Beam's Preferred CSV Companion Guide

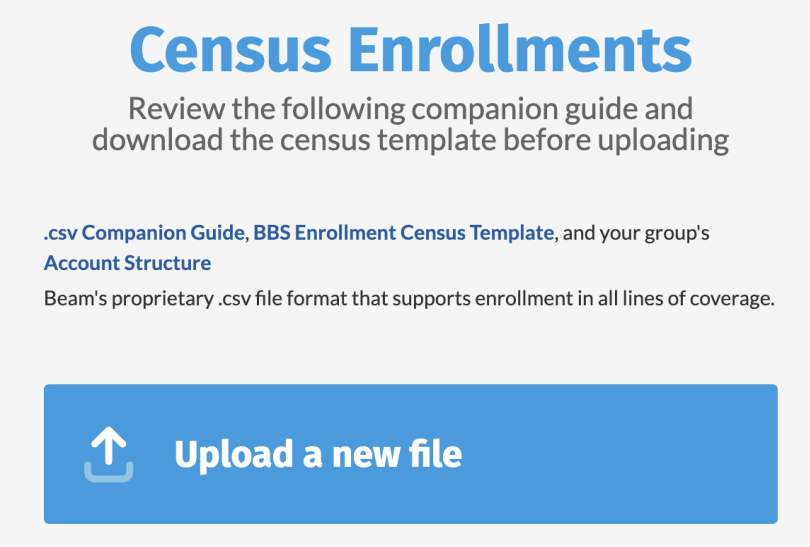
Benefit Enrollment and Maintenance

Purpose

This guide is meant to provide additional context after onboarding conversations have resulted in a recommendation for Beam's CSV file enrollment census. This document serves as an onboarding and reference guide to support successful enrollments and maintenance throughout your contract with Beam.

Getting Started

1. Download and save a copy of the Beam CSV Template
    a. Row 3 provides hints and tips repeated within this document
    b. Rows 4-12 provide example enrollments including headers
    c. The headers in row 13 are color coded to call out required, conditional, and optional data fields
2. Download the group's Account Structure from the "Census Enrollments" page in Lighthouse - This will provide you with the information needed to fill out the proper group number, class, invoice groups, invoice sub-groups, and policy names



3. Beginning with row 14, fill out all required fields, any applicable conditional fields, and any desired optional fields for each employee and each line of coverage they are electing
4. Repeat to add dependents
5. Delete rows 1-12
6. Save the completed file using the suggested naming convention with a .csv file extension

   a. A file with any other extension such as .xlsx will not parse and result in an error
7. Submit the completed file for processing

File Format and Naming Convention

The Beam CSV Template MUST be used with no modifications. All column headers need to be included.
IMPORTANT: If any columns are deleted or if header copy is missing, the file will **NOT** process.

Any fields that are marked as conditional and the stated conditions do not apply, or are marked as optional in the CSV Field Explanation table below, can be left blank. Please note that if you provide data in these fields and it is not required, this will *not* cause errors and the file will process properly.

Beam's CSV files are submitted in Beam's proprietary .csv file format. You can create a CSV formatted file using popular spreadsheet programs.

Step by step instructions with screenshots are available in the appendix for reference.

- If you are using Google Sheets, save a copy of the Beam CSV Template, add the appropriate enrollment information, and download the sheet as a Comma Separated Values (.csv) file.
- If you are using Microsoft Excel, add the appropriate enrollment information, and Save As a CSV UTF-8 (comma delimited) (.csv) file format.
- In order to upload properly, be sure your final file includes a file extension of .csv (**Reminder**: A file with any other extension such as .xlsx will not parse and result in an error.)
- It is suggested that you utilize the following file naming convention: <Group Number>_<Date>.csv
    - <Date> would ideally be formatted as follows: YYYYMMDD.
    - <Group Number> follows the format of a two-character string followed by five numeric digits. The regular expression for this format is: /^[A-Z]{2}[0-9]{5}$/.
    - **Example**: OH12345_20240905.csv
      NOTE: If you are sending multiple files on the same day, please ensure the name is unique from the previous sent file.

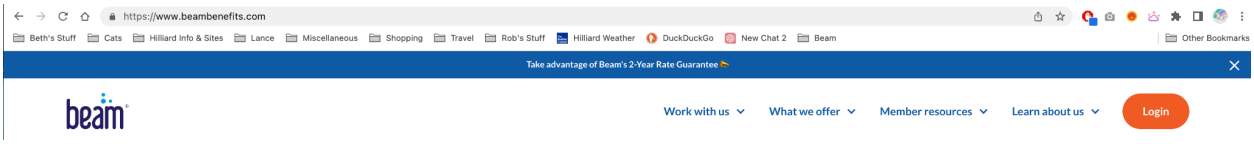
Census Format and Delivery

Beam only supports a Comma Separated Values file format with a .csv file extension and cannot process .xls or .xlsx files. All files must utilize the approved file format as detailed on the Beam CSV Template. Each field in this template is labeled with one of the following field types:

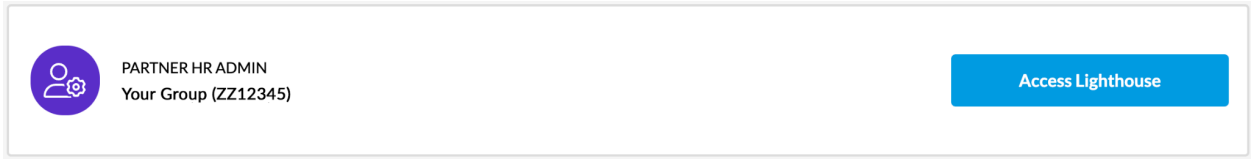
- Required
- Conditional
- Optional

These files can be sent to Beam one of three ways:

1. Via Lighthouse, our group administration portal, under "Census Enrollments" for a group.
    a. https://www.beambenefits.com/
    b. Login



    c. Select your Lighthouse profile

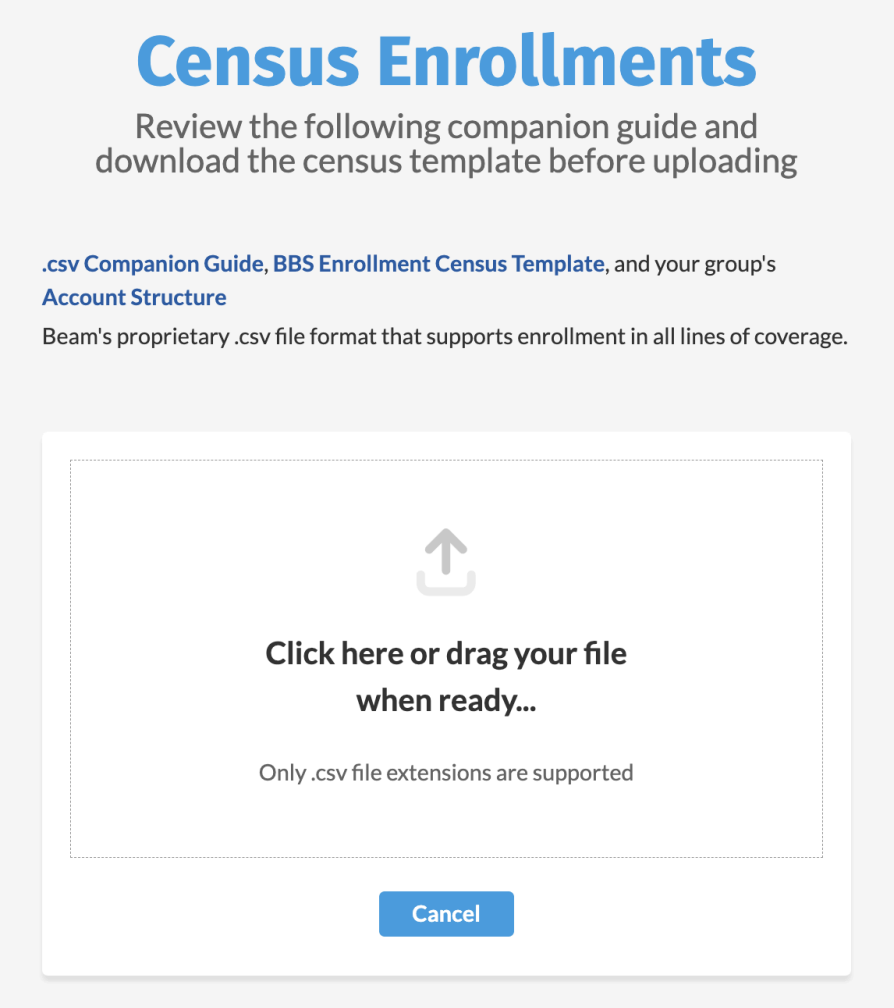


    d. Select "Census Enrollments" from the left navigation
    e. Select "Upload a new file" and select your prepared file to upload.

2. Via secure email to enrollments@beambenefits.com (using an email encryption tool like Virtru).
3. Via SFTP, please contact edi@beambenefits.com for account creation and testing support.

1. Lighthouse

- Log into Lighthouse, our group administration portal
  IMPORTANT: If you manage multiple companies, make sure you have selected the company that matches the enrollment file you are uploading.
- Select "Census Enrollments" from the left navigation
- As shown, either click "Upload a new file" or drag the completed file to upload your prepared .csv file



Lighthouse - "Census Enrollments" Page

2. Email

Attach a properly formatted CSV file following the prescribed naming convention to a secure email sent to enrollments@beambenefits.com. The subject line should reflect the purpose of the file - enrollments, termination, change in coverage, etc.

3. SFTP

Transfer the properly formatted file via the SFTP server (transfers.beam.dental) established during onboarding.

SFTP File Naming

Files should have unique, timestamped names. An example file name sent daily would look like:

<Group Number><Date/Time>.csv

EX: OH12345_20240905T180000.csv

Detailed <Date/Time> and <Group Number> formatting convention is as follows:

- <Date/Time> should be formatted according to ISO 8601: YYYYMMDD`T`HHMMSS.
- <Group Number> follows the format of a two-character string followed by five numeric digits. The regular expression for this format is: /^[A-Z]{2}[0-9]{5}$/.

Encrypted SFTP File Naming

If you would like to submit encrypted CSV files to Beam via SFTP, we support both PGP and GPG encrypted files. All encrypted files must follow the naming conventions outlined in the above "File Naming", followed by either `.pgp` or `.gpg`. For example:

<Group Number>_<Date/Time>.csv.pgp

EX: OH12345_20240905T180000.csv.pgp

Test File Submission

Test files can be sent to Beam in the same manner as Production files. Test file submissions will have the same rules and validations applied as Production, but will not apply any of the changes to the group's enrollments.

In order to indicate a file is 'test', the value '_test' must be appended to the end of file name.

Basic/Compulsory Lines

These lines of coverage require 100% participation for all full-time employees. If a group has elected to offer any of these lines of coverage, every qualifying employee must be submitted for enrollment as an employee, as defined in the contract. In the case that a spouse and/or dependent is also employed by the group, please reference the Special Use Case below.

Common Enrollment Use Cases

Context regarding requirements, values, and more detailed descriptions can be viewed by following links to the Field Explanation table for any linked field in these use cases.

Adding Coverage

Annual Enrollment & Initial Enrollment

- Provide all required fields and conditional fields where the conditions are met. Don't forget to indicate the line of coverage in the Coverage Type field and the *exact* policy name in the Policy Name field
- For Annual Enrollment, include "64" or "OpenEnrollment" in the Reason field and use the policy effective date as the Event Date. For Initial Enrollment, include "28" or "InitialEnrollment" in the Reason field and use the policy effective date as the Event Date.
- Repeat by adding a new row for each line of coverage requested
- Repeat for all dependents
- If any Compulsory Lines (Life/AD&D, STD, and/or LTD) are included, EVERY full-time employee must be included on this census and the appropriate Coverage Type must be indicated for each employee.

Maintenance

IMPORTANT: COBRA changes are not supported via the submission of a CSV. Please submit these requests via an email to adminsupport@beambenefits.com

Demographic Changes

- Provide all required fields and conditional fields where the conditions are met
- Include "44" or "DemographicChange" in the Reason column, and Event Date associated with the change along with the updated demographic information for any of the fields below:
    - Member First Name
    - Member Middle Initial
    - Member Last Name
    - Member Gender
    - Address 1
    - Address 2
    - City
    - State Province or Territory

    - ZIP

- **NOTE:** Changes to Employee Email, Employee SSN, Employee ID, Member SSN, and Member Date of Birth CANNOT be submitted as demographic changes. Please contact adminsupport@beambenefits.com to make any of these changes.

Updating Salary Information

- Provide all required fields and conditional fields where the conditions are met
- Include "22" or "CoverageChange" in the Reason column, and the Event Date signifying the date the new wage is effective, along with the updated salary information in the fields below:
    - Employee's Wage
    - Employee's Wage Frequency
    - Employee's Wage Hours
    - Employee's Wage Effective Date

  NOTE: The Employee's Wage Effective Date and the Event Date **must** match

Updating Eligibility Status

- Changes in eligibility status include changes such as a change in Employment Type such as a transition from part time to full time, or a change in Class.
- Provide all required fields and conditional fields where the conditions are met
- Include "22" or "CoverageChange" in the Reason column, and the Event Date signifying the date the new status is effective, along with the updated Employment Type or Class information.

Hire or Rehire an Employee

- Provide all required fields and conditional fields where the conditions are met. Don't forget to indicate the line of coverage in the Coverage Type field and the *exact* policy name in the Policy Name field
- For newly hired employees, include "60" or "NewHireEnrollment" in the Reason field and use the Employee's Date of Hire as the Event Date. For rehired employees, include "61" or "Rehire" in the Reason field and use the first day the employee returned to work as the Event Date.

- Repeat for all dependents
- If any Compulsory Lines are offered, a new row for each of these lines needs to be added for the eligible employee only
  NOTE: Applicable waiting periods will be applied to any Rehire scenario with a gap in coverage of 60 days or more.

Qualifying Life Events (QLEs)

- Coverage can be added or deleted up to 30 days after a qualifying event for supported coverage types, listed in the Change Events List.
- To add or delete coverage outside of annual enrollment periods due to a QLE, provide all required fields and conditional fields where the conditions are met. Don't forget to indicate the line of coverage in the Coverage Type field and the *exact* policy name in the Policy Name field.
- Include "22" or "CoverageChange" in the Reason column, and the Event Date of the event triggering the change

Terminate Coverage due to Termination of Employment

- To make these changes, provide all required fields and conditional fields where the conditions are met. Don't forget to indicate the line of coverage in the Coverage Type field and the *exact* policy name in the Policy Name field.
- Include Termination in the Reason column, for each line of coverage for the employee and dependents and the last day at work for the Event Date.

Special Use Cases

Basic Lines of Coverage (Basic Life, Basic Short-term Disability, and Basic Long-term Disability)

These Basic lines of coverage are compulsory and all eligible employees are required to be enrolled. Furthermore, these lines are only offered to employees (no spouse or dependent coverage options are offered.) Some groups may employ family members who wish to enroll together for some lines of coverage yet are required to be enrolled as an employee for these Basic lines of coverage.

EXAMPLE: A husband and wife both work for a company that offers Dental and Basic Life/AD&D. They choose EE+1 Coverage for Dental yet both employees must be enrolled as primary for Basic Life/AD&D. In order to execute this, enrollment request:

- For the Family or EE+ Line of Coverage: Enroll the dependent included using the primary's SSN in the Employee SSN field and leave the Member SSN field blank
- For all Basic Lines of Coverage: Enroll each employee separately as individual employees including their SSN in both the Employee SSN field and Member SSN field.

Glossary

Employee

The insured employee, or primary, through whom coverage is provided.

Member

The insured employee and/or their dependents

CSV Field Explanation

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Group Number	Required		Two-character string followed by five numeric digits
Member SSN	Optional		9-digit number, with or without dashes Do **NOT** use dummy or fake SSN's.

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Employee SSN	Required		9-digit number, can be sent with or without dashes Employee SSN MUST also be present for dependents. If the member does not have a SSN a ITIN can be used. Do **NOT** use dummy or fake SSN's
Employee ID	Conditional	If available	If Employee ID is provided, it **MUST** be included in all rows where Member Role is "Employee" UTF-8 Characters **EXCLUDING** commas
Member Role	Required		Acceptable values: Employee Spouse Life Partner Domestic Partner Child Adopted Child Step Child
Employment Type	Conditional	Required if Member Role is Employee	Acceptable values: FullTime or FT PartTime or PT NOTE: Only dental and vision lines of coverage are supported for PartTime employees.
Member Status	Conditional	Required if applicable or for disabled dependents over the age of 26 <Disabled>	Acceptable values: Active Terminated Disabled
Member First Name	Required		Limited to 255 UTF-8 Characters **EXCLUDING** commas

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Member Middle Name	Optional		Can also be a middle initial Limited to 255 UTF-8 Characters **EXCLUDING** commas
Member Last Name	Required		Limited to 255 UTF-8 Characters **EXCLUDING** commas
Name Suffix	Optional		UTF-8 Characters **EXCLUDING** commas
Member Gender	Required		Acceptable values: Female or F Male or M X-Gender or X
Member Date of Birth	Required		Acceptable formats: 'YYYY-MM-DD' 'YYYY/MM/DD' 'MM-DD-YYYY' 'MM/DD/YYYY'
Employee's Email	Conditional	Required if Member Role is Employee	Valid email address format, i.e.: username@domain.com Beam domains (ex: @beam.dental and @beambenefits.com) are not allowed
Work State	Conditional	Required if Role is Employee and the Coverage Type is: Short Term Disability or Long Term Disability	Valid two character state, abbreviation including DC EX: CA
Work ZIP	Conditional	Required if Role is Employee and the Coverage Type is: Short Term Disability or Long Term Disability	Five or nine-digit postal code **Pro Tip:** If using Excel, set this column to "Text" to keep leading zeros.

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Address 1	Conditional	Required for the first instance of an employee's enrollment, optional for all other rows	Street Address Limited to 55 UTF-8 Characters **EXCLUDING** commas
Address 2	Conditional	Required only if applicable Suite/Floor/Unit etc	Suite/ Floor/ Unit/ etc. Limited to 55 UTF-8 Characters **EXCLUDING** commas
City	Conditional	Required for the first instance of an employee's enrollment, optional for all other rows	Limited to 30 UTF-8 Characters **EXCLUDING** commas
State Province or Territory	Conditional	Required for the first instance of an employee's enrollment, optional for all other rows	Valid two character state, abbreviation including DC EX: CA **NOTE:** Beam does not currently support coverage for employees in US territories such as Puerto Rico or outside of the United States
ZIP	Conditional	Required for the first instance of an employee's enrollment, optional for all other rows	Five or nine-digit US postal code **Pro Tip:** If using Excel, set this column to "Text" to keep leading zeros.
Tobacco Use	Conditional	Required if tobacco/non-tobacco rates were quoted	Acceptable values: Yes No
Employee's Job Title	Conditional	Required if Role is Employee and the Coverage Type is: Short Term Disability or Long Term Disability	Limited to 255 UTF-8 Characters **EXCLUDING** commas

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Employee's Date of Hire	Conditional	Required if Member Role is Employee	Acceptable formats: 'YYYY-MM-DD' 'YYYY/MM/DD' 'MM-DD-YYYY' 'MM/DD/YYYY'
Employee's Wage	Conditional	Required if Member Role is Employee **and** if electing one of the following coverage types: Short-term Disability Long-term Disability	Formatted to two decimal places dollars.cents (EX 15.23) and no special characters ($ or ¢) The employee's wage tied to wage frequency (below)
Employee's Wage Frequency	Conditional	Required if role is Employee **and** if electing one of the following coverage types: Short Term Disability Long Term Disability	Acceptable values: Hourly Weekly Bi-Weekly Semi-Monthly Monthly Annually **Bi-Weekly** = Every 2 weeks (26 paychecks/year) **Semi-Monthly** = Twice a month (24 paychecks a year) The frequency tied to the wage (above)
Employee's Wage Hours	Conditional	Required if Member Role is Employee **and** if Employee's Wage Frequency is Hourly **and** if electing one of the following coverage types: Short Term Disability Long Term Disability	Average hours worked per week Whole, numeric values only (EX 40)

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Employee's Wage Effective Date	Conditional	Required if role is Employee **and** if electing one of the following coverage types: Short Term Disability Long Term Disability	Acceptable formats: 'YYYY-MM-DD' 'YYYY/MM/DD' 'MM-DD-YYYY' 'MM/DD/YYYY'
Class	Conditional	Required when class based coverage is sold	The number or name of the Class the Employee is assigned to UTF-8 Characters **EXCLUDING** commas Invoice Group number or exact name of the Invoice Group
Coverage Type	Required		Acceptable values: Dental Vision Basic Life AD&D Long Term Disability Short Term Disability Supplemental Life Accident Hospital Indemnity Critical Illness
Policy Name	Required		The exact policy name from the Account Structure must be specified. EX: SmartPremium 100/80/50-1500c
(Currently N/A for 834)	Conditional	Required if Invoice Groups are utilized	The number or name of the Invoice Group the Employee is assigned to UTF-8 Characters **EXCLUDING** commas Invoice Group number or exact name of the Invoice Group

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Invoice Sub-groups	Conditional	Required if Invoice Sub-groups are utilized	The number or name of the Invoice Sub-group the Employee is assigned to
Takeover Amount	Optional	Required if Takeover is elected during quoting (may be different by row and some rows may be left blank) **EXAMPLE:** This company offered Supplemental Life coverage with a prior carrier. To maintain the prior level of coverage, include the approved coverage amount for employees who elected coverage here and leave this field blank for those employees who declined that coverage.	If Coverage Type is Long Term Disability or Short Term Disability, acceptable values: Yes or Y No or N For all other Coverage Types: Formatted to two decimal places dollars.cents (EX 15.23) and no special characters ($ or ¢)
Requested Coverage Amount	Conditional	Required if electing Supplemental Life	Whole, numeric values only (EX 5000) Numeric values only - no $ or , If age reduction is applicable, the benefit reduction will be taken from the Requested Coverage Amount. (EX $100,000 requested coverage amount with a 35% age reduction will result in $65,000 Approved Coverage Amount)

Field Name	Field Type	Conditions	Formatting & Possible Values and Notes
Approved Coverage Amount	Optional		Whole, numeric values only (EX 5000) Can only be provided only after completion of EOI and if a value is provided, it **MUST** match the Beam system
Reason	Required		ID or Reason Name From the Reason List
Event Date	Required		The date the event given in the Reason field above occurred. If Reason is 64 or Open Enrollment, the Event Date is the policy effective date. Acceptable formats: 'YYYY-MM-DD' 'YYYY/MM/DD' 'MM-DD-YYYY' 'MM/DD/YYYY'

Reason List

Beam understands a member's coverage may need to change due to life events. To submit a new enrollment or termination for a member and/or dependent outside of Open Enrollment, please use one of the below options in the Reason column on your CSV enrollment file. You can provide either the ID or the full reason name. Please copy exactly as capitalization matters.

ID	Reason Name	Reason Definition
07	Termination	Reason code used to terminate coverage for an employee due to termination of employment or due to a qualifying life event.
22	CoverageChange or Coverage Change	Reason code used to indicate a plan change, a coverage change due to a qualifying life event, or a change in salary.

ID	Reason Name	Reason Definition
28	InitialEnrollment or Initial Enrollment	Only valid during the initial enrollment period of the policy tied to the enrollment request. Initial enrollment is limited to the very **first** enrollment period for the group. For subsequent annual enrollment periods, use the OpenEnrollment reason code.
32	Marriage	Reason code to add a spouse due to a recent marriage
44	DemographicChange or Demographic Change	Reasons code to change a member's demographic info. DOB, SSN, and email address are not able to be changed over the SFTP connection. A member, group admin, or broker should contact Beam support for assistance in changing one of these values if needed.
60	NewHireEnrollment or New Hire Enrollment	Reason code to enroll a newly hired employee and their dependents.
61	Rehire	Reason code to re-enroll a previously terminated member with gap in coverage between the Event Date provided with the Termination reason code and the Employee's Date of Hire. (Applicable waiting periods will be applied to any gap in coverage of 60 days or more.)
63	Reinstatement	Reason code to enroll members that were terminated < 60 days ago, generally by accident. Members and dependents will be restored to their previous elections with no gap in coverage. Plan changes cannot be processed with this code.
64	OpenEnrollment or Open Enrollment	Only valid during the open enrollment or annual enrollment period of the policy tied to the enrollment request. For the very **first** enrollment period for any line of coverage, use InitialEnrollment.

Change Events List

Not all Coverage Types allow for changes due to Qualifying Life Events

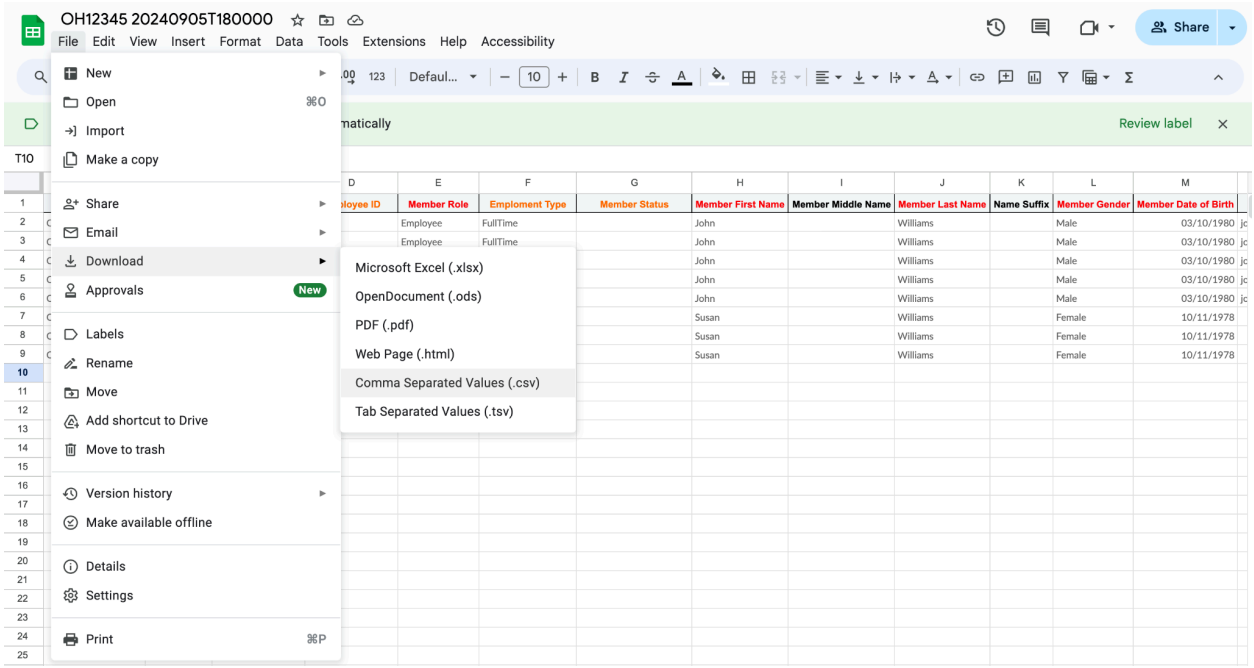
Event	Examples	Coverage Types Supported	Changes Supported
Loss of coverage from another source	• Losing coverage due to a job loss • Losing coverage on your parent's plan when you turn 26	Dental Vision Basic Life Voluntary Life Accident Hospital Indemnity Critical Illness	Addition or termination of coverage
Change in employee eligibility	• Transition from Part Time to Full Time • Change in employment class	All	Addition or termination of coverage
Change in household	• Marriage or divorce • Adding a child to the family • Death in the family	Accident Critical Illness Hospital Indemnity Voluntary Life Basic Life Dental Vision	Addition or termination of coverage

Need some help with census data? Let's chat! Call (800) 648-1179 or email edi@beambenefits.com

Appendix

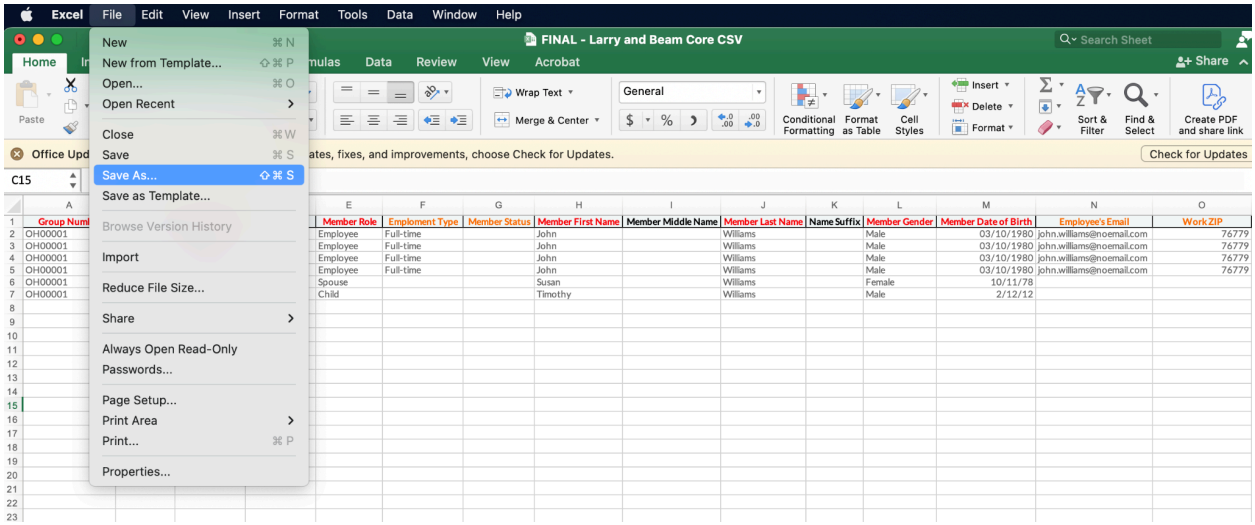
Saving as a .csv file format from Google Sheets

1. Add the enrollment information to the template
2. Go to File -> Download -> Comma Separated Values (.csv)

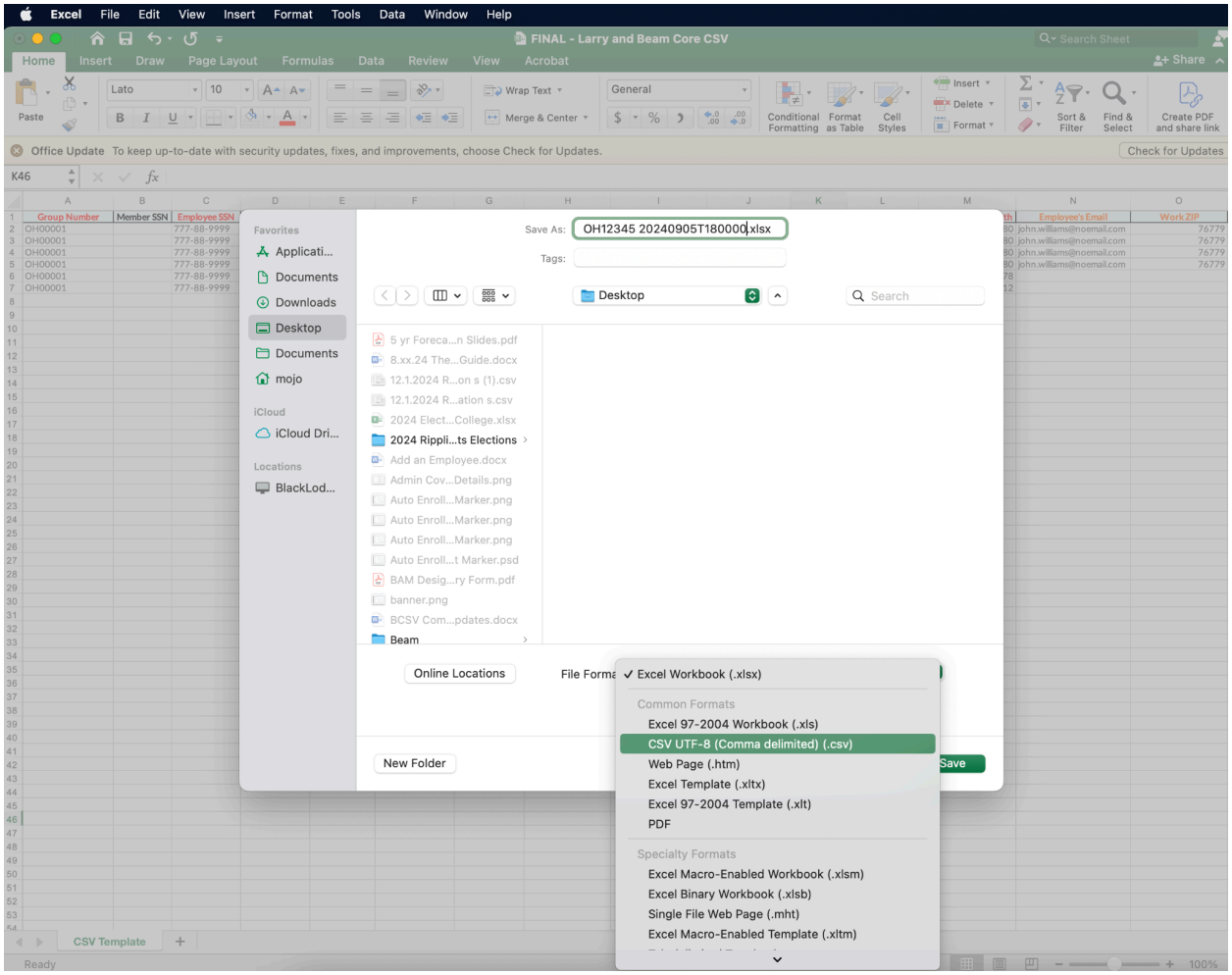


Saving as a .csv file format from Microsoft Excel

1. Add the enrollment information to the template
2. Go to File -> Save As. . .



3. Select CSV UTF-8 (Comma delimited) (.csv)



4. Click Save

