

EXAMPLE OF STANDARD 834 /5010 FORMAT FILE

ISA\*00\* \*00\* \*ZZ\*7891011 \*ZZ\*123456  
\*160412\*1116\*\*^\*00501\*000000208\*0\*P\*::~~  
GS\*BE\*7891011\*005010X220\*20160412\*1116\*1\*X\*005010X220A1~  
ST\*834\*0001\*005010X220A1~  
BGN\*00\*123456 000000208 0001\*20160412\*1116\*ES\*\*\*4~  
REF\*38\*14551~  
DTP\*007\*D8\*20160418~  
DTP\*382\*D8\*20160418~  
N1\*P5\*School District of Lee County\*24\*596000701~  
N1\*IN\*Benefit Vendor \*FI\*036255464~  
INS\*Y\*18\*030\*XN\*A\*E\*\*FT\*\*N~  
REF\*OF\*Social Security #~  
REF\*1L\*14551~  
DTP\*303\*D8\*20160411~  
DTP\*336\*D8\*20100507~  
NM1\*IL\*1\*Employee Name\*\*Mr\*\*34\*Social Security #~  
PER\*IP\*\*HP\*2394703290~  
N3\*Street Address~  
N4\*City\*State\*Zip~  
DMG\*D8\*Date of Birth\*M\*M~  
EC\*08~  
HLH\*U~  
HD\*030\*\*CAN\*01\*FAM~  
DTP\*348\*D8\*20120401~ = Effective Date of Coverage  
INS\*N\*01\*030\*XN\*A\*E\*\*\*N~ Dependent Information  
REF\*OF\*Social Security #~  
REF\*1L\*14551~  
DTP\*303\*D8\*20160411~

NM1\*IL\*1\*Dependent Name~

N3\*Street Address~

N4\*City\*State\*Zip~

DMG\*D8\*19480804\*F~

HLH\*U~

HD\*030\*\*CAN\*01~

DTP\*348\*D8\*20120401~

INS\*Y\*18\*030\*XN\*A\*E\*\*FT\*\*N~ Another Employee Info begins.

REF\*0F\*Social Security #~

REF\*1L\*14551~

DTP\*303\*D8\*20160411~

DTP\*336\*D8\*20090701~

NM1\*IL\*1\*Employee Name\*Ms\*\*34\*Social Security #~

PER\*IP\*\*HP\*2394914905~

N3\*Street Address~

N4\*City\*State\*Zip~

DMG\*D8\*19650715\*F\*M~

EC\*08~

HLH\*U~

HD\*030\*\*CAN\*01\*EMP~

DTP\*348\*D8\*20120401~ Effective Date of Coverage