General

Interface Requirements Specification

# Mustang Extreme Environmental Services

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Lara Riley | 682-277-9264 | lriley@mustangextreme.com |

## Integration Contact

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

# Customer Confirmation

General

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

F026358

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?**

Yes

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

Groups to exclude – eecemptype = TES

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:**

**UltiPro Deduction Code**

GACC, GLIFE, GTLII, LIFEE, LIFEC, LIFES, CRILE, CRILC, CRILS, VIS

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

**File format = Fixed Width**

**Column/Field Headers are not Required**

**Full File**

**Weekly**

**Terms will be sent once then drop from the file**

**Spouse will require an 01 Member Record when deduction codes = LIFES, CRILS**

**Sort Order**

**Employee 01, 02, 05 then Spouse 01, 05**

**(group employee and spouse data together)**

**Deduction codes below will be included on the file**

**GACC, GLIFE, GTLII, LIFEE, LIFEC, LIFES, CRILE, CRILC, CRILS, VIS**

**Important Note**

**The following deduction codes are Bundled and will require 2 separate 05 records**

**GLIFE, GTLII, LIFEE, LIFEC, LIFES**

Please see sample file in he clients folder

Plan Mapping

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Product ID | Description | UltiPro Ded Code | Description |
| ACCIV | Voluntary Accident | GACC | Accidental Insurance |
| LIFE | Basic Life | GLIFE GTLII | Basic Life - I Basic Life - II |
| ADD | Basic Accidental Death & Disability | GLIFE GTLII | Basic Life - I Basic Life - II |
| LIFSUP1 | Supplemental Employee Life | LIFEE | Voluntary Life/AD&D - Employee |
| ADDSUP1 | Supplemental Employee ADD | LIFEE | Voluntary Life/AD&D - Employee |
| DEPSUPC | Supplemental Child Life | LIFEC | Voluntary Life/AD&D - Child |
| ADDSUPC | Supplemental Child ADD | LIFEC | Voluntary Life/AD&D - Child |
| DEPSUPS | Supplemental Spouse Life | LIFES | Voluntary Life/AD&D - Spouse |
| ADDSUPS | Supplemental Spouse ADD | LIFES | Voluntary Life/AD&D - Spouse |
| CRITVE | Employee Critical Illness | CRILE | Critical Illness - Employee |
| CRITVC | Child Critical Illness | CRILC | Critical Illness - Child |
| CRITVS | Spouse Critical Illness | CRILS | Critical Illness - Spouse |
| VISB | Basic Vision | VIS | Vision |