

Federal Employees Health Benefits (FEHB) Program

HIPAA Transaction Standard Companion Guide

**Refers to the X12N Implementation Guide 004010X095A1: 834 – Benefit
Enrollment and Maintenance**

Companion Guide Version Number 1.0

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General Information

This Companion Guide to the ASC X12N 834 Implementation Guide adopted under HIPAA clarifies and specifies the data content transmitted electronically from OPM-Macon to plans participating in the 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 X12N 834 Implementation Guide; rather it is intended to convey information that is within the framework and structure of the X12N Implementation Guide and not to contradict or exceed them in any way.

This Companion Guide only relates to the mapping of FEHB Program electronic enrollment information to the ASC X12N 834 standard for HIPAA. 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

Beginning with FEHB Open Season of 1996, OPM-Macon has accepted electronic input of FEHB actions from Employee Express and agencies using the Data-HUB. By establishing communications with insurance plans, OPM has transmitted these actions to each of the plans electronically. To further reduce unnecessary paperwork, this concept was expanded to require that all electronic transfers of the enrollment data to the plans be routed through OPM-Macon. The FEHB actions were transmitted in OPM-Macon's proprietary file format.

The final HIPAA Standards for Electronic Transactions regulation defines the FEHB Program as a Group Health Plan. Since both the FEHB Program (administered by OPM) and our plans are defined as covered entities, we determined that OPM-Macon transmissions must be in the HIPAA standard format. In accordance with the HIPAA regulation and the Administrative Simplification Compliance Act, FEHB actions transmitted from OPM-Macon to FEHB carriers after October 15, 2003 will be in the ASC X12N 834 format.

Communications

Communications between the OPM-Macon and the FEHB plans will continue to be through your FTP connection with OPM-Macon.

For the "pull" technique, OPM-Macon will send FEHB plans an email notification that they have posted new enrollment data in their account for pick up. OPM-Macon will send this email to the FEHB plan's official plan contact and enrollment contact, as well as the plan's OPM contract specialist. Although the FEHB plans should check the FTP server

every week for enrollment changes, these e-mails will remind them 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 plans a file only when there is data to transmit.

Definitions and Notes

All dates are CCYYMMDD in format

All mapping created using the addenda version (004010X095A1) 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 connectivity from Employee Express and the Data-HUB agencies to the FEHB plans

OPM-Insurance Services Programs (ISP) will provide the policy and guidance on this process

FEHB plans are the insurance companies that have entered into an agreement with OPM-Washington to provide, pay for, or reimburse the cost of health services for Federal employees, annuitants and eligible family members.

Contact Information

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

For information on HIPAA X12N 834 formatting, contact Jay Fritz, OPM-ISP at 202-606-0004.

For information on transmissions from OPM-Macon to the FEHB plans, 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, Pg. B.3 = '00'

ISA02, I02, Pg. B.3 = spaces (10)

ISA03, I03, Pg. B.4 = '00'

ISA04, I04, Pg. B.4 = spaces (10)

ISA05, I05, Pg. B.4 = 'ZZ'

ISA06, I06, Pg. B.4 = 'OPM DATAHUB'

ISA07, I05, Pg. B.4 = 'ZZ'

ISA08, I07, Pg. B.4 = Carrier's 2-character FEHB CODE

ISA09, I08, Pg. B.5 = File Creation Date (YYMMDD)

ISA10, I09, Pg. B.5 = File Creation Time (HHMM)

ISA11, I10, Pg. B.5 = 'U'

ISA12, I11, Pg. B.5 = '00401'

ISA13, I12, Pg. B.5 = taken out of Macon's SEQ_NUM database - padded left with zeroes

ISA14, I13, Pg. B.6 = "0" - No acknowledgement requested

ISA15, I14, Pg. B.6 = "P" for Production, "T" for Testing

ISA16, I15, Pg. B.6 = ':'

IEA Interchange Control Trailer

IEA01, I16, Pg. B.7 = '1'

IEA02, I12, Pg. B.7 = taken out of Macon's SEQ_NUM database - padded left with zeroes

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, Pg. B.8 = 'BE'

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

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

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

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

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

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

GS08, 480, Pg. B.9 = '004010X095A1'

Functional Group Trailer

GE01, 97, Pg. B.10 = number of transaction sets included

GE02, 28, Pg. B.10 = taken out of Macon's SEQ_NUM database - NO leading zeroes

ST-SE

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

Transaction Set Header

ST01, 143, Pg. 27 = '834'

ST02, 329, Pg. 27 = taken out of Macon's SEQ_NUM database - padded left with zeroes

Transaction Set Trailer

SE01, 96, Pg. 158 = number of segments sent in file

SE02, 329, Pg. 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. It also describes where OPM has something additional, over and above, the information in the Implementation Guide.

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
			TRANSACTION SET HEADER REQUIRED							
	ST01	143	Transaction Set Identifier Code	R	ID	834	3	3		
	ST02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		Padded left with zeros
			BEGINNING SEGMENT							
	BGN01	353	Transaction Set Purpose Code	R	ID	00 = Original	2	2		We will not resubmit transactions. Each transaction will be considered an original, will contain all data and is to be processed (1)
	BGN02	127	Transaction Set Identifier Code	R	AN	"EEX2809"	1	30		This identifies the type of data being transmitted. (2)
	BGN03	373	Transaction Set Creation Date	R	DT	File Creation Date	8	8		CCYYMMDD
	BGN04	337	Transaction Set Creation Time	R	TM	File Creation Time	4	8		HHMM
	BGN05	623	Time Zone Code	S	ID	ET = Eastern Time	2	2		
	BGN06	127	Transaction Set Identifier Code	S	AN		1	30		Will not be sent
	BGN08	306	Action Code	R	ID	2 = change	1	2		"2" will be used for all transactions
			TRANSACTION SET POLICY NUMBER SITUATIONAL							Will not be sent
	REF01	128	Reference Identification Qualifier	R	ID		2	3		

OPM EEX/DATA-HUB 2809
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	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
	REF02	127	Reference Identification	R	AN		1	30		
			FILE EFFECTIVE DATE							Will not be sent
	DTP01	374	Date Time Qualifier file effective date at header level	R	ID		3	3		
	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
	DTP03	1251	Date Time Period file date at header level	R	AN		1	35		
			LOOP 1000A SPONSOR NAME REQUIRED							
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	ZZ = mutually defined	1	2		
1000A	N104	67	Sponsor Identifier	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
			LOOP 1000B PAYER REQUIRED							
1000B	N101	98	Entity Identifier Code	R	ID	IN = Insurer	2	3		
1000B	N102	93	Insurer Name	S	AN		1	60		Will not be sent
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
			LOOP 1000C TPA/BROKER NAME SITUATIONAL							Will not be sent
1000C	N101	98	Entity Identifier Code	R	ID		2	3		
1000C	N102	93	TPA/Broker Name	R	AN		1	60		

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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
1000C	N103	66	TPA or Broker Identification qualifier	R	ID		1	2		
1000C	N104	67	TPA/Broker ID	R	AN		2	80		
			LOOP 1100C TPA/BROKER ACCT. INFO							Will not be sent
1100C	ACT01	508	TPA or Broker Account Number	R	AN		1	35		
1100C	ACT06	508	Account Number	S	AN		1	35		
TRANSACTION SET DETAIL										
			LOOP 2000 MEMBER LEVEL DETAIL REQUIRED							
2000	INS01	1073	Insured Indicator	R	ID	Y=insured is subscriber. N=insured is dependent.	1	1		
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	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 22 or over who is incapable of self-support

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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) or enrollment type (self vs. self and family) within the same plan 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
2000	INS04	1203	Maintenance Reason Code	S	ID	14 = Voluntary Withdrawal 22 = Plan Change 28 = Initial Enrollment 29 = Benefit Selection	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) or enrollment type (self vs., self and family) within the same plan
2000	INS05	1216	Benefit Status Code	R	ID	A = Active	1	1	NA	"A" will be used for all transactions
2000	INS06	1218	Medicare Plan Code	S	ID	A = Part A B = Part B C = Part A and B	1	1		Will be blank if no Medicare enrollment reported
2000	INS07	1219	COBRA Qualifying Event Code	S	ID		1	2		Will not be sent

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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	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 =OEOPM) "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 22 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	INS17	1470	Birth Sequence Number	S	N0		1	9		Will not be sent
			SUBSCRIBER NUMBER REQUIRED							
2000	REF01	128	Reference Identification Qualifier	R	ID	0F = Subscriber Number	2	3		
2000	REF02	127	Ref. ID - Subscriber #	R	AN		1	30	6	Enrollee's Social Security Number (No dashes) (4) We will only validate that SSN is nine digits.
			MEMBER POLICY NUMBER SITUATIONAL						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	30		"FEHB" will be used for all members since FEHB Program does not use group or policy numbers

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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			MEMBER IDENTIFICATION NUMBER SITUATIONAL							
2000	REF01	128	Reference Identification Qualifier	R	ID	17 = Client Reporting 23 = Client Number DX = Dept/Agency Number 60 = Cross Reference Number ZZ = Mutually Defined	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 "60" indicates HB Identification Number (sent only in subscriber loop) Code "ZZ" indicates Report Number (sent only in subscriber loop)
2000	REF02	127	Subscriber Supplemental Identifier	R	AN	Personnel Office ID Payroll Office Number Annuity Claim Number HB Identification Number Report Number	1	30	242 244 243 245 247	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

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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
			PRIOR COVERAGE MONTHS SITUATIONAL							Will not be sent
2000	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2000	REF02	127	Prior Coverage Month Count	R	AN		1	30		
			MEMBER LEVEL DATES SITUATIONAL							
2000	DTP01	374	Date Time Qualifier 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 (3)
			LOOP 2100A MEMBER NAME REQUIRED							
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	35	3	
2100A	NM104	1036	Insured /Subscriber First Name	R	AN		1	25	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

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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	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) (4) We will only validate that SSN is nine digits.
2100A	PER01	366	Contact Function Code	R	ID	IP = Insured Party	2	2		
2100A	PER03	365	Communication Number Qualifier	R	ID	TE = telephone	2	2		
SITUATIONAL										
2100A	PER04	364	Communication Number	R	AN		1	80	23	Daytime telephone number
2100A	PER05	365	Communication Number Qualifier	S	ID	EX = Extension	2	2		
2100A	PER06	364	Communication Number	S	AN		1	80	23	Daytime telephone extension
2100A	PER07	365	Communication Number Qualifier	S	ID		2	2		Will not be sent
2100A	PER08	364	Communication Number	S	AN		1	80		Will not be sent

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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	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 (5)
2100A	N401	19	Subscriber City Name	R	AN		2	30	11	
2100A	N402	156	Subscriber State Code	R	ID		2	2	12	Field will be populated with 'DC' if address is foreign. (6)
2100A	N403	116	Subscriber Postal Zone or ZIP Code	R	ID	Valid Postal Codes "00000" - if not provided	3	15	13	"00000" will be used for foreign addresses where a 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	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

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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 = Unknown	1	1	14, 29, 71, 92, 113, 134, 155, 176, 197, 218	Code "U" will be sent if Gender is not provided by enrollee
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	1109	Race or Ethnicity Code	S	ID		1	1		Will not be sent
2100A	DMG06	1066	Citizenship Status Code	S	ID		1	2		Will not be sent
2100A	ICM01	594	Frequency code	R	ID		1	1		Will not be sent
2100A	ICM02	782	Wage Amount	R	R		1	18		Will not be sent
2100A	ICM03	380	Work Hours Count	S	R		1	15		Will not be sent
2100A	ICM04	310	Location Identifier	S	AN		1	30		Will not be sent
2100A	ICM05	1214	Salary Grade	S	AN		1	5		Will not be sent
2100A	AMT01	522	Amount Qualifier Code	R	ID					Will not be sent
2100A	AMT02	782	Contract Amount - coinsurance Contract Amount - copay Contract Amount - deductible	R	R		1	18		Will not be sent
2100A	AMT02	782	Contract Amount - premium amt	R	R		1	18		Will not be sent
2100A	HLH01	1212	Health Related Code	S	ID		1	1		Will not be sent
2100A	HLH02	65	Height	S	R		1	8		Will not be sent
2100A	HLH03	81	Weight	S	R		1	10		Will not be sent
2100A	LU101	66	Identification Code Qualifier	S	ID		1	2		Will not be sent
2100A	LU102	67	Language Code	S	AN		2	80		Will not be sent
2100A	LU103	352	Language Description	S	AN		1	80		Will not be sent
2100A	LU104	1303	Language Use Indicator	S	ID		1	2		Will not be sent
			LOOP 2100B INCORRECT MEMBER NAME SITUATIONAL							Will not be sent
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	35		

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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	NM104	1036	Prior Incorrect First Name	R	AN		2	3		
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		
2100B	NM108	66	Identification Code Qualifier	S	AN		1	2		
2100B	NM109	67	Identification Code Qualifier	S	AN		2	80		
2100B	DMG01	1250	Date Time Period Format Qualifier	R	ID		2	3		
2100B	DMG02	1251	Prior Incorrect DOB	R	AN		1	35		
2100B	DMG03	1068	Prior Incorrect Gender Code	R	ID		1	1		
			LOOP 2100C - MEMBER MAILING ADDRESS SITUATIONAL							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	N301	166	Subscriber Address Line	S	AN		1	55		
2100C	N302	166	Subscriber Address Line	S	AN		1	55		
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		
			LOOP 2100D - MEMBER EMPLOYER							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	N401	19	Insured Employer City Name	R	AN		2	30		
2100D	N402	156	Insured Employer State Code	R	ID		2	2		
2100D	N403	116	Insured Employer ZIP Code	R	ID		3	15		
2100D	N404	26	Insured Employer Country Code	S	ID		2	3		
			LOOP 2100E - MEMBER SCHOOL SITUATIONAL							Will not be sent
2100E	NM101	98	Entity Identifier Code	R	ID		2	3		

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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	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100E	NM103	1035	School Name	R	AN		1	35		
2100E	PER01	366	Contact Function Code	R	ID		2	2		
2100E	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100E	PER04	364	Communication Number	R	AN		1	80		
2100E	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER06	364	Communication Number	S	AN		1	80		
2100E	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER08	364	Communication Number	S	AN		1	80		
2100E	N301	166	School Address Line	R	AN		1	55		
2100E	N302	166	School Address Line	S	AN		1	55		
2100E	N401	19	School City Name	R	AN		2	30		
2100E	N402	156	School State Code	R	ID		2	2		
2100E	N403	116	School Postal Zone or ZIP code	R	ID		3	15		
			LOOP 2100F - CUSTODIAL PARENT SITUATIONAL							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	Custodial Parent Last Name	R	AN		1	35		
2100F	NM104	1036	Custodial Parent First Name	R	AN		1	25		
2100F	NM105	1037	Custodial Parent Middle Name	S	AN		1	25		
2100F	NM106	1038	Custodial Parent Name Prefix	S	AN		1	10		
2100F	NM107	1039	Custodial Parent Name Suffix	S	AN		1	10		
2100F	NM108	66	Identification Code Qualifier	s	AN		1	2		
2100F	NM109	67	Custodial Parent Identifier	S	AN		2	80		
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	80		

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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	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER08	364	Communication Number	S	AN		1	80		
2100F	N301	166	Custodial Parent Address Line	R	AN		1	55		
2100F	N302	166	Custodial Parent Address Line	S	AN		1	55		
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		
			LOOP 2100G - RESPONSIBLE PERSON SITUATIONAL							Used in Temporary Continuation of Coverage (TCC) and Spouse Equity enrollments (7)
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	Responsible Party Last or Organization Name	R	AN		1	35	248	
2100G	NM104	1036	Responsible Party First Name	R	AN		1	25	249	
2100G	NM105	1037	Responsible Party Middle Name	S	AN		1	25	250	
2100G	NM106	1038	Responsible Party Name Prefix	S	AN		1	10		Will not be sent
2100G	NM107	1039	Responsible Party 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		

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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	NM109	67	Responsible Party Identifier	S	AN		2	80	251	Social Security Number of employee or annuitant (No dashes) We will only validate that SSN is nine digits long
2100G	PER01	366	Contact Function Code	R	ID		2	2		Will not be sent
2100G	PER03	365	Communication Number Qualifier	R	ID		2	2		Will not be sent
2100G	PER04	364	Communication Number	R	AN		1	80		Will not be sent
2100G	PER05	365	Communication Number Qualifier	S	ID		2	2		Will not be sent
2100G	PER06	364	Communication Number	R	AN		1	80		Will not be sent
2100G	PER07	365	Communication Number Qualifier	S	ID		2	2		Will not be sent
2100G	PER08	364	Communication Number	S	AN		1	80		Will not be sent
2100G	N301	166	Responsible Party Address Line	R	AN		1	55		Will not be sent
2100G	N302	166	Responsible Party Address Line	S	AN		1	55		Will not be sent
2100G	N401	19	Responsible Party City Name	R	AN		2	30		Will not be sent
2100G	N402	156	Responsible Party State Code	R	ID		2	2		Will not be sent
2100G	N403	116	Responsible Party Postal Zone or ZIP Code	R	ID		3	15		Will not be sent
2100G	N404	26	Responsible Country Code	S	ID		2	3		Will not be sent

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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 SITUATIONAL							Will not be sent
2200	DSB01	1146	Disability Type code	R	ID		1	1		
2200	DSB07	235	Product or Service Id Qualifier	S	ID		2	2		
2200	DSB08	1137	Diagnosis Code	S	AN		1	15		
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	Disability Eligibility Date	R	AN		1	35		
			LOOP 2300 HEALTH COVERAGE SITUATIONAL							
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) or enrollment type (self vs. self and family) within the same plan 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

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	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> Our current three place enrollment codes will be preceded by leading zeros
2300	HD05	1207	Coverage Level Code	S	ID		3	3		Will not be sent
			HEALTH COVERAGE DATES - REQUIRED							
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) or enrollment type (self vs. self and family) within the same plan 348 - Benefit Begin will be used when the enrollee is new to your plan 349 - Benefit End will be used when enrollee cancels coverage or changes to another plan
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Coverage Period	R	AN		1	35		CCYYMMDD
			SITUATIONAL							
2300	AMT01	522	Amount Qualifier Code	R	ID					Will not be sent
2300	AMT02	782	Contract Amount - coinsurance Contract Amount - copay Contract Amount - deductible	R	R		1	18		Will not be sent

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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	AMT02	782	Contract Amount - premium amt	R	R		1	18		Will not be sent
2300	AMT02	782	Contract Amount - deductible	R	R		1	18		Will not be sent
2300	AMT02	782	Contract Amount - premium amt	R	R		1	18		Will not be sent
2300	REF01	128	Reference Identification Qualifier	R	ID		2	3		Will not be sent
2300	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN		1	30		Will not be sent Already identified in LOOP 2000 REF02
2300	IDC01	1204	Plan Coverage Description	R	AN		1	50		Will not be sent You must provide enrollment cards to new enrollees. Enrollees will contact you directly for replacement enrollment cards
2300	IDC02	1215	Identification Card Type Code	R	ID			1		Will not be sent
2300	IDC03	380	Identification Card Count	S	R		1	15		Will not be sent
2300	IDC04	306	Action Code	S	ID		1	2		Will not be sent
			LOOP 2310 PROVIDER INFORMATION SITUATIONAL							Will not be sent
2310	LX01	554	Assigned Number	R	N0		1	6		
			LOOP 2310 PROVIDER NAME REQUIRED							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	Provider Last Name	R	AN		1	25		
2310	NM104	1036	Provider First Name	R	AN		1	25		
2310	NM105	1037	Provider Middle Name	S	AN		1	25		
2310	NM106	1038	Provider Name Prefix	S	AN		1	10		
2310	NM107	1039	Provider Suffix Name	S	AN		1	10		
2310	NM108	66	Identification Code Qualifier	s	AN		1	2		
2310	NM109	67	Provider Identifier	S	AN		2	80		
2310	NM110	706	Entity Relationship Code	R	ID		2	2		

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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
			SITUATIONAL							Will not be sent
2310	N401	19	Member City Name	R	AN		2	30		
2310	N402	156	Member State or Province Code	R	ID		2	2		
2310	N403	116	Member Postal Code	R	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	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	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		
			LOOP 2320 COORDINATION OF BENEFITS SITUATIONAL							
2320	COB01	1138	Payer Responsibility Sequence Number Code	R	ID	U = Unknown	1	1		Will be populated if individual has TRICARE and/or other group health insurance. 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	30	20, 36, 57, 78, 99, 120, 141, 162, 183, 204, 225	"TRICARE" will appear if person is covered under TRICARE or CHAMPUS

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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	COB03	1143	Coordination of Benefits Code	R	ID	1 = Coordination of Benefits 5 = Unknown	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
2320	REF01	128	Reference Identification Qualifier	R	ID	ZZ = mutually defined	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	30	22, 38, 59, 80, 101, 122, 143, 164, 185, 206, 227	
2320	N101	98	Entity Identifier Code	R	ID	IN = Insurer	2	3		Field will be populated if individual indicates he/she has group health insurance coverage other than FEHB or TRICARE
2320	N102	93	Insurer Name	S	AN		1	60	21, 37, 58, 79, 100, 121, 142, 163, 184, 205, 226	
2320	N103	66	Identification Code Qualifier	S	ID		1	2		Will not be sent
2320	N104	67	Insured Group or Policy Number	S	AN		2	80		Will not be sent
2320	DTP01	374	Date Time Qualifier	R	ID		3	3		Will not be sent
2320	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		Will not be sent
2320	DTP03	1251	Coordination of Benefits Date	R	AN		1	35		Will not be sent

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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 REQUIRED							
	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 01-01-2004 to 01-04-2004, 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 to handle; 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) The Expiration Date in LOOP 2000 MEMBER LEVEL DETAIL (DTP03, 1251) refers to the individual (former employee, former spouse, child) and family members being enrolled under Temporary Continuation of Coverage (TCC). Information on these individuals appears in LOOP 2100A MEMBER NAME.
- (4) 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). Foreign enrollees don't have SSNs, OPM's Retirement Services Program doesn't maintain SSNs on some older survivor annuitants and some enrollees refuse to provide their SSNs when enrolling. If receiving a non-valid SSN creates a problem, follow up with the enrollee's agency or if they are an annuitant, match the SSN to their CSA or CSF number.
This field won't be passed for dependent if dependent's SSN is not provided.
- (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 (N302, 166). The plan will be responsible for breaking out the third address line.
- (6) When enrollee or family member has a foreign address, the State or Province Code in LOOP 2001A MEMBER NAME (N402, 156) will default to "DC". The presence of a Country Code in N404, 26 indicates that address is foreign and to override State or Province field.
- (7) Used in TCC enrollments, for former spouses and children, and Spouse Equity enrollments. Provides information on the employee or annuitant whose enrollment entitles the enrollee to TCC or Spouse Equity coverage.

FEHB Program Business Rules and Limitations

Dependent Information

Dependent records will not be created when Nature of Transaction is 'Stop' (Maintenance Reason Code in LOOP 2000 MEMBER LEVEL DETAIL {INS04, 1203} = '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.

Some transactions will have dependent information, but not provide "Other Insurance" information for each dependent. Some transactions will have dependent information, but 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, 374 = '357'; DTP03, 1251 = '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, 1203} = '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, 1204) 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, 1251) = '99991231'.

If an individual enrolled under Spouse Equity coverage loses entitlement to coverage (for example they remarry before reaching age 55) during the 36 months following their divorce from the Federal employee, they are no longer eligible for Spouse Equity coverage but are 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, 1203} = '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, 1204) 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, 1251) = 'ccyymmdd'.

Certain information on the Federal employee or annuitant whose coverage entitles Spouse Equity coverage or former spouses and 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.

We will not populate LOOP 2000 MEMBER LEVEL DETAIL (INSO7, 1219) because there isn't a mechanism for the National Finance Center to indicate the event that allows 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. Go ahead and enroll the child and contact the enrollee for a copy of the determination which can come from the following sources:

- a. from the enrollee's personal records;
- b. from the child's healthcare provider, if the diagnosis is included in Carrier Letter 97-32;
- c. from the losing carrier;
- d. from 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 that gathered on the form. The 834 transaction does not contain any free form fields for providing this information. Several items commonly addressed in remarks have been mapped to the 834 and will be included in the electronic transactions. The following items addressed in remarks will not be provided in the electronic transactions.

Temporary employees who enroll will not be identified. The premiums paid for temporary employees is the same as that paid for other employees and there is no expiration date on the enrollment.

The reason for a change in enrollment code will not be provided.

Public Law information relating to an enrollment will not be provided.

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.

Belated enrollments or enrollments by proxy will not be identified. Enrollment actions will be based on the effective date provided in the transaction.

Appendix

EEX/Data-Hub 2809 HIPAA File Layout

Updated: 7/30/2003 9:24 AM

Individual Records (EEX/HUB 2809)

2	Nature of Transaction	Values: START/CHANGE/STOP Justification: Left	Y	6	4-9	<p>Start: INS03, 875, Pg.45 = '021' INS04, 1203, Pg.46 = '28' HD01, 875, Pg.128 = '021' HD03, 1205, Pg.129 = 'HLT' HD04, 1204, Pg. 130 = '0000000XX100000000001B'</p> <p>Change-Gaining Carrier: INS03, 875, Pg.45 = '021' INS04, 1203, Pg.46 = '22' HD01, 875, Pg.128 = '021' HD03, 1205, Pg.129 = 'HLT' HD04, 1204, Pg. 130 = '0000000XX1000000ZZ21B'</p> <p>Change-Losing Carrier: INS03, 875, Pg.45 = '024' INS04, 1203, Pg.46 = '22' HD01, 875, Pg.128 = '024' HD03, 1205, Pg.129 = 'HLT' HD04, 1204, Pg. 130 = '0000000ZZ1000000XX21B'</p> <p>Change-Within a Plan: INS03, 875, Pg.45 = '001' INS04, 1203, Pg.46 = '29' HD01, 875, Pg.128 = '001' HD03, 1205, Pg.129 = 'HLT' HD04, 1204, Pg. 130 = '0000000XX1000000XX21F'</p> <p>Stop: INS03, 875, Pg.45 = '024' INS04, 1203, Pg.46 = '14' HD01, 875, Pg.128 = '024' HD03, 1205, Pg.129 = 'HLT' HD04, 1204, Pg. 130 = '000000000000000000XX21C'</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></p> <p>If any other value other than START, CHANGE, or STOP, REJECT the transaction.</p>
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3	*Employee Last Name	Edits: No punctuation Example: JOHNSON Justification: Left	Y	29	10-38	NM101, 98, Pg.62 = 'IL' NM102, 1065, Pg.62 = '1' NM103, 1035, Pg. 62	REJECT if not present
4	*Employee First Name	Edits: No punctuation Example: DERRICK Justification: Left	Y	20	39-58	NM104, 1036, Pg. 62	REJECT if not present
5	*Employee Middle Initial	Edits: No punctuation Example: M	N	1	59-59	NM105, 1037, Pg. 62	
6	Social Security Number	Edits: No dashes Example: 123456789	Y	9	60-68	REF01, 128, Pg.51 = '0F' REF02, 127, Pg. 52 NM108, 66, Pg. 63 = '34' NM109, 67, Pg. 63 Repeats in the Dependent record as well. NM108, 66, Pg. 63 = '34' NM109, 67, Pg. 63	REJECT if not present or less than nine digits
7	Date of Birth	Edits: MMDDYYYY Example: 01011969	Y	8	69-76	DMG01, 1250, Pg. 70 = '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. 44 = 'Y'
INS02, 1069, Pg. 44 = '18'

Address Layout (EEX/Data-Hub 2809)

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	N301, 166, Pg. 67	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	N302, 166, Pg. 67	
10	Home Street 3	Edits: Same as Home Street 1	N	35	147-181	Append into Street 2 N302, 166, Pg. 67 above	
11	Home City	-Edits: Valid city name Example: MACON Justification: Left	Y	23	182-204	N401, 19, Pg. 68	REJECT if not present
12	Home State Abbreviation	Values: Valid State Abbreviation Example: GA	Y	2	205-206	N402, 156, Pg. 68	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	N403, 116, Pg. 69	REJECT if not present

Foreign Address Layout - Used by Agency Generated (AG) and Open Season Express (OEOPM)-Annuitants only

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	N301, 166, Pg. 67	If not present, do not send Street Address information in 2100A loop. Just send Foreign City, State Code of 'DC', Postal Code and Country Code.
9	Home Street 2 = Foreign Street 2	Edits: Same as Home Street 1	N	35	112-146	N302, 166, Pg. 67	
10	Home Street 3 = Foreign City Name	Edits: Same as Home Street 1	N	35	147-181	N401, 19, Pg. 68	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	
12	*Home State = Foreign Country Code	Values: GM (Germany) Country Code tables from FIPS table	Y	2	205-206	N402, 156, Pg. 68 = 'DC' N404, 26, Pg. 69	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	N403, 116, Pg. 69 = '00000'	If blanks, set to "00000"

Foreign Address Layout - Used by "EEDOI", "EEEDU", "EESSA"

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	N301, 166, Pg. 67	If not present, do not send Street Address information in 2100A loop. Just send Foreign City, State Code of 'DC', Postal Code and Country Code
9	Home Street 2 = Foreign Street 2	Edits: Same as Home Street 1	N	35	112-146	N302, 166, Pg. 67	
10	Home Street 3 =	Value: BLANKS DOI does not allow a third street	N	35	147-181		
11	Home City = Foreign City Name	Edits: Example: TENGAH AIR BASE	Y	23	182-204	N401, 19, Pg. 68	REJECT if not present
12	Home State = Foreign Country Code	Values: GM (Germany) Country Code tables from FIPS table	Y	2	205-206	N402, 156, Pg. 68 = 'DC' N404, 26, Pg. 69	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	N403, 116, Pg. 69 = '00000'	If blanks, set to "00000"

Note: This Foreign Address layout will only be used when Field #235 (Position 3040) - Foreign/Overseas Address Indicator is set to "Y" and the record is an EEDOI, EEEDU or EESSA record.

Foreign Address Layout - Used by (DOT Agency Only) "EEDOT"

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	N301, 166, Pg. 67	If not present, do not send Street Address information in 2100A loop. Just send Foreign City, State Code of 'DC', Postal Code and Country Code
9	Home Street 2 = Foreign City Name	Edits: Example: TENGAH AIR BASE	N	35	112-146	N401, 19, Pg. 68	REJECT if not present
10	Home Street 3 =	Value: BLANKS DOT does not allow a third street	N	35	147-181		
11	Home City = Foreign Country Name	Edits: Example: SINGAPORE	Y	23	182-204	Not in the 834	
12	*Home State = Foreign Country Code	Values: GM (Germany) Country Code tables from FIPS table	Y	2	205-206	N402, 156, Pg. 68 = 'DC' N404, 26, Pg. 69	REJECT if not present OR invalid Macon will crosswalk FIPS code to ISO-3166 code
13	Home Zip Foreign Postal Code	Value: 0000000000 DOT does not allow entry of a FOREIGN POSTAL CODE	N	11	207-217	N403, 116, Pg. 69 = '00000'	Set to "00000"

Note: This Foreign Address layout will only be used when Field #235 (Position 3040) - Foreign/Overseas Address Indicator is set to "Y" and the record is an EEDOT record.

Foreign Address Layout - Used by (STA Agency Only) "EESTA"

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 City Name	Edits: Example: BRUSSELS Justification: Left	Y	35	77-111	N301, 166, Pg. 67 = "Not passed for security reasons" N401, 19, Pg. 68	Must be PRESENT WHEN Foreign/OverSeas Address Indicator = "Y" and report# = EESTA (contains city which is required)
9	Home Street 2 = Foreign Country Name	Edits: Example: BELGIUM	N	35	112-146	Not in 834	
10	Home Street 3 =	Value: BLANKS	N	35	147-181		
11	Home City =	Value: BLANKS	Y	23	182-204		
12	*Home State = Foreign Country Code	Values: GM (Germany) Country Code tables from FIPS table	Y	2	205-206	N402, 156, Pg. 68 = 'DC' N404, 26, Pg. 69	REJECT if not present OR invalid Macon will crosswalk FIPS code to ISO-3166 code
13	Home Zip	Value: BLANKS	N	11	207-217	N403, 116, Pg. 69 = '00000'	Set to "00000"

Note: This Foreign Address layout will only be used when Field #235 (Position 3040) - Foreign/Overseas Address Indicator is set to "Y" and the record is an EESTA record.

FEHB Carrier File Layout (EEX/Data-Hub 2809) cont.

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
14	Sex	Values: M/F	Y	1	218-218	DMG03, 1068, Pg.71 = 'F', 'M' or 'U'	If agency passes a blank or anything other than 'F' or 'M', then Macon will default to 'U'
15	FEHB Marriage Indicator	Values: Y/N	Y	1	219-219	DMG04, 1067, Pg.71 = 'I', 'M', 'R'	I = Single M = Married If agency passes blanks or 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	
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	INS06, 1218, Pg.48 'A' = Medicare Part A 'B' = Medicare Part B 'C' = Medicare Part A & B	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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	COB01, 1138, Pg. 150 = 'U' COB02, 127, Pg. 151 = "TRICARE" COB03, 1143, Pg. 151 = '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	N101, 98, Pg. 154 = 'IN' N102, 93, Pg. 154	If either Other Insurance Name and/or Other Insurance Policy Number have data, then this will be sent as well: COB01, 1138, Pg. 150 = 'U' COB03, 1143, Pg. 151 = '5'
22	*FEHB Other Insurance Policy Number Employee (i.e. Main Subscriber)	Values: Provide if known Example: 1234123 or A4232DB232	N	30	260-289	REF01, 128, Pg. 153 = 'ZZ' REF02, 127, Pg. 153	
23	FEHB Daytime Phone	Edits: Empty or 17 digits Edits: Employee's daytime phone number Values: 0 - 9 Example: 4787442286(Pad Right with Spaces)	N	17	290-306	First ten bytes: PER01, 366, Pg. 65 = 'IP' PER03, 365, Pg. 65 = 'TE' PER04, 364, Pg. 65 Bytes 11-17 will be mapped to: PER05, 365, Pg. 65 = 'EX' PER06, 364, Pg. 66	
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	HD04, 1204, Pg. 130 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")
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	NM101, 98, Pg. 62 = 'IL' NM102, 1065, Pg. 62 = '1' NM103, 1035, Pg. 62	REJECT if not present

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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	NM104, 1036, Pg. 62	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	NM105, 1037, Pg. 62	
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	DMG01, 1250, Pg. 70 = '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 Sex Code (1)	Values: M/F Edits: F = Female, M = Male Edits: If family member 1 is used, is REQUIRED for family coverage	Y/N	1	353-353	DMG03, 1068, Pg. 71 = 'F', 'M', 'U'	If agency passes a blank or anything other than 'F' or 'M', 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 22 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	INS01, 1073, Pg. 44 = 'N' INS02, 1069, Pg. 44 If '99' (incapable of self support): INS02, 1069, Pg. 44 = '19' INS10, 1073, Pg. 49 = '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	NM108, 66, Pg. 63 = '34' NM109, 67, Pg. 63	
32	*FEHB Family Other Insurance Indicator (1)	Values: Y/N Edits: Indicates if the specific dependent	Y/N	1	365-365	Will not map	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
		has non-FEHB coverage outside of the FEHB Program <i>Edits: If family member 1 is used, REQUIRED for family coverage</i>					
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	INS06, 1218, Pg.48 'A' = Medicare Part A 'B' = Medicare Part B 'C' = Medicare Part A & B	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
36	*FEHB Family TRICARE (including CHAMPUS) Indicator (1)	<p>Values: Y/N</p> <p>Edits: Indicates if Dependent #1 has TriCare coverage</p> <p>Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y</p> <p>Edits: If FEHB OTHER INSURANCE INDICATOR (1) is "N", then populate with "N"</p> <p>Edits: If family member 1 is used, REQUIRED for family coverage</p>	Y/N	1	369-369	<p>COB01, 1138, Pg. 150 = 'U'</p> <p>COB02, 127, Pg. 151 = "TRICARE"</p> <p>COB03, 1143, Pg. 151 = 'I'</p>	
37	*FEHB Family Other Insurance Name (1)	<p>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.</p> <p>Edits: REQUIRED if FEHB Family Other Insurance Indicator (1) is Y and all other types of insurance are N</p> <p>Example: STATE FARM HEALTH</p>	Y/N	35	370-404	<p>N101, 98, Pg. 154 = 'IN'</p> <p>N102, 93, Pg. 154</p>	<p>If either Other Insurance Name and/or Other Insurance Policy Number have data, then this will be sent as well:</p> <p>COB01, 1138, Pg. 150 = 'U'</p> <p>COB03, 1143, Pg. 151 = '5'</p>
38	*FEHB Family Other Insurance Policy Number (1)	<p>Values: Provide if known</p> <p>Example: 1234123 or A4232DB232</p>	N	30	405-434	<p>REF01, 128, Pg. 153 = 'ZZ'</p> <p>REF02, 127, Pg. 153</p>	
39	*FEHB Family Home Street 1 (1) If Foreign, Foreign Street 1	<p>Edits: No punctuation, A - Z, 0 - 9, #</p> <p>Example: ROUTE 1 BOX 618B</p> <p>Justification: Left</p> <p>Edits: Occurrence 1 is REQUIRED for family coverage</p> <p>Edits: If family member 1 is used, REQUIRED for family coverage</p>	Y/N	35	435-469	N301, 166, Pg. 67	<p>If Report# = EESTA and Home Street 1 = blank, pass</p> <p>N301, 166, Pg. 67 = "Not passed for security reasons"</p>
40	*FEHB Family Home Street 2 (1) If Foreign, Foreign Street 2	<p>Edits: Same as Home Street 1</p> <p>Edits: Occurrence 1 is REQUIRED for family coverage</p> <p>Edits: If family member 1 is used, REQUIRED for family coverage</p>	Y/N	35	470-504	N302, 166, Pg. 67	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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 N302, 166, Pg. 67 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	N401, 19, Pg. 68	
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	N402, 156, Pg. 68	
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	N403, 116, Pg. 69	
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</i>	Y/N	1	576-576		

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
		<i>family coverage</i> <i>Edits: If family member 1 is used,</i> REQUIRED for family coverage					
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	
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 Sex 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)	Refer to family member 1 for values & edits	Y/N	35	737-771	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
	<i>If Foreign, Foreign Street 2</i>	edits					
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	
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 Sex 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	Refer to family member 1 for values &	Y/N	1	902-902	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
	Medicare-B (3)	edits					
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	
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	Refer to family member 1 for values &	Y/N	1	1145-1145	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
	Middle Initial (4)	edits					
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 Sex 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 Sex 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	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
	(5)						
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 Sex 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	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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	
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	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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 Sex 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	
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	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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	
176	FEHB Family Sex 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	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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 Sex 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)	Refer to family member 1 for values &	Y/N	35	2641-2675	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
	<i>If Foreign, Foreign Street 3</i>	edits					
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	
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 Sex 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	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
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	
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	HD04, 1204, Pg. 130 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	Y	2	2983-2984	HD04, 1204, Pg. 130 Will be the third element in the free form field.	

Field #	Field Description	Values: Edits: Examples: Justification	Required	Length	Position	834 Trans. Set (Ref, Data E., Page)	Explanations or Validation
		for various Event Codes, and see the Field Descriptions in this document for more details					
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.	
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: DTP01, 374, Pg. 132/133 = '348' DTP02, 1250, Pg. 133 = 'D8' DTP03, 1251, Pg. 133 = ccyyymmdd</p> <p>CHANGE-Gaining Carrier DTP01, 374, Pg. 132/133 = '348' DTP02, 1250, Pg. 133 = 'D8' DTP03, 1251, Pg. 133 = ccyyymmdd</p> <p>CHANGE-Losing Carrier DTP01, 374, Pg. 132/133 = '349' DTP02, 1250, Pg. 133 = 'D8' DTP03, 1251, Pg. 133 = ccyyymmdd</p> <p>CHANGE-Within a Plan: DTP01, 374, Pg. 132/133 = '303' DTP02, 1250, Pg. 133 = 'D8' DTP03, 1251, Pg. 133 = ccyyymmdd</p> <p>STOP: DTP01, 374, Pg. 132/133 = '349' DTP02, 1250, Pg. 133 = 'D8' DTP03, 1251, Pg. 133 = ccyyymmdd</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
239	Date of Action	Values: The date of this election Edits: MMDDYYYY Example: 12012003	Y	8	3001-3008	DTP01, 374, Pg. 59 = '300' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 60 = ccyymmdd	
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	REF01, 128, Pg. 55 = '17' REF02, 127, P. 56	Sent only in Subscriber loop. Will not be sent in Dependent loops.
243	Payroll Office Number	Values: Valid Federal Payroll Office Number Edits: Annuitants ONLY will pass 24900002 for all actions.	Y	8	3027-3034	REF01, 128, Pg. 55/56 = 'DX' REF02, 127, Pg. 56	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	REF01, 128, Pg. 55 = '23' REF02, 127, Pg. 56	Sent only in Subscriber loop. Will not be sent in Dependent loops. Must be PRESENT when Report# = OEOPM
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	REF01, 128, Pg. 55 = '60' REF02, 127, Pg. 56	Sent only in Subscriber loop. Will not be sent in Dependent loops. Must be PRESENT when Report# = OEOPM
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	REF01, 128, Pg. 55 = 'ZZ' REF02, 127, Pg. 55	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
248	Original Employee Last Name	Values: Used <u>ONLY</u> by DPRS Edits: No punctuation Example: JOHNSON JR Justification: LEFT	N	20	3069-3088	NM101, 98, Pg. 115/116 = 'QD' NM102, 1065, Pg. 116 = '1' NM103, 1035, Pg. 116 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	NM104, 1036, Pg. 116	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	NM105, 1037, Pg. 116	Sent in Subscriber AND Dependent loops.
251	Original Employee Social Security Number	Values: Used <u>ONLY</u> by DPRS Edits: No dashes Example: 123456789	N	9	3105-3113	NM108, 66, Pg. 117 = '34' NM109, 67, Pg. 117	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	DTP01, 374, Pg. 59 = '357' DTP02, 1250, Pg. 60 = 'D8' DTP03, 1251, Pg. 60 = ccyyymmdd Map for person in Fields #3-#5	REJECT if not present AND Payroll Office Number (field #243) = '24777777' Sent in Subscriber AND Dependent loops.

Required 834 fields not specific to the flat file EEX/Data-Hub 2809 layout

Sponsor Name (Loop 1000A, Pg. 35)

N101, 98, Pg. 35 = 'P5'

N103, 66, Pg. 36 = 'ZZ'

N104, 67, Pg. 36 = 'AGENCY'

Payer (Loop 1000B, Pg. 37)

N101, 98, Pg. 37 = 'IN'

N103, 66, Pg. 38 = 'FI'

N104, 67, Pg. 38 = FEHB Carriers' Federal Taxpayer ID will be crosswalked between the FEHB carrier code and their Federal Taxpayer ID

MISCELLANEOUS

Benefit Status Code

INS05, 1216, Pg. 47 = 'A' (Active)

Employment Status Code

INS08, 584, Pg. 49

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

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

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

Member Policy Number

REF01, 128, Pg. 53 = 'II'

REF02, 127, Pg. 53 = 'FEHB'

Mapping of EEX/Data-Hub Nature of Transaction Field to the 834

OLD FORMAT

834 FORMAT

Transmission	Nature of Transaction	INSO3	INSO4	HDO1	HDO3	HDO4
<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 (BC/BS) switches to another plan (Aetna). The gaining plan (Aetna) received 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) switches to another plan (Aetna). The losing plan (BC/BS) receives a <i>Change</i> transmission.	024	22	024	HLT	Enrollment Codes & Event Code
<i>Change-Within a Plan</i>	A subscriber switches his/her enrollment type (self to self and family or vice versa) or plan option (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	0000000000 (10 zeroes)

- 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. This would also allow for expanse of enrollment code.
 - Exception to above: In *Stop 1*, HD04 will be 10 zeroes (0000000000)