UNUM Accident/Critical Illness

Interface Requirements Specification

# North Ottawa Community Hospital

# Contact Information

## Customer Contact

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| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Angela Rademaker | 616-847-5371 | arademaker@noch.org |

## Integration Contact

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

# Customer Confirmation

General

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

NOR-025362

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. **Which Employees would you like to include on this export?**Employees Active on Applicable Deduction Code
2. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

CIE10, CIE15, CIE20, CIS5K, CIS10, CIS75, UACC

# Mapping/Notes to Developer

File Type = .csv

Full File

Column Headers are required and must match the values in column B in field mapping document

Terminations will be reported on the file once then they will be removed

This file will include employees and dependents that have the following deduction codes

CIE10, CIE15, CIE20, CIS5K, CIS10, CIS75, UACC

Important Note

Please make sure to expand all rows in the field mapping document to ensure you see the entire logic for each field.