

# **Federal Employees Health Benefits (FEHB) Program**

HIPAA Transaction Standard Companion Guide for  
FEHB Clearinghouse (CLER) 2809 (Health Benefits  
Election) actions processed through the OPM-Macon Data-  
Hub

**Refers to the X12N Implementation Guide 005010X220A1: 834 – Benefit  
Enrollment and Maintenance**

**Companion Guide Version Number 1.2**

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# General Information

This Companion Guide to the ASC X12N 834 5010 Implementation Guide adopted under HIPAA clarifies and specifies the data content transmitted electronically from OPM-Macon to carriers participating in the Federal Employees Health Benefits (FEHB) Program. The data transmitted is to process enrollment reconciliation actions resulting from the Centralized Enrollment Reconciliation Clearinghouse (CLER) process. Transmissions based on this companion guide, used in tandem with the X12N 834 Implementation Guide, are compliant with both X12 syntax and the Guide. The Companion Guide is not intended to replace the ASC X12N 834 5010 Implementation Guide nor to contradict or exceed it in any way. Instead it is intended to convey information that is within the framework and structure of the ASC X12N 834 Implementation Guide.

This Companion Guide is only applicable to the conversion of CLER Corrective Action 2809 enrollment information to the HIPAA ASC X12N 834 5010 standard. This Companion Guide does not modify or affect FEHB law, regulations or policies nor the contracts between the Office of Personnel Management and carriers participating in the FEHB Program.

## Background

Since June 2002, OPM-Macon has accepted electronic input of CLER Corrective Action 2809 enrollment information from the National Finance Center (NFC), operator of CLER. These Corrective Actions provide FEHB Program carriers the enrollment information necessary to update their records, resolving discrepancies discovered between their enrollment data and the enrollment data of Federal agencies during the CLER enrollment reconciliation process. By establishing communications with insurance carriers, OPM transmits these enrollment actions to each of the carriers electronically. OPM requires that all electronic transfers of Corrective Action 2809s to the carriers be routed through OPM-Macon.

With the advent of a final HIPAA standard for Benefit Enrollment and Maintenance, OPM determined that formatting the Corrective Action 2809 transactions in the standard would improve the efficiency of the enrollment reconciliation process. Therefore, CLER Corrective Action 2809s enrollment information transmitted from OPM-Macon to FEHB carriers after **November 19, 2011** will be in the ASC X12N 834 5010 format.

Changes from the OPM X12N 834 4010 Companion Guide to the OPM X12N 5010 Companion Guide will be highlighted in **yellow**.

## Communications

In FEHB Carrier Letter 2002-37 dated October 9, 2002, OPM informed FEHB carriers that communications between OPM-Macon and the FEHB carriers will continue to be

through your File Transfer Protocol (FTP) connection with OPM-Macon. OPM-Macon posts files on their FTP server, by 2 character carrier enrollment code, for carriers to access and download as opposed to sending the files to the carriers.

NFC will notify FEHB carriers via email when CLER Corrective Action 2809 and 2810 files are placed on the OPM-Macon FEHB Data-Hub FTP server for carriers to pick up.

## Definitions and Notes

All dates are CCYYMMDD in format.

All mapping is created using the addenda version (005010X220A1) of the ASC X12N 834. We will not use delimiters in any of the fields.

**Agency** refers to the office, site, or Federal organization providing FEHB data or information.

**CLER** refers to the FEHB enrollment reconciliation clearinghouse.

**Corrective Action 2809** refers to an enrollment action taken by an agency to resolve a discrepancy between FEHB carrier enrollment data and agency enrollment data.

**Enrollee** refers to a current Federal employee, annuitant, survivor annuitant, former employee, overage child, or former spouse of a Federal employee, enrolled in a FEHB Program plan.

**FEHB carriers** are voluntary associations, corporations, partnerships, or other non-governmental organizations lawfully engaged in providing, paying for, or reimbursing the cost of health services for Federal employees, annuitants and eligible family members.

**National Finance Center (NFC)** administers the FEHB Centralized Enrollment Reconciliation Clearinghouse (CLER) and forwards to OPM-Macon Corrective Action 2809 data entered into CLER.

**OPM-Federal Employee Insurance Operations (FEIO)** will provide the policy and guidance on this process.

**OPM-Macon** will provide the electronic connection from Employee Express and the Data-HUB agencies to the FEHB carriers.

## Contact Information

For additional FEHB Program information, contact Eric Figg, OPM-FEIO at 202-606-4083.

For information on HIPAA X12N 834 formatting, contact Jay Fritz, OPM-FEIO at 202-606-4148.

For information on transmissions from OPM-Macon to the FEHB carriers, contact Chris Selle, OPM-Macon at 478-744-2115.

## Control Segments / Envelopes

### ISA-IEA

This section describes OPM-Macon's use of the interchange control segments. It includes expected sender and receiver codes.

#### ISA Interchange Control Header

ISA01, I01, Pg. C.4 = '00'

ISA02, I02, Pg. C.4 = spaces (10)

ISA03, I03, Pg. C.4 = '00'

ISA04, I04, Pg. C.4 = spaces (10)

ISA05, I05, Pg. C.4 = 'ZZ'

ISA06, I06, Pg. C.4 = 'OPM DATAHUB'

ISA07, I05, Pg. C.4 = 'ZZ'

ISA08, I07, Pg. C.5 = Carrier's 2-character FEHB CODE + spaces (13)

ISA09, I08, Pg. C.5 = File Creation Date (YYMMDD)

ISA10, I09, Pg. C.5 = File Creation Time (HHMM)

ISA11, I10, Pg. C.5 = '{'

ISA12, I11, Pg. C.5 = '00501'

ISA13, I12, Pg. C.5 = taken out of Macon's SEQ\_NUM database - padded left with zeroes

ISA14, I13, Pg. C.6 = "0" - No acknowledgement requested

ISA15, I14, Pg. C.6 = "P" for Production, "T" for Testing

ISA16, I15, Pg. C.6 = ':'

#### IEA Interchange Control Trailer

IEA01, I16, Pg. C.10 = '1'

IEA02, I12, Pg. C.10 = taken out of Macon's SEQ\_NUM database - padded left with zeroes

### GS-GE

This section describes OPM-Macon's use of the functional group control segments. It includes expected application sender and receiver codes.

#### GS Functional Group Header

GS01, 479, Pg. B.8 = 'BE'

GS02, 142, Pg. B.8 = 'OPM DATAHUB'

GS03, 124, Pg. B.8 = Carrier's 2-character FEHB CODE

GS04, 373, Pg. B.8 = File Creation Date (CCYYMMDD)

GS05, 337, Pg. B.8 = File Creation Time (HHMM)

GS06, 28, Pg. B.9 = taken out of Macon's SEQ\_NUM database - NO leading zeroes

GS07, 455, Pg. B.9 = 'X'

GS08, 480, Pg. B.9 = '005010X220A1'

### **Functional Group Trailer**

GE01, 97, Pg. C.9 = number of transaction sets included

GE02, 28, Pg. C.9 = taken out of Macon's SEQ\_NUM database - NO leading zeroes

## **ST-SE**

This section describes OPM-Macon's use of transaction set control numbers.

### **Transaction Set Header**

ST01, 143, Pg. 31 = '834'

ST02, 329, Pg. 31 = taken out of Macon's SEQ\_NUM database - padded left with zeroes

ST03, 1705, Pg. 31 = '005010X220A1'

### **Transaction Set Trailer**

SE01, 96, Pg. 158 = number of segments sent in file

SE02, 329, Pg. 158 = ST02 (Transaction Set Header)

# Mapping Detail Table

This section contains a table describing where FEHB Program enrollment information will be placed in the 834 format and the values that will be used for each segment. The table clarifies and specifies the data content transmitted electronically from OPM-Macon for SF 2809 enrollment and disenrollment actions

**OPM CLER 2809**  
**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>Header</b>	<b>ST</b>		<b>TRANSACTION SET HEADER</b>	<b>R</b>						
	ST01	143	Transaction Set Identifier Code	R	ID	834	3	3		
Header	ST02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		Padded left with zeros
Header	<b>ST03</b>	<b>1705</b>	<b>Implementation Convention Reference</b>	<b>R</b>	<b>AN</b>	<b>"005010X220A1"</b>	<b>1</b>	<b>35</b>		
<b>Header</b>	<b>BGN</b>		<b>BEGINNING SEGMENT</b>	<b>R</b>						
Header	BGN01	353	Transaction Set Purpose Code	R	ID	00 = Original	2	2		We will not resubmit transactions or send replacement files. Each transaction will be considered an original, will contain all data, and must be processed (1)
Header	BGN02	127	Transaction Set Identifier Code	R	AN	"CLER2809"	1	50		This identifies the type of data being transmitted. (2)
Header	BGN03	373	Transaction Set Creation Date	R	DT	File Creation Date	8	8		CCYYMMDD
Header	BGN04	337	Transaction Set Creation Time	R	TM	File Creation Time	4	8		HHMM
Header	BGN05	623	Time Zone Code	S	ID	ET = Eastern Time	2	2		
Header	BGN06	127	Transaction Set Identifier Code	S	AN		1	30		Will not be sent
Header	BGN08	306	Action Code	R	ID	2 = change	1	2		"2" will be used for all transactions
<b>Header</b>	<b>REF</b>		<b>TRANSACTION SET POLICY NUMBER</b>	<b>S</b>						<b>Will not be sent</b>
	REF01	128	Reference Identification Qualifier	R	ID		2	3		
Header	REF02	127	Reference Identification	R	AN		1	50		



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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>Header</b>	<b>DTP</b>		<b>FILE EFFECTIVE DATE</b>	<b>S</b>						<b>Will not be sent</b>
Header	DTP01	374	Date Time Qualifier file effective date at header level	R	ID		3	3		
Header	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
Header	DTP03	1251	Date Time Period file date at header level	R	AN		1	35		
<b>Header</b>	<b>QTY</b>		<b>TRANSACTION SET CONTROL TOTALS (Repeat - 3)</b>	<b>S</b>						<b>All 3 qualifiers will be supported by OPM</b>
Header	QTY01	673	Quantity Qualifier	R	ID	DT = Dependent Total ET = Employee Total TO = Total	2	2		
Header	QTY02	380	Quantity	R	R		1	15		
			<b>LOOP 1000A SPONSOR NAME</b>							
<b>1000A</b>	<b>N1</b>		<b>SPONSOR NAME</b>	<b>R</b>						
1000A	N101	98	Entity Identifier Code	R	ID	P5 = Plan Sponsor	2	3		
1000A	N102	93	Plan Sponsor Name	S	AN		1	60		Will not be sent
<b>1000A</b>	<b>N103</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>R</b>	<b>AN</b>	94 = Code assigned by the organization that is the ultimate destination of the transaction set	<b>1</b>	<b>2</b>		<b>Although code is to be assigned by the organization that is the destination of the transaction, OPM cannot maintain multiple codes.</b>
1000A	N104	67	Identification Code	R	AN	"AGENCY"	2	80		OPM is unable to locate the Federal Taxpayer's Identification Number for every agency/payroll office that processes electronic FEHB enrollments. "AGENCY" will be used for all transactions

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
			<b>LOOP 1000B PAYER</b>							
<b>1000B</b>	<b>N1</b>		<b>PAYER</b>	<b>R</b>						
1000B	N101	98	Entity Identifier Code	R	ID	IN = Insurer	2	3		
1000B	N102	93	Insurer Name	S	AN		1	60		
1000B	N103	93	Identification Code Qualifier	R	ID	FI = Fed Tax ID	1	2		
1000B	N104	167	Insurer Identification Code	R	AN		2	80		Carrier's Federal Tax ID
			<b>LOOP 1000C TPA/BROKER NAME</b>							<b>Will not be sent</b>
<b>1000C</b>	<b>N1</b>		<b>TPA/BROKER NAME</b>	<b>S</b>						
1000C	N101	98	Entity Identifier Code	R	ID		2	3		
1000C	N102	93	TPA/Broker Name	R	AN		1	60		
1000C	N103	66	TPA or Broker Identification qualifier	R	ID		1	2		
1000C	N104	67	TPA/Broker ID	R	AN		2	80		
			<b>LOOP 1100C TPA/BROKER ACCOUNT INFORMATION</b>							<b>Will not be sent</b>
<b>1100C</b>	<b>ACT</b>		<b>TPA/BROKER ACCOUNT INFORMATION</b>	<b>S</b>						
1100C	ACT01	508	TPA or Broker Account Number	R	AN		1	35		
1100C	ACT06	508	Account Number	S	AN		1	35		
			<b>LOOP 2000 MEMBER LEVEL DETAIL</b>							
<b>2000</b>	<b>INS</b>		<b>MEMBER LEVEL DETAIL</b>	<b>R</b>						
2000	INS01	1073	Insured Indicator	R	ID	Y=insured is subscriber. N=insured is dependent.	1	1		

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2000	INS02	1069	Individual Relationship Code	R	ID	01 =Spouse 03 = Father or Mother 09 = Adopted Child 18 = Self 19 = Child 10 = Foster Child 14 = Brother or Sister 17 = Stepson or Stepdaughter**	2	2	27, 35, 43, 51, 59, 67, 75, 83, 91, 99	<p>19 (Child) represents a child under age 26, including adopted children, stepchildren, foster children and recognized natural children <sup>[3]</sup></p> <p>Parents (03) may be covered when enrollee is a child survivor annuitant</p> <p>If INS01 = Y, this element will be processed as 18 (Self)</p> <p>If INS02 = 19 (Child) and INS10 = Y (Handicapped), individual is a disabled child age 26 or over who is incapable of self-support</p> <p>Siblings (14) may be covered when enrollee is a child survivor annuitant **</p>

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2000	INS03	875	Maintenance Type Code	R	ID	001 = change 021 = addition 024 = cancellation/ termination	3	3	1	001 - Change will be used when enrollee makes a change in option (high vs. standard) or enrollment type (self vs. self and family) within the same plan 021 - Addition will be used when the enrollee is new to your plan 024 - Cancellation/Termination will be used when enrollee canceled coverage, changed to another plan or suspended coverage. <sup>[4]</sup>

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2000	INS04	1203	Maintenance Reason Code	S	ID	14 = Voluntary Withdrawal  18 = Suspended  22 = Plan Change  28 = Initial Enrollment  29 = Benefit Selection	2	3	2	14 - Voluntary Withdrawal will be used when enrollee canceled their coverage 18 - Suspended will be used when enrollee suspended coverage [4] 22 - Plan Change will be used when enrollee changed amongst plans in the FEHB Program 28 - Initial Enrollment will be used when an individual enrolled in the FEHB Program for the first time 29 - Benefit Selection will be used when enrollee made a change in option (high vs., standard) or enrollment type (self vs., self and family) within the same plan
2000	INS05	1216	Benefit Status Code	R	ID	A = Active	1	1	NA	"A" will be used for all transactions
2000	INS06-1	1218	Medicare Plan Code	R	ID	A = Part A B = Part B C = Part A and B	1	1	106, 107, 108, 109	Will be blank if no Medicare enrollment reported
2000	INS06-2	1701	Eligibility Reason Code	S	ID		1	1		Will not be sent
2000	INS07	1219	COBRA Qualifying Event Code	S	ID		1	2		Will not be sent
2000	INS08	584	Employment Status code	S	ID	FT = Full-time RT = Retired	2	2	NA	"RT" will be used for annuitants (Payroll Office ID = 24900002 or 24900003) (Report number =OEOPM) "FT" will be used for all others
2000	INS09	1220	Student Status Code	S	ID		1	1		Will not be sent

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2000	INS10	1073	Handicap Indicator	S	ID	Y = Yes N = No	1	1		Value "Y" will only be used to indicate a child age 26 or over but incapable of self-support
2000	INS11	1250	Date Time Period Format Qualifier	S	ID		2	3		Will not be sent
2000	INS12	1251	Insured Individual Death Date	S	AN		1	35		Will not be sent
2000	<b>INS13</b>	<b>1165</b>	<b>Confidentiality Code</b>	<b>S</b>	<b>ID</b>		<b>1</b>	<b>1</b>		<b>Will not be sent</b>
2000	INS17	1470	Birth Sequence Number	S	N0		1	9		Will not be sent
<b>2000</b>	<b>REF</b>		<b>SUBSCRIBER IDENTIFIER</b>	<b>R</b>						
2000	REF01	128	Reference Identification Qualifier	R	ID	0F = Subscriber Number	2	3		
2000	REF02	127	Ref. ID - Subscriber #	R	AN		1	50	6	Enrollee's Social Security Number (No dashes) <sup>(5)</sup> We will only validate that SSN is nine digits.
<b>2000</b>	<b>REF</b>		<b>MEMBER POLICY NUMBER</b>	<b>S</b>					NA	
2000	REF01	128	Reference Identification Qualifier	R	ID	1L = Group or Policy Number	2	3		
2000	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN	"FEHB"	1	50		"FEHB" will be used for all members since FEHB Program does not use group or policy numbers

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2000</b>	<b>REF</b>		<b>MEMBER SUPPLEMENTAL IDENTIFIER</b>	<b>S</b>						
2000	REF01	128	Reference Identification Qualifier	R	ID	17 = Client Reporting  23 = Client Number  DX = Dept/Agency Number  6O = Cross Reference Number  F6 = Health Insurance Claim (HIC) Number  ZZ = Mutually Defined	2	3		Code "17" indicates Personnel Office ID (sent only in subscriber loop).  Code "23" indicates Annuity Claim Number (sent only in subscriber loop)  Code "DX" indicates Payroll Office Number (sent in subscriber and dependent loops)  Code "6O" indicates HB Identification Number (sent only in subscriber loop)  **Code "F6" indicates the HICN(s) reported by enrollee**  Code "ZZ" indicates Report Number

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<b>Loop</b>	<b>Ref Des</b>	<b>Data Element Number</b>	<b>Segment</b>	<b>Req. by HIPAA</b>	<b>Data Type</b>	<b>Values</b>	<b>Min</b>	<b>Max</b>	<b>Field Number in OPM's CLER Corrective Action 2809 File Layout</b>	<b>Comments</b>
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2000	REF02	127	Subscriber Supplemental Identifier	R	AN	Personnel Office ID	1	50	129	Personnel Office ID - 4 position valid Federal Personnel Office ID
						Payroll Office Number			130	Payroll Office Number - 8 position valid Federal Payroll Office Number
						Annuity Claim Number			131	Annuity Claim Number - 9 position valid annuity claim number (Annuitants only)
						HB Identification Number			132	HB Identification Number - The SSN of the retiree or in the case of a survivor annuitant, the SSN of the deceased retiree/employee. This number will be the SSN of the person to whom the coverage was originally issued and it will not change (Annuitants only)
						Health Insurance Claim (HIC) Number				**Health Insurance Claim (HIC) Number – Is reported by the enrollee and is not verified by OPM**
						Report Number			134	Report Number- NFC generated. Indicates the quarter and year in which a record was transmitted plus the optional 7-digit control number.

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2000</b>	<b>DTP</b>		<b>MEMBER LEVEL DATES SITUATIONAL</b>	<b>S</b>						
2000	DTP01	374	Date Time Qualifier loop 2000 member level dates	R	ID	300 = Enrollment Signature Date  356 = Eligibility Begin  357 = Eligibility End	3	3	126  117  117	Code "300" indicates the date of enrollee's election  Code "356" indicates the date of the event that allowed the enrollee to enroll in FEHB if not previously enrolled, change enrollment to this plan from another FEHB plan, or change enrollment type within this plan.  Code "357" indicates the date of the event that allowed the enrollee to change enrollment from this plan to another FEHB plan, cancel the enrollment, or suspend the enrollment.
2000	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2000	DTP03	1251	Status Information Effective Date	R	AN		1	35		
			<b>LOOP 2100A MEMBER NAME</b>							
<b>2100A</b>	<b>NM1</b>		<b>MEMBER NAME</b>	<b>R</b>						
2100A	NM101	98	Entity Identifier Code	R	ID	IL = Insured or Subsc.	2	3		We will not be sending any correction transmissions
2100A	NM102	1065	Entity Type Qualifier	R	ID	1 = person	1	1		
2100A	NM103	1035	Insured /Subscriber Last Name	R	AN		1	60	2	

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100A	NM104	1036	Insured /Subscriber First Name	R	AN		1	35	3	
2100A	NM105	1037	Insured /Subscriber Middle Name	S	AN		1	25	4	Middle initial will be sent
2100A	NM106	1038	Insured /Subscriber Name Prefix	S	AN		1	10		Will not be sent
2100A	NM107	1039	Insured /Subscriber Name Suffix	S	AN		1	10		Will not be sent
2100A	NM108	66	Identification Code Qualifier	S	AN	34 = Social Security Number	1	2		
2100A	NM109	67	Subscriber Identifier	S	AN		2	80	5, 28, 36, 44, 52, 60, 68, 76, 84, 92, 100	Enrollee's or dependent's Social Security Number (No dashes) <sup>(5)</sup> OPM-Macon will only validate that SSN is nine digits.
<b>2100A</b>	<b>PER</b>		<b>MEMBER COMMUNICATIONS NUMBERS</b>	<b>S</b>						
2100A	PER01	366	Contact Function Code	R	ID	IP = Insured Party	2	2		
2100A	PER03	365	Communication Number Qualifier	R	ID	TE = Telephone	2	2		
2100A	PER04	364	Communication Number	R	AN		1	256	17	Daytime telephone number  If a phone extension is provided, it will be placed in this segment after the 10 digit phone number. The phone number and the extension will be separated by 'EXT'.

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Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100A	PER05	365	Communication Number Qualifier	S	ID		2	2		Will not send
2100A	PER06	364	Communication Number	S	AN		1	256		Will not send
2100A	PER07	365	Communication Number Qualifier	S	ID	EM = Electronic Mail	2	2		
2100A	PER08	364	Communication Number	S	AN		1	256		**Email address if provided by agency**
<b>2100A</b>	<b>N3</b>		<b>MEMBER RESIDENCE STREET ADDRESS</b>	<b>S</b>						
2100A	N301	166	Subscriber Address Line	R	AN		1	55	7	Dependent addresses will not be provided <sup>(6)</sup>
2100A	N302	166	Subscriber Address Line	R	AN		1	55	8, 9	Will include any information contained on a third line of the individual's address <sup>(7)</sup>
<b>2100A</b>	<b>N4</b>		<b>MEMBER CITY, STATE, ZIP CODE</b>	<b>S</b>						
2100A	N401	19	Subscriber City Name	R	AN		2	30	10	
2100A	N402	156	Subscriber State Code	S	ID		2	2	11	Will be blank for foreign addresses.
2100A	N403	116	Subscriber Postal Zone or ZIP Code	S	ID	Valid Postal Codes	3	15	13	Will be blank where a foreign postal code is unavailable
2100A	N404	26	Subscriber Country Code	S	ID	ISO = 3166 codes (2 character alpha) "XX" "ZZ"	2	3	14	Will be provided when address is foreign. "XX" is propriety code for Paracel Islands "ZZ" is propriety code for Spratley Islands

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100A	N405	309	Subscriber Location Qualifier	S	ID		1	2		Will not be sent
2100A	N406	310	Subscriber Location Identifier	S	AN		1	30		Will not be sent
2100A	N407	1715	Country Subdivision Code	S	ID		1	3		Will not be sent
<b>2100A</b>	<b>DMG</b>		<b>MEMBER DEMOGRAPHICS</b>	<b>S</b>						
2100A	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2100A	DMG02	1251	Date Time Period Member Birth Date	R	AN		1	35	6, 25, 33, 41, 49, 57, 65, 73, 81, 89, 97	CCYYMMDD
2100A	DMG03	1068	Gender Code	R	ID	F = Female M = Male U = Unknown	1	1	15, 26, 34, 42, 50, 58, 66, 74, 82, 90, 98	Code "U" will be sent if Gender is not provided by agency
2100A	DMG04	1067	Marital Status Code	S	ID	I = single, M = married, R = unreported,	1	1	16	Code "R" will be sent if Marital Status is not reported by agency
2100A	DMG05	C056	Composite Race or Ethnicity Information	S	ID		1	1		Will not be sent
2100A	DMG05-1	1109	Race or Ethnicity Code	S	ID		1	1		Will not be sent
2100A	DMG05-2	1270	Code List Qualifier Code	S	ID		1	3		Will not be sent
2100A	DMG05-3	1271	Industry Code	S	AN		1	30		Will not be sent
2100A	DMG06	1066	Citizenship Status Code	S	ID		1	2		Will not be sent

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100A	DMG10	1270	Code List Qualifier Code	S	ID		1	3		Will not be sent
2100A	DMG11	1271	Industry Code	S	AN		1	30		Will not be sent
2100A	EC		EMPLOYMENT CLASS	S						Will not be sent
2100A	EC01	1176	Employment Class Code	R	ID		2	3		
2100A	EC02	1176	Employment Class Code	S	ID		2	3		
2100A	EC03	1176	Employment Class Code	S	ID		2	3		
2100A	ICM		MEMBER INCOME	S						Will not be sent
2100A	ICM01	594	Frequency code	R	ID		1	1		
2100A	ICM02	782	Wage Amount	R	R		1	18		
2100A	ICM03	380	Work Hours Count	S	R		1	15		
2100A	ICM04	310	Location Identifier	S	AN		1	30		
2100A	ICM05	1214	Salary Grade	S	AN		1	5		
2100A	AMT		MEMBER POLICY AMOUNTS	S						Will not be sent
2100A	AMT01	522	Amount Qualifier Code	R	ID					
2100A	AMT02	782	Contract Amount - coinsurance Contract Amount - co-payment Contract Amount - deductible	R	R		1	18		
2100A	AMT02	782	Contract Amount - premium amt	R	R		1	18		

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2100A</b>	<b>HLH</b>		<b>MEMBER HEALTH INFORMATION</b>	<b>S</b>						<b>Will not be sent</b>
2100A	HLH01	1212	Health Related Code	S	ID		1	1		
2100A	HLH02	65	Height	S	R		1	8		
2100A	HLH03	81	Weight	S	R		1	10		
<b>2100A</b>	<b>LUI</b>		<b>MEMBER LANGUAGE</b>	<b>S</b>						
2100A	LU101	66	Identification Code Qualifier	S	ID		1	2		Will not be sent
2100A	LU102	67	Language Code	S	AN		2	80		Will not be sent
<b>2100A</b>	<b>LU103</b>	<b>352</b>	<b>Language Description</b>	<b>S</b>	<b>AN</b>		<b>1</b>	<b>80</b>		<b>Will not be sent</b>
<b>2100A</b>	<b>LU104</b>	<b>1303</b>	<b>Language Use Indicator</b>	<b>S</b>	<b>ID</b>		<b>1</b>	<b>2</b>		<b>Will not be sent</b>
			<b>LOOP 2100B INCORRECT MEMBER NAME</b>							<b>Will not be sent</b>
<b>2100B</b>	<b>NM1</b>		<b>INCORRECT MEMBER NAME</b>	<b>S</b>						
2100B	NM101	98	Entity Identifier Code	R	ID		2	3		
2100B	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100B	NM103	1035	Prior Incorrect Last Name	R	AN		1	60		

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100B	NM104	1036	Prior Incorrect First Name	R	AN		2	35		
2100B	NM105	1037	Prior Incorrect Middle Name	S	AN		1	25		
2100B	NM106	1038	Prior Incorrect Name Prefix	S	AN		1	10		
2100B	NM107	1039	Prior Incorrect Name Suffix	S	AN		1	10		
2100B	NM108	66	Identification Code Qualifier	S	AN		1	2		
2100B	NM109	67	Identification Code Qualifier	S	AN		2	80		
<b>2100B</b>	<b>DMG</b>		<b>INCORRECT MEMBER NAME DEMOGRAPHICS</b>	<b>S</b>						
2100B	DMG01	1250	Date Time Period Format Qualifier	S	ID		2	3		
2100B	DMG02	1251	Date Time Period	S	AN		1	35		
2100B	DMG03	1068	Prior Incorrect Gender Code	S	ID		1	1		
2100B	DMG04	1067	Marital Status Code	S	ID		1	1		
2100B	DMG05	C056	Composite Race or Ethnicity Code	S	ID					
2100B	DMG05-1	1109	Race or Ethnicity Code	S	ID		1	1		
2100B	DMG05-2	1270	Code List Qualifier Code	S	ID		1	3		
2100B	DMG05-3	1271	Industry Code	S	AN		1	30		
2100B	DMG06	1066	Citizenship Status Code	S	ID		1	2		



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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100B	DMG10	1270	Code List Qualifier Code	S	ID		1	3		
2100B	DMG11	1271	Industry Code	S	AN		1	30		
			<b>LOOP 2100C - MEMBER MAILING ADDRESS</b>							<b>Will not be sent</b>
2100C	NM1		<b>MEMBER MAILING ADDRESS</b>	S						
2100C	NM101	98	Entity Identifier Code	R	ID		2	3		
2100C	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100C	N3		<b>MEMBER MAIL STREET ADDRESS</b>	R						
2100C	N301	166	Subscriber Address Line	S	AN		1	55		
2100C	N302	166	Subscriber Address Line	S	AN		1	55		
2100C	N4		<b>MEMBER MAIL CITY, STATE, ZIP</b>	R						
2100C	N401	19	Subscriber City Name	R	AN		2	30		
2100C	N402	156	Subscriber State or Province Code	R	ID		2	2		
2100C	N403	116	Subscriber Postal Code	R	ID		3	15		
2100C	N407	1715	Country Subdivision Code	S	ID		1	3		
			<b>LOOP 2100D - MEMBER EMPLOYER</b>							<b>This Loop will only be sent if name of Federal agency administering the FEHB enrollment is provided to CLER.</b>

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2100D</b>	<b>NM1</b>		<b>MEMBER EMPLOYER</b>	<b>S</b>						
2100D	NM101	98	Entity Identifier Code	R	ID	36 = Employer	2	3		
2100D	NM102	1065	Entity Type Qualifier	R	ID	2 = Non-Person Entity	1	1		
2100D	NM103	1035	Name Last or Organization Name	S	AN		1	60	135	Name of Federal agency responsible for administering the FEHB enrollment
2100D	NM104	1036	Name First	S	AN		1	35		Will not be sent
2100D	NM105	1037	Name Middle	S	AN		1	25		Will not be sent
2100D	NM106	1038	Name Prefix	S	AN		1	10		Will not be sent
2100D	NM107	1039	Name Suffix	S	AN		1	10		Will not be sent
2100D	NM108	66	Identification Code Qualifier	S	ID		1	2		Will not be sent
2100D	NM109	67	Identification Code	S	AN		2	80		Will not be sent
<b>2100D</b>	<b>PER</b>		<b>MEMBER EMPLOYER COMMUNICATIONS NUMBERS</b>	<b>S</b>						<b>Will not be sent</b>
2100D	PER01	366	Contact Function Code	R	ID		2	2		
2100D	PER02	93	Name	S	AN		1	60		
2100D	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100D	PER04	364	Communication Number	R	AN		1	256		

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834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100D	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100D	PER06	364	Communication Number	S	AN		1	256		
2100D	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100D	PER08	364	Communication Number	S	AN		1	256		
<b>2100D</b>	<b>N3</b>		<b>MEMBER EMPLOYER STREET ADDRESS</b>	<b>S</b>						
2100D	N301	166	Insured Employer Address line	R	AN		1	55	136	
2100D	N302	166	Insured Employer Address line	S	AN		1	55	137, 138	Will include any information contained on the third line of the agency's address (7)
<b>2100D</b>	<b>N4</b>		<b>MEMBER EMPLOYER CITY, STATE, ZIP</b>	<b>S</b>						
2100D	N401	19	Insured Employer City Name	R	AN		2	30	139	
2100D	N402	156	Insured Employer State Code	S	ID		2	2	140	Will be blank for foreign addresses.
2100D	N403	116	Insured Employer ZIP Code	S	ID	Valid Postal codes	3	15	142	Will be blank where a foreign postal code is unavailable
2100D	N404	26	Insured Employer Country Code	S	ID	ISO = 3166 codes (2 character alpha) "XX" "ZZ"	2	3	143	Will be provided when address is foreign. "XX" is propriety code for Paracel Islands. "ZZ" is propriety code for Spratley Islands.
<b>2100D</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b>	<b>S</b>	<b>ID</b>		<b>1</b>	<b>3</b>		<b>Will not be sent</b>

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
			<b>LOOP 2100E - MEMBER SCHOOL</b>							Will not be sent
<b>2100E</b>	<b>NM1</b>		<b>MEMBER SCHOOL</b>	<b>S</b>						
2100E	NM101	98	Entity Identifier Code	R	ID		2	3		
2100E	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100E	NM103	1035	Name Last or Organization Name	R	AN		1	60		
<b>2100E</b>	<b>PER</b>		<b>MEMBER SCHOOL COMMUNICATIONS NUMBERS</b>	<b>S</b>						
2100E	PER01	366	Contact Function Code	R	ID		2	2		
2100E	PER02	93	Name	S	AN		1	60		
2100E	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100E	PER04	364	Communication Number	R	AN		1	256		
2100E	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER06	364	Communication Number	S	AN		1	256		
2100E	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER08	364	Communication Number	S	AN		1	256		
<b>2100E</b>	<b>N3</b>		<b>MEMBER SCHOOL STREET ADDRESS</b>	<b>S</b>						
2100E	N301	166	Address Information	R	AN		1	55		

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100E	N302	166	Address Information	S	AN		1	55		
<b>2100E</b>	<b>N4</b>		<b>MEMBER SCHOOL CITY, STATE, ZIP</b>	<b>S</b>						
2100E	N401	19	City Name	R	AN		2	30		
2100E	N402	156	State Code	S	ID		2	2		
2100E	N403	116	Postal Code	S	ID		3	15		
<b>2100E</b>	<b>N407</b>	<b>1715</b>	<b>Country Subdivision Code</b>	<b>S</b>	<b>ID</b>		<b>1</b>	<b>3</b>		
			<b>LOOP 2100F - CUSTODIAL PARENT</b>							<b>Will not be sent</b>
<b>2100F</b>	<b>NM1</b>		<b>CUSTODIAL PARENT</b>	<b>S</b>						
2100F	NM101	98	Entity Identifier Code	R	ID		2	3		
2100F	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100F	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2100F	NM104	1036	Name First	R	AN		1	35		
2100F	NM105	1037	Name Middle	S	AN		1	25		
2100F	NM106	1038	Name Prefix	S	AN		1	10		
2100F	NM107	1039	Name Suffix	S	AN		1	10		
2100F	NM108	66	Identification Code Qualifier	S	AN		1	2		

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100F	NM109	67	Identification Code	S	AN		2	80		
<b>2100F</b>	<b>PER</b>		<b>CUSTODIAL PARENT COMMUNICATIONS NUMBERS</b>	<b>S</b>						
2100F	PER01	366	Contact Function Code	R	ID		2	2		
2100F	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100F	PER04	364	Communication Number	R	AN		1	256		
2100F	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER06	364	Communication Number	S	AN		1	256		
2100F	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER08	364	Communication Number	S	AN		1	256		
<b>2100F</b>	<b>N3</b>		<b>CUSTODIAL PARENT STREET ADDRESS</b>	<b>S</b>						
2100F	N301	166	Address Information	R	AN		1	55		
2100F	N302	166	Address Information	S	AN		1	55		
<b>2100F</b>	<b>N4</b>		<b>CUSTODIAL PARENT CITY, STATE, ZIP</b>	<b>S</b>						
2100F	N401	19	Custodial Parent City Name	R	AN		2	30		
2100F	N402	156	Custodial Parent State Code	R	ID		2	2		
2100F	N403	116	Custodial Parent Postal Zone or ZIP Code	R	ID		3	15		

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100F	N404	26	Custodial Parent Country Code	S	ID		2	3		
2100E	N407	1715	Country Subdivision Code	S	ID		1	3		
			<b>LOOP 2100G - RESPONSIBLE PERSON</b>							<b>**Used in Temporary Continuation of Coverage (TCC) and Spouse Equity Enrollments**</b>
<b>2100G</b>	<b>NM1</b>		<b>RESPONSIBLE PERSON</b>	<b>S</b>						
2100G	NM101	98	Entity Identifier Code	R	ID	QD = responsible party	2	3		
2100G	NM102	1065	Entity Type Qualifier	R	ID	1 = Person	1	1		
2100G	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2100G	NM104	1036	Name First	S	AN		1	35		
2100G	NM105	1037	Name Middle	S	AN		1	25		
2100G	NM106	1038	Name Prefix	S	AN		1	10		Will not be sent
2100G	NM107	1039	Name Suffix	S	AN		1	10		Will be included in last name field
2100G	NM108	66	Identification Code Qualifier	S	AN	34 = Social Security Number	1	2		
2100G	NM109	67	Identification Code	S	AN		2	80	251	Social Security Number of employee or annuitant (No dashes) OPM-Macon will only validate that SSN is nine digits long

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2100G</b>	<b>PER</b>		<b>RESPONSIBLE PERSON COMMUNICATIONS NUMBERS</b>	<b>S</b>						<b>Will not be sent</b>
2100G	PER01	366	Contact Function Code	R	ID		2	2		
2100G	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100G	PER04	364	Communication Number	R	AN		1	256		
2100G	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100G	PER06	364	Communication Number	R	AN		1	256		
2100G	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100G	PER08	364	Communication Number	S	AN		1	256		
<b>2100G</b>	<b>N3</b>		<b>RESPONSIBLE PERSON STREET ADDRESS</b>	<b>S</b>						<b>Will not be sent</b>
2100G	N301	166	Address Information	R	AN		1	55		
2100G	N302	166	Address Information	S	AN		1	55		
<b>2100G</b>	<b>N4</b>		<b>RESPONSIBLE PERSON CITY, STATE, ZIP</b>	<b>S</b>						<b>Will not be sent</b>
2100G	N401	19	City Name	R	AN		2	30		
2100G	N402	156	State Code	S	ID		2	2		
2100G	N403	116	Postal Code	S	ID		3	15		
2100G	N404	26	Country Code	S	ID		2	3		



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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2100G	N407	1715	Country Subdivision Code	S	ID		1	3		
			<b>LOOP 2100H – DROP OFF LOCATION</b>							<b>Will not be sent</b>
			<b>LOOP 2200 DISABILITY INFORMATION</b>							<b>Will not be sent</b>
<b>2200</b>	<b>DSB</b>		<b>DISABILITY INFORMATION</b>	<b>S</b>						
2200	DSB01	1146	Disability Type Code	R	ID		1	1		
2200	DSB07	235	Product/Service Id Qualifier	S	ID		2	2		
2200	DSB08	1137	Medical Code Value	S	AN		1	15		
<b>2200</b>	<b>DTP</b>		<b>DISABILITY ELIGIBILITY DATES</b>	<b>S</b>						
2200	DTP01	374	Date Time Qualifier	R	ID		3	3		
2200	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2200	DTP03	1251	Date Time Period	R	AN		1	35		
			<b>LOOP 2300 HEALTH COVERAGE</b>							
<b>2300</b>	<b>HD</b>		<b>HEALTH COVERAGE</b>	<b>S</b>						

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834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2300	HD01	875	Maintenance Type Code	R	ID	001 = change  021 = addition  024 = cancellation/termination	3	3	1	001 - Change will be used when enrollee makes a change in option (high vs. standard) or enrollment type (self vs. self and family) within the same plan  021 - Addition will be used when the enrollee is new to your plan  024 - Cancellation/Termination will be used when enrollee canceled coverage, changed to another plan or suspended coverage (4)
2300	HD03	1205	Insurance Line Code	R	ID	HLT = Health	2	3		"HLT" will be used for all transmissions
2300	HD04	1204	Plan Coverage Description	S	AN	OPM assigned plan Enrollment Codes  OPM designated Event Codes	1	50	20 - enrollment code of plan enrolled in or changed to 115 - enrollment code currently enrolled in	Positions 1 - 10 is <i>gaining plan's Enrollment Code</i>  Positions 11 - 20 is <i>losing plan's Enrollment Code</i>  Position 21 - 22 is <i>Event Code</i> .  OPM's current three place enrollment codes will be preceded by leading zeros
2300	HD05	1207	Coverage Level Code	S	ID		3	3		Will not be sent
2300	HD09	1073	Yes/No Condition or Response Code	S	ID		1	1		Will not be sent

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834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2300</b>	<b>DTP</b>		<b>HEALTH COVERAGE DATES</b>	<b>R</b>						
2300	DTP01	374	Date Time Qualifier	R	ID	303 = Maintenance Effective  348 = Benefit Begin  349 = Benefit End	3	3		Date enrollee's election took effect.  303 - Maintenance Effective will be used when enrollee made a change in option (high vs. standard) or enrollment type (self vs. self and family) within the same plan  348 - Benefit Begin will be used when the enrollee is new to your plan  349 - Benefit End will be used when enrollee canceled coverage, or changed to another plan or suspended coverage (4)
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Date Time Period	R	AN		1	35	125	CCYYMMDD
<b>2300</b>	<b>AMT</b>		<b>HEALTH COVERAGE POLICY</b>	<b>S</b>						<b>Will not be sent</b>
2300	AMT01	522	Amount Qualifier Code	R	ID					
2300	AMT02	782	Monetary Amount	R	R		1	18		
<b>2300</b>	<b>REF</b>		<b>HEALTH COVERAGE POLICY NUMBER</b>	<b>S</b>						<b>** Will be sent when enrollee or family member is enrolled in Medicare Part D **</b>

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834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2300	REF01	128	Reference Identification Qualifier	R	ID	ZZ = Mutually Defined	2	3		
2300	REF02	127	Reference Identification	R	AN	'D'	1	50		Code created by OPM to indicate enrollment in Medicare Part D
2300	REF		PRIOR COVERAGE MONTHS							Will not be sent
2300	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2300	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN		1	50		
2300	IDC		IDENTIFICATION CARD	S						Will not be sent  You must provide enrollment cards to new enrollees.  Enrollees will contact you directly for replacement enrollment cards
2300	IDC01	1204	Plan Coverage Description	R			1	50		
2300	IDC02	1215	Identification Card Type Code	R	ID			1		
2300	IDC03	380	Quantity	S	R		1	15		
2300	IDC04	306	Action Code	S	ID		1	2		
			LOOP 2310 PROVIDER INFORMATION							Will not be sent
2310	LX		PROVIDER INFORMATION	S						
2310	LX01	554	Assigned Number	R	N0		1	6		

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

<b>Loop</b>	<b>Ref Des</b>	<b>Data Element Number</b>	<b>Segment</b>	<b>Req. by HIPAA</b>	<b>Data Type</b>	<b>Values</b>	<b>Min</b>	<b>Max</b>	<b>Field Number in OPM's CLER Corrective Action 2809 File Layout</b>	<b>Comments</b>
<b>2310</b>	<b>NM1</b>		<b>PROVIDER NAME</b>	<b>R</b>						
2310	NM101	98	Entity Identifier Code	R	ID		2	3		
2310	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2310	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2310	NM104	1036	Name First	R	AN		1	35		
2310	NM105	1037	Name Middle	S	AN		1	25		
2310	NM106	1038	Name Prefix	S	AN		1	10		
2310	NM107	1039	Name Suffix	S	AN		1	10		
2310	NM108	66	Identification Code Qualifier	S	AN		1	2		
2310	NM109	67	Identification Code	S	AN		2	80		
2310	NM110	706	Entity Relationship Code	R	ID		2	2		
<b>2310</b>	<b>N3</b>		<b>PROVIDER ADDRESS</b>	<b>S</b>						
2310	N301	166	Address Information	R	AN		1	55		
2310	N302	166	Address Information	S	AN		1	55		
<b>2310</b>	<b>N4</b>		<b>PROVIDER CITY, STATE, ZIP CODE</b>	<b>S</b>						
2310	N401	19	Member City Name	R	AN		2	30		

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2310	N402	156	Member State or Province Code	S	ID		2	2		
2310	N403	116	Member Postal Code	S	ID		3	15		
2310	N404	26	Member Country Code	S	ID		2	3		
2310	N405	309	Location Qualifier	S	ID		1	2		
2310	N406	310	Location Identification Code	S						
2310	N407	1715	Country Subdivision Code	S	ID		1	3		
2310	PER		PROVIDER COMMUNICATIONS NUMBERS	S						
2310	PER01	366	Contact Function Code	R	ID		2	2		
2310	PER03	365	Communication Number Qualifier	R	ID		2	2		
2310	PER04	364	Communication Number	R	AN		1	80		
2310	PLA		PROVIDER CHANGE REASON							
2310	PLA01	306	Action Code	R	ID		1	2		
2310	PLA02	98	Entity Identifier Code	R	ID		2	3		
2310	PLA03	373	Provider Effective Date	R	DT		8	8		
2310	PLA05	1203	Maintenance Reason Code	R	ID		2	3		

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
			<b>LOOP 2320 COORDINATION OF BENEFITS</b>							<b>This Loop will be sent if agency provides information on TRICARE participation</b>
<b>2320</b>	<b>COB</b>		<b>COORDINATION OF BENEFITS</b>	<b>S</b>						
2320	COB01	1138	Payer Responsibility Sequence Number Code	R	ID	U = Unknown	1	1		Will be populated if individual has TRICARE.  OPM and the Federal agencies are in no position to make payer responsibility determinations, therefore field will always be populated with "U"
2320	COB02	127	Insured Group/Policy Number	S	AN	"TRICARE"	1	50	110	"TRICARE" will appear if person is covered under TRICARE or CHAMPUS
2320	COB03	1143	Coordination of Benefits Code	R	ID	1 = Coordination of Benefits	1	1		"1" will appear when other coverage is TRICARE/CHAMPUS since we know COB exists.
<b>2320</b>	<b>COB04</b>	<b>1365</b>	<b>Service Type Code</b>	<b>S</b>	<b>ID</b>		<b>1</b>	<b>2</b>		<b>Will not be sent</b>
<b>2320</b>	<b>REF</b>		<b>ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS</b>	<b>S</b>						<b>Will not be sent</b>  <b>Coordination of Benefits information, other than Medicare and TRICARE participation, will not be sent in a corrective action since the information may be out of date.</b>

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
2320	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2320	REF02	127	Insured Group/Policy Number	R	AN		1	50		
<b>2320</b>	<b>DTP</b>		<b>COORDINATION OF BENEFITS IDENTIFIERS</b>	<b>S</b>						<b>Will not be sent</b>
2320	DTP01	374	Date Time Qualifier	R	ID		3	3		
2320	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2320	DTP03	1251	Coordination of Benefits Date	R	AN		1	35		
			<b>LOOP 2330 COORDINATION OF BENEFITS RELATED ENTITY</b>							<b>Will not be sent</b>  <b>Coordination of Benefits information, other than Medicare and TRICARE participation, will not be sent in a corrective action since the information may be out of date.</b>
<b>2330</b>	<b>NM1</b>		<b>COORDINATION OF BENEFITS RELATED ENTITY</b>	<b>S</b>						
2330	NM101	98	Entity Identifier Code	R	ID		2	3		
2330	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2330	NM103	1035	Name Last or Organization Name	S	AN		1	60		
2330	NM108	66	Identification Code Qualifier	S	ID		1	2		
2330	NM109	67	Identification Code	S	AN		2	80		



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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2330</b>	<b>N3</b>		<b>COORDINATION OF BENEFITS RELATED ENTITY ADDRESS</b>	<b>S</b>						
2330	N301	166	Address Information	R	AN		1	55		
2330	N302	166	Address Information	S	AN		1	55		
<b>2330</b>	<b>N4</b>		<b>COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE</b>	<b>S</b>						
2330	N401	19	Member City Name	R	AN		2	30		
2330	N402	156	Member State or Province Code	S	ID		2	2		
2330	N403	116	Member Postal Code	S	ID		3	15		
2330	N404	26	Member Country Code	S	ID		2	3		
2330	N407	1715	Country Subdivision Code	S	ID		1	3		
<b>2330</b>	<b>PER</b>		<b>ADMINISTRATIVE COMMUNICATIONS CONTACT</b>	<b>S</b>						
2330	PER01	366	Contact Function Code	R	ID		2	2		
2330	PER03	365	Communication Number Qualifier	R	ID		2	2		
2330	PER04	364	Communication Number	R	AN		1	256		

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**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
			<b>LOOP 2700 ADDITIONAL REPORTING CATEGORIES</b>							<b>Will not be sent</b>
<b>2700</b>	<b>LS</b>		<b>ADDITIONAL REPORTING CATEGORIES</b>	<b>S</b>						
2700	LS01	447	Loop Identifier code	R	AN		1	4		
			<b>LOOP 2710 MEMBER REPORTING CATEGORIES</b>							<b>Will not be sent</b>
<b>2710</b>	<b>LX</b>		<b>MEMBER REPORTING CATEGORIES</b>	<b>S</b>						
2710	LX01	554	Assigned Number	NO			1	6		
			<b>LOOP 2750 REPORTING CATEGORY</b>							<b>Will not be sent</b>
<b>2750</b>	<b>N1</b>		<b>REPORTING CATEGORY</b>	<b>S</b>						
2750	N101	98	Entity Identifier Code	R	ID		2	3		
2750	N102	93	Name	R	AN		1	60		
<b>2750</b>	<b>REF</b>		<b>REPORTING CATEGORY REFERENCE</b>	<b>S</b>						
2750	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2750	REF02	127	Reference Identification	R	AN		1	50		

**OPM CLER 2809**

**834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's CLER Corrective Action 2809 File Layout	Comments
<b>2750</b>	<b>DTP</b>		<b>REPORTING CATEGORY DATE</b>	<b>S</b>						
2750	DTP01	374	Date Time Qualifier	R	ID		3	3		
2750	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2750	DTP03	1251	Date Time Period	R	AN		1	35		
<b>2750</b>	<b>LE</b>		<b>ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION</b>	<b>S</b>						
2750	LE01	447	Loop Identifier Code	R	AN		1	4		
			<b>TRANSACTION SET TRAILER</b>							
	SE01	96	Number of Included Segments	R	NO		1	10		
	SE02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		

## Notes

**1)** To correct data sent in an earlier transaction, i.e., correct effective date from 01-01-2012 to 01-04-2012, OPM-Macon will send a second transmission with the corrected information. We will not use 2100B LOOP (INCORRECT MEMBER NAME). It is your discretion on how you will handle this transmission; you may accept the second transaction and override the first transaction or call the agency to clarify. Note: SSN corrections will not be done electronically.

**(2)** 'CLER2809' indicates that this transaction is an enrollment reconciliation Corrective Action 2809.

**[3]** Corrective Action 2809 data will be gathered from existing enrollment documentation that uses only two proprietary codes to represent natural children, adopted children, stepchildren, and foster children.

### **Cross-walk table old SF 2809 codes to HIPAA 834 codes**

Old Code 1:  
INS02, 1069, Pg. 44 = '01'

Old Code 2, 3:  
INS02, 1069, Pg. 44 = '19'

Old Code 4:  
INS02, 1069, Pg. 44 = '19'  
INS10, 1073, Pg. 49 = 'Y'

Old Code 5:  
INS02, 1069, Pg. 44 = '03'

**[4]** A reason for why an enrollment is suspended will not be provided.

**[5]** Transaction will always contain a Social Security Number (SSN) for the enrollee so the transaction will be compliant. However, the SSN may not be valid (example 999999999). For example, foreign enrollees do not have SSNs, OPM's Retirement Services Program does not maintain SSNs on some older survivor annuitants and some enrollees refuse to provide their SSNs when enrolling. If a non-valid SSN creates a problem for you, you should contact the enrollee's agency or if the enrollee is an annuitant, you should match the SSN to their CSA or CSF number.

**This field won't be sent for a dependent if the dependent's SSN is not provided.**

**[6]** Corrective Action 2809 data will be gathered from existing enrollment documentation that does not contain address data for dependents. Dependent addresses may be assumed to be the same as the enrollee's or a post-enrollment questionnaire may be sent to the enrollee to gather the data.

**[7]** The third line of a street address provided to OPM will be appended into the second Subscriber Address Line in LOOP 2100A MEMBER NAME (N302, 166) and the second Employer Address Line in LOOP 2100D MEMBER EMPLOYER (N302, 166). The plan will be responsible for separating out the third address lines.

**\*\* These are future enhancements that will be incorporated into the electronic enrollment transactions.**

# FEHB Program Business Rules and Limitations

## Dependent Information

Dependent records will not be created when the Nature of Transaction is 'Stop' (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04} = '14' – Voluntary Withdrawal). Dependent records will be created for all other transactions, when dependent data is provided. Not all Federal agencies provide dependent information even though enrollee selects self and family coverage.

Some transactions will have dependent information, but may not provide "Other Insurance" information for each dependent. Some transactions will have dependent information, but may not provide an address for the dependent when the dependent's address is different from that of the enrollee. You must process these transactions as you receive them. You may send the enrollee a Post Enrollment Questionnaire to gather any missing data.

## Temporary Continuation of Coverage (TCC) and Spouse Equity

Temporary Continuation of Coverage (TCC) and Spouse Equity enrollments will be identified in LOOP 2000 MEMBER LEVEL DETAIL (DTP01 = '357'; DTP03 = 'ccyymmdd' or '99991231'. An expiration date of 'ccyymmdd' indicates that the enrollment is under the TCC provisions and has a set expiration date. An expiration date of '99991231' indicates that enrollment is under Spouse Equity provision and there is no set expiration date.

If an individual enrolled in TCC obtains eligibility for Spouse Equity coverage, you will receive a 'Change-Within a Plan' transaction (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04} = '29' – Benefit Selection). The individual is not changing plan, option, or enrollment type. The gaining plan and losing plan enrollment codes in LOOP 2300 HEALTH COVERAGE (HD04) will be the same. This transaction notifies you that the enrollment no longer has an expiration date since Spouse Equity coverage can continue for life. The coverage expiration date in LOOP 2000 MEMBER LEVEL DETAIL (DTP03) = '99991231'.

If an individual enrolled under Spouse Equity coverage loses entitlement to coverage (for example the individual remarried before reaching age 55) during the 36 months following their divorce from the Federal employee, the individual is no longer eligible for

Spouse Equity coverage but is now eligible for TCC that will expire 36 months after the date of the divorce or annulment from the Federal employee. In these cases, you will receive a 'Change-Within a Plan' transaction (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04} = '29' – Benefit Selection). The individual is not changing plan, option, or enrollment type. The gaining plan and losing plan enrollment codes in LOOP 2300 HEALTH COVERAGE (HD04) will be the same. This transaction notifies you that the enrollment now has an expiration date. The coverage expiration date in LOOP 2000 MEMBER LEVEL DETAIL (DTP03) = 'ccyymmdd'.

Certain information about a Federal employee or annuitant whose coverage entitles either Spouse Equity coverage for a former spouse or entitles a former spouse or children to enroll in TCC, will be provided in LOOP 2100G RESPONSIBLE PERSON. The relationship of this individual to the TCC enrollee will not be provided.

LOOP 2000 MEMBER LEVEL DETAIL (INS07) will not be populated because the National Finance Center does not have the ability to indicate the event that permits individuals to elect TCC enrollment.

## **Children Incapable of Self-support**

When you get a new enrollment that includes a Child Incapable of Self-support, you need to know if the child has been determined to be incapable of self support, and the length of time before a new determination is needed. Enroll the child and contact the enrollee for a copy of the determination. The copy can come from the following sources:

- a. the enrollee's personal records;
- b. the child's healthcare provider, if the diagnosis is included in Carrier Letter 97-32;
- c. the losing carrier;
- d. the employing agency.

If no documentation is provided, you may terminate the enrollment.

## **Information currently sent by agencies through “Remarks”**

The paper SF and OPM 2809 forms contain space for remarks where agencies can provide pertinent information to support the enrollment action in addition to the information asked for by the form. However, the 834 transaction standard does not contain any free form fields for providing this information. Several items commonly addressed in remarks have been mapped to segments in the 834 and will be included in the electronic transactions. The following items addressed in remarks will not be provided in the electronic transactions.

Temporary employees who enroll will not be identified as temporary employees. The premiums paid for temporary employees is the same as that paid for other employees and there is no expiration date on the enrollment.

The reason for a change in enrollment code will not be provided.

Public Law information relating to an enrollment will not be provided.

Individuals covered under Spouse Equity enrolling as employees will not be identified. The National Finance Center will terminate the Spouse Equity enrollment and the individual's new agency will enroll them.

Belated enrollments or enrollments by proxy will not be identified. Enrollment actions will be based on the effective date provided in the transaction.

# Appendix

## **CLER 2809 HIPAA File Layout**

*Updated:* 4/29/2011 9:24 AM

Individual Records (CLER 2809)



#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
1	NATURE_OF_TRANSACTION	6	<p>Value = START, CHANGE, STOP, or NO</p> <p>START = This term is used when an individual enrolls in the FEHB Program.</p> <p>CHANGE = This term is used when an enrollee moves from one plan to another, or makes changes within a plan.</p> <p>STOP = This term is used when an enrollee is no longer part of FEHB.</p> <p>SUSPEND = This term is used when an enrollee suspends his/her enrollment because (1) the enrollee is going to be continuously covered as a family member under another person's FEHB enrollment, or (2) the enrollee is enrolling in a Medicare Managed Care Plan (MMCP).</p> <p>Format = Left justify, pad with trailing spaces</p>	REQUARED	This term indicates the nature of the transaction to be taken on the FEHB account.	<p><b>834 Trans. Set (Ref, Data E., Page)</b></p> <p><b>Start:</b>  <b>Loop 2000</b>  <b>INS03, 875, Pg.49 = '021'</b>  <b>INS04, 1203, Pg.49/51 = '28'</b>  <b>Loop 2300</b>  <b>HD01, 875, Pg.140/141 = '021'</b>  <b>HD03, 1205, Pg.141 = 'HLT'</b>  <b>HD04, 1204, Pg. 141 = '0000000XX10000000001B'</b></p> <p><b>Change-Gaining Carrier:</b>  <b>Loop 2000</b>  <b>INS03, 875, Pg.49 = '021'</b>  <b>INS04, 1203, Pg.49/51 = '22'</b>  <b>HD01, 875, Pg.140/141 = '021'</b>  <b>HD03, 1205, Pg.141 = 'HLT'</b>  <b>HD04, 1204, Pg. 141 = '0000000XX10000000ZZ21B'</b></p> <p><b>Change-Losing Carrier:</b>  <b>Loop 2000</b>  <b>INS03, 875, Pg.49 = '024'</b>  <b>INS04, 1203, Pg.49/51 = '22'</b>  <b>HD01, 875, Pg. 140/141 = '024'</b>  <b>HD03, 1205, Pg.141 = 'HLT'</b>  <b>HD04, 1204, Pg. 141 = '0000000XX10000000ZZ21B'</b></p> <p><b>Change-Within a Plan:</b>  <b>Loop 2000</b>  <b>INS03, 875, Pg.49 = '001'</b>  <b>INS04, 1203, Pg.49/51 = '29'</b>  <b>HD01, 875, Pg.140/141 = '001'</b>  <b>HD03, 1205, Pg.141 = 'HLT'</b>  <b>HD04, 1204, Pg. 141 = '0000000XX10000000XX21F'</b></p> <p><b>Stop:</b>  <b>Loop 2000</b>  <b>INS03, 875, Pg.49 = '024'</b>  <b>INS04, 1203, Pg.49/51 = '14'</b>  <b>HD01, 875, Pg.140/141 = '024'</b></p>	<p>In HD04:  Positions 1-10 are <i>Gaining Carrier Code</i>  Positions 11-20 are <i>Losing Carrier Code</i>  Positions 21-22 are <i>Event Code</i></p> <p>If any other value other than START, CHANGE, or STOP or SUSPEND, then REJECT the transaction.</p>

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
						HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000000000000YY21C'  <b>Suspend:</b> <b>Loop 2000</b> INS03, 875, Pg.49 = '024' INS04, 1203, Pg.49/51 = '18' HD01, 875, Pg.140/141 = '024' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141= '0000000000000000YY21D'	
2	ENROLLEE_LAST_NAME	25	Value = Enrollee's last name  Format = Left justify, no punctuation, pad with trailing spaces	R	This is the surname of the enrollee. An enrollee must always have a last name. If there is a case of an enrollee having only one name (e.g., Cher), then that one name must be placed in the last name field.	<b>Loop 2100A</b> <b>NM101, 98, Pg.62/63 = 'IL'</b> <b>NM102, 1065, Pg.63 = '1'</b> <b>NM103, 1035, Pg. 63</b>	<b>REJECT if not present</b>
3	ENROLLEE_FIRST_NAME	17	Value = Enrollee's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	CO ND I T I O N A L	First name of the enrollee. This must be provided except in the rare circumstance that an individual does not have a first name (e.g., Cher).	<b>Loop 2100A</b> <b>NM104, 1036, Pg. 63</b>	<b>REJECT if not present</b>
4	ENROLLEE_MIDDLE_INITIAL	1	Value = Enrollee's middle initial  Format = No punctuation  Note = If blank, pad with a space	C	This is the enrollee's middle initial. If enrollee uses one name, or if enrollee does not have a middle name or initial, this field is blank.	<b>Loop 2100A</b> <b>NM105, 1037, Pg. 63</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
5	SOCIAL_SECURITY_NUMBER	9	Value = Enrollee's Social Security Number (SSN) or other number that is used to identify the enrollee  Format = Left justify, no dashes, pad with trailing spaces  Example: 123456789  Note = If blank, pad with spaces	C	This is the enrollee's SSN or other number that is used to identify the enrollee such as the OPM-assigned Civil Service Annuitant (CSA) number or the Civil Service Final (CSF) number. If the enrollee does not want his/her SSN provided to the carrier, a pseudo SSN may be used.	<b>Loop 2000</b> <b>REF01, 128, Pg.55 = '0F'</b> <b>REF02, 127, Pg. 55</b> <b>NM108, 66, Pg. 64 = '34'</b> <b>NM109, 67, Pg. 64</b>  <b>Repeats in the Dependent record as well.</b> <b>Loop 2000</b> <b>NM108, 66, Pg. 64 = '34'</b> <b>NM109, 67, Pg. 64</b>	<b>REJECT if not present or less than nine digits</b>
6	DATE_OF_BIRTH	8	Value = Date of enrollee's birth  Format = YYYYMMDD	R	This is the enrollee's date of birth.	<b>Loop 2100A</b> <b>DMG01, 1250, Pg. 71 = 'D8'</b> <b>DMG02, 1251, Pg. 71</b>	<b>REJECT if not present OR invalid date.</b>
7	DOMESTIC_OR_FOREIGN_HOME_STREET_1	35	Value = The first line of the enrollee's domestic or foreign street address  Format = Left justify, no punctuation, pad with trailing spaces  Example: Route 1 Box 618B  Note = If blank, pad with spaces	Optional	This is the first line of the enrollee's domestic or foreign street, apartment number, PO box, rural route, etc., as applicable.	<b>Loop 2100A</b> <b>N301, 166, Pg. 68</b>	If not present, do not send Street Address information in 2100A loop. Just send City, State, and Zip.
8	DOMESTIC_OR_FOREIGN_HOME_STREET_2	35	Value = Second line of enrollee's domestic or foreign street address  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the second line of the enrollee's domestic or foreign street, apartment number, PO box, rural route, etc., as applicable.	<b>Loop 2100A</b> <b>N302, 166, Pg. 68</b>	
9	DOMESTIC_OR_FOREIGN_HOME_STREET_3	35	Value = Third line of enrollee's domestic or foreign street address  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the third line of the enrollee's domestic or foreign street, apartment number, PO box, rural route, etc., as applicable.	<b>Append into Street 2</b> <b>Loop 2100A</b> <b>N302, 166, Pg. 68 above</b>	
10	DOMESTIC_OR_FOREIGN_HOME_CITY	23	Value = Enrollee's domestic or foreign city name  Format = Left justify, pad with trailing spaces  Example: Macon	R	This is the domestic or foreign city for the enrollee's address.	<b>Loop 2100A</b> <b>N401, 19, Pg. 69</b>	<b>REJECT if not present</b>

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
11	DOMESTIC_HOME_STATE	2	Value = Enrollee's domestic state abbreviation Example: GA for Georgia Note = If blank, pad with spaces	C	This is the abbreviation of the domestic <b>state</b> for the enrollee's address.  Required if address is domestic.	<b>Loop 2100A N402, 156, Pg. 69</b>	For DOMESTIC: REJECT if not present  If address is foreign, this field is blank.
12	FOREIGN_COUNTRY_NAME	23	Value = Enrollee's foreign country name Format = Left justify, pad with trailing spaces Example: Canada Note = If blank, pad with spaces	C	This is the name of the enrollee's foreign country.  Required if address is foreign. If the address is domestic, this field is blank.	<b>Not on 834</b>	
13	HOME_ZIP_OR_FOREIGN_POSTAL_CODE	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5. Format = Left justify, no dashes, pad with trailing spaces	R	This is the domestic ZIP code or foreign postal code for the enrollee's address.	<b>Loop 2100A N403, 116, Pg. 70</b>	For DOMESTIC: REJECT if not present <b>If foreign postal code is unavailable, will be blank</b>
14	COUNTRY_CODE	3	Value = Valid U.S. Postal Service country code Note = If blank, pad with spaces	Optional	This code identifies the foreign country for the enrollee's address.	<b>Loop 2100A N404, 26, Pg. 70</b>	If blank, will assume Domestic address.  REJECT if invalid Macon will crosswalk FIPS code to ISO-3166 code
15	SEX	1	Value = M or F M = male F = female	R	This code indicates the enrollee's sex.	<b>Loop 2100A DMG03, 1068, Pg.72 = 'F', 'M' or 'U'</b>	If agency passes a blank or anything other than 'F' or 'M', then Macon will default to 'U'
16	ENROLLEE_MARRIAGE_INDICATOR	1	Value = Y or N Y = yes N = no	R	This code indicates the enrollee's marital status.	<b>Loop 2100A DMG04, 1067, Pg.72 = 'I', 'M', 'R'</b>	I = Single M = Married If agency passes blanks or anything other than 'Y', or 'N', then Macon will default to "R" = Unreported
17	ENROLLEE_DAYTIME_PHONE	17	Value = Enrollee's daytime area code and phone number Format = Left justify, no dashes or spaces, pad	Optional	This is the enrollee's telephone number.	<b>First ten bytes: Loop 2100A PER01, 366, Pg. 66 = 'IP' PER03, 365, Pg. 66 = 'TE'</b>	<b>If a phone extension is provided, it will be placed in PER04 after the 10 digit phone number. The phone number and the extension</b>

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			with trailing spaces  Example: 9127442286  Note = If blank, pad with spaces			PER04, 364, Pg. 66	will be separated by 'EXT'.
18	FILLER	7	Value = Pad with spaces	R	Reserved for future use.		
19	NAME_OF_PLAN	35	Value = Name of the FEHB health insurance plan  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the name of the FEHB health insurance plan in which the employee is enrolling.  If NATURE_OF_TRANSACTION is START or CHANGE, this field is required. If it is STOP or NO, this field is blank.	Will not map.	
20	FEHB_ENROLLMENT_CODE	3	Value = Positions 1 and 2 equal the plan; 3 <sup>d</sup> position is the plan option  Note = If blank, pad with spaces	C	This code defines the plan and option of the enrollee.  If NATURE_OF_TRANSACTION is START or CHANGE, this field is required. If it is STOP or NO, this field is blank.	<b>Loop 2300 HD04, 1204, Pg. 141 Pad left with zeroes. Will be the first element in the free form field.</b>	Must be PRESENT when (Nature of Transaction = "START") <b>OR</b> (Nature of Transaction = "CHANGE")
21	FEHB_FAMILY_MEMBER_LAST_NAME_1	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (1) is used, this field is required. If family member uses one name, that name is displayed in this field.	<b>Loop 2100A NM101, 98, Pg. 62/63 = 'IL' NM102, 1065, Pg. 63 = '1' NM103, 1035, Pg. 63</b>	<b>REJECT if not present</b>
22	FEHB_FAMILY_MEMBER_FIRST_NAME_1	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (1) is used, and the family member has a first name,	<b>Loop 2100A NM104, 1036, Pg. 63</b>	<b>REJECT if not present</b>

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					this field is required. If family member uses one name, this field is blank.		
23	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_1	1	Value = Family member's middle initial  Format = No punctuation  Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (1) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>Loop 2100A NM105, 1037, Pg. 63</b>	
24	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_1	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (1) is used, this field is helpful, but not required.	Will not send any Dependent Address information.	
25	FEHB_FAMILY_DOB_1	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (1) is used, this field is required.	<b>Loop 2100A DMG01, 1250, Pg. 71 = 'D8' DMG02, 1251, Pg. 71 CCYYMMDD</b>	REJECT if not present OR invalid date
26	FEHB_FAMILY_SEX_CODE_1	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (1) is used, this field is required.	<b>Loop 2100A DMG03, 1068, Pg. 72 = 'F', 'M', 'U'</b>	If agency passes a blank or anything other than 'F' or 'M', then Macon will default to 'U'

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
27	FEHB_FAMILY_RELATIONSHIP_1	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 2626 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 2626incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family member (1) information is required if the FEHB_ENROLLMENT_C ODE is for self and family coverage.  If family member (1) is used, this field is required.	<b>Translator will crosswalk Codes 1,2,3,4,5</b>  <b>Loop 2000</b> <b>INS01, 1073, Pg. 48 = 'N'</b>  <b>Code 1:</b> <b>INS02, 1069, Pg. 48/49 = '01'</b>  <b>Code 2, 3:</b> <b>INS02, 1069, Pg. 48/49 = '19'</b>  <b>Code 4:</b> <b>INS02, 1069, Pg. 48/49 = '19'</b> <b>INS10, 1073, Pg. 53 = 'Y'</b>  <b>Code 5:</b> <b>INS02, 1069, Pg. 48/49 = '03'</b>	REJECT if not present or invalid value
28	FEHB_FAMILY_SSN_1	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (1) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (1) is used, this field is helpful, but not required.	<b>Loop 2100A</b> <b>NM108, 66, Pg. 64 = '34'</b> <b>NM109, 67, Pg. 64</b>	
29	FEHB_FAMILY_MEMBER_LAST_NAME_2	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (2) who is enrolled/enrolling in FEHB.  If family member (2) is used, this field is required. If family member uses one name, that name is displayed in this field.	<b>See family member 1</b>	
30	FEHB_FAMILY_MEMBER_FIRST_NAME_2	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces	C	This is the first name of the enrollee's family member (2) who is enrolled/enrolling in FEHB.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			Note = If blank, pad with spaces		If family member (2) is used, and the family member has a first name, this field is required. If family member uses one name, this field is blank.		
31	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_2	1	Value = Family member's middle initial Format = No punctuation Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (2) who is enrolled/enrolling in FEHB.  If family member (2) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
32	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_2	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (2) who is enrolled/enrolling in FEHB.  If family member (2) is used, this field is helpful, but not required.	<b>See family member 1</b>	
33	FEHB_FAMILY_DOB_2	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (2) who is enrolled/enrolling in FEHB.  If family member (2) is used, this field is required.	<b>See family member 1</b>	
34	FEHB_FAMILY_SEX_CODE_2	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (2) who is enrolled/enrolling in FEHB.  If family member (2) is	<b>See family member 1</b>	



#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					used, this field is required.		
35	FEHB_FAMILY_RELATIONSHIP_2	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 2626 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 2626 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family member (2) information is required if the FEHB_ENROLLMENT_CODE is for self and family coverage.  If Family member (2) is used, this field is required.	<b>See family member 1</b>	
36	FEHB_FAMILY_SSN_2	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (2) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (2) is used, this field is helpful, but not required.	<b>See family member 1</b>	
37	FEHB_FAMILY_MEMBER_LAST_NAME_3	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (3) who is enrolled/enrolling in FEHB.  If family member (3) is used, this field is required. If family member uses one name, that name is displayed in this field.	<b>See family member 1</b>	
38	FEHB_FAMILY_MEMBER_FIRST_NAME_3	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces	C	This is the first name of the enrollee's family member (3) who is enrolled/enrolling in FEHB.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			Note = If blank, pad with spaces		If family member (3) is used, and the family member has a first name, this field is required. If family member uses one name, this field is blank.		
39	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_3	1	Value = Family member's middle initial  Format = No punctuation  Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (3) who is enrolled/enrolling in FEHB.  If family member (3) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
40	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_3	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (3) who is enrolled/enrolling in FEHB.  If family member (3) is used, this field is helpful, but not required.	<b>See family member 1</b>	
41	FEHB_FAMILY_DOB_3	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (3) who is enrolled/enrolling in FEHB.  If family member (3) is used, this field is required.	<b>See family member 1</b>	
42	FEHB_FAMILY_SEX_CODE_3	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (3) who is enrolled/enrolling in FEHB.  If family member (3) is used, this field is required.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
43	FEHB_FAMILY_RELATIONSHIP_3	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family member (3) information is required if the FEHB_ENROLLMENT_C ODE is for self and family coverage.  If family member (3) is used, this field is required.	See family member 1	
44	FEHB_FAMILY_SSN_3	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (3) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (3) is used, this field is helpful, but not required.	See family member 1	
45	FEHB_FAMILY_MEMBER_LAST_NAME_4	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (4) who is enrolled/enrolling in FEHB.  If family member (4) is used, this field is required. If family member uses one name, that name is displayed in this field.	See family member 1	
46	FEHB_FAMILY_MEMBER_FIRST_NAME_4	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the enrollee's family member (4) who is enrolled/enrolling in FEHB.  If family member (4) is used, and the family	See family member 1	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					member has a first name, this field is required. If family member uses one name, this field is blank.		
47	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_4	1	Value = Family member's middle initial Format = No punctuation Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (4) who is enrolled/enrolling in FEHB.  If family member (4) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
48	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_4	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (4) who is enrolled/enrolling in FEHB.  If family member (4) is used, this field is helpful, but not required.	<b>See family member 1</b>	
49	FEHB_FAMILY_DOB_4	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (4) who is enrolled/enrolling in FEHB.  If family member (4) is used, this field is required.	<b>See family member 1</b>	
50	FEHB_FAMILY_SEX_CODE_4	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (4) who is enrolled/enrolling in FEHB.  If family member (4) is used, this field is required.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
51	FEHB_FAMILY_RELATIONSHIP_4	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family Member (4) information is required if the FEHB_ENROLLMENT_C ODE is for self and family coverage.  If Family member (4) is used, this field is required.	See family member 1	
52	FEHB_FAMILY_SSN_4	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (4) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (4) is used, this field is helpful, but not required.	See family member 1	
53	FEHB_FAMILY_MEMBER_LAST_NAME_5	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (5) who is enrolled/enrolling in FEHB.  If family member (5) is used, this field is required. If family member uses one name, that name is displayed in this field.	See family member 1	
54	FEHB_FAMILY_MEMBER_FIRST_NAME_5	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the enrollee's family member (5) who is enrolled/enrolling in FEHB.  If family member (5) is used, and the family member has a first name,	See family member 1	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					this field is required. If family member uses one name, this field is blank.		
55	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_5	1	Value = Family member's middle initial  Format = No punctuation  Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (5) who is enrolled/enrolling in FEHB.  If family member (5) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
56	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_5	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (5) who is enrolled/enrolling in FEHB.  If family member (5) is used, this field is helpful, but not required.	<b>See family member 1</b>	
57	FEHB_FAMILY_DOB_5	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (5) who is enrolled/enrolling in FEHB.  If family member (5) is used, this field is required.	<b>See family member 1</b>	
58	FEHB_FAMILY_SEX_CODE_5	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (5) who is enrolled/enrolling in FEHB.  If family member (5) is used, this field is required.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
59	FEHB_FAMILY_RELATIONSHIP_5	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family Member (5) information is required if the FEHB_ENROLLMENT_C ODE is for self and family coverage.  If family member (5) is used, this field is required.	See family member 1	
60	FEHB_FAMILY_SSN_5	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (5) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (5) is used, this field is helpful, but not required.	See family member 1	
61	FEHB_FAMILY_MEMBER_LAST_NAME_6	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (6) who is enrolled/enrolling in FEHB.  If family member (6) is used, this field is required. If family member uses one name, that name is displayed in this field.	See family member 1	
62	FEHB_FAMILY_MEMBER_FIRST_NAME_6	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the enrollee's family member (6) who is enrolled/enrolling in FEHB.  If family member (6) is used, and the family member has a first name,	See family member 1	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					this field is required. If family member uses one name, this field is blank.		
63	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_6	1	Value = Family member's middle initial  Format = No punctuation  Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (6) who is enrolled/enrolling in FEHB.  If family member (6) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
64	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_6	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (6) who is enrolled/enrolling in FEHB.  If family member (6) is used, this field is helpful, but not required.	<b>See family member 1</b>	
65	FEHB_FAMILY_DOB_6	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (6) who is enrolled/enrolling in FEHB.  If family member (6) is used, this field is required.	<b>See family member 1</b>	
66	FEHB_FAMILY_SEX_CODE_6	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (6) who is enrolled/enrolling in FEHB.  If family member (6) is used, this field is required.	<b>See family member 1</b>	
67	FEHB_FAMILY_RELATIONSHIP_6	1	Value = 1,2,3, 4, or 5  1 = Spouse	C	Family Member (6) information is required if the	<b>See family member 1</b>	



#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			<p>2 = Unmarried dependent child under age 26 including an adopted child  3 = Step child, foster child, or recognized child  4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier.  5 = Parent of dependent survivor/annuitant</p> <p>Note = If blank, pad with spaces</p>		<p>FEHB_ENROLLMENT_C ODE is for self and family coverage.</p> <p>If family member (6) is used, this field is required.</p>		
68	FEHB_FAMILY_SSN_6	9	<p>Value = Family member's SSN</p> <p>Format = Left justify, no dashes, pad with spaces</p> <p>Example: 123456789</p> <p>Note = If blank, pad with spaces</p>	Optional	<p>This is the SSN of the enrollee's family member (6) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.</p> <p>If family member (6) is used, this field is helpful, but not required.</p>	<b>See family member 1</b>	
69	FEHB_FAMILY_MEMBER_LAST_NAME_7	25	<p>Value = Family member's last name</p> <p>Format = Left justify, no punctuation, pad with trailing spaces</p> <p>Note = If blank, pad with spaces</p>	C	<p>This is the last name of the enrollee's family member (7) who is enrolled/enrolling in FEHB.</p> <p>If family member (7) is used, this field is required. If family member uses one name, that name is displayed in this field.</p>	<b>See family member 1</b>	
70	FEHB_FAMILY_MEMBER_FIRST_NAME_7	17	<p>Value = Family member's first name</p> <p>Format = Left justify, no punctuation, pad with trailing spaces</p> <p>Note = If blank, pad with spaces</p>	C	<p>This is the first name of the enrollee's family member (7) who is enrolled/enrolling in FEHB.</p> <p>If family member (7) is used, and the family member has a first name, this field is required. If family member uses one name, this field is blank.</p>	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
71	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_7	1	Value = Family member's middle initial  Format = No punctuation  Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (7) who is enrolled/enrolling in FEHB.  If family member (7) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	See family member 1	
72	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_7	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (7) who is enrolled/enrolling in FEHB.  If family member (7) is used, this field is helpful, but not required.	See family member 1	
73	FEHB_FAMILY_DOB_7	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (7) who is enrolled/enrolling in FEHB.  If family member (7) is used, this field is required.	See family member 1	
74	FEHB_FAMILY_SEX_CODE_7	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (7) who is enrolled/enrolling in FEHB.  If family member (7) is used, this field is required.	See family member 1	
75	FEHB_FAMILY_RELATIONSHIP_7	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child	C	Family Member (7) information is required if the FEHB_ENROLLMENT_CODE is for self and family coverage.	See family member 1	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			<p>4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier.</p> <p>5 = Parent of dependent survivor/annuitant</p> <p>Note = If blank, pad with spaces</p>		If family member (7) is used, this field is required.		
76	FEHB_FAMILY_SSN_7	9	<p>Value = Family member's SSN</p> <p>Format = Left justify, no dashes, pad with spaces</p> <p>Example: 123456789</p> <p>Note = If blank, pad with spaces</p>	Optional	<p>This is the SSN of the enrollee's family member (7) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.</p> <p>If family member (7) is used, this field is helpful, but not required.</p>	<b>See family member 1</b>	
77	FEHB_FAMILY_MEMBER_LAST_NAME_8	25	<p>Value = Family member's last name</p> <p>Format = Left justify, no punctuation, pad with trailing spaces</p> <p>Note = If blank, pad with spaces</p>	C	<p>This is the last name of the enrollee's family member (8) who is enrolled/enrolling in FEHB.</p> <p>If family member (8) is used, this field is required. If family member uses one name, that name is displayed in this field.</p>	<b>See family member 1</b>	
78	FEHB_FAMILY_MEMBER_FIRST_NAME_8	17	<p>Value = Family member's first name</p> <p>Format = Left justify, no punctuation, pad with trailing spaces</p> <p>Note = If blank, pad with spaces</p>	C	<p>This is the first name of the enrollee's family member (8) who is enrolled/enrolling in FEHB.</p> <p>If family member (8) is used, and the family member has a first name, this field is required. If family member uses one name, this field is blank.</p>	<b>See family member 1</b>	
79	FEHB_FAMILY_MEMBER_MIDDLE_	1	<p>Value = Family member's middle initial</p> <p>Format = No punctuation</p>	C	This is the middle initial of the enrollee's family member (8) who is	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
	INITIAL_8		Note = If blank, pad with spaces		enrolled/enrolling in FEHB.  If family member (8) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.		
80	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_8	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (1) who is enrolled/enrolling in FEHB.  If family member (8) is used, this field is helpful, but not required.	<b>See family member 1</b>	
81	FEHB_FAMILY_DOB_8	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (8) who is enrolled/enrolling in FEHB.  If family member (8) is used, this field is required.	<b>See family member 1</b>	
82	FEHB_FAMILY_SEX_CODE_8	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (8) who is enrolled/enrolling in FEHB.  If family member (8) is used, this field is required.	<b>See family member 1</b>	
83	FEHB_FAMILY_RELATIONSHIP_8	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper	C	Family Member (8) information is required if the FEHB_ENROLLMENT_CODE is for self and family coverage.  If family member (8) is used, this field is required.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces				
84	FEHB_FAMILY_SSN_8	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (8) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (8) is used, this field is helpful, but not required.	<b>See family member 1</b>	
85	FEHB_FAMILY_MEMBER_LAST_NAME_9	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (9) who is enrolled/enrolling in FEHB.  If family member (9) is used, this field is required. If family member uses one name, that name is displayed in this field.	<b>See family member 1</b>	
86	FEHB_FAMILY_MEMBER_FIRST_NAME_9	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the enrollee's family member (9) who is enrolled/enrolling in FEHB.  If family member (9) is used, and the family member has a first name, this field is required. If family member uses one name, this field is blank.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
87	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_9	1	Value = Family member's middle initial  Format = No punctuation  Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (9) who is enrolled/enrolling in FEHB.  If family member (9) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
88	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_9	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (9) who is enrolled/enrolling in FEHB.  If family member (9) is used, this field is helpful, but not required.	<b>See family member 1</b>	
89	FEHB_FAMILY_DOB_9	8	Value = Date of family member's birth  Format: = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (9) who is enrolled/enrolling in FEHB.  If family member (9) is used, this field is required.	<b>See family member 1</b>	
90	FEHB_FAMILY_SEX_CODE_9	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (9) who is enrolled/enrolling in FEHB.  If family member (9) is used, this field is required.	<b>See family member 1</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
91	FEHB_FAMILY_RELATIONSHIP_9	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family Member (9) information is required if the FEHB_ENROLLMENT_C ODE is for self and family coverage.  If family member (9) is used, this field is required.	See family member 1	
92	FEHB_FAMILY_SSN_9	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (9) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (9) is used, this field is helpful, but not required.	See family member 1	
93	FEHB_FAMILY_MEMBER_LAST_NAME_10	25	Value = Family member's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the enrollee's family member (10) who is enrolled/enrolling in FEHB.  If family member (10) is used, this field is required. If family member uses one name, that name is displayed in this field.	See family member 1	
94	FEHB_FAMILY_MEMBER_FIRST_NAME_10	17	Value = Family member's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the enrollee's family member (10) who is enrolled/enrolling in FEHB.  If family member (10) is used, and the family	See family member 1	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					member has a first name, this field is required. If family member uses one name, this field is blank.		
95	FEHB_FAMILY_MEMBER_MIDDLE_INITIAL_10	1	Value = Family member's middle initial Format = No punctuation Note = If blank, pad with spaces	C	This is the middle initial of the enrollee's family member (10) who is enrolled/enrolling in FEHB.  If family member (10) is used, and the family member has a middle name or initial, this field is required. If family member uses one name, or if family member does not have a middle name or initial, this field is blank.	<b>See family member 1</b>	
96	FEHB_FAMILY_HOME_ZIP_OR_FOREIGN_POSTAL_CODE_10	11	Value = Domestic: 5 digit mandatory + 4 optional Foreign: Postal Code  Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5.  Format = Left justify, no dashes, pad with trailing spaces Note = If blank, pad with spaces	Optional	This is the domestic ZIP code or foreign postal code of the enrollee's family member (10) who is enrolled/enrolling in FEHB.  If family member (10) is used, this field is helpful, but not required.	<b>See family member 1</b>	
97	FEHB_FAMILY_DOB_10	8	Value = Date of family member's birth Format: = YYYYMMDD Note = If blank, pad with spaces	C	This is the date of birth of the enrollee's family member (10) who is enrolled/enrolling in FEHB.  If family member (10) is used, this field is required.	<b>See family member 1</b>	
98	FEHB_FAMILY_SEX_CODE_10	1	Value = M or F M = male F = female  Note = If blank, pad with spaces	C	This code indicates the sex of the enrollee's family member (10) who is enrolled/enrolling in FEHB.  If family member (10) is used, this field is required.	<b>See family member 1</b>	



#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
99	FEHB_FAMILY_RELATIONSHIP_10	1	Value = 1,2,3, 4, or 5  1 = Spouse 2 = Unmarried dependent child under age 26 including an adopted child 3 = Step child, foster child, or recognized child 4 = Unmarried disabled child over age 26 incapable of self-support. If 4 is used, then follow existing FEHB Guidelines to ensure that the proper documentation is provided by the agency to the carrier. 5 = Parent of dependent survivor/annuitant  Note = If blank, pad with spaces	C	Family Member (10) information is required if the FEHB_ENROLLMENT_C ODE is for self and family coverage.  If family member (10) is used, this field is required.	See family member 1	
100	FEHB_FAMILY_SSN_10	9	Value = Family member's SSN  Format = Left justify, no dashes, pad with spaces  Example: 123456789  Note = If blank, pad with spaces	Optional	This is the SSN of the enrollee's family member (10) who is enrolled/enrolling in FEHB. If the family member does not want his/her SSN provided to the carrier, a pseudo SSN may be used.  If family member (10) is used, this field is helpful, but not required.	See family member 1	
101	FEHB_OTHER_INSURANCE_INDICATOR	1	Value = Y or N Y = yes N = no	R	This code indicates if the enrollee is enrolled in another group health insurance program.	Will not map any "Other Insurance" data	
102	FEHB_OTHER_INSURANCE_POLICYHOLDER_LAST_NAME	25	Value = Policyholder's last name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the last name of the individual who holds the policy from another group health insurance program in which the enrollee or family member is covered.  This field is required if FEHB_OTHER_INSURANCE_INDICATOR is Y. If policyholder uses one name, that name is displayed in this field.	Will not map any "Other Insurance" data	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
103	FEHB_OTHER_INSURANCE_POLICYHOLDER_FIRST_NAME	17	Value = Policyholder's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	This is the first name of the individual who holds the policy from another group health insurance program in which the enrollee or family member is covered.  This field is required if FEHB_OTHER_INSURANCE_INDICATOR is Y. If policyholder uses one name, this field is blank	Will not map any "Other Insurance" data	
104	FEHB_OTHER_INSURANCE_POLICYHOLDER_MIDDLE_INITIAL	1	Value = Policyholder's middle initial  Format = No punctuation  Note = If blank, pad with a space	C	This is the middle initial of the individual who holds the policy from another group health insurance program in which the enrollee or family member is covered.  This field is required if FEHB_OTHER_INSURANCE_INDICATOR is Y. If policyholder uses one name, or if policyholder does not have a middle name or initial, this field is blank.	Will not map any "Other Insurance" data	
105	MEDICARE_IND	1	Value = Y or N Y=yes N=no  Note = If blank, pad with spaces	C	This code is required if the FEHB_OTHER_INSURANCE_INDICATOR is Y, and the enrollee or family member who is enrolled/enrolling in FEHB is covered by Medicare.	<b>See Field 107</b>	
106	MEDICARE_A_EMPLOYEE	1	Value = Y or N Y=yes N=no  Note = If blank, pad with spaces	C	This code is required if the Medicare Indicator is Y, and the enrollee or family member who is enrolled/enrolling in FEHB is covered by Medicare	<b>See Field 107</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					Part A.		
107	MEDICARE_B_EMPLOYEE	1	Value = Y or N Y = yes N = no  Note = If blank, pad with spaces	C	This code is required if the Medicare Indicator is Y, and the enrollee or family member who is enrolled/enrolling in FEHB is covered by Medicare Part B.	<b>Loop 2000</b> <b>INS06-1, 1218, Pg.51</b> <b>'A' = Medicare Part A</b> <b>'B' = Medicare Part B</b> <b>'C' = Medicare Part A &amp; B</b>	
108	MEDICARE_A_SPOUSE	1	Value = Y or N Y = yes N = no  Note = If blank, pad with spaces	C	This code is required if the Medicare Indicator is Y, and the enrollee's spouse is covered by Medicare Part A.	<b>See Field 107</b>	
109	MEDICARE_B_SPOUSE	1	Value = Y or N Y = yes N = no  Note = If blank, pad with spaces	C	This code is required if the Medicare Indicator is Y, and the enrollee's spouse is covered by Medicare Part B.	<b>See Field 107</b>	
110	TRICARE_IND	1	Value = Y or N Y = yes N = no  Note = If blank, pad with spaces	C	This code is required if FEHB_OTHER_INSURANCE_INDICATOR is Y and the enrollee is covered by Tricare or the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).	<b>Loop 2320</b> <b>COB01, 1138, Pg. 164= 'U'</b> <b>COB02, 127, Pg. 164 =</b> <b>"TRICARE"</b> <b>COB03, 1143, Pg. 164/165 = '1'</b>	
111	OTHER_INSURANCE	1	Value = Y or N Y = yes N = no  Note = If blank, pad with spaces	C	This code is required if FEHB_OTHER_INSURANCE_INDICATOR is Y, and the enrollee is covered by a group health insurance program other than Medicare and Tricare (including CHAMPUS).	Will not map any "Other Insurance" data	
112	OTHER_INSURANCE_NAME	35	Value = Name of any non-FEHB group health insurance program in which the enrollee is enrolled.  Note = If blank, pad with spaces	C	The name of the group health insurance program the enrollee has outside of FEHB, is required if FEHB_OTHER_INSURANCE_INDICATOR is Y.	Will not map any "Other Insurance" data	
113	PRESENT_PLANN_NAME	35	Value = Name of the FEHB health insurance plan  Format = Left justify, no punctuation, pad with	C	This is the name of the FEHB health insurance plan in which the enrollee	Will not map	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
			trailing spaces  Note = If blank, pad with spaces		is currently enrolled.  If NATURE_OF_TRANSACTION is CHANGE, this field is required. If it is START, STOP, or SUSPEND, this field is blank.		
114	FILLER	7	Value = Pad with spaces  Note = If blank, pad with spaces	R	Reserved for future use.		
115	PRESENT_ENROLLMENT_CODE	3	Value = Positions 1 and 2 equal the plan; 3 <sup>rd</sup> position is plan option.  Note = If blank, pad with spaces	C	This code defines the plan and option of the enrollee.  If NATURE_OF_TRANSACTION is CHANGE, STOP, or SUSPEN, this field is required. If it is START, this field is blank.	<b>Loop 2300 HD04, 1204, Pg. 141 Pad left with zeroes. Will be the second element in the free form field.</b>	Must be PRESENT when (Nature of Transaction = "STOP") <b>OR</b> (Nature of Transaction = "CHANGE")
116	EVENT_CODE	2	Value = Blank, 1B, 2A, 1C, etc. depending on the time of year and type of action  Note = If blank, pad with spaces	C	The FEHB Event Code corresponds to the event that initiated the enrollee's action.  This field is required if NATURE_OF_TRANSACTION is START or CHANGE. If it is STOP or SUSPEND, this field is blank.  Refer to SF-2809 or OPM-2809 for a list of Event Codes.	<b>Loop 2300 HD04, 1204, Pg. 141 Will be the third element in the free form field.</b>	
117	DATE_OF_EVENT	8	Value = The date of the event.  Format = YYYYMMDD  Note = If blank, pad with spaces	C	This is the date that initiated the enrollee's action.  This field is required if the EVENT_CODE is completed.	<b>START:  Loop 2000 DTP01, 374, Pg. 59 = '356' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = CCYYMMDD</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
						<p>Change-Gaining Carrier:</p> <p>Loop 2000 DTP01, 374, Pg. 59 = '356' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = CCYYMMDD</p> <p>Change-Losing Carrier:</p> <p>Loop 2000 DTP01, 374, Pg. 59 = '357' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = CCYYMMDD</p> <p>Change-Within a Plan:</p> <p>Loop 2000 DTP01, 374, Pg. 59 = '356' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = CCYYMMDD</p> <p>STOP:</p> <p>Loop 2000 DTP01, 374, Pg. 59 = '357' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = CCYYMMDD</p> <p>SUSPEND:</p> <p>Loop 2000 DTP01, 374, Pg. 59 = '357' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = CCYYMMDD</p>	
118	COVERAGE_AS_FAMILY_MEMBER_INDICATOR	1	Value = Y Y = yes Note = If blank, pad with spaces	Conditional	This code is required if NATURE_OF_TRANSACTION is SUSPEND, and t enrollee is suspending	Will not map.	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					his/her FEHB enrollment because he/she is going to be covered as a family member under another person's FEHB enrollment.		
119	PERSON_PROVIDING_FEHB_COVERAGE_LAST_NAME	25	Value= Last name of person providing the FEHB coverage  Format = Left justify, no punctuation, pad with trailing spaces	Conditional	This is the surname of the person who is enrolled in FEHB and whose FEHB coverage will cover the family member after he/she suspends his/her own FEHB coverage. If the person providing the FEHB coverage has only one name (e.g. Cher), then that one name must be placed in this field. If the person providing the FEHB coverage has a title (e.g., Jr, Sr, I, II, III), it should be entered after the last name without punctuation. For example: Smith Jr or Smith III.  If the NATURE_OF_TRANSACTION code is SUSPEND, and the COVERAGE_AS_FAMILY_MEMBER_INDICATOR is Y, this field is required.	Will not map.	
120	PERSON_PROVIDING_FEHB_COVERAGE_FIRST_NAME	17	Value = First name of person providing the FEHB coverage  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	Conditional	This is the name of the person who is enrolled in FEHB and whose FEHB coverage will cover the family member after he/she suspends his/her own FEHB coverage. If the person providing the FEHB coverage has only one name (e.g. Cher).  If the	Will not map.	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					NATURE_OF_TRANSACTION code is SUSPEND, and the COVERAGE_AS_FAMILY_MEMBER_INDICATOR is Y, this field is required.		
121	PERSON_PROVIDING_FEHB_COVERAGE_MIDDLE_INITIAL	1	Value = Middle Initial of person providing the FEHB coverage  Format = No punctuation  Note = If blank, pad with a space	Conditional	This is the middle initial of the person who is enrolled in FEHB and whose FEHB coverage will cover the family member after he/she suspends his/her own FEHB coverage. If the person providing the FEHB coverage uses one name or if the person providing the FEHB coverage does not have a middle name or initial, this field is blank.  If the NATURE_OF_TRANSACTION code is SUSPEND, and the COVERAGE_AS_FAMILY_MEMBER_INDICATOR is Y, this field is required.	Will not map.	
122	PERSON_PROVIDING_FEHB_COVERAGE_SOCIAL_SECURITY_NUMBER	9	Value = Social Security Number (SSN) or other number that is used to identify the person providing the FEHB coverage.  Format = Left justify, no dashes, pad with trailing spaces  Example: 123456789  Note = If blank, pad with spaces	Conditional	This is the SSN or other identifying number of the person who is enrolled in FEHB and whose FEHB coverage will cover the family member after he/she suspends his/her own FEHB coverage. This may be the SSN or other number such as the OPM-assigned Civil Service Annuitant (CSA) number or the Civil Service Final (CSF) number that is used to identify the person providing the FEHB	Will not map.	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					<p>coverage. If the person providing the FEHB coverage does not want his/her SSN provided to the carrier, a pseudo SSN may be used.</p> <p>If the NATURE_OF_TRANSACTION code is SUSPEND, and the COVERAGE_AS_FAMILY_MEMBER_INDICATOR is Y, this field is required.</p>		
123	MMCP_ENROLLMENT_INDICATOR	1	Value = Y Y = yes  Note = If blank, pad with a space	Conditional	This code is required if the NATURE_OF_TRANSACTION code is SUSPEND, and the enrollee is suspending his/her FEHB enrollment because he/she enrolled in MMCP.	Will not map.	
124	CANCELLATION_INDICATOR	1	Value = Y Y = yes  Note = If blank, pad with a space	Conditional	This code is required if the NATURE_OF_TRANSACTION is STOP, and the enrollee is canceling his/her FEHB enrollment.	Will not map.	
125	COVERAGE_EFFECTIVE_DATE	8	Value = The date the requested action goes into effect.  Format: YYYYMMDD	R	This is the effective date of the requested action.	<b>START:</b>  <b>Loop 2300</b> <b>DTP01, 374, Pg. 143/144 = '348'</b> <b>DTP02, 1250, Pg. 144 = 'D8'</b> <b>DTP03, 1251, Pg. 144 = ccyymmdd</b>  <b>CHANGE-Gaining Carrier</b>  <b>Loop 2300</b> <b>DTP01, 374, Pg. 143/144 = '348'</b> <b>DTP02, 1250, Pg. 144 = 'D8'</b> <b>DTP03, 1251, Pg. 144 = ccyymmdd</b>  <b>CHANGE-Losing Carrier</b>	REJECT if not present or invalid date



#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
						<p>Loop 2300 DTP01, 374, Pg. 143/144 = '349' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>CHANGE-Within a Plan:</p> <p>Loop 2300 DTP01, 374, Pg. 143/144 = '303' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>STOP:</p> <p>Loop 2300 DTP01, 374, Pg. 143/144 = '349' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>SUSPEND:</p> <p>Loop 2300 DTP01, 374, Pg. 143/144 = '349' DTP02, 1250, Pg. 143 = 'D8' DTP03, 1251, Pg. 143 = ccyymmdd</p>	
126	DATE_OF_ACTION	8	Value = The date the enrollee made this election  Format = YYYYMMDD	R	This is the date the enrollee made this election.	<p>Loop 2000 DTP01, 374, Pg. 59 = '300' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = ccyymmdd</p>	
127	TIME_OF_ACTION	6	Value = The time the corrective action record was completed.  Format = HHMMSS, 24 hours military time  Example: 162206	R	This is the time the corrective action record was completed.  This time will be system generated.	Will not map.	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
128	AGENCY_ID	4	Value = 4-position agency identifier  Note = If blank, pad with spaces	C	<p>Required if available.</p> <p>The agency and, where applicable, the administrative subdivision (i.e., subelement) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision (i.e., subelement). If no subelements are assigned to an agency, the third and fourth positions are zeros (xx00).</p> <p>To find out more about this field, go to the following Internet address:  <a href="http://www.opm.gov/feddata/html/datastan.htm">http://www.opm.gov/feddata/html/datastan.htm</a></p> <p>For example, NFC's Payroll Personnel System is payroll office number 12400001, but its agency code is AG90.</p> <p>This is required for all enrollees who are currently on an agency's rolls. Retirees and former employees who maintain coverage are <b>not required</b> to have Agency and POI, and in those cases, pad this field with spaces.</p>	Will not map.	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
129	PERSONNEL_OFFICE_ID	4	Value = 4-position Personnel Office identifier	R	<p>Required if available.</p> <p>The identification of the Federal civilian personnel office authorized to appoint and separate an employee, and to the extent such functions have been delegated, prepare personnel actions, maintain official personnel records, and administer programs for all staff compensation, training and development, benefits and awards, and employee and labor relations.</p> <p>The personnel office names and codes can be found in the Personnel Office Identifier (POI) Listing (produced by the Office of Workforce Information, Office of Personnel Management). The Listing contains the agency/subelement code, the personnel office code, the name and mailing address of the personnel office, and the name, title and telephone number of the personnel office contact.</p> <p>To find out more about this field, go to the following Internet address:</p> <p><a href="http://www.opm.gov/feddata/html/datastan.htm">http://www.opm.gov/feddata/html/datastan.htm</a></p> <p>For example, the NFC is</p>	<p><b>Loop 2000</b>  <b>REF01, 128, Pg. 57/58 = '17'</b>  <b>REF02, 127, P. 58</b></p>	<p>Sent only in Subscriber loop. Will not be sent in Dependent loops.</p>

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					<p>AG90, POI 5317. This was formerly known as the submitting office number.</p> <p>This is required for all enrollees who are currently on an agency's rolls. Retirees and former employees who maintain coverage are <b>not required</b> to have Agency and POI, and in those cases, pad this field with spaces.</p>		
130	PAYROLL_OFFICE_ID	8	<p>Value = Payroll Office Identification</p> <p>Format = Left justify, pad with trailing spaces</p>	R	<p>This number is assigned by Treasury and OPM to the organization that is responsible for coordinating the enrollee's FEHB coverage and premium collection.</p>	<p><b>Loop 2000</b>  <b>REF01, 128, Pg. 57/58 = 'DX'</b>  <b>REF02, 127, Pg. 58</b></p>	<p>Sent in Subscriber <b>AND</b> Dependent loops.</p> <p>REJECT if not present</p>
131	CLAIM_NUMBER	9	<p>Value = Valid Annuitant Claim Number</p> <p>Note = If blank, pad with spaces</p> <p>Example: CSA123456789, CSF123456789</p>	C	<p>The Annuity Claim Number is the number assigned to the annuity by OPM or other retirement systems (i.e., CSA or CSF). This number should be provided, if applicable.</p>	<p><b>Loop 2000</b>  <b>REF01, 128, Pg. 57/58 = '23'</b>  <b>REF02, 127, Pg. 58</b></p>	<p>Sent only in Subscriber loop. Will not be sent in Dependent loops.</p>
132	ANNUITANT_OR_SURVIVOR_SSN_(HB_IDENTIFICATION_NUMBER)	9	<p>Value = SSN of the original annuitant enrolled in this FEHB plan</p> <p>Note = If blank, pad with spaces</p>	C	<p>This field contains the SSN of the retiree or in the case of a survivor annuitant, the SSN of the deceased retiree/employee. The HB Identification Number is the SSN of the person to whom the policy was originally issued and it will not change. The SSN field can and does change at the death of the annuitant, but the HB Identification Number does not.</p> <p>This field is required for</p>	<p><b>Loop 2000</b>  <b>REF01, 128, Pg. 57/58 = '60'</b>  <b>REF02, 127, Pg. 58</b></p>	<p>Sent only in Subscriber loop. Will not be sent in Dependent loops.</p>

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					annuitants only.		
133	FILLER	2	Value = Pad with spaces	R	Reserved for future use.		
134	REPORT_NUMBER	15	Value = System generated number  Format = Left justify, pad with trailing spaces  Example: NFC22002XXXXXX = second quarter in the year 2002	R	The first 8 positions of this number are system generated and indicate the quarter and year in which a record was transmitted plus the optional 7-digit control number. The user has the option of entering the number of his/her original report (notification to carrier, SF-2811, etc.) in the remaining 7 spaces.	<b>Loop 2000</b> <b>REF01, 128, Pg. 57/58 = 'ZZ'</b> <b>REF02, 127, Pg. 58</b>	Sent only in Subscriber loop. Will not be sent in Dependent loops.
135	AGENCY_NAME	35	Value = The name of the enrollee's employing, personnel, or point of contact office  Format = Left justify, no punctuation, pad with trailing spaces	R	This is the name of the employing, personnel, or point of contact office that is responsible for coordinating the enrollee's FEHB coverage.	<b>Loop 2100D</b> <b>NM101, 98, Pg. 97 = '36'</b> <b>NM102, 1065, Pg. 98 = '2'</b> <b>NM103, 1035, Pg. 98</b>	If Agency Name is not present, the 2100D Member Employer Loop will not be sent
136	DOMESTIC_OR_FOREIGN_AGENCY_STREET_1	35	Value = The first line of the personnel office's domestic or foreign street address  Format = Left justify, no punctuation, pad with trailing spaces  Example: Route 1 Box 618B	R	This is the first line of the domestic or foreign street, PO box, rural route, etc., of the personnel office that is responsible for coordinating the enrollee's FEHB coverage.	<b>Loop 2100D</b> <b>N301, 166, Pg. 103</b>	If Street 1 is missing, no address information will be sent.
137	DOMESTIC_OR_FOREIGN_AGENCY_STREET_2	35	Value = The second line of the personnel office's domestic or foreign street address  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the second line of the domestic or foreign street, PO box, rural route, etc., of the personnel office that is responsible for coordinating the enrollee's FEHB coverage.	<b>Loop 2100D</b> <b>N302, Pg. 166, Pg. 103</b>	
138	DOMESTIC_OR_FOREIGN_AGENCY_STREET_3	35	Value = The third line of the personnel office's domestic or foreign street address  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	Optional	This is the third line of the domestic or foreign street, PO box, rural route, etc., of the personnel office that is responsible for coordinating the enrollee's FEHB coverage.	Append into Street 2 above	
139	DOMESTIC_OR	23	Value = Personnel office's domestic or foreign city	R	This is the domestic or	<b>Loop 2100D</b>	If City is missing, no address

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
	_FOREIGN_AGENCY_CITY		name Format: = Left justify, pad with trailing spaces Example: Macon		foreign city in which the enrollee's personnel office is located.	<b>N401, 19, Pg. 104</b>	information will be sent.
140	DOMESTIC_AGENCY_STATE	2	Value = Personnel office's domestic state abbreviation Example: GA for Georgia Note = If blank, pad with spaces	C	This is the abbreviation of the domestic state in which the enrollee's personnel office is located.  If the address is foreign, this field is blank.	<b>Loop 2100D N402, 156, Pg. 105</b>	If Domestic State Abbreviation is missing, no address information will be sent.
141	FOREIGN_AGENCY_COUNTRY_NAME	23	Value = Personnel office's foreign country name Format = Left justify, pad with trailing spaces Example: Canada Note = If blank, pad with spaces	C	This is the name of the personnel office's foreign country.  If the address is domestic, this field is blank.	<b>Will not map.</b>	
142	AGENCY_DOMESTIC_ZIP_OR_FOREIGN_POSTAL_CODE	11	Value = Personnel office's valid domestic ZIP Code or foreign postal code Format = Left justify, no dashes, pad with trailing spaces Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5 Note = If blank, pad with spaces	R	This is the domestic ZIP code or foreign postal code for the personnel office's address.	<b>Loop 2100D N403, 116, Pg. 105</b>	If Domestic Zip Code is missing, no address information will be sent.  Will be blank where a foreign postal code is unavailable
143	AGENCY_COUNTRY_CODE	3	Value = Valid U.S. Postal Service country code Note = If blank, pad with spaces	Optional	This code identifies the country for the personnel office's address.	<b>Loop 2100D N404, 26, Pg. 105</b>  <b>Macon will crosswalk FIPS code to ISO-3166 code</b>	
144	DATE_RECEIVED_IN_AGENCY_OFFICE	8	Value = Date the personnel office received the 2809. Format =YYYYMMDD	R	This is the date the personnel office received the 2809.	<b>Will not map.</b>	
145	AUTHORIZED_	25	Value = Agency official's last name	R	This is the surname of the	<b>Will not map.</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
	AGENCY_OFFICIAL_LAST_NAME		Format = Left justify, no punctuation, pad with trailing spaces		agency official who is authorized to sign the 2809. The agency official must always have a last name. If there is case of the agency official having only one name (e.g., Cher), then that one name must be placed in the last name field.		
146	AUTHORIZED_AGENCY_OFFICIAL_FIRST_NAME	17	Value = Agency official's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	First name of the agency official who is authorized to sign the 2809. This must be provided except in the rare circumstance that the agency official does not have a first name (e.g., Cher).	<b>Will not map.</b>	
147	AUTHORIZED_AGENCY_OFFICIAL_MIDDLE_INITIAL	1	Value = Agency official's middle initial  Format = No punctuation  Note = If blank, pad with a space	C	This is the middle initial of the agency official who is authorized to sign the 2809. If the agency official uses one name, or if the agency official does not have a middle name or initial, this field is blank.	<b>Will not map.</b>	
148	AUTHORIZED_AGENCY_OFFICIAL_TELEPHONE_NUMBER	17	Value = Agency official's daytime area code and phone number  Format = Left justify, no dashes or spaces, pad with trailing spaces  Example: 9127442286  Note = If blank, pad with spaces	Optional	This is the agency official's telephone number.	<b>Will not map.</b>	
149	AUTHORIZED_AGENCY_OFFICIAL_SIGNATURE_DATE	8	Value = The date the authorized agency official signed the document.  Format = YYYYMMDD	Conditional	This field is provided for the Office of Retirement Programs use. It may be used by other agencies at their discretion.	<b>Will not map.</b>	
150	PERSONNEL_OFFICE_CONTACT_LAST_NAME	25	Value = Personnel office contact's last name  Format = Left justify, no punctuation, pad with trailing spaces	R	This is the surname of the personnel office contact. The contact must always have a last name. If there	<b>Will not map.</b>	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
					is case of the contact having only one name (e.g., Cher), then that one name must be placed in the last name field.		
151	PERSONNEL_OFFICE_CONTACT_FIRST_NAME	17	Value = Personnel office contact's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	First name of the personnel office contact. This must be provided except in the rare circumstance that the contact does not have a first name (e.g., Cher).	<b>Will not map.</b>	
152	PERSONNEL_OFFICE_CONTACT_MIDDLE_INITIAL	1	Value = Personnel office contact's middle initial  Format = No punctuation  Note = If blank, pad with a space	C	This is the middle initial of the personnel office contact. If the contact uses one name, or if the contact does not have a middle name or initial, this field is blank.	<b>Will not map.</b>	
153	PERSONNEL_OFFICE_CONTACT_TELEPHONE_NUMBER	17	Value = Personnel office contact's daytime area code and phone number  Format = Left justify, no dashes or spaces, pad with trailing spaces  Example: 9127442286  Note = If blank, pad with spaces	Optional	This is the personnel office contact's telephone number.	<b>Will not map.</b>	
154	PAYROLL_OFFICE_CONTACT_LAST_NAME	25	Value = Payroll office contact's last name  Format = Left justify, no punctuation, pad with trailing spaces	R	This is the surname of the payroll office contact. The contact must always have a last name. If there is case of the contact having only one name (e.g., Cher), then that one name must be placed in the last name field.	<b>Will not map.</b>	
155	PAYROLL_OFFICE_CONTACT_FIRST_NAME	17	Value = Payroll office contact's first name  Format = Left justify, no punctuation, pad with trailing spaces  Note = If blank, pad with spaces	C	First name of the payroll office contact. This must be provided except in the rare circumstance that the contact does not have a first name (e.g., Cher).	<b>Will not map.</b>	



#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ ?	DEFINITION	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
156	PAYROLL_OFFICE_CONTACT_MIDDLE_INITIAL	1	Value = Payroll office contact's middle initial  Format = No punctuation  Note = If blank, pad with a space	C	This is the middle initial of the payroll office contact. If the contact uses one name, or if the contact does not have a middle name or initial, this field is blank.	<b>Will not map.</b>	
157	PAYROLL_OFFICE_CONTACT_TELEPHONE_NUMBER	17	Value = Payroll office contact's daytime area code and phone number  Format = Left justify, no dashes or spaces, pad with trailing spaces  Example: 9127442286  Note = If blank, pad with spaces	Optional	This is the payroll office contact's telephone number.	<b>Will not map.</b>	
158	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	<b>Will not map.</b>	
159	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	<b>Will not map.</b>	
160	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	<b>Will not map.</b>	
161	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	<b>Will not map.</b>	
162	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	<b>Will not map.</b>	

**Required 834 fields not specific to the flat file CLER Corrective Action 2809 layout**

**Interchange Control Header**

ISA01, I01, Pg. C.4 = '00'

ISA02, I02, Pg. C.4 = spaces(10)

ISA03, I03, Pg. C.4 = '00'

ISA04, I04, Pg. C.4 = spaces(10)

ISA05, I05, Pg. C.4 = 'ZZ'

ISA06, I06, Pg. C.4 = 'OPM DATAHUB '

ISA07, I05, Pg. C.4 = 'ZZ'

ISA08, I07, Pg. C.5 = Carrier's 2-character FEHB CODE

ISA09, I08, Pg. C.5 = File Creation Date (YYMMDD)

ISA10, I09, Pg. C.5 = File Creation Time (HHMM)

ISA11, I10, Pg. C.5 = '{'

ISA12, I11, Pg. C.5 = '005010'

ISA13, I12, Pg. C.6 = taken out of Macon's SEQ\_NUM database - padded left with zeroes

ISA14, I13, Pg. C.6 = "0" - No acknowledgement requested

ISA15, I14, Pg. C.6 = "P" for Production, "T" for Testing

ISA16, I15, Pg. C.6 = ':'

**Functional Group Header**

GS01, 479, Pg. B.8 = 'BE'

GS02, 142, Pg. B.8 = 'OPM DATAHUB'

GS03, 124, Pg. B.8 = Carrier's 2-character FEHB CODE

GS04, 373, Pg. B.8 = File Creation Date (CCYYMMDD)

GS05, 337, Pg. B.8 = File Creation Time (HHMM)

GS06, 28, Pg. B.9 = taken out of Macon's SEQ\_NUM database - NO leading zeroes

GS07, 455, Pg. B.9 = 'X'

GS08, 480, Pg. B.9 = '005010X220A1'

**Transaction Set Header**

ST01, 143, Pg. 31 = '834'

ST02, 329, Pg. 31 = taken out of Macon's SEQ\_NUM database - padded left with zeroes

ST03, 1705, Pg. 31 = '005010X220A1'

**Beginning Segment**

BGN01, 353, Pg. 32 = '00'  
BGN02, 127, Pg. 33 = 'CLER2809'  
BGN03, 373, Pg. 33 = File Creation Date (CCYYMMDD)  
BGN04, 337, Pg. 33 = File Creation Time (HHMMSS)  
BGN05, 623, Pg. 33/34 = 'ET'  
BGN08, 306, Pg. 35 = '2'

**Sponsor Name (Loop 1000A, Pg. 39)**

N101, 98, Pg. 39 = 'P5'  
N103, 66, Pg. 40 = '94'  
N104, 67, Pg. 40 = 'AGENCY'

**Payer (Loop 1000B, Pg. 41)**

N101, 98, Pg. 41 = 'IN'  
N103, 66, Pg. 42 = 'FI'  
N104, 67, Pg. 42 = FEHB Carriers' Federal Taxpayer ID will be crosswalked between the FEHB carrier code and their Federal Taxpayer ID

**Transaction Set Trailer**

SE01, 96, Pg. 184 = number of segments sent in file  
SE02, 329, Pg. 184 = ST02 (Transaction Set Header)

**Functional Group Trailer**

GE01, 97, Pg. C.9 = number of transaction sets included  
GE02, 28, Pg. C.9 = taken out of Macon's SEQ\_NUM database - NO leading zeroes

**Interchange Control Trailer**

IEA01, 116, Pg. C.10 = '1'  
IEA02, 112, Pg. C.10 = taken out of Macon's SEQ\_NUM database - padded left with zeroes

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## **MISCELLANEOUS**

The flat file layout does not have a **Relationship Code field for the Employee**. The 834 transaction will contain the following for the Individual Relationship Code:

Loop 2000

INS01, 1073, Pg. 48 = 'Y'

INS02, 1069, Pg. 48/49 = '18'

### **Benefit Status Code**

Loop 2000

INS05, 1216, Pg. 51 = 'A'

### **Employment Status Code**

Loop 2000

INS08, 584, Pg. 52/53

'FT' = Full-Time

### **Member Policy Number**

Loop 2000

REF01, 128, Pg. 55 = '1'

REF02, 127, Pg. 55 = 'FEHB'

## Mapping of CLER Corrective Action 2809 Nature of Transaction Field to the 834

### OLD FORMAT

### 834 FORMAT

Transmission	Nature of Transaction	INSO3	INSO4	HDO1	HDO3	HDO4
<i>Start</i>	An individual not previously enrolled, enrolls. The plan he/she selects receives a <i>Start</i> transmission.	021	28	021	HLT	Enrollment Codes & Event Code
<i>Change-Gaining Carrier</i>	A subscriber enrolled in one plan, for example BC/BS, changes to another plan, for example Aetna. Aetna, as the gaining plan, receives a <i>Change</i> transmission.	021	22	021	HLT	Enrollment Codes & Event Code
<i>Change-Losing Carrier</i>	A subscriber enrolled in one plan (BC/BS) changes to another plan (Aetna). BC/BS, as the losing plan, receives a <i>Change</i> transmission.	024	22	024	HLT	Enrollment Codes & Event Code
<i>Change-Within a Plan</i>	A subscriber changes his/her enrollment type (self to self and family or vice versa) or plan option (high to standard or vice versa) within a plan.	001	29	001	HLT	Enrollment Codes & Event Code
<i>Stop</i>	A subscriber cancels his enrollment. The plan he/she was enrolled in receives a <i>Stop</i> transmission.	024	14	024	HLT	0000000000 (10 zeroes)
<i>Suspend</i>	A subscriber suspends his/her enrollment because (1) he/she is going to be continuously covered as a family member under another person's FEHB enrollment, or (2) he/she is enrolling in a Medicare Advantage plan.	024	18	024	HLT	0000000000 (10 zeroes)

Coding Constants: HD03 will always be "HLT"

HD04 will always include 10 characters for the gaining carrier, 10 characters for the losing carrier and 2 characters for the event. This would also allow for expansion of enrollment code.

- Exception to above: In *Stop 1*, HD04 will be 10 zeroes (0000000000)

The reinstatement of a suspended enrollment, i.e., a person who suspended their enrollment wants to reenroll in an FEHB plan, will be treated as a *Start* transaction.