

**National Finance Center
Front-End System Interface (FESI)
Health Benefit Enrollment Doc Type (180)**

| 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. | |

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| 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) | M | One position numeric field. Valid values are: 1 = High – Self 2 = High – Family 4 = Standard – Self 5 = Standard – Family | |
| 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 | |

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| | | | | | | 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 | | | | |
| 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 | |

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| | | | | | | 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. 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. | |

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| 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. 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 SF2809 is | |

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| | | | | | | 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 SF2809 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-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 SF2809 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. | |

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| 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. | |
| 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. | |

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| 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. | |
| 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 | | | | |

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| HB-MED-D-IND | A1 | 678 | 678 | | | | |
| HB-FOREIGN-ADDR-IND | A1 | 679 | 679 | | | | |
| 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 | |