PLANSIGHT

CENSUS IMPORT INSTRUCTIONS

Column Header	Required	Format Requirements / Instructions
Employee / Family Identifier	✓	The spouse or children related an employee need to contain the same "Identifier" - this field is "Free Text" to accomodate any type of Employee/Family Identifier.
Relationship to Subscriber	✓	**Employee | Child | Spouse | Adopted Child | Dependent of Dependent | Foster Child | Life Partner**
Same Household	–	**Y** | **N** - Required for ACA. If left blank, will default to **Y**.
Date of Birth	✓	**MM/DD/YYYY -** Required for Employees. Required for dependents when quoting ACA plan options
Gender	✓	**M** | **F**
Zip Code	✓	5 Digit Zip Code. Ex. **84111**
Date of Hire	✓	**MM/DD/YYYY -** Required for Employees Only
Coverage Status	✓ Required for benefit types included in RFP	**Employees** **EE** - Employee Only **ES** - Employee + Spouse **EC1** - Employee + 1 Child **EC2** - Employee + 2 Children (or more) **EF** - Employee + Family **WE** - Waiving Employee **NE** - Not Eligible **Dependents** **CS** - Covered Spouse **CD** - Covered Dependent **WS** - Waiving Spouse **WD** - Waiving Dependent **NE** - Not Eligible
Plan Option	✓	**Integer** Ex. 2 - The plan option number is required for each employee in each benefit type in which that employee participates. Plan Option refers to the number of options created in the RFP Builder. Entering the correct option number based on the employee will ensure the employee is matched to the proper plan option on the Plansight (Illustration).
Employment Status	✓	**Active | Inactive | COBRA | Terminated | Retiree | Part Time**
COBRA Start Date	✓ Conditional	**MM/DD/YYYY** - Required if "Employment Status" = COBRA
Salary	✓ Conditional	If RFP includes Life & ID this field is required for Employee
Salary Mode	–	**Annual | Hourly**
Weekly Hours	–	If "Salary Mode" = Hourly, used for Life & DI Calculations
Job Title	✓ Conditional	Required for Life & DI
Occupation	–	Recommended for Life & DI
Occupation Specialty	–	Recommended for Life & DI
Retiree	✓	**Y** | **N**
Smoker	✓ Conditional	**Y** | **N** Recommended for Life Insurance. Required for ACA.
Last Day of Tobacco Use	✓ Conditional	**MM/DD/YYYY** - Required in some states for ACA quoting.

accepted file types: .csv, .tsv, .xls, .xlsx, .xml

Video Instructions