Electronic Enrollment Files - HSA

FURTHER℠

Member Detail Record

Excel File | | | 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	XXXXXXXXX	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	Account Type	5	029-029	1
F	Account Start Date	YYYYMMDD	030-037	8
G	Health Plan End Date or Leave Blank	YYYYMMDD	038-045	8
H-O	Filler-Blank		046-127	82
P	Health Plan Indicator	**IND**=Single/EE **E1D**=EE+Child **ESP**=EE+Spouse **ECH**=EE+Children **FAM**=Family	128-130	3
Q	Health Plan Deductible Amount (optional)	Numeric	131-142	12
R	Account Code Indicator for groups who offer both the VEBA and HSA plans or leave blank	**HSA**=HSA	143-147	5
S	Filler-Blank		148-250	103

Frequently Asked Questions

Q:	**I don't know our group number yet. 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:	**Should I send a full file or a "changes only" file?**
A:	We recommend that you send a "changes only" file after your initial Enrollment Setup.
Q:	**What if I have questions on creating my file or with the formatting instructions?**
A:	Please call our group leader line at 1-888-460-4013
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.
Q:	**How do I put a lifestyle change on the enrollment file?**
A:	When adding a lifestyle change to your file, you will need to include two account record lines. First line must include the original account start date with the original health plan tier. Second line must include the lifestyle change effective date with the new health plan tier.

Example:

A01	100170	123456789	20200101	5	20200101			IND
A01	100170	123456789	20200101	5	20200801			FAM