

Eligibility Feed Instructions

| Field # | Field Letter | Field Name             | Format       | Field Length | Starting Position | Ending Position | Required/Optional | Comments   |
|---------|--------------|------------------------|--------------|--------------|-------------------|-----------------|-------------------|--|
| 1       | A            | <b>Company ID</b>      | alphanumeric | 5            | 1                 | 5               | Required          | Your Company # at TotalBen   |
| 2       | B            | <b>Employee Number</b> | alphanumeric | 15           | 6                 | 20              | Required          | The identifier used at your company for the employee   |
| 3       | C            | <b>SSN</b>             | numeric      | 9            | 21                | 29              | Required          | Social Security Number   |
| 4       | D            | <b>Last Name</b>       | alphanumeric | 50           | 30                | 79              | Required          |  |
| 5       | E            | <b>First Name</b>      | alphanumeric | 50           | 80                | 129             | Required          |  |
| 6       | F            | <b>Middle Name</b>     | alphanumeric | 25           | 130               | 154             | Optional          |  |
| 7       | G            | <b>Suffix</b>          | alphanumeric | 10           | 155               | 164             | Optional          | Jr./Sr./II/III/  |
| 8       | H            | <b>Title</b>           | alphanumeric | 10           | 165               | 174             | Optional          | Mr./Mrs./Miss/Ms/Rev./Rabbi/   |
| 9       | I            | <b>Status</b>          | alphanumeric | 1            | 175               | 175             | Required          | Employment Status<br><b>A</b> = Active<br><b>T</b> = Terminated  |
| 10      | J            | <b>Pay Frequency</b>   | alphanumeric | 2            | 176               | 177             | Required          | The frequency paid<br><b>W</b> = Weekly<br><b>M</b> = Monthly<br><b>SM</b> = Semi-monthly (twice a month)<br><b>BW</b> = Bi-weekly (every other week)<br><b>Q</b> = Quarterly<br><b>A</b> = Annually |
| 11      | K            | <b>Address Line1</b>   | alphanumeric | 50           | 178               | 227             | Required          |  |
| 12      | L            | <b>Address Line 2</b>  | alphanumeric | 50           | 228               | 277             | Optional          |  |
| 13      | M            | <b>City</b>            |              | 50           | 278               | 327             | Required          |  |
| 14      | N            | <b>State</b>           |              | 2            | 328               | 329             | Required          |  |
| 15      | O            | <b>Zip Code</b>        | alphanumeric | 10           | 330               | 339             | Required          | No plus or hyphen if zip+4 present   |
| 16      | P            | <b>Country</b>         |              | 50           | 340               | 389             | Required          |  |
| 17      | Q            | <b>Work Phone</b>      | numeric      | 15           | 390               | 404             | Optional          | numbers only, no hyphens, as: aaaaaennnn   |
| 18      | R            | <b>Home Phone</b>      | numeric      | 15           | 405               | 419             | Optional          | numbers only, no hyphens, as: aaaaaennnn   |
| 19      | S            | <b>Fax</b>             | numeric      | 15           | 420               | 434             | Optional          | numbers only, no hyphens, as: aaaaaennnn   |

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| 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             | Required          | For minimum age requirement   |
| 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 <b>only</b> 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<br><b>S</b> = Savings<br><b>C</b> = Checking<br><b>V</b> = 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   |