NY Life STD, LTD, FMLA

Interface Requirements Specification

# [Goodwill Industries of Kentucky Inc.](https://tekpartnersap2pcompany-a4f866.pipedrive.com/organization/1056)

# Contact Information

## Customer Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Joy Gibson |  |  |

## Integration Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Lea King | 515-480-4262 | Lea\_king@ultimatesoftware.com |

# Customer Confirmation

General

1. **Vendor Name:**Cigna/NY Life
2. **Confirm Group or Plan Number:** 024059438
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?**

☒ Yes

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

Groups to exclude eecpaygroup = SCS030

1. **Which Employees would you like to include on this export?   
   X** All Employees except where eecpaygroup = SCS030
2. **When did you start coverage with this provider:**10/01/2021
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

STD, LTD

# Notes to Developer

Full file

All Employees except where eecpaygroup = SCS030 even if they do not have the LTD or STD deduction code.