


## ATTACHMENT 33

 <b>Department of Civil Service</b>	<b>Outbound File Layouts RFP entitled: “Dental Plan Services”</b>
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### File Layout for Dental Reconciliation:


Field #	Start	Length	Type	Field	Comments
1	1	9	Numeric	Subscriber Emplid	Subscriber Emplid Number to be used to match enrollee back to the NYBEAS System.
2	11	9	Numeric	Subscriber SSN	Subscriber Social Security Number to be used to match enrollee back to the NYBEAS System.
3	21	8	Date (YYYYMMDD)	Effective date	Current date
4	30	50	Character	Name	Last name, First name Middle name
5	80	8	Date (YYYYMMDD)	Date of Birth	Date of Birth – format YYYYMMDD
6	89	2	Character	Relationship	Relationship to Subscriber E – Enrollee SP – Spouse DP – Domestic Partner X – Ex-Spouse D – Daughter S – Son O- Other
7	92	9	Character	Dependent SSN	Dependent Social Security Number
8	103	2	Numeric	Dependent number	Dependent number – sequential number beginning with 02 if Contract Holder will be 01
9	106	3	Character	Benefit Program	Health Benefit Program
10	110	1	Character	Disable Indicator	Flag to indicate if dependent is disabled. Will be blank if contract holder. Y—Disabled N—Not Disabled

A sample row of data on the file might look something like this:

019701531 019701531 20200124 GOGOS, JOSEPH

19630408 SP 019701938 02 A02 N

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019701531 019701531 20200124 GOGOS, LEONORA

20020406 D 060929549 03 A02 N

## File Layout for Dental Retiree Subscribers:

Field #	Start	Length	Type	Field	Comments
1	1	9	Character	Emplid	Subscriber Emplid Number to be used to match enrollee back to the NYBEAS System.
2	10	50	Character	Name	Subscriber Last name, First name Middle name
8	60	35	Character	Address 1	Subscriber Address 1
9	95	35	Character	Address 2	Subscriber Address 2
10	130	35	Character	Address 3	Subscriber Address 3
11	165	30	Character	City	Subscriber City
12	195	2	Character	State	Subscriber State
13	197	10	Character	Zip	Subscriber Postal Code
14	207	3	Character	Country	Subscriber Country
15	210	8	Date (YYYYMMDD)	Date of Birth	Date of Birth – format YYYYMMDD
16	218	8	Date (YYYYMMDD)	Effdt	Date of transaction

## ATTACHMENT 33



**Outbound File Layouts  
RFP entitled:  
“Dental Plan Services”**

### File Layout for Dental Military Dependent Extensions:

Field #	Start	Length	Type	Field	Comments
1	1	10	Character	Emplid	Subscriber Emplid Number to be used to match enrollee back to the NYBEAS System.
2	11	50	Character	Name	Dependent Last name, First name Middle name
3	61	10	Character	Dependent SSN	Dependent Social Security Number
4	71	2	Numeric	Dependent number	Dependent number – sequential number beginning with 02, Contract Holder will always be 01
5	74	10	Character	Relationship	Dependent Relationship to Subscriber
6	84	9	Date (YYYYMMDD)	Date of Birth	Dependent Date of Birth – format YYYYMMDD
7	93	2	Character	Sex	Dependents Sex M – Male F – Female U – Unknown X – Non-Binary
8	95	35	Character	Address 1	Subscriber Address 1
9	130	35	Character	Address 2	Subscriber Address 2
10	165	35	Character	Address 3	Subscriber Address 3
11	200	30	Character	City	Subscriber City
12	230	2	Character	State	Subscriber State
13	232	10	Character	Zip	Subscriber Postal Code
14	242	3	Character	Country	Subscriber Country