

Employer Disability Certificate

Business Objective:

This data collection is used to provide the employer statement of a member's disability.

This file should be submitted to IMRF, as needed, to provide employer information related to a member's disability claim such as the member's last day worked, employment type, etc. This data collection should be submitted AFTER the member is taken off work by their physician and is expected to be off work 31 days or longer.

Selection Logic

The member needs to be active with the employer at the date of disability.

File Details:

- The file is in a comma (,) delimited format (.csv file).
- This file includes a header record as described in the “File Header” section in the Transaction Record Specifications.
- The order of the fields in the upload file must be as provided in the Transaction Record Specifications section.
- All fields in the Transaction Record Specifications must be included in the upload file, even if the field is not listed as Mandatory. If the Mandatory column is listed as ‘No’, that field can be left blank, but the field header should not be removed from the file. For example, the upload file must have a place for the MemberID, though it is not a mandatory field. This means it can be blank when uploaded, whereas the Social Security Number must be included.
- Multiple lines per employee are not allowed.

Supported Data types

- Date format MM-DD-YYYY
- Decimal symbol is the period (.) symbol
- Integers are to be provided without thousand separator symbols (,)
- Characters allowed include values ranging from A to Z and 0-9 and include all special characters
- Codes are provided in the “Table of Codes” section

Transaction Record Specifications

The names, as listed, in the "Input File Header Field Name" column of the grid below should always be part of the header record of the input file to identify each field in the data collection and ensure each of them will be interpreted correctly.

File Header	Description	Mandatory	Length	Data Type	Example	Details
SSN	Social Security Number without hyphens	Yes	9	Integer	123456789	
MemberID	Unique 7-digit IMRF Member Identification number with 4 preceding 0s.	No	11	Integer	00001234567	This field should ONLY contain the IMRF provided MID
FirstName	First name of employee	Yes	40	Character	John	
LastName	Last name of employee	Yes	40	Character	Smith	
LastDateWorked	Last date member worked	Yes	10	Date	12-31-1955	
LastCompensationReceivedDate	Last date member will be paid wages or compensation including paid time off. This is NOT the date of the member's final pay.	Yes	10	Date	12-31-1955	
ReoccurrenceWithinPast6Months	Within the past 6 months, has the member been off work for the same injury of illness?	Yes	1	Code	Y	See Yes/No values in Table of Codes
SeasonalPaidOver12Months	If the member is a seasonal employee, did he elect to be paid over 12 months?	No	1	Code	Y	See Yes/No values in Table of Codes
ReturnedToWork	Has the member returned to work	Yes	1	Code	Y	See Yes/No values in Table of Codes
ReturnedToWorkDate	If yes, date member returned to work	Conditional	10	Date	12-31-1955	
WorkersCompensationClaimFiled	Was or will a claim be made for workers' compensation or occupational disease benefits	Yes	1	Code	Y	See Yes/No values in Table of Codes
WorkersCompensationOrOccupationalDiseaseApprovedWeeklyBenefitAmount	If the claim was approved, what is the weekly benefit amount?	No	21	Decimal	\$9,999.999.99 would be provided as 9999999.99	
WorkersCompensationOrOccupationalDiseaseClaimStartDate	Workers Compensation Approved Claim Start Date	Conditional	10	Date	12-31-2017	Mandatory field if the WorkersCompensationOrOccupationalDiseaseApprovedWeeklyBenefitAmount is provided

WorkersCompensationOrOccupationalDiseaseBenefitTerminationDate	If workers' compensation or occupational disease benefits have ceased, provide termination date of benefits	No	10	Date	12-31-2017
RevisedForm	Was a prior Employer Disability Certification for this same disability submitted?	Yes	3	Code	N

- **Note:** File header names must be entered without spaces. Due to space on the above chart, file header names are shown wrapping around, however they must be listed as provided in the upload file. For example, the field for reporting the worker's compensation amount should be shown in your file header as **WorkersCompensationOrOccupationalDiseaseApprovedWeeklyBenefitAmount**.
- If the ReturnedToWork field is marked Y, the employer should submit a copy of Physician's release via Secure Message after submitting the data collection.

Table of Codes

Yes/No Values

Data Collection Code	Description	Details
Y	Yes	
N	No	