

Flex Corp
Data Import Format - Comma Delimited1

Revised on: 05/15/08

	FIELD DESCRIPTION	DATA TYPE	MAXIMUM LENGTH	VALID VALUES/FORMAT	MANDATORY (See Appendix 1)
1	Client Number	N	4, 0	Provided by Flex Corp	D, P, E
2	Plan Year	N	4, 0	Provided by Flex Corp	D, P, E
3	Association Number	N	3, 0	-	P, E
4	Social Security Number	N	9, 0	-	D, P, E
5	Gender	A	1	M=Male, F=Female	D, E
6	Participant Last Name	A	20	-	D, P, E
7	Participant First Name	A	10	-	D, P, E
8	Participant Middle Name	A	10	-	-
9	Participant Pre-tax Contribution	N	9, 2	-	D, P, E
10	Maximum Annual Benefit Amount	N	9, 2	-	D, P, E
11	Employer Contribution Amount	N	9, 2	-	D, P, E
12	Contribution Type Code	A	10	Client defined codes used to describe contribution type.	D, P, E
13	Contribution Frequency	A	1	W=Weekly, B=Bi-weekly, S=Semi-monthly, M=Monthly	D, P, E
14	Transaction Date	N	8, 0	CCYMMDD format	P
15	Date of Hire	N	8, 0	CCYMMDD format	D, P, E
16	Date of Birth	N	8, 0	CCYMMDD format	D, P, E
17	Effective Date for Plan Purposes	N	8, 0	CCYMMDD format	D, P, E
18	Date of Termination	N	8, 0	CCYMMDD format	-
19	Employee Status Code	A	1	N=New, A=Active, S=Severed, L=Leave of Absence, I-Inactive	P
20	Employee Salary	N	9, 2	-	D

21	Employee Salary Code	A	1	H=Hourly, W=Weekly, B=Bi-weekly, S=Semi-Monthly, M=Monthly, A=Annually	D
22	Actual Marital Status	A	1	M=Married, S=Single	D
23	Number of Dependent Children	N	2, 0	-	D
24	Officer of the Company	A	1	Y=Yes, N=No	D
25	Employee Ownership Percentage	N	5, 4	-	D
26	Employee Street Number	N	7, 0	-	P, E
27	Employee Street Name	A	30	-	P, E
28	Employee Additional Street Address	A	30	-	P, E
29	Employee City	A	30	-	P, E
30	Employee State Code	A	2	-	P, E
31	Employee Zip Code	N	5, 0	-	P, E
32	Employee Zip Code + 4	N	4,0	-	-
33	Employee Primary Email Address	A	253	-	-
34	Employee Secondary Email Address	A	253	-	-
35	Debit Card User	A	1	Y=Yes, N=No	P, E
36	Client Employee ID	A	15	-	-
37	Client Company Code	A	15	-	-
38	GL Account	A	30	-	-

Appendix 1 -- Codes for mandatory entry fields:

D = Discrimination Testing Upload

P = Payroll Data Upload

E = Enrollment Data Upload

¹©Hand Benefits & Trust, Inc. 2003. This data import format is proprietary information of Hand Benefits & Trust, Inc. (HBT) and its affiliate Flex Corp and is not to be use without the express written permission of HBT.