Individual File Layouts

We will not continue to use two different address layouts, one for employees and one for annuitants. All addresses will be in the standard U.S. format except for foreign addresses. OPM-Macon is providing the foreign address format under separate cover to those FEHB carriers that have "true" foreign address enrollees (see field 65 below). The foreign address format is not in this letter, but is available by calling Mr. Chris Selle at OPM-Macon at 912/744-2115.

If your plan has enrollment activity, the transmission that OPM-Macon provides will contain individual records. Each individual record has an enrollee's or annuitant's individual enrollment information, just like the Standard Form 2809.

Definitions and Notes:

$ All dates are in MMDDYYYY format

$ All fields are left justified, and padded right with spaces unless otherwise noted.

$ All character data should be in upper case.

Individual Records

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
1. Nature of Transaction	Values: START/CHANGE/STOP Justification: Left	Y	6	1 - 6
2. Employee Name	Values: Last First Middle I Edits: No punctuation Example: JOHNSON DERRICK M Justification: Left	Y	41	7 - 47
3. Social Security Number	Edits: No dashes Example: 123456789	Y	9	48 - 56
4. Date of Birth	Edits: MMDDYYYY Example: 01011969	Y	8	57 - 64

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
5. Home Street 1	Edits: No punctuation, A - Z, 0 - 9, # Example: ROUTE 1 BOX 618B Justification: Left	Y	35	65 - 99
6. Home Street 2	Edits: Same as Home Street 1	N	35	100-134
7. Home Street 3	Edits: Same as Home Street 1	N	35	135-169
8. Home City	-Edits: Valid city name Example: MACON Justification: Left	Y	23	170-192
9. Home State	Values: Valid State Abbreviation Example: GA	Y	2	193-194
10. Home Zip	Edits: 5 Required, 4 Optional Values: Valid Zip Code or Zip+4 code Examples: 31206, 312064204	Y	11	195-205

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
11. Sex	Values: M/F	Y	1	206
12. FEHB Marriage Indicator	Values: Y/N	Y	1	207
13. FEHB Daytime Phone	Edits: Empty or 17 digits Edits: Employee s daytime phone number Values: 0 - 9 Example: 9127442286(Pad Right with Spaces)	N	17	208-224
14. FEHB Enrollment Code	Values: Valid FEHB enrollment code of the carrier the employee or annuitant is enrolling in or changing to Edits: Required for Starts, Changes Edits: Blank for Stops Example: 104	Y/N	3	225-227
15. FEHB Family Member Name 1	Edits: Last First Middle Initial Edits: NO PUNCTUATION Edits: Occurrence 1 is required for family coverage Example: JOHNSON SUSAN	Y/N	35	228-262
16. FEHB Family Zip Code 1	Values: Valid Zip Code or Zip+4 code Edits: 5 or 9 digits Examples: 31206, 312064204	N	11	263-273
17. FEHB Family DOB 1	Edits: MMDDYYYY Edits: Occurrence 1 is required for family coverage Example: 01011996	Y/N	8	274-281
18. FEHB Family Sex Code 1	Values: M/F Edits: F = Female, M = Male Edits: Occurrence 1 is required for family coverage	Y/N	1	282
19. FEHB Family Relationship 1	Values: 1,2,3,4 Edits: See field description Edits: Occurrence 1 is required for family coverage	Y/N	1	283
20. FEHB Family SSN 1	Edits: No dashes Example: 123456789	N	9	284-292

21. FEHB Family Member Name 2	If family member 2 is used, Name is required See family member 1 edits for remaining family member's fields. Family Members 2 - 5 are optional with family coverage. (Fields 21 - 44)	Y/N	35	293-327
22. FEHB Family Zip Code 2	If family member 2 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	328-338
23. FEHB Family DOB 2	If family member 2 is used, DOB is required Refer to family member 1 for edits	Y/N	8	339-346
24. FEHB Family Sex Code 2	If family member 2 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	347
25. FEHB Family Relationship 2	If family member 2 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	348
26. FEHB Family SSN 2	If family member 2 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	349-357
27. FEHB Family Member Name 3	If family member 3 is used, Name is required Refer to family member 1 for edits	Y/N	35	358-392
28. FEHB Family Zip Code 3	If family member 3 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	393-403
29. FEHB Family DOB 3	If family member 3 is used, DOB is required Refer to family member 1 for edits	Y/N	8	404-411
30. FEHB Family Sex Code 3	If family member 3 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	412
31. FEHB Family Relationship 3	If family member 3 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	413
32. FEHB Family SSN 3	If family member 3 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	414-422
33. FEHB Family Member Name 4	If family member 4 is used, Name is required Refer to family member 1 for edits	Y/N	35	423-457

34. FEHB Family Zip Code 4	If family member 4 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	458-468
35. FEHB Family DOB 4	If family member 4 is used, DOB is required Refer to family member 1 for edits	Y/N	8	469-476
36. FEHB Family Sex Code 4	If family member 4 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	477
37. FEHB Family Relationship 4	If family member 4 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	478
38. FEHB Family SSN 4	If family member 4 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	479-487
39. FEHB Family Member Name 5	If family member 5 is used, Name is required Refer to family member 1 for edits	Y/N	35	488-522
40. FEHB Family Zip Code 5	If family member 5 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	523-533
41. FEHB Family DOB 5	If family member 5 is used, DOB is required Refer to family member 1 for edits	Y/N	8	534-541
42. FEHB Family Sex Code 5	If family member 5 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	542
43. FEHB Family Relationship 5	If family member 5 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	543
44. FEHB Family SSN 5	If family member 5 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	544-552
45. FEHB Other Insurance Indicator	Values: Y/N	Y	1	553
46. FEHB Other Insurance Policy Holder Name	Values: Last First Middle Initial Edits: NO PUNCTUATION Edits: Indicates Policy Holder for Other insurance Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	35	554-588

47. FEHB Medicare Indicator	Values: Y/N Edits: Indicates if the employee, spouse, or any other eligible family members have Medicare coverage Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	589
48. FEHB Medicare-A Employee	Values: Y/N Edits: Indicates if the employee has Medicare Part-A Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	590
49. FEHB Medicare-B Employee	Values: Y/N Edits: Indicates if the employee has Medicare Part-B Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	591
50. FEHB Medicare-A Spouse	Values: Y/N Edits: Indicates if the employee s spouse has Medicare Part-A Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	592
51. FEHB Medicare-B Spouse	Values: Y/N Edits: Indicates if the employee s spouse has Medicare Part-B Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	593
52. FEHB TRICARE (formerly CHAMPUS) Indicator	Values: Y/N Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	594
53. FEHB Other Insurance Name	Values: Name of any group health insurance coverage the employee, the employee s spouse, or any other eligible family members have other than the FEHB plan in which the employee is enrolling in or changing to. Edits: Required if FEHB Other Insurance Indicator is Y and all other types of insurance are N. Example: STATE FARM HEALTH	Y/N	35	595-629

54. FEHB Present Enrollment Code	Values: FEHB enrollment code the employee or annuitant is currently enrolled in Edits: Blank for Starts Edits: Required valid code for Stops, Changes Example: 451	Y	3	630-632
55. FEHB Event Code	Values: Blank, 1B, 2B, 1C etc. depending on the time of year and type of action Edits: Refer to current FEHB documentation for various Event Codes, and see the Field Descriptions in this document for more details	Y	2	633-634
56. Premium Effective Date	Values: The date Payroll or Annuity Deduction changes take affect. Edits: MMDDYYYY Example: 01022000	Y	8	635-642
57. Coverage Effective Date	Values: The date the requested Coverage changes take affect Edits: MMDDYYYY Example: 01022000	Y	8	643-650
58. Date of Action	Values: The date of this election Edits: MMDDYYYY Example: 12011999	Y	8	651-658
59. Time of Action	Values: The time of this election Edits: HHMMSS, 24 hour time Example: 162206	Y	6	659-664
60. CPDF Agency Code	Values: Valid Federal CPDF code for the agency the employee is serviced by. Edits: Annuitants ONLY will pass 0000 Example: OM00 for OPM employees	Y	4	665-668
61. Personnel Office ID	Values: Valid Federal Personnel Office ID Edits: Annuitants ONLY will pass 24900002	Y	8	669-676
62. Payroll Office Number	Values: Valid Federal Payroll Office Number Edits: Annuitants ONLY will pass 24900002 for all actions.	Y	8	677-684
63. Annuity Claim Number	Values: Valid Annuitant Claim Number Edits: Required for annuitants Only Edits: All other agencies, blank	Y\N	9	685-693

64. HB Identification Number	Values: SSN of the original enrollee in this FEHB plan Edits: Required for annuitants Only Edits: All other agencies, blank	Y\N	9	694-702
65. Foreign/Over-Seas Address Indicator	Values: Y/N Edits: Y indicates that the employee has a foreign home address (not an APO/FPO address). Edits: N indicates that the employee has a US address, which includes APO/FPO addresses and US Territories.	Y/N	1	703
66. Filler	Values: Blanks		2	704-705
67. Report Number	Values: Agencies leave blank, further descriptions included in the Field Descriptions portion of this document Edits: Generated by OPM-Macon	N	15	706-720