
. * STATE EMPLOYEES GROUP BENEFITS PROGRAM

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. * COPY BOOK NAME: AGYLIB.RL

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. * DESCRIPTION: FILE DEFINITION FOR AGENCY LIABILITY FILE

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. * APSJM 11/04/2004 A0411041 DEV - INITIAL VERSION

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. LOCATION DESCRIPTION

AGYLIB_LIST LIST

. AGYLIB_AGENCY DIM 004 * > 001-004 AGENCY NUMBER

. AGYLIB_AR_SW DIM 001 * > 005-005 (A)ctive, (R)etired

. AGYLIB_DOE DIM 008 * > 006-013 Employment Date (CCYYMMDD)

. AGYLIB_NET DIM 005 * > 014-018 Network

. AGYLIB_PRD DIM 005 * > 019-023 Product

. AGYLIB_EEPOR FORM 7.2 * > 024-033 Employee Portion of Premium

. AGYLIB_EMPOR FORM 7.2 * > 034-043 Employer Portion of Premium

. AGYLIB_CL DIM 002 * > 044-045 Coverage Level
EE-Enrollee Only
EC-Enrollee + Child
ES-Enrollee + Spouse
FM-Family

. AGYLIB_DOB DIM 008 * > 046-053 Date of Birth (CCYYMMDD)