

## Multi-Purpose Payroll Interface

Field Name	Position	Size	AUF/PLEE - Add and Update File from Billing Location	PUF - Payroll Update File from Billing Location	MESHBPIN -File from SHBP to Billing Location	Comments (all fields should be left justified)	Header Record: (Optional - if provided should be first record on file and file must have Trailer Record	Trailer Record: (Optional - if provided should be last record on file)
Payroll location	001	5	Y	Y	Y	SHBP Payroll Location Number	Type of file: AUF or PUF	Zero Filled
Record Type	006	4	Y	Y	Y	See record type valid values	HEDR	TRLR
Employee SSN	010	9	Y	Y	Y		Blank	Total # of records (excluding HEDR and TRI R records)
Employee ID	019	12				Optional employee ID from payroll system	Blank	Blank
Last name	031	35	Y	Y	Y		Blank	Blank
First name	066	25	Y	Y	Y		Blank	Blank
Middle name	091	25	O	O	Y		Blank	Blank
Prefix	116	10	O	O	Y		Blank	Blank
Suffix	126	10	O	O	Y		Blank	Blank
Street Address 1	136	55	O	O			Blank	Blank
Street Address 2	191	55	O	O			Blank	Blank
City	246	30	O	O			Blank	Blank
State	276	2	O	O			Blank	Blank
Postal Code	278	15	O	O			Blank	Blank
County of residence	293	15	O	O		001 - 159 and 160 (out of state) or county name (see attached list)	Blank	Blank
Country	308	3	O	O		default to USA	Blank	Blank
Phone number	311	20	O	O			Blank	Blank
Date of birth	331	8	Y	O	Y	CCYYMMDD	Blank	Blank
Sex	339	1	Y	O		F or M	Blank	Blank
Unit/School code	340	15	O	O			Blank	Blank
County of employment	355	15	O	O		001 - 159 and 160 (out of state) or county name	Blank	Blank
SHBP eligible	370	1	Y	O		Y or N	Blank	Blank
Retirement system	371	5	O	O		14990 -ERS, 89929 or 89990 - TRS, 89409 - PSERS, 14960 - IRS, 14930 - SCRS, other	Blank	Blank
Employment Record Start Date	376	8	Y	O		CCYYMMDD The 1st date for which the employee is compensated	Blank	Blank
Deduction date	384	8	N/A	Date deduction taken		CCYYMMDD Deduction Date Example: 20060225	Blank	Blank
Coverage effective date	392	8	Y (if applicable)	O	Y	CCYYMMDD Coverage Month Example: 20060301	Blank	Blank
Coverage termination date	400	8	Y (if applicable)	N/A	Y	CCYYMMDD	Blank	Blank
Option	408	2	O	O	Y	See Option Valid Values	Blank	Blank
Type/Tier	410	2	O	O	Y	See Tier Valid Values	Blank	Blank

Employee Contribution	412	9(7)V99S		Amount SHBP bills for Employee Contribution. This amount may be less than billed by SHBP if a subsidy is paid by employer	Amount SHBP bills for Employee Contribution	Examples: 000010000 for \$100.00 000010000- for -\$100.00 last character(position 421) is minus sign if negative, blank if positive NOTE: Amount shown in positions 412 to 421 plus amount shown in positions 422 to 431 should equal total amount billed by SHBP for the employee's coverage	Blank	Blank
Employer Contribution	422	9(7)V99S		Amount employer pays towards the employees SHBP coverage (may include subsidy paid by employer)	Amount SHBP bills for Employer Contribution	000030000 for \$300.00 000030000- for -\$300.00 last character(position 431) is minus sign if negative, blank if positive NOTE: Amount shown in positions 412 to 421 plus amount shown in positions 422 to 431 should equal total amount billed by SHBP for the employee's coverage	Blank	Blank
Filler	432		1				Blank	
Date of death	433		8	Y (if applicable)	Y (if applicable)	CCYYMMDD, must be provided with record type DCSD.	Blank	Blank
Employment Record Stop Date	441		8	Y (if applicable)	O	CCYYMMDD	Blank	Blank
Insufficient earnings for deduction	449		1	N/A	Y	Y or N	Blank	Blank
Continuing benefit indicator	450		1			For use by Retirement Systems only	Blank	Blank
SSN of retiree (if ENSD or ENSS)	451		9			For use by Retirement Systems only	Blank	Blank
Monthly State based salary/GHI gross	460	9(5)V99		O	O		Blank	Blank
To location/Payroll Frequency	467		5	O	O	Value is for To Location ONLY when there is a transfer (record type = MASS); otherwise the value is for Payroll Frequency which can be provided with the PUF. See Payroll Frequency Valid Values	Blank	Blank

Total Record Length - 471

Y = Required

O = Optional