Payroll Interface Requirements Specification

# Scotsman Group

# Contact Information

## Customer Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Deirdre Hicks |  | deirdre.hicks@scotsman-ice.com |

## Integration Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Lea King |  | lking@tekpartners.com |

# Customer Confirmation

General

1. **Vendor Name:**Benefits First
2. **Confirm Group or Plan Number:**

739

1. **Will you have employees that are active in multiple component companies?**

☒ No ☐ Yes

1. **Are there any Employee Types, Pay Groups, Org Levels, etc. that need to be excluded?**

☒ No ☐ Yes

If Yes, please list field and values to exclude or include *(whichever is a shorter list)*:

Groups to exclude – eecemptype = TES or INT

1. **Which Employees would you like to include on this export?**☐ Employees Active on Applicable Deduction Code
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

| Ded Code | Description |
| --- | --- |
| ADD | AD&D Employer Paid, Salary only |
| ADD22 | AD&D - Fairfax Hourly |
| BC1W | Medical BCBS Plan 1 Wellness |
| BC2W | Medical BCBS Plan 2 Wellness |
| BC3W | Medical BCBS Plan 3 Wellness |
| BC4W | Medical BCBS Plan 4 Wellness |
| BCBS1 | Medical BCBS Plan 1 - NonWellness |
| BCBS2 | Medical BCBS Plan 2 - NonWellness |
| BCBS3 | Medical BCBS Plan 3 - NonWellness |
| BCBS4 | Medical BCBS Plan 4 - NonWellness |
| DELTA | Delta Dental Plan 1 |
| DLT2 | Delta Dental Plan 2 |
| FSADC | Flexible Spending Dependent |
| FSAMD | Flexible Spending Medical |
| HSACF | HSA - Family w/catch-up |
| HSACU | HSA - Individual w/catch-up |
| HSAFA | HSA - Family |
| HSAIN | HSA - Individual |
| LEGAL | Legal Shield |
| LIF22 | Basic Life Insurance - Hourly |
| LIFE | Basic Life Insurance |
| LTD05 | LTD - Employer Paid |
| SUPDP | Supplemental Life - Dependent |
| SUPLF | Supplemental Life |
| SUPSP | Supplemental Life - Spouse |
| VCADD | Voluntary life - Child |
| VCHA | Voya Child Accident |
| VEADD | Voluntary Employee AD&D |
| VSADD | Voluntary Spouse ADD |
| VSP | Vision Plan 1 |
| VSP2 | Vision Plan 2 |
| VYAC1 | Voya Supplemental Accident |
| VYACI | Voya Critical Illness |
| VYCCI | Voyal Child Critical Illness |
| VYSP | Voya Spouse |

# Mapping/Notes to Developer

File format – comma delimited (file will be sent to vendor as csv)

Header row is required

1 line for each ded code

Term logic – include all terms if the PrgTotDedAmt > 0.00

File will run with payroll and separate file for Weekly vs Biweekly