FSA Census and Enrollment

Interface Requirements Specification

# Symplr

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Sarah Brindley | Click here to enter text. | SBrindley@symplr.com |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| Lea King | Click here to enter text. | lking@tekpartners.com |

# Customer Confirmation

FSA

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

AMFSYMPLR

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. **Please specify your plan year:**01/01/2020 – 12/31/2020
2. **What Type of FSA File would you like Ultimate Software to create?**

|  |  |  |
| --- | --- | --- |
| Type | Employees to Include | Notes |
| ☒ **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.* | | |
| ☒ **Census** | Employees Active on Applicable Deduction Code | Click here to enter text. |
| *This file will typically only include employees who contribute to the plan via a deduction via Payroll.* | | |

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

|  |  |
| --- | --- |
| **deddedcode** | **dedlongdesc** |
| FSA | FSA - Medical |
| FSADC | FSA - Dependent Care |

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

# 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?**

**01/01/2020**

# Mapping/Notes to Developer

Format – text, space delimited fixed width