Attachment

Sample FECA Data File Record Layout

SSN
CLAIMANT_NAME (first name and last name)
ADDRESS_LINE_1
ADDRESS_LINE_2
ADDRESS_LINE_3
CITY
STATE_CD
ZIP_CD
COUNTRY_NAME
DOB
ENTITLEMENT_PERIOD_FROM_DT
ENTITLEMENT_PERIOD_THRU_DT
AMOUNT_PAID (this will be the gross amount)
BENEFIT_TYPE_CODE

Code	Description
1	Disability
3	WEC (Wage Earning Capacity - Partial Disability)

DATE_PAID
FECA_CASE_NUMBER
FEDERAL_AGENCY_EMPLOYER