FMLA and Disability

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: 000318290**
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 <> REG or EecFullTimeOrPartTime = PT

1. **Which Employees would you like to include on this export?**☐ All employees except noted above even if they do not have one of the deduction codes below
2. **When did you start coverage with this provider:**01/01/2021
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

**LTD**

**STD**

**STDS**

# Mapping/Notes to Developer

File format – fixed width

Full file

No Header row

Terms – send once and drop off

Send all fields in all caps

File will be sent for only these 2 companies:

| **cmpcompanycode** | **cmpcompanyname** |
| --- | --- |
| FPI | Fabricated Products, Inc. |
| DRC | The Doe Run Company |

Call note – client may have employees termed and rehired with a different employee number and would have 2 records in UKG. We may have to watch for this during testing.