HSA Payroll

Interface Requirements Specification

# Trinity River Authority of Texas

# Contact Information

## Customer Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Claudine Rank-Belfield** | 817-493-5174 | **rankc@trinityra.org** |

## Vendor Contact

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| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Kerry Kanuho** | 801-982-3377 | [Kerry.Kanuho@optum.com](mailto:Kerry.Kanuho@optum.com) |

## Integration Contact

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| **Lea King** | **515-480-4262** | **@tekpartners.com** |

# Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | Version | Revision Description | Comments | Author |
| 1 | 02/10/2020 | 1.01 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

HSA

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

N/A

1. **What kind of HSA Files would you like Ultimate Software to Create?**

|  |  |  |
| --- | --- | --- |
| **Type** | **Employees to Include** |  |
| ☒ **HSA Contribution** | All employees with a contribution amount to report on the pay date being ran |  |
|  | | |

1. **Please include the applicable UltiPro Deduction/Earning Codes for each that apply:**

**UltiPro Deduction Code - Description**

HSAI HSA Individual

HSAF HSA Family

HSACF HSA Catchup Family

HSACI HSA Catchup Individual

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.

# Notes to Developer

CSV file

All employees with contribution amounts to report