Allstate Cancer and Accident

Interface Requirements Specification

# US Olympic Committee

# Contact Information

## Customer Contact

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| --- | --- | --- |
| **Name** | **Tel** | **Email** |
| **Gloria Vaughn** |  | **Gloria.Vaughn@usoc.org** |

## Integration Contact

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

# Customer Confirmation

General

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

32810

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

No – This file will only include employees in company USOC.

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?**X Employees Active on Applicable Deduction Code
2. **When did you start coverage with this provider:**01/01/2020 – Cancer and 01/01/2021 - Accident
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

**UltiPro Deduction Code**

Cancer Benefit = CANCR

Accident Benefit = ACCDT

# Mapping/Notes to Developer

Fixed width text file

Term – pass once and drop off

This file will only include employees in Company USOC.

Person tab – 1 line per covered member (employee and/or dependent)

GVCP2-13 tab – send only 1 line

GVAP6-38 tab - send only 1 line