



The Difference Card

Enrollment Census Guide

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Introduction

Thank you for choosing The Difference Card! This document will help provide you the tools needed to build the census file required for initial enrollment into The Difference Card.

Expectations

- The census file should contain all members that are, or will be, enrolled in Difference Card benefits for the upcoming plan year.
- Since the members will be new to The Difference Card, the accuracy of our information will be dependent on the initial census data being correct.
- Census files will be uploaded within 3-5 business days of receiving the file, contingent on the file being in the correct format with readable data.

Special Instructions for Health Savings Accounts

- When transmitting plans specific to Health Savings Accounts (HSA bank account) where the member is also enrolled in a post deductible HSA qualified MERP (Medical Expense Reimbursement Plan), The Difference Card will require one record for each Account (HSA and MERP).
- The Difference Card will provide members the Terms & Conditions for their Health Savings Accounts via email. If an email is not provided, the employer must distribute the Terms & Conditions directly to the member. The following fields are required for all Health Savings Accounts:
 - Employee SSN
 - Email Address
- If a PO box is provided for a member address, the member will fail the CIP process and be requested additional documentation to open their HSA account. The best practice is to provide a physical address for the employee.
- For Health Savings Accounts, only send termination dates if the member has terminated employment.

Transmission

Due to the sensitive nature of the data within a census file, The Difference Card will only accept files via our secure data upload portal which utilizes HTTPS/SSL encryption.

Please follow the below steps to submit the census via secure upload portal:

1. Click the following link to access the secure data upload portal:
<https://backoffice.wellintune.com/web/securedataupload.aspx>
2. Select the type of data that is being uploaded. In this case, it would be "Enrollment".
3. List your name, the company name, email address associated with the submission, phone number, and in the comments, list "Initial census" along with anything else you would like us to know.

Format

We can accept a census in the following formats:

- .xlsx
- .xls
- .csv

File Structure

All columns and column headers will be included on the template, but only fields marked with "*" are required to be populated on the initial census. For non-required fields, values should only be transmitted when applicable, and when not applicable, a blank value should be transmitted.

Column Number	Column Name	Max Field Length	Format	Description
1	Employer ID*	12	Alpha-numeric	This field should represent the employer ID if available. If not available, please populate this field with the employer name.
2	Employee ID*	30	Alpha-numeric	Unique identifier for the employee, employee SSN is highly recommended. This value is used by employees for registration. NOTE: If using SSN, we do not allow for dashes in this field.
3	Employee Social*	9	Numeric	Employee social security number. NOTE: We do not allow for dashes in this field.
4	Dependent ID*	26	Alpha-numeric	Unique identifier for a dependent, dependent SSN is highly recommended. NOTE: If a dependent does not yet have an SSN or SSN is unknown, please leave this field blank and we will create a temporary ID for the dependent. NOTE: We do not allow for dashes in this field.
5	Dependent Social*	9	Numeric	Dependent social security number. NOTE: If a dependent does not yet have an SSN or SSN is unknown, please leave this field blank and we will create a temporary ID for the dependent. NOTE: We do not allow for dashes in this field.
6	Last Name*	26	Alpha	Employee/dependent last name. NOTE: We do not allow for special characters in this field.

7	First Name*	19	Alpha	Employee/dependent first name. NOTE: We do not allow for special characters in this field.
8	Middle Initial	1	Alpha	Employee/dependent middle initial. NOTE: We do not allow for special characters or full middle names in this field. The data must contain only one letter.
9	Address Line 1*	75	Alpha	First line of the employee/dependent mailing address. NOTE: For HSA Accounts, P.O. boxes are not recommended.
10	Address Line 2	75	Alpha	Second line of the employee/dependent mailing address.
11	City*	30	Alpha	City associated with the employee/dependent address.
12	State*	2	Alpha	Two-character state abbreviation code associated with the employee/dependent address.
13	Zip*	9	Numeric	ZIP code associated with the employee/dependent address. NOTE: This field cannot be more than 9 characters long, including dashes.
14	Relationship*	1	Numeric	0 = Employee 1 = Spouse 2 = Child 3 = Domestic partner/other 4 = Other
15	Gender*	1	Numeric	0 = Unknown 1 = Male 2 = Female
16	Birthdate*	8	MM/DD /YYYY	Date of birth of the employee or dependent, depending on the data row.
17	Email*	100	Alpha-numeric	Employee's email address. NOTE: If email address is not provided for HSA, employer must distribute terms and conditions.
18	Phone Number	19	xxx-xxx-xxxx	Employee/dependent phone number, including area code. NOTE: Phone extensions are not accepted on the file.
19	Plan Type	3	Alpha	Three-digit code for type of benefit plan or account, such as FSA, DCA, TRN, or HR2. This information will be provided by the Implementation Specialist.
20	Plan Start Date	8	MM/DD /YYYY	This date must match the corresponding date set for the employer's benefit plan and should be updated year over year. This information will be provided by the Implementation Specialist.

21	Plan End Date	8	MM/DD /YYYY	This date must match the corresponding dates set for the employer's benefit plan and should be updated year over year. This information will be provided by the Implementation Specialist.
22	Plan ID*	50	Alpha-numeric	<p>A unique value given to the benefit plan the employee is enrolled in. This information will be provided by the Implementation Specialist.</p> <p>NOTE: If an employee has multiple plans (HRA, FSA, DCA), the employee should be listed one time for each plan on the file.</p> <p>EXAMPLE: John Doe is enrolling in the HRA, FSA, and DCA for the upcoming plan year and has one dependent. John Doe should have four rows on the file, 3 for himself (one for each plan), and then one for his dependent.</p>
23	Eligibility Date*	8	MM/DD /YYYY	The date the employee/dependent is effective with The Difference Card.
24	Plan Effective Date*	8	MM/DD /YYYY	The date the employee/dependent is effective on their first Difference Card benefit plan.
25	Termination Date	8	MM/DD /YYYY	<p>Date upon which the employee/dependent plan is no longer eligible for benefits.</p> <p>NOTE: The member's account is considered terminated at 11:59:59 pm CT on the date of termination and claim authorization request after that time will be denied.</p> <p>NOTE: This field should only be populated if an employee will be terminating benefits in the upcoming plan year.</p>
26	Account Status	1	Numeric	<p>1 = New</p> <p>2 = Active</p> <p>3 = Temporarily Inactive</p> <p>4 = Permanently Inactive</p> <p>5 = Terminated</p>
27	Pre-Funded Amount	19	Numeric	<p>The employee's pre-funded election amount.</p> <ul style="list-style-type: none"> For FSA, DCA and LFSA plans, this field should be passed with the employee's annual election amount. For commuter plans, this field must be passed blank. For medical and HSA plans, this field can be either blank or set to 0.00.
28	Individual Amount	19	Numeric	The employee's individual election amount. This field can be passed as blank or set to 0.00 for all plans.

29	Employee Pay Period Amount	19	Numeric	Amount to be contributed by the employee on a per pay period basis. <ul style="list-style-type: none"> For FSA, DCA, LFSA and commuter plans, this field should be passed with the employee's per pay period contribution amount. For medical and HSA plans, this field can be either blank or set to 0.00.
30	Employer Pay Period Amount	19	Numeric	Amount to be contributed by the employer on a per pay period basis. <ul style="list-style-type: none"> For FSA, DCA, LFSA and commuter plans, this field should be passed with the employer's per pay period contribution amount. For medical and HSA plans, this field can be either blank or set to 0.00.
31	Shipping Address Code	1	1	This field should be populated with "1".
32	Division	50	Alpha-numeric	This field can be utilized to capture an employee's division, department, business unit, etc. These divisions will appear on the employer's invoice each month and can be utilized for divisional banking if necessary. NOTE: We do not allow for special characters in this field.
33	Coverage Tier ID*	1	Alpha	This value is used to identify each employee's coverage level. NOTE: Coverage tier should be passed for every record, including dependent records.

Avoiding Common Problems

Here are a few areas of vulnerability that you should be aware of, and we ask that you help to prevent them as best you can:

- **Plan names:** If possible, we ask that plan names (Plan IDs) on the initial census match that of the plan names (Plan IDs) set up at The Difference Card. This allows us to import the file without needing clarification on how the plans on the file match up to the plans in our system.
- **Employee/dependent linking:** We require that employee IDs be populated in front of every dependent record so that we know which dependent belongs to which employee. Please be cautious when dragging down IDs in Excel as at times, Excel will increase the ID by one digit for each drag down.
- **Required fields:** Fields in the above table marked with "*" are required in order

for the census to be processed accordingly. If the fields are not included on the file, the file will be sent back for corrections which could delay the processing time of the file. Keep in mind, cards can take 7 – 10 business days to arrive after they are shipped. To ensure that cards are in hand by the plan start date, it is crucial that the files received are complete and accurate.

- **Newborn dependents**: Dependent ID and Dependent SSN are not always available for newborn dependents. When a dependent SSN is not available, please send a blank dependent ID and blank dependent SSN on the file. The Difference Card will create an ID for the dependent and leave their SSN to be populated at a later date.

Questions/concerns and how to receive assistance

- Questions regarding the upload of a census
 - Please contact your Difference Card Implementation Specialist
- Questions regarding individual members or changes after the initial group implementation has been completed
 - enrollments@differencecard.com

We look forward to working with you and we appreciate your help as we implement The Difference Card program!