



Perm File for Local Governments Initial Data Migration

Our entity is a (Please mark one):

_____City _____County _____Special Dist

This file format will be used to initially add eligible employees to 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.

Employee Groups

OEBB only wants the eligible employee groups your entity has specified to participate. For example, if your entity only has Non-Represented and AFSCME participating with OEBB and not the SEIU, then you only need to send us the eligible Non-Represented and AFSCME 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. These people would be waives or opt outs in MyOEBB. The 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 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 employees with multiple employments/pay rates?

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

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

Please contact OEBB (contact info below) to discuss your Member Type. OEBB will need this information prior to your entity submitting a data file.

Our entity uses Social Security Numbers as Employee Numbers?

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

Contacting OEBB

If you have questions not answered in this document contact:

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

How many employees will your entity transfer to OEBB at this time?

_____ (enter number here)

Required File Format is:

1. Flat File with Pipe as a delimiter or Excel file.
2. Data has to be in the sequence mentioned in the table below.

Column	Type	Description	Format	Required/ Optional
SSN	Numeric (9)	Social Security Number	999999999	Required
Institution Number	Numeric (4)	Check with OEBB for your four digit institution number.	4 Positions	Required
Last Name	Alpha(30)	Employee Last Name	30 Positions	Required
First Name	Alpha(20)	Employee First Name	20 Positions	Required
Middle Name/Initial	Alpha(20)	Employee Middle Name or Middle Initial	20 Positions	Optional
Residential Address Line 1	Alpha(30)	Residential Address Information	30 Positions	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	Optional
Residential City	Alpha(28)	Residential Address Information	28 Positions	Required
Residential County	Alpha(15)	Residential Address Information	15 Positions	Optional
Residential State	Alpha(2)	Residential Address Information	2 Positions	Required
Residential Zip – 1	Numeric (5)	Residential Address Information	5 Positions	Required
Mailing Address Line 1	Alpha(30)	Mailing Address Information	30 Positions	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	Optional
Mailing City	Alpha(28)	Mailing Address Information	28 Positions	Optional
Mailing County	Alpha(15)	Mailing Address Information	15 Positions	Optional
Mailing State	Alpha(2)	Mailing Address Information	2 Positions	Optional
Mailing Zip – 1	Numeric (5)	Mailing Address Information	5 Positions	Optional
Home Phone	Numeric (10)	Home Phone Number	10 Positions	Optional
Work Phone	Numeric (10)	Work Phone Number	10 Positions	Optional

Work Phone Extension	Numeric (4)	Work Phone Extension	4 Positions	Optional
Email	Alpha(30)	Email of the Employee	30 Positions	Optional
Date of Birth	Numeric (8)	Employee Date of Birth	MMDDYYYY	Required
Gender	Alpha(1)	Employee Gender	M/F	Required
Original Hire Date	Numeric (8)	Hire Date of Employee – The date employee became eligible to receive benefits with your entity.	MMDDYYYY	Required
Employment Type	Alpha(2)	Employment Type of the Employee	2 Positions	Required
Member Type	Numeric (2)	Member Type of the Employee	2 Positions	Required
Medicare Eligible	Alpha(1)	Is employee eligible for Medicare	Y/N	Required
Salary	Numeric (9)	Salary of Individual – For example: 002543.67	9 Positions	Required
Salary Type	Alpha(1)	Type of Salary	1 Position	Required
Hours Worked	Numeric (3)	Number of hours worked in pay period for hourly employees	3 Positions	Required
Payroll Frequency	Alpha(1)	Frequency of pay runs	1 Position	Required

Salary Effective Date	Numeric (8)	Effective date of salary	MMDDYYYY	Optional (This date will default to the hire date if hire date is in the future or if salary effective date is null. This date will default to the system date if hire date is in the past or if salary effective date is null.)
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 returns to work at your educational entity.	MMDDYYYY	Required

Employment Type Codes

Code	Description
AS	Superintendent
AF	Administrator Licensed-Full Time
AP	Administrator Licensed-Part Time
CF	Classified-Full Time
CP	Classified-Part Time
DF	Confidential-Full Time
DP	Confidential-Part Time
XA	Regular LOCGOV-Full Time
XB	Regular LOCGOV-Part Time
XC	Sheriff Clerk-Full Time
XD	Sheriff Clerk-Part Time
XE	Sheriff Deputy-Full Time
XF	Sheriff Deputy-Part Time
RS	Retiree-Superintendent
RA	Retiree-Administrator
RC	Retiree-Classified
RD	Retiree-Confidential
ZA	Retiree-Regular LocGov-Full Time
ZB	Retiree-Regular LocGov-Part Time
ZC	Retiree-Sheriff Clerk-Full Time
ZD	Retiree-Sheriff Clerk-Part Time
ZE	Retiree-Sheriff Deputy-Full Time
ZF	Retiree-Sheriff Deputy-Part Time

Member Type Codes

Code	Description
04	Non-Represented
11	Deputy District Attorney
12	Laborers International
13	Oregon Nurses Association
14	Peace Officers Association
15	AFSCME
16	FOPPO
17	SA (Sheriff Association)
18	SEIU
24	Retiree Non-Represented
31	Retiree Deputy District Attorney
32	Retiree Laborers International
33	Retiree Oregon Nurses Association
34	Retiree Peace Officers Association
35	Retiree-AFSCME
36	Retiree-FOPPO
37	Retiree-SA
38	Retiree-SEIU

Gender Codes

Code	Description
M	Male
F	Female
O	Other

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	Employee Termination

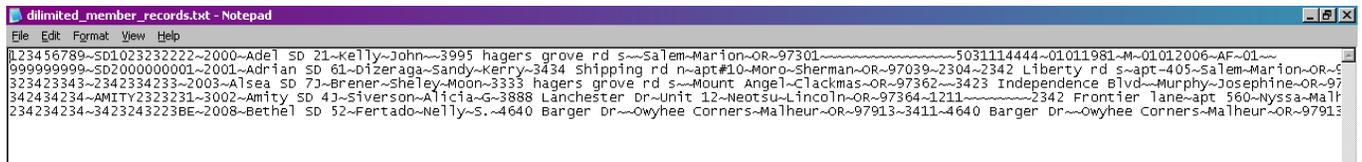
Record Type Codes

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~RES_ADD_EFF_DT~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.