△ DELTA DENTAL® **ONETIME ELIGIBILITY LOAD**

Delta Dental has the capability of accepting and loading eligibility electronically via a onetime load spreadsheet. This spreadsheet functions as your template for loading or updating member enrollment. If you are interested in streamlining your eligibility process by using a onetime load, use the spreadsheet on the next tab. Please enter individual enrollment records (one member record per row) using the file layout instructions below.

NOTE: Column headers highlighted in **green** are required fields. Please do not change the formatting of this spreadsheet (adding or deleting columns) as this is the required format to process the onetime load.

IMPORTANT: If you encrypt this spreadsheet prior to sending it to Delta Dental, please provide the password so that your information can be accessed.

ONETIME ELIGIBILITY LOAD FILE LAYOUT

Field Description	Length	Valid Value	Requirements
Client ID Number	4-7	Example: "1234"	A unique number assigned by Delta Dental to identify the client.
Subclient ID Number	4-8	Example: "0001"	A unique number assigned by Delta Dental to identify any subclient under each client ID number.
Eligibility Code	1	"Y" or "T"	"Y" = Active "T" = Terminated
Effective Date	8	MMDDCCYY	Beginning date of coverage.
Termination Date	8	MMDDCCYY	Termination date of coverage.
Subscriber SSN	9		Must be a valid SSN. The subscriber's SSN must be populated for each member associated with the subscriber's policy. There should be no blanks in this column.
Individual SSN	9		
Relationship Code	2	01 = Subscriber 02 = Spouse 03 = Dependent	
Hire Date	8	MMDDCCYY	
Date of Birth	8	MMDDCCYY	
Relationship Type	1	A = Active C = COBRA T = Student D = Handicapped R = Retired Q = QMCSO S = Surviving Spouse	
First Name	24	Example: John	
Middle Name	24	Example: A	
Last Name	24	Example: Smith	
Gender	1	M = Male F = Female U = Unknown	
Address Line 1	30	Example: 123 Main St.	Required for subscribers only.
Address Line 2	30		
City	30	Example: Anytown	Required for subscribers only.
State	2	Example: MI	Required for subscribers only.
ZIP Code	5	Example: 12345	Required for subscribers only.
Waive Wait Period Indicator	1	X	This field must be populated with an "X" for any member who is exempt from the contracted wait period. **Leave blank if there is no waiting period in the contract or if the waiting period should apply.**
Client Assigned Alternate ID	5-18		The client's contract would have to be set up to retain this.
Home Phone Number	10-15	Example: 5551234567	
Cell Phone Number	10-15	Example: 5551234567	
Email Address	1-30		

NOTE: See next tab for onetime load spreadsheet.