Date	8	Text	YYYYMMDD	Required if a Hardship Withdrawal has been taken	Required if a Hardship has been taken	The date of the most recent Hardship Withdrawal taken so the employer can implement 6 month deferral suspension. Where the participant has made multiple hardship requests, the Employer can determine if any have been distributed and reflected in the Total Hardship Amount Available figure.
Latest Hardship Distribution Amount	11.2	Numeric	12345678.12	Required if a Hardship Withdrawal has been taken	Required if a Hardship Withdrawal has been taken	The amount of the most recent Hardship Withdrawal taken. If no value submit as 0.00.
Latest Hardship Distribution Type	2	Alpha	D or HP	Optional if a Hardship Withdrawal has been taken	Optional if a Hardship Withdrawal has been taken	The reason for the most recent Hardship Withdrawal D = disability HP = home purchase M = medical F = funeral O = Other

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Hardship Component a) 12/31/88 Cash Value – EE	11.2	Numeric	12345678.12	Conditional Required if “Hardship Amount Available” is not supplied	Conditional Required if “Hardship Amount Available” is not supplied	The value of the Participant’s account, containing Employee Pre-Tax or Voluntary Contributions, as of 12/31/1988. For an account containing both Employee and Employer contributions for a 403(b) plan, which can not distinguish a separate value by money sources, the reported value should be combined into the more restrictive money source. If no value submit as 0.00.
Hardship Component b) 12/31/88 Cash Value – ER	11.2	Numeric	12345678.12	Does not apply, submit as 0.00	Conditional Required if “Hardship Amount Available” is not supplied	The value of the Participant’s account, containing Employer Contributions, as of 12/31/1988. For an account containing both Employee and Employer contributions for a 403(b) plan, which can not distinguish a separate value by money sources, the reported value should be combined into the more restrictive money source. If no value submit as 0.00.
Hardship Component c) Post 12/31/88 contributions – EE	11.2	Numeric	12345678.12	Conditional Required if “Hardship Amount Available” is not supplied	Conditional Required if “Hardship Amount Available” is not supplied	The value of the Participant’s post 12/31/88 contributions. If no value submit as 0.00.
Hardship Component d) Post 12/31/88 Withdrawals	11.2	Numeric	12345678.12	Conditional Required if “Hardship Amount Available” is not supplied	Conditional Required if “Hardship Amount Available” is not supplied	The value of the Participant’s post 12/31/88 withdrawals. Include only if above components (b, c) have not been reduced by these withdrawals. If no value submit as 0.00.

E. Employer Contribution Restriction Grandfathering Data (for 403(b)(1) Annuity Contracts Only)

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Contract Certificate Issue Date	8	Text	YYYYMMDD	Does not apply, Blank	Required for (b)(1) Plans with employer contributions	<p>The final 403(b) regulations require that employer contributions not be distributable until severance from employment or prior to the occurrence of some event, such as after a fixed number of years, the attainment of a stated age, or disability.</p> <p>The new rule does not apply to contracts issued by an insurance company before 1/1/09, so this issue date is needed in connection with plans that did not impose restrictions on distribution of employer contributions that were at least as stringent as the new rule.</p>

F. Non-Emergency Withdrawal Data (for 403(b)(1) Annuity Contracts Only)

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
12/31/88 Cash Value – EE	11.2	Numeric	12345678.12	Required	Required	<p>The value of the Participant's account as of 12/31/88, reduced by all post 12/31/88 distributions, if applicable.</p> <p>If no value submit as 0.00.</p>

G. Loans. Provide Calculated Maximum Loan Amount Available or Components, if Loans are allowed under the Plan.³

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Method of Reporting Loan data	1	Alpha	M or C	Required	Required	The method of reporting Loan data. M = Maximum Loan Amount Available is reported C = Loan components for each outstanding loan are reported If no Loans are permitted under the Plan, enter M and default values for other fields If no Loans are outstanding for this participant account, enter M and default values for other fields
Maximum Loan Amount Available	11.2	Numeric	12345678.12	Conditional, Required if Components are not supplied	Conditional, Required if Components are not supplied	Net, Maximum Loan Amount available. If no value submit as 0.00. If Method of Reporting is "C", enter as 0.00
Number of Loans Outstanding	2	Numeric	2 or 10	Conditional, Required if Components are not supplied	Conditional, Required if Components are not supplied	Number of Outstanding Loans, including any outstanding defaulted loans. If none, submit a 0. If no value submit as 0.00. If Method of Reporting is "C", enter as 0.00
Highest Outstanding Loan Balance	11.2	Numeric	12345678.12	Conditional, Required if Components are not supplied	Conditional, Required if Components are not supplied	The highest outstanding balance of any loan over the past one year period. If no value submit as 0.00. If Method of Reporting is "C", enter as 0.00
Loan Default Loan Indicator	1	Alpha	Y or N	Conditional, Required if Components are not supplied	Conditional, Required if Components are not supplied	Indicates there is currently an outstanding defaulted Loan for the account. If Number of Loans Outstanding is 0, enter "N" If Method of Reporting is "C", enter "N"

³ Please note that loan limits must be coordinated among all Plans sponsored by the same employer. Additional coordination with non-403(b) plans may be necessary.

Field	Max Length	Data Type	Example	Required for Plans with Minimum Features	Required for Plans with Additional Features	Comments
Vendor Loan Number Component ⁴	10	Text	Varies	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	Loan Number as defined by the Vendor.
Loan Initiation Date Component ⁴	8	Text	YYYYMMDD	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	Original Date the loan was taken on this account.
Loan Status Component ⁴	1	Text	A, P or D	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	Status of loan as last reported from the IP. (A) Active, (P) Paid or (D) Deemed Distributed. Paid or "offset" loans must be reported for 12 months following the paid-off date.
Loan Type Indicator Component ⁴	1	Text	G or R	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	(G) General or (R) Residential.
Original Loan Amount Component ⁴	11.2	Numeric	12345678.12	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	Amount initially taken.
Remaining Loan Balance Component ⁴	11.2	Numeric	12345678.12	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	Current loan balance.
Remaining Balance Date ⁴	8	Text	YYYYMMDD	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	Date of the current loan balance.
Highest Outstanding Balance ⁴	11.2	Numeric	12345678.12	Conditional, Required if Maximum Loan Amt is not provided	Conditional, Required if Maximum Loan Amt is not provided	The highest outstanding balance of the loan over the past one year period.

⁴All loan fields should repeat for every outstanding loan.

PART III

Data Sharing Elements for Employer or Employer Representative (Aggregator) File Detail Records to be shared with Vendors

A. Format with Remittance Data.

Note: The Header Record will contain a File Description of: “ER-Remittance-Census”. This file format is used to remit retirement plan contributions with census data. The Employer or Employer Representative (Aggregator) and Vendor will determine, based on services provided, what data will be shared.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employer Name	30	Alphanumeric		Required	The name of the Employer. Info purposes only.
Employer E.I.N.	30	Alphanumeric		Required	Employer's identification number. Info purposes only.
Employer Plan ID	20	Alphanumeric	403b or 457b or ERISA 403b	Required	The Plan ID agreed upon between the employer and vendor.
Employee SSN	9	Text	123456789	Required	The Employee Social Security Number is the identifier of each participant within the Sponsor's plan.
Employee ID	20	Alphanumeric		Required	Default to SSN if employer does not use a unique id.
Employee First Name	20	Alphanumeric		Required	The Employee's first name, this will be used to identify the participant.
Employee Last Name	20	Alphanumeric		Required	The Employee's last name, this will be used to identify the participant.
Address Line 1	35	Alphanumeric		Required	Employee home address
Address Line 2	35	Alphanumeric		Required	Second line if needed for Employee home address
City	20	Alphanumeric		Required	Employee City
State	2	Alphanumeric		Conditional, required for employees in US	Employee State
Zip	9	Numeric		Conditional, required for employees in US	Employee Zip
Country Code	2	Alphanumeric		Conditional, required for employees outside of the US	Employee Country if not US
Payroll Date	8	Numeric	YYMMDD	Required	Payroll Date of contributions

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Contribution Source 1 Amt	11.2	Numeric	Sample plan: Source 1 = Employee Base Deferral	Required	Amount of contribution this source – Source type to be determined by employer and vendor – may be 0.00.
Loan Number, Source 1	4	Alphanumeric		Conditional	Loan number associated with this contribution.
Contribution Source 2 Amt	11.2	Numeric	Sample Plan: Source 2 = Employee Excess Deferral	Required	Amount of contribution this source – Source type to be determined by employer and vendor – may be 0.00.
Loan Number, Source 2	4	Alphanumeric		Conditional	Loan number associated with this contribution.
Contribution Source 3 Amt	11.2	Numeric	Sample plan: Source 3 = Employer Match	Required	Amount of contribution this source – Source type to be determined by employer and vendor – may be 0.00.
Contribution Source 4 Amt	11.2	Numeric	Sample plan: Source 4 = Employer Discretionary	Required	Amount of contribution this source – Source type to be determined by employer and vendor – may be 0.00.
Contribution Source 5 Amt	11.2	Numeric	Sample plan: Source 5 = n/a Or Loan repayment	Required	Amount of contribution this source – Source type to be determined by employer and vendor – may be 0.00.
Date of Hire	8	Numeric		Required	Date of Hire – adjusted as needed for breaks in service.
Employment Status	1	Code		Required	Identifies the Participant's Employment Status. The following options are available: H – Hired (Employment Sub type Required) D = Deceased P = Disabled R = Retired (Employment Sub Type Required) T = Terminated L = Leave of Absence (Employment Sub Type Required)
Employment Sub Type	1	Code		Conditional if Employment Status = H, L or R	If Employment Status = H: O = Original (default) R = Rehired If Employment Status = R: N = Normal (default) E = Early P= Postponed If Employment Status = L A – Approved – paid (default) U = Approved – Unpaid F = Family Medical Leave Act M – Military

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employment Status Date	8	Text	YYYYMMDD	Required	Date which the Employment Status or Employment Status Sub Type was effective.
Years of Service	2	Numeric	Example: if actual Years of Service = 14 yrs 9 mths, enter "14"	Optional	Years of Service, rounded <u>down</u> to whole years, for use in calculation of Catch-Up contributions.
Plan Eligibility	1	Text	E or N	Required	E-eligible N-not eligible
Birth Date	8	Text	YYYYMMDD	Optional	This will be used to identify the Employee.
Gender ID	1	Text	M or F	Optional	Male or Female
Marital Status	1	Text	S, M, P, Q	Optional	S-Single, M-Married P-Domestic Partner Q-QDRO
Phone	15	Alphanumeric	800524987 x1234	Optional	A contact phone number for the Employee.
Email Address	50	Alphanumeric		Optional	Employee email address.
HR Area / Location Code	10	Alphanumeric	Admin	Optional	The area or facility the Employee is employed at.
HR SubArea	10	Alphanumeric	Cafeteria	Optional	A breakdown of the HR Code.
Vested Date	8	Numeric	YYYYMMDD	Optional	The date the Employee was/will be 100% Vested. Used when employer is tracking vesting to eliminate need for signatures on withdrawal letters.
Annual Salary	11.2	Numeric		Optional	Used when required to determine plan eligibility.
Year to date compensation	11.2	Numeric		Optional	Used when required to determine plan eligibility.
Hours Worked	11.2	Numeric		Optional	Used when required to determine plan eligibility.

B. Format without Remittance Data.

Note: The Header Record will contain a File Description of: “ER-Census”. When this file format is used, remittance data will be sent separately.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employer Name	30	Alphanumeric		Required	The name of the Employer. Info purposes only.
Plan ID	20	Alphanumeric		Optional	Plan ID used by the vendor.
Employer E.I.N.	30	Alphanumeric		Required	Employer's identification number. Info purposes only.
Employee SSN	9	Text	123456789	Required	The Employee's Social Security Number is the identifier of each participant within the Sponsor's plan.
Employee ID	20	Alphanumeric		Required	Default to SSN if employer does not use a unique id.
Employee First Name	20	Alphanumeric		Required	The Employee's first name, this will be used to identify the participant.
Employee Last Name	20	Alphanumeric		Required	The Employee's last name, this will be used to identify the participant.
Address Line 1	35	Alphanumeric		Required	Employee home address.
Address Line 2	35	Alphanumeric		Optional	Second line if needed for Employee home address.
City	20	Alphanumeric		Required	Employee City
State	2	Alphanumeric		Conditional, required for employees in US	Employee State
Zip	9	Numeric		Conditional, required for employees in US	Employee Zip
Country Code	2	Alphanumeric		Conditional, required for employees outside of the US	Employee country if not US.
Date of Hire	8	Numeric		Required	Date of Hire – adjusted as needed for breaks in service.
Employment Status	1	Code		Required	Identifies the Employee's Employment Status. The following options are available: H – Hired (Employment Sub type Required) D = Deceased P = Disabled R = Retired (Employment Sub Type Required) T = Terminated L = Leave of Absence (Employment Sub Type Required)

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employment Sub Type	1	Code		Conditional if Employment Status = H, L or R	If Employment Status = H: O = Original (default) R = Rehired If Employment Status = R: N = Normal (default) E = Early P= Postponed If Employment Status = L A – Approved – paid (default) U = Approved – Unpaid F = Family Medical Leave Act M =Military
Employment Status Date	8	Text	YYYYMMDD	Required	Date which the Employment Status or Employment Status Sub Type was effective.
Years of Service	2	Numeric	Example: if actual Years of Service = 14 yrs 9 mths, enter "14"	Optional	Years of Service, rounded <u>down</u> to whole years, for use in calculation of Catch-Up contributions.
Plan Eligibility	1	Text	E or N	Required	E-eligible plan participant N-not eligible
Birth Date	8	Numeric	YYYYMMDD	Optional	This will be used to identify the Employee.
Gender ID	1	Text	M of F	Required	Male or Female
Marital Status	1	Text	S, M, P, Q	Optional	S-Single M-Married P-Domestic Partner Q-QDRO
Phone	15	Alphanumeric	800524987 X1234	Required	A contact phone number for the Employee.
Email Address	50	Alphanumeric		Optional	Employee email address.
HR Area/ Location Code	10	Alphanumeric	Admin	Required	The area or facility the employee is employed at.
HR SubArea	10	Alphanumeric	Cafeteria	Optional	A breakdown of the HR Code.
Vesting Date	8	Numeric	YYYYMMDD	Optional	The date the employee was/will be 100% Vested. Used when employer is tracking vesting to eliminate need for signatures on withdrawal letters.
Annual Salary	11.2	Numeric		Optional	Used when required to determine plan eligibility.
Year to date compensation	11.2	Numeric		Optional	Used when required to determine plan eligibility.
Hours Worked	11.2	Numeric		Optional	Used when required to determine plan eligibility.