



# Best Practices for Multiple Vendor Plans

## Remittance and Census Data Elements

### Version RC1.0

June 30, 2009



## **Best Practices for Multiple Vendor Plans Remittance and Census Data Elements June 30, 2009 (Version RC1.0)**

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### **Background**

Recent regulatory expansions have required and increased the need for employers, common remitters and vendors to define more effective means of sharing and transferring remittance and census feeds for plans that use multiple vendors. Due to the potential costs and complexities involved in sharing information in unique and sometimes proprietary formats for each vendor, employers and common remitters are either unwilling or unable to accommodate every possible data format.

In order to address this, initially The SPARK Institute included best practices for remittance and census feeds in Part III of the Minimum and Comprehensive Data Elements Best Practices document (the “Data Elements Best Practices”). According to feedback from SPARK Institute members and other interested parties, some institutions either were not prepared to or did not intend to adhere to Part III of the Data Elements Best Practices. Additionally, based on feedback we received, we determined that the remittance and census best practices should be enhanced. As a result, this Version RC 1.0 of the Best Practices for Multiple Vendor Plans Remittance and Census Data Elements (the “Best Practices”) were developed as a standalone set of best practices, and to replace Part III of the Data Elements Best Practices.

### **General Information**

This Best Practices document sets forth certain best practices for the transmission of remittance and census data between employers or employer representatives and vendors, and identifies a basic file convention layout. The document does not define best practices for the methods and frequency of data transmission.

The intended benefits of the Best Practices include:

- More cost effective to support and maintain.
- Facilitates uniform expectations among parties sharing information.
- More robust information to help facilitate compliance with 403(b) regulations.
- More robust information to help employers and their representatives operate their retirement plan.

The Best Practices represent the views of The SPARK Institute only and are not intended as the sole or exclusive means of effecting data sharing.

**Effective Date** - In order to facilitate an effective transition to The SPARK Institute Best Practices for 403(b) and Related Retirement Plans Information Sharing - Minimum and Comprehensive Data Elements, Version 1.04 by January 1, 2010, this Best Practice becomes effective on July 1, 2010. **This Best Practice may be implemented prior to July 1, 2010 if agreed to by both the sending and receiving parties.**

\* \* \* \* \*

The SPARK Institute may release revised versions of the Best Practices periodically. Anyone with questions about this version should contact Larry Goldbrum at [Larry@sparkinstitute.org](mailto:Larry@sparkinstitute.org).

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# TABLE OF CONTENTS

<b>PART I - File Layout Conventions for Data Sharing Between Vendors and Employers or Employer Representatives (Aggregators)</b> .....	1
A. General File Layout Conventions .....	1
B. Identification of Record Types .....	3
C. SPARK Institute File Header for Remittance and Census Files.....	4
D. SPARK Institute File Trailer for All Data Files .....	5
<b>PART II - Data Sharing Elements for Employer or Employer Representative (Aggregator) Census and/or Remittance Detail Records to be Shared with Vendors</b> .....	6
A. Remittance and Census Data .....	6
1. Employer / Plan Identification Data .....	6
2. Employee Basic Demographic Data .....	8
3. Employee Plan Remittance Data .....	9
4. Employee Employment Data .....	11
5. Employee Plan Enrollment Data.....	13
6. Employee Automatic Deferral Increase Data .....	15
B. Remittance Data Only.....	16
1. Employer / Plan Identification Data .....	16
2. Employee Demographic / Employment Data .....	17
3. Employee Plan Remittance Data .....	18
C. Census Only .....	21
1. Employer / Plan Identification Data .....	21
2. Employee Basic Demographic Data .....	22
3. Employee Employment Data .....	24
4. Employee Plan Enrollment Data.....	25
5. Employee Automatic Deferral Increase Data .....	28
<b>Appendix A – Version Control Log</b> .....	29

## PART I

### **File Layout Conventions for Data Sharing Between Vendors and Employers or Employer Representatives (Aggregators)**

#### **A. General File Layout Conventions**

1. The enclosed formats are intended to provide a best practice for an employer or common remitter when providing remittance and/or census data to vendors.
2. In recognition of the varied technology capabilities of employers and common remitters, it is suggested that this format should be accepted in any of the following formats:
  - ASCII Pipe Delimited
  - Pipe Delimited
  - Comma Delimited
  - Text – space delimited

While Excel is currently commonly used, we note that it is not a recognized format under these best practices.

3. As part of the best practice, each plan is intended to be sent as a separate file.
4. ASCII files should be pipe “|” delimited, with no spaces between the data element and pipe at either end. Please refer to the SPARK Institute’s Best Practices for Coding “Pipe Delimited Data” dated October 29, 2008 for more details.
5. The file may be fixed or variable length depending on the file being sent. Please refer to the details for each part of this format.
6. In order to maintain file layout consistency, all fields, including NULL fields, must be provided.
7. File Transmissions should be made via a secure protocol. FTP with PGP encryption is recognized as a best practice for automated transmissions and a secure upload/download with SSL is recognized as a best practice for online/manual transmissions.
8. File name: A negotiated item between the sender and receiver. As a default: *Vendor Name/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 responsible for consolidating the Vendor reported data associated with a Plan on behalf of the Employer. The Aggregator may also act as the Administrator of the Plan on behalf of the Employer. Some Vendors may also provide Aggregator services. Third Party Administrators (TPAs) may also provide Aggregator services. A date/time stamp is important in case replacement files are created.  
Example: VendorABC\_081001\_110503.TXT.

9. NULL fields should contain no values/spaces between delimiters. A NULL value is reported as two delimiters with no embedded spaces, as follows: ||
10. All date fields should be formatted as CCYYMMDD.  
All “Required” date fields must be reported. Any “Optional” date field may contain a valid date or be NULL (two delimiters with no embedded space) indicating that the date is not available.
11. Any “Required” TEXT field can not be reported as NULL.
12. Any “Optional” TEXT field can be reported as Null or a valid value.
13. All numeric fields should have an explicit decimal point. The format for amount fields is “11.2” meaning 8 significant digits to the left of an explicit decimal point and two digits to the right of the decimal point; in total occupying at most 11 positions.  
Examples of acceptable numeric values include:
  - |0.00|
  - |0.01|
  - |1.0|
  - |1.23|
  - |12345678.12|
 Examples of unacceptable numeric values include:
  - || (invalid; when a numeric field is required, it can not be reported as NULL)
  - |.|
  - |0|
  - |1|
  - |.0|
  - |0.|
  - |.00|
  - |00.|
  - |0.0|
  - |1.234|
  - |12345678901.45|
14. All Text fields should be UPPER CASE.
15. All Alphanumeric fields should use UPPER CASE for Text values.
16. All negative numbers should have a “-“ sign in the first position of the field.
17. All text/alpha fields should be left justified.
18. All numeric fields should be right justified.

19. When transmitting information on multiple plans each vendor is a unique entity and vendors with multiple processing centers should be recognized as unique entities. As such, one file (set of records) should be sent to each unique entity surrounded by a single set of header and trailer records for each record Data Type identified in the header.
20. If multiple record Data Types are being sent to the same recipient, each should be surrounded by separate header and trailer records.
21. When payment amounts are sent to accompany the files, the remittance amount sent should match exactly to the remittance total in the trailer record.
22. This best practice is intended to provide assistance and guidance from plans that are supported by multiple vendors (approved and non-approved that may require such data). For exclusive plans, it is recognized that many of these plans will use the proprietary format of their exclusive vendor.

## **B. Identification of Record Types**

1. Each file will contain at least one SPARK Institute Header and one SPARK Trailer records. Detail records will appear between the SPARK Institute Header and Trailer records. The SPARK Institute Header contains a “Data Type” field which identifies the data following the SPARK Institute Header as:

File formats defined separately in The SPARK Institute Best Practices for 403(b) and Related Retirement Plans Information Sharing -- Minimum and Comprehensive Data Elements Version 1.04:

- 01- Account data
- 02- “Distributions Made” data
- 03- Census data

File formats defined herein, Best Practices for Multiple Vendor Plans Remittance - Census Data Elements:

- 04- Remittance and Census data
- 05- Remittance Data Only

2. There can be multiple SPARK Institute Header, Detail and SPARK Institute Trailer records on a single transmitted file; an example follows:
  - a. SPARK Header for Vendor 1’s data of Data Type “03” (Census) from Sender A
  - b. SPARK formatted (Census) Detail records for Vendor 1
  - c. SPARK Trailer for Vendor 1’s (Census) data
  - d. SPARK Header for Vendor 1’s data of Data Type “05” (Remittance Data )
  - e. SPARK formatted (Remittance Data Only) Detail records for Vendor 1
  - f. SPARK Trailer for Vendor 1’s (Remittance Data Only) data

**C. SPARK Institute File Header for Remittance and Census Files** - Every Employer, Vendor and Aggregator Data File should contain a file header record with the following information and layout.

Field	Max Length	Data Type	Example	Required for all Plans	Comments
Header	6	Text	SPARKH	Required	Constant value: SPARKH. Identifies this as a SPARK file format and the header record for this format.
Data Type	2	Numeric	03, 04, 05	Required	Identifies the type of data which follows until a SPARK Institute Trailer record appears 01–Account Data 02–Distributions Data 03–Census Only Data 04–Remittance with Census Data 05 – Remittance Data Only
Data Source	30	Text	For Vendor: Vendor_ABC For Employer: ER_XYZ School District For Aggregator: Aggregator_AnyCoName	Required	Identifies the data source as the Vendor (Investment Provider), Employer or Aggregator.
File Creation Date/Time	15	Text	20081001-110503	Required	Format: CCYYMMDD-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).
SPARK Institute Data Elements Version No.	4	Text	1.00	Required	SPARK Institute Best Practices version number in which the data is formatted.



Field	Max Length	Data Type	Example	Required for all Plans	Comments
As of Date	8	Date Format	20090608	Required	The date the information is up to date as of.
Plan Start Date	8	Date Format	20090608	Optional	The date the plan was initiated. Note this is the original plan start date not the date the vendor was added as an investment provider under the plan.

**D. SPARK Institute File Trailer for All Data Files** – Every Vendor, Employer and Aggregator Data File should contain a file trailer record identifying the number of records within the file and record type, including the header and the trailer records.

Field	Max Length	Data Type	Example	Required for all Plans	Comments
Trailer	7	Text	SPARKTR	Required	Constant value SPARKTR. Identifies this as a SPARK file format and the header record for this format.
Record Count	8	Numeric	00045678	Required	Total number of ALL records INCLUDING header and trailer records. Format 99999999, right justified, spaces filled with zeros.
Remittance Amount	12.2	Numeric	123456789.12	Optional	Required if remittances are included in the file. This is the sum of all positive contribution source amounts (net of negatives included).
Loan Repayment Amount	12.2	Numeric	123456789.12	Optional	Required if Loan Repayments are included in the file. This is the sum of all Loan Repayment amounts in the file.
Filler	41	Text	Blank	Null	Spaces, reserved for future use.

## PART II

### **Data Sharing Elements for Employer or Employer Representative (Aggregator) Census and/or Remittance Detail Records to be Shared with Vendors**

Part II sets forth the best practices for an employer or common remitter to provide remittance and census data to vendors. This Part is divided into 4 sections:

- A. Remittance with Census Data
- B. Remittance Data Only
- C. Census Only

While each file format may be valid in different situations, Format A “Remittance with Census Data” is the preferred format for submitting Remittances.

Part II - Sections A & B define best practice formats for submitting payroll contributions from an employer or common remitter to a vendor. When considering mistake-of-fact corrections to payroll amounts that require a:

- Positive contribution (additional amount that should have been remitted with a prior payroll), the employer should work with the common remitter and/or vendor(s) to determine if these amounts will be accepted and how any earnings adjustments that may be required will be remitted. NOTE: Remittance of a single amount representing the payroll amount with earnings adjustments may cause tracking and testing problems.
- Negative contribution (amount remitted as a mistake-of-fact with a prior payroll that needs to be withdrawn from the participant’s account), may be remitted directly from an employer to a vendor either as part of the normal remittance file or a separate file. The terms of this should be negotiated between the employer and vendor prior to establishing the remittance procedures. Negative contributions should be remitted with a “-“ (negative sign) in the first position of the numeric field. The negative sign does take up one length of the field. As employers and common remitters have a variety of current procedures, no best practice for handling negative contributions has been defined.

#### **A. Remittance and Census Data**

**Note: The Header Record should contain a Data Type = “04” (Remittance and Census). This file format is used to remit retirement plan contributions with census data.**

#### **A.1 – Employer / Plan Identification Data**

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Detail Record ID	1	Text	Constant value: “D”	Required	This field defines the type of record as a Detail record. Each set of “D” records has one header and one trailer record.
Employer Name	30	Alphanumeric	ABC Non Profit	Required	The name of the Employer.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Employer EIN	10	Alphanumeric	AB-1234567	Optional	Identifies the Employer. The Employer EIN is used to tie multiple Plans of the same Employer together when there is no Aggregator involved. If there are multiple Employer EINs associated with the same Plan(s) of that Employer, the Employer must specify which EIN to associate with all of their Plans.
Employer Plan ID	20	Alphanumeric	AB-1234567001	Required	The Employer Plan ID uniquely identifies the Plan as defined by the Employer. Suggested format is Employer's EIN plus a sequential number to differentiate multiple plans of the same Employer.
Employer Sub Plan ID	20	Alphanumeric	School#1	Optional	A division of the Employer Plan ID.
Originating Vendor Plan ID	20	Alphanumeric	PL87BA457	Optional	For common remitters or other aggregators, the plan ID used by the aggregator
Originating Vendor Sub Plan ID	20	Alphanumeric	Hardy Middle	Optional	For common remitters or other aggregators, the sub plan ID used by the aggregator.
Recipient Vendor Plan ID	20	Alphanumeric	CR4587433	Optional	The Plan ID used by the vendor receiving the file. For common remitter plans, the best practice is for the aggregator to add this detail for each vendor.
Recipient Vendor Sub Plan ID	20	Alphanumeric	Sub1	Optional	The Sub Plan ID used by the vendor receiving the file. For common remitter plans, the best practice is for the aggregator to add this detail for each vendor.
Type of Account	3	Text	008	Required	001 = 403(b)(1) 007 = 403(b)(7) 008 = Both 403(b)(1) and (7) 009 = 403(b)(9) 01A = 401a 01K = 401k 457 = 457
Payroll Frequency	3	Numeric	26	Optional	The number of payrolls remitted annually: 1 – Annual 2 – Semi-Annual 4 – Quarterly 12 – Monthly 24 – Semi-Monthly 26 – Bi-Weekly 52 – Weekly 365 – Daily

## **A.2 – Employee Basic Demographic Data**

<b>Field</b>	<b>Maximum Length</b>	<b>Data Type</b>	<b>Example</b>	<b>Required/Optional</b>	<b>Comments</b>
Employee SSN	9	Numeric	123456789	Required	The participant's social security number will be used to identify the participant.
Employee ID	20	Alphanumeric	PERSON176	Optional	Employee identification found on the Employer records; this field should not be provided or defaulted if it is not available.
Employee Title	5	Text	MR. MS. MRS. PHD.	Optional	The title used by the employee.
Employee First Name	35	Text	JOHN	Required	Employee First Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
Employee Middle Name	35	Text	B	Optional	Employee Middle Name to be used for enrollment research or other purposes as agreed by vendor and employer.
Employee Last Name	35	Text	BROKE	Required	Employee Last Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
Address Line 1	35	Alphanumeric	123 Central St	Required	Employee home address.
Address Line 2	35	Alphanumeric	Apartment 34	Optional	Second address line if needed for Employee home address.
Address Line 3	35	Alphanumeric		Optional	Third address line if needed for Employee home address.
City	20	Alphanumeric	Nowhere	Conditional, required for employees in US	Employee City
State	2	Alphanumeric	AZ	Conditional, required for employees in US	Employee State
Zip Code	9	Numeric	76543	Conditional, required for employees in US	Employee Zip Code
Country Code	2	Alphanumeric	US	Required	Employee country code: US = Default If value is not US, Address Line 3 should be populated with the country, zip and/or other required routing information.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Residency Code	1	Text	U, N	Required	U – US Citizen N – Non-Resident Alien
Date of Birth	8	Date Format	19641114	Required	The employee's date of birth.
Gender ID	1	Text	M of F	Required	Male or Female
Marital Status	1	Text	S, M, P, Q	Optional	The field is used to determine if spousal consent is required for distributions. S –Single M –Married P –Domestic Partner Q –QDRO
Phone Number 1	10	Numeric	800524987	Optional	A contact phone number for the Employee.
Phone Number Type 1	2	Text	OF	Optional	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
Phone Extension 1	5	Alphanumeric	x-12	Optional	The extension for the phone number to reach the person.
Phone Number 2	10	Numeric	800524987	Optional	A contact phone number for the Employee.
Phone Number Type 2	2	Text	OF	Optional	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
Phone Extension 2	5	Alphanumeric		Optional	The extension for the phone number to reach the person.
Email Address	50	Alphanumeric	jbroke@msn.com	Optional	Employee email address.

### **A.3 – Employee Plan Remittance Data**

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Payroll Date	8	Date Format	20100701	Required	The ending date of the payroll period related to the submitted contributions.
Contribution Source Code 1	3	Text	EEV	Optional as only loans may be currently remitted.	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 1	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Contribution Source Code 2	3	Text	EEM	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 2	11.2	Numeric	-1234567.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 3	3	Text	ERD	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 3	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 4	3	Text	ERM	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 4	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 5	3	Text	MAT	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 5	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 6	3	Text	FOR	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 6	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 7	3	Text	CCS	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 7	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 8	3	Text	REM	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 8	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Loan Number 1	20	Text	Vendor Loan 1	Optional as only remittances may be currently remitted.	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 1	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 1 is not equal to null
Loan Number 2	20	Text	Vendor Loan 2	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Loan Repayment Amount 2	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 2 is not equal to null.
Loan Number 3	20	Text	Vendor Loan 3	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 3	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 3 is not equal to null.
Loan Number 4	20	Text	Vendor Loan 4	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 4	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 4 is not equal to null.
Loan Number 5	20	Text	Vendor Loan 5	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 5	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 5 is not equal to null.

#### **A.4 – Employee Employment Data**

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
HR Area / Location Code	10	Alphanumeric	Admin	Optional	The area or facility, defined by the employer, that the employee is employed under.
HR SubArea	10	Alphanumeric	Cafeteria	Optional	A breakdown, defined by the employer, of the HR Area/ Location Code.
Original Date of Hire	8	Date Format	20000102	Required	Date of Hire – The date the person was originally hired without consideration for breaks in service.
Adjusted Date of Hire	8	Date Format	20020313	Required	Date of Hire adjusted for breaks in service.
Employment Status	1	Code	E	Required	Identifies the Employee's Employment Status. The following options are available: E – Currently Employed 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	O	Optional	Additional detail for the Employment Status 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	Date Format	20020312	Required	Date which the Employment Status or Employment Status Sub Type was effective.
Employee Type	1	Text	F	Required	Type of Employee: F = Full Time P = Part Time L = Leased T = Temporary
Payroll Mode	3	Alphanumeric	12	Required	The number of months the employee is paid over – primary use is for school employees – values: 12 = Paid over 12 months (default) 9 = Paid over 9 months ?? – Other values as mutually agreed between employer, vendor and aggregator
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.
Annual Salary	11.2	Numeric	12345678.12	Optional	The employee’s annual base salary.
Cash Bonus Amount	11.2	Numeric	12345678.12	Optional	The amount of any cash bonuses paid during the year.
Per Pay Compensation	11.2	Numeric	12345678.12	Optional	Base compensation paid each pay period.
Per Pay Hours Worked	4	Numeric	80	Optional	The number of base hours worked each pay period.
Year to Date Type	1	Text	C, P	Optional	Defines how the YTD fields below are populated – values: C = Calendar Year F = Fiscal Year P = Plan Year
Year to Date Base Compensation	11.2	Numeric	12345678.12	Optional	Base compensation paid YTD.



Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Year to Date Total Compensation	11.2	Numeric	12345678.12	Optional	Total compensation paid YTD
Year to Date Hours Worked	4	Numeric	2080	Optional	The number of hours the employee has worked YTD.
HCE Flag	1	Text	N	Optional	Y = Person is a Highly Compensated Employee N = Employee is not a Highly Compensated Employee
Key Employee Flag	1	Text	N	Optional	Y = Person is a Key Employee N = Employee is not a Key Employee
Union Employee Flag	1	Text	N	Optional	Y = Person is a Union Employee N = Employee is not a Union Employee

### **A.5 – Employee Plan Enrollment Data**

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employee Plan Status	1	Text	E, P, N	Required if employer is determining eligibility.	E = Eligible but not participating P = Eligible and participating (self-elected) X = Excluded class N = Not eligible D = Default Enrolled A = Auto Enrolled
Plan Entry Date	8	Date Format	20000102	Optional	The date the employee was eligible for the plan – default = date of hire.
Vested Date	8	Date Format	20050102	Optional	The date the employee was/will be 100% Vested. Used when employer is tracking vesting to eliminate need for signatures on withdrawal letters.
Alternate Vesting Start Date	8	Date Format	20050102	Optional	Alternative date from Adjusted Date of Hire used to determine vesting status. If NULL, Adjusted Date of Hire is used. Most likely use is for employees that qualify for plan (like a top hat) after a promotion or other change in job status after being hired.
Contribution Source Code 1	3	Text	EEV	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Deferral Percentage – CS1	6.2	Numeric	100.00 = 100% 6.50 = 6.5%	Optional	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election. If populated, the Contribution Source Code must be populated, above.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Per Pay Deferral Amount – CS1	11.2	Numeric	12345678.12	Optional	If the employee is deferring as a flat amount per pay period, the amount of the deferral election. If populated, the Contribution Source Code must be populated, above.
Contribution Source Code 2	3	Text	EVM	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Deferral Percentage – CS2	6.2	Numeric	100.00 = 100% 6.50 = 6.5%	Optional	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election. If populated, the Contribution Source Code must be populated, above.
Per Pay Deferral Amount – CS2	11.2	Numeric	12345678.12	Optional	If the employee is deferring as a flat amount per pay period, the amount of the deferral election. If populated, the Contribution Source Code must be populated, above.
Contribution Source Code 3	3	Text	TBD	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Deferral Percentage – CS3	6.2	Numeric	100.00 = 100% 6.50 = 6.5%	Optional	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election. If populated, the Contribution Source Code must be populated, above.
Per Pay Deferral Amount – CS3	11.2	Numeric	12345678.12	Optional	If the employee is deferring as a flat amount per pay period, the amount of the deferral election. If populated, the Contribution Source Code must be populated, above.
Plan Annual Salary	11.2	Numeric	12345678.12	Optional	The employee's annual salary as defined by the plan document.
Employer Contribution Eligibility Source 1	3	Text	ERM	Optional	ONLY use the Employer Contribution Eligibility fields if these dates are OTHER than the Plan Eligibility Date.  The SPARK Best Practice will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Employer Contribution Eligibility Date 1	8	Date Format	20000102	Optional	Date the employee was eligible to receive Employer Contribution Eligibility Source 1.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Employer Contribution Eligibility Source 2	3	Text	ERD	Optional	The SPARK Best Practices will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Employer Contribution Eligibility Date 2	8	Date Format	20000102	Optional	Date the employee was eligible to receive Employer Contribution Eligibility Source 2.

### **A.6 – Employee Automatic Deferral Increase Data**

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Automatic Deferral Increase Type	4	Text	AUTO	Optional	NA – Not elected / not part of the plan AUTO – Employee has been auto-enrolled OUT – Employee has opted out of auto-enrollment SELF – Employee has made their own automatic deferral election
Automatic Deferral Increase Election Date	8	Date Format	20100701	Optional	The date the employee or plan elected this option.
Automatic Deferral Increase Next Increase Date	8	Date Format	20110701	Optional	The date of the next scheduled increase.
Automatic Deferral Increase End Date	8	Date Format	20140701	Optional	The date on which the increases should end.
Automatic Deferral Increase Frequency	2	Numeric	1	Optional	The frequency of the increase: 1 – Annual – default 2 – Every 6 months 4 – Quarterly
Automatic Deferral Increase Amount	11.2	Numeric	12345678.12	Optional	The dollar amount the deferral should increase on the next increase date.
Automatic Deferral Increase Amount Maximum	11.2	Numeric	12345678.12	Optional	The maximum amount these increases should be raised to. If no limit is set, value is 99999999.99.
Automatic Deferral Increase Percentage	6.2	Numeric	1.0 = 1%	Optional	The percentage the deferral should increase on the next increase date.
Automatic Deferral Increase Percentage Maximum	6.2	Numeric	010.00 = 10%	Optional	The maximum percentage of salary these increases should be raised to. If no limit is set, value is 100.0.

**B. Remittance Data Only**

**Note: The Header Record should contain a Data Type = “05” (Remittance Data Only). This file format is used to remit retirement plan contributions for plans that require 8 or less contribution sources and no more than 3 payroll deducted loan repayments per participant in a plan.**

**As some plans may designate each Contribution Source number for a particular source, this format should allow for the “Contribution Source Code” to contain a valid value but the “Contribution Source Amount” to contain 0.00. As an example, Contribution Sources 1-4 may all have a 0.00 contribution amount but Contribution Source 5 may contain an amount.**

**Records should only be sent where at least one remittance amount or loan repayment amount is not equal to zero. This format was designed to facilitate situations where contributions and loan repayments are both being remitted for a participant, where only contributions are being remitted and where only loans are being remitted.**

**NOTE: Plans that facilitate Auto Enrollment and/or Default Enrollment are encouraged to use the Remittance and Census Data format.**

**B.1 – Employer / Plan Identification Data**

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Detail Record ID	1	Text	Constant value: “D”	Required	This field defines the type of record as a Detail record. Each set of “D” records has one header and one trailer record.
Employer Name	30	Alphanumeric	ABC Non Profit	Required	The name of the Employer.
Employer EIN	10	Alphanumeric	AB-1234567	Optional	Identifies the Employer. The Employer EIN is used to tie multiple Plans of the same Employer together when there is no Aggregator involved. If there are multiple Employer EINs associated with the same Plan(s) of that Employer, the Employer must specify which EIN to associate with all of their Plans.
Employer Plan ID	20	Alphanumeric	AB-1234567001	Required	The Employer Plan ID uniquely identifies the Plan as defined by the Employer. Suggested format is Employer’s EIN plus a sequential number to differentiate multiple plans of the same Employer.
Employer Sub Plan ID	20	Alphanumeric	AB- Sub Plan ID	Optional	A division of the Employer Plan ID.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Originating Vendor Plan ID	20	Alphanumeric	PL87BA457	Optional	For common remitters or other aggregators, the plan ID used by the aggregator
Originating Vendor Sub Plan ID	20	Alphanumeric	Hardy Middle	Optional	For common remitters or other aggregators, the sub plan ID used by the aggregator
Recipient Vendor Plan ID	20	Alphanumeric	CR4587433	Optional	The Plan ID used by the vendor receiving the file. For common remitter plans, the best practice is for the aggregator to add this detail for each vendor.
Recipient Vendor Sub Plan ID	20	Alphanumeric	Sub1	Optional	The Sub Plan ID used by the vendor receiving the file. For common remitter plans, the best practice is for the aggregator to add this detail for each vendor.
Type of Account	3	Text	001, 007, ...	Optional	001 = 403(b)(1) 007 = 403(b)(7) 008 = Both 403(b)(1) and (7) 009 = 403(b)(9) 01A = 401a 01K = 401k 457 = 457
Payroll Frequency	3	Numeric	26	Optional	The number of payrolls remitted annually: 1 – Annual 2 – Semi-Annual 4 – Quarterly 12 – Monthly 24 – Semi-Monthly 26 – Bi-Weekly 52 – Weekly 365 – Daily

## **B.2 – Employee Demographic / Employment Data**

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employee SSN	9	Numeric	123456789	Required	The participant's social security number will be used to identify the participant.
Employee ID	20	Alphanumeric	EM-45786	Optional	Employee identification found on the Employer records; this field should not be provided or defaulted if it is not available.
Employee First Name	35	Text	JOHN	Required	Employee First Name to be used for enrollment, research or other purposes as agreed by vendor and employer.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employee Middle Name	35	Text	Q	Optional	Employee Middle Name to be used for enrollment research or other purposes as agreed by vendor and employer.
Employee Last Name	35	Text	PUBLIC	Required	Employee Last Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
Date of Birth	8	Date Format	19570519	Optional	The employee's date of birth.
Gender ID	1	Text	M of F	Optional	Male or Female
HR Area / Location Code	10	Alphanumeric	Admin	Optional	The area or facility, defined by the employer, the employee is employed under.
HR SubArea	10	Alphanumeric	Cafeteria	Optional	A breakdown, defined by the employer, of the HR Area/Loc Code.
Original Date of Hire	8	Date Format	19990502	Optional	Date of Hire – The date the person was originally hired without consideration for breaks in service.
Adjusted Date of Hire	8	Date Format	19990502	Optional	Date of Hire adjusted for breaks in service.
Payroll Mode	3	Alphanumeric	12	Optional	The number of months this employee is paid over – primary use is for school employees – values: 12 = Paid over 12 months (default) – null will default to 12 9 = Paid over 9 months ?? – Other values as mutually agreed between employer, vendor and aggregator.

### **B.3 – Employee Plan Remittance Data**

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Payroll Date	8	Date Format	CCYYMMDD	Required	The ending date of the payroll period related to the submitted contributions.
Contribution Source Code 1	3	Text	EEV	Optional as only loans may currently be remitted.	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 1	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Contribution Source Code 2	3	Text	EEM	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 2	11.2	Numeric	-1234567.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 3	3	Text	EER	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 3	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 4	3	Text	ERM	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 4	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 5	3	Text	ERD	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 5	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 6	3	Text	TBD	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 6	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 7	3	Text	ABC	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 7	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Contribution Source Code 8	3	Text	ERN	Optional	Each Sender and Recipient will negotiate Contribution Source Code values.
Contribution Source Amount 8	11.2	Numeric	12345678.12	Optional	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
Loan Number 1	20	Text	Vendor Loan 1	Optional as only remittances may currently be remitted.	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 1	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 1 is not equal to null.
Loan Number 2	20	Text	Vendor Loan 2	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Loan Repayment Amount 2	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 2 is not equal to null.
Loan Number 3	20	Text	Vendor Loan 3	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 3	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 3 is not equal to null.
Loan Number 4	20	Text	Vendor Loan 4	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 4	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 4 is not equal to null.
Loan Number 5	20	Text	Vendor Loan 5	Optional	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
Loan Repayment Amount 5	11.2	Numeric	12345678.12	Optional	Amount of the loan repayment - Required if Loan Number 5 is not equal to null.



### C. Census Only

**Note: The Header Record should contain a “Data Type = 03” (Census only). When this file format is used, remittance data will be sent separately.**

#### C.1 – Employer / Plan Identification Data

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Detail Record ID	1	Text	Constant value: “D”	Required	This field defines the type of record as a “Detail” record. Each set of “D” records has one header and one trailer record.
Employer Name	30	Alphanumeric	ABC Non Profit	Required	The name of the Employer.
Employer EIN	10	Alphanumeric	AB-1234567	Optional	Identifies the Employer. The Employer EIN is used to tie multiple Plans of the same Employer together when there is no Aggregator involved. If there are multiple Employer EINs associated with the same Plan(s) of that Employer, the Employer must specify which EIN to associate with all of their Plans.
Employer Plan ID	20	Alphanumeric	AB-1234567001	Required	The Employer Plan ID uniquely identifies the Plan as defined by the Employer. Suggested format is Employer’s EIN plus a sequential number to differentiate multiple plans of the same Employer.
Employer Sub Plan ID	20	Alphanumeric	Location #3	Optional	A division of the Employer Plan ID.
Originating Vendor Plan ID	20	Alphanumeric	PL87BA457	Optional	For common remitters or other aggregators, the plan ID used by the aggregator
Originating Vendor Sub Plan ID	20	Alphanumeric	Hardy Middle	Optional	For common remitters or other aggregators, the sub plan ID used by the aggregator
Recipient Vendor Plan ID	20	Alphanumeric	CR4587433	Optional	The Plan ID used by the vendor receiving the file. For common remitter plans, the best practice is for the aggregator to add this detail for each vendor.
Recipient Vendor Sub Plan ID	20	Alphanumeric	Sub1	Optional	The Sub Plan ID used by the vendor receiving the file. For common remitter plans, For common remitter plans, the best practice is for the aggregator to add this detail for each vendor.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Type of Account	3	Text	008	Required	001 = 403(b)(1) 007 = 403(b)(7) 008 = Both 403(b)(1) and (7) 009 = 403(b)(9) 01A = 401a 01K = 401k 457 = 457
Payroll Frequency	3	Numeric	26	Optional	The number of payrolls remitted annually: 1 – Annual 2 – Semi-Annual 4 – Quarterly 12 – Monthly 24 – Semi-Monthly 26 – Bi-Weekly 52 – Weekly 365 – Daily

## **C.2 – Employee Basic Demographic Data**

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employee SSN	9	Numeric	123456789	Required	The participant's social security number will be used to identify the participant.
Employee ID	20	Alphanumeric	PERSON176	Optional	Employee identification found on the Employer records; this field should not be provided or defaulted if it is not available.
Employee Title	5	Text	MR. MS. MRS. PHD.	Optional	The title used by the employee.
Employee First Name	35	Text	JOHN	Required	Employee First Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
Employee Middle Name	35	Text	B	Optional	Employee Middle Name to be used for enrollment research or other purposes as agreed by vendor and employer.
Employee Last Name	35	Text	BROKE	Required	Employee Last Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
Address Line 1	35	Alphanumeric	123 Central St	Required	Employee home address.
Address Line 2	35	Alphanumeric	Apartment 34	Optional	Second address line if needed for Employee home address.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Address Line 3	35	Alphanumeric		Optional	Third address line if needed for Employee home address.
City	20	Alphanumeric	Nowhere	Conditional, required for employees in US	Employee City
State	2	Alphanumeric	AZ	Conditional, required for employees in US	Employee State
Zip Code	9	Numeric	76543	Conditional, required for employees in US	Employee Zip Code
Country Code	2	Alphanumeric	US	Required	Employee country code: US = Default If value is not US, Address Line 3 should be populated with the country, zip and/or other required routing information.
Residency Code	1	Text	U, N	Required	U – US Citizen N – Non-Resident Alien
Date of Birth	8	Date Format	19820430	Required	The employee's date of birth.
Gender ID	1	Text	M of F	Required	Male or Female
Marital Status	1	Text	S, M, P, Q	Optional	The field is used to determine if spousal consent is required for distributions. S-Single M-Married P-Domestic Partner Q-QDRO
Phone Number 1	10	Numeric	800524987	Optional	A contact phone number for the Employee.
Phone Number Type 1	2	Text	OF	Optional	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
Phone Extension 1	5	Alphanumeric	x-12	Optional	The extension for the phone number to reach the person.
Phone Number 2	10	Numeric	800524987	Optional	A contact phone number for the Employee.
Phone Number Type 2	2	Text	OF	Optional	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
Phone Extension 2	5	Alphanumeric	1705	Optional	The extension for the phone number to reach the person.
Email Address	50	Alphanumeric	jbroke@msn.com	Optional	Employee email address.

### **C.3 – Employee Employment Data**

<b>Field</b>	<b>Maximum Length</b>	<b>Data Type</b>	<b>Example</b>	<b>Required/Optional</b>	<b>Comments</b>
HR Area / Location Code	10	Alphanumeric	Admin	Optional	The area or facility, defined by the employer, that the employee is employed under.
HR SubArea	10	Alphanumeric	Cafeteria	Optional	A breakdown, defined by the employer, of the HR Area/Loc Code.
Original Date of Hire	8	Date Format	20090630	Required	Date of Hire – The date the person was originally hired without consideration for breaks in service.
Adjusted Date of Hire	8	Date Format	20090630	Required	Date of Hire adjusted for breaks in service.
Employment Status	1	Code	E	Required	Identifies the Employee's Employment Status. The following options are available: E – Currently Employed 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	O	Optional	Additional detail for the Employment Status 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	Date Format	20090630	Required	Date which the Employment Status or Employment Status Sub Type was effective.
Employee Type	1	Text	F	Required	Type of Employee: F = Full Time P = Part Time L = Leased T = Temporary
Payroll Mode	3	Alphanumeric	12	Required	The number of months the employee is paid over – primary use is for school employees – values: 12 = Paid over 12 months (default) 9 = Paid over 9 months ?? – Other values as mutually agreed between employer, vendor and aggregator.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
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.
Annual Salary	11.2	Numeric	12345678.12	Optional	The employee's annual base salary.
Cash Bonus Amount	11.2	Numeric	12345678.12	Optional	The amount of any cash bonuses paid during the year.
Per Pay Compensation	11.2	Numeric	12345678.12	Optional	Base compensation paid each pay period.
Per Pay Hours Worked	4	Numeric	80	Optional	The number of base hours worked each pay period.
Year to Date Type	1	Text	C	Optional	Defines how the YTD fields below are populated – values: C = Calendar Year F = Fiscal Year P = Plan Year
Year to Date Base Compensation	11.2	Numeric	12345678.12	Optional	Base compensation paid YTD.
Year to Date Total Compensation	11.2	Numeric	12345678.12	Optional	Total compensation paid YTD.
Year to Date Hours Worked	4	Numeric	2080	Optional	The number of hours the employee has worked YTD.
HCE Flag	1	Text	N	Optional	Y = Person is a Highly Compensated Employee N = Employee is not a Highly Compensated Employee
Key Employee Flag	1	Text	N	Optional	Y = Person is a Key Employee N = Employee is not a Key Employee
Union Employee Flag	1	Text	N	Optional	Y = Person is a Union Employee N = Employee is not a Union Employee

#### **C.4 – Employee Plan Enrollment Data**

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Employee Plan Status	1	Text	E, P, N	Required if employer is determining eligibility.	E = Eligible but not participating P = Eligible and participating (self-elected) X = Excluded class N = Not eligible D = Default Enrolled A = Auto Enrolled
Plan Entry date	8	Date Format	20090630	Optional	The date the employee was eligible for the plan – default = date of hire.

Field	Maximum Length	Data Type	Example	Required/Optional	Comments
Vested Date	8	Date Format	20140630	Optional	The date the employee was/will be 100% Vested. Used when employer is tracking vesting to eliminate need for signatures on withdrawal letters.
Alternate Vesting Start Date	8	Date Format	20130418	Optional	Alternative date from Adjusted Date of Hire used to determine vesting status. If NULL, Adjusted Date of Hire is used. Most likely use is for employees that qualify for plan (like a top hat) after a promotion or other change in job status after being hired.
Contribution Source Code 1	3	Text	EEV	Optional	The SPARK Best Practice will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Deferral Percentage – CS1	6.2	Numeric	100.00 = 100% 6.50 = 6.5%	Optional	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election. If populated, the Contribution Source Code must be populated, above.
Per Pay Deferral Amount – CS1	11.2	Numeric	12345678.12	Optional	If the employee is deferring as a flat amount per pay period, the amount of the deferral election. If populated, the Contribution Source Code must be populated, above.
Contribution Source Code 2	3	Text	EEM	Optional	The SPARK Best Practice will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Deferral Percentage – CS2	6.2	Numeric	100.00 = 100% 6.50 = 6.5%	Optional	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election. If populated, the Contribution Source Code must be populated, above.
Per Pay Deferral Amount – CS2	11.2	Numeric	12345678.12	Optional	If the employee is deferring as a flat amount per pay period, the amount of the deferral election. If populated, the Contribution Source Code must be populated, above.

Field	Maximum Length	Data Type	Example	Required/ Optional	Comments
Contribution Source Code 3	3	Text	TBD	Optional	The SPARK Best Practice will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Deferral Percentage – CS3	6.2	Numeric	100.00 = 100% 6.50 = 6.5%	Optional	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election. If populated, the Contribution Source Code must be populated, above.
Per Pay Deferral Amount – CS3	11.2	Numeric	12345678.12	Optional	If the employee is deferring as a flat amount per pay period, the amount of the deferral election. If populated, the Contribution Source Code must be populated, above.
Plan Annual Salary	11.2	Numeric	12345678.12	Optional	The employee's annual salary as defined by the plan document.
Employer Contribution Eligibility Source 1	3	Text	TBD	Optional	ONLY use the Employer Contribution Eligibility fields if these dates are OTHER than the Plan Eligibility Date.  The SPARK Best Practice will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Employer Contribution Eligibility Date 1	8	Date Format	20090630	Optional	Date the employee was eligible to receive Employer Contribution Eligibility Source 1.
Employer Contribution Eligibility Source 2	3	Text	ERM	Optional	The SPARK Best Practice will define a default set of codes. These are suggested codes realizing the employer, common remitter and/or vendor may decide to use a customized set of codes.
Employer Contribution Eligibility Date 2	8	Date Format	CCYYMMDD	Optional	Date the employee was eligible to receive Employer Contribution Eligibility Source 2.

## **C.5 – Employee Automatic Deferral Increase Data**

<b>Field</b>	<b>Maximum Length</b>	<b>Data Type</b>	<b>Example</b>	<b>Required/ Optional</b>	<b>Comments</b>
Automatic Deferral Increase Type	4	Text	AUTO	Optional	NA – Not elected / not part of the plan AUTO – Employee has been auto-enrolled OUT – Employee has opted out of auto-enrollment SELF – Employee has made their own automatic deferral election
Automatic Deferral Increase Election Date	8	Date Format	20090630	Optional	The date the employee or plan elected this option.
Automatic Deferral Increase Next Increase Date	8	Date Format	20100701	Optional	The date of the next scheduled increase.
Automatic Deferral Increase End Date	8	Date Format	20140701	Optional	The date on which the increases should end.
Automatic Deferral Increase Frequency	2	Numeric	1	Optional	The frequency of the increase: 1 – Annual – default 2 – Every 6 months 4 – Quarterly
Automatic Deferral Increase Amount	11.2	Numeric	12345678.12	Optional	The dollar amount the deferral should increase on the next increase date.
Automatic Deferral Increase Amount Maximum	11.2	Numeric	12345678.12	Optional	The maximum amount these increases should be raised to. If no limit is set, value is 99999999.99.
Automatic Deferral Increase Percentage	6.2	Numeric	1.0 = 1%	Optional	The percentage the deferral should increase on the next increase date.
Automatic Deferral Increase Percentage Maximum	6.2	Numeric	010.00 = 10%	Optional	The maximum percentage of salary these increases should be raised to. If no limit is set, value is 100.0.



**APPENDIX A**  
To The  
Best Practices for Multiple Vendor Plans  
Remittance and Census Data Elements (Version RC1.0)

**VERSION CONTROL LOG**

<b>Version</b>	<b>Description</b>	<b>Date Published</b>	<b>Page Reference</b>	<b>Description of Revisions</b>
RC1.0	Initial version	6/30/2009	n/a	n/a