General

Interface Requirements Specification

# Hospital Housekeeping Systems

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| **Lisa Molnar** | **(512) 478-1888** | **lisam@hhs1.com** |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Cheryl Petitti | 720 217 6598 | cpetitti@tekpartners.com |

# Customer Confirmation

General

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

00566692

1. **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 – eecemptype = Z

1. **Which Employees would you like to include on this export?**Employees Active on Applicable Deduction Code
2. **When did you start coverage with this provider:**01/01/2020
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

DEN1, DEN2

1. **Post Live Only: 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.*

# Mapping/Notes to Developer

This is an 834 file

DTP 348 – send minimum eff date = 01/01/2020

Send terminations once then drop from the file