

AFPlanServ® Common Remitter File Formats

Payroll Deduction Register Requirements in *Fixed Width Format*

(required each time contributions are submitted)

- Repeat information if Employee has a contribution for more than one investment provider.
- When naming this file, include the word REGISTER plus Contribution Source at the end of the file name.
- Contribution Source is Employee Salary Deferral (EE), Employer Paid (ER), or After-Tax Roth (AT).
- Submit a separate file for each Contribution Source.

For example: MoorePublicSchools_REGISTER_EE.txt

Field	Mandatory	Field Name	Type	Length	Format	Example
1	Y	SSN	Numeric	9		Example: 123456789
2	Y	PARTICIPANT NAME	Alpha	50		Example: John W Smith
3	Y	INVESTMENT PROVIDER	Alpha	50		Example: American Fidelity Assurance Company
4	Y	PREMIUM	Numeric	9	(6,2) 999990.00	Example: 000019.99
5	Y	PLAN NUMBER	Alpha	50		Assigned by AFPlanServ

Example Register Records:

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Column          1          2          3          4          5          6          7          8          9          1          1
Number 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789
Rec 1  999119999Jo W. Smith                                ONE INSURANCE COMPANY                                000019.99P
Rec 2  111991111BILL P JONES                               TWO LIFE INSURANCE COMPANY                            150.00P
Rec 3  111991111BILL P JONES                               THREE LIFE INSURANCE COMPANY                            50.00P
    
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Column          1          1          1          1          1
Number          2          3          4          5          6
Rec 1 continued SOK12345
Rec 2 continued SOK12345
Rec 3 continued SOK12345
    
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Census Requirements in Comma Delimited Format

(required on initial setup and for major updates)

- Only include plan participants in this file.
- When naming this file, include the word CENSUS at the end of the file name.

For example: MoorePublicSchools_CENSUS.txt

Field	Mandatory	Name	Type	Max Length	Format	Example
1	Y	SSN	Numeric	9		123456789
2	Y	LAST NAME	Alpha	35		Smith
3	Y	FIRST NAME	Alpha	35		John
4	N	MIDDLE NAME	Alpha	35		Wayne
5	N	EMAIL ADDRESS	Alpha	100		john@yahoo.com
6	Y	BIRTH DATE	Numeric	8	MMDDYYYY	12011960
7	N	GENDER	Alpha	1	M/F	M
8	Y	ADDRESS LINE 1	Alpha	35		123 Main St
9	N	ADDRESS LINE 2	Alpha	35		Apt 11
10	Y	CITY	Alpha	35		Oklahoma City
11	Y	STATE	Alpha	2		OK
12	Y	ZIPCODE	Numeric	11		73145
13		blank	na	0		
14		blank	na	0		
15		blank	na	0		
16		blank	na	0		
17		blank	na	0		
18	Y	ANNUAL SALARY	Numeric	11	(8,2) 99999990.00	50000.00
19	Y	HIRE DATE	Numeric	8	MMDDYYYY	07012000

20		blank	na	0		
21		blank	na	0		
22	N	EMPLOYEE ID	Alpha	10		11223344
23	N	HOME PHONE NUMBER	Numeric	10		4055551234
24	N	WORK PHONE NUMBER	Numeric	10		4055554321
25	N	WORK PHONE EXT	Numeric	5		23
26	Y	PLAN NUMBER	Alpha	50		Assigned by AFPlanServ
27	Y	PLAN YEAR**	Numeric	8	MMDDYYYY	12312008
28	Y	EIN (Employer Tax ID Number)	Numeric	10	123456789 (No dash)	123456789
29	N	EMPLOYMENT STATUS	Alpha	1		H=Active participant, N=Died, P=Disabled, R=Retired, X=Approved LOA, U=Took hardship distribution, T=Terminated, O=Other
30	N	STATUS EFFECTIVE DATE	Numeric	8	MMDDYYYY	07012008

** This date will always be December 31 of the current year

Example Census Records:

Rec 1 999119999,Smith,Jo,W,JSmith@email.com,06041968,F,123 Main Street,Apt 11,Oklahoma City,OK,73145,,,,,50000.00,07012000,,,11223344,4055551234,4055554321,2304,PSOK12345,12312008,123456789,H,07012000

Rec 2 111991111,Jones,Bill,P,BILLPJONES@email.com,12271943,M,2102 SE 16TH,,Moore,OK,73160,,,,,40201.80,0816194,,,44332211,4055556789,4055559876,,PSOK12345,12312008,123456789,R,09102008

Policy Requirements in Comma Delimited Format

(required on initial setup and for major updates)

- Repeat information if employee has a contribution for more than one investment provider.
- Repeat information if employee has a contribution from more than one Contribution Source.
- When naming this file, include the word POLICY at the end of the file name.

For example: MoorePublicSchools_POLICY.txt

Field	Mandatory	Name	Type	Max Length	Format	Example
1	Y	SSN	Numeric	9		123456789
2	Y	INVESTMENT PROVIDER	Alpha	50		American Fidelity
3	Y	PRODUCT	Alpha	100		403(b), Roth 403(b)
4	Y	CONTRIBUTION SOURCE	Alpha	50		Employee Salary Deferral, Employer Match, after tax Roth 403(b)
5	Y	NUMBER OF DEDUCTIONS PER YR.	Numeric	8		12, 24, 26
6		blank	na	0		
7		blank	na	0		
8		blank	na	0		

9		blank	na	0		
10		blank	na	0		
11		blank	na	0		
12		blank	na	0		
13	Y	PREMIUM SALARY DEFERRAL	Numeric	11	(8,2)99999990.00	33.88
14	Y	PREMIUM POSTTAX (ROTH)	Numeric	11	(8,2)99999990.00	
15	Y	PREMIUM EMPLOYER PAID	Numeric	11	(8,2)99999990.00	
16	Y	PREMIUM TOTAL	Numeric	11	(8,2)99999990.00	33.88
17		blank	na	0		
18		blank	na	0		
19	Y	PLAN NUMBER	Alpha	50		Assigned by AFPlanServ

Example Policy Records:

Rec 1 999119999,ONE INSURANCE COMPANY,403(b),Employee Salary Deferral,12,,,,,,,,,19.99,0.00,0.00,19.99,,,PSOK12345

Rec 3Rec 2 111991111,THREE LIFE INSURANCE COMPANY,403(b),Employee Salary Deferral,24,,,,,,,,,50.00,0.00,0.00,50.00,,,PSOK12345
111991111,TWO LIFE INSURANCE COMPANY,403(b),Employee Salary Deferral,12,,,,,,,,,150.00,0.00,0.00,150.00,,,PSOK12345