

# MorganWhiteGroup

## • **NO EMPLOYEE APPLICATIONS REQUIRED**

The following group products may now be enrolled without taking employee applications:

- **Employer paid Dental or Vision**
- **Takeover Dental or Vision**

### **Data Transfer To Morgan White Administrators, Inc.**

**The Best Method: electronic import** (expedites eligibility and policy issue)

Send Morgan White Administrators, Inc. three separate fixed width ASCII files. **See attached - File Layout**

Send to MorganWhite on email: robinw@morganwhite.com

#### **The Second Best Method:**

Provide the information by email or disc on an excel spreadsheet or DBF file using the following format. Please send this information in separate fields; do not combine city, state, zip code, first name, or last name.

1. Primary Insured: Social, Last Name, First Name, Sex, DOB, Address, City, State, ZIP
2. Dependents: Last Name, First Name, Sex, DOB, Relationship

#### **The Manual Method:**

If the employer cannot provide the required information electronically, we will accept prior carrier enrollment cards and not require employee applications.

Add-ons and dependents for employer paid vision or dental plans will require applications unless your client elects to go on E-billing. Your client will then be able to enroll a new employee directly in the billing system.

# File Layout for Electronic Enrollment Import

Data Transfer

## Morgan White Administrators, Inc.

Morgan White Administrators, Inc. requires three separate fixed width ASCII files. There should be no formatting (i.e. SSN=123456789 and \$125.00 = 12500).

### (1) Employee File

	Field Name	Start	End	Length	Required	Notes
1	SSN	1	9	9	Y	
2	Last Name	10	27	18	Y	
3	First Name	28	39	12	Y	
4	Annual Salary	40	49	10	Y	\$\$\$\$\$\$cc
5	Hire Date	50	57	8	Y	MMDDYYYY
6	Birth Date	58	65	8	Y	MMDDYYYY
7	Address	66	95	30	Y	
8	City	96	117	22	Y	
9	State	118	119	2	Y	
10	Zip Code	120	129	10	Y	99999-9999
11	Phone #	130	142	13	Y	9999999999
12	Gender	143	143	1	Y	M=Male, F=Female
13	Location Code	144	153	10	Y	
14	Employee #	154	165	12	N	Other than SSN
15	Pay Period	166	167	2	Y	MONTHLY

### (2) Deduction File

	Field Name	Start	End	Length	Required	Notes
1	SSN	1	9	9	Y	
2	Deduction Code	10	19	10	Y	
3	Deduction Name	20	49	30	Y	
4	Amount	50	59	10	Y	\$\$\$\$\$\$cc
5	Cafeteria Flag (pre-tax)	60	60	1	Y	Y or N
6	Change Reason	61	80	20	Y	New, Drop, or Change
7	Payroll Effective Date	81	88	8	Y	MMDDYYYY
8	Change Entry Date	89	96	8	Y	MMDDYYYY

### (3) Dependent File

	Field Name	Start	End	Length	Required	Notes
1	Employee SSN	1	9	9	Y	
2	Deduction Code	10	19	10	Y	
3	Dependent Last Name	20	39	20	Y	
4	Dependent First Name	40	59	20	Y	
5	Amount	60	69	10	Y	\$\$\$\$\$\$cc
6	Dependent DOB	70	77	8	Y	MMDDYYYY
7	Dependent SSN	78	86	9	Y	
8	Payroll Effective Date	87	94	8	Y	MMDDYYYY
9	Gender	95	95	1	Y	M=Male, F=Female
10	Relationship	96	96	1	Y	C=Child, S=Spouse