**Feedback File Layout (.txt)**

|  |  |
| --- | --- |
| **FIELD NAME** | **FIELD LENGTH** |
| Medicare ID | 20 |
| Member SSN | 09 |
| Alternate ID with Dependent Benef Number | 20 |
| FILLER | 09 |
| Cust ID | 05 |
| FIRST\_NAME | 20 |
| MIDDLE\_INITIAL | 01 |
| LAST\_NAME | 30 |
| BIRTH\_DATE | 08 |
| GENDER | 01 |
| FILLER | 20 |
| FILLER | 20 |
| benefit program | 20 |
| EFFECTIVE\_DATE | 08 |
| TRC Code | 03 |
| TERM\_DATE | 08 |
| DATE\_OF\_DEATH | 08 |
| LIS\_AMOUNT | 10 |
| LEP\_AMOUNT | 10 |
| FILE\_CREATION\_DATE | 08 |