

Data Element Definitions

Public Agency & Schools

Health Enrollment Response File

Overview

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

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

Employer Technical Toolkit

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

File Structure

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

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

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

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

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

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

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

Health Enrollment Response Data Elements Table

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

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
1	Health Event Type	Description: The health event type for the transaction. Conditions: Required—to identify the health event type.	<ul style="list-style-type: none"> • 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
2	Unique Transaction Identifier	Description: A memo field with the Unique Transaction Identifier sent in the Health Enrollment Reporting file. Conditions: Required—to identify the transaction.	36 digits	36
3	Transaction Status	Description: The status of the transaction after running the business rule validation. Conditions: Required—to identify the status of the transaction.	<ul style="list-style-type: none"> • Error = ERR • Valid = VAL 	3

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
4	Appointment Identifier (ID)	<p>Description: The unique identifier for the appointment. If the employer reports a new appointment for the individual, the Appointment ID will be returned in the response file.</p> <p>Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.</p>	10 digits	10
5	Effective Date	<p>Description: The date of the health event.</p> <p>Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.</p>	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
6	Dependent Prefix	<p>Description: The prefix of the dependent.</p> <p>Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.</p>	<ul style="list-style-type: none"> • 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
7	Dependent First Name	<p>Description: The dependent's first name.</p> <p>Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.</p>	Free form text of up to 20 characters	20

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
8	Dependent Middle Name	Description: The dependent's middle name. Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.	Free form text of up to 20 characters	20
9	Dependent Last Name	Description: The dependent's last name. Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
10	Dependent Suffix	Description: The dependent's suffix. Conditions: Required—for records with a transaction status of Valid as provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • Senior = SR • Junior = JR • First = I • Second = II • Third = III • Fourth = IV • Fifth = V • Doctor of Philosophy = PHD • Doctor of Medicine = MD • Certified Public Accountant = CPA • Doctor of Education = EDD • Esquire = ESQ • Doctor of Dental Surgery = DDS 	3

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
11	Dependent Person ID Type	<p>Description: The type of unique identifier for Dependent Person ID.</p> <p>Conditions: Required—if the Health Enrollment Reporting file contained dependent information and the dependent's identifier was SSN.</p> <p>Note: This field is provided in the event multiple dependents were sent in the original file.</p>	Social Security Number = SSN	3
12	Dependent Person ID	<p>Description: The dependent's SSN as reported by the employer in the original file.</p> <p>Conditions: Required—if the Health Enrollment Reporting file contained dependent information and the dependent's identifier was SSN.</p> <p>Note: This field is provided in the event multiple dependents were sent in the original file.</p>	9 digits	9
13	Error Code	<p>Description: The coded value for the error.</p> <p>Conditions: Required—for records with a transaction status of Error or Warning.</p>	10 alpha-numeric code	10

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
14	Error Field	<p>Description: The original field within the employer’s Health Enrollment Reporting file that generated the error.</p> <p>Conditions: Required—only sent for those records with a transaction status of Error or Warning.</p>	Possible values for Error Field are the specific fields within the submission file that generated the error.	50
15	Error Message	<p>Description: A textual description of the error.</p> <p>Conditions: Required—for records with a transaction status of Error or Warning.</p>	Free form text of up to 1000 characters	1000
16	Health Event Reason	<p>Description: The health event reasons captured for maintaining health enrollment which are categorized by Health Event Types.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Refer to Appendix A2 of the Health Enrollment Reporting file in the Employer Technical Toolkit.	3
17	Rescind Indicator	<p>Description: Indicates a health enrollment transaction that is future dated can be rescinded.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	true / false	5
18	Rescind Reason	<p>Description: Indicates the reason a transaction needs to be rescinded.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Free form text will be allowed to describe the rescind indicator, up to 100 characters.	100

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
19	Rescind Notes	Description: Includes notes related to the reason for rescission. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text to add notes to the rescind reason, up to 1000 characters	1000
20	Person ID	Description: The unique identifier available for the person that is provided, which is either SSN or CalPERS ID. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • SSN = 9 digits • CalPERS ID = 10 digits 	10
21	Person ID Type	Description: The type of person identifier, either SSN or CalPERS ID. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • Social Security Number = SSN • CalPERS Identification = PID 	3
22	New SSN	Description: Denotes a correction to the employee's SSN. Conditions: Required—if provided in the Health Enrollment Reporting file.	9 digits	9

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
23	Prefix	Description: The participant's title. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • 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
24	First Name	Description: The participant's first name. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 20 characters	20

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
25	Middle Name	Description: The participant's middle name. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 20 characters	20
26	Last Name	Description: The participant's last name. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
27	Birth Date	Description: The participant's date of birth. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
28	Gender	Description: The participant's gender. Conditions: Required—to identify the gender of the participant.	<ul style="list-style-type: none"> Female = F Male = M Nonbinary = N Unknown = U 	3

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
29	Suffix	Description: The participant's suffix. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • Senior = SR • Junior = JR • First = I • Second = II • Third = III • Fourth = IV • Fifth = V • Doctor of Philosophy = PHD • Doctor of Medicine = MD • Certified Public Accountant = CPA • Doctor of Education = EDD • Esquire = ESQ • Doctor of Dental Surgery = DDS 	3
30	Address Type	Description: The participant's address type. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • Mailing = MAI • Physical Address = PHY 	3
31	Use Address for Health	Description: Indicates the participant's address should be used for health enrollment. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
32	Address 1	Description: The first address line of the address to be entered. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
33	Address 2	Description: The second address line of the address to be entered. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
34	Address 3	Description: The third address line of the address to be entered. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
35	City	Description: The city applicable to the address entered. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
36	State	Description: The code value for the state applicable to the address entered, if country selected is USA or Mexico. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters Refer to Appendix A3 of the Health Enrollment Reporting file in the Employer Technical Toolkit.	30
37	Zip Code 5	Description: The first five digits of the ZIP Code for the address designated in Address Type. Conditions: Required—if provided in the Health Enrollment Reporting file.	5 digits	5

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
38	ZIP Code 4	Description: The next four digits of the ZIP Code or the address designated in Address Type. Conditions: Required—if provided in the Health Enrollment Reporting file.	4 digits	4
39	Country	Description: The code value for the country in the address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Refer to Appendix A5 of the Health Enrollment Reporting file in the Employer Technical Toolkit.	3
40	Province/ Territory	Description: The province or territory of the address - outside of Canada, USA, and Mexico. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 50 characters - if country is not Canada, USA, or Mexico <ul style="list-style-type: none"> • 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
41	Postal Code	Description: The international postal code for the address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 12 characters	12

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
42	Phone Type	Description: The phone type used (e.g. cellular, fax, office). Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • Work = WOR • FAX = FAX • TTY = TTY • Cellular = MOB • Home = HOM • Other = OTR 	3
43	US Phone	Description: The US phone number of the participant. Conditions: Required—if provided in the Health Enrollment Reporting file.	10 digits	10
44	International Phone	Description: The international phone number of the participant. Conditions: Required—if provided in the Health Enrollment Reporting file.	A minimum 3 digits, and up to 24 digits, plus signs (+), dashes (-), spaces and parentheses () are allowed.	24
45	Extension	Description: The extension of the participant's phone number provided. Conditions: Required—if provided in the Health Enrollment Reporting file.	5 digits	5
46	Email	Description: The participant's email address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Email Address	50

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
47	Event Date	Description: The date the health event occurred. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
48	Received Date	Description: The date the employer was notified of the health event. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
49	Apply Change To Medical	Description: Indicates the change/enrollment is applicable to the medical benefit type. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
50	Apply Change To Dental (placeholder data element tied to future legislation)	Description: Indicates the change/enrollment is applicable to the dental benefit type. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
51	Apply Change To Vision (placeholder data element tied to future legislation)	Description: Indicates the change/enrollment is applicable to the vision benefit type. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
52	Qualifying Person ID	<p>Description: The unique identifier of the participant that qualifies the subscriber for health enrollment.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	<ul style="list-style-type: none"> SSN = 9 digits CalPERS ID = 10 digits 	10
53	Qualifying Person Identification (PID) Type	<p>Description: The type of unique identifier of the participant that qualifies the subscriber for health enrollment, either SSN or CalPERS ID.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	<ul style="list-style-type: none"> Social Security Number = SSN CalPERS Identification = PID 	3
54	First Name	<p>Description: The first name of the participant that qualifies the subscriber for health enrollment.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Free form text of up to 20 characters	20
55	Middle Name	<p>Description: The middle name of the participant that qualifies the subscriber for health enrollment.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Free form text of up to 20 characters	20
56	Last Name	<p>Description: The last name of the participant that qualifies the subscriber for health enrollment.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Free form text of up to 30 characters	30

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
57	Gender	Description: The gender of the participant that qualifies the subscriber for health enrollment. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> Female = F Male = M Nonbinary = N Unknown = U 	3
58	Birth Date	Description: The date of birth of the participant that qualifies the subscriber for health enrollment. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
59	Original Consolidated Omnibus Budget Reconciliation Act (COBRA) Start Date	Description: The first day of COBRA health enrollment coverage. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
60	COBRA Eligibility Basis	Description: The basis for COBRA eligibility. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> COBRA Qualifying Subscriber = CSB COBRA Qualifying Dependent = CDT COBRA Qualifying Subscriber New Contracting = CSC COBRA Qualifying Dependent New Contracting = CDC 	3

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
61	Health Eligibility ZIP Code Type	Description: The type of ZIP Code used to determine health eligibility. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> Personal Employer 	10
62	Health Eligibility ZIP Code	Description: The ZIP Code used to determine health eligibility. Conditions: Required—if Health Eligibility ZIP Code Type is Personal and provided in the Health Enrollment Reporting file.	5 digits	5
63	County	Description: The designated county the participant uses for health eligibility. Conditions: Required—if provided in the Health Enrollment Reporting file.	Refer to Appendix A4 of the Health Enrollment Reporting file in the Employer Technical Toolkit.	3
64	Medical Plan Selection	Description: This is used to select a medical plan. Conditions: Required—if provided in the Health Enrollment Reporting file.	The associated three-digit code value tied to the medical plan.	3
65	Dental Plan Selection (placeholder data element tied to future legislation)	Description: This is used to select a dental plan. Conditions: Required—if provided in the Health Enrollment Reporting file.	The associated three-digit code value tied to the dental plan.	3

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
66	Vision Plan Selection (placeholder data element tied to future legislation)	Description: This is used to select a vision plan. Conditions: Required—if provided in the Health Enrollment Reporting file.	The associated three-digit code value tied to the vision plan.	3
67	Dependent Gender	Description: The gender of the dependent. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> Female = F Male = M Nonbinary = N Unknown = U 	3
68	Dependent DOB	Description: The dependent's date of birth. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
69	Dependent Relationship	<p>Description: The dependent's relationship to the primary subscriber.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	<ul style="list-style-type: none"> • 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
70	Date of Marriage/ Partnership	<p>Description: The date the dependent became a spouse/domestic partner of the primary subscriber.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	yyyy-mm-dd	10
71	Address Same as Primary Subscriber	<p>Description: Indicates the dependent's address is the same as that of the primary subscriber.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	true / false	5

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
72	Dependent Address Type	Description: The dependent's type of address. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> Mailing Address = MAI Physical Address = PHY 	3
73	Dependent Address 1	Description: The first address line of the dependent's address to be entered. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
74	Dependent Address 2	Description: The second line of the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
75	Dependent Address 3	Description: The third address line of the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
76	Dependent City	Description: The city of the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters	30
77	Dependent State	Description: The code value for the state if the dependent country selected is either the USA or Mexico. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 30 characters Refer to Appendix A3 of the Health Enrollment Reporting file in the Employer Technical Toolkit.	30

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
78	Dependent ZIP Code 5	Description: The five digit ZIP Code of the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	5 digits	5
79	Dependent ZIP Code 4	Description: The four digit ZIP Code of the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	4 digits	4
80	Dependent Country	Description: The country of the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Refer to Appendix A5 of the Health Enrollment Reporting file in the Employer Technical Toolkit.	3
81	Dependent Province/Territory	Description: The province or territory of the dependent's address - outside of Canada, USA, and Mexico. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 50 characters if country is not Canada, USA, or Mexico <ul style="list-style-type: none"> • 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

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
82	Dependent Postal Code	Description: The international postal code for the dependent's address. Conditions: Required—if provided in the Health Enrollment Reporting file.	Free form text of up to 12 characters	12
83	Dependent Type	Description: The type of dependent. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • Dependent Natural Born Child = DBC • Dependent Adopted Child = DAC • Parent-Child Relationship = EDC • Spouse = SPO • Step Child = STC • Domestic Partner = DP • Domestic Partner Child = DPC • Sibling = SIB 	3
84	Disabled Dependent Indicator	Description: Indicates the added dependent is a disabled dependent child. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
85	Disabled Dependent Confirmation Indicator	Description: Indicates the disability of the dependent is already confirmed by CalPERS. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
86	Economically Dependent Confirmation Indicator	Description: Indicates the economically dependent child has been validated. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
87	Dependent Acquired Date	Description: The date that the economically dependent child is acquired by the subscriber. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
88	Apply to Medical	Description: Indicates the enrollment transaction should be applied to medical. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
89	Apply to Dental (placeholder data element tied to future legislation)	Description: If dental becomes an option in the future, this would indicate the enrollment is applicable to dental benefit type. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
90	Apply to Vision (placeholder data element tied to future legislation)	Description: If vision becomes an option in the future, this would indicate the enrollment is applicable to vision benefit type. Conditions: Required—if provided in the Health Enrollment Reporting file.	true / false	5
91	Permanent Separation Date	Description: 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. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
92	Retirement Date	Description: The retirement date of the qualifying Individual. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
93	Original Hire Date	Description: The original date of hire of the qualifying individual. Conditions: Required—if provided in the Health Enrollment Reporting file.	yyyy-mm-dd	10
94	Medical Group	Description: The medical group of the qualifying Individual. Conditions: Required—if provided in the Health Enrollment Reporting file.	The list of medical groups and their associated three-digit code values will not be changed from their current values. Continue to report the same medical group values as you do today.	3
95	Employer's CalPERS ID	Description: A unique 10-digit identifier created by myCalPERS to identify the reporting organization. Conditions: Required—if provided in the Health Enrollment Reporting file.	10 digits	10
96	Retirement System	Description: The retirement system that the subscriber receives retirement benefits from. Conditions: Required—if provided in the Health Enrollment Reporting file.	<ul style="list-style-type: none"> • CalSTRS = STR • Military Retirement System = MRS • Other = OTH 	3

#	DATA ELEMENT NAME	DESCRIPTION/CONDITIONS	FIELD VALUES	MAX LENGTH
97	Affiliated Association	<p>Description: The affiliated association of the qualifying individual.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	<ul style="list-style-type: none"> • California Associations of Highway Patrol = CHP • California Correctional Peace Officers Association = CPO • Peace Officers Research Association of California = POR 	3
98	Provider	<p>Description: Contains provider name or number for the medical provider or dental provider for the Subscriber.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Free form text up to 60 characters	60
99	Dependent Provider	<p>Description: Contains provider name or number for the medical provider or dental provider for the dependent.</p> <p>Conditions: Required—if provided in the Health Enrollment Reporting file.</p>	Free form text up to 60 characters	60

Resources

Employer Technical Toolkit (ZIP, 10MB)

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

Encryption/Decryption & File Naming (PDF)

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

Employer's Guide to the Technical Toolkit (PDF)

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