

EMPLOYEE DEMOGRAPHICS

PLEASE SEND INFORMATION ON AN EXCEL SPREADSHEET FORMATTED AS .CSV

Field Name	Type	Length	Notes
Company code	Text	8	Required-Flex group number format as 00000
Employee Number	Text	11	If SSN please format as 000000000
Employee First Name	Text	32	Employee First Name
Employee Middle Initial	Text	1	Employee Middle Initial Only (optional)
Employee Last Name	Text	32	Employee Last Name
Address 1	Text	32	Use this line if address has only one line
Address 2	Text	32	Use this line if address has two lines
City	Text	20	
State	Text	2	
Zip code	Text	10	Please include hyphen with zip + 4
Phone	Text	20	Format as ###-###-#### (Optional field - leave blank if there is no information)
Social Security Number	Text	11	Format as 000000000
Department	Text	8	Optional - leave blank if there is no information
Pay code	Text	16	(i.e. WEEKLY ; BI-WEEKLY ; MONTHLY ; SEMI-MONTHLY)
Date of birth	Date	10	Format as mm/dd/yyyy
Date of hire	Date	10	Format as mm/dd/yyyy
Date of termination	Date	10	Format as mm/dd/yyyy
e-mail address	Text	64	If not available fill with NA
Direct Deposit Account#	Text	25	Bank Account number
Direct Deposit Transit#	Text	9	Bank Transit number
Direct Deposit Type	Text	16	CHECKING OR SAVINGS

EMPLOYEE ELECTIONS

Field Name	Type	Length	Notes
Company code	Text	8	Required-Flex group number format as 00000
Plan year	Numeric	4	Format as yyyy
Benefit code	Text	8	Benefit code (MEDFSA =medical; DEPCARE =dependent care; HRAPLAN =HRA; LPMEDFSA =HSA-
Social Security Number	Text	11	Format as 000000000
Per pay contribution amount	Numeric-format with decimal		>=0.00 This field is the total contribution of both an employee and his employer (if employer contributes part of the election)
Annual election amount	Numeric-format with decimal		>=0.00 This field is the total annual participant election based on the benefit selected (if employer contributes part of the election)
Employer portion	Numeric-format with decimal		Optional must be >=0.00
Request Debit Card	Boolean	1	"Yes" or "No" to order initial debit card for participant
Second Card Holder First Name	Text	32	First name of second card order request
Second Card Holder Last Name	Text	32	Last Name of second card order request
Second Card Holder MI	Text	1	Middle initial of second card order request
Eligible date	Date	10	Format as mm/dd/yyyy

EMPLOYEE CONTRIBUTIONS

Field Name	Type	Length	Notes
Company code	Text	8	Required-Flex group number format as 00000
Plan year	Numeric	4	Format as yyyy
Employee number	Text	11	If SSN please format as 000000000
Benefit code	Text	8	Benefit code (MEDFSA =medical; DEPCARE =dependent care; HRAPLAN =HRA; LPMEDFSA =HSA-
Transaction date	Date	10	Format as mm/dd/yyyy
Transaction type	Text	1	Enter "1"
Per pay contribution amount	Numeric-format with decimal		>=0.00 This field is the total contribution of both an employee and his employer (if employer contributes part of the election)
Employer portion	Numeric-format with decimal		Optional must be >=0.00
Source	Text	32	Fill with NA

ELECTRONIC ENROLLMENTS

Would you like the enrollment of your employees into a flexible spending account to be more accurate or timely? If so, you should consider electronic enrollment. Please note, if you elected the Blue Priority Flex debit card, Wellmark will require an electronic file for all Blue Priority Flex debit card order requests. Second card orders can only be imported with the initial card order. Any extra cards that are needed after the initial card is ordered must be ordered by the employee at www.wellmark.com/flex by selecting "View My Account", logging on and selecting the Debit Card tab.

This electronic enrollment process involves submission of a single excel file to your flexible benefit specialist in Wellmark's Flexible Benefits Department. The file would be created by you using the specifications noted above. This data is likely available in your payroll or other employment records.

The file can easily be sent via e-mail to welfsa@wellmark.com. It is then imported into Wellmark's flexible benefits system. This electronic process helps avoid unnecessary data entry errors and significantly shorten the length of time needed between receipt of enrollment information and entry into the flexible benefits system.

ELECTRONIC DEDUCTIONS/CONTRIBUTIONS

If you are currently providing us with an electronic file of your payroll deductions throughout the year or would like to start sending an electronic file, please note the file specifications noted above. Especially for larger payrolls, submission of an electronic file throughout the year can provide more accurate information and result in more timely entry of information into the flexible benefits software system.

Again, this file can easily be sent via e-mail to welfsa@wellmark.com.

If you are considering either of the above options or have more questions about the process or file specifications, please contact your benefit specialist at 1-800-624-2755