State Optional Retirement Program
Enrollment file layout

Field Name	Field Type	Field Length	First Position	Last Position	Description
Client ID	N	9	1	9	Member SSN (no hyphens)
Client-Last-Name	A	25	10	34	Member Last Name
Client-First-Name	A	18	35	52	Member's First Name
Address 1	A	30	53	82	Street address
Address 2	A	30	83	112	Street address
City	A	18	113	130	City
State	A	2	131	132	State (abbreviated)
Zip Code	A	9	133	141	Zip Code (5+4)
Country Code	A	2	142	143	Assigned Country Code (Blank if US)
Date of Birth	N	8	144	151	Format: YYYYMMDD
Gender	A	1	152	152	M-Male; F-Female; U-Unknown
Hire Date	N	8	153	160	YYYYMMDD
Effective Date (for open enrollment change)	N	8	161	168	YYYYMMDD
Employer (PEBA code)*	N	5	169	173	XXXXX
Salary	N	9	174	182	Includes leading zeroes but no decimal or dollar sign
Email address	A	65	183	247	Email address for participant (if provided)
Phone number	N	10	248	257	Phone number for particpant (if provided)

*PEBA will provide a key to cross reference with each provider's individual codes established for employers.