Med, Den, FSA

Interface Requirements Specification

# Laika

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| **Beverly Menillo** | Click here to enter text. | bmenillo@laika.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Lea King | 515-480-4262 | lking@tekpartners.com |

# Customer Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Vendor Name:**Coresource/Trustmark
2. **Confirm Group or Plan Number:**

1389

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?**

☒ No ☐ Yes

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

Groups to exclude

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:**1/1/2021
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

|  |  |
| --- | --- |
| **Deduction Code** | **Description** |
| DNHMO | Dental HMO |
| DNPPO | Dental PPO |
| DCFSA | FSA Dep Care |
| HCFSA | FSA Health Care |
| MDHDP | Medical HDHP |
| MDPPO | Medical PPO |

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

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

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

“Spouse”

“Children”

1. **How do you currently administer COBRA?**

☒ 3rd Party Cobra Administrator – Trustmark handles the Dental COBRA, but will not be on the file

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

# Mapping

For the Passive OE option, we need to set it so that no terms pull in since this is a new vendor for this client. I believe the standard programming will include terms, but we will need to change that for this file.

# Vendor Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

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):

Click or tap here to enter text.

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):

Click or tap here to enter text.

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?**

**01/01/2021**

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

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

# Notes to Developer

834 file

Same format as the Coresource one for Sam’s Holdings