

**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>O</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>O</b>	No Benefits
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<b>Length:</b> 99	<b>State Reporting Formats Requiring This Data Element:</b>																										
<b>Format:</b> Alphanumeric																											
<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																											
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