



Permanent File Format Process for Educational Entities

This file format will be used to automatically add new eligible employees to MyOEBB and/or update existing eligible employee in MyOEBB. The purpose of this document is to inform entities of the fields and process in which entities can upload a file to update MyOEBB information.

What can this file do for entities?

There are two types of records you can send in this file:

New Record – This is a totally new employee for your educational entity. Your entity hasn't entered this subscriber's information in MyOEBB prior to this file.

Update Record – This is a person which already exists for your educational entity in MyOEBB. You are simply updating their personal information.

1. Add new eligible employees to MyOEBB. This will add basic information for a new employee. This will prepare the new employee record for you to add a New Hire QSC or ready them for Open Enrollment. This file is not meant to promote a dependent to a new employee (for example, a dependent of an Early Retiree).
2. Update existing eligible employees in MyOEBB. This will update information such as name, address, address effective date, Medicare eligibility, phone numbers, email, salary, salary type, hours worked, payroll frequency, and salary effective date. International addresses cannot be updated using this process.
3. If you update an existing address of an employee enrolled in a Kaiser plan outside of the Kaiser zone the entire record will not update due to possible cancellation of benefits. This error will display as a Payroll Rejection as a Home Page Alert.
4. Terminate enrollments and employment segment of eligible employees in MyOEBB. This termination will terminate the active employee's enrollments, employment segment, and push the employee to the Termination Approval Page. You will need to approve their record on the Termination Approval Page.

FAQ's

How many times can I submit this file each month?

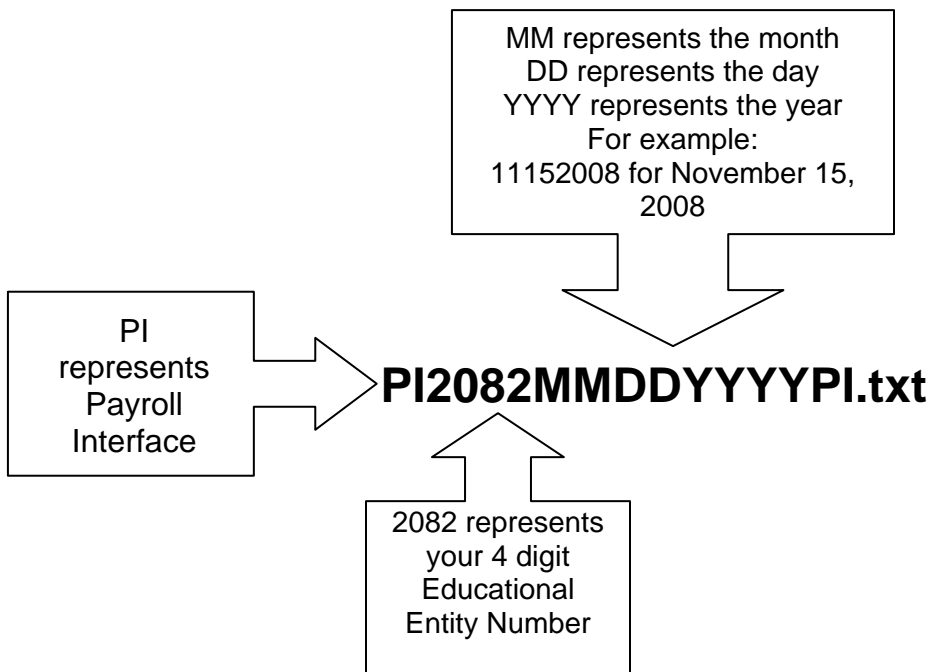
This file will need to follow a specific naming pattern in order to be successfully uploaded to MyOEBB (please see the naming pattern section below). You can submit up to one file per day or just one file as needed throughout the year; it's up to you. MyOEBB will not accept more than one file per day.

Where do I submit this file?

Please submit using the ***"Payroll Interface"*** link on the left hand side of the menu bar.

Naming Pattern

MyOEBB will run a nightly cron job to search for newly added files for that current day. If you do not name your file correctly it will not load. You need to name your file as follows:



How does MyOEBB know my file is in Payroll Interface?

MyOEBB will run a process every night to search for new files with that days date in the naming pattern. If you named your file correctly, MyOEBB will find your file and upload your eligibility data during a nightly cron job. The file will change from **Unprocessed** to **Processed**.

What happens to records which have errors?

Errors can happen. If you submit a record with an error the nightly cron job will only reject the record with an error. This error will display in a new Home Page Alert called ***“Payroll Interface Rejections”***. All accurate records will load even though you had one or two records with errors. Remember, the records with errors will not load!

What happens if a new hire is still employed in MyOEBB at another entity?

If you submit a new hire record and that person is showing currently hired at another entity or on the Cobra Approval Page you will get a Home Page Alert for that new hire record. This record will not load in MyOEBB with this automated process. You will receive a new Home Page Alert called ***“Payroll Interface Rejections”*** to identify employees which didn't load successfully.

Will these payroll interface files ever be purged from the Payroll Interface area?

Yes, MyOEBB will only keep payroll files for 90 days in the Payroll Interface area. Any files older than 90 days will be purged from MyOEBB. This will not affect your data which was successfully uploaded. OEBB encourages your entity to keep a copy of these files for your records.

Employee Groups

OEBB only wants the eligible employee groups your educational entity has specified to participate. For example, if your educational entity only has Administrative and Licensed participating with OEBB and not the Classified, then you only need to send us the eligible Administrative and Licensed employees.

What is a benefits eligible employee?

OEBB only wants you to send employees eligible to receive benefits. Please send us the employee ***even*** if you know they will decline benefits. The educational entity determines benefits eligibility. For further information regarding the OEBB Oregon Administrative Rule on eligible employees please refer to OAR 111-015-0001.

What is a part-time employee?

Your educational entity will determine the qualifications for a part-time employee. Based on OEBB defined Employment Types you will categorize which part-time employees are eligible for benefits.

What about Substitutes?

If your educational entity offers benefits to Substitutes and that employee group is participating with OEGB then you would submit their information to OEGB. If your educational entity does not offer benefits to Substitutes then you would not send OEGB any information for Substitutes.

Will this file process terminate employees?

Yes, this process will terminate employees. This process will terminate their enrollments and employment segment. Additionally, this process will move the employee and their dependents to the Termination Approval Page. You will need to approve the employee's termination.

What about employees with multiple employments/pay rates?

OEGB only wants one Employment/Member Type per employee. Only send OEGB the Employment/Member Type which drives the employees benefit selections.

What if my educational entity has a Member Type that isn't listed on page 13?

Please contact OEGB (contact info below) to discuss your Member Type. OEGB will need this information prior to your educational entity submitting a data file. If you already have this special Member Type set up in MyOEGB you do not need to contact OEGB.

Our entity uses Social Security Numbers as Employee Numbers?

If your entity uses Social Security Numbers as Employee Numbers please do not send OEGB any information for the Employee Number field.

Contacting OEGB

If you have questions not answered in this document contact:

- OEGB Customer Service at 1(888) 4My-OEGB or 1(888) 469-6322 , or e-mail oebb.benefits@state.or.us

File Format for Data Conversion

| Column | Type | Description | Format | New Record | Required/ Optional | Update Record | Required/ Optional |
|---------------------------------|------------------------|---|--------------|------------|-----------------------|------------------|-----------------------|
| Record Type | Alpha(1) | New (I) or Update (U) | 1 Position | N/A | Required | N/A | Required |
| SSN | Numeric (9) | Social Security Number | 999999999 | New Record | Required | Non-Update | Required |
| School District Employee Number | Alpha/ Numeric (12) | School District Employee Number | 12 Positions | New Record | Optional | Update | Optional |
| Institution Number | Numeric (4) | ODE Institution Number – Only send OEBS the main district Institution Number, not the number for each school. | 4 Positions | New Record | Required | Non-Update | Required |
| Last Name | Alpha(30) | Employee Last Name | 30 Positions | New Record | Required | Update | Required |
| First Name | Alpha(20) | Employee First Name | 20 Positions | New Record | Required | Update | Required |

| | | | | | | | |
|----------------------------|-------------|---|--------------|------------|----------|--------|----------|
| Middle Name/Initial | Alpha(20) | Employee Middle Name or Middle Initial | 20 Positions | New Record | Optional | Update | Optional |
| Residential Address Line 1 | Alpha(30) | Residential Address Information | 30 Positions | New Record | Required | Update | Required |
| Residential Address Line 2 | Alpha(30) | Residential Address Information – This is a continuation if Address Line 1 doesn't have enough positions. | 30 Positions | New Record | Optional | Update | Optional |
| Residential City | Alpha(28) | Residential Address Information | 28 Positions | New Record | Required | Update | Required |
| Residential County | Alpha(15) | Residential Address Information | 15 Positions | New Record | Optional | Update | Optional |
| Residential State | Alpha(2) | Residential Address Information | 2 Positions | New Record | Required | Update | Required |
| Residential Zip – 1 | Numeric (5) | Residential Address Information | 5 Positions | New Record | Required | Update | Required |

| | | | | | | | |
|------------------------------------|-------------|---|--------------|------------|----------|--------|---|
| Residential Address Effective Date | Numeric (8) | Effective date of Residential Address | MMDDYYYY | New Record | Optional | Update | Required only if updating the mailing address |
| Mailing Address Line 1 | Alpha(30) | Mailing Address Information | 30 Positions | New Record | Optional | Update | Optional |
| Mailing Address Line 2 | Alpha(30) | Mailing Address Information - This is a continuation if Address Line 1 doesn't have enough positions. | 30 Positions | New Record | Optional | Update | Optional |
| Mailing City | Alpha(28) | Mailing Address Information | 28 Positions | New Record | Optional | Update | Optional |
| Mailing County | Alpha(15) | Mailing Address Information | 15 Positions | New Record | Optional | Update | Optional |
| Mailing State | Alpha(2) | Mailing Address Information | 2 Positions | New Record | Optional | Update | Optional |
| Mailing Zip - 1 | Numeric (5) | Mailing Address Information | 5 Positions | New Record | Optional | Update | Optional |

| | | | | | | | |
|--------------------------------|-------------|--|--------------|------------|----------|--------|---|
| Mailing Address Effective Date | Numeric (8) | Effective date of mailing address | MMDDYYYY | New Record | Optional | Update | Required only if updating the mailing address |
| Work Address Line 1 | Alpha(30) | Work Address Information | 30 Positions | New Record | Optional | Update | Optional |
| Work Address Line 2 | Alpha(30) | Work Address Information - This is a continuation if Address Line 1 doesn't have enough positions. | 30 Positions | New Record | Optional | Update | Optional |
| Work City | Alpha(28) | Work Address Information | 28 Positions | New Record | Optional | Update | Optional |
| Work County | Alpha(15) | Work Address Information | 15 Positions | New Record | Optional | Update | Optional |
| Work State | Alpha(2) | Work Address Information | 2 Positions | New Record | Optional | Update | Optional |
| Work Zip – 1 | Numeric (5) | Work Address Information | 5 Positions | New Record | Optional | Update | Optional |
| Work Address Effective Date | Numeric (8) | Effective date of address | MMDDYYYY | New Record | Optional | Update | Required only if updating work address |

| | | | | | | | |
|----------------------|--------------|---|--------------|------------|----------|------------|----------|
| Home Phone | Numeric (10) | Home Phone Number | 10 Positions | New Record | Optional | Update | Optional |
| Work Phone | Numeric (10) | Work Phone Number | 10 Positions | New Record | Optional | Update | Optional |
| Work Phone Extension | Numeric (4) | Work Phone Extension | 4 Positions | New Record | Optional | Update | Optional |
| Email | Alpha(30) | Email of the Employee | 30 Positions | New Record | Optional | Update | Optional |
| Date of Birth | Numeric (8) | Employee Date of Birth | MMDDYYYY | New Record | Required | Non-Update | Required |
| Gender | Alpha(1) | Employee Gender | M/F | New Record | Required | Non-Update | Required |
| Original Hire Date | Numeric (8) | Hire Date of Employee – The date employee became eligible to receive benefits with your educational entity. | MMDDYYYY | New Record | Required | Non-Update | Required |
| Employment Type | Alpha(2) | Employment Type of the Employee | 2 Positions | New Record | Required | Non-Update | Required |
| Member Type | Numeric (2) | Member Type of the Employee | 2 Positions | New Record | Required | Non-Update | Required |

| | | | | | | | |
|-----------------------|-------------|--|-------------|------------|----------|--------|----------|
| Medicare Eligible | Alpha(1) | Is employee eligible for Medicare | Y/N | New Record | Required | Update | Optional |
| Salary | Numeric (9) | Salary of Individual – For example: 002543.67 | 9 Positions | New Record | Required | Update | Optional |
| Salary Type | Alpha(1) | Type of Salary | 1 Position | New Record | Required | Update | Optional |
| Hours Worked | Numeric (3) | Number of hours worked in pay period for hourly employees | 3 Positions | New Record | Required | Update | Optional |
| Payroll Frequency | Alpha(1) | Frequency of pay runs | 1 Position | New Record | Required | Update | Optional |
| Salary Effective Date | Numeric (8) | Effective date of salary | MMDDYYYY | New Record | Optional | Update | Optional |
| Hire Date | Numeric (8) | Only used if rehiring an employee at your educational entity. This could be the same as the Original Hire Date or the new date an employee | MMDDYYYY | New Record | Required | Update | Required |

| | | | | | | | |
|--------------------|-------------|--|------------|------------|------------|--------|--------------------------|
| | | returns to work at your educational entity. | | | | | |
| Termination Reason | Numeric (1) | Termination Reason of Employment/ Member Type | 1 Position | New Record | Non-Update | Update | Required if Terming only |
| Termination Date | Numeric (8) | Termination Date of Employment/ Member Type | MMDDYYYY | New Record | Non-Update | Update | Required if Terming only |
| Coverage End Date | Numeric (8) | Date benefits will cease for terminated employee. This must be the last day of a month | MMDDYYYY | New Record | Non-Update | Update | Required if Terming only |

Employment Type Codes

| Code | Description |
|------|--|
| AS | Superintendent |
| AF | Administrator Licensed-Full Time |
| AP | Administrator Licensed-Part Time |
| NF | Administrator Non Licensed-Full Time |
| NP | Administrator Non Licensed-Part Time |
| LF | Licensed-Full Time |
| LP | Licensed-Part Time |
| CF | Classified-Full Time |
| CP | Classified-Part Time |
| DF | Confidential-Full Time |
| DP | Confidential-Part Time |
| SL | Substitute Licensed |
| SC | Substitute Classified |
| EF | Community College Exempt Non Instructional-Full Time |
| EP | Community College Exempt Non Instructional-Part Time |
| FF | Community College Faculty-Full Time |
| FP | Community College Faculty-Part Time |
| RS | Retiree-Superintendent |
| RA | Retiree-Administrator |
| RL | Retiree-Licensed |
| RC | Retiree-Classified |
| RD | Retiree-Confidential |
| RE | Retiree-Community College Exempt Non Instructional-Full Time |
| RI | Retiree-Community College Exempt Non Instructional-Part Time |
| RF | Retiree-Community College Faculty-Full Time |
| RU | Retiree-Community College Faculty-Part Time |

Member Type Codes

| Code | Description |
|------|-------------------------|
| 01 | OEA |
| 02 | OSEA |
| 03 | AFT-Oregon |
| 04 | Non-Represented |
| 21 | Retiree OEA |
| 22 | Retiree OSEA |
| 23 | Retiree AFT-Oregon |
| 24 | Retiree Non-Represented |

Gender Codes

| Code | Description |
|------|-------------|
| M | Male |
| F | Female |

Medicare Codes

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

Salary Type Codes

| Code | Description |
|------|-------------|
| H | Hourly |
| W | Weekly |
| M | Monthly |
| A | Annually |

Payroll Frequency Codes

| Code | Description |
|------|--------------|
| W | Weekly |
| B | Bi-Weekly |
| S | Semi-Monthly |
| M | Monthly |

Termination Reason Codes

| Code | Description |
|------|--|
| 1 | Involuntary Termination (COBRA Subsidy Only) |
| 2 | Voluntary Termination (Cobra Eligible Only-No Subsidy) |
| 3 | Fired/Dismissal Termination (Cobra Subsidy Eligible) |
| 4 | Fired/Dismissal Termination (Cobra Eligible Only-No Subsidy) |
| 5 | Limited Duration Contract Termination (Cobra Subsidy Eligible) |
| 6 | Limited Duration contract Termination (Cobra Eligible Only-No Subsidy) |
| 7 | Reduction in Hours Termination (Cobra Eligible Only-No Subsidy) |

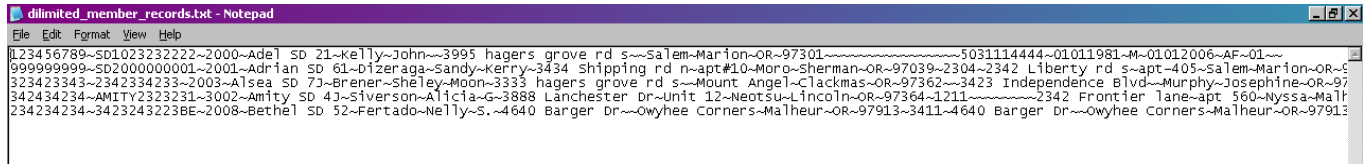
Record Type Codes

| Code | Description |
|------|------------------------|
| I | New Record |
| U | Update Existing Record |

File Specifications

Flat File Delimited Format

You need to use this option to extract the data from your system. A sample file is attached for your review.



Below is the header of the file:

```
RECORD TYPE~SSN~SCHOOL DISTRICT EMP NO~INSTITUTION NO~LAST NAME~FIRST NA  
ME~MIDDLE NAME~RESIDENTIAL ADDRESS LINE 1~RESIDENTIAL ADDRESS LINE 2~RES  
IDENTIAL CITY~RESIDENTIAL COUNTY~RESIDENTIAL STATE~RESIDENTIAL ZIP 1~RES  
ADD EFF DT~MAIL ADDRESS LINE 1~MAIL ADDRESS LINE 2~MAIL CITY~MAIL COUNT  
Y~MAIL STATE~MAIL ZIP 1~MAIL ADD EFF DATE~WORK ADDRESS LINE 1~WORK ADDRE  
SS LINE 2~WORK CITY~WORK COUNTY~WORK STATE~WORK ZIP 1~WORK ADD EFF DATE~  
HOME PHONE~WORK PHONE~WORK PHONE EXT~EMAIL~BIRTH DATE~GENDER~ORG HIRE DA  
TE~EMPLOYMENT TYPE~MEMBER TYPE~MEDICARE ELIG~SALARY~SALARY TYPE~HOURS WO  
RKED~PAYROLL_FREQ~SALARY EFF DATE~HIRE DATE~TERMINATION_REASON~TREMINTATI  
ON_DATE~COVERAGE_END_DATE~
```

- The file should be a simple text file.
- First row in the file should be the header row with all the column names separated by '~'.
- This file is a delimited file and each field within each record should be delimited by tilda "~".
- End of each record is represented by a tilda "~" followed by a carriage return.
- The name of the file must be in the format of:
 - **PI2082MMDDYYYYPI.txt**
- Dates must be in the format MMDDYYYY.
- Numeric fields may only contain numeric characters.
- No special characters are allowed in the fields of the file.
- Entity number in the file name and entity number in the records of the file should match with the entity number of the admin uploading the file otherwise the file will be rejected.