HSA Payroll

Interface Requirements Specification

# Factor Systems

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Leah Hines** |  | **lhines@billtrust.com** |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| JohnAligata |  | [Gianpaolo.Aligata@Cigna.com](mailto:Gianpaolo.Aligata@Cigna.com) |

## Integration Contact

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

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 05/13/2021 | 1.0 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

HSA

1. **Vendor Name:**Cigna
2. **What kind of HSA Files would you like us to Create?**

|  |  |  |
| --- | --- | --- |
| **Type** | **Employees to Include** | **Notes** |
| ☐ **HSA Contribution** | All employees with applicable ded code | Include all termed employees if the PdhEECurAmt or PdhERCurAmt is > 0 |
| *This file will typically sends payroll contribution amounts to vendor to confirm deduction amounts.* | | |

1. **Please include the applicable UltiPro Deduction/Earning Codes for each that apply:**

**Type UltiPro Deduction Code**

HSA Employee HSA

HSA Employer HSAER

# Mapping/Notes to Developer

File format – comma delimited text

***Exclude Zero dollar amounts***

***Exclude Negative amounts***