Health and Welfare

Interface Requirements Specification

# IAT Insurance Group, Inc.

# Contact Information

## Client Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
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## Vendor Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Jessica Jameson | (480) 259-9391 | [Jessica.jameson@nortonlifelock.com](mailto:Jessica.jameson@nortonlifelock.com) |

## Integration Analyst Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Julie Reardon | (978) 995-3832 | [jreardon@tekpartners.com](mailto:jreardon@tekpartners.com) |

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 07/20/21 | 1.00 | Initial Draft |  | Julie Reardon |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# File Information

|  |  |  |  |
| --- | --- | --- | --- |
| **File Type**  **Sort Order** | Full File Only  No specific sort indicated | **Output Type** | FileType: CSV  **Delimiter Handling (if applicable)**  Enclose output values in double-quotes  Fields that may contain commas  Remove delimiters from output values  Other: |
| **Frequency** | Weekly / Day  **Interface Decommissioning (are there current / other interfaces that this interface is replacing?):**  No  Yes  *Client should open a Support Ticket to request that current interface is turned off* | **File Name** | Test File:  IATINS\_MMDDYYYY.csv.pgp  Production File:  IATINS \_MMDDYYYY.csv.pgp  Note: PGP Encryption required  \*.csv.pgp |
| **Global Formats** | |  |  | | --- | --- | | Dates: | MMDDYYYY | | Phone Numbers: | No punctuation | | Zip Code: | First 5 digits only | | Amount Fields: | N/A | | Any Others: | SSN-No punctuation | | **Summary Transmission Email Designee** | [juan.chamizo@iatinsurance.com](mailto:juan.chamizo@iatinsurance.com) |
| **Selection Criteria** | **Select all that apply:** | **Qualifier Notes:** | |
| Pay Period Range |  | |
| Company Selector |  | |
| Data Selector |  | |
|  |  | |

# Client Information

1. **Vendor Name:** Norton LifeLock
2. **Group or Policy Number:** E0006294
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

* 1. **If yes, list the field and values to exclude or include (whichever is a shorter list):**

1. **Which Employees would you like to include on this export?**

Employees Active on Applicable Deduction Codes

All Active Employees

All Employees with YTD Earnings

Other:

1. **When did you start coverage with this provider?**

01/01/2018

1. **List the applicable UltiPro Deduction Codes:**

|  |  |
| --- | --- |
| Ded Types | Ded Codes |
|  | THFT |

1. **How should termination of coverage be included?**

Terminations sent one time only - based on the actual (audit) date entered into UltiPro

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

Effective Date of Termination within last \_\_\_ days

Other:

* Termination date < 30 days into future
* Terminations should appear for 90 days from term date then drop

1. **What are the definitions of each applicable Relationship Code(s)?**

|  |  |
| --- | --- |
| **Relationship** | **UltiPro Code** |
| Spouse | SPS, DP |
| Children | CHL, DPC, STC |

# Vendor Information

1. **Are future-dated coverage START dates permitted?**

No  Yes

* 1. **If yes, provide the number of days into the future to include:**

1. **Are future-dated coverage STOP dates permitted?**

No  Yes

* 1. **If yes, provide the number of days into the future to include:**

<= 30 days into future

1. **Is a minimum coverage start date required? If so, what is that date?**

No

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

Actual Benefit Coverage Start Date as keyed on the EMP and DEP record(s)

Most recent Benefit Option Effective Date from history on the EMP record and Actual Benefit Coverage Date as keyed on DEP record(s)

Most recent Benefit Option Effective Date from history on the EMP and DEP records

Other:

1. **Does the file have a header row? If so, please describe:**

Yes, as noted in file layout. Include all headers, even if value not required.

1. **Does the file have a footer row? If so, please describe:**

No

# Addendum Notes to Developer