

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

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| <b>Implementation Date:</b><br>Fiscal Year 1994-95<br>July 1, 1994 |
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| <b>Element Name:</b> Selected Benefits, Type  |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
|---|---|-------------|-------------------|----------|----------------------------|----------|----------------|----------|-----------------|----------|---------------------------|----------|---|----------|---------------------------|----------|-----------------------|----------|----------------|----------|-------|----------|----------|----------|---------------------------------------|
| <b>Definition/Domain</b>  |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <p>A code to identify each type of benefit to which the school district contributes.</p> <p>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> </tbody> </table> |   | <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 |
| <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>Length:</b> 1  | <b>State Reporting Formats Requiring This Data Element:</b><br><br>Staff Benefits DB9 33x |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <b>Format:</b> Alphabetic   |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <b>Compatibility Requirement:</b><br>Compatible   |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <b>Use Types:</b><br><input checked="" type="checkbox"/> State Report<br><input checked="" type="checkbox"/> Local Accountability   |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <b>Data Element Number:</b><br>217745   |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5   |   |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |
| <b>Revised:</b>   | <b>Volume II Effective: 7/08 Page Number: 59-1</b>  |             |                   |          |                            |          |                |          |                 |          |                           |          |   |          |                           |          |                       |          |                |          |       |          |          |          |                                       |