

# Data Element Definitions

## State Agency

### Health Enrollment Reporting File

#### Overview

This document outlines the data elements within a CalPERS State health enrollment reporting XML file. Descriptions, conditions for which they are used, field values, and character requirements are outlined for each element.

This document **does not** describe the file structure for developing the retirement enrollment XML file. The following page includes information about the resources available within the Employer Technical Toolkit to assist you in developing an XML file for reporting.



# Employer Technical Toolkit

Within the *myCalPERS Technical Resources* page on the CalPERS website, you will find the [Employer Technical Toolkit \(ZIP, 10.5MB\)](#) that contains several documents needed to construct an XML file. The XML Schema Definition (XSD) documents (including the common utilities and SOAP envelope file) identify the required file structure layout. Employers can use the schema to develop or alter their systems to ensure adherence to CalPERS standards. In addition, the [Encryption/Decryption & File Naming \(PDF\)](#) document provides instruction for the naming convention needed to create the XML file.

## File Structure

An XML file is organized in a hierarchical structure, much like a standard outline; the XSD provides the file structure as an indication of how the data elements are related to each other. The following is an outline of the XML file structure:

File Header – i.e. the type of file, Employer ID, and report begin and end dates

- A. Transaction Information – i.e. Transaction Type, Unique Identifier, Effective Date
  - 1. Demographics – i.e. Person Information, Address Information, Communication Information
  - 2. Appointment – i.e. Employer Information, Employment Information, Job Position
    - a. Employer Information – i.e. Employer CalPERS ID, County
    - b. Employment Information – i.e. Original Hire Date, Collective Bargaining Unit
    - c. Job Position Information – i.e. Position Code, Appointment ID, Tier
  - 3. Retirement Enrollment – i.e. Program, SSA designation, ARP designation

This outline can be repeated so there can be multiple programs, reports, and participants in a single file.

In addition to the XSDs, sample XML files are provided within the Retirement folder of the Employer Technical Toolkit. The sample files can be used as a model as you produce files; however, they should not be used as the main source of development or validation but to identify possible scenarios and act as a visual representation which may aid in the development of an XML file.

**Note:** XML technologies define an extensible messaging framework applicable to a variety of underlying protocols. This framework is designed to be independent of programming language, platforms, and other technical criteria.

For more information about all documents found within the toolkit and how to utilize the information provided, please review the [Employer's Guide to the Technical Toolkit \(PDF\)](#) document published on the CalPERS Technical Resources web page.

# State Health Enrollment Reporting Data Elements Table

A data table showing the list of data elements, Descriptions/conditions of use, field values, and maximum character length.

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
1	<b>Employer's CalPERS ID</b>	<p><b>Description:</b> A unique 10-digit identifier created by myCalPERS to identify the reporting organization.</p> <p><b>Conditions:</b> Required—to identify which myCalPERS account submitted.</p>	10 digits	10
2	<b>Health Event Type</b>	<p><b>Description:</b> The type of health event being reported.</p> <p><b>Conditions:</b> Required—to identify the health event type of a qualifying event. Failure to provide it may cause the file to fail validation.</p> <p><b>Note:</b> For definitions of the health event types, review <a href="#">Appendix A1</a>.</p>	<ul style="list-style-type: none"> <li>• Add Dependent = ADP</li> <li>• Delete Dependent = DDP</li> <li>• Cancel Coverage = CCO</li> <li>• Change Health Plan = CHP</li> <li>• Dependent Address Change = DEC</li> <li>• Change Premium Payment Method = CPP</li> <li>• New Enrollment = NEN</li> <li>• Open Enrollment = OEN</li> <li>• Continued Enrollment = COE</li> <li>• Update Enrollment = UEN</li> <li>• COBRA New Enrollment = CNE</li> </ul>	3
3	<b>Health Event Reason</b>	<p><b>Description:</b> The reason for health enrollment. These are categorized by health event types.</p> <p><b>Conditions:</b> Required— to identify the reason for the health enrollment.</p>	For Descriptions of health event reasons and their field values, review <a href="#">Appendix A2</a> .	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
4	<b>Unique Transaction Identifier</b>	<p><b>Description:</b> A memo field to record text for tracking purposes. Employers uploading files can use this field to record a text memo for tracking purposes.</p> <p><b>Conditions:</b> Required—for transaction types when the file is submitted using FTP. Optional—when using File Upload.</p> <p><b>Note:</b> When using File Upload this field is not required for successful submission of the file, but can be used as a free-text memo field for tracking purposes by the file submitter.</p> <p>For FTP-based submissions, CalPERS will return the Universally Unique Identifier (UUID) provided by the employer, with each transaction's success or failure. Employers who choose this integration style must be able to programmatically match the UUIDs on the CalPERS response with the transaction submitted to CalPERS on the input file. This number must be created by a UUID generator.</p>	36 digits	36
5	<b>Event Date</b>	<p><b>Description:</b> The date the health event occurred.</p> <p><b>Conditions:</b> Required—for all health event types except for Open Enrollment.</p>	yyyy-mm-dd	10
6	<b>Received Date</b>	<p><b>Description:</b> The date the employer was notified of the health event.</p> <p><b>Conditions:</b> Required—for all health event types except for Update Enrollment.</p>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
7	<b>Apply Change To Medical</b>	<p><b>Description:</b> Indicates the change/enrollment applies to the medical benefit.</p> <p><b>Conditions:</b> Required—for all health event types except for Change Dependent Address.</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5
8	<b>Apply Change To Dental</b>	<p><b>Description:</b> Indicates the change/enrollment applies to the dental benefit.</p> <p><b>Conditions:</b> Required—for health event type New Enrollment and the health event reason is State Retiree - Dental Enrollment.</p> <p><b>Note:</b> This can only be used for New Enrollment for State Retiree Dental Enrollments, not to be used for State Actives Dental Enrollments.  This element must be reported in lowercase text only.</p>	true / false	5
9	<b>Apply Change To Vision</b>  <i>(placeholder data element for future legislation)</i>	<p><b>Description:</b> If vision becomes an option in the future, this would indicate the change/enrollment applies to vision benefit.</p> <p><b>Conditions:</b> Required—for all health event types except for Change Dependent Address.</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
10	<b>Rescind Indicator</b>	<p><b>Description:</b> Indicates whether a health enrollment transaction with a future date should be rescinded.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p> <p><b>Note:</b> Employers will have the ability to rescind future-dated, permissive health-enrollment reasons. For a list of the permissive health-event reasons, refer to <a href="#">Appendix A6</a>.</p> <p>This element must be reported in lowercase text only.</p>	true / false`	5
11	<b>Rescind Reason</b>	<p><b>Description:</b> This provides the reasoning for a rescinded health enrollment transaction.</p> <p><b>Conditions:</b> Required—when the rescind indicator is selected as ‘true.’</p>	Free form text will be allowed to describe the rescind indicator, up to 100 characters.	100
12	<b>Rescind Notes</b>	<p><b>Description:</b> This area allows for notes of reasoning for a rescission.</p> <p><b>Conditions:</b> Required—when the rescind indicator is selected as ‘true.’</p> <p><b>Note:</b> This data is accepted when rescind indicator is selected as ‘true.’</p>	Free form text will be allowed to describe the rescind indicator, up to 1000 characters.	1000
13	<b>Agency Code</b>	<p><b>Description:</b> The State agency the participant works for.</p> <p><b>Conditions:</b> Required—when the person is health-only (non-PERS) and has transaction type of New Enrollment, COBRA New Enrollment, or Continued Enrollment.</p>	3 digits	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
14	<b>Subscriber Status FERP</b>	<p><b>Description:</b> Indicates whether the participant has Faculty Early Retirement Program (FERP) status.</p> <p><b>Conditions:</b> Required—for transaction type New Enrollment if the agency is California State University (CSU) and health event reason is State Retiree – Dental Enrollment.</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5
15	<b>FERP Status Begin Date</b>	<p><b>Description:</b> The begin date of the participant’s FERP status.</p> <p><b>Conditions:</b> Required—for transaction type New Enrollment if the agency is California State University (CSU) and health event reason is State Retiree – Dental Enrollment.</p>	yyyy-mm-dd	10
16	<b>FERP Status End Date</b>	<p><b>Description:</b> The end date of the participant’s FERP status.</p> <p><b>Conditions:</b> Required—for transaction type New Enrollment if the agency is California State University (CSU) and health event reason is State Retiree – Dental Enrollment.</p>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
17	<b>Appointment ID</b>	<p><b>Description:</b> This uniquely identifies the job into which the employee has been hired. Every appointment in myCalPERS has a unique ID tied to it.</p> <p><b>Conditions:</b> Required—when the employee has multiple appointments in the same program (e.g., multiple PERS appointments) with the employer (as reported in Field 1 – Employer’s CalPERS ID).  Required—when an appointment update is being reported and the employee has multiple appointments with the employer being reported in Field 1 – Employer’s CalPERS ID.</p> <p>An appointment update includes the following transaction types:</p> <ul style="list-style-type: none"> <li>• Add Dependent</li> <li>• Delete Dependent</li> <li>• Cancel Coverage</li> <li>• Change Health Plan</li> <li>• Dependent Address Change</li> <li>• Change Premium Payment Method</li> <li>• Open Enrollment</li> <li>• Continued Enrollment</li> <li>• Update Enrollment</li> </ul> <p><b>Note:</b> Employers can run the <i>Participant Appointment Details Report Cognos</i> report to generate a list of appointment IDs.</p>	10 digits	10



#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
18	Person ID Type	<p><b>Description:</b> A type of unique person identifier. When first reporting for a person, this ID can be a Social Security Number (SSN). On all subsequent transactions for the person, the CalPERS ID must be the ID type provided.</p> <p><b>Conditions:</b> Required—to identify the Person ID Type.</p>	<ul style="list-style-type: none"> <li>• Social Security Number = SSN</li> <li>• CalPERS Identification = PID</li> </ul>	10
19	Person ID	<p><b>Description:</b> The unique identifier of the person who qualifies for health enrollment.</p> <p><b>Conditions:</b> Required—to identify the person.</p> <p><b>Note:</b> When a Social Security Number (SSN) is selected as the Person ID Type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> <li>• The SSN must be nine digits</li> <li>• The SSN cannot start with 9 or 666</li> <li>• Each section of the SSN cannot be all zeroes (e.g., 000#####, ###00####, and #####0000 are prohibited)</li> </ul> <p>The CalPERS ID, which is 10-digits, will be created and stored by myCalPERS during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of the SSN in subsequent enrollment files.</p>	<ul style="list-style-type: none"> <li>• SSN = 9 digits</li> <li>• CalPERS ID = 10 digits</li> </ul>	10
20	New SSN	<p><b>Description:</b> Denotes a correction to the Social Security Number (SSN).</p> <p><b>Conditions:</b> Optional—only accepted for health event type Update Enrollment and health event reason Update Demographics.</p>	9 digits	9

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
21	<b>Original Hire Date</b>	<p><b>Description:</b> The first hire date recorded for this employee at this employer, regardless of whether the employee qualified for health benefits on this date.</p> <p><b>Conditions:</b> Required—when the transaction type is New Enrollment and the individual being reported is a non-PERS health subscriber.</p>	yyyy-mm-dd	10
22	<b>CBU</b>	<p><b>Description:</b> The Collective Bargaining Unit (CBU) representing the employee.</p> <p><b>Conditions:</b> Required—when health event type is New Enrollment. Optional—when health event type is Update Enrollment.</p>	Alpha numeric up to 10 characters	10
23	<b>First Name</b>	<p><b>Description:</b> The participant's first name.</p> <p><b>Conditions:</b> Required—to identify the participant's first name.</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none"> <li>• Must be a minimum of one alpha character</li> <li>• Cannot begin with a blank space</li> </ul>	Free form text of up to 20 characters	20

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
24	<b>Middle Name</b>	<p><b>Description:</b> The participant's middle name.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. No character minimum is required.</p>	Free form text of up to 20 characters	20
25	<b>Last Name</b>	<p><b>Description:</b> The participant's last name.</p> <p><b>Conditions:</b> Required—to identify the participant's last name.</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none"> <li>• Must be a minimum of one alpha character</li> <li>• Cannot begin with a blank space</li> </ul>	Free form text of up to 30 characters	30
26	<b>Gender</b>	<p><b>Description:</b> The participant's gender.</p> <p><b>Conditions:</b> Required—to identify the gender of the participant.</p>	<ul style="list-style-type: none"> <li>• Female = F</li> <li>• Male = M</li> <li>• Nonbinary = N</li> <li>• Unknown = U</li> </ul>	3
27	<b>Birth Date</b>	<p><b>Description:</b> The participant's date of birth.</p> <p><b>Conditions:</b> Required—to identify the birth date of the participant.</p>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
28	Suffix	<p><b>Description:</b> The participant's suffix, if applicable.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p>	<ul style="list-style-type: none"> <li>• Senior = SR</li> <li>• Junior = JR</li> <li>• First = I</li> <li>• Second = II</li> <li>• Third = III</li> <li>• Fourth = IV</li> <li>• Fifth = V</li> <li>• Ph.D = PHD</li> <li>• MD = MD</li> <li>• CPA = CPA</li> <li>• Ed.D = EDD</li> <li>• Esq. = ESQ</li> <li>• DDS = DDS</li> </ul>	3
29	Address Type	<p><b>Description:</b> The participant's address type. This will be one of two types, though physical address is preferred.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage, when health event reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment, when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b> Only one address type can be submitted with each health enrollment transaction.</p>	<ul style="list-style-type: none"> <li>• Mailing Address = MAI</li> <li>• Physical Address = PHY</li> </ul>	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
30	<b>Use Address for Health</b>	<p><b>Description:</b> Indicates the participant's address should be used for health enrollment.</p> <p>The participant can have a physical and mailing address on file in myCalPERS, and if the mailing address is not a P.O. Box it can be used for health eligibility purposes.</p> <p><b>Conditions:</b> Required—for health event type COBRA New Enrollment when eligibility basis is either COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting.</p> <p>This data is accepted when reported for health event types New Enrollment and Cancel Coverage</p> <p><b>Note:</b> If a P.O. Box is given, this will result in an error.</p> <p>This element must be reported in lowercase text only.</p>	true / false	5
31	<b>Health Eligibility ZIP Code Type</b>	<p><b>Description:</b> The type of ZIP code used to determine health eligibility. The participant has the option to use their own ZIP code or the employer's ZIP code if they are an active employee.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Cancel Coverage, when health event reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul>	<ul style="list-style-type: none"> <li>• Personal</li> <li>• Employer</li> </ul>	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
32	<b>Health Eligibility ZIP Code</b>	<p><b>Description:</b> The ZIP code used for health eligibility determination.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Cancel Coverage, when health event reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b> If Use Address for Health is selected, and Personal is selected, the ZIP code for the address must match the ZIP code provided for the Health Eligibility ZIP Code.</p> <p>When Health Eligibility ZIP Code type is Personal or Employer:</p> <ul style="list-style-type: none"> <li>• Use a numeric format</li> <li>• Must be a US ZIP code</li> </ul>	5 digits	5
33	<b>County</b>	<p><b>Description:</b> The county the participant designates for health eligibility.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Cancel Coverage, when health event reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul>	Refer to <a href="#">Appendix A4</a> for the county field values.	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
34	<b>Address 1</b>	<p><b>Description:</b> The first address line of the address to be entered. This is typically used for the employee’s street address or “In care of” information.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage when health event reason is Enrolled into Flex Elect</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b> This element is identified in the XML as &lt;AddressLine&gt; (review CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine1&gt; a Level 1 error will be generated.</p>	Free form text up to 40 characters	40
35	<b>Address 2</b>	<p><b>Description:</b> The second address line. This is typically used for the employee’s street address if Address 1 was used for “In care of” information; otherwise it would be used for address information that does not fit on Address 1 (e.g., suite number, building name, room number, apartment number, etc.). The data is accepted if Address 1 is supplied.</p> <p><b>Conditions:</b> Optional—this element is not required.</p> <p><b>Note:</b> This element is identified in the XML as &lt;AddressLine&gt; (review CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine2&gt; a Level 1 error will be generated.</p>	Free form text up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
36	City	<p><b>Description:</b> The city applicable to the address entered. This data is accepted if Address 1 is supplied.</p> <p><b>Conditions:</b> Required—when Address 1 is supplied.</p> <p><b>Note:</b> This data element accepts alpha and numeric characters.</p>	Free form text up to 30 characters	30
37	State	<p><b>Description:</b> The code value for the state applicable to the address entered, if country selected is USA or Mexico.</p> <p><b>Conditions:</b> Required—when country is USA or Mexico, and Address 1 is supplied.</p> <p><b>Note:</b> For a list of field values, review <a href="#">Appendix A3</a>.</p>	Free form text up to 30 characters	30
38	ZIP Code 5	<p><b>Description:</b> The first five digits of the ZIP code for the address designated in Address Type.</p> <p><b>Conditions:</b> Required—when the country is USA and Address 1 is supplied. If the country is USA, the following are required:</p> <ul style="list-style-type: none"> <li>• Use numeric format</li> <li>• The first five numbers of the ZIP code</li> </ul>	5 digits	5



#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
39	ZIP Code 4	<p><b>Description:</b> The next four digits of the ZIP code or the address designated in Address Type.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p> <p><b>Note:</b> This data is accepted if ZIP Code 5 is supplied.</p>	4 digits	4
40	Country	<p><b>Description:</b> The code value for the country address.</p> <p><b>Conditions:</b> Required—when Address 1 is supplied.</p>	Review <a href="#">Appendix A5</a> for country field values.	3
41	Province/ Territory	<p><b>Description:</b> The province or territory which coincides with the Address Type.</p> <p><b>Conditions:</b> Optional—when the country is not USA, Mexico, or Canada.</p>	<p>Free form text up to 50 characters</p> <ul style="list-style-type: none"> <li>• Alberta = AB</li> <li>• British Columbia = BC</li> <li>• Manitoba = MB</li> <li>• New Brunswick = NB</li> <li>• Newfoundland = NF</li> <li>• Northwest Territories = NT</li> <li>• Nova Scotia = NS</li> <li>• Ontario = ON</li> <li>• Prince Edward Island = PE</li> <li>• Quebec = PQ</li> <li>• Saskatchewan = SK</li> <li>• Yukon = YT</li> </ul>	50

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
42	Postal Code	<p><b>Description:</b> The international postal code for the address. This element is alphanumeric.</p> <p><b>Conditions:</b> Required—when the country indicated is not USA.</p>	Free form text up to 12 characters	12
43	Qualifying Person ID Type	<p><b>Description:</b> The type of unique identifier for the participant that qualifies the subscriber for health enrollment. When first reporting for an employee, this ID can be a SSN. On all subsequent transactions for the employee, the CalPERS ID must be the ID type provided.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is Survivor Benefits Paid by ER</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent</li> </ul> <p><b>Note:</b> This data is accepted when reported for health event type Cancel Coverage.</p>	<ul style="list-style-type: none"> <li>• Social Security Number = SSN</li> <li>• CalPERS Identification = PID</li> </ul>	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
44	<b>Qualifying Person ID</b>	<p><b>Description:</b> The unique identifier of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b> Required—for health event type:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is STRS Survivor No Allowance</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Continued Enrollment when health event reason is Re-enroll SES/PA FFPO Survivor</li> </ul> <p>When a Social Security Number (SSN) is selected as the ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> <li>• The SSN must be nine digits</li> <li>• The SSN cannot start with 9 or 666</li> <li>• Each section of the SSN cannot be all zeroes</li> </ul> <p>The CalPERS ID, which is 10-digits, will be created and stored by myCalPERS during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of the SSN in subsequent enrollment files.</p> <p><b>Note:</b> This data is accepted when reported for health event type Cancel Coverage.</p>	<ul style="list-style-type: none"> <li>• SSN = 9 digits</li> <li>• CalPERS ID = 10 digits</li> </ul>	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
45	<b>Permanent Separation Date</b> <b>(Qualifying Member)</b>	<p><b>Description:</b> This is the day after the last day an employee works for your agency, which is often the day after the last day on payroll.</p> <p><b>Conditions:</b> Required—when the health event type is Cancel Coverage and:</p> <ul style="list-style-type: none"> <li>• The individual is a non-PERS health subscriber; or</li> <li>• The health event reason is either Cancel Permanent Separation or Layoff Cancel</li> </ul> <p>Required—when the health event type is COBRA New Enrollment and:</p> <ul style="list-style-type: none"> <li>• The eligibility basis is either COBRA Qualifying Subscriber or COBRA Qualifying Subscriber New Contracting; and</li> <li>• The individual is non-PERS</li> </ul>	yyyy-mm-dd	10
46	<b>Retirement Date</b> <b>(Qualifying Member)</b>	<p><b>Description:</b> The retirement date of the qualifying individual. The retirement date can be the same as the separation date but is typically the day after the separation date.</p> <p><b>Conditions:</b> Required—when the individual is a non-PERS health subscriber and health event types are:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Continued Enrollment</li> </ul>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
47	<b>First Name (Qualifying Member)</b>	<p><b>Description:</b> The first name of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b> Required—for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is Survivor Benefits Paid by ER</li> <li>• COBRA Enrollment when eligibility basis is COBRA Qualifying Dependent</li> </ul> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p>	Free form text of up to 20 characters	20
48	<b>Middle Name (Qualifying Member)</b>	<p><b>Description:</b> The middle name of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b> Optional—this data element is not required however data is accepted for the following:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is Survivor Benefits Paid by ER</li> <li>• Cancel Coverage COBRA Enrollment when eligibility basis is COBRA Qualifying Dependent</li> </ul> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p>	Free form text of up to 20 characters	20

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
49	<b>Last Name (Qualifying Member)</b>	<p><b>Description:</b> The last name of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b> Required—for the following health event type:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is Survivor Benefits Paid by ER</li> <li>• COBRA Enrollment when eligibility basis is COBRA Qualifying Dependent</li> </ul> <p><b>Note:</b> This data is accepted if reported for health event type Cancel Coverage. Only alpha characters, hyphens (-), blank spaces, and apostrophes (') "will be accepted.</p> <ul style="list-style-type: none"> <li>• Must use a minimum of one alpha character</li> <li>• Cannot start with a blank space</li> </ul>	Free form text of up to 30 characters	30
50	<b>Gender (Qualifying Member)</b>	<p><b>Description:</b> The gender of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b> Required—for the following health event type:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is Survivor Benefits Paid by ER</li> <li>• COBRA Enrollment when eligibility basis is COBRA Qualifying Dependent</li> </ul> <p><b>Note:</b> This data is accepted if reported for health event type Cancel Coverage.</p>	<ul style="list-style-type: none"> <li>• Female = F</li> <li>• Male = M</li> <li>• Nonbinary = N</li> <li>• Unknown = U</li> </ul>	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
51	<b>Birth Date (Qualifying Member)</b>	<p><b>Description:</b> The date of birth of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b> Required—for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is Survivor Benefits Paid by ER</li> <li>• COBRA New Enrollment when eligibility basis is COBRA Qualifying Dependent</li> </ul> <p><b>Note:</b> This data is accepted if reported for health event type Cancel Coverage.</p>	yyyy-mm-dd	10
52	<b>COBRA Eligibility Basis</b>	<p><b>Description:</b> The basis for COBRA eligibility. The basis can be either the participant lost eligibility, or the dependent lost eligibility.</p> <p><b>Conditions:</b> Required—for health event type COBRA New Enrollment.</p>	<ul style="list-style-type: none"> <li>• COBRA Qualifying Subscriber = CSB</li> <li>• COBRA Qualifying Dependent = CDT</li> <li>• COBRA Qualifying Subscriber New Contracting = CSC</li> <li>• COBRA Qualifying Dependent New Contracting = CDC</li> </ul>	3
53	<b>Original COBRA Start Date</b>	<p><b>Description:</b> The first day of COBRA health enrollment coverage.</p> <p><b>Conditions:</b> Required—for health event type COBRA New Enrollment.</p>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
54	<b>Affiliated Association</b>	<p><b>Description:</b> The affiliated association of the qualifying Individual. Association plans require a dues-paying membership.</p> <p><b>Conditions:</b> Required—for the following health event types if the medical plan selected is an affiliated association:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• COBRA New Enrollment</li> <li>• Change Health Plan if Open Enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• California Associations of Highway Patrol = CHP</li> <li>• California Correctional Peace Officers Association = CPO</li> <li>• Peace Officers Research Association of California = POR</li> </ul>	3
55	<b>Medical Plan Selection</b>	<p><b>Description:</b> This is used to select a medical plan. The list of medical plans will be updated by CalPERS and distributed, on an as-needed basis annually. If updating or changing dependent address, this field is unnecessary.</p> <p><b>Conditions:</b> Required—when Apply Change to Medical is ‘true’ for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Continued Enrollment</li> </ul> <p>Required—for the health event type COBRA New Enrollment and Continued Enrollment under the following Conditions:</p> <ul style="list-style-type: none"> <li>• Apply Change to Medical is selected as ‘true,’ and</li> <li>• Eligibility basis is COBRA Qualifying Subscriber, COBRA Qualifying Dependent, or COBRA Qualifying Dependent New Contracting</li> </ul> <p>Required—for health event type Open Enrollment when Apply Change to Medical is ‘true’ and the health event reason is:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> </ul>	The associated three-digit code value tied to the medical plan.	3



#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
56	<b>Dental Plan Selection</b>	<p><b>Description:</b> This is used to select a dental plan.</p> <p><b>Conditions:</b> Required—when Apply Change to Dental is ‘true’ for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Continued Enrollment</li> </ul> <p>Required—for the health event type COBRA New Enrollment and Continued Enrollment when:</p> <ul style="list-style-type: none"> <li>• Apply Change to Dental is selected as ‘true’ and</li> <li>• Eligibility basis is COBRA Qualifying Subscriber or COBRA Qualifying Dependent</li> </ul> <p>Required—for health event type Open Enrollment when Apply Change to Dental is ‘true’ and the health event reason is:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> </ul> <p><b>Note:</b> This can only be used for New Enrollment for State Retiree - Dental Enrollment, not to be used for State Actives Dental Enrollments.</p>	The associated three-digit code value tied to the dental plan.	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
57	<b>Vision Plan Selection</b>  <i>(placeholder data tied to future legislation)</i>	<p><b>Description:</b> If vision becomes an option in the future, this would be used to select a vision plan.</p> <p><b>Conditions:</b> Required—when Apply Change to Vision is ‘true’ for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> <li>• Continued Enrollment</li> </ul> <p>Required—for health event type COBRA New Enrollment and Continued Enrollment under the following Conditions:</p> <ul style="list-style-type: none"> <li>• Apply Change to Vision is selected as ‘true,’ and</li> <li>• Eligibility basis is COBRA Qualifying Subscriber, COBRA Qualifying Dependent, or COBRA Qualifying Dependent New Contracting</li> </ul> <p>Required—for health event type Open Enrollment when Apply Change to Vision is ‘true’ and the health event reason is:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Change Health Plan</li> </ul>	The associated three-digit code value tied to the vision plan.	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
58	<b>Dependent Identifier Type</b>	<p><b>Description:</b> The type of person identifier available for the dependent. On the first report of an employee this can be their Social Security Number (SSN). On all subsequent transactions for the employee, the CalPERS ID must be the ID type provided.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• Delete Dependent</li> <li>• Change Dependent Address</li> </ul> <p>Required—when the dependent relationship is Spouse or Domestic Partner for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> </ul> <p>Required—when the dependent relationship is Spouse or Domestic Partner and the health event type is COBRA New Enrollment, and eligibility basis is either:</p> <ul style="list-style-type: none"> <li>• COBRA Qualifying Subscriber</li> <li>• COBRA Qualifying Dependent New Contracting</li> </ul> <p>Required—when the dependent relationship is Spouse or Domestic Partner for the following health event types during Open Enrollment:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> </ul> <p>Required—when health event reason is Delete Dependent in Open Enrollment.</p>	<ul style="list-style-type: none"> <li>• Social Security Number = SSN</li> <li>• CalPERS Identification = PID</li> </ul>	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
59	<b>Dependent Identifier</b>	<p><b>Description:</b> A unique identifier for the dependent.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• Delete Dependent</li> <li>• Change Dependent Address</li> </ul> <p>Required—when the dependent relationship is Spouse or Domestic Partner for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> </ul> <p>Required—when the dependent relationship is Spouse or Domestic Partner and the health event type is COBRA New Enrollment, and eligibility basis is either:</p> <ul style="list-style-type: none"> <li>• COBRA Qualifying Subscriber</li> <li>• COBRA Qualifying Dependent New Contracting</li> </ul> <p>Required—when health event reason is Delete Dependent in Open Enrollment.</p> <p><b>Note:</b> When a Social Security Number (SSN) is selected as the ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> <li>• Must be nine digits</li> <li>• Cannot start with 9, or 666</li> <li>• No section of the SSN can be all zeroes</li> </ul> <p>The 10-digit CalPERS ID is created and stored by myCalPERS during enrollment and used to identify participants when data is shared with CalPERS. It will be used in place of a SSN in subsequent enrollment files.</p>	<ul style="list-style-type: none"> <li>• SSN = 9 digits</li> <li>• CalPERS ID = 10 digits</li> </ul>	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
60	<b>Dependent Gender</b>	<p><b>Description:</b> The dependent's gender.</p> <p><b>Conditions:</b> Required—when a dependent is being added to enrollment.</p>	<ul style="list-style-type: none"> <li>• Female = F</li> <li>• Male = M</li> <li>• Nonbinary = N</li> <li>• Unknown = U</li> </ul>	3
61	<b>Dependent DOB</b>	<p><b>Description:</b> The dependent's date of birth.</p> <p><b>Conditions:</b> Required—when a dependent is being added to enrollment.</p>	yyyy-mm-dd	10
62	<b>Dependent First Name</b>	<p><b>Description:</b> The dependent's first name.</p> <p><b>Conditions:</b> Required—when a dependent is being added to enrollment.</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p>	Free form text of up to 20 characters	20
63	<b>Dependent Middle Name</b>	<p><b>Description:</b> The dependent's middle name.</p> <p><b>Required:</b> Optional—this data element is not required.</p> <p><b>Note:</b> This data is accepted for health event types New Enrollment, Add Dependent, or COBRA New Enrollment when the Dependent Identifier is supplied.</p> <p>Only alpha characters, blank spaces, hyphens (-), apostrophes (') will be accepted.</p>	Free form text of up to 20 characters	20

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
64	<b>Dependent Last Name</b>	<p><b>Description:</b> The dependent's last name.</p> <p><b>Conditions:</b> Required—when a dependent is being added to enrollment.</p> <p><b>Note:</b> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none"> <li>• Must be a minimum of one alpha character</li> <li>• Cannot begin with a blank space</li> </ul>	Free form text of up to 30 characters	30
65	<b>Dependent Suffix</b>	<p><b>Description:</b> The dependent's suffix, when applicable.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p>	<ul style="list-style-type: none"> <li>• Senior = SR</li> <li>• Junior = JR</li> <li>• First = I</li> <li>• Second = II</li> <li>• Third = III</li> <li>• Fourth = IV</li> <li>• Fifth = V</li> <li>• Ph.D = PHD</li> <li>• MD = MD</li> <li>• CPA = CPA</li> <li>• Ed.D = EDD</li> <li>• Esq. = ESQ</li> <li>• DDS = DDS</li> </ul>	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
66	<b>Date of Marriage/ Partnership</b>	<p><b>Description:</b> The date the dependent became a spouse/domestic partner of the primary subscriber.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> <li>• COBRA New Enrollment if the dependent identifier is supplied and the dependent relationship is Spouse or Domestic Partner</li> </ul>	1. yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
67	Address Same as Primary Subscriber	<p><b>Description:</b> Indicates if the dependent’s address is the same as the primary subscriber.</p> <p><b>Conditions:</b> Required—when ‘true’, and health event type is:</p> <ul style="list-style-type: none"> <li>• New Enrollment, then other dependent address information is not needed</li> <li>• Add Dependent or Change Dependent Address, then other dependent address information is not needed</li> <li>• Open Enrollment and health event reason is:</li> <li>• New Enrollment, then other dependent address information is not needed (only applicable when dependent is added during new enrollment)</li> <li>• Add Dependent, then other dependent address information is not needed</li> </ul> <p><b>Note:</b> This element must be reported in lowercase text only.</p> <p>This data is accepted if health event type is COBRA New Enrollment, and eligibility basis is:</p> <ul style="list-style-type: none"> <li>• COBRA Qualifying Subscriber</li> <li>• COBRA Qualifying Dependent</li> <li>• COBRA Qualifying Dependent New Contracting</li> </ul> <p>Other eligibility basis statuses can only carry over dependents from a previous enrollment.</p>	true / false	5



#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
68	<b>Dependent Address Type</b>	<p><b>Description:</b> The dependent’s address type. Only one address type can be submitted with each health enrollment transaction.</p> <p><b>Conditions:</b> Required—for the following health event types when Address Same as Primary Subscriber is ‘false’:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> <li>• COBRA New Enrollment</li> <li>• Dependent Address Change</li> </ul>	<ul style="list-style-type: none"> <li>• Mailing Address = MAI</li> <li>• Physical Address = PHY</li> </ul>	3
69	<b>Dependent Address 1</b>	<p><b>Description:</b> The first address line of the address to be entered. This is typically used for the employee’s street address or “In care of” information.</p> <p><b>Conditions:</b> Required—for the following health event types when Address Same as Primary Subscriber is ‘false’:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> <li>• COBRA New Enrollment</li> <li>• Dependent Address Change</li> </ul> <p><b>Notes:</b> This element is identified in the XML as &lt;AddressLine&gt; (review CommonUtilities.xsd, in the Technical Resources), which can occur up to three times. If entered as &lt;AddressLine1&gt; a Level 1 error will be generated.</p>	Free form text up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
70	<b>Dependent Address 2</b>	<p><b>Description:</b> The second address line. This is typically used for the employee’s street address if Address 1 was used for “In care of” information; otherwise it would be used for address information that does not fit on Address 1 (e.g. suite number, building name, room number, apartment number, etc.). This data is accepted if the Dependent Address 1 is supplied.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p> <p><b>Notes:</b> This element is identified in the XML as &lt;AddressLine&gt; (review CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine2&gt; a Level 1 error will be generated.</p>	Free form text up to 30 characters	30
71	<b>Dependent Address 3</b>	<p><b>Description:</b> The third address line. This element is typically used for any address data that does not fit on Address 1 and 2.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p> <p><b>Notes:</b> This data is accepted if the Dependent Address 1 is supplied.  This element is identified in the XML as &lt;AddressLine&gt; (review CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine3&gt; a Level 1 error will be generated.</p>	Free form text up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
72	<b>Dependent City</b>	<p><b>Description:</b> The city applicable to the dependent address entered.</p> <p><b>Conditions:</b> Required—when Dependent Address 1 is provided.</p> <p><b>Note:</b> This data is accepted if the Dependent Address 1 is supplied. This data element accepts alpha and numeric characters.</p>	Free form text up to 30 characters	30
73	<b>Dependent State</b>	<p><b>Description:</b> The code value for the state if the dependent country selected is either USA or Mexico.</p> <p><b>Conditions:</b> Required—when dependent country is USA or Mexico and the Dependent Address 1 is supplied.</p> <p><b>Note:</b> Review <a href="#">Appendix A3</a> for state field values.</p>	Free form text up to 30 characters	30
74	<b>Dependent ZIP Code 5</b>	<p><b>Description:</b> The first five digits of the ZIP code for the address designated in Dependent Address Type.</p> <p><b>Conditions:</b> Required—when dependent country is USA and the Dependent Address 1 is supplied.</p> <p>When the country is USA, the following are required:</p> <ul style="list-style-type: none"> <li>• Use numeric format</li> <li>• The first five numbers of the ZIP code</li> </ul>	5 digits	5

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
75	<b>Dependent ZIP Code 4</b>	<p><b>Description:</b> The next four digits of the ZIP code or the address designated in Dependent Address Type.</p> <p><b>Conditions:</b> Optional—this data element is not required.</p> <p><b>Note:</b> This data is accepted if the Dependent ZIP Code 5 is supplied.</p>	4 digits	4
76	<b>Dependent Country</b>	<p><b>Description:</b> The code value for the dependent country.</p> <p><b>Conditions:</b> Required—when Dependent Address 1 is supplied.</p>	Review <a href="#">Appendix A5</a> for Country field values.	3
77	<b>Dependent Province/Territory</b>	<p><b>Description:</b> The province or territory which coincides with the Dependent Address Type.</p> <p><b>Required:</b> Required—when the dependent country provided is Canada and Dependent Address 1 is supplied.</p> <p>Optional—when dependent country is not USA, Mexico, or Canada.</p>	<p>Free form text up to 50 characters</p> <ul style="list-style-type: none"> <li>• Alberta = AB</li> <li>• British Columbia = BC</li> <li>• Manitoba = MB</li> <li>• New Brunswick = NB</li> <li>• Newfoundland = NF</li> <li>• Northwest Territories = NT</li> <li>• Nova Scotia = NS</li> <li>• Ontario = ON</li> <li>• Prince Edward Island = PE</li> <li>• Quebec = PQ</li> <li>• Saskatchewan = SK</li> <li>• Yukon = YT</li> </ul>	50

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
78	<b>Dependent Postal Code</b>	<p><b>Description:</b> The international postal code.</p> <p><b>Conditions:</b> Required—when the dependent country provided is not USA and Dependent Address 1 is supplied.</p> <p><b>Note:</b> This element is alphanumeric.</p>	Free form text up to 12 characters	12
79	<b>Dependent Relationship</b>	<p><b>Description:</b> The dependent’s relationship to the primary subscriber.</p> <p><b>Conditions:</b> Required—when health event type is Add Dependent.  Required— for health event types New Enrollment, Open Enrollment and COBRA New Enrollment when a dependent is being added to enrollment.</p> <p><b>Note:</b> For Dependent Relationship and Dependent Type valid reporting combinations refer to <a href="#">Appendix A7</a>.</p>	<ul style="list-style-type: none"> <li>• Spouse = SPO</li> <li>• Domestic Partner = DP</li> <li>• Brother = BRO</li> <li>• Sister = SIS</li> <li>• Niece = NIE</li> <li>• Nephew = NEP</li> <li>• Grandchild = GC</li> <li>• Child = CHI</li> <li>• Step Child = SC</li> <li>• Domestic Partner Child = DPC</li> <li>• Step Grandchild = SG</li> <li>• Great Grandchild = GG</li> <li>• Cousin = COU</li> <li>• Other Person = OP</li> <li>• Adopted Child = ADC</li> </ul>	3

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
80	<b>Dependent Type</b>	<p><b>Description:</b> The type of dependent being reported.</p> <p><b>Conditions:</b> Required—when health event type is Add Dependent.</p> <p>Required—for health event types New Enrollment, Open Enrollment and COBRA New Enrollment when a dependent is being added to enrollment.</p> <p><b>Note:</b> For Dependent Relationship and Dependent Type valid reporting combinations refer to <a href="#">Appendix A7</a>.</p>	<ul style="list-style-type: none"> <li>• Dependent Natural Born Child = DBC</li> <li>• Dependent Adopted Child = DAC</li> <li>• Parent Child = EDC</li> <li>• Spouse = SPO</li> <li>• Step Child = STC</li> <li>• Domestic Partner = DP</li> <li>• Domestic Partner Child = DPC</li> <li>• Sibling = SIB</li> </ul>	3
81	<b>Disabled Dependent Indicator</b>	<p><b>Description:</b> Indicates if the added dependent is a disabled, dependent child.</p> <p><b>Conditions:</b> Optional—this element is not required but data is accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when dependent is added during new enrollment</li> <li>• Add Dependent when eligibility basis is COBRA Qualifying Subscriber</li> <li>• Open Enrollment for health event reason New Enrollment, when dependent is added during new enrollment</li> </ul> <p><b>Note:</b> This element must be reported in lowercase text only.</p> <p>This data is not used for health event type Add Dependent, when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting; and can only carry over dependents from a previous enrollment.</p>	true / false	5

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
82	<b>Disabled Dependent Confirmation Indicator</b>	<p><b>Description:</b> Indicates the employer understands the Disabled Dependent Enrollment is not confirmed until review by CalPERS.</p> <p><b>Conditions:</b> Required—when the Disabled Dependent Indicator is supplied.</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5
83	<b>Parent-Child Relationship Confirmation Indicator</b>	<p><b>Description:</b> Indicates if the economically dependent child was validated.</p> <p><b>Conditions:</b> Required—when dependent type is Economically Dependent Child.</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5
84	<b>Dependent Acquired Date</b>	<p><b>Description:</b> The date the child was declared economically dependent to the subscriber.</p> <p><b>Conditions:</b> Required—when the Economically Dependent Confirmation Indicator is supplied.</p>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
85	<b>Apply to Medical</b>	<p><b>Description:</b> Indicates when the enrollment transaction should be applied to medical.</p> <p><b>Conditions:</b> Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment and Add Dependent</li> <li>• COBRA New Enrollment when the eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Open Enrollment when health enrollment reason is New Enrollment</li> <li>• Open Enrollment when health enrollment reason is Add Dependent</li> </ul> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5
86	<b>Apply to Dental</b>	<p><b>Description:</b> Indicates the enrollment is applicable to dental benefit type.</p> <p><b>Conditions:</b> Required—for health event type New Enrollment and the health event reasons is State Retiree - Dental Enrollment.</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5
87	<b>Apply to Vision</b>  (placeholder data element tied to future legislation)	<p><b>Description:</b> If vision becomes an option in the future, this would indicate the enrollment is applicable to vision benefit type.</p> <p><b>Conditions:</b> N/A</p> <p><b>Note:</b> This element must be reported in lowercase text only.</p>	true / false	5



#	DATA ELEMENT NAME	DESCRIPTION	FIELD VALUES	MAX LENGTH
88	<b>Provider</b>	<p><b>Description:</b> Contains provider name or number for the medical provider or dental provider for the Subscriber.</p> <p><b>Conditions:</b> Optional—this element is not required but data is accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Add Dependent</li> <li>• Change Health Plan</li> <li>• Open Enrollment for health event reason New Enrollment, Add Dependent and Change Health Plan.</li> </ul>	Free form text up to 60 characters	60
89	<b>Dependent Provider</b>	<p><b>Description:</b> Contains provider name or number for the medical provider or dental provider for the dependent.</p> <p><b>Conditions:</b> Optional—this element is not required but data is accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when dependent is added during New Enrollment</li> <li>• Add Dependent</li> <li>• Change Health Plan</li> <li>• Open Enrollment for health event reason New Enrollment when dependent is added during New Enrollment, Add Dependent, and Change Health Plan.</li> </ul>	Free form text up to 60 characters	60

## Appendix A1 – Transaction Type Descriptions

TRANSACTION TYPE	FIELD VALUE	DESCRIPTION:
Add Dependent	ADP	Add dependent for health coverage
Delete Dependent	DDP	Delete a dependent from health coverage
Cancel Coverage	CCO	Terminate health enrollment
Change Health Plan	CHP	Change medical, dental (future provision), or vision (future provision) plan for the health enrollment
Dependent Address Change	DEC	Update address information for existing dependents
Change Premium Payment Method	CPP	Direct Pay or Off-Pay status due to appointment events such as LOA & PI
New Enrollment	NEN	New health enrollment
Open Enrollment	OEN	Open enrollment health elections
Continued Enrollment	COE	Health enrollment coverage for the extended period between Active status and Retired status.
Update Enrollment	UEN	Update address information for the subscriber; update Medical Group assignments for health benefits
COBRA New Enrollment	CNE	Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23-year old dependent, or divorce
Add Dependent	ADP	Add dependent for health coverage
Delete Dependent	DDP	Delete a dependent from health coverage
Cancel Coverage	CCO	Terminate health enrollment
Change Health Plan	CHP	Change medical, dental (future provision), or vision (future provision) plan for the health enrollment
Dependent Address Change	DEC	Update address information for existing dependents
Change Premium Payment Method	CPP	Direct Pay or Off-Pay status due to appointment events such as LOA & PI
New Enrollment	NEN	New health enrollment
Open Enrollment	OEN	Open enrollment health elections
Continued Enrollment	COE	Health enrollment coverage for the extended period between Active status and Retired status.

TRANSACTION TYPE	FIELD VALUE	DESCRIPTION:
Update Enrollment	UEN	Update address information for the subscriber; update Medical Group assignments for health benefits
COBRA New Enrollment	CNE	Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23-year old dependent, or divorce

## Appendix A2 – Health Event Reason (Sorted by Health Event Types, Ascending)

LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
Birth/placement	200	Add Dependent
Court Order	208	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Appeal denied	507	Cancel Coverage
Cancel: Perm Separation	515	Cancel Coverage
Cancel; PA/Sch Site Chg	529	Cancel Coverage
Change in appt. outside b/u	501	Cancel Coverage
Insufficient Hours	500	Cancel Coverage
Layoff Cancel	516	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Reinstatement (Non-PERS)	535	Cancel Coverage
Subscriber Death	526	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Time base/tenure chg	502	Cancel Coverage
Update CBU Benefits	836	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan

LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Out of association plan	404	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Retirement	716	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
23 year old delete	301	Delete Dependent
Change of custody	312	Delete Dependent
Death of Dependent	300	Delete Dependent
Divorce	302	Delete Dependent
Domestic Partner Child Term	319	Delete Dependent
Domestic Partner Term	318	Delete Dependent

LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
Enroll Own Right Dependent	304	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Loss economic dependence	310	Delete Dependent
Marriage of Dependent Child	303	Delete Dependent
Military - Del Dependent	309	Delete Dependent
No longer certifiable	305	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Address Update	900	Dependent Address Change
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
NC EE Enroll<half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Surv Benefits Paid by ER	145	New Enrollment
Survivor Without Benefits	128	New Enrollment

LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
Enrolled into Flex Elect	503	Open Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Recertification of Disabled Dependent	906	Recertify Dependent
Cancel Eligibility ZIP - Employer	481	Update Enrollment
Change Eligibility ZIP - Employer	480	Update Enrollment
Change Medical Group	904	Update Enrollment
Opt in Vesting	908	Update Enrollment
Opt out Vesting	909	Update Enrollment
Update Demographics	905	Update Enrollment
Birth/placement	200	Add Dependent
Court Order	208	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Appeal denied	507	Cancel Coverage
Cancel: Perm Separation	515	Cancel Coverage

LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
Cancel; PA/Sch Site Chg	529	Cancel Coverage
Change in appt. outside b/u	501	Cancel Coverage
Insufficient Hours	500	Cancel Coverage
Layoff Cancel	516	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Reinstatement (Non-PERS)	535	Cancel Coverage
Subscriber Death	526	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Time base/tenure chg	502	Cancel Coverage
Update CBU Benefits	836	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Out of association plan	404	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Retirement	716	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment



LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
23 year old delete	301	Delete Dependent
Change of custody	312	Delete Dependent
Death of Dependent	300	Delete Dependent
Divorce	302	Delete Dependent
Domestic Partner Child Term	319	Delete Dependent
Domestic Partner Term	318	Delete Dependent
Enroll Own Right Dependent	304	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Loss economic dependence	310	Delete Dependent
Marriage of Dependent Child	303	Delete Dependent
Military - Del Dependent	309	Delete Dependent
No longer certifiable	305	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Address Update	900	Dependent Address Change
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment

LONG NAME (Event Reason)	CODE VALUE	HEALTH EVENT TYPE
NC EE Enroll<half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Surv Benefits Paid by ER	145	New Enrollment
Survivor Without Benefits	128	New Enrollment
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
Enrolled into Flex Elect	503	Open Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Recertification of Disabled Dependent	906	Recertify Dependent
Cancel Eligibility ZIP - Employer	481	Update Enrollment
Change Eligibility ZIP - Employer	480	Update Enrollment
Change Medical Group	904	Update Enrollment
Opt in Vesting	908	Update Enrollment
Opt out Vesting	909	Update Enrollment
Update Demographics	905	Update Enrollment

## Appendix A3 – State Code Values (Sorted by Country, Ascending)

LONG NAME	CODE VALUE
California	CA
Alabama	AL
Alaska	AK
American Samoa	AS
Arizona	AZ
Arkansas	AR
Armed Forces Europe	AE
Armed Forces Pacific	AP
Armed Forces the Americas	AA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Federated States of Micronesia	FM
Florida	FL
Georgia	GA
Guam	GU
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Marshall Islands	MH
Maryland	MD
Massachusetts	MA
Michigan	MI

LONG NAME	CODE VALUE
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
North Mariana Islands	MP
Ohio	OH
Oklahoma	OK
Oregon	OR
Palau	PW
Pennsylvania	PA
Puerto Rico	PR
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virgin Islands	VI
Virginia	VA
Washington	WA
West Virginia	WV

LONG NAME	CODE VALUE
Wisconsin	WI
Wyoming	WY
Aguascalientes	AG
Baja California, Norte	BJ
Baja California, Sur	BS
Campeche	CP
Chiapas	CHI
Chihuahua	CI
Coahuila	CU
Colima	CL
Distrito Federal	DF
Durango	DG
Guanajuato	GJ
Guerrero	GR
Hidalgo	HG
Jalisco	JA
Mexico	EM
Michoacan	MH

LONG NAME	CODE VALUE
Morelos	MR
Nayarit	NA
Nuevo Leon	NL
Oaxaca	OA
Puebla	PU
Queretaro	QA
Quintana Roo	QR
San Luis Potosi	SL
Sinaloa	SI
Sonora	SO
Tabasco	TA
Tamaulipas	TM
Tlaxcala	TL
Veracruz	VZ
Yucatan	YC
Zacatecas	ZT

## Appendix A4 – County/District Code Values

LONG NAME	CODE VALUE
1 - Alameda	001
2 - Alpine	003
3 - Amador	005
4 - Butte	007
5 - Calaveras	009
6 - Colusa	011
7 - Contra Costa	013
8 - Del Norte	015
9 - El Dorado	017
10 - Fresno	019
11 - Glenn	021
12 - Humboldt	023
13 - Imperial	025
14 - Inyo	027
15 - Kern	029
16 - Kings	031
17 - Lake	033
18 - Lassen	035
19 - Los Angeles	037
20 - Madera	039
21 - Marin	041
22 - Mariposa	043
23 - Mendocino	045
24 - Merced	047
25 - Modoc	049
26 - Mono	051
27 - Monterey	053
28 - Napa	055
29 - Nevada	057
30 - Orange	059

LONG NAME	CODE VALUE
31 - Placer	061
32 - Plumas	063
33 - Riverside	065
34 - Sacramento	067
35 - San Benito	069
36 - San Bernardino	071
37 - San Diego	073
38 - San Francisco	075
39 - San Joaquin	077
40 - San Luis Obispo	079
41 - San Mateo	081
42 - Santa Barbara	083
43 - Santa Clara	085
44 - Santa Cruz	087
45 - Shasta	089
46 - Sierra	091
47 - Siskiyou	093
48 - Solano	095
49 - Sonoma	097
50 - Stanislaus	099
51 - Sutter	101
52 - Tehama	103
53 - Trinity	105
54 - Tulare	107
55 - Tuolumne	109
56 - Ventura	111
57 - Yolo	113
58 - Yuba	115
Out of State	000
1st District (SF)	100

LONG NAME	CODE VALUE
2nd District (LA)	110
2nd Sub District (Ventura)	117
3rd District (Sac)	120
4th District (San Diego)	130

LONG NAME	CODE VALUE
4th Sub District (Riverside)	131
4th Sub District (Santa Ana)	132
5th District (Fresno)	140
6th District (Santa Clara)	150

## Appendix A5 – Country Code Values

LONG NAME	CODE VALUE
United States	US
Afghanistan	AF
Albania	AL
Algeria	DZ
American Samoa	AS
Andorra	AD
Angola	AO
Anguilla	AI
Antarctica	AQ
Antigua & Barbuda	AG
Argentina	AR
Armenia	AM
Aruba	AW
Australia	AU
Austria	AT
Azerbaijan	AZ
Bahamas	BS
Bahrain	BH
Bangladesh	BD
Barbados	BB
Belarus	BY
Belgium	BE
Belize	BZ
Benin	BJ
Bermuda	BM
Bhutan	BT
Bolivia	BO
Bosnia-Herzegovina	BA
Botswana	BW
Bouvet Island	BV

LONG NAME	CODE VALUE
Brazil	BR
British Indian Ocean Terr	IO
Brunei	BN
Bulgaria	BG
Burkina Faso	BF
Burundi	BI
Cambodia	KH
Cameroon	CM
Canada	CA
Cape Verde	CV
Cayman Islands	KY
Central African Republic	CF
Chad	TD
Chile	CL
China	CN
Christmas Island (Pacific)	CX
Cocos (Keeling) Islands	CC
Colombia	CO
Comoros	KM
Congo	CG
Cook Islands	CK
Costa Rica	CR
Croatia	HR
Cuba	CU
Cyprus	CY
Czech Republic	CZ
Denmark	DK
Djibouti	DJ
Dominica	DM
Dominican Republic	DO

LONG NAME	CODE VALUE
Ecuador	EC
Egypt	EG
El Salvador	SV
Equatorial Guinea	GQ
Eritrea	ER
Estonia	EE
Ethiopia	ET
Falkland Islands	FK
Faroe Islands	FO
Fiji	FJ
Finland	FI
France	FR
French Guiana	GF
French Polynesia	PF
Gabon	GA
Gambia	GM
Georgia	GE
Germany	DE
Ghana	GH
Gibraltar	GI
Greece	GR
Greenland	GL
Grenada	GD
Guadeloupe	GP
Guam	GU
Guatemala	GT
Guernsey	GG
Guinea	GN
Guinea Bissau	GW
Guyana	GY
Haiti	HT
Heard McDonald Islands	HM

LONG NAME	CODE VALUE
Honduras	HN
Hong Kong	HK
Hungary	HU
Iceland	IS
India	IN
Indonesia	ID
Iran	IR
Iraq	IQ
Ireland	IE
Isle Of Man	IM
Israel	IL
Italy	IT
Ivory Coast	CI
Jamaica	JM
Jan Mayen	SJ
Japan	JP
Jersey	JE
Jordan	JO
Kazakhstan	KZ
Kenya	KE
Kiribati	KI
Kuwait	KW
Kyrgyzstan	KG
Laos	LA
Latvia	LV
Lebanon	LB
Lesotho	LS
Liberia	LR
Libya	LY
Liechtenstein	LI
Lithuania	LT
Luxembourg	LU



LONG NAME	CODE VALUE
Macau	MO
Macedonia	MK
Madagascar	MG
Malawi	MW
Malaysia	MY
Maldives	MV
Mali	ML
Malta	MT
Marshall Islands	MH
Martinique	MQ
Mauritania	MR
Mauritius	MU
Mayotte	YT
Mexico	MX
Micronesia	FM
Moldova	MD
Monaco	MC
Mongolia	MN
Montenegro	ME
Montserrat	MS
Morocco	MA
Mozambique	MZ
Myanmar	MM
Namibia	NA
Nauru	NR
Nepal	NP
Netherlands	NL
Netherlands Antilles	AN
New Caledonia	NC
New Zealand	NZ
Nicaragua	NI
Niger	NE

LONG NAME	CODE VALUE
Nigeria	NG
Niue	NU
Norfolk Island	NF
North Korea	KP
Northern Mariana Islands	MP
Norway	NO
Oman	OM
Pakistan	PK
Panama	PA
Papua New Guinea	PG
Paraguay	PY
Peru	PE
Philippines	PH
Pitcairn Island	PN
Poland	PL
Portugal	PT
Puerto Rico	PR
Qatar	QA
Republic Of South Korea	KR
Reunion	RE
Romania	RO
Russia	RU
Rwanda	RW
San Marino	SM
Sao Tome & Principe	ST
Saudi Arabia	SA
Senegal	SN
Serbia	RS
Seychelles	SC
Sierra Leone	SL
Singapore	SG
Slovakia	SK

LONG NAME	CODE VALUE
Slovenia	SI
Solomon Islands	SB
Somalia	SO
South Africa	ZA
Spain	ES
Sri Lanka	LK
St Helena	SH
St Kitts & Nevis	KN
St Lucia	LC
St Pierre & Miquelon	PM
St Vincent & Grenadines	VC
Sudan	SD
Suriname	SR
Swaziland	SZ
Sweden	SE
Switzerland	CH
Syria	SY
Taiwan	TW
Tajikistan	TJ
Tanzania	TZ
Thailand	TH
The Democratic Republic of the Congo	CD
Togo	TG
Tokelau	TK
Tonga	TO
Trinidad and Tobago	TT
Tunisia	TN
Turkey	TR
Turkmenistan	TM
Turks & Caicos Islands	TC
Tuvalu	TV
Uganda	UG

LONG NAME	CODE VALUE
Ukraine	UA
United Arab Emirates	AE
United Kingdom	GB
Uruguay	UY
Uzbekistan	UZ
Vanuatu	VU
Vatican City	VA
Venezuela	VE
Vietnam	VN
Virgin Islands(British)	VG
Virgin Islands(U.S.)	VI
Wallis & FUTUNA	WF
Western Sahara	EH
Western Samoa	WS
Yemen	YE
Zambia	ZM
Zimbabwe	ZW

## Appendix A6 – Permissive Health Event Reasons

HEALTH EVENT REASON	REASON CODE	HEALTH EVENT
Birth/Placement	200	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Re-Enrollment of Dependent	220	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Cancel: Perm Separation	515	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method

HEALTH EVENT REASON	REASON CODE	HEALTH EVENT
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
Change of custody	312	Delete Dependent
Did Not Verify – Online	331	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Military - Del Dependent	309	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
NC EE Enroll<half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment

HEALTH EVENT REASON	REASON CODE	HEALTH EVENT
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Survivor Without Benefits	128	New Enrollment
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Cancel Eligibility ZIP - Employer	481	Update Enrollment
Change Eligibility ZIP - Employer	480	Update Enrollment
Verification of Dependent	913	Verify Dependent

## Appendix A7 – Dependent Relationship with Dependent Type Valid Reporting Combinations

DEPENDENT RELATIONSHIP WITH CODE VALUE	DEPENDENT TYPE WITH CODE VALUE
Child (CHI)	Natural Born Child (DBC)
Child (CHI), Adopted Child (ADC)	Adopted Child (DAC)
Niece (NIE), Nephew (NEP), Grandchild (GC), Step Grandchild (SG), Great Grandchild (GG), Cousin (COU), Other person (OP)	Parent-Child (EDC)
Spouse (SPO)	Spouse (SPO)
Step Child (SC)	Step Child (STC)
Domestic Partner (DP)	Domestic Partner (DP)
Domestic Partner Child (DPC)	Domestic Partner Child (DPC)
Brother (BRO), Sister (SIS)	Sibling (SIB)

## Resources

### Employer Technical Toolkit (ZIP, 10MB)

<https://www.calpers.ca.gov/docs/employer-technical-toolkit.zip>

### Encryption/Decryption & File Naming (PDF)

<https://www.calpers.ca.gov/docs/encryption-decryption-file-naming.pdf>

### Employer's Guide to the Technical Toolkit (PDF)

<https://www.calpers.ca.gov/docs/employer-guide-tech-toolkit.pdf>