

# File Layout – DOL Initial Rights Notice



The **DOL file's** basic goal is to answer the legal requirement set by the Department of Labor. Employers are mandated to send notices to any employee and any spouse within 90 days of becoming covered on a benefit plan that is COBRA eligible. This mailing simply notifies them of their COBRA rights should they ever experience an event that qualifies them for COBRA continuation. Since the requirement includes the spouse, it becomes a bit more challenging than simply presenting it to a new employee during their new hire orientation. Therefore supplying this information and tracking the mailing dates for future accountability is a service DBI provides for its Employers.

## **File Transfer & Security:**

An FTP site and secure PGP key can be provided for secure transmittal of COBRA files to Discovery Benefits. An email notification is required whenever files are posted to the FTP site either for testing or for downloading. The address to send this notification to is [COBRAEmployerServices@DiscoveryBenefits.com](mailto:COBRAEmployerServices@DiscoveryBenefits.com).

## **File Success/Failure Communication:**

After a file has completed the downloading process, the original will be removed from the FTP site. This is the signal that the download is complete. No additional communication regarding successful downloads will be made. If errors are encountered during the downloading process, an email will be sent (to the email address of choice) containing details on the errors experienced and requesting a corrected replacement file containing only those specific employee records.

## **File Frequency:**

Most Employers prefer providing DOL files weekly, however they can also be provided bi-weekly or monthly.

## **File Naming Convention:**

The following naming convention is preferred by Discovery Benefits. Supplemental information may be added to the file names if desired. Examples given are for .txt files. (After encrypting, there will be a ".pgp" suffix)

- Test Data File Name: `_TEST_YYYYMMDD_GROUPNAME_DOL.txt`
- Live Data File Name: `YYYYMMDD_GROUPNAME_DOL.txt`

## **File Format:**

The data to be downloaded must be in a specific format contained in an ASCII file. All data should be in the ASCII character set (20h to 7Fh). The type of ASCII file format required is Comma Delimited. Comma Delimited (may be .txt, .xls, or .csv). Records of the delimited text type are of variable length and are delimited with a carriage return and line feed (0Dh and 0Ah). Fields in each record are delimited with a comma (2Ch).

Due to the comma delimited nature of the file, all commas must be eliminated from within data fields.

Note that each record is a fixed format, but of variable length. Even though all fields are required, there may be some fields that will not contain data; these are null fields.

Please include a header consisting of Field Titles. Please do not use a footer record.

## **Initial File Only:**

Some Employers desire to provide a complete listing of all current Employees and Spouses (children optional) who are currently enrolled in one or more COBRA-eligible benefit(s). This is not required by Discovery Benefits.

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## File Content:

Newly hired or rehired employees and spouses/partners who are enrolled in a COBRA-eligible benefit plan. Children may be included, but not required. Also required are previously enrolled employees who have now added a spouse to their COBRA-eligible benefit plan (include both the employee and spouse record).

Children are not required on the DOL file by the Department of Labor. However many companies include children due to the ease in programming, or for the employer’s assistance when utilizing the COBRAweb portal to notify Discovery Benefits of a qualifying event.

The files should not contain employee and spouse records resulting from a simple change from one benefit plan to another benefit plan (such as due to open enrollment). The files should not include previously enrolled employees and spouses for the sole purpose of adding a new child to their coverage.

## Field Specific Requirements:

**EMPSSN**\_\_The value in this field should reflect the employee’s Social Security Number on both the employee and dependent records. The format can either contain dashes or not. The chosen format must be consistent.

**CTRL**\_\_This not required to be populated. This is used for record sorting or identification. Control ‘1’ is used for employees and Control ‘2’ is used for dependents.

All **DATE** fields\_\_The acceptable formats are “MM/DD/YY”, “MM/DD/YYYY”, and “MMDDYYYY”.

**RELATION**\_\_This field differentiates between the record types. The acceptable values within this field may be EMPLOYEE, SPOUSE, PARTNER, or CHILD.

**ADD1, CITY, ST, ZIP**\_\_This field is required for Record 1. These fields are not required for Record 2. However, they are required if a separate notice is to be sent to the spouse at a different address.

Field-Description	Field #	Max Length	Record	Required
<b>EMPSSN – Employee SSN on ALL records including dependents</b>	1	11	1,2	Yes
CTRL - Control –(1 for employee, 2 for dependents)	2	4	1,2	No
<b>LAST - Last Name</b>	3	22	1,2	Yes
<b>FIRST - First Name</b>	4	12	1,2	Yes
MI - Middle Name	5	12	1,2	No
<b>COMP- Company Code provided by DBI</b>	6	8	1	Yes
BRNCH - Branch Codes – Code assigned by DBI for branch reporting	7	8	1	No
<b>SEX - (M or F)</b>	8	1	1,2	Yes
TITLE - (please leave blank)	9	10	1	No
<b>RELATION (EMPLOYEE, SPOUSE, CHILD, or PARTNER)</b>	10	8	1,2	Yes
FAMSSN -Family Member SSN –(SSN of Dependents)	11	11	2	No
<b>DOB - Birth Dates</b>	12	10	1,2	Yes
<b>ADD1 –First address record</b>	13	30	1,2	Yes
<b>CITY</b>	14	22	1,2	Yes
<b>ST</b>	15	2	1,2	Yes
<b>ZIP</b>	16	10	1,2	Yes
PH (No punctuation Ex: 111553333)	17	19	1	No
EMPID - Employee ID	18	12	1	No
<b>ADD2 –Second address record</b>	19	30	1,2	No
DOLPR - Date DOL Notice Printed (please leave blank)	20	10	1	No
CONFPR - Date Coverage Confirmation Printed (please leave blank)	21	10	1	No
MOCOV - Months of Creditable Coverage (please leave blank)	22	4	1,2	No
DAYCOV - Days of Creditable Coverage (please leave blank)	23	4	1,2	No
MOPRE - Months of Pre-Existing Exclusion (please leave blank)	24	4	1,2	No
DAYPRE - Days of Pre-Existing Exclusion (please leave blank)	25	4	1,2	No
<b>COVST - Coverage Start Date</b>	26	10	1,2	No