USPS User Group Meeting Handout 7/13/16

ACR 60187 Consumer Directed HealthSelect

Deduction Name	Vendor Mail Code		Deduction #
Consumer Directed HealthSelect	Vendor Mail Code	33273273277-002	Deduction #32
State HSA	Vendor Mail Code	33273273277-039	Deduction #43
Employee HSA	Vendor Mail Code	33273273277-040	Deduction #42
Limited Flexible Spending Account	Vendor Mail Code	33273273277-042	Deduction #40
Vision	Vendor Mail Code	33273273277-002	Deduction #35

```
> GU    ____________________________________________________________ ON HMTU1

                     --GROUP INSURANCE PARTICIPANT INFORMATION--
 __ AGENCY-> 00000    EMPLOYEE SSN--> 00000000000    EFF DATE--> 00/00/0000
    NAME->
    1ST ACT DT-> 00/00/0000  INS SALARY->        .00   BIRTHDATE-> 00/00/0000
    ERS/USPS STAT->   /   BENEFIT STATUS-> NONE        CURR ORG-> 00000000000
    PARTICP TYPE-->       TRANS CODE----->             CURR POS-> 00000000
      BENEFIT PLAN    CAR         AMOUNT    LEVEL    PREMIUM  UPD LAST UPDATED
     HEALTH-------->                 .00                 .00       00/00/0000
     DENTAL-------->  __                       __        .00       00/00/0000
     TOB USER PREM->                           __        .00       00/00/0000
     OPTIONAL LIFE->                           __        .00       00/00/0000
     DEPENDENT LIFE>                           __        .00       00/00/0000
     VOL AD&D------>                 .00       __        .00       00/00/0000
     VISION-------->                           __        .00       00/00/0000
     DISABILITY-SHORT TERM->                   __        .00       00/00/0000
     DISABILITY-LONG TERM-->                   __        .00       00/00/0000
     EMP HSA CONTRIBUTION-->                             .00       00/00/0000
                            TOTAL EMPLOYEE COST-->       .00
     ST HSA/UPD>     0.00 / X            ST PD/UPD->      .00 /
                             CREATE DATE---> 00/00/0000 ACTION DT-> 00/00/0000
```

```
> GU    ____________________________________________________________ ON HMTU2

                     --FLEXIBLE PARTICIPANT INFORMATION--
__ AGENCY-> 00000    EMPLOYEE SSN--> 00000000000    EFF DATE--> 00/00/0000
   NAME->
   1ST ACT DT-> 00/00/0000  INS SALARY->        .00   BIRTHDATE-> 00/00/0000
   ERS/USPS STAT->   /   BENEFIT STATUS-> NONE        CURR ORG-> 00000000000
   PARTICP TYPE-->       TRANS CODE----->             CURR POS-> 00000000

                                                        MTH DED AMT   MTH FEE

    FSA DAY CARE---------> X  EFF DATE---> 00/00/0000          .00        .00

    FSA HEALTH CARE------> X  EFF DATE---> 00/00/0000          .00        .00

    LIMITED FLEX SPEND---> X  EFF DATE---> 00/00/0000          .00




                              CREATE DATE---> 00/00/0000 ACTION DT-> 00/00/0000
```

REPORT: 6 UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM PAGE: 1
AGENCY: XXX XXXXXXXXXXXXXXXXXXXXXXXX RUN DATE: XX/XX/20XX
BENEFITS PROFILE RUN TIME: 10:14:54
AS OF XX/XX/20XX

ORGANIZATION CODE: 51200512900
EMPLOYEE NAME: XXX, XXXX
SOCIAL SECURITY NUMBER: XXX-XX-XXXX

INSURANCE:

PLAN	OPTION	LEVEL OF COVERAGE	AMOUNT OF COVERAGE	EFFECTIVE DATE	EMPLOYEE PAID MONTHLY AMOUNT	STATE PAID / STO MONTHLY AMOUNT
HEALTH	HS IN AREA	EMPLOYEE FAMILY		09/01/20XX	$418.64	$856.94/ $0.00
HEALTH SAVINGS				09/01/20XX	$0.00	$0.00/
DENTAL	DENTAL HMO	EMPLOYEE FAMILY		09/01/20XX	$28.98	
TOBACCO PREM		EMPLOYEE FAMILY		09/01/20XX	$90.00	
OPTIONAL LIFE		NONE		09/01/20XX	$0.00	
DEPENDENT LIFE		YES		09/01/20XX	$1.38	
VISION		LEVEL		09/01/20XX	$0.00	
DIS - SHORT-TERM		NONE		09/01/20XX	$0.00	
DIS - LONG-TERM		NONE		09/01/20XX	$0.00	
VOLUNTARY AD&D		NONE		09/01/20XX	$0.00	

TEXFLEX:

CURRENT ELECTION	MONTHLY AMOUNT	EFFECTIVE DATE	PREMIUM CONVERSION	PREMIUM CONVERSION EFFECTIVE DATE
FSA HEALTH CARE	0.00	09/01/20XX	YES	09/01/20XX
FSA DAY CARE	0.00	09/01/20XX		
LFSA				

RETIREMENT:

PLAN	EMPLOYEE CONTRIBUTION %	STATE CONTRIBUTION %
EMPLOYEES RETIREMENT SYSTEM	9.500%	9.500%

DEFINED CONTRIBUTIONS AND OPTIONAL RETIREMENT:

PLAN	TYPE	VENDOR NO.	VENDOR NAME	EFFECTIVE DATE	PRODUCT	%	PAY PERIOD AMOUNT	%	PAY PERIOD AMOUNT
					PRODUCT DATA			TOTAL	
401	401k	8888	STATE ST	09/01/20XX				1.00	

```
   REPORT:   162                          UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
   AGENCY:   XXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXX                            RUN DATE: XX/XX/20XX
                                            PAYROLL FOR WARRANT DATE OF 11/04/20XX                       RUN TIME: 10:10:59

                                            PAYROLL AND DEDUCTION REGISTER-DETAIL
                                                DOC NO: XXXXXXXX  RUN TYPE: FS

-----------------------------------------------------------------------------------------------------------------------------------
ORG CODE        EMPLOYEE SSN             CASH GROSS  NET           MISC       W/H     DEFCOMP
PAYMENT NO      NAME               L E   HAZ        ST PHC       SPECIAL    OASDI     TXSVER
PAY PERIOD      POSITION TB/GR/ST  V S   LGV       NONCASH         PAYS       MED     STPD INS    M I S C   D E D U C T I O N S
HRS/RTE           SC     AMOUNT    D     BRP        IMPUT                   RETIR     ST RET

-----------------------------------------------------------------------------------------------------------------------------------

00002000100     XXX-XX-XXXX           3,666.66    2,241.69                 353.24      0.00 STF     3.00 TAD      .80 TDN    22.46
XXXXXXXXXXX     XXXXX, XXXX               0.00       36.67                 126.18      0.00 THI   425.78 TOL     9.24 FDD   200.00
10/01-31/20XX   XXXXXX   1B/20/    W 1    0.00        0.00                  43.56    832.63 FDF     4.00 DEP     1.38
 168:00  21.82535        3,666.66  R      0.00        0.00                 238.33    254.83
```

STPD INS = STATE PAID HEALTH INSURANCE AND STATE HSA

```
REPORT:   185                          UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
AGENCY:   XXX                                  XXXXXXXXXXXXXXXXXXXXXXXXX                            RUN DATE: XX/XX/20XX
                                               PAY PERIOD SUMMARY TOTALS                            RUN TIME: 11:49:26
                                     PAY PERIOD DATES FROM 07/01/20XX THRU 07/31/20XX

-----------------------------------------------------------------------------------------------------------------------
FUND              GROSS PAY       FIT TXBL      FIT NTXBL        FIT TAX            ERS        EMP INS  FSA HLTH CARE         401(K)
DOCUMENT                        OASDI TXBL    OASDI NTXBL      EMP OASDI        RET FEE      PREM CONV   FSA DAY CARE            457
WARRANT DATE                      MED TXBL      MED NTXBL        EMP MED      ST PD RET      ST PD INS   LIMITED FLEX          403(B)
# EMP PAID                          ST PHC       TRS / JR2       ST OASDI      ST PD FEE        IMP INC   EMPLOYEE HSA     OTHER DEDS
                                   OOS TAX    JR1/ORP/LEC         ST MED       ST LECOS         ST PRC        OPT OUT
-----------------------------------------------------------------------------------------------------------------------

0001              21,008.00      18,079.08       2,928.92       3,653.12       1,365.52           5.52         400.00         982.12
XXXXXXXX                         20,426.72         581.28         857.93           0.00         181.28           0.00           0.00
07/15/20XX                       20,426.72         581.28         296.19       1,460.04           0.00           0.00           0.00
      1                             207.68           0.00       1,266.46           0.00           0.00           0.00           0.00
                                      0.00           0.00         296.19           0.00           0.00          32.32

0001 TOTAL        21,008.00      18,079.08       2,928.92       3,653.12       1,365.52           5.52         400.00         982.12
                                 20,426.72         581.28         857.93           0.00         181.28           0.00           0.00
                                 20,426.72         581.28         296.19       1,460.04           0.00           0.00           0.00
      1                             207.68           0.00       1,266.46           0.00           0.00           0.00           0.00
                                      0.00           0.00         296.19           0.00           0.00          32.32

=======================================================================================================================

5025              88,221.41      79,753.24       8,468.17      14,459.49       3,355.61          70.20         500.00           0.00
XXXXXXXX                         56,376.37      31,845.04       2,367.81           0.00       1,967.16           0.00       2,645.40
07/15/20XX                       85,754.25       2,467.16       1,243.44       3,587.93       5,662.11           0.00           0.00
      3                             205.05           0.00       3,495.33           0.00           0.00           0.00          30.00
                                      0.00           0.00       1,243.44           0.00           0.00           0.00

5025 TOTAL        88,221.41      79,753.24       8,468.17      14,459.49       3,355.61          70.20         500.00           0.00
                                 56,376.37      31,845.04       2,367.81           0.00       1,967.16           0.00       2,645.40
                                 85,754.25       2,467.16       1,243.44       3,587.93       5,662.11           0.00           0.00
      3                             205.05           0.00       3,495.33           0.00           0.00           0.00          30.00
                                      0.00           0.00       1,243.44           0.00           0.00           0.00

=======================================================================================================================

AGENCY TOTAL     109,229.41      97,832.32      11,397.09      18,112.61       4,721.13          75.72         900.00         982.12
                                 76,803.09      32,426.32       3,225.74           0.00       2,148.44           0.00       2,645.40
                                106,180.97       3,048.44       1,539.63       5,047.97       5,662.11           0.00           0.00
      4                             412.73           0.00       4,761.79           0.00           0.00           0.00          30.00
                                      0.00           0.00       1,539.63           0.00           0.00          32.32
```

EMP INS = SHORT TERM DISABILITY, LONG TERM DISABILITY, DEPENDANT LIFE
PREM CONV = AD&D, DENTAL, EMPLOYEE HEALTH, OPTIONAL LIFE, TOBACCO, VISION
ST PD INS = STATE PAID HEALTH INSURANCE AND STATE HSA

```
  REPORT:   189                          UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
  AGENCY:   XXX                                  XXXXXXXXXXXXXXXXXXXXXXXXX                                RUN DATE: XX/XX/20XX
                                          PAYROLL FOR WARRANT DATE OF 11/04/20XX                          RUN TIME: 10:38:35

 BATCH  810   DOCUMENT NUMBER  XXXXXXXX  RUN TYPE  FS
                                                                                                  D E D U C T I O N S
-------------------------------------------------------------------------------------------------------------------------------
FUND/AY CHG  EMPLOYEE SSN     PRD END DT PCA/I OBJC       GROSS            NET           W/H           INS      DEFCOMP     MISC
ORG CODE     NAME             L                          AMOUNTS          ST PHC        OASDI         RETIR      TXSVER      MISC
PAYMENT NO   JCLS TB/GR/ST JS V POSITION                                  NONCASH         MED         ST RET     ST INS      MISC
                                                                                                        ST PRC                 MISC
-------------------------------------------------------------------------------------------------------------------------------

0001/12 *010 XXX-XX-XXXX      10/31/20XX P00001 7002   2,638.88       2,056.06        262.19          0.00        0.00 STF     3.00
00002000100  XXXXX, XXXXXXXX                               0.00           0.00        110.83        171.53        0.00
XXXXXXXXXXX  0156 00/15/      W 30653I                                                38.27        183.40        0.00
                                                                                                        0.00
                    152.00 HOURS AT  17.36105/HR  NEW HIRE

  P00001      PCA/I TOTALS                             2,638.88

  00002000100 STAFF                     ORG TOT        2,638.88        2,056.06        262.19          0.00        0.00        3.00
                                                                           0.00        110.83        171.53        0.00
                                                                           0.00         38.27        183.40        0.00
                                          TOTAL ORG CODE EXPENDITURES BY OBJECT CODE

  7002          2,638.88  7032            186.40  7043            201.88

        0001 FUND TOTALS                               2,638.88      2,056.06        262.19          0.00        0.00          3.00
                                                                        0.00        110.83        171.53        0.00
                                                                        0.00         38.27        183.40        0.00

    XXXXXXXX DOCUMENT TOTALS                           2,638.88       2,056.06        262.19          0.00        0.00          3.00
                                                                        0.00        110.83        171.53        0.00
                                                                        0.00         38.27        183.40        0.00

                                         TOTAL DOCUMENT EXPENDITURES BY OBJECT CODE

 7002          2,638.88  7032            186.40  7043            201.88

              AGENCY TOTAL                             2,638.88       2,056.06        262.19          0.00        0.00          3.00
                                                                           0.00        110.83        171.53        0.00
                                                                           0.00         38.27        183.40        0.00

                                          TOTAL AGENCY EXPENDITURES BY OBJECT CODE

 7002          2,638.88  7032            186.40  7043            201.88
```

MISC = EMPLOYEE HEALTH (THI), VISION (VIS), LIMITED FLEX SPENDING ACCOUNT (LFS), EMPLOYEE HSA (HSA)
ST INS = STATE PAID HEALTH INSURANCE AND STATE HSA

```
REPORT:   190                          UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
AGENCY:   XXX                                   XXXXXXXXXXXXXXXXXXXXXXXX                            RUN DATE: XX/XX/20XX
                                              CONSOLIDATED HISTORY DETAIL                             RUN TIME: 11:31:45
                                     PAY PERIOD DATES FROM 09/01/20XX THRU 08/31/20XX
-------------------------------------------------------------------------------------------------------------------------------
EMPLOYEE NAME      DOC NO.    BASE PAY   FIT TXBL    FIT TAX            FSA HLTH CARE  401(K)    EMP INS
EMPLOYEE SSN       PYMT NO.        O/T OASDI TXBL  EMP OASDI              FSA DAY CARE     457  PREM CONV
TERM DATE          PYMT DT.        NET   MED TXBL    EMP MED             LIMITED FLEX  403(B)    IMP INC  ---MISC DEDUCTIONS----
                                   EIC   SIT TXBL        RET SPECIAL PAYS EMPLOYEE HSA            ST PHC     DED/AMT    DED/AMT
-------------------------------------------------------------------------------------------------------------------------------

XXXXXXXX, XXXXXX   XXXXXXXX   5,126.00   4,961.11     873.61 LON    180.00       .00       .00        .00 CHK 3,787.72
XXX-XX-XXXX     XXXXXXXXXXX        .00   5,306.00     222.85                     .00       .00        .00
                 07/15/20XX   3,787.72   5,306.00      76.93                     .00       .00        .00
                                   .00        .00     344.89                     .00                 51.26


     EMPLOYEE TOTAL           5,126.00   4,961.11     873.61 LON    180.00       .00       .00        .00
                                   .00   5,306.00     222.85                     .00       .00        .00
                              3,787.72   5,306.00      76.93                     .00       .00        .00
                                   .00        .00     344.89                     .00                 51.26

          YTD TOTAL           5,126.00   4,961.11     873.61 LON    180.00       .00       .00        .00
                                   .00   5,306.00     222.85                     .00       .00        .00
                              3,787.72   5,306.00      76.93                     .00       .00        .00
                                   .00        .00     344.89                     .00                 51.26
```

EMP INS = SHORT TERM DISABILITY, LONG TERM DISABILITY, DEPENDANT LIFE
PREM CONV = AD&D, DENTAL, EMPLOYEE HEALTH, OPTIONAL LIFE, TOBACCO, VISION

FSA HEALTH FEE & FSA DAY CARE FEE MOVE TO MISC

DESCRIPTION	TAXABLE WAGES	AMOUNT	TOTALS
BENEFIT REPLACEMENT PAY		11,979.93	
LONGEVITY		36,560.00	
HAZARDOUS DUTY		0.00	
OVERTIME		0.00	
SALARY PAYMENTS (BASE PAY & OTHER CASH PAYS NOT ABOVE)		1,395,327.40	
GROSS PAY			1,443,867.33
IMPUTED INCOME		2,844.18	
NON CASH SPECIAL PAYS		0.00	
TOTAL GROSS PAY			1,446,711.51
FIT TAXABLE WAGES	1,258,748.85		
OASDI TAXABLE WAGES	1,382,708.87		
MEDICARE TAXABLE WAGES	1,382,708.87		
SIT TAXABLE WAGES	0.00		
FIT TAX		141,191.72	
EMPLOYEE OASDI TAX		57,989.75	
EMPLOYEE MEDICARE TAX		20,020.26	
SIT TAX		0.00	
EARNED INCOME CREDIT		0.00	
TOTAL EMPLOYEE TAX LIABILITY			219,201.73
RETIREMENT		91,690.85	
TEXASAVER (401K)		27,038.84	
DEFERRED COMP (457)		5,230.33	
TAX SHELTERED ANNUITY (403B)		0.00	
FSA HEALTH CARE		13,414.00	
FSA DAY CARE		3,625.00	
LIMITED FLEX		0.00	
EMPLOYEE HSA		0.00	
PREMIUM CONVERSION AMOUNT		46,963.64	
STATE OPT OUT		240.00	
MISCELLANEOUS NONTAXABLE DEDUCTIONS		676.30	
TOTAL NON TAXABLES			187,962.66

DESCRIPTION	MEMO AMOUNTS	AMOUNT	TOTALS
401(K) LOAN REPAYMENT		0.00	
457 LOAN REPAYMENT		0.00	
BANKRUPTCY		0.00	
BONDS		0.00	
CHARITABLE CONTRIBUTIONS		0.00	
CHILD SUPPORT		0.00	
CREDIT UNION		0.00	
CREDIT UNION FEE		0.00	
EMPLOYEE INSURANCE		75.72	
MEMBERSHIP DUES		30.00	
PAYABLES		0.00	
SERVICE PURCHASE BUY BACK		0.00	
FEDERAL GARNISHMENTS		0.00	
TAX LEVY		0.00	
TX TOMORROW FUND/COLL SAVINGS PLAN		0.00	
RETIREMENT (JR1)		0.00	
RETIREMENT FEE (TAXABLE)		0.00	
TEXAS PROTECTS		0.00	
TRS BUYBACKS		0.00	
MISCELLANEOUS TAXABLE DEDUCTIONS		0.00	
TOTAL TAXABLE DEDUCTIONS			105.72
WARRANTS		0.00	
DIRECT DEPOSIT SAVINGS		0.00	
DIRECT DEPOSIT CHECKING		74,848.62	
NET PAY			74,848.62
STATE PAID INSURANCE	5,662.11		
STATE PAID PAYROLL HEALTH INS CONTRIBUTION	412.73		
STATE PAID HEALTH SAVINGS ACCOUNT CONTRIBUTION	0.00		
STATE PAID RETIREMENT	5,047.97		
STATE PAYROLL RETIREMENT CONTRIBUTION	0.00		
STATE PAID RETIREMENT FEE	0.00		
STATE PAID OASDI	4,761.79		
STATE PAID MED	1,539.63		

```
   REPORT:   192                          UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
   AGENCY:   XXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXX                            RUN DATE: XX/XX/20XX
                                                     STATE MATCHING MONEY                                  RUN TIME: 10:10:59
                                                 FROM 07/01/20XX TO 07/31/20XX

                                       DOC NO      OASDI TXBL       GROSS     ST PD RETIRE    ST PD OASDI  ST PD HEALTH     ST PHC
EMPLOYEE NAME              EMPLOYEE SSN RET PLAN     MED TXBL       ST PRC       ST PD FEE      ST PD MED   ST PD LECOS     OPT OUT
-------------------------------------------------------------------------------------------------------------------------------------

FUND:0001  PCA/INDEX:  P00001
ORG CODE:  00002000100         ORG CODE NAME: STAFF

XXXXX, XXXXXXX              XXX-XX-XXXX XXXXXXXX     3,004.38       3,666.66        254.83        186.27        832.63        36.67
                                          ERS         3,004.38           0.00          3.00         43.56          0.00         0.00
                                                  ============== ============== ============= ============= ============= ============
                     PCA/INDEX P00001  TOTAL:        3,004.38       3,666.66        254.83        186.27        832.63        36.67
                                                     3,004.38                          3.00         43.56          0.00         0.00
                                                  ============== ============== ============= ============= ============= ============
                 ORG CODE 00002000100  TOTAL:        3,004.38       3,666.66        254.83        186.27        832.63        36.67
                                                     3,004.38                          3.00         43.56          0.00         0.00
                                                  ============== ============== ============= ============= ============= ============
                          FUND 0001  TOTAL:        3,004.38       3,666.66        254.83        186.27        832.63        36.67
                                                     3,004.38                          3.00         43.56          0.00         0.00
                                                  ============== ============== ============= ============= ============= ============
                         AGENCY  XXX  TOTAL:        3,004.38       3,666.66        254.83        186.27        832.63        36.67
                                                     3,004.38                          3.00         43.56          0.00         0.00
WARRANTS DATED  FROM 08/01/20XX  TO  08/01/20XX
```

ST PD HEALTH = STATE PAID HEALTH INSURANCE AND STATE HSA

OPT OUT USED TO INCLUDE SKIP

```
REPORT:   571                          UNIFORM STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
AGENCY:   XXX                                  XXXXXXXXXXXXXXXXXXXXXXXX                             RUN DATE: XX/XX/20XX
                                            GENERATED STATE PAID INSURANCE                             RUN TIME: 19:03:10
                                               PAYROLL PERIOD OCTOBER 2016

                                                          LEAVE    LEAVE        STATE PAID     STATE PAID        OPT OUT
ORGCODE       EMPLOYEE SSN            NAME                DATE     REASON       INSURANCE        HSA AMT         CREDIT


12000212000   XXX-XX-XXXX   XXXXXXXXX, XXXXXXXX          10/01/2016    07             797.66          .00            .00

EMPLOYEE COUNT:          1                 TOTAL GENERATED INSURANCE AMOUNT:          797.66         0.00           0.00

FMLA LEAVE REASONS:
===================
  07   (FMLA)BIRTH/MATER/ADOPT/FOSTER
  08   (FMLA)OTHER
  09   (FMLA)RELTVE-SERIOUS HLTH COND
  1A   (FMLA)MILITARY EXIGENCY (FED)
  10   (FMLA)PERSNL-SERIOUS HLTH COND
```

```
REPORT:   959                          STATEWIDE PAYROLL/PERSONNEL SYSTEM                          PAGE:     1
AGENCY:   XXX                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        RUN DATE: MM/DD/YYYY
                                         BENEFIT TOTALS REPORTED TO ERS                        RUN TIME: 22:38:06
                                             DOCUMENT:   XXXXXXXX

TOTAL RECORDS          :         4,283

PENSIONABLE EARNINGS  : 16,988,693.94   EMPLOYEE INSURANCE    :    674,078.62   401K CONTRIBUTIONS       :  320,188.02
PRETAX EMPLOYEE RET   :  1,084,904.90   EMPLOYEE HSA          :          0.0    ROTH 401K CONTRIBUTIONS  :   15,200.60
POSTTAX EMPLOYEE RET  :          0.00   DENTAL DISCOUNT PROG  :          0.00   401K LOAN DEDUCTIONS     :  137,862.00
EMPLOYEE LECOS CONT   :          0.00   TOBACCO USER PREMIUM  :     33,690.00   457 CONTRIBUTIONS        :   82,549.00
EMPLOYER RET CONT     :  1,161,007.77   OPT OUT CREDIT        :      1,680.00   ROTH 457 CONTRIBUTIONS   :   11,502.00
PAYROLL RET CONT      :          0.00   STATE INS CONTR       :  2,052,832.30   457 LOAN DEDUCTIONS      :  125,230.00
EMPLOYER LECOS CONTR  :          0.00   PAYROLL HLTH INS CON  :    144,893.93   CSA TRANSIT/VANPOOL      :    2,700.00
EMPLOYEE RET FEES     :          0.00   STATE HSA             :          0.00   CSA PARKING              :    1,300.00
EMPLOYER RET FEES     :          0.00   FLEX DEDUCTIONS       :    210,358.00
                                         FLEX DEDUCTION FEES   :          0.00
                                         LIMITED FLEX SPENDING :          0.00
```

EMPLOYEE INSURANCE WILL INCLUDE VISION.

Accounting File Extract
Layout (I - Insurance Record) (HIGHLIGHTED AREAS REFLECT CHANGES)

Changes	Start	End	Data Description	Format	Table	Validation Screen/Display	Field Name
	ØØ1	ØØ5	Agency Number	9(05)	HNK	HNK61	CMPNUM
	ØØ6	ØØ7	Record Type	X(02)			RECORD TYPE
	ØØ8	Ø15	Run Date	CCYYMMDD	HØI		SYSTEM DATE
	Ø16	Ø23	Document Number	X(08)	HØH	HSCU1/HØHU2	ALPHACONS1
	Ø24	Ø34	Employee Social Security Number	9(11)	HØH	HIDU1/HØHU2	EMPLOYEENO
	Ø35	Ø42	HMT Effective Date	CCYYMMDD	HMT	HMTU1	HISTORYDT
	Ø43	Ø51	Insurance Salary	9(7)V99	HMT	HMTU1	INSSALAMT
	Ø52	Ø53	Health Carrier	X(02)	HMT	HMTU1	HLTHCARECD
	Ø54	Ø55	Health Plan Coverage Level	X(02)	HMT	HMTU1	HLTHLLVLCD
*****	Ø56	Ø57	Vision Carrier	X(2)	HMT	HMTU1	FORMCD03
*****	Ø58	Ø59	Vision Coverage Level	X(2)	HMT	HMTU1	VISNLVLCD
*****	Ø60	Ø6Ø	Filler	X(1)			
	Ø61	Ø68	Health Plan Effective Date	CCYYMMDD	HMT	HMTU1	HLTHEFFDT
	Ø69	Ø7Ø	Dental Carrier	X(02)	HMT	HMTU1	DNTLCARECD
	Ø71	Ø72	Dental Plan Coverage Level	X(02)	HMT	HTMU1	DNTLLVLCD
*****	Ø73	Ø77	Vision Amount	9(3)V99	HMT	HMTU1	VISNAMT
	Ø78	Ø85	Dental Plan Effective Date	CCYYMMDD	HMT	HMTU1	DNTLEFFDT
	Ø86	Ø87	Optional Life Coverage Level	X(02)	HMT	HMTU1	OPTLIFECVG
	Ø88	Ø92	Filler	X(5)			
	Ø93	1ØØ	Optional Life Effective Date	CCYYMMDD	HMT	HMTU1	OPLFEFFDT
	1Ø1	1Ø2	Dependent Life Coverage Level	X(02)	HMT	HMTU1	DEPLIFECVG
	1Ø3	1Ø7	Filler	X(5)			
	1Ø8	115	Dependent Life Effective Date	CCYYMMDD	HMT	HMTU1	DPLFEFFDT
	116	124	Voluntary AD&D Coverage Amount	9(7)V99	HMT	HMTU1	ADDCVGAMT

	125	126	Voluntary AD&D Coverage	X(02)	HMT	HTMU1	ADDLVLCD
	127	131	Filler	X(5)			
	132	139	Voluntary AD&D Effective Date	CCYYMMDD	HMT	HMTU1	VADDEFFDT
	14Ø	141	Short Term Disability Coverage Level	X(02)	HMT	HMTU1	DISLEVEL
	142	146	Filler	X(5)			
	147	154	Short Term Disability Effective Date	CCYYMMDD	HMT	HMTU1	DISYEFFDT
	155	156	Long Term Disability Coverage Level	X(02)	HMT	HMTU1	DISLTLEVEL
	157	161	Filler	X(5)			
	162	169	Long Term Disability Effective Date	CCYYMMDD	HMT	HMTU1	DISLTEFFDT
*****	17Ø	17Ø	Premium Conversion	X(01)	HMT	N/A	TFREDIRCD
*****	171	178	Premium Conversion Effective Date	CCYYMMDD	HMT	N/A	PRMCNVEFDT
*****	179	179	FSA Day Care Code	X(01)	HMT	HMTU2	TFDEPCD
*****	18Ø	187	FSA Day Care Effective Date	CCYYMMDD	HMT	HMTU2	TFDEPCRDT
	188	192	Filler	X(5)			
*****	193	197	FSA DFEE Amount	9(3)V99	HMT	HMTU2	TFDEPFEE
*****	198	198	FSA Health Care Code	X(01)	HMT	HMTU2	TFHLTHCD
*****	199	2Ø6	FSA Health Care Effective Date	CCYYMMDD	HMT	HMTU2	TFHLTHCRDT
*****	2Ø7	211	State Paid HSA Amount	9(3)V99	HMT	HMTU1	HSAERAMT
*****	212	216	FSA HFEE Amount	9(3)V99	HMT	HMTU2	TFHLTHFEE
*****	217	217	Limited Flex Spending Code	X(1)	HMT	HMTU2	LFSACD
*****	218	224	Limited Flex Spending Amount	9(5)V99	HMT	HMTU2	LFSAAMT
*****	225	227	Filler	X(3)			
	228	228	Opt Out Indicator	X(1)	HMT	HMTU1	INROLL
	229	235	Health Premium	9(5)V99	HMT	HMTUI	HLTHEEAMT
*****	236	242	Dental Premium	9(5)V99	HMT	HMTU1	DNTLEEAMT
*****	243	249	Optional Life Premium	9(5)V99	HMT	HMTU1	OPCFEEAMT

*****	250	256	Dependent Life Premium	9(5)V99	HMT	HMTU1	DPLFEEAMT
*****	257	263	Voluntary AD&D Premium	9(5)V99	HMT	HMTU1	ADDEEAMT
*****	264	270	Short Term Disability Premium	9(5)V99	HMT	HMTU1	DISYEEAMT
*****	271	277	Long Term Disability Premium	9(5)V99	HMT	HMTU1	DFSLTEEAMT
*****	278	284	FSA Day Care Amount	9(5)V99	HMT	HMTU1	TFDEDMNAMT
*****	285	291	FSA Health Care Amount	9(5)V99	HMT	HMTU1	TFHLTHAMT
*****	292	298	State Paid Insurance	9(5)V99	HMT	HMTU1	HLTHERAMT
*****	299	305	Employee HSA Amount	9(5)V99	HMT	HMTU1	HSAEEAMT
	306	307	Tobacco User Premium Level	X(2)	HMT	HMTU1	TBDIFLVL
	308	315	Tobacco User Premium Effective Date	CCYYMMDD	HMT	HMTU1	TBDIFEFFDT
	316	322	Tobacco User Premium Amount	9(5)V99	HMT	HMTU1	TBDIFAMT
*****	323	330	Vision Effective Date	CCYYMMDD	HMT	HMTU1	VISNEFFDT
*****	331	338	Health Savings Account Effective Date	CCYYMMDD	HMT	HMTU1	HSAEFFDT
*****	339	346	Limited Flex Spending Effective Date	CCYYMMDD	HMT	HMTU2	LFSAEFFDT
	347	350	Filler	X(04)			

Accounting File Extract
Layout (PL – Payment Labor Record)

Start	End	Data Description	Format	Table	Validation Screen/Display	Field Name
233	24Ø	State Paid Insurance, State HSA	-9(05)V99	HØM	HØMDE	DEDAMT26, DEDAMT43

The Data Description and Field Name are the only changes to the PL Extract.

Personnel Management File Extract
Layout (HMT – Group Insurance/Texflex Participant Info)

Changes	Start	End	Data Description	Format	Table	Validation Screen	Field Name
	Ø5Ø	Ø59	Action Date	X(10)	HMT	HMTU1	ACTIONDT
	Ø6Ø	Ø69	Effective Date	X(10)	HMT	HMTU1	HISTORYDT
	Ø7Ø	Ø79	Create Date	X(10)	HMT	HMTU1	CREATEDT
	Ø8Ø	Ø8Ø	Filler	X(1)	HMT		STATUSFLAG
	Ø81	Ø9Ø	1st Action Date	X(10)	HMT	HMTU1	FRSTELGDT
	Ø91	Ø99	Insurance Salary	9(7)V99	HMT	HMTU1	INSSALAMT
	1ØØ	111	Work ZIP	X(12)	HMT	HMTU1	WORKZIP
	112	123	Residential ZIP Code	X(12)	HMT	HMTU1	RESZIPCD
	124	126	Participant Type	X(3)	HMT	HMTU1	PRTCPNTTYP
	127	129	Transaction Code	X(3)	HMT	HMTU1	FORMCDØ1
	13Ø	132	Transaction Code	X(3)	HMT	HMTU1	FORMCDØ2
*****	133	135	Filler	X(3)			
	136	137	Health Carrier	X(2)	HMT	HMTU1	HLTHCARECD
	138	139	Health Level	X(2)	HMT	HMTU1	HLTLLVCD
	14Ø	141	Dental Carrier	X(2)	HMT	HMTU1	DNTLCARECD
	142	143	Dental Level	X(2)	HMT	HMTU1	DNTLLVCD
	144	145	Option Life Level	X(2)	HMT	HMTU1	OPTLIFECVG
	146	147	Dependent Life Coverage Level	X(2)	HMT	HMTU1	DEPLIFECVG
	148	149	Voluntary AD&D Level	X(2)	HMT	HMTU1	ADDLVLCD
	15Ø	158	Voluntary AD&D Amount	9(7)V99	HMT	HMTU1	ADDCVGAMT
	159	16Ø	Short Term Disability Coverage Level	X(2)	HMT	HMTU1	DISLEVEL
	161	162	Event Type	X(2)	HMT	HMTU1	TFEVENTTYP
	163	172	Event Date	X(10)	HMT	HMTU1	TFEVENTDT
	173	173	Premium Conversion	X(1)	HMT	HMTU1	TFREDIRCD
	174	183	Effective Date of Premium Conversion	X(10)	HMT	HMTU1	PRMCNVEFDT
*****	184	184	FSA Day Care Code	X(1)	HMT	HMTU2	TFDEPCD
	185	189	Filler	X(5)	HMT		
*****	19Ø	199	FSA Day Care Effective Date	X(10)	HMT	HMTU2	TFDEPCRDT
*****	2ØØ	2ØØ	FSA Health Care Code	X(1)	HMT	HMTU2	TFHLTHCD
	2Ø1	2Ø5	Filler	X(5)	HMT		
*****	2Ø6	215	FSA Health Care Effective Date	X(10)	HMT	HMTU2	TFHLTHCRDT

	216	225	Signed Date	X(10)	HMT	HMTU1	FRMSIGNDT
	226	245	Filler	X(20)	HMT		
	246	246	ERS Status	X(1)	HMT	HMTU1	ERSSTAT
	247	247	USPS Status	X(1)	HMT	HMTU1	USPSSTAT
	248	291	Filler	X(44)	HMT		
	292	3Ø1	Health Effective Date	X(10)	HMT	HMTU1	HLTHEFFDT
	3Ø2	311	Dental Effective Date	X(10)	HMT	HMTU1	DNTLEFFDT
	312	321	Optional Life Effective Date	X(10)	HMT	HMTU1	OPLFEFFDT
	322	331	Dependent Life Effective Date	X(10)	HMT	HMTU1	DPLFEFFDT
	332	341	Voluntary AD&D Effective Date	X(10)	HMT	HMTU1	VADDEFFDT
	342	351	Short Term Disability Effective Date	X(10)	HMT	HMTU1	DISYEFFDT
	352	36Ø	Filler	X(9)	HMT		
*****	361	365	FSA Day Care Monthly Fee Amount	9(3)V99	HMT	HMTU2	TFDEPFEE
*****	366	37Ø	FSA HFEE Amount	9(3)V99	HMT	HMTU2	TFHLTHFEE
	371	404	Filler	X(34)	HMT		
	4Ø5	4Ø6	Long Term Disability Coverage Level	X(2)	HMT	HMTU1	DISLTLEVEL
	4Ø7	411	Filler	X(5)	HMT		
	412	421	Long Term Disability Effective Date	X(10)	HMT	HMTU1	DISLTEFFDT
	422	426	Filler	X(5)	HMT		
*****	427	427	Filler	X(1)			
	428	432	Filler	X(5)	HMT		
	433	433	Opt Out Indicator	X(1)	HMT		INROLL
*****	434	440	FSA Day Care Amount	9(5)V99	HMT	HMTU2	TFDEPMNAMT
*****	441	447	FSA Health Care Amount	9(5)V99	HMT	HMTU2	TFHLTHAMT
	448	454	Health Premium	9(5)V99	HMT	HMTU1	HLTHEEAMT
	455	461	Health Premium — Employer	9(5)V99	HMT	HMTU1	HLTHERAMT
	462	468	Dental Premium	9(5)V99	HMT	HMTU1	DNTLEEAMT
	469	475	Optional Life Premium	9(5)V99	HMT	HMTU1	OPLFEEAMT
	476	482	Dependent Life Premium	9(5)V99	HMT	HMTU1	DPLFEEAMT
	483	489	Voluntary AD&D Premium	9(5)V99	HMT	HMTU1	ADDEEAMT
	490	496	Short Term Disability Premium	9(5)V99	HMT	HMTU1	DISYEEAMT
	497	503	Long Term Disability Premium	9(5)V99	HMT	HMTU1	DISLTEEAMT

	504	510	SKIP Rate	9(5)V99	HMT	HMTU1	SKPRATE
	511	512	Tobacco User Premium Level	X(2)	HMT	HMTU1	TBDIFLVL
	513	522	Tobacco User Premium Effective Date	X(10)	HMT	HMTU1	TBDIFEFFDT
	523	529	Tobacco User Premium Amount	9(5)V99	HMT	HMTU1	TBDIFAMT
*****	530	531	Vision Carrier Code	X(2)	HMT	HMTU1	FORMCD03
*****	532	533	Vision Level Code	X(2)	HMT	HMTU1	VISNLVLCD
*****	534	540	Vision Premium Amount	9(5)V99	HMT	HMTU1	VISNAMT
*****	541	550	Vision Effective Date	X(10)	HMT	HMTU1	VISNEFFDT
*****	551	557	HSAEmployee Amount	9(5)V99	HMT	HMTU1	HSAEEAMT
*****	558	564	HSAEmployer Amount	9(5)V99	HMT	HMTU1	HSAERAMT
*****	565	574	HSAEffective Date	X(10)	HMT	HMTU1	HSAEFFDT
*****	575	575	Limited Flex Spending Code	X(1)	HMT	HMTU2	LFSACD
*****	576	582	Limited Flex Spending Amount	9(5)V99	HMT	HMTU2	LFSAAMT
*****	583	592	Limited Flex Spending Eff Date	X(10)	HMT	HMTU2	LFSAEFFDT
*****	593	756	Filler	X(164)			
	757	768	Job Name	X(12)			JOBNAME