Auto-enrollment Guide

In addition to this document, you also received a Spreadsheet Enrollment Template that can be used to load eligibility for your group.

This document explains the data requirements for the spreadsheet. When you load the spreadsheet with "clean" eligibility data for your group's subscribers and dependents per our requirements, we are able to upload it directly into our system.

Please enter a separate line item of eligibility changes (new enrollees and/or plan changes) for covered subscribers and their dependents. Additional information on what data to enter into the columns can be found by reading comments that appear on each column of the spreadsheet. Comments are accessed by clicking on the red triangle in the upper right corner of the column of the spreadsheet.

Making Renewal Changes with the Auto-Enrollment Spreadsheet

Certain changes made during Open Enrollment can be uploaded automatically into our system via the auto-enrollment spreadsheet. These changes include:
- Adding Employees and Dependents (including Spouse and/or Domestic Partner)
- Plan Changes
- Address Changes
- Class and/or Subgroup Changes
- COBRA (email your M&B representative the COBRA start date)
- Reinstatements and/or Re-enrollments

To make these changes, complete the spreadsheet data fields as explained in the Auto-enrollment Guide with the information that represents the change. Please note that you must fill out all required fields (e.g. Home Address) even if that information isn't changing.

Things to keep in mind:

When Adding Dependents -- In addition to completing a line for the dependent, you must also add a line for the Subscriber in order for the dependent to be loaded under the correct account.

Updates that cannot be sent on the Auto-Enrollment Spreadsheet – The enrollment transactions listed below should not be included on the Auto-Enrollment Spreadsheet.
- Overage dependent (disability certifications) enrollment
- Court ordered coverage outside of Open Enrollment
- Corrections to Gender or Date of Birth
- Terminations
  - This includes members dropping coverage under one product, but keeping coverage under another (e.g. dropping medical, keeping dental or vice versa).

These types of requests should be submitted via normal channels.

Example: John Smith is changing from the PPO plan to the HSA plan. John's Employer will enter data into all the required fields for John and his dependents and indicate that as of the renewal date that John and his dependents will be on the HSA plan.

Record Type	Employee ID	Dependent ID	Last Name	First Name	Middle Initial	Date Of Birth	Sex	Relationship	Eligibility Effective Date	Member Home Address1	Subscriber Home City	Home State	Home Zip	Subscriber Phone	Medical Plan Description
S	1234	01	Smith	John	A	01/01/1965	M	M	01/01/2015	1234 ABC ST	Seattle	WA	98102	4255551212	HSA Plan
D	1234	02	Smith	Joan	A	01/01/1970	F	S	01/01/2015	1234 ABC ST	Seattle	WA	98102	4255551212	HSA Plan
D	1234	03	Smith	Joe	A	01/01/1990	M	C	01/01/2015	1234 ABC ST	Seattle	WA	98102	4255551212	HSA Plan
D	1234	04	Smith	Jane	A	01/01/1995	F	C	01/01/2015	1234 ABC ST	Seattle	WA	98102	4255551212	HSA Plan

Explanation of Eligibility Data

The following is the list of columns and fields in the spreadsheet, along with their requirements, and examples for each of the fields:

D Column — Record Type

Enter either an "S" for Subscriber or a "D" for Dependent. Dependents include spouses, domestic partners and children.

E Column — Employee ID

A unique employee ID is required for each subscriber; this number is to be repeated for each of their dependents, linking the dependents to the correct subscriber. This ID should be the employee's ID on record with employer. If not available, then populate with sequential numbers for each subscriber.

Example: "100," "101" and "102" indicate the employee IDs

100	Subscriber	Mr. Green
100	Spouse	Mrs. Green
100	Child	Jane Green
100	Child	Sam Green
101	Subscriber	Mr. White
102	Subscriber	Mr. Brown
102	Spouse	Abigail Jones
102	Child	John Brown

F Column — Dependent ID

The subscriber is always identified by dependent ID "01." The employer group should load this dependent ID to the subscriber, and then load the subscriber's dependents with dependent IDs that follow sequentially, i.e., "02," "03," "04."

Example: "01," "02," "03" and "04" indicate the dependent IDs

EE ID			Dependent ID
100	Subscriber	Mr. Green	01
100	Spouse	Mrs. Green	02
100	Child	Jane Green	03
100	Child	Sam Green	04

H Column — Last Name

Required.

I Column — First Name

Required.

J Column — Middle Initial

Not required.

K Column — Date of Birth

Required. Enter as mm/dd/yyyy, e.g., 12/23/1963.

L Column — Sex (Gender)

Required. Enter "M" for Male or "F" for Female.

M Column — Social Security Number (SSN)

Required for everyone ages 44 and older. Input SSN without any hyphens, slashes or spaces. Each subscriber and dependent should have their own SSN. Do not repeat the subscriber's SSN for their dependents.

N Column — Relationship

Required. This column describes the member's relationship to the subscriber:

M = Subscriber

S = Spouse (S should also be used for domestic partners)

C = Child

R Column — Eligibility Effective Date

Required. This date indicates the coverage effective date for the subscriber. This effective date is to be repeated for each of the subscriber's dependents. Standard entry is the date the group's coverage becomes effective.

W Column — Subscriber Hire Date

Required. The subscriber's hire date is to be repeated for each of the subscriber's dependents.

Y Column — Class Description

Example: Hourly, Salaried, Management, Retiree, etc.

AA Column — Sub-Group Description

Example: Active, COBRA

AB Column — Home Address 1

Required. Enter the address for the subscriber and each of the dependents, even if the same address must be repeated. Addresses must be entered in the correct United States Postal Services Guidelines.

AD Column — Home City

Required. Enter the city for the subscriber and each of the dependents even if the same city must be repeated.

AE Column — Home State

Required. Enter the state for the subscriber and each of the dependents even if the same state must be repeated.

AF Column — Home ZIP Code

Required. Enter the ZIP code for the subscriber and each of the dependents even if the same ZIP code must be repeated.

There should only be 5 digits in the ZIP code, e.g., 98290. Do not add a hyphen and include any additional digits.

AG Column — Member Mailing Address 1

Not required. To be used if the member's mailing address is different than their home address. Addresses must be entered in the correct United States Postal Services Guidelines: *http://pe.usps.gov/text/pub28/welcome.htm.*

AI Column - Member Mailing City

Not required. To be used if the member's mailing city is different than their home city.

AJ Column — Member Mailing State

Not required. To be used if member's mailing state is different than their home state.

AK Column — Member Mailing ZIP Code

Not required. To be used if the member's mailing ZIP code is different than their home ZIP code.

AL Column — Subscriber Home Phone

Enter numbers only, with no hyphens, slashes, or spaces.

AP Column — Medical Plan Description

Enter the name of the subscriber's Medical Plan. This name should be repeated for each of the subscriber's dependents. Example: $400 Deductible Plan

AR Column — Dental Plan Description (if purchased)

Enter the name of the subscriber's Dental Plan. This name should be repeated for each of the subscriber's dependents. Example: $50 Deductible

AT Column — Rx Plan Description

Enter the name of the subscriber's Rx Plan. This name should be repeated for each of the subscriber's dependents. Example: 10/30/50

AV Column — Vision Plan Description (if purchased)

Enter the name of the subscriber's Vision Plan. This name should be repeated for each of the subscriber's dependents.

AW Column — COB

Enter either a "Y" for Yes if this subscriber and dependents have other active insurance, "N" for No if they do not have other coverage, or "U" for Unknown. If left blank, it is assumed to be Unknown.

If your group has elected to purchase an HRA, HSA or FSA, the spreadsheet includes the following additional columns and fields.

BG Column — Health Savings Account (HSA) Description

This column is only applicable to subscribers enrolling in an HSA Account. Enter deductible amount of the plan being purchased, e.g., $3,500 deductible.

BI Column — Health Reimbursement Arrangement (HRA) Description

This column is only applicable to subscribers enrolling in an HRA Account. Enter deductible amount of the plan being purchased, e.g., $1,500 deductible.

BK Column — Retirement Reimbursement Account (RRA) Description

This column is only applicable to subscribers enrolling in an RRA Account. Enter deductible amount of the plan being purchased, e.g., $3,500 deductible.

BM Column — Health Flexible Spending Account (FSA) Description

This column is only applicable to subscribers enrolling in a Health FSA. Enter Family or Individual FSA, e.g., Family FSA.

BN Column — Health FSA Plan Year Start Date

Required for subscribers enrolling in a Health FSA.

BO Column — Health FSA Election Amount

Required for subscribers enrolling in a Health FSA.

BP Column — Health FSA Election Effective Date

Required for subscribers enrolling in a Health FSA.

BR Column — Dependent Care FSA (DCAP) Description

Only applicable to subscribers enrolling in a Dependent Care FSA Account. Enter "Yes" or "No."

BS Column — Dependent Care FSA Plan Year Start Date

Required for subscribers enrolling in a Dependent Care FSA.

BT Column — Dependent Care FSA Election Amount

Required for subscribers enrolling in a Dependent Care FSA.

BU Column — Dependent Care FSA Election Effective Date

Required for subscribers enrolling in a Dependent Care FSA.

If you have questions or problems entering data into this spreadsheet, contact your producer or Premera Sales Representative.