Ben Admin File Import

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The Benefit Admin file is how you tell the software who was actually covered with the insurance offered during the year.

When do I need it?

As soon as possible. We recognize many providers can't provide this until mid January, however, you should start getting in contact with them before year end. End of November/early December to ensure they know who to send it to, the format you are looking for, and any deadlines you are subject to.

Is it required?

If no one accepted the insurance offered, No. There is a bypass button.

However, if anyone in the company accepted the insurance, this is the only way to ensure accurate 1095's are generated.

Which format should I use?

The format needed depends on how your provider wants to supply the data. This typically comes down to to Non Self Funded vs Self Funded (most TempWorks clients are Non Self Funded) and then Monthly vs Coverage Dates.

Whichever format you choose, all column headings must be in the exact format shown below. Sample data has been provided in the attachments to assist you with communicating the requirements to your benefits provider.

Note In monthly formats, "1" indicates a month where the employee had coverage and "0" indicates a month where the employee did not receive coverage.

Note In Coverage Dates formats, if they are still ensured and do not have an end date, please place "12/31/xxxx" to represent they were covered all year.

Note For Self funded formats, the primary employee is not also a dependent and these columns should be left blank as shown in the example.

Non Self Funded Monthly

An example of this file can be found here **%**.

EINC	YearID	EmployeeSSN	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Annual
1	2018	123-44-5566	1	1	1	1	1	1	0	0	0	0	0	0	0

Non Self Funded Coverage Dates

An example of this file can be found here **§**.

EINC	YearID	EmployeeSSN	StartDate	EndDate
1	2017	123-44-5566	1/1/2018	6/30/2018

Self Funded Monthly

An example of this file can be found here **%**.

EIN	IC YearII	EmployeeSSN	DependentSSN	Dependent_DOB	Dependent_FirstName	Dependent_Middle	Dependent_LastName	Jai	ı Fel	b Ma	ar Api	ril Ma	ay Jur	ie July
1	2018	123-44-5566						1	1	1	1	1	1	0
1	2018	123-44-5566	777-88-9999	1/1/2009	John		Doe	1	1	1	1	1	1	0

Self Funded Coverage Dates

An example of this file can be found here **%**.

EIN	C YearID	EmployeeSSN	DependentSSN	Dependent_DOB	Dependent_FirstName	Dependent_Middle	Dependent_LastName	StartDate	EndDate
1	2018	123-44-5566						1/1/2018	6/30/2018
1	2018	123-44-5566	777-88-9999	1/1/2009	John		Doe	1/1/2018	6/30/2018

Note When ready to save the file, please save as a .CSV format.

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