Basic Life, Voluntary Life, Accident and Hospital

Interface Requirements Specification

# OHM

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Kolina Howard |  | [kolina.howard@ohm-advisors.com](mailto:kolina.howard@ohm-advisors.com) |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Lea King |  | lking@tekpartners.com |

# Customer Confirmation

General

1. **Vendor Name:**Unum
2. **Confirm Group or Plan Number: ORC-022191**
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 – eecemptype = TES

1. **Which Employees would you like to include on this export?**All employees
2. **When did you start coverage with this provider:**02/01/2021
3. Ded codes to include

|  |  |
| --- | --- |
| BLCB2 | Basic Life CH Board GT 6 Mo |
| BLCH1 | Basic Life- Child Employee LT 6 Mo |
| BLCH2 | Basic Life- Child Employee GT 6 Mo |
| BLCS2 | Basic Life - Child Shareholder GT 6 mo |
| BLFEB | Basic Life/AD&D - Employee Board |
| BLFEE | Basic Life/AD&D - Employee |
| BLFES | Basic Life/AD&D - Employee Shareholder |
| BLFSP | Basic Life - Employee Spouse |
| BLSPB | Basic Life - Spouse Board |
| BLSPS | Basic Life - Spouse Shareholder |
| HOSP | UNUM Hospital Insurance |
| LFCH1 | Vol Life Child LT 6 Mos |
| LFCH2 | Vol Life Child GT 6 Mos |
| LFEE | Voluntary Life - Employee |
| LFSP | Voluntary Life - Spouse |
| VGAIN | UNUM Accident Insurance |

# Mapping/Notes to Developer

File format – comma delimited

Full file

Term logic – pass once and drop off

will run weekly