

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