

Electronic Employer
Contributions Manual

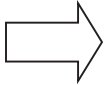
TIC International Corporation

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Electronic Submission Instructions

1. Go to www.tici.com web page and select Benefit Inquiry Site.



TIC International Corporation
11590 North Meridian St., Suite 600
Carmel, IN 46032 - 4529
Ph: 317.580.8686 | Fax: 317.580.8699 | Email: tici@tici.com

Company Information **TIC International Corporation (TIC)** specializes in consulting and third party administration for multiemployer health care, defined benefit pension, and defined contribution/401(k) plans. A sister company of TIC, [United Actuarial Services, Inc.](#) specializes in actuarial consulting to these multiemployer plans.

Benefit Inquiry Site

TIC Research Materials

BENEFIT ADMINISTRATORS AND CONSULTANTS SINCE 1951

Employee benefit plan trustees needing a consultant, or administrator to deal with the challenges of plan design, funding, eligibility testing, claim adjudication, benefit payment, FASB ASC 965 (formerly SOP 92-6), COBRA, HIPAA, SPD's, QMCSO's or QDRO's will welcome the comprehensive service solutions available at TIC International Corporation.

To learn more about TIC International Corporation, please click on the [company information](#) link.

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2. Sign on to the TIC Benefit Inquiry Site using your Employer Identification Number assigned by the Fund Office. First-time employers should contact the TIC Fund Office for a one-time generic password. Employers posting to multiple funds will need each fund number's generic password; however, the employer may assign the same personal password for each fund during the setup process for each fund.

REMINDER: PASSWORDS ARE CASE-SENSITIVE

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BIS Menu

- Terms & Conditions
- System Maint. Schedule
- Home

BENEFIT INQUIRY SITE - for - **Current Benefit Status**

Attention Participants:

If you are a first time user and need to establish access to the Benefit Inquiry Site, you may do so by entering in your User ID (SSN) and Assigned Password.

Attention Employers:

If you are a first time user and need to establish access to the Benefit Inquiry Site, you may do so by entering in your Employer ID Number (EIN) and Assigned Password.

Forgot Password?

ID:
PASSWORD:

Login Reset

Important Notice:

Before using the Benefit Inquiry Site, you must read and agree to the [Terms and Conditions](#). Once you have agreed to the **Terms and Conditions**, you may enter your User ID and Password to log on to the Benefit Inquiry Site.

By entering your User ID and Password to gain access to the site, you will have acknowledged your agreement with the **Terms and Conditions** for the use of this site.

- 3. First-time users should enter their personal information and set up a new password. Should the password be misplaced or forgotten, contact the TIC Fund Office to reset your password.

Home **BIS Contractor Sign Up Screen**

WELCOME NEW CONTRACTOR

In order to view your Benefits Online, you must complete the following form. Please fill in all fields.

When you are finished filling out the form, please double check your information and press the "SIGN UP" Button. Once your information is verified and processed you will receive your new User ID and Password to the Benefit Inquiry Site.

Your First Name: **Your Last Name:**
Company Name:

You must set up a new password to use the Benefit Inquiry Site. Please assign yourself a password and then confirm your password by re-typing your password in the confirm password field.

(NOTE: Passwords must be at least six characters long and contain ONLY letters and numbers.)

New Password: **Confirm New Password:**

NOTE: Once the employer and personal information is entered, the user will return to the Log on Screen to enter the Employer Identification Number with the new password.

4. At the Employer Menu click on Electronic Employer Contributions.

EMPLOYER MENU

Click on one of the following links to view information regarding the employer you entered.

- [Name/Address/Delinquency Information](#)
- [Late Payment Assessment Reports](#)
- [Employer List](#)
- [Release Electronic Employer Batches](#)
- [Back to Search](#)
- [Contribution Information](#)
- [Lockbox Information](#)
- [Electronic Employer Contributions](#)
- [View Electronic Employer Contribution History](#)
- [Log Off System](#)

Electronic Employer Contributions Menu

* [Electronic Employer Contributions User Manual](#)

5. Click on Manual Entry Mode or File Upload Entry Mode

Please select the mode of entry for this contribution upload.

[Manual Entry Mode](#)

[CSV \(.csv\) Comma Delimited File Upload Entry Mode](#)

- a) Manual Entry mode lets the user key employee reports online with multiple work dates, trades, and differential data in order to transmit a data file to TIC.
- b) Upload File Entry mode provides the user with a web browser to upload a file already created in the file layout per this manual.

6. When selecting CSV Upload Entry Mode verify the employer information and click CONTINUE

Electronic Employer Contributions - Employer Agreement Verification Process

Employer Name:	ABLE ELECTRIC
Employer ID:	12345
Employer Suffix:	0
Address:	1234 N MAIN ST
City:	OMAHA
State:	NE
Zip Code:	68111-0000
Telephone:	(402) 555-1212

You have selected "CSV (.csv) Comma Delimited File Upload Entry Mode" for the above employer. Please review this information and if correct then

If you do not wish to make a "CSV (.csv) Comma Delimited File Upload Entry Mode" for this employer or if the above employer information is incorrect then please contact the fund office and

7. To upload a file click the Browse button and find the selected file on your computer system. Double click on file or select file and click Open. Click on Upload to submit your file.

Electronic Employer Contributions - Employer Agreement Verification Process

Employer Name:	ABLE ELECTRIC
Employer ID:	12345
Employer Suffix:	0
Address:	1234 N MAIN ST
City:	OMAHA
State:	NE
Zip Code:	68111-0000
Telephone:	(402) 555-1212

Based on the agreement information currently on file for this company, the values are:

FIELD NAME	FORMAT	LENGTH	REQUIRED
EMPLOYEE SSN	NUMERIC	9	YES
WORK DATE	NUMERIC - CCYYMMDD	8	YES
GROSS WAGES	NUMERIC - DECIMAL	9	*
HOURS WORKED	NUMERIC - DECIMAL	9	*
HOURS PAID	NUMERIC - DECIMAL	9	*
BASE PAID	NUMERIC - DECIMAL	9	*
VARIABLE AMOUNT	NUMERIC - DECIMAL	9	*
LAST NAME	ALPHA	15	YES
FIRST NAME	ALPHA	10	YES
TRADE	ALPHA	2	*
DIFFERENTIAL	ALPHA	2	*

* Pursuant to the Collective Bargaining Agreement (CBA)

Select one of the following options:

1. **Upload Your File** - Please format your file as a comma delimited CSV (.csv) file in the order listed above and import your data now.

File:

Choose File to Upload

Computer > users (\\\tcf1) (F:) > Shudson > EEC

Name	Date modified
EEC_BS_TEST.xlsx	11/7/2014 1:33 PM
EEC_Contractors.xls	10/26/2011 4:26 PM
EEC_test.csv	10/29/2014 12:04 ...
eec_test_4ssn.csv	11/11/2014 10:05 ...
eec_test_4ssn.xls	11/11/2014 10:05 ...
eec_test_cesy315.csv	11/12/2014 10:35 ...
eec_test_cesy315.xlsx	11/12/2014 10:35 ...
eec_test_cesy315_1450.csv	11/12/2014 11:46 ...
eec_test_cesy315_1450.xlsx	11/12/2014 11:46 ...
EEC_VAR_TEST.csv	10/29/2014 10:22 ...

File name: eec_test_4ssn.csv

NOTE: To continue you must have already created your contribution file in the comma-separated format. To ensure your file contains the proper detail format see pages 27- 28.

8. This page will show the uploaded file records with a breakdown by each work date, trade, and differential. It will also include the totals for each plan with a total amount due for this contribution file. If you have questions on the rates or amounts and need assistance, contact the TIC Fund Office and ask for the Data Entry Supervisor or the Lead Balancing Clerk.

IMPORTANT INFORMATION:

IF YOU **AGREE** WITH THE TOTAL AMOUNT DUE BELOW then please print a receipt and attach it with your remittance check and send to the address listed below within 5 business days. You may print and view your receipt by clicking on the 'VIEW PRINTER FRIENDLY RECEIPT' link.

IF YOU **DO NOT AGREE** WITH THE TOTAL AMOUNT DUE BELOW and wish to cancel this upload then

IF YOU WOULD LIKE TO EDIT YOUR UPLOAD FILE DATA THEN

DO YOU NEED TO KEY IN SUPPLEMENT DUES?

FINAL REPORT FOR THIS LOCAL?

[VIEW PRINTER FRIENDLY RECEIPT](#)

Once you have **agreed and printed** a receipt please click on the **'Process Contribution'** button to complete the transaction.

ELECTRONIC EMPLOYER CONTRIBUTION CONFIRMATION

Fund Name:	CONSTRUCTION INDUSTRY LABORERS FRINGE BENEFIT FUNDS
Employer Name:	21 ST CENTURY SALVAGE, INC
Employer ID:	9050
Employer Suffix:	0
Address:	10750 MARTZ RD
City:	YPSILANTI
State:	MI
Zip Code:	48197
Telephone:	(734) 485-4855

File load successful. You must click the 'Process Contribution' button above to send this transaction to TIC for processing.

Your confirmation number for this transaction is: **E4SHZAWZ5M**

The following is a breakdown of the dollar amounts by County, Differential, Work Date and Plan.

CO	DIF	Work Dt	Hrs	Gross \$	\$ Amt	D1	H2	I1	I7	I9	P1	T1	V3
LI		20180201	120.00	\$0.00	\$1,947.60	\$138.00	\$634.00	\$44.40	\$24.00	\$43.20	\$690.00	\$54.00	\$120.00
SL		20180201	80.00	\$0.00	\$1,298.40	\$92.00	\$556.00	\$29.60	\$16.00	\$28.80	\$460.00	\$36.00	\$80.00

The following is a breakdown of the dollar amount owed for each plan.

Plan Code	Plan Name	Dollar Amount
D1	SUPPL DUE	\$230.00
H2	WELFARE	\$1,390.00
I1	EAST LECET	\$74.00
I7	660 MCA	\$40.00
I9	660 MDT	\$72.00
P1	PENSION	\$1,150.00
T1	EAST TRN	\$90.00
V3	VAC MT	\$200.00
The Total Amount Due is:		\$3,246.00

Submit Payment To: Construction Industry Laborers
6405 Metcalf
Suite 200
Overland Park, KS 66202

The undersigned Employer hereby certifies (a) that it is signatory to a current written collective bargaining agreement requiring contributions to these funds on behalf of all labor employees working in the geographic jurisdiction of the Funds and also is a signatory to a current written collective bargaining agreement requiring contributions to the fund(s) on behalf of non-labor employees in the craft reported below; (b) that the contributions reported hereon are in accordance with such current written collective bargaining agreements; (c) that all of the employees listed hereon constitute employees for whom contributions are required under the terms of said agreement(s); (d) that the employer agrees to be bound by the Trust Agreements under which the herein named Trust Funds are administered and designates the Employer Trustees named therein and their successors as its representatives on the Boards of Trustees; (e) that the information reported hereon is true and correct. Any false statements or representations made in reporting on this form may subject you to prosecution under federal law.

Signature

9. To manually enter employee contribution amounts click on the Manual Entry Mode option.

Please select the mode of entry for this contribution upload.

Manual Entry Mode

CSV (.csv) Comma Delimited File Upload Entry Mode

10. Verify the employer information and click Continue.

Electronic Employer Contributions - Employer Agreement Verification Process

Employer Name: ABLE ELECTRIC
Employer ID: 12345
Employer Suffix: 0
Address: 1234 N MAIN ST
City: OMAHA
State: NE
Zip Code: 68111-0000
Telephone: (402) 555-1212

You have selected "Manual Entry Mode" for the above employer. Please review this information and if correct then

If you do not wish to make a "Manual Entry" for this employer or if the above employer information is incorrect then please contact the fund office and

11. At this screen enter SSN, first name, last name, gross wages, hours worked, hours paid, work date, trade, and differential. Each agreement or Collective Bargaining Agreement (CBA) may require gross wages, hours paid, base paid, etc. Trade and differential may not pertain to every agreement or CBA. If so, leave those fields blank.

ELECTRONIC EMPLOYER CONTRIBUTION - ADD NEW RECORD

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
123456789	Test	Person	1500	150	150	0.00	0.00	12312012	▼	▼

12. Press Save to add first employee and key in next employee information

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

You may abort this transaction by clicking on the 'Abort Upload' button.

MESSAGE: Your addition to the file was successful and the new information has been saved.

EDIT SSN	DELETE SSN	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE	TRADE	DIFFERENTIAL
EDIT	DELETE	123456789	Test	Person	1,500.00	150.00	150.00	0.00	0.00	12312012		

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
			0.00	0.00	0.00	0.00	0.00	12312012	▼	▼

Once you are finished adding and editing your records, please click the 'continue' button below to proceed.

13. Add records until completed then press Continue when finished

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

You may abort this transaction by clicking on the 'Abort Upload' button.

MESSAGE: Your addition to the file was successful and the new information has been saved.

EDIT SSN	DELETE SSN	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE	TRADE	DIFFERENTIAL
EDIT	DELETE	123456789	Test	Person	1,500.00	150.00	150.00	0.00	0.00	12312012		

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
123654789	Test2	Person	2000	200	205	0.00	0.00	12312012	CM	▼

Once you are finished adding and editing your records, please click the 'continue' button below to proceed.

**Note: You may change work date, trade, and differential combinations per employee record.*

14. This page displays the entire file summary with sub-total breakdown for each work date, trade, and differential combination. It includes totals for each plan with a total amount due for this contribution file. If you have questions on the rates or amounts and need assistance, contact the TIC Fund Office and ask for the Data Entry Supervisor or the Lead Balancing Clerk. Additional functions are available by clicking the grey boxes at the top of the screen.
- To delete the entries keyed in, click "Abort Upload".
 - To edit the data just entered, click "Perform File Edits".
 - To enter Supplemental Due, click the "Yes" button after this question.
 - To enter the final report for the vendor, click the "Yes" button after this question.

IMPORTANT INFORMATION:

IF YOU AGREE WITH THE TOTAL AMOUNT DUE BELOW then please print a receipt and attach it with your remittance check and send to the address listed below within 5 business days. You may print and view your receipt by clicking on the 'VIEW PRINTER FRIENDLY RECEIPT' link.

IF YOU DO NOT AGREE WITH THE TOTAL AMOUNT DUE BELOW and wish to cancel this upload then

IF YOU WOULD LIKE TO EDIT YOUR UPLOAD FILE DATA THEN

DO YOU NEED TO KEY IN SUPPLEMENTAL DUES?

FINAL REPORT FOR THIS LOCAL?

[VIEW PRINTER FRIENDLY RECEIPT](#)

Once you have agreed and printed a receipt please click on the 'Process Contribution' button to complete the transaction.

ELECTRONIC EMPLOYER CONTRIBUTION CONFIRMATION

Fund Name:	CONSTRUCTION INDUSTRY LABORERS FRINGE BENEFIT FUNDS
Employer Name:	21ST CENTURY SALVAGE, INC
Employer ID:	5050
Employer Suffix:	0
Address:	10750 MARTZ RD
City:	YPSILANTI
State:	MI
Zip Code:	48197
Telephone:	(734) 485-4855

File load successful. You must click the 'Process Contribution' button above to send this transaction to TIC for processing.

Your confirmation number for this transaction is: **E45HZAWZ5M**

The following is a breakdown of the dollar amounts by County, Differential, Work Date and Plan.

CO	DIF	Work Dt	Hrs	Gross \$	\$ Amt	D1	H2	I1	I7	I9	P1	T1	V3
LI		20180201	120.00	\$0.00	\$1,947.60	\$138.00	\$834.00	\$44.40	\$24.00	\$43.20	\$690.00	\$54.00	\$120.00
SL		20180201	80.00	\$0.00	\$1,298.40	\$92.00	\$556.00	\$29.60	\$16.00	\$28.80	\$460.00	\$36.00	\$90.00

The following is a breakdown of the dollar amount owed for each plan.

Plan Code	Plan Name	Dollar Amount
D1	SUPPL DUE	\$230.00
H2	WELFARE	\$1,390.00
I1	EAST LECET	\$74.00
I7	660 MCA	\$40.00
I9	660 MDT	\$72.00
P1	PENSION	\$1,150.00
T1	EAST TRN	\$90.00
V3	VAC MT	\$200.00
The Total Amount Due is:		\$3,246.00

Submit Payment To: Construction Industry Laborers
6405 Metcalf
Suite 200
Overland Park, KS 66202

The undersigned Employer hereby certifies (a) that it is signatory to a current written collective bargaining agreement requiring contributions to these funds on behalf of all labor employees working in the geographic jurisdiction of the Funds and also is a signatory to a current written collective bargaining agreement requiring contributions to the fund(s) on behalf of non-labor employees in the craft reported below; (b) that the contributions reported hereon are in accordance with such current written collective bargaining agreements; (c) that all of the employees listed hereon constitute employees for whom contributions are required under the terms of said agreement(s); (d) that the employer agrees to be bound by the Trust Agreements under which the herein named Trust Funds are administered and designates the Employer Trustees named therein and their successors as its representatives on the Boards of Trustees; (e) that the information reported hereon is true and correct. Any false statements or representations made in reporting on this form may subject you to prosecution under federal law.

Signature _____

15. After selecting "Yes" to enter supplemental dues, you will be taken to the screen below. This screen will display the total amount of the dues that will need to be distributed to the counties.

EEC SUPPLEMENT DUES - ADD COUNTY CODES

Please note that the total dollars keyed on this screen must equal the total dollar amount for the DUES (code D1) on the previous receipt screen. That total is \$230.00.

COUNTY NAME	COUNTY CODE	SUPP'L HOURS	SUPP'L AMOUNT
110 VARIOUS ▾			

16. Enter the county name by selecting from the drop down menu. The code will be filled in automatically. Enter the Supplemental hours and amount. Click the Save button when done with the county. The Balance due will be displayed in red. Continue entering counties until amount is zero.

EEC SUPPLEMENT DUES - ADD COUNTY CODES

Please note that the total dollars keyed on this screen must equal the total dollar amount for the DUES (code D1) on the previous receipt screen. That total is \$230.00.

	COUNTY NAME	COUNTY CODE	SUPP'L HOURS	SUPP'L AMOUNT
Delete	LINCOLN	089	45.00	\$70.00
Dues Amount Grand Total = \$70.00				

Dues Amount Total For All Counties Entered Must = \$230.00

Remaining Dues Amount Needed is: \$160.00

COUNTY NAME	COUNTY CODE	SUPP'L HOURS	SUPP'L AMOUNT
110 VARIOUS ▾			

17. When all dues have been entered, a green statement will indicate “Dues Amount Total Has Been Met”. Click the “Process Supplement Dues”. You will return back to the summary page. To complete just click the “Process Contributions button.

EEC SUPPLEMENT DUES - ADD COUNTY CODES

Please note that the total dollars keyed on this screen must equal the total dollar amount for the DUES (code D1) on the previous receipt screen. That total is \$230.00.

	COUNTY NAME	COUNTY CODE	SUPP'L HOURS	SUPP'L AMOUNT
Delete	BENTON	011	155.00	\$160.00
Delete	LINCOLN	089	45.00	\$70.00
Dues Amount Grand Total = \$230.00				

Dues Amount Total Has Been Met.

18. Click on Abort Upload to erase contribution file and it will return back to the main Employer Menu. A message that your file has been successfully aborted will display.

EMPLOYER MENU

Click on one of the following links to view information regarding the employer you entered.

- [Name/Address/Delinquency Information](#)
- [Late Payment Assessment Reports](#)
- [Employer List](#)
- [Release Electronic Employer Batches](#)
- [Back to Search](#)
- [Contribution Information](#)
- [Lockbox Information](#)
- [Electronic Employer Contributions](#)
- [View Electronic Employer Contribution History](#)
- [Log Off System](#)

Electronic Employer Contributions Menu

* [Electronic Employer Contributions User Manual](#)

MESSAGE: Your Electronic Employer Contribution Upload has been successfully aborted.

19. Click on Perform File Edits to view the data entered from the manual entries. Options include deleting a record, adding another employee, or changing information on an existing employee by using the on-screen instructions.

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

EDIT INFO	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
Current Info	123654789	Test2	Person	200.00	200.00	205.00	0.00	0.00	12312012	CM	
New Info	123654789	Test2	Person	200.00	200.00	205.00	0.00	0.00	12312012	<input type="text" value="CM"/>	<input type="text" value=""/>

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

You may abort this transaction by clicking on the 'Abort Upload' button.

MESSAGE: Your addition to the file was successful and the new information has been saved.

EDIT	SSN	DELETE SSN	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE	TRADE	DIFFERENTIAL
EDIT	123456789	DELETE	123456789	Test	Person	150.00	150.00	150.00	0.00	0.00	12312012		
EDIT	123654789	DELETE	123654789	Test2	Person	200.00	200.00	205.00	0.00	0.00	12312012	CM	

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	0.00	0.00	0.00	0.00	0.00	12312012	<input type="text" value=""/>	<input type="text" value=""/>

Once you are finished adding and editing your records, please click the 'continue' button below to proceed.

20. There is a question on the top section of the file summary page. "THIS IS THE FINAL REPORT FOR REMITTANCES?" Answer yes if this will be your final remittance to this website. This will appear on the receipt printed and mailed with the check.

ELECTRONIC EMPLOYER CONTRIBUTION CONFIRMATION											
You may print this receipt by clicking on the your browser's print button or by selecting 'File' then 'Print' from your browser's menu bar.											
Fund Name:	TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION										
Employer Name:	ABLE ELECTRIC										
Employer ID:	12345										
Employer Suffix:	0										
Address:	1234 N MAIN ST										
City:	OMAHA										
State:	NE										
Zip Code:	68111										
Telephone:	(402) 555-1212										
File load successful. Your confirmation number for this transaction is: YMOK648TXM											
PAYMENT TYPE SENT: Mailed In Check											
The following is a breakdown of the dollar amounts by Trade, Differential, Work Date and Plan.											
TR	DIF	Work Dt	Hrs	Gross \$	\$ Amt	A1	D1	H2	P1	P2	V1
CM		20170603	50.00	\$50.00	\$984.50	\$250.00	\$92.00	\$342.50	\$125.00	\$75.00	\$100.00
The following is a breakdown of the dollar amount owed for each plan.											
Plan Code	Plan Name	Dollar Amount	Submit Payment To: TIC Test Fund								
A1	ANNUITY	\$250.00	6405 Metcalf								
D1	DUES	\$92.00	Suite 200								
H2	HLTH CARE	\$342.50	Overland Park, KS 66202-9998								
P1	PENSION	\$125.00									
P2	SUPP PEN	\$75.00	Make one check payable to: TIC Test Fund								
V1	VACATION	\$100.00									
The Total Amount Due is:					\$984.50	Signature _____					
NOTE: THIS IS THE EMPLOYERS LAST REPORT.											

PROCESS CONTRIBUTION

1. Click Process Contribution to complete the manual file upload. If an additional receipt is necessary, go to View Electronic Employer Contribution History, select the confirmation number, and click on View Receipt. Use your browser print button.
2. *Please include this confirmation receipt with the payment*

EMPLOYER MENU

Click on one of the following links to view information regarding the employer you entered.

- [Name/Address/Delinquency Information](#)
- [Late Payment Assessment Reports](#)
- [Employer List](#)
- [Release Electronic Employer Batches](#)
- [Back to Search](#)
- [Contribution Information](#)
- [Lockbox Information](#)
- [Electronic Employer Contributions](#)
- [View Electronic Employer Contribution History](#)
- [Log Off System](#)

Electronic Employer Contributions Menu

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MESSAGE: Load Successful. Again your confirmation number is JWUY1DMXK8

NOTE: This file will not be processed until payment/deposit is received by the Fund Office.

Payment Information

Once the File Load is Successful:

1. Print receipt.
2. Click the “Process Contribution” button to send this file to TIC for processing.
3. Attach receipt to your remittance check and send payment to address printed on the receipt(s) within 5 business days.
4. Keep copy of receipt(s) for your records.

ACH Payment (Online) Information

1. Once you select, "Process Contribution" you may select your method of payment. Not all funds are set up with ACH (Online) payments at this time.
2. Click the circle next to your payment option and select the "Submit" button.
3. You may also abort the transaction.

Make A Payment For EEC Transaction VGLRZL4QH8

TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION
XYZ CONSTRUCTION
54321

Total Amount Due: \$102.60

Pay By: ACH (Online) Check (Mail)

4. The first time you enter this screen you will be asked to set up your banking account information - bank name, routing number and account number.

ACH Payment Setup For Transaction VGLRZL4QH8

ACH banking information is not of file for this Fund/Employer. Please enter in the appropriate banking information in order to make and ACH (Online) payment for this transaction.

TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION
XYZ CONSTRUCTION
54321

The diagram shows a check with a green background. A red arrow points from the text 'Routing number' to the number '123456789' in the MEMO field. A blue arrow points from the text 'Account number' to the number '0987654321' in the MEMO field. The check also shows 'PAY TO THE ORDER OF', 'DATE', '\$', 'DOLLARS', and '1001'.

Banking Information:

Bank Name:

Bank Routing Number:

Bank Account Number:

5. Once the information has been entered, you will be taken to this screen to complete the payment.
6. You may edit the amount paid by typing in the amount in the blank.
7. You may edit the banking information by selecting the “Edit Banking Information” button. You will be returned the payment setup screen.

Make ACH Payment For Transaction VGLRZL4QH8

TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION
XYZ CONSTRUCTION
54321

Total Amount Due: \$102.60

Total Amount Paid:

Current Banking Information On File For ACH (Online) Payments:

Bank Name: Test Bank

Bank Routing Number: 0

Bank Account Number: 0

ACH Disclaimer: By choosing to submit this payment using the ACH (Online) option you are authorizing the TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION and/or the Administrating Fund Office to debit the provided bank account for the payment amount that is submitted for this transaction. The TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION and/or the Administrating Fund Office are not responsible for any fees charged by your financial institution related to this transaction. By choosing to submit your payment using the option above you will have acknowledged your agreement with the terms of this site.

8. After selecting submit payment, you will be returned to the main screen with the confirmation number

TIC

International Corporation

11590 North Meridian St., Suite 600
Carmel, IN 46032-4529
Ph: 317.580.8686 | Fax: 317.580.8699 | Email: tic@tici.com

Help
Log Off System

EMPLOYER MENU

Click on one of the following links to view information regarding the employer you entered.

- [Name/Address/Delinquency Information](#)
- [Contribution Information](#)
- [Late Payment Assessment Reports](#)
- [Lockbox Information](#)
- [Employer List](#)
- [Electronic Employer Contributions](#)
- [Release Electronic Employer Batches](#)
- [View Electronic Employer Contribution History](#)
- [Back to Search](#)
- [Log Off System](#)

Electronic Employer Contributions Menu

* Electronic Employer Contributions User Manual

MESSAGE: ACH Payment Successful. Again your confirmation number is VGLRZL4QH8

You can view the receipt of this transaction by clicking on the [View Electronic Employer Contribution History](#) link above and then clicking on the [View Receipt](#) link.

9. To view the receipt of the transaction, select “View Electronic Employer Contribution History” from the main menu.
10. You will find your most recent transactions in this list. Find your confirmation number and select “View Receipt”.

[Name/Address/Delinquency Information](#) | [Contribution Information](#) | [Lockbox Deposits](#) | [LPA Reports](#)
[Employer List](#) | [Back to Search](#) | [Log Off System](#)

Electronic Employer Contributions History For XYZ CONSTRUCTION

This menu allows you to view electronic transactions that have been sent to us for processing. You may view the receipt for transaction total. You may review individual contribution data by clicking on the 'Confirmation #'. Also, you may use any of the transactions listed below as a template to create a new transaction. See the EEC User manual for further information.

DELETE	CONFIRMATION #	TIC RELEASED	UPLOAD DATE	VIEW RECEIPT	BATCH RELEASE DT	BATCH NUMBER	BATCH RELEASED BY
[Delete]	VGLRZL4QH8	YES	8/24/2017	View Receipt			
[Delete]	B75A9Y1RJ6	YES	12/21/2012	View Receipt			
[Delete]	CYFICEG40H	YES	12/21/2012	View Receipt			
[Delete]	S7LA7FROLD	YES	12/21/2012	View Receipt			
[Delete]	WA015OZJE3	YES	12/21/2012	View Receipt			

11. The “Payment Type Sent” will indicate if the payment is “Mailed in Check” or “ACH (Online) Payment Sent”.

ELECTRONIC EMPLOYER CONTRIBUTION CONFIRMATION [Go Back](#)

You may print this receipt by clicking on the your browser's print button or by selecting 'File' then 'Print' from your browser's menu bar.

Fund Name: TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION

Employer Name: XYZ CONSTRUCTION

Employer ID: 54321

Employer Suffix: 0

Address: 415 E MAIN ST

City: OMAHA

State: NE

Zip Code: 68110

Telephone: (402) 555-3333

File load successful. Your confirmation number for this transaction is: VGLRZL4QH8

PAYMENT TYPE SENT: ACH (Online) Payment Sent

The following is a breakdown of the dollar amounts by Trade, Differential, Work Date and Plan.

TR	DIF	Work Dt	Hrs	Gross \$	\$ Amt	A1	E1	H2	P1
		20170824	6.00	\$96.00	\$102.60	\$9.00	\$3.00	\$49.80	\$40.80

The following is a breakdown of the dollar amount owed for each plan.

Plan Code	Plan Name	Dollar Amount
A1	ANNUITY	\$9.00
E1	EDUCATION	\$3.00
H2	HLTH CARE	\$49.80
P1	PENSION	\$40.80

Submit Payment To: TIC Test Fund
6405 Metcalf
Suite 200
Overland Park, KS 66202-9998

Make one check payable to: TIC Test Fund

The Total Amount Due is: \$102.60

Signature _____

Viewing Electronic Contribution History

1. The Employer Menu has an option to View Electronic Employer Contribution History. This will show you the files for the work months you have already submitted electronically.

EMPLOYER MENU

Click on one of the following links to view information regarding the employer you entered.

- [Name/Address/Delinquency Information](#)
- [Late Payment Assessment Reports](#)
- [Employer List](#)
- [Release Electronic Employer Batches](#)
- [Back to Search](#)
- [Contribution Information](#)
- [Lockbox Information](#)
- [Electronic Employer Contributions](#)
- [View Electronic Employer Contribution History](#)
- [Log Off System](#)

Electronic Employer Contributions Menu

* [Electronic Employer Contributions User Manual](#)

2. To view the confirmation page with totals or to print again, select View Receipt.

<u>DELETE</u>	<u>CONFIRMATION #</u>	<u>TIC RELEASED</u>	<u>UPLOAD DATE</u>	<u>VIEW RECEIPT</u>
[Delete]	JWUY1DMXK8	YES	1/19/2015	View Receipt
[Delete]	DQYX48ZNS6	YES	2/5/2014	View Receipt
[Delete]	BIP269GS20	YES	9/18/2013	View Receipt
[Delete]	AZC5QJYLCW	YES	9/6/2013	View Receipt
[Delete]	HN3LFIBIYB	YES	9/6/2013	View Receipt
[Delete]	LS8HH8LG0K	YES	9/6/2013	View Receipt
[Delete]	SGP04JHBJVJ	YES	9/6/2013	View Receipt
[Delete]	SWBGOLMI0F	YES	9/6/2013	View Receipt
[Delete]	5LFMNU7EXX	YES	9/5/2013	View Receipt
[Delete]	LP5EDGIVHE	YES	9/5/2013	View Receipt
[Delete]	MIZRCZVF4Q	YES	9/5/2013	View Receipt
[Delete]	Y2ZY16WJ58	YES	9/5/2013	View Receipt
[Delete]	9CHPQDMERN	YES	9/4/2013	View Receipt
[Delete]	25LVWXQNWG	YES	9/3/2013	View Receipt
[Delete]	6VNLIVHTO2	YES	9/3/2013	View Receipt
[Delete]	BQEZJJC4IW	YES	9/3/2013	View Receipt
[Delete]	QE9N3QVA87	YES	9/3/2013	View Receipt
[Delete]	QY6SJGIY9X	YES	9/3/2013	View Receipt
[Delete]	RL20RY65P3	YES	9/3/2013	View Receipt
[Delete]	QT2X4TSUIC	YES	8/30/2013	View Receipt

3. If you would like to print the confirmation page, use your browser print option.

ELECTRONIC EMPLOYER CONTRIBUTION CONFIRMATION													Go Back
You may print this receipt by clicking on the your browser's print button or by selecting 'File' then 'Print' from your browser's menu bar.													
Fund Name:	TEST FUND FOR TIC INTERNATIONAL CORPORATION COMPUTER DIVISION												
Employer Name:	ABLE ELECTRIC												
Employer ID:	12345												
Employer Suffix:	0												
Address:	1234 N MAIN ST												
City:	OMAHA												
State:	NE												
Zip Code:	68111												
Telephone:	(402) 555-1212												
File load successful. Your confirmation number for this transaction is: BIPZ69GS20													
The following is a breakdown of the dollar amounts by Trade, Differential, Work Date and Plan.													
<u>TR</u>	<u>DIF</u>	<u>Work Dt</u>	<u>Hrs</u>	<u>Gross \$</u>	<u>\$ Amt</u>	<u>A1</u>	<u>D1</u>	<u>H2</u>	<u>I1</u>	<u>P1</u>	<u>P2</u>	<u>T1</u>	<u>V1</u>
A0		20130831	350.00	\$3,500.00	\$1,771.75	\$12.50	\$0.00	\$500.00	\$6.25	\$1,250.00	\$0.00	\$3.00	\$0.00
A0		20130731	350.00	\$3,500.00	\$708.70	\$5.00	\$0.00	\$200.00	\$2.50	\$500.00	\$0.00	\$1.20	\$0.00
B1	SH	20130831	150.00	\$1,500.00	\$3,637.50	\$0.00	\$7.50	\$345.00	\$0.00	\$285.00	\$0.00	\$0.00	\$3,000.00
CC		20130831	400.00	\$4,000.00	\$4,236.00	\$375.00	\$501.00	\$1,950.00	\$0.00	\$750.00	\$75.00	\$0.00	\$585.00
CC		20130731	400.00	\$4,000.00	\$1,412.00	\$125.00	\$167.00	\$650.00	\$0.00	\$250.00	\$25.00	\$0.00	\$195.00
The following is a breakdown of the dollar amount owed for each plan.													
<u>Plan Code</u>	<u>Plan Name</u>	<u>Dollar Amount</u>	Submit Payment To: TIC Test Fund										
A1	ANNUITY	\$517.50	6405 Metcalf										
D1	DUES	\$675.50	Suite 200										
H2	HLTH CARE	\$3,645.00	Overland Park, KS 66202-9998										
I1	INDUSTRY	\$8.75											
P1	PENSION	\$3,035.00	Make one check payable to: TIC Test Fund										
P2	SUPP PEN	\$100.00											
T1	TRAINING	\$4.20											
V1	VACATION	\$3,780.00	<i>Signature</i> _____										
The Total Amount Due is:					\$11,765.95								

Using Prior History File to Create a New File

1. Select View Electronic Employer Contribution History, choose the history file you want to use as your template for the new file, and select the Confirmation filename.

DELETE	CONFIRMATION #	TIC RELEASED	UPLOAD DATE	VIEW RECEIPT
[Delete]	JWUY1DMXK8	YES	1/19/2015	View Receipt
[Delete]	DQYX48ZNS6	YES	2/5/2014	View Receipt
[Delete]	BIPZ69GS20	YES	9/18/2013	View Receipt
[Delete]	AZC5QJYLCW	YES	9/6/2013	View Receipt
[Delete]	HN3LFIBIYB	YES	9/6/2013	View Receipt
[Delete]	LS8HH8LG0K	YES	9/6/2013	View Receipt
[Delete]	SGP04JHBVJ	YES	9/6/2013	View Receipt
[Delete]	SWBGOLMIOF	YES	9/6/2013	View Receipt
[Delete]	5LFMNU7EXX	YES	9/5/2013	View Receipt
[Delete]	LP5EDGIVHE	YES	9/5/2013	View Receipt
[Delete]	MIZRCZVF4Q	YES	9/5/2013	View Receipt
[Delete]	Y2ZY16WJ58	YES	9/5/2013	View Receipt
[Delete]	9CHPQDMERN	YES	9/4/2013	View Receipt
[Delete]	25LVWXQNWG	YES	9/3/2013	View Receipt
[Delete]	6VNLIVHTO2	YES	9/3/2013	View Receipt
[Delete]	BQEZJJC4IW	YES	9/3/2013	View Receipt
[Delete]	QE9N3QVA87	YES	9/3/2013	View Receipt
[Delete]	QY6SJGIY9X	YES	9/3/2013	View Receipt
[Delete]	RL20RY65P3	YES	9/3/2013	View Receipt
[Delete]	QT2X4TSUIC	YES	8/30/2013	View Receipt

Upload History View for Confirmation Number JWUY1DMXK8

[Go Back](#)

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE	TRADE	DIFFERENTIAL
123456789	Test	Person	150.00	150.00	150.00	0.00	0.00	12312012		
123654789	Test2	Person	200.00	200.00	205.00	0.00	0.00	12312012	CM	

[Go Back](#)

If you would like to re-use this file information for a new electronic contribution, you may do so by [clicking here](#).

2. Select the 'clicking here' option to begin new manual file entry

Change all appropriate information such as work month, hours worked, gross amount, trade, or differential. You may also add additional employees or delete employees you do not want to report in this new file.

NOTE: *This option is to create another manual file.*

Do not use this option to upload a CSV file. Instead, go back to the Employer Menu and select Electronic Employer Contributions and select File Upload Entry Mode.

- To add an employee, select 'Add New Record to File'. Enter SSN, name, and applicable amount fields. The new file will default the same work date for the first record. Change work dates per record as needed. Click Save to return to previous screen.

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

You may abort this transaction by clicking on the 'Abort Upload' button.

EDIT SSN	DELETE SSN	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	TRADE	DIFFERENTIAL
EDIT	DELETE	123456789	Test	Person	150.00	150.00	150.00	0.00	0.00		
EDIT	DELETE	123654789	Test2	Person	200.00	200.00	205.00	0.00	0.00	CM	

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
987654321	Test3	Person	100	100	120	0.00	0.00	01312013	▼	▼

Once you are finished adding and editing your records, please click the 'continue' button below to proceed.

- To change a record, click Edit. Make all necessary changes and click Save.

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

EDIT INFO	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
Current Info	123456789	Test	Person	150.00	150.00	150.00	0.00	0.00			
New Info	123456789	Test	Person	125	125	125	0.00	0.00	01312013	▼	▼

- To delete a record, click Delete next to the appropriate employee.

ELECTRONIC EMPLOYER CONTRIBUTION - EDITS

You may abort this transaction by clicking on the 'Abort Upload' button.

MESSAGE: SSN 123654789 has been successfully deleted.

EDIT SSN	DELETE SSN	SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE	TRADE	DIFFERENTIAL
EDIT	DELETE	123456789	Test	Person	125.00	125.00	125.00	0.00	0.00	01312013		
EDIT	DELETE	987654321	Test3	Person	100.00	100.00	120.00	0.00	0.00	01312013		

SSN	FIRST NAME	LAST NAME	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	WORK DATE (MMDDCCYY)	TRADE	DIFFERENTIAL
			0.00	0.00	0.00	0.00	0.00	01312013	▼	▼

Once you are finished adding and editing your records, please click the 'continue' button below to proceed.

6. Once you have made all appropriate changes to the records, click Continue to get to the Confirmation page with totals where you can print your receipt to send with your check for processing.
7. You may now Abort the file, Process Contribution, Key in supplemental dues or Perform File Edits
8. This confirmation page is the same page as processing a new file upload.

IMPORTANT INFORMATION:

IF YOU AGREE WITH THE TOTAL AMOUNT DUE BELOW then please print a receipt and attach it with your remittance check and send to the address listed below within 5 business days. You may print and view your receipt by clicking on the 'VIEW PRINTER FRIENDLY RECEIPT' link.

IF YOU DO NOT AGREE WITH THE TOTAL AMOUNT DUE BELOW and wish to cancel this upload then

IF YOU WOULD LIKE TO EDIT YOUR UPLOAD FILE DATA THEN

DO YOU NEED TO KEY IN SUPPLEMENT DUES?

FINAL REPORT FOR THIS LOCAL?

[VIEW PRINTER FRIENDLY RECEIPT](#)

Once you have agreed and printed a receipt please click on the 'Process Contribution' button to complete the transaction.

ELECTRONIC EMPLOYER CONTRIBUTION CONFIRMATION

Fund Name:	CONSTRUCTION INDUSTRY LABORERS FRINGE BENEFIT FUNDS
Employer Name:	21 ST CENTURY SALVAGE, INC
Employer ID:	9050
Employer Suffix:	0
Address:	10750 MARTZ RD
City:	YPSILANTI
State:	MI
Zip Code:	48197
Telephone:	(734) 485-4855

File load successful. You must click the 'Process Contribution' button above to send this transaction to TIC for processing.

Your confirmation number for this transaction is: **E4SHZAWZ5M**

The following is a breakdown of the dollar amounts by County, Differential, Work Date and Plan.

CO	DIF	Work Dt	Hrs	Gross \$	\$ Amt	D1	H2	I1	I7	I9	P1	T1	V3
LI	2018Q201	120.00		\$0.00	\$1,947.60	\$138.00	\$834.00	\$44.40	\$24.00	\$43.20	\$690.00	\$54.00	\$120.00
SL	2018Q201	80.00		\$0.00	\$1,298.40	\$92.00	\$556.00	\$29.60	\$16.00	\$28.80	\$460.00	\$36.00	\$80.00

The following is a breakdown of the dollar amount owed for each plan.

Plan Code	Plan Name	Dollar Amount
D1	SUPP'L DUE	\$230.00
H2	WELFARE	\$1,390.00
I1	EAST LECET	\$74.00
I7	660 MCA	\$40.00
I9	660 MDT	\$72.00
P1	PENSION	\$1,150.00
T1	EAST TRN	\$90.00
V3	VAC MT	\$200.00
The Total Amount Due is:		\$3,246.00

Submit Payment To: Construction Industry Laborers
6405 Metcalf
Suite 200
Overland Park, KS 66202

The undersigned Employer hereby certifies (a) that it is signatory to a current written collective bargaining agreement requiring contributions to these funds on behalf of all labor employees working in the geographic jurisdiction of the Funds and also is a signatory to a current written collective bargaining agreement requiring contributions to the fund(s) on behalf of non-labor employees in the craft reported below; (b) that the contributions reported hereon are in accordance with such current written collective bargaining agreements; (c) that all of the employees listed hereon constitute employees for whom contributions are required under the terms of said agreement(s); (d) that the employer agrees to be bound by the Trust Agreements under which the herein named Trust Funds are administered and designates the Employer Trustees named therein and their successors as its representatives on the Boards of Trustees; (e) that the information reported hereon is true and correct. Any false statements or representations made in reporting on this form may subject you to prosecution under federal law.

Signature

File Layout Specifications

<i>Description</i>	<i>Length</i>	<i>Format</i>
SSN	9	99999999 *
Work Date	8	CCYYMMDD numeric *
Gross Wages	9	9999999.99
Hours Worked	9	9999999.99
Hours Paid	9	9999999.99
Base Paid	9	9999999.99
Variable Amount	9	9999999.99
Last Name	15	alpha
First Name	10	alpha
Trade	2	alpha * must use exact code from fund office
Differential	2	alpha * must use exact code from fund office

*REQUIRED FIELD

Please fill in the appropriate fields that pertain to your particular collective bargaining agreement. Please note that in order for the Fund Office to properly process your file, all information must be submitted; however, the following information **must** be in your file in order for your file to successfully upload: SSN, Work Date, First and Last Name, Hours Worked, Hours Paid, and/or Gross Wages. The Trade and Differential codes are set up by the TIC Fund Office per the CBA so you may need to obtain a key from the office to complete your file.


	A	B	C	D	E	F	G	H	I	J	K	L
1	SSN	WORK DATE	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	LAST NAME	FIRST NAME	TRADE	DIFFERENTIAL	
2	111111111	20130131	1000	100	105			Person	Test1			
3	222222222	20130131	1500	150	150			Person	Test2	IW		
4	333333333	20121231	2000	200	200			Person	Test3			
5	444444444	20130131	1000	100	102.5			Person	Test4	VD	02	
6												

Trade (Column J) and Differential (Column K) should be formatted as Text in the excel format in order to convert to the comma-separated file correctly. Also reduce column width to 2 char for both these fields.

*** Note:** If you do not have a listing of the proper Trade and Differential codes, please contact the fund office data entry supervisor/clerk to obtain this list. Unknown codes in the Trade and/or Differential columns will not get processed successfully.

Converting Excel to a Comma Delimited File (*.csv)

1. Delete any header records from the file so it has only detail lines.



	A	B	C	D	E	F	G	H	I	J	K	L
1	SSN	WORK DATE	GROSS WAGES	HOURS WORKED	HOURS PAID	BASE PAID	VARIABLE AMT	LAST NAME	FIRST NAME	TRADE	DIFFERENTIAL	
2	111111111	20130131	1000	100	105			Person	Test1			
3	222222222	20130131	1500	150	150			Person	Test2	IW		
4	333333333	20121231	2000	200	200			Person	Test3			
5	444444444	20130131	1000	100	102.5			Person	Test4	VD	02	
6												

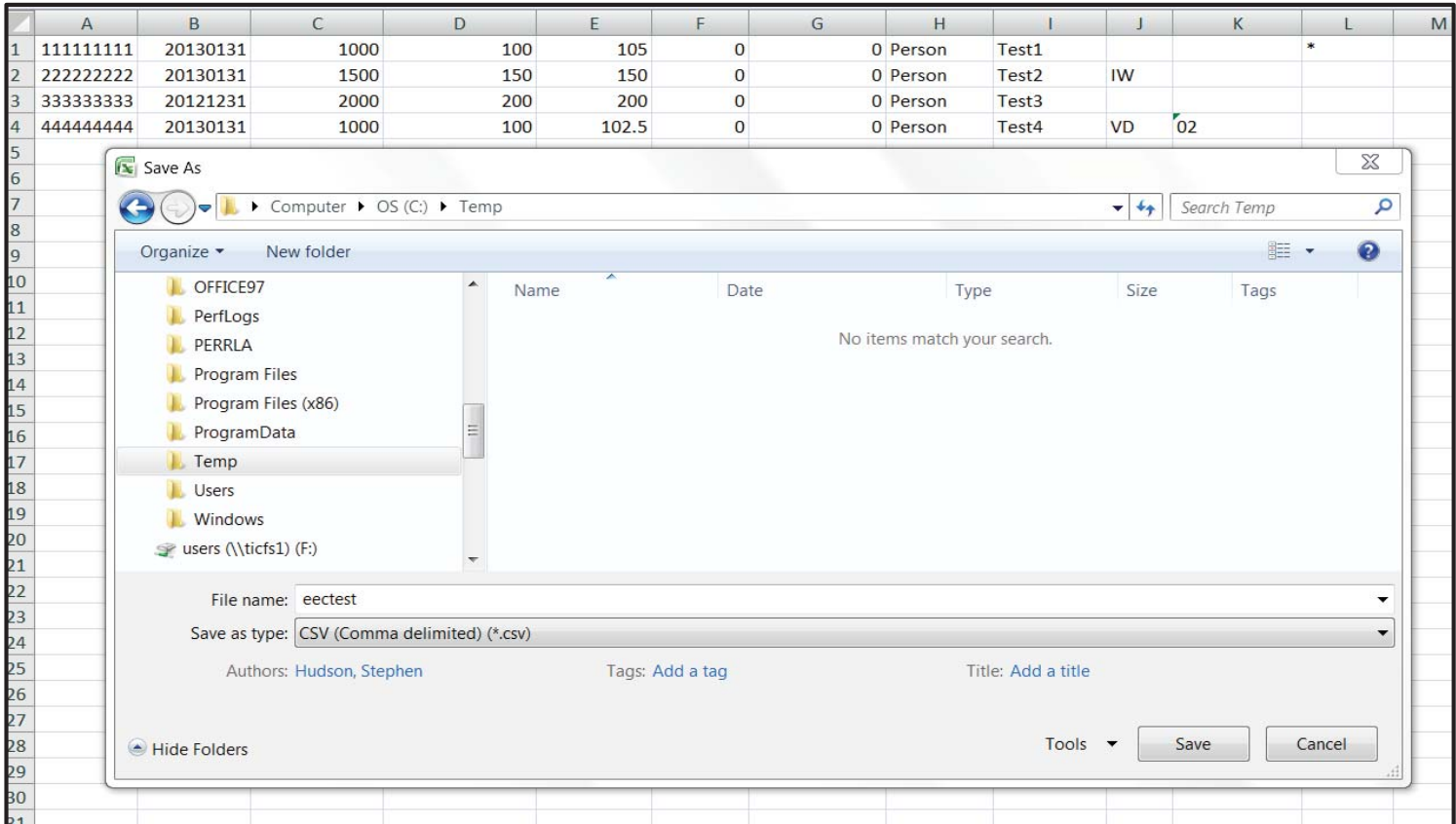
2. We recommend simply keying an asterisk sign in cell L1 so you won't have to zero fill all cells in which you do not have dollars or amounts to report on each individual.

	A	B	C	D	E	F	G	H	I	J	K	L
1	111111111	20130131	1000	100	105			Person	Test1			*
2	222222222	20130131	1500	150	150			Person	Test2	IW		
3	333333333	20121231	2000	200	200			Person	Test3			
4	444444444	20130131	1000	100	102.5			Person	Test4	VD	02	
5												

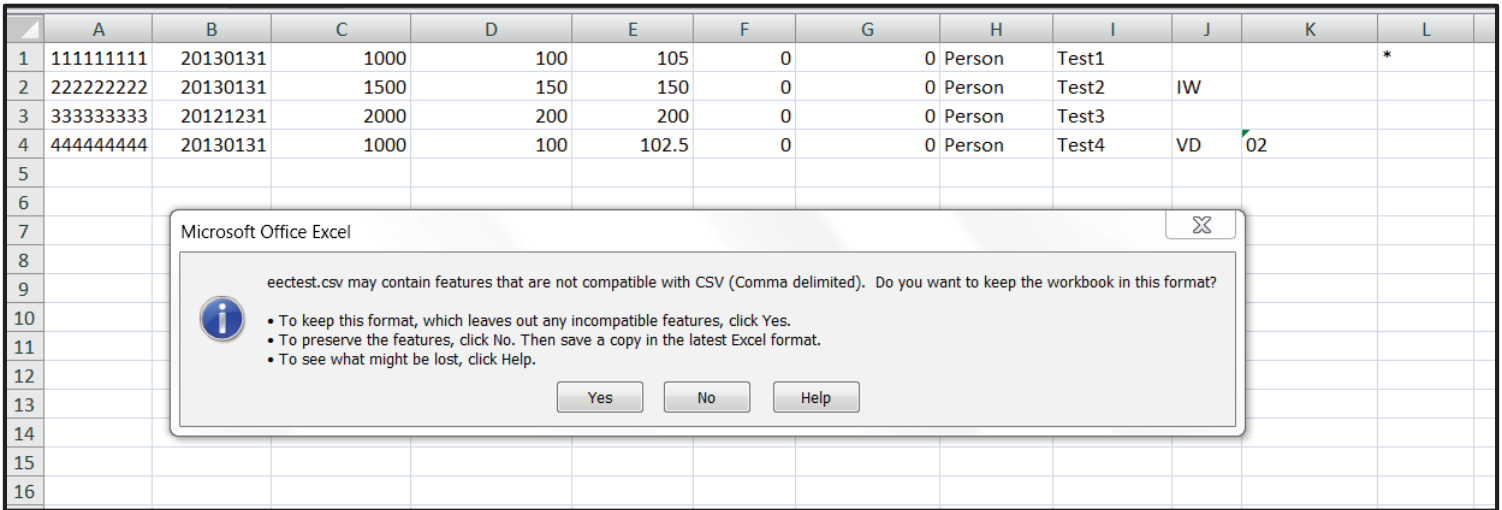
	A	B	C	D	E	F	G	H	I	J	K	L
1	111111111	20130131	1000	100	105	0	0	Person	Test1			*
2	222222222	20130131	1500	150	150	0	0	Person	Test2	IW		
3	333333333	20121231	2000	200	200	0	0	Person	Test3			
4	444444444	20130131	1000	100	102.5	0	0	Person	Test4	VD	02	
5												

*Key an asterisk sign in cell L1 –OR- Zero-fill all blank cells in the columns C through G.

3. Click on **File-Save As** and select file type csv (Comma-Delimited) from the dropdown box.
4. Name the file up to 8 characters in length with no spaces, commas, dashes, or special characters.
5. You will receive a warning message from Microsoft Excel, click OK.



- You may get a second warning message from Microsoft Excel, click Yes to save file in csv format.



- Exit the file. If you are prompted to save again, you can click “No”.
- Remember where you saved this file on your computer as well as the name so you can find it easily when you are asked to “Browse” to the file during the upload process.