

Option 1: Minimum Population

A minimum population provides enough information for employees to access the site. After accessing the site, employees will be required to fill in dependent and election information. The minimum population is recommended for groups that cannot provide complete dependent information, and/or groups that implement the online system during an open enrollment.

For a minimum population, we need the following information:

Required:

Employee Last Name
Employee First Name
Employee SSN
Employee Sex
Employee Job Title
Employee date of birth
Annual Salary
Bonus or Commission (if used to calculate disability benefit)
Hire Date
Division (if applicable)
Class (if applicable)
Hours per week

Optional:

Street Address
City
State
Zip
Telephone
Email Address

Sample Table for minimum population:

EE Lname	EE Fname	EE SSN	EE DOB	EE Sex	EE Job Title	EE Salary	Hire Date	EE Division	EE Class	Hours	Email
Smith	Robert	000851350	1/8/75	M	Manager	40,000	10/15/98	Division	1	40	

Option 2: Employee and Dependent Demographic Population

Option 2 pre-populates the employee and dependent demographic information so all current employees may elect benefits without having to enter any demographic information. This option is recommended for groups that implement the online system during an open enrollment.

To pre-populate employee and dependent demographic information, we need the following:

Employee Information (Required):

Employee Last Name

Employee First Name

Employee SSN

Employee date of birth

Employee Sex

Employee Job Title

Member Type (EE)

Date of employment

Salary

Bonus or Commission (if used to calculate disability benefit)

Division (if applicable)

Class (if applicable)

Hours worked per week

Employee Smoking Status (Y or N) (If a plan is smoker/non-smoker rated)

Optional information:

Street Address

City

State

Zip

Telephone

Email

Spouse Information (Required):

Employee Social Security Number

Spouse First Name

Spouse Last Name

Spouse SSN

Member Type (Spouse)

Spouse Date of Birth

Spouse Sex

Spouse Smoking Status (Y or N)

Optional information:

Street Address

City

State

Zip

Telephone

Email

Child(ren) Information (Required):

Employee Social Security Number

Child First Name

Child Last Name

Child SSN

Child Date of Birth

Member Type (Child)

Sex

If over 19, full time student? (Y or N)

Optional information:

Street Address

City

State

Zip

Telephone

Sample table for uploading employee and dependent demographic information:

EE Social	Type	Member Social	Member First Name	Member Last Name	Member DOB	Sex	EE Hire Date	EE Title	EE Salary	Hours Worked	EE Division	EE Class
000764103	Employee	000764103	Robert	Smith	1/8/75	M	10/15/98	Title	40,000	40	Division	1
000764103	Spouse	000459821	Mary	Smith	5/7/76	F	-	-	-	-	-	-
000764103	Child	000895621	Jim	Smith	8/12/99	M	-	-	-	-	-	-
000764103	Child	000975621	Nancy	Smith	7/7/01	F	-	-	-	-	-	-
000546084	Employee	000546084	Jeff	Nelson	11/6/65	M	1/10/89	Title	65,000	40	Division	1
000546084	Spouse	000564608	Shirley	Nelson	9/4/63	F	-	-	-	-	-	-
000020486	Employee	000020486	Susan	Johnson	7/10/72	F	8/5/00	Title	50,000	40	Division	1
000020486	Child	000890016	Jimmy	Johnson	4/10/93	M	-	-	-	-	-	-
000301981	Employee	000301981	Steve	Jones	2/11/50	M	5/24/73	Title	90,000	40	Division	1

COMPLETE POPULATION

A complete population populates all employee, dependent, and election information. This option is only recommended for groups that implement the online system off anniversary so that all information can be online without employees accessing the site.

For a complete population of employee and dependent demographic and benefit election information, we need the following:

Employee Information (Required):

Employee Last Name

Employee First Name

Employee SSN

Employee date of birth

Employee Sex

Employee Job Title

Member Type (EE)

Date of employment

Salary

Bonus or Commission (if used to calculate disability benefit)

Division (if applicable)

Class (if applicable)

Hours worked per week

Employee Smoking Status (Y or N) (If a plan is smoker/non-smoker rated)

Optional information:

Street Address

City

State

Zip

Telephone

Email

Spouse Information (Required):

Employee Social Security Number

Spouse First Name

Spouse Last Name

Spouse SSN

Member Type (Spouse)

Spouse Date of Birth

Spouse Sex

Spouse Smoking Status (Y or N)

Optional information:

Street Address

City

State

Zip

Telephone
Email

Child(ren) Information (Required):

Employee Social Security Number
Child First Name
Child Last Name
Child SSN
Child Date of Birth
Member Type (Child)
Sex
If over 19, full time student? (Y or N)

Optional information:

Street Address
City
State
Zip
Telephone
Email

Election Information (Required):

Employee Social Security Number
Member Social Security Number (if spouse or child)
Member First Name
Member Last Name
Coverage election for each line of coverage (i.e. single medical, or 50,000 voluntary life)

- Specify specific plan election if there are multiple plans available
- You do not need to provide election information for employer paid, required plans
- If populating flexible spending plan elections, please provide the annual election amount

Sample file of required info for uploading EE, Spouse and Dependent information with coverage elections:

EE Social	Type	Member Social	Member First Name	Member Last Name	Member DOB	Sex	EE Hire Date	EE Title	EE Salary	Hours Worked	EE Division	EE Class	Smoking Status	Medical Coverage	Dental Coverage	Voluntary Life Election
000764103	Employee	000764103	Robert	Smith	1/8/75	M	10/15/98	Title	40,000	40	Division	1	NS	Family	Family	100,000
000764103	Spouse	000459821	Mary	Smith	5/7/76	F	-	-	-	-	-	-	S	Family	Family	50,000
000764103	Child	000895621	Jim	Smith	8/12/99	M	-	-	-	-	-	-	NS	Family	Family	10,000
000764103	Child	000975621	Nancy	Smith	7/7/01	F	-	-	-	-	-	-	NS	Family	Family	10,000
000546084	Employee	000546084	Jeff	Nelson	11/6/65	M	1/10/89	Title	65,000	40	Division	1	NS	EE + 1	EE + 1	0
000546084	Spouse	000564608	Shirley	Nelson	9/4/63	F	-	-	-	-	-	-	NS	EE + 1	EE + 1	0
000020486	Employee	000020486	Susan	Johnson	7/10/72	F	8/5/00	Title	50,000	40	Division	1	NS	EE + 1	EE + 1	50,000
000020486	Child	000890016	Jimmy	Johnson	4/10/93	M	-	-	-	-	-	-	NS	EE + 1	EE + 1	10,000
000301981	Employee	000301981	Steve	Jones	2/11/50	M	5/24/73	Title	90,000	40	Division	1	S	Single	Waive	200,000