FEHB Carrier File Header Layout (EEX/HUB 2809)
Updated: September 18, 2001
Each transmission you receive will contain a FEHB Carrier File Header Layout. This is a summary report of all the individual files in a given transmission. It serves the same function as the Standard Form (SF) 2811, Transmittal and Summary report.

Batch/Header Record (replaces the 2811)

FIELD NAME	LENGTH	POSITION
Carrier Name	35	1- 35
Carrier Code	2	36- 37
Total Number of Transactions	12	38- 49
Total Number of Starts	6	50- 55
Total Number of Changes	6	56- 61
Total Number of Stops	6	62- 67
Certification Date (MMDDYYYY)	8	68- 75
Filler	964	76-1039
Report Number	15	1040-1054

Individual File Layouts (EEX/HUB 2809)
Updated: September 18, 2001
If your plan has enrollment activity, the transmission that OPM-Macon provides will contain individual records. Each individual record has an enrollee or annuitant's individual enrollment information, just like the Standard Form 2809.

Definitions and Notes:

- All dates are MMDDYYYY in format

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

- All character data should be in upper case.

Individual Records (EEX/HUB 2809)
* denotes a new/changed data element

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**	**50**	**7 - 56**
3. Social Security Number	Edits: No dashes Example: 123456789	Y	9	57-65
4. Date of Birth	Edits: MMDDYYYY Example: 01011969	Y	8	66-73

Address Layout (EEX/HUB 2809):

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	74-108
6. Home Street 2	Edits: Same as Home Street 1	N	35	109-143
7. Home Street 3	Edits: Same as Home Street 1	N	35	144-178
8. Home City	-Edits: Valid city name Example: MACON Justification: Left	Y	23	179-201
9. Home State	Values: Valid State Abbreviation Example: GA	Y	2	202-203
10. Home Zip	Edits: 5 Required, 4 Optional Values: Valid Zip Code or Zip+4 code Examples: 31206, 312064204	Y	11	204-214

NOTE: **FOREIGN ADDRESS LAYOUT** for those carriers that have "true" foreign address employees in their membership. Foreign addresses do not include APO/FPO or U.S. Territories. We have provided this format only to those few carriers that have "true" foreign address employees in their membership. If you need it, please e-mail or call Mr. Chris Selle, OPM-Macon, at 478/744-2115. CRSELLE@OPM.GOV

FEHB Carrier File Layout (EEX/HUB 2809)(Continued.)
* denotes a new/changed data element

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
11. Sex	Values: M/F	Y	1	215
12. FEHB Marriage Indicator	Values: Y/N	Y	1	216
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	217-233
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	234-236
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	237-271
16. FEHB Family Zip Code 1	Values: Valid Zip Code or Zip+4 code Edits: 5 or 9 digits Examples: 31206, 312064204	N	11	272-282
17. FEHB Family DOB 1	Edits: MMDDYYYY Edits: Occurrence 1 is required for family coverage Example: 01011996	Y/N	8	283-290
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	291
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	292
20. FEHB Family SSN 1	Edits: No dashes Example: 123456789	N	9	293-301

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	302-336
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	337-347
23. FEHB Family DOB 2	If family member 2 is used, DOB is required Refer to family member 1 for edits	Y/N	8	348-355
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	356
25. FEHB Family Relationship 2	If family member 2 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	357
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	358-366
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	367-401
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	402-412
29. FEHB Family DOB 3	If family member 3 is used, DOB is required Refer to family member 1 for edits	Y/N	8	413-420
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	421
31. FEHB Family Relationship 3	If family member 3 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	422
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	423-431
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	432-466
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	467-477

35. FEHB Family DOB 4	If family member 4 is used, DOB is required Refer to family member 1 for edits	Y/N	8	478-485
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	486
37. FEHB Family Relationship 4	If family member 4 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	487
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	488-496
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	497-531
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	532-542
41. FEHB Family DOB 5	If family member 5 is used, DOB is required Refer to family member 1 for edits	Y/N	8	543-550
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	551
43. FEHB Family Relationship 5	If family member 5 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	552
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	553-561
*45. FEHB Family Member Name 6	**If family member 6 is used, Name is required Refer to family member 1 for edits**	**Y/N**	**35**	**562-596**
*46. FEHB Family Zip Code 6	**If family member 6 is used, Zip Code is optional but recommended Refer to family member 1 for edits**	**N**	**11**	**597-607**
*47. FEHB Family DOB 6	**If family member 6 is used, DOB is required Refer to family member 1 for edits**	**Y/N**	**8**	**608-615**
*48. FEHB Family Sex Code 6	**If family member 6 is used, Sex Code is required Refer to family member 1 for edits**	**Y/N**	**1**	**616**
*49. FEHB Family Relationship 6	**If family member 6 is used, Relationship is required Refer to family member 1 for edits**	**Y/N**	**1**	**617**

*50. FEHB Family SSN 6	If family member 6 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	618-626
*51. FEHB Family Member Name 7	If family member 7 is used, Name is required Refer to family member 1 for edits	Y/N	35	627-661
*52. FEHB Family Zip Code 7	If family member 7 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	662-672
*53. FEHB Family DOB 7	If family member 7 is used, DOB is required Refer to family member 1 for edits	Y/N	8	673-680
*54. FEHB Family Sex Code 7	If family member 7 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	681
*55 FEHB Family Relationship 7	If family member 7 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	682
*56. FEHB Family SSN 7	If family member 7 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	683-691
*57. FEHB Family Member Name 8	If family member 8 is used, Name is required Refer to family member 1 for edits	Y/N	35	692-726
*58. FEHB Family Zip Code 8	If family member 8 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	727-737
*59. FEHB Family DOB 8	If family member 8 is used, DOB is required Refer to family member 1 for edits	Y/N	8	738-745
*60. FEHB Family Sex Code 8	If family member 8 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	746
*61. FEHB Family Relationship 8	If family member 8 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	747
*62. FEHB Family SSN 8	If family member 8 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	748-756
*63. FEHB Family Member Name 9	If family member 9 is used, Name is required Refer to family member 1 for edits	Y/N	35	757-791
*64. FEHB Family Zip Code 9	If family member 9 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	792-802

*65. FEHB Family DOB 9	**If family member 9 is used, DOB is required** **Refer to family member 1 for edits**	**Y/N**	**8**	**803-810**
*66. FEHB Family Sex Code 9	**If family member 9 is used, Sex Code is required** **Refer to family member 1 for edits**	**Y/N**	**1**	**811**
*67. FEHB Family Relationship 9	**If family member 9 is used, Relationship is required** **Refer to family member 1 for edits**	**Y/N**	**1**	**812**
*68. FEHB Family SSN 9	**If family member 9 is used, SSN is optional but recommended** **Refer to family member 1 for edits**	**N**	**9**	**813-821**
*69. FEHB Family Member Name 10	**If family member 10 is used, Name is required** **Refer to family member 1 for edits**	**Y/N**	**35**	**822-856**
*70. FEHB Family Zip Code 10	**If family member 10 is used, Zip Code is optional but recommended** **Refer to family member 1 for edits**	**N**	**11**	**857-867**
*71. FEHB Family DOB 10	**If family member 10 is used, DOB is required** **Refer to family member 1 for edits**	**Y/N**	**8**	**868-875**
*72. FEHB Family Sex Code 10	**If family member 10 is used, Sex Code is required** **Refer to family member 1 for edits**	**Y/N**	**1**	**876**
*73. FEHB Family Relationship 10	**If family member 10 is used, Relationship is required** **Refer to family member 1 for edits**	**Y/N**	**1**	**877**
*74. FEHB Family SSN 10	**If family member 10 is used, SSN is optional but recommended** **Refer to family member 1 for edits**	**N**	**9**	**878-886**
75. FEHB Other Insurance Indicator	Values: Y/N	Y	1	887
76. 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	888-922
77. 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	923

78. 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	924
79. 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	925
80. 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	926
81. 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	927
82. FEHB TRICARE (formerly CHAMPUS) Indicator	Values: Y/N Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	928
83. 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	929-963
84. 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	964-966

85. 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	967-968
86. Premium Effective Date	Values: The date Payroll or Annuity Deduction changes take affect. Edits: MMDDYYYY Example: 01132002	Y	8	969-976
87. Coverage Effective Date	Values: The date the requested Coverage changes take affect Edits: MMDDYYYY Example: 01132002	Y	8	977-984
88. Date of Action	Values: The date of this election Edits: MMDDYYYY Example: 12012001	Y	8	985-992
89. Time of Action	Values: The time of this election Edits: HHMMSS, 24 hour time Example: 162206	Y	6	993-998
90. 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	999-1002
91. Personnel Office ID	Values: Valid Federal Personnel Office ID	Y	8	1003-1010
92. Payroll Office Number	Values: Valid Federal Payroll Office Number	Y	8	1011-1018
93. Annuity Claim Number	Values: Valid Annuitant Claim Number Edits: Required for annuitants Only Edits: All other agencies, blank	Y\N	9	1019-1027
94. 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	1028-1036

95. 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	1037
96. Filler	Values: Blanks		2	1038-1039
97. Report Number	Values: Agencies leave blank, further descriptions included in the Field Descriptions portion of this document Edits: Generated by OPM-Macon	N	15	1040-1054