

T-COBRA Web – Travisoft

Browse for your CSV file and the press the Save System Integration File button. (The file must have a .TXT extension.) A message will appear letting you know if the file converted successfully. Close the window. Click on the "Refresh this Page" link. You will see the converted file. If it did not successfully convert you can view the log file to see what was wrong with the file.

CSV PQB IMPORT FILE RECORD DESCRIPTIONS

- A File is made of a set of Records of different Record Types
- A File will only have one header per file and will be the first record in the file
- Records are delimited by a Carriage Return character (ASCII 0D hex or 13 decimal) followed by a Line Feed (ASCII 0A hex or 10 decimal) character
- Each Record is of a single Record Type
- Records other than the header can appear in any order
- Each Record is made up of one or more Fields
- Fields within a Record are delimited with the ',' (comma) character
- Empty or unused fields require a field delimiter such that all fields are located in their correct position in each Record (field position detailed in each Record Type below)

Supported Field Formats

Format Code	Format Description
A	Alphabetic – limited to upper and lower case letters.
N	Numeric – limited to numbers and period character only.
AN	Alphanumeric – limited to Alphabetic and Numeric characters described above plus additional punctuation characters such as dashes, periods, apostrophes etc.
D	Date – formatted as MMDDYYYY
T	Time – formatted as HHMMSS (in military time)
B	Boolean – T = True, F = False

All data should be in the ASCII character set (20h to 7Fh). The type of ASCII file format required is Comma Delimited. Records of the delimited text type are of variable length and are delimited with a carriage return and line feed (0Dh and 0Ah). Fields in each record are enclosed in quotes and delimited with a comma (2Ch).

SSN: This field (PQB Social Security Number) is a key field and must be on each record, unless you have populated the PQB ID field and which to use it instead of the SSN. The format is "999-99-9999". If the embedded dashes are not included, the program will insert the dashes.

PQB ID: If you wish to use the PQB ID instead of the SSN, you simply enter a minimum of one alpha numeric character in the PQB ID field, and make sure that the SSN field is blank. If both the SSN and the PQB ID fields are populated, the system will default to the SSN as the main identifying field.

Dates: The available formats for date fields are "MM/DD/YY", "MM/DD/YYYY", "MMDDYY", "MMDDYYYY".

RELATION: This field differentiates between the three record types. The data in this field may be one of the following : PQB, SPOUSE, CHILD, PARTNER, or COVERAGE.

Family Member Records are optional.

FLEX Benefit Plan must have their own Record Type 3 record. There will only be one benefit plan on a FLEX benefit assignment.

For Leave Of Absence, use field 066 on the Primary PQB Record for the COBRA Coverage End Date. If you do not put a date in this field, we will add 84 days to the event date.

Italic indicates that the field is required.

Primary QB Record - Record Type 1

001: *Social Security number of the Primary PQB*

002: **Update (U = updating record / Blank for not updating)**

003: *Last Name*

004: *First Name*

005: *Middle Initial*

006: *Client/Employer User Defined Key (not required if using Client/Employer Code field)*

007: *Department User Defined Key (not required if using Department Code field)*

008: *Sex (F = Female / M = Male)*

009: *Title (if blank, will be replaced with Mr. for male and Ms. for female)*

010: *Relation (PQB -- this is the indicator for the record type. PQB<<EE -- To transfer an Employee record to this PQB entry; SSN must match Employee to Transfer)*

011: **Client/Employer Code**

012: *Date Of Birth*

013: *First Day After Loss of Coverage*

014: *COBRA Event date*

015: *PQB Event Code - see dictionary for the System Integrator*

016: *PQB Address Line 1*

017: *PQB City*

018: *PQB State*

019: *PQB Zip Code*

020: *Phone Number*

021: *Employee ID*

022: **Department Code**

023: *Relationship (See Data Dictionary)*

024 - 039:

040: *Date employer was notified of COBRA Event*

041: *PQB Address Line 2*

042: *Eligible for Medicaid? (T or F)*

043:

044: *Date PQB Became Enrolled (retroactive add)*

045: *Negative or positive amount used to set up a current balance. Only necessary if the PQB has over or under paid.*

046: *Date the last payment was received by the PQB*

047: *Paid Through Date*

048: *Next Premium Payment Due Date*

049: *Print a Takeover Letter (T of F)*

050 - 056:

057: *Date original Cobra notification was sent. Starts the 60 day window.*

058:

059: *Original Hire Date*

060:

061: *Spouse Address Line 1 (61-65 are only necessary if a separate notification letter needs to be sent to the spouse)*

062: Spouse Address Line 2
063: Spouse City
064: Spouse State
065: Spouse Zip
066: COBRA Coverage End Date For Event 9 (Custom Event) or Event 7 (Leave Of Absence)
067: Custom Event Description
077:
078:
079:
080-097:
098: Include Family in Address? (T or F)
099-120:
121: Did PQB apply for Trade Assistance? (T or F)
122: Date PQB Applied for Trade Assistance
123: Was PQB Approved for Trade Assistance? (T or F)
124: Date PQB was Approved for Trade Assistance
125: PQB Email Address
126: PQB wants to receive letters via email (T or F)
127: PQB ID
128-136:
137: PQB Country
138: On Hold (T or F)
139: Annual Salary
140: Years of Service
141-187:
188: PQB on SS Disability (T or F)
189: Print 'and Dependent(s)' (T or F)
190-195:
196: State special event (T or F)
197: **(Only if state event is GA)** Was loss of coverage voluntary on the part of the QB? (T or F)
198: **(Only if state event is GA)** Was termination due to poor health of the QB? (T or F)

Family Member Record - Record Type 2

001: *Social Security number of the Primary PQB*
002: **Update ("U" = updating record / "I" = Inserting/ Blank for not updating)**
003: *Last Name of Family Member*
004: *First Name of Family Member*
005: *Middle Initial of Family Member*
006:
007:
008: Sex (F = Female / M = Male)
009:
010: *Relation -- CHILD - SPOUSE - PARTNER -- this is the indicator for the record type*
011: *Social Security Number of the Family Member*
012: *Date Of Birth*
013-020:
(Carrier and plan information can be entered separated by ">>". e.g: AETNA>>PP01. Alternate forms of entry detailed below)
021: ***Plan 1 -- Sponsor Code and Benefit Plan Code (Sponsor Code is required to be 9 characters on the file including blank spaces followed by Benefit Plan Code, such as: "AETNA PP01". Ex: "AETNA <four blank spaces to meet 9 characters> PP01")***
022: ***Plan 1 -- Sponsor UDK and Benefit Plan UDK (Sponsor UDK is required to be 8 characters on the file including blank spaces followed by Benefit Plan UDK, such as: "AETNA PP01". Ex: "AETNA <three blank spaces to meet 8 characters> PP01")***

023: **Plan 2 -- Sponsor Code and Benefit Plan Code**
024: Plan 2 -- Sponsor UDK and Benefit Plan UDK
025: **Plan 3 -- Sponsor Code and Benefit Plan Code**
026: Plan 3 -- Sponsor UDK and Benefit Plan UDK
027: **Plan 4 -- Sponsor Code and Benefit Plan Code**
028: Plan 4 -- Sponsor UDK and Benefit Plan UDK
029: **Plan 5 -- Sponsor Code and Benefit Plan Code**
030: Plan 5 -- Sponsor UDK and Benefit Plan UDK
031: **Plan 6 -- Sponsor Code and Benefit Plan Code**
032: Plan 6 -- Sponsor UDK and Benefit Plan UDK
033: **Plan 7 -- Sponsor Code and Benefit Plan Code**
034: Plan 7 -- Sponsor UDK and Benefit Plan UDK
035: **Plan 8 -- Sponsor Code and Benefit Plan Code**
036: Plan 8 -- Sponsor UDK and Benefit Plan UDK
037: **Plan 9 -- Sponsor Code and Benefit Plan Code**
038: Plan 9 -- Sponsor UDK and Benefit Plan UDK
039:

040-047:

048: Original Coverage Start Date for Plan 1
049: Original Coverage Start Date for Plan 2
050: Original Coverage Start Date for Plan 3
051: Original Coverage Start Date for Plan 4
052: Original Coverage Start Date for Plan 5
053: Original Coverage Start Date for Plan 6
054: Original Coverage Start Date for Plan 7
055: Original Coverage Start Date for Plan 8
056: Original Coverage Start Date for Plan 9

057-059:

060: Family Member Individual ID

061-112:

113: Print Eligibility Notice to Dependent (T or F -- if true, 114-118 are required)
114: Dependent Address Line 1
115: Dependent Address Line 2
116: Dependent City
117: Dependent State
118: Dependent Zip Code
119: Dependent Country
120: Use PQB's Address (T or F -- if false, 114-118 are required)
121:-157:
158: Qualified Medical Child Support Order (T or F)

PQB Benefit Plan Assignment Record - Record Type 3 (can be imported independently if participant is already in system)

001: Social Security number of the Primary PQB

002: **Update ("U" = updating record / "I" = Inserting/ Blank for not updating)**

003-009:

010: Relation (COVERAGE -- this is the indicator for the record type)

(Carrier and plan information can be entered separated by ">>". e.g: AETNA>>PP01. Alternate forms of entry detailed below)

011: Plan 1 -- Sponsor Code and Benefit Plan Code (Sponsor Code is required to be 9 characters on the file including blank spaces followed by Benefit Plan Code, such as: "AETNA PP01". Ex: "AETNA <four blank spaces to meet 9 characters> PP01")

012: Plan 2 -- Sponsor Code and Benefit Plan Code

013: Plan 3 -- Sponsor Code and Benefit Plan Code

014: Plan 4 -- Sponsor Code and Benefit Plan Code

015: Plan 5 -- Sponsor Code and Benefit Plan Code

016: Plan 6 -- Sponsor Code and Benefit Plan Code

017: Plan 7 -- Sponsor Code and Benefit Plan Code

018: Plan 8 -- Sponsor Code and Benefit Plan Code

019: Plan 9 -- Sponsor Code and Benefit Plan Code

020-21:

022: Plan 1 -- Sponsor UDK and Benefit Plan UDK (Sponsor UDK is required to be 8 characters on the file including blank spaces followed by Benefit Plan UDK, such as: "AETNA PP01". Ex: "AETNA <three blank spaces to meet 8 characters> PP01")

023: Plan 1 -- Coverage Level (You may use letters or numbers to represent which level of coverage is required for the plan. A=1,B=2,etc...)

The coverage level refers to the Benefit Plan Rate Structure. This could be PQB Only, PQB and Spouse, etc.

The order will be the order in which they are viewed on the screen.

024: Plan 2 -- Sponsor UDK and Benefit Plan UDK

025: Plan 2 -- Coverage Level

026: Plan 3 -- Sponsor UDK and Benefit Plan UDK

027: Plan 3 -- Coverage Level

028: Plan 4 -- Sponsor UDK and Benefit Plan UDK

029: Plan 4 -- Coverage Level

030: Plan 5 -- Sponsor UDK and Benefit Plan UDK

031: Plan 5 -- Coverage Level

032: Plan 6 -- Sponsor UDK and Benefit Plan UDK

033: Plan 6 -- Coverage Level

034: Plan 7 -- Sponsor UDK and Benefit Plan UDK

035: Plan 7 -- Coverage Level

036: Plan 8 -- Sponsor UDK and Benefit Plan UDK

037: Plan 8 -- Coverage Level

038: Plan 9 -- Sponsor UDK and Benefit Plan UDK

039: Plan 9 -- Coverage Level

040-042:

043: Amount PQB pays for a Flat Fee benefit plan.

044-047:

048: Original Coverage Start Date for Plan 1 (If blank, will default to 18 months prior to current date. Used on Certificate of Coverage.

049: Original Coverage Start Date for Plan 2

050: Original Coverage Start Date for Plan 3

051: Original Coverage Start Date for Plan 4

052: Original Coverage Start Date for Plan 5

053: Original Coverage Start Date for Plan 6

054: Original Coverage Start Date for Plan 7

055: Original Coverage Start Date for Plan 8

056: Original Coverage Start Date for Plan 9

057:

058: Coverage amount for Plan 1

059-067:

068: Benefit Assignment Start Date for Plan 1 (if this is blank, the PQB's loss of coverage date will be used.)

069: Benefit Assignment Start Date for Plan 2

070: Benefit Assignment Start Date for Plan 3

071: Benefit Assignment Start Date for Plan 4

072: Benefit Assignment Start Date for Plan 5

073: Benefit Assignment Start Date for Plan 6

074: Benefit Assignment Start Date for Plan 7

075: Benefit Assignment Start Date for Plan 8

076: Benefit Assignment Start Date for Plan 9

077-079:

080: Subsidy Amount For Plan 1

081: Subsidy End Date For Plan 1

082: Subsidy Amount For Plan 2

083: Subsidy End Date For Plan 2

084: Subsidy Amount For Plan 3

085: Subsidy End Date For Plan 3

086: Subsidy Amount For Plan 4

087: Subsidy End Date For Plan 4

088: Subsidy Amount For Plan 5

089: Subsidy End Date For Plan 5

090: Subsidy Amount For Plan 6

091: Subsidy End Date For Plan 6

092: Subsidy Amount For Plan 7

093: Subsidy End Date For Plan 7

094: Subsidy Amount For Plan 8

095: Subsidy End Date For Plan 8

096: Subsidy Amount For Plan 9

097: Subsidy End Date For Plan 9

097-099:

100: Starting Balance for HRA

101: Monthly Contribution for HRA Account

102: Employer Funded HRA Account (T or F)

103: Employee Funded HRA Account (T or F)

104: Employee Contribution for HRA Account

106: Coverage amount for Plan 2

107: Coverage amount for Plan 3

108: Coverage amount for Plan 4

109: Coverage amount for Plan 5

110: Coverage amount for Plan 6

111: Coverage amount for Plan 7

112: Coverage amount for Plan 8

113: Coverage amount for Plan 9

114-119:

120: End Date for a FLEX Benefit Plan

120-126:

127: PQB ID

128: Assignment End Date For Plan 1

129: Assignment End Date For Plan 2

130: Assignment End Date For Plan 3

131: Assignment End Date For Plan 4

132: Assignment End Date For Plan 5

133: Assignment End Date For Plan 6

134: Assignment End Date For Plan 7

135: Assignment End Date For Plan 8

136: Assignment End Date For Plan 9

137:

138:

139: Premium Billing Start Date for Plan 1

140: Premium Billing Start Date for Plan 2

141: Premium Billing Start Date for Plan 3

142: Premium Billing Start Date for Plan 4

143: Premium Billing Start Date for Plan 5

144: Premium Billing Start Date for Plan 6

145: Premium Billing Start Date for Plan 7

146: Premium Billing Start Date for Plan 8
147: Premium Billing Start Date for Plan 9
148-156:
158: Subsidy Amount as a Percentage for Plan 1
159: Subsidy Amount as a Percentage for Plan 2
160: Subsidy Amount as a Percentage for Plan 3
161: Subsidy Amount as a Percentage for Plan 4
162: Subsidy Amount as a Percentage for Plan 5
163: Subsidy Amount as a Percentage for Plan 6
164: Subsidy Amount as a Percentage for Plan 7
165: Subsidy Amount as a Percentage for Plan 8
166: Subsidy Amount as a Percentage for Plan 9
166-195:

Data Dictionary - Event Codes

1 Termination
2 Retirement
3 Entitlement To Medicare
4 Death
5 Becoming an Ineligible Dependent
6 Reduced Hours
7 Leave of Absence - Family/Medical
8 Divorce/Separation
9 Loss of Coverage
12 Plant Closing, 120 days, CT
13 Reservists
18 Leave of Absence - Pregnancy (TN)
22 USERRA
28 Termination with Severance
29 Reduction of Hours- Strike
30 Layoff
31 Disability
32 Employer Bankruptcy
33 Plan Termination
34 Labor Dispute (TX)
35 Sabbatical
36 Employer Ceasing Operations
37 Termination by Insurer

Data Dictionary - Relationship Codes

Blank - Not Specified

SPO - Spouse

SON - Son
DAU - Daughter
DEP - Dependent
DCD - Deceased
DP - Domestic Partner
FE - Former Employee
CH - Child
DPC - Domestic Partner's Child
FDE - Former Dependent

Employee Import File

Browse for your CSV file and the press the Save System Integration File button. (The file must have a .TXT extension.) A message will appear letting you know if the file converted successfully. Close the window. Click on the "Refresh this Page" link. You will see the converted file. If it did not successfully convert you can view the log file to see what was wrong with the file.

CSV EMPLOYEE IMPORT FILE RECORD DESCRIPTIONS

- A File is made of a set of Records of different Record Types
- A File will only have one header per file and will be the first record in the file
- Records are delimited by a Carriage Return character (ASCII 0D hex or 13 decimal) followed by a Line Feed (ASCII 0A hex or 10 decimal) character
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Supported Field Formats

Format Code	Format Description
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AN	Alphanumeric – limited to Alphabetic and Numeric characters described above plus additional punctuation characters such as dashes, periods, apostrophes etc.
D	Date – formatted as MMDDYYYY
T	Time – formatted as HHMMSS (in military time)
B	Boolean – T = True, F = False

All data should be in the ASCII character set (20h to 7Fh). The type of ASCII file format required is Comma Delimited. Records of the delimited text type are of variable length and are delimited with a carriage return and line feed (0Dh and 0Ah). Fields in each record are enclosed in quotes and delimited with a comma (2Ch).

Note that each record is a fixed format, but of variable length containing 26 fields of information. All 26 fields must be present for each record. Even though all fields are required, there may be some fields that will not contain data; these are null fields. To create a null field, use a set of double quotation marks (e.g. "").

SSN: This field (Employee Social Security Number) is a key field and must be on each record. The format is "999-99-9999". If the embedded dashes are not included, the program will insert the dashes.

Dates: The available formats for date fields are "MM/DD/YY", "MM/DD/YYYY", "MMDDYY", "MMDDYYYY".

RELATION: This field differentiates between the three record types. The data in this field may be one of the following : EMPLOYEE, SPOUSE, CHILD, PARTNER

Family Member Records are optional.

Italic indicates that the field is required.

Employee Record - Record Type 1

001: *Social Security number of the Employee*
002: **Update ("U" = updating record / "I" = Inserting/ Blank for not updating)**
003: *Last Name*
004: *First Name*
005: *Middle Initial*
006: *Client/Employer User Defined Key (not required if using Client/Employer Code field)*
007: *Department User Defined Key*
008: *Sex (F = Female / M = Male)*
009: *Title (if blank, will be replaced with Mr. for male and Ms. for female)*
010: *Relation (EMPLOYEE -- this is the indicator for the record type)*
011: **Client/Employer Code**
012: *Date Of Birth*
013: *Address 1*
014: *City*
015: *State Code*
016: *Zip Code*
017: *Telephone Number*
018: *Employee ID*
019: *Address Line 2*
020: *Date DOL Notice Printed*
021: *Date Coverage Confirmation Printed*
022: *Months of Creditable Coverage*
023: *Days of Creditable Coverage*
024: *Months of Pre-Ex Exclusion*
025: *Days of Pre-Ex Exclusion*
026: *Coverage Start Date*
027: *Original Hire Date*
028: *Print 'and Dependent(s)' (T or F)*
029: **Department Code**
030: *Eligible for General Notice (T or F)*

Family Member Record - Record Type 2

001: *Social Security number of the Employee (not required if using EmployeeID field)*
002: **Update (U = updating record / Blank for not updating)**
003: *Last Name of Family Member*
004: *First Name of Family Member*
005: *Middle Initial of Family Member*
006: *EmployeeID*
007:
008: *Sex (F = Female / M = Male)*
009:
010: *Relation (CHILD / SPOUSE / PARTNER -- this is the indicator for the record type)*
011: *Social Security Number of the Family Member*
012: *Date Of Birth*
013: *Address 1*
014: *City*
015: *State Code*

016: Zip Code
017: Telephone Number
018: Use Employee's address (T or F -- if false, 13-16 are required)
019: Address Line 2
020: Date DOL Notice Printed
021: Date Coverage Confirmation Printed
022: Months of Creditable Coverage
023: Days of Creditable Coverage
024: Months of Pre-Ex Exclusion
025: Days of Pre-Ex Exclusion
026: Coverage Start Date
027:
028:
029: Receive Own Copy of Letters (T or F)

Data Dictionary - Event Codes

- 1 Termination
- 2 Retirement
- 3 Entitlement To Medicare
- 4 Death
- 5 Becoming an Ineligible Dependent
- 6 Reduced Hours
- 7 Leave of Absence - Family/Medical
- 8 Divorce/Separation
- 9 Loss of Coverage
- 10 -
- 11 -
- 12 Plant Closing, 120 days, CT
- 13 Reservists
- 14 Plant Closing, 90 days, MA
- 15 Plan Termination
- 16 Leave of Absence - Reservists
- 17 Disabled
- 18 Leave of Absence - Pregnancy
- 19 Labor Dispute
- 20 Any Reason
- 21 Layoff, Death, COBRA
- 22 USERRA
- 23 Becoming a Retiree
- 24 Utah - Loss of Coverage