BASIC EDI Specs (7/12/16)

Note: BASIC cannot accept full files for ongoing adds/changes/terms.

For each record type, column headers matching the given column names are required as a header row for the record type. (Column names are not case sensitive)

FSA Enrollment
Ongoing administration fees will apply for files not in BASIC's required formats.

* denotes required data – for fields where the data is not required, the field must be listed as a place holder to maintain the expected field order, however, the field can be left blank, or null.

** denotes required data if the client has selected FSA Green plan administration (confirm with client if this data is required for the service level for which they have contracted with BASIC)

Record Type = 1	This file is expected at Open Enrollment (OE) and for new hire/enrollments throughout the plan year. Full file for OE, but only mid-year enrollments afterwards.
Company_Name*	*String – Company name the record is for – required.*
Last_Name*	*String – Participant's last name – required*
MI	*String (1) – The participant's Middle Initial (May be left blank)*
First_Name*	*String – Participant's first name – required.*
SSN*	*Int (e.g. - 444221111) - enter as 9 digit number, no dashes – required.*
AddressLine1*	*String – Main address line for Participant's address – required*
AddressLine2	*String (May be left blank)*
City*	*String – Participant's City name – required*
State*	*String (2) – 2 letter state abbreviation – required*
Zip*	*Int – 5 digit zip code as a number, no dash or extension – required.*
Email**	*String – Valid email address of participant (if available, or leave blank)*
HomePhoneArea	*Int – 3 digit area code (optionally may be blank)*
HomePhone	*string (e.g. - 555-1234) - last 7 digits of the participant's home phone number with the dash included (Optional to leave blank)*
WorkPhoneArea	*Int – 3 digit area code (optionally may be blank)*
WorkPhone	*String (e.g. - 555-1234) - last 7 digits of the participant's work phone number with the dash included (Optional to leave blank)*
WorkPhoneExtension	*Int – (If applicable, work phone extension up to 6 digits) – (may be left blank)*
BirthDate *	*String (MM/DD/YYYY) – Birthdate of Participant – required.*
PayrollFrequency *	*String (Weekly, Bi-Weekly, Semi-Monthly, Monthly) – match one of the choices from the list. – Required.*
NumDeductions *	*Int –The number of deductions per frequency, per plan year (1 to 52) – required.*
PlanName *	*String (DCA, MRA, MLP, PKG, TRN)[1] - choose one of the 5 listed types for this record – required.*
ElectionAmount *	*Double – (e.g. - 1250.75) – Employee's full year election amount for this plan – required*
CoverageEffectiveDate *	*String (MM/DD/YYYY) – The coverage effective date for this employee – for midyear hires especially, this is often NOT the same as the first payroll deduction date or the hire date – required field.*
EmployerContributionAmt	*Double (Optional to leave blank) – (Only fill in if the employer is contributing in addition to the employee)*
Division	*String (Optional to leave blank) – Leave blank, unless the company wants reports by division, and is already set up by division with BASIC in our system.*
FinancialInstituion**	*String (Optional to leave blank) - The name of the Flex participant's financial institution for direct deposit reimbursement*
RoutingNumber**	*Int (9) – (Optional to leave field blank if Direct Deposit does not apply) - Flex participant's bank account routing number for direct deposit - must be 9 digits and cannot begin with a number greater than 3 (e.g. - 123456789)*
BankAccountNumber**	*Int (9) – (Optional to leave field blank if DD does not apply) - Flex participant's bank account number for direct deposit - must be a minimum of 5 digits (e.g. - 12345 or 123456789)*

FSA - Participant Information Change – Record types
Ongoing administration fees will apply for files not in BASIC's required formats.

Annual_Election_Changes – record type 2 – change files only

Record Type = 2	This file is expected throughout the plan year when a participant experiences a change in status which allows for a change in the previous election amount (i.e. - Increase/decrease their existing election).
Company Name*	String
Employee Name*	String
SSN*	Int (e.g. - 444221111)
Effective Date Of Change*	String (MM/DD/YYYY)
Plan Name*	string (DCA, MRA, MLP, PKG, TRN)[1]
Annual Election Old	Double
Annual Election New*	Double
Old Per Pay Amount	Double
New Per Pay Amount	Double
Effective Pay Check Date	String (MM/DD/YYYY)
Type Of Change	string (Permanent Change, Temporary Change)
Number Of Pays Change Is Effective	Int
Notes	String

Termination Of Coverage – record type 3 – change files only

Record Type = 3	This file is expected throughout the plan year when a participant experiences a loss of coverage (i.e. - termination of employment, reduction of hours, etc.).
Company Name*	String
Employee Name*	String
SSN*	Int (e.g. - 444221111)
Plan Name*	String (DCA, MRA, MLP, PKG, TRN)[1] - choose one of the 5 listed types for this record – required. Same as the plan name field in record type 1 used for enrollment. Provide a separate record for each plan the employee is terminating coverage for.
Termination Of Coverage Reason	String (Termination Of Employment , Layoff , Unpaid FMLA Leave , Unpaid Leave , Termination of Coverage due to Status Change)
Date Of Last Contribution*+	String (MM/DD/YYYY)
Total Contribution Withheld*+	Double – Required, For the plan name, enter the total contribution withheld
Date Of Termination*	String (MM/DD/YYYY)
Notes	String – optional, in case you want anything else noted along with this termination for records

+ These data fields are necessary to ensure that BASIC's information is accurate to payroll. If a Third Party Provider is unable to provide this data to BASIC, monthly fees may apply. BASIC will either need to assume the final payroll deduction will be the pay period following the date of termination, or would need to contact the client each time to confirm the actual missing info. Third Party Providers should inform and review with the mutual client the inability to provide this data, if applicable.

Demographic Changes – record type 4 – change files only

Record Type = 4	This file is expected throughout the plan year when a participant has an address and/or name change. Changes only. No full files.
Company Name*	*String*
Employee Name*	*String*
SSN*	*Int (e.g. - 444221111)*
New Address	*String*
City	*String*
State	*String*
Zip	*String*
Old Name	*String*
New Name	*String*
Notes	*String – optional, in case you want anything else noted along with this change.*

FSA – Combined Participant Information Change – Record
In lieu of sending separate files for Record Types 2, 3 and 4; this combined file format may be used. If this format is utilized Record Types 2, 3, and 4 are not provided separately, but all in this file.
Ongoing administration fees will apply for files not in BASIC's required formats.

Combined Change Record – record type 4C

	This file is expected throughout the plan year when a participant has an address and/or name change.
Record Type*	2=Election Change, 3=Termination, 4=Demographic Change. Required for the combined file.
Company Name*	*String*
Last Name*	*String*
MI	*String*
First Name*	*String*
SSN*	*Int (e.g. - 444221111)*
Plan Name	*String (DCA, MRA, MLP, PKG, TRN)[1] - choose one of the 5 listed types for this record – required. Same as the plan name field in record type 1 used for enrollment. Provide a separate record for each plan the employee is terminating coverage for.*
Notes	*String (this is an optional field)*
Below records provided for Annual Election Changes	
Effective Date Of Change*	*String (MM/DD/YYYY)*
Annual Election Old	*Double*
Annual Election New*	*Double*
Old Per Pay Amount	*Double*
New Per Pay Amount	*Double*
Effective Pay Check Date	*String (MM/DD/YYYY)*
Type Of Change	*string (Permanent Change, Temporary Change)*
Number Of Pays Change Is Effective	*Int*
Below records provided for Termination of Coverage	
Date Of Termination*	*String (MM/DD/YYYY)*
Termination Of Coverage Reason	*String (Termination Of Employment , Layoff , Unpaid FMLA Leave , Unpaid Leave , Termination of Coverage due to Status Change)*
Date Of Last Contribution*+	*String (MM/DD/YYYY)*
Total Contribution Withheld*+	*Double*

Below records provided for Demographic Changes	
New Address*	*String*
City *	*String*
State*	*String*
Zip *	*String*
Old Name	*String*
New Name*	*String*

[+] These data fields are necessary to ensure that BASIC's information is accurate to payroll. If a Third Party Provider is unable to provide this data to BASIC, BASIC will assume the final payroll deduction will be the pay period following the date of termination. Third Party Providers should review with the mutual client the inability to provide this data, if applicable.

Optional – Payroll Deduction Import
Ongoing administration fees will apply for files not in BASIC's required formats.

Payroll Deduction Import	
	This is an optional file that is used to provide BASIC the actual payroll deduction amounts withheld each pay period.
Employer Name*	*String*
SSN*	*String (e.g. - 444-22-1111)*
Last Name*	*String*
First Name*	*String*
Middle Initial*	*String (1)*
Payroll Frequency*	*String (Weekly, Bi-Weekly, Semi-Monthly, Monthly)*
Payroll Date*	*String (MM/DD/YYYY)*
Plan Name*	*String (DCA, MRA, MLP, PKG, TRN)[1]*
Payroll Deduction*	*Double (e.g. - 17.31)*

1. MRA = Medical Reimbursement Account

    DCA = Dependent Care Account

    MLP = Medical Limited Purpose Reimbursement Account

    PKG = Parking Reimbursement Account

    TRN = Transit Reimbursement Account

Filename Requirements:

Each file you send to us electronically needs to have a unique filename, to prevent any possible over-writing of an existing file, and to make it easy to identify what the file is.

We prefer a convention such as: COMPANYNAME_TypeOfFile_YYYYMMDD-NNSS.csv or COMPANYNAME_TypeOfFile_YYYYMMDD-NNSS.xls

For example, ABCCOMPANY_AnnualElectionChanges_20150210-1530.csv for a file sent at 3:30pm your time on February 10th of 2015, to us containing annual election changes for ABC Company.

For test files, the above naming should be used with the word Test preceding the company name. For example: Test_ ABCCOMPANY_AnnualElectionChanges_20150210-1530.csv.

COBRA – Record types – Record types 5 and 6	
Cobra IN – to be used only if the company has COBRA with BASIC, to report initial notifications **Not Needed if client does not have COBRA with BASIC or if they do have COBRA w/BASIC, but will not be sending EDI files for COBRA**	
Record Type = 5	**See notes on Record type field above** All fields through "Original Benefit Start Date" are required; remaining fields required when applicable
Last Name	*String*
First Name	*String*
Address	*String*
City	*String*
State	*String*
Zip Code	*String*
SSN	*Int (e.g. - 444221111)*
Gender	*String M=Male, F=Female*
Birth Date	*string (MM/DD/YYYY)*
Hire Date	*string (MM/DD/YYYY)*
Original Benefit Start Date	*string (MM/DD/YYYY)*
Spouse Full Name	*String in First Name Last Name format*
Spouse Birth Date	*string (MM/DD/YYYY)*
Spouse Effective Date	*string (MM/DD/YYYY)*
Name Medical Plan	*String; See note below on COBRA Plan names [1]*
Level Of Coverage 1	*string: See Coverage Levels table below for allowed values[2]*
Name Dental Plan	*String; See note below on COBRA Plan names [1]*
Level Of Coverage 2	*string: See Coverage Levels table below for allowed values[2]*
Name Other Plan	*String; See note below on COBRA Plan names [1]. The Other plan is often used for a Vision Plan.*
Level Of Coverage 3	*string: See Coverage Levels table below for allowed values[2]*

Cobra QE (COBRA Qualifying Events File)	
Not Needed if client does not have COBRA with BASIC or if they do have COBRA w/BASIC, but will not be sending EDI files for COBRA	
Record Type = 6	**See notes on Record type field above** All fields through "Original Benefit Start Date" are required; remaining fields required when applicable
Last Day Group Benefits	*String (MM/DD/YYYY) – This means what it says. Last day of Group Benefits = last day of coverage, and NOT the first day without coverage. Most often this is the same day as the Qualifying Event, but with some contracts it might extend to the end of the month after the QE date as an example*
Cobra Reason	*String – Values of:* Termination of Employment Involuntary Termination Reduction in Work Hours Employee's Death: *include appropriate Spouse and Dependent Values below* Divorce or Legal Separation: *include Spouse Values below and Coverage Level of Single* Loss of Dependent Status: *include Dependent Values below and Coverage Level of Single*
Last Name	*String*
First Name	*String*
Address	*String*
City	*String*
State	*String*
Zip Code	*String*
SSN	*Int (e.g. - 444221111)*
Gender	*String M=Male, F=Female*
Birth Date	*string (MM/DD/YYYY)*
Hire Date	*string (MM/DD/YYYY)*
Original Benefit Start Date	*string (MM/DD/YYYY)*
Name Medical Plan	*String; See note below on COBRA Plan names [1]*

Level Of Coverage 1	*string: See Coverage Levels table below for allowed values[2]*
Name Dental Plan	*String; See note below on COBRA Plan names [1]*
Level Of Coverage 2	*string See Coverage Levels table below for allowed values[2]*
Name Other Plan	*String; See note below on COBRA Plan names [1]*
Level Of Coverage 3	*string: See Coverage Levels table below for allowed values[2]*
Monthly Contribution Towards Medical FSA	*Double*
Spouse Full Name	*String in First Name Last Name format*
Spouse Birth Date	*string (MM/DD/YYYY)*
Child Name 1	*String in First Name Last Name format*
Child Birth Date 1	*string (MM/DD/YYYY)*
Child Name 2	*String in First Name Last Name format*
Child Birth Date 2	*string (MM/DD/YYYY)*
Child Name 3	*String in First Name Last Name format*
Child Birth Date 3	*string (MM/DD/YYYY)*
Child Name 4	*String in First Name Last Name format*
Child Birth Date 4	*string (MM/DD/YYYY)*
Child Name 5	*String in First Name Last Name format*
Child Birth Date 5	*string (MM/DD/YYYY)*
Child Name 6	*String in First Name Last Name format*
Child Birth Date 6	*string (MM/DD/YYYY)*

[1]COBRA PLAN NAMES – Please contact EDIAdmin@basiconline.com and request a PDF version of the insurance plan report for the client being set up to see the plan names to match to. The names are not case sensitive, but must match exactly other than that. The OTHER plan is usually used for Vision.
If any plan names have commas in them, and you are planning to send CSV files instead of excel spreadsheets, please be sure to qualify the plan name field by surrounding it in double quotes, or the comma will be inappropriately considered as the start of the next field.

[2]COVERAGE LEVELS TABLE – (Please match coverage levels to the appropriate ones below. It is not case sensitive. The import process has been modified so that the apostrophe shown before the EE is optional, so EE & SPOUSE works as well as 'EE & SPOUSE for example. TWO PARTY is like the 3 tier version of the 'EE & SPOUSE coverage level. It also matches our system if you send it as 2 PARTY)

2 TIER	3 TIER	4 TIER	5 TIER
SINGLE FAMILY	SINGLE TWO PARTY FAMILY	SINGLE 'EE & SPOUSE 'EE & CHILD(REN) FAMILY	SINGLE 'EE & SPOUSE 'EE & 1 CHILD 'EE & 2+ KIDS FAMILY

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