

FLTCIP SURVEY

INTRODUCTION

Long Term Care (LTC) Partners understands that each agency payroll office (APO)/retirement system has unique systems and procedures. Because we will be exchanging data in support of the Federal Long Term Care Insurance Program (FLTCIP), LTC Partners needs to understand the systems and general processing procedures employed by APO and retirement systems. This survey will provide LTC Partners with the information it needs to begin planning for payroll and pension deductions of FLTCIP premiums.

PAYROLL PROVIDER

ONLY direct payroll providers should answer this survey. If your payroll function is cross-serviced, do NOT complete it.

Payroll Office Number(s)	
Full Agency Name	
Bureau or Other Subdivision	
Street Address	
City, State, Zip Code	
Primary Contact Person	
Phone Number	
Fax Number	
Email Address	

LTC Partners Survey

This document is considered proprietary and confidential by LTC Partners Life Insurance Company. It shall not be disclosed to any third party without the permission of LTC Partners.

DEDUCTIONS

In order to process billing correctly, it is necessary for LTC Partners to know details about how FLTCIP deductions will be submitted. This will help to reconcile the amount billed with the amount paid.

1. The remittance of payroll deductions to LTC Partners will be made via:

- Check
- Wire transfer
- Wire transfer via Corporate Trade Exchange (CTX)
- Other (explain)

2. How frequently are your employees/annuitants paid? [*check all that apply*]

- Weekly
- Bi-Weekly (every other week)
- Semi-Monthly (twice a month)
- Monthly
- Every four weeks
- Other (explain)

3. LTC Partners will provide APOs and retirement systems with the amounts due in accordance with the pay period(s) supported. For each of the modes, explain how FLTCIP deductions will be withheld. Examples - every check; first 2 checks in the month; first 4 checks in the month, etc.).

Weekly: _____

Bi-Weekly: _____

Semi-Monthly: _____

Monthly: _____

Other: _____

4. For each pay cycle, provide the payroll paid date.

Weekly: Day of week paid: _____

Bi-Weekly: Day of week paid: _____

Semi-Monthly: Day of month paid: _____

Monthly: Day of month paid: _____

BILLING/COLLECTION

1. Please check the medium in which you would like to have the billing data provided.

- Email attachment to _____ (please provide Email addresses)
 - Check here for Excel Spreadsheet
 - Check here for PKZIP with password protection
- 3.5-inch diskette
- Cartridge
- Paper
- FTP with PGP encryption
- Connect Mailbox
- Connect Direct
- Advantis
- Other _____

2. Please indicate the frequency for which you will need to receive a billing file from LTC Partners.

3. Please provide the schedule for which you need to receive each billing file from LTC Partners.
(Examples - The 26th of the prior month; or every other Tuesday; or an actual schedule of dates for the year.)

4. Will remittance be via CTX?

- Yes
- No

5. If APO/Retirement system cannot use CTX, Non-CTX payment file layout will be used.
Please check the medium in which you would like to provide payment data.

- Email attachment to _____ (please provide Email addresses)
 - Check here for Excel Spreadsheet
 - Check here for PKZIP with password protection
- 3.5-inch diskette
- Cartridge
- Paper
- FTP with PGP encryption
- Connect Mailbox
- Connect Direct
- Advantis
- Other _____

6. Would you prefer:

- Full File with Action Codes
- Update File with Action Codes

PAYROLL PROVIDER CONTACTS

As the FLTCIP is implemented, there will be frequent contact between APOs/retirement systems and LTC Partners. In particular, LTC Partners will need to know who to contact for systems, billing and reconciliation issues. Please provide information about your contacts for the FLTCIP.

	NAME/TITLE OF CONTACT	PAYROLL OFFICE NUMBER	PHONE/FAX NUMBER	EMAIL ADDRESS	FULL STREET ADDRESS
Systems Contact(s)					
Billing Contact(s)					
Reconciliation Contact(s)					