FSA Enrollment and Payroll

Interface Requirements Specification

# Legend Pictures LLC

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Deepa Throntveit |  | dthrontveit@discoverybenefits.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Trena King | 678-431-1781 | Tking@tekpartners.com |

# Customer Confirmation

FSA

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

32751

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 – eecemptype = TES

1. **Please specify your plan year:**01/01/2020 – 12/31/2020
2. **What Type of FSA File would you like Ultimate Software to create?**

|  |  |  |
| --- | --- | --- |
| Type | Employees to Include | Notes |
| ☒ **Contribution and Enrollment** | Employees Active on Applicable Deduction Code | Click here to enter text. |
| *This file will typically only include employees who contribute to the plan via a deduction via Payroll.* | | |

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

**Type UltiPro Deduction Code**

|  |  |
| --- | --- |
| Medical FSA | FSA |
| Dependent Care FSA | FSADC |
| Limited Medical FSA | FSAL |

1. **If FSA plans are covered, does the Biweekly Population have 24 or 26 Deductions?**

☐ 24 Deductions

☒ 26 Deductions

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

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.*

# Vendor Confirmation

FSA

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?**

**01/01/2020**

# Mapping/ Notes to Developer