

File Specifications document for the:

**AGEST 'Superpartners
(Jacques Martin)' Format
(standard fixed length text file)**

**This format is suitable for any employer wishing to extract
data from their payroll system for transmission to AGEST**

Version 1.1

(as at Wednesday, 14 September 2011)

Any enquiries, please email employers@agest.com.au or contact us on 1300 724 378.

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1. Purpose of this document

This document provides specifications for employers to create a report from their payroll system in AGEST's 'Superpartners (Jacques Martin)' text file format.

2. Who should use this format

This format is suitable for all employers, but particularly those who have previously developed this format for reporting superannuation contributions to AGEST.

3. Important information about contributing to AGEST

3.1 No Negative Values accepted

AGEST will not accept contribution reports from employers that contain NEGATIVE values. Such files will be returned to the employer for correction and resubmission.

If you need to recover overpaid contributions to AGEST, you will need to:

- 1) **produce an exceptions report from their payroll system that can be presented to AGEST for processing.**

The exceptions report would need to contain sufficient information for AGEST to identify the employee and the contributions that were overpaid and need to be refunded.

- 2) **Employers may raise negative amounts on an individual ad-hoc basis with AGEST.**

We have a form for this on our website.

The exceptions report or individual requests may be provided to AGEST at the time of submitting your 'positive' contributions file or sent separately. AGEST will return the amounts recoverable directly to you.

3.2 Amount paid must equal your report total

Your contribution to AGEST each payday must equal the *TOTAL OF YOUR POSITIVE CONTRIBUTIONS* for that pay period.

This means that you cannot offset your payments to AGEST by any negative amounts you seek to recover.

For example,	Employee 1	+\$100	} The positive values add up to \$300
	Employee 2	+\$200	
	Employee 3	-\$100	
	Report Total:	+\$200	

In the example above, you must pay \$300.00 to AGEST. This will allow the positive contributions you have reported to be processed and distributed to members accounts immediately.

Any overpayments/refunds will be returned directly to you.

Please note that as per item 4.1, the above example would not be an acceptable file to send to AGEST as the negative value can not be included in your report. The example is only included to demonstrate how funds are to be paid to AGEST.

4. General Information about contributing to AGEST

You should be familiar with the following issues when providing contributions and reports to AGEST

4.1 Privacy

AGEST complies with the National Privacy Principles. Our full Privacy Policy is available on our website: www.ages.com.au

Under mutual privacy obligations we ask that you notify your employees that you will disclose to AGEST personal information that is necessary to administer their AGEST membership. For example, AGEST requires a mailing address to be provided for each new member so that we can confirm membership details with the employee. Our specifications, later in this document, detail the information we must receive to be able to process your contributions.

4.2 New Members

An employee is **not** required to complete an AGEST Membership Application form to join AGEST. New members can be accepted into AGEST based on information provided in your reporting.

AGEST will issue a welcome letter and Product Disclosure Statement (PDS) to a new member after you have paid their first contribution and provided basic personal and contact details.

The AGEST welcome pack seeks to make members fully aware of AGEST. It includes an application form so that the member can provide other important information that you are unable to report. *For example*, the member’s nominated beneficiaries.

4.3 Modifications to this file format

AGEST will contact you and/or your payroll system provider if any changes become necessary to your AGEST reporting. You should not alter your AGEST reporting on the basis of advice from any party other than AGEST.

4.4 Contributions received in good faith

AGEST is not in a position to assess the correctness of contributions you pay and report. We receive and process all your contributions in 'good faith'.

In the event that contributions are paid incorrectly, you are able to request a refund of those contributions. Providing those funds are available and subject to our Trust Deed's requirements and legislative obligations, AGEST will return overpaid contributions to you.

5. Specification Instructions

5.1 The File Structure

This file format is made up of 3 components:

- The Header
- The Data Records*
- The Trailer.

Please note that there are three different DATA RECORD types (or lines) in this file format that may need to be reported for an employee. These record types are:

- EMPD – information relating to the contributions and payment periods
- EMAD – information relating to the employee's address
- EMEI – information relating to the employee's personal details such as their Tax File Number or any changes relating to their family names, given names or date of birth

5.2 Multiple Employer Codes

In the case where contributions are required to be submitted for multiple employer codes in the single file (eg. from a clearing house), simply repeat the file structure for a single employer as many times as required (i.e. provide header, data and trailer records for employer1, then again for employer2 etc.).

5.3 AGEST's reporting requirements

The specifications following include a column titled "Mandatory for AGEST". This column confirms whether, for AGEST's purposes a field within the Payroll Interface File is either:

- **MANDATORY (marked as 'YES')**
This is the fields that must contain data for every employee within your report to ensure that AGEST can:
 - > *recognise the source of contributions received;*
 - > *accurately record the payment period associated with contributions received;*
 - > *identify the account of an existing member to whom contributions are to be processed;*
 - > *establish an account and process contributions for a new member;*

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- > *write to a new member and inform them of their AGEST membership*
- > *correctly record the type of contributions received.*

- **NON - MANDATORY (marked as 'NO')**

This data does not need to appear for every employee within the report to allow AGEST to accept and process your contributions. These fields enable AGEST to maintain complete and up-to-date records for your employees and for your contributions.

- **CONDITIONAL (marked as 'C')**

This data is only mandatory under certain conditions. Please check the 'AGEST Specification' column for details on the condition for the relevant field.

6. File Specifications

6.1 Header (EMPDH)

Area	Field Name	Format/Value	AGEST Specification	Mandatory for AGEST	Position Start	Position End	Position Length
Header (First line of file)	Transaction ID	Alpha-numeric – Left Justified and Space Filled	To be input as EMPD	YES	1	4	4
	Header Flag	Alpha-numeric – Left Justified and Space Filled	To be input as H	YES	5	5	1
	Format Version Number	Alpha-numeric – Left Justified and Space Filled	To be input as 01	YES	6	7	2
	Fund Code	Alpha-numeric – Left Justified and Space Filled	To be input as AGEST	YES	8	17	10
	Creation Date	Numeric – DDMMYYYY	Date report run	NO	18	25	8
	Employer Number	Alpha-numeric – Left Justified and Space Filled	Use your unique AGEST Employer Code	YES	26	34	9
	Employer Payment Period Start Date	Numeric – DDMMYYYY	NA	NO	35	42	8
	Employer payment period end date	Numeric – DDMMYYYY	NA	YES	43	50	8
	Batch ID	Alpha-numeric – Left Justified and Space Filled	NA	NO	51	58	8
Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	59	191	141	

6.2 Contribution Record (EMPDD)

Area	Field Name	Format/Value	AGEST Specification	Mandatory for AGEST	Position Start	Position End	Position Length
Data Record (2 nd Line of file through to 2 nd Last Line of File)	Transaction ID	Alpha-numeric – Left Justified and Space Filled	To be input as EMPD	YES	1	4	4
	Data Flag	Alpha-numeric – Left Justified and Space Filled	To be input as D	YES	5	5	1
	Format Version Number	Alpha-numeric – Left Justified and Space Filled	To be input as 01	YES	6	7	2
	Fund Membership Number	Alpha-numeric – Left Justified and Space Filled	Report AGEST Member Number (6/7 character Number if known)	NO	8	16	9
	Payroll Number	Alpha-numeric – Left Justified and Space Filled		YES	17	24	8
	Family Name	Alpha-numeric – Left Justified and Space Filled		YES	25	56	32
	Given Names	Alpha-numeric – Left Justified and Space Filled		YES	57	88	32
	Date of Birth	Numeric – DDMMYYYY		YES	89	96	8
	Back-payment Start Date	Numeric – DDMMYYYY		NO	97	104	8
	Back-payment End Date	Numeric – DDMMYYYY		NO	105	112	8
	Date Employment Terminated	Numeric – DDMMYYYY		NO	113	120	8
	Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	121	145	25
	Number of Weeks	N	Number of weeks contributions are being paid for.	NO	146	147	2
	Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	148	149	2
	Employer Agreed Contributions	Numeric – Right Justified and Padded with Leading Zeros	Your employer contributions. At least one of these four contribution fields must be completed, unless registering a member termination (in which case ensure the 'New Member /Terminated Member Identifier field is populated with a 'T').	C	150	157	8
Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	158	159	2	
Member Agreed Contributions	Numeric – Right Justified and Padded with Leading Zeros	Personal after-tax contributions. At least one of these four contribution fields must be completed, unless registering a member termination (in which case ensure the 'New Member /Terminated Member Identifier field is populated with a 'T').	C	160	167	8	
Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	168	169	2	
Employer Additional Contributions	Numeric – Right Justified and Padded with Leading Zeros	Salary Sacrifice Contributions. At least one of these four contribution fields must be completed, unless registering a member termination (in which case ensure the 'New Member /Terminated Member Identifier field is populated	C	170	177	8	

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	Blank	Alpha-numeric – Left Justified and Space Filled	with a 'T'). NA	NA	178	179	2
	Member Additional Contributions	Numeric – Right Justified and Padded with Leading Zeros	At least one of these four contribution fields must be completed, unless registering a member termination (in which case ensure the 'New Member /Terminated Member Identifier field is populated with a 'T').	C	180	187	8
	On-site Weeks	N	NA	NO	188	189	2
	On-site Amount	Numeric – Right Justified and Padded with Leading Zeros	NA	NO	190	197	8
	Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	198	199	2

6.3 Change Member Address (EMADD)

Optional Data Line within file for each member affected. This line must be included for new members to AGEST and may also be used to advise changes to the address details of existing members.

Area	Field Name	Format/Value	AGEST Specification	Mandatory for AGEST	Position Start	Position End	Position Length
Data Record (2 nd Line of file through to 2 nd Last Line of File)	Transaction ID	Alpha-numeric – Left Justified and Space Filled	To be input as EMAD	YES	1	4	4
	Data Flag ("D")	Alpha-numeric – Left Justified and Space Filled	To be input as D	YES	5	5	1
	Format version number	Alpha-numeric – Left Justified and Space Filled	To be input as 01	YES	6	7	2
	Fund membership number	Alpha-numeric – Left Justified and Space Filled		NO	8	16	9
	Payroll number	Alpha-numeric – Left Justified and Space Filled	Member's payroll number	YES	17	24	8
	Family Names	Alpha-numeric – Left Justified and Space Filled		YES	25	56	32
	Given Names	Alpha-numeric – Left Justified and Space Filled		YES	57	88	32
	Date of birth	Numeric – DDMMYYYY		YES	89	96	8
	Address line 1	Alpha-numeric – Left Justified and Space Filled		YES	97	128	32
	Address line 2	Alpha-numeric – Left Justified and Space Filled		YES	129	160	32
	City/suburb	Alpha-numeric – Left Justified and Space Filled		YES	161	192	32
	State	Alpha-numeric – Left Justified and Space Filled		YES	193	195	3
	Postcode	Alpha-numeric – Left Justified and Space Filled	If overseas, code "9999"	YES	196	199	4

6.4 Member Extra Information (EMEID)

Member Extra Information - Optional Data Line within file for each member affected. This line should ONLY be used when required to provide an employee's TFN to AGESt or for members whose name or birth date details have changed since the last contribution or for new members name and birthdate.

Area	Field Name	Format/Value	AGESt Specification	Mandatory for AGESt	Position Start	Position End	Position Length
Data Record (2 nd Line of file through to 2 nd Last Line of File)	Transaction ID	Alpha-numeric – Left Justified and Space Filled	To be input as EMEI	YES	1	4	4
	Data Flag ("D")	Alpha-numeric – Left Justified and Space Filled	To be input as D	YES	5	5	1
	Format version number	Alpha-numeric – Left Justified and Space Filled	To be input as 01	YES	6	7	2
	Fund membership number	Alpha-numeric – Left Justified and Space Filled		NO	8	16	9
	Payroll number	Alpha-numeric – Left Justified and Space Filled	Member’s payroll number	YES	17	24	8
	Family Name	Alpha-numeric – Left Justified and Space Filled		YES	25	56	32
	Given Names	Alpha-numeric – Left Justified and Space Filled		YES	57	88	32
	Date of birth	Numeric – DDMMYYYY		YES	89	96	8
	Tax File Number	Alpha-numeric – Left Justified and Space Filled	Supply in accordance with legislative provisions. Mandatory for new members.	C	97	107	11
	New Family Name	Alpha-numeric – Left Justified and Space Filled	At least one of these 'New' fields must be completed, as relevant for the detail change.	C	108	139	32
	New Given Names	Alpha-numeric – Left Justified and Space Filled	At least one of these 'New' fields must be completed, as relevant for the detail change.	C	140	171	32
	New Date of Birth	Numeric – DDMMYYYY	At least one of these 'New' fields must be completed, as relevant for the detail change.	C	172	179	8
	Blank	Alpha-numeric – Left Justified and Space Filled	NA	NA	180	199	20

6.5 Trailer (EMPDT)

Area	Field Name	Format/Value	AGESt Specification	Mandatory for AGESt	Position Start	Position End	Position Length
Trailer Record (Last Line of File)	Transaction ID	Alpha-numeric – Left Justified and Space Filled	To be input as EMPDT	YES	1	4	4
	Trailer Flag	Alpha-numeric – Left Justified and Space Filled	To be input as T	YES	5	5	1
	Format Version Number	Alpha-numeric – Left Justified and Space Filled	To be input as 01	YES	6	7	2
	Number of Data Records	Numeric – Right Justified and Padded with Leading Zeros	Exclude Header & Trailer	NO	8	13	6
	Total Amount Paid	Numeric – Right Justified and Padded with Leading Zeros	Total of all contributions. Negative amounts are not accepted	NO	14	24	11
	Total of Employer Agreed Contributions	Numeric – Right Justified and Padded with Leading Zeros		NO	25	34	10
	Total of Member Agreed Contributions	Numeric – Right Justified and Padded with Leading Zeros		NO	35	44	10
	Total of Employer Additional Contributions	Numeric – Right Justified and Padded with Leading Zeros		NO	45	54	10
	Total of Member Additional Contributions	Numeric – Right Justified and Padded with Leading Zeros		NO	55	64	10
	Total of On-site Contributions	Numeric – Right Justified and Padded with Leading Zeros		NO	65	74	10
	Blank	Alpha-numeric – Left Justified and Space Filled	Leave Blank	YES	75	199	125