Eligibility Upload Error Messages

Document information

Overview
This document provides details on error messaging within Benefits 24/7.

Contact information
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Error Message Display

Eligibility File Upload Date	Employee Last Name	Employee First Name	SSN	Error	Data Received	Employee record not present in Benefits 24/7 (required submittal fields resulted in error)
MMDDYYYY	Last Name	First Name	XXX-XX-XXXX	LAST NAME INVALID	O'Malley	Last Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.

Error Messages

Field name	Description	Maximum Length	Rules	Required	Error	Error message
Social Security Number	Employee social security number - uniquely identifies each employee.	9	Must be 9 numerical characters.	Yes	INVALID SOCIAL SECURITY NUMBER	9 numerical characters required for social security number
					SOCIAL SECURITY NUMBER DUPLICATED WITHIN ORGANIZATION	Social security number is being reported with overlapping Eligibility Date and Termination Date within your organization. Employee may not be dual enrolled in SEBB Program
			If a social security number repeats within a file, all records having that social security number will be rejected.		SOCIAL SECURITY NUMBER DUPLICATED WITHIN ANOTHER ORGANIZATION	Social security number is being reported with overlapping Eligibility Date and Termination Date with another SEBB organization. Employee may not be dual enrolled in SEBB Program. Contact previous organization to correct Eligibility Start and Eligibility Termination Date.
			If a social security number matches a social security number already in the system:		SOCIAL SECURITY NUMBER ENROLLED IN PEBB PROGRAM	Social security number is being reported with overlapping eligibility date with a PEBB organization
			- the incoming record will be accepted if the coverage date DOES NOT overlap with those already in the system			
			- the incoming record will be rejected if the coverage date DOES overlap with those already in the system			

Field name	Description	Maximum Length	Rules	Required	Error	Error message
Last Name	Employee last name	20	Valid values are A - Z, space, and dash.	Yes	LAST NAME INVALID	Last Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
First Name	Employee first name	15	Valid values are A - Z, space, and dash.	Yes	FIRST NAME INVALID	First Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
Middle Name	Employee middle name or initial	15	Valid values are A - Z, space, and dash.	No	MIDDLE NAME INVALID	Middle Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
Suffix	Employee suffix	4	Valid values are A - Z. Example: JR, SR, III.	No	SUFFIX IS INVALID	Suffix cannot exceed (4) characters; includes only A-Z and does not include special characters.
Work Phone	Employee work phone number	10	Area code plus 7 digit phone number.	No	WORK PHONE NUMBER IS INVALID	Work phone must include (10) numeric characters
Home Phone	Employee home phone number	10	Area code plus 7 digit phone number.	No	HOME PHONE NUMBER IS INVALID	Home phone must include (10) numeric characters
Residential Address Line1	Employee's residential address	30		Yes	RESIDENTIAL ADDRESS LINE 1 IS INVALID	Residential address Line 1 may not exceed (30) alphabetic characters and is required
Residential Address Line2	Employee's residential address (if needed)	30		No	RESIDENTIAL ADDRESS LINE 2 IS INVALID	Residential address Line 2 may not exceed (30) alphabetic characters
Residential City	Employee's residential city	20		Yes	RESIDENTIAL ADDRESS CITY IS INVALID	Residential City may not exceed (20) alphabetic characters and is required

Field name	Description	Maximum Length	Rules	Required	Error	Error message
Residential State	Employee's residential state	2	Standard US state abbreviation or Canadian Province Code. NOTE: If address is outside US or Canada, populate this field with ZZ.	Yes	RESIDENTIAL STATE INVALID	Residential State must include (2) alphabetic characters and is required
Residential Zip	Employee's residential zip code	10	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.	Yes	RESIDENTIAL ZIP IS INVALID	Residential Zip Code is required with minimum of (5) numeric digits, or up to (10) if including dash and additional (4) numeric digits.
Residential County Code	Employee's residential county code	2	Populate if county is in the state of WA. 01 – Adams 02 – Asotin 03 – Benton 04 – Chelan 05 – Clallam 06 – Clark 07 – Columbia 08 – Cowlitz 09 – Douglas 10 – Ferry 11 – Franklin 12 – Garfield 13 – Grant 14 – Grays Harbor 15 – Island 16 – Jefferson 17 – King 18 – Kitsap 19 – Kittitas 20 – Klickitat 21 – Lewis 22 – Lincoln 23 – Mason 24 – Okanogan 25 – Pacific 26 – Pend Oreille 27 – Pierce 28 – San Juan 29 – Skagit 30 – Skamania 31 – Snohomish 32 – Spokane 33 – Stevens 34 – Thurston 35 – Wahkiakum 36 – Walla Walla 37 – Whatcom 38 – Whitman 39 – Yakima	Conditional	RESIDENTIAL COUNTY CODE INVALID	Valid (2) numeric digit county code is required when WA state is reported for Residential State.

Field name	Description	Maximum Length	Rules	Required	Error	Error message
Mailing Address Line1	Employee's mailing address	40		Only if different than residential.	MAILING ADDRESS LINE 1 IS INVALID	Mailing address Line 1 may not exceed (30) alphabetic characters
Mailing Address Line2	Employee's mailing address	40		No	MAILING ADDRESS LINE 2 IS INVALID	Mailing address Line 2 may not exceed (30) alphabetic characters
Mailing Address City	Employee's mailing address city if different from residential	30		Only if different than residential.	MAILING ADDRESS CITY IS INVALID	Mailing City may not exceed (20) alphabetic characters
Mailing Address State	Employee's mailing address state if different from residential	2	Standard US state abbreviation or Canadian Province Code. NOTE: If address is outside US or Canada, populate this field with ZZ.	Only if different than residential.	MAILING ADDRESS STATE INVALID	Mailing State must include (2) alphabetic characters.
Mailing Address Zip	Employee's mailing address zip code if different from residential	10	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.	Only if different than residential.	MAILING COUNTY CODE INVALID	Valid (2) numeric digit county code is required when WA state is reported for Mailing Address State.
Birth Date	Employee's birth date in CCYYMMDD format	8	Must be a valid date.	Yes	INVALID BIRTH DATE	Required Birth Date must follow format: YYCCMMDD. (Example: 20151225
Birth Sex	Employee's birth sex	1	Use "M" for "male". Use "F" for "female".	Yes	INVALID BIRTH SEX	Required Birth Sex must be valid value of M or F
Gender	Employee's reported gender	1	Valid values: M - male F – female X – gender X	No	INVALID GENDER	Gender must be M, F, or X

Field name	Description	Maximum Length	Rules	Required	Error	Error message
Residential Country Code	Employee's residential country code	2	If address is in the US, populate with blanks.	Only if residential address is outside of USA.	INVALID RESIDENTIAL COUNTRY CODE	Country Code must be (2) character code found at: http://countrycode.org
			If address is outside the US, use 2-character ISO Country Codes found at http://countrycode.org/.			
Mailing Country Code	Employee's residential mailing code	2	If address is in the US, populate with blanks.	Only if mailing address is outside of USA	INVALID MAILING COUNTRY CODE	Country Code must be (2) character code found at: http://countrycode.org
			If address is outside the US, use 2-character ISO Country Codes found at http://countrycode.org/.			
Employee Hire Date	Employee's hire date in CCYYMMDD format	8	Must be a valid date.	Yes	INVALID HIRE DATE	Required hire date must be provided in numeric CCYYMMDD format.
Employee monthly salary	Employee's anticipated monthly salary.	8	Numbers with explicit decimal point. No commas. To specify $12,345.67… 12345.67	Yes	INVALID MONTHLY SALARY	Monthly salary must be provided with minimum of (6) characters, Example: 123.45. This field may not be left blank.
Anticipate 630 hours	Specifies whether or not the employee is anticipated to work 630 or more hours in a calendar year.	1	Use "Y" for "yes".	Yes	INVALID VALUE IN 630 HOURS	Anticipate 630 hours 'Y' for yes, or 'N' for no is required. This field may not be left blank.
			Use "N" for "no".	Yes	HCA HAS NOT REVIEWED CBA FOR LOCALLY ELIG BENEFITS AVAILIBILITY TO SUBSCRIBERS IN THIS DISTRICT	HCA must review districts offering locally eligible benefits and record approval within Benefits 24/7.

Field name	Description	Maximum Length	Rules	Required	Error	Error message
Eligibility Date	Employee's first day of eligibility for benefits in YYCCMMDD format	8	YYCCMMDD	Yes	INVALID ELIGIBILITY DATE	Required and cannot be earlier than employee hire date
					EXCEEDS LOWER LIMIT	Will be rejected if 2 billing cycles in the past, or for enrollment exceeding one future billing cycle.
September newly eligible	Employee eligible between 9/1 of current year and first day of school for district	1	Use "N" for "no".	Yes	ELIGIBILITY DATE MUST BE IN MONTH OF SEPTEMBER WHEN REPORTED AS SEPTMEBER ELIGIBILE	Rule applies for new employees who begin work on or after September 1, but not later than the first day of school. For those employees only, eligibility and benefits begin on their first day of work.
Represented/ Non Represented Indicator	Indicates if an employer is represented by a collective bargaining unit.	1		Yes	INVALID REPRESENTED INDICATOR	Required Y or N
Represented Date	Indicates the effective date in which an employer is represented.	8	YYCCMMDD	Conditional	INVALID REPRESENTED DATE	Required when reported as represented Y