



Electronic Data Formats: Sending Census & Enrollments Electronically

Many of our clients prefer to send the enrollment and eligibility data to us from their HRIS and/or payroll systems and we welcome those files. The format shown below is .CSV but Excel works just as well. Sending your data is even easier with our new [Employer Secured Portal](#) (call us for the password).

Eligibility Update Data File Format	Field Description	Type	Length (Max)	Comment/Format - One line per employee
	Employee Number	Text	11	##### - No dashes
	Employee First Name	Text	20	First Name
	Middle Name	Text	1	Middle Initial
	Last Name	Text	20	Last Name
	Address 1	Text	32	Street Mailing Address, no commas
	Address 2	Text	32	Street Mailing Address, no commas
	City	Text	32	Mailing Address, City
	State	Text	2	Mailing Address, State Abbreviation
	Zip Code	Text	10	Zip Code, ##### **OR** #####-####
	Phone Number	Text	20	Home Phone Number
	Employee SSN	Text	11	##-##-####
	Birth Date	Date	10	MM/DD/YYYY - REQUIRED
	Payroll Schedule	Text	20	Description of pay schedule (bi-weekly, semi-monthly, etc.)
	Eligibility Date	Date	10	MM/DD/YYYY
	Termination Date	Date	10	MM/DD/YYYY
E-mail Address	Text	64	Personal e-mail is suggested, rather than the work e-mail	

Enrollment Format	Field Description	Type	Length (Max)	Comment/Format - One line per employee
	Employee SSN	Text	11	##### - no dashes
	Benefit Description	Text	8	Benefit: 1MEDFSA, 2DCAP, 3INDPREM, etc.
	Annual Election	Numeric	As Required	Annual election for that benefit
	Contribution Amount	Numeric	As Required	Per pay period contribution amount for that benefit.
	Employer Portion	Numeric	As Required	Employer contribution per pay period, if applicable.
	Effective Date	MM/DD/YYYY	10	Effective enrollment date (if new employee) or effective date of the mid-year enrollment change.
	Nature of Change	Text	As Required	Description of the change, such as a new employee enrollment or a termination.
Employee Name	Text	32	Last, First preferred	

Contribution Format	Field Description	Type	Length (Max)	Comment/Format - One line per employee
	Client Name	Text	As Required	
	Plan Year	YYYY	4	Year
	Employee SSN	Text	11	##### - no dashes
	Benefit Description	Text	8	Benefit: 1MEDFSA, 2DCAP, 3INDPREM, etc.
	Payroll Date	MM/DD/YYYY	10	Payroll date
	Contribution Amount	Numeric	As Required	Per pay period contribution amount for that benefit.
	Employer Portion	Numeric	As Required	Employer contribution per pay period, if applicable.
	Year to Date Contribution	Numeric	As Required	Optional but recommended
	Employee Name	Text	As Required	Last, First
	Text	32	Last, First preferred	

To receive a sample or "starter" file that you can update and then upload to us on the Secure Employer Portal, please contact FlexToday at 800-995-5373 or e-mail FlexAdmin@FlexToday.com.