

Federal Employees

Health Benefits (FEHB) Program

HIPAA Transaction Standard Companion Guide for
SF 2809 (Health Benefits Election) actions processed
through OPM-Macon FEHB Data-Hub

Refers to the X12N Implementation Guide 005010X220A1:

834 – Benefit Enrollment and Maintenance

Companion Guide Version Number 4.0

Updated: *February 28, 2022*

Contents

Federal Employees	1
Health Benefits (FEHB) Program	1
HIPAA Transaction Standard Companion Guide for	1
SF 2809 (Health Benefits Election) actions processed through OPM-Macon FEHB Data-Hub	1
Contents	2
General Information.....	4
Background	4
Communications	4
Definitions and Notes	5
Contact Information	5
Control Segments / Envelopes.....	6
ISA-IEA	6
GS-GE.....	7
ST-SE.....	7
Mapping Detail Table	9
Table 1: ST Transaction Set Header	10
Table 2: BGN Beginning Segment	10
Table 3: REF Transaction Set Policy Number.....	11
Table 4: DTP File Effective Date	11
Table 5: QTY Transaction Set Control Totals.....	12
Table 6: Loop 1000A Sponsor Name	13
Table 7: Loop 1000B Payer	14
Table 8: Loop 1000C TPA/Broker Name.....	14
Table 9: Loop 1100C TPA/Broker Account Information.....	15
Table 10: Loop 2000 INS Member Level Detail	15
Table 11: Loop 2000 REF.....	20
Table 12: Loop 2000 DTP	22
Table 13: Loop 2100 NM Member Name	23
Table 14: Loop 2100 PER Member Communications Numbers	25
Table 15: Loop 2100A N3 Member Residence Address	26
Table 16: Loop 2100A N4 Member City, State, Zip Code.....	26
Table 17: Loop 2100A DMG Member Demographics.....	27
Table 18: Loop 2100A EC Employment Class.....	29
Table 19: Loop 2100A ICM Member Income	29
Table 20: Loop 2100A AMT Member Policy Amounts.....	30
Table 21: Loop 2100A HLH Member Health Information	30
Table 22: Loop 2100A LU Member Language	30
Table 23: Loop 2100B NM Incorrect Member Name	31
Table 24: Loop 2100B DMG Incorrect Member Name Demographics	32
Table 25: Loop 2100C Member Mailing Address	33
Table 26: Loop 2100D Member Employer.....	34

Table 27: Loop 2100E Member School.....	35
Table 28: Loop 2100F Custodial Parent	37
Table 29: Loop 2100G NM Responsible Person	39
Table 30: Loop 2100G PER Responsible Person Communication Numbers.....	40
Table 31: Loop 2100H Drop Off Location.....	41
Table 32: Loop 2200 Disability Information	42
Table 33: Loop 2300 HD Health Coverage	42
Table 34: Loop 2300 DTP Health Coverage Dates	45
Table 35: Loop 2300 AMT Health Coverage Policy.....	46
Table 36: Loop 2300 REF Health Coverage Policy Number	46
Table 37: Loop 2300 IDC Identification Card.....	47
Table 38: Loop 2310 Provider Information.....	47
Table 39: Loop 2320 COB Coordination of Benefits.....	49
Table 40: Loop 2320 REF Additional Coordination of Benefits IDs.....	51
Table 41: Loop 2330 Coordination of Benefits Related Entity	51
Table 42: Loop 2700 Additional Reporting Categories.....	53
Table 43: Loop 2710 Member Reporting Categories	53
Table 44: Loop 2750 Reporting Category	54
Table 45: SE Transaction Set Trailer.....	55
End Notes.....	56
FEHB Program Business Rules and Limitations.....	57
Dependent Information	57
Temporary Continuation of Coverage (TCC) and Spouse Equity.....	57
Children Incapable of Self-support.....	58
Information currently sent by agencies through “Remarks”.....	59
Appendix.....	60
Agency Data Provider SF 2809 HIPAA File Layout (5010 version).....	60
Table 46: Agency Data Provider SF 2809 HIPAA File Layout	60
Table 47: Agency Data Provider SF 2809 Address Layout.....	64
Table 48: Agency Data Provider SF 2809 Foreign Address Layout	64
Table 49: Agency Data Provider SF 2809 HIPAA File Layout Continued.....	65
Required 834 fields not specific to the flat file FEHB Data-Hub SF 2809 layout ...	90
MISCELLANEOUS	90
Mapping of FEHB Data-Hub SF 2809 Nature of Transaction Field to the 834.....	92

General Information

This Companion Guide to the ASC X12N 834 5010 Implementation Guide adopted under HIPAA clarifies and specifies the data content transmitted electronically from OPM-Macon to carriers participating in the Federal Employees Health Benefits (FEHB) Program to process enrollment and disenrollment actions. Transmissions based on this companion guide, used in tandem with the X12N 834 Implementation Guide, are compliant with both X12 syntax and the Guide. The Companion Guide is not intended to replace the ASC X12N 834 5010 Implementation Guide nor to contradict or exceed it in any way. Instead, it is intended to convey information that is within the framework and structure of the ASC X12N 834 Implementation Guide.

This Companion Guide is only applicable to the conversion of FEHB Program electronic enrollment information to the HIPAA ASC X12N 834 5010 standard. This Companion Guide does not modify or affect FEHB law, regulations, or policies nor the contracts between the Office of Personnel Management and carriers participating in the FEHB Program.

Background

Since the FEHB Open Season of 1996, OPM-Macon has accepted electronic input of FEHB enrollment actions from Employee Express and agencies that use the OPM Data-HUB. By establishing communications with insurance carriers, OPM has transmitted these enrollment actions to each of the carriers electronically. To further reduce unnecessary paperwork, OPM required that all electronic transfers of enrollment data to the carriers be routed through OPM-Macon using OPM-Macon's propriety file format.

With the advent of a final HIPAA standard for Benefit Enrollment and Maintenance, OPM determined that formatting our enrollment/disenrollment transactions in the standard would improve the efficiency of the enrollment process. Therefore, FEHB actions transmitted from OPM-Macon to FEHB carriers after October 15, 2003, were in the ASC X12N 834 4010 format.

Effective November 20, 2011, FEHB enrollment actions transmitted from OPM-Macon to FEHB carriers will be in the ASC X12N 834 5010 format. Changes from the OPM X12N 834 4010 Companion Guide to the OPM X12N 5010 Companion Guide will be highlighted in yellow.

Effective April 30, 2022, FEHB enrollment actions provided by OPM-Macon to FEHB carriers will include those items highlighted in **yellow** AND containing the ****** identifier.

See pages 18, 19, 20, 49, 51, 53, 54, 66, 74, 97, 102, 103, and 104.

Communications

In FEHB Carrier Letter 2002-37 dated October 9, 2002, OPM informed FEHB carriers that communications between OPM-Macon and the FEHB carriers will continue to be

through your File Transfer Protocol (FTP) connection with OPM-Macon. OPM-Macon posts files on their FTP server, by 2-character carrier enrollment code, for carriers to access and download as opposed to sending the files to the carriers.

OPM-Macon will send FEHB carriers an email notification that new enrollment data has been posted in their account for pick up. OPM-Macon will send this email to both the FEHB plan's official plan contact and enrollment contact and to the OPM contract specialist for the plan. Although the FEHB carriers should check the FTP server every week for enrollment changes, these e-mails will serve as a reminder to pick up enrollment changes.

OPM-Macon will post enrollment change reports for Employee Express to the FTP server every Sunday from the beginning of November through the end of January. After that, OPM-Macon will provide the FEHB carriers a file only when there is data to transmit.

Definitions and Notes

All dates are CCYYMMDD in format.

All mapping is created using the addenda version (005010X220A1) of the ASC X12N 834. We will not use delimiters in any of the fields.

Enrollee refers to a current Federal employee, annuitant, survivor annuitant, former employee, overage child, or former spouse of a Federal employee, enrolled in a FEHB Program plan.

Agency refers to the office, site, or Federal organization providing FEHB data or information.

OPM-Macon will provide the electronic connection from Employee Express and the Data-HUB agencies to the FEHB carriers.

OPM-Federal Employee Insurance Operations (FEIO) will provide the policy and guidance on this process.

FEHB carriers are voluntary associations, corporations, partnerships, or other non-governmental organizations lawfully engaged in providing, paying for, or reimbursing the cost of health services for Federal employees, annuitants, and eligible family members.

Contact Information

For additional FEHB Program information, contact Eric Figg, OPM-FEIO at 202-606-4083.

For information on HIPAA X12N 834 formatting, contact Jay Fritz, OPM-FEIO at 202-606-4148.

For information on transmissions from OPM-Macon to the FEHB carriers, contact Chris Selle, OPM-Macon at 478-744-2115.

Control Segments / Envelopes

ISA-IEA

This section describes OPM-Macon's use of the interchange control segments. It includes expected sender and receiver codes.

ISA Interchange Control Header

ISA01, I01, Page C.4 = '00'

ISA02, I02, Page C.4 = spaces (10)

ISA03, I03, Page C.4 = '00'

ISA04, I04, Page C.4 = spaces (10)

ISA05, I05, Page C.4 = 'ZZ'

ISA06, I06, Page C.4 = 'OPM DATAHUB '

ISA07, I05, Page C.4 = 'ZZ'

ISA08, I07, Page C.5 = Carrier's 2-character FEHB CODE + spaces (13)

ISA09, I08, Page C.5 = File Creation Date (YYMMDD)

ISA10, I09, Page C.5 = File Creation Time (HHMM)

ISA11, I10, Page C.5 = '{'

ISA12, I11, Page C.5 = '00501'

ISA13, I12, Page C.5 = taken out of Macon's SEQ_NUM database - padded left with zeroes (***Note, this value resets back to 1 on the first business day every November***)

ISA14, I13, Page C.6 = "0" - No acknowledgement requested

ISA15, I14, Page C.6 = "P" for Production, "T" for Testing

ISA16, I15, Page C.6 = ':'

IEA Interchange Control Trailer

IEA01, I16, Page C.10 = '1'

IEA02, I12, Page C.10 = taken out of Macon's SEQ_NUM database - padded left with zeroes *(Note, this value resets back to 1 on the first business day every November)*

GS-GE

This section describes OPM-Macon's use of the functional group control segments. It includes expected application sender and receiver codes.

GS Functional Group Header

GS01, 479, Page B.8 = 'BE'

GS02, 142, Page B.8 = 'OPM DATAHUB'

GS03, 124, Page B.8 = Carrier's 2-character FEHB CODE

GS04, 373, Page B.8 = File Creation Date (CCYYMMDD)

GS05, 337, Page B.8 = File Creation Time (HHMM)

GS06, 28, Page B.9 = taken out of Macon's SEQ_NUM database - NO leading zeroes

(Note, this value resets back to 1 on the first business day every November)

GS07, 455, Page B.9 = 'X'

GS08, 480, Page B.9 = '005010X220A1'

Functional Group Trailer

GE01, 97, Page C.9 = number of transaction sets included

GE02, 28, Page C.9 = taken out of Macon's SEQ_NUM database - NO leading zeroes

(Note, this value resets back to 1 on the first business day every November)

ST-SE

This section describes OPM-Macon's use of transaction set control numbers.

Transaction Set Header

ST01, 143, Page 31 = '834'

ST02, 329, Page 31 = taken out of Macon's SEQ_NUM database - padded left with zeroes
(Note, this value resets back to 1 on the first business day every November)

ST03, 1705, Page 31 = '005010X220A1'

Transaction Set Trailer

SE01, 96, Page 158 = number of segments sent in file

SE02, 329, Page 158 = ST02 (Transaction Set Header)

Mapping Detail Table

This section contains a table describing where FEHB Program enrollment information will be placed in the 834 format and the values that will be used for each segment. The table clarifies and specifies the data content transmitted electronically from OPM-Macon for SF 2809 enrollment and disenrollment actions

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Table 1: ST Transaction Set Header

Loop	RefDes	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	ST		TRANSACTION SET HEADER	R						
	ST01	143	Transaction Set Identifier Code	R	ID	834	3	3		
Header	ST02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		Padded left with zeros
Header	ST03	1705	Implementation Convention Reference	R	AN	"005010X220A1"	1	35		

Table 2: BGN Beginning Segment

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	BGN		BEGINNING SEGMENT	R						
Header	BGN01	353	Transaction Set Purpose Code	R	ID	00 = Original	2	2		We will not resubmit transactions or send replacement files. Each transaction will be considered an original, will contain all data, and must be processed (see End Note 1 on page 66)
Header	BGN02	127	Transaction Set Identifier Code	R	AN	"EEX2809"	1	50		This identifies the type of data being transmitted. (see End Note 2 on page 66)
Header	BGN03	373	Transaction Set Creation Date	R	DT	File Creation Date	8	8		CCYYMMDD

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	BGN04	337	Transaction Set Creation Time	R	TM	File Creation Time	4	8		HHMM
Header	BGN05	623	Time Zone Code	S	ID	ET = Eastern Time	2	2		
Header	BGN06	127	Transaction Set Identifier Code	S	AN		1	30		Will not be sent
Header	BGN08	306	Action Code	R	ID	2 = change	1	2		"2" will be used for all transactions

Table 3: REF Transaction Set Policy Number

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	REF		TRANSACTION SET POLICY NUMBER	S						Will not be sent
	REF01	128	Reference Identification Qualifier	R	ID		2	3		
Header	REF02	127	Reference Identification	R	AN		1	50		

Table 4: DTP File Effective Date

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	DTP		FILE EFFECTIVE DATE	S						Will not be sent

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	DTP01	374	Date Time Qualifier file effective date at header level	R	ID		3	3		
Header	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
Header	DTP03	1251	Date Time Period file date at header level	R	AN		1	35		

Table 5: QTY Transaction Set Control Totals

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
Header	QTY		TRANSACTION SET CONTROL TOTALS (Repeat – 3)	S						All 3 qualifiers will be supported by OPM
Header	QTY01	673	Quantity Qualifier	R	ID	DT = Dependent Total ET = Employee Total TO = Total	2	2		
Header	QTY02	380	Quantity	R	R		1	15		

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Table 6: Loop 1000A Sponsor Name

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 1000A SPONSOR NAME							
1000A	N1		SPONSOR NAME	R						
1000A	N101	98	Entity Identifier Code	R	ID	P5 = Plan Sponsor	2	3		
1000A	N102	93	Plan Sponsor Name	S	AN		1	60		Will not be sent
1000A	N103	66	Identification Code Qualifier	R	AN	94 = Code assigned by the organization that is the ultimate destination of the transaction set	1	2		Although code is to be assigned by the organization that is the destination of the transaction, OPM cannot maintain multiple codes.
1000A	N104	67	Identification Code	R	AN	"AGENCY"	2	80		OPM is unable to locate the Federal Taxpayer's Identification Number for every agency/payroll office that processes electronic FEHB enrollments. "AGENCY" will be used for all transactions

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Table 7: Loop 1000B Payer

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 1000B PAYER							
1000B	N1		PAYER	R						
1000B	N101	98	Entity Identifier Code	R	ID	IN = Insurer	2	3		
1000B	N102	93	Insurer Name	S	AN		1	60		
1000B	N103	93	Identification Code Qualifier	R	ID	FI = Fed Tax ID	1	2		
1000B	N104	167	Insurer Identification Code	R	AN		2	80		Carrier's Federal Tax ID

Table 8: Loop 1000C TPA/Broker Name

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 1000C TPA/BROKER NAME							Will not be sent
1000C	N1		TPA/BROKER NAME	S						
1000C	N101	98	Entity Identifier Code	R	ID		2	3		
1000C	N102	93	TPA/Broker Name	R	AN		1	60		
1000C	N103	66	TPA or Broker Identification qualifier	R	ID		1	2		
1000C	N104	67	TPA/Broker ID	R	AN		2	80		

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Table 9: Loop 1100C TPA/Broker Account Information

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 1100C TPA/BROKER ACCOUNT INFORMATION							Will not be sent
1100C	ACT		TPA/BROKER ACCOUNT INFORMATION	S						
1100C	ACT01	508	TPA or Broker Account Number	R	AN		1	35		
1100C	ACT06	508	Account Number	S	AN		1	35		

Table 10: Loop 2000 INS Member Level Detail

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2000 MEMBER LEVEL DETAIL							
2000	INS		MEMBER LEVEL DETAIL	R						
2000	INS01	1073	Insured Indicator	R	ID	Y=insured is subscriber. N=insured is dependent.	1	1		

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	INS02	1069	Individual Relationship Code	R	ID	01 =Spouse 03 = Father or Mother 09 = Adopted Child 10 = Foster Child 14 = Brother or Sister 17 = Stepson or Stepdaughter 18 = Self 19 = Child 99=Unmarried disabled child over age 26 incapable of self-support	2	2	30, 51, 72, 93, 114, 135, 156, 177, 198, 219	Siblings (14) and parents (03) may be covered when enrollee is a child survivor annuitant If INS01 = Y, this element will be processed as 18 (Self) If INS02 = 19 (Child) and INS10 = Y (Handicapped), individual is an unmarried disabled child age 26 or over who is incapable of self-support

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	INS03	875	Maintenance Type Code	R	ID	001 = Change 021 = Addition 024 = Cancellation/ Termination	3	3	2	001 - Change will be used when enrollee makes a change in Option (High vs. Standard vs. Basic vs. etc.), or enrollment type (Self vs., Self Plus One vs., Self and Family) within the same plan, OR for an Informational Only SF 2809 (main subscriber and dependents), OR for a Dependent Name/DOB Correction SF 2809 (main subscriber and dependents)** 021 - Addition will be used when the enrollee is new to your plan 024 - Cancellation/Termination will be used when enrollee cancels coverage or changes to another plan

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	INS04	1203	Maintenance Reason Code	S	ID	14 = Voluntary Withdrawal 22 = Plan Change 28 = Initial Enrollment 29 = Benefit Selection 33 = Personnel Data** 07 = Termination of Benefits** 20 = Active** 25 = Change in Identifying Elements**	2	3	2	14 - Voluntary Withdrawal will be used when enrollee cancels their coverage 22 - Plan Change will be used when enrollee changes amongst plans in the FEHB Program 28 - Initial Enrollment will be used when an individual enrolls in the FEHB Program for the first time 29 - Benefit Selection will be used when enrollee makes a change in Option (High vs. Standard vs. Basic vs. etc.) or enrollment type (Self vs., Self Plus One vs., Self and Family) within the same plan. 33 – Personnel Data will be used for an Informational Only SF 2809 (main subscriber)** 07 – Termination of Benefits will be used for an Informational Only SF 2809 (dependent termination)** 20 – Active will be used for an Informational Only SF 2809 (dependent addition)** 25 – Change in Identifying Elements will be used for a Dependent Name/DOB Correction SF 2809 (main subscriber and dependents)**
2000	INS05	1216	Benefit Status Code	R	ID	A = Active	1	1	NA	"A" will be used for all transactions

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	INS06-1	1218	Medicare Plan Code	R	ID	A = Part A B = Part B C = Part A and B	1	1		Will be blank if no Medicare enrollment reported
2000	INS06-2	1701	Eligibility Reason Code	S	ID		1	1		Will not be sent
2000	INS07	1219	COBRA Qualifying Event Code	S	ID		1	2		Will not be sent
2000	INS08	584	Employment Status code	S	ID	FT = Full-time RT = Retired	2	2	NA	"RT" will be used for annuitants (Payroll Office ID = 24900002 or 24900003) (Report number =AGOPM or AGARS) "FT" will be used for all others
2000	INS09	1220	Student Status Code	S	ID		1	1		Will not be sent
2000	INS10	1073	Handicap Indicator	S	ID	Y = Yes N = No	1	1		Value "Y" will only be used to indicate a child age 26 or over but incapable of self-support
2000	INS11	1250	Date Time Period Format Qualifier	S	ID		2	3		Will not be sent
2000	INS12	1251	Insured Individual Death Date	S	AN		1	35		Will not be sent
2000	INS13	1165	Confidentiality Code	S	ID		1	1		Will not be sent
2000	INS17	1470	Birth Sequence Number	S	N0		1	9		Will not be sent

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Table 11: Loop 2000 REF

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	REF		SUBSCRIBER IDENTIFIER	R						
2000	REF01	128	Reference Identification Qualifier	R	ID	0F = Subscriber Number	2	3		
2000	REF02	127	Ref. ID - Subscriber #	R	AN		1	50	6	Enrollee's Social Security Number (No dashes) (see End Note 3 on page 66) We will only validate that SSN is nine digits.
2000	REF		MEMBER POLICY NUMBER	S					NA	
2000	REF01	128	Reference Identification Qualifier	R	ID	1L = Group or Policy Number	2	3		
2000	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN	"FEHB"	1	50		"FEHB" will be used for all members since FEHB Program does not use group or policy numbers
2000	REF		MEMBER SUPPLEMENTAL IDENTIFIER	S						

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	REF01	128	Reference Identification Qualifier	R	ID	17 = Client Reporting 23 = Client Number DX = Dept/Agency Number 6O = Cross Reference Number ZZ = Mutually Defined F6 = Medicare Beneficiary Identifier (MBI)	2	3		Code "17" indicates Personnel Office ID (sent only in subscriber loop). Code "23" indicates Annuity Claim Number (sent only in subscriber loop) Code "DX" indicates Payroll Office Number (sent in subscriber and dependent loops) Code "6O" indicates HB Identification Number (sent only in subscriber loop) Code "ZZ" indicates Report Number (sent only in subscriber loop) Code "F6" indicates the MBI(s) reported by enrollee

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	REF02	127	Subscriber Supplemental Identifier	R	AN	Personnel Office ID Payroll Office Number Annuity Claim Number HB Identification Number Report Number Medicare Beneficiary Identifier (MBI)	1	50	242 243 244 245 247	Personnel Office ID - 8 position valid Federal Personnel Office ID Payroll Office Number - 8 position valid Federal Payroll Office Number Annuity Claim Number - 9 position valid annuity claim number (Annuitants only) HB Identification Number - The SSN of the retiree or in the case of a survivor annuitant, the SSN of the deceased retiree/employee. This number will be the SSN of the person to whom the coverage was originally issued and it will not change (Annuitants only) Report Number - Generated by OPM-Macon Medicare Beneficiary Identifier (MBI) – Is reported by the enrollee and is not verified by OPM

Table 12: Loop 2000 DTP

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	DTP		MEMBER LEVEL DATES SITUATIONAL	S						

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2000	DTP01	374	Date Time Qualifie loop 2000 member level dates	R	ID	300 = Enrollment Signature Date 357 = Eligibility End	3	3	239 252	Code "300" indicates the date of enrollee's election Code "357" indicates enrollment is under Temporary Continuation of Coverage provision or Spouse Equity provision
2000	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2000	DTP03	1251	Status Information Effective Date	R	AN	CCYYMMDD "99991231"	1	35		With Code "357", CCYYMMDD indicates that enrollment is under Temporary Continuation of Coverage (TCC) provision and has a set expiration date which applies to enrollee and all dependents. With Code "357", "99991231" indicates that enrollment is under Spouse Equity provision and there is no set expiration date (see End Note 4 on page 66)

Table 13: Loop 2100 NM Member Name

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100A MEMBER NAME							
2100A	NM		MEMBER NAME	R						

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	NM101	98	Entity Identifier Code	R	ID	IL = Insured or Subsc.	2	3		We will not be sending any correction transmissions
2100A	NM102	1065	Entity Type Qualifier	R	ID	1 = person	1	1		
2100A	NM103	1035	Insured /Subscriber Last Name	R	AN		1	60	3	
2100A	NM104	1036	Insured /Subscriber First Name	R	AN		1	35	4	
2100A	NM105	1037	Insured /Subscriber Middle Name	S	AN		1	25	5	Middle initial will be sent
2100A	NM106	1038	Insured /Subscriber Name Prefix	S	AN		1	10		Will not be sent
2100A	NM107	1039	Insured /Subscriber Name Suffix	S	AN		1	10		Will be included in last name field
2100A	NM108	66	Identification Code Qualifier	S	AN	34 = Social Security Number	1	2		
2100A	NM109	67	Subscriber Identifier	S	AN		2	80	6, 31, 52, 73, 94, 115, 136, 157, 178, 199, 220	Enrollee's or dependent's Social Security Number (No dashes) (3) OPM-Macon will only validate that SSN is nine digits.

OPM EEX/DATA-HUB 2809

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Table 14: Loop 2100 PER Member Communications Numbers

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	PER		MEMBER COMMUNICATIONS NUMBERS	S						
2100A	PER01	366	Contact Function Code	R	ID	IP = Insured Party	2	2		
2100A	PER03	365	Communication Number Qualifier	R	ID	TE = Telephone OR EM = Electronic Email	2	2		Will contain Email Address in PER03/PER04 only if Telephone is NOT provided.
2100A	PER04	364	Communication Number	R	AN		1	256	23	Preferred telephone number If a phone extension is provided, it will be placed in this segment after the 10-digit phone number. The phone number and the extension will be separated by 'EXT'. OR Email address if provided by enrollee
2100A	PER05	365	Communication Number Qualifier	S	ID	EM = Electronic Email	2	2		Will contain Email Address in PER05/PER06 only if Telephone is also provided.
2100A	PER06	364	Communication Number	S	AN		1	256		Email address if provided by enrollee
2100A	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100A	PER08	364	Communication Number	S	AN		1	256		

Table 15: Loop 2100A N3 Member Residence Address

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	N3		MEMBER RESIDENCE STREET ADDRESS	S						
2100A	N301	166	Subscriber Address Line	R	AN	"Not passed for security reasons"	1	55	8	N301 and N302 will not be sent if no street address is provided for enrollee. Dependent addresses will default to enrollee's address if dependent addresses are not provided "Not passed for security reasons" will appear when address is not provided and Report Number = EESTA
2100A	N302	166	Subscriber Address Line	R	AN		1	55	9, 10	Will include any information contained on a third line of the individual's address (see End Note 5 on page 66)

Table 16: Loop 2100A N4 Member City, State, Zip Code

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	N4		MEMBER CITY, STATE, ZIP CODE	S						
2100A	N401	19	Subscriber City Name	R	AN		2	30	11	
2100A	N402	156	Subscriber State Code	S	ID		2	2	12	Will be blank for foreign, addresses.

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	N403	116	Subscriber Postal Zone or ZIP Code	S	ID	Valid Postal Codes	3	15	13	Will be blank where a foreign postal code is unavailable
2100A	N404	26	Subscriber Country Code	S	ID	ISO = 3166 codes (2 character alpha) "XX" "ZZ"	2	3	12	Will be provided when address is foreign. "XX" is propriety code for Paracel Islands "ZZ" is propriety code for Spratley Islands
2100A	N405	309	Subscriber Location Qualifier	S	ID		1	2		Will not be sent
2100A	N406	310	Subscriber Location Identifier	S	AN		1	30		Will not be sent
2100A	N407	1715	Country Subdivision Code	S	ID		1	3		Will not be sent

Table 17: Loop 2100A DMG Member Demographics

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	DMG		MEMBER DEMOGRAPHICS	S						
2100A	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2100A	DMG02	1251	Date Time Period Member Birth Date	R	AN		1	35	7, 28, 49, 70, 91, 112, 133, 154, 175, 196, 217	CCYYMMDD

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	DMG03	1068	Gender Code	R	ID	F = Female M = Male U = Unstated	1	1	14, 29, 71, 92, 113, 134, 155, 176, 197, 218	Code "U" will be sent if Gender is not provided by enrollee, not valid, or member chooses "Unstated"
2100A	DMG04	1067	Marital Status Code	S	ID	I = single, M = married, R = unreported	1	1	15	Code "R" will be sent if Marital Status is not reported by enrollee
2100A	DMG05	C056	Composite Race or Ethnicity Information	S	ID		1	1		Will not be sent
2100A	DMG05-1	1109	Race or Ethnicity Code	S	ID		1	1		Will not be sent
2100A	DMG05-2	1270	Code List Qualifier Code	S	ID		1	3		Will not be sent
2100A	DMG05-3	1271	Industry Code	S	AN		1	30		Will not be sent
2100A	DMG06	1066	Citizenship Status Code	S	ID		1	2		Will not be sent
2100A	DMG10	1270	Code List Qualifier Code	S	ID		1	3		Will not be sent
2100A	DMG11	1271	Industry Code	S	AN		1	30		Will not be sent

Table 18: Loop 2100A EC Employment Class

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	EC		EMPLOYMENT CLASS	S						Will not be sent
2100A	EC01	1176	Employment Class Code	R	ID		2	3		
2100A	EC02	1176	Employment Class Code	S	ID		2	3		
2100A	EC03	1176	Employment Class Code	S	ID		2	3		

Table 19: Loop 2100A ICM Member Income

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	ICM		MEMBER INCOME	S						Will not be sent
2100A	ICM01	594	Frequency code	R	ID		1	1		
2100A	ICM02	782	Wage Amount	R	R		1	18		
2100A	ICM03	380	Work Hours Count	S	R		1	15		
2100A	ICM04	310	Location Identifier	S	AN		1	30		
2100A	ICM05	1214	Salary Grade	S	AN		1	5		

Table 20: Loop 2100A AMT Member Policy Amounts

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	AMT		MEMBER POLICY AMOUNTS	S						Will not be sent
2100A	AMT01	522	Amount Qualifier Code	R	ID					
2100A	AMT02	782	Contract Amount – coinsurance Contract Amount – co-payment Contract Amount - deductible	R	R		1	18		
2100A	AMT02	782	Contract Amount - premium amt	R	R		1	18		

Table 21: Loop 2100A HLH Member Health Information

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	HLH		MEMBER HEALTH INFORMATION	S						Will not be sent
2100A	HLH01	1212	Health Related Code	S	ID		1	1		
2100A	HLH02	65	Height	S	R		1	8		
2100A	HLH03	81	Weight	S	R		1	10		

Table 22: Loop 2100A LU Member Language

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	LUI		MEMBER LANGUAGE	S						Will not be sent

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100A	LU101	66	Identification Code Qualifier	S	ID		1	2		
2100A	LU102	67	Language Code	S	AN		2	80		
2100A	LU103	352	Language Description	S	AN		1	80		
2100A	LU104	1303	Language Use Indicator	S	ID		1	2		

Table 23: Loop 2100B NM Incorrect Member Name

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100B INCORRECT MEMBER NAME							Will not be sent
2100B	NM1		INCORRECT MEMBER NAME	S						
2100B	NM101	98	Entity Identifier Code	R	ID		2	3		
2100B	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100B	NM103	1035	Prior Incorrect Last Name	R	AN		1	60		
2100B	NM104	1036	Prior Incorrect First Name	R	AN		2	35		
2100B	NM105	1037	Prior Incorrect Middle Name	S	AN		1	25		
2100B	NM106	1038	Prior Incorrect Name Prefix	S	AN		1	10		
2100B	NM107	1039	Prior Incorrect Name Suffix	S	AN		1	10		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100B	NM108	66	Identification Code Qualifier	S	AN		1	2		
2100B	NM109	67	Identification Code Qualifier	S	AN		2	80		

Table 24: Loop 2100B DMG Incorrect Member Name Demographics

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100B	DMG		INCORRECT MEMBER NAME DEMOGRAPHICS	S						Will not be sent
2100B	DMG01	1250	Date Time Period Format Qualifier	S	ID		2	3		
2100B	DMG02	1251	Date Time Period	S	AN		1	35		
2100B	DMG03	1068	Prior Incorrect Gender Code	S	ID		1	1		
2100B	DMG04	1067	Marital Status Code	S	ID		1	1		
2100B	DMG05	C056	Composite Race or Ethnicity Code	S	ID					
2100B	DMG05-1	1109	Race or Ethnicity Code	S	ID		1	1		
2100B	DMG05-2	1270	Code List Qualifier Code	S	ID		1	3		
2100B	DMG05-3	1271	Industry Code	S	AN		1	30		
2100B	DMG06	1066	Citizenship Status Code	S	ID		1	2		
2100B	DMG10	1270	Code List Qualifier Code	S	ID		1	3		
2100B	DMG11	1271	Industry Code	S	AN		1	30		

Table 25: Loop 2100C Member Mailing Address

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100C - MEMBER MAILING ADDRESS							Will not be sent
2100C	NM1		MEMBER MAILING ADDRESS	S						Will not be sent
2100C	NM101	98	Entity Identifier Code	R	ID		2	3		
2100C	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100C	N3		MEMBER MAIL STREET ADDRESS	R						Will not be sent
2100C	N301	166	Subscriber Address Line	S	AN		1	55		
2100C	N302	166	Subscriber Address Line	S	AN		1	55		
2100C	N4		MEMBER MAIL CITY, STATE, ZIP	R						Will not be sent
2100C	N401	19	Subscriber City Name	R	AN		2	30		
2100C	N402	156	Subscriber State or Province Code	R	ID		2	2		
2100C	N403	116	Subscriber Postal Code	R	ID		3	15		
2100C	N404	26	Subscriber Country Code	S	ID		2	3		
2100C	N407	1715	Country Subdivision Code	S	ID		1	3		

Table 26: Loop 2100D Member Employer

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100D - MEMBER EMPLOYER							Will not be sent
2100D	NM1		MEMBER EMPLOYER	S						Will not be sent
2100D	NM101	98	Entity Identifier Code	R	ID		2	3		
2100D	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100D	NM103	1035	Name Last or Organization Name	S	AN		1	60		
2100D	NM104	1036	Name First	S	AN		1	35		
2100D	NM105	1037	Name Middle	S	AN		1	25		
2100D	NM106	1038	Name Prefix	S	AN		1	10		
2100D	NM107	1039	Name Suffix	S	AN		1	10		
2100D	NM108	66	Identification Code Qualifier	S	ID		1	2		
2100D	NM109	67	Identification Code	S	AN		2	80		
2100D	PER		MEMBER EMPLOYER COMMUNICATIONS NUMBERS	S						Will not be sent
2100D	PER01	366	Contact Function Code	R	ID		2	2		
2100D	PER02	93	Name	S	AN		1	60		
2100D	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100D	PER04	364	Communication Number	R	AN		1	256		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100D	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100D	PER06	364	Communication Number	S	AN		1	256		
2100D	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100D	PER08	364	Communication Number	S	AN		1	256		
2100D	N3		MEMBER EMPLOYER STREET ADDRESS	S						Will not be sent
2100D	N301	166	Insured Employer Address line	R	AN		1	55		
2100D	N302	166	Insured Employer Address line	S	AN		1	55		
2100D	N4		MEMBER EMPLOYER CITY, STATE, ZIP	S						Will not be sent
2100D	N401	19	Insured Employer City Name	R	AN		2	30		
2100D	N402	156	Insured Employer State Code	S	ID		2	2		
2100D	N403	116	Insured Employer ZIP Code	S	ID		3	15		
2100D	N404	26	Insured Employer Country Code	S	ID		2	3		
2100D	N407	1715	Country Subdivision Code	S	ID		1	3		

Table 27: Loop 2100E Member School

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100E - MEMBER SCHOOL							Will not be sent

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100E	NM1		MEMBER SCHOOL	S						Will not be sent
2100E	NM101	98	Entity Identifier Code	R	ID		2	3		
2100E	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100E	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2100E	PER		MEMBER SCHOOL COMMUNICATIONS NUMBERS	S						Will not be sent
2100E	PER01	366	Contact Function Code	R	ID		2	2		
2100E	PER02	93	Name	S	AN		1	60		
2100E	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100E	PER04	364	Communication Number	R	AN		1	256		
2100E	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER06	364	Communication Number	S	AN		1	256		
2100E	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER08	364	Communication Number	S	AN		1	256		
2100E	N3		MEMBER SCHOOL STREET ADDRESS	S						Will not be sent
2100E	N301	166	Address Information	R	AN		1	55		
2100E	N302	166	Address Information	S	AN		1	55		
2100E	N4		MEMBER SCHOOL CITY, STATE, ZIP	S						Will not be sent
2100E	N401	19	City Name	R	AN		2	30		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100E	N402	156	State Code	S	ID		2	2		
2100E	N403	116	Postal Code	S	ID		3	15		
2100E	N407	1715	Country Subdivision Code	S	ID		1	3		

Table 28: Loop 2100F Custodial Parent

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100F - CUSTODIAL PARENT							Will not be sent
2100F	NM1		CUSTODIAL PARENT	S						Will not be sent
2100F	NM101	98	Entity Identifier Code	R	ID		2	3		
2100F	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100F	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2100F	NM104	1036	Name First	R	AN		1	35		
2100F	NM105	1037	Name Middle	S	AN		1	25		
2100F	NM106	1038	Name Prefix	S	AN		1	10		
2100F	NM107	1039	Name Suffix	S	AN		1	10		
2100F	NM108	66	Identification Code Qualifier	S	AN		1	2		
2100F	NM109	67	Identification Code	S	AN		2	80		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100F	PER		CUSTODIAL PARENT COMMUNICATIONS NUMBERS	S						Will not be sent
2100F	PER01	366	Contact Function Code	R	ID		2	2		
2100F	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100F	PER04	364	Communication Number	R	AN		1	256		
2100F	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER06	364	Communication Number	S	AN		1	256		
2100F	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER08	364	Communication Number	S	AN		1	256		
2100F	N3		CUSTODIAL PARENT STREET ADDRESS	S						Will not be sent
2100F	N301	166	Address Information	R	AN		1	55		
2100F	N302	166	Address Information	S	AN		1	55		
2100F	N4		CUSTODIAL PARENT CITY, STATE, ZIP	S						Will not be sent
2100F	N401	19	Custodial Parent City Name	R	AN		2	30		
2100F	N402	156	Custodial Parent State Code	R	ID		2	2		
2100F	N403	116	Custodial Parent Postal Zone or ZIP Code	R	ID		3	15		
2100F	N404	26	Custodial Parent Country Code	S	ID		2	3		
2100E	N407	1715	Country Subdivision Code	S	ID		1	3		

Table 29: Loop 2100G NM Responsible Person

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100G - RESPONSIBLE PERSON							Used in Temporary Continuation of Coverage (TCC) and Spouse Equity enrollments (see End Note 6 on page 66)
2100G	NM1		RESPONSIBLE PERSON	S						
2100G	NM101	98	Entity Identifier Code	R	ID	QD = responsible party	2	3		
2100G	NM102	1065	Entity Type Qualifier	R	ID	1 = Person	1	1		
2100G	NM103	1035	Name Last or Organization Name	R	AN		1	60	248	
2100G	NM104	1036	Name First	S	AN		1	35	249	
2100G	NM105	1037	Name Middle	S	AN		1	25	250	
2100G	NM106	1038	Name Prefix	S	AN		1	10		Will not be sent
2100G	NM107	1039	Name Suffix	S	AN		1	10		Will be included in last name field
2100G	NM108	66	Identification Code Qualifier	S	AN	34 = Social Security Number	1	2		
2100G	NM109	67	Identification Code	S	AN		2	80	251	Social Security Number of employee or annuitant (No dashes) OPM-Macon will only validate that SSN is nine digits long

Table 30: Loop 2100G PER Responsible Person Communication Numbers

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100G	PER		RESPONSIBLE PERSON COMMUNICATIONS NUMBERS	S						Will not be sent
2100G	PER01	366	Contact Function Code	R	ID		2	2		
2100G	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100G	PER04	364	Communication Number	R	AN		1	256		
2100G	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100G	PER06	364	Communication Number	R	AN		1	256		
2100G	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100G	PER08	364	Communication Number	S	AN		1	256		
2100G	N3		RESPONSIBLE PERSON STREET ADDRESS	S						Will not be sent
2100G	N301	166	Address Information	R	AN		1	55		
2100G	N302	166	Address Information	S	AN		1	55		
2100G	N4		RESPONSIBLE PERSON CITY, STATE, ZIP	S						Will not be sent
2100G	N401	19	City Name	R	AN		2	30		
2100G	N402	156	State Code	S	ID		2	2		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2100G	N403	116	Postal Code	S	ID		3	15		
2100G	N404	26	Country Code	S	ID		2	3		
2100G	N407	1715	Country Subdivision Code	S	ID		1	3		

Table 31: Loop 2100H Drop Off Location

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2100H – DROP OFF LOCATION							Will not be sent

Table 32: Loop 2200 Disability Information

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2200 DISABILITY INFORMATION							Will not be sent
2200	DSB		DISABILITY INFORMATION	S						Will not be sent
2200	DSB01	1146	Disability Type Code	R	ID		1	1		
2200	DSB07	235	Product/Service Id Qualifier	S	ID		2	2		
2200	DSB08	1137	Medical Code Value	S	AN		1	15		
2200	DTP		DISABILITY ELIGIBILITY DATES	S						Will not be sent
2200	DTP01	374	Date Time Qualifier	R	ID		3	3		
2200	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2200	DTP03	1251	Date Time Period	R	AN		1	35		

Table 33: Loop 2300 HD Health Coverage

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2300 HEALTH COVERAGE							
2300	HD		HEALTH COVERAGE	S						

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2300	HD01	875	Maintenance Type Code	R	ID	001 = Change 021 = Addition 024 = Cancellation/ Termination	3	3	2	001 - Change will be used when enrollee makes a change in Option (High vs. Standard vs. Basic vs. etc.), or enrollment type (Self vs., Self Plus One vs., Self and Family) within the same plan, OR for an Informational Only SF 2809 (main subscriber and dependents), OR for a Dependent Name/DOB Correction SF 2809 (main subscriber and dependents)** 021 - Addition will be used when the enrollee is new to your plan 024 - Cancellation/Termination will be used when enrollee cancels coverage or changes to another plan
2300	HD03	1205	Insurance Line Code	R	ID	HLT = Health	2	3		"HLT" will be used for all transmissions
2300	HD04	1204	Plan Coverage Description	S	AN	OPM assigned plan Enrollment Codes OPM designated Event Codes	1	50	24 - enrollment code of plan enrolling in or changing to 235 - enrollment code currently enrolled in	Positions 1 - 10 is <i>Gaining plan's Enrollment Code</i> Positions 11 - 20 is <i>Losing plan's Enrollment Code</i> Position 21 - 22 is <i>Event Code</i> . OPM's current three place enrollment codes will be preceded by leading zeros

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2300	HD05	1207	Coverage Level Code	S	ID	"FAM" = Family "IND" = Self Only "ESP" = Main Subscriber & Spouse "E1D" = Main Subscriber & 1 family member (not spouse)	3	3		*HD05 will be provided for both the Main Subscriber * Dependents for: A) all HD01 = "021" actions B) HD01 = "001" - Change within the same Enrollment Code for an Informational Only SF 2809 (main subscriber and dependents) OR for a Dependent Name/DOB Correction SF 2809 (main subscriber and dependents)** *HD05 will NOT be provided for HD01 = "024" actions (i.e. cancellations/terminations)
2300	HD09	1073	Yes/No Condition or Response Code	S	ID		1	1		Will not be sent

Table 34: Loop 2300 DTP Health Coverage Dates

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2300	DTP		HEALTH COVERAGE DATES	R						
2300	DTP01	374	Date Time Qualifier	R	ID	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	3	3	238	Date enrollee's election takes effect. 303 - Maintenance Effective will be used when enrollee makes a change in Option (High vs. Standard vs. Basic vs. etc.), or enrollment type (Self vs., Self Plus One vs., Self and Family) within the same plan, OR for an Informational Only SF 2809 (main subscriber), OR for a Dependent Name/DOB Correction SF 2809 (main subscriber and dependents)** 348 - Benefit Begin will be used when the enrollee is new to your plan OR for an Informational Only SF 2809 (dependent addition) ** 349 - Benefit End will be used when enrollee cancels coverage or changes to another plan OR for an Informational Only SF 2809 (dependent termination). Note, for a Dependent Termination, the FEHB Carrier should NOT add 31 days to the Benefit END Date value in Loop 2300, DTP03. The Agency Data Provider will provide the 31-day extension when appropriate. (see End Note 8 on page 66) **
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Date Time Period	R	AN		1	35		CCYYMMDD

Table 35: Loop 2300 AMT Health Coverage Policy

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2300	AMT		HEALTH COVERAGE POLICY	S						Will not be sent
2300	AMT01	522	Amount Qualifier Code	R	ID					
2300	AMT02	782	Monetary Amount	R	R		1	18		

Table 36: Loop 2300 REF Health Coverage Policy Number

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2300	REF		HEALTH COVERAGE POLICY NUMBER	S						Will be sent when enrollee or family member is enrolled in Medicare Part D
2300	REF01	128	Reference Identification Qualifier	R	ID	ZZ = Mutually Defined	2	3		
2300	REF02	127	Reference Identification	R	AN	'D'	1	50		Code created by OPM to indicate enrollment in Medicare Part D
2300	REF		PRIOR COVERAGE MONTHS							Will not be sent
2300	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2300	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN		1	50		

Table 37: Loop 2300 IDC Identification Card

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2300	IDC		IDENTIFICATION CARD	S						Will not be sent
2300	IDC01	1204	Plan Coverage Description	R			1	50		
2300	IDC02	1215	Identification Card Type Code	R	ID			1		
2300	IDC03	380	Quantity	S	R		1	15		
2300	IDC04	306	Action Code	S	ID		1	2		

Table 38: Loop 2310 Provider Information

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2310 PROVIDER INFORMATION							Will not be sent
2310	LX		PROVIDER INFORMATION	S						Will not be sent
2310	LX01	554	Assigned Number	R	N0		1	6		
2310	NM1		PROVIDER NAME	R						Will not be sent
2310	NM101	98	Entity Identifier Code	R	ID		2	3		
2310	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2310	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2310	NM104	1036	Name First	R	AN		1	35		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2310	NM105	1037	Name Middle	S	AN		1	25		
2310	NM106	1038	Name Prefix	S	AN		1	10		
2310	NM107	1039	Name Suffix	S	AN		1	10		
2310	NM108	66	Identification Code Qualifier	S	AN		1	2		
2310	NM109	67	Identification Code	S	AN		2	80		
2310	NM110	706	Entity Relationship Code	R	ID		2	2		
2310	N3		PROVIDER ADDRESS	S						Will not be sent
2310	N301	166	Address Information	R	AN		1	55		
2310	N302	166	Address Information	S	AN		1	55		
2310	N4		PROVIDER CITY, STATE, ZIP CODE	S						Will not be sent
2310	N401	19	Member City Name	R	AN		2	30		
2310	N402	156	Member State or Province Code	S	ID		2	2		
2310	N403	116	Member Postal Code	S	ID		3	15		
2310	N404	26	Member Country Code	S	ID		2	3		
2310	N405	309	Location Qualifier	S	ID		1	2		
2310	N406	310	Location Identification Code	S						
2310	N407	1715	Country Subdivision Code	S	ID		1	3		
2310	PER		PROVIDER COMMUNICATIONS NUMBERS	S						Will not be sent

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2310	PER01	366	Contact Function Code	R	ID		2	2		
2310	PER03	365	Communication Number Qualifier	R	ID		2	2		
2310	PER04	364	Communication Number	R	AN		1	80		
2310	PLA		PROVIDER CHANGE REASON							Will not be sent
2310	PLA01	306	Action Code	R	ID		1	2		
2310	PLA02	98	Entity Identifier Code	R	ID		2	3		
2310	PLA03	373	Provider Effective Date	R	DT		8	8		
2310	PLA05	1203	Maintenance Reason Code	R	ID		2	3		

Table 39: Loop 2320 COB Coordination of Benefits

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2320 COORDINATION OF BENEFITS							<p>This Loop will be sent if individual indicates they have other health insurance coverage</p> <p>This Loop will be sent if individual indicates they do, or do not, have other health insurance coverage (see End Note 7 on page 66)</p>
2320	COB		COORDINATION OF BENEFITS	S						

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2320	COB01	1138	Payer Responsibility Sequence Number Co	R	ID	U = Unknown	1	1		Will be populated if individual has TRICARE, other group health insurance, or indicates they have no other health insurance coverage. OPM and the Federal agencies are in no position to make payer responsibility determinations, therefore field will always be populated with "U"
2320	COB02	127	Insured Group/Policy Number	S	AN	"TRICARE"	1	50	20, 36, 57, 78, 99, 120, 141, 162, 183, 204, 225	"TRICARE" will appear if person is covered under TRICARE or CHAMPUS
2320	COB03	1143	Coordination of Benefits Code	R	ID	1 = Coordination of Benefits 5 = Unknown 6 = No Coordination of Benefits	1	1		"1" will appear when other coverage is TRICARE/CHAMPUS since we know COB exists. "5" will be used when other insurance company names or group/policy numbers are provided since we don't know for certain that COB exists "6" will be used when enrollee indicates they have no other coverage
2320	COB04	1365	Service Type Code	S	ID		1	2		

Table 40: Loop 2320 REF Additional Coordination of Benefits IDs

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2320	REF		ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS	S						
2320	REF01	128	Reference Identification Qualifier	R	ID	6P = Group Number	2	3		Field will be populated if individual indicates he/she has group health insurance coverage other than FEHB or TRICARE and provides Group/Policy Number
2320	REF02	127	Insured Group/Policy Number	R	AN		1	50	22, 38, 59, 80, 101, 122, 143, 164, 185, 206, 227	
2320	DTP		COORDINATION OF BENEFITS IDENTIFIERS	S						Will not be sent
2320	DTP01	374	Date Time Qualifier	R	ID		3	3		
2320	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2320	DTP03	1251	Coordination of Benefits Date	R	AN		1	35		

Table 41: Loop 2330 Coordination of Benefits Related Entity

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2330 COORDINATION OF BENEFITS RELATED ENTITY							

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2330	NM1		COORDINATION OF BENEFITS RELATED ENTITY	S						
2330	NM101	98	Entity Identifier Code	R	ID	IN = Insurer	2	3		
2330	NM102	1065	Entity Type Qualifier	R	ID	2 = Non-Person Entity	1	1		
2330	NM103	1035	Name Last or Organization Name	S	AN		1	60		
2330	NM108	66	Identification Code Qualifier	S	ID		1	2		Will not be sent
2330	NM109	67	Identification Code	S	AN		2	80		Will not be sent
2330	N3		COORDINATION OF BENEFITS RELATED ENTITY ADDRESS	S						Will not be sent
2330	N301	166	Address Information	R	AN		1	55		
2330	N302	166	Address Information	S	AN		1	55		
2330	N4		COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE	S						Will not be sent
2330	N401	19	Member City Name	R	AN		2	30		
2330	N402	156	Member State or Province Code	S	ID		2	2		
2330	N403	116	Member Postal Code	S	ID		3	15		
2330	N404	26	Member Country Code	S	ID		2	3		
2330	N407	1715	Country Subdivision Code	S	ID		1	3		
2330	PER		ADMINISTRATIVE COMMUNICATIONS CONTACT	S						Will not be sent
2330	PER01	366	Contact Function Code	R	ID		2	2		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
2330	PER03	365	Communication Number Qualifier	R	ID		2	2		
2330	PER04	364	Communication Number	R	AN		1	256		

Table 42: Loop 2700 Additional Reporting Categories

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2700 ADDITIONAL REPORTING CATEGORIES							Will not be sent
2700	LS		ADDITIONAL REPORTING CATEGORIES	S						
2700	LS01	447	Loop Identifier code	R	AN		1	4		

Table 43: Loop 2710 Member Reporting Categories

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2710 MEMBER REPORTING CATEGORIES							Will not be sent
2710	LX		MEMBER REPORTING CATEGORIES	S						
2710	LX01	554	Assigned Number	NO			1	6		

Table 44: Loop 2750 Reporting Category

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Value s	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			LOOP 2750 REPORTING CATEGORY							Will not be sent
2750	N1		REPORTING CATEGORY	S						
2750	N101	98	Entity Identifier Code	R	ID		2	3		
2750	N102	93	Name	R	AN		1	60		
2750	REF		REPORTING CATEGORY REFERENCE	S						
2750	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2750	REF02	127	Reference Identification	R	AN		1	50		
2750	DTP		REPORTING CATEGORY DATE	S						Will not be sent
2750	DTP01	374	Date Time Qualifier	R	ID		3	3		
2750	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2750	DTP03	1251	Date Time Period	R	AN		1	35		
2750	LE		ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION	S						
2750	LE01	447	Loop Identifier Code	R	AN		1	4		

Table 45: SE Transaction Set Trailer

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in OPM's EEX/Data-Hub 2809 File Layout	Comments
			TRANSACTION SET TRAILER							
	SE01	96	Number of Included Segments	R	NO		1	10		
	SE02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		

End Notes

1. To correct data sent in an earlier transaction, i.e., correct effective date from 01-01-2012 to 01-04-2012, OPM-Macon will send a second transmission with the corrected information. We will not use 2100B LOOP (INCORRECT MEMBER NAME). It is your discretion on how you will handle this transmission; you may accept the second transaction and override the first transaction or call the agency to clarify. Note: SSN corrections will not be done electronically.
2. 'EEX2809' indicates that this information is provided by the enrollee similar to information contained on the paper SF 2809.
3. Transaction will always contain a Social Security Number (SSN) for the enrollee so the transaction will be compliant. However, the SSN may not be valid (example 999999999). For example, foreign enrollees do not have SSNs, OPM's Retirement Services Program does not maintain SSNs on some older survivor annuitants and some enrollees refuse to provide their SSNs when enrolling. If a non-valid SSN creates a problem for you, you should contact the enrollee's agency or if the enrollee is an annuitant, you should match the SSN to their CSA or CSF number. **This field will NOT be sent for a dependent if the dependent's SSN is not provided.**
4. The Expiration Date in LOOP 2000 MEMBER LEVEL DETAIL (Member Level Dates, DTP03) refers to the individual (former employee, former spouse, child) and family members being enrolled under Temporary Continuation of Coverage (TCC). Information about these individuals appears in LOOP 2100A MEMBER NAME.
5. The third line of a street address provided to OPM will be appended into the second Subscriber Address Line in LOOP 2100A MEMBER NAME (Member Residence Street Address; N302). The plan will be responsible for separating out the third address line.
6. LOOP 2100G RESPONSIBLE PERSON is used for TCC enrollments, for former spouses and children, and Spouse Equity enrollments. It provides information on the employee or annuitant whose enrollment entitles the enrollee to TCC or Spouse Equity coverage.
7. If the individual does not indicate either 'yes' or 'no' to having other health insurance coverage, LOOP 2320 COORDINATION OF BENEFITS will not be sent.
8. **When a Dependent Enrollment terminates via an Informational Only SF 2809 transaction, coverage for that specific Dependent member might or might not be extended for an additional 31 days. You should NOT add 31 days to the BENEFIT END Date value provided in Loop 2300, DTP03 when the transaction is specifically an Informational Only SF 2809 type of transaction. The Agency Data Provider will make that appropriate determination and include the 31-day extension in the BENEFIT END Date value if required. ****

FEHB Program Business Rules and Limitations

Dependent Information

Dependent records will not be created when the Nature of Transaction is ‘Stop’ (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04} = ‘14’ – Voluntary Withdrawal). Dependent records will be created for all other transactions when dependent data is provided. Not all Federal agencies provide dependent information even though enrollee selects self and family coverage. Dependent records for Self Plus One will be a requirement.

Some transactions will have dependent information but may not provide “Other Insurance” information for each dependent. Some transactions will have dependent information but may not provide an address for the dependent when the dependent’s address is different from that of the enrollee. You must process these transactions as you receive them. You may send the enrollee a Post Enrollment Questionnaire to gather any missing data.

Temporary Continuation of Coverage (TCC) and Spouse Equity

Temporary Continuation of Coverage (TCC) and Spouse Equity enrollments will be identified in LOOP 2000 MEMBER LEVEL DETAIL (DTP01 = ‘357’; DTP03 = ‘ccyymmdd’ or ‘99991231’). An expiration date of ‘ccyymmdd’ indicates that the enrollment is under the TCC provisions and has a set expiration date. An expiration date of ‘99991231’ indicates that enrollment is under Spouse Equity provision and there is no set expiration date.

If an individual enrolled in TCC obtains eligibility for Spouse Equity coverage, you will receive a ‘Change-Within a Plan’ transaction (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04} = ‘29’ – Benefit Selection). The individual is not changing plan, option, or enrollment type. The gaining plan and losing plan enrollment codes in LOOP 2300 HEALTH COVERAGE (HD04) will be the same. This transaction notifies you that the enrollment no longer has an expiration date since Spouse Equity coverage can continue for life. The coverage expiration date in LOOP 2000 MEMBER LEVEL DETAIL (DTP03) = ‘99991231’.

If an individual enrolled under Spouse Equity coverage loses entitlement to coverage (for example the individual remarried before reaching age 55) during the 36 months following their divorce from the Federal employee, the individual is no longer eligible for Spouse Equity coverage but is now eligible for TCC that will expire 36 months after the date of the divorce or annulment from the Federal employee. In these cases, you will receive a ‘Change-Within a Plan’ transaction (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04} = ‘29’ – Benefit Selection). The individual is not changing plan, option, or enrollment type. The gaining plan and losing plan enrollment codes in LOOP 2300 HEALTH COVERAGE (HD04) will be the same. This transaction notifies you that the enrollment now has an expiration date. The coverage expiration date in LOOP 2000 MEMBER LEVEL DETAIL (DTP03) = ‘ccyymmdd’.

Certain information about a Federal employee or annuitant whose coverage entitles either Spouse Equity coverage for a former spouse or entitles a former spouse or children to enroll in TCC, will be provided in LOOP 2100G RESPONSIBLE PERSON. The relationship of this individual to the TCC enrollee will not be provided.

LOOP 2000 MEMBER LEVEL DETAIL (INSO7) will not be populated because the National Finance Center does not have the ability to indicate the event that permits individuals to elect TCC enrollment.

Children Incapable of Self-support

When you get a new enrollment that includes a Child Incapable of Self-support, you need to know if the child has been determined to be incapable of self support, and the length of time before a new determination is needed. Enroll the child and contact the enrollee for a copy of the determination. The copy can come from the following sources:

- a. the enrollee's personal records;
- b. the child's healthcare provider, if the diagnosis is included in Carrier Letter 97-32;
- c. the losing carrier;
- d. the employing agency.

If no documentation is provided, you may terminate the enrollment.

Information currently sent by agencies through “Remarks”

The paper SF and OPM 2809 forms contain space for remarks where agencies can provide pertinent information to support the enrollment action in addition to the information asked for by the form. However, the 834 transaction standard does not contain any free form fields for providing this information. Several items commonly addressed in remarks have been mapped to segments in the 834 and will be included in the electronic transactions. The following items addressed in remarks will not be provided in the electronic transactions.

1. Temporary employees who enroll will not be identified as temporary employees. The premiums paid for temporary employees is the same as that paid for other employees and there is no expiration date on the enrollment.
2. The reason for a change in enrollment code will not be provided.
3. Public Law information relating to an enrollment will not be provided.
4. Individuals covered under Spouse Equity enrolling as employees will not be identified. The National Finance Center will terminate the Spouse Equity enrollment and the individual’s new agency will enroll them.
5. Belated enrollments or enrollments by proxy will not be identified. Enrollment actions will be based on the effective date provided in the transaction.

Appendix

Agency Data Provider SF 2809 HIPAA File Layout (5010 version)

Updated: 3/24/2021

Individual Records (AG 2809)

Table 46: Agency Data Provider SF 2809 HIPAA File Layout

Field#	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
2	Nature of Transaction	Values: START/CHANGE/STOP Justification: Left	Y	6	4-9	<p>Start:</p> <p>Loop 2000 INS03, 875, Pg.49 = '021' INS04, 1203, Pg.49/51 = '28'</p> <p>Loop 2300 HD01, 875, Pg.140/141 = '021' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 14 1 = '0000000XX100000000001B'</p> <p>Change-Gaining Carrier:</p> <p>Loop 2000 INS03, 875, Pg.49 = '021' INS04, 1203, Pg.49/51 = '22'</p> <p>Loop 2300 HD01, 875, Pg.140/141 = '021' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000XX10000000ZZ21B'</p> <p>Change-Losing Carrier:</p> <p>Loop 2000 INS03, 875, Pg.49 = '024' INS04, 1203, Pg.49/51 = '22'</p> <p>Loop 2300 HD01, 875, Pg.140/141 = '024' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000ZZ10000000XX21B'</p>	<p>In HD04: Positions 1-10 are <i>Gaining Carrier Code</i> Positions 11-20 are <i>Losing Carrier Code</i> Positions 21-22 are <i>Event Code</i> If any other value other than START, CHANGE, or STOP, REJECT the transaction.</p>

Field#	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
						Change-Within a Plan: Loop 2000 INS03, 875, Pg.49 = '001' INS04, 1203, Pg.49/51 = '29' Loop 2300 HD01, 875, Pg.140/141 = '001' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000XX10000000XX21F' Stop: Loop 2000 NS03, 875, Pg.49 = '024' INS04, 1203, Pg.49/51 = '14' Loop 2300 HD01, 875, Pg.140/141 = '024' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '000000000000000000XX21C' **INFORMATIONAL ONLY (I/O): Main Subscriber Loop 2000 INS03, 875, Pg.49 = '001' INS04, 1203, Pg.49/51 = '33' *33=Personnel Data Loop 2300 HD01, 875, Pg.140/141 = '001' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000XX20000000XX21F' **I/O Only TERM Dependent: Loop 2000 INS03, 875, Pg.49 = '001' INS04, 1203, Pg.49/51 = '07' *07=Termination of Benefits Loop 2300 HD01, 875, Pg.140/141 = '001' HD03, 1205, Pg.141 = 'HLT'	

Field#	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
						HD04, 1204, Pg. 141 = '0000000XX20000000XX21F' **I/O Only ADD Dependent: Loop 2000 INS03, 875, Pg.49 = '001' INS04, 1203, Pg.49/51 = '20' *20=Active Loop 2300 HD01, 875, Pg.140/141 = '001' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000XX20000000XX21F' **Dependent Name/DOB Correction (main subscriber and dependent): Loop 2000 INS03, 875, Pg.49 = '001' INS04, 1203, Pg.49/51 = '25' *25=Change in Identifying Data Elements Loop 2300 HD01, 875, Pg.140/141 = '001' HD03, 1205, Pg.141 = 'HLT' HD04, 1204, Pg. 141 = '0000000XX20000000XX21F'	
3	Employee Last Name	Edits: No punctuation Example: JOHNSON Justification: Left	Y	29	10-38	Loop 2100A NM101, 98, Pg.62/63 = 'IL' NM102, 1065, Pg.63 = 'I' NM103, 1035, Pg. 63	REJECT if not present
4	Employee First Name	Edits: No punctuation Example: DERRICK Justification: Left	Y	20	39-58	Loop 2100A NM104, 1036, Pg. 63	REJECT if not present
5	Employee Middle Initial	Edits: No punctuation Example: M	N	1	59-59	Loop 2100A NM105, 1037, Pg. 63	
6	Social Security Number	Edits: No dashes Example: 123456789	Y	9	60-68	Loop 2000 REF01, 128, Pg.55 = '0F' REF02, 127, Pg. 55 NM108, 66, Pg. 64 = '34' NM109, 67, Pg. 64 Repeats in the Dependent record as well.	REJECT if not present or less than nine digits

Field#	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
						Loop 2100A NM108, 66, Pg. 64 = '34' NM109, 67, Pg. 64	
7	Date of Birth	Edits: MMDDYYYY Example: 01011969	Y	8	69-76	Loop 2100A DMG01, 1250, Pg. 71 = 'D8' DMG02, 1251, Pg. 71	REJECT if not present OR invalid date Macon will reformat the date to the proper HIPAA format

Note: The flat file layout does not have a Relationship Code field for the Employee. The 834 transaction will contain the following for the Individual Relationship Code

INS01, 1073, Pg. 48 = 'Y'

INS02, 1069, Pg. 48 = '18'

Table 47: Agency Data Provider SF 2809 Address Layout

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
8	Home Street 1	Edits: No punctuation, A - Z, 0 - 9, # Example: ROUTE 1 BOX 618B Justification: Left	Y	35	77-111	Loop 2100A N301, 166, Pg. 68	If not present, do not send Street Address information in 2100A loop. Just send City, State, and Zip.
9	Home Street 2	Edits: Same as Home Street 1	N	35	112-146	Loop 2100A N302, 166, Pg. 68	
10	Home Street 3	Edits: Same as Home Street 1	N	35	147-181	Append into Street 2 Loop 2100A N302, 166, Pg. 68 above	
11	Home City	-Edits: Valid city name Example: MACON Justification: Left	Y	23	182-204	Loop 2100A N401, 19, Pg. 69	REJECT if not present
12	Home State Abbreviation	Values: Valid State Abbreviation Example: GA	Y	2	205-206	Loop 2100A N402, 156, Pg. 69	REJECT if not present
13	Home Zip	Edits: 5 REQUIRED, 4 Optional Values: Valid Zip Code or Zip+4 code Examples: 31206, 312064204	Y	11	207-217	Loop 2100A N403, 116, Pg. 70	REJECT if not present

Table 48: Agency Data Provider SF 2809 Foreign Address Layout

Field#	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
8	Home Street 1 = Foreign Street 1	Edits: Example: 60 DULUTH WEST Justification: Left	Y	35	77-111	Loop 2100A N301, 166, Pg. 68	If not present, do not send Street Address information in 2100A loop. Just send Foreign City, Postal Code if available, and Country Code.
9	Home Street 2 = Foreign Street 2	Edits: Same as Home Street 1	N	35	112-146	Loop 2100A N302, 166, Pg. 68	
10	Home Street 3 = Foreign City Name	Edits: Same as Home Street 1	N	35	147-181	Loop 2100A N401, 19, Pg. 69	REJECT if not present
11	Home City = Foreign Country Name	Edits: Valid City Name Example: MONTREAL Justification: Left	Y	23	182-204	Not in the 834	

Field#	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
12	Home State = Foreign Country Code	Values: GM (Germany) Country Code tables from FIPS table	Y	2	205-206	Loop 2100A N402, 156, Pg. 69 N404, 26, Pg. 70	REJECT if not present OR invalid Macon will crosswalk FIPS code to ISO-3166 code
13	Home Zip= Foreign Postal Code	Value: Valid Postal Code if country has a Postal Code Example: H2W 1J5	N	11	207-217	Loop 2100A N403, 116, Pg. 70	If Postal Code is unavailable, will be blank

Table 49: Agency Data Provider SF 2809 HIPAA File Layout Continued

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
14	Gender	Values: M/F/U	Y	1	218-218	Loop 2100A DMG03, 1068, Pg.72 = 'F', 'M' or 'U'	If agency leaves this blank or provides anything other than 'F' or 'M' or 'U', then Macon will default to 'U'
15	FEHB Marriage Indicator	Values: Y/N	Y	1	219-219	Loop 2100A DMG04, 1067, Pg.72 = 'I, 'M', 'R'	I = Single M = Married If agency leaves this blank or provides anything other than 'Y', or 'N', then Macon will default to "R" = Unreported
16	FEHB Other Insurance Indicator Employee (i.e. Main Subscriber)	Values: Y/N Edits: Indicates if the employee has non-FEHB coverage outside of the FEHB Program	Y	1	220-220	Will not map.	
17	FEHB Medicare Indicator Employee (i.e. Main Subscriber)	Values: Y/N Edits: Indicates if the employee has Medicare coverage Edits: REQUIRED if FEHB Other Insurance Indicator is Y Edits: If OTHER INSURANCE INDICATOR is "N", then populate with "N"	Y	1	221-221	See field #19	
18	FEHB Medicare-A Employee (i.e. Main Subscriber)	Values: Y/N Edits: Indicates if the employee has Medicare Part-A Edits: REQUIRED if FEHB Other Insurance Indicator is Y Edits: If OTHER INSURANCE INDICATOR is "N", then populate with "N"	Y	1	222-222	See field #19	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
19	FEHB Medicare-B Employee (i.e. Main Subscriber)	Values: Y/N Edits: Indicates if the employee has Medicare Part-B Edits: REQUIRED if FEHB Other Insurance Indicator is Y Edits: If OTHER INSURANCE INDICATOR is "N", then populate with "N"	Y	1	223-223	Loop 2000 INS06-1, 1218, Pg.51 'A' = Medicare Part A 'B' = Medicare Part B 'C' = Medicare Part A & B	
20	FEHB TRICARE (including CHAMPUS) Indicator Employee (i.e. Main Subscriber)	Values: Y/N Edits: Indicates if the employee has TriCare coverage Edits: REQUIRED if FEHB Other Insurance Indicator is Y Edits: If OTHER INSURANCE INDICATOR is "N", then populate with "N"	Y	1	224-224	Loop 2320 COB01, 1138, Pg. 164 = 'U' COB02, 127, Pg. 164 = "TRICARE" COB03, 1143, Pg. 164/165 = '1'	
21	FEHB Other Insurance Name Employee (i.e. Main Subscriber)	Values: Name of any group health insurance coverage the employee has other than the FEHB plan in which the employee is enrolling in or changing to. Edits: REQUIRED if FEHB Other Insurance Indicator is Y and all other types of insurance are N Example: STATE FARM HEALTH	Y/N	35	225-259	Loop 2330 NM101, 98, Pg. 169 = 'IN' NM102, 1065, Pg. 170 = '2' NM103, 1035, Pg. 170	If either Other Insurance Name and/or Other Insurance Policy Number have data, then this will be sent as well: COB01, 1138, Pg. 164 = 'U' COB03, 1143, Pg. 164/165 = '5'
22	FEHB Other Insurance Policy Number Employee (i.e. Main Subscriber)	Values: Provide if known Example: 1234123 or A4232DB232	N	30	260-289	Loop 2320 REF01, 128, Pg. 166 = '6P' REF02, 127, Pg. 167	
23	FEHB Preferred Telephone Number	Edits: Empty or 17 digits Edits: Employee's preferred telephone number Values: 0 – 9 Example: 4787442286(Pad Right with Spaces)	N	17	290-306	Loop 2100A PER01, 366, Pg. 66 = 'IP' PER03, 365, Pg. 66 = 'TE' PER04, 364, Pg. 66	If a phone extension is provided, it will be placed in PER04 after the 10 digit phone number. The phone number and the extension will be separated by 'EXT'.
24	FEHB Enrollment Code	Values: Valid FEHB enrollment code of the carrier the employee or annuitant is enrolling in or changing to Edits: REQUIRED for Starts, Changes Edits: Blank for Stops Example: 104	Y/N	3	307-309	Loop 2300 HD04, 1204, Pg. 141 First 10 bytes. Pad left with zeroes. Will be the first element in the free form field.	Must be PRESENT when (Nature of Transaction = "START") OR (Nature of Transaction = "CHANGE")

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
25	FEHB Family Member Last Name (1)	Edits: NO PUNCTUATION Edits: If family member 1 is used, LAST NAME is REQUIRED for family coverage Example: JOHNSON	Y/N	20	310-329	Loop 2100A NM101, 98, Pg. 62/63 = 'IL' NM102, 1065, Pg. 63 = '1' NM103, 1035, Pg. 63	REJECT if not present
26	FEHB Family Member First Name (1)	Edits: NO PUNCTUATION Edits: If family member 1 is used, FIRST NAME is REQUIRED for family coverage Example: SUSAN	Y/N	14	330-343	Loop 2100A NM104, 1036, Pg. 63	REJECT if not present
27	FEHB Family Member Middle Initial (1)	Edits: If family member 1 is used, MIDDLE INITIAL is REQUIRED for family coverage Example: L	Y/N	1	344-344	Loop 2100A NM105, 1037, Pg. 63	
28	FEHB Family DOB (1)	Edits: MMDDYYYY Edits: If family member 1 is used, is REQUIRED for family coverage Example: 01011996	Y/N	8	345-352	Loop 2100A DMG01, 1250, Pg. 71 = 'D8' DMG02, 1251, Pg. 71 CCYYMMDD	REJECT if not present OR invalid date Macon will reformat the date to the proper HIPAA format
29	FEHB Family Gender Code (1)	Values: M/F/U Edits: F = Female, M = Male, U = Unstated Edits: If family member 1 is used, is REQUIRED for family coverage	Y/N	1	353-353	Loop 2100A DMG03, 1068, Pg. 72 = 'F', 'M', 'U'	If agency leaves this blank or provides anything other than 'F' or 'M' or 'U', then Macon will default to 'U'
30	FEHB Family Relationship (1)	Values: 01 = Spouse 19 = Child 09 = Adopted Child 10 = Foster Child 17 = Stepson or Stepdaughter 99 = Unmarried disabled child over age 26 incapable of self-support 14 = Brother or Sister 03 = Father or Mother Edits: See field description Edits: If family member 1 is used, REQUIRED for family coverage	Y/N	2	354-355	Loop 2000 INS01, 1073, Pg. 48 = 'N' INS02, 1069, Pg. 48/49 If '99' (incapable of self support): INS02, 1069, Pg. 48 = '19' INS10, 1073, Pg. 53 = 'Y'	REJECT if not present or invalid value
31	FEHB Family SSN (1)	SSN is optional but recommended Edits: No dashes Example: 123456789	N	9	356-364	Loop 2100A NM108, 66, Pg. 64 = '34' NM109, 67, Pg. 64	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
32	FEHB Family Other Insurance Indicator (1)	Values: Y/N Edits: Indicates if the specific dependent has non-FEHB coverage outside of the FEHB Program <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	365-365	Will not map	
33	FEHB Family Medicare Indicator (1)	Values: Y/N Edits: Indicates if Dependent #1 has Medicare coverage Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y Edits: If FEHB FAMILY OTHER INSURANCE INDICATOR (1) is "N", then populate with "N" <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	366-366	See field #35	
34	FEHB Family Medicare–A (1)	Values: Y/N Edits: Indicates if Dependent #1 has Medicare Part-A Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y Edits: If FEHB FAMILY OTHER INSURANCE INDICATOR (1) is "N", then populate with "N" <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	367-367	See field #35	
35	FEHB Family Medicare–B (1)	Values: Y/N Edits: Indicates if Dependent #1 has Medicare Part-B Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y Edits: If FEHB FAMILY OTHER INSURANCE INDICATOR (1) is "N", then populate with "N" <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	368-368	Loop 2000 INS06-1, 1218, Pg.51 'A' = Medicare Part A 'B' = Medicare Part B 'C' = Medicare Part A & B	
36	FEHB Family TRICARE (including CHAMPUS) Indicator (1)	Values: Y/N Edits: Indicates if Dependent #1 has TriCare coverage Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y Edits: If FEHB OTHER INSURANCE INDICATOR (1) is "N", then populate with "N" <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	369-369	Loop 2320 COB01, 1138, Pg. 164 = 'U' COB02, 127, Pg. 164 = "TRICARE" COB03, 1143, Pg. 164/165 = '1'	
37	FEHB Family Other Insurance Name (1)	Values: Name of any group health insurance coverage Dependent #1 may have or be covered under other than the FEHB plan in which the main subscriber is enrolling in or changing to. <i>Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y and all other types of insurance are N</i> Example: STATE FARM HEALTH	Y/N	35	370-404	Loop 2330 NM101, 98, Pg. 169 = 'IN' NM102, 93, Pg. 170 = '2' NM103, 1035, Pg. 170	If either Other Insurance Name and/or Other Insurance Policy Number have data, then this will be sent as well: COB01, 1138, Pg. 164 = 'U' COB03, 1143, Pg. 164/165 = '5'

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
38	FEHB Family Other Insurance Policy Number (1)	Values: Provide if known Example: 1234123 or A4232DB232	N	30	405-434	Loop 2320 REF01, 128, Pg. 166 = '6P' REF02, 127, Pg. 167	
39	FEHB Family Home Street 1 (1) <i>If Foreign, Foreign Street 1</i>	Edits: No punctuation, A - Z, 0 - 9, # Example: ROUTE 1 BOX 618B Justification: Left <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	35	435-469	Loop 2100A N301, 166, Pg. 68	IF Report# = EESTA and Home Street 1 = blank, pass N301, 166, Pg. 67 = "Not passed for security reasons"
40	FEHB Family Home Street 2 (1) <i>If Foreign, Foreign Street 2</i>	Edits: Same as Home Street 1 <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	35	470-504	Loop 2100A N302, 166, Pg. 68	
41	FEHB Family Home Street 3 (1) <i>If Foreign, Foreign City Name</i>	Edits: Same as Home Street 1 <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	35	505-539	Append into Street 2 Loop 2100A N302, 166, Pg. 68 above	
42	FEHB Family Home City (1) <i>If Foreign, Country Name</i>	Edits: Valid city name Example: MACON Justification: Left <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	23	540-562	Loop 2100A N401, 19, Pg. 69	
43	FEHB Family Home State Abbreviation (1) <i>If Foreign, Country Code</i>	Values: Valid State Abbreviation Example: GA <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	2	563-564	Loop 2100A N402, 156, Pg. 69	
44	FEHB Family Home Zip (1) <i>If Foreign, Foreign Postal Code</i>	Edits: 5 REQUIRED, 4 Optional Values: Valid Zip Code or Zip+4 code Examples: 31206, 312064204 <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	11	565-575	Loop 2100A N403, 116, Pg. 70	
45	FEHB Family Foreign / OverSeas Address Indicator (1)	Values: Y/N Edits: Y indicates that the dependent has a foreign home address (not an APO/FPO address). Edits: N indicates that the dependent has a US address, which includes APO/FPO addresses and US Territories. <i>Edits: Occurrence 1 is REQUIRED for family coverage</i> <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	576-576		
46	FEHB Family Member Last Name (2)	Refer to family member 1 for values & edits	Y/N	20	577-596	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
47	FEHB Family Member First Name (2)	Refer to family member 1 for values & edits	Y/N	14	597-610	Refer to Family Member 1	
48	FEHB Family Member Middle Initial (2)	Refer to family member 1 for values & edits	Y/N	1	611-611	Refer to Family Member 1	
49	FEHB Family DOB (2)	Refer to family member 1 for values & edits	Y/N	8	612-619	Refer to Family Member 1	
50	FEHB Family Gender Code (2)	Refer to family member 1 for values & edits	Y/N	1	620-620	Refer to Family Member 1	
51	FEHB Family Relationship (2)	Refer to family member 1 for values & edits	Y/N	2	621-622	Refer to Family Member 1	
52	FEHB Family SSN (2)	Refer to family member 1 for values & edits	N	9	623-631	Refer to Family Member 1	
53	FEHB Family Other Insurance Indicator (2)	Refer to family member 1 for values & edits	Y/N	1	632-632	Refer to Family Member 1	
54	FEHB Family Medicare Indicator (2)	Refer to family member 1 for values & edits	Y/N	1	633-633	Refer to Family Member 1	
55	FEHB Family Medicare-A (2)	Refer to family member 1 for values & edits	Y/N	1	634-634	Refer to Family Member 1	
56	FEHB Family Medicare-B (2)	Refer to family member 1 for values & edits	Y/N	1	635-635	Refer to Family Member 1	
57	FEHB Family TRICARE (including CHAMPUS) Indicator (2)	Refer to family member 1 for values & edits	Y/N	1	636-636	Refer to Family Member 1	
58	FEHB Family Other Insurance Name (2)	Refer to family member 1 for values & edits	Y/N	35	637-671	Refer to Family Member 1	
59	FEHB Family Other Insurance Policy Number (2)	Refer to family member 1 for values & edits	Y/N	30	672-701	Refer to Family Member 1	
60	FEHB Family Home Street 1 (2) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	702-736	Refer to Family Member 1	
61	FEHB Family Home Street 2 (2) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	737-771	Refer to Family Member 1	
62	FEHB Family Home Street 3 (2) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	772-806	Refer to Family Member 1	
63	FEHB Family Home City (2) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	807-829	Refer to Family Member 1	
64	FEHB Family Home State Abbreviation (2) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	830-831	Refer to Family Member 1	
65	FEHB Family Home Zip (2) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	832-842	Refer to Family Member 1	
66	FEHB Family Foreign / OverSeas Address Indicator (2)	Refer to family member 1 for values & edits	Y/N	1	843-843	Refer to Family Member 1	
67	FEHB Family Member Last Name (3)	Refer to family member 1 for values & edits	Y/N	20	844-863	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
68	FEHB Family Member First Name (3)	Refer to family member 1 for values & edits	Y/N	14	864-877	Refer to Family Member 1	
69	FEHB Family Member Middle Initial (3)	Refer to family member 1 for values & edits	Y/N	1	878-878	Refer to Family Member 1	
70	FEHB Family DOB (3)	Refer to family member 1 for values & edits	Y/N	8	879-886	Refer to Family Member 1	
71	FEHB Family Gender Code (3)	Refer to family member 1 for values & edits	Y/N	1	887-887	Refer to Family Member 1	
72	FEHB Family Relationship (3)	Refer to family member 1 for values & edits	Y/N	2	888-889	Refer to Family Member 1	
73	FEHB Family SSN (3)	Refer to family member 1 for values & edits	N	9	890-898	Refer to Family Member 1	
74	FEHB Family Other Insurance Indicator (3)	Refer to family member 1 for values & edits	Y/N	1	899-899	Refer to Family Member 1	
75	FEHB Family Medicare Indicator (3)	Refer to family member 1 for values & edits	Y/N	1	900-900	Refer to Family Member 1	
76	FEHB Family Medicare–A (3)	Refer to family member 1 for values & edits	Y/N	1	901-901	Refer to Family Member 1	
77	FEHB Family Medicare–B (3)	Refer to family member 1 for values & edits	Y/N	1	902-902	Refer to Family Member 1	
78	FEHB Family TRICARE (including CHAMPUS) Indicator (3)	Refer to family member 1 for values & edits	Y/N	1	903-903	Refer to Family Member 1	
79	FEHB Family Other Insurance Name (3)	Refer to family member 1 for values & edits	Y/N	35	904-938	Refer to Family Member 1	
80	FEHB Family Other Insurance Policy Number (3)	Refer to family member 1 for values & edits	Y/N	30	939-968	Refer to Family Member 1	
81	FEHB Family Home Street 1 (3) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	969-1003	Refer to Family Member 1	
82	FEHB Family Home Street 2 (3) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	1004-1038	Refer to Family Member 1	
83	FEHB Family Home Street 3 (3) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	1039-1073	Refer to Family Member 1	
84	FEHB Family Home City (3) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	1074-1096	Refer to Family Member 1	
85	FEHB Family Home State Abbreviation (3) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	1097-1098	Refer to Family Member 1	
86	FEHB Family Home Zip (3) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	1099-1109	Refer to Family Member 1	
87	FEHB Family Foreign / OverSeas Address Indicator (3)	Refer to family member 1 for values & edits	Y/N	1	1110-1110	Refer to Family Member 1	
88	FEHB Family Member Last Name (4)	Refer to family member 1 for values & edits	Y/N	20	1111-1130	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
89	FEHB Family Member First Name (4)	Refer to family member 1 for values & edits	Y/N	14	1131-1144	Refer to Family Member 1	
90	FEHB Family Member Middle Initial (4)	Refer to family member 1 for values & edits	Y/N	1	1145-1145	Refer to Family Member 1	
91	FEHB Family DOB (4)	Refer to family member 1 for values & edits	Y/N	8	1146-1153	Refer to Family Member 1	
92	FEHB Family Gender Code (4)	Refer to family member 1 for values & edits	Y/N	1	1154-1154	Refer to Family Member 1	
93	FEHB Family Relationship (4)	Refer to family member 1 for values & edits	Y/N	2	1155-1156	Refer to Family Member 1	
94	FEHB Family SSN (4)	Refer to family member 1 for values & edits	N	9	1157-1165	Refer to Family Member 1	
95	FEHB Family Other Insurance Indicator (4)	Refer to family member 1 for values & edits	Y	1	1166-1166	Refer to Family Member 1	
96	FEHB Family Medicare Indicator (4)	Refer to family member 1 for values & edits	Y/N	1	1167-1167	Refer to Family Member 1	
97	FEHB Family Medicare-A (4)	Refer to family member 1 for values & edits	Y/N	1	1168-1168	Refer to Family Member 1	
98	FEHB Family Medicare-B (4)	Refer to family member 1 for values & edits	Y/N	1	1169-1169	Refer to Family Member 1	
99	FEHB Family TRICARE (including CHAMPUS) Indicator (4)	Refer to family member 1 for values & edits	Y/N	1	1170-1170	Refer to Family Member 1	
100	FEHB Family Other Insurance Name (4)	Refer to family member 1 for values & edits	Y/N	35	1171-1205	Refer to Family Member 1	
101	FEHB Family Other Insurance Policy Number (4)	Refer to family member 1 for values & edits	Y/N	30	1206-1235	Refer to Family Member 1	
102	FEHB Family Home Street 1 (4) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	1236-1270	Refer to Family Member 1	
103	FEHB Family Home Street 2 (4) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	1271-1305	Refer to Family Member 1	
104	FEHB Family Home Street 3 (4) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	1306-1340	Refer to Family Member 1	
105	FEHB Family Home City (4) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	1341-1363	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
106	FEHB Family Home State Abbreviation (4) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	1364-1365	Refer to Family Member 1	
107	FEHB Family Home Zip (4) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	1366-1376	Refer to Family Member 1	
108	FEHB Family Foreign / OverSeas Address Indicator (4)	Refer to family member 1 for values & edits	Y/N	1	1377-1377	Refer to Family Member 1	
109	FEHB Family Member Last Name (5)	Refer to family member 1 for values & edits	Y/N	20	1378-1397	Refer to Family Member 1	
110	FEHB Family Member First Name (5)	Refer to family member 1 for values & edits	Y/N	14	1398-1411	Refer to Family Member 1	
111	FEHB Family Member Middle Initial (5)	Refer to family member 1 for values & edits	Y/N	1	1412-1412	Refer to Family Member 1	
112	FEHB Family DOB (5)	Refer to family member 1 for values & edits	Y/N	8	1413-1420	Refer to Family Member 1	
113	FEHB Family Gender Code (5)	Refer to family member 1 for values & edits	Y/N	1	1421-1421	Refer to Family Member 1	
114	FEHB Family Relationship 5	Refer to family member 1 for values & edits	Y/N	2	1422-1423	Refer to Family Member 1	
115	FEHB Family SSN (5)	Refer to family member 1 for values & edits	N	9	1424-1432	Refer to Family Member 1	
116	FEHB Family Other Insurance Indicator (5)	Refer to family member 1 for values & edits	Y/N	1	1433-1433	Refer to Family Member 1	
117	FEHB Family Medicare Indicator (5)	Refer to family member 1 for values & edits	Y/N	1	1434-1434	Refer to Family Member 1	
118	FEHB Family Medicare-A (5)	Refer to family member 1 for values & edits	Y/N	1	1435-1435	Refer to Family Member 1	
119	FEHB Family Medicare-B (5)	Refer to family member 1 for values & edits	Y/N	1	1436-1436	Refer to Family Member 1	
120	FEHB Family TRICARE (including CHAMPUS) Indicator (5)	Refer to family member 1 for values & edits	Y/N	1	1437-1437	Refer to Family Member 1	
121	FEHB Family Other Insurance Name (5)	Refer to family member 1 for values & edits	Y/N	35	1438-1472	Refer to Family Member 1	
122	FEHB Family Other Insurance Policy Number (5)	Refer to family member 1 for values & edits	Y/N	30	1473-1502	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
123	FEHB Family Home Street 1 (5) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	1503-1537	Refer to Family Member 1	
124	FEHB Family Home Street 2 (5) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	1538-1572	Refer to Family Member 1	
125	FEHB Family Home Street 3 (5) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	1573-1607	Refer to Family Member 1	
126	FEHB Family Home City (5) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	1608-1630	Refer to Family Member 1	
127	FEHB Family Home State Abbreviation (5) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	1631-1632	Refer to Family Member 1	
128	FEHB Family Home Zip (5) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	1633-1643	Refer to Family Member 1	
129	FEHB Family Foreign / OverSeas Address Indicator (5)	Refer to family member 1 for values & edits	Y/N	1	1644-1644	Refer to Family Member 1	
130	FEHB Family Member Last Name (6)	Refer to family member 1 for values & edits	Y/N	20	1645-1664	Refer to Family Member 1	
131	FEHB Family Member First Name (6)	Refer to family member 1 for values & edits	Y/N	14	1665-1678	Refer to Family Member 1	
132	FEHB Family Member Middle Initial (6)	Refer to family member 1 for values & edits	Y/N	1	1679-1679	Refer to Family Member 1	
133	FEHB Family DOB (6)	Refer to family member 1 for values & edits	Y/N	8	1680-1687	Refer to Family Member 1	
134	FEHB Family Gender Code (6)	Refer to family member 1 for values & edits	Y/N	1	1688-1688	Refer to Family Member 1	
135	FEHB Family Relationship (6)	Refer to family member 1 for values & edits	Y/N	2	1689-1690	Refer to Family Member 1	
136	FEHB Family SSN (6)	Refer to family member 1 for values & edits	N	9	1691-1699	Refer to Family Member 1	
137	FEHB Family Other Insurance Indicator (6)	Refer to family member 1 for values & edits	Y/N	1	1700-1700	Refer to Family Member 1	
138	FEHB Family Medicare Indicator (6)	Refer to family member 1 for values & edits	Y/N	1	1701-1701	Refer to Family Member 1	
139	FEHB Family Medicare-A (6)	Refer to family member 1 for values & edits	Y/N	1	1702-1702	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
140	FEHB Family Medicare-B (6)	Refer to family member 1 for values & edits	Y/N	1	1703-1703	Refer to Family Member 1	
141	FEHB Family TRICARE (including CHAMPUS) Indicator (6)	Refer to family member 1 for values & edits	Y/N	1	1704-1704	Refer to Family Member 1	
142	FEHB Family Other Insurance Name (6)	Refer to family member 1 for values & edits	Y/N	35	1705-1739	Refer to Family Member 1	
143	FEHB Family Other Insurance Policy Number (6)	Refer to family member 1 for values & edits	Y/N	30	1740-1769	Refer to Family Member 1	
144	FEHB Family Home Street 1 (6) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	1770-1804	Refer to Family Member 1	
145	FEHB Family Home Street 2 (6) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	1805-1839	Refer to Family Member 1	
146	FEHB Family Home Street 3 (6) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	1840-1874	Refer to Family Member 1	
147	FEHB Family Home City (6) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	1875-1897	Refer to Family Member 1	
148	FEHB Family Home State Abbreviation (6) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	1898-1899	Refer to Family Member 1	
149	FEHB Family Home Zip (6) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	1900-1910	Refer to Family Member 1	
150	FEHB Family Foreign / OverSeas Address Indicator (6)	Refer to family member 1 for values & edits	Y/N	1	1911-1911	Refer to Family Member 1	
151	FEHB Family Member Last Name (7)	Refer to family member 1 for values & edits	Y/N	20	1912-1931	Refer to Family Member 1	
152	FEHB Family Member First Name (7)	Refer to family member 1 for values & edits	Y/N	14	1932-1945	Refer to Family Member 1	
153	FEHB Family Member Middle Initial (7)	Refer to family member 1 for values & edits	Y/N	1	1946-1946	Refer to Family Member 1	
154	FEHB Family DOB (7)	Refer to family member 1 for values & edits	Y/N	8	1947-1954	Refer to Family Member 1	
155	FEHB Family Gender Code (7)	Refer to family member 1 for values & edits	Y/N	1	1955-1955	Refer to Family Member 1	
156	FEHB Family Relationship (7)	Refer to family member 1 for values & edits	Y/N	2	1956-1957	Refer to Family Member 1	
157	FEHB Family SSN (7)	Refer to family member 1 for values & edits	N	9	1958-1966	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
158	FEHB Family Other Insurance Indicator (7)	Refer to family member 1 for values & edits	Y/N	1	1967-1967	Refer to Family Member 1	
159	FEHB Family Medicare Indicator (7)	Refer to family member 1 for values & edits	Y/N	1	1968-1968	Refer to Family Member 1	
160	FEHB Family Medicare–A (7)	Refer to family member 1 for values & edits	Y/N	1	1969-1969	Refer to Family Member 1	
161	FEHB Family Medicare–B (7)	Refer to family member 1 for values & edits	Y/N	1	1970-1970	Refer to Family Member 1	
162	FEHB Family TRICARE (including CHAMPUS) Indicator (7)	Refer to family member 1 for values & edits	Y/N	1	1971-1971	Refer to Family Member 1	
163	FEHB Family Other Insurance Name (7)	Refer to family member 1 for values & edits	Y/N	35	1972-2006	Refer to Family Member 1	
164	FEHB Family Other Insurance Policy Number (7)	Refer to family member 1 for values & edits	Y/N	30	2007-2036	Refer to Family Member 1	
165	FEHB Family Home Street 1 (7) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	2037-2071	Refer to Family Member 1	
166	FEHB Family Home Street 2 (7) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	2072-2106	Refer to Family Member 1	
167	FEHB Family Home Street 3 (7) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	2107-2141	Refer to Family Member 1	
168	FEHB Family Home City (7) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	2142-2164	Refer to Family Member 1	
169	FEHB Family Home State Abbreviation (7) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	2165-2166	Refer to Family Member 1	
170	FEHB Family Home Zip (7) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	2167-2177	Refer to Family Member 1	
171	FEHB Family Foreign / OverSeas Address Indicator (7)	Refer to family member 1 for values & edits	Y/N	1	2178-2178	Refer to Family Member 1	
172	FEHB Family Member Last Name (8)	Refer to family member 1 for values & edits	Y/N	20	2179-2198	Refer to Family Member 1	
173	FEHB Family Member First Name (8)	Refer to family member 1 for values & edits	Y/N	14	2199-2212	Refer to Family Member 1	
174	FEHB Family Member Middle Initial (8)	Refer to family member 1 for values & edits	Y/N	1	2213-2213	Refer to Family Member 1	
175	FEHB Family DOB (8)	Refer to family member 1 for values & edits	Y/N	8	2214-2221	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
176	FEHB Family Gender Code (8)	Refer to family member 1 for values & edits	Y/N	1	2222-2222	Refer to Family Member 1	
177	FEHB Family Relationship (8)	Refer to family member 1 for values & edits	Y/N	2	2223-2224	Refer to Family Member 1	
178	FEHB Family SSN (8)	Refer to family member 1 for values & edits	N	9	2225-2233	Refer to Family Member 1	
179	FEHB Family Other Insurance Indicator (8)	Refer to family member 1 for values & edits	Y/N	1	2234-2234	Refer to Family Member 1	
180	FEHB Family Medicare Indicator (8)	Refer to family member 1 for values & edits	Y/N	1	2235-2235	Refer to Family Member 1	
181	FEHB Family Medicare–A (8)	Refer to family member 1 for values & edits	Y/N	1	2236-2236	Refer to Family Member 1	
182	FEHB Family Medicare–B (8)	Refer to family member 1 for values & edits	Y/N	1	2237-2237	Refer to Family Member 1	
183	FEHB Family TRICARE (including CHAMPUS) Indicator (8)	Refer to family member 1 for values & edits	Y/N	1	2238-2238	Refer to Family Member 1	
184	FEHB Family Other Insurance Name (8)	Refer to family member 1 for values & edits	Y/N	35	2239-2273	Refer to Family Member 1	
185	FEHB Family Other Insurance Policy Number (8)	Refer to family member 1 for values & edits	Y/N	30	2274-2303	Refer to Family Member 1	
186	FEHB Family Home Street 1 (8) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	2304-2338	Refer to Family Member 1	
187	FEHB Family Home Street 2 (8) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	2339-2373	Refer to Family Member 1	
188	FEHB Family Home Street 3 (8) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	2374-2408	Refer to Family Member 1	
189	FEHB Family Home City (8) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	2409-2431	Refer to Family Member 1	
190	FEHB Family Home State Abbreviation (8) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	2432-2433	Refer to Family Member 1	
191	FEHB Family Home Zip (8) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	2434-2444	Refer to Family Member 1	
192	FEHB Family Foreign / OverSeas Address Indicator (8)	Refer to family member 1 for values & edits	Y/N	1	2445-2445	Refer to Family Member 1	
193	FEHB Family Member Last Name (9)	Refer to family member 1 for values & edits	Y/N	20	2446-2465	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
194	FEHB Family Member First Name (9)	Refer to family member 1 for values & edits	Y/N	14	2466-2479	Refer to Family Member 1	
195	FEHB Family Member Middle Initial (9)	Refer to family member 1 for values & edits	Y/N	1	2480-2480	Refer to Family Member 1	
196	FEHB Family DOB (9)	Refer to family member 1 for values & edits	Y/N	8	2481-2488	Refer to Family Member 1	
197	FEHB Family Gender Code (9)	Refer to family member 1 for values & edits	Y/N	1	2489-2489	Refer to Family Member 1	
198	FEHB Family Relationship (9)	Refer to family member 1 for values & edits	Y/N	2	2490-2491	Refer to Family Member 1	
199	FEHB Family SSN (9)	Refer to family member 1 for values & edits	N	9	2492-2500	Refer to Family Member 1	
200	FEHB Family Other Insurance Indicator (9)	Refer to family member 1 for values & edits	Y/N	1	2501-2501	Refer to Family Member 1	
201	FEHB Family Medicare Indicator (9)	Refer to family member 1 for values & edits	Y/N	1	2502-2502	Refer to Family Member 1	
202	FEHB Family Medicare–A (9)	Refer to family member 1 for values & edits	Y/N	1	2503-2503	Refer to Family Member 1	
203	FEHB Family Medicare–B (9)	Refer to family member 1 for values & edits	Y/N	1	2504-2504	Refer to Family Member 1	
204	FEHB Family TRICARE (including CHAMPUS) Indicator (9)	Refer to family member 1 for values & edits	Y/N	1	2505-2505	Refer to Family Member 1	
205	FEHB Family Other Insurance Name (9)	Refer to family member 1 for values & edits	Y/N	35	2506-2540	Refer to Family Member 1	
206	FEHB Family Other Insurance Policy Number (9)	Refer to family member 1 for values & edits	Y/N	30	2541-2570	Refer to Family Member 1	
207	FEHB Family Home Street 1 (9) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	2571-2605	Refer to Family Member 1	
208	FEHB Family Home Street 2 (9) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	2606-2640	Refer to Family Member 1	
209	FEHB Family Home Street 3 (9) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	2641-2675	Refer to Family Member 1	
210	FEHB Family Home City (9) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	2676-2698	Refer to Family Member 1	
211	FEHB Family Home State Abbreviation (9) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	2699-2700	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
212	FEHB Family Home Zip (9) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	2701-2711	Refer to Family Member 1	
213	FEHB Family Foreign / OverSeas Address Indicator (9)	Refer to family member 1 for values & edits	Y/N	1	2712-2712	Refer to Family Member 1	
214	FEHB Family Member Last Name (10)	Refer to family member 1 for values & edits	Y/N	20	2713-2732	Refer to Family Member 1	
215	FEHB Family Member First Name (10)	Refer to family member 1 for values & edits	Y/N	14	2733-2746	Refer to Family Member 1	
216	FEHB Family Member Middle Initial (10)	Refer to family member 1 for values & edits	Y/N	1	2747-2747	Refer to Family Member 1	
217	FEHB Family DOB (10)	Refer to family member 1 for values & edits	Y/N	8	2748-2755	Refer to Family Member 1	
218	FEHB Family Gender Code (10)	Refer to family member 1 for values & edits	Y/N	1	2756-2756	Refer to Family Member 1	
219	FEHB Family Relationship (10)	Refer to family member 1 for values & edits	Y/N	2	2757-2758	Refer to Family Member 1	
220	FEHB Family SSN (10)	Refer to family member 1 for values & edits	N	9	2759-2767	Refer to Family Member 1	
221	FEHB Family Other Insurance Indicator (10)	Refer to family member 1 for values & edits	Y/N	1	2768-2768	Refer to Family Member 1	
222	FEHB Family Medicare Indicator (10)	Refer to family member 1 for values & edits	Y/N	1	2769-2769	Refer to Family Member 1	
223	FEHB Family Medicare–A (10)	Refer to family member 1 for values & edits	Y/N	1	2770-2770	Refer to Family Member 1	
224	FEHB Family Medicare–B (10)	Refer to family member 1 for values & edits	Y/N	1	2771-2771	Refer to Family Member 1	
225	FEHB Family TRICARE (including CHAMPUS) Indicator (10)	Refer to family member 1 for values & edits	Y/N	1	2772-2772	Refer to Family Member 1	
226	FEHB Family Other Insurance Name (10)	Refer to family member 1 for values & edits	Y/N	35	2773-2807	Refer to Family Member 1	
227	FEHB Family Other Insurance Policy Number (10)	Refer to family member 1 for values & edits	Y/N	30	2808-2837	Refer to Family Member 1	
228	FEHB Family Home Street 1 (10) <i>If Foreign, Foreign Street 1</i>	Refer to family member 1 for values & edits	Y/N	35	2838-2872	Refer to Family Member 1	
229	FEHB Family Home Street 2 (10) <i>If Foreign, Foreign Street 2</i>	Refer to family member 1 for values & edits	Y/N	35	2873-2907	Refer to Family Member 1	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
230	FEHB Family Home Street 3 (10) <i>If Foreign, Foreign Street 3</i>	Refer to family member 1 for values & edits	Y/N	35	2908-2942	Refer to Family Member 1	
231	FEHB Family Home City (10) <i>If Foreign, Foreign City Name</i>	Refer to family member 1 for values & edits	Y/N	23	2943-2965	Refer to Family Member 1	
232	FEHB Family Home State Abbreviation (10) <i>If Foreign, Country Code</i>	Refer to family member 1 for values & edits	Y/N	2	2966-2967	Refer to Family Member 1	
233	FEHB Family Home Zip (10) <i>If Foreign, Foreign Postal Code</i>	Refer to family member 1 for values & edits	Y/N	11	2968-2978	Refer to Family Member 1	
234	FEHB Family Foreign / OverSeas Address Indicator (10)	Refer to family member 1 for values & edits	Y/N	1	2979-2979	Refer to Family Member 1	
235	FEHB Present Enrollment Code	Values: FEHB enrollment code the employee or annuitant is currently enrolled in Edits: Blank for Starts Edits: REQUIRED valid code for Stops, Changes Example: 451	Y	3	2980-2982	Loop 2300 HD04, 1204, Pg. 141 Second 10 bytes. Pad left with zeroes. Will be the second element in the free form field.	Must be PRESENT when (Nature of Transaction = "STOP") OR (Nature of Transaction = "CHANGE")
236	FEHB Event Code	Values: Blank, 1B, 2A, 1C etc. depending on the time of year and type of action Edits: Refer to current FEHB documentation for various Event Codes, and see the Field Descriptions in this document for more details	Y	2	2983-2984	Loop 2300 HD04, 1204, Pg. 141 Will be the third element in the free form field.	
237	Premium Effective Date @ Used by Agency Payroll systems or Annuitants	Values: The date Payroll or Annuity Deduction changes take effect. Edits: MMDDYYYY Example: 01112004	Y	8	2985-2992	Will not map.	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
238	Coverage Effective Date @ Used by Carriers	Values: The date the requested Coverage changes take effect Edits: MMDDYYYY Example: 01112004	Y	8	2993-3000	<p>START: Loop 2300 DTP01, 374, Pg. 143/144 = '348' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>CHANGE-Gaining Carrier Loop 2300 DTP01, 374, Pg. 143/144 = '348' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>CHANGE-Losing Carrier Loop 2300 DTP01, 374, Pg. 143/144 = '349' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>CHANGE-Within a Plan: Loop 2300 DTP01, 374, Pg. 143/144 = '303' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p> <p>STOP: Loop 2300 DTP01, 374, Pg. 143/144 = '349' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyymmdd</p>	REJECT if not present or invalid date

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
238 Cont.	Coverage Effective Date @ Used by Carriers	Continued				**INFORMATIONAL ONLY (I/O): Main Subscriber: Loop 2300 DTP01, 374, Pg. 143/144 = '303' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyyymmdd **I/O Only TERM Dependent: Loop 2300 DTP01, 374, Pg. 143/144 = '349' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyyymmdd **I/O Only ADD Dependent: Loop 2300 DTP01, 374, Pg. 143/144 = '348' DTP02, 1250, Pg. 144 = 'D8' DTP03, 1251, Pg. 144 = ccyyymmdd	
239	Date of Action	Values: The date of this election Edits: MMDDYYYY Example: 12012003	Y	8	3001-3008	Loop 2000 DTP01, 374, Pg. 59 = '300' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 60 = ccyyymmdd	
240	Time of Action	Values: The time of this election Edits: HHMMSS, 24 hour time Example: 162206	Y	6	3009-3014	Will not map.	
241	CPDF Agency Code	Values: Valid Federal CPDF code for the agency the employee is serviced by. Edits: Annuitants ONLY will pass 0000 Example: OM00 for OPM employees	Y	4	3015-3018	Will not map.	
242	Personnel Office ID	Values: Valid Federal Personnel Office ID Edits: Annuitants ONLY will pass 24900002	Y	8	3019-3026	Loop 2000 REF01, 128, Pg. 57/58 = '17' REF02, 127, P. 58	Sent only in Subscriber loop. Will not be sent in Dependent loops.

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
243	Payroll Office Number	Values: Valid Federal Payroll Office Number Edits: Annuitants ONLY will pass 24900002 for all actions.	Y	8	3027-3034	Loop 2000 REF01, 128, Pg. 57/58 = 'DX' REF02, 127, Pg. 58	Sent in Subscriber AND Dependent loops. REJECT if not present
244	Annuity Claim Number	Values: Valid Annuitant Claim Number Edits: REQUIRED for annuitants Only Edits: All other agencies, blank	Y/N	9	3035-3043	Loop 2000 REF01, 128, Pg. 57/58 = '23' REF02, 127, Pg. 58	Sent only in Subscriber loop. Will not be sent in Dependent loops. Must be PRESENT when Report# = AGOPM
245	HB Identification Number	Values: SSN of the original enrollee in this FEHB plan Edits: REQUIRED for annuitants Only Edits: All other agencies, blank	Y/N	9	3044-3052	Loop 2000 REF01, 128, Pg. 57/58 = '6O' REF02, 127, Pg. 58	Sent only in Subscriber loop. Will not be sent in Dependent loops. Must be PRESENT when Report# = AGOPM
246	Foreign/OverSeas Address Indicator	Values: Y/N Edits: Y indicates that the employee has a foreign home address (not an APO/FPO address). Edits: N indicates that the employee has a US address, which includes APO/FPO addresses and US Territories.	Y/N	1	3053-3053	Will not map	If blank, assume a "N"
247	Report Number	Values: Agencies leave blank, further descriptions included in the Field Descriptions portion of this document Edits: Generated by OPM-Macon	N	15	3054-3068	Loop 2000 REF01, 128, Pg. 146/147 = 'ZZ' REF02, 127, Pg. 147	Sent only in Subscriber loop. Will not be sent in Dependent loops.
248	Original Employee Last Name	Values: Used <u>ONLY</u> by DPRS Edits: No punctuation Example: JOHNSON JR Justification: LEFT	N	20	3069-3088	Loop 2100G NM101, 98, Pg. 123/124 = 'QD' NM102, 1065, Pg. 124 = 'I' NM103, 1035, Pg. 124 Responsible Person Loop for person in Field #3-#5	Sent in Subscriber AND Dependent loops.
249	Original Employee First Name	Values: Used <u>ONLY</u> by DPRS Edits: No punctuation Example: WILLIAM Justification: LEFT	N	15	3089-3103	Loop 2100G NM104, 1036, Pg. 124	Sent in Subscriber AND Dependent loops.
250	Original Employee Middle Initial	Values: Used <u>ONLY</u> by DPRS Edits: No punctuation Example: R	N	1	3104-3104	Loop 2100G NM105, 1037, Pg. 124	Sent in Subscriber AND Dependent loops.

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
251	Original Employee Social Security Number	Values: Used <u>ONLY</u> by DPRS Edits: No dashes Example: 123456789	N	9	3105-3113	Loop 2100G NM108, 66, Pg. 125 = '34' NM109, 67, Pg. 125	Sent in Subscriber AND Dependent loops.
252	Expiration Date	Values: Used <u>ONLY</u> by DPRS Values: '12319999' for Spouse Equity Values: 'mmddyyyy' for Temporary Continuation of Coverage (TCC) Edits: MMDDYYYY Example: 05032004	N	8	3114-3121	Loop 2000 DTP01, 374, Pg. 59 = '357' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 61 = ccyyymmdd Map for person in Fields #3-#5	REJECT if not present <u>AND</u> Payroll Office Number (field #243) = '24777777' Sent in Subscriber AND Dependent loops.
253	Medicare-D Indicator Employee (i.e. Main Subscriber)	Values: Y/N Edits: Indicates if the employee has Medicare Part-D Edits: REQUIRED if FEHB Other Insurance Indicator (field #15) is Y Edits: If OTHER INSURANCE INDICATOR is "N", then populate with "N"	Y	1	3122	Loop 2300 REF01, 128, Pg. 146/147 = 'ZZ' REF02, 127, Pg. 147 = 'D'	
254	Medicare Beneficiary Identifier (MBI) Employee (i.e. Main Subscriber)	Values: Medicare Beneficiary Identifier (MBI) found on person's Medicare Card Edits: Alphanumeric only Edits: No special characters	N	14	3123-3136	Loop 2000 REF01, 128, Pg. 57/58 = 'F6' REF02, 127, Pg. 58	
255	Email Address Employee (i.e. Main Subscriber)	Values: Valid email address	N	154	3137-3290	Loop 2100A PER01, 366, Pg. 66 = 'IP' PER03, 365, Pg. 66 = 'EM' PER04, 364, Pg. 66 OR PER05, 365, Pg. 66 = 'EM' PER06, 364, Pg. 67	If Preferred Telephone also exists, then Email Address will be in PER05/PER06; otherwise will be in PER03/PER04.
256	FEHB Family Medicare-D (Dependent 1)	Values: Y/N Edits: Indicates if Dependent #1 has Medicare Part-D Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y Edits: If FEHB FAMILY OTHER INSURANCE INDICATOR (1) (field #31) is "N", then populate with "N" Edits: <i>If family member 1 is used, REQUIRED for family coverage</i>	Y/N	1	3291	Loop 2300 REF01, 128, Pg. 146/147 = 'ZZ' REF02, 127, Pg. 147 = 'D'	
257	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 1)	Values: Medicare Beneficiary Identifier found on person's Medicare Card Edits: Alphanumeric only Edits: No special characters	N	14	3292-3305	Loop 2000 REF01, 128, Pg. 57/58 = 'F6' REF02, 127, Pg. 58	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
258	FEHB Family Preferred Telephone Number (Dependent 1)	Edits: Empty or 17 digits Edits: Employee's preferred phone number Values: 0 – 9 Example: 4787442286(Pad Right with Spaces)	N	17	3306-3322	Loop 2100A PER01, 366, Pg. 66 = 'IP' PER03, 365, Pg. 66 = 'TE' PER04, 364, Pg. 66	
259	FEHB Family Email Address (Dependent 1)	Values: Valid email address	N	154	3323-3476	Loop 2100A PER01, 366, Pg. 66 = 'IP' PER03, 365, Pg. 66 = 'EM' PER04, 364, Pg. 66 OR PER05, 365, Pg. 66 = 'EM' PER06, 364, Pg. 67	If Preferred Telephone also exists, then Email Address will be in PER05/PER06; otherwise will be in PER03/PER04.
260	FEHB Family Medicare–D (Dependent 2)	Refer to fields #256 through #259 for values and edits	Y/N	1	3477	Refer to Family Member 1 (field #256)	
261	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 2)	Refer to fields #256 through #259 for values and edits	N	14	3478-3491	Refer to Family Member 1 (field #257)	
262	FEHB Family Preferred Telephone Number (Dependent 2)	Refer to fields #256 through #259 for values and edits	N	17	3492-3508	Refer to Family Member 1 (field #258)	
263	FEHB Family Email Address (Dependent 2)	Refer to fields #256 through #259 for values and edits	N	154	3509-3662	Refer to Family Member 1 (field #259)	
264	FEHB Family Medicare–D (Dependent 3)	Refer to fields #256 through #259 for values and edits	Y/N	1	3663	Refer to Family Member 1 (field #256)	
265	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 3)	Refer to fields #256 through #259 for values and edits	N	14	3664-3677	Refer to Family Member 1 (field #257)	
266	FEHB Family Preferred Telephone Number (Dependent 3)	Refer to fields #256 through #259 for values and edits	N	17	3678-3694	Refer to Family Member 1 (field #258)	
267	FEHB Family Email Address (Dependent 3)	Refer to fields #256 through #259 for values and edits	N	154	3695-3848	Refer to Family Member 1 (field #259)	
268	FEHB Family Medicare–D (Dependent 4)	Refer to fields #256 through #259 for values and edits	Y/N	1	3849	Refer to Family Member 1 (field #256)	
269	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 4)	Refer to fields #256 through #259 for values and edits	N	14	3850-3863	Refer to Family Member 1 (field #257)	
270	FEHB Family Preferred Telephone Number (Dependent 4)	Refer to fields #256 through #259 for values and edits	N	17	3864-3880	Refer to Family Member 1 (field #258)	
271	FEHB Family Email Address (Dependent 4)	Refer to fields #256 through #259 for values and edits	N	154	3881-4034	Refer to Family Member 1 (field #259)	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
272	FEHB Family Medicare–D (Dependent 5)	Refer to fields #256 through #259 for values and edits	Y/N	1	4035	Refer to Family Member 1 (field #256)	
273	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 5)	Refer to fields #256 through #259 for values and edits	N	14	4036-4049	Refer to Family Member 1 (field #257)	
274	FEHB Family Preferred Telephone Number (Dependent 5)	Refer to fields #256 through #259 for values and edits	N	17	4050-4066	Refer to Family Member 1 (field #258)	
275	FEHB Family Email Address (Dependent 5)	Refer to fields #256 through #259 for values and edits	N	154	4067-4220	Refer to Family Member 1 (field #259)	
276	FEHB Family Medicare–D (Dependent 6)	Refer to fields #256 through #259 for values and edits	Y/N	1	4221	Refer to Family Member 1 (field #256)	
277	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 6)	Refer to fields #256 through #259 for values and edits	N	14	4222-4235	Refer to Family Member 1 (field #257)	
278	FEHB Family Preferred Telephone Number (Dependent 6)	Refer to fields #256 through #259 for values and edits	N	17	4236-4252	Refer to Family Member 1 (field #258)	
279	FEHB Family Email Address (Dependent 6)	Refer to fields #256 through #259 for values and edits	N	154	4253-4406	Refer to Family Member 1 (field #259)	
280	FEHB Family Medicare–D (Dependent 7)	Refer to fields #256 through #259 for values and edits	Y/N	1	4407	Refer to Family Member 1 (field #256)	
281	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 7)	Refer to fields #256 through #259 for values and edits	N	14	4408-4421	Refer to Family Member 1 (field #257)	
282	FEHB Family Preferred Telephone Number (Dependent 7)	Refer to fields #256 through #259 for values and edits	N	17	4422-4438	Refer to Family Member 1 (field #258)	
283	FEHB Family Email Address (Dependent 7)	Refer to fields #256 through #259 for values and edits	N	154	4439-4592	Refer to Family Member 1 (field #259)	
284	FEHB Family Medicare–D (Dependent 8)	Refer to fields #256 through #259 for values and edits	Y/N	1	4593	Refer to Family Member 1 (field #256)	
285	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 8)	Refer to fields #256 through #259 for values and edits	N	14	4594-4607	Refer to Family Member 1 (field #257)	
286	FEHB Family Preferred Telephone Number (Dependent 8)	Refer to fields #256 through #259 for values and edits	N	17	4608-4624	Refer to Family Member 1 (field #258)	
287	FEHB Family Email Address (Dependent 8)	Refer to fields #256 through #259 for values and edits	N	154	4625-4778	Refer to Family Member 1 (field #259)	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
288	FEHB Family Medicare–D (Dependent 9)	Refer to fields #256 through #259 for values and edits	Y/N	1	4779	Refer to Family Member 1 (field #256)	
289	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 9)	Refer to fields #256 through #259 for values and edits	N	14	4780-4793	Refer to Family Member 1 (field #257)	
290	FEHB Family Preferred Telephone Number (Dependent 9)	Refer to fields #256 through #259 for values and edits	N	17	4794-4810	Refer to Family Member 1 (field #258)	
291	FEHB Family Email Address (Dependent 9)	Refer to fields #256 through #259 for values and edits	N	154	4811-4964	Refer to Family Member 1 (field #259)	
292	FEHB Family Medicare–D (Dependent 10)	Refer to fields #256 through #259 for values and edits	Y/N	1	4965	Refer to Family Member 1 (field #256)	
293	FEHB Family Medicare Beneficiary Identifier (MBI) (Dependent 10)	Refer to fields #256 through #259 for values and edits	N	14	4966-4979	Refer to Family Member 1 (field #257)	
294	FEHB Family Preferred Telephone Number (Dependent 10)	Refer to fields #256 through #259 for values and edits	N	17	4980-4996	Refer to Family Member 1 (field #258)	
295	FEHB Family Email Address (Dependent 10)	Refer to fields #256 through #259 for values and edits	N	154	4997-5150	Refer to Family Member 1 (field #259)	
296	Informational Only SF 2809 Indicator**	Values: Y/N Edits: Indicates if the SF 2809 transaction is an Informational Only type action	N	1	5151	Will not map.	
297	Dependent #1 Add/Term Indicator**	Values: “A” for Add, “T” for Termination Edits: Required if a Dependent is to be added or termed and Informational Only SF 2809 Indicator = ‘Y’; leave blank if the transaction is not an Informational Only SF 2809.	Y/N	1	5152	Will not map.	
298	Dependent #1 Effective Date**	Values: The date the requested Coverage changes take effect specific to this Dependent. Edits: MMDDYYYY Edits: Required if 1) a Dependent is to be added or termed and Informational Only SF 2809 Indicator = ‘Y’ OR 2) a Dependent’s Name and/or DOB is being corrected and Dependent Name/DOB Correction SF 2809 Indicator = ‘Y’ Example: 03282021	Y/N	8	5153-5160	TERM: Loop 2300 DTP01, 374, Pg. 143/144 = ‘349’ DTP02, 1250, Pg. 144 = ‘D8’ DTP03, 1251, Pg. 144 = ccyyymmdd ADD: Loop 2300 DTP01, 374, Pg. 143/144 = ‘348’ DTP02, 1250, Pg. 144 = ‘D8’ DTP03, 1251, Pg. 144 = ccyyymmdd	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
299	Dependent #2 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5161	Will not map.	
300	Dependent #2 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5162-5169	Refer to Dependent #1 Effective Date (field #298)	
301	Dependent #3 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5170	Will not map.	
302	Dependent #3 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5171-5178	Refer to Dependent #1 Effective Date (field #298)	
303	Dependent #4 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5179	Will not map.	
304	Dependent #4 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5180-5187	Refer to Dependent #1 Effective Date (field #298)	
305	Dependent #5 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5188	Will not map.	
306	Dependent #5 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5189-5196	Refer to Dependent #1 Effective Date (field #298)	
307	Dependent #6 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5197	Will not map.	
308	Dependent #6 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5198-5205	Refer to Dependent #1 Effective Date (field #298)	
309	Dependent #7 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5206	Will not map.	
310	Dependent #7 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5207-5214	Refer to Dependent #1 Effective Date (field #298)	
311	Dependent #8 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5215	Will not map.	
312	Dependent #8 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5216-5223	Refer to Dependent #1 Effective Date (field #298)	
313	Dependent #9 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5224	Will not map.	
314	Dependent #9 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5225-5232	Refer to Dependent #1 Effective Date (field #298)	
315	Dependent #10 Add/Term Indicator**	Refer to field #297 for values and edits	Y/N	1	5233	Will not map.	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
316	Dependent #10 Effective Date**	Refer to field #298 for values and edits	Y/N	8	5234-5241	Refer to Dependent #1 Effective Date (field #298)	
317	Dependent Name/DOB Correction SF 2809 Indicator**	Values: Y/N Edits: Indicates if the SF 2809 transaction is a Dependent Name and/or DOB Correction type action	N	1	5242	Will not map.	

Required 834 fields not specific to the flat file FEHB Data-Hub SF 2809 layout

Sponsor Name (Loop 1000A)

N101, 98, Pg. 39 = 'P5'

N103, 66, Pg. 40 = '94'

N104, 67, Pg. 40 = 'AGENCY'

Payer (Loop 1000B)

N101, 98, Pg. 41 = 'IN'

N103, 93, Pg. 42 = 'FI'

N104, 93, Pg. 42 = FEHB Carriers' Federal Taxpayer ID will be cross walked between the FEHB carrier code and their Federal Taxpayer ID

MISCELLANEOUS

Member Level Detail (Loop 2000)

Benefit Status Code - INS05, 1216, Pg. 51 = 'A' (Active)

Employment Status Code - INS08, 584, Pg. 52/53

'FT' = Full-Time (All records except 'AGOPM' records)

'RT' = Retired (Report field 'AGOPM' records)

'RT' = Retired (If Payroll Office ID = '24900003' or '24900002')

Member Policy Number

REF01, 128, Pg. 56 = '1L'

REF02, 127, Pg. 56 = 'FEHB'

Mapping of FEHB Data-Hub SF 2809 Nature of Transaction Field to the 834

The OLD FORMAT is listed in the first two columns. The 834 FORMAT is listed in the columns labeled INS03, INS04, HD01, HD03, and HD04.

Transmission	Nature of Transaction	INS03	INS04	HD01	HD03	HD04
<i>Start</i>	An individual not previously enrolled, enrolls. The plan he/she selects receives a <i>Start</i> transmission.	021	28	021	HLT	Enrollment Codes & Event Code
<i>Change-Gaining Carrier</i>	A subscriber enrolled in one plan, for example BC/BS, changes to another plan, for example Aetna. Aetna, as the gaining plan, receives a <i>Change</i> transmission.	021	22	021	HLT	Enrollment Codes & Event Code
<i>Change-Losing Carrier</i>	A subscriber enrolled in one plan (BC/BS) changes to another plan (Aetna). BC/BS, as the losing plan, receives a <i>Change</i> transmission.	024	22	024	HLT	Enrollment Codes & Event Code
<i>Change-Within a Plan</i>	A subscriber changes his/her enrollment type (e.g., self to self plus one or self and family or vice versa) or plan option (e.g., high to standard or vice versa) within a plan.	001	29	001	HLT	Enrollment Codes & Event Code
<i>Stop</i>	A subscriber cancels his enrollment. The plan he/she was enrolled in receives a <i>Stop</i> transmission.	024	14	024	HLT	000000000 <i>(10 zeroes)</i> & Losing Code & Event Code

Coding Constants: HD03 will always be “HLT”

HD04 will always include 10 characters for the Gaining Carrier, 10 characters for the Losing Carrier and 2 characters for the Event Code. This would also allow for expanse of enrollment code.

- Exception to above: In *Stop*, HD04 will be 10 zeroes (000000000), the Losing Carrier Code, and then the Event Code, if provided.