

BENEFITS RECORD LAYOUT FOR POPULATION 12

This record layout provides the format for the validation extract file. The extract file type must be ASCII, comma delimited columns. Data must be in the order listed in the record layout. The data Format column indicates the generic values for text fields. **These must be followed by a dash and the state-specific value.** The Module 3 reference indicates the step where the state-specific values are documented.

Example: If the state-specific code for Fraud is F, then the data format would be FRAUD-F.

Number	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1 EB: Step 4F - Rule 1	Type of program is UI, UCFE, UCX or EB	Text - UI, UCFE, UCX, EB (Required)	CHAR (30)	NOT NULL
5	Type of Overpayment	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1 Penalty: Step 33C - Rule 1	The type of overpayment is Fraud, Nonfraud or Penalty.	Text - Fraud; Nonfraud; Penalty (Required)	CHAR (20)	NOT NULL

Number	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Cause of Overpayment	Multi Claimant Scheme: Step 34A - Rule 1 Single Claimant: Step34H - Rule 1 Agency Employee Benefit Fraud: Step 34I - Rule 1 Reversal (JAVA): Step 34B - Rule 1 State Agency: Step 34C - Rule 1 Employer: Step 34D - Rule 1 Claimant: Step 34E - Rule 1 Other: Step 34F - Rule 1 and 3 Penalty: Step 34G - Rule 1	The cause of the overpayment was a fraud committed by Multi Claimant Scheme, Single Claimant, or Agency Employee; or a nonfraud by Reversals, State Agency Errors, Employer Errors, Claimant Errors, or Other cause.	Text - Multiclient; Single Claimant; Agency Employee; Reversals; State Agency; Employer; Claimant; Other (Required except optional for penalties)	CHAR (30)	
7	Date Established	Step 36 - Rule 1	The date that the overpayment was established.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
8	UI Amount	Step 37A - Rule 1	The amount of benefits paid from State Unemployment Funds.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX or EB claims)	DECIMAL (9,2)	
9	Federal Amount	Step 37B - Rule 1	The amount of benefits paid from Federal Funds.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI or EB claims)	DECIMAL (9,2)	

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
10	EB Amount	Step 37C-Rule 1	The amount of benefits paid through the permanent Extended Benefits (EB) program.	Number - 000000000.00 (Required for EB claims; must be blank or 0 for UI or UCFE or UCX claims)	DECIMAL (9,2)	
11	Accumulated UI Amount	Step 45A	The UI fraud or nonfraud overpayment amount that the UI claim has accumulated from previous quarters and that is used to calculate a High Dollar Overpayment. If in the previous quarter the claim was classified as a High Dollar Overpayment, then the accumulated amount is reset to 0.	Number - 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX or EB claims)	DECIMAL (9,2)	
12	Accumulated Federal Amount	Step 45B	The Federal fraud or nonfraud overpayment amount that the UCFE, UCX or joint claim has accumulated from previous quarters and that is used to calculate a High Dollar Overpayment. If in the previous quarter the claim was classified as a High Dollar Overpayment, then the accumulated amount is reset to 0.	Number - 0000000.00 (Required for UCFE, UCX, or joint claims; must be blank or 0 for UI or EB claims)	DECIMAL (9,2)	

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
13	Accumulated EB Amount	Step 45C	The EB fraud or nonfraud overpayment amount that the EB claim has accumulated from previous quarters and that is used to calculate a High Dollar Overpayment. If in the previous quarter the claim was classified as a High Dollar Overpayment, then the accumulated amount is reset to 0.	Number - 000000000.00 (Required for EB claims; must be blank or 0 for UI or UCFE or UCX claims)	DECIMAL (9,2)	
14	Date of Original Monetary	Step-6A – Rules 1 and 2 Step 6B- Rule 1	Date the original determination was made on whether the claimant has sufficient base-period wages and/or employment to establish a benefit year.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
15	User		User defined field. Can be used for any additional data element. Not mandatory.	CHAR (100) Text (Optional)		

BENEFITS RECORD LAYOUT FOR POPULATION 13

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Example: If the state-specific code for Recovered Cash is C, then the data format would be CASH-C.

Number	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1H - Rule 1	Social Security Number.	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1H - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1 EB: Step 4F - Rule 1	The program type is UI, UCFE, UCX or EB	Text - UI; UCFE; UCX, EB (Required)	CHAR (30)	NOT NULL
5	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud.	Text - Fraud; Nonfraud (Required)	CHAR (20)	NOT NULL

Number	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Type of Reconciliation Activity	Recovered Cash: Step 38A - Rule 1 Recovered Offset: Step 38B - Rule 1 State Income Tax Offset: Step 38C - Rule 1 By Other State: Step 38D - Rule 1 Write-Off: Step 38G - Rule 1 Waived: Step 38F - Rule 1 Additions: Step 38H - Rule 1 Subtractions: Step 38I - Rule 1 Other: Step 38E - Rule 1 Federal Income Tax Offset: Step 38J - Rule 1	The reconciliation activity was cash, benefit offset, state income tax offset, Federal income tax offset, other states, write-off, waived, addition, or subtraction.	Text - Cash; Benefit Offset; State Tax Offset; Federal Tax Offset By Other State; Write-off; Waived; Addition; Subtraction; Other (Required)	CHAR (30)	NOT NULL
7	Date of Reconciliation Activity	Step 39 - Rule 1	Indicate the date of the Overpayment Activity.	(Required)	Date - MM/DD/YYYY	NOT NULL
8	UI Reconciliation Amount	Step 40A - Rule 1	The reconciled amount of State Unemployment Funds.	Number – 0000000.00 (Required for UI claims; must be blank or 0 for UCFE or UCX claims)	DECIMAL (9,2)	
9	Federal Reconciliation Amount	Step 40B - Rule 1	The reconciled amount of Federal Funds.	Number – 0000000.00 (Required for UCFE and UCX joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
10	EB Reconciliation Amount	Step 40C - Rule 1	The reconciled amount of Extended Benefits funds.	Number – 0000000.00 (Required for EB)	DECIMAL (9,2)	
11	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 14

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Example: If the state-specific code for Nonfraud is NF, then the data format would be NONFRUAD-NF.

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Date Established	Step 36 - Rule 1	The date the overpayment was established.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
5	Program Type	UI: Step 4A - Rule 1 UCFE: Step 4B - Rule 1 UCX: Step 4C - Rule 1 EB: Step 4F - Rule 1	The program type is UI, UCFE, UCX or EB	Text - UI; UCFE; UCX; EB (Required)	CHAR (30)	NOT NULL

Number	Field Name	Module 3 Reference	Field Description	Data Format	Data Type	Constraint
6	Active Collection	Yes or Blank: Step 44A - Rule 1 No: Step 44B - Rule 1 Dropped: Step 44C - Rule 1	Indicate Y if overpayment is in process of recovery; use N if overpayment is no longer in process of recovery; use D if the established date is more than nine (9) quarters prior to the report quarter and the overpayment was in process of recovery in the quarter before the report quarter but recovery was dropped in the report quarter.	Text - Y; N; D (Required for overpayments with balances more than 450 days past due; optional for other overpayment balances)	CHAR (20)	
7	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud.	Text - Fraud; Nonfraud (Required for overpayments with balances more than 8 quarters past due; optional for other overpayment balances)	CHAR (20)	
8	UI Balance at End of Qtr	Step 42A - Rule 1	The State Unemployment funds overpayment balance at the end of the quarter.	Number - 00000000.00 (Required for UI claims; must be blank or 0 for UCFE and UCX claims)	DECIMAL (9,2)	

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
9	Federal Balance at the End of Qtr	Step 42B - Rule 1	The Federal funds overpayment balance at the end of the quarter.	Number - 000000000.00 (Required for UCFE, UCX and joint claims; must be blank or 0 for UI claims)	DECIMAL (9,2)	
10	EB Balance at the End of Qtr	Step 42C - Rule 1	The EB funds overpayment balance at the end of the quarter.	Number - 000000000.00 (Required for EB; must be blank or 0 for UI, UCFE, UCX and joint claims)	DECIMAL (9,2)	
11	User		User defined field. Can be used for any additional data element .Not mandatory	Text (Optional)	CHAR (100)	

BENEFITS RECORD LAYOUT FOR POPULATION 15

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Example: If the state-specific code for Nonfraud is NF, then the data format would be NONFRUAD-NF.

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
1	OBS		State assigned sequential unique identifier for each record in the extract file.	Number - 00000000 (Required)	INTEGER	NOT NULL
2	SSN	Step 1G - Rule 1	Social Security Number	Number - 000000000 (Required)	CHAR (9)	NOT NULL
3	Unique ID	Step 1G - Rule 2	The unique ID of the overpayment.	Number - 0000000000 (Required if State maintains a unique ID)	CHAR (30)	
4	Type of Overpayments	Fraud: Step 33A - Rule 1 Nonfraud: Step 33B - Rule 1	The type of overpayment is Fraud or Nonfraud	Text - Fraud; Nonfraud Must be blank if investigation establishes no overpayment (Required)	CHAR (20)	

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
5	Detection Method	Wage/Benefit Crossmatch: Step 35A - Rule 1 IB Crossmatch: Step 35B - Rule 1 National Directory of New Hires: Step 35H - Rule 1 State Directory of New Hires: Step 35C - Rule 1 Multi -Claimant Scheme Systems: Step 35D - Rule 1 Special Project: Step 35E - Rule 1 Other Controllable: Step 35F - Rule 1 Noncontrollable: Step 35G - Rule 1	The Detection Method used to establish the overpayment was Wage/Benefit Crossmatch, IB Crossmatch, National Directory of New Hires (NDNH), State Directory of New Hires (SDNH), Multi-Claimant Scheme Systems, Special Project, Other Controllable, or Noncontrollable activity.	Text - Wage Crossmatch; IB Crossmatch; NDNH; SDNH; Multiclicant; Special; Other Controllable; Noncontrollable (Required)	CHAR (30)	NOT NULL
6	Date Established	Step 36 - Rule 1	The date the investigation was concluded or overpayment was established.	Date - MM/DD/YYYY (Required)	DATE	NOT NULL
7	Overpayment Amount	Step 37A - Rule 1; Step 37B - Rule 1;	The amount of benefits paid from State and Federal Unemployment Funds.	Number - 0000000.00	DECIMAL (9,2)	
8	Overpayment Established by Investigation	Step 46 - Rule 1	Whether a completed investigation established an overpayment	Text - Y, N (Optional for Other Controllable and Noncontrollable)	CHAR (20)	Conditionally Required

<i>Number</i>	<i>Field Name</i>	<i>Module 3 Reference</i>	<i>Field Description</i>	<i>Data Format</i>	<i>Data Type</i>	<i>Constraint</i>
9	User		User defined field. Can be used for any additional data element. Not mandatory.	Text (Optional)	CHAR (100)	