

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM  
AUTOMATED STAFF DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1997-98 July 1, 1997
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<b>Element Name:</b> Selected Benefits, Type/Value																											
<b>Definition/Domain</b>																											
<p>A code to identify up to eleven types of benefits and their corresponding monetary values to which the school district contributed for the employee during the fiscal year being reported.</p> <p>Report the selected Benefits, Type in positions 1, 10, 19, etc. followed by the corresponding Selected Benefits, Value in the next eight positions.</p> <p>For Selected Benefits Type explanations, see Appendix I: Selected Benefits Definitions.</p> <table border="0"> <thead> <tr> <th align="left"><u>CODE</u></th> <th align="left"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr><td><b>A</b></td><td>Health and Hospitalization</td></tr> <tr><td><b>B</b></td><td>Life Insurance</td></tr> <tr><td><b>C</b></td><td>Social Security</td></tr> <tr><td><b>D</b></td><td>Florida Retirement System</td></tr> <tr><td><b>E</b></td><td>Commercial or Mutual Insurance Annuity Plan</td></tr> <tr><td><b>F</b></td><td>Unemployment Compensation</td></tr> <tr><td><b>G</b></td><td>Worker's Compensation</td></tr> <tr><td><b>K</b></td><td>Cafeteria Plan</td></tr> <tr><td><b>L</b></td><td>Other</td></tr> <tr><td><b>M</b></td><td>Medicare</td></tr> <tr><td><b>N</b></td><td>Cafeteria Plan - Administrative Costs</td></tr> <tr><td><b>Z</b></td><td>No Benefits</td></tr> </tbody> </table> <p align="center"><b>CONTINUED ON NEXT PAGE</b></p>		<u>CODE</u>	<u>DEFINITION</u>	<b>A</b>	Health and Hospitalization	<b>B</b>	Life Insurance	<b>C</b>	Social Security	<b>D</b>	Florida Retirement System	<b>E</b>	Commercial or Mutual Insurance Annuity Plan	<b>F</b>	Unemployment Compensation	<b>G</b>	Worker's Compensation	<b>K</b>	Cafeteria Plan	<b>L</b>	Other	<b>M</b>	Medicare	<b>N</b>	Cafeteria Plan - Administrative Costs	<b>Z</b>	No Benefits
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<b>Length:</b> 99	<b>State Reporting Formats Requiring This Data Element:</b>																										
<b>Format:</b> Alphanumeric	Staff Fiscal Year Benefits DB9 44x																										
<b>Compatibility Requirement:</b> Compatible																											
<b>Use Types:</b> <input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability																											
<b>Data Element Number:</b> 217775																											
	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5																										
<b>Revised:</b> 7/04	<b>Volume II      Effective: 7/ 07      Page Number: 59-25</b>																										

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**Element Name:** Selected Benefits, Type/Value (continued)

**Definition/Domain (continued)**

The monetary value of the contribution to the selected employee benefit should be reported using two decimal places, as follows.

Examples: 00012500 = \$125.00

00000000 = 0 No benefits received.

**Note:** The selected Benefits, Value should be the actual amount of the benefit attributable to the reported Job Code and should include only the employer's cost. Do not include any employee contributions.