

**FEHB Carrier File Header Layout (EEX/HUB 2809)**

Each transmission you receive will contain a FEHB Carrier File Header Layout. This is a summary report of all the individual files in a given transmission. It serves the same function as the Standard Form (SF) 2811, Transmittal and Summary report.

Batch/Header Record (replaces the 2811)

FIELD NAME	LENGTH	POSITION
Carrier Name	35	1- 35
Carrier Code	2	36- 37
Total Number of Transactions	12	38- 49
Total Number of Starts	6	50- 55
Total Number of Changes	6	56- 61
Total Number of Stops	6	62- 67
Certification Date (MMDDYYYY)	8	68- 75
Filler	964	76-1039
Report Number	15	1040-1054

**Individual File Layouts (EEX/HUB 2809)****Updated: September 18, 2001**

If your plan has enrollment activity, the transmission that OPM-Macon provides will contain individual records. Each individual record has an enrollee or annuitant's individual enrollment information, just like the Standard Form 2809.

**Definitions and Notes:**

- All dates are MMDDYYYY in format
- All fields are left justified, and padded right with spaces unless otherwise noted.
- All character data should be in upper case.

Individual Records (EEX/HUB 2809)

\* denotes a new/changed data element

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
1. Nature of Transaction	Values: START/CHANGE/STOP Justification: Left	Y	6	1 - 6
<b>*2. Employee Name</b>	<b>Values: Last First Middle I</b> <b>Edits: No punctuation</b> <b>Example: JOHNSON DERRICK M</b> <b>Justification: Left</b>	Y	<b>50</b>	<b>7 - 56</b>
3. Social Security Number	Edits: No dashes Example: 123456789	Y	9	57-65
4. Date of Birth	Edits: MMDDYYYY Example: 01011969	Y	8	66-73

## Address Layout (EEX/HUB 2809):

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
5. Home Street 1	Edits: No punctuation, A - Z, 0 - 9, # Example: ROUTE 1 BOX 618B Justification: Left	Y	35	74-108
6. Home Street 2	Edits: Same as Home Street 1	N	35	109-143
7. Home Street 3	Edits: Same as Home Street 1	N	35	144-178
8. Home City	-Edits: Valid city name Example: MACON Justification: Left	Y	23	179-201
9. Home State	Values: Valid State Abbreviation Example: GA	Y	2	202-203
10. Home Zip	Edits: 5 Required, 4 Optional Values: Valid Zip Code or Zip+4 code Examples: 31206, 312064204	Y	11	204-214

NOTE: **FOREIGN ADDRESS LAYOUT** for those carriers that have “true” foreign address employees in their membership. Foreign addresses do not include APO/FPO or U.S. Territories. We have provided this format only to those few carriers that have “true” foreign address employees in their membership. If you need it, please e-mail or call Mr. Chris Selle, OPM-Macon, at 478/744-2115. [CRSELLE@OPM.GOV](mailto:CRSELLE@OPM.GOV)

## FEHB Carrier File Layout (EEX/HUB 2809)(Continued.)

\* denotes a new/changed data element

Field Description	Values: Edits: Examples: Justification	Required	Length	Position
11. Sex	Values: M/F	Y	1	215
12. FEHB Marriage Indicator	Values: Y/N	Y	1	216
13. FEHB Daytime Phone	Edits: Empty or 17 digits Edits: Employee's daytime phone number Values: 0 - 9 Example: 9127442286(Pad Right with Spaces)	N	17	217-233
14. 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	234-236
15. FEHB Family Member Name 1	Edits: Last First Middle Initial Edits: NO PUNCTUATION Edits: Occurrence 1 is required for family coverage Example: JOHNSON SUSAN	Y/N	35	237-271
16. FEHB Family Zip Code 1	Values: Valid Zip Code or Zip+4 code Edits: 5 or 9 digits Examples: 31206, 312064204	N	11	272-282
17. FEHB Family DOB 1	Edits: MMDDYYYY Edits: Occurrence 1 is required for family coverage Example: 01011996	Y/N	8	283-290
18. FEHB Family Sex Code 1	Values: M/F Edits: F = Female, M = Male Edits: Occurrence 1 is required for family coverage	Y/N	1	291
19. FEHB Family Relationship 1	Values: 1,2,3,4 Edits: See field description Edits: Occurrence 1 is required for family coverage	Y/N	1	292
20. FEHB Family SSN 1	Edits: No dashes Example: 123456789	N	9	293-301
21. FEHB Family Member Name 2	If family member 2 is used, Name is required See family member 1 edits for remaining family member's fields.	Y/N	35	302-336

	Family Members 2 - 5 are optional with family coverage. (Fields 21 - 44)			
22. FEHB Family Zip Code 2	If family member 2 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	337-347
23. FEHB Family DOB 2	If family member 2 is used, DOB is required Refer to family member 1 for edits	Y/N	8	348-355
24. FEHB Family Sex Code 2	If family member 2 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	356
25. FEHB Family Relationship 2	If family member 2 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	357
26. FEHB Family SSN 2	If family member 2 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	358-366
27. FEHB Family Member Name 3	If family member 3 is used, Name is required Refer to family member 1 for edits	Y/N	35	367-401
28. FEHB Family Zip Code 3	If family member 3 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	402-412
29. FEHB Family DOB 3	If family member 3 is used, DOB is required Refer to family member 1 for edits	Y/N	8	413-420
30. FEHB Family Sex Code 3	If family member 3 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	421
31. FEHB Family Relationship 3	If family member 3 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	422
32. FEHB Family SSN 3	If family member 3 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	423-431
33. FEHB Family Member Name 4	If family member 4 is used, Name is required Refer to family member 1 for edits	Y/N	35	432-466
34. FEHB Family Zip Code 4	If family member 4 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	467-477
35. FEHB Family DOB 4	If family member 4 is used, DOB is required	Y/N	8	478-485

	Refer to family member 1 for edits			
36. FEHB Family Sex Code 4	If family member 4 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	486
37. FEHB Family Relationship 4	If family member 4 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	487
38. FEHB Family SSN 4	If family member 4 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	488-496
39. FEHB Family Member Name 5	If family member 5 is used, Name is required Refer to family member 1 for edits	Y/N	35	497-531
40. FEHB Family Zip Code 5	If family member 5 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	532-542
41. FEHB Family DOB 5	If family member 5 is used, DOB is required Refer to family member 1 for edits	Y/N	8	543-550
42. FEHB Family Sex Code 5	If family member 5 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	551
43. FEHB Family Relationship 5	If family member 5 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	552
44. FEHB Family SSN 5	If family member 5 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	553-561
<b>*45. FEHB Family Member Name 6</b>	<b>If family member 6 is used, Name is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>35</b>	<b>562-596</b>
<b>*46. FEHB Family Zip Code 6</b>	<b>If family member 6 is used, Zip Code is optional but recommended Refer to family member 1 for edits</b>	<b>N</b>	<b>11</b>	<b>597-607</b>
<b>*47. FEHB Family DOB 6</b>	<b>If family member 6 is used, DOB is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>8</b>	<b>608-615</b>
<b>*48. FEHB Family Sex Code 6</b>	<b>If family member 6 is used, Sex Code is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>1</b>	<b>616</b>
<b>*49. FEHB Family Relationship 6</b>	<b>If family member 6 is used, Relationship is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>1</b>	<b>617</b>
<b>*50. FEHB Family SSN 6</b>	<b>If family member 6 is used, SSN is optional but recommended Refer to family member 1 for edits</b>	<b>N</b>	<b>9</b>	<b>618-626</b>

<b>*51. FEHB Family Member Name 7</b>	If family member 7 is used, Name is required Refer to family member 1 for edits	Y/N	35	627-661
<b>*52. FEHB Family Zip Code 7</b>	If family member 7 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	662-672
<b>*53. FEHB Family DOB 7</b>	If family member 7 is used, DOB is required Refer to family member 1 for edits	Y/N	8	673-680
<b>*54. FEHB Family Sex Code 7</b>	If family member 7 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	681
<b>*55 FEHB Family Relationship 7</b>	If family member 7 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	682
<b>*56. FEHB Family SSN 7</b>	If family member 7 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	683-691
<b>*57. FEHB Family Member Name 8</b>	If family member 8 is used, Name is required Refer to family member 1 for edits	Y/N	35	692-726
<b>*58. FEHB Family Zip Code 8</b>	If family member 8 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	727-737
<b>*59. FEHB Family DOB 8</b>	If family member 8 is used, DOB is required Refer to family member 1 for edits	Y/N	8	738-745
<b>*60. FEHB Family Sex Code 8</b>	If family member 8 is used, Sex Code is required Refer to family member 1 for edits	Y/N	1	746
<b>*61. FEHB Family Relationship 8</b>	If family member 8 is used, Relationship is required Refer to family member 1 for edits	Y/N	1	747
<b>*62. FEHB Family SSN 8</b>	If family member 8 is used, SSN is optional but recommended Refer to family member 1 for edits	N	9	748-756
<b>*63. FEHB Family Member Name 9</b>	If family member 9 is used, Name is required Refer to family member 1 for edits	Y/N	35	757-791
<b>*64. FEHB Family Zip Code 9</b>	If family member 9 is used, Zip Code is optional but recommended Refer to family member 1 for edits	N	11	792-802
<b>*65. FEHB Family DOB 9</b>	If family member 9 is used, DOB is required Refer to family member 1 for edits	Y/N	8	803-810

<b>*66. FEHB Family Sex Code 9</b>	<b>If family member 9 is used, Sex Code is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>1</b>	<b>811</b>
<b>*67. FEHB Family Relationship 9</b>	<b>If family member 9 is used, Relationship is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>1</b>	<b>812</b>
<b>*68. FEHB Family SSN 9</b>	<b>If family member 9 is used, SSN is optional but recommended Refer to family member 1 for edits</b>	<b>N</b>	<b>9</b>	<b>813-821</b>
<b>*69. FEHB Family Member Name 10</b>	<b>If family member 10 is used, Name is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>35</b>	<b>822-856</b>
<b>*70. FEHB Family Zip Code 10</b>	<b>If family member 10 is used, Zip Code is optional but recommended Refer to family member 1 for edits</b>	<b>N</b>	<b>11</b>	<b>857-867</b>
<b>*71. FEHB Family DOB 10</b>	<b>If family member 10 is used, DOB is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>8</b>	<b>868-875</b>
<b>*72. FEHB Family Sex Code 10</b>	<b>If family member 10 is used, Sex Code is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>1</b>	<b>876</b>
<b>*73. FEHB Family Relationship 10</b>	<b>If family member 10 is used, Relationship is required Refer to family member 1 for edits</b>	<b>Y/N</b>	<b>1</b>	<b>877</b>
<b>*74. FEHB Family SSN 10</b>	<b>If family member 10 is used, SSN is optional but recommended Refer to family member 1 for edits</b>	<b>N</b>	<b>9</b>	<b>878-886</b>
<b>75. FEHB Other Insurance Indicator</b>	Values: Y/N	<b>Y</b>	<b>1</b>	<b>887</b>
<b>76. FEHB Other Insurance Policy Holder Name</b>	Values: Last First Middle Initial Edits: NO PUNCTUATION Edits: Indicates Policy Holder for Other insurance Edits: Required if FEHB Other Insurance Indicator is Y	<b>Y/N</b>	<b>35</b>	<b>888-922</b>
<b>77. FEHB Medicare Indicator</b>	Values: Y/N Edits: Indicates if the employee, spouse, or any other eligible family members have Medicare coverage Edits: Required if FEHB Other Insurance Indicator is Y	<b>Y/N</b>	<b>1</b>	<b>923</b>
<b>78. FEHB Medicare-A Employee</b>	Values: Y/N Edits: Indicates if the employee has Medicare Part-A Edits: Required if FEHB Other Insurance Indicator is Y	<b>Y/N</b>	<b>1</b>	<b>924</b>



79. FEHB Medicare-B Employee	Values: Y/N Edits: Indicates if the employee has Medicare Part-B Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	925
80. FEHB Medicare-A Spouse	Values: Y/N Edits: Indicates if the employee's spouse has Medicare Part-A Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	926
81. FEHB Medicare-B Spouse	Values: Y/N Edits: Indicates if the employee's spouse has Medicare Part-B Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	927
82. FEHB TRICARE (formerly CHAMPUS) Indicator	Values: Y/N Edits: Required if FEHB Other Insurance Indicator is Y	Y/N	1	928
83. FEHB Other Insurance Name	Values: Name of any group health insurance coverage the employee, the employee's spouse, or any other eligible family members have 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	929-963
84. 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	964-966
85. FEHB Event Code	Values: Blank, 1B, 2B, 1C etc. depending on the time of year and type of action Edits: Refer to current FEHB documentation for various Event Codes, and see the Field Descriptions in this document for more details	Y	2	967-968
86. Premium Effective Date	Values: The date Payroll or Annuity Deduction changes take affect.	Y	8	969-976

	Edits: MMDDYYYY Example: 01132002			
87. Coverage Effective Date	Values: The date the requested Coverage changes take affect Edits: MMDDYYYY Example: 01132002	Y	8	977-984
88. Date of Action	Values: The date of this election Edits: MMDDYYYY Example: 12012001	Y	8	985-992
89. Time of Action	Values: The time of this election Edits: HHMMSS, 24 hour time Example: 162206	Y	6	993-998
90. 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	999-1002
91. Personnel Office ID	Values: Valid Federal Personnel Office ID	Y	8	1003-1010
92. Payroll Office Number	Values: Valid Federal Payroll Office Number	Y	8	1011-1018
93. Annuity Claim Number	Values: Valid Annuitant Claim Number Edits: Required for annuitants Only Edits: All other agencies, blank	Y\N	9	1019-1027
94. 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	1028-1036
95. Foreign/Over-Seas 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	1037
96. Filler	Values: Blanks		2	1038-1039
97. Report Number	Values: Agencies leave blank, further descriptions included in the Field Descriptions portion of this document Edits: Generated by OPM-Macon	N	15	1040-1054