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Health Compliance

Non-Employee Import File Specification

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Document Information

Document Revisions

Version	Date	Author	Description
3.0	06/13/2016	C. Murphy	<p>Reordered and updated Non-Employee Data Interface section</p> <p><HEAD> Client Name element removed.</p> <p><HEAD> Source Information element added.</p> <p><EEID> Non-Employee Participant Type element changed to Conditionally Required.</p> <p><EEID> Non-Employee Participant Type element description updated.</p> <p><EEID> Employee SSN element description updated.</p> <p><EEID> FEIN element description updated.</p> <p><EEID> AOID element description updated.</p> <p><ADDR> Phone Number element description updated.</p> <p><ADDR> Phone Number Extension element description updated.</p> <p><ADDR> Mailing Address State/Province element description updated.</p> <p><OFFR> Offer Identifier element description updated.</p> <p><OFFR> Transaction Date element description updated.</p> <p><OFFR> COBRA Reduction in Hours element changed to Conditionally Required.</p> <p><OFFR> COBRA Reduction in Hours element description updated.</p> <p><ELIG> Offer Identifier element description updated.</p> <p><ELIG> Monthly Employee Cost element description updated.</p> <p><ELIG> Dependent Coverage Available element description updated.</p> <p><ELIG> Spouse Coverage Available element description updated.</p> <p><ELIG> Self-Insured Plan element description updated.</p> <p><COVG> Monthly Employee Cost element description updated.</p> <p><COVG> Coverage End Date element description updated.</p> <p><COVG> Self-Insured Plan element description updated.</p> <p><COVG> Coverage Identifier element description updated.</p> <p><DEPI> Dependent Identifier element description updated.</p> <p><DEPI> Relationship element description updated.</p> <p><DEPI> Spouse Indicator element description updated.</p> <p><DEPI> Status element removed.</p>

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			<DEPC> Dependent Identifier element description updated. <DEPC> Coverage End Date element changed to Conditionally Required. <DEPC> Coverage End Date element description updated. <DEPC> Coverage Identifier element description updated.
2.52	10/06/2015	J. Cobbett	Added optional Coverage Identifier to Benefits Coverage and Dependent Coverage records.
2.51	09/16/2015	C. Murphy	Initial Document

Non-Employee Data Interface

Overview

Employee information will be provided on the HR, Benefits, Leave of Absence, and Payroll Imports. However, regulatory management requires information for some non-employees (e.g., COBRA, retirees). This document provides the specifications and information necessary for successfully loading Non-Employee data into the ADP Health Compliance.

Frequency of Data

In order to perform accurate eligibility and affordability calculations, as well as annual filings, it is very important that the ADP Health Compliance system is up to date with the non-employee data. It is expected that the source system would provide data to the ADP Health Compliance on a monthly basis.

Data to Include

Only information pertinent to ACA related medical coverage for non-employee participants is to be included on the file.

Participants to Include

Participants sent on the Non-Employee file should include, but are not limited to:

- COBRA Participants due to a Reduction in Hours Event
This should include all that have received an offer.
- COBRA Other*
- Retirees
- Surviving Dependents including spouses, Divorces, etc.

*For all non-reduction in hours participants, only those that have elected medical benefits should be included.

Historical (Initial Load) File

It is expected that clients implementing ADP Health Compliance for the current plan year include non-employee participant plan offering and coverage history dating back to the beginning of the plan year, usually corresponding with the Annual Enrollment event. Subsequent changes in eligibility, adding or dropping dependents and/or the addition of participants, up to the current date and

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time, are also to be included on the initial load file. All changes for a participant should be received with a single EEID and ADDR record and ordered chronologically by event. Clients implementing ADP Health Compliance for an upcoming plan year are to begin the transmittal of data upon the trigger of the Annual Enrollment event.

Ongoing Change File

It is expected that on an ongoing basis the Benefits/COBRA system will provide only records for employee's that experienced a change in eligibility and/or coverage. All changes for a participant should be received with a single EEID and ADDR record, ordered chronologically by event. Records should be sent whenever a change occurs, including but not limited to:

- Reduction in Hours participant experiences a change in eligibility.
- Reduction in Hours participant is provided an opportunity to enroll in an ACA related medical plan.
- A participant elects an ACA related medical plan.
- A dependent of the employee has a change in coverage (e.g., termination, dependent age out, etc.).

Loss of Eligibility

If a reduction in hours participant loses eligibility for medical coverage that was previously reported to ADP Health Compliance, an updated Offer should be sent for the event triggering the loss in eligibility, without any plans listed within the offer.

Only the EventReason and EventDate are required in the Offer for this scenario.

Termination of Coverage

When a previously reported medical coverage to ADP Health Compliance is terminated, the effective coverage end date shall be provided in the Coverage End Date element in the COVG record. Corresponding dependent coverage shall be terminated using the same effective end date.

To terminate coverage for an employee and all dependents, only the Event Reason, Event Date and CoverageEndDate elements are required in the COVG record.

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Removal of Dependents

When terminating coverage for a previously reported dependent, a COVG record for the employee should be passed with all dependents that are covered, and the Coverage End Date element populated for the dependent losing coverage, identifying the last date that the dependent was covered. It is expected that dependents removed from coverage shall no longer appear on subsequent files.

If terminating coverage for all dependents, but the employee is continuing coverage, a new COVG record for the Plan/Coverage Level the employee is covered under can be passed, without the dependents. This will result in all dependent records being end dated as of the EventDate received in the COVG record.

If the employee and all covered dependents are terminating coverage, only a COVG record, populated with Event Date, EventReason and CoverageEndDate is required,

File Naming Convention

Please reference the SDG transmission summary document provided by the ADP implementation specialist.

Companion Documentation

This is a supplemental document which outlines scenarios, provides schema examples and additional information related to the elements contained in the specification.

File Specification Structure

ADP Health Compliance will accept non-employee data in a pipe delimited (|) format.

The recommended Sort Order is by participant, chronologically by event, in the record order below.

Multiple types of data are required in order to support regulatory management for non-employees. For example, the system requires benefits eligibility, benefits coverage, address and dependent information. In order to process all of these various sets of data, a record type is required on each record. The record type will identify the type of data included on that particular record.

The following record types are supported for the Non-Employee interface:

HEAD = The header record for the file. This record is used to identify the client.

EEID = The identity record for the participant.

ADDR = The contact information for the participant.

OFFR = The offer (i.e., Event) of coverage to the participant.

ELIG = The plan(s) for which the participant is eligible.

COVG = The plan coverage in which the participant has actually enrolled.

DEPI = The dependent basic information.

DEPC = The dependent coverage.

FOOT = The footer record for the file.

Fields Included on the Interface

Header Record (always required)

The HEAD record contains company identifying information for the ADP Health Compliance system. Only one HEAD record should be present within the file and should be the first record in the file.

Field Number	Field	Required/Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant "HEAD"
2.	Organization OID (COID)	Required	16	The 16 character company GUID assigned by ADP.
3.	Source Information	Optional	100	Suggestions for use: <ul style="list-style-type: none"> • Source System • Source System Version • Version of Interface Program • Database (prod or test) • Operator (w ho ran the export) • Export Date

Participant Identifiers (always required)

The EEID record contains the indicative employee data. There should only be one EEID record per participant, per file, regardless of how many events are being sent for the employee.

Field Number	Field	Required/Optional	Maximum Field Length	Notes
1.	Record Type	Required	4	Constant "EEID"
2.	Participant SSN	Required	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX The SSN for the participant that will be maintained within

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Field Number	Field	Required/Optional	Maximum Field Length	Notes
				<p>the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p> <p>The participant is the person that is the subscriber (beneficiary) to the coverage being offered. For example, if an employee has family coverage that includes 3 dependents, the employee is the subscriber; the 3 covered dependents are dependents of the subscriber.</p>
3.	Non-Employee Participant Type	Conditionally Required	1	<p>Valid Values:</p> <p>C = COBRA (for any COBRA beneficiary except for a COBRA Reduction in Hours)</p> <p>R = Retiree</p> <p>O = Other</p> <p>Null (No value or spaces) = Employee (for COBRA Reduction in Hours event; participant is still a current employee of the employer)</p>
4.	Participant First Name	Required	50	
5.	Participant Middle Name	Optional	50	
6.	Participant Last Name	Required	50	

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Field Number	Field	Required/Optional	Maximum Field Length	Notes
7.	Employee SSN	Required	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p> <p>The SSN for the employee.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p> <p>If the participant is the employee, the value will be the same as the value for the Participant SSN.</p> <p>If the Employee SSN cannot be passed, this should be the Participant SSN.</p>
8.	Federal Employer Identification Number (FEIN)	Required	10	<p>Format: 99-99999999 Or 9999999999</p> <p>If FEIN is not available for the participant, assign the FEIN to be utilized for reporting.</p>
9.	Associate OID (AOID)	Optional	16	<p>A unique 16 character GUID assigned to the employee by ADP.</p> <p>ADP Internal Use.</p>

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Participant Contact Information (always required)

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant "ADDR"
2.	Participant SSN	Required	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX The SSN for the participant that will be maintained within the ADP Health Compliance system. The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.
3.	Phone Number	Optional	10	Numeric Only without formatting
4.	Phone Number Extension	Optional	10	Numeric Only without formatting
5.	Email Address	Optional	50	
6.	Mailing Address Line 1	Required	50	
7.	Mailing Address Line 2	Optional	50	
8.	Mailing Address City	Required	50	
9.	Mailing Address State/Province	Required	64	Allows numbers if country code is not US. If country is "US" or NULL, 2 character state abbreviation is required.
10.	Mailing Address Zip Code	Required	6	Allow letters if country code is not US.
11.	Mailing Address Zip	Optional	4	

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Field Number	Field	Required/Optional	Maximum Field Length	Description
	Extension			
12.	Mailing Address Country Code	Required	2	<p>Valid Values: US = United States</p> <p>Foreign country codes are identified in the IRS list “Foreign Country Code Listing for Modernized e-File (MeF)”. This list can be found: http://www.irs.gov/Tax-Professionals/e-File-Providers-&Partners/Foreign-Country-Code-Listing-for-Modernized-e-File</p>

Benefit Offer Data (required when participant eligibility changes)

*Only send for COBRA Reduction in Hours participants

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant “OFFR”
2.	Participant SSN	Required	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p> <p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the</p>

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Field Number	Field	Required/Optional	Maximum Field Length	Description
				employee. The participant may be a surviving spouse or dependent of the employee.
3.	Offer Identifier	Required	50	<p>This value is used to link the eligibility data to the applicable offer. The value in the OFFR record should be the same on all ELIG records associated with that offer.</p> <p>The value does not have to be unique across all participants. It must be unique for this participant SSN. Two different participants (different SSNs) may have the same value for an Offer Identifier.</p> <p>Client defined value.</p>
4.	Event Reason	Required	50	<p>The reason for the event.</p> <p>Client defined value.</p>
5.	Event Date	Required	10	<p>Format: MM/DD/CCYY Date of the event.</p>

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Field Number	Field	Required/Optional	Maximum Field Length	Description
6.	Transaction Date	Required	29	<p>Format: MM/DD/CCYY HH:MM:SS.SSSSSS AM/PM</p> <p>Example: 01/01/2015 02:11:24.158000 PM</p> <p>The timestamp of which the offer was created in the system of record. This field is used to determine which event takes precedence if there are two or more events that occur on the same day for a participant</p>
7.	COBRA Reduction in Hours Event	Conditionally Required	1	<p>Valid Values: Y = Yes (COBRA event was a result of a reduction in hours) N = No (COBRA event was not a result of a reduction in hours)</p> <p>Required only if the participant type is Null indicating a COBRA Reduction in Hours,</p>

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Benefit Offer Data (required when OFFR record present)

Only eligibility records that represent Employee Only coverage are required.

The eligibility data should only include actual medical plans for which the participant is eligible. A plan that represents a waiver of coverage (i.e., no coverage) should not be included. For example, if an employee has 4 choices for medical coverage (Plan A, Plan B, Plan C, and Waive), only 3 records should be included (Plan A, Plan B, and Plan C).

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant "ELIG"
2.	Participant SSN	Required	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p> <p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>
3.	Offer Identifier	Required	50	<p>This value is used to link the eligibility data to the applicable offer. The value in the OFFR record should be the same on all ELIG records associated with that offer.</p> <p>The value does not have to be unique across all participants. It must be</p>

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Field Number	Field	Required/Optional	Maximum Field Length	Description
				<p>unique for this participant SSN. Two different participants (different SSNs) may have the same value for an Offer Identifier.</p> <p>Client defined value.</p>
4.	Medical Plan Code	Required	64	<p>A unique short name for identifying the plan.</p> <p>Client Defined Value</p>
5.	Medical Plan Description	Required	100	<p>The full name of the plan.</p> <p>Client Defined Value</p>
6.	Monthly Employee Cost	Required	10	<p>Format: XXXXXXXX.XX Example: 261.92 0.00 The monthly cost of the plan associated to the employee.</p>
7.	Minimum Essential Coverage	Required	1	<p>Valid Values: Y = Yes N = No</p> <p>An employer attestation flag to indicate the plan meets minimum essential coverage requirements.</p>
8.	Minimum Value Plan	Required	1	<p>Valid Values: Y = Yes N = No</p> <p>An employer attestation flag to indicate the plan meets</p>

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Field Number	Field	Required/Optional	Maximum Field Length	Description
				the Minimum Value Plan (MVP) standard.
9.	Dependent Coverage Available	Required	1	Valid Values: Y = Yes N = No If dependents can be covered under this medical plan, the flag must be set to "Y" for all coverage levels (including employee only). Dependent indicates children.
10.	Spouse Coverage Available	Required	1	Valid Values: Y = Yes N = No If the spouse can be covered under this medical plan, the flag must be set to "Y" for all coverage levels (including employee only).
11.	Self-Insured Plan	Required	1	Valid Values: Y = Yes, it is a self-insured medical plan. N = No, it is not a self-insured medical plan. It is a fully insured medical plan. A flag indicating if the plan is a self-insured plan.

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Benefit Coverage Data (required when Participant enrolls in coverage)

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant "COVG"
2.	Participant SSN	Required	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p> <p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>
3.	Medical Plan Code	Required	64	<p>A unique short name for identifying the plan.</p> <p>Client defined value.</p>
4.	Medical Plan Description	Required	100	<p>The full name of the plan.</p> <p>Client defined value</p>
5.	Medical Plan Coverage Level Code	Required	20	<p>A unique code for identifying the level of coverage.</p> <p>Client defined value.</p>
6.	Medical Plan Coverage Level Description	Required	100	<p>The full name of the coverage level.</p> <p>Client defined value.</p>

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Field Number	Field	Required/Optional	Maximum Field Length	Description
7.	Monthly Employee Cost	Required	10 Numeric	Format: X.XX Example: 261.92 0.00 The monthly cost of the plan associated to the employee.
8.	Coverage Start Date	Required	10	Format: MM/DD/CCYY The effective date coverage starts.
9.	Coverage End Date	Conditionally Required	10	Format: MM/DD/CCYY The last full day that coverage was effective for the participant. Required when terminating coverage.
10.	Self-Insured Plan	Required	1	Valid Values: Y = Yes, it is a self-insured medical plan. N = No, it is not a self-insured medical plan. It is a fully insured medical plan. A flag indicating if the plan is a self-insured plan.

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Field Number	Field	Required/Optional	Maximum Field Length	Description
11.	Minimum Essential Coverage	Required	1	Valid Values: Y = Yes N = No An employer attestation flag to indicate the plan meets Minimum Essential Coverage (MEC) requirements.
12.	Minimum Value Plan	Required	1	Valid Values: Y = Yes N = No An employer attestation flag to indicate the plan meets the Minimum Value Plan (MVP) standard.
13.	Transaction Date	Required	29	Format: MM/DD/CCYY HH:MM:SS.SSSSSS AM/PM Example: 01/01/2015 02:11:24.158000 PM The timestamp of which the offer was created in the system of record. This field is used to determine which event takes precedence in the event there are two or more events that occur on the same day for an employee.
14.	Coverage Identifier	Conditionally Required	50	This field is required if the participant has dependents

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Field Number	Field	Required/Optional	Maximum Field Length	Description
				<p>and is used to link the COVG record to any covered Dependent record(s).</p> <p>For example, if an employee selects Employee + Spouse coverage and lists their spouse as a covered dependent, the Coverage Identifier would be used to link the two records.</p> <p>The identifier must be unique at the employee level, for each COVG record, not necessarily at the file level. The same value would be passed on all DEPC records that should be linked to that particular participant coverage.</p> <p>Client defined value.</p>

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Dependent Indicative Data (required for Regulatory Management)

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant "DEPI"
2.	Participant SSN	Required	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p> <p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>
3.	Dependent Identifier	Required	40	<p>The unique identifier assigned to the dependent by the client system of record.</p> <p>This identifier must match the corresponding field in the DEPC record.</p> <p>Client defined value.</p>
4.	Dependent SSN	Required if available	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p>
5.	Dependent First Name	Required	50	

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Field Number	Field	Required/Optional	Maximum Field Length	Description
6.	Dependent Middle Name	Optional	50	
7.	Dependent Last Name	Required	50	
8.	Relationship	Optional	50	<p>The relationship of the dependent to participant.</p> <p>Text in this field will be the relationship displayed in ADP Health Compliance.</p> <p>Client defined value.</p>
9.	Spouse Indicator	Required	1	<p>Valid Values: Y = Yes, the relationship represents a spousal relationship N = No, not a spousal relationship</p> <p>A flag that specifies if the relationship represents that of a spouse, including domestic partners.</p> <p>Should be set to N for dependents that are not a spouse.</p>
10.	Dependent Date of Birth	Required	10	Format: MM/DD/CCYY
11.	Future Use			

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Dependent Coverage Data (required for Regulatory Management)

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant "DEPC"
2.	Participant SSN	Required	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p> <p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>
3.	Dependent Identifier	Required	40	<p>The unique identifier assigned to the dependent by the client system of record.</p> <p>This identifier must match the corresponding field in the DEPI record.</p> <p>Client defined value.</p>
4.	Coverage Start Date	Required	10	<p>Format: MM/DD/CCYY</p> <p>The effective start date for dependent coverage.</p>
5.	Coverage End Date	Conditionally Required	10	<p>Format: MM/DD/CCYY</p>

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Field Number	Field	Required/Optional	Maximum Field Length	Description
				Required when terminating dependent coverage. The last full day that coverage was effective for the dependent.
6.	Coverage Identifier	Required	50	<p>This field is used to link the Dependent record(s) to the COVG record for the participant, that the dependent is covered under.</p> <p>For example, if an employee selects Employee + Spouse coverage and lists their spouse as a covered dependent, the Coverage Identifier would be used to link the two records together.</p> <p>The identifier must be unique at the employee level, for each participant COVG record, not necessarily at the file level. The same value would be passed on all DEPC records that should be linked to that particular participant coverage.</p> <p>Client defined value.</p>

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Trailer Information (always required)

Field Number	Field	Required/Optional	Maximum Field Length	Description
1.	Record Type	Required	4	Constant "FOOT"
2.	Number of EEID Records	Required	9	The total number of EEID records included on the file.

Appendix

Sample Data

```
HEAD|oR8JLMSFMN04078L|Test Client
EEID|999999901|C|STEVE|K|DOE|XXXXXXXXXX|98-7654321|AOID9901
ADDR|999999901|6269999001|1003|doe@testclient.com|3 ALABAMA ST||UPHALA|AL|64741|1237|US
OFFR|999999901|AO123-56789|Termination|10/06/2015|10/06/2015 02:11:24.158000 PM|N
ELIG|999999901|AO123-56789|A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
COVG|999999901|A22|Horizon PPO|FAM|Family|300.00|10/06/2015||Y|Y|Y|10/06/2015 10:18:31.158000
PM|A2210/06/2015 10:18:31.158000 PM
DEPI|999999901|1|XXXXXXXXXX|John|Jay|Doe|Child|N|04/05/1995|
DEPI|999999901|2|XXXXXXXXXX|Sally|Ann|Doe|Child|N|03/02/1998|
DEPC|999999901|1|10/06/2015||A2210/06/2015 10:18:31.158000 PM
DEPC|999999901|2|10/06/2015||A2210/06/2015 10:18:31.158000 PM
FOOT|1
```