

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Types of Batch Uploads

Batch Upload Name	Description	Location	Timing	Format
Compensation and Contribution Elections	Used to add new : a. Compensation, and/or b. Participant contribution elections	Conference or Organization home page under <i>Batch Upload</i>	Immediate	CSV
Membership and Appointments	Used to add new : a. Clergy membership, and/or b. Clergy service(s) and associated compensation Including new : a. Clergy participant contribution elections, and/or b. Clergy contact information (e.g., address)	Conference home page under <i>Batch Upload</i>	Immediate	CSV
Clergy Termination	Used to add new : a. Clergy Termination	Conference home page under <i>Batch Upload</i>	Immediate	CSV

Instructions For Uploading

1. Under **Batch Upload**, click **Add**.
2. Select the **Type** from the dropdown menu.
3. Click **Browse** and follow the prompts to locate your file.
4. Click **Upload** to initiate a file transfer.
5. When the file transfer is complete, the **Batch Upload Reports** modal appears.
6. Larger files may take a while to process. Click **Close** to return to the application and continue working. You can return to the Batch Upload Reports modal by selecting a **Recent Upload** under Batch Upload.

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

How to Create a CSV File

- 1. From the File menu, select **Save As**.
- 2. Select CSV (Comma delimited) (*.csv) from the **Save as type** dropdown menu.
- 3. On the Microsoft Excel information pop up, click **Yes** to keep the workbook in the selected format.

Batch Upload Statuses

After a batch upload, a status will appear. The chart below explains the various statuses and possible solutions.

Batch Upload Status	Description	Solution
Validating	System is validating the file format and data quality	
Failed	File fails to meet format and data specification requirements	Click View Error Report , make necessary corrections, and re-upload file
Uploaded	File is valid and waiting to be processed	
Cancelled	File was valid but cancelled prior to processing	
Processing	System is processing the records within the valid file	
Completed	System has completed processing all valid records	Click View Error Report , if applicable, and take action to correct individual records. Do not re-upload file.

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Compensation and Contribution Elections File Specifications

Below are the required and optional pieces of data needed to complete a Compensation and Contribution Elections batch upload.

Note: Columns A or B, column D, and columns E or Q are required

Compensation only: Populate columns A or B, columns D and E, along with columns F through J, as applicable

Participant contribution elections only: Populate columns A or B, columns E and Q, along with columns K through P, as applicable

Compensation and Contribution Elections

Column	Header	Sample Data	Required/Optional	Data Type
A	Participant SSN	123456789	Required —Enter either the 9-digit SSN or the 7-digit Wespath participant number as the key for the record, leaving the other field blank. Both fields may be populated.	Numeric 9 digits
B	Participant Number	1234567		Numeric 7 digits
C	Participant Last Name	SMITH	<i>Optional</i>	Alphanumeric Up to 20 characters
D	Employer Number	123456	Required —Enter the 6-digit UMC ID of the employer/organization for which compensation and/or contribution elections apply. Use more than one record for participants with service to more than one employer/organization.	Numeric 6 digits
E	Compensation Effective Date	01012017	Required, for compensation —Enter the compensation effective date in the format MMDDYYYY for the new compensation	Numeric 8 digits
F	Cash Salary	50000	<i>Optional</i> —Enter the cash component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
G	Housing Allowance	10000	<i>Optional</i> —Enter the housing allowance component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
H	Parsonage/Housing Indicator	H	<i>Optional</i> —Enter P if parsonage is to be calculated. Enter H if housing allowance is provided. Leave this field blank if neither parsonage nor housing allowance is applicable.	Alphanumeric 1 character
I	Portion of Cash Designated as Housing	5000	<i>Optional</i> —Enter the housing exclusion component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
J	Health Care Compensation	12000	<i>Optional</i> —Enter the health care component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
K	Before Tax Contribution (Dollar)	300 or 150.50	<i>Optional</i> —Enter the participant's monthly dollar-specific before tax contribution, if applicable. Only one before tax election type, dollar or percent, is allowed.	Numeric Up to 10 digits

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Compensation and Contribution Elections (continued)

Column	Header	Sample Data	Required/Optional	Data Type
L	Before Tax Contribution (Percent)	5 or 2.50	<i>Optional</i> —Enter the participant’s monthly before tax contribution as a percentage of compensation, if applicable. Only one before tax election type, dollar or percent, is allowed.	Numeric Up to 6 digits
M	Roth Contribution (Dollar)	300 or 150.50	<i>Optional</i> —Enter the participant’s monthly dollar-specific Roth contribution, if applicable. Only one Roth election type, dollar or percent, is allowed.	Numeric Up to 10 digits
N	Roth Contribution (Percent)	5 or 2.50	<i>Optional</i> —Enter the participant’s monthly Roth contribution as a percentage of compensation, if applicable. Only one Roth election type, dollar or percent, is allowed.	Numeric Up to 6 digits
O	After Tax Contribution (Dollar)	300 or 150.50	<i>Optional</i> —Enter the participant’s monthly dollar-specific after tax contribution, if applicable. Only one after tax election type, dollar or percent, is allowed.	Numeric Up to 10 digits
P	After Tax Contribution (Percent)	5 or 2.50	<i>Optional</i> —Enter the participant’s monthly after tax contribution as a percentage of compensation, if applicable. Only one after tax election type, dollar or percent, is allowed.	Numeric Up to 6 digits
Q	Contribution Effective Date	01012017	Required, for contribution elections —Enter the contribution effective date in the format MMDDYYYY for a new participant contribution election	Numeric 8 digits

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Membership and Appointments File Specifications

Below are the required and optional pieces of data needed to complete a Membership and Appointments batch upload.

Note: Columns A or B are required

Service and Compensation only: Populate columns A or B, columns G through I, along with columns J through N, as applicable

Compensation only: Populate columns A or B, columns H and I, along with columns J through N, as applicable (do not populate column G)

Participant contribution elections only: Populate columns A or B, columns H and U, along with columns O through T, as applicable

Contact information only: Populate columns A or B, along with columns V through AE, as applicable

Membership and Appointments

Column	Header	Sample Data	Required/Optional	Data Type
A	Participant SSN	123456789	Required —Enter either the 9-digit SSN or the 7-digit Wespath participant number as the key for the record, leaving the other field blank. Both fields may be populated.	Numeric 9 digits
B	Participant Number	1234567		Numeric 7 digits
C	Participant Last Name	SMITH	<i>Optional</i>	Alphanumeric Up to 20 characters
D	Membership Type Code	FLP	Required, for membership —Enter the membership type code from the following list AM (Associate Member) PD (Provisional Deacon) DFC (Deacon Full Connect) PE (Provisional Elder) EFC (Elder Full Connect) PLP (Part-time Local Pastor) FLP (Fulltime Local Pastor) SLP (Student Local Pastor) MOD (Minister Other Denomination)	Alphanumeric Up to 3 characters
E	Membership Effective Date	01012017	Required, for membership —Enter the membership effective date in the format MMDDYYYY for new membership	Numeric 8 digits
F	Service Type Code	SABB	<i>Optional</i> —For non-active service, enter the service type code from the following list STDT (Attend School) INCP (Medical Leave) FAML (Family Leave) NROA (No Record of Appt) INVL (Involuntary Leave) PERL (Personal Leave) MILL (Leave of Absence (Military Service)) SABB (Sabbatical) MATL (Maternity Leave) TLLV (Transitional Leave)	Alphanumeric 4 characters

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Membership and Appointments (continued)

Column	Header	Sample Data	Required/Optional	Data Type
G	Appointment Percentage Type Code	100	Required, for service —Enter the appointment percentage type code from the following list 100 (APPT 100%) 344_100 (APPT 344.1a1 100%) 75 (APPT 75%) 344_75 (APPT 344.1a1 75%) 50 (APPT 50%) 344_50 (APPT 344.1a1 50%) 25 (APPT 25%) 344_25 (APPT 344.1a1 25%) <25 (APPT <25%) 344_<25 (APPT 344.1a1 <25%)	Alphanumeric Up to 7 characters
H	Employer Number	123456	Required —Enter the 6-digit UMC ID of the employer/organization for which service, compensation and/or contribution elections apply.	Numeric 6 digits
I	Service/Compensation Effective Date	01012017	Required, for service and compensation—Enter the service and compensation effective date in the format MMDDYYYY for a new service	Numeric 8 digits
J	Cash Salary	50000	<i>Optional</i> —Enter the cash component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
K	Housing Allowance	10000	<i>Optional</i> —Enter the housing allowance component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
L	Parsonage/Housing Indicator	H	<i>Optional</i> —Enter P if parsonage is to be calculated. Enter H if housing allowance is provided. Leave this field blank if neither parsonage nor housing allowance is applicable.	Alphanumeric 1 character
M	Portion of Cash Designated as Housing	5000	<i>Optional</i> —Enter the housing exclusion component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
N	Health Care Compensation	12000	<i>Optional</i> —Enter the health care component of compensation, if applicable, in whole dollars without formatting (i.e., currency symbol, decimal) not to exceed 1000000	Numeric Up to 7 digits
O	Before Tax Contribution (Dollar)	300 or 150.50	<i>Optional</i> —Enter the participant's monthly dollar-specific before tax contribution, if applicable. Only one before tax election type, dollar or percent, is allowed.	Numeric Up to 10 digits
P	Before Tax Contribution (Percent)	5 or 2.50	<i>Optional</i> —Enter the participant's monthly before tax contribution as a percentage of compensation, if applicable. Only one before tax election type, dollar or percent, is allowed.	Numeric Up to 6 digits
Q	Roth Contribution (Dollar)	300 or 150.50	<i>Optional</i> —Enter the participant's monthly dollar-specific Roth contribution, if applicable. Only one Roth election type, dollar or percent, is allowed.	Numeric Up to 10 digits
R	Roth Contribution (Percent)	5 or 2.50	<i>Optional</i> —Enter the participant's monthly Roth contribution as a percentage of compensation, if applicable. Only one Roth election type, dollar or percent, is allowed.	Numeric Up to 6 digits
S	After Tax Contribution (Dollar)	300 or 150.50	<i>Optional</i> —Enter the participant's monthly dollar-specific after tax contribution, if applicable. Only one after tax election type, dollar or percent, is allowed.	Numeric Up to 10 digits

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Column	Header	Sample Data	Required/Optional	Data Type
T	After Tax Contribution (Percent)	5 or 2.50	<i>Optional</i> —Enter the participant’s monthly after tax contribution as a percentage of compensation, if applicable. Only one after tax election type, dollar or percent, is allowed.	Numeric Up to 6 digits
U	Contribution Effective Date	01012017	Required, for contribution elections —Enter the contribution effective date in the format MMDDYYYY for a contribution election change	Numeric 8 digits
V	Address 1	123 RANDOLPH	<i>Optional</i>	Alphanumeric Up to 40 characters
W	Address 2	UNIT 3	<i>Optional</i>	Alphanumeric Up to 40 characters
X	Address 3	ATTN: MRS. SMITH	<i>Optional</i>	Alphanumeric Up to 40 characters
Y	City	CHICAGO	<i>Optional</i>	Alphanumeric Up to 28 characters
Z	State	IL	<i>Optional</i>	Alphanumeric 2 characters
AA	Zip	60606 or 606061234	<i>Optional</i>	Numeric Up to 9 digits
AB	Country Code	US	<i>Optional</i> —For foreign addresses, contact Wespeth for the appropriate code	Alphanumeric 2 characters
AC	Primary Phone Number	3125551234	<i>Optional</i>	Numeric Up to 20 digits
AD	Alternate Phone Number	3125551234	<i>Optional</i>	Numeric Up to 20 digits
AE	E-mail Address	KJEAN@123.com	<i>Optional</i>	Alphanumeric Up to 40 characters

Batch Uploads in Benefits Access for Plan Sponsors (BAP)

Clergy Termination File Specifications

Below are the required and optional pieces of data needed to complete a Membership and Appointments batch upload.

Note: Columns A or B are required

Clergy Termination

Column	Header	Sample Data	Required/Optional	Data Type
A	Participant SSN	123456789	Required —Enter either the 9-digit SSN or the 7-digit Wespath participant number as the key for the record, leaving the other field blank. Both fields may be populated.	Numeric 9 digits
B	Participant Number	1234567		Numeric 7 digits
C	Participant Last Name	SMITH	<i>Optional</i>	Alphanumeric Up to 20 characters
D	Termination Type Code	WHOD	Required —Enter the termination type code from the following list ADMN (Administrative Location) SURR (Surrender Credential) BTRL (By Trial) SUTP (Surrender Credential - VTP) DISC (Discontinued) WHDC (Withdrawn/Complaints) HONL (Honorable Location) WHOD (Withdrawn/Other Denomination) <u>Termination Types according to Book of Discipline</u>	Alphanumeric Up to 4 characters
E	Termination Effective Date	07012023	Required —Enter the termination effective date in the format MMDDYYYY	Numeric 8 digits