



Data Transfer Guide

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Overview

The AmeriFlex FTP drop site was designed as a convenient way for clients to transmit electronic data files. Users can log in and upload production data files containing participant demographics, participant accounts, or payroll deposit information. Files deposited on the drop site are automatically processed into AmeriFlex's systems on a daily basis.

Encryption

Due to security and privacy concerns, AmeriFlex requires that all test and production files be encrypted using PGP encryption. You will receive the Public encryption key in the initial documentation email.

Testing

Before production files can be transmitted or ftp accounts issued, sample files for each data type a client will be transmitting must successfully complete testing. Test files should be emailed to mnooney@flex125.com with the subject line "FTP drop site Test files". Please include your company name in the body of the email. A reply with test results will be sent to the submitters email address.

FTP Account Setup

Once all file types have successfully completed testing, an FTP account will be created for your group. To gain access to the ftp drop site the client will need to provide the static IP address they will be using to send files. This will allow the address as an exception and thus be allowed to pass our firewall protection. Please use **edi01.flex125.com** for the FTP transfers.

FSA & HRA File Specifications

File Naming Conventions

Files deposited on the drop site should use the following naming convention to ensure proper processing:

Demographic File

ibYYMMDD.pgp

Where:

YY = Two Digit Year

MM = Two Digit Month

DD = Two Digit Day

Account File

icYYMMDD.pgp

Where:

YY = Two Digit Year

MM = Two Digit Month

DD = Two Digit Day

Payroll Deposit File

ihYYMMDD.pgp

Where:

YY = Two Digit Year

MM = Two Digit Month

DD = Two Digit Day

Examples:

Demographic File: ib061025.pgp

Account File: ic061025.pgp

Payroll Deposit File: ih061025.pgp

File Layouts

Employee Demographic File Layout

File Type: Fixed Length Flat ASCII

Field	Len	Start Position	End Position	Format	Description	Required
Record ID	2	1	2	XX	"IB"	Y
TPA ID	6	3	8	XXXXXX	"AMF001"	Y
Group Code	9	9	17	XXXXXXXXX	Group ID Code (to be assigned)	Y
SSN	9	18	26	999999999	Employee SSN	Y
Prefix	5	27	31	XXXXX	Mr.,Mrs.,Ms., etc	N
Last Name	26	32	57	X(26)		Y
First Name	19	58	76	X(19)		Y
Middle Initial	1	77	77	X		N
Phone	19	78	96	(999) 999-9999 9999		N
Address Line 1	36	97	132	X(36)		Y
Address Line 2	36	133	168	X(36)		N
City	20	169	188	X(20)		Y
State	2	189	190	XX		Y
Zip	9	191	199	999999999		Y
Country	3	200	202	XXX	"USA"	Y
Check Option	1	203	203	X	"C"	Y
Email	100	204	303	X(100)		N
Location Code	3	304	306	X(50)		N
Filler 1	2	307	308	XX	Blank	N
Termination Date	10	309	318	99/99/9999	MM/DD/YYYY	N
Filler 2	2	319	320	XX	Blank	N
Effective Date	10	321	330	99/99/9999	MM/DD/YYYY	N
Filler 3	23	331	353	X(23)	Blank	N

Employee Account Layout

File Type: Fixed Length Flat ASCII

Field	Start	End	Format	Description	Required
Record ID	2	1	2XX	"IC"	Y
TPA ID	6	3	8XXXXXX	"AMF001"	Y
Group Code	9	9	17XXXXXXXX	Group Code (to be assigned by AmeriFlex)	Y
Plan ID	10	18	27XXXXXXXXXX	Plan ID (to be assigned by AmeriFlex)	Y
SSN	9	28	36999999999	Employee SSN	Y
Account Type	3	37	39XXX	FSA = Medical Spending Account DCA = Dependent Care Account TRN = Transit Account PKG = Parking Accounts	Y
Plan Year Start Date	8	40	47YYYYMMDD		Y
Plan Year End Date	8	48	55YYYYMMDD		Y
Account Status	1	56	56X	A = Active, I = Inactive	Y
Original Pre-fund Amount	18	57	74999999999999.99	Right Justified Zero Filled	Required for FSA accounts. Should contain zero for all other accounts
Employee Deposit Amount	18	75	92999999999999.99	Right Justified Zero Filled, Per Pay Amt.	Y
Employer Deposit Amount	18	93	11099999999999.99	Right Justified Zero Filled, Per Pay Amt.	Y
Employee Start Date	8	111	118YYYYMMDD		N

Payroll Deposit Layout

File Type: Fixed Length Flat ASCII

Field	Start	End	Format	Description	Required
Record ID	2	1	2XX	IH'	Y
TPA ID	6	3	8XXXXXX	AMF001'	Y
Group Code	9	9	17XXXXXXXX	Group Code (to be assigned by AmeriFlex)	Y
Account Type	3	18	20XXX	FSA = Medical Spending Account DCA = Dependent Care Account TRN = Transit Account PKG = Parking Accounts	Y
Plan Year Start Date	8	21	28YYYYMMDD		Y
Plan Year End Date	8	29	36YYYYMMDD		Y
SSN	9	37	45999999999	Employee SSN	Y
Deposit Type	1	46	46X	P = Pre-fund Adjustment A = Payroll Deposit	Y
Employee Deposit Amount	18	47	64999999999999.99	Right Justified Zero Filled, Per Pay Amt.	Y
Employer Deposit Amount	18	65	82999999999999.99	Right Justified Zero Filled, Per Pay Amt.	Y