Basic Life and AD&D, Vol Life and AD&D Beneficiary Admin

Interface Requirements Specification

# Doe Run

# Contact Information

## Customer Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Mary Weir |  |  |

## Integration Contact

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

# Customer Confirmation

General

1. **Vendor Name:**NY Life
2. **Confirm Group or Plan Number: 052028345B**
3. **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 on Applicable Deduction Code.
2. **When did you start coverage with this provider:**01/01/2022
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

| **Deduction Code** | **Deduction** |
| --- | --- |
| GLIFE | Basic Life Insurance 1x Base |
| AADD | AD&D Basic |
| ALFE2 | Life Insurance Add'l 1x |
| ALFE3 | Life Insurance Add'l 2x |
| ALFE4 | Life Insurance Add'l 3x |
| ALFE5 | Life Ins Add'l 4x |
| ALFE6 | Life Ins Add'l 5x |
| ADDE1 | Employee Supplemental AD&D 1x |
| EADD1 | Employee Supplemental AD&D 1x |
| EADD2 | Employee Supplemental AD&D 2x |
| EADD3 | Employee Supplemental AD&D 3x |
| EADD4 | Employee Supplemental AD&D 4x |
| EADD5 | Employee Supplemental AD&D 5x |

# Mapping/Notes to Developer

File format – fixed width

Full file

No Header row