Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
DOCUMENT-TYPE	A3	1	3	Indicates the type of document being processed.	M	Three position numeric field. For this document the value is 180.	
AGCY-CODE	A2	4	5	The first level of the organizational structure codes used to identify the agency as defined by the National Finance Center.	M	For a list of valid values, see TMGT Table 023, Agency/Bureau.	
SUBMITTING-OFFICE-NUMBER	A4	6	9	An identifying code assigned by the Office of Personnel Management to a Federal civilian personnel office authorized to appoint and separate employees and maintain personnel data.	M	For a list of valid values, see TMGT, Table 001, Personnel Office Identifier Name and Address.	
BATCH-NO-PERSONNEL	A4	10	13	Number assigned to personnel documents by Personnel Office to identify different batches of documents.	M	66XX – the document remains in suspense until corrective action is taken. 67XX – the document remains in suspense for one pass and coded for deletion unless some type of positive action is taken.	
SSNO	A9	14	22	A unique nine-digit number assigned by the Social Security Administration.	M	Employee SSNO	
FILLER	A1	23	23	Unused field	M	SPACES	
PAY-PERIOD-NUMBER	A2	24	25	The number corresponding to the pay period for which this document is being processed.	M	01 through 27	
FILLER	A30	26	55	Unused field	M	SPACES	
USER-ID	A7	56	62	The user identification of the employee entering the data.	M	Seven position alphanumeric field.	
DEPARTMENT-CODE	A2	63	64	Identifies the department of the U.S. government.	M	For a list of valid values, see OPM Guide to Personnel Data Standards.	

Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
FILLER	A42	65	106	Unused field.	M	SPACES	
FESI-IDENTIFIER-NUMBER	A15	107	121	Identifies transactions in user's system.	O		
UEID	A20	122	141	A unique employee ID (for future OPM use).			
FESI-DOC-EFF-CN	A2	142	143	The effective century of the document.	M	Two position numeric field.	
FESI-DOC-EFF-YR	A2	144	145	The effective year of the document.	M	Two position numeric field.	
FILLER	A5	146	150	Unused field.	M	SPACES	
FESI-FEHB-REC-NUM	A2	151	152		M		
FESI-NUM-OF-DEPENDENTS	A2	153	154				
FEHB-TRANS-CODE	A1	155	155	The type of action being taken regarding FEHB coverage.	M	Valid values: 1 = New enrollment 3 = Waived 5 = Change in enrollment 6 = Cancellation	
FILLER	A3	156	158	Unused field.	M	SPACES	
HB-PLAN-CODE	A2	159	160	Identifies the carrier of the applicable benefit. Codes are assigned by OPM through the NFC as new plans are implemented.	M	For a list of valid values, see the annual Payroll Officer Letter that contains information about the Federal Employee's Health Benefits Program.	
HB-OPTION-CODE	A1	161	161	Indicates the option coverage (high, standard) and type of family coverage (self, family, ==self plus one==)	M	One position numeric field. Valid values are: 1 = High – Self 2 = High – Family ==3 = High – Self plus one== 4 = Standard – Self 5 = Standard – Family	

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Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
						==6 = Standard – Self plus one==	
HB-ENROLLEE-CODE	A1	162	162	Identifies the category the enrollee falls under for the carrier's record keeping and reporting purposes.	M	One position numeric field. Valid values: 1 = Enrollee 2 = Spouse equity 3 = Annuitant 4 = Survivor annuitant 5 = Spouse equity annuitant	
HB-ENROLLEE-MARITAL-STATUS	A1	163	163	Present marital status.	M	One position alphanumeric field. Y = Married N = Not married	
HB-EVENT-CODE	A1	164	164	Identifies the event that permits the change or enrollment for carrier record keeping and reporting purposes.	M	One position numeric field. Valid values: 1 = Open season 2 = Correction 5 = New enrollee 6 = Other	
HB-EVENT-CHANGE	A2	165	166	Indicates the event that allows an enrollment change to be made.	M	For a list of valid values, see the SF 2809, Health Benefits Registration Form.	
FILLER	A2	167	168	Unused field.	M	SPACES	
HB-TAX-DEFERRED-CODE	A1	169	169	Identifies if FEHB deductions are tax deferred.	M	Valid values: Y = Yes Tax deferred N = No Not tax deferred	
HB-CARRIER-PLAN-CODE	A2	170	171				
HB-PRODUCT-TYPE	A2	172	173				
HB-ENROLLMENT-AREA	A2	174	175				

Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
HB-ENROLLMENT-TYPE	A1	176	176				
HB-RESERVED	A3	177	179				
FEHB-ADJUST-FLAG	A1	180	180	Used to determine if the system should compute a retroactive collection on new enrollments, transfer-ins, and reinstatements where the date of the SF 2809 is prior to the beginning date of the pay period in which the SF 2809/SF 2810 is processed	O	One position alphanumeric field. Y= Yes Indicates an automatic deduction for a lump sum payment in one pay period for the total FEHB debt. N= No Indicates the employee wants to prorate the past due FEHB debt. Leave blank if the effective date is the same as the processing pay period. If an employee is currently enrolled in FEHB under an incorrect coverage code, an AD-343 must be submitted for the adjustment.	
HB-PAY-FULL-PREMIUM-IND	A1	181	181	Indicates whether a temporary employee enrolled in FEHB pays full premium.	O	One position alphanumeric field. Y= Yes The employee is in a temporary position and must pay both employee and Government share of the health benefit premium. N= No The employee is in a temporary position and previously held a permanent position, without a break in service, and pays only the employee share of health benefits premium.	

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Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
						If 'N' is shown, the SF 2810 rejects to suspense for verification of full premium payments. **If not applicable, send a space.**	
DATE-HB-EVENT-CHANGE-MO	A2	182	183	The month of the event change.	M	Two position numeric field.	
DATE-HB-EVENT-CHANGE-DA	A2	184	185	The day of the event change.	M	Two position numeric field.	
DATE-HB-EVENT-CHANGE-CN	A2	186	187	The century of the event change.	M	Two position numeric field.	
DATE-HB-EVENT-CHANGE-YR	A2	188	189	The year of the event change.	M	Two position numeric field.	
DATE-HB-EMPLOYEE-SIGN-MO	A2	190	191	The month the employee signed the benefit document.	M	Two position numeric field.	
DATE-HB-EMPLOYEE-SIGN-DA	A2	192	193	The day the employee signed the health benefit document.	M	Two position numeric field.	
DATE-HB-EMPLOYEE-SIGN-CN	A2	194	195	The century the employee signed the health benefit document.	M	Two position numeric field.	
DATE-HB-EMPLOYEE-SIGN-YR	A2	196	197	The year the employee signed the health benefit document.	M	Two position numeric field.	
DATE-HB-RECD-EMP-OFF-MO	A2	198	199	The month the health document was received in the employing office.	M	Two position numeric field.	
DATE-HB-RECD-EMP-OFF-DA	A2	200	201	The day the health benefit document was received in the employing office.	M	Two position numeric field.	
DATE-HB-RECD-EMP-OFF-CN	A2	202	203	The century the health benefit document was received in the employing office.	M	Two position numeric field.	
DATE-HB-RECD-EMP-OFF-YR	A2	204	205	The year the health document was received in the employing office.	M	Two position numeric field.	
DATE-HB-ELECTION-EFF-MO	A2	206	207	The effective month of the health benefits election.	M	Two position numeric field.	

Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
						The effective date of election (Transaction Code 1 or 5) is the first day of the pay period following the pay period in which the SF 2809 is received in the employing office. The effective date of election for cancellation (Transaction Code 6) is the last day of the pay period following the date received in the employing office.	
DATE-HB-ELECTION-EFF-DA	A2	208	209	The effective date of the health benefits election.	M	Two position numeric field. Comments: The effective date of election (Transaction Code 1 or 5) is the first day of the pay period following the pay period in which the SF 2809 is received in the employing office. The effective date of election for cancellation (Transaction Code 6) is the last day of the pay period following the date received in the employing office.	
DATE-HB-ELECTION-EFF-CN	A2	210	211	The effective century of the health benefits election.	M	Two position numeric field. Comments: The effective date of election (Transaction Code 1 or 5) is the first day of the pay period following the pay period in which the SF 2809 is received in the employing office. The effective date of election for cancellation	

Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
						(Transaction Code 6) is the last day of the pay period following the date received in the employing office.	
DATE-HB-ELECTION-EFF-YR	A2	212	213	The effective year of the health benefits election	M	Two position numeric field. Comments: The effective date of election (transaction Code 1 or 5) is the first day of the pay period following the pay period in which the SF 2809 is received in the employing office. The effective date of election for cancellation (Transaction Code 6) is the last day of the pay period following the date received in the employing office.	
HB-REMARK-1	A39	214	252	Remarks related to FEHB enrollment.	O	Thirty-nine position alphanumeric field.	
HB-REMARK-2	A39	253	291	Remarks related to FEHB enrollment.	O	Thirty-nine position alphanumeric field.	
HB-REMARK-3	A39	292	330	Remarks related to FEHB enrollment.	O	Thirty-nine position alphanumeric field.	
HB-REMARK-4	A39	331	369	Remarks related to FEHB enrollment.	O	Thirty-nine position alphanumeric field.	
HB-REMARK-5	A39	370	408	Remarks related to FEHB enrollment.	O	Thirty-nine position alphanumeric field.	
HB-REMARK-6	A39	409	447	Remarks related to FEHB enrollment.	O	Thirty-nine position alphanumeric field.	
HB-OTH-INS-NAME	A35	448	482	Name of insurance company that employee, employee's spouse, or other eligible family members may have other than the FEHB plan.	O	35 position alphanumeric field.	

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Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
HB-OTH-PRIVATE-INS-IND	A1	483	483	Indicates whether employee, spouse, or eligible family member is enrolled in private insurance.	M	One position alphanumeric field. Valid values are: Y = Employee is enrolled in other private insurance N = Not enrolled	
HB-MED-A-IND	A1	484	484	Indicates whether employee, spouse, or any other eligible family member are enrolled in Medicare Part A.	M	One position alphanumeric field. Valid values are: Y = Yes N = No	
HB-MED-B-IND	A1	485	485	Indicates whether employee, spouse, or other eligible family member is enrolled in Medicare Part B.	M	One position alphanumeric field. Valid values are: Y = Yes N = No	
HB-TRICARE-IND	A1	486	486	Indicates whether employee, spouse, or other eligible family member is enrolled in CHAMPUS.	M	Valid values are: Y = Yes N = No	
HB-PERS-CONTACT-NAME-LAST	A20	487	506	The last name of the person in the personnel office who can be contacted for further information.	M	20 position alphanumeric field.	
HB-PERS-CONTACT-NAME-FIRST	A15	507	521	The first name of the person in the personnel office who can be contacted for further information.	M	15 position alphanumeric field.	
HB-NEW-PAYROLL-OFFICE	A35	522	556	The payroll office the enrollee is transferring to when health benefits cease to be handled by NFC	O	Thirty-five position alphanumeric field.	
PHONE-AREA-CODE-HOME	A3	557	559	The area code of the enrollee's home phone.	M	Three position numeric field.	
PHONE-NUMBER-EXCH-HOME	A3	560	562	The phone exchange of the enrollee's home phone.	M	Three position numeric field.	
PHONE-NUMBER-HOME	A4	563	566	The last four positions of the enrollee's home phone.	M	Four position numeric field.	

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Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
PHONE-AREA-CODE-WORK	A3	567	569	The area code of the enrollee's work phone.	M	Three position numeric field.	
PHONE-NUMBER-EXCH-WORK	A3	570	572	The phone exchange of the enrollee's work phone.	M	Three position numeric field.	
PHONE-NUMBER-WORK	A4	573	576	The last four positions of the enrollee's work phone.	M	Four position numeric field.	
PHONE-AREA-CODE-SON	A3	577	579	The area code of the enrollee's personnel office.	M	Three position numeric field.	
PHONE-NUMBER-EXCH-SON	A3	580	582	The phone exchange of the enrollee's personnel office.	M	Three position numeric field.	
PHONE-NUMBER-SON	A4	583	586	The last four positions of the enrollee's personnel office.	M	Four position numeric field.	
PHONE-AREA-CODE-AO	A3	587	589	The area code of the enrollee's authorizing official phone.	M	Three position numeric field.	
PHONE-NUMBER-EXCH-AO	A3	590	592	The phone exchange of the enrollee's authorizing official phone.	M	Three position numeric field.	
PHONE-NUMBER-AO	A4	593	596	The last four positions of the enrollee's authorizing official phone.	M	Four position numeric field.	
ENROLLEE-NAME	A41	597	637	The last, first, middle initial of the enrollee.	M	Forty one position alphanumeric field.	
ENROLLEE-SSN	A9	638	646	The social security number of the enrollee.	M	Nine position numeric field.	
ENROLLEE-OTHER-INS-POL-NUM	A30	647	676	Name of enrollee's other insurance.	O	Thirty position alphanumeric field.	
HB-MEDICARE-IND	A1	677	677				
HB-MED-D-IND	A1	678	678				
HB-FOREIGN-ADDR-IND	A1	679	679				

Data Element Name	Data Element Format	Start Position	End Position	Element Description	Optional Mandated O/M	Values	Customer Data Element Name
MEDICARE-CLAIM-NO	A14	680	693	The Medicare claim number if the employee has Medicare.	M	Up to fourteen position alphanumeric field.	
EMAIL-ADDRESS	A60	694	753	Email address of family member if they do not live with enrollee.	O	Email address of family member if they do not live with enrollee.	
FILLER	A2697	754	3450	Unused field.	M	SPACES	