FSA

Interface Requirements Specification

# PCRK Holding Company

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| **Jordan Mariscal** | **(602) 633-1177 ext. 202** | **jordan.mariscal@massageenvy.com** |

## Integration Contact

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

# Customer Confirmation

FSA

1. Vendor Name:  
   WEX
2. Confirm Group or Plan Number:

40641

1. Will you have employees that are active in multiple component companies?

No

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 and Z

1. Please specify your plan year:  
   04/01/2021-03/31/2022
2. What Type of FSA File would you like Ultimate Software to create?

|  |  |  |
| --- | --- | --- |
| Type | Employees to Include | Notes |
| **Participant**, **Enrollment** | Employees Active on Applicable Deduction Code | Click here to enter text. |
| *This file typically will include All Employees Hired and Eligible for the plan whether they contribute or not.* | | |

1. Confirm the applicable UltiPro Deduction Codes for each that apply:

**Type UltiPro Deduction Code**

|  |  |
| --- | --- |
| FSA | FSA - Medical |
| FSAD | Dependent Care FSA |

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

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.*

# Vendor Confirmation

FSA

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.

1. **Do you require a minimum coverage start date on the file (Ex. We cannot send any effective dates older than 1/1/2018 on the file)? If so, what is that date?**

**4/1/2021**

# Mapping/Notes to Developer

This will be a pipe delimited file and must include a header and footer

This file will ONLY include Record Types = FH, FF, PT, EN