Benefit Premiums

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. **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 and eecemplstatus = A or L
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** |
| --- | --- |
| 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 |
| LIFS1 | Life Insurance Spouse 10k |
| LIFS2 | Life Insurance Spouse 20k |
| LIFS3 | Life Insurance Spouse 30k |
| LIFS4 | Life Insurance Spouse 40k |
| LIFS5 | Life Insurance Spouse 50k |
| LIFC1 | Life Insurance Child |
| ALIFC | Life Insurance-Child(ren) |
| 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 |
| ADDS1 | Spouse Supplemental AD&D 10k |
| ADDS2 | Spouse Supplemental AD&D 20k |
| ADDS3 | Spouse Supplemental AD&D 30k |
| ADDS4 | Spouse Supplemental AD&D 40k |
| ADDS5 | Spouse Supplemental AD&D 50k |
| ADDC1 | Child Supplemental AD&D |
| AHSA | Advantage Plan |
| APPO | FPI Health Plan |
| AEPO | Protection Plan |
| ATRA | Traditional Plan |
| DHO | Dental High Option |
| FSA | Flexible Spending - Health Care Reimb |
| VSNDR | DRC Vision |
| CRTL1 | Critical Illness - Employee Only |
| CRTL2 | Critical Illness - Employee+ Child(ren) |
| CRTL3 | Critical Illness - Employee+Spouse |
| CRTL4 | Critical Illness - Family |
| ACCI | Accident Insurance |
| AFLAC | AFLAC Pre-Tax |

# Mapping/Notes to Developer

File format – csv

Full file

Header row required – see sample file in layout

Include only eecemplstatus = A or L