Contribution Processing Excel File Specifications and Instructions

Please contact your Client Service Team with any questions on the specification/instructions for each field.

Column	Column Heading	Format Requirements	Instructions
A	**SOCIAL SECURITY**	9-digit numeric field with or without dashes (xxx-xx-xxxx or xxxxxxxxx)	Required
B	**LAST NAME**	Up to 30 alpha characters	Required
C	**FIRST NAME**	Up to 15 alpha characters	Required
D	**MI**	Up to 2 alpha characters	Optional
E	**DIVISIONAL CODE**	5 alpha/numeric characters	Optional: Used for divisional contributions, statements, reporting, or testing (if applicable) **Please Note:** If you'd like to utilize this feature, please be sure to coordinate this with us prior to reporting data in this field.
F	**TOTAL COMPENSATION**	Numeric with 2 decimals (XXXXX.XX)	Required: For year-end testing and/or employer contribution calculations (if applicable) Your plan can submit compensation either *Per Pay Period* or *Year to Date*. If supplying compensation *Per Pay Period*, the values provided per payroll will be accumulated to calculate the year-to-date value. If supplying compensation *Year to Date*, the values provided per payroll will *replace* the latest year-to-date value. **Compensation values will be based on the definition of compensation in your plan document.**
G	**EMPLOYEE 401(K)**	Numeric with 2 decimals (XXXXX.XX)	Participant's Pre Tax deferral contribution for the payroll period (if applicable)
H	**ROTH 401(K)**	Numeric with 2 decimals (XXXXX.XX)	Participant's ROTH deferral contribution for the payroll period (if applicable)
I	**LOAN PAYMENT AMOUNT**	Numeric with 2 decimals (XXXXX.XX)	Participant's loan payment for the payroll period (if applicable) **Please Note:** * Exact scheduled loan payments should be withheld and reported. * Loan payments can be paid ahead; however, extra payments should be made in even multiples of the scheduled payment amount. * If a participant has multiple loans, please combine all payments and report as one payment amount.
J	**MATCH**	Numeric with 2 decimals (XXXXX.XX)	Employer Match contribution for the payroll period (if applicable)
K	**PROFIT SHARING**	Numeric with 2 decimals (XXXXX.XX)	Profit Sharing contribution for the payroll period (if applicable)
L	**SAFE HARBOR MATCH**	Numeric with 2 decimals (XXXXX.XX)	Safe Harbor Match for the payroll period (if applicable)
M	**SAFE HARBOR NEC**	Numeric with 2 decimals (XXXXX.XX)	Safe Harbor Non-Elective for the payroll period (if applicable)

N	**CLIENT SPECIFIC**	Numeric with 2 decimals (XXXXX.XX)	This is an additional financial column if your plan has a unique contribution type (if applicable) **Please Note**: To ensure that we're tracking to the correct contribution type, please validate with your Client Service Team in advance of using this field.
O	**CLIENT SPECIFIC**	Numeric with 2 decimals (XXXXX.XX)	This is an additional financial column if your plan has a unique contribution type (if applicable) **Please Note**: To ensure that we're tracking to the correct contribution type, please validate with your Client Service Team in advance of using this field.
P	**CLIENT SPECIFIC**	Numeric with 2 decimals (XXXXX.XX)	This is an additional financial column if your plan has a unique contribution type (if applicable) **Please Note**: To ensure that we're tracking to the correct contribution type, please validate with your Client Service Team in advance of using this field.
Q	**HOURS**	Numeric field. Whole hours only; please round accordingly.	Required for plans using **Actual Hours** for eligibility, vesting, the preparation of employer contribution calculations, and/or year-end testing (if applicable) Your plan can submit hours either *Per Pay Period* or *Year to Date*. If supplying hours *Per Pay Period*, the values provided per payroll will be accumulated to calculate the year-to-date value. If supplying hours *Year to Date*, the values provided per payroll will replace the latest year-to-date value.
R	**ADDRESS 1**	Up to 30 alpha/numeric characters	Required for distributions, statements, and participant account access
S	**ADDRESS 2**	Up to 30 alpha/numeric characters	Required for distributions, statements, and participant account access
T	**CITY**	Up to 23 alpha/numeric characters	Required for distributions, statements, and participant account access
U	**STATE**	2 alpha characters	Required for distributions, statements, and participant account access
V	**ZIP**	5- or 9-digit numeric field (a 'dash' separator is acceptable)	Required for distributions, statements, and participant account access
W	**DATE OF BIRTH**	Date Field with or without slashes (mmddyyyy or mm/dd/yyyy)	Required for online enrollment and online distributions as well as eligibility, year-end testing, and RMDs (if applicable)
X	**CURRENT DATE OF HIRE**	Date Field with or without slashes (mmddyyyy or mm/dd/yyyy)	Required for vesting, eligibility, and year-end testing (if applicable) **Please Note**: If the employee was terminated and re-hired, list their most recent hire date.

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Y	**EMPLOYEE ELIGIBILITY DATE**	Date Field with or without slashes (mmddyyyy or mm/dd/yyyy)	Used for producing enrollment materials and for year-end testing (if applicable) **Please Note:** Based on your plan's eligibility rules, we may calculate this date if left blank. The Eligibility Date is the plan's next available entry date after the employee has satisfied the plan's eligibility requirements.
Z	**CURRENT DATE OF TERM**	Date Field with or without slashes (mmddyyyy or mm/dd/yyyy)	Required for certain distributions and year-end testing (if applicable) **Please Note**: If the employee was terminated and re-hired—and they're still employed— leave this field blank. If the employee was terminated, re-hired, and terminated again, list the most recent termination date.
AA	**PRIOR DATE OF HIRE**	Date Field with or without slashes (mmddyyyy or mm/dd/yyyy)	Required for vesting, eligibility, and year-end testing (if applicable) **Please Note:** If the employee was terminated and re-hired, list their original hire date.
AB	**PRIOR DATE OF TERM**	Date Field with or without slashes (mmddyyyy or mm/dd/yyyy)	Required for vesting, eligibility, and year-end testing (if applicable) **Please Note:** If the employee was terminated and re-hired, list their prior termination date.
AC	**ESTIMATED ANNUAL COMPENSATION**	12-digit numeric field with 2 decimals (XXXXXXXXX.XX)	Optional: Used to build savings examples on the participant website as well as certain enrollment materials If left blank, the value will default to $50,000.
AD	**EMPLOYMENT STATUS**	3-digit numeric field no decimal (See Instructions for Codes)	Optional: **Codes/Definitions:** 001: Terminated with less than 500 hours in the current plan year 002: Terminated with more than 500 hours in the current plan year 003: Active 004: Deceased 005: Disabled 006: On Unpaid leave 007: Retired

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AE	**HCE CODE**	1-digit numeric field (See Instructions for Codes)	Optional: Used for year-end testing (if applicable) **Codes/Definitions for an HCE:** 0: Not an HCE. 1: Is more than 5% owner. Family attribution rules apply. 3: HCE based on compensation only. (The participant exceeded the compensation threshold in in the preceding year.) *Note that HCE Threshold is reviewed and adjusted annually and can be obtained at www.irs.gov in the COLA limits.* **SPECIAL NOTE:** This field will update the recordkeeping system with the initial census file submission. Any future updates must be made manually via the website or by contacting your Client Service Team.
AF	**KEY EE CODE**	1-digit numeric field (See Instructions for Codes)	Optional: Used for year-end top heavy testing (if applicable) **Codes/Definitions for a KEY Employee:** 0: Not a KEY Employee. 1: An Officer of the company whose compensation exceeds the Key Employee threshold (adjusted annually). 3: Is more than 5% owner. Family attribution rules apply. 4: Is more than 1% owner whose compensation exceeds $150,000. *Note that Key Employee compensation level is reviewed and adjusted annually and can be obtained at www.irs.gov in the COLA limits.* **SPECIAL NOTE:** This field will update the recordkeeping system with the initial census file submission. Any future updates must be made manually via the website or by contacting your Client Service Team.
AG	**ENROLLMENT ELIGIBILITY**	1 alpha character, no decimal (See Instructions for Codes)	Optional: This field is only used if your plan calculates eligibility using the Equivalency method for tracking hours **Codes/Definitions:** Y = Employee has met eligibility requirements to enter the plan. N = Employee has not met eligibility requirement to enter the plan. If your plan doesn't use the Equivalency method for hours, this field can be left blank.
AH	**UNION STATUS CODE**	1 alpha character, no decimal (See Instructions for Codes)	Optional: Used for eligibility and year-end testing (if applicable) **Codes/Definitions:** Y = Union N = Non Union

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AI	**EMPLOYEE WORK EMAIL**	Alpha/numeric characters plus @ symbol (someone@example.com)	Required for employers who elect to deliver certain plan documents electronically. Include each employee's designated work email address. This is the email address provided by your company to the employee – not the employee's personal email address.