| Field Header Field Name | Description | Additional Help | Mandatory? | Example |
| :---: | :---: | :---: | :---: | :---: |
| SocialSecurityNumber | Social Security Number of the member from whom the deductions are taken from | Social Security Number should NOT include hyphens | Yes | 123456789 |
| Memberld | Unique member identifier of the member | IMRF's unique identifier found on the member profile. Exclude hyphen | No | 1234567 |
| LastName | Last name of member |  | Yes | Smith |
| FirstName | First name of member |  | Yes | John |
| DeductionType | Type of deduction taken from payment | See table of codes below for different deduction types. | Yes | HI |
| Amount | Amount of deduction taken from payment | This field is NOT mandatory when terminating a deduction payment. | Conditional | 125.30 |
| DeductionEffectiveDate | Effective date of the deduction taken from payment | Must be the 1st day of the following month. This field is NOT mandatory when terminating a deduction payment. | Conditional | 01-01-2023 |
| DeductionTerminationDate | Termination date of the deduction taken from payment | Must be the last day of the following month. | No | 12-31-2023 |
| Retroactivelndicator | Used to determine if a deduction is a retroactive correction or not |  | Yes | N |

TABLE OF CODES - to be used in columns E and I
13.1 DEDUCTION TYPE

| Data Collection Code | Description | Details |
| :---: | :---: | :---: |
| HI | HEALTH INSURANCE |  |
| LI | LIFE INSURANCE |  |
| LTC | LONG-TERM CARE INSURANCE |  |
| DI | DENTAL INSURANCE |  |
| VC | VISION CARE |  |
| MISC | MISCELLANEOUS |  |
| RX | PRESCRIPTION CARD |  |

13.2 RETROACTIVE DEDUCTIONS

| Data Collection Code | Description |
| :--- | :--- |
| Y | YES |
| N | NO |

