NY Life FMLA, LTD, STD

Interface Requirements Specification

# Thryv

# Contact Information

## Customer Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Ruby Reid | Click here to enter text. | Ruby.Reid@thryv.com |

## Vendor Contact

| **Name** | **Tel** | **Email** |
| --- | --- | --- |
| Tammy Shafer | Click here to enter text. | Tammy.Shafer@Cigna.com |

## Integration Contact

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

# Revision History

|  | **Date** | **Version** | **Revision Description** | **Comments** | **Environment** | **Author** |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | 09/17/2021 | 1.0 | Initial Draft |  | ☒ Prod ☐ Test | Lea King |
| **2** |  |  |  |  | ☐ Prod ☐ Test |  |
| **3** |  |  |  |  | ☐ Prod ☐ Test |  |
| **4** |  |  |  |  | ☐ Prod ☐ Test |  |

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# File Information

| **File Type** | Full File Only | **Output Type** | Fixed Fields and Fixed Length |
| --- | --- | --- | --- |
| **Interface Decommissioning** | Are there current / otherinterfaces that this interface is replacing?):  ☒ No  ☐ Yes | **File Name** | **Prod File***: LBL1000\_\_lbl0001i.78684.YYYYMMDD.txt*  **Test File:** LBL1000\_\_lbl0002i.78684.YYYYMMDD.txt |
| **Frequency** | Nightly maintenance window: 2-5am EST  ☐ Run On-Demand  ☒ Scheduled to run: Weekly  \*Open Enrollment files are always run On-Demand, even if other files are Scheduled | | |
| **Is automated Transmission required?** | ☐ No, file will be sent manually  ☒ Yes | **Email address for Summary/ Transmission Emails** |  |
| **Global Formats** | | Dates: | YYYYMMDD | | --- | --- | | Phone Numbers: | numbers only | | Zip Code: | With dash if more than 5 digits | | Amount Fields: | See specific fields in layout | | **Special Formatting** | Are Special characters required (UTF-8 formatting)? ☐ Yes  ☒ No |
| **Export Selection Criteria Functionality** | **Select all that apply:** | **Qualifier Notes:** | |
| ☒ Company Selector | Exclude cmpcompanycode CONTR | |

# Business Rules - Customer Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Vendor Name:**  
   NY Life
2. **Group or Plan Number:** 000025729
3. **When did you start coverage with this provider:**1/1/2022
4. **Which Employees would you like to include on this export?**☐ All Employees – include all eecemplstatus even if they do not have the GTL ded code
5. **Will you have employees that have active Benefits 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 where eecemptype = TES

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

| GTL | Group Term Life |
| --- | --- |

# Business Rules - Vendor Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

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. **Confirm how you would like to receive termination of coverage on this file:**

**☒** Terminations sent one time only - based on the actual (audit) date entered into UltiPro.

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?**

**N/A**

1. **Benefit Change Effective Date Option:**

☒ Actual Benefit Coverage Start Date as keyed on the EMP and DEP Record.

# Notes to Developer

File format – fixed width

Full file

No Header row

Terms – send once and drop off

Send all fields in all caps