



human resources information solution

"A World of Information for Arizona Employees"

Benefit Plan Changes Training

Revision History

Date of this release: August 15, 2006	Date of next revision:
---------------------------------------	------------------------

Revision Number	Revision Date	Summary of Changes
Version 1.0	08/15/2006	Reformatted Lesson Introduced.

Table of Contents

Using this Training Manual	1
Text Conventions	1
Visual Elements	1
Screen Captures	2
Task Step Chart	2
HRIS Basics	3
HRIS Forms	3
Completing Fields on HRIS Forms	3
HRIS System Messages	3
Introduction.....	4
Benefit Plan Changes Process.....	6
Dependent Form (XH13.1)	7
Dependent Form (XH13.1) – Main Tab.....	7
Dependent Form (XH13.1) – Address Tab	11
Dependent Form (XH13.1) – Benefit Analysis Tab	13
Dependent Form (XH13.1) – Coverage Tab	16
Stopping an Existing Benefit Plan	18
Employee Benefit Entry Form (BN32.1).....	18
Changing an Existing Benefit Plan	20
Employee Benefit Changes Form (BN32.1) – Health, Dental, Vision Plans and Dependent Life	20
Benefit Add Form (BN32.3).....	22
Employee Benefit Changes Form (BN32.1) – Supplemental Life Benefit	24
Benefit Add Form (BN32.3).....	25
Employee Benefit Changes Form (BN32.1) – Disability Benefit	27
Employee Benefit Changes Form (BN32.1) – Medical or Dependent Care Reimbursement Account.....	27
Employee Benefit Changes Form (BN32.1) – Enrolling Dependents.....	28
Dependent Benefits (HR13.3).....	29
Employee Benefit Changes Form (BN32.1) – Defining Beneficiaries	31
Beneficiaries Form (BN47.1)	32
Beneficiaries Form (BN47.1) – More Tab	32
Beneficiaries Form (BN47.1) – Address Tab	36

Using this Training Manual

When you attend HRIS Training, this manual will be used to outline the process. In the class you will learn specifics on how to process an individual action.

After training, additional resources can be found on the HRIS Website, including a link to Self Directed Help. This section of the training manual will provide an outline of the naming conventions and setup/flow of the training material.

Text Conventions

The manual is setup using standard text conventions and distinct visual elements to make training easier to follow.

Format	Meaning
Bold	Name of a Form/Field. A manual title. An emphasized word/phrase. A placeholder for a user-defined value.
<i>Italics</i>	A key name. For example, Shift and Enter are key names.

Visual Elements

Visual elements are provided for certain types of information to draw your attention to that element/concept. NOTE: Not all "elements" may be included in this manual.

Format	Meaning
	Tip – provides miscellaneous information about facts that might be of interest to you as you complete the process.
	Warning or Important Note – provides critical points or items that you must address as you complete the process.
	Exercise – indicates an Exercise.

Screen Captures

Screen Captures are provided prior to each Task Step Chart. The capture will identify the Form Name and Form Number according to the task. The numbers identified on the screen capture correspond to the numbered tasks in the chart.

Example:

The screenshot shows the 'EMPLOYEE US TAXES (PR13.1)' form in the HRIS State of Arizona system. The form is titled 'Welcome,' and includes navigation links like 'Go To', 'Preferences', and 'Help'. The main content area is divided into several sections:

- Company:** 1 (dropdown menu showing '1', 'STATE OF ARIZONA')
- Employee:** 3 (dropdown menu showing '39472', 'PRESLEY, ELVIS A.')
- Resident:** 5 (dropdown menu showing 'AZ', 'Arizona')
- Work:** 6 (dropdown menu showing 'AZ', 'Arizona')
- Workers Comp State:** 7 (dropdown menu showing 'AZ', 'Arizona')
- EIC Status:** (dropdown menu)
- BSI Group Code:** (text field containing 'DCGRP8')

Below these fields is a table with columns: FC, Ded, Description, Res, Mar, Exemp, Exempt, Tax, Cert. The table contains two rows of data:

FC	Ded	Description	Res	Mar	Exemp	Exempt	Tax	Cert
	T101	FEDERAL WITHHOLDING	Y	1	2		Y	
	T201	AZ STATE W/H TAX	Y	1				

At the bottom of the form, there are buttons for 'Add Exemptions', 'Add Tax Info', and 'Effective Dates'. Below these buttons is a table with columns: Tax Code, Rate, Amount, BSI Formula.

Task Step Chart

The Task Step Charts are set up to easily identify each necessary step taken with follow through explanation to make training easier to follow.

Format	Meaning
Number Column	This number identifies, on the screen capture, the order the steps are to be taken (in sequence)
HRIS FIELD	This identifies the field on the form that your action is required.
R/O	This will tell you if the field you are working on is a Required field or an Optional field.
Step/Action	This will identify what needs to be entered in the current field.
Expected Result	This will identify the result of your current action taken. If the task step chart is blank, make sure to always check the lower left hand corner of your screen for messages from HRIS.
Notes/Additional Information	This will identify Warning or Important Note – provides critical points or items that you must address as you complete the process.

HRIS Basics

HRIS has a number of standard features that work the same regardless of the field you are on in the system.

HRIS Forms

- HRIS Forms will always open with the fields blank.
- When navigating in HRIS, you can move from field to field by pressing the Tab button on your keyboard, or clicking your mouse in each new field.
- You must then type or select from a drop down menu the items you want to fill into your fields. If you transfer from another HRIS form, some of the data from the previous form (ex. Company and Employee EIN) will fill in those same data items on the new form.

Completing Fields on HRIS Forms

There are key fields, which are required on HRIS Forms.

- All information should be entered in CAPITAL LETTERS.

Name:

- Do not use punctuation.

Address 1:

- Phone numbers are input with periods. (602.111.1111)
- Information is Added/Changed/Inquired on using the navigation bar. You can also use the buttons Next/Previous to move between Employee records.



HRIS System Messages

- Always check the bottom left corner of a form for system messages such as "Add Complete-Continue."
- HRIS has built in edits to validate information. For example:
 - The Social Security Number is checked by HRIS to see that it is in the correct format and it does not already exist.

Introduction

Participants will have access to the Your Employee Services (Y.E.S.) application to enroll in the State of Arizona Benefit program. Employees will not have the ability to make Life Event changes using Y.E.S., at this time, so they will need assistance from a Benefit Approver.

Prior to entering benefits enrollment changes, Participant dependents may need to be updated-added into the HRIS system using the *Dependent Form (XH13)*.

Next, enrollment changes to a Benefit Plan are completed by Benefit Approvers. Depending on the type of change being made, Benefit Approvers may have to access both the ***Employee Benefits Change Form (BN32.1)*** and/or the ***Employee Benefit Entry Form (BN31.2)***.

Finally, if a Participant is enrolled in or eligible for life or short-term disability plans the *Beneficiaries Form (BN47.1)* must be updated (completed).

The Benefit Plan Change process should be completed as follows:

- Define the Participant's dependents using the *Dependent Form (XH13.1)*.
- If Employee is changing coverage levels, access the Employee Benefit Change Form (BN32.1) to update the coverage OR
- If the participant is changing coverage levels and providers, access the ***Employee Benefit Change Form (BN32.1)*** to stop old coverage, and then access the ***Employee Benefit Entry Form (BN31.2)*** to enroll new coverage.
- For Participants who are eligible for basic life, define the Beneficiaries using the Beneficiaries Form (BN47.1)

Before the change process can begin, the Agency Benefits Initiator **must** have the following documentation 'on behalf of' the participant:

- Completed, signed and dated enrollment form
- Signed Declaration of Pre-Tax Benefit form
- If applicable, completed, signed and dated flexible spending enrollment form.
- If applicable, completed, signed and dated supplemental beneficiary and dependent form (if applicable)
- Supporting documentation for Life Event Change.

With the change in the benefit plans, HRIS starts and stops the necessary deductions for the benefits on the Employee's record.



Notes

- The participant (employee) has to exist prior to adding dependents on *Dependents Form (XH13)*. If they have not been hired, you cannot change benefits.

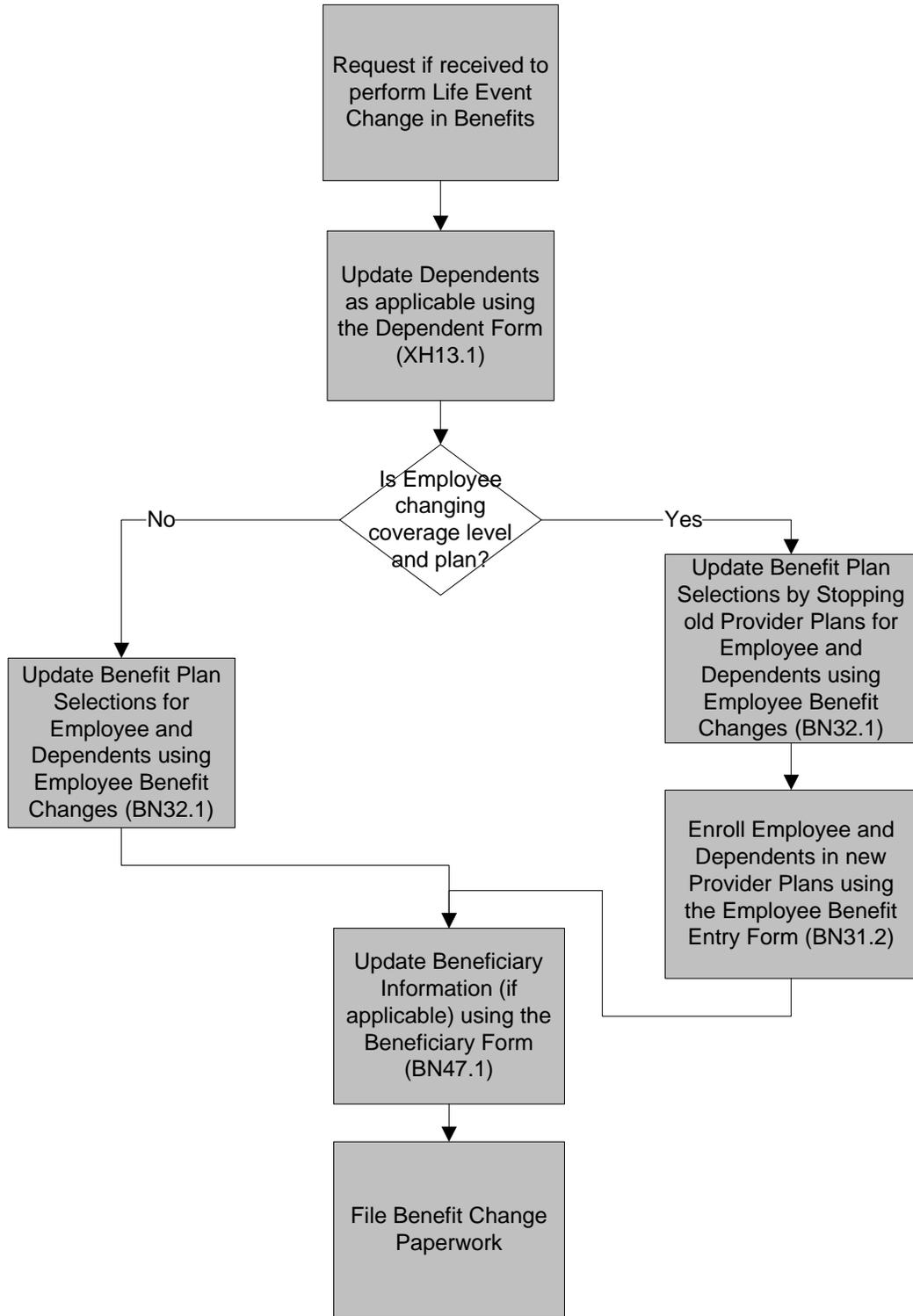
- Prior to making a Benefit Plan Change (e.g., changing an employee from one plan carrier to another maintaining family coverage), the Benefits approver must first disenroll the participant and dependents from the existing benefit plan using the BN32.1 and then reenroll the participant and dependents in the new plan using the BN31.2 .
 - In order to add a dependent to a benefits plan, the participant (employee) has to first be enrolled in the benefit plan with the appropriate option depicting family coverage.
- HRIS will update appropriate benefit deductions as a result of Benefit Plan changes.
- If changing from one benefit carrier to another, a stop date must be entered on the current (existing) coverage.
- During the plan change process, HRIS will generate applicable stop dates for dependents depending on the age and student status defined on the benefit plan.
- The participant has to be enrolled into the appropriate benefit plan prior to adding beneficiaries on the BN47.1.
- Use the *Employee Benefit Change Form (BN32.1)* to display all benefits a Participant is currently enrolled in.

Benefit Plan Changes Process

Required forms appear as:



Optional forms appear as:



Dependent Form (XH13.1)

Dependent Form (XH13.1) – Main Tab

HRIS State of Arizona Welcome, Go To Preferences Help

DEPENDENT (XH13.1)

xh13.1 1 5

Add **Change** **Delete** **Inquire** **Next** **Previous**

Home **Depend...**

Data Directory

- 1) Company:
- 2) Employee:
- 3) Dependent:

Related Pages

- Main** 13
- Address
- Benefits Analysis
- Coverage

Main

2 **Company:**

Employee: 3

4 **Dependent:**

6 **Last Name:**

7 **First Name, MI:**

Status: A 8 Active

9 **Social Nbr:**

10 **Employee Address:** H Home

11 **Relationship:**

12 **Consent:** Not Applicable

[Comments](#)

Done Internet

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	White Search Box	R	Type XH13.1 in the White Search Box. Press Enter on the keyboard	The Dependent Form (XH13.1) will open.	If the Employee is not enrolling any dependents, skip to the Employee Benefits Changes Form (BN32.1) section.
2	Company field	R	Field should default to Company '1'. If field is not Company '1', Type or Select '1'.		All forms/actions must contain a 1 in the Company Field. Field may contain Company '7' – used only by ADOA Central Benefits Office.
3	Employee Field	R	Type the Employee's EIN.	The Employee's name will appear next to the field after moving to the next field.	You must enter the correct EIN.
4	Dependent Field	R	If looking up an existing dependent, type or select from the drop down menu his/her identifying number. If adding a new dependent, type in the NEW dependent ID number as outlined in the Notes column.		Dependent numbers should be sequential starting with #1 through 'x'. Example – if the Employee has three dependents, a husband and two children, the dependent field would be as follows: <ul style="list-style-type: none"> • 1 – Husband • 2 – Child 1 • 3 – Child 2 If you click the drop down arrow at the end of the field, HRIS will display the existing dependents for the Employee. You must select a dependent ID to change existing dependent information. <ul style="list-style-type: none"> • For existing dependents, you will change information (if applicable) in each field. If information does not change, skip that field.
5	Inquire Button	O	If looking up an existing dependent to make changes, Click the Inquire button. If adding a NEW dependent, skip this step.		

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
6	Last Name – First Box	N / A	Used for a Prefix (title) of a dependent’s name. State of Arizona does not use this field. Leave this field Blank.		
	Second Box	R	Type the Last Name of the dependent.		Information must be in ALL CAPS. Do not include Punctuation.
	Third Box	R	Type or select from the drop down menu the Suffix of the dependent.		Information must be in ALL CAPS. Do not include Punctuation. Example – ‘JR’ for Junior or ‘SR’ for Senior.
7	First Name, MI Field – First Box	R	Type the First Name of the dependent		Information must be in ALL CAPS. Do not include Punctuation.
	Second Box	O	Type in the Middle Initial of the dependent		Information must be in ALL CAPS. Do not include Punctuation.
8	Status Field	R	Field should default to ‘A’ for Active. If field does not default, type ‘A’ or select ‘Active’ from the drop down menu.		
9	Social Number Field	N / A	State of Arizona does not record SSNs for dependents. Leave this field Blank.		DO NOT ENTER AN SSN SSN may be used if participant is enrolling in retiree/LTD plans.
10	Employee Address field	R	Field will default to ‘H’ for Home. Define the Address for the dependent.		Valid Values are: <ul style="list-style-type: none"> • H – Home • N – No – use if the dependents address is different from the Employee’s Address Option ‘S’ is not used by State of Arizona.
11	Relationship Field	R	Type or select from the drop down menu the relationship the dependent has with the Employee.		Example – CHILD, GUARDIAN, PLACEADOPT, SPOUSE, OR STEPCHILD.
12	Consent Field	N / A	State of Arizona does not use the Consent field for dependents. Leave this field Blank.		
13	Address Tab	R	Click on the Address Tab under	Address Tab opens	If the dependent’s address is different

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
			Related Pages		<p>than the employee's address, continue with Step 1 in the section Dependent Form (XH13.1) – Address Tab</p> <p>If the dependent's address is the same as the Employee's address, skip to Step 11 in the section Dependent Form (XH13.1) – Address Tab.</p>

Dependent Form (XH13.1) – Address Tab

HRIS State of Arizona **DEPENDENT (XH13.1)** Welcome, [Go To](#) [Preferences](#) [Help](#)

xh13.1 [Add](#) [Change](#) [Delete](#) [Inquire](#) [Next](#) [Previous](#)

Home **Depend...**

Data Directory
1) Company:
2) Employee:
3) Dependent:

Related Pages
[Main](#)
[Address](#)
[Benefits Analysis](#) (11)
[Coverage](#)

Company:
Employee:
Dependent:

Address

① **Address 1:**
② **Address 2:**
③ **Address 3:**
④ **Address 4:**
⑤ **City or Address 5:**
⑥ **State or Province:**
⑦ **Postal Code:**
Country: ⑧
⑨ **Telephone:**
⑩ **Work Telephone:**

[Comments](#)

Done Internet

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	Address 1 Field	R	Type the dependent's home street address		Information must be in ALL CAPS. Do not include Punctuation.
2	Address 2 Field	O	Type additional Address information if needed (ex. Apt or Space Number)		Information must be in ALL CAPS. Do not include Punctuation.
3	Address 3 Field	O	Type additional Address Information, if needed.		
4	Address 4 Field	O	Type additional Address Information, if needed.		
5	City or Address 5 Field	R	Type the dependent's Home City.		Must be entered in ALL CAPS and enter the FULL CITY NAME. No abbreviations.
6	State or Province Field	R	Type the dependent's Home State		Must be entered in ALL CAPS and enter the two digit State Code. Example – AZ.
7	Postal Code Field	R	Type the dependent's Home Postal Code		The 5-digit code – example 85007.
8	Country Field	R	Type the dependent's Home Country		Must be entered in ALL CAPS.
9	Telephone Field – First Box	O	Type the Country Code of the Phone Number. Country Code is only required if the dependent lives outside of the United States.		If the dependent lives in another country, then type the Country Code in this field.
	Second Box	O	Type the dependent's home phone number.		Format: 999.99.9999
10	Work Telephone Field	N / A	State of Arizona does not track Work Telephone for dependents. Leave this field Blank.		
11	Benefit Analysis Tab	R	Click on the Benefit Analysis tab under related pages.	Benefit Analysis Tab opens	

Dependent Form (XH13.1) – Benefit Analysis Tab

HRIS State of Arizona Welcome,

DEPENDENT (XH13.1) Go To Preferences Help

xh13.1 Add Change Delete Inquire Next Previous

Home Depend...

Data Directory

- 1) Company:
- 2) Employee:
- 3) Dependent:

Related Pages

- [Main](#)
- [Address](#)
- [Benefits Analysis](#)
- [Coverage](#) 11

Company:

Employee:

Dependent:

Benefits Analysis

1 **Spouse or Dependent:**

2 **Birthdate:**

3 **Adoption Date:**

4 **Placement Date:**

5 **Gender:**

Smoker: 6

7 **Student:**

Disabled: 8

9 **Deceased:**

Age:

10 **Date Of Death:**

[Comments](#)

Done Internet

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Spouse or Dependent Field	R	Type or select from the drop down menu whether the dependent is the spouse or a dependent.		Valid Values <ul style="list-style-type: none"> • S – Spouse • D – Dependent
2	Birthdate Field	R	Type the birthdate of the dependent.		Format is MMDDYYYY. Example – 12021978
3	Adoption Date Field	N / A	State of Arizona does not use the Adoption Date Field for dependents. Leave this field Blank.		
4	Placement Date Field	N / A	State of Arizona does not use the Placement Date Field for dependents. Leave this field Blank.		
5	Gender Field	R	Type or select from the drop down the Gender of the dependent.		Valid Values: <ul style="list-style-type: none"> • M – Male • F – Female
6	Smoker Field	R	Type or select from the drop down menu whether or not the dependent is a smoker.		Valid Values: <ul style="list-style-type: none"> • Y – Yes • N – No <p>N is the default. Change only if applicable.</p>
7	Student Field	R	Type or select from the drop down menu whether or not the dependent is a student.		Valid Values: <ul style="list-style-type: none"> • Y – Yes • N – No <p>N is the default. Change only if applicable.</p>
8	Disabled Field	R	Type or select from the drop down menu whether or not the dependent is disabled.		Valid Values: <ul style="list-style-type: none"> • Y – Yes • N – No <p>N is the default. Change only if applicable.</p>
9	Deceased Field	O	Type or select from the drop down menu if the dependent is deceased, if applicable.		Valid Values: <ul style="list-style-type: none"> • N/A • N – No

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
					 Notes/ Additional Information <ul style="list-style-type: none"> • Y – Yes
10	Date of Death Field	O	Type a date of death for the deceased dependent. Field is only required if Deceased Field = 'Y'		Format: MMDDYY
11	Coverage Tab	R	Click on the Coverage Tab under Related Pages	Coverage Tab opens	

Dependent Form (XH13.1) – Coverage Tab

HRIS State of Arizona DEPENDENT (XH13.1) Welcome, [Go To](#) [Preferences](#) [Help](#)

xh13.1 5 4 [Add](#) [Change](#) [Delete](#) [Inquire](#) [Next](#) [Previous](#)

[Home](#) [Depend...](#)

Data Directory
1) Company:
2) Employee:
3) Dependent:

Related Pages
[Main](#)
[Address](#)
[Benefits Analysis](#)
[Coverage](#)

Company: [Dropdown]
Employee: [Dropdown]
Dependent: [Dropdown]

Coverage

1) Prior Months Cov: [Dropdown]
Primary Care Physician: [Dropdown]
Established Patient: [Dropdown] N/A
2) Health: N No Coverage
Dental: N No Coverage
Life: N No Coverage
3) Medicare Indicator: E No Medicare

[Benefits](#)

[Comments](#)

Done Internet

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	Prior Months Coverage Field Primary Care Physician Field Established Patient Field	N / A	State of Arizona does not use these fields on XH13.1 to track information. Leave these fields Blank.		
2	Health Field Dental Field Life Field	R R R	Field will default to 'N'. Leave this field as the default.		
3	Medicare Indicator Field	R	Type or select from the drop down menu the applicable value for the dependent.		Valid Values are: <ul style="list-style-type: none"> • A – Medicare Part A • B – Medicare Part B • C – Medicare Part A & B • D – Medicare Part Unknown • E – No Medicare 'E' is the default value.
4	Add/Change button	R	Click Add if adding a new dependent. Click Change if updating/deleting an existing dependent.	There will be a message in the lower left corner "Add Complete – Continue" if Add was clicked. There will be a message in the lower left corner "Change Complete – Continue" if Change was clicked.	Action has been processed. The dependent is now added to the Employee's record.
5	White Search Box	R	Type BN32.1 in the White Search Box. Press Enter on the keyboard	The Employee Benefit Changes Form (BN32.1) will open.	

Stopping an Existing Benefit Plan

Benefit plans should be changed when an employee's provider selection changes (e.g., an employee has a life event and is not only going from single to family coverage, but going from Schaller-Anderson to United Health Care). This section must be completed even if the employee is enrolled in a Decline Plan.

Employee Benefit Entry Form (BN32.1)

The screenshot shows the HRIS interface for 'EMPLOYEE BENEFIT CHANGES (BN32.1)'. The top navigation bar includes 'Welcome,' and links for 'Go To', 'Preferences', and 'Help'. Below this is a menu with 'Change', 'Inquire', 'Next', 'PageDown', 'PageUp', and 'Previous'. A search bar contains 'bn32.1' with a dropdown arrow (1). The main form area has fields for 'Company:' (2), 'Employee:' (3), 'As of Date:' (4), and 'Plan Type:' (5). A date selector (7) is also present. Below these fields is a table with columns: C, Tp, Code, Description, Start, Stop, Opt, Mult, Cov, PayPer, Sal, Annual. The table contains several rows of benefit plan data, each with a 'HIPAA' link. A callout (8) points to the 'Stop' column of the first row.

C	Tp	Code	Description	Start	Stop	Opt	Mult	Cov	PayPer	Sal	Annual	
												HIPAA
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add
	Pct,Amt		Pre,Aft	SM	PT	AT			EOI			Dep Inv Add

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	White Search Box	R	If BN32.1 is not open, type BN32.1 in the White Search Box. Press Enter on the keyboard If form is open, skip this step.	The Employee Benefit Changes Form (BN32.1) will open.	
2	Company field	R	Field should default to Company '1'. If field is not Company '1', Type or Select '1'.		All forms/actions must contain a 1 in the Company Field. Field may contain Company '7' – used only by ADOA Central Benefits Office.
3	Employee Field	R	Type the Employee's EIN.	The Employee's name will appear next to the field after moving to the next field.	You must enter the correct EIN.
4	As of Date Field	R	Field will default to today's date. Do Not Enter a Date.		
5	Plan Type Field	R	Type or select from the drop down the plan types to list. Only enter plan types indicted by the Employee's enrollment form		Plan Types include: <ul style="list-style-type: none"> • HL – Health and Vision, • DN - Dental, • DI – Disability, • DL - Dependent Life, • EL – Basic and Supplemental Life, and • RS – Flex Spending Plans Do not leave these fields blank, or you will see all plans, including those not applicable to the employee.
6	Inquire button	R	Click Inquire		HRIS will default the plan information into the form based on what was defined in the Plan Type fields.
7	FC Field	R	Type 'S' or select 'Stop' from the drop down menu for the applicable plan.		
8	Stop Date Field	R	Enter the effective date the coverage will stop.		Entering a stop date is extremely important if the participant is changing providers.
9	Change Button	R	Click Change to update the participants benefit selections.	There will be a message in the lower left corner "Change Complete – Continue".	To enroll the participant in the new plans, go to the Employee Benefit Entry Form (BN31.2).

Repeat steps 7 – 9 for all Benefit Plans being stopped.

Changing an Existing Benefit Plan

Employee Benefit Changes Form (BN32.1) – Health, Dental, Vision Plans and Dependent Life

Benefit plans should be changed when an employee’s coverage option has changed (e.g., an employee has a life event and is going from single to family coverage). If no plans are changing you may skip this section. If you have stopped plans using the BN32.1, to complete the enrollment in the new plans you must access the Employee Benefit Entry (BN31.2).

HRIS State of Arizona **EMPLOYEE BENEFIT CHANGES (BN32.1)** Welcome,
 Go To Preferences Help

bn32.1 1 Change Inquire Next PageDown PageUp Previous

2 Company: 1 STATE OF ARIZONA
 Employee: 92628 3 CFARLIN, JOHN
 4 As of Date: 01/09/2006
 5 Plan Type: HL DN EL DL DI RS SB DC DB SP VA

C	Code	Description	Start	Stop	Opt	Mult	Cov	PayPer	Sal,Annual
HL	AVES	AVESIS VISION	10/08/2005		6				
	Pct,Amt	Pre,Aft			PT			206.16	EOI
									N Dep* Add
HL	UHAC	UHC CENTRAL	10/08/2005		2				
	Pct,Amt	Pre,Aft			PT			1620.00	EOI
									N Dep* Add
DN	METL	METLIFE DENTAL	10/08/2005		8				
	Pct,Amt	Pre,Aft			PT			540.00	EOI
									N Dep* Add
EL	BASC	BASIC LIFE	10/08/2005					15000.00	
	Pct,Amt	Pre,Aft			PT				EOI
									Add
EL	SLPT	SUP LIFE STAND	10/08/2005					50000.00	
	Pct,Amt	Pre,Aft			PT			42.00	EOI
								18.00	Add
DL	DPLI	DEPENDENT LIFE	10/08/2005		4				
	Pct,Amt	Pre,Aft			PT			22.56	EOI
									Add

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	White Search Box	R	If BN32.1 is not open, type BN32.1 in the White Search Box. Press Enter on the keyboard If form is open, skip this step.	The Employee Benefit Changes Form (BN32.1) will open.	
2	Company field	R	Field should default to Company '1'. If field is not Company '1', Type or Select '1'.		All forms/actions must contain a 1 in the Company Field. Field may contain Company '7' – used only by ADOA Central Benefits Office.
3	Employee Field	R	Type the Employee's EIN.	The Employee's name will appear next to the field after moving to the next field.	You must enter the correct EIN.
4	As of Date Field	R	Field will default to today's date. Do Not Enter a Date.		
5	Plan Type Field	R	Type or select from the drop down the plan types to list. Only enter plan types indicted by the Employee's enrollment form		Plan Types include: <ul style="list-style-type: none"> • HL – Health and Vision, • DN – Dental, • DI – Disability, • DL – Dependent Life, • EL – Basic and Supplemental Life, and • RS – Flex Spending Plans Do not leave these fields blank, or you will see all plans, including those not applicable to the employee.
6	Inquire button	R	Click Inquire		HRIS will default the plan information into the form based on what was defined in the Plan Type fields.
7	Add Link	R	Click the Add link for the Health, Vision, Dental, and/or Dependent Life Benefit Plan you are going to change.	The Benefit Add Form (BN32.3) will open.	

Benefit Add Form (BN32.3)

HRIS State of Arizona

BENEFIT ADD (BN32.3)

Welcome, I

Go To Preferences Help

bn32.1

OK Cancel Detach

Home Benefi...

1 Plan Type: HL Health

2 Plan: AVES AVESIS VISION

3 Start Date:

4 Stop Date:

5 Option:

Multiple:

Cov,PayPer:

Sal,Annual:

6 Pct,Amt:

Pre,Aft:

Pretax:

After-Tax:

7 Smoker:

EOI: N No

HIPAA

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	Plan Type Field	R	Leave field as defaulted.		
2	Plan Field	R	Leave field as defaulted.		
3	Start Date Field	R	Type the effective start date for the plan.		Format MMDDYY
4	Stop Date Field	N / A	Field not used at this step. Leave Blank.		
5	Option Field	R	Type in the option number selected by the Employee.		If Option election is not known, use the drill around feature on the Plan field.
6	Multiple Cov , PayPer Field Sal,Annual Field Pct,Amt Field Pre,Aft Field Pretax Field After-Tax Field	N / A	Leave Blank. Applicable fields will default from HRIS.		
7	Smoker Field EOI Field HIPAA link	R	Smoker Field – Leave Blank for Health, Dental, Vision and Dependent Life Plans. EOI Field will default with 'N'. DO NOT Change from default Skip the HIPAA link, entry in this field is not required.		
8	OK button	R	Click OK to complete the Benefit change	The Employee Benefit Changes Form (BN32.1) will open	
<p>These steps must be completed for all Health, Dental, Vision, and/or Dependent Life Benefit plans being changed due to the Live Event.</p> <p>To continue enrolling the participant in the plans, repeat step 7 in the <i>Employee Benefit Changes Form (BN32.1)</i> section through step 8 of the <i>Benefit Add Form (BN32.3)</i> Section.</p>					

Employee Benefit Changes Form (BN32.1) – Supplemental Life Benefit

Benefit plans should be changed when an employee's coverage option has changed (e.g., an employee has a life event and decides to increase or decrease their coverage level). If the Supplemental Life is not changing you may skip this section.



EMPLOYEE BENEFIT CHANGES (BN32.1)

Welcome,
[Go To](#) [Preferences](#) [Help](#)

bn32.1
Change
Inquire
Next
PageDown
PageUp
Previous

Home Employ...

Data Directory
 1) Company: 1
 2) Employee: 92628

Related Links
[Employee Benefit Detail Changes](#)
[Speed Benefit Entry](#)
[Employee Benefit Entry](#)
[Benefit Plan](#)
[Beneficiaries](#)
[Savings Bond Beneficiaries](#)
[Savings Bond Purchase Sequence](#)
[Employee Flex Credits](#)
[Flex Benefit Periods](#)
[Standard Time Record](#)
[Employee Benefit Report](#)
[Benefit Transactions](#)

Company: 1 STATE OF ARIZONA

Employee: 92628 MACFARLIN, JOHN

As of Date: 01/09/2006

Plan Type: HL DN EL DL DI RS SB DC DB SP VA

F	C	Tp	Code	Description	Start	Stop	Opt	Mult	Cov,PayPer	Sal,Annual	
			HL	AVES AVESIS VISION	10/08/2005		6				
				Pct,Amt <input type="text" value="A"/> Pre,Aft <input type="text" value="p"/> SM <input type="text" value="PT"/>					206.16	EOI	N Dep* Add
			HL	UHAC UHC CENTRAL	10/08/2005		2				
				Pct,Amt <input type="text" value="A"/> Pre,Aft <input type="text" value="p"/> SM <input type="text" value="PT"/>					1620.00	EOI	N Dep* Add
			DN	METL METLIFE DENTAL	10/08/2005		8				
				Pct,Amt <input type="text" value="A"/> Pre,Aft <input type="text" value="p"/> SM <input type="text" value="PT"/>					540.00	EOI	N Dep* Add
			EL	BASC BASIC LIFE	10/08/2005				15000.00		
				Pct,Amt <input type="text" value=""/> Pre,Aft <input type="text" value=""/> SM <input type="text" value="PT"/>						EOI	Add
			EL	SLPT SUP LIFE STAND	10/08/2005				50000.00		1 Add
				Pct,Amt <input type="text" value="A"/> Pre,Aft <input type="text" value="B"/> SM <input type="text" value="N"/> PT					42.00	EOI	Add
			DL	DPLI DEPENDENT LIFE	10/08/2005		4				
				Pct,Amt <input type="text" value="A"/> Pre,Aft <input type="text" value="A"/> SM <input type="text" value="PT"/>						22.56	EOI Add

Benefit Plan Changes Training FINAL

24

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Add Link	R	Click the Add link for the Supplemental Life Benefit Plan you are going to change.	The Benefit Add Form (BN32.3) will open.	

Benefit Add Form (BN32.3)

The screenshot shows the HRIS State of Arizona interface for the 'BENEFIT ADD (BN32.3)' form. The user is logged in as 'Diane G'. The form contains the following fields and controls:

- 9**: A dropdown menu currently showing 'bn32.1'.
- OK**, **Cancel**, and **Detach** buttons.
- 1**: Plan Type: Employee Life
- 2**: Plan: SUP LIFE STAND
- 3**: Start Date:
- 3**: Stop Date:
- 4**: Option:
- 4**: Multiple:
- 5**: Cov, PayPer:
- 5**: Sal, Annual:
- 6**: Pct, Amt:
- 6**: Pre, Aft:
- 6**: Pretax:
- 6**: After-Tax:
- 7**: Smoker:
- 8**: EDI: No
- 8**: [HIPAA](#)

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	Plan Type Field	R	Leave field as defaulted.		
2	Plan Field	R	Leave field as defaulted.		
3	Start Date Field	R	Type the effective start date for the plan.		Format MMDDYY Date should be the 1st of the next month after the receipt of the enrollment forms from the new employee.
4	Stop Date Field Option Field Multiple Field	N / A	Leave Blank. Applicable fields will default from HRIS.		
5	Cov,PayPer Field	R	Type in the amount of coverage for the participant.		Enter total amount requested.
6	Sal,Annual Field Pct,Amt Field Pre,Aft Field Pretax Field After-Tax Field	N / A	Leave Blank. Applicable fields will default from HRIS.		
7	Smoker Field	R	Type or select from the drop down menu the applicable choice that reflects whether or not the employee is a smoker.		Valid Values are: <ul style="list-style-type: none"> • 'Y' – Yes • 'N' - No
8	EOI Field HIPAA link	R	Field will default with 'N'. DO NOT Change from default. HIPAA link is not used and can be skipped		
9	OK button	R	Click OK to complete the Supplemental Life transaction.	The Employee Plan Changes Form (BN32.1) will open.	

Employee Benefit Changes Form (BN32.1) – Disability Benefit

Benefit plans should be changed when an employee's coverage option has changed (e.g., an employee has a life event and decides to go from Decline STD to enrolling in STD). All employees will either be enrolled in an STD plan, or enrolled in the Decline STD plan. So anytime coverage election changes use the BN32.1 to stop the plan, then use the BN31.2 to reenroll the employee in the new plan.

Employee Benefit Changes Form (BN32.1) – Medical or Dependent Care Reimbursement Account

Benefit plans should be changed when an employee's coverage option has changed (e.g., an employee has a life event and decides to add a medical reimbursement account.). All employees will either be enrolled in an account, or be enrolled in the decline account. Due to the complexity of medical and dependent care accounts, it is recommended that ADOA Benefits be consulted anytime a life event occurs and one of these plans is changing..

Employee Benefit Changes Form (BN32.1) – Enrolling Dependents

For any plan that has family coverage, complete these steps to enroll applicable dependents. If no dependents exist, skip this section.



EMPLOYEE BENEFIT CHANGES (BN32.1)

Welcome,
[Go To](#) [Preferences](#) [Help](#)

bn32.1

Change
Inquire
Next
PageDown
PageUp
Previous

Home [Employ...](#)

Data Directory

1) Company: 1
2) Employee: 92628

Related Links

[Employee Benefit Detail Changes](#)

[Speed Benefit Entry](#)

[Employee Benefit Entry](#)

[Benefit Plan](#)

[Beneficiaries](#)

[Savings Bond Beneficiaries](#)

[Savings Bond Purchase Sequence](#)

[Employee Flex Credits](#)

[Flex Benefit Periods](#)

[Standard Time Record](#)

[Employee Benefit Report](#)

[Benefit Transactions](#)

Company: 1 STATE OF ARIZONA

Employee: 92628 MACFARLIN, JOHN.

As of Date: 01/09/2006

Plan Type: HL DN EL DL DI RS SB DC DB SP VA

F	C	TP	Code	Description	Start	Stop	Opt	Mult	Cov,PayPer	Sal,Annual	
			HL	AVES AVESIS VISION	10/08/2005		6				
				Pct,Amt A Pre,Aft P SM PT		206.16	AT		EOI	N	Dep* Add
			HL	UHAC UHC CENTRAL	10/08/2005		2				
				Pct,Amt A Pre,Aft P SM PT		1620.00	AT		EOI	N	Dep* ① Add
			DN	METL METLIFE DENTAL	10/08/2005		8				
				Pct,Amt A Pre,Aft P SM PT		540.00	AT		EOI	N	Dep* Add
			EL	BASC BASIC LIFE	10/08/2005				15000.00		
				Pct,Amt Pre,Aft SM PT			AT		EOI		Add
			EL	SLPT SUP LIFE STAND	10/08/2005				50000.00		
				Pct,Amt A Pre,Aft B SM PT		42.00	AT		18.00	EOI	Add
			DL	DPLI DEPENDENT LIFE	10/08/2005		4				
				Pct,Amt A Pre,Aft A SM PT			AT		22.56	EOI	Add

[Benef](#) [SB Benef](#) [Comments](#)

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Dep Link	R	Click the Dep link for a family plan to begin adding dependents.	The Dependent Benefits Form (HR13.3) will open.	

Dependent Benefits (HR13.3)

DEPENDENT BENEFITS (HR13.3)

Welcome, [Go To](#) [Preferences](#) [Help](#)

bn32.1

Close Detach Change Inquire PageDown PageUp

Home Depend...

Related Links

Benefit Transactions

Plan AVESIS VISION Start,Stop 10/08/05

FC	Start	Stop	Dep	Dependent Name	Tp	Relation	St	Ds
*	10/08/2005		1	GRIEGO, DARRYL R.	S	SPOUSE	N	N
*	10/08/2005	03/09/2023	2	GRIEGO, HANNAH	D	CHILD	N	N
*	10/08/2005	09/25/2024	3	GRIEGO, HAILEE K.	D	CHILD	N	N

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	FC Field	R	Type or select from the drop down how to affect the enrollment for one or more of the dependents.	The Dependent Benefits Form (HR13.3) will open.	FC Valid Values: <ul style="list-style-type: none"> • 'A' – Add • 'C' – Change • 'D' – Delete
2	Start Field	R	Entry in the start date fields differs based on the type of dependent being added. Please refer to the Notes section for additional information.		<ul style="list-style-type: none"> • If adding a Newborn dependent, the Start date will default into the field. • If adding a spouse or any other dependent (child, adopted child, etc), then type in the start date that the situation is effective (Date of Adoption, Date of Marriage, etc). If no date is entered, it will default back to the plan enrollment date for the employee.
3	Stop Field	R	DO NOT ENTER if this is a new dependent. Enter this date in the event of ending this dependent's coverage.		Format MMDDYY
Complete steps 1 – 3 for all Employee Dependents.					
4	Change Button	R	Click Change to save the dependent changes.	There will be a message in the lower left corner "Change Complete – Continue" if Change was clicked.	
5	Close Button	R	Click Close to return to the previous form.	The Employee Benefit Changes Form (BN32.1) will open.	

Employee Benefit Changes Form (BN32.1) – Defining Beneficiaries

To complete the benefit changes, you should update the Beneficiary elections for the Employees Life Insurance Plans. Beneficiaries are required for Basic Life and Supplemental Life.

- If the employee is deleting Beneficiaries, complete the step to delete all beneficiaries before attempting to enter the new beneficiaries. To delete a beneficiary, click on the Benef link (as outlined below), place a 'D' in the FC field for the appropriate beneficiary, then click the 'Change' button.
- If the employee is changing beneficiaries (any field other than the percent/amount), then delete the old beneficiaries and add new beneficiaries.
- If the employee is adding new beneficiaries or changing the percent or amount allocations to his/her beneficiaries, then follow the steps outlined below for the BN47.1.



EMPLOYEE BENEFIT CHANGES (BN32.1)

Welcome,
[Go To](#) [Preferences](#) [Help](#)

bn32.1
Change
Inquire
Next
PageDown
PageUp
Previous

Home Employ...

Data Directory
 1) Company: 1
 2) Employee: 92628

Related Links
[Employee Benefit Detail Changes](#)
[Speed Benefit Entry](#)
[Employee Benefit Entry](#)
[Benefit Plan](#)
[Beneficiaries](#)
[Savings Bond Beneficiaries](#)
[Savings Bond Purchase Sequence](#)
[Employee Flex Credits](#)
[Flex Benefit Periods](#)
[Standard Time Record](#)
[Employee Benefit Report](#)
[Benefit Transactions](#)

Company: STATE OF ARIZONA

Employee: MACFARLIN, JOHN.

As of Date:

Plan Type:

F	C	Tp	Code	Description	Start	Stop	Opt	Mult	Cov,PayPer	Sal,Annual		
<input type="checkbox"/>	DI	VLTD	VPA	ASRS	07/01/2003							
	Pct,Amt	P		Pre,Aft	A	SM	PT		AT	.50	EOI	Add
<input type="checkbox"/>	DI	WDIS	DECLINE	STD	10/01/2005							
	Pct,Amt			Pre,Aft		SM	PT		AT		EOI	Add
<input type="checkbox"/>	RS	WAMR	DECL	MEDFL	10/01/2005	09/30/2006						
	Pct,Amt			Pre,Aft		SM	PT		AT		EOI	Add
<input type="checkbox"/>	RS	WDCR	DECL	DEPFL	10/01/2005	09/30/2006						
	Pct,Amt			Pre,Aft		SM	PT		AT		EOI	Add
<input type="checkbox"/>	DB	AS01	ASRS	PLAN	07/02/2005							
	Pct,Amt	P		Pre,Aft	P	SM	PT		AT	6.90	EOI	Add
<input type="checkbox"/>												
	Pct,Amt			Pre,Aft		SM	PT		AT		EOI	

1 [Benef](#) [SB Benef](#) [Comments](#)

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Benef Link	R	Click the Benef link to update Employee Beneficiaries	The Beneficiaries Form (BN47.1) will open.	

Beneficiaries Form (BN47.1)

Beneficiaries Form (BN47.1) – More Tab

HRIS State of Arizona Welcome, [Name]

BENEFICIARIES (BN47.1) Go To Preferences Help

BN47.1 Add Change Inquire Next PageDown PageUp Previous

Data Directory

- 1) Company:
- 2) Employee:
- 3) Benefit Type:
- 4) Plan:

Related Links

- [Speed Benefit Entry](#)
- [Employee Benefit Entry](#)
- [Employee Benefit Changes](#)
- [Employee Benefit Detail Changes](#)
- [Beneficiary Listing](#)

Form Fields:

- 1) Company: [Dropdown]
- 2) Employee: [Dropdown]
- 3) Benefit Type: [Dropdown]
- 3) Plan: [Dropdown]

FC	Type	Primary or Contingent	Percent Amount	Amount
4	5	6	7	8
[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]	[Text]

More 17) Address

- 10) Last Name: [Text]
- 11) First Name: [Text]
- 12) Middle Initial: [Text]
- 13) Relationship: [Dropdown]
- 14) Social Nbr: [Text]
- 15) Trust: [Text]
- 16) Comments: [Text]

32

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Company field Employee Field	R R	Company and Employee should be pre-populated with information from the prior form. If information does not appear in these fields: <ul style="list-style-type: none"> Type or Select '1' in the Company Field Type or Select the Employee's EIN in the Employee Field 		All forms/actions must contain a 1 in the Company Field. Field may contain Company '7' – used only by ADOA Central Benefits Office.
2	Benef Type Field	R	Type 'EL' or select Employee Life/AD&D from the drop down menu.		
3	Plan Field	R	Type or select from the drop down menu the appropriate plan, according to the Employee's enrollment form.		Two plans used at the State of Arizona include 'BASC' for Basic Life and 'SLPT' for Supplement Life. Click Inquire
4	FC Field	R	Type 'A' or select 'Add' from the drop down menu to add a beneficiary. If changing the amount or percent allocation, type 'C' or select 'Change' from the drop down menu next the applicable beneficiary.		You must add each beneficiary on a separate line. If the Employee has more than 3 beneficiaries, enter the first three, click change, then use the same rows to add the additional beneficiaries. You will type over the existing information, but that information is already saved in the system.
5	Type Field	R	Type or select from the drop down menu the beneficiary type. If changing the beneficiary, skip this step.		Valid Values are: <ul style="list-style-type: none"> '0' – Individual '1' – Trust

6	Primary or Contingent Field	R	Type or select from the drop down menu whether the beneficiary is the primary or contingent beneficiary. If changing the beneficiary, make updates as applicable.		Valid Values are: <ul style="list-style-type: none"> • '1' – Primary • '2' – Contingent
7	Percent Amount Field	R	Type whether the elections will be entered as a percent or amount for each beneficiary. Step is the same for Add or Change.		Valid Values are: <ul style="list-style-type: none"> • 'P' – Percent State of Arizona does not allow specifications by 'A' – Amount. You must select 'P'.
8	Amount Field	R	Type the percent amount to be received by the beneficiary. Steps is the same for Add or Change.		If there are multiple primary or contingent beneficiaries, the total amount of primary beneficiaries must equal 100%, and the total amount of contingent beneficiaries must equal 100%.
9	More Tab	R	Click the More tab at the bottom of the screen to add the Beneficiaries information (Name, Relationship, etc).		These steps will need to be completed for each beneficiary.
10	Last Name Field – First Box	R	Used for a Prefix (title) of a dependent's name. State of Arizona does not use this field. Leave this field Blank.		If the Beneficiary is a Trust, skip to Step 15 (Page 35) Name fields are required if the beneficiary is a person.
	Last Name Field – Second Box	R	Type the Last Name of the dependent.		
	Last Name Field – Third Box	R	Type the Suffix of the dependent.		Information must be in ALL CAPS. Do not include Punctuation. Example – 'JR' for Junior or 'SR' for Senior.
11	First Name Field	R	Type the First Name of the dependent		Information must be in ALL CAPS. Do not include Punctuation.
12	Middle Initial Field	O	Type in the Middle Initial of the dependent		Information must be in ALL CAPS. Do not include Punctuation.
13	Relationship Field	O	Type or select from the drop down the relationship of the beneficiary to the Employee.		
14	Social Nbr Field	O	Type the SSN of Beneficiary, if applicable.		Since the beneficiary is a person, skip to step 17 (Page 35)

15	Trust Field	R	Type in the Name of the trust.		Information must be in ALL CAPS. Do not include Punctuation. Field is required if the beneficiary is a trust.
16	Comments Field	R	Type in the Date of the Trust.		Information must be in ALL CAPS. Do not include Punctuation. Field is required if the beneficiary is a trust.
17	Address Tab	R			If the beneficiary has a different address than the employee, click on the address tab to enter the beneficiary's address. You will be required to enter the country code for the address – enter 'US' for the United States.

Beneficiaries Form (BN47.1) – Address Tab



BENEFICIARIES (BN47.1)

Welcome,

[Go To](#) [Preferences](#) [Help](#)

BN47.1
8

Add
Change
Inquire
Next
PageDown
PageUp
Previous

Home **Benefi...**

Data Directory

1) Company:
2) Employee:
3) Benefit Type:
4) Plan:

Related Links

[Speed Benefit Entry](#)
[Employee Benefit Entry](#)
[Employee Benefit Changes](#)
[Employee Benefit Detail Changes](#)
[Beneficiary Listing](#)

Company:

Employee:

Benefit Type:

Plan:

FC	Type	Primary or Contingent	Percent Amount	Amount
▼	▼	▼	▼	▼
▼	▼	▼	▼	▼
▼	▼	▼	▼	▼

More **Address**

① Employee Address:

② Address 1:

③ Address 2:

③ Address 3:

③ Address 4:

④ City or Addr5:

⑥ Postal Code:

⑤ State or Prov:

⑦ Country:

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Employee Address Field	O	Type 'H' or select 'Home' from the drop down if the beneficiary's address is the same as the employee's address.		If the address is the same, skip to Step 8.
2	Address 1 Field	O	Type the beneficiary's home street address		Information must be in ALL CAPS. Do not include Punctuation.
3	Address 2 Field Address 3 Field Address 4 Field	O	Type additional Address information if needed (ex. Apt or Space Number)		Information must be in ALL CAPS. Do not include Punctuation.
4	City or Address 5 Field	O	Type the beneficiary's Home City.		Must be entered in ALL CAPS and enter the FULL CITY NAME. No abbreviations.
5	State or Province Field	O	Type the beneficiary's Home State		Must be entered in ALL CAPS and enter the two digit State Code. Example – AZ.
6	Postal Code Field	O	Type the beneficiary's Home Postal Code		The 5-digit code – example 85007.
7	Country Field	O	Type the beneficiary's Home Country		Must be entered in ALL CAPS.
To add additional beneficiaries, follow step 4 (Page 33) through step 7 (Page 37)					
After adding all the beneficiaries for the plan, complete the next step.					
8	Add Button	R	Click Add to save the beneficiaries in the system.		
To add beneficiaries to another plan, follow step 3 (Page 33) through step 8 (Page 37)					