

# Data Element Definitions Public Agency & Schools Health Enrollment Reporting File

## Overview

This document outlines the data elements within a CalPERS Public Agency or School health enrollment 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 health 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. Program Identifier – i.e., California Public Employees’ Retirement System (PERS), Judges’ Retirement System (JRS)
  - 1. Program Information – i.e. Record Type, Record Type Counts, and Record Type Totals
  - 2. Report Information – i.e. Employer Health Enrollee Report, Employer Health Event Notification Report
  - 3. Participant Information – i.e. Participant CalPERS ID and the Participant Name
    - a. Participant Record Details – i.e. Record Period Begin Date and Record Period End Date\
      - i. Health Enrollment Details – i.e. Health Event Type, Health Eligibility ZIP code, Apply Change to Medical

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 Health 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.

# 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/CONDITIONS   | FIELD VALUES | MAX LENGTH |
|---|------------------------------|--|--------------|------------|
| 1 | <b>Employer's CalPERS ID</b> | <p><b>Description:</b><br/>           A unique 10-digit identifier created by myCalPERS to identify the reporting organization.<br/>           For schools, review the following:</p> <ul style="list-style-type: none"> <li>• County Office of Education—if you report for other school districts, use your Employer's CalPERS ID</li> <li>• Districts who report independently from the County Office of Education—use your Employer's CalPERS ID</li> </ul> <p>For Judge's Court, review the following:</p> <ul style="list-style-type: none"> <li>• Administrative Office of the Courts (AOC)—if you report for the Judge's Court, report the Judge's Court's CalPERS ID</li> <li>• State Controller's Office (SCO)—if SCO is reporting, they would report the State's CalPERS ID</li> </ul> <p><b>Conditions:</b><br/>           Required—to identify which myCalPERS account is submitting the XML file. The submitting organization must be a Public Employees' Retirement System/Supplemental Income Program (PERS/SIP) contracted data owner.</p> | 10 digits    | 10         |

| # | DATA ELEMENT NAME   | DESCRIPTION/CONDITIONS   | FIELD VALUES  | MAX LENGTH |
|---|---------------------|--|---|------------|
| 2 | Health Event Type   | <p><b>Description:</b><br/>The type of health event being reported.</p> <p><b>Conditions:</b><br/>Required—to identify the health event being reported. Failure to provide it may cause the file to fail validation.</p> <p><b>Note:</b><br/>For descriptions of Health Event Types, please see <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 | Health Event Reason | <p><b>Description:</b><br/>The reasons for health enrollment. These are categorized by Health Event Types.</p> <p><b>Conditions:</b><br/>Required—to identify the reason for the health enrollment.</p>  | For descriptions of Health Event Reasons and their field values, see <a href="#">Appendix A2</a> .  | 3          |

| # | DATA ELEMENT NAME                    | DESCRIPTION/CONDITIONS  | FIELD VALUES | MAX LENGTH |
|---|--------------------------------------|---|--------------|------------|
| 4 | <b>Unique Transaction Identifier</b> | <p><b>Description:</b><br/>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><br/>Required—for transaction types when the file is submitted using FTP.<br/>Optional—when using File Upload.</p> <p><b>Note:</b><br/>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.<br/>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><br/>The date the health event occurred.</p> <p><b>Conditions:</b><br/>Required—for all health event types except for Open Enrollment.</p>  | yyyy-mm-dd   | 10         |
| 6 | <b>Received Date</b>                 | <p><b>Description:</b><br/>The date the employer was notified of the health event.</p> <p><b>Conditions:</b><br/>Required—for all health event types except for Update Enrollment.</p>  | yyyy-mm-dd   | 10         |

| # | DATA ELEMENT NAME  | DESCRIPTION/CONDITIONS  | FIELD VALUES | MAX LENGTH |
|---|--|---|--------------|------------|
| 7 | <b>Apply Change To Medical</b>   | <p><b>Description:</b><br/>Indicates the change/enrollment applies to the medical benefit.</p> <p><b>Conditions:</b><br/>Required—for all health event types except for Change Dependent Address.</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p>   | true / false | 5          |
| 8 | <b>Apply Change To Dental</b><br><br>(placeholder data tied to future legislation) | <p><b>Description:</b><br/>If dental becomes an option in the future, this would indicate the change/enrollment applies to the dental benefit.</p> <p><b>Conditions:</b><br/>Required—for all health event types except for Change Dependent Address.</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p> | true / false | 5          |
| 9 | <b>Apply Change To Vision</b><br><br>(placeholder data tied to future legislation) | <p><b>Description:</b><br/>If vision becomes an option in the future, this would indicate the change/enrollment applies to vision benefit.</p> <p><b>Conditions:</b><br/>Required—for all health event types except for Change Dependent Address.</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p>     | true / false | 5          |

| #  | DATA ELEMENT NAME        | DESCRIPTION/CONDITIONS   | FIELD VALUES   | MAX LENGTH |
|----|--------------------------|--|--|------------|
| 10 | <b>Rescind Indicator</b> | <p><b>Description:</b><br/>Indicates whether a health enrollment transaction with a future date should be rescinded.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>Employers will have the ability to rescind future-dated, permissive health-enrollment reasons. For a list of the permissive health-event reasons, please see <a href="#">Appendix A6</a>.<br/>This element must be reported in lowercase text only.</p> | true / false   | 5          |
| 11 | <b>Rescind Reason</b>    | <p><b>Description:</b><br/>Provides the reasoning for a rescinded health enrollment transaction.</p> <p><b>Conditions:</b><br/>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><br/>This area allows for notes of reasoning for a rescission.</p> <p><b>Conditions:</b><br/>Required—when the rescind indicator is selected as ‘true.’</p> <p><b>Note:</b><br/>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       |

| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS   | FIELD VALUES   | MAX LENGTH |
|----|-------------------|--|--|------------|
| 13 | Appointment ID    | <p><b>Description:</b><br/>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><br/>Required—when the employee has multiple appointments in the same program (e.g., multiple PERS appointments) with the employer being reported.<br/>Required—when an appointment update is being reported and the employee has multiple appointments with the employer being reported.<br/>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><br/>Generate the <i>Participant Appointment Details Report Cognos</i> report for a list of appointment IDs.</p> | 10 digits  | 10         |
| 14 | Person ID Type    | <p><b>Description:</b><br/>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><br/>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         |



| #  | DATA ELEMENT NAME  | DESCRIPTION/CONDITIONS   | FIELD VALUES   | MAX LENGTH |
|----|--------------------|--|--|------------|
| 15 | Person ID          | <p><b>Description:</b><br/>The unique identifier of the person who qualifies for health enrollment.</p> <p><b>Conditions:</b><br/>Required—to identify the person.</p> <p><b>Note:</b><br/>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         |
| 16 | New SSN            | <p><b>Description:</b><br/>Denotes a correction to the Social Security Number (SSN).</p> <p><b>Conditions:</b><br/>Optional—only accepted for health event type Update Enrollment and health event reason Update Demographics.</p>   | 9 digits   | 9          |
| 17 | Original Hire Date | <p><b>Description:</b><br/>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><br/>Required—when the transaction type is New Enrollment and the individual being reported is a non-PERS health subscriber.</p>   | yyyy-mm-dd   | 10         |

| #  | DATA ELEMENT NAME        | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|--------------------------|---|--|------------|
| 18 | <b>Retirement System</b> | <p><b>Description:</b><br/>The retirement system that the subscriber receives retirement benefits from.</p> <p><b>Conditions:</b><br/>Required—for the following health event types when the person is a non-PERS health subscriber:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• COBRA New Enrollment</li> <li>• Continued Enrollment</li> </ul> | <ul style="list-style-type: none"> <li>• CalSTRS = STR</li> <li>• Military Retirement System = MRS</li> <li>• Other = OTH</li> </ul>   | 3          |
| 19 | <b>Prefix</b>            | <p><b>Description:</b><br/>The participant's title.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p>   | <ul style="list-style-type: none"> <li>• Assembly Member = ASM</li> <li>• Chief = CHI</li> <li>• Councilman = COU</li> <li>• Councilwoman = CCW</li> <li>• Dean = DEA</li> <li>• Doctor = DR</li> <li>• Judge = JUD</li> <li>• Mayor = MAY</li> <li>• Miss = MIS</li> <li>• Mister = MR</li> <li>• Mrs = MRS</li> <li>• Ms = MS</li> <li>• President = PRE</li> <li>• Professor = PRO</li> <li>• Senator = SEN</li> <li>• Superintendent = SUP</li> <li>• Supervisor = SVR</li> <li>• The Honorable = HON</li> <li>• Justice = JUS</li> <li>• Chief Justice = CHJ</li> </ul> | 3          |

| #  | DATA ELEMENT NAME  | DESCRIPTION/CONDITIONS  | FIELD VALUES                          | MAX LENGTH |
|----|--------------------|---|---------------------------------------|------------|
| 20 | <b>First Name</b>  | <p><b>Description:</b><br/>The participant's first name.</p> <p><b>Conditions:</b><br/>Required—to identify the participant's first name.</p> <p><b>Note:</b><br/>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         |
| 21 | <b>Middle Name</b> | <p><b>Description:</b><br/>The participant's middle name.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> <ul style="list-style-type: none"> <li>• No character minimum is required</li> </ul>  | Free form text of up to 20 characters | 20         |
| 22 | <b>Last Name</b>   | <p><b>Description:</b><br/>The participant's last name.</p> <p><b>Conditions:</b><br/>Required—to identify the participant's last name.</p> <p><b>Note:</b><br/>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         |

| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|-------------------|---|--|------------|
| 23 | Gender            | <p><b>Description:</b><br/>The participant's gender.</p> <p><b>Conditions:</b><br/>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          |
| 24 | Birth Date        | <p><b>Description:</b><br/>The participant's date of birth.</p> <p><b>Conditions:</b><br/>Required—to identify the birth date of the participant.</p> | yyyy-mm-dd   | 10         |
| 25 | Suffix            | <p><b>Description:</b><br/>The participant's suffix, if applicable.</p> <p><b>Conditions:</b><br/>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/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|-------------------------------|---|---|------------|
| 26 | <b>Address Type</b>           | <p><b>Description:</b><br/>The participant's address type. This will be one of two types, though physical address is preferred.</p> <p><b>Conditions:</b><br/>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><br/>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          |
| 27 | <b>Use Address for Health</b> | <p><b>Description:</b><br/>Indicates that the participant's address should be used for health enrollment.<br/>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><br/>Required—for health event type COBRA New Enrollment when eligibility basis is either COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting.<br/>This data is accepted when reported for health event types New Enrollment and Cancel Coverage</p> <p><b>Note:</b><br/>If a P.O. Box is given, this will result in an error.<br/>This element must be reported in lowercase text only.</p> | true / false  | 5          |

| #  | DATA ELEMENT NAME                | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|----------------------------------|---|--|------------|
| 28 | Health Eligibility ZIP Code Type | <p><b>Description:</b><br/>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><br/>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         |
| 29 | Health Eligibility ZIP Code      | <p><b>Description:</b><br/>The ZIP code used for health eligibility determination.</p> <p><b>Conditions:</b><br/>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><br/>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.<br/>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          |

| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|-------------------|---|---|------------|
| 30 | County            | <p><b>Description:</b><br/>The county the participant designates for health eligibility.</p> <p><b>Conditions:</b><br/>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>  | For a list of county field values, refer to <a href="#">Appendix A4</a> . | 3          |
| 31 | Address 1         | <p><b>Description:</b><br/>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><br/>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><br/>This element is identified in the XML as &lt;AddressLine&gt; (see CommonUtilities.xsd, in the Employer Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine1&gt; it will generate a Level 1 error.</p> | Free form text up to 40 characters  | 40         |

| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS  | FIELD VALUES                       | MAX LENGTH |
|----|-------------------|---|------------------------------------|------------|
| 32 | <b>Address 2</b>  | <p><b>Description:</b><br/>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><br/>Optional—this element is not required.</p> <p><b>Note:</b><br/>This element is identified in the XML as &lt;AddressLine&gt; (see CommonUtilities.xsd, in the Employer Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine2&gt; it will generate a Level 1 error.</p> | Free form text up to 30 characters | 30         |
| 33 | <b>Address 3</b>  | <p><b>Description:</b><br/>The third address line. This is typically used for any address data that does not fit on Address 1 and 2. The data is accepted if Address 1 is supplied.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>This element is identified in the XML as &lt;AddressLine&gt; (see CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine3&gt; it will generate a Level 1 error.</p>   | Free form text up to 30 characters | 30         |



| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS   | FIELD VALUES                       | MAX LENGTH |
|----|-------------------|--|------------------------------------|------------|
| 34 | City              | <p><b>Description:</b><br/>The city applicable to the address entered. This data is accepted if Address 1 is supplied.</p> <p><b>Conditions:</b><br/>Required—when Address Line 1 is supplied.</p> <p><b>Note:</b><br/>This data element accepts alpha and numeric characters.</p>   | Free form text up to 30 characters | 30         |
| 35 | State             | <p><b>Description:</b><br/>The state applicable to the address entered, if country selected is USA or Mexico.</p> <p><b>Conditions:</b></p> <ul style="list-style-type: none"> <li>Required—when country is USA or Mexico, and Address 1 is supplied.</li> </ul> <p><b>Note:</b><br/>For a list of field values, see <a href="#">Appendix A3</a>.</p>                              | Free form text up to 30 characters | 30         |
| 36 | ZIP Code 5        | <p><b>Description:</b><br/>The first five digits of the ZIP code for the address designated in Address Type.</p> <p><b>Conditions:</b><br/>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/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|--------------------------------|---|---|------------|
| 37 | <b>ZIP Code 4</b>              | <p><b>Description:</b><br/>The next four digits of the ZIP code or the address designated in Address Type.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>This data is accepted if ZIP Code 5 is supplied.</p>                         | 4 digits  | 4          |
| 38 | <b>Country</b>                 | <p><b>Description:</b><br/>The code value for the country address.</p> <p><b>Conditions:</b><br/>Required—when Address 1 is supplied.</p>   | See <a href="#">Appendix A5</a> for country field values.   | 3          |
| 39 | <b>Province/<br/>Territory</b> | <p><b>Description:</b><br/>The province or territory which coincides with the Address Type.</p> <p><b>Conditions:</b><br/>Optional—when the country is not USA, Mexico, or Canada.</p>  | Free form text up to 50 characters <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         |
| 40 | <b>Postal Code</b>             | <p><b>Description:</b></p> <ul style="list-style-type: none"> <li>• The international postal code for the address. This element is alphanumeric.</li> </ul> <p><b>Conditions:</b></p> <ul style="list-style-type: none"> <li>• Required—when the country indicated is not USA.</li> </ul> | Free form text up to 12 characters  | 12         |

| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|-------------------|---|---|------------|
| 41 | Phone Type        | <p><b>Description:</b><br/>The phone type used (e.g. cellular, fax, office).</p> <p><b>Conditions:</b><br/>Optional—this element is not required but can be accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage</li> <li>• COBRA New Enrollment when eligibility basis is either COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b><br/>Data should not be provided here for eligibility basis values other than those listed above.</p>   | <ul style="list-style-type: none"> <li>• Work = WOR</li> <li>• FAX = FAX</li> <li>• TTY = TTY</li> <li>• Cellular = MOB</li> <li>• Home = HOM</li> <li>• Other = OTR</li> </ul> | 3          |
| 42 | US Phone          | <p><b>Description:</b><br/>The participant's US contact phone number.</p> <p><b>Conditions:</b><br/>Optional—this element is not required but can be accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage</li> <li>• COBRA New Enrollment when eligibility basis is either COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b><br/>When this field is used, ten (10) numeric values are required. The phone number may not contain spaces, hyphens (-), or parentheses ().</p> <p>Data should not be provided here for eligibility basis values other than those listed above.</p> | 10 digits   | 10         |

| #  | DATA ELEMENT NAME          | DESCRIPTION/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|----------------------------|---|---|------------|
| 43 | <b>International Phone</b> | <p><b>Description:</b><br/>The participant's international contact phone number.</p> <p><b>Conditions:</b><br/>Optional—this element is not required but can be accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage</li> <li>• COBRA New Enrollment when eligibility basis is either COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> </ul> <p><b>Note:</b><br/>Data should not be provided here for eligibility basis values other than those listed above.</p> | A minimum 3 digits, and up to 24 digits, plus signs (+), dashes (-), spaces and parentheses () are allowed. | 24         |
| 44 | <b>Extension</b>           | <p><b>Description:</b><br/>The extension of the participant's phone number provided.</p> <p><b>Conditions:</b><br/>Optional—this element is not required but can be accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage</li> <li>• COBRA New Enrollment</li> </ul> <p><b>Note:</b><br/>This field will only accept numeric values.</p>  | 5 digits  | 5          |

| #  | DATA ELEMENT NAME         | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|---------------------------|---|--|------------|
| 45 | Email                     | <p><b>Description:</b><br/>The participant’s email address.</p> <p><b>Conditions:</b><br/>Optional—this element is not required but can be accepted for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Cancel Coverage</li> <li>• COBRA New Enrollment</li> </ul>   | Email Address  | 50         |
| 46 | Qualifying Person ID Type | <p><b>Description:</b><br/>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><br/>Required—for health event types:</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><b>Note:</b><br/>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/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|-----------------------------|---|--|------------|
| 47 | <b>Qualifying Person ID</b> | <p><b>Description:</b><br/>The unique identifier of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b><br/>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 (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> <p><b>Note:</b><br/>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/CONDITIONS   | FIELD VALUES | MAX LENGTH |
|----|----------------------------------|--|--------------|------------|
| 48 | <b>Permanent Separation Date</b> | <p><b>Description:</b><br/>This is the day <i>after</i> 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><br/>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         |
| 49 | <b>Retirement Date</b>           | <p><b>Description:</b><br/>The retirement date of the qualifying individual. The Retirement Date can be the same as Separation Date but is typically the day after the separation date.</p> <p><b>Conditions:</b><br/>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/CONDITIONS   | FIELD VALUES                          | MAX LENGTH |
|----|--------------------|--|---------------------------------------|------------|
| 50 | <b>First Name</b>  | <p><b>Description:</b><br/>The first name of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b><br/>Required—for the following health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment when health event reason is STRS Survivor No Allowance</li> <li>• COBRA Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Continue Enrollment when health event reason is Re-enroll SES/PA FFPO Survivor</li> </ul> <p><b>Note:</b><br/>Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p> | Free form text of up to 20 characters | 20         |
| 51 | <b>Middle Name</b> | <p><b>Description:</b><br/>The middle name of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>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/CONDITIONS  | FIELD VALUES                          | MAX LENGTH |
|----|-------------------|---|---------------------------------------|------------|
| 52 | Last Name         | <p><b>Description:</b><br/>The last name of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b><br/>Required—for the following 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 Enrollment when eligibility basis is COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</li> <li>• Continue Enrollment when health event reason is Re-enroll SES/PA FFPO Survivor</li> </ul> <p><b>Note:</b><br/>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         |

| #  | DATA ELEMENT NAME | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|-------------------|---|--|------------|
| 53 | Gender            | <p><b>Description:</b><br/>The gender of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b><br/>Required—for the following health event types:</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><b>Note:</b><br/>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          |
| 54 | Birth Date        | <p><b>Description:</b><br/>The date of birth of the participant who qualifies the subscriber for health enrollment.</p> <p><b>Conditions:</b><br/>Required—for the following health event types:</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><b>Note:</b><br/>This data is accepted if reported for health event type Cancel Coverage.</p> | yyyy-mm-dd   | 10         |

| #  | DATA ELEMENT NAME                | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|----------------------------------|---|--|------------|
| 55 | <b>COBRA Eligibility Basis</b>   | <p><b>Description:</b><br/>The basis for COBRA eligibility. The basis can be either the participant lost eligibility, or the dependent lost eligibility.</p> <p><b>Conditions:</b><br/>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          |
| 56 | <b>Original COBRA Start Date</b> | <p><b>Description:</b><br/>The first day of COBRA health enrollment coverage.</p> <p><b>Conditions:</b><br/>Required—for health event type COBRA New Enrollment.</p>  | yyyy-mm-dd   | 10         |
| 57 | <b>Affiliated Association</b>    | <p><b>Description:</b><br/>The affiliated association of the qualifying individual. Association plans require a dues-paying membership.</p> <p><b>Conditions:</b><br/>Required—if the medical plan selected is an affiliated association.</p>   | <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          |

| #  | DATA ELEMENT NAME             | DESCRIPTION/CONDITIONS   | FIELD VALUES  | MAX LENGTH |
|----|-------------------------------|--|---|------------|
| 58 | <b>Medical Plan Selection</b> | <p><b>Description:</b><br/>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><br/>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/CONDITIONS   | FIELD VALUES | MAX LENGTH |
|----|----------------------|--|--------------|------------|
| 59 | <b>Medical Group</b> | <p><b>Description:</b><br/>Indicates the medical group of the qualifying individual. The system will generate a unique medical group number for the public agency or school district's PEMHCA (Public Employer Medical and Hospital Care Act) Health Contract.</p> <p><b>Conditions:</b><br/>Required—for health event types:</p> <ul style="list-style-type: none"> <li>• New Enrollment</li> <li>• Continued Enrollment</li> <li>• Update Enrollment if health event reason is Change Medical Group</li> </ul> | 3 digits     | 3          |

| #  | DATA ELEMENT NAME                        | DESCRIPTION/CONDITIONS   | FIELD VALUES   | MAX LENGTH |
|----|--|--|--|------------|
| 60 | Dental Plan Selection<br><br>placeholder | <p><b>Description:</b><br/>If dental becomes an option in the future, this would be used to select a dental plan.</p> <p><b>Conditions:</b><br/>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, COBRA Qualifying Dependent, or COBRA Qualifying Dependent New Contracting</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> | The associated three-digit code value tied to the dental plan. | 3          |

| #  | DATA ELEMENT NAME   | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|---|---|--|------------|
| 61 | <b>Vision Plan Selection</b><br><br>(placeholder data tied to future legislation) | <p><b>Description:</b><br/>If vision becomes an option in the future, this would be used to select a vision plan.</p> <p><b>Conditions:</b><br/>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/CONDITIONS   | FIELD VALUES   | MAX LENGTH |
|----|----------------------------------|--|--|------------|
| 62 | <b>Dependent Identifier Type</b> | <p><b>Description:</b><br/>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><br/>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/CONDITIONS   | FIELD VALUES   | MAX LENGTH |
|----|-----------------------------|--|--|------------|
| 63 | <b>Dependent Identifier</b> | <p><b>Description:</b><br/>A unique identifier for the dependent.</p> <p><b>Conditions:</b><br/>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><br/>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 (e.g., 000#####, ###00####, and #####0000 are prohibited).</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/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|-------------------------|---|--|------------|
| 64 | <b>Dependent Gender</b> | <p><b>Description:</b><br/>The dependent's gender.</p> <p><b>Conditions:</b><br/>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          |
| 65 | <b>Dependent DOB</b>    | <p><b>Description:</b><br/>The dependent's date of birth.</p> <p><b>Conditions:</b><br/>Required—when a dependent is being added to enrollment.</p> | yyyy-mm-dd   | 10         |
| 66 | <b>Dependent Prefix</b> | <p><b>Description:</b><br/>The dependent's official title.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p>            | <ul style="list-style-type: none"> <li>• Assembly Member = ASM</li> <li>• Chief = CHI</li> <li>• Councilman = COU</li> <li>• Councilwoman = CCW</li> <li>• Dean = DEA</li> <li>• Doctor = DR</li> <li>• Judge = JUD</li> <li>• Mayor = MAY</li> <li>• Miss = MIS</li> <li>• Mister = MR</li> <li>• Mrs = MRS</li> <li>• Ms = MS</li> <li>• President = PRE</li> <li>• Professor = PRO</li> <li>• Senator = SEN</li> <li>• Superintendent = SUP</li> <li>• Supervisor = SVR</li> <li>• The Honorable = HON</li> <li>• Justice = JUS</li> <li>• Chief Justice = CHJ</li> </ul> | 3          |

| #  | DATA ELEMENT NAME            | DESCRIPTION/CONDITIONS  | FIELD VALUES                          | MAX LENGTH |
|----|------------------------------|---|---------------------------------------|------------|
| 67 | <b>Dependent First Name</b>  | <p><b>Description:</b><br/>The dependent's first name.</p> <p><b>Conditions:</b><br/>Required—when a dependent is being added to enrollment.</p> <p><b>Note:</b><br/>Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.</p>  | Free form text of up to 20 characters | 20         |
| 68 | <b>Dependent Middle Name</b> | <p><b>Description:</b><br/>The dependent's middle name.<br/>Required:<br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>This data is accepted for health event types New Enrollment, Add Dependent, or COBRA New Enrollment when the Dependent Identifier is supplied.<br/>Only alpha characters, blank spaces, hyphens (-), apostrophes (') will be accepted.</p>                | Free form text of up to 20 characters | 20         |
| 69 | <b>Dependent Last Name</b>   | <p><b>Description:</b><br/>The dependent's last name.</p> <p><b>Conditions:</b><br/>Required—when a dependent is being added to enrollment.</p> <p><b>Note:</b><br/>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         |

| #  | DATA ELEMENT NAME                    | DESCRIPTION/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|--------------------------------------|---|--|------------|
| 70 | <b>Dependent Suffix</b>              | <p><b>Description:</b><br/>The dependent's suffix, when applicable.</p> <p><b>Conditions:</b><br/>Required—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          |
| 71 | <b>Date of Marriage/ Partnership</b> | <p><b>Description:</b><br/>The date the dependent became a spouse/domestic partner of the primary subscriber.</p> <p><b>Conditions:</b><br/>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> | yyyy-mm-dd   | 10         |

| #  | DATA ELEMENT NAME                         | DESCRIPTION/CONDITIONS  | FIELD VALUES | MAX LENGTH |
|----|---|---|--------------|------------|
| 72 | <b>Address Same as Primary Subscriber</b> | <p><b>Description:</b><br/>Indicates if the dependent's address is the same as the primary subscriber.</p> <p><b>Conditions:</b><br/>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><br/>This element must be reported in lowercase text only.<br/>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/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|-------------------------------|---|---|------------|
| 73 | <b>Dependent Address Type</b> | <p><b>Description:</b><br/>The dependent's address type. Only one address type can be submitted with each health enrollment transaction.</p> <p><b>Conditions:</b><br/>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          |
| 74 | <b>Dependent Address 1</b>    | <p><b>Description:</b><br/>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><br/>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>Note:</b><br/>This element is identified in the XML as &lt;AddressLine&gt; (see CommonUtilities.xsd, in the Technical Resources), which can occur up to three times. If entered as &lt;AddressLine1&gt; it will generate a Level 1 error.</p> | Free form text up to 30 characters  | 30         |

| #  | DATA ELEMENT NAME          | DESCRIPTION/CONDITIONS   | FIELD VALUES                       | MAX LENGTH |
|----|----------------------------|--|------------------------------------|------------|
| 75 | <b>Dependent Address 2</b> | <p><b>Description:</b><br/>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><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>This element is identified in the XML as &lt;AddressLine&gt; (see CommonUtilities.xsd, in the Employer Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine2&gt; it will generate a Level 1 error.</p> | Free form text up to 30 characters | 30         |
| 76 | <b>Dependent Address 3</b> | <p><b>Description:</b><br/>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><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>This data is accepted if the Dependent Address 1 is supplied. This element is identified in the XML as &lt;AddressLine&gt; (see CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as &lt;AddressLine3&gt; it will generate a Level 1 error.</p>   | Free form text up to 30 characters | 30         |

| #  | DATA ELEMENT NAME           | DESCRIPTION/CONDITIONS   | FIELD VALUES                       | MAX LENGTH |
|----|-----------------------------|--|------------------------------------|------------|
| 77 | <b>Dependent City</b>       | <p><b>Description:</b><br/>The city applicable to the dependent address entered.</p> <p><b>Conditions:</b><br/>Required—when Dependent Address 1 is provided.</p> <p><b>Note:</b><br/>This data is accepted if the Dependent Address 1 is supplied.<br/>This data element accepts alpha and numeric characters.</p>  | Free form text up to 30 characters | 30         |
| 78 | <b>Dependent State</b>      | <p><b>Description:</b><br/>The code value for the state if the Dependent Country selected is either USA or Mexico.</p> <p><b>Conditions:</b><br/>Required—when Dependent Country is USA or Mexico and the Dependent Address 1 is supplied.</p> <p><b>Note:</b><br/>For a list of State field values, refer to <a href="#">Appendix A3</a>.</p>   | Free form text up to 30 characters | 30         |
| 79 | <b>Dependent ZIP Code 5</b> | <p><b>Description:</b><br/>The first five digits of the ZIP code for the address designated in Dependent Address Type.</p> <p><b>Conditions:</b><br/>Required—when Dependent Country is USA and the Dependent Address 1 is supplied.<br/>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/CONDITIONS  | FIELD VALUES   | MAX LENGTH |
|----|-------------------------------------|---|--|------------|
| 80 | <b>Dependent ZIP Code 4</b>         | <p><b>Description:</b><br/>The next four digits of the ZIP code or the address designated in Dependent Address Type.</p> <p><b>Conditions:</b><br/>Optional—this data element is not required.</p> <p><b>Note:</b><br/>This data is accepted if the Dependent ZIP Code 5 is supplied.</p> | 4 digits   | 4          |
| 81 | <b>Dependent Country</b>            | <p><b>Description:</b><br/>The code value for the dependent country.</p> <p><b>Conditions:</b><br/>Required—when Dependent Address 1 is supplied.</p>   | For a list of country field values, refer to <a href="#">Appendix A5</a> .   | 3          |
| 82 | <b>Dependent Province/Territory</b> | <p><b>Description:</b><br/>The province or territory which coincides with the Dependent Address Type.</p> <p>Required:<br/>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/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|-------------------------------|---|---|------------|
| 83 | <b>Dependent Postal Code</b>  | <p><b>Description:</b></p> <ul style="list-style-type: none"> <li>The international postal code.</li> </ul> <p><b>Conditions:</b></p> <ul style="list-style-type: none"> <li>Required—when the Dependent Country provided is not USA and Dependent Address 1 is supplied.</li> </ul> <p><b>Note:</b><br/>This element is alphanumeric.</p>  | Free form text up to 12 characters  | 12         |
| 84 | <b>Dependent Relationship</b> | <p><b>Description:</b><br/>The dependent’s relationship to the primary subscriber.</p> <p><b>Conditions:</b><br/>Required—when health event type is Add Dependent.<br/>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><br/>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/CONDITIONS  | FIELD VALUES  | MAX LENGTH |
|----|-------------------------------------|---|---|------------|
| 85 | <b>Dependent Type</b>               | <p><b>Description:</b><br/>The type of dependent being reported.</p> <p><b>Conditions:</b><br/>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><br/>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          |
| 86 | <b>Disabled Dependent Indicator</b> | <p><b>Description:</b><br/>Indicates if the added dependent is a disabled, dependent child.</p> <p><b>Conditions:</b><br/>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><br/>This element must be reported in lowercase text only.<br/>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/CONDITIONS  | FIELD VALUES | MAX LENGTH |
|----|--|---|--------------|------------|
| 87 | <b>Disabled Dependent Confirmation Indicator</b>     | <p><b>Description:</b><br/>Indicates the employer understands the Disabled Dependent Enrollment is not confirmed until review by CalPERS.</p> <p><b>Conditions:</b><br/>Required—when the Disabled Dependent Indicator is supplied.</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p> | true / false | 5          |
| 88 | <b>Economically Dependent Confirmation Indicator</b> | <p><b>Description:</b><br/>Indicates if the economically dependent child was validated.</p> <p><b>Conditions:</b><br/>Required—when dependent type is Economically Dependent Child.</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p>   | true / false | 5          |
| 89 | <b>Dependent Acquired Date</b>                       | <p><b>Description:</b><br/>The date the child was declared economically dependent to the subscriber.</p> <p><b>Conditions:</b><br/>Required—when the Economically Dependent Confirmation Indicator is supplied.</p>   | yyyy-mm-dd   | 10         |

| #  | DATA ELEMENT NAME   | DESCRIPTION/CONDITIONS   | FIELD VALUES | MAX LENGTH |
|----|---|--|--------------|------------|
| 90 | <b>Apply to Medical</b>   | <p><b>Description:</b><br/>Indicates when the enrollment transaction should be applied to medical.</p> <p><b>Conditions:</b><br/>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><br/>This element must be reported in lowercase text only.</p> | true / false | 5          |
| 91 | <b>Apply to Dental</b><br><br>(placeholder data element tied to future legislation) | <p><b>Description:</b><br/>If dental becomes an option in the future, this would indicate that the enrollment is applicable to dental benefit type.</p> <p><b>Conditions:</b><br/>N/A</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p>  | true / false | 5          |
| 92 | <b>Apply to Vision</b><br><br>(placeholder data element tied to future legislation) | <p><b>Description:</b><br/>If vision becomes an option in the future, this would indicate that the enrollment is applicable to vision benefit type.</p> <p><b>Conditions:</b><br/>N/A</p> <p><b>Note:</b><br/>This element must be reported in lowercase text only.</p>  | true / false | 5          |

| #  | DATA ELEMENT NAME         | DESCRIPTION/CONDITIONS  | FIELD VALUES                       | MAX LENGTH |
|----|---------------------------|---|------------------------------------|------------|
| 93 | <b>Provider</b>           | <p><b>Description:</b><br/>Contains provider name or number for the medical provider or dental provider for the Subscriber.</p> <p><b>Conditions:</b><br/>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         |
| 94 | <b>Dependent Provider</b> | <p><b>Description:</b><br/>Contains provider name or number for the medical provider or dental provider for the dependent.</p> <p><b>Conditions:</b><br/>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 – Health Event 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  |
| 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                                 | 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 |
| Move                                      | 402        | Change Health Plan |



| LONG NAME                               | CODE VALUE | HEALTH EVENT TYPE             |
|---|------------|-------------------------------|
| 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              |
| Enroll Own Right Dependent              | 304        | Delete Dependent              |
| Gains Other Coverage                    | 307        | Delete Dependent              |

| LONG NAME                                 | CODE VALUE | HEALTH EVENT TYPE        |
|---|------------|--------------------------|
| 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           |
| Time Base & Tenure                        | 100        | New Enrollment           |
| Time Base, Tenure, Hours                  | 106        | New Enrollment           |
| Enrolled into Flex Elect                  | 503        | Open Enrollment          |

| LONG NAME                                | CODE VALUE | HEALTH EVENT TYPE   |
|--|------------|---------------------|
| 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   |

## 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         |

| LONG NAME       | CODE VALUE |
|-----------------|------------|
| Michoacan       | MH         |
| 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         |

| LONG NAME               | CODE VALUE |
|-------------------------|------------|
| Trinidad and Tobago     | TT         |
| Tunisia                 | TN         |
| Turkey                  | TR         |
| Turkmenistan            | TM         |
| Turks & Caicos Islands  | TC         |
| Tuvalu                  | TV         |
| Uganda                  | UG         |
| 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                 |
| 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 |
| PI/ off pay                               | 706         | Change Premium Payment Method |

| HEALTH EVENT REASON                       | REASON CODE | HEALTH EVENT                  |
|---|-------------|-------------------------------|
| 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              |
| 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                |
| New contracting Survivor without Benefits | 163         | New Enrollment                |
| Off Pay during O/E                        | 111         | New Enrollment                |

| HEALTH EVENT REASON                      | REASON CODE | HEALTH EVENT      |
|--|-------------|-------------------|
| 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 |

## 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>