Enrollment Eligibility Audit Services
Enrollment File Layout
File Sent from the Department - Record length 299

Field Name	Description	Description - Add'l	Type	Length
Employee ID	Enrollee Employee ID	Enrollee Social Security Number	CHAR	9
Enrollee Last Name	Enrollee Last Name		CHAR	30
Enrollee First Name	Enrollee First Name		CHAR	30
Enrollee Middle Initial	Enrollee Middle Initial		CHAR	1
Address 1	Enrollee Street Address		CHAR	55
Address 2	Enrollee Street Address	If present	CHAR	55
City	Enrollee City	May be blank if other than USA	CHAR	30
State	Enrollee State	May be blank if other than USA	CHAR	2
Zip Code	Enrollee Zip Code	Zipcode 5 plus 4 when supplied May be blank if other than USA	CHAR	10
Country	Enrollee Country	All countries reported including USA	CHAR	3
Dependent Number	Dependent Number	Assigned unique number of each dependent (i.e. 02, 03, and so on). Numbers may not be sequential.	CHAR	2
Dependent Type	Dependent Type	See chart below	CHAR	2
Dependent Last Name	Dependent Last Name		CHAR	30
Dependent First Name	Dependent First Name		CHAR	30
Dependent Middle Initial	Dependent Middle Initial		CHAR	1
Birthdate	Dependent Date of Birth	YYYYMMDD	DATE	8
Sex	Dependent Gender	M = Male F = Female U = Unknown ' ' = Blank	CHAR	1

Dependent Type	Code
Spouse	SP
Spouse/Domestic Partner	DP
Son	S
Daughter	D
Other Dependent	O

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Eligibility Status	Eligibility Status	See chart below	CHAR	1

Dependent Type	Code
Spouse	SP
Spouse/Domestic Partner	DP
Son	S
Daughter	D
Other Dependent	O

Eligibility Status	Code
Amnesty	A
Eligibility Verified	B
No/Incomplete Response	D
Not Eligible as Spouse or Domestic Partner	C
Not Eligibile as Full Time Student	D