

Employee Demographic	Employee Demographic Description	Employee Work Information	Employee Work Information Description	Dependent Demographic
EE Address	Employee Address	EE Adjusted Salary	Adjusted Salary	DEP Address
EE Alt Address	Employee Alternate Address	EE Adjusted Salary 2	Adjusted Salary 2	DEP Age
EE Alt City	Employee Alternate City	EE Adjusted Salary 3	Adjusted Salary 3	DEP City
EE Alt Country	Employee Alternate Country	EE Benefit Program	Benefit Program	DEP Country
EE Alt Phone	Employee Alternate Phone Number	EE Bonus Commission	Bonus Commission	DEP Disabled Flag
EE Alt Postal Code	Employee Alternate Zip code	EE Business Program	Business Program	DEP DOB
EE Alt Region	Employee Alternate Region	EE Business Unit	Business Unit	DEP DV Date Entered
EE Bad Address	Employee Address Bad Address Indicator	EE Check Box Answer 1	If applicable, custom check box answer 1	DEP DV Performed By
EE Bad Alt Address	Alternate Address - Bad Address Indicator	EE Check Box Answer 2	If applicable, custom check box answer 2	DEP Email
EE City	Employee City	HIPAA Medical Coverage Period Begin Date	HIPAA Medical Coverage Period Begin Date	DEP ESRD Coord Period Begin Date
EE Country	Employee Country	HIPAA Medical Wait Period Begin Date	HIPAA Medical Wait Period Begin Date	DEP ESRD Coord Period End Date
EE DOB	Employee Date of Birth	EE Cost Center	Cost Center	DEP Gender
EE Email	Employee Primary Email	EE Department	Department	DEP Home Phone
EE Email 2	Employee Secondary Email	EE Direct Bill End Date	Direct Bill End Date	DEP Inactive Date
EE ESRD Period Begin Date	Employee ESRD Begin Date	EE Direct Bill Start Date	Direct Bill Start Date	DEP is EE Flag
EE ESRD Period End Date	Employee ESRD End Date	EE Division	Division	DEP is Medicare Eligible
EE First Name	Employee First Name	EE Eligibility Group	Eligibility Group	DEP Medical Cov Begin Date
EE Gender	Employee Gender	EE Employee Type	Employee Type	DEP Medicare B Effect Date
EE Home Phone	Employee Home Phone	EE Employment Status	Employment Status - Active, Term, etc	DEP Medicare B End Date
EE Last Name	Employee Last Name	EE ER Assigned ID	Employer Assigned ID (EEID)	DEP Medicare Claim Number
EE Marital Status	Employee Marital Status	EE Exception Code 1	Exception Code 1	DEP Medicare Eligibility Reason
EE Medicare Claim Number	Employee Medicare Claim Number	EE Exception Code 2	Exception Code 2	DEP Medicare Eligibility Date
EE Medicare Eligibility Reason	Employee Medicare Eligibility Reason	EE Exception Code 3	Exception Code 3	DEP Medicare Part A Effect Date
EE Medicare Eligibility Date	Employee Medicare Eligibility Date	EE Exception Code 4	Exception Code 4	DEP Medicare Part A End Date
EE Medicare Part A Effect Date	EE Medicare Part A Effective Date	EE Exception Code 5	Exception Code 5	DEP Medicare Primary Effective Date
EE Medicare Part A End Date	Employee Medicare Part A End Date	EE Exempt Status	Exempt or Non-Exempt	DEP Name
EE Medicare Part B Effect Date	Employee Medicare Part B Effective Date	EE Hire Date	Hire Date	DEP Postal Code
EE Medicare Part B End Date	Employee Medicare Part B End Date	EE Hours Per Week	Weekly Hours	DEP Relationship
EE Medicare Primary Effective Date	Employee Medicare Primary Effective Date	EE HRIS	aligned Census/HRIS	DEP SSN
EE MI	Middle Initial	EE Job Class	Job Class	DEP State
EE Mobile Phone	Employee Mobile Phone Number	EE Job Title	Job Title	DEP Student Flag
EE Name	Adds both first and last name as separate columns	EE Job Type	FT or PT	DEP Validation Reason
EE Prefix	Employee Name Prefix	EE Language Preference	Language Preference	DEP Validation Status
EE Primary Contact Name	Employee Primary Contact Name	EE Location	Location	DEP Work Phone
EE Primary Contact Phone	Employee Primary Contact Phone	EE Location Desc	Location Description	
EE Secondary Contact Name	Employee Secondary Contact Name	EE Newly Benefit Elig Date	Newly Benefit Eligible Date	
EE Secondary Contact Phone	Employee Secondary Contact Phone	EE Organization	Organization	
EE SSN	Employee SSN	EE Pay Status	Hourly or Salaried	
EE State	Employee State	EE Paysite	Paysite	
EE Suffix	Employee Name Suffix	EE Rehire Date	Rehire Date	
EE Zip Code	Employee Zip Code	EE Retirement Code	Retirement Code	
		EE Retirement Date	Retirement Date	
		EE Retirement LOS	Retirement Length of Service	
		EE Salary	Salary	
		EE Salary Grade	Salary Grade	
		EE Severance Through Date	Severance End Date	
		EE Severance Type	Severance Type	
		EE Term Date	Term Date	
		EE Term Reason Code	Termination Reason	
		EE Type	Expat, Inpat, etc.	
		EE Union Code	Union Code	
		EE User Def 01	User Defined Field 1 value	
		EE User Def 02	User Defined Field 2 value	
		EE User Def 03	User Defined Field 3 value	
		EE User Def 04	User Defined Field 4 value	
		EE User Def 05	User Defined Field 5 value	
		EE User Def 06	User Defined Field 6 value	
		EE User Def 07	User Defined Field 7 value	
		EE User Def 08	User Defined Field 8 value	
		EE User Def 09	User Defined Field 9 value	
		EE User Def 10	User Defined Field 10 value	
		EE Work Phone	Employee Work Phone Number	
		EE Work State	Employee Work State	

Dependent Demographic Description	Employee Elections	Employee Elections Description	Dependent Elections	Dependent Elections Description
Dependent Address	Elect Coverage Level	Election Coverage Level	DEP Coverage Effective Date	Dependent Coverage Effective Date
Dependent Age	Elect EE Election	Election/Plan Name	DEP Coverage End Date	Dependent Coverage End Date
Dependent City	Elect EE Monthly Cost	Monthly Cost to Employee	DEP Original Effective Coverage Date	Dependent Original Effective Date
Dependent Country	Elect EE Pay Frequency Amt	Employee Pay Frequency Cost (i.e. weekly, monthly)	**Reminder that to get Dependent Election plan data, you must select it from the Employee Elections Table	
Dependent Disabled Flag	Elect Effective End Date	Benefit Effective End Date		
Dependent Date of Birth	Elect Effective Start Date	Benefit Effective Start Date		
Dependent Verification Date Entered	Elect Enrolled Amount	Enrolled Election Volume/Amount		
Dependent Verification Action Performed by	Elect ER Monthly Cost	Employer Monthly Cost		
Dependent Email	Elect ER Pay Frequency Amt	Employer Pay Frequency Cost		
Dependent ESRD Coordination Period Begin Date	Elect Metallic Level	Used for Active Exchange clients and is the level of coverage (i.e. silver, bronze, etc)		
Dependent ESRD Coordination Period End Date	Elect Opt Out Credit Amount	Opt Out Credit Amount (if applicable based on configuration used)		
Depenent Gender	Elect ORIGINAL Effective Start Date			
Dependent Home Phone	Elect Pended Amount	Pended election amount		
Dependent Inactive as of Date	Elect Plan Subtype	CBA Plan subtype utilized		
Dependent is also Employee of Employer Indicator	Elect Plan Type	CBA Plan type utilized ex. Health, Disability, Life, etc		
Dependent Medicare Eligibility Flag	Elect Plan Year	Election Plan Year		
Dependent Medical Coverage Begin Date	Elect Smoker	Smoker Status		
Dependent Medicare B Effective Date	Elect Status	Election Status (i.e. active, termed, etc.)		
Dependent Medicare B End Date	Elect Surcharge Amount	Benefit Surcharge amount (if applicable based on configuration used)		
Dependent Medicare Claim Number	Elect Tax Status	Pre or Post Tax		
Dependent Medicare Eligibility Reason	Elect Total Cost	Election Total Cost		
Dependent Medicare Eligibility Date	Elect Tran Date	Election Transaction Date		
Dependent Medicare A Effective Date	Elect Waiver IND	Waiver of Premium Indicator		
Dependent Medicare A End Date	Elect Waiver Premium	Waive of Premium amount		
Dependent Medicare Primary Date	Election Plan	this reports out as 3 columns - the carrier name, the display plan name and plan subtype		
Dependent Name - displays as last name, first name	Rating Region	Used for Active Exchange clients and indicates the pricing structure		
Dependent Zip Code	Subsidy Amount	Subsidy Amount		
Dependent Relationship	Subsidy ID	Subsidy ID		
Dependent SSN	Subsidy Type	Subsidy Type		
Dependent State	Surcharge Effective Date	Surcharge Effective Date		
Dependent Student Indicator	Surcharge Effective End Date	Surcharge Effective End Date		
Dependent Verification reason selection	Surcharge Tax Status	Surcharge Tax Status		
Dependent Verification status (i.e. approved or denied)	Excess Credits (subfolder)	Description		
Dependent Work Phone Number	Allocated Excess Credit Amount 401k	Allocated Excess Credit Amount 401k		
	Allocated Excess Credit Amount Cash	Allocated Excess Credit Amount Cash		
	Allocated Excess Credit Amount Fitness	Allocated Excess Credit Amount Fitness		
	Allocated Excess Credit Amount HAS	Allocated Excess Credit Amount HAS		
	Difference Between Available and Allocated	Difference Between Available and Allocated		
	Total Allocated Excess Credit Amount	Total Allocated Excess Credit Amount		
	Total Available Excess Credit Amount	Total Available Excess Credit Amount		
	Excess Credits (subfolder)	Description		
	Wellness Program Name	Wellness Program Name		
	WP Answer Set Effective Date	WP Answer Set Effective Date		
	WP Answer Set End Date	WP Answer Set End Date		
	WP Answer Set Mod Date	WP Answer Set Mod Date		
	WP Answer Text	WP Answer Text		
	WP Elect	WP Elect		
	WP Question Text	WP Question Text		
	WP Result Name	WP Result Name		