



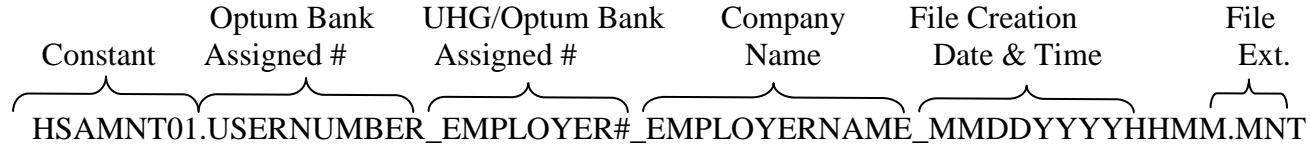
BATCH HSA ENROLLMENT FILE LAYOUT- 600 BYTE

Attached is the file layout that needs to be created by the employer in order to correctly enroll their members into the Optum Bank HSA product. There are several file creation specifics to be aware of:

- The file format allows for 2 types of transactions; new HSA enrollment and terminations. When creating logic to create this file, the best practice would be to send new enrollment records once (or annually during open enrollment) but incremental files should be new adds and terminations only, not a full report of the entire population each time.
- The file must be saved as a flat MS-DOS ASCII file. (In MS-DOS Windows, lines end with both the line feed and carriage return ASCII characters, but Unix uses only a line feed.)
- The individual record length is 600 bytes.
- The file must not exceed 2 GB in size. If the file is larger than 2 GB, please split out the data into smaller files.
- The Value column included in the layout below provides the format or specific default values.

- The file must be named with a specific naming convention. The naming convention required is as follows:

- The entire file name (including file extension “MNT”) must be in capital letters. If reissuing the same data – do not use the same file name. Make sure each file has unique timestamp. This will avoid any delays.
- The User Number (USERNUMBER) node must be populated with “0600” for production files and “9600” for test files.
- There can be no spaces included in the file name.



Example: HSAMNT01.0600_123456789_COMPANYA_121520161505.MNT

- Unless otherwise specified, numeric fields should be right justified, zero fill and alpha-numeric fields should be left aligned, blank fill. The first byte of an alpha-numeric field cannot be blank.
- Date fields when required or provided (optional) must be populated with a valid date.
- Optional fields should be initialized as follows to indicate that you are not trying to send us data; alphanumeric – all spaces, numeric – all spaces or all zeros, date – all spaces or all zeros.
- Fields cannot contain any special characters or punctuation (except for the Last Name may contain hyphens and optional field “e-Mail Address”) Examples include ! : @ # \$ % ^ & * () _ + = ~ ` | \ [] { } , . -

Record Type “A”– File Header Record

Record required at all times.

Field Name	Data Type	Position	Length	Value/Format	Definition/Description
Record Type	Alpha Numeric	1	1	A	Required. Value must be an 'A'.
Payer Name	Alpha Numeric	2 – 41	40	Name of the Payer submitting the batch file.	Optional. Provide only if you are a Payer submitting the batch file. Left Justify, Blank Fill. Set field to all spaces when not providing.
Employer Group Name	Alpha Numeric	42 – 81	40	Name of the Employer Group included on the file	Required. Use “Multiple” when submitting for more than one Employer Group. Left Justify, Blank Fill.
Posting Date	Numeric	82 – 89	8	YYYYMMDD	Required. Date file is submitted to Optum Bank.
Filler	Null	90 – 600	511		Reserved for future use.

Record Type “B” – Detail Record

Field Name	Data Type	Position	Length	Value	Definition/Description
Record Type	Alpha Numeric	1	1	B	Required. Value must be a 'B'.
Employer Number/Group Number	Alpha Numeric	2 – 10	9	Value that identifies employer to Insurance Company.	Required. Value that identifies the employer to the Insurance Company. Commonly referred to as Group Number. Left Justify, Blank Fill.
Status Field	Numeric	11	1	Value 1 or 3	Required. 1 = New Account 3 = Termination. Termination of an employee from the employer.
Social Security Number	Numeric	12 – 20	9	Social Security Number	Required. Must be 9 digits. Enter as numeric only – no dashes or parenthesis. Cannot be “000000000”
Employee First Name	Alpha Numeric	21 – 38	18	Employee First Name	Required. Left Justify, Blank Fill.
Employee Middle Initial	Alpha Numeric	39	1	Employee Middle Initial	Optional. If no middle initial, set to a space.
Employee Last Name	Alpha Numeric	40 – 57	18	Employee Last Name	Required. Left Justify, Blank Fill. Hyphenation allowed.
Street Address 1	Alpha Numeric	58 – 87	30	Employee Street Address	Required. Physical Address. P.O boxes are not allowed to open bank accounts. Left Justify, Blank Fill.
Street Address 2	Alpha Numeric	88 – 107	20	Employee Address Line 2	Optional. Second Street Address Line of Address. Left Justify, Blank Fill. Set field to all spaces when not providing.
City	Alpha Numeric	108 – 129	22	Employee City	Required. Left Justify, Blank Fill.
State	Alpha Numeric	130 – 131	2	Employee State	Required. Two position alpha abbreviation.
Zip Code + Four	Numeric	132 – 140	9	Employee Zip Code + Four	Required. Numeric only 9 positions. If not using 9 positions populate last 4 positions with zeros.

Date of Birth	Numeric	141 – 148	8	YYYYMMDD	Required.
Personal Phone Number	Numeric	149 – 158	10	Employee Home Telephone Number	Optional. Enter as numeric only – no dashes or parenthesis. Set field to all spaces or all zeros when not providing.
Business Phone Number	Numeric	159 – 168	10	Employee Business Phone Number	Optional. Enter as numeric only – no dashes or parenthesis. Set field to all spaces or all zeros when not providing.
e-Mail Address	Alpha Numeric	169 – 228	60	Accountholder e-mail address	Optional. Use proper e-mail formatting including the @ symbol. Left Justify, Blank Fill. Set field to all spaces when not providing.
Employee ID	Alpha Numeric	229 – 239	11	Employee ID Number	Optional. Future Functionality If the Employee has an employee ID or Health Plan member number with the insurance company, it should be placed in this field. Left Justify, Blank Fill. Set field to all spaces when not providing.
Filler		240	6	Spaces	Reserved for internal use only
Coverage Type	Alpha Numeric	246	1	Acceptable values: I – Individual Coverage F – Family Coverage	Optional. Default value is I=Individual if not provided.
HDHP Start Date	Numeric	247 – 254	8	YYYYMMDD	Optional. The date HDHP Coverage is effective. Renewal Date is not needed unless there is a lapse in coverage. Set field to all spaces or all zeros when not providing.
Termination Date	Numeric	255 – 262	8	YYYYMMDD	Optional. Date that a terminated employee is no longer employed AND no longer covered under COBRA coverage with the employer group. Set field to all spaces when not providing.

HSA Affirmation	Alpha Numeric	263	1	Value Y or N	Required Dependent on the Employer Group's agreement to provide terms and conditions to its employees – Batch with Affirmation and Batch without Affirmation. If the Employer Group has agreed to Batch with Affirmation - populate the Affirmed individuals with "Y". All Non Affirmed individuals must be populated with "N"
Mailing Address 1	Alpha Numeric	264 – 293	30	Employee Mailing Street Address	Optional. Required only if Mailing Address exists for the applicant. Left Justify, Blank Fill. Set field to all spaces when not providing.
Mailing Address 2	Alpha Numeric	294 – 313	20	Employee Mailing Address Line 2	Optional. Required only if Mailing Address exists for the applicant. Left Justify, Blank Fill. Set field to all spaces when not providing.
Mailing City	Alpha Numeric	314 – 335	22	Employee Mailing City	Optional. Required only if Mailing Address exists for the applicant. Left Justify, Blank Fill. Set field to all spaces when not providing.
Mailing State	Alpha Numeric	336 – 337	2	Employee Mailing State	Optional. Required only if Mailing Address exists for the applicant. Two position alpha abbreviation. Set field to all spaces when not providing.
Mailing Zip Code + Four	Numeric	338 – 346	9	Employee Mailing Zip Code + Four	Optional. Required only if Mailing Address exists for the applicant. 9 positions. If not using 9 positions populate last 4 positions with zeros. Set field to all spaces or all zeros when not providing.

Card Type	Alpha Numeric	347 – 349	3	Required value: MC – Master Card	Required. Left Justify, Blank Fill following value
Filler		350-555	206	Spaces	Reserved for Internal Use
Wet Signature Ind	Alpha Numeric	556	1	Value Y or N	Required Used only if an employer is authorized by Optum Bank to capture a wet signature on it's behalf. Y indicates that the employee has provided a wet signature; N indicates that the employee did not provide a wet signature.
E Signature Ind	Alpha Numeric	557	1	Value Y or N	Required Used only if an employer is authorized by Optum Bank to capture an electronic signature on it's behalf. Y indicates that the employee has provided a electronic signature, N indicates that the employee did not provide a electronic signature.
Verification ID	Alpha Numeric	558-567	10	Verification ID	Optional. Employee defined verification id used as security verification by customer care representatives. Left Justify, Blank Fill. Set field to all spaces when not providing.
Division Code	Alpha Numeric	568 – 576	9		Optional. Used to identify sub groups of the submitting Group ID
Filler		577 -- 593	17	Spaces	Reserved for internal use only
Filler		594 - 600	7	Spaces	Reserved for future use.

Record Type “Z” - Trailer Record

Record required at all times.

Field Name	Data Type	Position	Length	Value	Definition/Description
Record Type	Alpha Numeric	1	1	Z	Required. Must be set to 'Z'.
Number of Accounts	Numeric	2 – 8	7	Total Number of “B” Records	Required. Right justify, zero fill.
Filler	Null	9 – 600	592	Spaces	Reserved for future use.



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