



Add Update File (AUF) Specifications and User Acceptance Testing (UAT) Guide

For Boards of Education and
Employers Not Participating in SAO Peoplesoft

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Document Overview & Purpose

This document is a *how to guide* to educate Information Technology personnel on:

1. Approved SHBP Record Types,
2. Add Update File (AUF) specifications, and
3. Notification requirements for performing system upgrades, updates and/or changes that affect an Employer's ability to transmit employee eligibility records.

Definitions

Add Update File (AUF) – The “AUF” file is used by Employers to transmit eligibility records for new hires, newly eligible employees, retiring employees, and employees terminating employment for any reason, as well as SHBP Eligibility status and demographic updates (e.g., address, city, state, zip code, date of birth, social security number, and gender) and should be submitted every time an employee's eligibility status changes.

Employing Entity – An SHBP Employing Entity or Employer primarily includes Public School Systems and State Agencies who are required to participate in the Plan. Board Members of Public School Systems, Charter Schools, Critical Access Hospitals, and Federally Qualified Health Centers may also participate in SHBP, but are not required to.

Payroll Location – 5-digit code issued by SHBP to Employers for each of their Payroll Locations based on the employee group (e.g., Boards of Education can have up to 3 Payroll Locations: 1) certificated employees, 2) non-certificated employees, and 3) Board Members).

Record Types – Specific types of records (e.g., NEMP, TERM, MISC) approved by SHBP to transmit employee eligibility data and updates on the AUF.

User Acceptance Testing (UAT) – the process of verifying an Employer's Human Resource Information System (HRIS) or other internal system (e.g., MUNIS, PC Genesis, Peoplesoft, etc.) can successfully transmit employee eligibility records via an AUF that includes Record Types approved by SHBP.

Introduction to SHBP Record Types

Record Types

Below are the Record Types accepted by SHBP. Each Record Type corresponds to changes in an employee's eligibility status. An Employer should choose the Record Type to transmit to SHBP based on the applicable employee eligibility transaction below.

Record Type	Applicable Employee Eligibility Transactions to the Record Type	When to Transmit the Record Type to SHBP
NEMP	<ul style="list-style-type: none"> New Hire Transfer-In Rehire Employee who does not currently have an employee record in the SHBP Enrollment Portal. <i>See MISC Record Type below for employees who currently have an employee record in the SHBP Enrollment Portal</i> 	<ul style="list-style-type: none"> New Hire and Rehire Records should be transmitted to SHBP via AUF for all employees you hire regardless of the employee's eligibility status. <i>NEMP Record should be transmitted no later than an employee's hire date.</i> Transfer-In Records should be transmitted to SHBP via AUF for all employees transferring into your organization from another SHBP Employing Entity regardless of the employee's eligibility status. <i>NEMP Record should be transmitted no later than an employee's hire date.</i> Employees with No Record in the SHBP Enrollment Portal should be transmitted to SHBP via AUF regardless of the employee's eligibility status. <i>NEMP Record should be transmitted no later than an employee's date of hire.</i>
TERM	<ul style="list-style-type: none"> Terminated Employee Transfer-Out 	<ul style="list-style-type: none"> Termination Records should be transmitted to SHBP via AUF for all employees you terminate who have an employee record in the SHBP Enrollment Portal. <i>TERM Record should be transmitted no later than the first day they are no longer employed.</i> Transfer-Out Records should be transmitted to SHBP via AUF for all employees transferring out of your organization who have an employee record in the SHBP Enrollment Portal and are transitioning to another SHBP Employing Entity. <i>TERM Record should be transmitted no later than the first day they are no longer employed.</i>
RETR	<ul style="list-style-type: none"> Retired Employee 	<ul style="list-style-type: none"> Retirement Records should be transmitted to SHBP via AUF for all employees you terminate due to Retirement who have an employee record in the SHBP Enrollment Portal. <i>RETR Record should be transmitted no later than the first day they are no longer employed.</i>
MISC	<ul style="list-style-type: none"> Newly Eligible Employee who has an employee record in the SHBP Enrollment Portal that requires an update from "N" (Ineligible) to "Y" (Eligible) for their SHBP Eligibility status 	<ul style="list-style-type: none"> Miscellaneous Records should only be transmitted to SHBP via AUF for employees who have an employee record in the SHBP Enrollment Portal requiring an update of the employee's: Name, Social Security Number, Date of Birth, Gender, Address, City, State, Zip Code, Phone Number, Salary, or SHBP Eligibility status.

Record Type	Applicable Employee Eligibility Transactions to the Record Type	When to Transmit the Record Type to SHBP
	<ul style="list-style-type: none"> Newly Ineligible Employee who has an employee record in the SHBP Enrollment Portal that requires an update from “Y” (Eligible) to “N” (Ineligible) for their SHBP Eligibility status Miscellaneous updates to an employee’s record currently in the SHBP Enrollment Portal including: Name, Social Security Number, Date of Birth, Gender, Address, City, State, Zip Code, Phone Number, or Salary. <p>NOTE: At least three of these four (4) items must match current data in the SHBP Enrollment Portal or the MISC Record will fail: First Name, Last Name, Date of Birth, Gender.</p>	<p><i>MISC Record should be transmitted no later than the first day after a NEMP record is added to the SHBP Enrollment Portal or when a change occurs in the above data.</i></p>
DCSD	Deceased Employee who has an employee record in the SHBP Enrollment Portal.	<ul style="list-style-type: none"> Deceased Employee Records should be transmitted to SHBP via AUF for any employee who passes away while currently employed with your organization who has an employee record in the SHBP Enrollment Portal. <i>DCSD Record should be transmitted no later than the first day after the employee passes away.</i>
KLOD	Employee Killed in the Line of Duty who has an employee record in the SHBP Enrollment Portal	<ul style="list-style-type: none"> Employee Killed in the Line of Duty Records should be transmitted to SHBP via AUF for any employee who is killed in the line of duty while currently employed with your organization who has an employee record in the SHBP Enrollment Portal. <i>KLOD Record should be transmitted no later than the first day after the employee passes away.</i>
LOFF	Employee who has an employee record in the SHBP Enrollment Portal that is Laid off making them ineligible for SHBP coverage	<ul style="list-style-type: none"> Employee currently covered by SHBP who is laid off. <i>LOFF Record should be transmitted no later than the first day after the employee is laid off.</i>
RHRS	Employee who has an employee record in the SHBP Enrollment Portal whose hours are reduced making them ineligible for SHBP coverage	<ul style="list-style-type: none"> Employee currently covered by SHBP whose hours are reduced. <i>RHRS Record should be transmitted no later than the first day after the employee’s hours are reduced.</i>

Programming SHBP Record Types

Specific Add Update File (AUF) Layout for Each Record Type

The following pages show the specifications for each Record Type transmitted on an Add Update File (AUF). Please note multiple SHBP Record Types can be transmitted on a single AUF, meaning you can hire an employee, terminate another employee, and update the address of another employee on one AUF. Your Information Technology personnel should use the various Layouts to program your organizations HRIS or other internal system used to transmit your employee records (e.g., MUNIS, PC Genesis, Peoplesoft, etc.).

NEMP Record

NEMP Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
1	Payroll Location	char(5)	1	5	5	Yes	Left	Space	Payroll Location	14930
2	Record Type	char(4)	6	9	4	Yes	Left	Space	HARDCODED as: NEMP	NEMP
3	Employee SSN	char(9)	10	18	9	Yes	Left	Space	Employee SSN	123456789
4	Employee ID	char(12)	19	30	12	No	Left	Space	Send as blanks	
5	Last name	char(35)	31	65	35	Yes	Left	Space	Employee last name	SMITH
6	First name	char(25)	66	90	25	Yes	Left	Space	Employee first name	JOHN
7	Middle name	char(25)	91	115	25	No	Left	Space	Employee middle name	A
8	Prefix	char(10)	116	125	10	No	Left	Space	Send as blanks	
9	Suffix	char(10)	126	135	10	No	Left	Space	Send as blanks	
10	Street Address 1	char(55)	136	190	55	Yes	Left	Space	Employee street address 1	21 JUMP ST
11	Street Address 2 (e.g., Apt./Bldg./Ste. #)	char(55)	191	245	55	Yes	Left	Space	Employee street address 2	APT 2
12	City	char(30)	246	275	30	Yes	Left	Space	Employee city	ATHENS
13	State	char(2)	276	277	2	Yes	Left	Space	Employee state	GA
14	Postal Code	char(15)	278	292	15	Yes	Left	Space	Employee postal code	30601-1737
15	County of residence	char(15)	293	307	15	Yes	Left	Space	Employee county	029

NEMP Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
16	Country	char(3)	308	310	3	Yes	Left	Space	Employee country	USA
17	Phone number	char(20)	311	330	20	No	Left	Space	Employee phone	7067771122
18	Date of birth	char(8)	331	338	8	Yes	Right	Zero	Employee birthdate	19840211
19	Sex	char(1)	339	339	1	Yes	Left	Space	Employee gender	M
20	Unit/School code	char(15)	340	354	15	No	Left	Space	Employee unit/school code	040433
21	County of employment	char(15)	355	369	15	No	Left	Space	Employee county	029
22	SHBP eligible	char(1)	370	370	1	Yes	Left	Space	Y' for Yes; 'N' for No	Y or N
23	Retirement system	char(5)	371	375	5	No	Right	Zero	HARDCODED as: zero filled	00000
24	***Hire Date	char(8)	376	383	8	Yes	Right	Zero	CCYYMMDD (4-ditgit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Hire Date: January 5, 2018)	20180105
25	(filler)		384	391	8			Zero		
26	BOE Coverage Start Date (BCSD) Summer Transfer Field only used for Employees hired from May 1 - October 31 Only	char(8)	392	399	8	No	Right	Zero	CCYYMMDD (4-ditgit Calendar Year, 2-digit Month, 2-digit Day; 20180701 = BOE Coverage Start Date: July 1, 2018)	20180701
27	BOE Coverage End Date (BCED) Summer Transfer Field use for Employees with coverage ending specified last day of the month Only	char(8)	400	407	8	No	Right	Zero	Send as blanks	
28	(filler)		408	409	2			Space		
29	(filler)		410	411	2			Space		
30	(filler)		412	417	6			Zero		

NEMP Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
31	Premium Sign Character	char(1)	418	418	1	No	Left	Space	Send as blanks	
32	Deduction amount	char(6)	419	424	6	No	Right	Zero	Send as zero filled	000000
33	Deduction Sign Character	char(1)	425	425	1	No	Left	Space	Send as blanks	
34	Subsidized amount	char(6)	426	431	6	No	Right	Zero	Send as zero filled	000000
35	Subsidized Sign Character	char(1)	432	432	1	No	Left	Space	Send as blanks	
36	Date of death	char(8)	433	440	8	No	Right	Zero	Send as zero filled	00000000
37	Employment End Date/Date of Last Deduction	char(8)	441	448	8	No	Right	Zero	Send as zero filled	00000000
38	Insufficient earnings for deduction	char(1)	449	449	1	No	Left	Space	Send as zero filled	0
39	Employee Status	char(1)	450	450	1	Yes	Left	Space	A' for Actively working; 'L' for Leave Without Pay (LWOP)	A or L
40	SSN of retiree (if ENSD or ENSS)	char(9)	451	459	9	No	Right	Zero	Send as zero filled	000000000
41	Monthly Salary	char(7)	460	466	7	Yes	Right	Zero	Send as zero filled	0000000
42	Hours scheduled per week	Numeric	467	470	4	No *	Right	Zero	Send as zero filled	
43	Payroll Frequency	char(1)	471	471	1	No	Right	Zero	Send as zero filled	0
44	Email	char(128)	472	599	128	No	Left	Space	Send as blanks	
45	Ethnicity	char(1)	600	600	1	No	Left	Space	Send as blanks	
46	Primary Language	char(55)	601	655	55	No	Left	Space	Send as blanks	

* No scheduled hours required effective 6/1/2018.

***For Transfer Records Only (Hire date with New Employer cannot occur prior to the termination date from the Old Employer)

TERM Record

TERM Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
1	Payroll Location	char(5)	1	5	5	Yes	Left	Space	Payroll Location	14930
2	Record Type	char(4)	6	9	4	Yes	Left	Space	HARDCODED as: TERM	TERM
3	Employee SSN	char(9)	10	18	9	Yes	Left	Space	Employee SSN	123456789
4	Employee ID	char(12)	19	30	12	No	Left	Space	Send as blanks	
5	Last name	char(35)	31	65	35	Yes	Left	Space	Employee last name	SMITH
6	First name	char(25)	66	90	25	Yes	Left	Space	Employee first name	JOHN
7	Middle name	char(25)	91	115	25	No	Left	Space	Employee middle name	A
8	Prefix	char(10)	116	125	10	No	Left	Space	Send as blanks	
9	Suffix	char(10)	126	135	10	No	Left	Space	Send as blanks	
10	Street Address 1	char(55)	136	190	55	Yes	Left	Space	Employee street address 1	21 JUMP ST
11	Street Address 2 (e.g., Apt./Bldg./Ste. #)	char(55)	191	245	55	Yes	Left	Space	Employee street address 2	APT 2
12	City	char(30)	246	275	30	Yes	Left	Space	Employee city	ATHENS
13	State	char(2)	276	277	2	Yes	Left	Space	Employee state	GA
14	Postal Code	char(15)	278	292	15	Yes	Left	Space	Employee postal code	30601-1737
15	County of residence	char(15)	293	307	15	Yes	Left	Space	Employee county	029
16	Country	char(3)	308	310	3	Yes	Left	Space	Employee country	USA
17	Phone number	char(20)	311	330	20	No	Left	Space	Employee phone	7067771122
18	Date of birth	char(8)	331	338	8	Yes	Right	Zero	Employee birthdate	19840211
19	Sex	char(1)	339	339	1	Yes	Left	Space	Employee gender	M
20	Unit/School code	char(15)	340	354	15	No	Left	Space	Employee unit/school code	040433
21	County of employment	char(15)	355	369	15	No	Left	Space	Employee county	029
22	SHBP eligible	char(1)	370	370	1	Yes	Left	Space	Y' for Yes; 'N' for No	Y
23	Retirement system	char(5)	371	375	5	No	Right	Zero	HARDCODED as: zero filled	00000

TERM Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
24	Hire Date	char(8)	376	383	8	Yes	Right	Zero	CCYYMMDD (4-ditgit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Hire Date: January 5, 2018)	20180105
25	(filler)		384	391	8			Zero		
26	BOE Coverage Start Date (BCSD) Summer Transfer Field only used for Employees hired from May 1 - October 31 Only	char(8)	392	399	8	No	Right	Zero	Send as blanks	
27	BOE Coverage End Date (BCED) Summer Transfer Field use for Employees with coverage ending specified last day of the month Only	char(8)	400	407	8	No	Right	Zero	This field should be used if coverage needs to extend beyond the normal termination rules. CCYYMMDD (4-ditgit Calendar Year, 2-digit Month, 2-digit Day; 20180731 = BOE Coverage End Date: July 31, 2018)	20180731
28	(filler)	char(2)	408	409	2			Space		
29	(filler)	char(2)	410	411	2			Space		
30	(filler)	char(6)	412	417	6			Zero		
31	Premium Sign Character	char(1)	418	418	1	No	Left	Space	Send as blanks	
32	Deduction amount	char(6)	419	424	6	No	Right	Zero	Send as zero filled	000000
33	Deduction Sign Character	char(1)	425	425	1	No	Left	Space	Send as blanks	
34	Subsidized amount	char(6)	426	431	6	No	Right	Zero	Send as zero filled	000000
35	Subsidized Sign Character	char(1)	432	432	1	No	Left	Space	Send as blanks	
36	Date of death	char(8)	433	440	8	No	Right	Zero	Send as zero filled	00000000
37	Employment End Date/Date of Last Deduction	char(8)	441	448	8	Yes	Right	Zero	CCYYMMDD (4-ditgit Calendar Year, 2-digit Month, 2-digit Day; 20180731 = Date of Last Deduction: July 31, 2018)	20180731
38	Insufficient earnings for deduction	char(1)	449	449	1	No	Left	Space	Send as zero filled	0
39	Employee Status	char(1)	450	450	1	Yes	Left	Space	T for Terminated	T

TERM Record

Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
40	SSN of retiree (if ENSD or ENSS)	char(9)	451	459	9	No	Right	Zero	Send as zero filled	000000000
41	Monthly Salary	char(7)	460	466	7	Yes	Right	Zero	Send as zero filled	0000000
42	Hours scheduled per week	char(4)	467	470	4	No	Right	Zero	Send as zero filled	
43	Payroll Frequency	char(1)	471	471	1	No	Right	Zero	Send as zero filled	0
44	Email	char(128)	472	599	128	No	Left	Space	Send as blanks	
45	Ethnicity	char(1)	600	600	1	No	Left	Space	Send as blanks	
46	Primary Language	char(55)	601	655	55	No	Left	Space	Send as blanks	

RETR Record

RETR Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
1	Payroll Location	char(5)	1	5	5	Yes	Left	Space	Payroll Location	14930
2	Record Type	char(4)	6	9	4	Yes	Left	Space	HARDCODED as: RETR	RETR
3	Employee SSN	char(9)	10	18	9	Yes	Left	Space	Employee SSN	123456789
4	Employee ID	char(12)	19	30	12	No	Left	Space	Send as blanks	
5	Last name	char(35)	31	65	35	Yes	Left	Space	Employee last name	SMITH
6	First name	char(25)	66	90	25	Yes	Left	Space	Employee first name	JOHN
7	Middle name	char(25)	91	115	25	No	Left	Space	Employee middle name	A
8	Prefix	char(10)	116	125	10	No	Left	Space	Send as blanks	
9	Suffix	char(10)	126	135	10	No	Left	Space	Send as blanks	
10	Street Address 1	char(55)	136	190	55	Yes	Left	Space	Employee street address 1	21 JUMP ST
11	Street Address 2 (e.g., Apt./Bldg./Ste. #)	char(55)	191	245	55	Yes	Left	Space	Employee street address 2	APT 2
12	City	char(30)	246	275	30	Yes	Left	Space	Employee city	ATHENS
13	State	char(2)	276	277	2	Yes	Left	Space	Employee state	GA
14	Postal Code	char(15)	278	292	15	Yes	Left	Space	Employee postal code	30601-1737
15	County of residence	char(15)	293	307	15	Yes	Left	Space	Employee county	029
16	Country	char(3)	308	310	3	Yes	Left	Space	Employee country	USA
17	Phone number	char(20)	311	330	20	No	Left	Space	Employee phone	7067771122
18	Date of birth	char(8)	331	338	8	Yes	Right	Zero	Employee birthdate	19840211
19	Sex	char(1)	339	339	1	Yes	Left	Space	Employee gender	M
20	Unit/School code	char(15)	340	354	15	No	Left	Space	Employee unit/school code	040433
21	County of employment	char(15)	355	369	15	No	Left	Space	Employee county	029
22	SHBP eligible	char(1)	370	370	1	Yes	Left	Space	Y' for Yes; 'N' for No	Y
23	Retirement system	char(5)	371	375	5	No	Right	Zero	HARDCODED as: zero filled	00000

RETR Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
24	Hire Date	char(8)	376	383	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Hire Date: January 5, 2018)	20180105
25	(filler)		384	391	8			Zero		
26	BOE Coverage Start Date (BCSD) Summer Transfer Field only used for Employees hired from May 1 - October 31 Only	char(8)	392	399	8	No	Right	Zero	Send as blanks	
27	BOE Coverage End Date (BCED) Summer Transfer Field use for Employees with coverage ending specified last day of the month Only	char(8)	400	407	8	No	Right	Zero	Send as blanks	
28	(filler)	char(2)	408	409	2			Space		
29	(filler)	char(2)	410	411	2			Space		
30	(filler)	char(6)	412	417	6			Zero		
31	Premium Sign Character	char(1)	418	418	1	No	Left	Space	Send as blanks	
32	Deduction amount	char(6)	419	424	6	No	Right	Zero	Send as zero filled	000000
33	Deduction Sign Character	char(1)	425	425	1	No	Left	Space	Send as blanks	
34	Subsidized amount	char(6)	426	431	6	No	Right	Zero	Send as zero filled	000000
35	Subsidized Sign Character	char(1)	432	432	1	No	Left	Space	Send as blanks	
36	Date of death	char(8)	433	440	8	No	Right	Zero	Send as zero filled	00000000
37	Employment End Date/Date of Last Deduction	char(8)	441	448	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180731 = Date of Last Deduction: July 31, 2018)	20180731

RETR Record

Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
38	Insufficient earnings for deduction	char(1)	449	449	1	No	Left	Space	Send as zero filled	0
39	Employee Status	char(1)	450	450	1	Yes	Left	Space	R = Retired T = Terminated	R or T
40	SSN of retiree (if ENSD or ENSS)	char(9)	451	459	9	No	Right	Zero	Send as zero filled	000000000
41	Monthly Salary	char(7)	460	466	7	Yes	Right	Zero	Send as zero filled	0000000
42	Hours scheduled per week	char(4)	467	470	4	*NO	Right	Zero	Send as zero filled	
43	Payroll Frequency	char(1)	471	471	1	No	Right	Zero	Send as zero filled	0
44	Email	char(128)	472	599	128	No	Left	Space	Send as blanks	
45	Ethnicity	char(1)	600	600	1	No	Left	Space	Send as blanks	
46	Primary Language	char(55)	601	655	55	No	Left	Space	Send as blanks	

MISC Record

MISC Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
1	Payroll Location	char(5)	1	5	5	Yes	Left	Space	Payroll Location	14930
2	Record Type	char(4)	6	9	4	Yes	Left	Space	HARDCODED as: MISC	MISC
3	Employee SSN	char(9)	10	18	9	Yes	Left	Space	Employee SSN	123456789
4	Employee ID	char(9)	19	30	12	No	Left	Space	Send as blanks	
5	Last name	char(35)	31	65	35	Yes	Left	Space	Employee last name	SMITH
6	First name	char(25)	66	90	25	Yes	Left	Space	Employee first name	JOHN
7	Middle name	char(25)	91	115	25	No	Left	Space	Employee middle name	A
8	Prefix	char(10)	116	125	10	No	Left	Space	Send as blanks	
9	Suffix	char(10)	126	135	10	No	Left	Space	Send as blanks	
10	Street Address 1	char(55)	136	190	55	Yes	Left	Space	Employee street address 1	21 JUMP ST
11	Street Address 2 (e.g., Apt./Bldg./Ste. #)	char(55)	191	245	55	Yes	Left	Space	Employee street address 2	APT 2
12	City	char(30)	246	275	30	Yes	Left	Space	Employee city	ATHENS
13	State	char(2)	276	277	2	Yes	Left	Space	Employee state	GA
14	Postal Code	char(15)	278	292	15	Yes	Left	Space	Employee postal code	30601-1737
15	County of residence	char(15)	293	307	15	Yes	Left	Space	Employee county	029
16	Country	char(3)	308	310	3	Yes	Left	Space	Employee country	USA
17	Phone number	char(20)	311	330	20	No	Left	Space	Employee phone	7067771122
18	Date of birth	char(8)	331	338	8	No	Right	Zero	Employee birthdate	19840211
19	Sex	char(1)	339	339	1	No	Left	Space	Employee gender	M
20	Unit/School code	char(15)	340	354	15	No	Left	Space	Employee unit/school code	040433
21	County of employment	char(15)	355	369	15	No	Left	Space	Employee county	029
22	SHBP eligible	char(1)	370	370	1	Yes	Left	Space	Y' for Yes; 'N' for No	Y
23	Retirement system	char(5)	371	375	5	No	Right	Zero	HARDCODED as: zero filled	00000

MISC Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
24	Hire Date	char(8)	376	383	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Hire Date: January 5, 2018)	20180105
25	(filler)		384	391	8			Zero		
26	BOE Coverage Start Date (BCSD) Summer Transfer Field only used for Employees hired from May 1 - October 31 Only	char(8)	392	399	8	No	Right	Zero	Send as blanks	
27	BOE Coverage End Date (BCED) Summer Transfer Field use for Employees with coverage ending specified last day of the month Only	char(8)	400	407	8	No	Right	Zero	Send as blanks	
28	(filler)	char(2)	408	409	2			Space		
29	(filler)	char(2)	410	411	2			Space		
30	(filler)	char(6)	412	417	6			Zero		
31	Premium Sign Character	char(1)	418	418	1	No	Left	Space	Send as blanks	
32	Deduction amount	char(6)	419	424	6	No	Right	Zero	Send as zero filled	000000
33	Deduction Sign Character	char(1)	425	425	1	No	Left	Space	Send as blanks	
34	Subsidized amount	char(6)	426	431	6	No	Right	Zero	Send as zero filled	000000
35	Subsidized Sign Character	char(1)	432	432	1	No	Left	Space	Send as blanks	
36	Date of death	char(8)	433	440	8	**No	Right	Zero	Send as zero filled	00000000
37	Employment End Date/Date of Last Deduction	char(8)	441	448	8	**No	Right	Zero	Send as zero filled	00000000
38	Insufficient earnings for deduction	char(1)	449	449	1	No	Left	Space	Send as zero filled	0
39	Employee Status	char(1)	450	450	1	Yes	Left	Space	A = Actively Working R = Retired L = Leave Without Pay (LWOP) T = Terminated	A, R, L, or T

MISC Record

Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
40	SSN of retiree (if ENSD or ENSS)	char(9)	451	459	9	No	Right	Zero	Send as zero filled	000000000
41	Monthly Salary	char(7)	460	466	7	Yes	Right	Zero	Send as zero filled	0000000
42	Hours scheduled per week	char(4)	467	470	4	No	Right	Zero	Send as zero filled	
43	Payroll Frequency	char(1)	471	471	1	No	Right	Zero	Send as zero filled	0
44	Email	char(128)	472	599	128	No	Left	Space	Send as blanks	
45	Ethnicity	char(1)	600	600	1	No	Left	Space	Send as blanks	
46	Primary Language	char(55)	601	655	55	No	Left	Space	Send as blanks	

DCSD Record or KLOD Record

DCSD Record or KLOD Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
1	Payroll Location	char(5)	1	5	5	Yes	Left	Space	Payroll Location	14930
2	Record Type	char(4)	6	9	4	Yes	Left	Space	HARDCODED as: DCSD or KLOD	DCSD or KLOD
3	Employee SSN	char(9)	10	18	9	Yes	Left	Space	Employee SSN	123456789
4	Employee ID		19	30	12	No	Left	Space	Send as blanks	
5	Last name	char(35)	31	65	35	Yes	Left	Space	Employee last name	SMITH
6	First name	char(25)	66	90	25	Yes	Left	Space	Employee first name	JOHN
7	Middle name	char(25)	91	115	25	No	Left	Space	Employee middle name	A
8	Prefix	char(10)	116	125	10	No	Left	Space	Send as blanks	
9	Suffix	char(10)	126	135	10	No	Left	Space	Send as blanks	
10	Street Address 1	char(55)	136	190	55	Yes	Left	Space	Employee street address 1	21 JUMP ST
11	Street Address 2 (e.g., Apt./Bldg./Ste. #)	char(55)	191	245	55	Yes	Left	Space	Employee street address 2	APT 2
12	City	char(30)	246	275	30	Yes	Left	Space	Employee city	ATHENS
13	State	char(2)	276	277	2	Yes	Left	Space	Employee state	GA
14	Postal Code	char(15)	278	292	15	Yes	Left	Space	Employee postal code	30601-1737
15	County of residence	char(15)	293	307	15	Yes	Left	Space	Employee county	029
16	Country	char(3)	308	310	3	No	Left	Space	Employee country	USA
17	Phone number	char(20)	311	330	20	No	Left	Space	Employee phone	7067771122
18	Date of birth	char(8)	331	338	8	Yes	Right	Zero	Employee birthdate	19840211
19	Sex	char(1)	339	339	1	Yes	Left	Space	Employee gender	M
20	Unit/School code	char(15)	340	354	15	No	Left	Space	Employee unit/school code	040433
21	County of employment	char(15)	355	369	15	No	Left	Space	Employee county	029
22	SHBP eligible	char(1)	370	370	1	Yes	Left	Space	'Y' for Yes; 'N' for No	Y
23	Retirement system	char(5)	371	375	5	No	Right	Zero	HARDCODED as: zero filled	00000

DCSD Record or KLOD Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
24	Hire Date	char(8)	376	383	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Hire Date: January 5, 2018)	20180105
25	(filler)		384	391	8			Zero		
26	BOE Coverage Start Date (BCSD) Summer Transfer Field only used for Employees hired from May 1 - October 31 Only	char(8)	392	399	8	No	Right	Zero	Send as blanks	
27	BOE Coverage End Date (BCED) Summer Transfer Field use for Employees with coverage ending specified last day of the month Only	char(8)	400	407	8	No	Right	Zero	Send as blanks	
28	(filler)	char(2)	408	409	2			Space		
29	(filler)	char(2)	410	411	2			Space		
30	(filler)	char(6)	412	417	6			Zero		
31	Premium Sign Character	char(1)	418	418	1	No	Left	Space	Send as blanks	
32	Deduction amount	char(6)	419	424	6	No	Right	Zero	Send as zero filled	000000
33	Deduction Sign Character	char(1)	425	425	1	No	Left	Space	Send as blanks	
34	Subsidized amount	char(6)	426	431	6	No	Right	Zero	Send as zero filled	000000
35	Subsidized Sign Character	char(1)	432	432	1	No	Left	Space	Send as blanks	
36	Date of death	char(8)	433	440	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Date of Death: January 5, 2018)	20180105
37	Employment End Date/Date of Last Deduction	char(8)	441	448	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180731 = Date of Last Deduction: July 31, 2018)	20180731

DCSD Record or KLOD Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
38	Insufficient earnings for deduction	char(8)	449	449	1	No	Left	Space	Send as zero filled	0
39	Employee Status	char(1)	450	450	1	Yes	Left	Space	D = Deceased	D
40	SSN of retiree (if ENSD or ENSS)	char(9)	451	459	9	No	Right	Zero	Send as zero filled	00000000
41	Monthly Salary	char(7)	460	466	7	Yes	Right	Zero	Send as zero filled	0000000
42	Hours scheduled per week	char(4)	467	470	4	*NO	Right	Zero	Send as zero filled	
43	Payroll Frequency	char(1)	471	471	1	No	Right	Zero	Send as zero filled	0
44	Email	char(128)	472	599	128	No	Left	Space	Send as blanks	
45	Ethnicity	char(1)	600	600	1	No	Left	Space	Send as blanks	
46	Primary Language	char(55)	601	655	55	No	Left	Space	Send as blanks	

LOFF Record or RHRS Record

LOFF Record or RHRS Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
1	Payroll Location	char(5)	1	5	5	Yes	Left	Space	Payroll Location	14930
2	Record Type	char(4)	6	9	4	Yes	Left	Space	HARDCODED as: LOFF or RHRS	LOFF or RHRS
3	Employee SSN	char(9)	10	18	9	Yes	Left	Space	Employee SSN	123456789
4	Employee ID	char(12)	19	30	12	No	Left	Space	Send as blanks	
5	Last name	char(35)	31	65	35	Yes	Left	Space	Employee last name	SMITH
6	First name	char(25)	66	90	25	Yes	Left	Space	Employee first name	JOHN
7	Middle name	char(25)	91	115	25	No	Left	Space	Employee middle name	A
8	Prefix	char(10)	116	125	10	No	Left	Space	Send as blanks	
9	Suffix	char(10)	126	135	10	No	Left	Space	Send as blanks	
10	Street Address 1	char(55)	136	190	55	Yes	Left	Space	Employee street address 1	21 JUMP ST
11	Street Address 2 (e.g., Apt./Bldg./Ste. #)	char(55)	191	245	55	Yes	Left	Space	Employee street address 2	APT 2
12	City	char(30)	246	275	30	Yes	Left	Space	Employee city	ATHENS
13	State	char(2)	276	277	2	Yes	Left	Space	Employee state	GA
14	Postal Code	char(15)	278	292	15	Yes	Left	Space	Employee postal code	30601-1737
15	County of residence	char(15)	293	307	15	Yes	Left	Space	Employee county	029
16	Country	char(3)	308	310	3	Yes	Left	Space	Employee country	USA
17	Phone number	char(20)	311	330	20	No	Left	Space	Employee phone	7067771122
18	Date of birth	char(8)	331	338	8	Yes	Right	Zero	Employee birthdate	19840211
19	Sex	char(1)	339	339	1	Yes	Left	Space	Employee gender	M
20	Unit/School code	char(15)	340	354	15	No	Left	Space	Employee unit/school code	040433
21	County of employment	char(15)	355	369	15	No	Left	Space	Employee county	029
22	SHBP eligible	char(1)	370	370	1	Yes	Left	Space	Y' for Yes; 'N' for No	Y
23	Retirement system	char(5)	371	375	5	No	Right	Zero	HARDCODED as: zero filled	00000

LOFF Record or RHRS Record										
Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
24	Hire Date	char(8)	376	383	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180105 = Hire Date: January 5, 2018)	20180105
25	(filler)		384	391	8			Zero		
26	BOE Coverage Start Date (BCSD) Summer Transfer Field only used for Employees hired from May 1 - October 31 Only	char(8)	392	399	8	No	Right	Zero	Send as blanks	
27	BOE Coverage End Date (BCED) Summer Transfer Field use for Employees with coverage ending specified last day of the month Only	char(8)	400	407	8	No	Right	Zero	Send as blanks	
28	(filler)	char(2)	408	409	2			Space		
29	(filler)	char(2)	410	411	2			Space		
30	(filler)	char(6)	412	417	6			Zero		
31	Premium Sign Character	char(1)	418	418	1	No	Left	Space	Send as blanks	
32	Deduction amount	char(6)	419	424	6	No	Right	Zero	Send as zero filled	000000
33	Deduction Sign Character	char(1)	425	425	1	No	Left	Space	Send as blanks	
34	Subsidized amount	char(6)	426	431	6	No	Right	Zero	Send as zero filled	000000
35	Subsidized Sign Character	char(1)	432	432	1	No	Left	Space	Send as blanks	
36	Date of death	char(8)	433	440	8	No	Right	Zero	Send as zero filled	00000000
37	Employment End Date/Date of Last Deduction	char(8)	441	448	8	Yes	Right	Zero	CCYYMMDD (4-digit Calendar Year, 2-digit Month, 2-digit Day; 20180731 = Date of Last Deduction: July 31, 2018)	20180731
38	Insufficient earnings for deduction	char(8)	449	449	1	No	Left	Space	Send as zero filled	0

LOFF Record or RHRS Record

Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments	Example
39	Employee Status	char(1)	450	450	1	No	Left	Space	A = Actively Working R = Retired L = Leave Without Pay (LWOP) T = Terminated	A, R, L, or T
40	SSN of retiree (if ENSD or ENSS)	char(9)	451	459	9	No	Right	Zero	Send as zero filled	000000000
41	Monthly Salary	char(7)	460	466	7	Yes	Right	Zero	Send as zero filled	0000000
42	Hours scheduled per week	char(4)	467	470	4	*NO	Right	Zero	Send as zero filled	
43	Payroll Frequency	char(1)	471	471	1	No	Right	Zero	Send as zero filled	0
44	Email	char(128)	472	599	128	No	Left	Space	Send as blanks	
45	Ethnicity	char(1)	600	600	1	No	Left	Space	Send as blanks	
46	Primary Language	char(55)	601	655	55	No	Left	Space	Send as blanks	

Transmitting AUF to SHBP

Transmitting an AUF

In the prior sections, we discussed programming specifications for approved SHBP Record Types to be included on an AUF. Now we turn our attention to transmitting AUF to SHBP. When transmitting an AUF, it is critical that the file has the proper naming convention to ensure the AUF is processed. Without the proper naming convention below, an Employer's AUF will not be processed, delaying any SHBP coverage updates for their employees. AUFs are transmitted via two methods: State Health Repository Tool (SHRT) or Secure File Transfer Protocol (SFTP).

Naming Convention

The proper naming convention of AUF transmitted via SHRT or SFTP is:

AUF_5digitPRL_LocationName_YYMMDDhhmm.txt

For example, an AUF with this naming convention, AUF_72212_Rockdale_1912050130.txt, notifies SHBP and ADP that Rockdale Board of Education transmitted this AUF on December 5, 2019 at 1:30.

Transmitting an AUF via SHRT

Employer should upload their AUF via SHRT by logging into the SHBP Enrollment Portal, connecting to SHRT, then selecting their "To ADP" folder.

Transmitting an AUF via SFTP

Employers should upload their AUF files via SFTP by either logging in to the SFTP site or through an automated process set up by the employer which posts the file to the SFTP site. SHBP will request ADP set up the SFTP site and the below credentials will be provided to the employer.

- Host
- Port
- User Name
- Password
- Folder Name

Changing the Method of Transmitting an AUF

Employers wishing to change from SFTP to SHRT transmission should contact their Employer Services Specialist to initiate the change. Prior to contacting the Employer Services Specialist, the employer should test their ability to upload to the To_ADP folder within SHRT. If upload is not an available option then your Employer Services Specialist must create a request for your access privileges to be adjusted by ADP.

Employers wishing to change from SHRT to SFTP transmission should also contact their Employer Services Specialist so that he/she can initiate the change with ADP. Once the SFTP has been created by ADP, the credentials will be provided to the employer to set up and test the transmission to ADP.

Note: Employers should continue to submit their AUF files by their current transmission method until confirmation is received from the Employer Services Specialist that the transition is complete.

AUF Processing Schedule

AUFs submitted by Employers Monday – Friday by 5:00pm EST will be loaded into the SHBP Enrollment Portal by the next business day. AUFs submitted by Employers Monday – Friday after 5:00pm EST will not be processed by ADP until after 5:00pm EST the next business day and will be loaded into the SHBP Enrollment Portal by the next business day thereafter.

Please note your employee records are not visible until the records are loaded into the SHBP Enrollment Portal. If a record(s) included on an Employer’s AUF is not loaded into the SHBP Enrollment Portal per these timeframes, the Employer should log in to SHRT to download and review their Input Error Report and/or Reject Report posted in the State Health Repository Tool (SHRT) in the Employer’s From ADP/Input_File_Errors Folder.

AUF RECORD PROCESSING SCHEDULE	
Employer Transmits Employee Record via AUF	Record(s) Loaded in SHBP Enrollment Portal
Monday by 5:00 p.m.	Tuesday at 8:00 a.m.
Monday after 5:00 p.m.	Wednesday at 8:00 a.m.
Tuesday by 5:00 p.m.	Wednesday at 8:00 a.m.
Tuesday after 5:00 p.m.	Thursday at 8:00 a.m.
Wednesday by 5:00 p.m.	Thursday at 8:00 a.m.
Wednesday after 5:00 p.m.	Friday at 8:00 a.m.
Thursday by 5:00 p.m.	Friday at 8:00 a.m.
Thursday after 5:00 p.m.	Monday at 8:00 a.m.
Friday by 5:00 p.m.	Monday at 8:00 a.m.
Friday after 5:00 p.m.	Tuesday at 8:00 a.m.

User Acceptance Testing

User Acceptance Testing (UAT) Overview

Now that we have reviewed the AUF Layout, Record Types, and transmitting AUF, this next section focuses on the types of UAT offered by SHBP, the testing process, requirements, and expectations regarding the UAT process and the various individuals involved in the process. SHBP offers two types of testing for:

1. **Existing Employers:** Employers that are currently participating in SHBP and have an HRIS or other internal system used to transmit their employee eligibility records.
2. **Potential Employers:** Employers who are interested in participating in SHBP and may or may not have an HRIS or other internal system used to transmit their employee eligibility records but understand they must secure an HRIS or other internal system prior to their approval to participate in SHBP.

Existing Employers

Existing Employers may require testing for a number of reasons including:

- Transitioning to a new HRIS or other internal system to replace a current legacy or homegrown system, or a current HRIS or other internal system;
- Internal testing of a current legacy or homegrown system, or a current HRIS or other internal system for troubleshooting, upgrading, etc.; and
- Establishing a new Payroll Location for Board Members of Boards of Education that would like to participate in SHBP coverage (note application is available on the SHBP website: <https://shbp.georgia.gov/>).

We strongly suggest Existing Employers making any changes to their HRIS or other internal system, even if it appears to be a minor change, request testing to ensure your ability to transmit your employee eligibility records is not impacted. Existing Employers may request assistance by selecting primary issue “Technical Assistance” in the SHBP Employer (X)change located on the SHBP website: <https://shbp.georgia.gov/xchange>.

Potential Employers

Potential Employers generally include Contract Employers and Charter Schools. Potential Employers interested in participating in SHBP are eligible to onboard twice a year – January 1 and July 1 and must notify SHBP three (3) months prior to the coverage effective date requested.

Contract Employers are eligible to participate in SHBP pursuant to a specific state statute via a contractual agreement with the Department of Community Health (e.g., Critical Access Hospitals, Federally Qualified Health Centers, and certain pension funds). Note the application is in the process of being added to the SHBP website: <https://shbp.georgia.gov/>.

Charter Schools have a one-time opportunity to participate in SHBP coverage and if they do not exercise that opportunity, they are no longer eligible to participate in SHBP. Specifically, Charter Schools are eligible to participate in SHBP coverage upon initial approval of their charter, which for SHBP purposes means an application to participate in SHBP must be submitted within 6

months of their charter being approved (note application is available on the SHBP website: <https://shbp.georgia.gov/>).

Notification Requirements

SHBP requires 3 months advance notification to prepare for testing. Please be mindful of this requirement when planning your project and negotiating your vendor contracts. We are unable to shut down SHBP to commit our staff and ADP's staff to an employer's project due to last minute planning or unforeseen issues, as SHBP is responsible for almost 600 employers and is one of the largest non-federal governmental health plans in the United States.

Costs

Existing employers are responsible for any and all costs related to their request or failure to request testing assistance. The cost is determined by the costs SHBP is charged by ADP to commit team members and hours to accomplish the specific testing needed.

Potential employers who do not comply with the notification requirements to be onboarded January 1 and July 1 are responsible for the entire cost of onboarding which is determined by the costs SHBP is charged by ADP to commit team members and hours to ensure your organization can successfully transmit employee eligibility records.

UAT Material

UAT Test Plan (*Existing and Potential Employers*) – includes complete testing schedule, dates/times test files should be transmitted to SHBP, Record Types that should be transmitted, etc.

Employer's Role

1. Comply with all requirements and processes established by SHBP for User Acceptance Testing (UAT), including completing necessary applications, executing contracts, and forms, etc.
2. Secure knowledgeable IT personnel to assist you with UAT. It is not SHBP's job to troubleshoot your internal system, so it is imperative you secure professional assistance.
3. Communicate directly with your vendor or IT personnel and provide the necessary information to your vendor and/or IT personnel to ensure they can and will meet expectations.
4. Understand that SHBP will not directly communicate with your vendor or allow you to directly communicate with ADP to ensure costs are contained and there are no misunderstandings. Your vendor works for you and ADP works for SHBP.
5. Provide multiple test files to SHBP in accordance with a UAT test plan.
6. Review the feedback from SHBP and promptly make any corrections based on the feedback provided.
7. Contact SHBP with any questions you have regarding UAT.

SHBP's Role

1. Respond to Employer questions regarding UAT;
2. Determine costs & UAT Test Plan;
3. Provide approval to ADP to begin the testing;

4. Act as Liaison between Employer and ADP throughout testing to ensure project stays on target and costs are contained.
5. Communicate current status of test files, test results, and corrective action.

DCH does not endorse any HRIS or other internal system used by SHBP Employing Entities to transmit their employee eligibility records. DCH has a contractual relationship with ADP, however, we do not endorse goods or services offered by ADP, its related companies or affiliates to SHBP Employing Entities.

Appendix

Comprehensive AUF Layout: Boards of Education

Below is a comprehensive layout of the AUF for Boards of Education which SHBP provides to their designated benefits administrators (non-technical personnel).

Field Name	Start	Width	Required	Comments
Payroll location	001	5	Y	SHBP Payroll Location Number
Record Type	006	4	Y	See record type valid values (e.g. NEMP, TERM, etc.)
Employee SSN	010	9	Y	
Employee ID	019	12		Optional employee ID from payroll system
Last name	031	35	Y	
First name	066	25	Y	
Middle name	091	25	O	
Prefix	116	10	O	
Suffix	126	10	O	
Street Address 1	136	55	Y	
Street Address 2	191	55	Y	
City	246	30	Y	
State	276	2	Y	
Postal Code	278	15	Y	
County of residence	293	15	O	001 - 159 and 160 (out of state) or county name (see attached list)
Country	308	3	O	default to USA
Phone number	311	20	O	
Date of birth	331	8	Y	CCYYMMDD
Sex	339	1	Y	F or M
Unit/School code	340	15	O	
County of employment	355	15	O	001 - 159 and 160 (out of state) or county name
				Y or N
SHBP eligible	370	1	Y	Must be provided for all members as this will drive benefits (in)eligibility.
Retirement system	371	5		14990 -ERS, 89929 or 89990 - TRS, 89409 - PSERS, 14960 - LRS, 14930 - SCRS, other
Hire Date	376	8	Y	CCYYMMDD The 1st date for which the employee is compensated.
(filler)	384	8		

Field Name	Start	Width	Required	Comments
Board of Education COVERAGE START DATE (BCSD)	392	8		<p>CCYYMMDD Coverage Month Example: 20060301</p> <p>The date the employee's <u>benefit</u> coverage starts at the employing agency.</p> <p>This field should only be used for summer transfers from May 1 through October 31. During this timeframe, the date provided in this field will be used to replace the hire date when determining the benefit start date in the ADP system.</p> <p>This field should only be used by BOEs. State agencies should keep this field blank.</p>
Board of Education COVERAGE END DATE (BCED)	400	8	Y	<p>CCYYMMDD</p> <p>The date the employee's <u>benefit</u> coverage ends at the employing agency.</p> <p>This date should always be the last day of the month. Any dates other than the last day of the month will be rolled to the last day of the month. (Example: 8/15 will be 8/31).</p> <p>The date provided in this field will be used to replace the Last Deduction Date when determining the benefit end date in the ADP system.</p> <p>This field should only be used by BOEs. State agencies should keep this field blank.</p>
Option	408	2		See Option Valid Values
Type/Tier	410	2		See Tier Valid Values
Premium (Employee portion)	412	9(4)V99S		<p>Examples: 010000 for \$100.00 010000- for -\$100.00 last character(position 418) is minus sign if negative, blank if positive NOTE: Amount shown in positions 419 to 425 plus amount shown in positions 426 to 432 should equal total amount billed by SHBP for the employee's portion of the premium</p>
Deduction amount	419	9(4)V99S		<p>Examples: 010000 for \$100.00 010000- for -\$100.00 last character(position 425) is minus sign if negative, blank if positive NOTE: Amount shown in positions 419 to 425 plus amount shown in positions 426 to 432 should equal total amount billed by SHBP for the employee's portion of the premium</p>

Field Name	Start	Width	Required	Comments
Subsidized amount	426	9(4)V99S		Examples: 010000 for \$100.00 010000- for -\$100.00 last character(position 432) is minus sign if negative, blank if positive NOTE: Amount shown in positions 419 to 425 plus amount shown in positions 426 to 432 should equal total amount billed by SHBP for the employee's portion of the premium
Date of death	433	8	Y (if applicable)	CCYYMMDD, must be provided with record type DCSD.
Date of Last Deduction	441	8	Y (if applicable)	CCYYMMDD
Insufficient earnings for deduction	449	1		Y or N
Employee Status	450	1	Y	A = Actively working L = LWOP
SSN of retiree (if ENSD or ENSS)	451	9		For use by Retirement Systems only
Monthly Salary	460	9(5)V99	Y	Teachers - State Based Salary, Everybody else - amount paid for the performance of his/her duties
(Filler)	467	99V99	O	
Payroll Frequency	471	1	O	Payroll Frequency can be provided with the PUF. See Payroll Frequency Valid Values
Email	472	X(128)	Y (if applicable)	Email Address of the employee. Email addresses will be required for Fall 2013 Open Enrollment
Ethnicity	600	X(1)		See Ethnicity tab for valid values
Primary Language	601	X(55)		ENGLISH or whatever language is the Primary Language for the employee

Comprehensive AUF Layout: Employers Not Participating in SAO

Below is a comprehensive layout of the AUF for Employer Not Participating in SAO which SHBP provides to their designated benefits administrators (non-technical personnel).

Field Name	Start	Width	Required	Comments
Payroll location	001	5	Y	SHBP Payroll Location Number
Record Type	006	4	Y	See record type valid values
Employee SSN	010	9	Y	
Employee ID	019	12		Optional employee ID from payroll system
Last name	031	35	Y	
First name	066	25	Y	
Middle name	091	25	O	
Prefix	116	10	O	
Suffix	126	10	O	
Street Address 1	136	55	Y	
Street Address 2	191	55	Y	
City	246	30	Y	
State	276	2	Y	
Postal Code	278	15	Y	
County of residence	293	15	O	001 - 159 and 160 (out of state) or county name (see attached list)
Country	308	3	O	default to USA
Phone number	311	20	O	
Date of birth	331	8	Y	CCYYMMDD
Sex	339	1	Y	F or M
Unit/School code	340	15	O	
County of employment	355	15	O	001 - 159 and 160 (out of state) or county name
SHBP eligible	370	1	Y	Y or N Must be provided for all members as this will drive benefits (in)eligibility.
Retirement system	371	5		14990 - ERS, 89929 or 89990 - TRS, 89409 - PSERS, 14960 - LRS, 14930 - SCRS, other
Hire Date	376	8	Y	CCYYMMDD The 1st date for which the employee is compensated.
(filler)	384	8		
Coverage effective date	392	8		CCYYMMDD Coverage Month Example: 20060301
Coverage end date	400	8	Y	CCYYMMDD
Option	408	2		See Option Valid Values
Type/Tier	410	2		See Tier Valid Values

Field Name	Start	Width	Required	Comments
Premium (Employee portion)	412	9(4)V99S		Examples: 010000 for \$100.00 010000- for -\$100.00 last character(position 418) is minus sign if negative, blank if positive NOTE: Amount shown in positions 419 to 425 plus amount shown in positions 426 to 432 should equal total amount billed by SHBP for the employee's portion of the premium
Deduction amount	419	9(4)V99S		Examples: 010000 for \$100.00 010000- for -\$100.00 last character(position 425) is minus sign if negative, blank if positive NOTE: Amount shown in positions 419 to 425 plus amount shown in positions 426 to 432 should equal total amount billed by SHBP for the employee's portion of the premium
Subsidized amount	426	9(4)V99S		Examples: 010000 for \$100.00 010000- for -\$100.00 last character(position 432) is minus sign if negative, blank if positive NOTE: Amount shown in positions 419 to 425 plus amount shown in positions 426 to 432 should equal total amount billed by SHBP for the employee's portion of the premium
Date of death	433	8	Y (if applicable)	CCYYMMDD, must be provided with record type DCSD.
Date of Last Deduction	441	8	Y (if applicable)	CCYYMMDD
Insufficient earnings for deduction	449	1		Y or N
Employee Status	450	1	Y	A = Actively working L = LWOP
SSN of retiree (if ENSD or ENSS)	451	9		For use by Retirement Systems only
Monthly Salary	460	9(5)V99	Y	Teachers - State Based Salary, Everybody else - amount paid for the performance of his/her duties
(Filler)	467	99V99	O	
Payroll Frequency	471	1	O	Payroll Frequency can be provided with the PUF. See Payroll Frequency Valid Values
Email	472	X(128)	Y (if applicable)	Email Address of the employee. Email addresses will be required for Fall 2013 Open Enrollment
Ethnicity	600	X(1)		See Ethnicity tab for valid values
Primary Language	601	X(55)		ENGLISH or whatever language is the Primary Language for the employee