

Electronic Enrollment Files - HRA

Excel File

Member Detail Record

ASCII or Flat File

Column	Field Data	Format	Length	Width
A	Record Identifier - Same for all employee records	M01	001-003	3
B	Further Group Number (Numeric)	XXXXXX	004-009	6
C	Employee's Social Security # (including dashes)	XXX-XX-XXXX	010-020	11
D	Employee's First Name		021-045	25
E	Employee's Middle Initial		046-046	1
F	Employee's Last Name		047-081	35
G	Filler- Blank		082-091	10
H	Employee's Home Address- Street Line 1		092-121	30
I	Employee's Home Address- Street Line 2		122-151	30
J	Employee's Home Address- City		152-181	30
K	Employee's Home Address- State		182-183	2
L	Employee's Home Address- Zip Code	XXXXXXXX	184-192	9
M	Filler- Blank		193-201	9
N	Further Location Code (if applicable)		202-206	5
O	Department Code (optional)		207-211	5
P	Employee # (optional)		212-221	10
Q	Employee's Date of Birth	YYYYMMDD	222-229	8
R	Filler - Blank		230-231	2
S	Participant Gender (optional)	F or M	232-232	1
T	Participant Phone Number (optional)	XXX-XXX-XXXX	233-244	12
U	Filler		245-250	6

Account Detail Record

Column	Field Data	Format	Length	Width
A	Record Identifier - Same for all employee records	A01	001-003	3
B	Further Group Number (Numeric)	XXXXXX	004-009	6
C	Employee's Social Security # (including dashes)	XXX-XX-XXXX	010-020	11
D	Plan Year Start Date	YYYYMMDD	021-028	8
E	Record Identifier - Same for all employee records	6	029-029	1
F	Account Start Date	YYYYMMDD	030-037	8
G	Health Plan Termination Date or leave blank	YYYYMMDD	038-045	8
H-J	Filler- Blank		046-081	36
K	Employer Plan Year Contribution Amount	Numeric	082-093	12
L-O	Filler- Blank		094-127	34
P	Health Plan Indicator	IND=Single/EE E1D=EE+Child ESP=E + Spouse ECH=EE+Children FAM=Family	128-130	3
Q	Health Plan Deductible Amount (optional)	Numeric	131-142	12
R	Account Code (if applicable) or leave blank		143-147	5
S	Filler- Blank		148-250	103

Dependent Detail Record

Column	Field Data	Format	Length	Width
A	Record Identifier - Same for all employee records	DP1	001-003	3
B	Further Group # (Numeric)	XXXXXX	004-009	6
C	Employee's Social Security # (including dashes)	XXX-XX-XXXX	010-020	11
D	Dependent's Social Security # (including dashes)(optional)	XXX-XX-XXXX	021-031	11
E	Dependent's First Name		032-056	25
F	Dependent's Middle Initial		057-057	1
G	Dependent's Last Name		058-092	35
H	Filler- Blank		093-102	10
I	Dependent's Date of Birth	YYYYMMDD	103-110	8
J	Dependent's Gender	F or M	111-111	1
K	Dependent Relationship Code	SP = spouse CH = child	112-114	3
L	Dependent's Health Plan Effective Date	YYYYMMDD	115-122	8
M	Dependent's Health Plan Termination Date	YYYYMMDD	123-130	8
N	Health Plan's Dependent Number (optional)		131-135	5
O	Filler		136-163	28
P	Medicare Indicator (optional)	Y or N	164-164	1
Q	Medicare Effective Date (required if Medicare indicator is equal to Y)		165-172	8
R	Filler- Blank		173-328	328

Frequently Asked Questions

Q:	I don't know our group number yet and or have formatting questions. How do I retrieve that information?
A:	Please call our group leader line at 1-888-460-4013.
Q:	May I send all records on the same file?
A:	Yes, the member detail record should precede the other records.
Q:	When do I send a file?
A:	Files should be sent anytime you have new additions or changes to your enrollment.
Q:	How do I send my Enrollment Files?
A:	Please call our group leader line for instructions for using our Secure Site or for the link to send the file securely via e-mail to contributions@hellofurther.com
Q:	What happens if my files have discrepancies or do not load correctly?
A:	Further will contact you with further instructions.
Q:	Do I need to enter location codes?
A:	Location codes are required for groups who have chosen multiple locations with Further. If you have multiple locations but are unfamiliar with the codes, please call our group leader line.
Q:	Do I need to populate fields that are optional?
A:	All optional columns may be used as filler columns and left blank filled.