

Field Name	Length	Format	Description
**MERS Plan Number	6	String	MERS Division Number
**Social Security Number	9	String	Social Security Number (No Dashes XXXXXXXXX)
**Full Name (Last, First)	30	String	Last Name, First Name
**Address	40	String	Street Address
Address 2	40	String	Apartment number, PO box, etc.
**City	28	String	City
**State	2	String	State abbreviation
**Zip	9	String	Zip + 4
Email Address	50	String	
**Date of Birth	10	Date	mm/dd/yyyy
**Original Date of Hire	10	Date	mm/dd/yyyy
Date of Eligibility	10	Date	mm/dd/yyyy
Date of Rehire	10	Date	mm/dd/yyyy
Date of Termination	10	Date	mm/dd/yyyy
**Participant Status	1	String	A-Active; T-Terminated; I-Inactive, M-Medical Leave
Pay Period Hours	10	String	Hour worked during reporting period
Pay Period Gross Compensation	10	String	Compensation earned during reporting period
Employer Contribution	10	String	Employer contribution amount
Mandatory Employee Salary Reduction	10	String	Mandatory employee salary reduction amount (Pre-Tax)
Leave Conversions	10	String	Leave conversion amount
Voluntary Employee Contribution	10	String	Employee post-tax contribution amount
**Required Fields			