HSA Enrollment

Interface Requirements Specification

# Majestic Steel USA

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Shelley Dicken** | (440) 786-2666 ext. 5386 | sdicken@majesticsteel.com |

## Vendor Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Emilie Bonet** | 952.406.3376 | emilie.bonet@optum.com |

## Integration Contact

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

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 05/06/21 | 1.01 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

HSA

1. **Vendor Name:**Optum
2. **Confirm Group or Plan Number:** 705724
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

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

Groups to exclude

1. **What kind of HSA Files would you like Ultimate Software to Create?**

|  |  |  |
| --- | --- | --- |
| **Type** | **Employees to Include** | **Notes** |
| ☒ **HSA** **Enrollment** | Employees Active on Applicable Deduction Code | Click here to enter text. |
|  | | |

1. **Please include the applicable UltiPro Deduction/Earning Codes for each that apply:**

|  |  |
| --- | --- |
| Code | Description |
| HSACF | HSA Catch up Family |
| HSACI | HSA Catch up Individual |
| HSAF | HSA Family |
| HSAI | HSA Individual |

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

# Vendor Confirmation

HSA

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.

# Notes to Developer

Space delimited text format

Changes Only File

The file will report an employee record if the information below changes from the last time the file ran

Employee Termination

Last Name and Address field changes

Coverage Type Change