Voya

STD, FMLA Export

Interface Requirements Specification

# Hoffmaster Group, Inc

# SR #: SR-2019-00250577

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Pam Kaskin | (920) 235-9356 ext. 2054 | pam.kaskin@hoffmaster.com |

## Vendor Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Dan Kearney | 612-342-3991 | daniel.kearney@voya.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Cheryl Petitti | 720-217-6598 | cheryl\_petitti@ultimatesoftware.com |

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **Version** | **Revision Description** | **Comments / Changes Made** | **Author** |
| **1** | 11/15/2019 | 1.01 | Initial Draft |  | Lauren Brown-Underwood |
| **2** | 11/21/19 | 1.02 | Updated for Walk Thru Call |  | Cheryl Petitti |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

# 

# File Information

|  |  |  |  |
| --- | --- | --- | --- |
| **File Type** | Full File Only | **Output Type** | Comma Delimited  **Delimiter Handling (if applicable)**  ☐ Enclose output values in double-quotes  ☐ Remove delimiters from output values  ☐ Other |
| **Frequency** | Weekly Day and Time EST  **Interface Decommissioning (are there current / other interfaces that this interface is replacing?):**  ☒ No  ☐ Yes : *Customer must open a Support Ticket to request that current interface is turned off* | **File Name** | **Prod File:**  **Test File:** |
| **Will automated transmission be required?** | ☒ Yes  ☐ No | **Email address for Summary/ Transmission Emails** | pam.kaskin@hoffmaster.com |
| **Global Formats** | |  |  | | --- | --- | | Dates: |  | | Phone Numbers: |  | | Zip Code: |  | | Amount Fields: |  | | Any Others: |  | | **Special Formatting** | Are Special characters required (UTF-8 formatting)? ☐ Yes ☒ No |
|  |  | | |
| **Export Selection Criteria Functionality** | **Select all that apply:** | **Qualifier Notes:** | |
| ☒ Pay Period Range |  | |
| ☒ Company Selector |  | |
| ☐ Data Selector |  | |

# Business Rules - Customer Confirmation

LIFE – STD, FMLA

1. **Vendor Name:**  
   Voya
2. **Confirm Group or Plan Number:**

|  |  |  |
| --- | --- | --- |
| **UltiPro Field** | **Value** | **Group/Plan Number** |
|  |  | 00711781 |
|  |  |  |
|  |  |  |
|  |  |  |

1. **When did you start coverage with this provider:   
   Click here to enter a date.**
2. **Which Employees would you like to include on this export?**☐ Employees with Active (or recently Terminated) Applicable Deduction Code(s)

☐ Active Only Employees

☐ All Employees with YTD Earnings

☒ Other: This file will include all employees EXCEPT those that have Pay Groups RETSMC, OSHRET, GMSPTP, CLINTP

1. **Will you have employees that have active Benefits 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)*:

**Exclude employees that have Pay Groups RETSMC, OSHRET, GMSPTP, CLINTP**

1. **Confirm the applicable UltiPro Deduction Codes for each that apply:** ☐ N/A

|  |  |  |
| --- | --- | --- |
| **Type** | **UltiPro Deduction Code** | **Evidence of Insurability Required** |
| STD | **STD** |  |
|  |  |  |
|  |  |  |

1. **Do you have any bundled benefits? (Ex. Basic Life and AD&D using single deduction code in UltiPro)**

☒ No ☐ Yes

If Yes, please confirm which benefits are bundled:

Click or tap here to enter text.

1. **For salary rated benefits, are there any employee’s that do not have accurate salaries captured on their Employee record for reporting purposes? Ex. Commission based employees, where an alternate method must be used to report the EE’s salary for benefits.**

☒ No ☐ Yes

If Yes, please confirm how you identify those employees

Click or tap here to enter text.

1. **Desired definition of Application Signature Date, if applicable: N/A**

☐ **Coverage Start date**

*The file will report the date recorded in the Coverage Start date field of the deduction code in question.*

☐ **Benefit Status Date**

*This date will reflect the most recent effective date of any changes related to the deduction code in question.*

☐ **User Defined Field**

*This field will have to be associated with each benefit that requires an Application Sign date. This will allow a member of your team to record and track the applicable dates in a custom date field.*

☐ **Audit Date**

*This date will reflect the date that the benefit was keyed into the system.*

☐ **EOI Requested Date**

*This can configured for benefits with guarantee issue amounts.*

☐ **Other**

Click here to enter text.

1. **What are the Relationship Code(s) that define:**

“Spouse” / "Domestic Partner" 'SPS',

“Children” 'CHL', 'STC', 'DIS'

1. **Open Enrollment Option: Ultimate will build two Open Enrollment Sessions – one Active and one Passive.**

**What type of enrollment will you be offering?**

☒ Active ☐ Passive

*An ACTIVE session requires all employees to go in and make an election. If an employee does not re-elect their benefit, they will be dropped from that benefit. Since this is a changes-only file, we need to know if to include the employee with a coverage stop date, or if they will be termed by omission from the file. We do not need to worry about the passive file since this is a full file, and we will send a coverage stop date automatically.*

**If an employee stops their current benefits during an ACTIVE Open Enrollment, would you like to include them on the file with a stop date?**

☐ No ☒ Yes

# Business Rules - Vendor Confirmation

LIFE – STD, FMLA

1. **For Benefit Amount, should we include the full elected benefit amount or the aged reduced amount?**

**N/A**

1. **Do you allow for future-dated coverage START dates on the file?**

☒ No ☐ Yes

If Yes, please include the number of days in the future that are accepted (ex. 30 days):

**The vendor has stated that they do not want future dated coverage start or stop dates on the file**

1. **Do you allow for future-dated coverage STOP dates on the file?**

☒ No ☐ Yes

If Yes, please include the number of days in the future that are accepted (ex. 30 days):

**The vendor has stated that they do not want future dated coverage start or stop dates on the file**

1. **Confirm how you would like to receive termination of coverage on this file:**

**☒** Terminations sent one time only - based on the audit date entered into UltiPro.

☐ Terminations sent one time only - based on the actual (audit) date entered into UltiPro, with no future dated Terminations.

☐ Effective Date of Termination within last \_\_ days (Ex. 30 days).

1. **Do you require a minimum coverage start date on the file (Ex. We cannot send any effective dates older than 1/1/2018 on the file)? If so, what is that date?**

Click or tap here to enter text.

1. **Benefit Change Effective Date Option:**

☐ Actual Benefit Coverage Start Date as keyed on the EMP and DEP Record.

☒ Most Recent Benefit Option Effective Date from History on the EMP record and Actual Benefit Coverage Date as Keyed on the DEP Records.

☐ Most Recent Benefit Option Effective Date from History on the EMP AND DEP Records.

# Notes to Developer

|  |
| --- |
| **Additional Criteria:** |
| **Special Instructions:**  **The file will not include a Header or Trailer**  **The file is a .csv Full File**  **All 49 fields must be included on the file**  **For alpha fields the vendor would prefer Upper and Lower Case values**  **The vendor does not want future coverage start or stop dates on the file**  **When sending terminations the client would like the file to use the Audit Date (date the employee’s termination was entered in the system) to determine when to send the termination data and use the value in the coverage stop date for reporting the termination date.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample File** | Attach sample file here.  ***Note:*** *If the sample file has SSN data, indicate who to contact to obtain.* | **Vendor Layout** | Attach vendor spec here. |

# Export Field Definitions

|  |  |
| --- | --- |
| **Header Record** | |
| **Comments/Special Instructions** | The vendor said that there is no header or trailer record needed on this file |

|  |  |
| --- | --- |
| **Detail Record** | |
| **Comments/Special Instructions** | One record per employee. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Detail Record** | | | | | | | | |
| **Item #** | **Column** | **Max Len** | **Vendor Column Heading** | **Vendor Format** | **Data Type** | **Req (Y/N)** | **Description of Data Item** | **UltiPro Data Element**  ***(For internal use Only)*** |
| 1 | 1 | 8 | Group Benefit Plan Number |  | Numeric | Y | Hardcode = 00711781 | '00711781' |
| 2 | 2 | 4 | Claim Account Number |  | Numeric | Y | 1001 Clintonville  1002 Consumer Offsite NonSales  1003 Consumer Sales  1004 Foodservice  Sales  1005 Fort Wayne  1006 Indianapolis  1007 Joliet  1008 Oconto  1009 Oshkosh  1010 Sumner | Org Level 3  34 = Clintonville  54 = Consumer Offsite Nonsales  52 = Consumer sales  50 or 51 = Foodservice sales  41 = Fort Wayne  39 = Indianapolis  33 = Joliet  25 = Oconto  40 = Oshkosh  45 = Sumner  Send the 4 digit numeric vendor code in the Description of Data Item column  Mapping is outlined at the end of this document as well |
| 3 | 3 | 9 | Employee/ Member Social Security Number |  | Numeric | Y | SSN of EE  in 999999999 format ONLY | EepSSN |
| 4 | 4 | 15 | Employee ID |  | Alphanumeric | Y | Employee’s (EE) ID number if used | EecEmpNo |
| 5 | 5 | 30 | Last Name |  | Alpha | Y |  | EepNameLast |
| 6 | 6 | 20 | First Name |  | Alpha | Y |  | EepNameFirst |
| 7 | 7 | 10 | Middle Name or Initial |  | Alpha | N |  | EepNameMiddle |
| 8 | 8 | 10 | Name Suffix |  | Alpha | N | Employee's name suffix (Jr., III, etc.) | EepNameSuffix |
| 9 | 9 | 30 | Address Line 1 |  | Alphanumeric | Y | Address Line 1 of Residence  \*If there is a comma "," Please remove | EepAddressLine1 |
| 10 | 10 | 30 | Address Line 2 |  | Alphanumeric | N | Address Line 2 of Residence | EepAddressLine2 |
| 11 | 11 | 30 | City |  | Alpha | Y | City of Residence | EepAddressCity |
| 12 | 12 | 2 | State |  | Alpha | Y | US 50 States – Abbreviations Canada – Abbreviations Puerto Rico = PR  Virgin Island = VI Guam - GU | EepAddressState |
| 13 | 13 | 9 | Zip Code |  | Numeric | Y | Zip Code of Residence | EepAddressZipCode |
| 14 | 14 | 8 | Date of Birth |  | Numeric | Y | Employee Date of Birth | EecDateOfBirth |
| 15 | 15 | 1 | Gender |  | Alpha | Y | Member Gender  F = Female  M = Male  U | EepGender  If Female = F  If Male = M  If Neither = U |
| 16 | 16 | 1 | Employment Status |  | Alpha | Y | A = Active and LOA  T = Terminated, Retired or Deceased | When EecEmplStatus =( 'L', 'A') then 'A'  When EecEmplStatus = 'T' then 'T'  I don’t know what the status is for Retried and Deceased  The file will need to send a T for employees that are terminated, retired or deceased |
| 17 | 17 | 8 | Date of Hire |  | Numeric | Y | Employee's most recent date of hire | This is the employees most recent date of hire.  For example  If the employee has been rehired this would be the rehire date not the original date of hire |
| 18 | 18 | 8 | Employment Term Date |  | Numeric | N | Required if employee is terminated.  Date on which employment terminates | EecDateOfTermination  This field is required if field 16 has a value of T |
| 19 | 19 | 1 | Pay Type |  | Alpha | Y | H = Hourly  S = Salary | IF eecSalaryOrHourly = 'H' then 'H' IF eecSalaryOrHourly = 'S' then 'S' |
| 20 | 20 | 1 | Payroll Frequency |  | Alpha | Y | W = Weekly  S = Semi-Monthly  B = Bi-Weekly  M = Monthly | eecPayPeriod |
| 21 | 21 | 30 | Employee's Job Title |  | Alphanumeric | Y |  | Use the description field on the EE Title field |
| 22 | 22 | 10 | Work Location |  | Alphanumeric | Y | State where the employee works.  Will match field 31 | This is the Employee Work State |
| 23 | 23 | 8 | STD Eligibility Date |  | Date | N | Required for employees with STD coverage.    Date continuous STD coverage began for this employee.    NOTE: For new hires, date must adhere to new hire waiting period. | eedEEEligDate where eedDedCode IN ('STD') and eedBenStatus = 'A'  Do not pass future dates |
| 24 | 24 | 8 | LTD Eligibility Date |  | Date | N |  | Leave Blank |
| 25 | 25 | 1 | STD Eligible Flag |  | Alpha | Y | Y = Has STD Coverage    N = Not Eligible for Telephonic STD    Only persons with a "Y" in this field will be eligible for Telephonic STD. | IF a record exists where eedDedCode IN ('STD') and eedBenStatus = 'A' then 'Y' Else 'N' |
| 26 | 26 | 1 | FMLA Consideration Flag |  | Alpha | Y | Hardcode Y on all records | 'Y' |
| 27 | 27 | 11 | Annual Salary | 999999999.99 | Numeric | N | Employee's annual salary, excluding  bonus/commissions/overtime | eecAnnSalary  Send this value for every employee |
| 28 | 28 | 6 | Hourly Wage | 999999999.99 | Numeric | N | Employee's hourly wage | eecHourlyPayRate  Send this value for every employee |
| 29 | 29 | 4 | Weekly Hours Worked |  | Numeric | Y | Scheduled number of hours per week worked by this employee | Use employees Scheduled Hours and divide it by 2 |
| 30 | 30 | 1 | Employment Category |  | Alpha | Y | F = Full Time P = Part Time | eecFullTimeOrPartTime |
| 31 | 31 | 2 | Employee State Worked |  | Alpha | Y | State where the employee works.    Will match field 22    Official US Postal Service 2-character code. | SUBSTRING(EmpMLoc.emlSITWorkInStateCode,1,2) |
| 32 | 32 | 13 | Work Phone Number | (999)999-9999 | Numeric | N | Employee's phone number at work, including area code | Leave Blank |
| 33 | 33 | 13 | Home Phone | (999)999-9999 | Numeric | N | Employee's Home Phone Number Example: (999)9999999 | eepPhoneHomeNumber  Use the Primary Home Phone first  If Primary Home Phone does not exist then use the Alternate Phone Field |
| 34 | 34 | 30 | Business Unit |  | Alphanumeric | N | Member department category. Example: 'Sales' | EecOrgLvl2 Description  Org Level 2 is departments  Send the description |
| 35 | 35 | 15 | Exempt Status |  | Alpha | N | Exempt status indicator or name of exempt status. Examples: Exempt, Non-Exempt | JOIN eecJobCode = jbcJobCode IF the corresponding value of jbcFLSAType = 'E' then 'Exempt' Else 'Non-Exempt' |
| 36 | 36 | 10 | Work Zip Code | 12345 | Numeric | N | United States - Five digit zip code or zip plus four including hyphen. Canada - ANA NAN where 'A' represents an alphabetic value and 'N' represents a numeric value. Examples: US - 12345 or 12345-6789, Canada - E4m-2X9 | locAddressZipCode |
| 37 | 37 | 5 | Compsych Supplemental Information |  | Alpha | N |  | Leave Blank |
| 38 | 38 | 13 | Primary Contact ID # |  | Alphanumeric | N | Primary contact ID responsible for managing specific  member. If field #4 is populated, that is the primary  indicator otherwise field #3 is the primary indicator | The value to report in this field for every employee is found in Jobs – Other Company Info  The field is called HR Rep Lincoln File (it is the 5 digit EE# with leading zero) |
| 39 | 39 | 100 | Employee Work Email Address |  | Alphanumeric | N |  | eepAddressEmail  Use Primary Email Address if blank use Alternate Email Address |
| 40 | 40 | 30 | Union Status |  | Alpha | N | Union indicator or name of Union. Valid Values include  'U', 'NU', or union name is more than one union present  across enrolled members. | The value to report in this field is found in Jobs – organization  The field is called National Union and the value will be UFW |
| 41 | 41 | 30 | Division |  | Alpha | N | Division indicator or name of division. | EecOrgLvl1 Description  Org Level 1 is Division  Send the description |
| 42 | 42 | 30 | Group Type |  | Alpha | N | Group type indicator or name of group type. | Leave Blank |
| 43 | 43 | 2 | Scheduled Number of Days per Week |  | Numeric | Y |  | If employee is Full Time send value = 5  If employee is Part Time  Send value = ??? |
| 44 | 44 | 9 | Anniversary Date |  | Date | N | Anniversary Date of the employee as a driver of  FMLA/STD administration | Leave Blank |
| 45 | 45 | 8 | Rehire Date | YYYYMMDD | Date | N | Original/initial date of hire for employees who have been rehired | eecDateOfOriginalHire |
| 46 | 46 | 7 | Hours Worked in Pervious 12 Month Period |  | Numeric | Y | Hours worked in prior 12 month period. | SUM pdhCurHrs for the past rolling 12 month period  Exclude the following pay codes/earning codes from the value sent in this field  DTS2 - Doubletime Shift 2  DTS3 - Doubletime Shift 3  DTTS2 - Doubletime Training Shift 2  DTTS3 - Doubletime Training Shift 3  HOLS2 - Holiday Shift 2  HOLS3 - Holiday Shift 3  OTS2 - Overtime Shift 2  OTS3 - Overtime Shift 3  OTTS2 - Overtime Shift 2  OTTS3 - Overtime Training Shift 3  SHGM - Shift GMSP  SHFWK - Shift Prem Wkend  SHIFT - Shift Premium  TRNS2 - Training Shift 2  TRNS3 - Training Shift 3 |
| 47 | 47 | 7 | Compysch Account Number |  | Numeric | Y |  | '158332 ' |
| 48 | 48 | 30 | Supplemental Info |  | Alphanumeric | N | According to plan design. Voya/Compsych will provide  this value, if necessary. This field is used to obtain  additional info needed to process the claim/administer  FMLA. | Leave Blank |
| 49 | 49 | 30 | Remarks |  | Alphanumeric | N | Class 1 = All Salaried Employees  Class 2 = Fulltime Oshkosh (union)  Class 3 = All Hourly Employees who are non-union | Class 1 includes employees with Pay Groups SALARY or NONEX  Class 2 includes employees with Pay Group OSHKBW  Class 3 includes employees with Pay Groups AARDBW, CLINHR, GMSPHR, SUMNR |

|  |  |
| --- | --- |
| **Trailer Record** | |
| **Comments/Special Instructions** | No trailer record |

Claim Account Number Mapping

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VOYA FILE | |  | ULTIPRO | |
| Field 2 | Claim Account Number |  | Org Level 3 Code | Org Level 3 Description |
| Field 2 | 1001 - Clintonville |  | 34 | Clintonville |
| Field 2 | 1002 - Consumer Offsite NonSales |  | 54 | Consumer Offsite Nonsales |
| Field 2 | 1003 - Consumer Sales |  | 52 | Consumer sales |
| Field 2 | 1004 - Foodservice Sales |  | 50 or 51 | Foodservice sales/FS-Corp Offsite NonSales |
| Field 2 | 1005 - Fort Wayne |  | 41 | Fort Wayne |
| Field 2 | 1006 - Indianapolis |  | 39 | Indianapolis |
| Field 2 | 1007 - Joliet |  | 33 | Joliet |
| Field 2 | 1008 - Oconto |  | 25 | Oconto |
| Field 2 | 1009 - Oshkosh |  | 40 | Oshkosh |
| Field 2 | 1010 - Sumner |  | 45 | Sumner |

# Assumptions

1. Interface programming is scheduled upon approval of this specification document.
2. UltiPro setup tables are accurately configured to support this interface.
3. All necessary data (benefits, dependents, beneficiary, etc.) are loaded in UltiPro.
4. Customer will use their previously devised test cases to thoroughly test the interface file content.
5. Company Transfer Option = Exclude terminations due to company transfer and will ignore Transfer Option Codes (TRO/TRI)
6. Multiple Deduction Row Option = Display only the most recent (any other options would require custom coding).
7. The Ultimate Software Integration Team cannot add/modify/delete any data in UltiPro.

**Specification Approval**

I have read this specification identifying the requirements for the interface/custom program and agree with the content and the functional business requirements. By signing below, I understand and agree to the requirements as stated in this document, as well as the terms of the warranty for this custom program as stated below:

* Launch Customers: Transition to Support OR Interface promotion to Production + 30 days, whichever is later
* Post-Live Customers: 30 days from Interface promotion to Production

Additional updates or changes to the requirements detailed in this specification document will be considered a new request and will require an Interface Maintenance Service Request.

This specification must be signed, scanned and returned to the Integration Analyst in order for work to begin on the interface/custom program.

**Specification** Agreed to and Authorized by:

**Specification Version:** V1.02

**Hoffmaster Group, Inc**

|  |  |  |
| --- | --- | --- |
| Approver |  | Date |