

Paylogix[®] Employer Payroll Interface Checklist



Account Contact Information

Company Name: _____

Address: _____

Tax ID#: _____

Phone: _____ Fax: _____

Number of Employees: _____

Contact Name: _____

Email: _____

Is there more than one billing location? _____

If yes, provide above information for each location.

Will special programming be required? _____

If yes, provide above information for MIS contact.

Payroll Information

Payroll Frequency: Weekly (52)
 Bi-Weekly (26)
 Monthly (12)
 Semi-Monthly (24)
 Other: _____

Billing Frequency: Monthly
 13thly (28 day)
 Semi-Monthly
 Bi-Weekly
 Other: _____

Payroll System: Manual Automated
 Payroll Service (ADP, etc.)

Billing Information

Format: Web Manual
 Electronic File
Media: Paylogix Secure Website
 FTP Manual
 Other: _____
Billing Sort: SSN Employee #
 Alphabetical by last name

Date of First Deduction: _____

Date First Payment is Due: _____

Lead Time Required for Billing

Receipt Before Due Date: _____

Notify all participating benefit providers to forward future invoices to Paylogix on behalf of the account.

Remittance Information

Method: Electronic Manual
 Automated
Media: Paylogix Secure Website
 FTP Manual
 Other: _____

File Layout: Payment Paper Report
 Payment and Eligibility

Variance Codes to be Reported...

Name of Code: _____

Field Length (Char./Num.): _____

Employee Information

Employee census data on each employee must contain the following:

- * First and Last Name
- * SSN (or Employee ID Number, if used for billing)
- * Date of Birth
- * Date of Hire
- * Modal deduction amount for each product billed
- * Location/Department (if more than one)

Additional information for each employee, if applicable to coverage type:

- * Gender
- * Annual Salary
- * Family Status Code (EE only, EE + Spouse, EE + Child(ren), Full Family)
- * Job Type/Classification/Worker's Comp. Code