

## Short-Term Disability (STD)

\* Data file format: CSV. Please provide comma separated data values. Data Type column indicates character or number format for data.

\*Once Voya Financial has been notified that an individual has been terminated, an additional record for the same individual should not be received.

### Employee Record Detail:

Fld#	Field Description	Field Label	Length	Data Type	Required/Optional/ Conditional	Valid Values	Comments
1	Group Benefit Plan ID	Group Benefit Plan ID	8	Numeric	R	12345678	689122 - all records
2	Claim Account Number	Claim Account Number	4	Numeric	R		0001 - all records
3	Insured SSN	Employee/ Member Social	9	Numeric	R	123456789	Employee's Social Security Number.
4	Employee ID	Employee ID	10	Numeric	C		Unique ID that doesn't change
5	Last Name	Last Name	30	Alpha	R		
6	First Name	First Name	20	Alpha	R		
7	Middle Name or Middle Initial	Middle Name or Initial	10	Alpha	N		
8	Name Suffix	Name Suffix	10	Alpha	N		Employee's name suffix ("Jr.", "III", etc.)
9	Address Line #1	Address Line 1	30	Alphanumeric	R		Employee's home address.
10	Address Line #2	Address Line 2	30	Alphanumeric	N		Employee's home address line 2 for apartment/unit number, building, etc. if not included in Address Line 1
11	City	City	30	Alphanumeric	R		City or town for the Employee's home address.
12	State	State	2	Alpha	R		State for the Employee's home address. Official US Postal Service 2character code.
13	Zip Code	Zip Code	9	Numeric	R	12345	ZIP Code for the Employee's home address.
14	Date of Birth	Date of Birth	8	Numeric	R	YYYYMMDD	Employee's date of birth.
15	Gender	Gender	1	Alpha	R	M, F, U	F = Female M = Male U = All Others
16	Employment Status	Employment Status	1	Alpha	R	A or T	A = Active (including those on Medical Leave) T = Employment Terminated or Retired
17	Date of Hire	Date of Hire	8	Numeric	R	YYYYMMDD	Employee's date of hire or most recent date of hire for rehired employee.
18	Employment Termination Date	Employment Term Date	8	Numeric	C	YYYYMMDD	Required if employee is terminated. Date on which employment terminates or employee retires.
19	Pay Type	Pay Type	1	Alpha	R	H, S, C	H = Hourly S = Salary
20	Payroll Frequency	Payroll Frequency	1	Alpha	R	W, S, B, M	W = Weekly, S = Semi-Monthly, B = Bi-Weekly, M = Monthly
21	Employee's Job Title	Employee's Job Title	30	Alphanumeric	R		Employee's Job/Position Title Descriptive job title needed to administer claims
22	Work State	Work State	10	Alphanumeric	R		Employee's Work State 2-character State abbreviation
23	STD Coverage Effective Date	STD Coverage Effective Date	8	Numeric	R	YYYYMMDD	Required for employee with STD coverage. Date continuous STD coverage began for this employee. Class 1 and 2 = Core STD effective Date Class 3 = Voluntarily elected STD Effective Date **Note: For new hires, date must adhere to new hire waiting period.
24	LTD	LTD	8	Numeric	N		Leave Blank. See field 28
25	Employee Annual Salary	Annual Salary	11	Numeric	C	99999999.99	Base Annual Salary (example: 45000.00). Required to calculate benefit for Salaried employees. Note: Def of annual salary = Base annual pay (No Bonus, overtime, and commissions)
26	Hourly Wage	Hourly Wage	6	Numeric	C	999.99	Employee's Hourly Wage (example: 19.50) Required to calculate benefit for Hourly-paid employees
27	Weekly Scheduled Hours	Weekly Scheduled Hours	4	Numeric	R		Scheduled number of hours per week worked by this employee.
28	Supplemental Information	Supplemental Info	30	Alphanumeric	R		LTD Indicator LTD-Yes and effective date - for those that elected LTD coverage LTD-No - for those that don't have LTD coverage
29	Remarks	Remarks	30	Alphanumeric	R		STD Benefit Class Class 1 - Has employer paid Core STD coverage (only) Class 2 and Buy Up Effective Date - Has employer paid Core AND employee paid Buy Up STD coverage Class 3 - Has Voluntarily elected STD (only)  Class 1 & 2: Active Full-Time Employees Working 20 Hours Per Week Excluding New Jersey Employees Class 3: active, full time New Jersey employees