

CSV Upload Guidelines

Please follow these rules when editing and adjusting values in the csv template. If you experience an error in uploading, please see confirm that all values are the correct spelling before submitting a feedback request.

* Reminder. Words are is case sensitive. (IE: **yes** | **Yes**)

##Company Info## ⓘ										
LIFE,AD&D,EL	STD	LTD	EAP	SOC	Critical Illness	Company Name	Company Email	Address	City	Province
Do not Change	Options = Yes No	Do not Change	Options = Yes No	Options = Yes No	Value = 0 - 50000 (increments of 5000) Min 0					

##Employee## ⓘ									
First Name	Last Name	Family Status	Birthday	Gender	Date Of Hire	Hours Per Week	Occupation	Income	Frequency
		Options = Single, Single Waiving Dependant, Couple, Family, Spousal Waiver of EHC & Dent	Format DD/MM/YYYY	Options = Male Female	Format DD/MM/YYYY				Options = Hourly, Weekly, Bi-weekly, Monthly, Annually