

# **Indiana Public Retirement System (INPRS) Employer Reporting and Maintenance (ERM) Bulk Member Enrollment File Layout Specification**

---

Indiana Public Retirement System (INPRS)  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204



## Table of Contents

<b>Member Enrollment File Layout.....</b>	<b>3</b>
<b>Important Abbreviations and Reporting Rules.....</b>	<b>4</b>
<b>File Formatting and Structural Rules.....</b>	<b>5</b>
<b>File Layout Field Details .....</b>	<b>6</b>
File Header Record .....	6
<i>Figure 1: File Header Record.....</i>	<i>6</i>
Detail Member Enrollment Records.....	6
<i>Figure 2: Detail Member Enrollment Records.....</i>	<i>6</i>

# Member Enrollment File Layout

---

The Employer Reporting and Maintenance (ERM) application allows employers to enroll new members electronically. Employers are able to either 1) generate a bulk upload file (using the Member Enrollment File format outlined in this document), or 2) log into the ERM and enroll the member(s) individually online.

If choosing to enter the member enrollment information individually, employers are not required to generate a bulk upload file. The data required for online entry is the same as what is required for the bulk upload. This specification provides information for reporting member enrollment using the bulk upload method:

- Important Definitions and Reporting Rules
- File Formatting and Structural Rules
- Member Enrollment File Layout Field Details
  - File Header Record
  - Detail Member Enrollment Records

**NOTE:** In other documents the various funds, systems, and plans may be abbreviated as follows:

- 1977 Fund, 77 Fund, PF77 – 1977 Police Officers' and Firefighters' Pension and Disability Fund
- CE, C&E, CAEP, EG&C - Excise, Gaming, and Conservation Officers' Retirement Plan
- JU, JRS, JUDG – Judges' Retirement System
- LE, LE DC, LE DB, LRS – Legislators' Retirement System (Defined Contribution or Defined Benefit)
- PA, PARF – Prosecuting Attorneys' Retirement Fund
- PERF, PE, PR2, PR3, PMCH – Public Employees' Retirement Fund Retirement Fund
- TRF, TRFF, TR2, TMCH – Indiana State Teachers' Retirement Fund

No matter how they are abbreviated, the abbreviations refer to these named funds, systems, and plans and often are referred to as “fund”, “plan”, or “system”.

## Important Abbreviations and Reporting Rules

Term	Reporting Rules
Employer and Submission Units	<p>An Employer in ERM is the overarching sponsoring organization that participates in one or more of the funds (PERF, TRF, '77 Police/Fire, Judges', CE, and PA). Each Employer must have at least one Submission Unit to which it is associated. A Submission Unit is the reporting group/entity and is associated with a single fund. Each Submission Unit has its own unique account number assigned (the same as the current Employer ID used on the quarterly report). Employers are required to submit a <b>separate report for each Submission Unit</b> they administer. Employers that only have one group of employees participating in only one fund have only one Submission Unit.</p> <p>Examples of Employers with multiple Submission Units:</p> <p><b>EXAMPLE 1: Employer:</b> Elms County</p> <ul style="list-style-type: none"> <li>• <b>Submission Unit #1:</b> Elms County <ul style="list-style-type: none"> <li>○ <b>Submission Unit No.:</b> 1234-000 (public employees participating in PERF)</li> </ul> </li> <li>• <b>Submission Unit #2:</b> Elms Police <ul style="list-style-type: none"> <li>○ <b>Submission Unit No.:</b> 7789-100 (police officers participating in '77 Police and Fire fund)</li> </ul> </li> <li>• <b>Submission Unit #3:</b> Elms Fire Depart. <ul style="list-style-type: none"> <li>○ <b>Submission Unit No.:</b> 7789-200 (fire fighters participating in '77 Police and Fire fund)</li> </ul> </li> </ul> <p><b>EXAMPLE 2: Employer:</b> Monumental School Corporation</p> <ul style="list-style-type: none"> <li>• <b>Submission Unit #1:</b> Monumental School Corporation Teachers <ul style="list-style-type: none"> <li>○ <b>Submission Unit No.:</b> 0024-120 (teachers participating in TRF)</li> </ul> </li> <li>• <b>Submission Unit #2:</b> Monumental School Corporation Employees <ul style="list-style-type: none"> <li>○ <b>Submission Unit No.:</b> 1357-000 (public employees participating in PERF)</li> </ul> </li> </ul>

- The Member Enrollment File specification applies to the following funds/systems:
  - PERF – Public Employees' Retirement Fund (Hybrid and My Choice)
  - TRF – Teachers' Retirement Fund (Hybrid and My Choice)
  - 77 – 1977 Police Officers' and Firefighters' Pension and Disability Fund
  - JU – Judges' Retirement System
  - PA – Prosecuting Attorneys' Retirement Fund
  - CE – State Excise Police, Gaming Agent, Gaming Control Officer and Conservation Enforcement Officers' Retirement Plan, *currently Excise, Gaming, and Conservation Officers' Retirement Plan (EG&C)*
- A member's hire date corresponds to the date the member started in a position covered by the respective retirement plan (i.e., retirement service start date). If a member served in a non-covered position and moved into a covered position, the date the member started in the covered position should be entered as the hire date for retirement plan purposes.
- An email address must be provided for all full time TRF members (Hybrid and My Choice), and is recommended for all other members. This email is used to provide the member with important information about the retirement plan and benefits.

## File Formatting and Structural Rules

---

- Enrollment records are read sequentially. The Header record must be first, followed by the Detail Member Enrollment record(s).
- Valid file format for the upload file is a pipe delimited (|) text file (.txt extension). Each field ends with a pipe (|), even if the field has no data to report.
- Records with invalid data (text in numeric field, invalid characters, etc.) result in structural errors immediately upon upload.
- Fields listed as **Optional** are not required for processing.
- A field listed as **Conditional** is only required if the **Optional** field it is associated with is included.
- If **Optional** fields do not have data to report, insert a pipe (|) to indicate the end of the field.
- Some fields are not applicable for all funds (see the **Rules and Information** column for each field). Insert a pipe (|) to indicate the field has no data to report.
- If a field is not changing, insert a pipe (|) and leave the field empty.
- All fields are **not** case-sensitive.

# File Layout Field Details

## File Header Record

The header record is a summary of the detail member enrollment records being reported. The header record includes the Submission Unit Number and the number of records included in the detail member enrollment records. At the end of each field there must be a pipe (|).

**Figure 1: File Header Record**

HEADER RECORD						
#	Max Len	Required Optional Conditional	Field Name Field Description	Format	Sample	Rules and Information
1	7	R	Submission Unit Number This was formerly the 7 digit Employer Number. The new field name is the Submission Unit Number.	Alphanumeric No Hyphens Numbers only	0115000	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>Submission Unit is represented by 7 digits.</li> <li><b>PERF:</b> Typically, 4 digits, followed by 3 zeros. Fill in all digits (e.g., 0550-000 is 0550000). Formerly known as Employer Number.</li> <li><b>TRF:</b> Typically, 2 digits representing the Employer Account Number, followed by the Unit Code which is 1 – 3 digits. Fill in all digits (e.g., 99-12 is 0099012).</li> </ul>
2	9	R	Row Count Number of rows in the file that contain data to be uploaded.	Integer No Commas	1877	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>This number is compared with the actual number of records ERM reads to ensure all records were captured in the upload.</li> </ul>

## Detail Member Enrollment Records

The detail member enrollment information being reported for the new members of a Submission Unit. Each field must end with a pipe (|).

**Figure 2: Detail Member Enrollment Records**

DETAIL MEMBER ENROLLMENT RECORDS						
#	Max Len	Required Optional Conditional	Field Name Field Description	Format	Sample	Rules and Information
1	8	R <sup>1</sup>	Hire Date Date the member was hired or started in the position covered by the respective retirement fund	Date MMDDYYYY	06231969	<ul style="list-style-type: none"> <li><b>All Funds <sup>1</sup>(except the 77 Fund)</b></li> <li>Member's first day of employment in covered position using: 2 digit Month (01 – 12) 2 digit Day (01 – 31) 4 digit Year (e.g., 2011)</li> </ul>
2	9	R	Social Security Number 9 digit Social Security Number of the member	Integer 9 Digits No Hyphens	303030303	<ul style="list-style-type: none"> <li><b>All Funds</b></li> </ul>

## DETAIL MEMBER ENROLLMENT RECORDS

#	Max Len	Required Optional Conditional	Field Name Field Description	Format	Sample	Rules and Information
3	4	O	Prefix Prefix to the name of the member	Alpha	MR	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li><b>Valid Values:</b> <ul style="list-style-type: none"> <li>DR = Doctor</li> <li>HONR = Honorable</li> <li>MISS = Unmarried female</li> <li>MR = Male</li> <li>MRS = Married female</li> <li>MS = Female (marriage status not indicated)</li> <li>PROF = Professor</li> <li>REV = Reverend</li> <li>SIS = Sister</li> <li>SNTR = Senator</li> </ul> </li> </ul>
4	30	R	First Name First Name of the member	Alphanumeric A – Z and special characters	Samuel	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>A – Z</li> <li>May contain special characters.</li> <li>May contain spaces within the first name.</li> </ul>
5	30	O	Middle Name Middle Name of the member	Alphanumeric A – Z and special characters	Joseph	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>A – Z</li> <li>May contain special characters.</li> <li>May contain spaces within the middle name.</li> </ul>
6	30	R	Last Name Last Name of the member	Alphanumeric A – Z and special characters	O'Connor-Jones	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>A – Z</li> <li>May contain special characters.</li> <li>May contain spaces within the last name.</li> </ul>
7	10	O	Suffix Suffix of the name of the Member	Alpha	Jr	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li><b>Valid Values:</b> I, II, III, IV, V, VI, VII, JR, SR, DDS, EDD, MD, PHD</li> </ul>
8	8	R	Birth Date Date of the Member's Birth	Date MMDDYYYY	05221946	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>Date of Member's Birth: <ul style="list-style-type: none"> <li>2 digit Month (01 – 12)</li> <li>2 digit Day (01 – 31)</li> <li>4 digit Year (e.g., 2011)</li> </ul> </li> <li>Cannot be after the member's hire date.</li> </ul>
9	1	R	Gender Gender of Member	Alpha No blanks	M	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li><b>Valid Values:</b> <ul style="list-style-type: none"> <li>M = Male</li> <li>F = Female</li> </ul> </li> </ul>

## DETAIL MEMBER ENROLLMENT RECORDS

#	Max Len	Required Optional Conditional	Field Name Field Description	Format	Sample	Rules and Information
10	55	R	Street Address 1 Street Address 1 for Member	Alphanumeric	123 Main Street	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>May contain special characters.</li> <li>May contain spaces within the address</li> </ul>
11	55	O	Street Address 2 Street Address 2 for Member	Alphanumeric	Apt. #1A	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>May contain special characters.</li> <li>May contain spaces within the address</li> </ul>
12	55	O	Street Address 3 Street Address 3 for Member	Alphanumeric	Suite 220	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>May contain special characters.</li> <li>May contain spaces within the address</li> </ul>
13	30	R	City City where the Member lives	Alpha A – Z	Indianapolis	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>A – Z</li> </ul>
14	2	R	State State where the Member lives	Alpha A – Z No blanks	IN	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>A – Z</li> <li>Two character code</li> <li>No blanks allowed</li> </ul>
15	5	R	Postal Code Postal code where the Member lives	Alphanumeric 9 digits (5+4) 0 – 9 Only	46204	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>ZIP + 4 (5+4)</li> </ul>
16	1	R	Phone Type 1 Phone Type of the Phone Number for the Member	Alpha No blanks	M	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li><b>Valid Values:</b> M = Main</li> </ul>
17	10	R	Phone Number 1 Phone Number for the Member	Alphanumeric 0 – 9 Only	3175551212	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>Must include area code and phone number</li> </ul>
18	6	O	Phone Extension 1 Extension for the phone number (if it exists) for the Member	Alphanumeric 0 – 9	143	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li>0 – 9 if an extension does exist (do not send 'x. 143' or 'ext. 143' – send only numeric values)</li> </ul>
19	70	R <sup>4</sup>	E-mail Address E-mail address of the Member	Alphanumeric A – Z plus special characters 0 – 9	samuel.oconnor@yahoo.com	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li><b><sup>4</sup>Required for TRF Full-time Members</b></li> <li>Recommended for all other members</li> </ul>
20	1	R	Marital Status Marital Status of the Member	Alpha	M	<ul style="list-style-type: none"> <li><b>All Funds</b></li> <li><b>Valid Values:</b> S = Single M = Married U = Unknown (default)</li> </ul>



## DETAIL MEMBER ENROLLMENT RECORDS

#	Max Len	Required Optional Conditional	Field Name Field Description	Format	Sample	Rules and Information
21	1	R	Part-time/Substitute? Is the Member a Part-time or Substitute teacher?	Alpha	N	<ul style="list-style-type: none"> <li><b>TRF ONLY</b></li> <li>If TRF, value must be Y or N</li> <li><b>Valid Values:</b> Y = Yes N = No</li> </ul>
22	1	R	Elected Official? Is the Member an Elected Official?	Alpha	Y	<ul style="list-style-type: none"> <li><b>PERF ONLY</b></li> <li>If PERF, value must be Y or N</li> <li><b>Valid Values:</b> Y = Yes N = No</li> </ul>
23	50	R <sup>5</sup>	Elected Official Type	Alpha	Sheriff	<ul style="list-style-type: none"> <li><b>PERF ONLY</b></li> <li><sup>5</sup>Required if the Elected Official field = Y</li> <li><b>Valid Values:</b> County Auditor County Clerk County Recorder County Treasurer Coroner Sheriff State Elected Comptroller, formerly Auditor* State Elected Treasurer State Elected Secretary County Surveyor Any Elected Official not listed above</li> </ul>
24	1	R	Covered Position? Is the Member in a PERF covered position?	Alpha	Y	<ul style="list-style-type: none"> <li><b>PERF ONLY</b></li> <li>If PERF, value must be Y or N</li> <li><b>Valid Values:</b> Y = Yes N = No</li> </ul>

\* Effective July 1, 2023, the title changes to State Comptroller.

### Example:

- Submission Unit Number = 1234-567
- 2 new employees/fund members

### Sample Enrollment Layout:

1234567|2|

06202011|313131313|Mr|Dwight| |Freney||08011970|M|1364 Worchester Drive||Carmel|IN|46032|M|3175551234|d.freney@employer.com|M||N||Y|

06202011|204204204|Mr|Joseph|Addai||10151980|M|6735 Dover Road||Carmel|IN|46032|M|3175554545|| j.addai@employer.com|M||N||Y|