



Eligibility Import

NIAMBTF Companion Guide

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1.0 Introduction

This document outlines a spreadsheet format for transmitting certain health information electronically. Business partners may submit an Excel spreadsheet file (.xlsx), which allows data to be saved in a tabular (spreadsheet) format.

1.1 Scope

The intended audience of this document are business partners and technical areas responsible for establishing and maintaining a connection with Vitech Systems Group to submit and receive electronic eligibility data.

1.2 Overview

This Companion Guide contains information needed to begin and maintain a connection with Vitech Systems Group to submit Excel format files.

1.3 References

This document is intended for use as a Companion Guide for entities that intend to transmit health information electronically. The document may not outline all data elements that all business partners might require, as it only provides information related to specific elements as they apply to this project.



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2.0 File Transmission Procedures

Files transmitted should have a unique file name. This is important so that files can be easily recognizable for transmittal and diagnosis reasons. Files transmitted will follow the naming convention as illustrated below. The required fields are separated by an underscore.

“Line of Business_File Type_Sender ID_Date_Time”

(e.g., ELIGIBILITY_PROD_M072_M072R1_20210101_234510)

FIELD	DESCRIPTION	EXAMPLE
Line of Business	ELIGIBILITY will be populated to indicate ‘Enrollment and Maintenance’ for Medical, Dental, Vision, Life & ADD, and STD plans.	‘ELIGIBILITY’
File Type	This indicates if a file is submitted as a test or as production.	TEST = Test file PROD = Production file
Sender ID	The Sender ID is combination of the Employer’s Code and Billing Location(s). Use ‘MULTI’ if there is more than one Billing Location.	‘Z072_K072R1’ ‘Z072_MULTI’
Date	Format will be CCYYMMDD.	‘20210101’ for January 1st, 2021
Time	24-hour format as HHMMSS Eastern Time Zone.	‘234510’ for 11:45:10 PM

DATA TYPES

SYMBOL	TYPE	DESCRIPTION
ID	Identifier	Identifier data element always contains a value from a predefined list of codes Ex: 021, Y, N, 030, XN
AN	String	String data element is a sequence of alphanumeric characters Ex: 546043221, testemail@email.com
DT	Date	Date element is used to express the date in any standard date format Ex. CCYYMMDD 20201231, MM/DD/YYYY 01/05/2021

USAGE

CODE	USAGE	DESCRIPTION
R	Required	Element must always be sent
S	Situational	Element may be sent depending upon the context



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FILE LAYOUT

SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
PARTICIPANT INFORMATION (For dependent records, enter the primary's SSN)					
P1	<p>MAINTENANCE CODE</p> <p>Code indicating what kind of change is taking place for the Participant.</p>	Required	ID	1 / 3	<p>001 or 1 Change</p> <ul style="list-style-type: none"> For Change records, enrollment updates and demographic updates can be made <p>021 or 21 Addition</p> <ul style="list-style-type: none"> For Add records, new Participants and Dependents will be added with their enrollment selections <p>024 or 24 Cancellation/ Termination</p> <ul style="list-style-type: none"> For Termination records, employment and enrollment coverages will be terminated from the system <p>030 or 30 Audit/ Compare</p> <ul style="list-style-type: none"> For Audit records, no enrollment or employment updates can be made. <p>*Demographic updates submitted through any of the Maintenance Codes above will trigger a Maintenance Workflow that will require review by a BFO user before changes are final in the system.</p>



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
P2	<p>MAINTENANCE REASON CODE</p> <p>Code indicating what kind of event is leading to the change.</p> <p>If '030' or '30' is being transmitted for P1, XN is the only accepted code for P2.</p>	Required	ID	1 / 2	01 or 1 Divorce 02 or 2 Birth 03 or 3 Death 05 or 5 Adoption 08 or 8 Termination of Employment 21 Disabled Dependent 22 Open Enrollment (Plan Change) 27 QMSCO (Qualified Medical Support Count Order) 28 Initial Enrollment XN Notification Only SPECIAL EVENTS* 31 Legal Separation 32 Marriage AI Court Order Guardian XN Notification Only
P3	<p>RECORD TYPE</p> <p>Indicates whether Participant is the Primary or Dependent</p>	Required	ID	1 / 1	Y Participant N Dependent
P4	<p>SSN</p> <p>If Participant is a Dependent, enter this field to link the Dependent to the Primary Participant</p>	Required	AN	11 / 11	999-99-9999 099-99-9999 009-99-9999
P5	<p>PREFIX</p> <p>If applicable, else leave blank</p>	Situational	AN	0 / 4	MR, MS, MISS, DR, MRS
P6	FIRST NAME	Situational	AN	0 / 35	
P7	<p>MIDDLE NAME</p> <p>If applicable, else leave blank</p>	Situational	AN	0 / 25	
P8	LAST NAME	Required	AN	1 / 50	
P9	<p>SUFFIX</p> <p>If applicable, else leave blank</p>	Situational	AN	0 / 3	JR, II, III, IV, SR, ESQ
P10	GENDER	Required	ID	1 / 1	F Female M Male O Other
P11	DATE OF BIRTH	Required	DT	8 / 10	MM/DD/YYYY 1/1/2021 01/01/2021



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
P12	DATE OF DEATH If applicable, else leave blank	Situational	DT	0 / 10	MM/DD/YYYY 1/1/2021 01/01/2021
P13	MARITAL STATUS	Required	ID	1 / 1	D Divorced I Single M Married S Separated W Widowed
P14	BENEFIT STATUS CODE	Required	ID	1 / 1	A Active
P15	MEDICARE PLAN CODE Indicates if the Participant is on Medicare, which plan they are on, and the reason that they are eligible for Medicare. Combine the Plan Code and the Reason Code together if Participant has Medicare. For example: A0 B1 C0 D2 E	Situational	ID	0 / 2	Plan Codes: A Medicare Part A B Medicare Part B C Medicare Part A and B D Medicare E No Medicare (default value if left blank) Reason Codes: 0 Age 1 Disability 2 End Stage Renal Disease (ESRD)
P16	MEDICARE BEGIN DATE Leave blank if Participant does not have Medicare	Situational	DT	0 / 10	MM/DD/YYYY 1/1/2021 01/01/2021
P17	MEDICARE END DATE Leave blank if Participant does not have Medicare or is not ending Medicare	Situational	DT	0 / 10	MM/DD/YYYY 1/1/2021 01/01/2021



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
P18	<p>CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) QUALIFYING</p> <p>Indicates if the Participant qualifies for COBRA and the reason why. Leave blank if not qualified for COBRA</p>	Situational	ID	0 / 2	<p>1 Termination of Employment (Resignation/Voluntary)</p> <p>2 Reduction of work hours</p> <p>3 Medicare</p> <p>4 Death</p> <p>5 Divorce</p> <p>6 Separation</p> <p>7 Ineligible Child</p> <p>8 Bankruptcy of Retiree's Former Employer</p> <p>9 Layoff</p> <p>10 Leave of Absence</p> <p>31 Involuntary Termination of Employment</p>
P19	EMPLOYMENT STATUS CODE	Required	ID	2 / 2	<p>AC Active</p> <p>L1 Leave of Absence</p> <p>TE Terminated</p>
P20	ANNUAL SALARY	Situational	AN	1 / 18	<p>Required if the Employer offers Life AD&D coverage— number with 2 decimal places</p> <p>Otherwise, leave blank</p> <p>Example: 50,000.00</p>
P21	<p>MAINTENANCE EFFECTIVE/EVENT DATE</p> <p>Event Date— Required for Initial Enrollment and Special Events. Fatal error will be shown if Enrollment is processed outside 30-day window.</p> <p>Proof docs are required to be submitted within 30 days of the Event Date. Special Events are listed in P2.</p>	Required	DT	8 / 10	<p>MM/DD/YYYY</p> <p>1/1/2021</p> <p>01/01/2021</p>



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
ADDRESS INFORMATION					
A1	ADDRESS LINE 1	Required	AN	1 / 55	100 Main St 101 W Broad St
A2	ADDRESS LINE 2 If applicable, else leave blank	Situational	AN	0 / 55	"" Address Line2
A3	CITY	Required	AN	2 / 30	Columbus
A4	STATE	Required	ID	2 / 2	OH
A5	COUNTRY Full list can be found at: https://www.iso.org/iso-3166-country-codes.html	Situational	ID	0 / 3	2-digit country code US United States of America (defaults to US if left blank) PR Puerto Rico
A6	ZIP CODE	Required	AN	3 / 11	Zip code For US zip codes first 5 digits are required, last 4 digits are optional. Use hyphen if entering full 9-digit zip code. 43210 43210-1234
A7	HOME PHONE NUMBER	Situational*	AN	0 / 50	999-999-9999
A8	FAX NUMBER	Situational	AN	0 / 50	999-999-9999
A9	CELLULAR PHONE NUMBER	Situational*	AN	0 / 50	999-999-9999
A10	WORK PHONE NUMBER	Situational*	AN	0 / 50	999-999-9999
A11	WORK PHONE NUMBER EXTENSION	Situational	AN	0 / 50	1234
A12	E-MAIL ADDRESS	Situational*	AN	0 / 50	Valid e-mail address Validate @ signs and . and such abcdefghijkl1@gmail.com abcdefghijkl1.ab12@osu.edu abcdefghijkl1@irs.gov
	* at least one form of contact information is required among fields marked with this				



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
DEPENDENT INFORMATION					
D1	INDIVIDUAL RELATIONSHIP CODE Relationship of the Dependent to the Primary Participant	Required	ID	1 / 2	01 or 1 Spouse 09 or 9 Adopted Child 17 Stepchild 19 Child 25 Former Spouse 31 Legal Guardianship
D2	DEPENDENT SSN When Record Type = N (Dependent) then Primary Participant SSN should be provided in the SSN field, and dependent SSN is required in the Dependent SSN field.	Situational	AN	0 / 11	999-99-9999 099-99-9999 009-99-9999
D3	DEPENDENT PREFIX If applicable	Situational	AN	0 / 4	MR, MS, MISS, DR, MRS
D4	DEPENDENT FIRST NAME	Situational	AN	0 / 35	
D5	DEPENDENT MIDDLE NAME If applicable	Situational	AN	0 / 25	
D6	DEPENDENT LAST NAME	Required	AN	1 / 50	
D7	DEPENDENT SUFFIX If applicable	Situational	AN	0 / 10	JR, II, III, IV, SR, ESQ
D8	DEPENDENT GENDER	Required	ID	1 / 1	F Female M Male O Other
D9	DEPENDENT DATE OF BIRTH	Required	DT	8 / 10	MM/DD/YYYY 1/1/2021 01/01/2021
D10	DEPENDENT DATE OF DEATH If applicable, else leave blank	Situational	DT	0 / 10	MM/DD/YYYY 1/1/2021 01/01/2021
D11	DEPENDENT MARITAL STATUS	Situational	ID	1 / 1	D Divorced I Single M Married S Separated W Widowed
D12	DEPENDENT HANDICAP INDICATOR	Situational	ID	0 / 1	Y Yes N No (defaults to N if left blank)



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
PRIMARY PARTICIPANT EMPLOYER INFORMATION					
E1	PARTICIPANT BENEFIT CLASS CODE	Required	ID	2 / 3	19 Active Bargaining 20 Non-Bargaining 31 Medicare Bargaining 32 Medicare Non-Bargaining 33 Non-Medicare Bargaining 34 Non-Medicare Non-Bargaining
E2	EMPLOYER CODE	Required	AN	4 / 5	Employer's Internal Code Example: AZ47, A02A, A0100, 55245, 22222
E3	EMPLOYER NAME	Required	AN	1 / 60	AUTOMOTIVE SERVICE CO A & B DIE CASTING CO ARDEN-MAYFAIR CO INC
E4	BILLING LOCATION CODE	Required	AN	5 / 6	A066R1, 36845, 45872 MULTI Billing Location Codes: If multiple Billing Locations are being reported on the same file, please specify 'MULTI' in place of the Billing Location ID in file name.
E5	JOB CLASS CODE	Required	AN	1 / 25	General
E6	EMPLOYMENT START DATE	Required	DT	8 / 10	MM/DD/YYYY
E7	EMPLOYMENT END DATE Leave blank if employment is not being terminated	Situational	DT	0 / 10	MM/DD/YYYY
E8	TERMINATION CODE	Situational	ID	0 / 2	NC for any termination reason that would make the Participant ineligible for COBRA, such as Gross Misconduct Else, leave blank
E9	REHIRE DATE	Situational	DT	8 / 10	MM/DD/YYYY



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
HEALTH COVERAGE INFORMATION					
H1	HEALTH MAINTENANCE CODE Code indicating what kind of coverage change is taking place for the Participant or Dependent. Could be different than M1 code. Perhaps one kind of coverage could be getting cancelled or added, for example.	Required	ID	3 / 3	001 or 1 Change 021 or 21 Addition 024 or 24 Cancellation/ Termination 030 or 30 Audit/ Compare
H2	MEDICAL WITH RX PLAN COVERAGE DESCRIPTION Code indicating which Medical plan the Participant has chosen, if applicable	Situational	ID	0 / 3	A – Plan A A+ – Plan A+ B – Plan B C – Plan C D2 – Plan D2 RD – Reserve Draw
H3	MEDICAL WITH RX COVERAGE LEVEL Code indicating who is going to be covered Leave blank if H2 is blank	Situational	ID	0 / 3	ECH Employee + Children EMP Employee Only ESP Employee + Spouse FAM Family
H4	MEDICAL WITH RX BENEFIT BEGIN DATE Begin date of elected Medical coverage Leave blank if H2 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H5	MEDICAL WITH RX BENEFIT END DATE End date of elected Medical coverage Leave blank if H2 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H6	MEDICAL WITH RX WAIVED Code indicating that the Participant has elected to waive Medical coverage that was available for them to elect	Situational	ID	0 / 1	If this type of coverage is offered and Participant elects to waive, send Y Else, send N
H7	DENTAL PLAN COVERAGE DESCRIPTION Code indicating which Dental plan the Participant has chosen, if applicable	Situational	ID	0 / 4	D001 – Plan D001 D002 – Plan D002 D003 – Plan D003 D004 – Plan D004



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
H8	DENTAL COVERAGE LEVEL Code indicating who is going to be covered Leave blank if H7 is blank	Situational	ID	0 / 3	EMP Employee Only FAM Family E6D Composite Employee Only E7D Composite Employee and Spouse (Deleted Value) E8D Composite Employee and Child (Deleted Value) E9D Composite Family
H9	DENTAL BENEFIT BEGIN DATE Begin date of elected Dental coverage Leave blank if H7 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H10	DENTAL BENEFIT END DATE End date of elected Dental coverage Leave blank if H7 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H11	DENTAL WAIVED Code indicating that the Participant has elected to waive Dental coverage that was available for them to elect	Situational	ID	0 / 1	If this type of coverage is offered and Participant elects to waive, send Y Else, send N
H12	VISION PLAN COVERAGE DESCRIPTION Code indicating which Vision plan the Participant has chosen, if applicable	Situational	ID	0 / 4	ENHA – VisionEnhanced STD – Vision Standard
H13	VISION COVERAGE LEVEL Code indicating who is going to be covered Leave blank if H12 is blank	Situational	ID	0 / 3	EMP Employee Only FAM Family E6D Composite Employee Only E7D Composite Employee and Spouse (Deleted Value) E8D Composite Employee and Child (Deleted Value)



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					E9D Composite Family
H14	VISION BENEFIT BEGIN DATE Begin date of elected Vision coverage Leave blank if H12 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H15	VISION BENEFIT END DATE End date of elected Vision coverage Leave blank if H12 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H16	VISION WAIVED Code indicating that the Participant has elected to waive Vision coverage that was offered to them	Situational	ID	0 / 1	If this type of coverage is offered and Participant elects to waive, send Y Else, send N



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
H17	<p>LIFE PLAN COVERAGE DESCRIPTION</p> <p>Code indicating which Life Insurance plan the Participant has chosen, if applicable</p>	Situational	ID	0 / 4	<p>O1 – 15K Life \$15k Flat</p> <p>O2 – 25K Life \$25k Flat</p> <p>O3 – 50K Life \$50k Flat</p> <p>O4 – 100K Life \$100k Flat</p> <p>O5 – 150K Life \$150k Flat</p> <p>O6 – 1X Life 1x Salary</p> <p>O7 – 2X Life 2x Salary</p> <p>O8 – 15KR Life \$15kFlat Retiree</p> <p>O9 – 25KR Life \$25kFlat Retiree</p>
H18	<p>LIFE COVERAGE LEVEL</p> <p>Code indicating who is going to be covered Leave blank if H17 is blank</p>	Situational	ID	0 / 3	<p>DEP Dependents</p> <p>EMP Employee Only</p>
H19	<p>LIFE BENEFIT BEGIN DATE</p> <p>Begin date of elected Life coverage Leave blank if H17 is blank</p>	Situational	DT	0 / 10	MM/DD/YYYY
H20	<p>LIFE BENEFIT END DATE</p> <p>End date of elected Life coverage Leave blank if H17 is blank</p>	Situational	DT	0 / 10	MM/DD/YYYY
H21	<p>LIFE WAIVED</p> <p>Code indicating that the Participant has elected to waive Life Insurance coverage that was offered to them</p>	Situational	ID	0 / 1	<p>If this type of coverage is offered and Participant elects to waive, send Y Else, send N</p>
H22	<p>DISABILITY PLAN COVERAGE DESCRIPTION</p> <p>Code indicating which Short-Term Disability plan the Participant has chosen, if applicable</p>	Situational	ID	0 / 4	<p>S01K Option S01K</p> <p>S200 Option S200</p> <p>S300 Option S300</p> <p>S400 Option S400</p> <p>S500 Option S500</p> <p>S600 Option S600</p> <p>S800 Option S800</p> <p>0014 Option 0014</p>
H23	<p>DISABILITY COVERAGE LEVEL</p> <p>Code indicating who is going to be covered Leave blank if H22 is blank</p>	Situational	ID	0 / 3	EMP Employee Only



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SERIAL #	DESCRIPTION	USAGE	DATA TYPE	MIN / MAX	EXAMPLES
H24	DISABILITY BENEFIT BEGIN DATE Begin date of elected Disability coverage Leave blank if H22 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H25	DISABILITY BENEFIT END DATE End date of elected Disability coverage Leave blank if H22 is blank	Situational	DT	0 / 10	MM/DD/YYYY
H26	DISABILITY WAIVED Code indicating that the Participant has elected to waive Short-Term Disability coverage that was offered to them	Situational	ID	0 / 1	If this type of coverage is offered and Participant elects to waive, send Y Else, send N



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4.0 Addendum

Added here are the sample layout test file for reference and a list of validations generated in V3locity.

4.1 Validations

Files or individual records may be rejected upon receipt for the following reasons (a comprehensive list will be provided later):

Syntax Errors— such as valid data elements, element order, testing for number values in numeric data elements, etc.

- Incorrect format in file name
- Missing or incorrect Individual Relationship Code (D1)
- Missing or incorrect Maintenance Type Codes (P1, H1)
- Missing or incorrect Maintenance Reason Codes (P2)
- Retirees being sent on the Eligibility file
- Missing Participant SSN (P4)
- Invalid SSNs such as 000-00-0000, too long, or containing special characters other than hyphens
- Missing the minimum required (1) phone number/e-mail information (A7 – A12)
- Invalid phone numbers— format should be AAA-BBB-CCCC (AAA-Area Code) (BBB— Telephone Number prefix) (CCC— telephone #)
- Missing participants' or dependents' birthdates (P11, D9 respectively)
- Missing participants' addresses (A1, A3, A4, A6 at a minimum)
- Missing or incorrect Benefit Class Code (E1)
- Missing or incorrect Employment information (Employment info Section)
- Missing or incorrect Health Coverage information (Health Coverage Section)
- Incorrect Annual Salary information (If it is below minimum wage, non-fatal error) (P20)
- **Missing Maintenance Effective Dates for Special Events/Initial Enrollment (P21)**



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4.2 Reporting Maintenance and Health Coverage Codes

SCENARIO	PARTICIPANT		DEPENDENT		EVENT	PARTICIPANT				DEPENDENT			
	V3/loidy Record	Enrollment Coverage	V3/loidy Record	Enrollment Coverage		P1	H1	V3/loidy Record	Enrollment Coverage	P1	H1	V3/loidy Record	Enrollment Coverage
In En ADD - Adding a new member (no dependents) to V3 with coverage ADD - Adding a new member and dependents to V3 with coverage	No	No	N/A	N/A	28 Initial Enrollment	021 or 21 Add	021 or 21 Add	Created	Added	N/A	N/A	N/A	N/A
	No	No	No	No	28 Initial Enrollment	021 or 21 Add	021 or 21 Add	Created	Added	021 or 21 Add	021 or 21 Add	Created	Added
CHG Changing the existing coverage due to 'adding a dependent' for an existing member by Marriage/Adoption/Birth Changing the existing coverage due to 'removing a dependent' for an existing member by Divorce/Legal separation/Death Yearly coverage changes allowed for members and dependents (Open Enrollment)	Exists	Exists	No	No	02 Birth 05 Adoption 32 Marriage 27 QMSCO At Court Order Guardian	001 or 1 Change	001 or 1 Change	Updated	Updated	021 or 21 Add	021 or 21 Add	Created	Added
	Exists	Exists	Exists	Exists	01 Divorce 31 Legal Separation 03 Death (Dependent)	001 or 1 Change	001 or 1 Change	Updated	Updated	024 or 24 Cancel	024 or 24 Cancel	Updated	Stopped
	Exists	Exists	Exists	Exists	22 Plan Change	001 or 1 Change	001 or 1 Change	Updated	Updated	001 or 1 Change	001 or 1 Change	Updated	Updated
CAN Cancellation of coverage for member and dependents due to a serious event (Death/Termination/Disability)	Exists	Exists	Exists	Exists	03 Death (Participant) 08 Termination of Employment 21 Disability	024 or 24 Cancel	024 or 24 Cancel	Updated	Stopped	024 or 24 Cancel	024 or 24 Cancel	Updated	Stopped
	Exists	Exists	Exists	Exists	KN Notification	030 or 30 Audit	030 or 30 Audit	Updated	No	030 or 30 Audit	030 or 30 Audit	Updated	No

4.3 Sample File



Eligibility Import
Vitech Companion C