



Contract
Information

TotalBen

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www.totalben.com

CONTRACT INFORMATION

PLAN SPONSOR CONTACT INFORMATION:

Plan Sponsor	Detail
Entity Name	
Address	
City, State Zip	
Telephone Number	
Primary Contact	
Title	
Telephone	
eMail	
Plan Sponsor Tax ID	
Effective Date of Plan	
Payroll Service Provider's Contact Information (if applicable)	
Entity Name	
Address	
City, State Zip	
Telephone Number	
Primary Contact	
Title	
Telephone	
eMail	
Payroll Identifier Code	

PLAN SPONSOR'S PAYROLL SCHEDULES:

Please indicate the type of payrolls utilized (select all that apply). Please indicate the starting run-date and effective date for each type of payroll utilized:

	Frequency	Description	Run Date	Check Date	From Date	To Date
<input type="checkbox"/>	Weekly	(once a week)				
<input type="checkbox"/>	Bi-Weekly	(every two weeks)				
<input type="checkbox"/>	Semi-Monthly	(twice a month)				
<input type="checkbox"/>	Monthly	(once a Month)				
<input type="checkbox"/>	Quarterly	(once a quarter)				



Please provide the four (4) payroll codes to be used for this benefit.

- Two are pre-tax deductions (transit & parking).
- Two are reimbursements, outside of W-2 earnings (transit & parking). They may be negative deductions or non-taxable earnings.

EXHIBIT E

PLAN SPONSOR'S ELIGIBILITY FEED LAYOUT:

Field #	Field Letter	Field Name	Format	Field Length	Starting Position	Ending Position	Required/Optional	Comments
1	A	Company ID	alphanumeric	5	1	5	Required	Your Company # at TotalBen
2	B	Employee Number	alphanumeric	15	6	20	Required	The identifier used at your company for the employee
3	C	SSN	numeric	9	21	29	Required	Social Security Number
4	D	Last Name	alphanumeric	50	30	79	Required	
5	E	First Name	alphanumeric	50	80	129	Required	
6	F	Middle Name	alphanumeric	25	130	154	Optional	
7	G	Suffix	alphanumeric	10	155	164	Optional	Jr./Sr./II/III/
8	H	Title	alphanumeric	10	165	174	Optional	Mr./Mrs./Miss/Ms/Rev./Rabbi/
9	I	Status	alphanumeric	1	175	175	Required	Employment Status A = Active T = Terminated
10	J	Pay Frequency	alphanumeric	2	176	177	Required	The frequency paid W = Weekly M = Monthly SM = Semi-monthly (twice a month) BW = Bi-weekly (every other week) Q = Quarterly A = Annually
11	K	Address Line1	alphanumeric	50	178	227	Required	
12	L	Address Line 2	alphanumeric	50	228	277	Optional	
13	M	City		50	278	327	Required	
14	N	State		2	328	329	Required	
15	O	Zip Code	alphanumeric	10	330	339	Required	No plus or hyphen if zip+4 present
16	P	Country		50	340	389	Required	
17	Q	Work Phone	numeric	15	390	404	Optional	numbers only, no hyphens, as: aaaaeenenn

18	R	Home Phone	numeric	15	405	419	Optional	numbers only, no hyphens, as: aaaaaennnn
19	S	Fax	numeric	15	420	434	Optional	numbers only, no hyphens, as: aaaaaennnn
20	T	Email Address	alphanumeric	150	435	584	Optional	For confirmations and claim reminders (not spam)
21	U	Termination Date	CCYYMMDD	8	585	592	Required	When applicable; used to determine cutoff of benefit claims
22	V	Birth Date	CCYYMMDD	8	593	600	Optional	For minimum age requirement or Patriot Act (if applicable)
23	W	Hire Date	CCYYMMDD	8	601	608	Required	
24	X	Region		10	609	618	Optional	Used for accounting split
25	Y	Branch		10	619	628	Optional	Used for accounting split
26	Z	Ledger		15	629	643	Optional	Used for accounting split
27	AA	FICA Max Date	CCYYMMDD	8	644	651	Optional	Date employee reached annual max FICA med limit (set to blank at the beginning of each calendar year)
28	AB	Send Mail Indicator		1	652	652	Optional	Communicate only by "snail" mail. If true, value is "Y". Other values ignored.
29	AC	Bank Account Number	numeric	20	653	672	Optional	For Direct Deposit customers only. Account where reimbursements should be paid
30	AD	Bank Account Type	alphanumeric	2	673	674	Optional	For Direct Deposit customers only. Type of account where reimbursements should be paid S = Savings C = Checking V = Other
31	AE	Routing Number	numeric	9	675	683	Optional	For Direct Deposit customers only. Bank's ABA routing number where account exists
32	AF	Filler		117	684	800	Optional	Reserved for future use