

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 | XXXXXXXXXX | 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 | 2=medical 3=dep care 4=tax saver, premium reimbursement, other insurance 7=parking 9=vanpool | 029-029 | 1 |
| F | Account Start Date | YYYYMMDD | 030-037 | 8 |
| G | Employee Termination Date or leave blank | YYYYMMDD | 038-045 | 8 |
| H | Employee Annual Plan Year Election | Numeric | 046-057 | 12 |
| I-J | Filler - Blank | | 058-081 | 24 |
| K | Employer Plan Year Contribution Amount | Numeric | 082-093 | 12 |
| L | Filler - Blank | | 094-250 | 157 |

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. | | | | | | | | | | | | | | |
| Q: | How do I put a lifestyle change on the enrollment file? | | | | | | | | | | | | | | |
| A: | <p>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 annual plan year election amount. Second line must include the lifestyle change effective date with the new annual plan year election amount.</p> <p>Example:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>A01</td> <td>100170</td> <td>123456789</td> <td>20200101</td> <td>2</td> <td>20200101</td> <td>1,000.00</td> </tr> <tr> <td>A01</td> <td>100170</td> <td>123456789</td> <td>20200101</td> <td>2</td> <td>20200801</td> <td>500.00</td> </tr> </table> | A01 | 100170 | 123456789 | 20200101 | 2 | 20200101 | 1,000.00 | A01 | 100170 | 123456789 | 20200101 | 2 | 20200801 | 500.00 |
| A01 | 100170 | 123456789 | 20200101 | 2 | 20200101 | 1,000.00 | | | | | | | | | |
| A01 | 100170 | 123456789 | 20200101 | 2 | 20200801 | 500.00 | | | | | | | | | |
| <p>Tips for submitting lifestyle changes in an enrollment file</p> <ul style="list-style-type: none"> • Only put terminations in the file when the employee terminates employment. • When lowering an election, it may only be lowered to the greater of either the paid in or paid out amount. For example: <ul style="list-style-type: none"> - If the employee elected \$5,000 to put into the dependent care FSA and in April they paid in a YTD total of \$1,000 and paid out \$500, the most they would only be able to lower the election is to \$1,000. - If the employee elected a medical FSA with \$2,000 and in April paid in a YTD total of \$335 but had already been paid out \$1,000, the most they would be able to lower their election to is \$1,000. | | | | | | | | | | | | | | | |