

# Census File Request

Sympl Benefits is requesting a census file to better understand the demographics of your population.

## Data Requirements

- ❖ Please provide a census file for the most recent month
- ❖ The file should include **all benefits eligible members**, one row per member, including employees (subscriber) AND spouses / dependents.
- ❖ For confidentiality purposes, please ensure that any member information provided is de-identified, blinded, or scrambled. **The file should not contain any Personal Identifying Information or Personal Health Information (PII/PHI).**
- ❖ Please be sure to include leading zeros for any data element where this may be applicable.
- ❖ Please send data elements in the format specified in the table at the end of this document.

## File Format and Data Transfer

- ❖ Send the census file as a .xlsx or .csv file.
- ❖ Send the census file via email. While the file should not contain any PII/PHI, for confidentiality purposes, we still recommend encrypting the file before sharing with us. Please include instructions for decryption. (PW, secure FTP, etc)
- ❖ If the file is too large to send via email, please contact [help@symplbenefits.com](mailto:help@symplbenefits.com). We are happy to create a secure file transfer protocol via MS Sharepoint.

Please reach out to [help@symplbenefits.com](mailto:help@symplbenefits.com) if you have any questions or need any assistance with this data request.

## Census File Specifications

Column	Data Element	Data Type	Required?	Description	Example
1	Blinded Member ID	Text	<b>Required</b>	Unique identifier for a member. This value should be consistent for every instance of the member in the data. <b>This field should be blinded or scrambled and must not contain any PII/PHI</b>	a23v4510
2	Member Relationship	Text	<b>Required</b>	Member's relationship to subscriber	Subscriber, Spouse, or Dependent
3	Member's Gender	Text	<b>Required</b>	Member's gender (one character)	M, F, or U
4	Member's Date of Birth	Date	<b>Required</b>	Member's date of birth (MM/DD/YYYY)	01/01/1980
5	Enrollment Date	Date	<b>Required</b>	Date member was enrolled	01/01/2023
6	Member Zip Code	Number	<b>Required</b>	5-digit zip code for member's home address	48103
7	Member State	Text	<b>Required</b>	2-digit state code for member's home address	MI
8	Member Eligibility Status	Text	<b>Required</b>	Indicate whether member was enrolled in a medical plan or not	Eligible, Enrolled, or Inactive
9	Member Plan Identifier	Text	<b>Required</b>	Medical Plan Code	HSA1001 –or– PPO1002
10	Member Plan Name	Text	<b>Required</b>	Name of the plan on which the member is enrolled	HDHP w/ HSA, PPO Copay Plan, etc.
11	Group/Employer Name	Text	Optional	Name of the Prospect	Acme Inc.