Health and Welfare

Interface Requirements Specification

# CrossCountry Freight Solutions

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Jennifer Thomas** |  | **jthomas@nacompanies.com** |

## Vendor Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Nicole Camera** | 804.904.5506 | [nicole.camera@Cigna.com](mailto:nicole.camera@Cigna.com) |

## Integration Contact

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

## 

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 02/06/21 | 1.01 | Initial Draft |  | Cheryl Petitti |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

Health and Welfare Exports (Medical)

1. **Vendor Name:**Cigna
2. **Group or Policy Number:** 00631876-F
3. **Will you have employees that are active in multiple component companies?**

No

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

Yes

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

Exclude emptype TES and Z

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:**1/1/2021
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**Type UltiPro Deduction Code**

M1, M2, M3

1. **Confirm how you would like to send termination of coverage on this file:**

**☒** Terminations sent one time only - based on the actual (audit) date entered into UltiPro.

☐ Terminations sent one time only - based on the actual (audit) date entered into UltiPro, with no future dated terminations.

☐ Effective Date of Termination within last \_\_ days (Ex. 30 days).

1. **What is the Relationship Code(s) that define:**

“Spouse” DP, SPS, SIG

“Children” CHL, DCH, DPC, STC

1. **How do you currently administer COBRA?**

3rd Party Cobra Administrator

1. **Open Enrollment Option = 2 files will be built based on the two Open Enrollment Sessions – one Active and one Passive.**

**What month is your OE effective?**

**What type of enrollment will you be offering?**

Active and Passive

**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?**

X No ☐ Yes

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 the current interface to be turned off.*

# Mapping/Notes to Developer

File format – 834 Full file

# Vendor Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

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

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

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

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

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?**

Click or tap here to enter text.

1. **Benefit Change Effective Date Option:**

☒ Actual Benefit Coverage Start Date as keyed on the EMP and DEP Record.

☐ Most Recent Benefit Option Effective Date from History on the EMP record and Actual Benefit Coverage Date as Keyed on the DEP Records.

☐ Most Recent Benefit Option Effective Date from History on the EMP AND DEP Records.