

Standard Format for UI Benefit Charge Notice

Seq. No.	Data Element Name	Data Element Description	Type and/or Format	Field Size	Field Required / Optional	Business Rules	Validation*	Comments/Notes	Values:
C-31	StateBenefitChargeGUID	This is a unique ID given to this record by the State	Character	32	Required		Contains only hexadecimal digits	State System Generated	
C-32	BrokerRecordTransactionNumber	This is a unique ID given to this record by the broker.	Character	32	Required on Charge Notice from the Broker to the Employer/TPA		Contains only hexadecimal digits	Broker System Generated	
C-1	DateofNotice	The issue date of this charge notice.	Date yyyy-mm-dd	10	Required		Contains only numbers and dashes. Must be a valid date.		
C-2	LastDayToProtestCharges	The last day an employer can file a protest of charges covered by this notice.	Date yyyy-mm-dd	10	Optional	Must be later than C-1	Contains only numbers and dashes. Must be a valid date or null		
C-3	ChargingStateAbbreviation	US Postal (2 letter) state code	Character	2	Required		Must be two alpha characters and no blanks allowed.	Information on valid 2-character state and territory abbreviations available from the FIPS website: < http://www.itl.nist.gov/fipspubs/fip5-2.htm >.	
C-4	StateAgencyName	Name of the State Agency issuing the Charge Notice	Character	50	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-5	1stAddress	1st Agency Address Line	Character	50	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-6	2ndAddress	2nd Agency Address Line	Character	50	Optional		Contains the printable ASCII characters 32 – 126 decimal.		
C-7	3rdAddress	3rd Agency Address Line	Character	50	Optional		Contains the printable ASCII characters 32 – 126 decimal.		
C-8	City	City Location of Agency	Character	35	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-9	ZipCode	US Postal Zip Code for Agency (zip plus 4)	Character	10	Required		Contains numbers or dashes		
C-10	AgencyTelephoneNumber	Phone number for Employer to contact the Agency regarding this Charge Notice.	Character	15	Optional		Contains only numbers or is null.	Contain area code, 7-digit telephone number, and extension up to 5 digits (if needed).	
C-11	AgencyFaxNumber	Fax number for Employer to contact the state agency regarding this Charge Notice.	Character	10	Optional		Contains only numbers or is null.	Contain area code, 7-digit telephone number,	
C-12	StateEmployerAccountNbr	The State account number to which the benefits are charged. It is the State's unique identifier for the employer.	Character	20	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-13	PredecessorEmployerAccountNbr	The State Employer Account Number for the Predecessor Account.	Character	20	Optional		Contains the printable ASCII characters 32 – 126 decimal. Can be null		Each state may define how far back in time to show predecessor account numbers.
C-14	EmployerName	The legal business name of the employer.	Character	100	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-15	FEIN	The employer Federal Employer Identification Number (FEIN)	Character	9	Required		Contains only numbers and there are no letters or special characters. Must be 9 digits.		
C-16	Charge Period Beginning Date	Beginning Date for Charge Period included in this Notice.	Date yyyy-mm-dd	10	Required	Must be equal to or later than Benefit Year Beginning Date C26.6	Contains only numbers and dashes. Must be a valid date.		

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C-17	Charge Period Ending Date	Ending Date for Charge Period included in this Notice.	Date yyyy-mm-dd	10	Required	Must be equal to or greater than 7 days after Charge Period Beginning Date C-16 & equal to or before the Date of Notice C-1	Contains only numbers and dashes. Must be a valid date.	
C-18	EmployerAccountType	The type of Employer Account	Character	1	Required		Contains only numbers 1 or 2	1=taxable employer 2=reimbursable employer
C-19	NumberOfIndividualSSNsWithCharges	Number of individual SSNs/benefit years with charges to the employer for this notice.	Numeric	6	Required	Must equal the number of records reporting C-27.1.	Contains only numbers = 1 or larger. No commas allowed.	
C-20	TotalDollarAmountChargedToEmployer	Total dollar amount of benefits charged to the employers account in this notice	Numeric	7.2	Required	Must equal the sum of charges listed in C-27.11.	Only numbers and decimal point. No dollar sign(\$) or commas allowed. Can be a negative number.	
C-21	Reserve Balance	The Reserve Balance for the employers account/	Numeric	15.2	Optional		Only numbers and decimal point. No dollar sign(\$) or commas allowed. May be a negative number	
C-22	InvoiceIndicator	Invoice attached Indicator	Character	1	Required		Value is a digit. Can only be codes 1 or 2.	1=Invoice Attached 2=No Invoice Attached
C-23	InvoiceNumber	The number assigned by the state to this individual invoice	Numeric	20	Optional		Contains the printable ASCII characters 32 – 126 decimal.	
C-24	PaymentDueDate	The last date that the Invoiced amount can be paid without penalty.	Date yyyy-mm-dd	10	Conditional	Required if C-22 InvoiceCode is = 1 Must be later than C-1	Contains only numbers and dashes. Must be a valid date.	
C-25	AmountDue	Amount Due from Employer	Numeric	6.2	Conditional	Required if C-22 InvoiceCode is = 1	Only numbers and decimal point. No dollar sign(\$) or commas allowed.	
C-26	Occurs once if C-22, Invoice Code is 1.				0 to 1 times			
C-26.1	InvoiceAttachmentCode	The Invoice attachment format.	Character	1	Conditional	Required if C-22 is equal to 1	Value is a digit. Can only be codes 1-5.	1 = RTF 2 = PDF 3 = TXT 4 = TIFF 5 = CSV
C-26.2	InvoiceUniqueAttachmentId	A unique ID within the record given to the Invoice attachment, and when combined with the StateRecordGUID is unique within the universe	Character	2	Conditional	Required if C-22 InvoiceCode is = 1		
C-26.3	InvoiceAttachmentSize	The Invoice attachment size in bytes	Numeric		Conditional	Required if C-22 InvoiceCode is = 1	Contains only numbers.	
C-26.4	InvoiceAttachmentData	The actual invoice attachment in Base64 encoding.	Base64Binary		Conditional	Required if C-22 InvoiceCode is = 1	Base64 encoded characters only	
C-27	Repeatable 1 to n times. N=the number in data element C-19 above.				Required			
C-27.1	SSN	The claimant's Social Security Number.	Character	9	Required		Contains only numbers and there are no letters or special characters (no dashes)	Information on valid SSN from < http://www.ssa.gov/foia/stateweb.html >.

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C-27.2	ClaimantLastName	The claimant's last name.	Character	30	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-27.3	ClaimantFirstName	The claimant's first name.	Character	25	Required		Contains the printable ASCII characters 32 – 126 decimal.		
C-27.4	ClaimantMiddleInitial	The claimant's middle initial.	Character	1	Optional		Contains the printable ASCII characters 32 – 126 decimal or null.		
C-27.5	ClaimantSuffix	The claimant's suffix, for example: Sr. Jr.	Character	8	Optional		Contains the printable ASCII characters 32 – 126 decimal. Can be null		
C-27.6	BenefitYearBeginDate	The benefit year begin date is based on the date the claim is filed and other factors defined in each States' procedures.	Date yyyy-mm-dd	10	Required		Contains only numbers and dashes. Must be a valid date.		
C-27.7	TypeofEmployerCode	The type of employer	Character	1	Optional		Value is either a digit or null. Can only be codes 1-7.		1 = Last, Base Period, and Lag Quarter Employer 2 = Last Employer 3 = Base Period Employer 4 = Lag Quarter Employer 5 = Last and Base Period Employer 6 = Last and Lag Quarter Employer 7 = Base Period and Lag Quarter Employer
C-27.8	BasePeriodStartDate	Base Period Beginning Date of Claim	Date yyyy-mm-dd	10	Required	Must be at least 52 weeks before Benefit Year Beginning Date C27.6	Contains only numbers and dashes. Must be a valid date.		
C-27.9	BasePeriodEndDate	Base Period Ending Date of Claim	Date yyyy-mm-dd	10	Required	Must be before the Benefit Year Beginning Date C-27.8	Contains only numbers and dashes. Must be a valid date.		
C-27.10	BasePeriodWagesEmployerReported	Base Period Wages Reported by Employer	Numeric	15.2	Optional		Contains only numbers.		
C-27.11	TotalAmountChargedToEmployerForThisSSN	Total amount of benefits charged to this employers account for THIS SSN for this charge notice.	Numeric	7.2	Required	If detail is provided in C28.8 then enter Sum dollars from C28.8 for this SSN. OR If C28 is null then enter amount from agency file.	Only numbers and decimal point. No dollar sign(\$) or commas allowed. Must be greater than 0		
C-27.12	TotalNumberOfWeeksChargedToEmployerAccountForThisSSN/Claim	Total number of weeks Charged to this employer account for THIS SSN/Claim for this charge notice.	Numeric	3	Required	If detail is provided in C28 then sum the Number of times C28 is repeated for this SSN. OR If C28 is null then enter amount from agency file.	Contains only numbers no decimal. Must be greater than 0		
C-27.13	BenefitChargeComment	Benefit Charge Comments	Character	1000	Optional		Contains the printable ASCII characters 32 – 126 decimal or null.		
C-28	REPEATABLE 0 TO N TIMES for each SSN included. N=the sum of the repeated C-27.1					Optional - Used only if individual week detail on weeks and amount charged is provided to the employer.			
C-28.1	WeekEndingDate	Week Ending Date for which a payment was made.	Date yyyy-mm-dd	10	Optional	Greater than or = to Charge Period Beginning Date C-16 & less than or = to Charge Period Ending Date C-17	Contains only numbers and dashes. Must be a valid date.		
C-28.2	TotalAmountPaid	Total Amount Paid for the Week Ending Date and charged to employers account.	Numeric	4.2	Optional	Can be a positive or negative amount	Only numbers and decimal point. No dollar sign(\$) or commas allowed.		
C-28.3	DependencyAmountIncluded	Dependency Amount Paid included in C28.2 .	Numeric	4.2	Optional	Can be a positive or negative amount.	Only numbers and decimal point. No dollar sign(\$) or commas allowed. Can be null .		

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C-28.4	ProgramCode	Program Code	Character	2	Optional		Contains only numbers 1 - 5 or null		1=Regular State UI Benefits Employer 2=Federal Employer 3=Military Employer 4=Combined Wage Claim 5=Federal - State Extended Benefits
C-28.5	UIOfficeCode	The code for the UI office for the charge.	Character	8	Optional		Contains the printable ASCII characters 32 – 126 decimal. Can be null		
C-28.6	ChargeCode	The type of charge	Character	1	Optional		Value is a digit . Can only be codes 1-7.		1=Original Benefit Charge 2=Adjustment benefit payment 3=Overpayment established 4=Repayment of overpayment 5=Benefits paid by another state 6=Change to employer charge status 7=Change to employer charge percentage
C-28.7	PercentCharged	The Percentage of Payment Charged to Employer	Numeric	3.4	Optional	Must be zero or larger. Can not be larger than 100.0000	Only numbers and decimal point. No percentage (%) sign allowed.		
C-28.8	DollarsAmountChargedEmployer	The amount of the payment charged against the employers account for this week ending date.	Numeric	4.2	Optional		Only numbers and decimal point. No dollar sign(\$) or commas allowed. May be a negative number or null.		
C-29	Attachment - Repeatable upto 5 times				Optional	Occurs 0-5 times			
C-29.1	DescriptionofAttachmentCode	The description of the attachment's format Code.	Character	1	Required for each Attachment (C-29)		Value is a digit. Can only be codes 1-5.		1 = RTF 2 = PDF 3 = TXT 4 = TIFF 5 = CSV
C-29.2	TypeofDocument	Title of the document or form name or narrative description of the document attached.	Character	40	Required for each Attachment (C-29.1)		Contains the printable ASCII characters 32 – 126 decimal.		
C-29.3	UniqueAttachmentID	A unique ID within the record given to this attachment, and when combined with the StateRecordGUID is unique within the universe	Character	2	Required for each Attachment (C-29.1)				
C-29.4	ActionableAttachment	Determines whether the Employer/TPA is required to perform an action with the attachment	Character	1	Required for each Attachment (C-29.1)		Value is a digit. Can only be codes 1-2.		1 - Informational only - No Action Needed 2 - Requires action by Employer or Third Party Administrator.
C-29.5	AttachmentSize	The attachment size in bytes	Numeric		Required for each Attachment (C-29.1)		Contains only numbers.		
C-29.6	AttachmentData	The actual attachment in Base64 encoding	Base64Binary		Required for each Attachment (C-29.1)		Base64 encoded characters only		
C-30	FormNumber	The state form number this transaction applies to.	Character	12	Optional		Contains letters, numbers, periods, dashes, and blanks. Can also be null		

Notes:

- Any text codes (ie 'Y' for Yes) can be accepted in upper or lower case (or any combination thereof).
- For any character fields, if entry is via the Internet, do not allow entry of the characters for less than and greater than ('<', '>').