



HRIS Job Role Training

New Participant Enrollment

Forms: XH13, BN47, BN31.2

Table of Contents

Introduction	3
Benefit Entry Tips	3
Dependent Form (XH13.1)	5
Dependent Form (XH13.1) – Main Tab.....	5
Dependent Form (XH13.1) – Address Tab	9
Dependent Form (XH13.1) – Benefit Analysis Tab	11
Dependent Form (XH13.1) – Coverage Tab.....	14
Employee Benefit Entry Form (BN31.2)	16
Employee Benefit Entry Form (BN31.2) – Dependent Enrollment	20
Dependent Benefits Form (HR13.3) – Dependent Enrollment.....	22
Employee Benefit Entry Form (BN31.2) – Complete Remaining Benefit Plan Enrollments	24
Beneficiaries Form (BN47.1)	26
Beneficiaries Form (BN47.1) – More Tab	26
Beneficiaries Form (BN47.1) – Address Tab	30

Introduction

New State Employees can utilize the HRIS Your Employee Services (YES) application to enroll themselves in their selected Benefit Options. These employees can access YES by going to the HRIS website at <http://yes.az.gov> and clicking on the Login button. If the participants complete this process, the agency benefit initiators will not be required to enter their enrollment as outlined in this training manual.

If it is not practical for a particular new employee to use YES to self-enroll, Agency Benefits Initiators can follow the steps outlined in this manual to complete that enrollment.

The New Participant Enrollment process should be completed as follows:

- Define Employee dependents using the *Dependent Form (XH13.1)*.
- Enroll the Employee and their dependents into the applicable benefit plan(s) using the *Employee Benefits Entry Form (BN31.2)*.
- For Employees who are eligible for basic life, define the Beneficiaries using the Beneficiaries Form (BN47.1)

Before the enrollment 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
- Completed, signed and dated flexible spending enrollment form (if applicable). *This form needs to be forwarded to Central Benefits at ADOA for entry.*
- Completed, signed and dated supplemental beneficiary and dependent form (if applicable).

With the enrollment into benefits, HRIS establishes the necessary deductions for the benefits on the Employee's record.

Benefit Entry Tips

- The participant (employee) has to exist prior to adding dependents on *Dependents Form (XH13)*. If they have not been hired, you cannot establish benefits.
- 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.
- During the enrollment, HRIS will generate applicable stop dates for dependents depending on the age and student status defined on the benefit plan. An effective date is required for the Student field.

- Plans in which the participant is already enrolled are indicated by an asterisk (*).
- After enrolling the dependent, an asterisk (*) appears next to the detail line, indicating the dependent is enrolled.
- The participant has to be enrolled into the appropriate benefit plan prior to adding beneficiaries.

Dependent Form (XH13.1)

Dependent Form (XH13.1) – Main Tab

The screenshot displays the HRIS State of Arizona interface for the Dependent Form (XH13.1). The top navigation bar includes the HRIS logo, the title "Dependent (XH13.1)", and a user welcome message "Welcome Frank" with a "[logout]" link. A search bar contains the text "xh13.1". Below the navigation bar is a toolbar with buttons for "Add", "Change", "Delete", "Previous", "Inquire", "Next", and "Inquire".

The main content area is divided into tabs: "Main", "Address", "Benefits Analysis", and "Coverage". The "Main" tab is active and contains the following fields:

- Company (2)
- Employee (3)
- Dependent (4)
- Last Name (5)
- First Name, MI (6)
- Status (6) with a dropdown menu showing "A" and "Active" (8)
- Social Nbr (7)
- Employee Address (9) with a dropdown menu showing "H" and "Home" (9)
- Relationship (10)
- Consent (11) with a dropdown menu showing "Not Applicable" (11)

A "Comments" button is located at the bottom of the form. The bottom of the screen shows a Windows taskbar with "Done" and "Local intranet" icons.

	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 Entry Form (BN31.2), Step 1(Page 17)
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	Type an identifying sequential number for the dependent.		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 <p>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.</p> <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.

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
5	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.		
	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.
6	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.
7	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.		
8	Social Number Field	R	Enter the dependents SSN with dashes in the appropriate places.		SSN is required for ALL dependents
9	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.
10	Relationship Field	R	Type or select from the drop down menu the relationship the dependent has with the Employee.		Example – CHILD, DOMESTIC PARTNER, GUARDIAN, PLACEADOPT, SPOUSE, OR STEPCHILD.
11	Consent Field	N /	State of Arizona does not use the Consent field for dependents.		

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
		A	Leave this field Blank.		
12	Address Tab	R	Click on the Address Tab under Related PagSes	Address Tab opens	<p>If the dependent's address is different than the employee's address, continue with Step 1(Page 10)</p> <p>If the dependent's address is the same as the Employee's address, skip to Step 11 (Page 10)</p>

Dependent Form (XH13.1) – Address Tab

HRIS State of Arizona

Welcome Frank [logout]

Dependent (XH13.1)

xh13.1

Home

» + Add Change - Delete < Previous ? Inquire > Next | Inquire

Company

Employee

Dependent

Main Address Benefits Analysis Coverage

1 Address 1

2 Address 2

3 Address 3

4 Address 4

5 City or Address 5

6 State or Province

7 Postal Code

8 Country

9 Telephone

10 Work Telephone

11

Comments

Done Local intranet

	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 Frank [logout]

Dependent (XH13.1)

Home + Add Change Delete Previous Inquire Next Inquire

Company

Employee

Dependent

Main Address **Benefits Analysis** Coverage

1 Spouse or Dependent

2 Birthdate

3 Adoption Date

3 Placement Date

4 Gender

5 Smoker

6 Student

7 Disabled

8 Deceased

9

Age

10 Effective Date

11 Date Of Death

12

Comments

Done Local intranet

	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	Effective Date	R	Type the effective date of the		Format: MMDDYYYY Example –

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
			Student status.		12/05/2007 Field is required if changing Student Status.
9	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 N is the default. Change only if applicable.
10	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 • Y – Yes
11	Date of Death Field	O	Type a date of death for the deceased dependent. Field is only required if Deceased Field = 'Y'		Format: MMDDYYYY Example – 12/05/2007
12	Coverage Tab	R	Click on the Coverage Tab under Related Pages	Coverage Tab opens	

Dependent Form (XH13.1) – Coverage Tab

HRIS
State of Arizona

Welcome Frank [logout]

Dependent (XH13.1)

5

4

1

2

3

Home

+ Add Change - Delete < Previous ? Inquire > Next | Inquire

Company

Employee

Dependent

Main Address Benefits Analysis Coverage

Prior Months Cov

Primary Care Physician

Established Patient

Health

Dental

Life

Medicare Indicator

Benefits

Comments

Done Local intranet

	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 • F – Medicare Part A and B and D • G – Medicare Part A and D • H – Medicare Part B and D • I – Medicare Part D '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 BN31.2 in the White Search Box. Press Enter on the keyboard	The Employee Benefit Entry Form (BN31.2) will open.	

Employee Benefit Entry Form (BN31.2)

Employee Benefit Entry (BN31.2)

Welcome Rita | log | bn31.2

Home | + Add | Previous ? Inquire | Next | Inquire | Related Fon

Your Employee Services

13

1 Company: 1

2 Employee

3 As of date: 01/29/2010

1 Benefit Type: HL DN EL DL DI RS

7

8

9

FC	Type	Plan	Description	Eligible	Start	Option	Mult	Cov,Pay Prd	Sal,Annual
<input type="checkbox"/>	HL	AMES	AMERIBEN EPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	AMPS	AMERIBEN PPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	ATES	AETNA EPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	ATHS	AETNA HSA	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	ATPS	AETNA PPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	AVSS	AVESIS VISION	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	CGES	CIGNA EPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	UNES	UHC EPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	UNPS	UHC PPO	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	WHLT	DECLINE MEDICAL	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	HL	WVIS	DECLINE VISION	01/23/2010		<input type="checkbox"/>	<input type="checkbox"/>		

6

10

More... | HIPAA | Deduction

Start Date:

Stop Date:

11

12

Beneficiaries | Savings Bond Beneficiaries | Comments

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	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.
2	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.
3	As of Date Field	R	Field will default to today's date. Do Not Enter a Date.		
4	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
5	Inquire button	R	Click Inquire		HRIS will default the plan information into the form based on what was defined in the Plan Type fields.
6	FC Field	R	Type 'A' or select 'Add' from the drop down menu on each line to add that plan to the Employee's enrollment.		 Note <ul style="list-style-type: none"> • If the participant has elected to decline coverage of a certain plan, they must be enrolled in the decline plan for that coverage.
7	Start Field	R	Type the effective start date for the plan.		Format MMDDYY Date should be the 1st of the next pay period after the receipt of the enrollment forms from the new employee.
8	Opt Field	R	Type the option number that		If you do not know the option code, use

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
			<p>corresponds to the plan elected by the employee.</p> <p>If enrolling the Employee in Dependent Life, the amount of the plan will be selected as an Opt Value. To determine the applicable Opt, follow the steps to Drill Around on the Plan.</p>		<p>the Drill Around feature. To access drill around:</p> <ul style="list-style-type: none"> • Click the right mouse button, • Select Drill • Click on Plan Coverage Options • Option number is displayed in the Option field
9	Mult Field Cov,Pay Per Field Sal,Annual Field	O	<p>Fields are not required. Leave Blank.</p> <p>If enrolling the Employee in Supplement Life, you must include the Annual amount of coverage in the Cov, PayPer field.</p>		<p>The More Tab at the bottom of the form contains fields that should be left blank at this time.</p> <p>If Employee is declining any of these plans, you must enroll him/her in the decline plan.</p> <p><i>If you are not adding one of these plan types, skip to Step 13 – Page 19.</i></p>
	HIPAA Tab	O	Not used at this time		N will default
10	Deduction Tab	R	Click on the Deduction Tab next to the HIPAA tab	Deduction Tab opens and displays fields: Start Date and Stop Date	
11	Start Date Field	R	Enter the Deduction Start date for the plan	Deduction Start Date will be displayed correctly	Use Expanded Payroll Calendar for appropriate Deduction Start Date, depending on benefit start date.
12	Stop Date Field	O	Leave field blank	No date in field	DO NOT ENTER A STOP DATE, FIELD HAS TO BE BLANK.
<p>The enrollment steps must be completed for all plans the Employee is being enrolled in – Medical, Dental, Vision, Disability, Supplemental Life, etc. Medical Flex Spending and Dependent Care Flex Spending election forms need to be sent to ADOA Central Benefits for entry.</p> <p>To continue enrolling the employee in additional plans, repeat step 6 (page 17) through step 12 (page 18). Add until all enrollments are completed on the current screen.</p> <p>Note</p> <ul style="list-style-type: none"> • If the participant has elected to decline coverage of a certain plan, you must complete these steps to enroll the participant in the Decline Plan (DECLINE MEDICAL, DECLINE DENTAL, DECLINE VISION, ETC). 					

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
13	Add button	R	After all benefit plans have been updated on the first page, Click Add.	There will be a message in the lower left corner "Add Complete – Continue" if Add was clicked.	<p>If the Employee is adding dependents to the Medical, Dental and Vision Plan enrollments continue with Step 1 (Page 23)</p> <p>If the Employee has no dependents, skip to Step 1 (Page 25) to continue with plan enrollments.</p> <p>If you have completed the entire enrollment process (including enrolling the employee into all the plans and enrolling all his/her dependents), skip to Step 3 (Page 25).</p> <p>HRIS displays current benefit enrollments immediately on the form after clicking 'Add'. Plans are indicated with an asterisk.</p>

Employee Benefit Entry Form (BN31.2) – Dependent Enrollment


Welcome Rita 

Employee Benefit Entry (BN31.2)

bn31.2  

Home |
 + Add |
 ◀ Previous |
 ? Inquire |
 ▶ Next |
 Inquire ▼

Related Form

Company STATE OF ARIZONA
 Employee
 As of date
 Benefit Type

FC *	Type	Plan	Description	Eligible	Start	Option	Mult	Cov,Pay Prd	Sal,Annual
<input type="checkbox"/>	HL	AMES	AMERIBEN EPO	01/23/2010	01/23/2010	2			
<input type="checkbox"/>	HL	AMPS	AMERIBEN PPO	01/23/2010					
<input type="checkbox"/>	HL	ATES	AETNA EPO	01/23/2010					
<input type="checkbox"/>	HL	ATHS	AETNA HSA	01/23/2010					
<input type="checkbox"/>	HL	ATPS	AETNA PPO	01/23/2010					
<input type="checkbox"/>	HL	AVSS	AVESIS VISION	01/23/2010					
<input type="checkbox"/>	HL	CGES	CIGNA EPO	01/23/2010					
<input type="checkbox"/>	HL	UNES	UHC EPO	01/23/2010					
<input type="checkbox"/>	HL	UNPS	UHC PPO	01/23/2010					
<input type="checkbox"/>	HL	WHLT	DECLINE MEDICAL	01/23/2010					
<input type="checkbox"/>	HL	WVIS	DECLINE VISION	01/23/2010					

More... |
 HIPAA |
 Deduction

Pct,Amt |
 Pre,Aft |
 Smk |
 EOI |
 Pre-Tax |
 Aft-Tax |
 Stop Date

|

|
 |

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	FC Field	R	Click in the FC field on the line of the particular family plan to which you are adding the dependents, this highlights the plan.	The plan information should be highlighted in brown.	
2	More Tab	R	Click on the More tab at the bottom of the page.	The more tab will be displayed with various fields available.	
3	Pct,Amt Field Pre,Aft Field Smk Field EOI Field Pre-Tax Field After-Tax Field Stop Date Field	N / A	Fields are not used. Leave Blank		
4	Dep Field	R	Click on the Dep link at the end of the fields to add dependents to this plan.		This Dep link will open the Dependent Benefits Form (HR13.3), which allows you to add your dependents to the employee's benefit plan. If you do not see the Dep link, the Employee does not have dependents. Contact Central Benefits for assistance.

Dependent Benefits Form (HR13.3) – Dependent Enrollment

HRIS State of Arizona

Welcome Rita [logout]

bn31.2

5

Dependent Benefits (HR13.3)

3

4

Home

Your Employee Services

2

Plan AMERIBEN EPO

Start, Stop 01/23/2010

FC	Start	Stop	Dep	Dependent Name	Type	Rel Code	Stu	Ds
<input type="checkbox"/>	01/23/2010		1	CLARK, KENT	S	SPOUSE	N	N
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

2

Related Forms

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	FC Field	R	Type 'A' or select 'Add' from the drop down menu to add a dependent to the plan.		You must plan the FC in front of each dependent being added to the plan. This may include repeating these steps for multiple dependents (e.g. spouse and one or more dependents).
2	Start Field Stop Field	R	Required dates will default into these fields based on Employee information. DO NOT CHANGE THESE DATES.		
3	Change Button	R	Click Change button after all dependents to be enrolled have an FC = A .	There will be a message in the lower left corner "Change Complete – Continue".	
4	Inquire Button	R	Click the Inquire button to ensure that each dependent has been added.	An Asterisk appears next to the dependent if he/she is enrolled in the plan.	
5	Back Button	R	Click Back to return to the Employee Benefit Form (BN31.2)	The Employee Benefit Entry Form opens.	
<p>Completing this step once does not enroll the dependents into all family plans.</p> <p>To add the dependents to additional family plans, repeat Step 1 (Page 23) through Step 4 (Page 23)</p> <p>After enrolling the remaining dependents for all family plans, you must return to the BN31.2 and continue benefit elections on the remaining benefit plans.</p>					

Employee Benefit Entry Form (BN31.2) – Complete Remaining Benefit Plan Enrollments

HRIS State of Arizona

Employee Benefit Entry (BN31.2)

Welcome Jennifer [logout]

bn31.2

Home + Add Previous ? Inquire Next PageDown

Change Password
Change password
Jobs and Reports
Manager Self-Service
Your Employee Services
Control-D Web Reports

Company 1 STATE OF ARIZONA

Employee 126074 BOWLING, JENNIFER L.

As of date 01/29/2010

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

FC	Type	Plan	Description	Eligible	Start	Option	Mult	Cov,Pay Prd	Sal,Annual
	HL	AMES	AMERIBEN EPO	10/01/2009					
	HL	AMPS	AMERIBEN PPO	10/01/2009					
	HL	ATES	AETNA EPO	10/01/2009					
	HL	ATHS	AETNA HSA	10/01/2009					
	HL	ATPS	AETNA PPO	10/01/2009					
	HL	AVSS	AVESIS VISION	10/01/2009					
	HL	CGES	CIGNA EPO	10/01/2009					
*	HL	UNES	UHC EPO	10/01/2009					
	HL	UNPS	UHC PPO	10/01/2009					
	HL	WHLT	DECLINE MEDICAL	10/06/2008					
*	HL	WVIS	DECLINE VISION	10/06/2008					

More... HIPAA Deduction

Pct,Amt Pre,Aft Smk EOI Pre-Tax Aft-Tax Stop Date

Beneficiaries Savings Bond Beneficiaries Comments

	HRIS Field	R / O	Step/Action	Expected Results	 Notes/ Additional Information
1	Company field Employee Field As of Date Field Plan Type Field	R R R R	No Action Required, these fields will default to the information previously entered.		All forms/actions must contain a 1 in the Company Field. Field may contain Company '7' – used only by ADOA Central Benefits Office.
2	PageDown Button	R	Click PageDown to access remaining plans.		
<p>To enroll the Employee in the additional plans (as applicable), follow step 6 (Page 17) through step 13 (page 19).</p> <p>After Enrolling the Employee and all dependents into all the applicable plans, you must setup Beneficiaries information for the Basic Life and, if applicable, the Supplemental Life Plan.</p>					
3	Beneficiaries Link	R	Click the Beneficiaries link at the bottom of the form to access the Beneficiaries Form (BN47.1)	The Beneficiaries Form (BN47.1) opens.	

Beneficiaries Form (BN47.1)

Beneficiaries Form (BN47.1) – More Tab

The screenshot shows the HRIS State of Arizona interface for the Beneficiaries (BN47.1) form. The top navigation bar includes 'Home', 'Back', 'Detach', '+ Add', 'Change', 'Previous', 'Inquire', 'Next', and 'Inquire'. The user is logged in as 'Welcome Rita' with a session ID of 'bn31.2'. A left sidebar contains 'Your Employee Services'. The form is divided into two main sections: a table for beneficiary details and a 'More' section for personal information.

Form Fields and Callouts:

- 1: Company (text field)
- 2: Employee (text field)
- 3: Plan (text field)
- 4: FC (dropdown menu)
- 5: Type (dropdown menu)
- 6: Primary or Contingent (dropdown menu)
- 7: Percent Amount (dropdown menu)
- 8: Amount (text field)
- 9: More (tab)
- 10: Last Name (text field)
- 11: First Name (text field)
- 12: Middle Initial (text field)
- 13: Relationship (text field)
- 14: Social Number (text field)
- 15: Trust (text field)
- 16: Comments (text field)
- 17: Address (tab)

FC	Type	Primary or Contingent	Percent Amount	Amount
[dropdown]	[dropdown]	[dropdown]	[dropdown]	[text]
[dropdown]	[dropdown]	[dropdown]	[dropdown]	[text]
[dropdown]	[dropdown]	[dropdown]	[dropdown]	[text]

	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 'HEL'S' for Supplement Life.
4	FC Field	R	Type 'A' or select 'Add' from the drop down menu to add a 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.		Valid Values are: <ul style="list-style-type: none"> • '1' – Individual • '2' – Trust
6	Primary or Contingent Field	R	Type or select from the drop down menu whether the beneficiary is the primary or contingent beneficiary.		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.		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.		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 29) 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 29)

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. If the address is the same, skip to Step 8 (Page 31)

Beneficiaries Form (BN47.1) – Address Tab


Welcome Rita [logout]

Beneficiaries (BN47.1)

bn31.2

Your Employee Services

Company
 Employee
 Benefit Type
 Plan

FC	Type	Primary or Contingent	Percent Amount	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1

2 - 7

City or Address 5
State or Province

Postal Code
Country

	HRIS Field	R / O	Step/Action	Expected Results	Notes/ Additional Information
1	Employee Address Field	O	Type 'S' or select 'Supplemental' from the drop down if the beneficiary's address is different from the employee's address.		
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 on (Page 27) and follow the same instructions.					
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 27) and follow the same instructions.					