UNUM Accident and Hospital

Interface Requirements Specification

# Armanino

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Balt Aguilar | ###-###-#### | Balt.Aguilar@armaninollp.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Richard Vars | 352.213.0066 | rvars@tekpartners.com |

# Customer Confirmation

General

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

ADP-002066

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

1. **Which Employees would you like to include on this export?**☐ Employees Active on Applicable Deduction Code

☐ Active Only Employees

☐ All Employees with YTD Earnings

☐ Other: Click or tap here to enter text.

1. **When did you start coverage with this provider:**1/1/19
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

ACC, HOSP

1. **Post Live Only: Interface Decommissioning (are there current/other interfaces that this interface is replacing?)**

☐ No ☐Yes, *Customer must open a Support Ticket to request that current interface is turned off.*

# Mapping/Notes to Developer

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attribute** | **Template Field Name** | **Max Column Size** | **Default** | **Valid Values** | **Value Required** | | **Comments** | **Notes** | **Ulti Notes** |
|  |  |  |  |  | **Group Acc** | **GHI** |  |  |  |
| PartnerCase ID | PARTNERCASE\_ID | 10 |  | **(Example)** UNI-123456 | Yes | Yes | This is case sensitive and must match what is provided. | Group Level, not Employee Level | ADP-002066 |
| Enroller User Id | ENRLR\_LOGON\_NAME | 25 |  | 0 - 25 Characters | Conditional (based on Assisted Enrollment) | Conditional (based on Assisted Enrollment) |  |  | Leave Blank |
| Logon Type | ENROL\_LOGON\_TYPE | 50 |  | Use values already defined in plane.biz | Conditional (If Enroller User Id is populated) | Conditional (If Enroller User Id is populated) |  |  | Leave Blank |
| Enrollment State | ENROL\_STATE | 2 |  | Valid State Code | Conditional (Required if Enroller User Id is populated and Logon Type is not Call Center) | Conditional (Required if Enroller User Id is populated and Logon Type is not Call Center) | Valid state codes are listed on the State Codes tab |  | eepaddressstate |
| Product Identifier | PRODUCT\_ID | 3 |  | Use **815** for GACC  Use **818** for GHI | Yes | Yes | Use three digit numerical code based off the product offering approved for each case. |  | if EedDedCode = ACC send 815  if EedDedCode = HOSP send 818 |
| Employee Social Security Number | EE\_SSN | 11 |  | 9 Digits (Numeric Only) | Yes | Yes | Must be a valid 9 digit SSN. |  | eepssn |
| Employee ID | EE\_NUMBER | 9 |  | 0-9 Digits (Numeric Only) | Optional unless required by ER | Optional unless required by ER | No Alpha Characters allowed. | Must be max 9 characters | EecEmpNo |
| Employee First Name | EE\_FIRST\_NAME | 25 |  | 1-25 Characters, Alpha only. | Yes | Yes | No special characters. |  | eepnamefirst |
| Employee Last Name | EE\_LAST\_NAME | 25 |  | 2-25 Characters, Alpha only. | Yes | Yes | No special characters. |  | eepnamelast |
| Employee Date Of Birth | EE\_DATE\_OF\_BIRTH | 10 |  | CCYY-MM-DD or MM-DD-YYYY | Yes | Yes |  |  | eepdateofbirth |
| Employee Gender | EE\_GENDER | 1 |  | M or F | Yes | Yes | Must be M or F. |  | eepgender |
| Eligibility Class | ELIGIBILITY\_CLASS | 2 |  | 2 Digits "Ex. 01 to 99" | Yes | Yes |  | Can be blank | Leave Blank |
| Location | LOCATION | 50 |  | 0-50, alphanumeric | Yes | Yes |  | Can be blank | Leave Blank |
| Address1 | ADDRESS\_1 | 50 |  | 0-50, alphanumeric | Yes | Yes | No Military Addresses allowed, only valid US/US Territories and Candian addresses allowed. |  | Eepaddressline1 |
| Address2 | ADDRESS\_2 | 50 |  | 0-50, alphanumeric | No | No | No Military Addresses allowed, only valid US/US Territories and Candian addresses allowed. |  | Eepaddressline2 |
| City | CITY | 50 |  | 0-50, alpha | Yes | Yes | No Military Addresses allowed, only valid US/US Territories and Candian addresses allowed. |  | Eepaddresscity |
| State | STATE | 2 |  | Valid State Code | Yes | Yes | No Military Addresses allowed, only valid US/US Territories and Candian addresses allowed. |  | eepaddressstate |
| Zip | ZIP | 10 |  | 0-10, numeric | Yes | Yes | No Military Addresses allowed, only valid US/US Territories and Candian addresses allowed. |  | eepaddresszip |
| DateOfHire | DATE\_OF\_HIRE | 10 |  | CCYY-MM-DD or MM-DD-YYYY | Yes | Yes | Use the most recent Date of Hire. | If employee has left and come back, should be most recent date of hire. | EecDateOfLastHire |
| Date Application signed date/time | DATE\_TIMESTAMP | 10 |  | CCYY-MM-DD or MM-DD-YYYY | Yes | Yes |  | Signature Date, Election Date. When did the employee go and click on "Submit"? | Use Audit Date |
| Number of Pay Periods Per Year | NUMBER\_OF\_PAY\_PERIODS | 2 |  | Numeric digits only | Yes | Yes | See Pay Period Tab. | Even if employee is paid biweekly, its still semi monthly | EecNumberOfPayments |
| Total Premium (per pay period) | TOT\_PAY\_PERIOD\_PREMIUM | 6 |  | 0.01-9999.99 | Yes | Yes | Total premium to be deducted per number of pay periods. | Based on individual election | EedEEAmt |
| Segment | SEGMENT | 30 |  | Values can vary but, when applicable, must exactly match segments provided. | Conditional (Yes, if Case Setup has it as required, otherwise No) | Conditional (Yes, if Case Setup has it as required, otherwise No) | Case-Sensitive and must match values provided. | Can be blank | Leave Blank |
| Subdivision | SUBDIVISION | 30 |  | Values can vary but, when applicable, must exactly match segments provided. | Conditional (Yes, if Case Setup has it as required, otherwise No) | Conditional (Yes, if Case Setup has it as required, otherwise No) | Case-Sensitive and must match values provided. | Can be blank | Leave Blank |
| Coverage Effective Date | COVERAGE\_EFFECTIVE\_DATE | 10 |  | CCYY-MM-DD or MM-DD-YYYY | Yes | Yes | Coverage Effective Date (CED) must be the first of the month.  For N, T, or X ELECT\_TYPE, this must be the original CED.  For C ELECT\_TYPE, this must be the change date and does not have to be the first of the month. |  | if EedBenStartDate = 1st day of month send EedBenStartDate  if EedBenStartDate does not = 1st day of month send 1st day of the month |
| Election type | ELECT\_TYPE | 1 |  | **N: New T: Term C: Change X: Cancellation  See Elect Type tab for detailed description by product.** | Yes | Yes | See Elect Type tab for detailed description by product. | Termination is group elected, dictated by the group. Commonly seen if employee leaves company. Cancellation is if employee says they don’t want that election anymore | if EmpHDed = 200 send T  if EmpHDed = 100 send N  if EmpHDed = 402 send C |
| Termination Date | TERM\_DATE | 10 |  | CCYY-MM-DD or MM-DD-YYYY | Conditional (Required If T is provided in the Action column) | Conditional (Required If T is provided in the Action column) |  |  | EecDateOfTermination |
| Spouse Coverage | SP\_COVERAGE | 1 |  | Y or N | Yes | Yes | An indicator is only required for GACC and GHI. |  | if conrelationship = SPS and DbnDedCode = GACC send Y otherwise send N  if conrelationship = SPS and DbnDedCode = GHI send Y otherwise send N |
| Child Coverage | CH\_COVERAGE | 1 |  | Y or N | Yes | Yes | an indicator is only required for GACC and GHI. |  | if conrelationship = CHL and BfpDedCode = GACC send Y otherwise send N  if conrelationship = CHL and BfpDedCode = GHI send Y otherwise send N |
| Employee Sickness Hospital Confinement Benefit | EE\_SHCB | 1 |  | Y or N | Yes | NA | Value only required if in the product offering. | Can be blank | Leave Blank |
| Employee Replace or modify any existing Unum insurance coverage | EE\_REP\_MOD\_UNUM\_COVER | 1 |  | Y or N | Yes | Yes | Only for Group Products, a "Y" must be provided if transferring from individual to group products. |  | Leave Blank |
| Spouse First Name | SP\_FIRST\_NAME | 25 |  | 1-25 Characters, Alpha only. | Conditional (Required when requesting coverage for Spouse) | Conditional (Required when requesting coverage for Spouse) | No special characters. |  | connamefirst |
| Spouse Last Name | SP\_LAST\_NAME | 25 |  | 2-25 Characters, Alpha only. | Conditional (Required when requesting coverage for Spouse) | Conditional (Required when requesting coverage for Spouse) | No special characters. |  | connamelast |
| Spouse Date of Birth | SP\_DATE\_OF\_BIRTH | 10 |  | CCYY-MM-DD or MM-DD-YYYY | Conditional (Required when requesting coverage for Spouse) | Conditional (Required when requesting coverage for Spouse) |  |  | condateofbirth |
| Spouse Gender | SP\_GENDER | 1 |  | M or F | Conditional (Required when SP\_Coverage = Y) | Conditional (Required when requesting coverage for Spouse) | Must be M or F. |  | congender |
| Insured First Primary Beneficiary First Name | INSRD\_FIRST\_PRIM\_BEN\_FIRST\_NAME | 50 | Estate | 1-50 Characters, Alpha only. | No | No | Optional – If left blank, system will default to the Estate. |  | leave blank |
| Insured First Primary Beneficiary Last Name | INSRD\_FIRST\_PRIM\_BEN\_LAST\_NAME | 50 | Estate | 2-50 Characters, Alpha only. | No | No | Optional – If left blank, system will default to the Estate. |  | leave blank |
| Insured First Primary Beneficiary Relationship | INSRD\_FIRST\_PRIM\_BEN\_RELATIONSHIP |  | Non-relation | See Beneficiary Relationships tab - must exactly match one of the relationship descriptions | No | No | Optional – If left blank, system will default to the Estate. |  | leave blank |
| Insured First Primary Beneficiary Split | INSRD\_FIRST\_PRIM\_BEN\_SPLIT | 3 | 100 | 10-100 Percentage amount | No | No | Optional – If left blank, system will default to the Estate. |  | leave blank |
| Insured Second Primary Beneficiary First Name | INSRD\_SECND\_PRIM\_BEN\_FIRST\_NAME | 50 | Estate | 1-50 Characters, Alpha only. | No | No |  |  | leave blank |
| Insured Second Primary Beneficiary Last Name | INSRD\_SECND\_PRIM\_BEN\_LAST\_NAME | 50 | Estate | 2-50 Characters, Alpha only. | No | No |  |  | leave blank |
| Insured Second Primary Beneficiary Relationship | INSRD\_SECND\_PRIM\_BEN\_RELATIONSHIP |  | Non-relation | See Beneficiary Relationships tab - must exactly match one of the relationship descriptions | No | No |  |  | leave blank |
| Insured Second Primary Beneficiary Split | INSRD\_SECND\_PRIM\_BEN\_SPLIT | 3 | 100 | 10-100 Percentage amount | No | No |  |  | leave blank |
| Insured Third Primary Beneficiary First Name | INSRD\_THIRD\_PRIM\_BEN\_FIRST\_NAME | 50 | Estate | 1-50 Characters, Alpha only. | No | No |  |  | leave blank |
| Insured Third Primary Beneficiary Last Name | INSRD\_THIRD\_PRIM\_BEN\_LAST\_NAME | 50 | Estate | 2-50 Characters, Alpha only. | No | No |  |  | leave blank |
| Insured Third Primary Beneficiary Relationship | INSRD\_THIRD\_PRIM\_BEN\_RELATIONSHIP |  | Non-relation | See Beneficiary Relationships tab - must exactly match one of the relationship descriptions | No | No |  |  | leave blank |
| Insured Third Primary Beneficiary Split | INSRD\_THIRD\_PRIM\_BEN\_SPLIT | 3 | 100 | 10-100 Percentage amount | No | No |  |  | leave blank |
| Insured Fourth Primary Beneficiary First Name | INSRD\_FOURTH\_PRIM\_BEN\_FIRST\_NAME | 50 | Estate | 1-50 Characters, Alpha only. | No | No |  |  | leave blank |
| Insured Fourth Primary Beneficiary Last Name | INSRD\_FOURTH\_PRIM\_BEN\_LAST\_NAME | 50 | Estate | 2-50 Characters, Alpha only. | No | No |  |  | leave blank |
| Insured Fourth Primary Beneficiary Relationship | INSRD\_FOURTH\_PRIM\_BEN\_RELATIONSHIP |  | Non-relation | See Beneficiary Relationships tab - must exactly match one of the relationship descriptions | No | No |  |  | leave blank |
| Insured Fourth Primary Beneficiary Split | INSRD\_FOURTH\_PRIM\_BEN\_SPLIT | 3 | 100 | 10-100 Percentage amount | No | No |  |  | leave blank |