

First Stop Health Eligibility Checklist



Make sure your file layout is EXACTLY like the template provided by your Account Manager. All columns need to be included AND in the same order.



ONLY include your eligibility information in the upload (remove other tabs).



Our preference is full eligibility files. Thereby, DO NOT include the "Action" column. This means that the first column that should appear on your full file is the Worksite ID column.



ONLY include the Insurance Subscriber Number, Insurance Group Number, and Insurance Payer ID if instructed by your account manager.



FORMAT phone numbers correctly: 111-111-1111 or (111) 111-1111. Any other format will not upload properly on the member's record in our system.



FORMAT addresses in the correct columns. All addresses must be a valid U.S postal address. We do not accept any addresses outside the U.S (e.g., Puerto Rico, Cayman Islands, etc.).



REMOVE any non-ascii characters (i.e., ~, ', -, etc.). HERE is a complete list of non-ascii characters: https://bit.ly/Non-ASCII



For all current and future files:

- List the primary member ABOVE the related dependents.
- List the primary member's Employee ID for all of the related dependents.
- The employee ID and family member ID needs to be constant. If this value is changing, please notify your AM prior to submission to achieve the best results and avoid duplicate records.



All members need to have their own unique email addresses.

- Dependents for primary members cannot have the same email address or phone number as the primary member.
- Dependent/family member email addresses are not required. If you do not have this information for a dependent, leave the field blank.
- Member's emails need to be valid.

Example Below

| Worksite ID | Employee ID | Family Member ID | Email | First Name | Last Name |
|----------------|----------------|---------------------|-------------------------|------------|-----------|
| FULL TIME | 123456789 | | JOHNDOE@ COMPANY.COM | JOHN | DOE |
| FULL TIME | 123456789 | 12345678901 | | JANE | DOE |
| FULL TIME | 123456789 | 12345678902 | | CHILD | DOE |

As always, please don't hesitate to reach out to your Account Manager if you have any questions or concerns. Our primary goal is to serve you and ensure eligibility is as simple as possible for all of our uploads.