

Enrollment Spreadsheet Guidelines

Please use the following guidelines when completing The Dental Care Plus Group's (DCPG) enrollment spreadsheet. Formatting is extremely important to ensure the data is properly uploaded to the enrollment system. Some columns do not require information but need to remain part of the spreadsheet for conversion purposes. Deviation from this format may limit DCPG's ability to convert the data to a usable format.

This is for one-time file feeds only. If you wish to establish an ongoing weekly file feed, please contact your broker or DCPG representative for further instructions.

Before you begin, you will need to format the entire spreadsheet as plain text. Thank you for your careful attention to these instructions.

Column A, B, C and D – leave blank

Column E Group Number – five-digit number provided by DCPG once issued

Column F Payroll Location Code – six-digit number (eight if COBRA) provided by DCPG once issued

- If you need your invoice broken down by location or department, please communicate this need to your DCPG representative or your broker.

Column G and H – leave blank

Column I Social Security Number

- Do not use dashes or slashes.
- The employee's SSN should be used for the employee and all dependents.

Column J Address 1 – **Required** for all employees and dependents

- Addresses for dependents must match employee address.

Column K Address 2 – Optional

- Commonly used for apartment number.

Column L City – **Required** for all employees and dependents

Column M State – **Required** for all employees and dependents

Column N Zip Code (five digits) – **Required** for all employees and dependents

- If you use a nine-digit code, do not use dashes or slashes.

Column O County – Optional for all employees and dependents (HMO/PPO groups only)

Column P Work Phone – Optional

- 10 digits – do not use dashes or slashes.

Column Q Home Phone – Optional

- 10 digits – do not use dashes or slashes.

Column R Hire Date – **Required**

- Please use the following numeric format: 01012016 (month, date, year) – do not use dashes or slashes.

Column S Effective Date – **Required** for all employees and dependents – eight digits

- Please use the following numeric format: 01012016 (month, date, year) – do not use dashes or slashes.

Column T Last Name – **Required** for all employees and dependents

Column U First Name – **Required** for all employees and dependents

Column V Middle Initial – Optional

Column W Relationship – **Required** for all employees and dependents

- Please use subscriber, spouse, son, daughter or child.

Column X Gender – **Required** for all employees and dependents

- Please use "M" for male and "F" for female.

Column Y Birth Date – **Required** for all employees and dependents

- Please use the following numeric format: 01012016 (month, date, year) – do not use dashes or slashes.

For more information, call (800) 367-9466 or visit DentalCarePlus.com.

T H E P L U S I S S E R V I C E