FSA Payroll

Interface Requirements Specification

# Columbia Forest Products

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Kathy Gray | (336) 291-5908 ext. 0 | kgray@cfpwood.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Cheryl Petitti | 720 217 6598 | cpetitti@tekpartners.com |

# Customer Confirmation

FSA

1. Vendor Name:  
   TRI-AD
2. Confirm Group or Plan Number:

N/A

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. Please specify your plan year:  
   01/01/2022 – 12/31/2022
2. What Type of FSA File would you like us to create?

|  |  |  |
| --- | --- | --- |
| Type | Employees to Include | Notes |
| **Enrollment** | Employees Active on Applicable Deduction Code | Click here to enter text. |
| *This file typically will include All Employees Hired and Eligible for the plan whether they contribute or not.* | | |
| **Contribution** | Employees Active on Applicable Deduction Code | Include terms if there is a contribution amount to report |
| *This file will typically only include employees who contribute to the plan via a deduction via Payroll.* | | |

1. Confirm the applicable UltiPro Deduction Codes for each that apply:

|  |  |
| --- | --- |
| **deddedcode** | **dedlongdesc** |
| 501 | FSA Healthcare |
| 502 | FSA Dependent Care |

1. Open Enrollment Option = Ultimate will build two Open Enrollment Sessions – one Active and one Passive.

What type of enrollment will you be offering?

Active  Passive

*An ACTIVE session requires all employees to go in and make an election. If an employee does not re-elect their benefit, they will be dropped from that benefit. Since this is a changes-only file, we need to know if to include the employee with a coverage stop date, or if they will be termed by omission from the file. We do not need to worry about the passive file since this is a full file, and we will send a coverage stop date automatically.*

**If an employee stops their current benefits during an ACTIVE Open Enrollment, would you like to include them on the file with a stop date?**

No  Yes

# Vendor Confirmation

FSA

1. **Do you allow for future-dated coverage START dates on the file?**

No  Yes

If Yes, please include the number of days in the future that are accepted (ex. 30 days):

Click or tap here to enter text.

1. **Do you allow for future-dated coverage STOP dates on the file?**

No  Yes

If Yes, please include the number of days in the future that are accepted (ex. 30 days):

Click or tap here to enter text.

1. **Do you require a minimum coverage start date on the file (Ex. We cannot send any effective dates older than 1/1/2018 on the file)? If so, what is that date?**

**01/01/2022**

# Mapping/Notes to Developer

Notes for Developer

This is a .csv file

It is a full file

Column/Field Names are required and must match the value the field mapping document in the clients folder

ALL fields should be enclosed in quotation (“) marks to prevent field values containing commas from causing column count issues during processing.

Standard carriage return and line feed characters to terminate each record should be used

This format requires one row for each participant and plan (if employee has both fsa and dep care then 2 rows)

We will need Scheduled, On Demand and Test sessions

Employees with the deduction codes 501, 502 will be included on this file

Terminations should be sent one time then they can drop – Please make sure that Terminations stay on the Payroll file if they have contributions after their termination date

There is a sample file template in the clients folder