

Data Element Definitions For **Health Enrollment File**

Important:

This data element definition document does NOT describe the file structure for the health enrollment file. Please refer to the appropriate XSD (XML Schema Definition) file for the file structure and the *Encryption Decryption External_File Naming.pdf* for the file naming convention of the health enrollment XML file. This data element definition document is only intended to describe the data elements and relationships. Further information on how to use the documents and files included in the *Technical Toolkit* can be found in the *Guide to the Technical Toolkit*.

The Health Enrollment Reporting File Table in this document provides a list of data fields that employers are asked to provide CalPERS in the health enrollment process. The columns are intended to be used for the purpose of helping to identify the information that must be submitted and how the information should be formatted. Each column should be interpreted as follows:

- Data Element Number – The numerical designation that corresponds with data element in the same row.
- Data Element Name – The plain-English name of the information that will be required in this field.
- Description of Submitted Data – A longer, more detailed description of the field including explanation of submitted data and any conditions under which the field must be populated.
- R/O/C – Indicates if the information is required, optional or conditional.
 - 'R' indicates that the data is required for the field and an error will generate if the field is not populated.
 - 'C' indicates that the data for that field is required when certain conditions are met based on values in another field. Applicable conditions are located in the column of this document titled Description. Information populated when not called for by a condition will be ignored. If data is missing in a conditional field that required the data based on a condition, an error will be returned.
 - 'O' indicates that the data is optional for that field. Information populated when not called for will be ignored. If data is missing in an Optional field, no error will be returned. The column titled Description indicates what format the optional data must be provided in. If optional data is provided that does not meet the specified format an error will result.

- Field Values – A list of the data that should be provided, if applicable, or the format that the field should be populated under.
 - Except where noted, the data element cannot contain any of the following characters:

Asterisk	*	Grave	`
At sign	@	Greater than sign	>
Backslash	\	Less than sign	<
Braces	{ }	Percent sign	%
Brackets	[]	Plus sign	+
Caret	^	Question mark	?
Dollar sign	\$	Quotation mark	“
Equal sign	=	Under score	–
Exclamation point	!	Vertical bar	

- Max Length – The maximum number of characters that the field will accept.
- Legacy (ACES) Field Values – Codes that were used in ACES.

Appendix B of this document contains an analysis of the fields in the health enrollment file, and their equivalent, if applicable, in the legacy ACES system. Also included is a column labeled “Change?” which states if a change in the column occurred.

Please refer to the Employers area of the CalPERS website for the latest file format and select *my|CalPERS Technical Requirements*.

Also included on this website is the XML Schema Definition (XSD) that provides a sample XML data structure. Employer produced XML files must conform to the XSD in order to be considered valid. Employers will be able to use the schema to help develop or alter their systems to comply with the standards in order to submit data files to CalPERS. XML tools are available on a variety of platforms to help IT developers create XML files that adhere to the CalPERS schema. The XML file is different from flat files that many employers used to send CalPERS in that the information is organized in a hierarchical structure much like a standard outline. The

XML Schema Definition documents this report structure in detail. This document provides an indication of how the report fields are related to each other in the column titled Data Type. The following is an outline of the XML file structure:

- A. Subscriber Health Enrollment – For example, Person ID, Medical Plan and Appointment ID
 - 1. Dependent – For example, Dependent First and Last Name, Dependent Address

The outline above can be repeated so there can be multiple dependents for a subscriber in a single file.

In addition to the XSD, a sample XML file is provided in the *Technical Toolkit*. The sample output file can be used as a model for your agency as you produce test files.

XML technologies define an extensible messaging framework that provides a message construct that can be exchanged over a variety of underlying protocols.

Health Enrollment Reporting File Table

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES					
1	Employer's CalPERS ID	<p>Description: The CalPERS ID is a unique 10 digit identifier created by the new system. This unique identifier replaces the Employer/Unit Code.</p> <p>Explanation: The new system will create this unique identifier. This unique identifier replaces the Employer/Unit Code.</p> <ul style="list-style-type: none"> • If the County Office of Education (COE) reports for a school district, use the school district's CalPERS ID. • If the school district reports itself, use the school district's CalPERS ID. • If the COE reports on behalf of COE 	R	#####	10	<table border="1"> <thead> <tr> <th data-bbox="1518 475 1772 561">LONG NAME</th> <th data-bbox="1772 475 1974 561">CODE VALUE</th> </tr> </thead> <tbody> <tr> <td data-bbox="1518 561 1772 693">CalPERS Employer Code/Unit Code</td> <td data-bbox="1772 561 1974 693">#### - ### code as assigned</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	CalPERS Employer Code/Unit Code	#### - ### code as assigned	
LONG NAME	CODE VALUE										
CalPERS Employer Code/Unit Code	#### - ### code as assigned										

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>employees, use the COE's CalPERS ID.</p> <p>Required: This data is required</p> <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES																																																						
2	Health Event Type	<p>Description: The health event type</p> <p>Explanation: See description.</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUES</th> </tr> </thead> <tbody> <tr> <td>Add Dependent</td> <td>ADP</td> </tr> <tr> <td>Delete Dependent</td> <td>DDP</td> </tr> <tr> <td>Cancel Coverage</td> <td>CCO</td> </tr> <tr> <td>Change Health Plan</td> <td>CHP</td> </tr> <tr> <td>Dependent Address Change</td> <td>DEC</td> </tr> <tr> <td>Change Premium Payment Method</td> <td>CPP</td> </tr> <tr> <td>New Enrollment</td> <td>NEN</td> </tr> <tr> <td>Open Enrollment</td> <td>OEN</td> </tr> <tr> <td>Continued Enrollment</td> <td>COE</td> </tr> <tr> <td>Update Enrollment</td> <td>UEN</td> </tr> <tr> <td>COBRA New Enrollment</td> <td>CNE</td> </tr> </tbody> </table> <p>For descriptions of Health Event Types, please see Appendix A, Section 1</p>	LONG NAME	CODE VALUES	Add Dependent	ADP	Delete Dependent	DDP	Cancel Coverage	CCO	Change Health Plan	CHP	Dependent Address Change	DEC	Change Premium Payment Method	CPP	New Enrollment	NEN	Open Enrollment	OEN	Continued Enrollment	COE	Update Enrollment	UEN	COBRA New Enrollment	CNE		3	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUES</th> </tr> </thead> <tbody> <tr> <td>New Enrollment</td> <td>1</td> </tr> <tr> <td>Add Dependent</td> <td>2</td> </tr> <tr> <td>Delete Dependent</td> <td>3</td> </tr> <tr> <td>Change Health Plan</td> <td>4</td> </tr> <tr> <td>Cancel Coverage</td> <td>5</td> </tr> <tr> <td>Change Coverage Type</td> <td>6</td> </tr> <tr> <td>Change Premium Payment Method</td> <td>7</td> </tr> <tr> <td>Change Address</td> <td>8</td> </tr> <tr> <td>Change Subscriber Demographics</td> <td>9</td> </tr> <tr> <td>Change Dependent Demographics</td> <td>10</td> </tr> <tr> <td>Change Appointment Status</td> <td>12</td> </tr> <tr> <td>Change Coverage Group</td> <td>13</td> </tr> <tr> <td>Change Medical Group</td> <td>14</td> </tr> <tr> <td>COBRA New Enrollment</td> <td>17</td> </tr> </tbody> </table>	LONG NAME	CODE VALUES	New Enrollment	1	Add Dependent	2	Delete Dependent	3	Change Health Plan	4	Cancel Coverage	5	Change Coverage Type	6	Change Premium Payment Method	7	Change Address	8	Change Subscriber Demographics	9	Change Dependent Demographics	10	Change Appointment Status	12	Change Coverage Group	13	Change Medical Group	14	COBRA New Enrollment	17
LONG NAME	CODE VALUES																																																												
Add Dependent	ADP																																																												
Delete Dependent	DDP																																																												
Cancel Coverage	CCO																																																												
Change Health Plan	CHP																																																												
Dependent Address Change	DEC																																																												
Change Premium Payment Method	CPP																																																												
New Enrollment	NEN																																																												
Open Enrollment	OEN																																																												
Continued Enrollment	COE																																																												
Update Enrollment	UEN																																																												
COBRA New Enrollment	CNE																																																												
LONG NAME	CODE VALUES																																																												
New Enrollment	1																																																												
Add Dependent	2																																																												
Delete Dependent	3																																																												
Change Health Plan	4																																																												
Cancel Coverage	5																																																												
Change Coverage Type	6																																																												
Change Premium Payment Method	7																																																												
Change Address	8																																																												
Change Subscriber Demographics	9																																																												
Change Dependent Demographics	10																																																												
Change Appointment Status	12																																																												
Change Coverage Group	13																																																												
Change Medical Group	14																																																												
COBRA New Enrollment	17																																																												

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
3	Health Event Reason	<p>Description: The reasons for health enrollment. These are categorized by Health Event Types</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	See Appendix A, Section 2	3	No Difference
4	Unique Transaction Identifier	<p>Description: The Unique Transaction Identifier is a memo field to record text for tracking purposes.</p> <p>Explanation: Employers uploading files can use this field to record a text memo for tracking purposes.</p>	C	xxxxxxxx-xxxx-xxxx-xxxx-xxxxxxxxxxxx	36	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Required: For all transaction types when the file is submitted using FTP. It is optional when using File Upload</p> <p>Note: When using File Upload this field is not required for successful submission of the file, but can be used as a free-text memo field for tracking purposes by the file submitter.</p> <p>For FTP-based submissions, CalPERS will return the universally unique identifier (UUID) provided by the employer, with each transaction's success or failure. Employers, who choose this</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		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.				
5	Event Date	<p>Description: The date the health event occurred</p> <p>Explanation: See description</p> <p>Required for all Health Event Types except: Open Enrollment</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
6	Received Date	<p>Description: The date the employer was notified of the health event</p> <p>Explanation: See description</p> <p>Required for all Health Event Types except Update Enrollment</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Difference
7	Apply Change To Medical	<p>Description: Indicates that the change/enrollment applies to the Medical benefit</p> <p>Explanation: See description</p> <ul style="list-style-type: none"> Required for all Health Event Types, except for Change 	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Dependent Address</p> <p>Note: No notable information</p>				
8	Apply Change To Dental	<p>Description: If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit</p> <p>Explanation: See description</p> <p>Required for all Health Event Types, except for Change Dependent Address</p> <p>Note: No notable information</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent
9	Apply Change To Vision	<p>Description: If vision becomes an</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>option in the future, this data element indicates the change/enrollment applies to Vision benefit</p> <p>Explanation: See description</p> <p>Required for all Health Event Types, except for Change Dependent Address</p> <p>Note: No notable information</p>				
10	Rescind Indicator	<p>Description: Indicates whether a health enrollment transaction, with a future date, should be rescinded</p> <p>Explanation: Employers will have the ability to rescind future-dated, permissive, health-</p>	O	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>enrollment reasons. For a list of the permissive health-event reasons, please see Appendix A, Section 6</p> <p>Required: No required data</p> <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
11	Rescind Reason	<p>Description: Provides the reason why a health enrollment transaction is rescinded</p> <p>Explanation: See description</p> <p>Required if Rescind Indicator is selected as true</p> <p>Note: No notable information</p>	C	Free form text will be allowed to describe the rescind indicator, up to 100 characters	100	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
12	Rescind Notes	<p>Description: This area allows for notes about the reason for rescission</p> <p>Explanation: Data accepted if Rescind Indicator is selected as True</p> <p>Required: Required if Rescind Indicator is true</p> <p>Note: No notable information</p>	C	This field allows free form text, for adding notes to the rescind reason, up to 1000 characters	1000	No Current Equivalent
13	Appointment ID	<p>Description: The Appointment ID uniquely identifies the job into which the employee has been hired.</p> <p>Explanation: See description</p> <p>Required if the employee has:</p> <ul style="list-style-type: none"> • Multiple 	C	#####	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>appointments in the same program (e.g., multiple PERS appointments) with the employer (as reported in Field 1 – Employer’s CalPERS ID).</p> <p>Required if an appointment update is being reported and the employee has multiple appointments with the employer being reported in Field 2 – Employer’s CalPERS ID.</p> <p>An appointment update includes the following transaction types:</p> <ul style="list-style-type: none"> • Add Dependent • Delete Dependent • Cancel Coverage • Change Health Plan • Dependent 				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Address Change</p> <ul style="list-style-type: none"> • Change Premium Payment Method • Open Enrollment • Continued Enrollment • Update Enrollment <p>Note: Prior to system implementation, CalPERS will provide employers with a list of Appointment IDs for their employees. After system implementation, employers can run a report online to generate a list of Appointment IDs.</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
14	Person Id Type	<p>Description: Type of unique person identifier</p> <p>Explanation: When first reporting for a person, this ID can be SSN. On all subsequent transactions for the person, the Person Identifier Type CalPERS ID must be provided</p> <p>Required: This data is required</p> <p>Note: No notable information.</p>	R	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Social Security Number</td> <td>SSN</td> </tr> <tr> <td>CalPERS Identification</td> <td>PID</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID		No Current Equivalent
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS Identification	PID											
15	Person Id	<p>Description: The unique identifier of the person who qualifies for health enrollment</p> <p>Explanation: If SSN is selected as</p>	R	<p>##### (SSN) ##### (CalPERS ID)</p>	10	SSN						

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Person ID Type, the number should be submitted using the following format:</p> <ol style="list-style-type: none"> 1. The Social Security Number must be nine digits 2. Social Security Numbers cannot start with 8, 9, or 666 3. Each section of the Social Security Number cannot be all zeroes (i.e., 000#####, ###00####, and #####0000 are each prohibited) <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the Person Identifier CalPERS ID for each of their existing employees and dependents</p> <p>Required: This data is required</p> <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
16	New SSN	<p>Description: The New SSN is a correction to the Social Security Number</p> <p>Explanation: Used to correct a member's Social Security Number</p> <p>Required: No required data</p> <p>Note: This data element is only accepted / optional for Health Event Type Update Enrollment, and Health Event Reason Update Demographics</p>	O	#####	9	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
17	Original Hire Date	<p>Description: The first hire date recorded for this employee at this employer, regardless of whether or not the employee qualified for health benefits on this date</p> <p>Explanation: See description.</p> <p>Required: When Transaction Type is New Enrollment and the individual being reported is a non-PERS health subscriber</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
18	Retirement System	<p>Required if the person is a non-PERS health subscriber</p> <p>Description: The retirement system that the subscriber receives retirement benefits from.</p> <p>Explanation: Used to identify which retirement system that the subscriber receives retirement benefits from.</p> <p>Required for the following Health Event Types when the person is a non-PERS health subscriber:</p> <ul style="list-style-type: none"> • New Enrollment • COBRA New Enrollment • Continued Enrollment 	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>CalSTRS</td> <td>STR</td> </tr> <tr> <td>Military Retirement System</td> <td>MRS</td> </tr> <tr> <td>Other</td> <td>OTH</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	CalSTRS	STR	Military Retirement System	MRS	Other	OTH	3	No Current Equivalent
LONG NAME	CODE VALUE													
CalSTRS	STR													
Military Retirement System	MRS													
Other	OTH													

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																																										
19	Prefix	<p>Description: The person's title</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Assembly Member</td><td>ASM</td></tr> <tr><td>Chief</td><td>CHI</td></tr> <tr><td>Councilman</td><td>COU</td></tr> <tr><td>Councilwoman</td><td>CCW</td></tr> <tr><td>Dean</td><td>DEA</td></tr> <tr><td>Doctor</td><td>DR</td></tr> <tr><td>Judge</td><td>JUD</td></tr> <tr><td>Mayor</td><td>MAY</td></tr> <tr><td>Miss</td><td>MIS</td></tr> <tr><td>Mister</td><td>MR</td></tr> <tr><td>Mrs</td><td>MRS</td></tr> <tr><td>Ms</td><td>MS</td></tr> <tr><td>President</td><td>PRE</td></tr> <tr><td>Professor</td><td>PRO</td></tr> <tr><td>Senator</td><td>SEN</td></tr> <tr><td>Superintendent</td><td>SUP</td></tr> <tr><td>Supervisor</td><td>SVR</td></tr> <tr><td>The Honorable</td><td>HON</td></tr> <tr><td>Justice</td><td>JUS</td></tr> <tr><td>Chief Justice</td><td>CHJ</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Assembly Member	ASM	Chief	CHI	Councilman	COU	Councilwoman	CCW	Dean	DEA	Doctor	DR	Judge	JUD	Mayor	MAY	Miss	MIS	Mister	MR	Mrs	MRS	Ms	MS	President	PRE	Professor	PRO	Senator	SEN	Superintendent	SUP	Supervisor	SVR	The Honorable	HON	Justice	JUS	Chief Justice	CHJ	3	No Current Equivalent
LONG NAME	CODE VALUE																																															
Assembly Member	ASM																																															
Chief	CHI																																															
Councilman	COU																																															
Councilwoman	CCW																																															
Dean	DEA																																															
Doctor	DR																																															
Judge	JUD																																															
Mayor	MAY																																															
Miss	MIS																																															
Mister	MR																																															
Mrs	MRS																																															
Ms	MS																																															
President	PRE																																															
Professor	PRO																																															
Senator	SEN																																															
Superintendent	SUP																																															
Supervisor	SVR																																															
The Honorable	HON																																															
Justice	JUS																																															
Chief Justice	CHJ																																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
20	First Name	<p>Description: The person's first name</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted</p> <ul style="list-style-type: none"> • Minimum of one alpha character. • Cannot begin with a blank space 	R	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
21	Middle Name	<p>Description: The person's middle name</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (')</p> <p>No minimum required</p>	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
22	Last Name	<p>Description: The person's last name</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. <ul style="list-style-type: none"> • Minimum of one alpha character. • Cannot begin with a blank space </p>	R	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
23	Gender	<p>Description: The person's gender</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>M</td> </tr> <tr> <td>Female</td> <td>F</td> </tr> <tr> <td>Unknown</td> <td>U</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3	No Difference
LONG NAME	CODE VALUE													
Male	M													
Female	F													
Unknown	U													
24	Birth Date	<p>Description: The person's date of birth</p> <p>Explanation: See description</p> <p>Required: This data is required</p> <p>Note: No notable information</p>	R	yyyy-mm-dd	10	No Difference								

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																												
25	Suffix	<p>Description: The person's suffix, if applicable</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Senior</td><td>SR</td></tr> <tr><td>Junior</td><td>JR</td></tr> <tr><td>First</td><td>I</td></tr> <tr><td>Second</td><td>II</td></tr> <tr><td>Third</td><td>III</td></tr> <tr><td>Fourth</td><td>IV</td></tr> <tr><td>Fifth</td><td>V</td></tr> <tr><td>Ph.D</td><td>PHD</td></tr> <tr><td>MD</td><td>MD</td></tr> <tr><td>CPA</td><td>CPA</td></tr> <tr><td>Ed.D</td><td>EDD</td></tr> <tr><td>Esq.</td><td>ESQ</td></tr> <tr><td>DDS</td><td>DDS</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Senior	SR	Junior	JR	First	I	Second	II	Third	III	Fourth	IV	Fifth	V	Ph.D	PHD	MD	MD	CPA	CPA	Ed.D	EDD	Esq.	ESQ	DDS	DDS	3	No Difference
LONG NAME	CODE VALUE																																	
Senior	SR																																	
Junior	JR																																	
First	I																																	
Second	II																																	
Third	III																																	
Fourth	IV																																	
Fifth	V																																	
Ph.D	PHD																																	
MD	MD																																	
CPA	CPA																																	
Ed.D	EDD																																	
Esq.	ESQ																																	
DDS	DDS																																	
26	Address Type	<p>Description: The person's address type</p> <p>Explanation: See description</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none"> New Enrollment Cancel 	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Mailing Address</td><td>MAI</td></tr> <tr><td>Physical Address</td><td>PHY</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Mailing Address	MAI	Physical Address	PHY	3	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Mailing Address</td><td>1</td></tr> <tr><td>Residential Address</td><td>5</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Mailing Address	1	Residential Address	5																
LONG NAME	CODE VALUE																																	
Mailing Address	MAI																																	
Physical Address	PHY																																	
LONG NAME	CODE VALUE																																	
Mailing Address	1																																	
Residential Address	5																																	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Coverage, if Health Event Reason is Enrolled into Flex Elect</p> <ul style="list-style-type: none"> • COBRA New Enrollment, if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting <p>Note: Only one address type can be submitted with each health enrollment transaction</p>				
27	Use Address for Health	<p>Description: Indicates that the person's address should be used for health enrollment</p> <p>Explanation: See description</p> <p>Required for Health Event Type COBRA</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting</p> <p>Data accepted if reported for Health Event Types New Enrollment and Cancel Coverage</p> <p>Note: If a PO Box is given, this will result in an error</p>				
28	Health Eligibility ZIP Code Type	<p>Description: The type of ZIP Code used to determine health eligibility</p> <p>Explanation: See description</p> <p>Required when Health Event Types:</p>	C	Personal Employer	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> • New Enrollment • Change Health Plan • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting <p>Note: No notable information</p>				
29	Health Eligibility ZIP Code	<p>Description: The health eligibility ZIP Code</p> <p>Explanation:</p>	C	#####	5	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>This field is required if Health Eligibility ZIP Code Type is Personal or Employer</p> <ul style="list-style-type: none"> • Use a numeric format • Must be a US ZIP Code <p>Required when Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Change Health Plan • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting 				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Note: If the Use Address for Health is selected, and Personal is selected, the ZIP Code for the address must match the ZIP Code provided for the Health Eligibility ZIP Code</p>				
30	County	<p>Description: The county the employee designates for health eligibility</p> <p>Explanation: See description</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Change Health Plan • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elec 	C	See Appendix A, Section 5	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting <p>Note: No notable information</p>				
31	Address 1	<p>Description: The first address line of the address to be entered</p> <p>Explanation: Typically used for the employee's street address or in care of information.</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none"> New Enrollment Cancel Coverage when Health Event Reason is Enrolled into Flex Elect 	C	Free form text of up to 40 characters	40	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting <p>Notes:</p> <ul style="list-style-type: none"> This element is identified in the XML as <AddressLine> (see CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as <AddressLine1> it will generate a Level 1 error. 				
32	Address 2	<p>Description: The second address line</p> <p>Explanation: Typically used for the employee's street address if address line 1 was</p>	O	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>used for in care of information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc. Data accepted if Address 1 is supplied</p> <p>Required: No required data</p> <p>Notes:</p> <ul style="list-style-type: none"> If the address is an apartment or suite number and will not fit in one address line then use Address Line 2 This element is identified in the XML as <AddressLine> (see CommonUtilities.xsd, in the Technical 				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Toolkit), which can occur up to three times. If entered as <AddressLine2> it will generate a Level 1 error.				
33	Address 3	<p>Description: The third address line</p> <p>Explanation: Typically used for any address data that does not fit on address lines 1 and 2</p> <p>Data accepted if Address 1 is supplied</p> <p>Required: No required data</p> <p>Notes:</p> <ul style="list-style-type: none"> If the address is an apartment or suite number and will not fit in two address lines then use Address Line 3 	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> This element is identified in the XML as <AddressLine> (see CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as <AddressLine3> it will generate a Level 1 error. 				
34	City	<p>Description: The city applicable to the address entered.</p> <p>Explanation: Data accepted if Address 1 is supplied</p> <p>Required: When Address Line 1 is supplied.</p> <p>Note: Data element accepts alpha and numeric characters.</p>	C	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
35	State	<p>Description: The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico</p> <p>Explanation: See description</p> <p>Required if Country is USA or Mexico and Address 1 is supplied</p> <p>Note: No notable information</p>	C	See Appendix A, Section 3 Free form text of up to 30 characters	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
36	ZIP Code 5	<p>Description: The first five digits of the zip code for the address designated in Address Type.</p> <p>Explanation: If Country is USA, the following are required:</p> <ul style="list-style-type: none"> • Use numeric format • The first five numbers of the ZIP Code <p>Required: If Country is USA and Address 1 is supplied</p> <p>Note: No notable information</p>	C	#####	5	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
37	ZIP Code 4	<p>Description: The next four digits of the zip code or the address designated in Address Type</p> <p>Explanation: Data accepted if ZIP Code – 5 digits is supplied</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	####	4	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
38	Country	<p>Description: The code value for the country</p> <p>Explanation: See description.</p> <p>Required: When Address 1 is supplied</p> <p>Note: No notable information</p>	C	See Appendix A, Section 4	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																										
39	Province/Territory	<p>Description: The province or territory</p> <p>Explanation: See description</p> <p>Required: When Country is neither US nor Mexico</p> <p>Note: If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Alberta</td> <td>AB</td> </tr> <tr> <td>British Columbia</td> <td>BC</td> </tr> <tr> <td>Manitoba</td> <td>MB</td> </tr> <tr> <td>New Brunswick</td> <td>NB</td> </tr> <tr> <td>Newfoundland</td> <td>NF</td> </tr> <tr> <td>Northwest Territories</td> <td>NT</td> </tr> <tr> <td>Nova Scotia</td> <td>NS</td> </tr> <tr> <td>Ontario</td> <td>ON</td> </tr> <tr> <td>Prince Edward Island</td> <td>PE</td> </tr> <tr> <td>Quebec</td> <td>PQ</td> </tr> <tr> <td>Saskatchewan</td> <td>SK</td> </tr> <tr> <td>Yukon</td> <td>YT</td> </tr> </tbody> </table> <p>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.</p>	LONG NAME	CODE VALUE	Alberta	AB	British Columbia	BC	Manitoba	MB	New Brunswick	NB	Newfoundland	NF	Northwest Territories	NT	Nova Scotia	NS	Ontario	ON	Prince Edward Island	PE	Quebec	PQ	Saskatchewan	SK	Yukon	YT	50	No Difference
LONG NAME	CODE VALUE																															
Alberta	AB																															
British Columbia	BC																															
Manitoba	MB																															
New Brunswick	NB																															
Newfoundland	NF																															
Northwest Territories	NT																															
Nova Scotia	NS																															
Ontario	ON																															
Prince Edward Island	PE																															
Quebec	PQ																															
Saskatchewan	SK																															
Yukon	YT																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
40	Postal Code	<p>Description: The International Postal Code</p> <p>Explanation: The International Postal Code is alphanumeric</p> <p>Required: When Country indicated is not USA.</p> <p>Note: No notable information</p>	C	Free form text of up to 12 characters	12	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES														
41	Phone Type	<p>Description: The phone type used (e.g. cellular, fax, office)</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Data accepted for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type New Enrollment and Cancel Coverage</p>	O	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Work</td> <td>WOR</td> </tr> <tr> <td>FAX</td> <td>FAX</td> </tr> <tr> <td>TYT</td> <td>TYT</td> </tr> <tr> <td>Cellular</td> <td>MOB</td> </tr> <tr> <td>Home</td> <td>HOM</td> </tr> <tr> <td>Other</td> <td>OTR</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Work	WOR	FAX	FAX	TYT	TYT	Cellular	MOB	Home	HOM	Other	OTR	3	No Current Equivalent
LONG NAME	CODE VALUE																			
Work	WOR																			
FAX	FAX																			
TYT	TYT																			
Cellular	MOB																			
Home	HOM																			
Other	OTR																			
42	US Phone	<p>Description:</p>	O	#####	10	No Difference														

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>The person's contact phone number in the USA</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: When this field is selected, ten (10) numbers are required. The phone number may not contain spaces, hyphens (-), or parentheses ()</p> <p>Data accepted for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting; should</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type New Enrollment and Cancel Coverage</p> <p>The phone number may not contain any spaces, hyphens, or parentheses. Should only have numeric values</p> <p>Note: No notable information</p>				
43	International Phone	<p>Description: The person's International contact phone number</p> <p>Explanation: See description</p> <p>Required: No required data</p>	O	xxx [minimum 3 digits, and up to 24 digits], plus signs, dashes, spaces and parentheses are allowed. + - ()	24	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Note: Data accepted for Health Event Type COBRA New Enrollment if Eligibility Basis is either COBRA Qual Dependent or COBRA Qual Dependent New Contracting; should not be provided for other Eligibility Basis values</p> <p>Data accepted for Health Event Type New Enrollment and Cancel Coverage</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
44	Extension	<p>Description: The extension of the person's phone number provided</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Will only accept numeric values.</p> <p>Data accepted for the Health Event Types New Enrollment, Cancel Coverage, and COBRA New Enrollment</p>	O	#####	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
45	Email	<p>Description: The person's email address</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Data accepted for the Health Event Types New Enrollment, Cancel Coverage, and COBRA New Enrollment</p>	O	xxxxx@xxxxx.xxx xxxxx@xxxxx.xx.xxx [xxxxx.ca.gov] xxxxx@xxxxx.xx.xx [xxxxx.ci.us]	50	No Current Equivalent						
46	Qualifying Person ID Type	<p>Description: The type of unique identifier for the member that qualifies the subscriber for health enrollment</p> <p>Explanation: When first reporting for an employee, this ID can be SSN. On</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Social Security Number</td> <td>SSN</td> </tr> <tr> <td>CalPERS Identification</td> <td>PID</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	3	No Current Equivalent
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS Identification	PID											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>all subsequent transactions for the employee, the CalPERS ID must be provided</p> <p>Data accepted if reported for Health Event Type Cancel Coverage</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none"> • New Enrollment when Health Event Reason is STRS Survivor No Allowance • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting • Continued Enrollment when Health Event Reason is Re- 				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>enroll SES/PA FFPO Survivor</p> <p>Note: No notable information</p>				
47	Qualifying Person ID	<p>Description: The unique identifier of the member who qualifies the subscriber for health enrollment</p> <p>Explanation: Data accepted if reported for Health Event Type Cancel Coverage</p> <p>If SSN is selected as ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> ○ The Social Security Number must be nine digits ○ Social Security Numbers cannot 	C	<p>##### (SSN) ##### (CalPERS ID)</p>	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>start with 8, 9, or 666</p> <ul style="list-style-type: none"> ○ Each section of the Social Security Number cannot be all zeroes (i.e., 000#####, ###00####, and #####0000 are each prohibited) <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the CalPERS IDs for</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>each of their existing employees and dependents</p> <p>Required for Health Event Type:</p> <ul style="list-style-type: none"> • New Enrollment when Health Event Reason is STRS Survivor No Allowance • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting • Continued Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
48	Permanent Separation Date	<p>Description: 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>Explanation: See description</p> <p>Required for Health Event Type Cancel Coverage:</p> <ul style="list-style-type: none"> • If the individual is a non-PERS Health subscriber; or • If the Health Event Reason is either Cancel Perm Separation or Layoff Cancel <p>Required for Health Event Type COBRA New Enrollment:</p> <ul style="list-style-type: none"> ○ If Eligibility Basis is either COBRA Qual Subscriber or COBRA 	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Qualifying Subscriber New Contracting, and if individual is Non-PERS Note: No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
49	Retirement Date	<p>Description: The retirement date of the qualifying individual</p> <p>Explanation:</p> <ul style="list-style-type: none"> • See description <p>Required if the individual is a non-PERS Health Subscriber and Health Event Types are:</p> <ul style="list-style-type: none"> • New Enrollment • Continued Enrollment <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Current Equivalent
50	First Name	<p>Description: The first name of the member who qualifies the subscriber for health enrollment</p> <p>Explanation:</p>	C	xxxxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>See description</p> <p>Required for the following Health Event Types:</p> <ul style="list-style-type: none"> ○ New Enrollment when Health Event Reason is STRS Survivor No Allowance ○ COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting ○ Continue Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor <p>Note: The following</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		characters are permitted: <ul style="list-style-type: none"> Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted 				
51	Middle Name	<p>Description: The middle name of the member who qualifies the subscriber for health enrollment</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: Only alpha and will allow blank spaces, hyphens (-), and apostrophes (')</p>	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference
52	Last Name	<p>Description:</p>	C	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>The last name of the member who qualifies the subscriber for health enrollment</p> <p>Explanation: See description</p> <p>Required for the following Health Event Types:</p> <ul style="list-style-type: none"> ○ New Enrollment when Health Event Reason is STRS Survivor No Allowance ○ COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting ○ Continue Enrollment when Health Event 				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
		<p>Reason is Re-enroll SES/PA FFPO Survivor</p> <p>Note: The following characters are permitted:</p> <ul style="list-style-type: none"> • Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted • Minimum of one alpha character • Cannot start with a blank space 												
53	Gender	<p>Description: The gender of the member who qualifies the subscriber for health enrollment.</p> <p>Explanation: Data accepted if reported for Health</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>M</td> </tr> <tr> <td>Female</td> <td>F</td> </tr> <tr> <td>Unknown</td> <td>U</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3	No Difference
LONG NAME	CODE VALUE													
Male	M													
Female	F													
Unknown	U													

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Event Type Cancel Coverage</p> <p>Required for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment when Health Event Reason is STRS Survivor No Allowance • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting • Continued Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor <p>Note: No notable</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		information				
54	Birth Date	<p>Description: The date of birth of the member who qualifies the subscriber for health enrollment</p> <p>Explanation: Data accepted if reported for Health Event Type Cancel Coverage</p> <p>Required for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment when Health Event Reason is STRS Survivor No Allowance • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent or COBRA 	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES										
		<p>Qualifying Dependent New Contracting</p> <ul style="list-style-type: none"> Continued Enrollment when Health Event Reason is Re-enroll SES/PA FFPO Survivor <p>Note: No notable information</p>														
55	Cobra Eligibility Basis	<p>Description: The basis for COBRA eligibility</p> <p>Explanation: See description</p> <p>Required for Health Event Type COBRA New Enrollment</p> <p>Note: No notable information</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>COBRA Qualifying Subscriber</td> <td>CSB</td> </tr> <tr> <td>COBRA Qualifying Dependent</td> <td>CDT</td> </tr> <tr> <td>COBRA Qualifying Subscriber New Contracting</td> <td>CSC</td> </tr> <tr> <td>COBRA Qualifying Dependent New Contracting</td> <td>CDC</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	COBRA Qualifying Subscriber	CSB	COBRA Qualifying Dependent	CDT	COBRA Qualifying Subscriber New Contracting	CSC	COBRA Qualifying Dependent New Contracting	CDC	3	No Difference
LONG NAME	CODE VALUE															
COBRA Qualifying Subscriber	CSB															
COBRA Qualifying Dependent	CDT															
COBRA Qualifying Subscriber New Contracting	CSC															
COBRA Qualifying Dependent New Contracting	CDC															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
56	Original COBRA Start Date	<p>Description: The first day of COBRA health enrollment coverage</p> <p>Explanation: See description</p> <p>Required for Health Event Type COBRA New Enrollment</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
57	Affiliated Association	<p>Description: The affiliated association of the qualifying Individual</p> <p>Explanation: See description</p> <p>Required if the Medical Plan selected is an affiliated association</p> <p>Note: No notable information</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>California Associations of Highway Patrol</td> <td>CHP</td> </tr> <tr> <td>California Correctional Peace Officers Association</td> <td>CPO</td> </tr> <tr> <td>Peace Officers Research Association of California</td> <td>POR</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	California Associations of Highway Patrol	CHP	California Correctional Peace Officers Association	CPO	Peace Officers Research Association of California	POR	3	No Current Equivalent
LONG NAME	CODE VALUE													
California Associations of Highway Patrol	CHP													
California Correctional Peace Officers Association	CPO													
Peace Officers Research Association of California	POR													
58	Medical Plan Selection	<p>Description: Used to select a medical plan</p> <p>Explanation: The list of Medical Plans will be updated by CalPERS and distributed, on an as-needed- basis annually</p> <p>If updating or changing dependent</p>	C	The list of Medical Plans and their associated three digit code values will not be changed from their current values. Please continue to report the same Medical Plan values as you do today.	3	No Difference								

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>address, this field need not be completed</p> <p>Required when Apply Change to Medical is True for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Change Health Plan • Continued Enrollment <p>Required under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to Medical is selected as True and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent or</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>COBRA Qualifying Dependent New Contracting</p> <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"> • New Enrollment, or • Change Health Plan <p>Note: In COMET, pre-my CalPERS, the Medical Plan is entered as a four digit code with the forth digit indicating if the plan is to include member only, member + one dependent or member + family. In my CalPERS this fourth digit is not needed and will</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		cause a level 1 error if a fourth digit is included for this data element in the XML file.				
59	Medical Group	<p>Description: The medical group of the qualifying Individual</p> <p>Explanation: The system will generate a unique number for the medical group for the Public Agency or School District's PEMHCA (Public Employer Medical and Hospital Care Act) Health Contract</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Continued Enrollment • Update Enrollment if Health Event Reason is 	C	<p>XXX</p> <p>The list of Medical Groups and their associated three digit code values will not be changed from their current values. Please continue to report the same Medical Group values as you do today.</p>	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Change Medical Group</p> <p>Note: No notable information</p>				
60	Dental Plan Selection <i>(placeholder data tied to future legislation)</i>	<p>Description: If dental becomes an option in the future, this would be used to select a dental plan</p> <p>Explanation: See description</p> <p>Required when Apply Change to Dental is True for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Change Health Plan • Continued Enrollment <p>Required under the Health Event Type</p>	C	<p>XXX</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to Dental is selected as True and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</p> <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"> • New Enrollment, or • Change Health Plan <p>Note: No notable</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		information				
61	Vision Plan Selection <i>(placeholder data tied to future legislation)</i>	<p>Description: If vision becomes an option in the future, this would be used to select a vision plan</p> <p>Explanation: See description</p> <p>Required when Apply Change to Vision is True for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Change Health Plan • Continued Enrollment <p>Required under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to</p>	C	<p>XXX</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Vision is selected as True and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent or COBRA Qualifying Dependent New Contracting</p> <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"> • New Enrollment, or • Change Health Plan <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
62	Dependent Identifier Type	<p>Description: The type of person identifier available for the dependent</p> <p>Explanation: Type of unique employee identifier.</p> <p>On first report of an employee, this can be SSN.</p> <p>On all subsequent transactions for the employee, this will be the Dependent Identifier Type CalPERS ID</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none"> • Delete Dependent • Change Dependent Address <p>Required when Dependent Relationship is</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Social Security Number</td> <td>SSN</td> </tr> <tr> <td>CalPERS Identification</td> <td>PID</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Social Security Number	SSN	CalPERS Identification	PID	3	No Current Equivalent
LONG NAME	CODE VALUE											
Social Security Number	SSN											
CalPERS Identification	PID											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Spouse or Domestic Partner for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Add Dependent <p>Required when Dependent Relationship is Spouse or Domestic Partner and the Health Event Type is COBRA New Enrollment, and Eligibility Basis is either COBRA Qual Subscriber or COBRA Qualifying Dependent New Contracting</p> <p>Required when Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types during Open Enrollment: New Enrollment and</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Add Dependent</p> <p>Required if Health Event Reason is Delete Dependent in Open Enrollment</p> <p>Note: No notable information</p>				
63	Dependent Identifier	<p>Description: Type of unique identifier</p> <p>Explanation: If SSN is selected as the ID type, the number should be submitted using the following format:</p> <ul style="list-style-type: none"> ○ The Social Security Number must be nine digits ○ Social Security Numbers cannot start with 8, 9, or 666 ○ Each section of the Social 	C	<p>##### (SSN) ##### (CalPERS ID)</p>	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Security Number cannot be all zeroes (i.e., 000#####, ####0####, and #####0000 are each prohibited)</p> <p>Required for Health Event Types:</p> <ul style="list-style-type: none"> • Delete Dependent • Change Dependent Address <p>Required when Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types:</p> <ul style="list-style-type: none"> • New Enrollment • Add Dependent <p>Required when Dependent Relationship is Spouse or Domestic Partner and the</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Health Event Type is COBRA New Enrollment, and Eligibility Basis is either COBRA Qual Subscriber or COBRA Qualifying Dependent New Contracting</p> <p>Required when Dependent Relationship is Spouse or Domestic Partner for the following Health Event Types during Open Enrollment: New Enrollment and Add Dependent</p> <p>Required if Health Event Reason is Delete Dependent in Open Enrollment</p> <p>The CalPERS ID, which is 10-digits, will be created and stored by the new system during</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents</p> <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES								
64	Dependent Gender	<p>Description: The dependent's gender</p> <p>Explanation: See description.</p> <p>Required if a dependent is being added to enrollment</p> <p>Note: No notable information</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>M</td> </tr> <tr> <td>Female</td> <td>F</td> </tr> <tr> <td>Unknown</td> <td>U</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Male	M	Female	F	Unknown	U	3	No Difference
LONG NAME	CODE VALUE													
Male	M													
Female	F													
Unknown	U													
65	Dependent DOB	<p>Description: The dependent's date of birth</p> <p>Explanation: See description</p> <p>Required if a dependent is being added to enrollment</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Difference								

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																																										
66	Dependent Prefix	<p>Description: The dependent's title</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Assembly Member</td><td>ASM</td></tr> <tr><td>Chief</td><td>CHI</td></tr> <tr><td>Councilman</td><td>COU</td></tr> <tr><td>Councilwoman</td><td>CCW</td></tr> <tr><td>Dean</td><td>DEA</td></tr> <tr><td>Doctor</td><td>DR</td></tr> <tr><td>Judge</td><td>JUD</td></tr> <tr><td>Mayor</td><td>MAY</td></tr> <tr><td>Miss</td><td>MIS</td></tr> <tr><td>Mister</td><td>MR</td></tr> <tr><td>Mrs</td><td>MRS</td></tr> <tr><td>Ms</td><td>MS</td></tr> <tr><td>President</td><td>PRE</td></tr> <tr><td>Professor</td><td>PRO</td></tr> <tr><td>Senator</td><td>SEN</td></tr> <tr><td>Superintendent</td><td>SUP</td></tr> <tr><td>Supervisor</td><td>SVR</td></tr> <tr><td>The Honorable</td><td>HON</td></tr> <tr><td>Justice</td><td>JUS</td></tr> <tr><td>Chief Justice</td><td>CHJ</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Assembly Member	ASM	Chief	CHI	Councilman	COU	Councilwoman	CCW	Dean	DEA	Doctor	DR	Judge	JUD	Mayor	MAY	Miss	MIS	Mister	MR	Mrs	MRS	Ms	MS	President	PRE	Professor	PRO	Senator	SEN	Superintendent	SUP	Supervisor	SVR	The Honorable	HON	Justice	JUS	Chief Justice	CHJ	3	No Current Equivalent
LONG NAME	CODE VALUE																																															
Assembly Member	ASM																																															
Chief	CHI																																															
Councilman	COU																																															
Councilwoman	CCW																																															
Dean	DEA																																															
Doctor	DR																																															
Judge	JUD																																															
Mayor	MAY																																															
Miss	MIS																																															
Mister	MR																																															
Mrs	MRS																																															
Ms	MS																																															
President	PRE																																															
Professor	PRO																																															
Senator	SEN																																															
Superintendent	SUP																																															
Supervisor	SVR																																															
The Honorable	HON																																															
Justice	JUS																																															
Chief Justice	CHJ																																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
67	Dependent First Name	<p>Description: The dependent's first name</p> <p>Explanation: See description</p> <p>Required when a dependent is being added to enrollment</p> <p>Note: The following characters are permitted:</p> <ul style="list-style-type: none"> • Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted 	C	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
68	Dependent Middle Name	<p>Description: The dependent's middle name</p> <p>Explanation: Data accepted for Health Event Types New Enrollment, Add Dependent, or COBRA New Enrollment if Dependent Identifier is supplied</p> <p>Required: No required data</p> <p>Note: The following characters are permitted: Only alpha characters, blank spaces, hyphens (-), apostrophes (') will be accepted</p>	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
69	Dependent Last Name	<p>Description: The dependent's last name</p> <p>Explanation: See description</p> <p>Required when a dependent is being added to enrollment</p> <p>Note: Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. <ul style="list-style-type: none"> • Minimum of one alpha character. • Cannot begin with a blank space </p>	C	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																												
70	Dependent Suffix	<p>Description: The dependent's suffix, if applicable.</p> <p>Explanation: See description</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Senior</td><td>SR</td></tr> <tr><td>Junior</td><td>JR</td></tr> <tr><td>First</td><td>I</td></tr> <tr><td>Second</td><td>II</td></tr> <tr><td>Third</td><td>III</td></tr> <tr><td>Fourth</td><td>IV</td></tr> <tr><td>Fifth</td><td>V</td></tr> <tr><td>Ph.D</td><td>PHD</td></tr> <tr><td>MD</td><td>MD</td></tr> <tr><td>CPA</td><td>CPA</td></tr> <tr><td>Ed.D</td><td>EDD</td></tr> <tr><td>Esq.</td><td>ESQ</td></tr> <tr><td>DDS</td><td>DDS</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Senior	SR	Junior	JR	First	I	Second	II	Third	III	Fourth	IV	Fifth	V	Ph.D	PHD	MD	MD	CPA	CPA	Ed.D	EDD	Esq.	ESQ	DDS	DDS	3	No Difference
LONG NAME	CODE VALUE																																	
Senior	SR																																	
Junior	JR																																	
First	I																																	
Second	II																																	
Third	III																																	
Fourth	IV																																	
Fifth	V																																	
Ph.D	PHD																																	
MD	MD																																	
CPA	CPA																																	
Ed.D	EDD																																	
Esq.	ESQ																																	
DDS	DDS																																	

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
71	Date of Marriage/Partnership	<p>Description: The date the dependent became a spouse/domestic partner of the primary subscriber</p> <p>Explanation: See description</p> <p>Required for Health Event Types New Enrollment, Add Dependent, or COBRA New Enrollment if Dependent Identifier is supplied and Dependent Relationship is Spouse or Domestic Partner</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Difference
72	Address Same as Primary Subscriber	<p>Description: Indicates if the</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>dependent's address is the same as the primary subscriber</p> <p>Explanation: See description</p> <p>Required under the following conditions: If True, and Health Event Type is New Enrollment, then other dependent address information is not needed</p> <p>If True, and Health Event Type is Add Dependent or Change Dependent Address, then other dependent address information is not needed</p> <p>Data accepted if Health Event Type is COBRA New Enrollment, and Eligibility Basis is COBRA Qual</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Subscriber</p> <p>Data accepted if Health Event Type is COBRA New Enrollment, and Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting; For other Eligibility Basis statuses can only carry over dependents from previous enrollment</p> <p>If True, and Health Event Type is Open Enrollment and Health Event Reason is New Enrollment, then other dependent address information is not needed (only applicable when dependent is added during new enrollment)</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES						
		<p>If True, and Health Event Type is Open Enrollment and Health Event Reason is Add Dependent, then other dependent address information is not needed</p> <p>Note: No notable information</p>										
73	Dependent Address Type	<p>Description: The dependent's address type</p> <p>Explanation: See description</p> <p>Required for the following Health Event Types when Address Same as Primary Subscriber is false:</p> <ul style="list-style-type: none"> ▪ New Enrollment ▪ Add Dependent ▪ COBRA New Enrollment 	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Mailing Address</td> <td>MAI</td> </tr> <tr> <td>Physical Address</td> <td>PHY</td> </tr> </tbody> </table>	LONG NAME	CODE VALUE	Mailing Address	MAI	Physical Address	PHY	3	No Current Equivalent
LONG NAME	CODE VALUE											
Mailing Address	MAI											
Physical Address	PHY											

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<ul style="list-style-type: none"> ▪ Dependent Address Change <p>Note: Only one address type can be submitted with each health enrollment transaction</p>				
74	Dependent Address 1	<p>Description: The first address line of the address to be entered</p> <p>Explanation: Typically used for the employee's street address or in care of information.</p> <p>Required for the following Health Event Types when "Address Same as Primary Subscriber" is false:</p> <ul style="list-style-type: none"> ▪ New Enrollment ▪ Add Dependent ▪ COBRA New Enrollment ▪ Dependent 	C	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Address Change</p> <p>Notes:</p> <ul style="list-style-type: none"> This element is identified in the XML as <AddressLine> (see CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as <AddressLine1> it will generate a Level 1 error. 				
75	Dependent Address 2	<p>Description: The second address line</p> <p>Explanation: Typically used for the employee's street address if address line 1 was used for in care of information; otherwise would be used for address information that does not fit on address</p>	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>line 1, such as; suite number, building name, room number, apartment number, etc.</p> <p>Data accepted if Dependent Address 1 is supplied</p> <p>Required: No required data</p> <p>Notes:</p> <ul style="list-style-type: none"> If the address is an apartment or suite number and will not fit in one address line then use Address Line 2 This element is identified in the XML as <AddressLine> (see CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as <AddressLine2> it will generate a Level 				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		1 error.				
76	Dependent Address 3	<p>Description: The third address line</p> <p>Explanation: Typically used for any address data that does not fit on address lines 1 and 2</p> <p>Data accepted if Dependent Address 1 is supplied</p> <p>Required: No required data</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the address is an apartment or suite number and will not fit in two address lines then use Address Line 3 • This element is identified in the XML as <AddressLine> (see 	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>CommonUtilities.xsd, in the Technical Toolkit), which can occur up to three times. If entered as <AddressLine3> it will generate a Level 1 error.</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
77	Dependent City	<p>Description: The city applicable to the dependent address entered.</p> <p>Explanation: Data accepted if Dependent Address 1 is supplied</p> <p>Required: When Dependent Address 1 is provided</p> <p>Note: Data element accepts alpha and numeric characters.</p>	C	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
78	Dependent State	<p>Description: The code value for state if Dependent Country selected is either the USA or Mexico</p> <p>Explanation: See description.</p> <p>Required if Dependent Country is USA or Mexico and Dependent Address 1 is supplied</p> <p>Note: No notable information</p>	C	See Appendix A, Section 3 Free form text of up to 30 characters	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
79	Dependent ZIP Code 5	<p>Description: The first five digits of the zip code for the address designated in Dependent Address Type.</p> <p>Explanation: If Country is USA, the following are required:</p> <ul style="list-style-type: none"> • Use numeric format • The first five numbers of the ZIP Code <p>Required if Dependent Country is USA and Dependent Address 1 is supplied</p> <p>Note: No notable information</p>	C	#####	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
80	Dependent ZIP Code 4	<p>Description: The next four digits of the zip code or the address designated in Dependent Address Type:</p> <p>Explanation: Data accepted if Dependent ZIP Code – 5 digits is supplied</p> <p>Required: No required data</p> <p>Note: No notable information</p>	O	####	4	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
81	Dependent Country	<p>Description: The code value for the dependent country</p> <p>Explanation: See description</p> <p>Required if Dependent Address 1 is supplied</p> <p>Note: No notable information</p>	C	See Appendix A, Section 4	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																										
82	Dependent Province/Territory	<p>Description: The province or territory which coincides with the Dependent Address Type</p> <p>Explanation: See description</p> <p>Required if the Dependent Country provided is Canada and Dependent Address 1 is supplied</p> <p>Note: If Dependent Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Alberta</td><td>AB</td></tr> <tr><td>British Columbia</td><td>BC</td></tr> <tr><td>Manitoba</td><td>MB</td></tr> <tr><td>New Brunswick</td><td>NB</td></tr> <tr><td>Newfoundland</td><td>NF</td></tr> <tr><td>Northwest Territories</td><td>NT</td></tr> <tr><td>Nova Scotia</td><td>NS</td></tr> <tr><td>Ontario</td><td>ON</td></tr> <tr><td>Prince Edward Island</td><td>PE</td></tr> <tr><td>Quebec</td><td>PQ</td></tr> <tr><td>Saskatchewan</td><td>SK</td></tr> <tr><td>Yukon</td><td>YT</td></tr> </tbody> </table> <p>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.</p>	LONG NAME	CODE VALUE	Alberta	AB	British Columbia	BC	Manitoba	MB	New Brunswick	NB	Newfoundland	NF	Northwest Territories	NT	Nova Scotia	NS	Ontario	ON	Prince Edward Island	PE	Quebec	PQ	Saskatchewan	SK	Yukon	YT	50	No Current Equivalent
LONG NAME	CODE VALUE																															
Alberta	AB																															
British Columbia	BC																															
Manitoba	MB																															
New Brunswick	NB																															
Newfoundland	NF																															
Northwest Territories	NT																															
Nova Scotia	NS																															
Ontario	ON																															
Prince Edward Island	PE																															
Quebec	PQ																															
Saskatchewan	SK																															
Yukon	YT																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
83	Dependent Postal Code	<p>Description: The International Postal Code</p> <p>Explanation: The International Postal Code is alphanumeric</p> <p>Required if the Dependent Country provided is not USA and Dependent Address1 is supplied</p> <p>Note: No notable information</p>	C	Free form text of up to 12 characters	12	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																																																				
84	Dependent Relationship	<p>Description: The dependent's relationship to the primary subscriber</p> <p>Explanation: See description</p> <p>Required if Health Event Type is Add Dependent</p> <p>Required for Health Event Types New Enrollment and COBRA New Enrollment if a dependent is being added to enrollment</p> <p>Note: No notable information</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Spouse</td><td>SPO</td></tr> <tr><td>Domestic Partner</td><td>DP</td></tr> <tr><td>Brother</td><td>BRO</td></tr> <tr><td>Sister</td><td>SIS</td></tr> <tr><td>Niece</td><td>NIE</td></tr> <tr><td>Nephew</td><td>NEP</td></tr> <tr><td>Grandchild</td><td>GC</td></tr> <tr><td>Child</td><td>CHI</td></tr> <tr><td>Step Child</td><td>SC</td></tr> <tr><td>Domestic Partner Child</td><td>DPC</td></tr> <tr><td>Step Grandchild</td><td>SG</td></tr> <tr><td>Great Grandchild</td><td>GG</td></tr> <tr><td>Cousin</td><td>COU</td></tr> <tr><td>Other Person</td><td>OP</td></tr> <tr><td>Adopted Child</td><td>ADC</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Spouse	SPO	Domestic Partner	DP	Brother	BRO	Sister	SIS	Niece	NIE	Nephew	NEP	Grandchild	GC	Child	CHI	Step Child	SC	Domestic Partner Child	DPC	Step Grandchild	SG	Great Grandchild	GG	Cousin	COU	Other Person	OP	Adopted Child	ADC	3	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr><td>Spouse</td><td>1</td></tr> <tr><td>Child</td><td>2</td></tr> <tr><td>Step Child</td><td>3</td></tr> <tr><td>Economically dependent child</td><td>4</td></tr> <tr><td>Adopted Child</td><td>5</td></tr> <tr><td>Domestic Partner</td><td>6</td></tr> <tr><td>Domestic Partner Child</td><td>7</td></tr> <tr><td>Brother</td><td>15</td></tr> <tr><td>Sister</td><td>15</td></tr> </tbody> </table>	LONG NAME	CODE VALUE	Spouse	1	Child	2	Step Child	3	Economically dependent child	4	Adopted Child	5	Domestic Partner	6	Domestic Partner Child	7	Brother	15	Sister	15
LONG NAME	CODE VALUE																																																									
Spouse	SPO																																																									
Domestic Partner	DP																																																									
Brother	BRO																																																									
Sister	SIS																																																									
Niece	NIE																																																									
Nephew	NEP																																																									
Grandchild	GC																																																									
Child	CHI																																																									
Step Child	SC																																																									
Domestic Partner Child	DPC																																																									
Step Grandchild	SG																																																									
Great Grandchild	GG																																																									
Cousin	COU																																																									
Other Person	OP																																																									
Adopted Child	ADC																																																									
LONG NAME	CODE VALUE																																																									
Spouse	1																																																									
Child	2																																																									
Step Child	3																																																									
Economically dependent child	4																																																									
Adopted Child	5																																																									
Domestic Partner	6																																																									
Domestic Partner Child	7																																																									
Brother	15																																																									
Sister	15																																																									

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES																											
85	Dependent Type	<p>Description: The type of dependent</p> <p>Explanation: See description</p> <p>Required for Health Event Type Add Dependent</p> <p>Required if dependent is added during Health Event Type New Enrollment</p> <p>Required if Health Event Type is COBRA New Enrollment and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent New Contracting; For other COBRA eligibilities can only carry over dependents from</p>	C	<table border="1"> <thead> <tr> <th>LONG NAME</th> <th>PARTICIPANT RELATIONSHIP</th> <th>CODE VALUE</th> </tr> </thead> <tbody> <tr> <td>Dependent Natural Born Child</td> <td>Child</td> <td>DBC</td> </tr> <tr> <td>Dependent Adopted Child</td> <td>Child</td> <td>DAC</td> </tr> <tr> <td>Economically Dependent Child</td> <td>Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild</td> <td>EDC</td> </tr> <tr> <td>Spouse</td> <td>Spouse</td> <td>SPO</td> </tr> <tr> <td>Step Child</td> <td>Child</td> <td>STC</td> </tr> <tr> <td>Domestic Partner</td> <td>Domestic Partner</td> <td>DP</td> </tr> <tr> <td>Domestic Partner Child</td> <td>Child</td> <td>DPC</td> </tr> <tr> <td>Sibling</td> <td>Sibling</td> <td>SIB</td> </tr> </tbody> </table>	LONG NAME	PARTICIPANT RELATIONSHIP	CODE VALUE	Dependent Natural Born Child	Child	DBC	Dependent Adopted Child	Child	DAC	Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC	Spouse	Spouse	SPO	Step Child	Child	STC	Domestic Partner	Domestic Partner	DP	Domestic Partner Child	Child	DPC	Sibling	Sibling	SIB	3	No Current Equivalent
LONG NAME	PARTICIPANT RELATIONSHIP	CODE VALUE																															
Dependent Natural Born Child	Child	DBC																															
Dependent Adopted Child	Child	DAC																															
Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC																															
Spouse	Spouse	SPO																															
Step Child	Child	STC																															
Domestic Partner	Domestic Partner	DP																															
Domestic Partner Child	Child	DPC																															
Sibling	Sibling	SIB																															

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>previous enrollment and is required</p> <p>Note: No notable information</p>				
86	Disabled Dependent Indicator	<p>Description: Indicates if the added dependent is a disabled, dependent child</p> <p>Explanation: Data accepted for Health Event Type New Enrollment if dependent is added during New Enrollment</p> <p>Data accepted for Health Event Type Add Dependent if Eligibility Basis is COBRA Qual Subscriber</p> <p>Not used for Health Event Type Add</p>	O	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Dependent, if Eligibility Basis is COBRA Qual Dependent, or COBRA Qualifying Dependent New Contracting; Can only carry over dependents from previous enrollment</p> <p>Data accepted during Health Event Type Open Enrollment for Health Event Reason New Enrollment, if dependent is added during new enrollment</p> <p>Required: No required data</p> <p>Note: No notable information</p>				
87	Disabled Dependent Confirmation Indicator	<p>Description: Indicates that the employer understands the</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>disabled dependent enrollment is not confirmed until review by CalPERS</p> <p>Explanation: See description</p> <p>Required if Disabled Dependent Indicator is supplied</p> <p>Note: No notable information</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
88	Economically Dependent Confirmation Indicator	<p>Description: Indicates if the economically dependent child was validated</p> <p>Explanation: See description</p> <p>Required if Dependent Type is Economically Dependent Child</p> <p>Note: No notable information</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
89	Dependent Acquired Date	<p>Description: The date the child was declared economically dependent to the subscriber.</p> <p>Explanation: See description.</p> <p>Required if Economically Dependent Confirmation Indicator is supplied</p> <p>Note: No notable information</p>	C	yyyy-mm-dd	10	No Current Equivalent
90	Apply to Medical	<p>Description: Indicates if the Enrollment transaction should be applied to Medical</p> <p>Explanation: See description</p>	C	true / false (Must appear in the xml in all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		<p>Required for the Health Event Types New Enrollment and Add Dependent</p> <p>Required for the Health Event Type COBRA New Enrollment if the Eligibility Basis is COBRA Qual Dependent or COBRA Qualifying Dependent New Contracting</p> <p>Required for the Health Event Type Open Enrollment if Health Enrollment Reason is New Enrollment</p> <p>Required for the Health Event Type Open Enrollment if Health Enrollment Reason is Add Dependent</p>				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Note: No notable information				
91	Apply to Dental <i>(placeholder data element tied to future legislation)</i>	<p>Description: If dental becomes an option in the future, this data element would indicate that the enrollment is applicable to dental benefit type</p> <p>Explanation: See description</p> <p>Required: No required data at this time.</p> <p>Note: No notable information</p>	C	<p>true / false</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
92	Apply to Vision <i>(placeholder data element tied to future legislation)</i>	<p>Description: If vision becomes an option in the future, this data element would indicate that the enrollment is applicable to vision benefit type</p> <p>Explanation: See description</p> <p>Required: No required data at this time</p> <p>Note: No notable information</p>	C	<p>true / false</p> <p>This Data Element is not applicable at this time. It is entered here as a placeholder tied to future legislation.</p>	5	No Current Equivalent

Appendix A – Valid Field Values

1. Health Event Type Descriptions

Health Event Type	Code Value	Definition
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

2. Health Event Reason (Sorted by Health Event Types, Ascending)

LONG NAME (Event Reason)	CODE VALUES	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 (Event Reason)	CODE VALUES	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 (Event Reason)	CODE VALUES	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 (Event Reason)	CODE VALUES	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
Update Demographics	905	Update Enrollment

3. State Code Values (Sorted by Country, Ascending)

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Aguascalientes	AG	MEX	Queretaro	QA	MEX
Baja California, Norte	BJ	MEX	Quintana Roo	QR	MEX
Baja California, Sur	BS	MEX	San Luis Potosi	SL	MEX
Campeche	CP	MEX	Sinaloa	SI	MEX
Chiapas	CHI	MEX	Sonora	SO	MEX
Chihuahua	CI	MEX	Tabasco	TA	MEX
Coahuila	CU	MEX	Tamaulipas	TM	MEX
Colima	CL	MEX	Tlaxcala	TL	MEX
Distrito Ferderal	DF	MEX	Veracruz	VZ	MEX
Durango	DG	MEX	Yucatan	YC	MEX
Guanajuato	GJ	MEX	Zacatecas	ZT	MEX
Guerrero	GR	MEX	Alabama	AL	USA
Hidalgo	HG	MEX	Alaska	AK	USA
Jalisco	JA	MEX	American Samoa	AS	USA
Mexico	EM	MEX	Arizona	AZ	USA
Michoacan	MH	MEX	Arkansas	AR	USA
Moreios	MR	MEX	Armed Forces Europe	AE	USA
Nayarit	NA	MEX	Armed Forces Pacific	AP	USA
NuevoLeon	NL	MEX	Armed Forces the Americas	AA	USA
Oaxaca	OA	MEX	California	CA	USA
Puebla	PU	MEX	Colorado	CO	USA
Connecticut	CT	USA	Nebraska	NE	USA
Delaware	DE	USA	Nevada	NV	USA

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
District of Columbia	DC	USA	New Hampshire	NH	USA
Federated States of Micronesia	FM	USA	New Jersey	NJ	USA
Florida	FL	USA	New Mexico	NM	USA
Georgia	GA	USA	New York	NY	USA
Guam	GU	USA	North Carolina	NC	USA
Hawaii	HI	USA	North Dakota	ND	USA
Idaho	ID	USA	North Mariana Islands	MP	USA
Illinois	IL	USA	Ohio	OH	USA
Indiana	IN	USA	Oklahoma	OK	USA
Iowa	IA	USA	Oregon	OR	USA
Kansas	KS	USA	Palau	PW	USA
Kentucky	KY	USA	Pennsylvania	PA	USA
Louisiana	LA	USA	Puerto Rico	PR	USA
Maine	ME	USA	Rhode Island	RI	USA
Marshall Islands	MH	USA	South Carolina	SC	USA
Maryland	MD	USA	South Dakota	SD	USA
Massachusetts	MA	USA	Tennessee	TN	USA
Michigan	MI	USA	Texas	TX	USA
Minnesota	MN	USA	Utah	UT	USA
Mississippi	MS	USA	Vermont	VT	USA
Missouri	MO	USA	Virgin Islands	VI	USA
Montana	MT	USA	Virginia	VA	USA
Washington	WA	USA	Wisconsin	WI	USA
West Virginia	WV	USA	Wyoming	WY	USA

4. Country Code Values

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
United States	US	Belize	BZ
Canada	CA	Benin	BJ
Mexico	MX	Bermuda	BM
Afghanistan	AF	Bhutan	BT
Albania	AL	Bolivia	BO
Algeria	DZ	Bosnia-Herzegovina	BA
American Samoa	AS	Botswana	BW
Andorra	AD	Bouvet Island	BV
Angola	AO	Brazil	BR
Anguilla	AI	British Indian Ocean Terr	IO
Antarctica	AQ	Brunei	BN
Antigua & Barbuda	AG	Bulgaria	BG
Argentina	AR	Burkina Faso	BF
Armenia	AM	Burundi	BI
Aruba	AW	Cambodia	KH
Australia	AU	Cameroon	CM
Austria	AT	Cape Verde	CV
Azerbaijan	AZ	Cayman Islands	KY
Bahamas	BS	Central African Republic	CF
Bahrain	BH	Chad	TD
Bangladesh	BD	Chile	CL
Barbados	BB	China	CN
Belarus	BY	Christmas Island (Pacific)	CX
Belgium	BE	Cocos (Keeling) Islands	CC
Colombia	CO	France	FR
Comoros	KM	French Guiana	GF

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Congo	CG	French Polynesia	PF
Cook Islands	CK	Gabon	GA
Costa Rica	CR	Gambia	GM
Croatia	HR	Georgia	GE
Cuba	CU	Germany	DE
Cyprus	CY	Ghana	GH
Czech Republic	CZ	Gibraltar	GI
The Democratic Republic of the Congo	CD	Greece	GR
Denmark	DK	Greenland	GL
Djibouti	DJ	Grenada	GD
Dominica	DM	Guadeloupe	GP
Dominican Republic	DO	Guam	GU
Ecuador	EC	Guatemala	GT
Egypt	EG	Guernsey	GG
El Salvador	SV	Guinea	GN
Equatorial Guinea	GQ	Guinea Bissau	GW
Eritrea	ER	Guyana	GY
Estonia	EE	Haiti	HT
Ethiopia	ET	Heard Mcdonald Islands	HM
Falkland Islands	FK	Honduras	HN
Faroe Islands	FO	Hong Kong	HK
Fiji	FJ	Hungary	HU
Finland	FI	Iceland	IS
India	IN	Lithuania	LT
Indonesia	ID	Luxembourg	LU
Iran	IR	Macau	MO
Iraq	IQ	Macedonia	MK

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Ireland	IE	Madagascar	MG
Isle Of Man	IM	Malawi	MW
Israel	IL	Malaysia	MY
Italy	IT	Maldives	MV
Ivory Coast	CI	Mali	ML
Jamaica	JM	Malta	MT
Jan Mayen	SJ	Marshall Islands	MH
Japan	JP	Martinique	MQ
Jersey	JE	Mauritania	MR
Jordan	JO	Mauritius	MU
Kazakhstan	KZ	Mayotte	YT
Kenya	KE	Micronesia	FM
Kiribati	KI	Moldova	MD
Kuwait	KW	Monaco	MC
Kyrgyzstan	KG	Mongolia	MN
Laos	LA	Montenegro	ME
Latvia	LV	Montserrat	MS
Lebanon	LB	Morocco	MA
Lesotho	LS	Mozambique	MZ
Liberia	LR	Myanmar	MM
Libya	LY	Namibia	NA
Liechtenstein	LI	Nauru	NR
Nepal	NP	Reunion	RE
Netherlands	NL	Romania	RO
Netherlands Antilles	AN	Russia	RU
New Caledonia	NC	Rwanda	RW
New Zealand	NZ	San Marino	SM

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Nicaragua	NI	Sao Tome & Principe	ST
Niger	NE	Saudi Arabia	SA
Nigeria	NG	Senegal	SN
Niue	NU	Serbia	RS
Norfolk Island	NF	Seychelles	SC
North Korea	KP	Sierra Leone	SL
Northern Mariana Islands	MP	Singapore	SG
Norway	NO	Slovakia	SK
Oman	OM	Slovenia	SI
Pakistan	PK	Solomon Islands	SB
Panama	PA	Somalia	SO
Papua New Guinea	PG	South Africa	ZA
Paraguay	PY	Spain	ES
Peru	PE	Sri Lanka	LK
Philippines	PH	St Helena	SH
Pitcairn Island	PN	St Kitts & Nevis	KN
Poland	PL	St Lucia	LC
Portugal	PT	St Pierre & Miquelon	PM
Puerto Rico	PR	St Vincent & Grenadines	VC
Qatar	QA	Sudan	SD
Republic Of South Korea	KR	Suriname	SR
Swaziland	SZ	Vietnam	VN
Sweden	SE	Virgin Islands(British)	VG
Switzerland	CH	Virgin Islands(U.S.)	VI
Syria	SY	Wallis & FUTUNA	WF
Taiwan	TW	Western Sahara	EH
Tajikistan	TJ	Western Samoa	WS

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Tanzania	TZ	Yemen	YE
Thailand	TH	Zambia	ZM
Togo	TG	Zimbabwe	ZW
Tokelau	TK		
Tonga	TO		
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		

5. County Code Values

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
1 - Alameda	001	26 - Mono	051

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
2 - Alpine	003	27 - Monterey	053
3 - Amador	005	28 - Napa	055
4 - Butte	007	29 - Nevada	057
5 - Calaveras	009	30 - Orange	059
6 - Colusa	011	31 - Placer	061
7 - Contra Costa	013	32 - Plumas	063
8 - Del Norte	015	33 - Riverside	065
9 - El Dorado	017	34 - Sacramento	067
10 - Fresno	019	35 - San Benito	069
11 - Glenn	021	36 - San Bernardino	071
12 - Humboldt	023	37 - San Diego	073
13 - Imperial	025	38 - San Francisco	075
14 - Inyo	027	39 - San Joaquin	077
15 - Kern	029	40 - San Luis Obispo	079
16 - Kings	031	41 - San Mateo	081
17 - Lake	033	42 - Santa Barbara	083
18 - Lassen	035	43 - Santa Clara	085
19 - Los Angeles	037	44 - Santa Cruz	087
20 - Madera	039	45 - Shasta	089
21 - Marin	041	46 - Sierra	091
22 - Mariposa	043	47 - Siskiyou	093
23 - Mendocino	045	48 - Solano	095
24 - Merced	047	49 - Sonoma	097
25 - Modoc	049	50 - Stanislaus	099
51 - Sutter	101	1st District (SF)	100
52 - Tehama	103	2nd District (LA)	110
53 - Trinity	105	2nd Sub District (Ventura)	117
54 - Tulare	107	3rd District (Sac)	120
55 - Tuolumne	109	4th District (San Diego)	130

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
56 - Ventura	111	4th Sub District (Riverside)	131
57 - Yolo	113	4th Sub District (Santa Ana)	132
58 - Yuba	115	5th District (Fresno)	140
Out of State	000	6th District (Santa Clara)	150

6. Permissive Event Reasons

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
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	HEALTH EVENT 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

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

Appendix B – Comparison of Field Values to Legacy (ACES) Field Values

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
1	Employer's CalPERS ID	A unique 10-digit identifier created by the new system, Once the employer becomes an approved business partner, the new system will create this unique identifier. This identifier replaces the Employer/Unit Code.	Participant / PERS ER Code	Yes
2	Health Event Type	The health event type	Transaction Type	Yes
3	Health Event Reason	The reasons for health enrollment. These are categorized by Health Event Types	Health Event Reason Code	Yes
4	Unique Transaction Identifier	The Unique Transaction Identifier is a memo field to record text. Employers uploading files can use this field to record a text memo for tracking purposes.	Transaction #	No
5	Event Date	The date that the health event occurred.	Event Date	No
6	Received Date	The date that the employer was notified of the health event.	HBO Received Date	No
7	Apply Change To Medical	Indicates that the change/enrollment is applicable to Medical benefit type.	Non-existent	Yes
8	Apply Change To Dental	If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit.	Non-existent	Yes
9	Apply Change To Vision	If vision becomes an option in the future, this data element indicates	Non-existent	Yes

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
		the change/enrollment applies to Vision benefit.		
10	Rescind Indicator	Indicates whether a health enrollment transaction, with a future date, should be rescinded.	Non-existent	Yes
11	Rescind Reason	Reason why a health enrollment transaction is rescinded.	Non-existent	Yes
12	Rescind Notes	Notes about the reason for rescission.	Non-existent	Yes
13	Appointment ID	<p>This represents the position into which the employee was hired.</p> <p>CalPERS will generate and store Appointment ID for the participant at the time of enrollment. If the employee has been hired into a new job for an existing appointment, this ID can be reported by the employer (e.g., employee switches from being a janitor to bus driver) to identify the employee.</p>	Non-existent	Yes
14	Person Identifier Type	Type of unique person identifier.	Non-existent	Yes
15	Person Identifier	The unique identifier available for the person that is provided.	SSN	Yes

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
16	New SSN	The New SSN is a correction to the Social Security Number	Non-existent	Yes
17	Original Hire Date	The first date of hire for this employee at this employer.	Non-existent	Yes
18	Retirement System	The retirement system that the subscriber receives retirement benefits from	Non-existent	Yes
19	Prefix	The person's prefix.	Non-existent	Yes
20	First Name	The person's first name.	First Name	No
21	Middle Name	The person's middle name.	Middle Name	No
22	Last Name	The person's last name.	Last Name	Yes
23	Gender	The person's gender.	Gender	No
24	Birth Date	The person's date of birth.	Date of Birth	No
25	Suffix	The person's suffix.	Name Suffix	Yes
26	Address Type	Types of address.	Addr Type	No
27	Use Address for Health	Indicates that the person's address should be used for health enrollment.	Non-existent	Yes
28	Health Eligibility ZIP Code Type	The type of Zip Code used to determine health eligibility.	Eligibility ZIP Type	No
29	Health Eligibility ZIP Code	The health eligibility Zip Code.	Eligibility ZIP	No
30	County	The county the employee	Non-existent	Yes

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
		designates for health eligibility.		
31	Address 1	The first address line.	Alt Address Line	No
32	Address 2	The second address line.	Alt Address Line	No
33	Address 3	The third address line.	Non-existent	Yes
34	City	The city.	City	No
35	State	The state.	State	No
36	ZIP Code 5	The Zip or postal code.	ZIP Code 5	Yes
37	ZIP Code 4	The Zip or postal code.	ZIP Code 4 ZIP Code 2	Yes
38	Country	The country.	Country	No
39	Province/Territory	The province or territory.	Province / Territory	No
40	Postal Code	The international postal code.	Non-existent	Yes
41	Phone Type	The phone type such as mobile or fax.	Non-existent	Yes
42	US Phone	The person's contact phone number in the USA.	Daytime Phone Area Daytime Phone	No
43	International Phone	The person's International contact phone number.	Non-existent	Yes
44	Extension	The person's phone number extension.	Non-existent	Yes
45	Email	The person's e-mail.	Non-existent	Yes
46	Qualifying Person ID Type	The type of unique identifier for the member that qualifies the subscriber for health enrollment.	Non-existent	Yes
47	Qualifying Person ID	The unique identifier of the member who qualifies the subscriber for health enrollment.	Qualifying SSN	No
48	Permanent Separation Date	This is the day <i>after</i> the last day an employee works for your agency, which is often the day	Participant / Effective Date	No

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
		after the last day on payroll.		
49	Retirement Date	Retirement date of the qualifying individual	Non-existent	Yes
50	First Name	The employee's first name.	First Name	No
51	Middle Name	The employee's middle name.	Middle Name	No
52	Last Name	The employee's last name.	Last Name	Yes
53	Gender	The employee's gender.	Gender	No
54	Birth Date	The employee's date of birth.	Birth Date New Birth Date	No
55	Eligibility Basis	The basis for COBRA eligibility.	Eligibility Basis	No
56	Original Cobra Start Date	The first day of COBRA health enrollment coverage.	COBRA Start Date	No
57	Affiliated Association	The affiliated association of the qualifying individual.	Non-existent	Yes
58	Medical Plan Selection	Used to select a medical plan.	Plan Code	No
59	Medical Group	Medical group of the qualifying Individual	Medical Group	No
60	Dental Plan Selection	Used to select a dental plan.	Non-existent	Yes
61	Vision Plan Selection	Used to select a vision plan.	Non-existent	Yes
62	Dependent Identifier Type	The unique identifier available for the dependent that is provided.	Non-existent	Yes
63	Dependent Identifier	The unique dependent identifier, as specified by Identifier Type field.	Dependent / SSN	No
64	Dependent Gender	The dependent's gender.	Dependent / Gender	No
65	Dependent DOB	The dependent's date of birth.	Dependent / DOB	No
66	Dependent Prefix	The dependent's prefix.	Non-existent	Yes
67	Dependent First Name	The dependent's first name.	Dependent / First Name	No
68	Dependent Middle Name	The dependent's middle name.	Dependent / Middle Name	No

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
69	Dependent Last Name	The dependent's last name.	Dependent / Last Name	Yes
70	Dependent Suffix	The dependent's suffix.	Dependent / Name Suffix	No
71	Date of Marriage/Partnership	The date the dependent became a spouse/domestic partner of the primary subscriber.	Event Date	No
72	Address Same as Primary Subscriber	Indicator of whether the dependent's address is the same as that of the primary subscriber.	Non-existent	Yes
73	Dependent Address Type	The dependent's types of address.	Non-existent	Yes
74	Dependent Address 1	The first address line of the dependent's address.	Non-existent	Yes
75	Dependent Address 2	The second address line of the dependent's address.	Non-existent	Yes
76	Dependent Address 3	The third address line of the dependent's address.	Non-existent	Yes
77	Dependent City	The city of the dependent's address.	Non-existent	Yes
78	Dependent State	The state of the dependent's address.	Non-existent	Yes
79	Dependent ZIP Code 5	The 5-digit ZIP or postal code of the dependent's address.	Non-existent	Yes
80	Dependent ZIP Code 4	The 4 or 2 additional digits of a ZIP or postal code of the dependent's address.	Non-existent	Yes
81	Dependent Country	The country of the dependent's address.	Non-existent	Yes
82	Dependent Province/Territory	The province or territory of the dependent's address.	Non-existent	Yes
83	Dependent Postal Code	The international postal code of dependent	Non-existent	Yes
84	Dependent Relationship	The dependent's relationship to the primary subscriber.	Dependent / Legacy Relationship Code	No

#	my CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
85	Dependent Type	The type of dependent.	Non-existent	Yes
86	Disabled Dependent Indicator	Indicates if the added dependent is a disabled dependent child.	Non-existent	Yes
87	Disabled Dependent Confirmation Indicator	Indicates that the employer understands the disabled dependent enrollment is not confirmed until review by CalPERS.	Non-existent	Yes
88	Economically Dependent Confirmation Indicator	Indicates if the economically dependent child has been validated	Non-existent	Yes
89	Dependent Acquired Date	The date that the economically child is acquired by the subscriber	Non-existent	Yes
90	Apply to Medical	Indicates if the enrollment transaction should be applied to Medical.	Non-existent	Yes
91	Apply to Dental	Indicates if the enrollment transaction should be applied to Dental.	Non-existent	Yes
92	Apply to Vision	Indicates if the enrollment transaction should be applied to Vision.	Non-existent	Yes