



Best Practices for 403(b) and Related
Retirement Plans

Remittance and Census Data Elements

Version RC2.0

May 31, 2012

Effective Date February 1, 2013



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General Information

403(b) plans regulatory requirements increased the need for employers, common remitters and vendors to define more effective means of sharing and transferring remittance and census feeds. 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 layout convention for 403(b) and related retirement plans. 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 plans.

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. For example, certain exclusive or single vendor plans use proprietary formats of their exclusive vendor.

Summary of Version 2.0 Changes

On June 30, 2009, The SPARK Institute released the initial Version RC1.0 of the Best Practices. In response to member recommendations regarding the stated purpose of Version 1.0 as a multi-vendor and 403(b) plan only layout and requests for additional data elements to meet new regulatory requirements and service offerings, The SPARK Institute determined that it was necessary to release a new version, including renaming the document to eliminate the multiple vendor wording and include language for related retirement plans. The Best Practices can be

used in all potential plan, vendor and aggregator scenarios, and the new name is consistent with the potential scope of use.

Version 2.0 includes additional data fields, clarifies certain usage issues and includes certain other changes. Version 1.0 will become obsolete on February 1, 2013, the effective date of Version 2.0, and, therefore, it will be necessary for users of the prior version to reprogram their systems.

Version 2.0 includes the following changes:

1. Deletion of the Background section from Version 1.0 and revisions to the General Information section.
2. Addition of a Summary of Changes to Version 2.0.
3. The addition of field numbers in all tables and the use of defined codes for required, optional and conditionally required fields. Field numbers were added for convenience and to make it easier to identify and refer to the specific fields.
4. Revisions to, and clarification of, the General File Layout Conventions under Part I A, Items 22 - 24.
5. Addition of “Conditional” to the column indicating requirements for each field.
6. Throughout the document, moved explanations, as needed, to Comments column from Example and Required/Optional/Conditional columns.
7. Addition of a Payroll Funding field to the Header record under Part I C.
8. Change of Remittance Amount and Loan Repayment Amount fields in the Trailer Record under Part I D to “Conditional” from “Optional.”
9. Revisions to the introduction to Part II.
10. Specification of instructions for submitting foreign and Canadian addresses and the addition of an example for Address Line 3 (Part II A.2, C.2).
11. Addition of a second e-mail address to allow for business and personal e-mail addresses and conforming changes to examples (Part II A.2, C.2).
12. Changed Contribution Source Amounts from Optional to Conditional (Part II A.3, B.3).
13. Moved requirements for use of City, State and Zip Code fields to Comments (Part II A.2, C.2).
14. Changes to Contribution Source Code comments to conform to new Contribution Source Codes (Part II A.3, A.5, B.3, C.4). Conforming changes made to the examples as needed.
15. Expansion of the Contribution Source Code field length from 3 to 4 digits (Part II A.3, A.5, B.3, C.4).
16. Addition of a Final Contribution Indicator (Part II A.3, B.3).
17. Addition of Employment Sub Types V=Voluntary and I=Involuntary as valid values that can correspond to a T=Terminated Employment Type (Part II A.4, C.3); changed this field from Optional to Conditional.
18. Added value of 10 = Paid over 10 months to Payroll Mode (Part II A.4, C.3).
19. Added a Months of Service indicator as an Optional field (Part II A.4, C.3).
20. Expansion of the field length for Per Pay and Year to Date Hours Worked to accommodate 2 digits following the decimal point (Part II A.4, C.3).
21. Addition of Vesting Sources and Vesting Percentages (Part II A.5, C.4).
22. Changed Loan Repayment Amounts from Optional to Conditional (Part II B.3).

23. Addition of a Contribution Source Codes List in Appendix A.

A detailed listing of changes is provided in the Version Control Log in Appendix B.

Effective Date - In order to facilitate an effective transition, Version 2.0 will become effective on February 1, 2013. Additionally, as of February 1, 2013, any and all prior versions of the Best Practices (i.e., Version 1.0) will be considered obsolete. The pre-publishing of this Version is intended to provide all affected and interested parties time to review and make any changes that they deem necessary. **This Version may be implemented prior to February 1, 2013 as 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.

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TABLE OF CONTENTS

PART I - File Layout Conventions for Data Sharing Between Vendors and Employers or Employer Representatives (Aggregators)	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
PART II - Data Sharing Elements for Employer or Employer Representative (Aggregator) Census and/or Remittance Detail Records to be Shared with Vendors	7
A. Remittance and Census Data	7
1. Employer / Plan Identification Data	8
2. Employee Basic Demographic Data	9
3. Employee Plan Remittance Data	11
4. Employee Employment Data	13
5. Employee Plan Enrollment Data.....	15
6. Employee Automatic Deferral Increase Data	18
B. Remittance Data Only.....	19
1. Employer / Plan Identification Data	19
2. Employee Demographic / Employment Data	20
3. Employee Plan Remittance Data	21
C. Census Only	24
1. Employer / Plan Identification Data	24
2. Employee Basic Demographic Data	25
3. Employee Employment Data	27
4. Employee Plan Enrollment Data.....	29
5. Employee Automatic Deferral Increase Data	32
Appendix A – Contribution Source Codes	33
Appendix B – Version Control Log	34

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 one or more 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 Practices, 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 and alphanumeric 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. File corrections, if necessary, should be handled on a case by case basis directly between the sender and the recipient. Senders of information should avoid attempting to make corrections by resending data without addressing the issue with the recipient in advance.
23. The Best Practices do not facilitate the sharing of investment allocation instructions. Senders of information should note that trades will generally be processed by the affected vendor according to their own practices and procedures (e.g., based on the current investment allocation designation for the participant.) Investment allocation changes should be handled separately by the participant with the appropriate vendor.
24. The following abbreviations are used throughout this document to indicate whether a data field is required, conditionally required, or optional:
 - R = Required in every transmission of the record.
 - C = Required in a transmission of the record if certain conditions specified in this document are met.
 - O = Optional information based on arrangements between the affected parties, product requirements, service models, or other conditions that may vary and be determined by the affected parties.

B. Identification of Record Types

1. Each file will contain at least one SPARK Institute Header and one SPARK Trailer record. 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 403(b) and Related Retirement Plans Remittance and 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.

No	Field	Max Length	Data Type	Example	Required/Optional/Conditional	Comments
1	Header	6	Text	SPARKH	R	Constant value: SPARKH. Identifies this as a SPARK file format and the header record for this format.
2	Data Type	2	Numeric	03	R	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

No	Field	Max Length	Data Type	Example	Required/Optional/Conditional	Comments
3	Data Source	30	Text	Vendor ABC	R	Identifies the data source as the Vendor (Investment Provider), Employer or Aggregator. Additional examples: For Vendor: Vendor ABC For Employer: ER_XYZ School District For Aggregator: Aggregator AnyCoName
4	File Creation Date/Time	15	Text	20081001-110503	R	Format: CCYYMMDD-HHMMSS (time is in Military format 120000 for noon, 190000 for 7:00pm).
5	Contact	40	Text	J.Smith1-222-333-4444 x123	O	Identifies an individual and phone number if there are questions about the content of the file.
6	Sender	40	Text	ABC Firm as Aggregator for Vendors D, E and F in School District Z.	O	Identifies sender name and role (i.e., Aggregator or Vendor).
7	SPARK Institute Data Elements Version No.	4	Text	2.0	R	SPARK Institute Best Practices version number in which the data is formatted.
8	As of Date	8	Date Format	20090608	R	The date the information is up to date as of.
9	Plan Start Date	8	Date Format	20090608	O	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.
10	Payroll Funding	1	Text	W	O	W = Wire C = Check A = ACH (push)

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.

No	Field	Max Length	Data Type	Example	Required/Optional/Conditional	Comments
1	Trailer	7	Text	SPARKTR	R	Constant value SPARKTR. Identifies this as a SPARK file format and the header record for this format.
2	Record Count	8	Numeric	00045678	R	Total number of ALL records INCLUDING header and trailer records. Format 99999999, right justified, spaces filled with zeros.

No	Field	Max Length	Data Type	Example	Required/Optional/Conditional	Comments
3	Remittance Amount	12.2	Numeric	123456789.12	C	Required if remittances are included in the file. This is the sum of all positive contribution source amounts (net of negatives included).
4	Loan Repayment Amount	12.2	Numeric	123456789.12	C	Required if Loan Repayments are included in the file. This is the sum of all Loan Repayment amounts in the file.
5	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 3 sections:

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

While each file format may be valid in different situations, the sender and receiver should agree upon a format prior to any data file transmissions. Format A “Remittance with Census Data” is commonly used for submitting Remittances directly from Employers. Format B “Remittance Only” is commonly used for the Common Remitting Vendor or Third Party Administrator for submitting remittances to downstream vendors. Format C “Census Only” is commonly used for submitting data for compliance and other outsourced services outside of the normal payroll frequency.

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, if agreed to by the affected parties. The terms of this should be negotiated between the employer and vendor prior to establishing the remittance procedures. If the affected parties agree to allow transmission of negative contributions, the contributions should be remitted with a “-” (negative sign) in the first position of the numeric field. The negative sign does take up one digit 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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Detail Record ID	1	Text	D	R	This field must always contain a "D" value. This field defines the type of record as a Detail record. Each set of "D" records has one header and one trailer record.
2	Employer Name	30	Alphanumeric	ABC Non Profit	R	The name of the Employer.
3	Employer EIN	10	Alphanumeric	AB-1234567	O	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.
4	Employer Plan ID	20	Alphanumeric	AB-1234567001	R	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.
5	Employer Sub Plan ID	20	Alphanumeric	School#1	O	A division of the Employer Plan ID.
6	Originating Vendor Plan ID	20	Alphanumeric	PL87BA457	O	For common remitters or other aggregators, the plan ID used by the aggregator.
7	Originating Vendor Sub Plan ID	20	Alphanumeric	Hardy Middle	O	For common remitters or other aggregators, the sub plan ID used by the aggregator.
8	Recipient Vendor Plan ID	20	Alphanumeric	CR4587433	O	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.
9	Recipient Vendor Sub Plan ID	20	Alphanumeric	Sub1	O	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.
10	Type of Account	3	Text	008	R	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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
11	Payroll Frequency	3	Numeric	26	O	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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Employee SSN	9	Numeric	123456789	R	The participant's social security number will be used to identify the participant.
2	Employee ID	20	Alphanumeric	PERSON176	O	Employee identification found on the Employer records; this field should not be provided or defaulted if it is not available.
3	Employee Title	5	Text	MR.	O	The title used by the employee, e.g., MR. MS, MRS.
4	Employee First Name	35	Text	JOHN	R	Employee First Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
5	Employee Middle Name	35	Text	B	O	Employee Middle Name to be used for enrollment research or other purposes as agreed by vendor and employer.
6	Employee Last Name	35	Text	BROKE	R	Employee Last Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
7	Address Line 1	35	Alphanumeric	123 Central St	R	Employee home address.
8	Address Line 2	35	Alphanumeric	Apartment 34	O	Second address line if needed for Employee home address.
9	Address Line 3	35	Alphanumeric	Box 2	O	Third address line if needed for Employee home address. For foreign addresses not including Canada, please use address line 3 for the foreign city and other local required mailing codes.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
10	City	20	Alphanumeric	Nowhere	C	Employee City. Required for employees in US. For foreign address not including Canada, please leave blank.
11	State	2	Alphanumeric	AZ	C	Employee State. Required for employees in US. For Canadian addresses, please provide the 2 digit Province code. For other foreign addresses, please leave blank.
12	Zip Code	9	Numeric	76543	C	Employee Zip Code. Required for employees in US. For Canadian addresses, please provide the Canadian postal code.
13	Country Code	2	Alphanumeric	US	R	Employee country code: US = Default For foreign addresses, please provide the 2 digit ISO Country Code.
14	Residency Code	1	Text	U	R	U – US Citizen N – Non-Resident Alien
15	Date of Birth	8	Date Format	19641114	R	The employee's date of birth.
16	Gender ID	1	Text	M	R	M=Male or F=Female
17	Marital Status	1	Text	S	O	The field is used to determine if spousal consent is required for distributions. S – Single M – Married P – Domestic Partner Q – QDRO
18	Phone Number 1	10	Numeric	800524987	O	A contact phone number for the Employee.
19	Phone Number Type 1	2	Text	OF	O	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
20	Phone Extension 1	5	Alphanumeric	x-12	O	The extension for the phone number to reach the person.
21	Phone Number 2	10	Numeric	800524987	O	A contact phone number for the Employee.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
22	Phone Number Type 2	2	Text	OF	O	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
23	Phone Extension 2	5	Alphanumeric	x-13	O	The extension for the phone number to reach the person.
24	Business Email Address	50	Alphanumeric	jbroke@district1.edu	O	Employee's business email address.
25	Personal Email Address	50	Alphanumeric	jbroke@msn.com	O	Employee's personal email address.

A.3 – Employee Plan Remittance Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Payroll Date	8	Date Format	20100701	R	The ending date of the payroll period related to the submitted contributions.
2	Contribution Source Code 1	4	Text	EEV	O	See Appendix A for Contribution Source Codes
3	Contribution Source Amount 1	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.
4	Contribution Source Code 2	4	Text	EEM	O	See Appendix A for Contribution Source Codes.
5	Contribution Source Amount 2	11.2	Numeric	-1234567.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.
6	Contribution Source Code 3	4	Text	ERB	O	See Appendix A for Contribution Source Codes.
7	Contribution Source Amount 3	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.
8	Contribution Source Code 4	4	Text	ERM	O	See Appendix A for Contribution Source Codes.
9	Contribution Source Amount 4	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.
10	Contribution Source Code 5	4	Text	ROTH	O	See Appendix A for Contribution Source Codes.
11	Contribution Source Amount 5	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
12	Contribution Source Code 6	4	Text	FORF	O	See Appendix A for Contribution Source Codes.
13	Contribution Source Amount 6	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.
14	Contribution Source Code 7	4	Text	EEPA	O	See Appendix A for Contribution Source Codes.
15	Contribution Source Amount 7	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
16	Contribution Source Code 8	4	Text	ERN1	O	See Appendix A for Contribution Source Codes.
17	Contribution Source Amount 8	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source Code is provided.
18	Final Contribution Indicator	1	Text	Y	O	Indicator that can be sent with the final contribution for a terminated participant. The indicator can be used to help determine when a distribution can commence when contributions are transmitted after the individual is terminated. The following values are available: NULL – Active employee (default value) Y – Final Contribution Sent N – Continuation of Contributions
19	Loan Number 1	20	Text	Vendor Loan 1	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
20	Loan Repayment Amount 1	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 1 is not equal to NULL.
21	Loan Number 2	20	Text	Vendor Loan 2	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
22	Loan Repayment Amount 2	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 2 is not equal to NULL.
23	Loan Number 3	20	Text	Vendor Loan 3	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
24	Loan Repayment Amount 3	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 3 is not equal to NULL.
25	Loan Number 4	20	Text	Vendor Loan 4	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
26	Loan Repayment Amount 4	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 4 is not equal to NULL.
27	Loan Number 5	20	Text	Vendor Loan 5	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
28	Loan Repayment Amount 5	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 5 is not equal to NULL.

A.4 – Employee Employment Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	HR Area /Location Code	10	Alphanumeric	Admin	O	The area or facility, defined by the employer, that the employee is employed under.
2	HR Sub Area	10	Alphanumeric	Cafeteria	O	A breakdown, defined by the employer, of the HR Area/ Location Code.
3	Original Date of Hire	8	Date Format	20000102	R	Date of Hire – The date the person was originally hired without consideration for breaks in service.
4	Adjusted Date of Hire	8	Date Format	20020313	R	Date of Hire adjusted for breaks in service.
5	Employment Status	1	Code	E	R	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)

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
6	Employment Sub Type	1	Code	O	C	Additional detail for the Employment Status = E O = Original (default) R = Rehired If Employment Status = R: N = Normal (default) E = Early P = Postponed If Employment Status = T: V = Voluntary I = Involuntary If Employment Status = L A – Approved – paid (default) U = Approved – Unpaid F = Family Medical Leave Act M = Military
7	Employment Status Date	8	Date Format	20020312	R	Date which the Employment Status or Employment Status Sub Type was effective.
8	Employee Type	1	Text	F	R	Type of Employee: F = Full Time P = Part Time L = Leased T = Temporary
9	Payroll Mode	3	Alphanumeric	12	R	The number of months the employee is paid over – primary use is for school employees – values: 12 = Paid over 12 months (default) 10 = Paid over 10 months 9 = Paid over 9 months Other values as mutually agreed between employer, vendor and aggregator may be used.
10	Years of Service	2	Numeric	14	O	Years of Service, rounded <u>down</u> to whole years. Example: if actual Years of Service = 14 yrs 9 months, enter “14.
11	Months of Service	3	Numeric	114	O	Whole months of service.
12	Annual Salary	11.2	Numeric	12345678.12	O	The employee’s annual base salary.
13	Cash Bonus Amount	11.2	Numeric	12345678.12	O	The amount of any cash bonuses paid during the year.
14	Per Pay Compensation	11.2	Numeric	12345678.12	O	Base compensation paid each pay period.
15	Per Pay Hours Worked	7.2	Numeric	80.00	O	The number of base hours worked each pay period.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
16	Year to Date Type	1	Text	C	O	Defines how the YTD fields below are populated – values: C = Calendar Year F = Fiscal Year P = Plan Year
17	Year to Date Base Compensation	11.2	Numeric	12345678.12	O	Base compensation paid YTD.
18	Year to Date Total Compensation	11.2	Numeric	12345678.12	O	Total compensation paid YTD.
19	Year to Date Hours Worked	7.2	Numeric	2080.00	O	The number of hours the employee has worked YTD.
20	HCE Flag	1	Text	N	O	Y = Person is a Highly Compensated Employee N = Employee is not a Highly Compensated Employee
21	Key Employee Flag	1	Text	N	O	Y = Person is a Key Employee N = Employee is not a Key Employee
22	Union Employee Flag	1	Text	N	O	Y = Person is a Union Employee N = Employee is not a Union Employee

A.5 – Employee Plan Enrollment Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Employee Plan Status	1	Text	E, P, N	C	E = Eligible but not participating P = Eligible and participating (self-elected) X = Excluded class N = Not eligible D = Default Enrolled A = Auto Enrolled Required if employer is determining eligibility.
2	Plan Entry Date	8	Date Format	20000102	O	The date the employee was eligible for the plan – default = date of hire.
3	Vested Date	8	Date Format	20050102	O	The date the employee was/will be 100% Vested. Used when employer is tracking vesting to eliminate need for signatures on withdrawal letters.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
4	Alternate Vesting Start Date	8	Date Format	20050102	O	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.
5	Vesting Source Code 1	4	Text	ERB	O	Employer source 1 that is subject to a vesting schedule. See Appendix A for Contribution Source Codes.
6	Vesting Percentage 1	6.2	Numeric	100.00	C	Vesting percentage applicable to Employer source 1, e.g., 100.00 = 100%, 33.33 = 33.33%
7	Vesting Source Code 2	4	Text	ERS	O	Employer source 2 subject to a vesting schedule. See Appendix A for Contribution Source Codes.
8	Vesting Percentage 2	6.2	Numeric	100.00	C	Vesting percentage applicable to Employer source 2, e.g., 100.00 = 100%, 33.33 = 33.33%.
9	Vesting Source Code 3	4	Text	ERN1	O	Employer source 3 subject to a vesting schedule. See Appendix A for Contribution Source Codes.
10	Vesting Percentage 3	6.2	Numeric	100.00	C	Vesting percentage applicable to Employer source 3, e.g., 100.00 = 100%, 33.33 = 33.33%.
11	Contribution Source Code 1	4	Text	EEV	O	See Appendix A for Contribution Source Codes.
12	Deferral Percentage – CS1	6.2	Numeric	100.00	O	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election, e.g., 100.00 = 100%, 6.50 = 6.5%. If populated, the Contribution Source Code must be populated, above.
13	Per Pay Deferral Amount – CS1	11.2	Numeric	12345678.12	O	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.
14	Contribution Source Code 2	4	Text	EEPA	O	See Appendix A for Contribution Source Codes.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
15	Deferral Percentage – CS2	6.2	Numeric	100.00	O	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election, e.g., 100.00 = 100%, 6.50 = 6.5%. . If populated, the Contribution Source Code must be populated, above.
16	Per Pay Deferral Amount – CS2	11.2	Numeric	12345678.12	O	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.
17	Contribution Source Code 3	4	Text	EEAE	O	See Appendix A for Contribution Source Codes.
18	Deferral Percentage – CS3	6.2	Numeric	100.00	O	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election, e.g., 100.00 = 100%, 6.50 = 6.5%. If populated, the Contribution Source Code must be populated above.
19	Per Pay Deferral Amount – CS3	11.2	Numeric	12345678.12	O	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.
20	Plan Annual Salary	11.2	Numeric	12345678.12	O	The employee's annual salary as defined by the plan document.
21	Employer Contribution Eligibility Source 1	4	Text	ERB	O	ONLY use the Employer Contribution Eligibility fields if these dates are OTHER than the Plan Eligibility Date. See Appendix A for Contribution Source Codes.
22	Employer Contribution Eligibility Date 1	8	Date Format	20000102	O	Date the employee was eligible to receive Employer Contribution Eligibility Source 1.
23	Employer Contribution Eligibility Source 2	4	Text	ERS	O	See Appendix A for Contribution Source Codes.
24	Employer Contribution Eligibility Date 2	8	Date Format	20000102	O	Date the employee was eligible to receive Employer Contribution Eligibility Source 2.

A.6 – Employee Automatic Deferral Increase Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Automatic Deferral Increase Type	4	Text	AUTO	O	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
2	Automatic Deferral Increase Election Date	8	Date Format	20100701	O	The date the employee or plan elected this option.
3	Automatic Deferral Increase Next Increase Date	8	Date Format	20110701	O	The date of the next scheduled increase.
4	Automatic Deferral Increase End Date	8	Date Format	20140701	O	The date on which the increases should end.
5	Automatic Deferral Increase Frequency	2	Numeric	1	O	The frequency of the increase: 1 – Annual – default 2 – Every 6 months 4 – Quarterly
6	Automatic Deferral Increase Amount	11.2	Numeric	12345678.12	O	The dollar amount the deferral should increase on the next increase date.
7	Automatic Deferral Increase Amount Maximum	11.2	Numeric	12345678.12	O	The maximum amount these increases should be raised to. If no limit is set, value is 99999999.99.
8	Automatic Deferral Increase Percentage	6.2	Numeric	1.0	O	The percentage the deferral should increase on the next increase date, e.g., 1.0=1%.
9	Automatic Deferral Increase Percentage Maximum	6.2	Numeric	10.00	O	The maximum percentage of salary these increases should be raised to, e.g., 10.00=10%. If no limit is set, value is 100.00.

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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Detail Record ID	1	Text	D	R	This field must always contain a “D” value. This field defines the type of record as a Detail record. Each set of “D” records has one header and one trailer record.
2	Employer Name	30	Alphanumeric	ABC Non Profit	R	The name of the Employer.
3	Employer EIN	10	Alphanumeric	AB-1234567	O	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.
4	Employer Plan ID	20	Alphanumeric	AB-1234567001	R	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.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
5	Employer Sub Plan ID	20	Alphanumeric	AB- Sub Plan ID	O	A division of the Employer Plan ID.
6	Originating Vendor Plan ID	20	Alphanumeric	PL87BA457	O	For common remitters or other aggregators, the plan ID used by the aggregator
7	Originating Vendor Sub Plan ID	20	Alphanumeric	Hardy Middle	O	For common remitters or other aggregators, the sub plan ID used by the aggregator
8	Recipient Vendor Plan ID	20	Alphanumeric	CR4587433	O	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.
9	Recipient Vendor Sub Plan ID	20	Alphanumeric	Sub1	O	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.
10	Type of Account	3	Text	001	O	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
11	Payroll Frequency	3	Numeric	26	O	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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Employee SSN	9	Numeric	123456789	R	The participant's social security number will be used to identify the participant.
2	Employee ID	20	Alphanumeric	EM-45786	O	Employee identification found on the Employer records; this field should not be provided or defaulted if it is not available.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
3	Employee First Name	35	Text	JOHN	R	Employee First Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
4	Employee Middle Name	35	Text	Q	O	Employee Middle Name to be used for enrollment research or other purposes as agreed by vendor and employer.
5	Employee Last Name	35	Text	PUBLIC	R	Employee Last Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
6	Date of Birth	8	Date Format	19570519	O	The employee's date of birth.
7	Gender ID	1	Text	M	O	M=Male, F=Female
8	HR Area / Location Code	10	Alphanumeric	Admin	O	The area or facility, defined by the employer, the employee is employed under.
9	HR Sub Area	10	Alphanumeric	Cafeteria	O	A breakdown, defined by the employer, of the HR Area/Loc Code.
10	Original Date of Hire	8	Date Format	19990502	O	Date of Hire – The date the person was originally hired without consideration for breaks in service.
11	Adjusted Date of Hire	8	Date Format	19990502	O	Date of Hire adjusted for breaks in service.
12	Payroll Mode	3	Alphanumeric	12	O	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 10 = Paid over 10 months 9 = Paid over 9 months Other values as mutually agreed between employer, vendor and aggregator may be used.

B.3 – Employee Plan Remittance Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Payroll Date	8	Date Format	CCYYMMDD	R	The ending date of the payroll period related to the submitted contributions.
2	Contribution Source Code 1	4	Text	EEV	O	See Appendix A for Contribution Source Codes.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
3	Contribution Source Amount 1	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
4	Contribution Source Code 2	4	Text	EEM	O	See Appendix A for Contribution Source Codes.
5	Contribution Source Amount 2	11.2	Numeric	-1234567.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
6	Contribution Source Code 3	4	Text	ERB	O	See Appendix A for Contribution Source Codes...
7	Contribution Source Amount 3	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
8	Contribution Source Code 4	4	Text	ERM	O	See Appendix A for Contribution Source Codes.
9	Contribution Source Amount 4	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
10	Contribution Source Code 5	4	Text	ROTH	O	See Appendix A for Contribution Source Codes...
11	Contribution Source Amount 5	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
12	Contribution Source Code 6	4	Text	FORF	O	See Appendix A for Contribution Source Codes.
13	Contribution Source Amount 6	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
14	Contribution Source Code 7	4	Text	EEPA	O	See Appendix A for Contribution Source Codes.
15	Contribution Source Amount 7	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.
16	Contribution Source Code 8	4	Text	ERN1	O	See Appendix A for Contribution Source Codes.
17	Contribution Source Amount 8	11.2	Numeric	12345678.12	C	Amount of contribution for this source – May be 0.00 even if a Contribution Source code is provided.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
18	Final Contribution Indicator	1	Text	Y	O	Indicator sent with the final contribution for a terminated participant. The indicator can be used to determine when a distribution can commence if contributions are sent post termination. The following values are available: NULL – Active (default) Y – Final Contribution Sent N – Continuation of Contributions
19	Loan Number 1	20	Text	Vendor Loan 1	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
20	Loan Repayment Amount 1	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 1 is not equal to NULL.
21	Loan Number 2	20	Text	Vendor Loan 2	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
22	Loan Repayment Amount 2	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 2 is not equal to NULL.
23	Loan Number 3	20	Text	Vendor Loan 3	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
24	Loan Repayment Amount 3	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 3 is not equal to NULL.
25	Loan Number 4	20	Text	Vendor Loan 4	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
26	Loan Repayment Amount 4	11.2	Numeric	12345678.12	C	Amount of the loan repayment - Required if Loan Number 4 is not equal to NULL.
27	Loan Number 5	20	Text	Vendor Loan 5	O	The identifier that the remitter and vendor agree to as identification of the loan being repaid.
28	Loan Repayment Amount 5	11.2	Numeric	12345678.12	C	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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Detail Record ID	1	Text	D	R	This field must always contain a “D” value. This field defines the type of record as a “Detail” record. Each set of “D” records has one header and one trailer record.
2	Employer Name	30	Alphanumeric	ABC Non Profit	R	The name of the Employer.
3	Employer EIN	10	Alphanumeric	AB-1234567	O	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.
4	Employer Plan ID	20	Alphanumeric	AB-1234567001	R	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.
5	Employer Sub Plan ID	20	Alphanumeric	Location #3	O	A division of the Employer Plan ID.
6	Originating Vendor Plan ID	20	Alphanumeric	PL87BA457	O	For common remitters or other aggregators, the plan ID used by the aggregator
7	Originating Vendor Sub Plan ID	20	Alphanumeric	Hardy Middle	O	For common remitters or other aggregators, the sub plan ID used by the aggregator
8	Recipient Vendor Plan ID	20	Alphanumeric	CR4587433	O	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.
9	Recipient Vendor Sub Plan ID	20	Alphanumeric	Sub1	O	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.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
10	Type of Account	3	Text	008	R	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
11	Payroll Frequency	3	Numeric	26	O	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

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Employee SSN	9	Numeric	123456789	R	The participant's social security number will be used to identify the participant.
2	Employee ID	20	Alphanumeric	PERSON176	O	Employee identification found on the Employer records; this field should not be provided or defaulted if it is not available.
3	Employee Title	5	Text	MR.	O	The title used by the employee, e.g., MR. MS. MRS.
4	Employee First Name	35	Text	JOHN	R	Employee First Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
5	Employee Middle Name	35	Text	B	O	Employee Middle Name to be used for enrollment research or other purposes as agreed by vendor and employer.
6	Employee Last Name	35	Text	BROKE	R	Employee Last Name to be used for enrollment, research or other purposes as agreed by vendor and employer.
7	Address Line 1	35	Alphanumeric	123 Central St	R	Employee home address.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
8	Address Line 2	35	Alphanumeric	Apartment 34	O	Second address line if needed for Employee home address.
9	Address Line 3	35	Alphanumeric	Box 2	O	Third address line if needed for Employee home address. For foreign addresses not including Canada, please use Address Line 3 for the foreign city and other local required mailing codes.
10	City	20	Alphanumeric	Nowhere	C	Employee City - Required for employees in US. For foreign address not including Canada, please leave blank.
11	State	2	Alphanumeric	AZ	C	Employee State - Required for employees in US. For Canadian addresses, please provide the 2 digit Province code. For other foreign addresses, please leave blank.
12	Zip Code	9	Numeric	76543	C	Employee Zip Code - Required for employees in US. For Canadian addresses, please provide the Canadian postal code.
13	Country Code	2	Alphanumeric	US	R	Employee country code: US = Default For foreign addresses, please provide the 2 digit ISO Country Code.
14	Residency Code	1	Text	U	R	U – US Citizen N – Non-Resident Alien
15	Date of Birth	8	Date Format	19820430	R	The employee's date of birth.
16	Gender ID	1	Text	M or F	R	Male or Female
17	Marital Status	1	Text	S	O	The field is used to determine if spousal consent is required for distributions. S-Single M-Married P-Domestic Partner Q-QDRO

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
18	Phone Number 1	10	Numeric	800524987	O	A contact phone number for the Employee.
19	Phone Number Type 1	2	Text	OF	O	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
20	Phone Extension 1	5	Alphanumeric	x-12	O	The extension for the phone number to reach the person.
21	Phone Number 2	10	Numeric	800524987	O	A contact phone number for the Employee.
22	Phone Number Type 2	2	Text	OF	O	Phone Number Type HN – Home Number OF – Office Number HC – Home Cell OC – Office Cell
23	Phone Extension 2	5	Alphanumeric	1705	O	The extension for the phone number to reach the person.
24	Business Email Address	50	Alphanumeric	jbroke@district1.edu	O	Employee's business email address.
25	Personal Email Address	50	Alphanumeric	jbroke@msn.com	O	Employee personal email address.

C.3 – Employee Employment Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	HR Area / Location Code	10	Alphanumeric	Admin	O	The area or facility, defined by the employer, that the employee is employed under.
2	HR Sub Area	10	Alphanumeric	Cafeteria	O	A breakdown, defined by the employer, of the HR Area/Loc Code.
3	Original Date of Hire	8	Date Format	20090630	R	Date of Hire – The date the person was originally hired without consideration for breaks in service.
4	Adjusted Date of Hire	8	Date Format	20090630	R	Date of Hire adjusted for breaks in service.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
5	Employment Status	1	Code	E	R	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)
6	Employment Sub Type	1	Code	O	C	Additional detail for the Employment Status = E O = Original (default) R = Rehired If Employment Status = R: N = Normal (default) E = Early P = Postponed If Employment Status = T: V = Voluntary I = Involuntary If Employment Status = L A = Approved – Paid (default) U = Approved – Unpaid F = Family Medical Leave Act M = Military
7	Employment Status Date	8	Date Format	20090630	R	Date which the Employment Status or Employment Status Sub Type was effective.
8	Employee Type	1	Text	F	R	Type of Employee: F = Full Time P = Part Time L = Leased T = Temporary
9	Payroll Mode	3	Alphanumeric	12	R	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 10 = Paid over 10 months Other values as mutually agreed between employer, vendor and aggregator may be used.
10	Years of Service	2	Numeric	14	O	Years of Service, rounded <u>down</u> to whole years. Example: if actual Years of Service = 14 yrs 9 months, enter "14".
11	Months of Service	3	Numeric	114	O	Whole months of service.
12	Annual Salary	11.2	Numeric	12345678.12	O	The employee's annual base salary.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
13	Cash Bonus Amount	11.2	Numeric	12345678.12	O	The amount of any cash bonuses paid during the year.
14	Per Pay Compensation	11.2	Numeric	12345678.12	O	Base compensation paid each pay period.
15	Per Pay Hours Worked	7.2	Numeric	80.00	O	The number of base hours worked each pay period.
16	Year to Date Type	1	Text	C	O	Defines how the YTD fields below are populated – values: C = Calendar Year F = Fiscal Year P = Plan Year
17	Year to Date Base Compensation	11.2	Numeric	12345678.12	O	Base compensation paid YTD.
18	Year to Date Total Compensation	11.2	Numeric	12345678.12	O	Total compensation paid YTD.
19	Year to Date Hours Worked	7.2	Numeric	2080.00	O	The number of hours the employee has worked YTD.
20	HCE Flag	1	Text	N	O	Y = Person is a Highly Compensated Employee N = Employee is not a Highly Compensated Employee
21	Key Employee Flag	1	Text	N	O	Y = Person is a Key Employee N = Employee is not a Key Employee
22	Union Employee Flag	1	Text	N	O	Y = Person is a Union Employee N = Employee is not a Union Employee

C.4 – Employee Plan Enrollment Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Employee Plan Status	1	Text	E	C	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
2	Plan Entry date	8	Date Format	20090630	O	The date the employee was eligible for the plan – default = date of hire.
3	Vested Date	8	Date Format	20140630	O	The date the employee was/will be 100% Vested. Used when employer is tracking vesting to eliminate need for signatures on withdrawal letters.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
4	Alternate Vesting Start Date	8	Date Format	20130418	O	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.
5	Vesting Source Code 1	4	Text	ERB	O	Employer source 1 subject to a vesting schedule. See Appendix A for Contribution Source Codes.
6	Vesting Percentage 1	6.2	Numeric	100.00	C	Vesting percentage applicable to Employer source 1, e.g., 100.00 = 100%, 33.33 = 33.33%.
7	Vesting Source Code 2	4	Text	ERS	O	Employer source 2 subject to a vesting schedule. See Appendix A for Contribution Source Codes.
8	Vesting Percentage 2	6.2	Numeric	100.00	C	Vesting percentage applicable to Employer source 2, e.g., 100.00 = 100%, 33.33 = 33.33%.
9	Vesting Source Code 3	4	Text	ERN1	O	Employer source 3 subject to a vesting schedule. See Appendix A for Contribution Source Codes.
10	Vesting Percentage 3	6.2	Numeric	100.00	C	Vesting percentage applicable to Employer source 3, e.g., 100.00 = 100%, 33.33 = 33.33%.
11	Contribution Source Code 1	4	Text	EEV	O	See Appendix A for Contribution Source Codes.
12	Deferral Percentage – CS1	6.2	Numeric	100.00	O	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election, e.g., = 100%, 6.50 = 6.5%. If populated, the Contribution Source Code must be populated above.
13	Per Pay Deferral Amount – CS1	11.2	Numeric	12345678.12	O	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.
14	Contribution Source Code 2	4	Text	EEPA	O	See Appendix A for Contribution Source Codes.

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
15	Deferral Percentage – CS2	6.2	Numeric	100.00	O	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election, e.g., = 100%, 6.50 = 6.5%. If populated, the Contribution Source Code must be populated above.
16	Per Pay Deferral Amount – CS2	11.2	Numeric	12345678.12	O	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.
17	Contribution Source Code 3	4	Text	EEAE	O	See Appendix A for Contribution Source Codes.
18	Deferral Percentage – CS3	6.2	Numeric	100.00	O	If the employee is deferring as a percentage of eligible compensation, the percentage of the deferral election, e.g., = 100%, 6.50 = 6.5%. If populated, the Contribution Source Code must be populated above.
19	Per Pay Deferral Amount – CS3	11.2	Numeric	12345678.12	O	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.
20	Plan Annual Salary	11.2	Numeric	12345678.12	O	The employee's annual salary as defined by the plan document.
21	Employer Contribution Eligibility Source 1	4	Text	ERM	O	ONLY use the Employer Contribution Eligibility fields if these dates are OTHER than the Plan Eligibility Date. See Appendix A for Contribution Source Codes.
22	Employer Contribution Eligibility Date 1	8	Date Format	20090630	O	Date the employee was eligible to receive Employer Contribution Eligibility Source 1.
23	Employer Contribution Eligibility Source 2	4	Text	ERS	O	See Appendix A for Contribution Source Codes.
24	Employer Contribution Eligibility Date 2	8	Date Format	20090630	O	Date the employee was eligible to receive Employer Contribution Eligibility Source 2.

C.5 – Employee Automatic Deferral Increase Data

No.	Field	Max Length	Data Type	Example	Required/ Optional/ Conditional	Comments
1	Automatic Deferral Increase Type	4	Text	AUTO	<input type="radio"/>	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
2	Automatic Deferral Increase Election Date	8	Date Format	20090630	<input type="radio"/>	The date the employee or plan elected this option.
3	Automatic Deferral Increase Next Increase Date	8	Date Format	20100701	<input type="radio"/>	The date of the next scheduled increase.
4	Automatic Deferral Increase End Date	8	Date Format	20140701	<input type="radio"/>	The date on which the increases should end.
5	Automatic Deferral Increase Frequency	2	Numeric	1	<input type="radio"/>	The frequency of the increase: 1 – Annual – default 2 – Every 6 months 4 – Quarterly
6	Automatic Deferral Increase Amount	11.2	Numeric	12345678.12	<input type="radio"/>	The dollar amount the deferral should increase on the next increase date.
7	Automatic Deferral Increase Amount Maximum	11.2	Numeric	12345678.12	<input type="radio"/>	The maximum amount these increases should be raised to. If no limit is set, value is 99999999.99.
8	Automatic Deferral Increase Percentage	6.2	Numeric	1.00	<input type="radio"/>	The percentage the deferral should increase on the next increase date, e.g., 1.00 = 1%.
9	Automatic Deferral Increase Percentage Maximum	6.2	Numeric	10.00	<input type="radio"/>	The maximum percentage of salary these increases should be raised to, e.g., 10.00 = 10%. If no limit is set, value is 100.00.

APPENDIX A
To The
Best Practices for 403(b) and Related Retirement Plans
Remittance and Census Data Elements (Version RC2.0)

CONTRIBUTION SOURCE CODES*

Contribution Source Code	Description
EEV	Employee Voluntary
EEM	Employee Mandatory
ERB	Employer Basic
ERS	Employer Supplemental
ROTH	Roth
EEPA	Employee Pre-tax Elective
EEPN	Employee Pre-tax Non-elective
ERN1	Employer Non-matching
ERM	Employer Matching
EEAE	Employee After-tax Elective
EEAN	Employee After-tax Non-elective
EEAM	Employee After-tax Matched
EEAR	Employee After-tax Recharacterization
PICK	Employee SRA Picked up by Employer
EEP4	Employee 457
ERN2	Employer Discretionary
ERIN	Employer Individually Negotiated
QNEC	Employer Qualified Non-elective
QMAC	Employer Qualified Match
FORF	Employer Reallocation of Forfeitures
ERPS	Employer Profit Sharing
ERMP	Employer Money Purchase

* The codes specified above represent common Contribution Source Codes. Alternative and additional codes may be agreed to between each sender and recipient.

APPENDIX B
To The
Best Practices for 403(b) and Related Retirement Plans
Remittance and Census Data Elements (Version RC2.0)

VERSION CONTROL LOG

Version	Description	Date Published	Page Reference	Description of Revisions
RC1.0	Initial version	6/30/2009	n/a	n/a
RC2.0	New Version	5/31/2012		Revisions and clarifications as identified below.
			Title Page	New Title, Version Number and Effective Date
			Page i	New Title, Version Number and Effective Date
			Page i-iii	Summary of Version 2.0 changes
			Page iii	New Effective Date
			Page iv	Addition of Appendix B to Table of Contents.
			Page 3	Additional File Layout conventions
			Page 4	Changed document title
			Pages 4-32	Added Field numbers to all tables; added "Conditional" to column header indicating the requirements for a data field.
			Page 5	Updated Version Number; added Payroll Funding field to the Header record.
			Page 6	Changed Remittance Amount and Loan Repayment Amount fields from Optional to Conditional.
			Page 7	Revised introduction to Part II.
			Pages 9-10	Added instructions for foreign and Canadian addresses; added example to Address Line 3.
			Page 10	Moved conditions for requirement of City, State and Zip Code fields to Comments
			Page 11	Added second e-mail field to denote business vs. personal e-mail addresses and added conforming examples.
			Page 11	Removed explanation from The Required/Optional/Conditional column for Contribution Source Code 1
			Pages 11-12	Changed Contribution Source Code field lengths from 3 to 4. Revised certain Source Code examples to conform to Contribution Source Codes. Changed Contribution Source Amounts requirement from Optional to Conditional.

Version	Description	Date Published	Page Reference	Description of Revisions
			Page 12	Added Final Contribution Indicator. Removed explanation from The Required/ Optional/ Conditional column for Loan Number 1.
			Page 13-14	Changed requirement for Loan Repayment Amount from Optional to Conditional.
			Page 14	Added E reference to Employment Sub Type Comments; added Sub Types V and I to the T Status Code; changed requirement from Optional to Conditional. Added a value of 10 = Paid over 10 months to Payroll Mode field. Added a Months of Service field. Changed the Per Pay Hours to accommodate 2 decimal hours submission.
			Page 15	Changed the Year to Date Hours Worked to accommodate 2 decimal hours submission. Changed Employee Plan Status from Required to Conditional and moved conditions to Comments.
			Page 16	Added Vesting Source Codes/Percentages.
			Pages 16-17	Changed Contribution Source Code field lengths from 3 to 4; revised certain Source Code examples to conform to Contribution Source Codes.
			Page 17	Changed the Employer Contribution Eligibility Source Code field lengths from 3 to 4; revised certain Source Code examples to conform to Contribution Source Codes.
			Page 21	Added a value of 10 = Paid over 10 months to Payroll Mode field. Removed explanation from The Required/ Optional/Conditional column for Contribution Source Code 1.
			Pages 21-22	Changed Contribution Source Code field lengths from 3 to 4; revised certain Source Code examples to conform to Contribution Source Codes. Changed Contribution Source Amount fields from Optional to Conditional.
			Page 23	Added Final Contribution Indicator.
			Page 23	Changed requirement for Loan Repayment Amounts from Optional to Conditional.
			Pages 26	Added instructions for foreign and Canadian addresses; added example to Address Line 3.
			Page 27	Added second e-mail field to denote business vs. personal e-mail addresses.
			Page 28	Added E reference to Employment Sub Type Comments; added Sub Types V and I to the T Status Code; changed requirement from Optional to Conditional. Added a value of 10 = Paid over 10 months to Payroll Mode field. Added a Months of Service field.

Version	Description	Date Published	Page Reference	Description of Revisions
			Page 29	Changed the Per Pay Hours Worked to accommodate 2 decimal hours submission. Changed the Year to Date Hours Worked to accommodate 2 decimal hours submission. Changed Employee Plan Status from Optional to Conditional and moved conditions to Comments.
			Page 30	Added Vesting Source Codes/Percentages.
			Pages 30-31	Changed the Contribution Source Code field lengths from 3 to 4; revised certain Source Code examples to conform to Contribution Source Codes.
			Page 31	Changed the Employer Contribution Eligibility Source Code field lengths from 3 to 4; revised certain Source Code examples to conform to Contribution Source Codes.
			All pages	Miscellaneous edits and corrections as needed.

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