

**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 1994-95 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
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<b>Length:</b> 1	<b>State Reporting Formats Requiring This Data Element:</b>  Staff Benefits DB9 33x																								
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<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> 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: 7/09 Page Number: 59-1</b>																								