

# Integrated File Request Form

Please share the provided file specification documents to your technical resource for review. They must confirm that they are able to meet the file requirements before work may begin. Once a technical resource has confirmed and they are ready to begin the work, please email this completed form to [Integration@healthequity.com](mailto:Integration@healthequity.com)

**\*All sections required unless stated otherwise.**

**\*\*If you have multiple companies with separate HealthEquity Identification numbers, you are required to complete a form for each company.**

Business Information		
Company Name (As displayed in the HealthEquity Employer Portal)		Tax ID and HealthEquity Employer ID
Primary Contact	Email	Phone Number
<input type="checkbox"/> I acknowledge that I am the authorized client contact and will be responsible for the file once in production.		
Broker Information		
If you would like your benefits broker included in the communication, please provide their name and email address.		
Broker Name	Broker Email	
Integrated File Request Information		
<b>1. Who is your file partner?</b> _____ <i>You must have established a technical resource in order to proceed with this process.</i> If not, please acquire a technical resource and then complete this form. These individuals will be building and testing the file(s) and will receive SFTP credentials.		
Name of <b>enrollment</b> file technical resource	Email	Phone Number
Name of <b>funding</b> file technical resource	Email	Phone Number
<b>2. Are technical resources assigned and ready to begin work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. Will the Technical Resource be able to send a test file within 30 days after a HealthEquity resource is assigned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>*Delays will result if the technical resource is not assigned or ready to begin work immediately possibly resulting in closure of the request.</i>		
<b>4. Expected Delivery Date for the first production file:</b> _____		
<b>5. What product/plan are you requesting a file for?</b> <input type="checkbox"/> Commuter (If you offer the Commuter Order Model plan there is no enrollment option. Enrollment is done individually by the member. The file captures benefit eligibility information only.) <input type="checkbox"/> Lifestyle Spending Account (LSA)/Employee Service Program (ESP) (e.g., Fitness, Wellness, Gym, Bike Reimbursements) <input type="checkbox"/> Flexible Savings Account (FSA) – includes Health Care, Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA <input type="checkbox"/> Healthcare Retirement Account (HRA) <input type="checkbox"/> Healthcare Savings Account (HSA)		

**6. What kind of file are you requesting?**

- Eligibility (demographic information about the member)
- Enrollment (identifies the plans that members are enrolled in)
- Funding (reports employee or employer contributions)

**If you are requesting an HSA funding file, please provide the last 4 digits of the verified bank account.**

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**7. Do you currently have any files established with HealthEquity?**

- Yes     No (If you answered 'No' on Question 7, please skip Questions 8, 9 and 10.)

**8. What kind of files are currently sent?**

- Eligibility (demographic information about the member)
- Enrollment (identifies the plans that members are enrolled in)
- Funding (reports employee or employer contributions)

**9. Who is your current file partner/vendor? (for example, ADP, Paycom, UKG, BenefitFocus, Workday, etc.)**

**10. Is the request to make changes to a current file?**     Yes     No

**Are you changing data vendors?**     Yes     No

*\*If yes, this file will need to be turned off before the new file goes into production. This could cause duplication with file results. If this is a file change, please use the comment section below to specify what you are requesting.*

**11. The manual process currently in place will need to remain until the integrated file is live in production.**

I understand

**Comments or Additional Notes:**