

ENROLLMENT SUMMARY SPREADSHEET INSTRUCTIONS

After collecting all employee Enrollment and Re-enrollment Forms, double-check that all forms are signed and dated. Then summarize the information on a spreadsheet for submission to Human Resource Administrators, Inc. For your convenience, we have attached a preformatted spreadsheet named "enrollment_contribution spreadsheet" that is already in the required format. All you need to do is open the document in your spreadsheet software and load the required enrollment information. The following chart can be used to help you complete the spreadsheet accurately. Forward the completed spreadsheet to Human Resource Administrators, Inc. via email or on diskette. Keep the original Enrollment Forms for your files.

COLUMN NAME	WHAT SHOULD BE ENTERED IN THIS COLUMN?	WHAT IS THE REQUIRED FORMAT?
ee_ssn <i>(required)</i>	Enter the employee's Social Security Number	123-45-6789
ee_first <i>(required)</i>	Enter the employee's first name	John
ee_last <i>(required)</i>	Enter the employee's last name	Doe
ee_initial <i>(required)</i>	Enter the employee's middle initial	A.
pay_freq <i>(required)</i>	Enter the employee's payroll cycle. For example, if the employee is paid biweekly, enter "B"	M (for monthly pays) S (for bimonthly pays) B (for biweekly pays) W (for weekly pays)
pay_date <i>(required for contributions)</i>	For Enrollment purposes leave blank. For contributions enter check date	MM-DD-YYYY
ded_code <i>(required)</i>	Enter the benefit code	MEDFSA = Medical Spending DCBFSA = Dependent Care Spending OICFSA = Outside Coverage
ded-freq <i>(required)</i>	Enter the employee's deduction cycle. This may be the same of the pay_freq. Some employers may use have 26 pays however, benefits are deducted based on 24 pays.	M (for monthly pays) S (for bimonthly pays) B (for biweekly pays) W (for weekly pays)
ded_amount <i>(required)</i>	Enter the amount to be deducted per pay for the employee's benefit. The annual election amount will be reached by multiplying this number x the ded_freq. If they have more than one benefit, then use two lines, one for each benefit.	38.46
Department (if applicable)	Enter the employee's Department name if your employees are divided by department	PA DEPT
ee_dob (leave blank)	Leave blank	
ee_doh <i>(required)</i>	Enter the employee's date of hire.	MM-DD-YYYY
ee_voice (optional)	Enter the employee's phone number	123-555-6789
ee_voicext (optional)	Enter the employee's phone extension #	2
ee_fax (optional)	Enter the employee's fax #	123-456-7891
ee_title (optional)	Enter the employee's title	President
ee_salary (leave blank)	Leave blank	
ee_address 1 <i>(required)</i>	Enter the employee's street address	123 North Main Street
ee_address 2 (if applicable)	Enter the employee's apt number, etc.	Apt. 2
ee_city <i>(required)</i>	Enter the employee's city of residence	Anytown
ee_state <i>(required)</i>	Enter the employee's state of residence	PA
ee_zip <i>(required)</i>	Enter the employee's zip code	12345 or 12345-6789
ee_credit	Enter the per pay amount to be contributed by the employer to this employee's Medical spending account	
er_freq	Enter the employer's contribution cycle. This may be the same of the pay_freq. Some employers may use have 26 pays however, benefits are deducted based on 24 pays.	M (for monthly pays) S (for bimonthly pays) B (for biweekly pays) W (for weekly pays)

Total annual election	Enter the employee's total annual election	0000.00
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