General

Interface Requirements Specification

# Midwest Dental

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Colleen Bartels | 715-279-2323 | cbartels@midwest-dental.com |

## Integration Contact

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

# Customer Confirmation

General

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

Group / Plan Number

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)*:

Exclude employees – with emp type = TES and employees in Pay Groups Contractors-Doctors, Contractors - Hygienists

1. **Which Employees would you like to include on this export?**x Employees Active on Applicable Deduction Code

☐ Active Only Employees

☐ All Employees with YTD Earnings

☐ Other: Click or tap here to enter text.

1. **When did you start coverage with this provider:**6/1/2020
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

CIC10, CIS05, CIS10, CRC05, CRE10, CRE20, CRITC, CRITL, CRITS, ACCDT

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

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| --- |
| ·   **Delimited text file Pipe Delimited (Strongly Preferred), CSV or Excel** |
| ·    **Social Security Numbers (SSN) include dashes (xxx-xx-xxxx)** |
| ·    **Separate lines are required for each enrolling person** |
| ·    **Each selected Benefit requires separate records for each enrolling person** |
| (e.g. John Smith enrolls in the VCI AND VAI benefit plans. John would have two records - one for the VAI coverage and one for the VCI) |
| ·    **All data MUST be in CAPS** |
| ·    **Sort each employee record by “SELF” (employee) first, then by any enrolling dependent associated with that employee.** |