## **THRIVEPASS**

# **Settlement Report: Employer Funding Report**

### **Details**

The *Employer Funding* report provides a list of debit card, direct deposit, and check reimbursements. These are divided by date to give employers an idea of the total dollars being utilized by their participants for bank reconciliation.

- The report can be run for transactions and reimbursements within a specified date range.
  - · For card transactions and automatic direct deposit reimbursements, the settlement date is used.
  - · For check and NACHA file direct deposit reimbursements, the reimbursement date is used.
- Manual claim refunds can be included or excluded from this report.

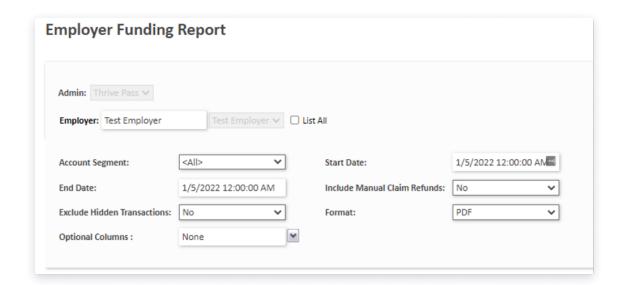
#### **Best Practices**

• We recommend that this report is scheduled to run **monthly** (or based on the employer's reconciliation schedule).

## **Requesting the Report**

This report can be accessed on demand by navigating to *main menu > reports > request > settlement*, and selecting Employer Funding from the list of available reports.

Whether generating the report on demand or scheduling it, you will be able to configure several options to customize the report to your needs. Fields with an asterisk (\*) are required.



Report Request Field	Description
Admin*	ThrivePass
Employer*	If the report is run by an employer user, only their employer will appear.
Account Segment	If segments are associated with the selected employer, users will only see those account segments available to the user's visible segments.
Start Date	The first day in the date range by which the report is filtered.
End Date	The last day in the date range by which the report is filtered.
Include manual claim refunds	If 'Yes' is selected, manual claim refunds will be included in the report. If 'No' is selected, they will be excluded.
Format	This report is currently available in HTML, mHTML, Excel, PDF, MS Word, and TIFF.

# **Report Results**

The *Employer Funding* report generates with the following headings:

- Employer name
- Date (for card transactions and automatic direct deposit reimbursements, this is the settlement date; for NACHA direct deposit and check reimbursements, this is the reimbursement date)
- Employee name
- Employee ID
- Service date
- Claim type (debit card or manual claim)
- Indicator (card, direct deposit, check, etc)
- Account type
- Amount
- Check number (if applicable)
- Division name (if applicable)

Results are grouped by date. Manual claim, debit card, and settlement grand totals are provided for each date, then totaled at the bottom.

Below is an example of an *Employer Funding* report output in PDF format.

·				HJ Test E	nvironme	nt				<u> </u>
				01/01/201	5 - 12/29/201	5				
Employer Name	Date	Employee Name	Employee Id	Service Date	Claim Type	Indicator	Account Type	Amount	Check Number	Divisio Name
34	08/31/2015	Street, Nicholas	XXX-XX-eet1	08/31/2015	Debit Card	Card	FSA	\$50.00	Number	Wallie
						Total Manua	l Claims:	\$0.00		
						Total Debit 0	Card:	\$50.00		
						Total Settlen	nent:	\$50.00		
1234: Employer Totals						Total Manual Claims: \$0.00				
					Total Debit Card:		\$50.00			
						Total Settlen	nent:	\$50.00		
Company Four	04/17/2015	TestUser, Tim	XXX-XX-User	04/17/2015	Debit Card	Card	FSA	\$1.00		
		•	•			Total Manua	l Claims:	\$0.00		
					Total Debit 0	Card:	\$1.00			
					Total Settlen	nent:	\$1.00	31.00		
Company Four: Employer Totals					Total Manua	l Claims:	\$0.00			
sompany roun employer rotals					Total Debit C	Card:	\$1.00			
						Total Settlen	nent:	\$1.00		
company Three	07/08/2015	Sample, Elizabeth J	XXX-XX-ple1	12/20/2014	Manual Claim	Direct Deposit	FSA	\$100.00	8	
		Sample, Elizabeth J	XXX-XX-ple1	07/01/2015	Manual Claim	Direct Deposit	DCA	\$10.00	11	
		Sample, Elizabeth J	XXX-XX-ple1	07/02/2015	Manual Claim	Direct Deposit	HRA	\$10.00	12	
		'	•	•		Total Manua	l Claims:	\$120.00	•	•
						Total Debit 0	Card:	\$0.00		
						Total Settlen	nent:	\$120.00		
	08/11/2015	Sample, Elizabeth J	XXX-XX-ple1	08/11/2015	Manual Claim	Check	HRA	\$3.00	4	
		•				Total Manua	l Claims:	\$3.00	•	
						Total Debit Card: \$0.00				
						Total Settlen		\$3.00		
	12/03/2015	Sample, Elizabeth J	XXXX-XXX-ple1	08/11/2015	Manual Claim	Check	HRA	\$3.60	5	
		Sample, Elizabeth J	XXXX-XXX-ple1	08/11/2015	Manual Claim	Check	HRA	\$4.30	5	
						Total Manua	l Claims:	\$7.90		
					Total Debit Card:		\$0.00			
					Total Settlement:		\$7.90			
Company Three: Employer Totals					Total Manual Claims:		\$130.90			
						Total Debit 0	Card:	\$0.00		
						Total Settlen	nent:	\$130.90		
	HJ Test Environment: Report Total					Total Manua	l Claims:	\$130.90		
J Test Environm	po.									
J Test Environm	iona riopo.					Total Debit C	Card:	\$51.00		