**Eligibility File Layout**

| **POSITION** | **SIZE** | **CLASS** | **DESCRIPTION** | **DATA** |
| --- | --- | --- | --- | --- |
| 1-9 | 9 | N | Employee SSN |  |
| 10-23 | 14 | A/N | Employee Last Name |  |
| 24-35 | 12 | A/N | Employee First Name |  |
| 36 | 1 | A/N | Employee Middle Init |  |
| 37-66 | 30 | A/N | Employee Address 1 |  |
| 67-96 | 30 | A/N | Employee Address 2 |  |
| 97-121 | 25 | A/N | Employee City, State |  |
| 122-126 | 5 | N | Employee Zip Code |  |
| 127-134 | 8 | N | Employee Birthdate | MMDDCCYY |
| 135 | 1 | A/N | Employee Gender | M=Male F=Female |
| 136 | 1 | A/N | Marital Status | D=Divorced,L=Legally Separated M=Married,S=Single,U=Unknown, W=Widowed |
| 137 | 1 | A/N | Payroll Center | C=Central,U=Univ.of MD S=Satellite,R=Retirement D=Direct Pay,N=None |
| 138 | 1 | A/N | Payroll Frequency | B=Biweekly,M=Monthly, F=Faculty |
| 139-144 | 6 | N | Agency Code |  |
| 145-149 | 5 | A/N | Check Distribution Code |  |
| 150-157 | 8 | N | Effective Date | MMDDCCYY |
| 158 | 1 | N | Selection Code | 1=New,2=Change 3=Demographic/Medicare Change 4=Cancel,5=Rollover |
| 159-161 | 3 | A/N | Vendor Code |  |
| 162 | 1 | A/N | Dental Plan |  |
| 163-164 | 2 | A | Coverage Code | 01=Ind, 02=Ind+Dep,  03=Ind+Spouse, 04=Ind+2orMore, 05=Retiree only with Medicare, 06=Retiree+1 one with Medicare, 07=Retiree+1, 2 with Medicare, 08=Retiree+2, 1 with Medicare, 09=Retiree+2, 2 with Medicare, 10=Ret+2orMore all with Med, 11=Ret+3orMore 1,2,or3 w/Med 12=Individual+DomesticPartner |
| 165-169 | 5 | N | Employee Cost | PIC9(3)V99 |
| 170-181 | 12 | A/N | Employee Medicare Number |  |
| 182-189 | 8 | N | Employee Medicare A Eff. Date | MMDDCCYY |
| 190-197 | 8 | N | Employee Medicare B Eff. Date | MMDDCCYY |
| 198-205 | 8 | N | Termination Date | MMDDCCYY |
| 206-213 | 8 | N | Retiree Date of Death | MMDDCCYY |
| 214-218 | 5 | A/N | Category Code | C1-COBRA; C2-COBRA w/Medicare;  CONTR-Contractual;  LAW5-Leave Without Pay;  ML8-LAW Military;  LAW4-LAW OJI;  OTHER-Mandatory payment;  NP7-No Pay (Not Used);  ORP-Optional Retirement Program;  PT-Works 50% or less;  RETRO-Regular Retroactive Adj (Not Used).;  HBRAF-Retiree Retroactive Adj.(not Used);  SPEC-Special Circumstance Retiree;  RETIR-Special Retiree;  CC-Continuation of Coverage for DP |
| 219 | 1 | N | Qualifying Event | 1-Terminated; 2-Resigned;  3-Laid Off;  4-Hours reduced (involuntarily);  5-Divorce or legal sep. spouse of emp./retiree;  6-Spouse of emp. W/Medicare as prime coverage & emp. not eligible;  7-dep.child no longer eligible;  8-Widowed spouse of emp./retiree;  9-Former Legislator |
| 220 | 1 | A | COBRA Status | C |
| 221 | 1 | N | COBRA Qualifying Event | Same as Qualifying Event (1 thru 9) |
| 222-229 | 8 | N | COBRA Start Date | MMDDCCYY |
| 230-237 | 8 | N | Paid Thru Date | MMDDCCYY |
| 238-240 | 3 | A/N | Country Code |  |
| 241 | 1 | A/N | Employee Incorrect Social Security Flag |  |
| 242 | 1 | A/N | Employee Incorrect Birthdate Flag |  |
| 243 | 1 | A/N | Employee Incorrect Gender Code Flag |  |
| 244 | 1 | A/N | Employee Incorrect Marital Status Flag |  |
| 245 | 1 | A/N | Employee Incorrect Last Name Flag |  |
| 246 | 1 | A/N | Employee Incorrect First Name Flag |  |
| 247 | 1 | A/N | Employee Incorrect Initial Flag |  |
| 248 | 1 | A/N | Address Change Flag |  |
| 249 | 1 | A/N | Dependent Info Change Flag |  |
| 250 | 1 | A/N | Employee Medicare Info Change Flag |  |
| 251 | 1 | A/N | Dependent Medicare Info Change Flag |  |
| 252 | 1 | A/N | Flag 11 |  |
| 253 | 1 | A/N | Flag 12 |  |
| 254-262 | 9 | N | Employee Incorrect Social Security No. |  |
| 263-270 | 8 | N | Employee Incorrect Birthdate | MMDDCCYY |
| 271 | 1 | A/N | Employee Incorrect Gender Code |  |
| 272 | 1 | A/N | Employee Incorrect Marital Status |  |
| 273-286 | 14 | A/N | Employee Incorrect Last Name |  |
| 287-298 | 12 | A/N | Employee Incorrect First Name |  |
| 299 | 1 | A/N | Employee Incorrect Initial |  |
| 300 | 1 | A/N | Coordination of Benefits Code Dependent 1 Data | NOT USED |
| 301-310 | 10 | N | Home Telephone number |  |
| 311-320 | 10 | N | Work Telephone Number |  |
| 321-324 | 4 | N | Work Extension |  |
| 325-328 | 4 | A/N | Union | A=(Non-Union), U=Union |
| 329-350 | 22 | A/N | Filler |  |
| 351-364 | 14 | A/N | Dep. 1 Last Name |  |
| 365-376 | 12 | A/N | Dep. 1 First Name |  |
| 377 | 1 | A/N | Dep. 1 Middle Initial |  |
| 378-379 | 2 | A/N | Dep. 1 Relationship Code | 1=spouse, 2=child, 3=grandchild, 4=stepchild, 5=Legal Ward,  6=Domestic Partner(DP), 7=DP-Child, 8=DP-Grandchild,  9=DP-Stepchild, 10=DP-Legal Ward |
| 380 | 1 | A/N | Dep. 1 Gender | M/F |
| 381-388 | 8 | N | Dep. 1 Birthdate | MMDDCCYY |
| 389-397 | 9 | N | Dep. 1 Social Security Number |  |
| 398-405 | 8 | N | Dep. 1 Effective Date | MMDDCCYY |
| 406-413 | 8 | N | Dep. 1 Termination Date | MMDDCCYY |
| 414-425 | 12 | A/N | Dep.1 Medicare Number |  |
| 426-433 | 8 |  | Dep.1 Medicare A Eff. Date | MMDDCCYY |
| 434-441 | 8 |  | Dep.1 Medicare B Eff. Date | MMDDCCYY |
| 442-443 | 2 |  | Dep. 1 ID Code | Dependent Code |
| 444-460 | 17 |  | Dep. 1 Filler |  |
| 461-570 | 110 |  | Dependent 2 Data |  |
| 571-680 | 110 |  | Dependent 3 Data |  |
| 681-790 | 110 |  | Dependent 4 Data |  |
| 791-900 | 110 |  | Dependent 5 Data |  |
| 901-1010 | 110 |  | Dependent 6 Data |  |
| 1011-1120 | 110 |  | Dependent 7 Data |  |
| 1121-1230 | 110 |  | Dependent 8 Data |  |
| 1231-1340 | 110 |  | Dependent 9 Data |  |
| 1341-1450 | 110 |  | Dependent 10 Data |  |
| 1451-1560 | 110 |  | Dependent 11 Data |  |
| 1561-1670 | 110 |  | Dependent 12 Data |  |
| 1671-1780 | 110 |  | Dependent 13 Data |  |
| 1781-1890 | 110 |  | Dependent 14 Data |  |
| 1891-2000 | 110 |  | Dependent 15 Data |  |
|  |  |  |  |  |
|  | 2000 |  |  |  |