**New Add Enrollment Spreadsheet Instructions**

This spreadsheet will be used for any new business or new adds to an existing account. Please **DO NOT** delete, add, or change the formatting of any rows or columns as this can delay the processing of the spreadsheet and even require a new spreadsheet. Below indicate all the fields on the spreadsheet and provides examples of what is needed.

**Note:** If something doesn’t apply then you can leave that column blank. All Highlighted fields are a required demographic field.

|  |  |
| --- | --- |
| **Field** | **Instruction** |
| Subscriber\_SSN | Enter 9 digit numbers no dashes |
| Member SSN | Enter 9 digit numbers no dashes |
| Relationship Type | Please Enter Values from following options (Subscriber, Spouse, Domestic Partner, Child) |
| Last Name | Characters only |
| FirstName | Characters only |
| Middle Name | 1 Character only |
| Suffix | Characters only |
| DOB | Please enter date in MM/DD/YYYY, example 01/01/2020 |
| Gender | M/F |
| Address Line 1 | Please do not put apartment numbers, unit numbers in this field |
| Address Line 2 | Address Line 2 should be used for apartment numbers, unit numbers etc |
| City |  |
| State Code |  |
| Zip Code |  |
| Country Code | USA needs to be entered for the USA |
| DOH | Please enter date in MM/DD/YYYY, example 01/01/2020 |
| Payroll Location | Please enter if applicable |
| Status (if applicable) | if the account is configured with status like Active, Cobra, Retiree |
| Division (if applicable) | if the account is configured with division, example: Fire, Police, McGee, Chevrolet |
| Medical Group Number |  |
| Medical Effective Date | Please enter date in MM/DD/YYYY, example 01/01/2020 |
| PCP (if Applicable) | Only applicable for HMO and Access Blue. Enter in the PCP code. Example 70010000J04250 or as J04250. Leave it blank if you don’t have one |
| Dental Group Number |  |
| Dental Effective Date | Please enter date in MM/DD/YYYY, example 01/01/2020 |
| HSA effective date | Please enter date in MM/DD/YYYY, example 01/01/2020. If applicable. |
| FSL effective date | (Can only have this if you have an HSA) |
| FSL Goal Amount | Please enter just the number not the $. Whole amounts only |
| FSA effective date | Please enter date in MM/DD/YYYY, example 01/01/2020. If applicable. |
| FSA Goal Amount | Please enter just the number not the $. Whole amounts only |
| DFS Effective date | Please enter date in MM/DD/YYYY, example 01/01/2020. If applicable. |
| DFS Goal Amount | Please enter just the number not the $. Whole amounts only example 100 not 100.5 |