



## **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?***

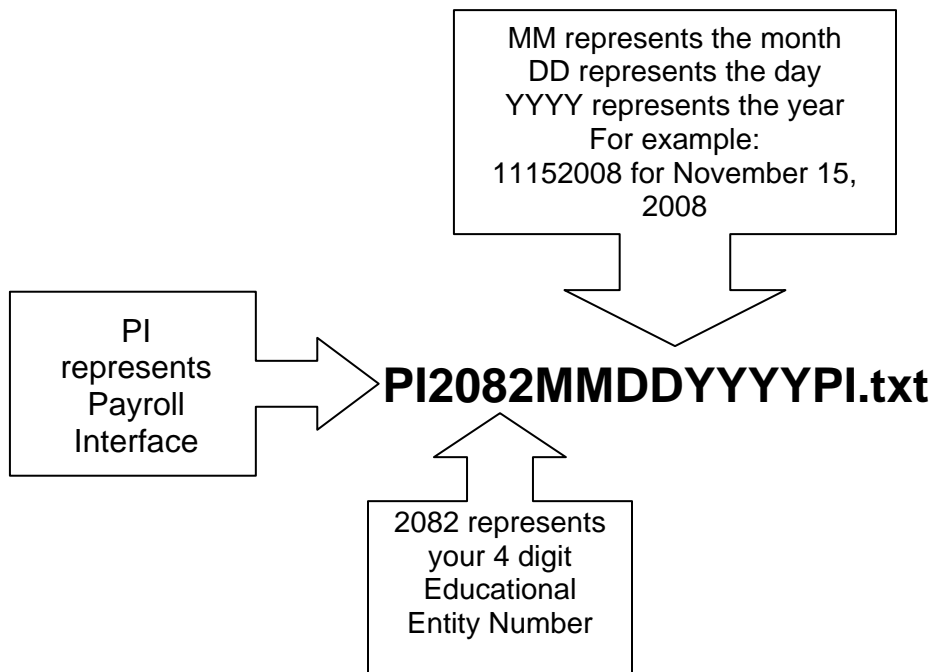
This file will need to follow a specific naming pattern in order to be successfully uploaded to MyOEBB (please see the naming pattern section below). You can submit up to one file per day or just one file as needed throughout the year; it's up to you. MyOEBB will not accept more than one file per day.

### ***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?***

OEBB 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 MyOEBB 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-OEBB or 1(888) 469-6322 , or e-mail [oebb.benefits@state.or.us](mailto: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 OEGB 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)

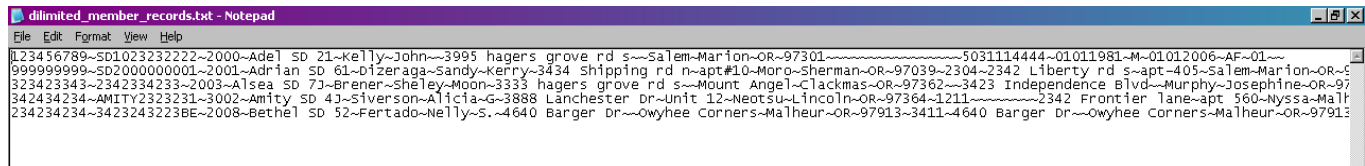
### Record Type Codes

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\_NAME~MIDDLE\_NAME~RESIDENTIAL\_ADDRESS\_LINE\_1~RESIDENTIAL\_ADDRESS\_LINE\_2~RESIDENTIAL\_CITY~RESIDENTIAL\_COUNTY~RESIDENTIAL\_STATE~RESIDENTIAL\_ZIP\_1~RESIDENTIAL\_ZIP\_2~MAIL\_ADDRESS\_LINE\_1~MAIL\_ADDRESS\_LINE\_2~MAIL\_CITY~MAIL\_COUNTY~MAIL\_STATE~MAIL\_ZIP\_1~MAIL\_ADD\_EFF\_DATE~WORK\_ADDRESS\_LINE\_1~WORK\_ADDRESS\_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\_DATE~EMPLOYMENT\_TYPE~MEMBER\_TYPE~MEDICARE\_ELIG~SALARY~SALARY\_TYPE~HOURS\_WORKED~PAYROLL\_FREQ~SALARY\_EFF\_DATE~HIRE\_DATE~TERMINATION\_REASON~TERMINATION\_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.