ATTACHMENT 6

NYSIF FILE LAYOUT

DISABILITY BENEFITS AND PAID

FAMILY LEAVE CLAIMS

TPA Electronic Data Exchange

Any TPA entering this agreement with NYSIF must electronically exchange the data files noted
below, using industry standard secure methods.

Files to be sent by TPA vendor to NYSIF:

   A) Daily process
   B) Monthly control file

Files to be sent by NYSIF to TPA vendor:

   C) Daily process error

File specifications:

A) Daily process

Description: Used to open/close claims and post payment transactions to NYSIF's system; includes demographic information, accident information, and transaction information.

Notes: File must be sent as a text file with fields in specific positions.

Field Name	Data Type	Size	If Required For DBL	If Required For PFL	Description	Expected Values
Control Record (001):						
Type of Record	Numeric	3	R	R	CONTROL RECORD = 001	
NYSIF TPA Identifier Number	Numeric	5	R	R	#Assigned by NYSIF for internal use only (last 5 digits of WCB TPA#)	
TPA Name	Alpha	35	R	R	The name of the TPA	
Total Records	Numeric	6	R	R	Total number of records in file, including the control record	
Date	Numeric	8	R	R	Date file was created.	
Time	Numeric	8	R	R	Time file was created.	
Total Gross Amount Paid	Numeric	10.2	R	R	Total Gross Amount Paid in the file [From Record Type	
Total Net Amount Paid	Numeric	10.2	R	R	Total Net Amount Paid in the file [From Record Type 6 and 7]	
Total Reserve Amount	Numeric	10.2	R	R	Total Comp Incurred Cost in the file [From Record Type 4 and 5]	
Total FICA Amount Paid	Numeric	10.2	R	R	Total FICA Amount Paid in the file [From Record Type 6 and 7]	

Total Size:

Record
(New = 002, Change

						Expected Values
						002 -> New Claimant/Address
						003 -> Updated Claimant/Address
						*Note: Any 003 record must include all
Type of Record	Numeric	3	R	R	Claimant/Address record	fields regardless of what changed
TPA Claimant ID	Numeric	8	R	R	Claimant ID which is a Unique Identifier for the Claimant table	
TPA Claimant Mailing Address ID	Numeric	8	R	R	Address ID which is a Unique identifier for Address table	
First Name	Alpha	15			First Name of the Claimant	
Last Name	Alpha	25	R	R	Last Name of the Claimant	
Middle Name	Alpha	1			Middle Initial of the Claimant	
Date of Brth	Date	8	R	R	Claimant's Date of Birth	
SSN	Alpha	9	R	R	Social Security Number of Person, Example SSN "087480149"	
Gender	Alpha	1			Claimant's Gender	Expected Values F -> Female M -> Male U -> Unknown (Default)
Marital Status	Alpha	1			Claimant's Marital Status	Expected Values T -> True F -> False U -> Unknown (Default)
Claimant Mailing Address Line 1	Alpha	100	R	R	Address of Claimant	
Claimant Mailing Address Line 2	Alpha	100			Address of Claimant	
Claimant Mailing City	Alpha	28			City of Claimant	
Claimant Mailing State	Alpha	2			State of Claimant	
Claimant Mailing Country	Alpha	50	R	R	Country of Claimant	Expected Values See "Country" Tab
Claimant Mailing Zip code	Alpha	5	R*	R*	Zipcode of Claimant *If mailing address is within USA	
Claimant Mailing Foreign Postal Code	Alpha	10	R*	R*	Foreign Postal Code of Claimant *If outside US	

						Expected Values
						See "Race Types" Tab If multiple values, separate with a bar Example: 3|85
Race	Alpha	20			Claimant's Reported Race	
Origin	Alpha	20			Claimant's Reported Origin	Expected Values *See "Origin Types" Tab* If multiple values, separate with a bar Example: 2|77
Occupation Code	Numeric	6		R	Occupation code for the claimant as defined by the Bureau of Labor Statistics.	
Preferred Language	Alpha	30		R	Claimant's Preferred Language	Expected Values *See "Preferred Languages" Tab*

Total Size:

Claim Record (New = 004, Change = 005):

						Expected Values
Type of Record	Numeric	3	R	R	Claim Record	004 -> New Claim 005 -> Updated Claim *Note: Any 005 record must include all fields regardless of what changed
TPA Claim Number	Numeric	8	R	R	Claim number associated with the claim	
TPA Claimant ID	Numeric	8	R	R	Claimant ID [From Record Type 2 or 3]	
Policy Number	Numeric	8	R	R	NYSIF Policy Number for the claim	
Entity Number	Numeric	8	R	R	Entity number associated with Policy	
Leave Type	Alpha	3	R	R	Leave Type	Expected Values DBL PFL
PFL Claim Type	Alpha	100		R	Type of PFL claim	Expected Values *See "PFL Claim Types" Tab*
Date Of Birth	Date	8	R	R	Claimant's Date of Birth	
Disability Date	Date	8	R		Claimant's Date of Disability	
PFL Effective Date	Date	8		R	PFL Claim Effective Date	
Date Returned To Work	Date	8			Claimant Returned To Work Date	

						Expected Values
Prior Claims for 52 Weeks	Alpha	1	R	R	Claimant has a previous claim within the Last 52 weeks.	T -> True F -> False U -> Unknown (Default)
Disability Description	Alpha	200	R		Description of the claim	
Worked On Disability Date	Alpha	1	R	R	Worked on date of disability	Expected Values T -> True F -> False U -> Unknown (Default)
Worked Since	Alpha	1	R	R	Worked Since Date of Disability	Expected Values T -> True F -> False U -> Unknown (Default)
Reserve_Amount	Numeric	10.2			Amount Reserved	
Benefit Rate	Numeric	10.2			Weekly benefit rate of the claim	
Deduct Fica	Alpha	1	R	R	Fica amount deduction	Expected Values T -> True F -> False U -> Unknown (Default)
Pregnancy	Alpha	1			Pregnancy indicator	Expected Values T -> True F -> False U -> Unknown (Default)
Date Received	Numeric	8			Claim Form Received Date	
Claimant Signed	Alpha	1	R	R	Did the Claimant Sign the claim form?	Expected Values T -> True F -> False (Default)
Date Signed	Numeric	8			Date Claimant Signed Claim Form	
Current Status	Alpha	16	R	R	Current status of the claim	Expected Values PENDING OPEN REJECTED RETIRED
Date Current Status	Numeric	8	R	R	Date on which Current Status of Claim is Updated	
Employer Reimbursement Required	Alpha	1	R	R	Indicator of whether the employer is requesting reimbursement for wages paid while claimant was taking PFL benefits	Expected Values T -> True F -> False U -> Unknown (Default)
Employee Phone Number	Numeric	14			Employee phone number. Example phone numer :- 2125232541.	
Average Weekly Wage	Numeric	10.2	R	R	Average Weekly Wage	
Relation	Alpha	30			Type of Relation to Family Member	Expected Values See "Relation Types" Tab

						Expected Values
Female Maternity DBL Benefits Taken	Alpha	3		R	If the claim is female bonding with newborn, indicate if DBL benefits have been utilized, otherwise N/A	Y -> Yes N -> No N/A -> Not Applicable
Date of Birth of Family Member	Date	8		R	The date of birth of the person for which the claim is being taken to support	
Child Gender	Alpha	1		R*	*If Claim Type is --- *ADOPTION BONDING* *FOSTER CHILD BONDING* *NEWBORN BONDING*	Expected Values F -> Female M -> Male U -> Unkown (Default)
Care Provider License Number	Alpha	15		R*	*If Claim Type is --- *FAMILY LEAVE*	
Military Leave Qualifying Reason	Alpha	200		R*	Required if PFL Claim Type is Military	
Employee Hire Date	Date	8		R	Date the employee was added to the payroll or work start date, whichever is earlier.	
Claim Continuity	Alpha	10		R	Claim Continuity	Expected Values PERIODIC CONTINUOUS
Other Leave Taken	Alpha	3			Other Leave Taken	Expected Values DBL PFL

Total Size:

Record
(New = 006, Change

						Expected Values
Type of Record	Numeric	3	R	R	Payee/Payment Record	006 -> New Payee/Payment 007 -> Updated Payee/Payment *Note: Any 007 record must include all fields regardless of what changed
TPA Claim Number	Numeric	8	R	R	Claim Number related to Payment [From Record type 4 or 5]	
TPA Payment Sequence Number	Numeric	8	R	R	Sequence Number related to Payment, unique per claim payment	
Name	Alpha	45			Name of Payee	
SSN	Alpha	9			Social Security number. Example SSN No "087480149"	
Date Of Birth	Date	8			Date of Birth of Payee	
Address Line 1	Alpha	36			Street Address of Payee	
Address Line 2	Alpha	36			Street Address of Payee	
City	Alpha	28	R	R	City of Payee	
State	Alpha	2			State of Payee	

NYSIF FILE LAYOUT – DISABILITY BENEFITS AND PAID FAMILY LEAVE CLAIMS

Zipcode	Alpha	5	R*	R*	Zipcode of Payee *If payee is within USA	
Foreign Postal Code	Alpha	10	R*	R*	Foreign Postal Code *If payee is outside USA	
Country	Alpha	25	R	R	Country of Payee	Expected Values *See "Country" Tab*
Organization Name	Alpha	45			Payee Organization Name if payment is not to a person	
Employer FEIN	Alpha	9			Employer Federal Identification Number, Example 113411150.	
Attorney FEIN	Alpha	9			Attorney Federal Identification Number, Example 154824789.	
Payment type ID	Numeric	3	R	R	Payment Type ID	Expected Values *See "Payment Types" Tab*
Fica Contribution	Numeric	4.2			Employer FICA contribution percentage	
Fica Amount	Numeric	10.2			Dollar amount of FICA withheld	
Lien_Amt	Numeric	10.2			Dollar amount of Lien withheld	
Gross Amount Paid	Numeric	10.2	R	R	Gross Amount	
Net Amount Paid	Numeric	10.2	R	R	Net Amount Paid (Net = Gross - FICA - Lien)	
Benefit Rate	Numeric	10.2			Rate used for calculating Benefits	
Transaction Number	Alpha	20			Check Number/AFT Transaction Number	
Payment Date	Date	8			Date Payment was made	
Number of Weeks Paid	Numeric	2	R	R	For Number of weeks payment was made	
Number of Days Paid	Numeric	3	R	R	For Number of days payment was made	
Check Returned	Alpha	1	R	R	Status of Check Returned	Expected Values T -> True F -> False (Default)
Date Check Returned	Date	8			Date check was Returned	
Payment Status	Numeric	3			Status ID for the payment	Expected Values *See "Payment Statuses" Tab*
Benefit Start Date	Date	8			Payment Benefit Start Date	
Benefit End Date	Date	8			Payment Benefit End Date	

Total Size:

Notes:

Decimal position is assumed. For e.g.: If size is 4.2, then 1200.75 would appear as 120075.

R in column D = Required Field for DBL.

R in column E = Required
Field for PFL.

All Dates are formatted as
YYYYMMDD

R* = Conditionally Required, see column F for conditional
requirement

Race Type ID	Race Type
3	American Indian or Alaska Native
85	Black or African American
86	Asian Indian
87	Chinese
88	Filipino
89	Japanese
90	Korean
91	Vietnamese
92	Other Asian
93	White
94	Native Hawaiian
95	Guamanian or Chamorro
96	Samoan
97	Other Pacific Islander
98	Other race

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Origin Type Id	**Origin Type**
2	Mexican
77	Mexican American
78	Chicano/a
79	Puerto Rican
80	Dominican
81	Cuban
82	Another Hispanic, Latino/a, or Spanish origin
83	Not of Hispanic, Latino/a, or Spanish origin
84	Unknown

PFL Claim Type
ADOPTION BONDING
FOSTER CHILD BONDING
NEWBORN BONDING
FAMILY LEAVE
MILITARY

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Payment Type Id	Payment Type
1	ATTORNEY
2	EMPLOYER
3	ESTATE
4	CLAIMANT WITH FICA
5	CLAIMANT WITH NO FICA
6	CHILD SUPPORT
7	SPOUSE
8	OTHER
9	FICA
10	REFUND WITH NO FICA
11	REFUND WITH FICA

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NYSIF FILE LAYOUT – DISABILITY BENEFITS AND PAID FAMILY LEAVE CLAIMS

Payment Status Id	Payment Status
2	AUTHORIZED
3	REJECTED
9	RETURNED

Country
AFGANISTAN
ALBANIA
AMERICAN SAMOA
ANTIGUA & BARBUDA
ARGENTINA
ARMENIA REPUBLIC OF
ARUBA
AUSTRALIA
AUSTRIA
BAHAMAS
BARBADOS
BELGIUM
BERMUDA
BOSNIA & HERZEGOVINA
BRAZIL
BULGARIA
CANADA
CAYMAN ISLANDS
CHILE
CHINA
COLUMBIA
COSTA RICA
CZECH REPUBLIC
DENMARK
EL SALVADOR
FINLAND
FRANCE
FRANCE, METROPOLITAN
GERMANY
GHANA
GIBRALTAR
GREAT BRITAIN
GREECE
GRENADA
GUAM
HONG KONG
HUNGARY
INDIA
INDONESIA
IRELAND
ISRAEL
ITALY
JAMAICA
JAPAN
KENYA
KOREA REPUBLIC OF
KOREA, DEM PEOPLE'S REP OF
LUXEMBOURG
MEXICO
MONACO
NAMIBIA
NEPAL
NETHERLANDS

NEW ZEALAND
NIGERIA
NORWAY
PERU
PHILLIPINES
POLAND
PORTUGAL
PUERTO RICO
QATAR
ROMANIA
RUSSIAN FEDERATION
SAN MARINO
SINGAPORE
SOUTH AFRICA
SPAIN
SRI LANKA
SWEDEN
SWITZERLAND
TAIWAN
TANZANIA
THAILAND
TOGO
TONGA
TRINIDAD & TOBAGO
TUNISIA
TURKEY
TURKMENISTAN REPUBLIC OF
TURKS & CAICOS ISLANDS
TUVALU
UGANDA
UKRAINE
UNITED ARAB EMIRATES
UNITED KINGDOM
URUGUAY
USA
UZBEKISTAN REPUBLIC OF
VANUATU
VATICAN CITY
VENEZUELA
VIETNAM
VIRGIN ISLANDS (BRITAIN)
VIRGIN ISLANDS (U.S.)
WESTERN SAHARA
YEMEN ARAB REPUBLIC

NYSIF FILE LAYOUT – DISABILITY BENEFITS AND PAID FAMILY LEAVE CLAIMS

Preferred Language

Id	**Language**
1	ENGLISH
99	SPANISH
100	RUSSIAN
101	POLISH
102	CHINESE
103	ITALIAN
104	HAITIAN CREOLE
105	OTHER
123	NO RESPONSE

Relation Type
PARENT
BIOLOGICAL CHILD
GRANDPARENT
STEPCHILD
FOSTER CHILD
ADOPTED CHILD
LEGAL WARD
PARENT-IN-LAW
DOMESTIC PARTNER
DOMESTIC PARTNER'S CHILD

B) Monthly control file

Description: Used to reconcile payment notification received from Vendor with what NYSIF has internally in our system.

Notes: File must be sent as a text file with fields in specific positions.

Layout:

Field Name	Data Type	Comments
Claimant First Name	Text	
Claimant Middle Initial	Text	
Claimant Last Name	Text	
Effective Date of Claim	Date	
Claim Status	Text	Open or closed
Policy number	Numeric	NYSIF policy
TPA Claim number	Numeric	The claim number issued by the TPA
Payment date	Date	
Type of Payment	Alpha Numeric	DB or PFL
Payment Amount	Numeric	Amount of draft
Check Number	Numeric	TPA's check number
Payee name	Text	
Date of Check	Date	
Sequence Number	Numeric	Sequence number in case of more than one record for a claim

C) Daily process error file

Description: Any errors found from processing the input file from vendor results in an error report, which NYSIF will send every day.

Notes: File must be sent as a text file with fields in specific positions.

Layout:

Field Name	Data Type	Comments
TPA Claim Number	Text	The Claim number issued by the TPA
Record Type	Numeric	Record type which contains the error, new claim or change to existing.
Original Value	Text	Contains the value of the field that contains the error
Error Message	Text	Description of error

Note:
If there are no errors, this file will contain only the header information.