Federal Employees Health Benefits (FEHB) Program

HIPAA Transaction Standard Companion Guide for CLER 2810 (Notice of Change in Health Benefits Enrollment) actions processed through the OPM-Macon Data-Hub

Refers to the X12N Implementation Guide 005010X220A1: 834 – Benefit Enrollment and Maintenance

Companion Guide Version Number 1.3

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General Information

This is the Companion Guide to the ASC X12N 834 Implementation Guide. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 CFR Part 162 provide a standard transaction format, the 834, for the electronic transmission of certain health insurance enrollment information. This Companion Guide clarifies and specifies the data content transmitted electronically from OPM-Macon to health insurance carriers participating in the Federal Employees Health Benefits (FEHB) Program to process enrollment actions that require use of CLER 2810. Transmissions based on this companion guide, used in tandem with the X12N 834 Implementation Guide, are compliant with both X12 syntax and the Guide. The Companion Guide is not intended to replace the ASC X12N 834 Implementation Guide nor to contradict or exceed it in any way. Instead it is intended to convey information that is within the framework and structure of the ASC X12N 834 Implementation Guide.

This Companion Guide is only applicable to the conversion of CLER 2810 enrollment information to the HIPAA ASC X12N 834 standard. This Companion Guide does not modify or affect FEHB law, regulations or policies nor the contracts between the Office of Personnel Management and carriers participating in the FEHB Program.

Background

Beginning in 2011, CLER 2810 will be available in electronic format. With the advent of a final HIPAA standard for Benefit Enrollment and Maintenance, OPM determined that formatting the CLER 2810 transactions in the standard would improve the efficiency of processing enrollment transactions. Therefore, CLER 2810 enrollment information transmitted from OPM-Macon to FEHB carriers after February 1, 2012 will be in the ASC X12N 834 5010 format.

Communications

In FEHB Carrier Letter 2002-37 dated October 9, 2002, OPM informed FEHB carriers that communications between OPM-Macon and the FEHB carriers will continue to be through your File Transfer Protocol (FTP) connection with OPM-Macon. OPM-Macon posts files on their FTP server, by 2 character carrier enrollment code, for carriers to access and download as opposed to sending the files to the carriers.

Definitions and Notes

All dates are CCYYMMDD in format.

All mapping is created using the addenda version (005010X220A1) of the ASC X12N 834. We will not use delimiters in any of the fields.

Enrollee refers to a current Federal employee, annuitant, survivor annuitant, former employee, overage child, or former spouse of a Federal employee, enrolled in a FEHB Program plan.

CLER 2810 refers to an enrollment action (Termination, Transfer-in, Reinstatement, Change in Name of Enrollee, Change in Enrollment-Survivor Annuitant) taken by an agency to change agency enrollment data.

Agency refers to the office, site, or Federal organization providing CLER 2810 data to FEHB carriers.

OPM-Macon will provide the electronic connection from Federal employing offices to the FEHB carriers.

OPM-Federal Employee Insurance Operations (FEIO) will provide the policy and guidance on this data transmission process.

FEHB carriers are voluntary associations, corporations, partnerships, or other non-governmental organizations lawfully engaged in providing, paying for, or reimbursing the cost of health services for Federal employees, annuitants and eligible family members.

Contact Information

For additional FEHB Program information, contact Eric Figg, OPM-FEIO at 202-606-4083.

For information on HIPAA X12N 834 formatting, contact Jay Fritz, OPM-FEIO at 202-606-4148.

For information on transmissions from OPM-Macon to the FEHB carriers, contact Chris Selle, OPM-Macon at 478-744-2115.

Control Segments / Envelopes

ISA-IEA

This section describes OPM-Macon's use of the interchange control segments. It includes expected sender and receiver codes.

ISA Interchange Control Header
ISA01, I01, Pg. C.4 = '00'
ISA02, I02, Pg. C.4 = spaces (10)
ISA03, I03, Pg. C.4 = '00'
ISA04, I04, Pg. C.4 = spaces (10)
ISA05, I05, Pg. C.4 = 'ZZ'
ISA06, I06, Pg. C.4 = 'OPM DATAHUB   '
ISA07, I05, Pg. C.4 = 'ZZ'
ISA08, I07, Pg. C.5 = Carrier's 2-character FEHB CODE + spaces (13)
ISA09, I08, Pg. C.5 = File Creation Date (YYMMDD)
ISA10, I09, Pg. C.5 = File Creation Time (HHMM)
ISA11, I10, Pg. C.5 = '{'
ISA12, I11, Pg. C.5 = '00501'
ISA13, I12, Pg. C.5 = taken out of Macon's SEQ_NUM database - padded left with zeroes
ISA14, I13, Pg. C.6 = "0" - No acknowledgement requested
ISA15, I14, Pg. C.6 = "P" for Production, "T" for Testing
ISA16, I15, Pg. C.6 = ':'

IEA Interchange Control Trailer
IEA01, I16, Pg. C.10 = '1'
IEA02, I12, Pg. C.10 = taken out of Macon's SEQ_NUM database - padded left with zeroes

GS-GE

This section describes OPM-Macon's use of the functional group control segments. It includes expected application sender and receiver codes.

GS Functional Group Header
GS01, 479, Pg. B.8 = 'BE'
GS02, 142, Pg. B.8 = 'OPM DATAHUB'
GS03, 124, Pg. B.8 = Carrier's 2-character FEHB CODE
GS04, 373, Pg. B.8 = File Creation Date (CCYYMMDD)
GS05, 337, Pg. B.8 = File Creation Time (HHMM)
GS06, 28, Pg. B.9 = taken out of Macon's SEQ_NUM database - NO leading zeroes
GS07, 455, Pg. B.9 = 'X'

Functional Group Trailer
GE01, 97, Pg. C.9 = number of transaction sets included
GE02, 28, Pg. C.9 = taken out of Macon's SEQ_NUM database - NO leading zeroes

ST-SE

This section describes OPM-Macon's use of transaction set control numbers.

Transaction Set Header
ST01, 143, Pg. 31 = '834'
ST02, 329, Pg. 31 = taken out of Macon's SEQ_NUM database - padded left with zeroes

Transaction Set Trailer
SE01, 96, Pg. 158 = number of segments sent in file
SE02, 329, Pg. 158 = ST02 (Transaction Set Header)

Mapping Detail Table

This section contains a table describing where FEHB Program enrollment information will be placed in the 834 format and the values that will be used for each segment. The table clarifies and specifies the data content transmitted electronically from OPM-Macon for CLER 2810 enrollment actions.

CLER 2810
834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
Header	**ST**		**TRANSACTION SET HEADER**	**R**						
Header	ST01	143	Transaction Set Identifier Code	R	ID	834	3	3		
Header	ST02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		Padded left with zeros
Header	ST03	1705	Implementation Convention Reference	R	AN	'005010X220A1"	1	35		
Header	**BGN**		**BEGINNING SEGMENT**	**R**						
Header	BGN01	353	Transaction Set Purpose Code	R	ID	00 = Original	2	2		We will not resubmit transactions or send replacement files. Each transaction will be considered an original, will contain all data, and must be processed [1]
Header	BGN02	127	Transaction Set Identifier Code	R	AN	"AGENCY GENERATED 2810"	1	50		This identifies the type of data being transmitted. [2]
Header	BGN03	373	Transaction Set Creation Date	R	DT	File Creation Date	8	8		CCYYMMDD
Header	BGN04	337	Transaction Set Creation Time	R	TM	File Creation Time	4	8		HHMM
Header	BGN05	623	Time Zone Code	S	ID	ET = Eastern Time	2	2		
Header	BGN06	127	Transaction Set Identifier Code	S	AN		1	50		Will not be sent
Header	BGN08	306	Action Code	R	ID	2 = change	1	2		"2" will be used for all transactions
Header	**REF**		**TRANSACTION SET POLICY NUMBER**	**S**						**Will not be sent**
Header	REF01	128	Reference Identification Qualifier	R	ID		2	3		

CLER 2810
834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
Header	REF02	127	Reference Identification	R	AN		1	50		
Header	**DTP**		**FILE EFFECTIVE DATE**	**S**						**Will not be sent**
Header	DTP01	374	Date Time Qualifier file effective date at header level	R	ID		3	3		
Header	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
Header	DTP03	1251	Date Time Period file date at header level	R	AN		1	35		
Header	**QTY**		**TRANSACTION SET CONTROL TOTALS (Repeat – 3)**	**S**						Will not send 'DT'. Dependent data is not gathered on the CLER 2810
Header	QTY01	673	Quantity Qualifier	R	ID	DT = Dependent Total ET = Employee Total TO = Total	2	2		
Header	QTY02	380	Quantity	R	R		1	15		
			LOOP 1000A SPONSOR NAME							
1000A	**N1**		**SPONSOR NAME**	**R**						
1000A	N101	98	Entity Identifier Code	R	ID	P5 = Plan Sponsor	2	3		
1000A	N102	93	Plan Sponsor Name	S	AN		1	60		Will not be sent
1000A	N103	66	Identification Code Qualifier	R	AN	94 = Code assigned by the organization that is the ultimate destination of the transaction set	1	2		Although code is to be assigned by the organization that is the destination of the transaction, OPM cannot maintain multiple codes.
1000A	N104	67	Identification Code	R	AN	"AGENCY"	2	80		OPM is unable to locate the Federal Taxpayer's Identification Number for every agency/payroll office that processes electronic FEHB enrollments. "AGENCY" will be used for all transactions

	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
			LOOP 1000B PAYER							
1000B	**N1**		**PAYER**	**R**						
1000B	N101	98	Entity Identifier Code	R	ID	IN = Insurer	2	3		
1000B	N102	93	Insurer Name	S	AN		1	60		
1000B	N103	93	Identification Code Qualifier	R	ID	FI = Fed Tax ID	1	2		
1000B	N104	167	Insurer Identification Code	R	AN		2	80		Carrier's Federal Tax ID
			LOOP 1000C TPA/BROKER NAME							**Will not be sent**
1000C	**N1**		**TPA/BROKER NAME**	**S**						
1000C	N101	98	Entity Identifier Code	R	ID		2	3		
1000C	N102	93	TPA/Broker Name	R	AN		1	60		
1000C	N103	66	TPA or Broker Identification qualifier	R	ID		1	2		
1000C	N104	67	TPA/Broker ID	R	AN		2	80		
			LOOP 1100C TPA/BROKER ACCOUNT INFORMATION							**Will not be sent**
1100C	**ACT**		**TPA/BROKER ACCOUNT INFORMATION**	**S**						
1100C	ACT01	508	TPA or Broker Account Number	R	AN		1	35		
1100C	ACT06	508	Account Number	S	AN		1	35		
			LOOP 2000 MEMBER LEVEL DETAIL							
2000	**INS**		**MEMBER LEVEL DETAIL**	**R**						
2000	INS01	1073	Insured Indicator	R	ID	Y=insured is subscriber.	1	1		
2000	INS02	1069	Individual Relationship Code	R	ID	18 = Self	2	2		CLER 2810 transactions are made for the subscriber and the entire enrollment. They do not address individual family members.

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2000	INS03	875	Maintenance Type Code	R	ID	001 = change 024 = Cancellation/Termination 025 - reinstatement	3	3		001 - Change will be used when the enrollment has been transferred to a new Federal payroll office (or retirement system) or the name under which the enrollment is carried changes. 024 – Cancellation/Termination will be used when the enrollment terminates [3] 025 – Reinstatement will be used when an enrollment previously terminated is reinstated.
2000	INS04	1203	Maintenance Reason Code	S	ID	XT = Transfer 03 = Death 07 = Termination of benefits 25 = Change in Identifying Elements 41 = Reenrollment 29 = Benefit Selection	2	3	24 26 25	XT – Transfer will be used when the enrollment has been transferred to a new payroll office or retirement system. 03 – Death will be used when enrollment terminates due to death of enrollee. 07 – Termination of benefits will be used when enrollment terminates due to reasons other than death. 25 – Change in identifying elements will be used when the name under which enrollment is carried changes. 41 – Reenrollment is used when an enrollment previously terminated is reinstated.

										29 – Used when Survivor Annuitant becomes the Main Subscriber
2000	INS05	1216	Benefit Status Code	R	ID	A = Active	1	1	N/A	"A" will be used for all transactions
2000	INS06-1	1218	Medicare Plan Code	R	ID		1	1		Will not be sent CLER 2810 does not contain Medicare information
2000	INS06-2	1701	Eligibility Reason Code	S	ID		1	1		Will not be sent.
2000	INS07	1219	COBRA Qualifying Event Code	S	ID		1	2		Will not be sent
2000	INS08	584	Employment Status code	S	ID	FT = Full-time RT = Retired	2	2	NA	"RT" will be used for annuitants (Payroll Office ID = 24900002 or 24900003) "FT" will be used for all others
2000	INS09	1220	Student Status Code	S	ID		1	1		Will not be sent
2000	INS10	1073	Handicap Indicator	S	ID		1	1		Will not be sent. No handicap information is sent in CLER 2810s
2000	INS11	1250	Date Time Period Format Qualifier	S	ID	D8	2	3		
2000	INS12	1251	Insured Individual Death Date	S	AN		1	35	23	CCYYMMDD will be sent when the enrollment terminates due to the death of the enrollee.
2000	INS13	1165	Confidentiality Code	S	ID		1	1		Will not be sent
2000	INS17	1470	Birth Sequence Number	S	N0		1	9		Will not be sent
2000	**REF**		**SUBSCRIBER IDENTIFIER**	**R**						

2000	REF01	128	Reference Identification Qualifier	R	ID	0F = Subscriber Number	2	3		
2000	REF02	127	Ref. ID - Subscriber #	R	AN		1	50	5, 31	Enrollee's Social Security Number (No dashes) [4] We will only validate that SSN is nine digits.
2000	**REF**		**MEMBER POLICY NUMBER**	**S**					NA	
2000	REF01	128	Reference Identification Qualifier	R	ID	1L = Group or Policy Number	2	3		
2000	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN	"FEHB"	1	50		"FEHB" will be used for all members since FEHB Program does not use group or policy numbers
2000	**REF**		**MEMBER SUPPLEMENTAL IDENTIFIER**	**S**						
2000	REF01	128	Reference Identification Qualifier	R	ID	17 = Client Reporting 23 = Client Number DX = Dept/Agency Number 6O = Cross Reference Number ZZ = Mutually Defined Q4 = Prior Identifier Number	2	3		Code "17" indicates **Personnel Office ID** Code "23" indicates **Annuity Claim Number or OWCP Claim Number** Code "DX" indicates **Payroll Office Number** Code "6O" indicates **HB Identification Number** Code "ZZ" indicates **Report Number** Code Q4 indicates **Other Payroll Office Enrollee Number**

2000	REF02	127	Subscriber Supplemental Identifier	R	AN	Personnel Office ID	1	50	46	**Personnel Office ID** - 4 position valid Federal Personnel Office ID
						Payroll Office Number			15	
										Payroll Office Number - 8 position valid Federal Payroll Office Number
						Annuity Claim Number			19	
										Annuity Claim Number - 9 position valid annuity claim number (Annuitants only)
						HB Identification Number			20	
						Report Number			74	**HB Identification Number** - The SSN of the retiree or in the case of a survivor annuitant, the SSN of the deceased retiree/employee. This number will be the SSN of the person to whom the coverage was originally issued and it will not change (Annuitants only)
						Other Payroll Office Enrollee ID			21	
										Report Number - NFC generated. Indicates the quarter and year in which a record was transmitted plus the optional 7-digit control number
										Other Payroll Office Enrollee ID – Deceased Enrollee's SSN used only by OPM
2000	**DTP**		**MEMBER LEVEL DATES SITUATIONAL**	**S**						**Will not be sent**
2000	DTP01	374	Date Time Qualifier	R	ID		3	3		
2000	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2000	DTP03	1251	Status Information Effective Date	R	AN		1	35		
			LOOP 2100A MEMBER NAME							
2100A	**NM**		**MEMBER NAME**							

2100A	NM101	98	Entity Identifier Code	R	ID	IL = Insured or Subscriber 74 = Corrected Insured	2	3		Code "74" indicates that enrollee's name has changed. Old name will be provided in Loop 2100B.
2100A	NM102	1065	Entity Type Qualifier	R	ID	1 = person	1	1		
2100A	NM103	1035	Insured /Subscriber Last Name	R	AN		1	60	2, 27	
2100A	NM104	1036	Insured /Subscriber First Name	R	AN		1	35	3, 28	
2100A	NM105	1037	Insured /Subscriber Middle Name	S	AN		1	25	4, 29	Middle initial will be sent
2100A	NM106	1038	Insured /Subscriber Name Prefix	S	AN		1	10		Will not be sent
2100A	NM107	1039	Insured /Subscriber Name Suffix	S	AN		1	10		Will not be sent
2100A	NM108	66	Identification Code Qualifier	S	AN	34 = Social Security Number	1	2		
2100A	NM109	67	Subscriber Identifier	S	AN		2	80	5	Enrollee's or new enrollee's Social Security Number (No dashes) [4] OPM-Macon will only validate that SSN is nine digits. [4] If code '74' appears in 2100A, NM101, second SSN will be that of new enrollee.
2100A	**PER**		**MEMBER COMMUNICATIONS NUMBERS**	**S**						**Will not be sent, no contact information sent on enrollee in CLER 2810s.**
2100A	PER01	366	Contact Function Code	R	ID		2	2		
2100A	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100A	PER04	364	Communication Number	R	AN		1	256		
2100A	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100A	PER06	364	Communication Number	S	AN		1	256		
2100A	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100A	PER08	364	Communication Number	S	AN		1	256		
2100A	**N3**		**MEMBER RESIDENCE STREET ADDRESS**	**S**						

2100A	N301	166	Subscriber Address Line	R	AN		1	55	7, 33	N301 and N302 will not be sent if no street address is provided for enrollee. Dependent addresses are not provided on 2810 actions.
2100A	N302	166	Subscriber Address Line	R	AN		1	55	8, 34 9, 35	Will include any information contained on a third line of the individual's address [5]
2100A	**N4**		**MEMBER CITY, STATE, ZIP CODE**	**S**						
2100A	N401	19	Subscriber City Name	R	AN		2	30	10, 36	
2100A	N402	156	Subscriber State Code	S	ID		2	2	11, 37	Will be blank for foreign, addresses.
2100A	N403	116	Subscriber Postal Zone or ZIP Code	S	ID	Valid Postal Codes	3	15	13, 39	Will be blank where a foreign postal code is unavailable
2100A	N404	26	Subscriber Country Code	S	ID	ISO = 3166 codes (2 character alpha) "XX" "ZZ"	2	3	14, 40	Will be provided when address is foreign. "XX" is propriety code for Paracel Islands "ZZ" is propriety code for Spratley Islands
2100A	N405	309	Subscriber Location Qualifier	S	ID		1	2		Will not be sent
2100A	N406	310	Subscriber Location Identifier	S	AN		1	30		Will not be sent
2100A	N407	1715	Country Subdivision Code	S	ID		1	3		Will not be sent
2100A	**DMG**		**MEMBER DEMOGRAPHICS**	**S**						
2100A	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2100A	DMG02	1251	Date Time Period Member Birth Date	R	AN		1	35	6, 30	CCYYMMDD
2100A	DMG03	1068	Gender Code	R	ID	F = Female M = Male U = Unknown	1	1	32	If agency passes a blank or anything other than 'F' or 'M', then Macon will default to 'U'
2100A	DMG04	1067	Marital Status Code	S	ID		1	1		Will not be sent, information not gathered in CLER 2810.
2100A	DMG05	C056	Race or Ethnicity Code	S	ID		1	1		Will not be sent
2100A	DMG05-1	1109	Race or Ethnicity Code	S	ID		1	1		Will not be sent
2100A	DMG05-2	1270	Code List Qualifier Code	S	ID		1	3		Will not be sent
2100A	DMG05-3	1271	Industry Code	S	AN		1	30		Will not be sent

2100A	DMG06	1066	Citizenship Status Code	S	ID		1	2		Will not be sent
2100A	DMG10	1270	Code List Qualifier Code	S	ID		1	3		Will not be sent
2100A	DMG11	1271	Industry Code	S	AN		1	30		Will not be sent
2100A	**EC**		**EMPLOYMENT CLASS**	**S**						**Will not be sent**
2100A	EC01	1176	Employment Class Code	R	ID		2	3		
2100A	EC02	1176	Employment Class Code	S	ID		2	3		
2100A	EC03	1176	Employment Class Code	S	ID		2	3		
2100A	**ICM**		**MEMBER INCOME**	**S**						**Will not be sent**
2100A	ICM01	594	Frequency code	R	ID		1	1		
2100A	ICM02	782	Wage Amount	R	R		1	18		
2100A	ICM03	380	Work Hours Count	S	R		1	15		
2100A	ICM04	310	Location Identifier	S	AN		1	30		
2100A	ICM05	1214	Salary Grade	S	AN		1	5		
2100A	**AMT**		**MEMBER POLICY AMOUNTS**	**S**						**Will not be sent**
2100A	AMT01	522	Amount Qualifier Code	R	ID					
2100A	AMT02	782	Contract Amount - coinsurance Contract Amount – co-payment Contract Amount - deductible	R	R		1	18		
2100A	AMT02	782	Contract Amount - premium amt	R	R		1	18		
2100A	**HLH**		**MEMBER HEALTH INFORMATION**	**S**						**Will not be sent**
2100A	HLH01	1212	Health Related Code	S	ID		1	1		
2100A	HLH02	65	Height	S	R		1	8		
2100A	HLH03	81	Weight	S	R		1	10		
2100A	**LUI**		**MEMBER LANGUAGE**	**S**						**Will not be sent**
2100A	LU101	66	Identification Code Qualifier	S	ID		1	2		
2100A	LU102	67	Language Code	S	AN		2	80		
2100A	LU103	352	Language Description	S	AN		1	80		
2100A	LU104	1303	Language Use Indicator	S	ID		1	2		
			LOOP 2100B INCORRECT MEMBER NAME							**Will only be sent when the name under which the enrollment is carried changes.**
2100B		**NM1**	**INCORRECT MEMBER NAME**	**S**						
2100B	NM101	98	Entity Identifier Code	R	ID		2	3	70 = Prior	

									Incorrect Insured	
2100B	NM102	1065	Entity Type Qualifier	R	ID		1	1	1 = Person	
2100B	NM103	1035	Prior Incorrect Last Name	R	AN		1	60		
2100B	NM104	1036	Prior Incorrect First Name	R	AN		2	35		
2100B	NM105	1037	Prior Incorrect Middle Name	S	AN		1	25		Middle Initial will be sent
2100B	NM106	1038	Prior Incorrect Name Prefix	S	AN		1	10		Will not be sent
2100B	NM107	1039	Prior Incorrect Name Suffix	S	AN		1	10		Will not be sent
2100B	NM108	66	Identification Code Qualifier	S	AN		1	2		Will not be sent
2100B	NM109	67	Identification Code Qualifier	S	AN		2	80		Will not be sent
2100B	**DMG**		**INCORRECT MEMBER NAME DEMOGRAPHICS**	**S**						**Will not be sent**
2100B	DMG01	1250	Date Time Period Format Qualifier	S	ID		2	3		
2100B	DMG02	1251	Date Time Period	S	AN		1	35		DOB will not be changed electronically.
2100B	DMG03	1068	Prior Incorrect Gender Code	S	ID		1	1		Gender will not be changed electronically.
2100B	DMG04	1067	Marital Status Code	S	ID		1	1		
2100B	DMG05	C056	Composite Race or Ethnicity Code	S	ID					
2100B	DMG05-1	1109	Race or Ethnicity Code	S	ID		1	1		
2100B	DMG05-2	1270	Code List Qualifier Code	S	ID		1	3		
2100B	DMG05-3	1271	Industry Code	S	AN		1	30		
2100B	DMG06	1066	Citizenship Status Code	S	ID		1	2		
2100B	DMG10	1270	Code List Qualifier Code	S	ID		1	3		
2100B	DMG11	1271	Industry Code	S	AN		1	30		
			LOOP 2100C – MEMBER MAILING ADDRESS							**Will not be sent**
2100C	**NM1**		**MEMBER MAILING ADDRESS**	**S**						
2100C	NM101	98	Entity Identifier Code	R	ID		2	3		
2100C	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100C	**N3**		**MEMBER MAIL STREET ADDRESS**	**R**						
2100C	N301	166	Subscriber Address Line	S	AN		1	55		

2100C	N302	166	Subscriber Address Line	S	AN		1	55		
2100C	**N4**		**MEMBER MAIL CITY, STATE, ZIP**	**R**						
2100C	N401	19	Subscriber City Name	R	AN		2	30		
2100C	N402	156	Subscriber State or Province Code	S	ID		2	2		
2100C	N403	116	Subscriber Postal Code	S	ID		3	15		
2100C	N404	26	Subscriber Country Code	S	ID		2	3		
2100C	N407	1715	Country Subdivision Code	S	ID		1	3		
			LOOP 2100D - MEMBER EMPLOYER	`						
2100D	**NM1**		**MEMBER EMPLOYER**	**S**						
2100D	NM101	98	Entity Identifier Code	R	ID	36 = Employer	2	3		
2100D	NM102	1065	Entity Type Qualifier	R	ID	2 = Non-Person Entity	1	1		
2100D	NM103	1035	Name Last or Organization Name	S	AN		1	60	47	Name of Federal agency responsible for administering the FEHB enrollment.
2100D	NM104	1036	Name First	S	AN		1	35		Will not be sent
2100D	NM105	1037	Name Middle	S	AN		1	25		Will not be sent
2100D	NM106	1038	Name Prefix	S	AN		1	10		Will not be sent
2100D	NM107	1039	Name Suffix	S	AN		1	10		Will not be sent
2100D	NM108	66	Identification Code Qualifier	S	ID		1	2		Will not be sent
2100D	NM109	67	Identification Code	S	AN		2	80		Will not be sent
2100D	**PER**		**MEMBER EMPLOYER COMMUNICATIONS NUMBERS**	**S**						**Will not be sent**
2100D	PER01	366	Contact Function Code	R	ID		2	2		
2100D	PER02	93	Name	S	AD		1	60		
2100D	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100D	PER04	364	Communication Number	R	AN		1	256		
2100D	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100D	PER06	364	Communication Number	S	AN		1	256		
2100D	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100D	PER08	364	Communication Number	S	AN		1	256		
2100D	**N3**		**MEMBER EMPLOYER STREET ADDRESS**	**S**						Will not be sent if no address for the Federal agency is provided.
2100D	N301	166	Insured Employer Address line	R	AN		1	55	48	
2100D	N302	166	Insured Employer Address line	S	AN		1	55	49, 50	Will include any information

										contained on the third line of the agency's address [5]
2100D	**N4**		**MEMBER EMPLOYER CITY, STATE, ZIP**	**S**						Will not be sent if no address for the Federal agency is provided.
2100D	N401	19	Insured Employer City Name	R	AN		2	30	51	
2100D	N402	156	Insured Employer State Code	S	ID		2	2	52	Will be blank for foreign addresses
2100D	N403	116	Insured Employer ZIP Code	S	ID	Valid Postal Codes	3	15	54	Will be blank where a foreign postal code is unavailable
2100D	N404	26	Insured Employer Country Code	S	ID	ISO = 3166 codes (2 character alpha) "XX" "ZZ"	2	3	55	Will be provided when address is foreign. "XX" is propriety code for Paracel Islands "ZZ" is propriety code for Spratley Islands
2100D	N407	1715	Country Subdivision Code	S	ID		1	3		Will not be sent
			LOOP 2100E - MEMBER SCHOOL							**Will not be sent**
2100E	**NM1**		**MEMBER SCHOOL**	**S**						
2100E	NM101	98	Entity Identifier Code	R	ID		2	3		
2100E	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100E	NM103	1035	Name Last or Organization name	R	AN		1	60		
2100E	**PER**		**MEMBER SCHOOL COMMUNICATIONS NUMBERS**	**S**						
2100E	PER01	366	Contact Function Code	R	ID		2	2		
2100E	PER02	93	Name	S	AN		1	60		
2100E	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100E	PER04	364	Communication Number	R	AN		1	256		
2100E	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER06	364	Communication Number	S	AN		1	256		
2100E	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100E	PER08	364	Communication Number	S	AN		1	256		
2100E	**N3**		**MEMBER SCHOOL STREET ADDRESS**	**S**						
2100E	N301	166	Address Information	R	AN		1	55		
2100E	N302	166	Address Information	S	AN		1	55		

2100E	N4		MEMBER SCHOOL CITY, STATE, ZIP	S					
2100E	N401	19	City Name	R	AN		2	30	
2100E	N402	156	State Code	S	ID		2	2	
2100E	N403	116	Postal Code	S	ID		3	15	
2100E	N407	1715	Country Subdivision Code	S	ID		1	3	
			LOOP 2100F - CUSTODIAL PARENT						Will not be sent
2100F	NM		CUSTODIAL PARENT	S					
2100F	NM101	98	Entity Identifier Code	R	ID		2	3	
2100F	NM102	1065	Entity Type Qualifier	R	ID		1	1	
2100F	NM103	1035	Name Last or Organization Name	R	AN		1	60	
2100F	NM104	1036	Name First	R	AN		1	35	
2100F	NM105	1037	Name Middle	S	AN		1	25	
2100F	NM106	1038	Name Prefix	S	AN		1	10	
2100F	NM107	1039	Name Suffix	S	AN		1	10	
2100F	NM108	66	Identification Code Qualifier	S	AN		1	2	
2100F	NM109	67	Identification Code	S	AN		2	80	
2100F	PER		CUSTODIAL PARENT COMMUNICATIONS NUMBERS	S					
2100F	PER01	366	Contact Function Code	R	ID		2	2	
2100F	PER03	365	Communication Number Qualifier	R	ID		2	2	
2100F	PER04	364	Communication Number	R	AN		1	256	

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2100F	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER06	364	Communication Number	S	AN		1	256		
2100F	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100F	PER08	364	Communication Number	S	AN		1	256		
2100F	**N3**		**CUSTODIAL PARENT STREET ADDRESS**	**S**						
2100F	N301	166	Address Information	R	AN		1	55		
2100F	N302	166	Address Information	S	AN		1	55		
2100F	**N4**		**CUSTODIAL PARENT CITY, STATE, ZIP**	**S**						
2100F	N401	19	Custodial Parent City Name	R	AN		2	30		
2100F	N402	156	Custodial Parent State Code	S	ID		2	2		
2100F	N403	116	Custodial Parent Postal Zone or ZIP Code	S	ID		3	15		
2100F	N404	26	Custodial Parent Country Code	S	ID		2	3		
2100F	N407	1715	Country Subdivision Code	S	ID		1	3		
			LOOP 2100G - RESPONSIBLE PERSON							**Will not be sent**
2100G	**NM1**		**RESPONSIBLE PERSON**	**S**						
2100G	NM101	98	Entity Identifier Code	R	ID		2	3		
2100G	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2100G	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2100G	NM104	1036	Name First	S	AN		1	35		
2100G	NM105	1037	Name Middle	S	AN		1	25		
2100G	NM106	1038	Name Prefix	S	AN		1	10		

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2100G	NM107	1039	Name Suffix	S	AN		1	10		
2100G	NM108	66	Identification Code Qualifier	S	AN		1	2		
2100G	NM109	67	Identification Code	S	AN		2	80		
2100G	**PER**		**RESPONSIBLE PERSON COMMUNICATIONS NUMBERS**	**S**						
2100G	PER01	366	Contact Function Code	R	ID		2	2		
2100G	PER03	365	Communication Number Qualifier	R	ID		2	2		
2100G	PER04	364	Communication Number	R	AN		1	256		
2100G	PER05	365	Communication Number Qualifier	S	ID		2	2		
2100G	PER06	364	Communication Number	R	AN		1	256		
2100G	PER07	365	Communication Number Qualifier	S	ID		2	2		
2100G	PER08	364	Communication Number	S	AN		1	256		
2100G	**N3**		**RESPONSIBLE PERSON STREET ADDRESS**	**S**						
2100G	N301	166	Address Information	R	AN		1	55		
2100G	N302	166	Address Information	S	AN		1	55		
2100G	**N4**		**RESPONSIBLE PERSON CITY, STATE, ZIP**	**S**						
2100G	N401	19	City Name	R	AN		2	30		
2100G	N402	156	State Code	S	ID		2	2		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2100G	N403	116	Postal Code	R	ID		3	15		
2100G	N404	26	Country Code	S	ID		2	3		
2100G	N407	1715	Country Subdivision Code	S	ID		1	3		
			LOOP 2100H – DROP OFF LOCATION							**Will not be sent**
			LOOP 2200 DISABILITY INFORMATION	S						Will not be sent
2200	**DSB**		**DISABILITY INFORMATION**	**S**						
2200	DSB01	1146	Disability Type code	R	ID		1	1		
2200	DSB07	235	Product/Service Id Qualifier	S	ID		2	2		
2200	DSB08	1137	Medical Code Value	S	AN		1	15		
2200	**DTP**		**DISABILITY ELIGIBILITY DATES**							
2200	DTP01	374	Date Time Qualifier	R	ID		3	3		
2200	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2200	DTP03	1251	Date Time Period	R	AN		1	35		
			LOOP 2300 HEALTH COVERAGE							
2300	**HD**		**HEALTH COVERAGE**	**S**						

834 TRANSACTION SET-BENEFIT ENROLLMENT AND MAINTENANCE

2300	HD01	875	Maintenance Type Code	R	ID	001 = change	3	3		001 – Change will be used when the enrollment has been transferred to a new Federal payroll office (or retirement system) or the name under which the enrollment is carried changes.
						024 = Cancellation/ Termination			22	
						025 = Reinstatement				024 – Cancellation/Termination will be used when the enrollment terminates. [3] 025 – Reinstatement will be used when an enrollment previously terminated is reinstated.
2300	HD03	1205	Insurance Line Code	R	ID	HLT = Health	2	3		"HLT" will be used for all transmissions

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2300	HD04	1204	Plan Coverage Description	S	AN	OPM assigned Plan Enrollment Codes	1	50	17 43	Positions 1 - 10 is *Plan Enrollment Code* at the time of action (provided in all transactions) Positions 11 - 20 is *Plan /Enrollment Code* of new Plan/Option enrollment is changing to (Completed by retirement systems only). OPM's current three place enrollment codes will be preceded by leading zeros.
2300	HD05	1207	Coverage Level Code	S	ID		3	3		Will not be sent
2300	HD09	1073	Yes/No Condition or Response Code	S	ID		1	1		Will not be sent
2300	**DTP**		**HEALTH COVERAGE DATES**	**R**						
2300	DTP01	374	Date Time Qualifier	R	ID	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	3	3		Date 2810 action took effect. 303 - Maintenance Effective will be used when the enrollment has been transferred to a new payroll office or Retirement System <u>or</u> when the name under which the enrollment is carried changes. 348 - Benefit Begin will be used when an enrollment previously terminated is reinstated. 349 - Benefit End will be used when the enrollment terminates. **(3)**
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8	2	3		
2300	DTP03	1251	Date Time Period	R	AN		1	35	18	CCYYMMDD
2300	**AMT**		**HEALTH COVERAGE POLICY**	**S**						**Will not be sent**

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2300	AMT01	522	Amount Qualifier Code	R	ID					
2300	AMT02	782	Monetary Amount	R	R		1	18		
2300	**REF**		**HEALTH COVERAGE POLICY NUMBER**	**S**						**Will not be sent**
2300	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2300	REF02	127	Reference Identification	R	AN		1	50		Already identified in LOOP 2000 REF02
2300	**REF**		**PRIOR COVERAGE MONTHS**	**S**						**Will not be sent**
2300	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2300	REF02	127	Ref. ID - Insured Group or Policy Number	R	AN		1	50		
2300	**IDC**		**IDENTIFICATION CARD**	**S**						**Will not be sent**
2300	IDC01	1204	Plan Coverage Description	R	AN		1	50		You must provide new enrollment cards if enrollment is changed from Self and Family coverage to Self Only coverage. Enrollees will contact you directly for replacement enrollment cards.
2300	IDC02	1215	Identification Card Type Code	R	ID			1		Will not be sent
2300	IDC03	380	Quantity	S	R		1	15		Will not be sent
2300	IDC04	306	Action Code	S	ID		1	2		Will not be sent
			LOOP 2310 PROVIDER INFORMATION							**Will not be sent**
2310	**LX**		**PROVIDER INFORMATION**	**S**						
2310	LX01	554	Assigned Number	R	N0		1	6		
2310	**NM1**		**PROVIDER NAME**	**R**						
2310	NM101	98	Entity Identifier Code	R	ID		2	3		
2310	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2310	NM103	1035	Name Last or Organization Name	R	AN		1	60		
2310	NM104	1036	Name First	R	AN		1	35		
2310	NM105	1037	Name Middle	S	AN		1	25		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2310	NM106	1038	Name Prefix	S	AN		1	10		
2310	NM107	1039	Name Suffix	S	AN		1	10		
2310	NM108	66	Identification Code Qualifier	S	AN		1	2		
2310	NM109	67	Identification Code	S	AN		2	80		
2310	NM110	706	Entity Relationship Code	R	ID		2	2		
2310	**N3**		**PROVIDER ADDRESS**	**S**						
2310	N301	166	Address Information	R	AN		1	55		
2310	N302	166	Address Information	S	AN		1	55		
2310	**N4**		**PROVIDER CITY, STATE, ZIP CODE**	**S**						
2310	N401	19	Member City Name	R	AN		2	30		
2310	N402	156	Member State or Province Code	S	ID		2	2		
2310	N403	116	Member Postal Code	S3	ID		3	15		
2310	N404	26	Member Country Code	S	ID		2	3		
2310	N405	309	Location Qualifier	S	ID		1	2		
2310	N406	310	Location Identification Code	S						
2310	N407	1715	Country Subdivision Code	S	ID		1	3		
2310	**PER**		**PROVIDER COMMUNICATIONS NUMBERS**	**S**						
2310	PER01	366	Contact Function Code	R	ID		2	2		
2310	PER03	365	Communication Number Qualifier	R	ID		2	2		
2310	PER04	364	Communication Number	R	AN		1	80		
2310	**PLA**		**PROVIDER CHANGE REASON**	**S**						
2310	PLA01	306	Action Code	R	ID		1	2		
2310	PLA02	98	Entity Identifier Code	R	ID		2	3		
2310	PLA03	373	Provider Effective Date	R	DT		8	8		
2310	PLA05	1203	Maintenance Reason Code	R	ID		2	3		
			LOOP 2320 COORDINATION OF BENEFITS							**Will not be sent, CLER 2810s do not provide any COB information.**
2320	**COB**		**COORDINATION OF BENEFITS**	**S**						

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2320	COB01	1138	Payer Responsibility Sequence Number Code	R	ID		1	1		
2320	COB02	127	Insured Group/Policy Number	S	AN		1	50	110	
2320	COB03	1143	Coordination of Benefits Code	R	ID		1	1		
2320	COB04	1365	Service Type Code	S	ID		1	2		
2320	REF		ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS	S						
2320	REF01	128	Reference Identification Qualifier	R	ID		2	3		
2320	REF02	127	Insured Group/Policy Number	R	AN		1	50		
2320	DTP		COORDINATION OF BENEFITS IDENTIFIERS	S						
2320	DTP01	374	Date Time Qualifier	R	ID		3	3		
2320	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2320	DTP03	1251	Coordination of Benefits Date	R	AN		1	35		
			LOOP 2330 COORDINATION OF BENEFITS RELATED ENTITY							Will not be sent
2330	NM1		COORDINATION OF BENEFITS RELATED ENTITY	S						
2330	NM101	98	Entity Identifier Code	R	ID		2	3		
2330	NM102	1065	Entity Type Qualifier	R	ID		1	1		
2330	NM103	1035	Name Last or Organization Name	S	AN		1	60		
2330	NM108	66	Identification Code Qualifier	S	ID		1	2		
2330	NM109	67	Identification Code	S	AN		2	80		
2330	N3		COORDINATION OF BENEFITS RELATED ENTITYADDRESS	S						
2330	N301	166	Address Information	R	AN		1	55		
2330	N302	166	Address Information	S	AN		1	55		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2330	**N4**		**COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE**	**S**						
2330	N401	19	Member City Name	R	AN		2	30		
2330	N402	156	Member State or Province Code	S	ID		2	2		
2330	N403	116	Member Postal Code	S	ID		3	15		
2330	N404	26	Member Country Code	S	ID		2	3		
2330	N407	1715	Country Subdivision Code	S	ID		1	3		
2330	**PER**		**ADMINISTRATIVE COMMUNICATIONS CONTACT**	**S**						
2330	PER01	366	Contact Function Code	R	ID		2	2		
2330	PER03	365	Communication Number Qualifier	R	ID		2	2		
2330	PER04	364	Communication Number	R	AN		1	256		
			LOOP 2700 ADDITIONAL REPORTING CATEGORIES							<mark>Will not be sent</mark>
2700	**LS**		**ADDITIONAL REPORTING CATEGORIES**	**S**						
2700	LS01	447	Loop Identifier code	R	AN		1	4		
			LOOP 2710 MEMBER REPORTING CATEGORIES							<mark>Will not be sent</mark>
2710	**LX**		**MEMBER REPORTING CATEGORIES**	**S**						
2710	LX01	554	Assigned Number	NO			1	6		
			LOOP 2750 REPORTING CATEGORY							<mark>Will not be sent</mark>
2750	**N1**		**REPORTING CATEGORY**	**S**						
2750	N101	98	Entity Identifier Code	R	ID		2	3		
2750	N102	93	Name	R	AN		1	60		
2750	**REF**		**REPORTING CATEGORY REFERENCE**	**S**						
2750	REF01	128	Reference Identification Qualifier	R	ID		2	3		

Loop	Ref Des	Data Element Number	Segment	Req. by HIPAA	Data Type	Values	Min	Max	Field Number in CLER 2810 File Layout	Comments
2750	REF02	127	Reference Identification	R	AN		1	50		
2750	**DTP**		**REPORTING CATEGORY DATE**	**S**						
2750	DTP01	374	Date Time Qualifier	R	ID		3	3		
2750	DTP02	1250	Date Time Period Format Qualifier	R	ID		2	3		
2750	DTP03	1251	Date Time Period	R	AN		1	35		
2750	**LE**		**ADDITIONAL REPORTING CATEGORIES LOOP TERMINATION**	**S**						
2750	LE01	447	Loop Identifier Code	R	AN		1	4		
			TRANSACTION SET TRAILER REQUIRED							
	SE01	96	Number of Included Segments	R	NO		1	10		
	SE02	329	Transaction Set Control Number	R	AN	Taken from OPM-Macon's SEQ_NUM database	4	9		

End Notes

(1) To correct data sent in an earlier CLER 2810 transaction, i.e., correct termination date from 01-01-2012 to 01-04-2012, OPM-Macon will send a second transmission with the corrected information. It is your discretion on how you will handle this transmission; you may accept the second transaction and override the first transaction or call the agency to clarify.

(2) 'Agency Generated 2810' indicates that this information is provided by the Federal agency similar to information contained on the paper CLER 2810.

(**3**) When an enrollment terminates, coverage for the subscriber and any eligible family member is extended for an additional 31 days.

(4) Transaction will always contain a Social Security Number (SSN) for the enrollee so the transaction will be compliant. However, the SSN may not be valid (example 999999999). For example, foreign enrollees do not have SSNs, OPM's Retirement Operations does not maintain SSNs on some older survivor annuitants and some enrollees refuse to provide their SSNs when enrolling. If a non-valid SSN creates a problem for you, you should contact the enrollee's agency. If the enrollee is an annuitant, you should match the SSN to their CSA or CCLER number.

(5) The third line of a street address provided to OPM will be appended into the second Subscriber Address Line in LOOP 2100A MEMBER NAME (N302) and the second Employer Address Line in LOOP 2100D MEMBER EMPLOYER (N302, 166). The plan will be responsible for separating out the third address lines.

FEHB Program Business Rules and Limitations

Dependent Information

Dependent records are not included in any CLER 2810 transaction as the action being taken impacts the entire enrollment. This is consistent with the paper CLER 2810. Termination, Transfer-In, and Reinstatement actions also affect all eligible family members covered under the enrollment.

Agency identifying information

The following information sent on paper CLER 2810s will not be sent on electronic CLER 2810s:
- Name of the agency official authorized to sign the 2810
- Date the authorized agency official signed the 2810
- Name of the personnel office contact
- Phone number of the personnel office contact
- Name of the payroll office contact
- Phone number of the payroll office contact

Information currently sent by agencies through "Remarks"

The paper CLER 2810 contains spaces for remarks where agencies can provide additional pertinent information to support the enrollment action. However, the 834 transaction standard does not contain any free form fields for providing this information. Several items commonly addressed in remarks have been mapped to segments in the 834 and will be included in the electronic transactions.

Appendix

Updated: 4/7/2011

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
1	*Record Identifier	3	**Values: HDR for Header Record DET for Detail Records**	Y		**Not mapped**	Created for HIPAA translator
2	ENROLLEE_LAST_ NAME	25	Value = Enrollee's last name Format = Left justify, no punctuation, pad with trailing spaces	Required	This is the surname of the enrollee. An enrollee must always have a last name. If there is case of an enrollee having only one name (e.g., Cher), then that one name must be placed in the last name field.	**Loop 2100A** **NM101, 98, Pg. 62 = 'IL'** **NM102, 1065, Pg. 63 = '1'** **NM103, 1035, Pg. 63** ************************** ***IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y' and TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks*** **LOOP 2100B** **NM101, 98, Pg. 86 = '70'** **NM102, 1065, Pg. 87 = '1'** **NM103, 1035, Pg. 87**	REJECT if not present
3	ENROLLEE_FIRST_ NAME	17	Value = Enrollee's first name Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Conditional	First name of the enrollee. This must be provided except in the rare circumstance that an individual does not have a first name (e.g., Cher).	**Loop 2100A** **NM104, 1036, Pg. 63** ************************** ***IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y' and TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks*** **LOOP 2100B** **NM104, 1036, Pg. 87**	REJECT if not present
4	ENROLLEE_MIDDLE_ INITIAL	1	Value = Enrollee's middle initial Format = No punctuation Note = If blank, pad with a space	Conditional	This is the enrollee's middle initial. If the enrollee uses one name, or if the enrollee does not have a middle name or initial, this field is blank.	**Loop 2100A** **NM105, 1037, Pg. 63** ************************** ***IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y' and TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks*** **LOOP 2100B** **NM105, 1037, Pg. 87**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
5	SOCIAL_SECURITY_ NUMBER	9	Value = Enrollee's Social Security Number (SSN) or other number that is used to identify the enrollee Format = Left justify, no dashes, pad with trailing spaces Example: 123456789 Note = If blank, pad with spaces	Conditional	The SSN of the person who is signed up for FEHB. Although this is listed as conditional, most payroll offices will have the SSN of the enrollee. It is listed as conditional because agencies may not have an SSN for each enrollee (e.g., non-citizen enrollees).	**2100A Loop** **NM108, 66, Pg. 64 = '34'** **NM109, 67, Pg. 64** **2000 Loop** **REF01, 128, Pg. 55 = '0F'** **REF02, 127, Pg. 55**	REJECT if not present or less than nine digits
6	DATE_OF_BIRTH	8	Value = Date of enrollee's birth Format = YYYYMMDD	Required	This is the enrollee's date of birth.	**Loop 2100A** **DMG01, 1250, Pg. 71 = 'D8'** **DMG02, 127, Pg. 71**	REJECT if not present **OR** invalid date.
7	DOMESTIC_OR_ FOREIGN_ HOME_STREET_1	35	Value = The first line of the enrollee's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Example: Route 1 box 618B Note = If blank, pad with spaces	Optional	This is the first line of the enrollee's domestic or foreign street, apartment number, PO box, rural route, etc., as applicable.	**Loop 2100A** **N301, 166, Pg. 68**	If not present, do not send Street Address information in 2100A loop. Just send City, State, and Zip.
8	DOMESTIC_OR_ FOREIGN_ HOME_STREET_2	35	Value = The second line of enrollee's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Optional	This is the second line of the enrollee's domestic or foreign street, apartment number, PO box, rural route, etc., as applicable.	**Loop 2100A** **N302, 166, Pg. 68**	
9	DOMESTIC_OR_ FOREIGN_ HOME_STREET_3	35	Value = The third line of enrollee's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Optional	This is the third line of the enrollee's domestic or foreign street, apartment number, PO box, rural route, etc., as applicable.	**Append into Street 2** **Loop 2100A** **N302, 166, Pg. 68 above**	
10	DOMESTIC_OR_ FOREIGN_ HOME_CITY	23	Value = Enrollee's domestic or foreign city name Format = Left justify, pad with trailing spaces Example: Macon	Required	This is the enrollee's domestic or foreign city for the enrollee's address.	**Loop 2100A** **N401, 19, Pg. 69**	REJECT if not present

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
11	DOMESTIC_ HOME_STATE	2	Value = Enrollee's domestic state abbreviation

Example: GA for Georgia

Note = If blank, pad with spaces | Conditional | This is the abbreviation of the domestic state for the enrollee's address.

If the address is foreign this field is blank.

If the address is domestic, this field is required. | **Loop 2100A** **N402, 156, Pg. 69** | **For DOMESTIC:**

REJECT if not present |
| 12 | FOREIGN_COUNTRY_ NAME | 23 | Value = Enrollee's foreign country name

Format = Left justify, pad with trailing spaces

Example: Canada

Note = If blank, pad with spaces | Conditional | This is the name of the enrollee's foreign country.

If the address is domestic, this field is blank. If the address is foreign, this field is required. | **Not on 834** | |
| 13 | HOME_ZIP_OR_ FOREIGN_ POSTAL_CODE | 11 | Value = Domestic: 5 digit mandatory + 4 optional. Foreign: Postal Code

Format = Left justify, no dashes, pad with trailing spaces

Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5 | Required | This is the domestic ZIP code or foreign postal code for the enrollee's address. | **Loop 2100A** **N403, 116, Pg. 70**

If Foreign and Postal Code is unavailable, will be blank | **For DOMESTIC:**

REJECT if not present or less than 5 digits |
| 14 | COUNTRY_CODE | 3 | Value = Valid U.S. Postal Service country code

Note = If blank, pad with spaces | Optional | This code identifies the country for the enrollee's address. | **Loop 2100A** **N404, 26, Pg. 70** | **If blank, will assume Domestic address.**

REJECT if invalid Macon will crosswalk FIPS code to ISO-3166 code |
| 15 | PAYROLL_OFFICE_ID | 8 | Value = Payroll Office Identification | Required | This number is assigned by Treasury and OPM to the organization that is responsible for coordinating the enrollee's FEHB coverage and premium collections. | **Loop 2000** **REF01, 128, Pg. 57/58 = 'DX'** **REF02, 127, Pg. 58** | REJECT if not present |
| 16 | FILLER | 7 | Value = Pad with spaces | Required | This field is reserved for future use. | **Will not map.** | |

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
17	FEHB_ENROLLMENT_CODE	3	Value = Positions 1 and 2 equal the plan; 3rd position is plan option	Required	This code defines the plan and option of the enrollee.	***IF NEW FEHB ENROLLMENT CODE (field #43) = blanks*** **Loop 2300 HD04, 1204, Pg. 141 Pad left with zeroes. Will be the <u>first</u> 10 byte element in the free form field. Example: '0000000XX1'** ***IF NEW FEHB ENROLLMENT CODE (field #43) not equal blanks'*** **Loop 2300 HD04, 1204, Pg. 141 Pad left with zeroes. Will be the <u>second</u> 10 byte element in the free form field. Example: New FEHB Enrollment Code = ZZ1 FEHB Enrollment Code = 'XX1'** **'0000000ZZ10000000XX1'**	REJECT if not present

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
18	EFFECTIVE_DATE_OF_ACTION	8	Value = Effective date of action Format = YYYYMMDD Example: 20120101 (January 1, 2012)	Required	This is the date the action becomes effective.	********************************** ***IF TERMINATION (field #21) = 'Y'' and TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks*** **Loop 2300** **DTP01, 374, Pg. 143 = '349'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** ********************************** ***IF TRANCLER ER-IN (field #24) = 'Y'*** **Loop 2300** **DTP01, 374, Pg. 143 = '303'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** ********************************** ***IF REINSTATEMENT (field #25) = 'Y'*** **Loop 2300** **DTP01, 374, Pg. 143 = '348'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** ********************************** ***IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y' and TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks*** **Loop 2300** **DTP01, 374, Pg. 143 = '303'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** *** This is for member in Field #27** ********************************** ***IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y' and TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = 'YYYYMMDD'*** **Loop 2300** **DTP01, 374, Pg. 143 = '303'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** *** This is for member in Field #27** ********************************** ***IF CHANGE IN ENROLLMENT ANNUITANT/SURVIVOR (field #41) = 'Y'*** **Loop 2300** **DTP01, 374, Pg. 143 = '303'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** *** This is for member in Field #27** **********************************	REJECT if not present

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
19	CSA_ANNUITY_CLAIM _NUMBER	9	Value = Valid annuitant claim number Note = If blank, pad with spaces	Conditional	This is the Civil Service Annuitant number that is assigned to the enrollee by OPM. This field is required for annuitants only.	**Loop 2000** **REF01, 128, Pg. 57/58 = '23'** **REF02, 127, Pg. 58**	
20	CCLER _SURVIVOR_ ANNUITY_ CLAIM_NUMBER	9	Value = Valid survivor annuitant claim number Note = If blank, pad with spaces	Conditional	This is the Civil Service Final number that is assigned to the enrollee by OPM. This field is required for survivor annuitants only.	**Loop 2000** **REF01, 128, Pg. 57/58 = '6O'** **REF02, 127, Pg. 58**	
21	OTHER_PAYROLL_ OFFICE_ENROLLEE_ ID	9	Value = Deceased enrollee's SSN Format = Left justify, no dashes, pad with trailing spaces Note = If blank, pad with spaces	Optional	This field is for OPM's use to identify the deceased's SSN as a carrier control number for survivor annuitants.	**Loop 2000** **REF01, 128, Pg. 57/58 = 'Q4'** **REF02, 127, Pg. 58**	
22	TERMINATION	1	Value = Y or N Y = yes N = no	Required	This code indicates if coverage is terminated.	***IF TERMINATION (field #21) = 'Y' <u>and</u> TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks*** **Loop 2000** **INS03, 875, Pg.49 = '024'** **INS04, 1203, Pg.49/50 = '07'** **Loop 2300** **HD01, 875, Pg.140/141 = '024'** **HD03, 1205, Pg.141 = 'HLT'** *************************************** ***IF TERMINATION (field #21) = 'Y' <u>and</u> TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = 'YYYYMMDD'*** **Loop 2000** **INS03, 875, Pg.49 = '024'** **INS04, 1203, Pg.49/50 = '03'** **Loop 2300** **HD01, 875, Pg.140/141 = '024'** **HD03, 1205, Pg.141 = 'HLT'** *** These mappings are for the member in Field #2**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
23	TERMINATION_DUE_ TO_DEATH_DATE_ OF_DEATH	8	Value = Date of death Format = YYYYMMDD Note = If blank, pad with spaces	Conditional	This is the date the enrollee died.	**Loop 2000** **INS11, 1250, Pg. 53 = 'D8'** **INS12, 1251, Pg. 54** **Loop 2300** **DTP01, 374, Pg. 143/144 = '349'** **DTP02, 1250, Pg. 144 = 'D8'** **DTP03, 1251, Pg. 144** *** These mappings for member in Field #2**	
24	TRANSFER_IN	1	Value = Y or N Y = yes N = no	Required	This code indicates if another payroll office or retirement system has accepted the tranCLER er of the enrollment.	***IF TRANSFER-IN (field #24) = 'Y'*** **Loop 2000** **INS03, 875, Pg. 49 = '001'** **INS04, 1203, Pg.49/50 = 'XT'** **Loop 2300** **HD01, 875, Pg.140/141 = '001'** **HD03, 1205, Pg.141 = 'HLT'**	
25	REINSTATEMENT	1	Value = Y or N Y = yes N = no	Required	This code indicates if the enrollment has been reinstated.	***IF REINSTATEMENT (field #25) = 'Y'*** **Loop 2000** **INS03, 875, Pg.49 = '025'** **INS04, 1203, Pg.49/50 = '41'** **Loop 2300** **HD01, 875, Pg. 140/141 = '025'** **HD03, 1205, Pg. 141 = 'HLT'**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
26	CHANGE_IN_NAME_ OF_ENROLLEE	1	Value = Y or N Y = yes N = no	Required	This code indicates if (1) an enrollee's name has changed, or (2) the enrollment has changed from the enrollee's name to the name of the survivor annuitant.	**IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y'** **Loop 2000** **INS03, 875, Pg. 49 = '001'** **INS04, 1203, Pg. 49/50 = '25'** **Loop 2300** **HD01, 875, Pg. 140/141 = '001'** **HD03, 1205, Pg. 141 = 'HLT'** * This is for member in Field #27 **IF CHANGE IN NAME OF ENROLLEE (field #26) = 'Y' and TERMINATION (field #21) = 'Y'** **Loop 2000** **INS03, 875, Pg. 49 = '001'** **INS04, 1203, Pg. 49/50 = '29'** **Loop 2300** **HD01, 875, Pg. 140/141 = '001'** **HD03, 1205, Pg. 141 = 'HLT'** * This is for member in Field #27	
27	NEW_ENROLLEE_ LAST_NAME	25	Value = Enrollee's new last name Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Conditional	This is the enrollee's new last name or the survivor annuitant's last name. If CHANGE_IN_NAME_OF_EN ROLLEE is Y, and the enrollee has a new last name, or if the enrollment has changed from the enrollee's name to the name of the survivor annuitant, this field is required. If the enrollee uses one name, that name is displayed in this field. This field is required when reporting changes in name where change of coverage within a plan by 2809 is not involved.	**Loop 2100A** **NM101, 98, Pg.62/63 = 'IL'** **NM102, 1065, Pg.63 = '1'** **NM103, 1035, Pg. 63** **IF TERMINATION DUE TO DEATH DATE OF DEATH (field #22) = blanks** **LOOP 2100A** **NM101, 98, Pg.62/63 = '74'** **NM102, 1065, Pg.63 = '1'** **NM103, 1035, Pg. 63**	REJECT if not present **AND** CHANGE IN NAME OF ENROLLEE = 'Y'

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
28	NEW_ENROLLEE_ FIRST_NAME	17	Value = Enrollee's new first name Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Condit ional	If CHANGE_IN_NAME_OF_EN ROLLEE is Y, the first name of the enrollee or survivor annuitant must be provided except in the rare circumstance that an individual does not have a first name (e.g., Cher).	**LOOP 2100A** **NM104, 1036, Pg. 63**	REJECT if not present **AND** CHANGE IN NAME OF ENROLLEE = 'Y'
29	NEW_ENROLLEE_ MIDDLE_INITIAL	1	Value = Enrollee's new middle initial Format = No punctuation Note = If blank, pad with a space	Condit ional	If CHANGE_IN_NAME_OF_EN ROLLEE is Y, the middle initial of the enrollee or survivor annuitant must be provided. If the enrollee or survivor annuitant uses one name, or if the enrollee or survivor annuitant does not have a middle name or initial, this field is blank.	**LOOP 2100A** **NM105, 1037, Pg. 63**	
30	NEW_ENROLLEE_ DATE_OF_BIRTH	8	Value = Enrollee's date of birth Format = YYYYMMDD Note = If blank, pad with spaces	Condit ional	If CHANGE_IN_NAME_OF_EN ROLLEE is Y, the date of birth is required.	**LOOP 2100A** **DMG01, 1250, Pg. 71 = 'D8'** **DMG02, 1251, Pg. 71**	Default to DOB in Field #6
31	NEW_ENROLLEE_ SOCIAL_ SECURITY_NUMBER	9	Value = Enrollee's SSN or other number that is used to identify the enrollee Format = Left justify, no dashes, pad with trailing spaces Example: 123456789 Note = If blank, pad with spaces	Condit ional	If CHANGE_IN_NAME_OF_EN ROLLEE is Y, the SSN is used to identify the enrollee or survivor annuitant. If the enrollee or survivor annuitant does not want his/her SSN provided to the carrier, a pseudo SSN may be used.	**Loop 2000** **REF01, 128, Pg. 55 = '0F'** **REF02, 127, Pg. 55** **LOOP 2100A** **NM108, 66, Pg. 64 = '34'** **NM109, 67, Pg. 64**	
32	NEW_ENROLLEE_ SEX_CODE	1	Value = M or F M = male F = female Note = If blank, pad with a space	Condit ional	If CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is required, and indicates the sex of the enrollee or survivor annuitant.	**LOOP 2100A** **DMG03, 1068, Pg. 72 = 'F', 'M', 'U'**	If agency passes a blank or anything other than 'F' or 'M', then Macon will default to 'U'

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
33	NEW_ENROLLEE_ DOMESTIC_OR_ FOREIGN_HOME_ STREET_1	35	Value = The first line of the enrollee's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces Example: Route 1 box 618B	Condit ional	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the first line of the street address for the enrollee or survivor annuitant is different from the data contained in the DOMESTIC_OR_FOREIGN_ HOME_STREET_1 field.	**LOOP 2100A** **N301, 166, Pg. 68** **Default to Address Fields #6 through #13 if blanks and CHANGE IN NAME OF ENROLEE = 'Y'**	
34	NEW_ENROLLEE_ DOMESTIC_OR_ FOREIGN_HOME_ STREET_2	35	Value = The second line of the enrollee's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Option al	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the second line of the street address for the enrollee or survivor annuitant is different from the data contained in the DOMESTIC_OR_FOREIGN_ HOME_STREET_2 field.	**LOOP 2100A** **N302, 166, Pg. 68**	
35	NEW_ENROLLEE_ DOMESTIC_OR_ FOREIGN_HOME_ STREET_3	35	Value = The third line of enrollee's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Option al	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the third line of the street address for the enrollee or survivor annuitant is different from the data contained in the DOMESTIC_OR_FOREIGN_ HOME_STREET_3 field.	**LOOP 2100A** **Append into Street 2** **N302, 166, Pg. 68 above**	
36	NEW_ENROLLEE_ DOMESTIC_OR_ FOREIGN_HOME_ CITY	23	Value = Enrollee's domestic or foreign city name Format = Left justify, pad with trailing spaces Example: Macon Note = If blank, pad with spaces	Condit ional	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the domestic or foreign city name for the enrollee's or survivor annuitant's address is different from the data contained in the DOMESTIC_OR_FOREIGN_ HOME_CITY field.	**LOOP 2100A** **N401, 19, Pg. 69**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
37	NEW_ENROLLEE_ DOMESTIC_HOME_ STATE	2	Value = Enrollee's domestic state abbreviation Example: GA for Georgia Note = If blank, pad with spaces	Condit ional	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the domestic home state abbreviation for the enrollee's or survivor annuitant's address is different from the data contained in the DOMESTIC_HOME_STATE field. If the address is foreign this field is blank.	**LOOP 2100A** **N402, 156, Pg. 69**	
38	NEW_ENROLLEE_ FOREIGN_ COUNTRY_NAME	23	Value = Enrollee's foreign country name Format = Left justify, pad with trailing spaces Example: Canada Note = If blank, pad with spaces	Condit ional	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the foreign country name for the enrollee's or survivor annuitant's address is different from the data contained in the FOREIGN_COUNTRY_NAM E field. If the address is domestic, this field is blank.	**Not on 834**	
39	NEW_ENROLLEE_ HOME_ZIP_OR_ FOREIGN_POSTAL_ CODE	11	Value = Enrollee's valid domestic ZIP Code or foreign postal code Format = Left justify, no dashes, pad with trailing spaces Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5 Note = If blank, pad with spaces	Condit ional	If the CHANGE_IN_NAME_OF_EN ROLLEE is Y, this field is completed if the home ZIP or foreign postal code for the enrollee's or survivor annuitant's address is different from the data contained in the HOME_ZIP_OR_FOREIGN_ POSTAL_CODE field.	**LOOP 2100A** **N403, 116, Pg. 70** **If foreign and Postal Code is unavailable, will be blank.**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
40	NEW_ENROLLEE_ COUNTRY_CODE	3	Value = Enrollee's valid U.S. Postal Service country code

Note = If blank, pad with spaces | Optional | If the CHANGE_IN_NAME_OF_ENROLLEE is Y, this field is completed if the country code for the enrollee's or survivor annuitant's address is different from the data contained in the COUNTRY_CODE field. | **LOOP 2100A**
N404, 26, Pg. 70 | **If blank, will assume Domestic address.**

Macon will crosswalk FIPS code to ISO-3166 code |
| 41 | CHANGE_IN_ ENROLLMENT_ ANNUITANT/ SURVIVOR | 1 | Value = Y or N
Y = yes
N = no | Required | This code indicates if the survivor annuitant's enrollment code has changed. | **Will not map.** | |
| 42 | FILLER | 7 | Value = Pad with spaces | Required | This field is reserved for future use. | **Will not map.** | |
| 43 | NEW_FEHB_ ENROLLMENT_CODE | 3 | Value = positions 1 and 2 equal the plan; 3rd position is plan option

Note = If blank, pad with spaces | Conditional | This code defines the plan and option of the survivor annuitant.

If the survivor annuitant's enrollment code has changed, this field is required. | **Loop 2300**
HD04, 1204, Pg. 141
Pad left with zeroes. Will be the first 10-byte element in the free form field. | REJECT if missing **AND** CHANGE IN ENROLLMENT ANNUITANT / SURVIVOR (field #41) = 'Y' |

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
44	AGENCY_ID	4	Value = 4-position agency identifier Note = If blank, pad with spaces	Conditional	Required if available. The agency and, where applicable, the Administrative subdivision (i.e., subelement) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision (i.e., subelement). If no subelements are assigned to an agency, the third and fourth positions are zeros (xx00). To find out more about this field, go to the following Internet address: http://www.opm.gov/feddata/ guidance.htm For example, NFC's Payroll Personnel System is Payroll office number 12400001, but its agency code is AG90. This is required for all enrollees who are currently on an agency's rolls. Retirees and former employees who maintain coverage are **not required** to have Agency and POI, and in those cases, pad this field with spaces.	**Will not map.**	
45	AGENCY_USE	15	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	**Will not map.**	
46	PERSONNEL_OFFICE _ID	4	Value = Personnel Office identifier Format = Left justify, pad with trailing spaces Note = If blank, pad with spaces	Required	Required if available. The identification of the Federal civilian personnel office authorized to appoint and separate an employee, and to the extent such functions have been delegated, prepare personnel	**Loop 2000** **REF01, 128, Pg. 57/58 = '17'** **REF02, 127, P. 58**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
	PERSONNEL_OFFICE _ID (Continued)				actions, maintain official personnel records, and administer programs for staff compensation, training and development, benefits and awards, and employee and labor relations. The personnel office names and codes can be found in the Personnel Office Identifier (POI) Listing (produced by the Office of Workforce Information, Office of Personnel Management). The Listing contains the agency/subelement code, the personnel office code, the name and mailing address of the personnel office, and the name, title and telephone number of the personnel office contact. To find out more about this field go to the following Internet address: http://www.opm.gov/feddata/html/datastan.htm For example, the NFC is AG90, POI 5317. This was formerly known as the submitting office number. This is required for all enrollees who are currently on an agency's rolls. Retirees and former employees who maintain coverage are **not required** to have Agency and POI, and in those cases, pad this field with spaces.		
47	AGENCY_NAME	35	Value = The name of the enrollee's employing, personnel, or point of contact office	Required	This is the name of the employing, personnel, or point of contact office that is responsible for	**Loop 2100D** ==NM101, 98, Pg. 97 = '36'== **NM102, 1065, Pg. 98 = '2'**	If Personnel Office Name is not present, the 2100D Member Employer Loop will

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
			Format = Left justify, no punctuation, pad with trailing spaces		coordinating the enrollee's FEHB coverage.	NM103, 1035, Pg. 98	not be sent
48	DOMESTIC_OR _FOREIGN_ AGENCY_STREET_1	35	Value = The first line of the employing, personnel, or point of contact office's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Example: Route 1 Box 618B	Required	This is the first line of the domestic or foreign street, PO box, rural route, etc., of the employing, personnel, or point of contact office that is responsible for coordinating the enrollee's FEHB coverage. This field is required except in rare cases where the address does not contain a street or PO box (i.e., John Doe, Modale, IA 51556).	**Loop 2100D** **N301, 166, Pg. 103**	**If Street 1 is missing, no address information will be sent.**
49	DOMESTIC_OR _FOREIGN_ AGENCY_STREET_2	35	Value = The second line of the employing, personnel, or point of contact office's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Optional	This is the second line of the domestic or foreign street, PO box, rural route, etc., of the employing, personnel, or point of contact office that is responsible for coordinating the enrollee's FEHB coverage.	**Loop 2100D** **N302, Pg. 166, Pg. 103**	
50	DOMESTIC_OR _FOREIGN_ AGENCY_STREET_3	35	Value = The third line of the employing, personnel, or point of contact office's domestic or foreign street address Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Optional	This is the third line of the domestic or foreign street, PO box, rural route, etc., of the employing, personnel, or point of contact office that is responsible for coordinating the enrollee's FEHB coverage.	**Loop 2100D** **Append into Street 2 above**	
51	DOMESTIC_OR_ FOREIGN_ AGENCY_CITY	23	Value = Employing, personnel, or point of contact office's domestic or foreign city name Format: = Left justify, pad with trailing spaces Example: Macon	Required	This is the domestic or foreign city in which the enrollee's employing, personnel, or point of contact office is located.	**Loop 2100D** **N401, 19, Pg. 104**	If City is missing, no address information will be sent.

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
52	DOMESTIC_ AGENCY_STATE	2	Value = Employing, personnel, or point of contact office's domestic state abbreviation Example: GA for Georgia Note = If blank, pad with spaces	Conditional	This is the abbreviation of the domestic state in which the enrollee's employing, personnel, or point of contact office is located. If the address is foreign, this field is blank.	**Loop 2100D** **N402, 156, Pg. 105**	If State Abbreviation is missing, no address information will be sent.
53	FOREIGN_AGENCY_ COUNTRY_NAME	23	Value = Employing, personnel, or point of contact office's foreign country name Format = Left justify, pad with trailing spaces Example: Canada Note = If blank, pad with spaces	Conditional	This is the name of the employing, personnel, or point of contact office's foreign country. If the address is domestic, this field is blank.	**Will not map.**	
54	AGENCY_DOMESTIC_ZIP_OR_ FOREIGN_POSTAL_ CODE	11	Value = Employing, personnel, or point of contact office's valid domestic ZIP Code or foreign postal code Format = Left justify, no dashes, pad with trailing spaces Examples: Domestic: 31206 or 312064204; Foreign: H2W 1J5 Note = If blank, pad with spaces	Required	This is the domestic ZIP code or foreign postal code for the employing, personnel, or point of contact office's address.	**Loop 2100D** **N403, 116, Pg. 105** **If Foreign and Postal Code is unavailable, will be blank**	**If Domestic Zip Code is missing, no address information will be sent.**
55	AGENCY_COUNTRY_ CODE	3	Value = Valid U.S. Postal Service country code Note = If blank, pad with spaces	Optional	This code identifies the country for the employing, personnel, or point of contact office's address.	**Loop 2100D** **N404, 26, Pg. 105** **Macon will crosswalk FIPS code to ISO-3166 code**	
56	AGENCY_OFFICIAL_ LAST_NAME	25	Value = Agency official's last name Format = Left justify, no punctuation, pad with trailing spaces	Required	This is the surname of the agency official who is authorized to sign the 2810. The agency official must always have a last name. If there is case of the agency official having only one name (e.g., Cher), then that one name must be placed in the last name field.	**Will not map.**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
57	AGENCY_OFFICIAL_ FIRST_NAME	17	Value = Agency official's first name Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Conditional	First name of the agency official who is authorized to sign the 2810. This must be provided except in the rare circumstance that the agency official does not have a first name (e.g., Cher).	**Will not map.**	
58	AGENCY_OFFICIAL_ MIDDLE_INITIAL	1	Value = Agency official's middle initial Format = No punctuation Note = If blank, pad with a space	Conditional	This is the middle initial of the agency official who is authorized to sign the 2810. If the agency official uses one name, or if the agency official does not have a middle name or initial, this field is blank.	**Will not map.**	
59	AGENCY_DATE	8	Value = Date of signature Format = YYYYMMDD	Required	The date the authorized agency official signed the 2810.	**Will not map.**	
60	PERSONNEL_ OFFICE_CONTACT_ LAST_NAME	25	Value = Personnel office contact's last name Format = Left justify, no punctuation, pad with trailing spaces	Required	This is the surname of the personnel office contact. The contact must always have a last name. If there is case of the contact having only one name (e.g., Cher), then that one name must be placed in the last name field.	**Will not map.**	
61	PERSONNEL_ OFFICE_CONTACT_ FIRST_NAME	17	Value = Personnel office contact's first name Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Conditional	First name of the personnel office contact. This must be provided except in the rare circumstance that the contact does not have a first name (e.g., Cher).	**Will not map.**	
62	PERSONNEL_ OFFICE_CONTACT_ MIDDLE_INITIAL	1	Value = Personnel office contact's middle initial Format = No punctuation Note = If blank, pad with a space	Conditional	This is the middle initial of the personnel office contact. If the contact uses one name, or if the contact does not have a middle name or initial, this field is blank.	**Will not map.**	
63	PERSONNEL_ OFFICE_CONTACT_ TELEPHONE_ NUMBER	17	Value = Personnel office contact's daytime area code and phone number Format = Left justify, no dashes or spaces, pad with trailing spaces Example: 9127442286 Note = If blank, pad with spaces	Optional	This is the personnel office contact's telephone number.	**Will not map.**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
64	PAYROLL_OFFICE_ CONTACT_ LAST_NAME	25	Value = Payroll office contact's last name Format = Left justify, no punctuation, pad with trailing spaces	Required	This is the surname of the payroll office contact. The contact must always have a last name. If there is case of the contact having only one name (e.g., Cher), then that one name must be placed in the last name field.	**Will not map.**	
65	PAYROLL_OFFICE_ CONTACT_ FIRST_NAME	17	Value = Payroll office contact's first name Format = Left justify, no punctuation, pad with trailing spaces Note = If blank, pad with spaces	Conditional	First name of the payroll office contact. This must be provided except in the rare circumstance that the contact does not have a first name (e.g., Cher).	**Will not map.**	
66	PAYROLL_OFFICE_ CONTACT_ MIDDLE_INITIAL	1	Value = Payroll office contact's middle initial Format = No punctuation Note = If blank, pad with a space	Conditional	This is the middle initial of the payroll office contact. If the contact uses one name, or if the contact does not have a middle name or initial, this field is blank.	**Will not map.**	
67	PAYROLL_OFFICE_ CONTACT_ TELEPHONE_ NUMBER	17	Value = Payroll office contact's daytime area code and phone number Format = Left justify, no dashes or spaces, pad with trailing spaces Example: 9127442286 Note = If blank, pad with spaces	Optional	This is the payroll office contact's telephone number.	**Will not map.**	
68	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	**Will not map.**	
69	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	**Will not map.**	
70	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	**Will not map.**	
71	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	**Will not map.**	
72	REMARKS	80	This is a free-form field for use when creating the corrective action file.	Optional	There are no restrictions or requirements regarding the contents of this field.	**Will not map.**	
73	FILLER	10	Value = Pad with spaces	Required	This field is reserved for future use.	**Will not map.**	

#	NAME	SIZE	VALUE, FORMAT, NOTES	REQ?	DEFINITION	834 Trans. Set (Loop, Segment & Element, Data Element, Page, Value)	Explanations or Validation
74	REPORT_NUMBER	15	Value = System generated number Format = Left justify, pad with trailing spaces Example: NFC22002XXXXXXX = second quarter in the year 2002	Required	The first 8 positions of this number are system generated and indicate the quarter and year in which a record was transmitted plus the optional 7-digit control number. The user has the option of entering the number of his/her original report (notification to carrier, CLER - 2811, etc.) in the remaining 7 spaces.	**Loop 2000** **REF01, 128, Pg. 146/147= 'ZZ'** **REF02, 127, Pg. 146/147**	Sent only in Subscriber loop.
	TOTAL	1352 Bytes					

Required 834 fields not specific to the CLER 2810 layout

Interchange Control Header
ISA01, I01, Pg. C.4 = '00'
ISA02, I02, Pg. C.4 = spaces(10)
ISA03, I03, Pg. C.4 = '00'
ISA04, I04, Pg. C.4 = spaces(10)
ISA05, I05, Pg. C.4 = 'ZZ'
ISA06, I06, Pg. C.4 = 'OPM DATAHUB   '
ISA07, I05, Pg. C.4 = 'ZZ'
ISA08, I07, Pg. C.5 = Carrier's 2-character FEHB CODE
ISA09, I08, Pg. C.5 = File Creation Date (YYMMDD)
ISA10, I09, Pg. C.5 = File Creation Time (HHMM)
ISA11, I10, Pg. C.5 = '{'
ISA12, I11, Pg. C.5 = '00501'
ISA13, I12, Pg. C.5 = taken out of Macon's SEQ_NUM database - padded left with zeroes
ISA14, I13, Pg. C.6 = "0" - No acknowledgement requested
ISA15, I14, Pg. C.6 = "P" for Production, "T" for Testing
ISA16, I15, Pg. C.6 = ':'

Functional Group Header
GS01, 479, Pg. B.8 = 'BE'
GS02, 142, Pg. B.8 = 'OPM DATAHUB'
GS03, 124, Pg. B.8 = Carrier's 2-character FEHB CODE
GS04, 373, Pg. B.8 = File Creation Date (CCYYMMDD)
GS05, 337, Pg. B.8 = File Creation Time (HHMM)
GS06, 28, Pg. B.9 = taken out of Macon's SEQ_NUM database - NO leading zeroes
GS07, 455, Pg. B.9 = 'X'
GS08, 480, Pg. B.9 = '005010X220A1'

Transaction Set Header
ST01, 143, Pg. 31 = '834'
ST02, 329, Pg. 31 = taken out of Macon's SEQ_NUM database - padded left with zeroes
ST03, 1705, Pg. 31 = '005010X220A1'

Beginning Segment
BGN01, 353, Pg. 32 = '00'
BGN02, 127, Pg. 33 = 'AGENCYGENERATED2810'
BGN03, 373, Pg. 33 = File Creation Date (CCYYMMDD)
BGN04, 337, Pg. 33 = File Creation Time (HHMMSS)

BGN05, 623, Pg. 33/34 = 'ET'
BGN08, 306, Pg. 35 = '2'

Sponsor Name (Loop 1000A, Pg. 39)
N101, 98, Pg. 39 = 'P5'
N103, 66, Pg. 40 = '94'
N104, 67, Pg. 40 = 'AGENCY'

Payer (Loop 1000B, Pg. 41)
N101, 98, Pg. 41 = 'IN'
N103, 66, Pg. 42 = 'FI'
N104, 67, Pg. 42 = FEHB Carriers' Federal Taxpayer ID will be crosswalked between the FEHB carrier code and their Federal Taxpayer ID

Transaction Set Trailer
SE01, 96, Pg. 184 = number of segments sent in file
SE02, 329, Pg. 184 = ST02 (Transaction Set Header)

Functional Group Trailer
GE01, 97, Pg. C.9 = number of transaction sets included
GE02, 28, Pg. C.9 = taken out of Macon's SEQ_NUM database - NO leading zeroes

Interchange Control Trailer
IEA01, I16, Pg. C.10 = '1'
IEA02, I12, Pg. C.10 = taken out of Macon's SEQ_NUM database - padded left with zeroes

MISCELLANEOUS
Relationship Code for the Employee.
INS01, 1073, Pg. 48 = 'Y'
INS02, 1069, Pg. 48 = '18'

Gender Code
DMG03, 1068, Pg. 72 = "U" for all actions unless given in NEW_ENROLLEE_SEX_CODE (field #32 in the Record Layout)

Benefit Status Code
INS05, 1216, Pg. 51 = 'A' (Active)

Employment Status Code

INS08, 584, Pg. 52/53
'FT' = Full-Time
'RT' = Retired (If Payroll Office ID = '24900003' or '24900002'

Member Policy Number
REF01, 128, Pg. 56 = '1I'
REF02, 127, Pg. 56 = 'FEHB'

Mapping of CLER 2810 Actions to the 834

834 FORMAT

Action	Nature of Action		INSO3	INSO4	HDO1	HDO3	HDO4
Termination	The enrollment terminates, subject to the 31-day extension of coverage. The individual whose enrollment terminates has the right to convert to an individual (non-group) contract with the carrier of the plan.		024	07	024	HLT	Current FEHB Enrollment Code
Termination Due to Death	The enrollment terminates due to the death of the enrollee.		024	03	024	HLT	Current FEHB Enrollment Code
TranCLER er-In	The enrollment has been tranCLER erred from the enrollee's previous payroll office to the payroll office or retirement system completing the Corrective Action.		001	XT	001	HLT	Current FEHB Enrollment Code
Reinstatement	An enrollment previously terminated is reinstated.		025	41	025	HLT	Enrollment Code
Change in Name of Enrollee	The name under which the enrollment is carried has been changed.		001	25	001	HLT	Current FEHB Enrollment Code

Coding Constants: HD03 will always be "HLT"
HD04 will always include 10 characters for the enrollment code of the plan the person is enrolled in at the time of the action. This would also allow for expanse of enrollment code.