



# Import Staff Demo Insurance Data File Layout



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# Import Staff Demo Insurance Data File Layout

| Sequence | Field                                     | Length               | Type                 | Description/Example                                                             |
|----------|-------------------------------------------|----------------------|----------------------|---------------------------------------------------------------------------------|
| 1        | Employee Number or Social Security Number | Emp # - 6 or SSN - 9 | Numeric              | 001511 or 123456789                                                             |
| 2        | Company Code                              | 5                    | Alphanumeric         | Aetna                                                                           |
| 3        | Plan Number                               | 20                   | Numeric              | 4566778559                                                                      |
| 4        | Plan Type                                 | 1                    | Alpha                | C (Emp and children), E (Employee only), F (Emp and family), S (Emp and spouse) |
| 5        | Employee Insurance ID                     | 20                   | Numeric              | 12345678910                                                                     |
| 6        | Covered Individual First Name             | 17                   | Alphanumeric         | William                                                                         |
| 7        | Covered Individual Middle Name            | 14                   | Alphanumeric         | Michael                                                                         |
| 8        | Covered Individual Last Name              | 25                   | Alphanumeric         | Anderson                                                                        |
| 9        | Covered Individual Generation Code        | Alphanumeric         | Ex. JR, SR, II, etc. |                                                                                 |
| 10       | Coverage Begin Date                       | 8                    | Numeric              | YYYYMMDD; Ex: 20140901                                                          |
| 11       | Coverage End Date                         | 8                    | Numeric              | YYYYMMDD; 20150901                                                              |
| 12       | Relation                                  | 1                    | Alpha                | C (Child), E (Employee self), S (Spouse)                                        |
| 13       | Social Security Number                    | 9                    | Numeric              | 123456789                                                                       |
| 14       | Date of Birth                             | 8                    | Numeric              | YYYYMMDD; Ex: 19691016                                                          |

## Notes:

The uploaded file type must be in the comma-delimited text (.txt) or comma-separated values (.csv) format.

The **Length** field provides the maximum number of allowed characters.

Columns 1-5 contain plan data.

Columns 6-13 contain coverage data.

The employee number, insurance company code, plan number, and plan type are required.

If coverage data (columns 6-13) exists, the covered individual's first and last name are required.



## **Back Cover**