

Managing Compensation and Benefits Using Oracle® US Federal

HRMS

**RELEASE 11*i***  
**VOLUME III**

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# Managing Compensation and Benefits Using Oracle® US Federal HRMS

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## Glossary

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# Preface

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## Audience for This Guide

Welcome to Release RELEASE 11*i* of the Managing Compensation and Benefits Using Oracle US Federal HRMS user guide.

This guide assumes you have a working knowledge of the following:

- The principles and customary practices of your business area.
- Oracle® US Federal HR

If you have never used Oracle® US Federal HR, we suggest you attend one or more of the Oracle® US Federal HR training classes available through Oracle University.

- The Oracle Applications graphical user interface.

To learn more about the Oracle Applications graphical user interface, read the *Oracle Applications User Guide*.

See Other Information Sources for more information about Oracle Applications product information.

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## How To Use This Guide

This guide contains the information you need to understand and use Oracle® US Federal HR.

This preface explains how this user guide is organized and introduces other sources of information that can help you.

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## Finding Out What's New

From the HTML help window for Oracle® US Federal HR, choose the section that describes new features or what's new from the expandable menu. This section describes:

- New features in 11*i*. This information is updated for each new release of Oracle® US Federal HR.
- Information about any features that were not yet available when this user guide was printed. For example, if your system administrator has installed software from a mini pack as an upgrade, this document describes the new features.

---

## Other Information Sources

You can choose from many sources of information, including online documentation, training, and support services, to increase your knowledge and understanding of Oracle® US Federal HR.

If this guide refers you to other Oracle Applications documentation, use only the Release 11*i* versions of those guides unless we specify otherwise.

## Online Documentation

All Oracle Applications documentation is available online (HTML and PDF). The technical reference guides are available in paper format only. Note that the HTML documentation is translated into over twenty languages.

The HTML version of this guide is optimized for onscreen reading, and you can use it to follow hypertext links for easy access to other HTML guides in the library. When you have an HTML window open, you can use the features on the left side of the window to navigate freely throughout all Oracle Applications documentation.

- You can use the Search feature to search by words or phrases.
- You can use the expandable menu to search for topics in the menu structure we provide. The Library option on the menu expands to show all Oracle Applications HTML documentation.

You can view HTML help in the following ways:

- From an application window, use the help icon or the help menu to open a new Web browser and display help about that window.
- Use the documentation CD.
- Use a URL provided by your system administrator.

Your HTML help may contain information that was not available when this guide was printed.

## Related User Guides

Oracle® US Federal HR shares business and setup information with other Oracle Applications products. Therefore, you may want to refer to other user guides when you set up and use Oracle® US Federal HR.

If you do not have the hardcopy versions of these guides, you can read them online by choosing Library from the expandable menu on your HTML help window, by reading from the Oracle Applications Document Library CD, or by using a Web browser with a URL that your system administrator provides.

## User Guides Related to All Products

### **Oracle Applications User Guide**

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This guide explains how to navigate the system, enter data, and query information, and introduces other basic features of the GUI available with this release of Oracle® US Federal HR (and any other Oracle Applications product).

You can also access this user guide online by choosing "Getting Started and Using Oracle Applications" from the Oracle Applications help system.

### **Oracle Alert User Guide**

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Use this guide to define periodic and event alerts that monitor the status of your Oracle Applications data.

### **Oracle Applications Implementation Wizard User Guide**

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If you are implementing more than one Oracle product, you can use the Oracle Applications Implementation Wizard to coordinate your setup activities. This guide describes how to use the wizard.

### **Oracle Applications Developer's Guide**

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This guide contains the coding standards followed by the Oracle Applications development staff. It describes the Oracle Application Object Library components needed to implement the Oracle Applications user interface described in the *Oracle Applications User Interface Standards*. It also provides information to help you build your custom Developer/2000 forms so that they integrate with Oracle Applications.

### **Oracle Applications User Interface Standards**

---

This guide contains the user interface (UI) standards followed by the Oracle Applications development staff. It describes the UI for the

Oracle Applications products and how to apply this UI to the design of an application built by using Oracle Forms.

## User Guides Related to This Product

### Using Oracle HRMS – The Fundamentals

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This user guide explains how to set up organizations, jobs and positions. It also covers setting up pay and cost analysis functions.

### Managing People Using Oracle HRMS

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Use this guide to find out about using employee management, recruitment activities, career management, and budgeting.

### Managing Compensation and Benefits Using Oracle HRMS

---

Use this guide to learn about compensation setup, entry and analysis, setting up basic and standard benefits, absence management and PTO accruals.

### Customizing, Reporting and System Administration

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This guide provides information about extending and customizing Oracle HRMS, managing security, auditing, information access, and letter generation.

### Implementing Oracle HRMS

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This user guide explains the setup procedures you need to do in order to successfully implement Oracle HRMS in your enterprise.

### Implementing Oracle Self-Service Human Resources (SSHR)

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This guide provides information about setting up the self-service human resources management functions for managers and employees. Managers and employees can then use an intranet and Web browser to have easy and intuitive access to personal and career management functionality

### Using Oracle FastFormula

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This guide provides information about writing, editing, and using formulas to customize your system. Oracle FastFormula provides a

simple way to write formulas using English words and basic mathematical functions. For example, Oracle FastFormula enables you to specify elements in payroll runs or create rules for PTO and accrual plans.

### **Using Oracle Training Administration (OTA)**

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This guide provides information about how to set up and use Oracle Training Administration to facilitate your training and certification business.

### **Using Application Data Exchange and Hierarchy Diagrammers**

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This guide provides information about using Application Data Exchange to view HRMS data with desktop tools, and upload revised data to your application. This guide also provides information about using Hierarchy Diagrammers to view hierarchy diagrams for organizations and positions.

### **Oracle Business Intelligence System Implementation Guide**

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This guide provides information about implementing Oracle Business Intelligence (BIS) in your environment.

### **BIS 11*i* User Guide Online Help**

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This guide is provided as online help only from the BIS application and includes information about intelligence reports, Discoverer workbooks, and the Performance Management Framework.

### **Using Oracle Time Management**

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This guide provides information about capturing work patterns such as shift hours so that this information can be used by other applications such as General Ledger.

### **Oracle Applications Flexfields Guide**

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This guide provides flexfields planning, setup, and reference information for the Oracle® US Federal HR implementation team, as well as for users responsible for the ongoing maintenance of Oracle Applications product data. This guide also provides information on creating custom reports on flexfields data.

## Oracle Applications Concepts

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This guide provides an introduction to the concepts, features, technology stack, architecture, and terminology for Oracle Applications Release 11*i*. It provides a useful first book to read before an installation of Oracle Applications. This guide also introduces the concepts behind, and major issues, for Applications-wide features such as Business Intelligence (BIS), languages and character sets, and self-service applications.

## Installing Oracle Applications

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This guide provides instructions for managing the installation of Oracle Applications products. In Release 11*i*, much of the installation process is handled using Oracle One-Hour Install, which minimizes the time it takes to install Oracle Applications and the Oracle 8*i* Server technology stack by automating many of the required steps. This guide contains instructions for using Oracle One-Hour Install and lists the tasks you need to perform to finish your installation. You should use this guide in conjunction with individual product user guides and implementation guides.

## Upgrading Oracle Applications

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Refer to this guide if you are upgrading your Oracle Applications Release 10.7 or Release 11.0 products to Release 11*i*. This guide describes the upgrade process in general and lists database upgrade and product-specific upgrade tasks. You must be at either Release 10.7 (NCA, SmartClient, or character mode) or Release 11.0 to upgrade to Release 11*i*. You cannot upgrade to Release 11*i* directly from releases prior to 10.7.

## Using the AD Utilities

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Use this guide to help you run the various AD utilities, such as AutoInstall, AutoPatch, AD Administration, AD Controller, Relink, and others. It contains how-to steps, screenshots, and other information that you need to run the AD utilities.

## Oracle Applications Product Update Notes

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Use this guide as a reference if you are responsible for upgrading an installation of Oracle Applications. It provides a history of the changes

to individual Oracle Applications products between Release 11.0 and Release 11i. It includes new features and enhancements and changes made to database objects, profile options, and seed data for this interval.

### **Oracle Applications System Administrator's Guide**

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This guide provides planning and reference information for the Oracle Applications System Administrator. It contains information on how to define security, customize menus and online help, and manage processing.

### **Oracle HRMS Applications Technical Reference Guide**

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This reference guide contains database diagrams and a detailed description of database tables, forms, reports, and programs for Oracle HRMS, including Oracle® US Federal HR and related applications.

This information helps you convert data from your existing applications, integrate Oracle® US Federal HR with non-Oracle applications, and write custom reports for Oracle® US Federal HR.

You can order a technical reference guide for any product you have licensed. Technical reference guides are available in paper format only.

### **Oracle Workflow Guide**

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This guide explains how to define new workflow business processes as well as customize existing Oracle Applications-embedded workflow processes. You also use this guide to complete the setup steps necessary for any Oracle Applications product that includes workflow-enabled processes.

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### **Training**

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We offer a complete set of training courses to help you and your staff master Oracle Applications. We can help you develop a training plan that provides thorough training for both your project team and your end users. We will work with you to organize courses appropriate to your job or area of responsibility.

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Oracle provides powerful tools you can use to create, store, change, retrieve, and maintain information in an Oracle database. But if you use Oracle tools such as SQL\*Plus to modify Oracle Applications data, you risk destroying the integrity of your data and you lose the ability to audit changes to your data.

Because Oracle Applications tables are interrelated, any change you make using an Oracle Applications form can update many tables at once. But when you modify Oracle Applications data using anything other than Oracle Applications forms, you might change a row in one table without making corresponding changes in related tables. If your tables get out of synchronization with each other, you risk retrieving erroneous information and you risk unpredictable results throughout Oracle Applications.

When you use Oracle Applications forms to modify your data, Oracle Applications automatically checks that your changes are valid. Oracle Applications also keeps track of who changes information. But, if you enter information into database tables using database tools, you may store invalid information. You also lose the ability to track who has changed your information because SQL\*Plus and other database tools do not keep a record of changes.

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CHAPTER

1

# Compensation and Benefits Setup

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## Compensation and Benefits Setup

Oracle HRMS provides an integrated solution for your setup of compensation and benefits.

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### Compensation Management

#### What kinds of compensation information can you record?

All kinds. You decide what types of compensation and benefits you want to track, the information you need to hold for each type, and the rules that determine who receives the compensation and how often it is paid.

#### Can you monitor the costs of compensation policies?

Yes, you can allocate labor costs to particular departments, products, or projects. You can enter default cost centers for organizations and employees, then override these, if required, when you enter timecard data.

#### How can you review the effectiveness of compensation packages?

You can compare salaries and other compensation for any groups of employees, for example grouped by organization, position or grade. You can break down salary changes into components, such as Cost of Living, Location Adjustment, or Promotion, to identify any performance-related increases. You can also associate salary changes with performance reviews.

#### What happens when you need to change compensation policies?

With DateTrack you can make future-dated changes to your information safe in the knowledge that these changes will not become effective in the system until the correct date.

In this way you can use your compensation and benefit information to plan changes ahead of time; analyze the impact of these changes; adjust these changes and generally smooth out the workload that is often associated with major changes in compensation and benefits policy.

#### How do you manage individual salary packages?

The product comes with predefined pay plans and valid grade combinations as well as the Office of Personnel Management basic and

special pay tables. You can assign salaries using the Request for Personnel Action (RPA) which has validation rules.

You can associate salary changes with the results of performance reviews. Using the RPA, you can enter proposed changes to take effect in the future.

## What does Oracle offer for benefits administration?

We offer a choice, to match the varying complexity of benefits administration requirements.

The **Standard Benefits** feature set lets you define your benefits offering in a hierarchical manner, so that requirements you specify at the program level are inherited by the plans and options in that program. You can use a variety of factors, such as length of service, to define eligibility requirements for participation in a plan. The system supports centralized enrollment by benefit administrators or web-based self-service enrollments. Standard benefits is best for organizations that outsource a significant portion of their benefits administration. System extract features let you export data to third party benefits administrators.

If you administer your own benefits, or your requirements include offering flexible benefit plans, you should implement the **Flex Benefits** feature set. It provides the full solution for benefits management, including life event triggered enrollments and communications, online life event processing using Oracle Workflow, processing of flexible spending account claims, and what-if eligibility analysis.

For US implementations, we also continue to offer **Basic Benefits**, which is a limited feature set that supports administration of benefit plans for employees and their dependents, including COBRA coverage.

## How do you record absence entitlement?

As with all benefits, you can decide the type of absences you want to track and the information you want to record. You can create Paid Time Off (PTO) accrual plans with your own rules defining how much time can be accrued, when it must be used, how much time can be carried forward to a new plan period, and so on. Oracle HRMS provides reports and windows for monitoring each type of absence for groups or individuals.

## Can you be sure that compensation information remains confidential?

Yes, the Oracle HRMS security features mean that you choose which users can view compensation information, what types of compensation

they need access to, which employees records they can see, and whether they are able to update them.

# Overview

Using Oracle HRMS, you have all the flexibility you need to model your compensation and benefit packages. You decide exactly what information you want to hold for compensation management.

Here, we concentrate on the generic concepts and procedures for setting up compensation, including earnings and deductions for payroll processing. However, there are additional considerations for salaries, absences and PTO accruals, and benefit plans. These are covered in other areas.

## Benefits Administration

For compatibility with earlier releases, Oracle HRMS continues to support Basic Benefits. It provides you with a limited set of features for managing benefits for employees and their dependents. To implement new features for benefits administration, you need to upgrade to Standard Benefits.

Standard Benefits enables you to set up a hierarchy of benefit offerings (program, plan type, plan, option), and supports program-based enrollment for fixed and core-plus-options arrangements, self-service enrollment, rules-based plan eligibility, and exporting data to a third party administrator.

## Define – Administer – Process

*Element* is an Oracle HRMS term for the components of a compensation and benefits package, such as salary, PTO accrual plan, and health plan. By defining elements, you can structure information relating to employees' compensation and benefits in a highly flexible way.

The product includes predefined elements that you assign with the Request for Personnel Action (RPA). You can also define and assign elements for agency-specific compensation that doesn't require an RPA.

First, you define elements, then you administer and process them.

### Define

Definition includes rules about valid compensation values, who can receive the elements, and how they are processed. You define elements, and associated rules and formulas, as part of your Oracle HRMS implementation. You can define new elements and make certain changes to existing definitions at any time.

## **Administer**

When definition is complete, you administer compensation and benefits by making element entries for your employees. You can quickly record earnings, deductions, time worked and other information by entering elements in batches.

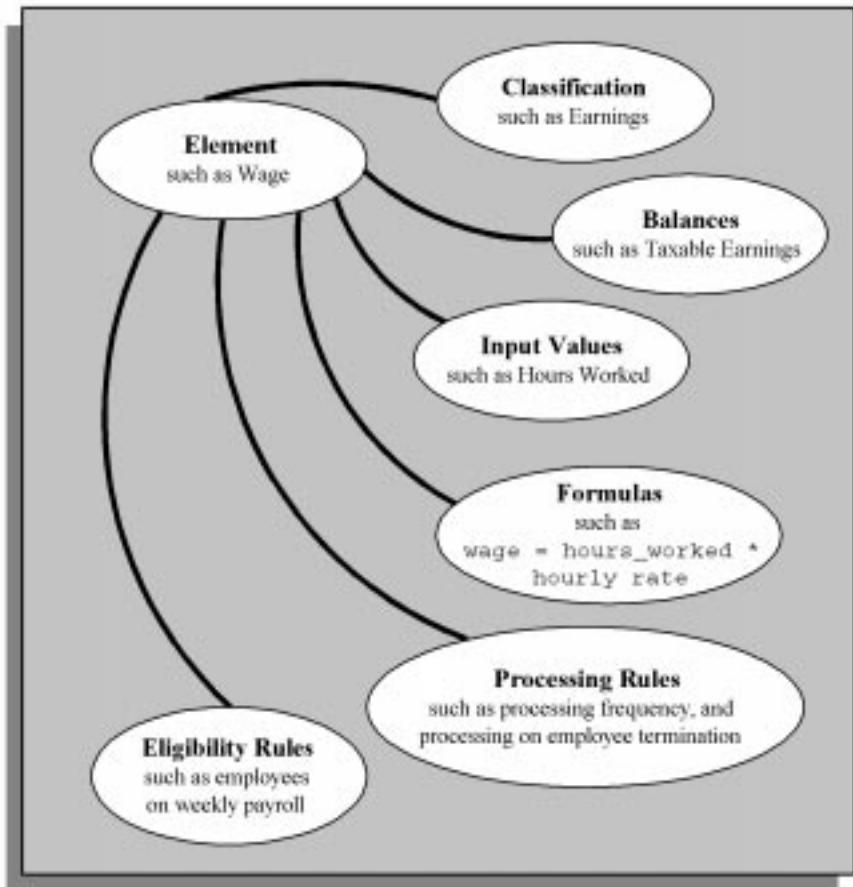
## **Process**

You process earnings and deductions by running payrolls. The payroll run automatically uses the calculations you have written as formulas, and uses other rules (such as processing frequency) that you have defined.

## **An Introduction to Element Definition**

The following diagram illustrates the items that you can define or select to control the entry and processing of any earning, deduction, basic benefit, or payment.

**Figure 1 – 1**  
**Compensation Definition**



To take a simplified example, you could define an element called Wage, for hourly paid employees. You classify it in the predefined classification Earnings, which determines when it is processed in the payroll run, and what payroll balances it feeds.

You specify one input value, Hours Worked, which must be entered in each pay period. (If necessary, you can define up to 15 input values, with fixed values, defaults, or validation.)

You associate a formula with the element, to calculate the wage for the pay period. A simple formula might be hours worked (from the input value) multiplied by hourly rate (which might, for example, be entered in the Grade Rate window).

You define who is eligible for the element by linking it to components of the employee assignment, such as grade, payroll, or organization. In

this example, the wage element is available to all employees on the weekly payroll.

You can define other processing rules, such as a termination rule. For example, you might specify that an employee's entry of the wage element should not close down on his or her termination date, but remain open for processing of final pay.

## Key Concepts

To get the most out of the compensation and benefits functionality of Oracle HRMS, you need to understand the following key concepts: elements, input values, element links, formulas, and element classifications.

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## Elements: Building Blocks of Pay and Benefits

With Oracle HRMS you define a working model of your own *types* of compensation and benefits, and the policies or business rules that govern the allocation of these to your employees. You define these types as elements. Elements are the building blocks of pay and benefits, both for HR analysis and payroll processing.

Elements can represent:

- Earnings, such as salary, wages, and bonuses
- Benefits, such as retirement plans
- Absences from work
- Non-payroll payments, such as expense reimbursements
- Tangible items distributed to employees, such as tools, uniforms, mobile phones, or computers
- Voluntary and involuntary deductions

There is no limit to the number of elements you can define and all your definitions are datetracked.

## How Are Elements Created?

Some elements are supplied predefined with Oracle HRMS, others are generated by the system when you define certain types of compensation and benefits, and the remainder you can define to best meet the needs of your own agency.

### Predefined Elements

The product includes predefined elements that you assign with the Request for Personnel Action (RPA). You should not make any changes to these predefined elements.

### Generated Elements

When you create PTO Accrual Plans, the system generates elements for you.

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## Input Values: Flexible Description of Compensation

To give an employee an earning or deduction, you make an element entry. An entry can contain up to 15 items of information, which you define when you create the element.

These items of information are called input values. You decide what validation to apply to these values, whether they are required or optional, and the type of information they can accept:

- Alphabetic characters or words
- Integers or numbers
- Money
- Hours and minutes
- Date, day or time

### Processing Input Values

Input values are so called because they are the inputs to calculations. In a payroll run, formulas process the input values and other database information to produce *run results*. The input value receives entries of relevant data for employees who are eligible for the element.

For example, the element Annual Salary would likely have an input value Amount, for entries of employees' yearly salary amounts, while the element Wages would have the input value Hours Worked, for entry of employees' hours worked each period.

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## Rules for Allocating Compensation

You can determine which employees are eligible for an element with element links. When you define a link for a benefit, do not select any assignment components, so that all employees are eligible for the benefit. Instead use participation eligibility profiles to restrict eligibility for the benefit.

**Note:** The elements predefined for Oracle US Federal Human Resources are linked to all payrolls. You cannot change the assignment components for these links.

## Assignment Components

The assignment components to which you can link elements are:

- **Payroll:** If employees on all your payrolls are eligible for an element, you can link it to **all payrolls**.
- **Employment category**, for example, Full Time or Part Time
- **Organization**, for example department, in which employees work
- **Work location**
- **Job**, such as occupational series
- **Grade**
- **Groups** to which the employee belongs: You set up all the groups that are appropriate for your enterprise. For example, you could decide to group employees by company within a multi-company enterprise, and by union membership.
- **Position**, which is a class of job performed in a particular organization.

## Multiple Rules of Eligibility

You can define more than one link for each element but there must be no overlap between the eligibility criteria for the links. For example, you could create one link to the combination of grade 'A' and the job 'Accountant'. However, you could not create one link to grade 'A' and a second link to the job 'Accountant'. This would imply that an accountant on grade A is eligible for the same element twice.

If you have more than one link for an element, you can enter different default values, qualifying conditions, and costing information for each eligibility group.

## **Qualifying Conditions: Minimum Age or Period of Service**

An employee might be eligible for an element and yet not receive it because he or she does not meet other qualifying conditions.

Two common qualifying conditions are a minimum age or a minimum period of service in the current assignment. You can define these conditions when you define the element. You can enter or adjust these conditions when you define the element links so that you have different qualifying conditions for different groups of assignments.

These qualifying conditions are checked automatically when you try to enter an element for an employee.

## Compensation Entry: Making It Fast and Reliable

To reduce the work of entering compensation information for employees and to reduce the risk of errors, you specify rules about entries when you define an element. For example:

- You can specify defaults, lookups, minimum and maximum values, or other validation to control what is entered in input values.
- You also specify the duration of entries, that is, whether they are valid for one pay period only, or whether they persist until further action is taken to end the entry.
- For some elements, you can even set up automatic entry with default values so that no action is required to ensure that employees get the compensation for which they are eligible.

You can create customized versions of the Element Entries window. A customized version might restrict the elements a user can enter. This enhances speed, usability, and security for specific data entry scenarios. Users can also enter batches of entries using default values to reduce keystrokes and thus speed up data entry and reduce errors.

### Duration of Element Entries

Some entries are valid for one pay period only. For example, to produce an employee's wages or overtime pay for a period you process the entries of regular hours worked or overtime hours. You define these elements with the processing type *nonrecurring*. Notice that pay periods are determined by the payroll to which an employee is assigned. Employees must be assigned to a payroll to receive nonrecurring elements.

Other entries, such as a government car, should persist until you change them, or they reach their end date, or the employee's assignment changes so that he or she is no longer eligible for the element. You define these elements with the processing type *recurring*.

A recurring element entry is normally processed in every pay period, as determined by the employee's payroll. However, you can associate frequency rules with a recurring element to specify in which pay periods it should process.

For example, you might deduct a monthly subscription in the second week of each month for weekly-paid employees.

### Allowing Multiple Entries

Normally you can only give an employee one entry of an element. This is a useful safeguard against duplication errors. However, when you define an element, you can choose to allow multiple entries.

For example, you may grant an employee one or more Environmental Differential Pay (EDP) types, depending on the employee's duties. The EDP element is a multiple occurrences element. This means that an employee may be entitled to receive Hazardous Waste EDP and Separate Maintenance Allowance EDP simultaneously.

## Automatic Entry

If you want all eligible employees to receive a recurring element automatically, you can define *standard* links to the element. With this link, the element and all its default input value entries go on record for all eligible employees, now and in the future.

For example, each new full-time law enforcement officer (LEO) employee within your agency is entitled to receive a minimum coverage of Administratively Uncontrollable Overtime (AUO). You can set up an employee group called LEO Employees and record members by assigning employees to the group based on their LEO Code. You can then link the AUO element to the LEO Employees group, mark this link as standard, and enter a default value or percentage.

Clearly, you will not choose to create standard links if there are any performance criteria (such as being located in a certain Duty Station) that employees must meet before they qualify for an element.

You can create a standard link if both the element is recurring and multiple entries are *not* allowed for the element

If you have not defined age or period of service criteria, the start date of the automatic entry is the date the assignment becomes eligible for the element. For example, this might be the employee's hire date, or the date of a promotion or transfer.

If you entered age or period of service criteria for the element, the start date of the automatic entry reflects the date on which the employee meets the qualifying conditions. For example, if a new hire is entitled to a company car after six months, an element entry is automatically created when the employee is entered on the system, and the start date of the entry is six months after the hire date.

If the employee's date of birth is altered on the system, this may change the date on which he or she qualifies for the element. In this case, the start date of the element entry changes automatically.

## Default Values and Validation

When you define inputs for an element, you also define the validation for each input value. The validation you define controls the values a user can enter. The options are to:

- Provide a default value (or several defaults – one for each eligibility group, defined by a link)
- Provide a minimum and maximum value range
- Provide a fixed value
- Provide a lookup list of valid values
- Validate the input value using a formula

Using the formula option you can model complex business rules for validating entries.

For example, for a Recruitment Bonus payment, you might want to set a maximum bonus value that depends on prior length of service and previous salary (Previous Highest Rate). With Oracle's formula writing tool, Oracle FastFormula, you can include conditional logic to validate input using different criteria for different employees.

If you define a default value, you can specify that it is a *hot default*. This means that any changes to the default value not only affect future entries but will also update existing entries, provided that the default was not overridden when the entry was made.

## Batch Entry

Using MIX (Mass Information Exchange), you can enter earnings, deductions, timecard data, and other compensation and benefit information in batches. This is especially useful when the same values can be used for many employees. After entering a batch (for as many employees and elements as you require), you can validate it, make corrections, and validate again before transferring the information to the database.

## Customizing the Element Entries Window

You can create customized versions of the Element Entries window. A customized version restricts the elements a user can enter.

For example, one version could be restricted to the element name Within Grade Increase and accessed from the menu entry labeled WGI Maintenance.

Element entry can be restricted by:

- Element set (that is, a group of elements that you define)
- Element type (that is, recurring or nonrecurring)
- Element classification (such as, Earnings, or Direct Payment)

See: Windows You Can Customize, *Customizing, Reporting, and System Administration in Oracle Federal HRMS*

## Survey of the Classifications

This topic contains the following information:

- The processing priority range and default priority for each classification.
- The predefined categories for each classification. You can add more categories, which are defined as Lookups.
- A description of the function of elements within each classification and category.

Classification	Categories
Earnings	Regular Overtime Shift Pay
Supplemental Earnings	Dismissal Payments Educational Assistance Deferred Compensation Plans Jury Duty Pay Moving Expense Reimbursement Pensions/Annuities Awards and Prizes Bonuses Commissions Cafeteria Plans Deceased Employee Wages Sick Pay Travel Expense Reimbursement Vacation Pay
Imputed Earnings	Group Term Life Insurance Personal Use of Company Car Non-cash Awards
PTO Accruals	Vacation

Classification	Categories
	Sick
Voluntary Deductions	
Involuntary Deductions	Garnishments
	Bankruptcy Order
	Federal Tax Levy
	State Tax Levy
	Local Tax Levy
	Child Support Order
	Spousal Support Order
	Alimony
	School Loan
	Credit Debt
	Employee-Requested Payment
Pre-Tax Deductions	Deferred Comp 401k
	Health Care 125
	Dependent Care 125
Tax Deductions	Federal
	State
	Local
Employer Taxes	Federal
	State
	Local
Employer Liabilities	Benefits
	Overhead
Tax Credit	
Non-Payroll Payments	Expense Reimbursement
Information	Absence Hours
	Reconciliation

Classification	Categories
	Regular Hours
	Voluntary Deduction
	Within Grade Increases
	Retirement
	Straight-Time Overtime Hours
	Tax Balance
	Labor Hours
	Regular Hours

**Table 1 – 1 Table of Element Classification and Categories**

## **Earnings, Supplemental Earnings, Imputed Earnings**

There are three classifications of earnings types: Earnings, Supplemental Earnings and Imputed Earnings.

NOEarnings classification elements represent earnings for time worked, as for example salary and hourly wages. The Supplemental Earnings classification includes a variety of special earnings paid in addition to earnings for time worked, as for example bonuses or sick pay.

Elements in the classification Imputed Earnings are for non-cash remuneration such as personal use of a government-provided car, or premiums for group term life insurance.

## **Paid Time Off (PTO) Accruals**

Elements the system generates to represent plans for accrual of PTO for vacation or sick leave have the classification PTO Accruals, and categories such as Home Leave and Non Pay Days. The product has predefined PTO Accrual elements that you can use to enroll employees in the accrual plans. The system also generates elements (with the classification Information) to hold accrued time that employees can carry over to the new year, and accrued time they cannot carry over.

See: Defining a PTO Accrual Plan: page 12 – 36

For entry of amounts of accrued time employees take for vacation or sick leave, you define for each accrual plan an absence element with the classification Information.

See: Defining and Linking an Absence Element: page 12 – 30

## **Pre-Tax and After Tax Deductions**

Elements for deductions taken before taxes, as for example deductions for Thrift Savings Plans (TSP) or for health care or dependent care reimbursement, fall into the classification Pre-Tax Deductions.

Other non-tax deduction elements fall into one of two classifications, either Voluntary Deductions or Involuntary Deductions. Loan repayments, credit union deductions, insurance premiums and Combined Federal Campaign (CFC) charitable contributions are examples of voluntary deductions. Deductions for court-ordered wage attachments, as for example for tax levies, child or spousal support, or bankruptcy orders, fall into the classification Involuntary Deductions.

## **Non-Payroll Payments**

Elements in this classification produce payments made to employees through the payroll system that are not true earnings. For example, the

Expense Reimbursement category of this classification covers non-taxable expense reimbursements.

Because payments in this classification are not earnings, they are never subject to taxes and never feed balances of taxable pay. Payments resulting from the processing of Non-Payroll Payments elements always appear separately from earnings in reports and balance totals.

## **Employer-paid Benefits and Employer Overhead**

Elements producing non-tax payments employers make on behalf of their employees belong in the classification Employer Liabilities. The category Benefits within this classification covers employer payments toward employee benefits such as health insurance or CSRS or FERS pension plans.

The category Overhead covers charges employers incur for employees apart from benefits payments. For example, an element in this classification can represent the cost of required employee safety equipment.

## **Information Elements**

Many elements may not belong in any of the classifications described above, but nonetheless hold many different types of information you need. These elements belong in the classification Information.

This classification is especially useful for elements that do not process in Payroll. Such elements might, for example, hold information about tangible items issued to employees, such as cellular phones, identification badges, hold information about employee compensation and benefits.

See: Defining an Element to Hold Information: page 1 – 25

### **Absence Category**

Elements in the Absence Hours category of the Information classification hold hours of time that employees are absent from work.

### **Labor Hours and Regular Hours Categories**

The category Labor Hours exists for the predefined element Labor Recording, used to receive entries of salaried employees' hours worked on a project, when you require this information for transfer to a project accounting or labor distribution system.

The category Regular Hours exists for the predefined element Regular Hours Worked, which receives information on employees' hours worked during the payroll run, for use in reports.

---

## Compensation Policy Changes

It is inevitable that your business rules for compensation and benefits will change over time. Element definitions, link definitions, and element entries are all datetracked. This lets you track the changes to your compensation and benefit policies without losing any of your historical employee information. The history of your definitions remains in place for validation and reporting, and for future calculations of back pay.

### Maintaining Elements

After you have defined and used an element, you can make the following changes:

- Change a required input value to be not required.
- Alter the sequence in which input values appear in the Element Entries window.
- Change the input value validation rules for minimum, maximum, lookup, or formula.
- Change your specification of which input values create Database Items. Note, however, you cannot remove Database Items if they are used in any formulas or QuickPaint reports.

You cannot remove existing input values nor add new ones if you have created any entries for the element.

### Maintaining Links

Link rules always control the entry of element values at the time of entry. Changes to link rules affect existing entries in different ways, depending on your use of Standard links and Hot Defaults. After you have used an element you can make the following changes to the link rules:

**Note:** If you change element links that are linked to all payrolls, such as Basic Pay, you may adversely affect the Request for Personnel Action (RPA) update to HR. If you use multiple payrolls and don't link to all payrolls, you may have to create identical elements for each payroll.

- Change the input value defaults and validation.

These changes affect all new entries. Changes to hot defaults affect existing entries. Changes to validation also affect existing entries when you update the entry.

- Date-effectively end all of the rules that apply to an element and define a new set of rules, which are effective from a later date. For example, suppose you have defined eligibility for a government car based on grade. Following a change of policy you must now define eligibility based on job.
  - You will not be allowed to end the link if any nonrecurring entries exist at the date you want to end the rule. You must delete existing entries before you end the link.
  - You can end the link if recurring entries exist. Any existing entries will be ended, automatically, when you end the link.
- Change the qualifying conditions of age and length of service that employees must meet to be eligible for the element.

## Policy Development

With DateTrack you can also make future-dated changes to your information safe in the knowledge that these changes will not become effective in the system until the correct date.

In this way you can use your compensation and benefit information to plan changes ahead of time; analyze the impact of these changes; adjust these changes and generally smooth out the workload that is often associated with major changes in compensation and benefits policy.

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## Setting Up Compensation and Benefits

Follow this process to set up earnings, deductions, and other items in the compensation package you offer to employees. There are additional steps for setting up the following types of compensation and benefits:

- Absence elements and PTO Accrual plans; see *Absence Management Setup*: page 12 – 28
- Benefits; see: *Activity Rates*: page 8 – 2

### Define Validation and Lookups

Define validation for entries of any new elements you are creating.

1. To restrict compensation entries to a list of valid values, define a new Lookup Type and add Lookup Values for this new lookup. See: *Adding Lookup Types and Values, Customizing, Reporting, and System Administration in Oracle Federal HRMS*
2. To validate compensation entries using formulas, write a formula of type Element Input Validation. See: *Writing Formulas for Validation, Using Oracle FastFormula*
3. To create a matrix of values (such as bonus amount against years of service) for use in formulas or QuickPaint reports. See: *Setting Up User Tables, Columns, and Rows, Customizing, Reporting, and System Administration in Oracle Federal HRMS*

### Define Elements

*Defining an Element to Hold Information*: page 1 – 25

*Defining an Element's Input Value*: page 1 – 27

*Defining Element Links*: page 1 – 29

*Deleting Elements and Element Links*: page 1 – 32

*Defining Frequency Rules*: page 1 – 34

*Element Link Details Report*: page 1 – 33

## Defining an Element to Hold Information

Use the Element window to create an element.

See the procedure below to define most elements that hold information but *do not process in payroll runs*.

**Note:** To define information elements for benefit plans or absence types, use different procedures.

Defining Benefit Plan Elements: page 3 – 17

Defining and Linking an Absence Element: page 12 – 30

## Naming the Element and its Processing Rules

### ► To identify and classify the element:

1. Set your effective date early enough to handle any historical element entries you want to make.
2. Enter a unique name, reporting name and description for the element. Start the names with a letter of the alphabet (not a number or symbol). The reporting name is a short name that appears on reports, and on the statement of earnings if the element processes in the payroll run.
3. Select Information as the primary classification for the element. Also select a benefits classification if this element represents a benefit.

### ► To enter processing information:

1. Select Recurring as the processing type, so that entries to this element's input values will remain in effect until you end them. If you select Nonrecurring, entries to the element are effective only for the pay period in which you make them.
2. Select Actual Termination as the termination rule.
3. For the element to receive more than one entry at the same time, check the Multiple Entries Allowed box.

**Note:** The rule Additional Entry Allowed is not applicable for US installations. It is available for use at non-US sites.

4. If at some time you need to prevent the element from accepting any new entries, either temporarily or permanently, check the Closed for Entry box. This does not affect any existing element entries.

 **Attention:** Use this feature with caution. When you perform certain important tasks in Oracle HRMS, the system may

automatically create or delete element entries. These tasks include hiring and terminating people, and updating assignments.

Therefore, if you check Closed for Entry on an element, this might prevent users terminating employees and updating assignments. If there are standard links for the element, it will also prevent users hiring people who are eligible for the element.

► **To establish currencies and qualifying conditions:**

1. The Input and Output Currencies appear as USD (US dollars) and you cannot change these defaults.
2. If there is a minimum age for employees to receive the element, enter it in the Age field.
3. If employees must complete a minimum length of service before receiving the element, enter a number in the Length of Service field and select a unit of measure (such as months or years) in the Units field.
4. For the system to automatically enter the element and its default values for all eligible employees, check the Standard box.
5. Save the element definition.

► **To enter a category and benefits carrier**

1. Click in the Further Information field to open the Further Element Information window. In the Category field, select a category.
2. For an element representing a benefit, select the name of the carrier in the Benefits Carrier field.
3. Save these entries. You can now choose the Input Values button to set up the element's input values.

See: Defining an Element's Input Values: page

## Defining an Element's Input Values

Use the Input Values window to define the input values for the element. You can define up to 15 input values for an element.

Payroll users: If you are creating balance feeds for individual elements, ensure you define an input value of the same unit of measure as the balance. Money units must be the same currency.

► **To define input values:**

1. Set your effective date early enough to handle any historical element entries you want to make.
2. Enter or query the element in the Element window and choose the Input Values button.
3. Enter the name of the first input value. Remember that if you want to define a *pay value* to hold run results, you must name it Pay Value.
4. Select the unit type of your input value (money, hours, character, date, number, or time). A Pay Value must have the unit type Money if the element is in a Payments type classification.
5. You can enter numbers in the Sequence field to change the order in which the input values appear in the Entry Values window.
6. Check the Required check box if all entries of the element must have a value for this input.
7. Check the User Enterable check box if users can enter a value for this input. Uncheck it if you want to ensure that the default value is entered for all employees.
8. Check the Database Item check box if you want the value to be available to formulas or QuickPaint inquiries.

Database Items are simple identifiers that the system uses to find specific items of information in the human resources database.

## Entering Element-Level Defaults

► **To enter a default for an input value:**

1. Enter the value in the Default field.
2. If you want existing entries to be updated whenever the default is changed, check the Hot Default check box. The input value must be required if you want to use this option.

A hot default appears in the Entry Values window in quotation marks.



**Warning:** If a user overrides a hot default in the Entry Values window, subsequent changes to the default will *not* affect the entry. For this reason, you may prefer to use BEE to change defaults for large groups of employees, rather than the hot default feature.

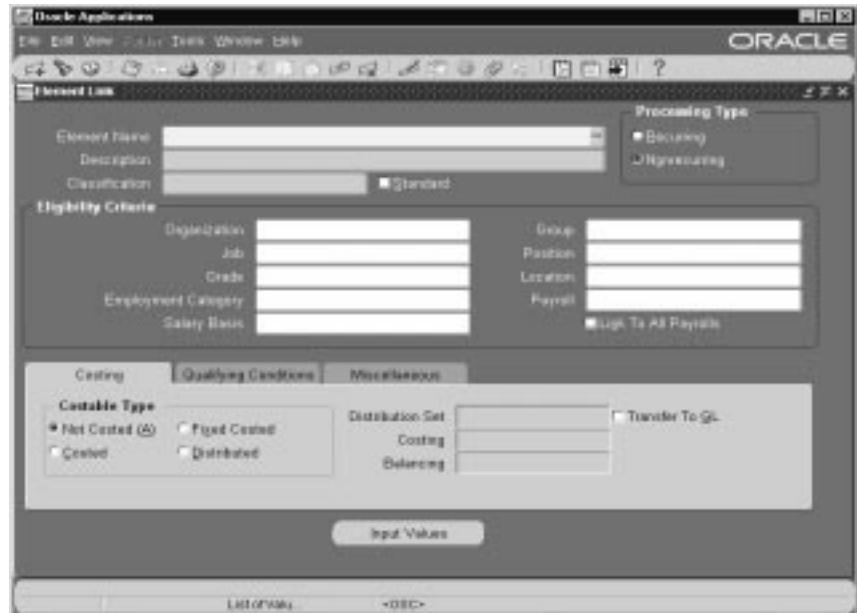
## Defining Entry Validation

► **To enter validation for an input value:**

1. Do *one* of the following:
  - Enter maximum and minimum values for the input.
  - Select a Lookup Type to act as a lookup supplying a list of valid values.
  - Select a formula to validate entries for this input value. Formulas can return messages to users about the success or failure of the validation.
2. Select Warning or Error to determine whether the system warns users that an entry is invalid or prevents them from saving an invalid entry. You cannot select a value if you chose a Lookup because a user cannot enter an invalid value for an input value validated by lookup.

## Defining Element Links

Use the Element Link window to define groups of assignments that are eligible for an element.



**Note:** When you define a link for a benefit, do not select any eligibility criteria. Instead use participation eligibility profiles to restrict eligibility for the benefit.

► **To define an element link:**

1. Set your effective date to the date you want the eligibility criteria to come into effect.
2. In the Element Name field, select the Element for which you are defining a link.
3. Check the Standard check box if you want all employees who are made eligible by the link to receive the element automatically.  
You can only create a standard link if the element is recurring and multiple entries are *not* allowed by the element definition.
4. In the Eligibility Criteria region, select the assignment components that constitute this eligibility rule. If you want to link to all employees, do not enter any eligibility criteria.  
You can link to all payrolls or to a specific payroll. Do one of the following:

- Leave the Payroll field blank and check the Link to all Payrolls check box if you want employees assigned to *any* payroll to be eligible. This rule excludes employees who are not assigned to a payroll.
- Select the name of a specific payroll if you want only employees on that payroll to be eligible for the element. Do not check the Link to all Payrolls check box.
- Leave both fields blank if assignment to a payroll is irrelevant to eligibility for the element.

## Costing

► **To enter costing information for the link:**

1. Select the Costable Type. The default is *Not Costed*, meaning that the system maintains no costing information for the element.
  - To allow entry of costing information at all levels, including the assignment and element entry levels, select *Costed*. This is the appropriate selection for most elements representing earnings types.
  - If you want all entries of the element to be allocated to the same account, select *Fixed Costed*.
  - If you want to distribute overhead costs (such as employer contributions to a pension plan) over other elements, select *Distributed*. Then select a Distribution Set.

**Note:** Some element classifications for your legislation may be predefined as Not Costed and you cannot override this.

2. Check the Transfer to GL check box if the payroll run results from this link should be transferred to the general ledger.
3. Use the Costing field to select a GL account code and, if present, account codes of labor distribution or other systems in which to collect the run results of this element. Then use the Balancing field to select the GL account that balances this one.

For deductions elements:

- Select the code for the GL account to credit in the Costing field, and the code for the account to debit in the Balancing field.

For elements in all other classifications:

- Select the code for the GL account code to debit in the Costing field, and the code for the account to credit in the Balancing field.

**Note:** Depending on your set up of the Cost Allocation flexfield, the Balancing field may not be enabled.

## Qualifying Conditions

- ▶ **To enter qualifying conditions for the link:**
  - Go to the Qualifying Conditions region. Here you can add or change age or length of service requirements for this particular eligibility rule.

The system checks these conditions when you make an entry of the element. If the employee does not meet the qualifying conditions, you receive a warning.

## Input Values

- ▶ **To adjust input values for the link:**
  - Save your link definition and choose the Input Values button to display the Link Input Values window.

Use this window to:

    - Enter a new default or change one entered at the element level
    - Check the Costed box to maintain costing information for an input value.
    - Change the maximum, minimum or both for an input value. Logically, the new values should be within the range you defined for the element as a whole. However the system does not enforce this.

## Deleting Elements and Element Links

Before you delete an element, you must first delete any entries of the element recorded for employees and then any links defined for the element.

Use the following process to delete any elements you defined in the Element Window.



**Warning:** Do not delete any predefined elements.

► **To delete an element:**

1. Use the List Employees by Element window to get a list of all employees with entries for the element.
2. For each employee, query the element entry in the Element Entries window, choose Delete Record, and save.
3. Query the element in the Element Link window and, for each link for this element, choose Delete Record, and save.
4. Query the element in the Element window, choose Delete Record, and save.

The system prompts you to either End Date the element or Purge it. Select End Date if you want the element to remain in the system but be effective through a certain date. Select Purge if you made a mistake defining the element and you want to delete it from the system altogether.

► **To delete an element link:**

1. Query the element link in the Element Link window..
2. Select Delete Record.
3. Select the Save icon to save this change.

## Running the Element Link Details Report

Use this report to check the eligibility criteria that have been defined for elements within a classification. You can report on links for the following categories:

- All elements within a classification
- Either recurring or nonrecurring elements in the classification
- Just a single element

You can choose to see only standard or non-standard links, and only active or inactive links. Further, you can choose to see links to a particular job, organization, payroll, or all payrolls.

You run reports from the Submit Requests window.

► **To run the Element Link Details report:**

1. In the Name field, select Element Link Details Report.
2. Enter the Parameters field to open the Parameters window.
3. Enter the effective date for which you want to see the report.
4. Select the classification of elements you want to report on. Optionally select an element processing type (recurring or nonrecurring) or an individual element to report on.
5. To report only on standard links, select Yes in the Standard Link field. Select No to report only on non-standard links. Leave blank to report on all links.
6. Select a link status to report only on links that are either active or inactive as of the report's effective date.
7. To report on links to payrolls:
  - For links to one payroll only, select No in the All Payrolls field and select the payroll in the Payroll field.
  - For links to all payrolls, select Yes in the All Payrolls field and leave the Payroll field blank.
  - To see links irrespective of their payroll criteria, select No in the All Payrolls field and leave the Payroll field blank.
8. You can also select a job or organization to report on links to these assignment components only.
9. Choose the Submit button.

## Defining Frequency Rules

Recurring elements may require frequency rules to determine in which pay periods they should process. For example, you may need to take a recurring deduction for medical insurance just once each month for employees on the Bi-weekly payroll. In this case, you give the deduction a frequency rule specifying, for this payroll, which period in a month the recurring deduction element should process.

For infrequent deductions, you may prefer to define them as nonrecurring and use MIX to make entries when required.

Use the Frequency Rules window to define or change an element's frequency rules at any time.

► **To define frequency rules:**

1. Select the name of the payrolls for which you want to define frequency rules.
2. Check the boxes for the processing period or periods in which you want the element to process for each payroll.

For example, if you want a monthly deduction to process in the second week of the month for a weekly payroll, check the box under 2 for that payroll.

Notice that some periods are not available for all payrolls. For example, a bi-weekly payroll can only have, at most, three periods a month, so periods 4, 5, and 6 are not relevant to this payroll.

CHAPTER

2

# Compensation Entry and Analysis

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## Compensation Entry and Analysis

### How does Oracle HRMS help me reduce data entry errors?

There are three ways:

- By removing the need to make entries at all, when compensation entries are standard for a group of employees and can be entered automatically.
- By reducing keystrokes when you use Batch Element Entry to enter batches of entries.
- By validating all entries using rules you define at setup time.

### Can I make one-time changes to entries?

Yes. Some types of compensation or payment (such as expense reimbursements) need only be entered for the period to which they apply. For others, the regular value can be adjusted if you need a different value for one payroll run.

### I'm entering compensation details for analysis but not for payroll processing. How do I reduce data entry work to a minimum?

If the same compensation entry applies to a group of employees, the system can enter it automatically. You need to set up the element with *standard links*. Use Batch Element Entry to start or update other entries in batches.

You can download salary information to a spreadsheet, update it there, and upload the new information to the database.

### Can I see a history of all compensation values for an employee over time?

Yes, you can view all changes for one or more types of compensation. For salaries, you can also see new proposed salary changes.

### How do I compare compensation for groups of employees?

You can select employees by organization, job, position, or grade and view past and current salaries. For other types of compensation, you can compare the latest values for all employees in any period of time you choose.

## Overview

To record any form of compensation, benefit, or deduction liability for an employee, you make an element entry. There are several ways to do this:

- You can use Batch Element Entry (BEE – part of MIX) to enter or update a batch of element entries for many employees, using defaults for fast entry. For example, you can use BEE to enroll employees in accrual plans or allocate a single entitlement to a group of similar employees.
- You can enter absences or accrued time taken in the Absence Detail window.
- You can make entries to elements representing benefits, such as the Thrift Savings Plan and health care plan that do not require a Notification of Personnel Action, in order to enroll employees in these benefits.
- You can make or update individual entries of other compensation elements for an employee using the Element Entries window.

Some elements are defined with standard links so that eligible employees receive an entry automatically. You don't need to do anything to record these forms of compensation for employees.

## BEE (Batch Element Entry)

Using the **BEE** facility of MIX is the fast way to enter batches of elements on a regular basis, or when compensation policies change. For example, you can use BEE to:

- **enter special nonrecurring earnings or deductions** to be processed in the period
- **enter one-time changes** to recurring earnings or deductions.
- **enter enrollment in PTO Accrual Plans**, perhaps for a group of newly hired employees

### How To Enter a Batch

Each batch has a header and as many batch lines as you require; a batch line is one element entry for an assignment. Lines within a batch can have different effective dates. There are three ways to work:

- You can enter input values and other data for one element, and run a concurrent process to create identical batch lines for all the assignments in an assignment set.
- You can create an element set and make entries for each element in the set, one assignment at a time.
- You can select an element and create or update lines for this element using defaults to speed entry, and changing defaults as necessary when working through the batch.

You can use any combination of these approaches in a batch. For example, to grant Entitlement pay to all full-time employees in the Overseas Division, you might create an assignment set for these employees and run a concurrent process to enter the entitlement information for the set. Then, to handle part time employees, you might select the entitlement element in the Batch Lines window and create a batch line individually for each part-time employee, entering a pro-rata bonus amount.

### Validation of Batch Entries

To validate a batch after saving it, you run the BEE validation process from the Batch Header window. This process checks the header and each line of the batch. For example, it checks that each assignment number exists in the database, and that you have specified values for all required input values.

You can add your own validation procedures to the standard process. For example, you can set up control types, such as record counts, and

write a validation procedure to check that the batch matches the control totals you enter for each type. You can also add any business validation you require, for example to check that amounts entered for a bonus do not exceed a maximum, or that an assignment's paid time off entitlement is sufficient to cover time taken.



**Attention:** The validation process does not invoke any validation formulas defined for an element's input values. These formulas are only called from the Element Entries window.

## Transfer to Entries Table

When the batch is ready for transfer to the database, you run the BEE transfer process from the Batch Header window. This process first performs the same checks as the validation process. If it finds no errors, it transfers the element entries from the temporary tables to the Entries table in Oracle HRMS.

You can choose whether the transfer process automatically purges the entries from the temporary tables after transfer. You can also run a separate purge process.

## Batch Statuses

The Batch Status depends on the status of the batch header, all the batch lines, and any control totals specified for the batch. On the Batch Header window, you can see the following status values:

<b>Valid</b>	All of the lines, control totals, and header are valid.
<b>Transferred</b>	All of the lines, control totals, and header have been transferred.
<b>Unprocessed</b>	At least one line, control total, or the header is unprocessed.
<b>Error</b>	At least one line, control total, or the header is in error.
<b>Status Mismatch</b>	The combination of statuses in the header, lines, and batch is not consistent. For example, it is inconsistent for some, but not all, of the lines to have the status Transferred.

**Note:** A status mismatch is not possible if you always use the Batch Header and Batch Lines windows to enter and maintain a batch.

## Making Manual Element Entries

You enter compensation and basic benefits for employee assignments in the Element Entries window. You can use the Element Entries window to make entries or to inquire on existing entries. Use the Period field, Classification field, and Processing Types option buttons to restrict the entries you see when making inquiries.

**Note:** Your system administrator may have created customized versions of this window to restrict the elements you can enter by element set, classification or processing type.

### ► To enter an element for an employee:

1. If necessary, change your effective date to:
  - the correct start date for a recurring element entry
  - any date in the correct pay period for a nonrecurring element entry

If the pay period is closed at your effective date, you cannot enter any nonrecurring elements that process in payroll runs. If a current or future pay period is closed, you cannot enter any recurring elements that process in payroll runs.

2. To reduce the list of elements to choose from, select a classification, a processing type, or both in the first region.
3. In the Element Name field, select an element.

**Note:** Elements this employee is eligible for by means of a standard link appear automatically.

The system displays a warning message if the employee fails to meet any qualifying conditions of age or length of service.

4. If the Costing field is enterable, you can enter cost codes, for example to indicate the cost center the employee's time should be charged to.
5. You can select a reason for an element entry you make or update. As part of your system setup, you can enter valid reasons for the Lookup Type ELE\_ENTRY\_REASON.

**Note:** There is no use for the Override, Additional, or Show Adjustment check boxes at US installations.

6. Choose the Entry Values button to open the Entry Values window.
7. Make entries in the Entry Value fields. Notice that:
  - Some fields may not be enterable.

- Some fields may be required.
- Some fields may have a list of values; others may be validated as you leave the field. You receive a message if your entry is not valid.
- Some fields may contain default values. If the default value is in quotation marks, it is a "hot default".



**Attention:** You should consider carefully before overriding a hot default. If you override it, then any subsequent changes to the default value on the element or element link definition will *not* affect this element entry. However, you can clear your entry if you want the default value to come back into effect.

8. To establish an earned date for an earnings element that is outside of the current payroll period, make a selection in the Date Earned field.
9. To determine the processing sequence of multiple entries in the payroll run, enter a sub-priority number in the Processing Priority field. Lower priority numbers process first.

## Making Batch Element Entries Using BEE

To make batch element entries using BEE, this is the overall procedure:

1. If you want to use a concurrent process to create an identical batch line for several assignments, create an assignment set.

See: Creating an Assignment Set, *Customizing, Reporting and System Administration in Oracle HRMS*.

2. If you want to create several batch lines for each assignment, create one or more customization element sets.

See: Defining an Element or Distribution Set, *Customizing, Reporting and System Administration in Oracle HRMS*.

3. Identify the batch, supply any external totals against which to balance it, and determine what should happen if any of the batch lines duplicate existing element entries.

See: Entering a Batch Header: page 2 – 11

4. Enter the batch.

If you are using an assignment set, you enter details for one element and run a concurrent process to create identical batch lines for each assignment.

See: Creating the Same Line for Several Assignments: page 2 – 10

Then, if necessary, you can edit these line by line, using defaults to help you enter missing information.

See: Creating or Editing Individual Batch Lines: page 2 – 13

If you are using element sets, you select an assignment and element set, enter a line for each element in the set, select another assignment, repeat the process, and so on.

See: Creating Several Lines for One Assignment: page 2 – 15

5. Validate the batch.

See: Validating a BEE Batch: page 2 – 20

6. Review the results, correct any lines with a status of Error, then validate again.

See: Reviewing BEE Process Results: page 2 – 17

7. Transfer the batch to the HRMS Entries table.

See: Transferring a BEE Batch: page 2 – 19

8. Purge the batch from the BEE tables if this was not done automatically on transfer.

See: Purging a Batch From the BEE Tables: page 2 – 16

If you have transferred a batch, but not purged it, you can roll back the transfer if you want to remove it completely from the HRMS Entries table. See: Rolling Back a BEE Process: page 2 – 18

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## Creating the Same Line for Several Assignments

Use the Create Batch Lines window to create identical lines for all assignments identified by an assignment set. This is a quick way to create many lines for an element. If the input values need to vary between assignments, you can leave these blank and add them later using the Batch Lines window.

► **To enter batch lines for an assignment set:**

1. Enter or query a batch header in the Batch Header window, and choose the Assignment Set button.
2. In the Create Batch Lines window, select the assignment set and payroll that identify the employees you want to create lines for.
3. Select the element for the batch lines and enter input values as appropriate.
4. If you selected an absence element, enter the absence start and end dates. BEE uses these dates to create an absence record.
5. Change the effective date if required.
6. Choose the Process button to submit a concurrent process called Create Batches. Confirm that you want the system to create the lines.

The Create Batch Lines window now closes, taking you back to the Batch Header window.

7. Choose the Assignment Set button again if you want to add lines for another element. Requery your batch and choose the Element Lines button if you want to view and edit the lines created by the process.

## Entering a Batch Header

You can enter batches of element entries in the Batch Header and Batch Lines windows. The header identifies the batch and determines what happens if any of the batch lines duplicate existing element entries.

► **To enter a batch header and control totals:**

1. Set your effective date to the date when you want the entries to take effect.
2. Enter a name for the batch, and enter a reference number and the source of the batch, if you require these for your own reference.
3. Select what action the process should take if one of the batch lines matches an existing element entry for an assignment at the effective date.
  - Create New Entry – The process creates a new entry if multiple entries of the element are allowed by the element definition. If multiple entries are not allowed, the process sets the status of the batch line to Error.
  - Reject Entry – The process sets the status of the batch line to Error.
  - Change Existing Entry – The process corrects or updates the existing entry. If there is more than one existing entry, the process sets the status of the batch line to Error.

The Undefined option is display-only (for batches created using SQL\*Plus or a similar tool).

4. If you selected Change Existing Entry, select the type of date effective change to be made to recurring entries:
  - Update – The process changes the existing entry from the effective date, but preserves the previous information. If there are future-dated changes to the existing entry, the process inserts the change before the next scheduled change.
  - Correct – The process corrects the existing entry from its start date through to its end date. Any future-dated changes are unaffected.
  - Override – The process changes the existing entry from the effective date, but preserves the previous information. If there are future-dated changes to the existing entry, the process replaces all future-dated changes with the batch line.

Notice that if you select this option, you cannot check the Reject if Future Changes check box.

The Undefined option is display-only (for batches created using SQL\*Plus or a similar tool).

5. If you want to reject batch lines that match entries that start in the future or for which future changes are scheduled, check the Reject if Future Changes check box.

Notice that if you check this box, you cannot select the Override option.

6. If you want the batch to be purged from the temporary tables after successful transfer to Oracle HRMS, check the Purge After Transfer check box.

 **Attention:** You cannot roll back a batch transfer if you have purged the batch from the BEE tables.

7. If you are going to use the Assignment Lines window and you want the system to display automatically any existing lines in this batch for an assignment and element set you select, check the AutoQuery box.
8. If you use control totals to validate the batch before transfer, choose the Totals button. Select a batch control type and enter the total for the batch. You can enter as many types and totals as you require.

**Note:** You set up control types as values for the Lookup Type BATCH\_CONTROL\_TYPES.

## Creating or Editing Individual Batch Lines

In the Batch Lines window, you can enter new lines for individual assignments, and you can view and edit lines created automatically for an assignment set. You can speed up entry of new lines by entering default input values

**Note:** A batch can contain lines for as many elements as you require. Lines within a batch can have different effective dates.

► **To enter individual batch lines:**

1. Enter or query a batch header in the Batch Header window, and choose the Element Lines button.
2. Select the element for which you want to make entries.
3. To enter default values to speed up the data entry, choose the Defaults button. The Defaults window displays the input values for the selected element.
4. Enter default values in any of the fields in the Defaults window. These defaults apply to all new entries in the batch, but not to any entries you have already made. You can change the defaults at any time during your data entry.
5. Uncheck the Display check box for any field that you do not want to display in the Lines window. You can hide any fields for which the default is correct for every entry.
6. In the Lines window, enter the data required for the batch. Lists of values are available on some fields, but no validation is enforced during data entry.

You can override the Effective Date for any line. This is the effective start date for a new entry or the effective date of an update.

7. If you selected an absence element, enter the absence start and end dates. BEE uses these dates to create an absence record.
8. Save your entries. If you want to make entries for another element, select the element, enter new defaults, enter the lines, then save again.

## Retrieving Existing Batch Lines

Use the Batch Lines window to view existing batch lines.

► **To retrieve existing batch lines:**

1. Do one of the following:

- Select the element in the Element field.
- Check the Unknown Elements check box if you are querying batch lines entered for an invalid element (or no element) by SQL\*Plus or another tool.

2. Choose the Find button.

## Updating a Batch

You can update a batch at any time before you transfer it. If you make any changes to a batch with the status Validated or Error, the batch status changes to Unprocessed.

## Creating Several Lines for One Assignment

Use the Batch Assignment Entry window for fast entry of several batch lines for one assignment. You can make one or more entries for each element in an element set.

► **To enter lines for one assignment:**

1. Enter or query the batch header in the Batch Header window and choose the Assignment Lines button.
2. Select an assignment and element set.
3. Enter the input values for the first four elements in the set. Lists of values are available on some fields, but no validation is enforced during data entry.

You can override the effective date for any line. This is the effective start date for a new entry or the effective date of an update.

4. For absence elements, enter the absence start and end dates. BEE uses these dates to create an absence record.
5. If there are more elements in the set, click on the next tab to display them. Continue entering input values.
6. When you have made entries to as many elements as you require from the set, save your work.
7. If you want to make entries for another assignment, select the assignment, enter the lines, then save again.

**Note:** The entry values from the previous assignment are not cleared automatically from the form. So you can use the same values without retyping, you can type over the existing values, or you can use the Down Arrow key to clear the record.

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## Purging a Batch From the BEE Tables

If the Purge After Transfer check box on the Batch Header window is checked when you run the transfer process, the batch is deleted from the BEE tables automatically after the transfer. If the box is not checked, you can purge the batch by running a separate process.

You can purge a batch with any status.

 **Attention:** You cannot roll back a batch transfer if you have purged the batch from the BEE tables.

► **To purge a batch:**

1. Query the batch in the Batch Header window, and choose the Process button.
2. Select Purge, and choose Start. The system displays the concurrent request ID so that you can query it on the Requests window.

When the concurrent request is completed, the batch is purged.

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## Reviewing BEE Process Results

To review the results of a batch process, use the Batch Summary window.

► **To review batch process results:**

1. Query one or more batches by name, reference, or status in the Batch Summary window.  
If a batch status is Error, at least one line, control total, or the header is in error.
2. Click on a batch to select it and choose the Errors button to identify the problem with a batch that has the status Error. The Messages window opens. You can view all messages or query them by type: Batch Header, Batch Line Level, or Control Total.
3. To see and correct a batch, click on it in the Batch Summary window and choose the View Batch button. The Batch Header window opens with the selected batch displayed.
4. From the header window, you can view lines, control totals, or messages:
  - To view the status of individual lines in the batch, choose the Element Lines button. In the Batch Lines window, select an element and choose Find.
  - If you entered control totals for the batch, choose the Totals button on the Batch Header window to view the status for each control type.
  - To view messages for the whole batch, or all lines, or control totals, choose the Messages button. Use the option group at the top of the Messages window to control which messages are displayed.

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## **Rolling Back a BEE Process**

After a successful BEE transfer, you can roll back the transfer process if you want to completely remove it, provided you have not purged the batch from the BEE tables. You can choose to purge the batch as part of the rollback process.

The process interlock rule (which prevents you rolling back a payroll process if any further processing has taken place) does not apply to BEE Rollback. You can still perform the rollback even if run results from payroll processing exist for any of the lines.

If the batch included absence entries, the rollback removes the absence records as well as the element entries.

You run the BEE Rollback process from the Submit Requests window.

► **To roll back a BEE process:**

1. Select the batch header name of the process you want to roll back.
2. Enter Yes to cancel the rollback process if the system detects run results for any of the batch lines. Enter No if you want the system to complete the rollback even though run results exist.
3. Enter Yes to keep the batch after the rollback. Enter No to delete the batch after the rollback.

---

## Transferring a BEE Batch

A batch exists in the temporary BEE tables only until you run the transfer process to create element entries in the Oracle HRMS Entries table.

► **To transfer a batch:**

1. Query the batch in the Batch Header window, and choose the Process button.
2. Select Transfer, and choose Start. The system displays the concurrent request ID so that you can query it on the Requests window.
3. When the concurrent request is completed, query the batch in the Batch Header window.

If the Batch Status is Transferred, there were no errors in the batch and the process has created the element entries. The process may have issued messages associated with the batch header, lines, or control totals.

If the Batch Status is Error, the process has set the status of at least one line, or control total to Error. Check the status fields in the Batch Lines window and the Control Totals window, and review the messages issued by the process.

---

## Validating a BEE Batch

The validation process tests each batch line against certain predefined rules about element entries, and also against your own rules if you have created additional validation procedures.

► **To validate a batch:**

1. Query the batch in the Batch Header window, and choose the Process button.
2. Select Validate, and choose Start. The system displays the concurrent request ID so that you can query it on the Requests window.
3. When the concurrent request is completed, query the batch in the Batch Header window. If you have several batches to review, query them in the Batch Summary window.

See: Reviewing BEE Process Results: page 2 – 17.

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## Listing Employees by Element

In the List Employees by Element window, you can view a list of the employees with entries to an element in any period of time you choose. You can also see the *last* entry value for each assignment.

**Note:** If your system administrator has customized this window, you may be restricted to selecting elements of a certain processing type or element set.

► **To view a list of employees receiving an element:**

1. Select an element.
2. Select Current Employees, Ex-employees, or both.
3. You can also enter a date range. Both date fields default to your effective date.
4. You can enter additional query criteria in the Element Entries region.
5. Run the query.

The Element Entries region displays all entries of the element for employees of the type you selected in the chosen time period.

**Note:** This window does not display datetracked updates to recurring element entries. You only see the *latest* value (within your chosen time period) of each element entry. The date of the last datetracked update may vary from employee to employee.

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## Viewing Element Entry History

In the View Element Entry History for Employee window you can view, for a single employee assignment, a history of entries for:

- One element
- All recurring elements, all nonrecurring elements, or both
- Elements from a selected classification

**Note:** If your system administrator has customized this window, you may be restricted to viewing elements of a certain processing type or element set.

► **To view element entry history for an employee:**

1. Enter your selection criteria. You can:
  - Select a classification.
  - Select a processing type.
  - Enter a date range. The end date defaults to your effective date.
2. Place your cursor in the Element Name field and run the query.

The window displays all entries of the types of element you selected within the time period, including datetracked updates to entries. New entries are shown in bold to contrast with datetracked updates, which are listed under the initial entry.

3. Select an entry and choose the Entry Values button to view the entry values.

---

## Deleting Element Entries

You can delete element entries in the Element Entries window.

- ▶ **To delete a nonrecurring element entry:**
  1. Set your effective date to any date within the payroll period for which the entry exists.
  2. Click on the entry to select it, choose Delete Record, and save.
- ▶ **To delete a recurring element entry:**
  1. Set your effective date to any date within the payroll period for which the entry exists.
  2. Click on the entry to select it and choose Delete Record.
  3. Choose Purge in the dialog box that displays, and save.

## Deleting Processed Entries

You can delete an element entry that the payroll run has processed. You receive a warning message. This does not remove the payroll run results so you can consult these for a complete record of payroll processing and payments.

To reprocess corrected element entries from the past, run the retropay processes.

See: *Setting Up RetroPay, Running Your Payroll Using Oracle HRMS.*



CHAPTER

3

# Basic Benefits

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## Basic Benefits

Using Oracle HRMS, you can administer the whole range of employee benefits, such as flexible spending accounts, life insurance, and retirement plans.

### How do I enroll employees in benefit plans?

You simply enter the benefit plan for the employee, recording his or her coverage level, contribution amounts from the employee and employer, and any other information you want to record.

### Can I record coverage for dependents?

Yes, for benefits classified as Medical, Dental, Vision (health care coverage), Life (insurance coverage), or AD&D (insurance coverage for accidental death or dismemberment) you can establish coverage for the employee's dependents.

After you enroll an employee in a benefit such as Federal Employees Group Life Insurance (FEGLI) using an RPA, you can establish coverage for the employee's dependents.

### What about beneficiaries?

Employees can name both individuals and organizations as beneficiaries for benefits of certain classifications. They can specify a benefit percentage for each beneficiary, and name both primary beneficiaries and those at lower levels.

### Are there benefits for specific federal plans?

The product comes with pre-defined elements for standard federal benefits, such as Federal Employees Group Life Insurance.

### How do I control eligibility for benefit plans?

As for other forms of compensation in Oracle HRMS, you link each benefit plan to employment conditions, such as grades, organizations, full-time or part-time, jobs, salary bases, or any other employee grouping you need to define. Only employees that meet the link conditions can enroll in the plan.

If you need more complex rules-based plan eligibility or you need to control dependents' eligibility, consider using the Standard Benefits feature set in Oracle HRMS.

## **Can I export data to a third-party benefits administrator?**

Basic Benefits does not provide any special tools to help you do this. Instead of using Basic Benefits, consider implementing Standard Benefits, which provides system extract features that are useful for exporting data to third parties.

## **Do I enter benefits using a Request for Personnel Action?**

The product includes predefined elements that you can assign with the RPA. You can also assign non-RPA elements, such as an entitlement, using the Element Entry window.

## Overview

Using Basic Benefits, you can set up benefit plans in just the same way you handle all other components of your compensation and benefits packages. You use *elements* to represent the various benefits available to your employees. When you give these elements a benefits classification, Oracle HRMS automatically:

- defines whether coverage is available to dependents and beneficiaries
- creates input values to record coverage level, and employee and employer contribution amounts (for health care plans)

Elements can represent benefits ranging from tangible items such as lunch vouchers and government cars to life insurance plans for employees and their dependents.

To enroll employees in benefits, you make entries to benefits elements, either manually or in a batch using MIX.

## Benefit Programs and Core-Plus-Options Arrangements

You may need to group benefit offerings together as a hierarchy (program, plan type, plan, option) so that administrative rules set at the program level cascade to the plans in that program. You may also need program-based enrollment for fixed and core-plus-options arrangements. These features are not supported in Basic Benefits. You need to use the Standard Benefits feature set.

## What To Read Next

If you decide that Basic Benefits meets your limited requirements for benefits administration, you can read more in the following topics:

- **Benefits Classifications** – describes the classifications available for benefits elements; you select one classification for each benefit.
- **Benefits Enrollment** – summarizes the procedure for enrolling employees in benefit plans, recording their beneficiaries, and setting up cover for their dependents.
- **Basic Benefits Setup** – summarizes the procedures for defining elements and other aspects of implementation.

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## Benefits Enrollment

To enroll eligible employees in a benefit, you make entries for them to the benefit element's input values. You must manage some benefits, such as the Federal Employees Group Life Insurance and Retirement Plan with the RPA. These management tasks include adding, changing, or terminating these benefits.

## Dependent Coverage

After enrolling an employee in a benefit that provides dependent coverage, you set up coverage as appropriate for his or her dependents. Before setting up this coverage, you enter the dependents into the database as contacts of the employee.

## Beneficiaries of Benefits

After enrolling someone in a benefit for which there can be beneficiaries, you record the employee's named beneficiaries. Employees can name both individuals and organizations as beneficiaries. Further, they can specify a benefit percentage for each beneficiary, and name both primary beneficiaries and those at lower levels.

You enter individuals named as beneficiaries into the database as contacts of the employee, and organizations or institutions named as beneficiaries as organizations with the classification Beneficiary Organization.

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## Basic Benefits Setup

The process for setting up benefit plans in the Basic Model is very similar to the process for setting up any other form of compensation and benefit.

You define elements to represent benefits and benefit plans using the Element window. Use the primary classification Information and the appropriate benefits classification.

### Benefits Carriers

Using the Organization window, you enter benefits carriers into the database as external organizations with the classification Benefits Carrier. You can then associate the appropriate carrier with an element representing a benefit or benefit plan, by selecting the carrier from a list when you create the benefit element.

### Eligibility for Benefits

You establish employee eligibility for benefits in the same way that you set eligibility rules for any element, that is, by building element links. Links define the components that must be present in employees' assignments for the employees to be eligible for entries to the element. For example, if life insurance is available only to employees who work full time, you can build a link for the element for this benefit to the work schedule of Full Time.

## Basic Benefits

You set up Basic Benefit plans in much the same way that you set up other components of your compensation and benefits packages. Before you start, review the features offered by Oracle's other benefits administration solutions (Standard Benefits and Advanced Benefits) to ensure that you implement the model that most closely matches your needs.

### Create Benefit Carriers

- Use the Organization window to enter benefits carriers as external organizations with the classification Benefits Carrier. See: Creating an Organization, *Using Oracle Federal HRMS – The Fundamentals*

### Define Validation

Define validation for entries made to enroll employees in benefit plans.

1. To restrict entries to a list of valid values, define a new QuickCode Type and add QuickCode Values for this new lookup. See: Defining QuickCode Types and Adding QuickCode Values, *Customizing, Reporting, and System Administration in Oracle Federal HRMS*
2. To validate entries using formulas, write a formula of type Element Input Validation. See: *Using Oracle FastFormula*

### Define Categories

- If you need a new category for your benefit plan elements, add it in the QuickCodes window. Benefit plan elements are in the Information classification (QuickCode type US\_INFORMATION). See: Adding QuickCode Values, *Customizing, Reporting, and System Administration in Oracle Federal HRMS*

### Define Coverage Levels

- Oracle HRMS includes four coverage levels for benefit plans: Employee Only, Employee and Spouse, Employee and Children, Employee and Family. If you need additional coverage levels, add them in the QuickCodes window for the QuickCode type US\_BENEFIT\_COVERAGE. See: Adding QuickCode Values, *Customizing, Reporting, and System Administration in Oracle Federal HRMS*

## Define Elements for Information

- Create elements to represent benefit plans. See: Defining Benefit Plan Elements (Sites without Oracle Payroll): page 3 – 17 for health care benefit plans and Defining an Element to Hold Information: page 1 – 13 for other benefits.

## Define Links

1. If employer charges for the benefit should be distributed over other elements, See: Define the Distribution Set, *Customizing, Reporting, and System Administration in Oracle Federal HRMS*
2. Define element links for each benefit to define one or more groups of employees who are eligible to receive it.

See also: Element Link Details Report

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## Enrolling Employees in a Health Care Benefit Plan

To enroll an individual employee in a plan, use the Element Entries window. Use the predefined Health Benefits element to enroll an employee.

After you complete the enrollment of employees in health care plans, you can set up an element to record eligible dependents.

► **To enroll an employee in a benefit plan:**

1. Query the element representing the benefit plan.
2. Select the correct coverage level for the employee from the list available for the Health Enrollment input value of the plan.

Employer and Employee Contributions automatically receive entries of the default contribution amounts entered for the level in the Benefits Table. You can overwrite these defaults for individual employees.

## Establishing Benefit Coverage for Dependents

Benefits can provide coverage both to employees and their dependents.

After enrolling an employee in a benefit such as Federal Employees Group Life Insurance (FEGLI) using an RPA, you establish coverage for the employee's dependents using the Covered Dependents window. You access this window from the Element Entries window.

Enroll an employee in a benefit plan using the Element Entries window then open the Covered Dependents window.

**Note:** First use the Contact window to check that the dependents have been entered on the system. If not, enter them now. Be sure to check the Dependent box for each person, and to enter his or her gender, birth date, social security number, and address.

See: Entering Dependents, Beneficiaries, and Other Contacts, *Managing People Using Oracle Federal HRMS*

### ► **To establish benefit coverage for a dependent:**

1. Set your effective date to the date this insurance coverage begins for the dependent.
2. In the Element Entries window for the employee's primary assignment, select the element representing the benefit for which you are entering dependent coverage. Choose the Others button and select Dependent Coverage to open the Covered Dependents window.
3. In the Full Name field of the Covered Dependents window, select the dependent's name. The social security number, relationship, and coverage start date all display.

**Note:** The name of a dependent who already has coverage in effect as of the effective date does not appear on the list. The name of a dependent with coverage scheduled to begin on a future date does appear. You receive a message about the previously scheduled coverage when saving your entries in this window.

4. Save your work.
5. To establish coverage under this benefit for another dependent of the employee, repeat steps 3 and 4.

**Note:** To purge a dependent from the database, you must first purge his or her record as a covered dependent, and then purge the person as a contact.

## Recording Beneficiaries for Benefits

Employees may name beneficiaries for benefits in these classifications:

- Life (insurance coverage)
- Defined Contribution plans for retirement savings
- Pension (Defined Benefit pension plan)
- Retirement Plans (Federal Employee's Retirement System or Civil Service Retirement System contributions)

Enroll an employee in a benefit plan using the Element Entries window then open the Beneficiaries window.

Employees may name as their beneficiaries both individuals and organizations, such as charities, hospitals, and educational or religious institutions.

**Note:** First use the Contact window to check that the beneficiary individuals have been entered on the system. If not, enter them now. Be sure to check the Beneficiaries box for each person, and to enter his or her gender, birth date, social security number, and address.

See: Entering Dependents, Beneficiaries, and Other Contacts, *Managing People Using Oracle Federal HRMS*

Enter organizations that are beneficiaries into the system using the Organization window, giving them the classification *Beneficiary Organization*. Be sure to enter a location with an address for the organization.

See: Creating an Organization, *Using Oracle Federal HRMS – The Fundamentals*

► **To record a beneficiary for a benefit:**

1. Set your effective date to the date the person or organization becomes a beneficiary of the benefit.
2. In the Element Entries window for the employee's primary assignment, select the element representing the benefit. Choose the Others button and select Beneficiaries to open the Beneficiaries window.
3. In the Level field, select Primary, Second, Third, or Fourth as the level of the beneficiary you are entering. All primary-level beneficiaries who survive the employee become the actual beneficiaries of the benefit.

If no primary beneficiaries survive the employee, the second-level beneficiaries become the actual beneficiaries, and so forth through

levels three and four. There is no limit on the number of beneficiaries you can enter at a level.

4. In the Name field, select the name of the beneficiary. The list includes all contacts marked as beneficiaries for this employee, and all organizations with the classification Beneficiary Organization. The system displays the beneficiary's type (contact or organization) and start date.

**Note:** A beneficiary already on record as of the current effective date for this benefit of the employee does not appear on the list. A beneficiary already entered to go into effect on a future date does appear. You receive a message about the future-dated entry when saving your entries in this window.

5. In the Percentage field, enter to two decimal places the percentage of the benefit to which this beneficiary is entitled. For example, for 33.34% enter 33.34. If the total of percentages entered for beneficiaries at a level does not equal 100.00 as of the current effective date, you receive an error message.

If you enter a percentage that causes the total for beneficiaries at this level to be greater or less than 100.00 as of another date, the system notifies you of the date but permits you to save the entry. Change your effective date to this date, and make the necessary adjustments.

**Note:** If some but not all of the beneficiaries at a level predecease the employee and he or she does not specify an adjustment of the percentages for the remaining beneficiaries, such adjustment must be done off line.

6. To list additional beneficiaries for this benefit, repeat steps 3 through 5.
7. Save your work.

**Note:** To purge a beneficiary from the database, you must first purge the record of the person or organization as a beneficiary, and then purge the entry of a contact or an organization.

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## Stopping Employee and Dependent Coverage

When you terminate an employee with a Separation action, the system automatically end dates all elements for that employee as well as the coverage for his or her dependents.

To stop a particular benefit for an employee, you place an end date on the element entry enrolling the employee in the benefit. To accomplish this you delete the entry as of the end date. This end date then automatically applies to the coverage of the employee's dependents under this benefit, and appears in the Covered Dependents window.

For example, if you put in an end date for an element entry that enrolls an employee in Dental Plan A, coverage of the employee's dependents under this plan automatically receives this end date also. This ensures that when the employee's benefit coverage ends, the coverage of his or her dependents also automatically ends. However a record of the dependent remains in the database.

If you must later change or remove an end date placed on the employee's element entry, perhaps to correct an error, the change or removal automatically applies to the coverage of the employee's dependents. So, if you later remove the end date from the employee's element entry for Dental Plan A, the system automatically removes any end dates it finds for coverage of the employee's dependents under Dental Plan A.

This means that if you must correct or remove an end date of an element entry that enrolls an employee in a benefit, and must for other reasons end the coverage of one or more dependents of the employee, you should complete the work on the element entry before ending coverage for individual dependents.

See:

DateTrack Deleting Options, *Using Oracle Federal HRMS – The Fundamentals*

## Stopping Dependent Coverage Only

To stop benefit coverage for a dependent while the employee's coverage remains in effect, you must use the Covered Dependents window. Unchecking the Dependent box in the Contact window for a dependent with existing dependent coverage prevents this person from receiving new dependent coverage, but is not sufficient to stop existing coverage.

► **To stop dependent coverage:**

1. Enter or query the employee in question, and select the Assignment button.
2. Set the effective date to the stop date of the dependent's coverage.
3. In the Element Entries window for the employee's primary assignment, select the element representing the benefit for which you are stopping dependent coverage. Choose the Others button and select Dependent Coverage to open the Covered Dependents window.
4. Query the dependent whose coverage is stopping and choose Edit – Delete Record.
5. To retain a record of this person in the database as a dependent, choose End Date and save.
6. If the person is no longer a dependent of the employee, go to the Contact window, uncheck the Dependent box, and save.

**Note:** The person must remain in the database as a contact if any of the following apply:

- he or she is the recipient of a garnishment payment or other payment from the employee
- he or she is named as a beneficiary for one or more of the employee's benefits
- he or she is a primary contact of the employee.

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## Removing Beneficiaries When Employee Benefits Stop

When you terminate an employee with a separation action, the system automatically end dates all elements for that employee as well as the coverage for his or her beneficiaries.

To stop a benefit for an employee, you place an end date on the element entry enrolling the employee in the benefit. To accomplish this you delete the entry as of the end date. This end date then automatically applies to the beneficiaries for this benefit named in the Beneficiaries window. If you later change or remove the end date placed on the employee's element entry, perhaps to correct an error, the change or removal automatically applies as well to end dates existing for the beneficiaries.

The automatic entry, change or removal of the beneficiaries' end date ensures that people and organizations do not remain in the system as beneficiaries of benefits that no longer cover the employee.

If you must correct or remove an end date of an element entry that enrolls an employee in a benefit, and must for other reasons supply an end date for one or more beneficiaries named for the benefit, you should complete the work on the element entry before providing end dates for the beneficiaries.

See:

*DateTrack Deleting Options, Using Oracle Federal HRMS – The Fundamentals*

## Removing Beneficiaries When Employee Benefits Continue

To remove a beneficiary while a benefit remains in effect for the employee, you must use the Beneficiaries window. Unchecking the Beneficiary box in the Contact window prevents a person from being named as a beneficiary in the future, and removing the classification Beneficiary Organization prevents an organization from being named as a beneficiary in the future. However these actions are not sufficient to remove the person or organization as a currently-named beneficiary.

► **To remove a beneficiary while maintaining coverage:**

1. Enter or query the employee, and choose the Assignment button.
2. Set your effective date to the end date for the beneficiary.
3. In the Element Entries window for the employee's primary assignment, select the element representing the benefit for which you are removing the beneficiary. Choose the Others button and select Beneficiaries to open the Beneficiaries window.
4. Query the beneficiary to be removed, choose Edit – Delete Record, and save.
5. To retain a historical record of the removed beneficiary, select End Date and save.
6. If the removed beneficiary is no longer a beneficiary of any of the employee's benefits, go to the Contact window, uncheck the Beneficiary box, and save.

**Note:** A contact removed as a beneficiary of a benefit must remain in the database as a contact if any of the following apply:

- he or she is the recipient of a garnishment payment or other payment from the employee
- he or she is named as a beneficiary for any other benefits of the employee
- he or she is a primary contact of the employee.

## Defining Benefit Plan Elements

You always like the benefits elements to establish their eligibility rules, and enroll employees in a benefit by making entries for the employees to the input values of the benefit element..

See: Defining an Element to Hold Information: page 1 – 13

For both procedures, use the Element window.

### Identifying the Element and Entering Processing Rules

► **To identify and classify the element:**

1. Set your effective date early enough to handle any historical element entries you want to make.
2. Enter a unique name, reporting name and description for the element. Start the names with a letter of the alphabet (not a number or symbol). The reporting name is a short name that appears on reports.
3. Select Information as the primary classification for the element.

► **To enter processing information:**

1. Select Recurring as the element's processing type.
2. Select Final Close as the termination rule.
3. Do not check the Multiple Entries Allowed box, the Additional Entry Allowed box, or the Closed for Entry box.

**Note:** The rule Additional Entry Allowed has no applicability for US installations. It is available for use at non-US sites.

► **To establish currencies and qualifying conditions:**

1. The Input and Output Currencies appear as USD (US dollars) and you cannot change these defaults.
2. If there is a minimum age for employees to receive the element, enter it in the Age field.
3. If employees must complete a minimum length of service before receiving the element, enter a number in the Length of Service field and select a unit of measure (such as months or years) in the Units field.
4. Save the element definition.

**Note:** As elements representing health care benefit plans cannot have standard links, the system does not allow you to check the Standard box.

## Setting Up Input Values

- ▶ **To select units of measure for automatically-created input values:**
  1. Choose the Input Values button.
  2. Save your work.
- ▶ **To create additional input values for the element:**
  1. Enter a name for the input value and select a unit of measure for it (money, hours, character, date, number or time).
  2. You can enter numbers in the Sequence field to designate the order in which the Element Entries window displays the additional input values.
  3. If the input value must have an entry, check the Required box.
- ▶ **To enter a default for an additional input value:**
  1. Make the entry in the Default field.
  2. For automatic update of existing entries of a default whenever you change the default, check the Hot Default box. Hot defaults appear in the Element Entries window in quotation marks.
- ▶  **Warning:** If you override a hot default appearing as an entry for an employee, any further changes to the element's default value do not affect this entry. For this reason, it is best to make changes to a default value for large groups of employees using the BEE facility rather than the hot default feature.
- ▶ **To set up validation for entries to additional input values:**
  1. Choose one of these approaches:
    - Enter maximum and minimum values for the entry
    - Select a Lookup Type to act as a lookup for an input value whose type is Character
    - Select a formula to validate entries. Formulas can return messages about the success or failure of the validation.
  2. Choose Warning for the system to warn of an invalid entry, or Error if it should not save a valid entry. You cannot select Warning

or Error when using a lookup for validation, because in this case an invalid entry is impossible.

3. Choose Done when you are finished. You are ready to enter coverage levels and default contributions for the plan, enroll employees in it, and establish coverage for their eligible dependents.



CHAPTER

4

# Total Compensation

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## Total Compensation

Oracle HRMS provides a complete solution for Total Compensation management. Your Oracle Human Resources license includes the Standard Benefits feature set that enables you to manage your enterprise's benefit offerings.

The Oracle Advanced Benefits license provides the Standard Benefits feature set plus additional functionality enabling you to design flexible benefit programs and to administer benefits based on life events.

See: Advanced Benefits: page 4 – 4

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## Standard Benefits

Standard Benefits provides the functionality you need to administer benefit programs that do not offer flex credit based benefits. The Standard product is also useful if you outsource a significant portion of your benefits administration.

### What kinds of benefit plans are supported by Oracle HRMS?

You can use the product to manage the most typical plan types, including:

- Medical plans
- Dental plans
- Vision plans
- Prescription drug plans
- Short term and long term disability plans
- Group term life insurance
- Dependent life insurance
- Group legal services
- Savings plans (such as 401(k) and money purchase)
- Vacation Buy/Sell plans
- Continuing benefits \*such as COBRA and HIPAA)

In addition, you can accommodate other forms of benefits such as company cars, reduced rates on loans, subsidized dependent care, or other goods or services for which your enterprise offers employee reimbursement.

## **Can you restrict who is eligible to receive a benefit?**

You use *eligibility profiles* to restrict which participants may enroll in a given benefit. You create an eligibility profile by grouping together your eligibility criteria, such as work and personal factors.

You create a *dependent coverage eligibility profile* when you want to restrict the criteria that must be met for a dependent to be covered by a benefit.

## **How do I schedule an enrollment period?**

In Standard Benefits, you use the unrestricted enrollment method to process your enrollments. Unrestricted enrollments are not limited to a period of time. You can record the dates of your open enrollment in the system, but these dates do not restrict your enrollment processing.

## **How do I define payroll deductions and payments for benefits?**

You define *activity rate calculations* for a benefit plan that determine the contribution amount required to purchase the benefit. Activity rates can also be used to calculate employer contributions to a plan and distribution payments from a plan.

## **Can you vary the rate that different participants pay to purchase a benefit?**

If your plan rules stipulate that the amount a participant must pay to purchase a benefit varies based on certain factors, you can define a *variable rate profile* to define these variable criteria. Then, when an eligible participant meets these criteria, they will receive the variable rate.

You can vary an activity rate based on employment factors, such as an employee's work location, or length of service with your organization.

## **How do I enroll a person in a plan?**

If your organization favors a centralized form of benefits administration, you can have your benefits practitioners or other personnel record participant elections. A more distributed method of enrollment is available with web-based self-service enrollment forms.

## **Can you override eligibility and enrollment results?**

You can enroll participants in plans for which they have been found ineligible and you can override a participant's benefit elections. You

can also define whether or not a person can elect to waive participation in a benefit for which they are eligible.

### **Can you administer benefits-related court orders with the application?**

For US users, Standard Benefits supports the administration of Dependent Coverage Orders and Qualified Domestic Relations Orders (QDROs). For Dependent Coverage Orders, you can require that a participant cover a dependent named in a court order (typically for health coverage). For QDROs, you can define a payment amount or percentage that is withheld from an individual and any benefit distribution restrictions.

### **How do you export benefits records to a third party administrator?**

Because many plan sponsors outsource at least a portion of their benefits administration, the system enables you to extract and format benefits data for transmission to a third party. You can limit the records that are extracted based on a variety of factors, including only extracting records that have changed since the last system extract.

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## **Advanced Benefits**

By licensing Advanced Benefits, you can also fulfill the following business requirements.

### **How do I automate benefits administration?**

In your plan design, you define the qualifying life events that generate enrollment actions and participant communications. Batch processes that your system administrator can schedule to run on a nightly basis detect when a life event has occurred to a participant. Enrollment opportunities are then generated for the participant based on the life event and the rules of your plan design.

You can also define automatic and default enrollments to reduce the time you spend processing enrollments.

### **How do I define qualifying life events?**

You define a *life event reason* as a database change to a person's HR record. This change may require or enable an enrollment action. An *enrollment action* is an enrollment, de-enrollment, change in election, or

change in contribution rate that is implemented either automatically, by default, or at the explicit request of the participant.

You link life events to scheduled enrollment periods, benefit plans, and communications. When a life event occurs to a participant, the system evaluates the life event to determine benefits eligibility and electable enrollment choices.

For example, if an employee's work location changes, you might want to evaluate this change to see if there is a corresponding change in benefits eligibility or contribution rates. If an employee's status changes from active to terminated, you may need to generate a continuing benefits action (such as for COBRA in the US).

## **How do I implement a flex credit program?**

You can use Advanced Benefits to create flex credit based programs that offer a range of benefit choices to your employees and other eligible participants.

You create activity rate calculations that determine the number of flex credits required to purchase a particular benefit. You can select from a variety of calculation methods, from a flat amount to a multiple of compensation. You can associate a variable rate profile with your flex credit calculation if contribution rates vary for an individual based on factors that you define.

Using *benefit pools*, you specify how credits may be rolled over between plans and how excess flex credits can be distributed.

## **Can you model enrollment eligibility?**

You can use the product for “what-if” eligibility modeling. For a given person, you can view what their benefit eligibility results would be if a particular life event occurred. The system does not save these results.

## **Can you automate when benefit communications are delivered?**

You can send a communication to a person in conjunction with a life event. For example, you can run the *communications batch process* to send an enrollment kit to a group of employees in advance of a scheduled enrollment period. You can also automatically send a communication when an action item must be completed before an enrollment is valid.

You can automate aspects of your benefits administration based on your plan design and by defining life events that trigger enrollment actions under conditions that you define.

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## Standard Benefits Overview

You use the Standard Benefits feature set to design benefit programs that are not based on flex credit accrual. You can define eligibility and enrollment requirements for programs and plans, calculate the activity rates for plans and options, enroll participants, and report on enrollment results.

### Key Concepts

Standard Benefits is comprised of several distinct key concepts. These are:

- **Plan Design:** You can design the program structure of the benefits you are offering to your employees and other qualified participants and their dependents.
- **Eligibility Requirements:** You can set up eligibility profiles and dependent coverage eligibility profiles to restrict who is able to participate in a benefit plan.
- **Enrollment Requirements:** You can define enrollment requirements to determine *when* a person can enroll in a benefit plan for which they are eligible.
- **Activity Rates:** You define an activity rate calculation to determine the contribution or distribution rate for a benefit.
- **Enrollment:** This is the process of enrolling participants in plans for which they are eligible. It includes enrollments entered by benefits administrators as well as web-based self-service enrollments. The system provides the following enrollment forms:
  - You use the **Non-Flex** enrollment form for most programs that are not funded by flex credits.
  - You use the **Savings Plan** enrollment form for plans such as 401(k) plans in the US and stock purchase plans.
  - The **Miscellaneous Plan** enrollment form is used for plans you define that are not part of a program.
  - Use the **Flex** enrollment form if you are an Advanced Benefits customer and you offer programs that are funded by flex credits.
- **Communications:** You send communications to inform employees and other individuals about benefits, enrollment periods, and other information that you need to communicate to a range of potential and former benefits participants. The product comes with predefined statutory literature that you can use to meet COBRA and HIPAA requirements in the US.

- **Reporting:** You can choose from predefined reports or you can generate your own reports. The product's system extract features let you manage the extract, format, and delivery of benefits data to organizations such as third party benefit administrators.

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## Advanced Benefits Overview

The Advanced Benefits product enables benefits administration based on life events that occur to participants. You can generate enrollment actions, activity rate changes, and communications based on life events.

You also use Advanced Benefits to design benefit programs that are based on flex credit accrual.

## Key Concepts

Advanced Benefits is comprised of several distinct key concepts. These are:

- **Life Event Management:** The system lets you trigger enrollments, de-enrollments, activity rate changes, and communications based on the occurrence of a life event to a primary participant or a related person.
  - **Life Events:** These are the changes to a person's HR record that you define as valid reasons for an enrollment action. Life events can be **external**, such as the birth of a dependent, or **internal** such as a work location change or the start of an open enrollment period.
  - **Life Event Management in Batch Mode:** This is the process you run from the concurrent manager to determine eligibility, electable benefit choices, and activity rates for your participants.
  - **Potential Life Events:** The system creates a potential life event when it detects a database change that you have defined as indicating the occurrence of a life event. You can manually create potential life events for a person and you can void life events.
  - **What-if Eligibility:** This features lets you model eligibility, electable choices, and pricing information for a person based on a potential life event.
  - **Online Life Event Management:** This feature is useful for HR call centers. You can record a change to a person's HR

record, evaluate the change for enrollment impact, and then process an election online.

- **Flex Credit Calculation:** For those programs where you offer a choice of benefits and coverage levels, you can define flex credit calculations that determine the amount of flex credits a person must spend to purchase a benefit. You also define restrictions as to how unused flex credits can be distributed.
- **Communications:** You send communications to inform employees and other individuals about benefits, enrollment periods, and other information that you need to communicate to a range of potential and former benefits participants. The product comes with predefined statutory literature that you can use to meet COBRA and HIPAA requirements in the US.
- **Reimbursement Requests:** If you define a flexible spending account plan or a plan that offers reimbursable goods and services, you can record a participant's reimbursement request as part of the process of managing expense reimbursements.

CHAPTER

5

# Benefit Plan Design

## Plan Design

Your plan design defines, categorizes, and helps you to manage the benefits that you offer to your employees and other eligible participants. The plan design is the domain of the benefits practitioner who uses the product to define the structure and elements of the benefits offering and the rules that administer these benefits.

At its core, the plan design determines the benefits that eligible participants may receive. Examples of such benefits include health and welfare plans, savings plans, and group term life insurance.

You structure your benefits offerings according to a hierarchy so that the rules and definitions that are set at the top level (the program) cascade to the benefits at the bottom level (the options in the program).

Your plan design also includes eligibility definitions and enrollment requirements, and the activity rates calculations that determine the contributions and distributions associated with a plan.

## Compensation Objects

Central to benefits administration are the compensation objects that you use to define, categorize, and manage the benefits that you offer to eligible participants. The four compensation object types that you use to structure your benefits offerings are programs, plan types, plans, and options.

Defining compensation objects is a key part of your overall plan design that includes defining eligibility and enrollment requirements, plan year periods, activity rates, and other elements of benefits management.

This section covers the following topics related to setting up and maintaining compensation objects:

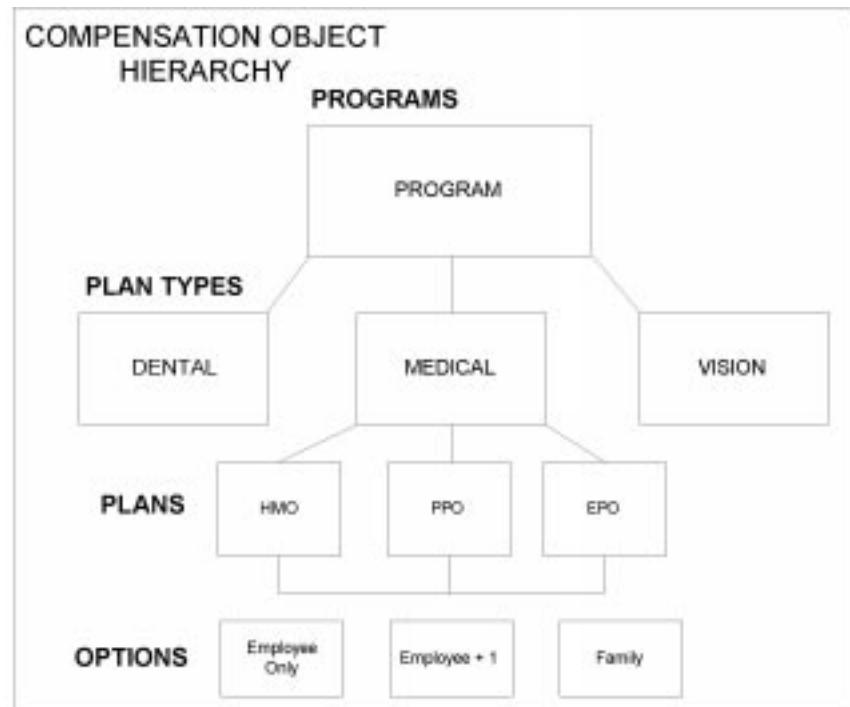
- The hierarchical structure of compensation objects
- Program structure terminology
- Definition of programs, plan types, plans, and options
- Viewing a program structure that you have defined
- Special considerations for different plan types

## Hierarchical Structure of Compensation Objects

Compensation objects are designed hierarchically so benefits that share similar features can be defined in similar ways. You build this

hierarchical structure by defining attributes of the different compensation objects and then linking the components into a hierarchy.

Figure 5 – 1 Compensation Object Hierarchy



A description of the four compensation objects follows:

<b>Program</b>	A package of benefits offerings. Programs are important because they set the boundaries for the benefits you offer. You define many administrative procedures and rules at the program level.
<b>Plan Type</b>	A grouping of similar benefits offerings to facilitate their management. Example plan types include medical, dental, employee group life insurance, and savings.
<b>Plan</b>	A formally defined benefits offering that a participant can elect, such as a medical plan.
<b>Option</b>	A level of coverage for a participant's election, such as Employee Only for a medical plan, or 2x Salary for a life insurance plan.

Attributes set at the program level are inherited by each level of the compensation object hierarchy. However, if these same attributes are

set at a lower level in the hierarchy, the compensation object inherits those attributes set at the lowest level at or above its level. A compensation object never inherits attributes set at a lower level in the compensation object hierarchy.

## Program Structure Terminology

Before you set up a benefits program, you should familiarize yourself with fundamental terms that refer to associations between the four compensation objects. Whether or not you choose to link compensation objects together depends on your eligibility rules and the breadth of benefits that you offer to your participants.

<b>Program</b>	Any program, regardless of whether that program has been associated with any other compensation objects.
<b>Plan Type</b>	Any plan type, regardless of whether that plan type has been associated with a program.
<b>Plan Type in Program</b>	A plan type that has been associated with a program.
<b>Plan</b>	Any plan, regardless of whether that plan has been associated with a program.
<b>Plan in Program</b>	A plan that has been associated with a program.
<b>Not in Program Plan</b>	A plan that has <i>not</i> been associated with a program.
<b>Option</b>	Any option, regardless of whether that option has been associated with a plan.
<b>Option in Plan</b>	An option that has been associated with a plan.

## Compensation Object Definition

You define your compensation objects in the order below. As you define objects in the hierarchy, you associate objects together to form your program structure.

1. Define plan types.
2. Define options.
3. Associate options with plan types.
4. Define plans.
5. Associate options with plans.

6. Associate plans with plan types.
7. Identify which plans are not part of a program.
8. Define programs.
9. Associate plans and plan types with programs.

For example, let's say you want to define the medical plans offered by a benefits program you are administering. You first define the *plan type* of medical. Then, you define the coverage *options* available for the medical plan type, such as Family and Employee only.

Next, you define the medical *plans* in the plan type, such as an HMO or a PPO offering. Lastly, you associate the plans or plan type with a *program* that groups together a variety of plans and plan types into a single benefits offering.

## Plan Types

You define plan types as categories of benefits grouped according to the type of benefit provided. Common plan types include medical, employee group life insurance, and savings.

Plan types are used to record administrative rules for all benefits of the same type. When you define a program that groups plans together, you specify parameters that control how plans of the same plan type behave.

Plan types are the most stable of the four compensation objects. Once you define the plan types that you need to support your benefits offerings, you rarely need to modify them.

## Options

You can define options for many purposes, but commonly you do so to define coverage available under one or more plans.

Options are re-usable. Once defined, you can associate an option with one or more plan types or plans. When you associate an option with a plan type, you make that option available to all plans in that plan type unless you specify otherwise at the plan level.

For example, you could define the options Employee Only, Employee Plus Spouse, and Employee Plus Family and then associate each option with the plan types of Medical, Dental, and Vision.

## Designation Requirements for Options

Some benefits plans require that dependents and beneficiaries covered by an option are a specific familial relation to the primary participant.

You can limit the relationship types covered under an option by defining a relationship group that includes specific types of people. Group relationship types include:

- Children
- Domestic partner
- Family
- Nonpersonal

Within a group relationship, you define which relationship types apply to the group. For the group relationship of Children, you might include the relationship types:

- Adopted child
- Natural child
- Step child

You can also limit the number of dependents covered by an option. A designee that does not meet the designation requirements for an option is not eligible for coverage under that option.

## Plans

You define a plan as a formal benefits offerings. Your organization may define medical, dental, and savings plans among many others.

Your plan definition consists of:

- The kind of plan you are defining and its plan type
- The eligibility profile that controls who is eligible for the plan
- The plan's activity reference period
- The options in the plan
- The plan year

In addition to these definitions, there are a variety of other factors that you include when defining a plan. However, these are some of the most common.

## Programs

You define programs in order to group benefits together as a package. Your program definition consists of:

- The plan types and plans in the program

- The eligibility profile that controls who is eligible for the program
- The program year period
- For Advanced Benefits customers, the life events that enable enrollment in the program

Programs are important because they set the boundaries for what benefits are offered to your employees and other eligible participants. Also, it is at the program level that you define many administrative procedures and rules, such as eligibility requirements, that cascade to the plan types, plans, and options in the program.

You define currency types at the program level. A plan in program must inherit the program's currency definition. You cannot associate a plan with more than one program if those programs use different currency types.

For Advanced Benefits users, you can specify the valid reasons for waiving out of waivable plan types in a program. You can then define the waive certification that you accept for each valid waive reason.

## Program Structure Display

You use the Hierarchy window to display the program structure that you have created. The program structure shows how plan types, plans and options are grouped hierarchically in your program.

You can display four views of a program's structure. Each view displays data by program year or plan year and by effective date.

<b>Plans In Programs</b>	Displays all programs, and under each program, its plan types, the plans in each of these plan types, and the options in each of these plans. This is the most comprehensive view.
<b>All Plans</b>	Displays all plan types, the plans in each of these plan types, and the options in each of these plans.
<b>Plans Not In Programs</b>	Displays those plans types that contain not in program plans, the not in program plans in each of these plan types, and the options in these not in program plans.
<b>Options In Plans</b>	Displays all active options, the plans that use these options, and the programs that use these plans.

## Program and Plan Year Periods

You define program and plan year periods using the calendar start and end dates through which programs or plans are in effect.

Once you define a year period, you associate it with the appropriate program or plan.

## **Reimbursable Goods and Service Types**

In addition to traditional benefits offerings, such as health and welfare and savings plans, you can define goods and services that your organization approves for reimbursement.

You can use this feature to define flexible spending account plans in the US or to define other reimbursable goods and services, such as a medical insurance claim form, a monthly invoice from a registered dependent care provider, a cash award, or a wall plaque.

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## **Reimbursement Plans**

Flexible Spending Accounts (FSAs) and other plans that reimburse participants for certain incurred expenses have special plan design features. You define information that is specific to reimbursement plans after you perform basic plan set up tasks, such as defining a plan's eligibility requirements.

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## Special Requirements for Plan Design

Certain types of plans have special requirements that you should know about before you begin to record your plan design in the system. These special plans include flex credit plans, flexible spending accounts, life insurance plans, and imputed income plans.

### Flex Credits Plans (Advanced Benefits)

If you are offering a flex credit plan, you must set up a flex credits program, even if there is only one plan for which you offer flex credits.

### Flexible Spending Account Plans (US – Advanced Benefits)

If you want to identify reimbursable goods and services for US health care and dependent care FSAs, you must set up these accounts as separate plans, rather than as separate options within an FSA plan. You cannot associate goods and services at the option level.

### Imputed Income Plans (US)

When you administer a plan that is subject to imputed income there are certain requirements that you need to follow during your plan design.

You must create two plans, one that is subject to imputed income and a second plan, called a *placeholder plan*, that you use to record the imputed income calculation. You can have only placeholder plan per program, or a placeholder plan can be linked to multiple programs.

- Select the person type that is Subject to Imputed Income in the General tabbed region of the Plans window. Choose participant, spouse, or dependent based on the person type covered by this plan.
- Select the person type for which you are recording imputed income in the placeholder plan using the Imputed Income Type field in the Restrictions tabbed region of the Plans window.
- Check the Derived Factors Apply for Rates field on the Plans window for the plan that is subject to imputed income since you determine imputed income based on a person's total benefit amount and their age.
- Select an Age to Use code in the Age tabbed region of the Derived Factors window based on the person type covered by the plan.
- You can define only one imputed income plan in a program.
- You can associate an imputed income plan with more than one program.

- You cannot link an eligibility profile to the imputed income placeholder plan.

## Life Insurance Plans

If you offer dependent and spousal life insurance, and you limit the level of dependent or spousal coverage as a percentage of the employee's life insurance coverage, system processing requires that you set up three plans (Employee Life Insurance, Spousal Life Insurance, and Dependent Life Insurance) and associate them with corresponding plan types (Employee Life Insurance, Spousal Life Insurance, and Dependent Life Insurance).

## Considerations for Associating a Plan with a Program

When you define a benefits plan, it is not necessary that the plan be placed in a program. However, there are advantages to associating a plan with a program. In general, a plan belongs in a program when:

- Participants typically enroll in the plan at the same time they enroll in other plans in the program.
- Participation eligibility requirements defined for the program also apply to the plan.

In general, a plan does not belong in a program (termed a "not in program plan") when:

- Participants typically enroll in the plan at a different time than other plans in the program.
- Participation eligibility requirements defined for the program differ substantially from those defined for the plan.
- The benefits the plan provides differ substantially from the benefits provided by other plans in the program.

## Currency Definition for Multinational Organizations

You define currency types at the program level. A plan in program must inherit the program's currency definition. You cannot associate a plan with more than one program if those programs use different currency types.

For example, let's say your organization defines two programs, a US Benefits Program and a Canadian Benefits Program. You must define different currency types for these two programs.

Accordingly, you must define two employee stock purchase plans: the US Employee Stock Purchase Plan and the Canadian Employee Stock

Purchase Plan to accommodate the different currency types of the programs with which they are associated.

## Defining a Benefits Program

You use the Programs window to date effectively create and maintain your program design. Many of the values that you set at the program level cascade to the plan types, plans, and options that you define and associate with this program.

- **To define general characteristics of a program:**
  1. Enter a unique Program Name starting with a letter of the alphabet (not a number or symbol).
  2. Enter a Description of the program.
  3. Select the Program Status.

**Pending:** No participants are actively enrolled in plans in this program, but could be in the future if you change this program's status to Active. Select the Pending status when setting up a program that possibly may not become Active.

Eligibility processes operate on pending programs in "evaluate-only" mode, and do not create active records.

**Active:** Eligible persons currently may be enrolled in plans in this program.

**Inactive:** Current participants can remain in plans in this program, but no new participants can enroll in plans in this program.

**Closed:** No participants are enrolled in any plans in this program, nor will any enroll in the future.

**Note:** You cannot reactivate a closed program.

4. For Advanced Benefits users, enter the alphanumeric identifier in the IVR field that a participant uses to identify this program using interactive voice response or telephony technology.
5. Select a Program Type for this program.
6. Select an Activity Reference Period to specify the time period in which the system expresses activity rates for all plans in this program.
7. Select a Program Group to group this program with other programs for reporting purposes.
8. Select an Enrollment Rate/Frequency.

**Note:** This is the rate that is communicated to participants.

9. Select the UOM (unit of measure) that is the standard monetary currency for all plans in this program.

10. Enter the URL for this program in the Web Address field if participants can enroll in plans in this program by using the product's self-service web interface.

## Defining Eligibility and Override Parameters for a Program

You use the check boxes in the General tabbed region of the Programs window to set eligibility and override parameters for a program.

► **To define eligibility and override parameters for a program:**

1. Check the Eligibility Applies field if you are associating an eligibility profile with this program.
2. For Advanced Benefits users, check the Participation Eligibility Override Allowed field if you can override standard eligibility criteria for this program.

Checking this field is necessary if you want to allow plan participation under special circumstances, such as a negotiated benefits package for a new hire.

 **Attention:** All plans and options in this program inherit this setting unless you specify differently at the plan or option in plan levels.

3. Check the Use All Assignments for Eligibility field to inform the system to consider all of an employee's active assignments (rather than just the primary assignment) when determining eligibility for this program.
4. Check the Use All Assignments for Rates field to inform the system to consider all of an employee's active assignments (rather than just the primary assignment) when determining activity rates for the plans and options in this program.
5. For Advanced Benefits users, check the Track Ineligible Person field to cause the system to track persons who are found ineligible for participation in this program when the Participation process is run.

**Note:** You use the View Participation Information window to view the compensation objects for which a participant is either eligible or ineligible.

6. Check the Use Derivable Factor for Participation Eligibility field to alert the system that a derived factor is associated with one of the eligibility criteria in this program.

If you do not check this field, then you cannot associate any eligibility criteria containing derived factors with any plan types, plans, or options in this program.

7. Check the Use Derivable Factor for Rate field to alert the system that a derived factor is associated with one of the activity rates in this program.
8. Save your work.

## Associating Plans and Plan Types with a Program

You use the Plan and Plan Type window to put one or more plans or plan types into a program.

► **To associate a plan or plan type with a program:**

1. Enter or query the program to which you are adding a plan or plan type in the Programs window and choose the Plan and Plan Type button.
2. Choose the Plans tabbed region to add a plan to the program.
3. Choose the Plan Type tabbed region to add a plan type to the program.

**Note:** When you link a plan type to a program, you must still link the plans in that plan type to the program using the Plans tabbed region.

4. Enter a Seq (sequence) number for a plan or plan type you are associating with this program.

**Note:** You enter a sequence number to define the order in which the compensation object appears in an enrollment window. Advanced Benefits customers can use sequence numbers to control the interim coverage assigned when an election is suspended.

5. Select the Plan or Plan type that you are associating with this program.
6. For Advanced Benefits users, enter the numeric identifier in the IVR field that participants use to identify this plan or plan type using interactive voice response or telephony technology.
7. Select the Status of this plan or plan type.

**Active:** Participants can enroll in this plan or the plans in this plan type.

**Pending:** No participants are actively enrolled in this plan or plan type, but could be in the future if you change its status to Active. Eligibility processes operate on this compensation object in "evaluate-only" mode, but do not create active records. Select the Pending status when setting up a plan or plan type that might not become Active.

**Inactive:** Current participants can remain enrolled in this plan or the plans in the plan type, but no new participants can enroll.

**Closed:** No participants are enrolled in this plan or the plans in this plan type, nor will any enroll in the future.

8. Enter the URL for this plan or plan type in the Web Address field if participants can enroll in this plan or the plans in this plan type by using the product's self-service web interface.
9. Check the Waivable field in the Plan Types tabbed region if eligible persons can waive participation in all plans of this plan type.
10. Save your work.

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## Defining Waive Reasons for Plan Types in a Program

You use the Program Waive Reasons window to specify the valid reasons for waiving out of waivable plan types in a program.

► **To define waive reasons for a plan type in a program:**

1. Enter or query the program for which you are defining plan type waive reasons in the Programs window.
2. Choose the Plan and Plan Type button then choose the Plan Type tabbed region.
3. Select a Plan Type and choose the Waive button.
4. Select a Waive Reason for waiving out of this plan type in this program.
5. Check the Default field if this waive reason is the default when an eligible person is waiving, but does not specify a reason.
6. Choose the Certification button to specify the waive certifications that you accept for a waive reason.
7. Select a Waive Participation Certification Type for this waive reason.
8. Check the Required field if this waive certification must be submitted for a participant to waive this plan type.
  - If special circumstances apply, select a Certification Required When Rule to specify when waive certification is required.
9. Check the Preferred field if this certification is preferred, but not required, for waiving out of this waivable plan type.
10. Check the Lack of Certification Suspends Enrollment field if failure to provide this certification results in a suspended election.
11. Save your work.

## Defining Participation Eligibility Criteria for a Compensation Object

You link eligibility criteria profiles to a compensation object to restrict eligibility for that benefit. You can also define participation start and end dates and required waiting periods that control when an eligible person can enroll in a benefit.

You can link participation eligibility criteria to a compensation object at the following levels in the compensation object hierarchy:

- Program (Program Participation Eligibility window)
- Plan type in program (Plan Type Participation Eligibility window)
- Plan in program (Plan in Program Participation Eligibility window)
- Plan (Maintain Plan Eligibility window)
- Option in plan (Maintain Options Eligibility window)

Follow the steps below regardless of the level or levels in the compensation object hierarchy at which you define participation eligibility.

See: Compensation Objects: page 5 – 2

► **To define participation eligibility criteria for a compensation object:**

1. Query or enter the compensation object for which you are defining participation eligibility requirements.

**Note:** The window in which you query or enter the compensation object varies based on the level at which you define the participation eligibility criteria.

2. Navigate to the appropriate Participation Eligibility window.
3. Select a Participation Start Date code or rule to define when a person becomes eligible for this compensation object.
4. Select a Participation End Date code or rule to define the date on which a person becomes ineligible for this compensation object.
5. Enter the period that an eligible participant must wait before enrolling in the Wait Period Value field.
  - Or, select a waiting period rule.
6. Select the unit of measure for the waiting period in the Wait Period UOM field.
7. Select a waiting period Date to Use Code or rule that defines the start date from which the waiting period is calculated.

In the Maximum Enrollment block:

8. Enter a Value that represents the maximum length of time in which a participant can be enrolled in this compensation object.
9. Select the unit of measure of this value in the UOM field.
10. Select a rule if you use a formula to determine the maximum enrollment period for this compensation object.
11. Select a Determination Date Code or rule to indicate if the maximum enrollment period is determined from the participant's enrollment coverage start date or, for COBRA purposes, from the COBRA qualifying event date.

► **To link an eligibility profile to a compensation object:**

1. Query or enter the compensation object for which you are defining participation eligibility requirements.

**Note:** The window in which you query or enter the compensation object varies based on the level at which you define the participation eligibility criteria.

2. Navigate to the Eligibility window based on the level in the compensation object hierarchy at which you are defining eligibility.
3. Choose the Profiles tab and select an Eligibility Profile that determines eligibility to participate in this compensation object.
4. Check the Required field if a person must meet all of the criteria in this profile in order to be eligible to participate.

**Note:** If multiple eligibility profiles are defined, a person must satisfy all profiles marked as Required, and at least one that is not marked Required.

5. Choose the Rules tab if you want to use a rule to determine participation eligibility *instead* of an eligibility profile.
  - Enter a Seq (sequence) number specifying the order in which the system processes this eligibility rule relative to any other eligibility rules for this compensation object.
  - Select an eligibility rule in the Rule field.
  - Check the Required field if a person must meet all of the criteria in this rule in order to be eligible to participate in this compensation object.
6. Save your work.

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## Associating a Life Event Reason with a Compensation Object (Advanced Benefits)

You link a life event definition to a compensation object to restrict eligibility for that benefit to participants who experience that life event.

You can also define the participation start and end dates and required waiting periods that control when an eligible person can enroll in a benefit based on the occurrence of the life event.

You can link a life event definition to a compensation object at the following levels in the compensation object hierarchy:

- program (Life Event window)
- plan type in program (Life Event window)
- plan in program (Life event window)
- plan (Maintain Plan Related Details window, Life Events tabbed region)
- option in plan (Life Event Reason Impact on Eligibility window)

Follow the steps below regardless of the level or levels in the compensation object hierarchy at which you link a life event to a compensation object.

► **To associate a life event reason with a compensation object:**

1. Query or enter the compensation object for which you are defining participation eligibility requirements based on a life event.

**Note:** The window in which you query or enter the compensation object varies based on the level at which you define the participation eligibility criteria.
2. Navigate to the Life Event window based on the level in the compensation object hierarchy at which you are defining eligibility based on a life event.
3. Select a Life Event.
4. Select a Participation Start Date code or rule to define when a person becomes eligible for this compensation object based on this life event.
5. Select a Participation End Date code or rule to define the date on which a person becomes ineligible for this compensation object based on this life event.
6. Enter the period that an eligible participant must wait after experiencing this life event before enrolling in the Wait Period Value field.

- Or, select a waiting period rule.

7. Select the unit of measure for the waiting period in the Wait Period UOM field.
8. Select a waiting period Date to Use Code or rule that defines the start date from which the waiting period is calculated based on this life event.

In the Maximum Enrollment block:

9. Enter a Value that represents the maximum length of time in which a participant can be enrolled in this compensation object based on the occurrence of this life event.
10. Select the unit of measure of this value in the UOM field.
11. Select a rule if you use a formula to determine the maximum enrollment period for this compensation object.
12. Select a Determination Date Code or rule to indicate if the maximum enrollment period is determined from the participant's enrollment coverage start date or, for COBRA purposes, from the COBRA qualifying event date.
13. Check the Overridable field to allow manual overriding of the eligibility results that the system calculates following this life event.  
Checking this field is useful when you want to allow special circumstances for participation, such as a negotiated benefits package for a new hire.
14. Check the Ignore Participation Override field to specify that the system ignore previously overridden participation eligibility results for this life event and re-determine eligibility.
15. Choose a value in the Eligible/Ineligible field that indicates if the occurrence of this life event results in a person's being eligible or ineligible to participate in this compensation object.
16. Save your work.

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## Associating an Organization with a Benefits Program

You use the Organizations tabbed region of the Programs window to identify organizations, such as third party administrators or benefits suppliers, that provide services to your benefits program.

- ▶ **To associate an organization with this program:**
  1. Query or enter a program in the Programs window and choose the Organizations tabbed region.
  2. Select an Organization that provides goods or services for this program.
  3. Enter a customer identifier number for this organization in the Customer field.
  4. Enter the Policy or Group identifier for this organization.
  5. Enter a description of the roles and responsibilities of this organization in the Organization Roles field.
  6. Save your work.

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## Associating Reporting Groups with a Program

You use the Report Groups tabbed region of the Programs window to associate a benefits reporting group with a program.

See also: Defining a Reporting Group: page 11 – 11

► **To associate a benefits reporting group with a program:**

1. Query or enter a program in the Programs window and choose the Report Groups tabbed region.
2. Select the Name of the reporting group you use to report on this program.
3. Add this program to more reporting groups by selecting additional groups, as needed.
4. Save your work.

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## Associating Program or Plan Year Periods with a Program

You use the Periods tabbed region of the Programs window to associate one or more year periods with a program. Year periods are defined using the Program/Plan Year Periods window.

See also: Defining a Program or Plan Year Period: page 5 – 44

► **To associate a year period with a program:**

1. Query or enter a program in the Programs window and choose the Periods tabbed region.
2. Enter the Seq (sequence number) of the year period you are associating with this program.
3. Select a Start date for this year period.

The End date for this program year period automatically displays.

4. Save your work.

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## Defining Plan Types

You use the Plan Types window to date effectively define, update, and delete or end-date plan types.

► **To define a plan type:**

1. Enter a unique Name for the plan type you are defining.
2. Select an Option Type to classify the options you associate with this plan type.
3. For Advanced Benefits users, enter the alphanumeric identifier in the IVR field that participants use to identify this plan type using interactive voice response or telephony technology.
4. Select a Compensation Category that classifies the benefit provided by the plans and options in this plan type.

**Note:** You can use this information in system extracts that you send to benefits carriers and other third party agents.

5. Select a Self Service Display format of horizontal or vertical to control how you display the plans and options in a self-service enrollment form.

**Note:** The display format defaults to horizontal.

In the Enrollment block:

6. Enter the Minimum number of plans in this plan type in which an eligible person can be enrolled simultaneously or check the No Minimum field if there is no minimum.
7. Enter the Maximum number of plans in this plan type in which an eligible person can be enrolled simultaneously or check the No Maximum field if there is no maximum.
8. Save your work.

## Defining a Benefits Plan

You use the Plans window to date effectively define the plans that you offer to employees and other eligible participants.

► **To define a benefits plan:**

1. Set the effective date to the date on which you want to create the plan.

**Note:** You must create the plan with an effective date on or before the first day of the enrollment period in which it will be used.

2. Enter the Name of this plan starting with a letter of the alphabet (not a number or symbol).
3. Select the plan Status.

**Pending:** No participants are actively enrolled in this plan, but could be in the future if you change its status to Active. Eligibility processes operate on this plan in "evaluate-only" mode, but do not create active records. Select the Pending status when setting up a plan that possibly may not become Active.

**Active:** Eligible persons currently may be enrolled in this plan.

**Inactive:** Current participants may remain in this plan, but no new participants may enroll in this plan.

**Closed:** No participants are enrolled in this plan, nor will any enroll in the future.

 **Attention:** You cannot reactivate a closed plan. Once a plan is closed, it remains closed.

4. Select the plan type for which you are defining a plan in the Type field.
5. For Advanced Benefits users, enter the alphanumeric identifier in the IVR field that participants use to identify this plan using interactive voice response or telephony technology.
6. Choose the Inception Date to specify the calendar date on which you first introduced this plan.
7. Select if this plan must be in a program or may not be in a program in the Plan Usage field.

**Note:** If you include this plan in a program, benefits eligibility is determined when eligibility is determined for the program. If you do not want to determine participant eligibility for this plan during a specific time period, you can link a required

dummy eligibility profile to the plan (for example, a benefits group containing no people) so that no persons are found eligible for the plan.

8. Choose the General tabbed region.
9. Check the Allows Reimbursements field if you are defining a plan that allows reimbursements (such as a Flexible Spending Account plan).
10. Check the Savings Plan field if you are defining a savings plan.
11. Enter the COBRA Payment Day that corresponds to the day of the month on which COBRA payments are due for this plan.

For example, 1 refers to the first day of each month.
12. Select the Primary Funding Method to specify the source of funds for this plan.

**Self Insured:** You self-insure to fund this plan.

**Trust:** A financial institution such as a bank maintains a trust to fund this plan.

**Split:** You self-insure as well as use a trust to fund this plan.

**Fully Insured:** You set up an annuity to fund this plan.
13. Select a Health Service code to describe the type of health service this plan provides.
14. Select the person type covered under the plan in the Person Covered field if you want to limit eligibility for a plan by person type.
15. Select the participant type whose coverage is subject to imputed income taxation in the Subject to Imputed Income field. Choose either participant, dependent, or spouse.
16. Enter the URL for this plan in the Web Address field if participants can enroll in this plan by using the product's self-service web interface.
17. Save your work.

## Defining Eligibility and Activity Rate Requirements for a Plan

Use the Eligibility Rates tabbed region of the Plans window to define participation eligibility requirements and activity rates for a plan.

► **To define eligibility requirements and activity rates for a plan:**

1. Enter or query the plan in the Plans window for which you are defining eligibility and activity rate requirements and choose the Eligibility Rates tabbed region.
2. Check one or more of the following fields in the Eligibility to Participate Information block:

**Applies To This Plan:** Indicates that the eligibility requirements you define apply to this plan.

**Track Ineligible Person:** For Advanced Benefits users, checking this field tracks people who are found ineligible for participation in this plan when the Participation batch process is run.

**Note:** You use the View Participation Information window to view the compensation objects for which a participant is either eligible or ineligible.

**Uses Derived Factors:** Informs the system to use derived factors when determining eligibility for this plan.

**Allows Override:** For Advanced Benefits users, indicates that you may override eligibility requirements for this plan.

Checking this field is useful when you want to allow special circumstances for participation in this plan, such as a negotiated benefits package for a new hire.

**Participation is Waivable:** For Advanced Benefits users, indicates that an eligible participant may elect to waive this plan.

**Use All Assignments for Eligibility:** Informs the system to consider all of an employee's active assignments (rather than just the primary assignment) when determining participation eligibility for this plan.

3. Check the Derived Factors Apply for Rates field to alert the system that at least one derived factor is used by the activity rates defined for this plan.
4. Check the Use All Assignments for Rates field to inform the system to consider all of an employee's active assignments (rather than just the primary assignment) when determining activity rates for this plan.
5. Save your work.

## Defining Plan Restrictions

You use the Restrictions tabbed region of the Plans window to specify whether a plan is subject to certain US federal regulations, such as Qualified Domestic Relations Orders. You also can also indicate if this plan is used to record flex credits or imputed income or if this is a waive plan.

► **To define plan restrictions:**

1. Query or enter a plan in the Plans window and choose the Restrictions tabbed region.
2. Check the Flex Credits Plan field to identify this plan as the *placeholder* plan used to record the total flex credits for all plans in a program.

**Note:** This plan will not appear as an electable choice in the Flex Program enrollment form since a participant cannot elect this plan.

3. Check the Waive Plan field if a person's election of this plan represents the waiver of coverage.
4. Select the Imputed Income Type if this plan is a *placeholder* plan used to record imputed income totals for all participants, dependents, or spouses covered by a plan that is subject to imputed income.
5. Check the Highly Compensated Rule Applies field if this plan uses rules defined by the US Internal Revenue Service to identify highly compensated employees.
6. Check the Allow Qualified Domestic Relations Order field if this plan is subject to this US regulation.

Thus, a court or similar body may issue an order requiring a participant to provide a portion of this plan's benefits to another person, typically a former spouse.

 **Attention:** If you are defining plans outside the US, you can use this field when defining plans that behave similarly to US QDRO plans.

7. Check the Allow Qualified Medical Child Support Order field if this plan is subject to this US dependent coverage regulation.

Thus, a court or similar body may issue an order requiring a participant to provide medical coverage for another person, typically a dependent child.

 **Attention:** If you are defining plans outside the US, you can use this field when defining plans that behave similarly.

8. Check the Subject to Health Care Financing Administration field if this plan is subject to health care rate regulations.
9. Save your work.

---

## Defining a Maximum Waiting Period Requirement for a Plan

You use the Participation tabbed region of the Plans window to define the maximum required waiting period for a plan.

► **To define a maximum waiting period requirement for a plan:**

1. Enter or query the plan in the Plans window for which you are defining a maximum waiting period requirement and choose the Participation tabbed region.
2. Enter the maximum waiting period for this plan in the Value field.

**Note:** You define a maximum waiting period to override a waiting period that you define for a plan. For example, you could define a waiting period which required a participant to work 500 hours before becoming eligible for a plan. You could define a corresponding maximum waiting period of 6 months so that a participant who had worked 6 months, but had not worked 500 hours, would be eligible for the plan.

3. Select a unit of measure for the maximum waiting period in the UOM field.
4. Select a Rule to define the maximum waiting period for the plan, if necessary.
5. Select a code or rule to define the date from which the system calculates the maximum waiting period.
6. Save your work.

---

## Defining a Plan Not in Program

Use the Not in Program tabbed region of the Plans window to define special requirements for plans that you do not associate with a program. Plans that are not in a program must have a plan usage code of May Not Be in Program.

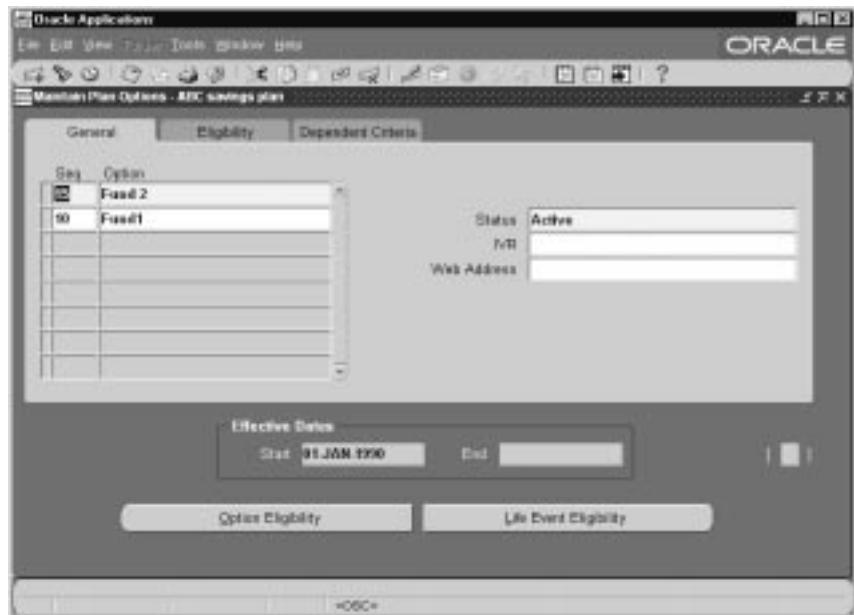
- **To define special requirements for a plan not in program:**
  1. Enter a Sequence number for this plan.
  2. Select the unit of measure in which activity rates for this plan are expressed in the UOM field.
  3. Select the Enrollment Rate/Frequency.

**Note:** This is the activity rate that is communicated to participants.
  4. Select an Activity Reference Period to specify the time period in which the system expresses activity rates for this plan.
  5. Save your work.

## Associating Options with a Plan

You use the Maintain Plan Options window to associate an option with a plan.

Advanced Benefits users can define how life event reasons impact a person's participation eligibility for an option in a plan.



► **To associate an option with a plan:**

1. Enter or query a plan in the Plans window.
2. Choose the Options button.
3. Enter a Seq (sequence) number for an option you are associating with this plan if you want the options to display in a particular order in the enrollment window.

**Note:** Advanced Benefits customers can use sequence numbers to control the interim coverage assigned when an election is suspended.

4. Select an Option you are associating with this plan.
5. Choose the General tab.
6. Select the Status of the option.

**Pending:** No participants are actively enrolled in this option, but could be in the future if you change its status to Active. Eligibility

processes operate on this option in "evaluate-only" mode, but do not create active records. Select the Pending status when setting up an option that possibly may not become Active.

**Inactive:** No participants currently are enrolled in this option in this plan, but may be in the future.

**Active:** Participants currently may be enrolled in this option in this plan.

**Closed:** No participants are enrolled in this option in this plan, nor will any enroll in the future.

7. For Advanced Benefits users, enter the numeric identifier in the IVR field that participants use to identify this option using interactive voice response or telephony technology.
8. Enter the URL for this option in plan in the Web Address field if participants can enroll in this option by using the product's self-service web interface.
9. Choose the Eligibility tab.
10. Check the Eligibility Applies field if the standard participation eligibility criteria defined for this plan also apply to this option in this plan.
11. For Advanced Benefits users, check the Participation Eligibility Override Allowed field if the standard eligibility criteria that this option inherits from this plan can be overridden.
12. Check the Derivable Factor Participation Eligibility field to alert the system to calculate derived factors when determining *participation eligibility* for this option in this plan.
13. Check the Derivable Factor Rates Apply field to alert the system to calculate derived factors when determining *activity rates* for this option in this plan.

Checking this field is useful when you want to allow special circumstances for participation in this option, such as a negotiated benefits package for a new hire.

14. For Advanced Benefits users, check the Track Ineligible Person field to cause the system to track persons who are found ineligible for participation in this plan when the Participation batch process is run.

**Note:** You use the View Participation Information window to view the compensation objects for which a participant is either eligible or ineligible.

15. Choose the Dependent Criteria tab.

16. Select a person type or person type combination in the Eligibility Check field to determine eligibility for this option for these person types.

17. Select a Family Member Code or rule to indicate the kind of family members that must be recorded in a participant's contact record in order for that participant to be eligible for this option.

**Note:** Family Members are recorded in the Contact window.

18. Save your work.

---

## Maintaining Plan Related Details

You use the Maintain Plan Related Details window to:

- Associate a plan year period with a plan
- Associate a reporting group with a plan
- Associate reimbursable goods or services with a plan
- Associate regulations and reporting groups with a plan
- Associate an organization with a plan

### Associating a Plan Year Period with a Plan

You associate a plan year period with a plan to define the period for which the plan is active.

► **To associate a plan year period with a plan:**

1. Enter or query the plan in the Plans window to which you are associating a plan year period and choose the Details button.
2. Choose the Plan Year Periods tabbed region.
3. Enter a Seq (sequence) number to specify the order in which the system processes this plan year period relative to any other plan year period for this plan.
4. Select the plan year period Start date.  
The period end date displays based on the start date you select.
5. Save your work.

### Associating a Reporting Group with a Plan

You can associate a plan to those reporting groups that you use to report on the plan.

► **To associate a reporting group with a plan:**

1. Enter or query the plan in the Plans window to which you are associating a reporting group and choose the Details button.
2. Choose the Reporting Group tabbed region.
3. Select the Name of a reporting group that you use to report on this plan.
  - Select more reporting groups, as necessary.

4. Save your work.

## Associating Goods or Services with a Plan

You can associate the goods or services that your enterprise provides as a benefit or has approved for reimbursement as part of a plan.

► **To associate a good or service with a plan:**

1. Enter or query the plan in the Plans window to which you are associating goods or services and choose the Details button.
2. Choose the Goods or Services tabbed region.
3. Select the type of goods or services that you are associating with this plan in the Type field.
4. Save your work.

## Associating Regulations with a Plan

You can associate regulations with a plan and the reporting groups that support these regulations.

► **To associate a regulation or a reporting group with a plan:**

1. Enter or query the plan in the Plans window to which you are associating a regulation and choose the Details button.
2. Choose the Regulations tabbed region.
3. Select a Regulation.
4. Select a Reporting Group associated with this regulation.
5. Complete the following fields based on the regulations that govern this plan. These regulations support US non-discrimination legislation.
  - **Regulatory Plan Type** is used to define the type of regulation that governs this plan, such as Fringe benefit regulations or pension regulations.
  - **Contribution Nondiscrimination** is used to identify those participants who cause the plan to be out of compliance with contribution nondiscrimination provisions.
  - **Key Employee Determination** is used to determine those participants who are key in the context of the plan for nondiscrimination testing purposes.

- **Highly Compensated Determination** is used to determine those participants who are highly compensated in the context of the plan for nondiscrimination testing purposes.
- **Five Percent Owner** is used to determine those participants who are 5% owners of the business.
- **Coverage Nondiscrimination** is used to identify those participants who cause the plan to be out of compliance with coverage nondiscrimination provisions.

6. Save your work.

## Associating an Organization with a Plan

You can associate organizations with a plan, such as third party administrators and benefits suppliers. For example, you can link an organization to a plan when the organization is a benefits supplier to whom you owe a monthly premium.

► **To define an organization for a plan:**

1. Enter or query the plan in the Plans window to which you are associating an organization and choose the Details button.
2. Choose the Organizations tabbed region.
3. Select the name of this Organization.
4. Enter the Customer Identifier this organization uses to identify this plan.
5. Enter the Policy or Group Number this organization uses to identify this plan.
6. Enter the Organization Role that describes the services this organization provides for this plan.
7. Save your work.

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## Defining Waive Reasons for a Plan (Advanced Benefits)

You use the Waiving window to define the conditions under which an eligible person can waive participation in a plan.

► **To define waive reasons for a plan:**

1. Select the Waive Participation Reason that supports why a person can elect to waive participation in this plan.
2. Check the Default field if this waive reason is the default reason to use when a participant does not state their reason for waiving a plan.

In the Certification region:

3. Select a Certification Type that indicates the kind of certification associated with waiving participation in this plan.
4. Select a rule if you limit the conditions under which certification is associated with waiving a plan in the Certification Required When Rule field.
5. Check the Preferred field if this waive certification is preferred for this plan, but not required.
6. Check the Required field if this certification is required for an eligible participant to waive this plan.
7. Check the Lack of Certification Suspends Waiving field if failure to provide this certification results in the participant's inability to waive this plan.
8. Save your work.

## Defining Combinations of Plans and Plan Types

You use the Combinations window to define combinations of: and plan type combinations. Combinations are useful for Advanced Benefits customers who want to calculate flex credits for a pool of compensation objects.

- Plans
- Plan Types
- Plan Type and Options

As a prerequisite, you must first define the plans, plan types, and options that you are including in your combination and associate these compensation objects with a program.

► **To define a combination:**

1. Choose one of the following tabbed regions depending on the combination type you are defining.
  - Combination Plans
  - Combination Plan Types
  - Combination Plan Type and Options
2. Enter or query the Name of the plan or plan type combination.
3. Select the Program to which you have linked the plans or plan types that you are including in your combination.
4. Check the Applies To field next to each compensation object that you are including in your combination.

**Note:** The Already Used field appears checked if this plan, plan type, or option is already included in another combination. You can only include a compensation object in one combination.

---

## Defining Options

You use the Options window to date effectively define, maintain, and delete options.

► **To define an option:**

1. Enter a unique Name for the option you are defining starting with a letter of the alphabet (not a number or symbol).
2. Check the Waive Option field if a person's election of this option represents the waiver of coverage.

In the Required Period of Enrollment block:

3. Enter a Value that represents the length of time in which a person must be enrolled in this option.
4. Select the unit of measure of this value in the UOM field.
5. Select a rule if you use a formula to determine the required period of enrollment for this option.
6. Select one or more plan types you are associating with this option to indicate that plans of this plan type may provide this option.

The option type displays in the Option Usage field to indicate the benefits category for this option.

7. Save your work.

## Defining Designation Requirements for an Option

You use the Designation Requirements window to limit the personal relationship types that are covered by an option.

If you do not define designation requirements for an option, a participant can designate a person of any relationship type as the designee for an option.

You can only have one designation profile per option, even if you associate the option with more than one plan.

**Note:** Regardless of the designation requirements you define, you must check the Personal Relationship field in the Contacts window in order for a contact to display in a participant's list of eligible dependents.

► **To define designation requirements for an option:**

1. Enter or query an option in the Options window and choose the Designation Requirements button.

2. Select a Group Relationship for which you are defining designation requirements.
3. Specify if this designation requirement applies to dependents or beneficiaries in the Type field.
4. Enter the minimum and maximum number of designees that can be covered under this option or indicate that there is no minimum or maximum number of designees by checking the appropriate field.

**Note:** Select a Group Relationship type of No Designees and enter the maximum number of designees as zero for an employee only coverage option.

5. Check the Cover All Eligible field if there is no minimum or maximum number of designees for this option and you want to provide coverage to all designees who meet your eligibility criteria.
6. Select one or more Relationship Types to include with this group relationship.
7. Save your work.

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## Navigating the Program Structure Hierarchy

You use the View Program Structure window to view the benefit programs that you have defined and the plan types, plans, and options that comprise these programs. Use this window after you have recorded your plan design in the system to make sure you have correctly defined the structure of your benefits programs.

In the hierarchy:

- + A plus symbol to the left of a compensation object indicates that there are lower levels that are not currently displayed.
- A minus symbol to the left of a compensation object indicates that you are viewing a collapsable list that you have expanded fully.
- = An equals symbol indicates that you are viewing the lowest level within a collapsable list that you have expanded fully.

**Go** To modify the definition of a compensation object, select the compensation object and choose the Go (traffic light) button.

You can expand or contract the program hierarchy in the same way that you expand or contract the Oracle Applications Navigator.

- To expand the view of a compensation object by one level, select the compensation object and choose the Plus (+) button (or double-click on that compensation object).
- To contract the view of a compensation object by one level, select the compensation object and choose the Minus (-) button (or double-click on that compensation object).
- To fully expand the view of a compensation object, select the compensation object and choose the Full Plus (+->) button.
- To fully contract the view of a compensation object, select the compensation object and choose the Double Minus (- -) button.

## Defining a Program or Plan Year Period

You use the Program/Plan Year window to record the dates through which programs or plans are in effect.

► **To define a program or plan year period:**

1. Enter the Start and End dates in the Plan region through which this program or plan year period is valid.

In the Limitation region:

2. Choose the Start and End dates that define the limitation year that acts as the reference period used to calculate a participant's yearly compensation.

You typically define a limitation year to determine a participant's yearly contribution ceiling for a benefits plan such as a 401(k) plan in the US.

In the Period region:

3. Select the period Type code that identifies the period type by which you divide the program or plan year, for example fiscal or calendar.

**Note:** The period type must be Fiscal if you are defining a year other than from 01-JAN to 31-DEC. When the year period is from 01-JAN to 31-DEC the period type must be Calendar.

In the Within Year Periods block:

4. Enter the first day and first month of the within year period and the last day and last month of the within year period in the following fields:

- Start Day
- Start Month
- End Day
- End Month.

5. Select the Unit of Measure by which you are dividing this period.
6. Save your work.

---

## Defining Reimbursable Goods and Service Types

You use the Goods and Services window to define those goods and services that you approve for reimbursement. You then associate one or more goods and services types with a plan.

- **To define a reimbursable good or service:**
  1. Enter a Name for the good or service.
  2. Select the Type of the good or service.
  3. Enter a text Description of the good or service.
  4. Save your work.

## Defining a Reimbursement Plan

You use the Plan Reimbursement window to define Flexible Spending Account plans in the US, and other plans that offer reimbursable goods and services.

**Note:** As a prerequisite, you must first create the plan using the Plans window.

You can define the date through which you accept reimbursement requests for the plan and the last date in the plan year for which an expense will be reimbursed.

You can also define the certifications that are required or preferred for reimbursement of a good or service. You can limit the personal and familial relationship types, such as a spouse or a child, whose expenses are reimbursable under the terms of this plan.

► **To define a reimbursement plan:**

1. Select the Plan for which you are defining reimbursement information.
2. Select a code in the Claims to Coverage or Balance field that indicates if a reimbursement claim should be validated against the participant's current balance or the coverage elected for the plan year. Choose either:
  - Compare claims to balance accumulated
  - Compare claims to coverage elected
3. Check the Forfeitures Apply field if the system forfeits unspent credits in individual accounts for this Plan at the end of the plan year.
4. Choose the Year Period tabbed region.
5. Select the Begin Date for the year period you are associating with this reimbursement plan.

The End Date for this year period automatically displays.

6. Select an Accept Claim Requests Through date to specify the calendar date through which you accept claim reimbursement requests for this year period.
7. Select a Pay Claims Through date to specify the last calendar date in the plan year on which a participant can incur an expense and still have that expense reimbursed.

Typically, this is the last day of the year period.

8. Choose the Goods or Service tabbed region.
9. Select a Good or Service that is reimbursable for this plan.
10. Check the Recurring Claims field if you allow participants to instruct you to automatically make payments for recurring claims without requiring participants to submit a reimbursement claim for every incurred expense.
11. Choose the Certifications button to define the certifications that are required or preferred for reimbursement of a good or service in a plan.
12. Select a certification Type in the Certifications window, such as a paid invoice or a receipt, that you require or prefer to validate a claim reimbursement.
13. Check the Preferred field if this certification type is preferred but not required.
14. Check the Deny Reimbursement field if you deny reimbursement of a claim when a participant fails to provide this certification type.
  - If special circumstances apply, select a Deny Reimbursement Rule to specify when you deny reimbursement of a claim when a participant fails to provide this certification type.
15. Choose the Relationship tabbed region in the Plan Reimbursement window.
16. Select a valid Relationship Type.
17. Save your work.

## Recording a Reimbursement Request (Advanced Benefits)

You use the Reimbursement Request window to date effectively record a participant's request for reimbursement when the participant incurs a cost that is covered by a Flexible Spending Account plan or other plan for which reimbursable goods and services have been defined.

► **To record a reimbursement request:**

1. Query the name of the person who is submitting the reimbursement request.
2. Select the Plan against which the submitter is making the reimbursement request.
3. Record details about the reimbursement request in the Request block.
  - Select the name of the person who is receiving the reimbursement in the For field.
  - Record the date range over which the cost was incurred in the From and To fields.
  - Select the Status of the request to indicate if it has been paid, is pending, or has been denied.
  - Enter the reimbursement amount and the unit of measure of that amount (such as the currency type) in the Amount and UOM fields.
  - Enter the Provider of the service and the provider's Tax ID.
  - Record the Good or Service provided.
4. Select the Proof of Service submitted in support of this reimbursement request.
5. Record the number of reimbursement requests submitted for this person against this plan in the Total Claims Submitted field.
6. For flexible spending accounts:
  - Enter the Annual Coverage Elected for this plan
  - Enter the reimbursement amount paid against the plan this plan year in the Annual Elected Amount field.
7. Select the Goods or Services Provided for which the reimbursement request is being submitted.
8. Save your work.

CHAPTER

6

# Benefits Eligibility

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## Eligibility Requirements

You define eligibility requirements as part of your plan design to determine eligibility for benefits.

You group eligibility criteria into *participant eligibility profiles* for primary participants and *dependent coverage eligibility profiles* for dependents. Eligibility profiles are re-usable. After you create an eligibility profile, you can link it to one or more programs, plans, or options to restrict eligibility for that benefit.

Eligibility is determined according to the order of the compensation object hierarchy:

- Program
- Plan Type in Program
- Plan in Program
- Plan
- Option in Plan

If a participant is eligible for a program, then the system checks for plan type in program eligibility, and so on down the hierarchy. This allows you to link different eligibility profiles to different benefits that you offer within a program.

Eligible participants are created when you run the Participation batch process (if you are an Advanced Benefits customer) or when you process a participant's election using an enrollment form (if you use Standard Benefits).

## Eligibility Criteria

### Participant Eligibility Profiles

The criteria that you can include in an eligibility profile are grouped into five factors:

- Personal Factors
- Employment Factors
- Derived Factors
- Related Coverages
- Other Factors

Each factor contains a variety of criteria from which you select one or more criteria values.

For example, let's say you administer a benefit plan with the eligibility requirement that all participants must work in California, Washington, or Indiana. You could define an eligibility profile using the Employment Factor criteria of Work Location. The values for the Work Location criteria would be California, Washington, and Indiana. (You need to define these work locations using the Locations form). A participant must meet one of the criteria values.

After you define the eligibility profile, you associate it with the appropriate benefits plan when you define that plan.

See: Defining an Eligibility Profile: page 6 – 13

### **Dependent Coverage Eligibility Profiles**

You define dependent coverage eligibility profiles to restrict the criteria that a dependent must meet in order to be covered by a benefit. Dependent coverage profiles are often used to *exclude* certain dependents from receiving coverage under a plan. For example, you can define a plan that excludes coverage for dependents age 21 and over.

Dependent eligibility factors include the dependent's:

- Relationship (to the primary participant)
- Age
- Status (disabled, marital, military, student)
- Postal zip
- Other

After you define a dependent coverage eligibility profile, you associate it with one or more programs, plans, or options to limit the dependents covered by that benefit.

### **Required and Optional Eligibility Criteria**

When you select more than one value for an eligibility criterion, at least one of the values must be present in the participant's record for the participant to be eligible for the benefit. In our example above, the participant must have a Work Location of either California, Washington, or Indiana.

However, when you use multiple criteria in an eligibility profile (for example, a Work Location and an Organization), the participant must meet at least one criteria value for *each* criterion.

**Note:** If you use a FastFormula eligibility rule as part of your eligibility profile, the participant must meet the criteria of the

rule and one value from any other criteria that you include in the eligibility profile.

## Linking an Eligibility Profile to a Compensation Object

Because eligibility profiles are re–usable, you define them separately from any compensation object. You link a profile to a program, plan type in program, plan, or option when you define that compensation object.

When you link the eligibility profile to the compensation object, you specify if the profile is required. The participant must satisfy all profiles marked as Required and *at least one* profile that is not marked Required.

## Minimum and Maximum Enrollment Periods

As part of your plan design, you can specify the minimum and maximum length of time that a participant is either required or allowed to remain enrolled in a compensation object.

### Required Enrollment Periods

Define a minimum enrollment period for those compensation objects that require a participant to remain enrolled for a specified period.

For example, you could define a required enrollment period of two years for a dental plan.

### Maximum Enrollment Periods

Define a maximum enrollment period for those compensation objects that place a time limit on length of coverage. Maximum enrollment periods are often used in the US for managing COBRA participation.

If you are an Advanced Benefits customer, the system automatically detects when a participant has reached a maximum enrollment period that you have defined. Standard customers are notified that a participant has reached a maximum enrollment period when an enrollment form is opened and that person's record is queried.

## Derived Eligibility Factors

*Derived Factors* are system calculated eligibility factors that change over time. You define a derived eligibility factor to use as a criteria element in a participation eligibility profile or a variable activity rate. You can use the derived factor of age in a dependent coverage eligibility profile.

The product supports the calculation of six derived factors:

- Compensation level
- Percent of full-time employment
- Hours worked in period
- Age
- Length of service
- Combination age and length of service

### **Compensation Level**

You define a compensation level derived factor if you use a participant's compensation amount as an eligibility criterion or as a factor in a variable rate profile.

You can select as a compensation source a participant's stated compensation, a payroll balance type, or a benefits balance type that you define.

### **Percent of Full-time Employment**

You define a percent of full-time employment derived factor if you determine eligibility or rates based on a participant's percentage of full-time work.

You can choose to use a participant's primary assignment only or the sum of all their assignments when determining their percent of full-time employment.

### **Hours Worked in Period**

You define an hours worked in period factor if you determine eligibility or rates based on the number of hours a participant works in a given period that you define.

You can choose to derive the number of hours worked from a balance type or a benefits balance type.

### **Age**

You define an age factor if you determine eligibility for a participant or a dependent based on age. You can define a minimum or a maximum age beyond which a person becomes eligible or no longer eligible for a particular benefit.

You can also define an age factor that derives the age of a participant's spouse.

### **Length of Service**

You define a length of service factor if you determine eligibility based on how long a participant has worked for your enterprise.

You can choose to calculate length of service from a participant's hire date, adjusted hire date, or override service date.

### Combination Age and Length of Service

You create a combination age and length of service factor by linking an age factor and a length of service factor that you have defined into a new factor.

## Benefits Groups

When eligibility for a plan varies for a group of persons, you can define a benefits group to explicitly group those persons together. Defining a benefits group is useful for grouping grandfathered participants, or administering highly complex participation eligibility involving a small number of people.

You use the Benefits Groups window to define a Benefits Group and you enter a person into a group using the Person form.

 **Attention:** You may assign a person to only one benefits group.

## Postal Zip Ranges and Service Areas

You can define a range of postal zip codes that can be used to determine eligibility and activity rates for a benefit. Postal code ranges can be combined into *service areas* that you can also use as eligibility criteria.

Service areas are a useful means of defining eligibility for a particular geographical region when Work Location is not adequate.

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## Waiting Periods

You define a waiting period as the period of time that must elapse before a newly eligible person can enroll in a benefit. Waiting periods allow participants to make elections that will become effective at a later date.

You can define waiting periods at the following levels:

- Program
- Plan type in program
- Plan in program

- Plan
- Option in plan

Waiting periods you define at a higher level in the compensation object hierarchy cascade to all other compensation objects in the same hierarchy.

When you define a waiting period, you specify the unit of measure in which the waiting period is determined, for example, length of service or hours worked. For waiting period that you define at the plan level, you can set a corresponding *maximum waiting period* that can be in a different unit of measure, if required.

For example, you could define a waiting period of 200 hours worked before an eligible employee can enroll in a medical plan. You could define a maximum waiting period for the plan of 180 days of service. A person with less than 200 hours worked but with 180 days of service would be eligible for this medical plan based on the maximum waiting period.

## **Waiting Period Determination Dates**

As part of defining a waiting period, you select a *waiting period date to use code* that determines the *comparison date* from which the system calculates the *waiting period completion date*. The waiting period date to use code identifies an event from which the waiting period is calculated, such as a participant's date of hire.

Because waiting periods can also be applied to non-employees, you can select a waiting period date to use code that uses one comparison date for an employee and a second comparison date for a non-employee.

For example, for a medical plan, the system could determine the waiting period for employees based on hire date and for non-employees based on the life event that caused the participation eligibility to be determined. In this scenario, you would select a waiting period date to use code of "If Employee, Date of Hire; Not Employee, Life Event Date."

You can select from the following waiting period comparison dates:

- Date of Hire
- Adjusted Service Date
- Override Service Date
- Eligibility Begin Date
- Original Hire Date

- Life Event Date (Advanced Benefits)
- Later of the Life Event or Notification Date (Advanced Benefits)
- FastFormula Rule

## Waiting Periods by Life Event

Advanced Benefits customers can vary the waiting period requirement for a benefit by life event reason. You can define one waiting period for the compensation object and another waiting period that applies only in the occurrence of a particular life event. You can define waiting periods by life event at the following levels:

- Program
- Plan
- Option in Plan

## Waiting Period Processing

In Standard Benefits, waiting periods are calculated based on your waiting period definition when you open an enrollment form for a person.

For Advanced Benefits customers, waiting periods and eligibility are determined when you run the Participation batch process. The Participation process calculates the waiting period by adding the waiting period value (such as 60 days) to the waiting period comparison date (such as date of hire).

If the Participation process detects a potential life event between the effective date of the Participation process and the waiting period completion date, then no waiting period is determined for that participant. An error is written to the log file indicating that the waiting period must be re-determined after the intervening life event is processed.

The system also checks for temporal life events and does not create a waiting period if it detects a temporal event that will occur between the effective date of the Participation process and the waiting period completion date.

## Continuing Eligibility: Benefit Assignments

Because you can use an employee's assignment to determine benefits eligibility, you must maintain assignment information for terminated or deceased employees and their qualified dependents for the purpose of providing continuing benefits.

A *benefits assignment* is a copy of an employee's primary assignment that is created when one of three events occur:

- **The employee terminates:** the system creates a benefits assignment for the employee with an effective date of the actual termination date plus one day.
- **The employee becomes divorced or legally separated:** the system creates a benefits assignment for the spouse. The person type usage of *former spouse* is created for the spouse on the day of the divorce.
- **The employee dies:** the system creates a benefits assignment for the surviving spouse and any surviving family members. The person type usage of *surviving spouse* or *surviving family member* is created for the appropriate relation.

You can also manually create a benefits assignment if the system fails to create one, and you can update a system-generated benefits assignment.

**Note:** Benefits assignments are system-generated for US and Canadian users only. Customers outside these two regions can manually create benefits assignments.

## Benefits Assignments and Payroll

For US and Canadian customers, benefits assignments must have a payroll with a monthly periodicity since continuing benefits for ex-employees and their dependents are typically administered on a monthly basis. When a benefits assignment is created for an employee, the benefits default monthly payroll that you setup for the business group is automatically linked to the person's benefits assignment. You can change the benefits assignment payroll to another payroll with a monthly periodicity using the Benefit Assignment window.

**Note:** US and Canadian customers cannot process an employee termination unless the employee's business group has a default payroll.

Customers outside the US and Canada can maintain benefits assignments with a payroll of any periodicity; they do not have to create default monthly payrolls for benefits assignments.

## Eligibility Profile Criteria

You can define from one to dozens of eligibility criteria for an eligibility profile. Criteria are divided into personal criteria, employment criteria, derived factors, and other criteria, as follows.

### Personal Criteria

You select personal eligibility criteria from the Personal tab of the Eligibility Profiles window.

<b>Leave of Absence</b>	Uses an employee's leave of absence reason as eligibility criteria for a benefit.
<b>Leaving Reason</b>	Uses an employee's termination reason as eligibility criteria for a benefit. This criteria is often used for continuing benefits eligibility, such as for COBRA in the US.
<b>Opted for Medicare</b>	Uses whether or not an employee is enrolled in Medicare as eligibility criteria for a benefit.
<b>Person Type</b>	Uses a person's person type(s) as eligibility criteria for a benefit.
<b>Service Area</b>	Uses the service area defined by the participant's zip code as eligibility criteria for a benefit.
<b>Union Membership</b>	Uses whether an employee is a union member as eligibility criteria for a benefit.
<b>Zip Code</b>	Uses individual zip/postal codes or ranges of zip/postal codes as eligibility criteria for a benefit.

### Employment Criteria

You select employment criteria from the Employment tab of the Eligibility Profiles window.

<b>Assignment Set</b>	Uses an employee's assignment or a set of assignments as eligibility criteria for a benefit.
<b>Bargaining Unit</b>	Uses an employee's bargaining unit (local union group) as eligibility criteria for a benefit.
<b>Employee Status</b>	Uses a person's state of employment (Active, Inactive, or On Leave) as eligibility criteria for a benefit.
<b>Full/ Part Time</b>	Uses whether an employee works full-time or part-time as eligibility criteria for a benefit.
<b>Grade</b>	Uses an employee's grade as eligibility criteria for a benefit.

<b>Hourly/Salaried</b>	Uses an employee's pay basis, either hourly or salaried, as eligibility criteria for a benefit.
<b>Job</b>	Uses an employee's job classification as eligibility criteria for a benefit.
<b>Legal Entity</b>	Uses an employee's legal entity (GRE) as eligibility criteria for a benefit (US only).
<b>Organization Unit</b>	Uses an employee's organization as eligibility criteria for a benefit.
<b>Pay Basis</b>	Uses an employee's pay basis as eligibility criteria for a benefit.
<b>Payroll</b>	Uses the employee's payroll as eligibility criteria for a benefit.
<b>People Group</b>	Uses a person's People group as eligibility criteria for a benefit.
<b>Scheduled Hours</b>	Uses the number of hours an employee is scheduled to work as eligibility criteria for a benefit.
<b>Work Location</b>	Uses an employee's work location as eligibility criteria for a benefit.

## Derived Factor Criteria

You select derived factor eligibility criteria from the Factors tab of the Eligibility Profiles window.

<b>Age</b>	Uses an employee's age as eligibility criteria for a benefit.
<b>Combination Age/LOS</b>	Uses an employee's combination age and length of service factor as eligibility criteria for a benefit.
<b>Compensation Level</b>	Uses an employee's compensation level as eligibility criteria for a benefit.
<b>Hours Worked</b>	Uses an employee's hours worked in a given period as eligibility criteria for a benefit.
<b>Length of Service</b>	Uses an employee's length of service as eligibility criteria for a benefit.
<b>Percent Full-time</b>	Uses an employee's percent of full-time employment as eligibility criteria for a benefit.

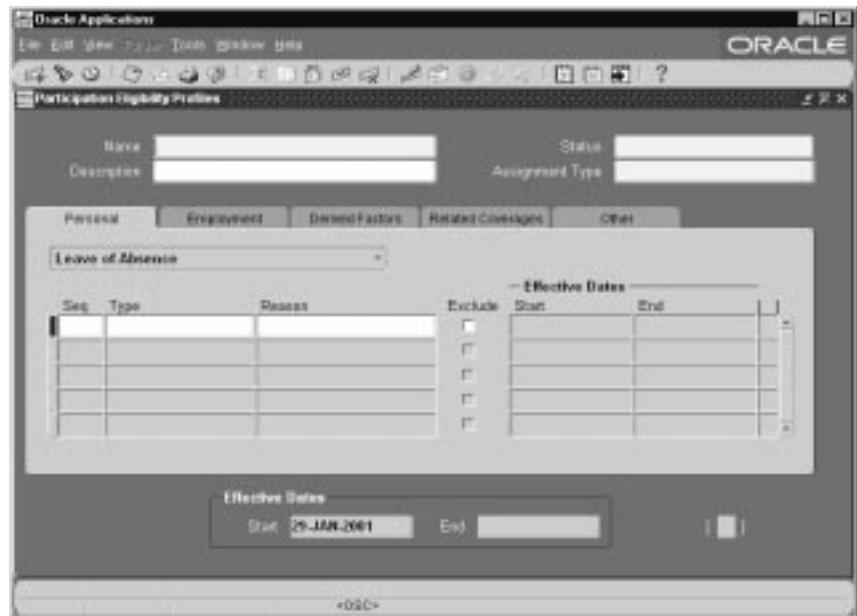
## Other Criteria

You select miscellaneous eligibility criteria from the Other tab of the Eligibility Profiles window.

<b>Benefits Group</b>	Uses a person's benefits group as eligibility criteria for a benefit.
<b>COBRA Qualified Beneficiary</b>	Uses whether a person is considered a qualified beneficiary under COBRA regulations to determine eligibility (US only).
<b>Continuing Participation</b>	Used to set the date on which an ex-employee's payment for a continuing benefit must be received.
<b>Eligibility Profile Rule</b>	Uses an eligibility rule, instead of an eligibility profile, to refine or augment eligibility criteria for a benefit.
<b>Participant in Another Plan</b>	Uses a person's participation in another plan as eligibility criteria for a benefit.

## Defining an Eligibility Profile

You use the Participation Eligibility Profiles window to date effectively define an eligibility profile. Before defining the profile, define any derived factors (such as length of service or compensation level) that you plan to use as eligibility criteria.



► **To define an eligibility profile:**

1. Enter the Name of the eligibility profile you are defining.
2. Select the profile Status.

**Pending:** This eligibility profile is currently proposed, but not active.

**Active:** This eligibility profile is in use.

**Inactive:** This eligibility profile is in use but cannot be associated with any new programs, plans, or options.

**Closed:** This eligibility profile was once Active or Pending, but is no longer in use.

3. Enter a Description of this eligibility profile.
4. Select an Assignment Type to which this eligibility profile applies.

For example, you can define an eligibility profile for benefits assignments if this profile is only used to determine continuing eligibility.

5. Choose the tabbed region that contains a criteria element that you want to include in your eligibility profile. Choose from:
  - Personal
  - Employment
  - Derived Factors
  - Related Coverages
  - Other
6. Select a criteria element.

For example, you could choose Person Type as one of several eligibility criteria of the Personal type.

**Note:** When you define more than one value for a criterion, at least one of the values must be present in the participant's record for the participant to be eligible. However, when you use multiple criteria in an eligibility profile (for example, a Work Location and an Organization), the participant must meet at least one value for *each* criterion.

7. Enter a Seq (sequence) number specifying the order the system processes this criteria element relative to any other criteria in this eligibility profile.

**Note:** You must assign a sequence number of a higher priority to all criteria that are used to exclude eligibility in a compensation object.

8. Select one or more values for the criteria element you have selected.
9. Check the Exclude field if a person becomes ineligible to participate in the compensation object you associate with this eligibility profile if they meet this criterion.

You typically check the Exclude field when it is easier or faster to define which persons are excluded from eligibility, as opposed to defining which person are eligible for a benefit.

10. Repeat steps 5–9 for each criteria element that you include in your eligibility profile.
11. Save your work.

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## Defining Derived Factors: Compensation Level

You can define a compensation level factor as part of an eligibility profile or a variable rate profile. A compensation level factor can be based on either stated salary, balance type, or benefits balance type.

You define compensation level factors in the Derived Factors window.

► **To define a compensation level factor:**

1. Enter a Name for this compensation level factor.
2. Select the Unit Of Measure for this compensation level factor.
3. Select the Source of the compensation level factor.
  - Select the Defined Balance for this compensation level factor if you selected a source of balance type.
  - Select a Benefits Balance Type if you selected a source of benefits balance type.
  - Select the compensation periodicity in the Stated Comp Periodicity field if you selected a source of stated compensation.

In the Values block:

4. Enter the Minimum amount under which the system does not calculate this compensation level factor.
  - Check the No Minimum field if there is no minimum compensation amount under which the system excludes participants when determining participation eligibility and activity rates.
5. Enter the Maximum amount above which the system does not calculate this compensation level factor.
  - Check the No Maximum Compensation field if there is no maximum compensation amount above which the system excludes participants when determining participation eligibility and activity rates.
6. Select a Determination Code or Rule to define when the system determines a participant's compensation level.
7. Choose a Rounding Code or Rounding Rule to specify the level to which the system rounds the results of this compensation level factor.
8. Save your work.

## Defining Derived Factors: Percent of Full Time Employment

A percent full time factor derives an employee's percent of full time employment. The system uses this information to calculate activity rates, coverage amounts, or to determine participation eligibility.

For example, you could define the 100% percent full-time factor to identify those employees who work 100% full-time (40 hours per week) and thus qualify for most benefits.

You define percent full time factors in the Derived Factors window.

- **To define a percent full time factor:**
  1. Enter a Name for this percent full time factor.
  2. Check the No Minimum field if there is no minimum percentage of full-time employment under which the system excludes employees when determining participation eligibility and activity rates.
    - Or, enter a Minimum Percent Value to define the minimum percentage of full-time employment to be used in this calculation.
  3. Check the No Maximum field if there is no maximum percent of full-time employment beyond which the system excludes employees when determining participation eligibility and activity rates.
    - Or, enter a Maximum Percent Value to define the maximum percent of full-time employment to be used in this calculation.
  4. Check the Use Primary Assignment Only field to specify that the system consider only an employee's primary assignment when determining percent of full time employment.
  5. Check the Use Sum of All Assignments field to specify that the system consider all active assignments when determining percent of full-time employment.
  6. Select a Rounding Code or Rule to specify the level to which the system rounds the results of this calculation.
  7. Save your work.

## Defining Derived Factors: Hours Worked In Period

An hours worked in period factor derives the number of hours a given employee has worked over a given period of time. The system uses this information to determine participation eligibility, activity rates, and coverage amounts.

You define hours worked in period factors in the Derived Factors window.

► **To define an hours worked in period factor:**

1. Enter a Name for this hours worked in period factor.
2. Select the calculation source for this hours worked in period factor in the Source field.

**Balance Type:** The system retrieves hours worked information from a balance.

**Benefits Balance Type:** The system retrieves hours worked information from a benefits balance.

3. Specify when the system calculates this hours worked in period factor in the Once or Continuing field.

**Once:** The system only calculates this hours worked in period factor following a life event or for open enrollment.

**Continuing:** The system calculates this hours worked in period factor each time you run the Participation batch process.

4. Select the Defined Balance for this compensation level factor if you selected a calculation source of balance type.
5. Select a Benefits Balance Type if you selected a calculation source of benefits balance type.
6. Check the No Minimum field if there is no minimum number of hours worked in period under which the system excludes employees when determining participation eligibility and activity rates.
  - Or, enter the Minimum hours worked in period under which the system does not calculate this hours worked in period factor.
7. Check the No Maximum field if there is no maximum hours worked in period above which the system excludes employees when determining participation eligibility and activity rates.
  - Or, enter the Maximum hours worked in period beyond which the system does not calculate this hours worked in period factor.

8. Select an hours worked Determination Code or Rule that defines how to calculate the hours worked in period.
9. Select a Rounding Code or Rule to specify the level to which the system rounds the results of this hours worked in period factor.
10. Save your work.

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## Defining Derived Factors: Age

An age factor derives a person's age in order to determine participation eligibility, activity rates, and coverage amounts.

For example, you could define the Retire 65 age factor to identify those employees who are at least 65 years of age and thus qualify for a maximum benefit under your corporation's retirement plan.

You define age factors in the Derived Factors window.

► **To define an age factor:**

1. Enter a Name for this age factor.
2. Select the UOM to specify the unit of measure for this age factor.
3. Select an Age to Use code to indicate the kind of person, such as the participant or the participant's child, for whom you are defining a derived age factor.
4. Select an Age Determination Code or Rule to specify the date the system uses to calculate age.
5. Check the No Minimum Age field if there is no minimum age under which the system excludes employees when determining participation eligibility and activity rates.
  - Or, enter the Minimum age beyond which the system does not calculate this age factor.
6. Check the No Maximum Age field if there is no maximum age beyond which the system excludes employees when determining participation eligibility and activity rates.
  - Or, enter the Maximum age beyond which the system does not calculate this age factor.
7. Select a Rounding Code or Rule to specify the level to which the system rounds the results of this age factor calculation.
8. Save your work.

## Defining Derived Factors: Length of Service

A length of service factor derives the length of service for a given worker in order to determine participation eligibility, activity rates, and coverage amounts.

You define length of service factors in the Derived Factors window.

- ▶ **To define a length of service factor:**
  1. Enter a Name for this length of service factor.
  2. Select the unit of measure in the UOM field by which you are defining the length of service factor.
  3. Select a Determination Code or Rule that defines how the system calculates an employee's length of service.
  4. Check the No Minimum Applies field if there is no minimum length of service under which the system excludes employees when determining participation eligibility and activity rates.
    - Or, enter the Minimum length of service under which the system does not calculate this length of service factor.
  5. Check the No Maximum Applies field if there is no maximum length of service above which the system excludes employees when determining participation eligibility and activity rates.
    - Or, enter the Maximum length of service beyond which the system does not calculate this length of service factor.
  6. Select a length of service Date to Use Code or Rule to specify the date from which the system calculates the employee's length of service.

**Hire Date:** The system always uses the employee's hire date as the start date when calculating length of service.

**Adjusted Service Date:** The system first uses the employee's adjusted service date if one exists. If there is no adjusted service date, the system uses the employee's hire date.

7. Check the Use Override Service Date field to indicate that the system should override the person's service date when determining eligibility.
8. Select a Rounding Code or Rule to specify the level to which the system rounds the results of this length of service factor.
9. Save your work.

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## Defining Derived Factors: Combination Age and Length of Service

A combination age and length of service factor associates two factors you have already defined: an age factor and a length of service factor.

You define combination age and length of service factors in the Derived Factors window.

► **To define a combination age and length of service factor:**

1. Enter a Name for the combination age and length of service factor you are defining.
2. Select an Age Factor.
3. Select a Length of Service Factor.
4. Enter the Minimum value for the combination of age and length of service that qualifies a person as eligible for the benefit or activity rate with which this factor is associated.
5. Enter the Maximum value for the combination of age and length of service that qualifies a person as eligible for the benefit or activity rate with which this factor is associated.
6. Enter an Order Number to specify the order in which the system processes and displays combined age and length of service records.
7. Save your work.

## Defining a Dependent Coverage Eligibility Profile

You use the Dependent Coverage Eligibility Profiles window to define an eligibility profile that limits the conditions that enable a dependent to receive coverage under a benefit.

► **To define a dependent eligibility coverage profile:**

1. Enter the Name of the dependent coverage eligibility profile you are defining.
2. Select the Status of this dependent coverage eligibility profile.

**Active:** This eligibility profile is currently available to associate with a compensation object.

**Pending:** This eligibility profile is currently proposed, but not yet available to associate with a compensation object.

**Inactive:** This eligibility profile is in use but cannot be associated with any new compensation objects.

**Closed:** This eligibility profile was once Active or Pending, but is no longer in use.

3. Select a Regulation to specify a statute or regulation that enables, defines, or restricts the eligibility criteria maintained in the profile.
4. Enter a Description of this profile.
5. Select a Rule to include in this profile if the standard dependent coverage eligibility profile criteria do not fully support your business requirements.
6. Choose the tabbed region that represents the factor by which you want to restrict dependent coverage. Choose from:
  - Relationship
  - Age
  - Status (includes disabled, marital, military, and student status)
  - Postal Zip
7. Select the factor by which you are restricting dependent coverage in the Name field. Select one or more factors for each tabbed region, as required by your business rules.
8. Check the Exclude field for a factor in the Age region or the Postal Zip region if a dependent who meets this age or postal zip is excluded from receiving coverage.
9. Save your work.

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## Defining Benefits Groups

You use the Benefits Groups window to define the groups into which you place various categories of employees and other benefits participants for purposes of eligibility or activity rate restriction.

You assign a person to a benefits group using the People window.



**Attention:** You may assign a person to only one benefits group.

► **To define a benefits group:**

1. Enter a unique name for this benefits group.
2. Enter a description of the benefits group.
3. Save your work.

---

## Defining Regulations

You define regulations as discrete rules, policies, or requirements that a governmental or policy making body defines regarding the administration of one or more benefits.

► **To define a regulation:**

1. Navigate to the Regulations window.
2. Enter a Regulation Name impacting the administration of one or more benefits.
3. Enter a Statutory Citation Name for this regulation.
4. Select a Regulatory Body such as a governmental or policy making body responsible for this regulation.
5. Select an Administrative Code indicating whether this regulation is issued by or enforced by this regulatory body.
6. Save your work.

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## Defining Postal Zip Ranges

You date effectively define postal zip ranges that can be used to determine participation eligibility and activity rates.

You also use this window prior to defining service areas. The postal codes populate the list of values of the Postal Zip within Service Area region of the Service Areas window.

See Defining Service Areas: page 6 – 26

The following parameters are on the Postal Zip Ranges window:

- From Value is the beginning of the zip code range you want to define, inclusive.
- To Value is the ending value of the zip code range you want to define, inclusive.

► **To define a postal zip range:**

- Enter a beginning and ending postal code, and save.

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## Defining Service Areas

You date effectively define service areas for a benefits carrier or third party agent. For instance, you might want to define a service area for a city or other geographical area, and list the service provided.

The following parameters are on the Service Areas window:

- Service Area region
  - Name is the name of the region you are defining, e.g., "Coastal."
  - Product is the name of the service provided to the region, e.g., "Medical Plan 1"

**Note:** Lookup values for this field are located in BEN\_PRDCT.

- Postal Zip within Service Area region
  - Postal Zip Range is the postal range for the service area

See Defining Postal Zip Ranges: page 6 – 25

► **To define a service area:**

1. Enter or query the name of the service region.
2. Enter the appropriate service or product in the Product field.
3. Enter the zip code range for the service area.
4. Save your work.

## Maintaining a Benefits Assignment

You use the Benefit Assignment window to view and update a person's benefits assignment.

For users in the US and Canada, benefits assignments are created automatically based on certain events, such as an employee termination. Customers in countries other than the US and Canada can manually create a benefits assignment.

 **Attention:** You cannot use this window to delete benefits assignment records.

### ► **To maintain a benefits assignment:**

1. Query the person for whom you are maintaining a benefits assignment.
2. Select the person's location and organization.
3. Insert the person's assignment status in the Status field.

**Note:** You can only manually insert a person's assignment status. You cannot update an assignment status that the system copies from the person's assignment record.

4. Update other assignment information as necessary.
  - Enter the person's people group in the Group field.
  - Select a Job, Position, and Grade.
  - Select a payroll.
5. Change other assignment data on this window as necessary.
6. To delete a benefits assignment, query the person's benefits assignment and choose the Delete icon from the toolbar. You can choose to purge or end-date the record.

**Note:** Deleting a benefits assignment does not effect the employee assignment.
7. Save your work.

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## Defining a Default Monthly Payroll for a Business Group

You use both the Payroll Description window and the Organization window to assign a default monthly payroll to a business group. When a benefits assignment is created for an employee, due to their termination or other qualifying event, the benefits assignment must have a monthly payroll for the purpose of maintaining continuing benefits if you are a US or Canadian customer.

- ▶ **To define a default monthly payroll for a business group:**
  1. Create a payroll with a period type of Calendar Month using the Payroll Description window.
  2. Save your work and exit the Payroll Description window.
  3. Select the business group for which you want to define a default monthly payroll using the Find Organization window.
  4. Place the cursor in the Organization classifications block on the Business Group field and choose the Others button.
  5. Select Benefits Defaults from the Additional Organization Information lookups.
  6. Choose the Next button to display the Benefits Defaults window.
  7. Select a monthly payroll for this business group.
  8. Save your work.

CHAPTER

7

# Benefits Enrollment Requirements

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## Enrollment Requirements

Enrollment requirements determine *when* an eligible person can enroll in a benefit. You define enrollment requirements for a program, plan type, or plan to determine scheduled enrollment periods and the qualifying life events that enable an enrollment.

Enrollment requirements that you define at the program level cascade to the plan type and plan levels unless you override these requirements for a given plan type or plan. Although there are many program-level enrollment attributes, participants do not technically enroll in a program. Instead, they enroll in the plans associated with that program.

You can also use the enrollment requirements forms to implement other restrictions, as follows.

- You can coordinate coverage levels between all plans in a plan type. For example, you can require that a person who elects the "employee only" coverage option in one plan elects this coverage level for all plans in the plan type in which they enroll.
- For insurance plans, you can limit the coverage level that can be elected by a spouse or a dependent to a percentage of the coverage elected by the primary participant.
- Advanced Benefits customers can require that an action item be completed before an enrollment is valid.
- You can also define dependent coverage requirements such as dependent information that is required for an enrollment to be valid (date of birth or social security number) and required certifications.
- You define beneficiary designation requirements at the plan level.

## General Program Enrollment Requirements

### For a Program

You can define general enrollment requirements for a program, such as enrollment coverage start and end dates and activity rate start and end dates. These dates are not particular calendar dates, but dates relative to a scheduled enrollment in the program year.

Advanced Benefits customers can define at the program level whether default or automatic enrollments apply to any plans in this program.

For insurance plans, you can limit the coverage level that can be elected by a spouse or a dependent to a percentage of the coverage elected by the primary participant.

## For a Plan Type in a Program

You can define enrollment requirements for the plan types in a program if these requirements differ between plan types. For example, you can define a required period of enrollment for the plans in one plan type.

Other requirements you can set at the plan type level relate to life insurance plans. You can:

- Specify if the plans in a plan type limit the amount of coverage a spouse or a dependent of the primary participant can elect as a percentage of the coverage elected by the primary participant
- Specify if the system determines imputed income and life insurance maximums for a plan type

You can limit the maximum number of plans in a plan type in which a person can enroll, or require that a participant enroll in a minimum number of plans in a plan type.

## For a Plan in a Program

Advanced Benefits customers can define if a plan in a program is the default enrollment for a participant who fails to make an election. You can limit the circumstances under which a plan is the default based on whether or not the participant is currently enrolled in the program.

For example, you can define a default plan for newly enrolled participants, and indicate that currently enrolled participants must remain enrolled in their current plan.

## Scheduled Program Enrollments and Life Event Enrollments (Timing)

### Scheduled Enrollments for Programs

For scheduled enrollments, you define the enrollment type for the program, either open, administrative, or unrestricted.



**Attention:** Open and administrative enrollment types are only available to Advanced Benefits customers. Because unrestricted enrollments are not date dependent, the system does not recognize an enrollment period for unrestricted enrollments. An unrestricted enrollment is considered closed when the enrollment is saved.

You associate a program year period with those programs that contain one or more plans with scheduled enrollments. Within the program year, you can specify the enrollment period for plans in the program, the date on which defaults are assigned, the date after which no further processing is allowed, and the enrollment close date.

For programs that allow an override to the enrollment start and end dates or the activity rate start and end dates, you can specify these enrollment and activity rate periods.

### **Life Event Enrollments for Programs (Advanced Benefits)**

You can define the life events that trigger an enrollment opportunity for the plans in a program. You can also specify the date on which defaults are assigned, the date after which a person experiencing the life event is no longer eligible for enrollment, and the life event enrollment close date.

You can define the enrollment coverage start and end dates for a life event. This is not a particular calendar date, but a date relative to the life event.

As with scheduled enrollments, you can define overrides to enrollment start and end dates or activity rate start and end dates for a program that are caused by a life event that you associate with the program.

### **Life Event Enrollment Requirements for Plan Types and Plans in Program (Advanced Benefits)**

You can associate with a plan type or a plan in program those life events that trigger an enrollment action. Depending on the life event and the participant's current enrollment status, you can define whether or not the life event enables an enrollment action. You select from *enrollment codes* that limit the participant's enrollment options based on whether they are currently enrolled in the compensation object that you specify.

For example, you can specify that a participant who experiences a particular life event and is currently enrolled in a plan can keep their current elections but cannot change their elections. But, if the participant is not currently enrolled in the plan, then they can enroll. You would select an enrollment code of Current, Keep Only; New, Can Choose.

You can also define for a plan in program the *enrollment method* associated with a life event, either automatic or explicit.

### **Dependent Coverage Enrollment Requirements for Programs**

The information required to enroll a dependent in a benefit can be different from the information required to enroll a primary participant. For dependents you can define:

- Dependent coverage start and end dates

- Required information for enrollment, such as social security number/legislative ID and date of birth
- Required certifications
- Dependent coverage eligibility profiles
- Enrollment actions triggered by a life event
- Certifications required for enrollment after the occurrence of a specific life event

## Plan Enrollment Requirements

You specify enrollment requirements at the program level if the requirements apply to all the plans in the program. You use plan level enrollment requirements to override values set at the program level for individual plans. The enrollment requirements that you can specify for scheduled enrollments and life event enrollments are the same at the program and plan level.

In addition, you set enrollments requirements for not in program plans and options in plans by using plan enrollment requirements.

You can define general enrollment requirements for a plan, such as enrollment coverage start and end dates. You can also set limitations to the minimum and maximum number of options in a plan in which a person can be enrolled.

If an action must be complete before an enrollment is valid, you can associate enrollment action types with a plan if you are an Advanced Benefits customer.

You can also define designation requirements that limit the familial relationship types covered by an option.

## Enrollment Requirements for Plans Not in Program

You define enrollment requirements for plans not in program just as you do for plans in program. However, plans not in program also have additional enrollment requirements that you can set.

For each plan not in program, you can select a default enrollment code that determines how the system processes an enrollment when a participant fails to make an election.

For a plan not in program with a required enrollment period, you need to specify whether the required enrollment period applies to the plan, the options in the plan, or the plan type that contains the plan.

You can also specify the time period in which activity rates for a plan not in program are expressed in the user interface, for example by month or annually.

## **Enrollment Requirements for Options**

You can define enrollment requirements that apply to the options in a plan, such as:

- The default option for participants who do not make an election (Advanced Benefits)
- The options that are required for enrollment in the plan
- The enrollment method, either automatic or based explicitly on the participant's election (Advanced Benefits)

You can also set designation requirements for an option. See: Defining Options: page 5 – 41

## **Enrollment Action Types (Advanced Benefits)**

An enrollment action is any action that is required of a participant to complete an enrollment or de-enrollment. In addition to the enrollment action types delivered with the product, you can use the Enrollment Action types window to define additional enrollment action types.

You associate an enrollment action with the enrollment requirements for a program or plan.

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## Enrollment Types

Most benefit plans define when an enrollment can be initiated or altered during the plan year. Often, restrictions are placed on when an eligible participant can enroll in a plan or change a current election.

Oracle HRMS controls enrollments using enrollment types:

- Unrestricted Enrollment
- Open Enrollment (Advanced Benefits)
- Administrative Enrollment (Advanced Benefits)
- Life Event Enrollment (Advanced Benefits)
- Automatic and default enrollment (Advanced Benefits)
- Explicit enrollment

### **Unrestricted Enrollment**

Unrestricted enrollments are enrollments you define that are not time-dependent and often do not require a special reason for enrollment. A savings plan is a typical example of a benefit for which you might elect to use the unrestricted enrollment type.

Oracle customers who do not license Advanced Benefits must use unrestricted enrollments to process participants into a benefits plan. This is the only enrollment type available to you.

During the plan design phase, you choose the unrestricted enrollment type for all your programs and plans. Then, when a benefits representative (or in the case of self-service enrollments, a participant) processes an enrollment, the system determines the person's electable choices based on the eligibility requirements for the benefit.

Unrestricted enrollments do not restrict an enrollment to a certain period or require that an action item or certification be completed for an enrollment to be valid.

### **Open Enrollment (Advanced Benefits)**

You define an open enrollment for a benefit as a predefined time period during the plan year when a participant can alter elections in a plan. This is the most common type of scheduled enrollment.

### **Administrative Enrollments (Advanced Benefits)**

Administrative enrollments are rare, but you might use this enrollment type when a significant change occurs to the coverage offered under a plan and it is necessary to allow participants to re-evaluate their continued participation in the plan.

### **Life Event Enrollments (Advanced Benefits)**

Life event enrollments are caused by a significant change to the participant which requires or enables an enrollment action.

### **Automatic and Default Enrollments (Advanced Benefits)**

You can automatically enroll an eligible participant into a benefit. To do so, you set up the enrollment method of automatic when defining the enrollment requirements for the benefit. Automatic enrollments are typically used to provide interim coverage before participants can make their own elections.

You define default enrollments as those elections an eligible participant receives if they do not specify an election within a pre-defined enrollment period. Default enrollments are processed when you run the Default Enrollment batch process from the concurrent manager.

### **Explicit Enrollments**

All elections that are neither automatic or default are considered explicit elections. The participant must explicitly elect the benefit into which they enroll either through a self-service form or through their benefits department.

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## Defining Additional Enrollment Action Types (Advanced Benefits)

You use the Enrollment Action Types window to rename an action type delivered with the system. You then link the action type to a program or a plan as part of your enrollment requirements.

► **To define additional enrollment action types:**

1. Enter a name for the the enrollment action type you are defining in the Name field.
2. Select an enrollment action type in the Type field to specify a generic action a person must resolve in order to enroll in a compensation object.
3. Enter a description of the enrollment action type in the Description field.
4. Save your work.

## Defining Enrollment Methods for a Program

You use the Enrollment Methods alternate region of the Program Enrollment Requirements window to define how a participant enrolls in a program.

If you use Standard Benefits, you can define requirements for unrestricted enrollments using this window.

Advanced Benefits customers can specify whether default or automatic enrollment rules apply for a program.

- **To define an enrollment method for a program:**
  1. Query the Program for which you are defining program enrollment requirements.

The current status of the program is displayed. For a definition of the program statuses, see Defining a Benefits Program: page 5 – 12.
  2. For Advanced Benefits users, select the enrollment method, either **automatic** or based on the participant's **explicit** choice, in the Method field.
  3. For Advanced Benefits users, select an Automatic Rule to define the circumstances under which automatic enrollments apply for this program.
  4. Check the Allows Unrestricted Enrollment field if this program uses the unrestricted enrollment type.

 **Attention:** You must check this field if you have not purchased an Advanced Benefits license.
  5. For Advanced Benefits users, check the No Default Enrollment Applies field if the system takes no enrollment actions when eligible persons fail to specify available elections for plans or options in this program.
  6. For Advanced Benefits users, check the No Automatic Enrollment Applies field if the system does not automatically enroll eligible persons in any plans in this program.
  7. Select an Enrollment Code or rule that defines a participant's enrollment choices for this program based on whether or not the participant is currently enrolled in the program.
  8. Save your work.

## Defining Coverage Requirements for a Program

You use the Coverage region of the Program Enrollment Requirements window to define when coverage starts and ends for a program, if coverage levels are coordinated between plans in the program, and rules regarding spousal and dependent coverage for insurance plans.

► **To define coverage requirements for a program:**

1. Select an Enrollment Coverage Start Date code or rule to specify when coverage begins for participants who enroll in plans in this program.
2. Select an Enrollment Coverage End Date code or rule to specify when coverage ends for participants who lose eligibility for a plan in this program.

In the Maximum % of Participant Coverage block:

3. Enter a Spouse Insurance Coverage percentage to specify the maximum insurance coverage amount allowed for spouses for all insurance plans in the program, expressed as a percentage of the employee's insurance coverage amount.



**Attention:** If you define spousal or dependent life insurance coverage limits, you must create one plan type for spousal life insurance plans and another plan type for dependent life insurance plans.

4. Enter a Dependent Insurance Coverage percentage to specify the maximum insurance coverage amount allowed for dependents other than spouses for all insurance plans in the program, expressed as a percentage of the employee's insurance coverage amount.
5. Save your work.

---

## Defining an Action Item Due Date (Advanced Benefits)

You use the Action Types window to enter the date by which a person must complete an action item associated with a compensation object.

Action items include enrollment certifications, and dependent and beneficiary designation requirements.

► **To define an action item due date:**

1. Query the compensation object for which you are defining an action item due date in the Program Enrollment Requirements window or the Plan Enrollment Requirements window.
2. Choose the Action Types button.
3. Select an action item in the Action Type field.
4. Select an Action Type Due Date code or rule.
5. Save your work.

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## Defining Activity Rate Enrollment Requirements for a Program

Use the Rates region of the Program Enrollment Requirements window to define when activity rates start and end for the plans in a program.

► **To define activity rate enrollment requirements for a program:**

1. Select a Rate Start Date Code or Rule to specify the date on which activity rates apply to the plans in this program.
2. Select a Rate End Date Code or Rule to specify when activity rates end for participants in the plans in this program.
3. Save your work.

## Defining Enrollment Requirements for Plan Types in a Program

You can define enrollment requirements that apply to a plan type in a program.

► **To define enrollment requirements for a plan type in a program:**

1. Choose the General tab and then the Plan Type tab in the Program Enrollment Requirements window.
2. Select a Plan Type in this program for which you are defining enrollment requirements.
3. Check the Coordinate Coverage for All Plans field to specify that participants in this plan type must elect the same coverage options for all plans in this plan type.
4. Choose from the following if you limit insurance coverage for a spouse or a dependent to a percentage of the employee's insurance coverage:
  - Check the Subject to Spouse's Maximum % Insurance Coverage field if for this plan type you are limiting the insurance coverage of the spouse of an employee to a percentage of the employee's insurance coverage.
  - Check the Subject to Dependent's Maximum % Insurance Coverage field if for this plan type you are limiting the insurance coverage of a dependent of an employee to a percentage of the employee's insurance coverage.



**Attention:** If you define spousal or dependent life insurance coverage limits, you must create one plan type for spousal life insurance plans and another plan type for dependent life insurance plans.

5. Check the Sum Participant's Life Insurance field if the system determines imputed income and life insurance maximums for this plan type in this program.
6. For Advanced Benefits users, choose from the following if this plan type is part of a flex credit program:
  - Check the Provides Credits field if flex credits are allocated for this plan type.
  - Check the Credits Apply Only To This Plan Type field if flex credits in this plan type cannot be rolled over into other plan types in this program.
7. Select a Required Period of Enrollment Value and UOM for this value to describe the period of time in which a participant's

elections for all plans in this plan type must be in effect (except in the case of a qualified life event).

To define a required period of enrollment for an option, see:  
Defining Options: page 5 – 41.

8. Save your work.

## Defining Enrollment Limitations for Plan Types in a Program

You can define the minimum and maximum number of plans in which a person can be simultaneously enrolled for a plan type in a program. You can also specify the required enrollment period for the plans in a plan type.

Use the Program Enrollment Requirements window.

► **To define enrollment limitations for a plan type in a program:**

1. Choose the General tab, then the Plan Type tab.
2. In the Limitations region, select a Plan Type in this program for which you are defining enrollment limitations.
3. Check the No Minimum field if there is no minimum number of plans of this plan type in which a participant must be enrolled.
  - Or, enter the Minimum number of plans of this plan type in which a participant must be enrolled.
4. Check the No Maximum field if there is no maximum number of plans of this plan type in which a participant must be enrolled.
  - Or, enter the Maximum number of plans of this plan type in which a participant must be enrolled.

In the Required Period of Enrollment block:

5. Enter a Value that represents the length of time for which a person must be enrolled in the plans in this plan type.
6. Select the unit of measure of this value in the UOM field.
7. Select a rule if you use a formula to determine the required period of enrollment for the plans in this plan type.
8. Save your work.

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## Defining Enrollment Requirements for a Plan in a Program

If you are an Advanced Benefits customer, you can specify the circumstances under which a plan is the default for a program. A life event reason can override this information.

- ▶ **To define enrollment requirements for a plan in a program:**
  1. In the Program Enrollment Requirements window, choose the General tab and then the Plan tab.
  2. Select the plan in this program for which you are defining enrollment requirements.
  3. For Advanced Benefits users, select the enrollment method, either **automatic** or based on the participant's **explicit** choice, in the Method field.
  4. For Advanced Benefits users, select an Automatic Rule to define the circumstances under which automatic enrollments apply for this plan.
  5. Select an Enrollment Code or rule that defines a participant's enrollment choices for this plan based on whether or not the participant is currently enrolled in the plan.
  6. Check the Allows Unrestricted Enrollment field if the enrollment type for this plan is unrestricted.
  7. Save your work.
- ▶ **To define default enrollment requirements for a plan in a program:**

You run the Default Enrollment Process from the concurrent manager to create default enrollments based on your plan design and eligibility requirements. Default enrollment processing is only available for Advanced Benefits customers.

  1. Choose General -> Plan -> Default in the Program Enrollment Requirements window.
  2. Select a Default Enrollment Method Code or Rule for this plan.
  3. Check the Assign on Default field if participants who fail to specify an election are enrolled in this plan.
  4. Save your work.

---

## Defining Coverage Start and End Dates for a Plan in a Program

You can define when coverage starts and ends for participants who enroll in a plan in a program.

Use the Program Enrollment Requirements window. Choose the General tab, then the Plan tab, and then the Coverage region.

► **To define coverage start and end dates for a plan in a program:**

1. Select a plan in this program for which you are defining coverage start and end dates.
2. Select an Enrollment Coverage Start Date code or rule to specify when coverage begins for participants who enroll in this plan.
3. Select an Enrollment Coverage End Date code or rule to specify when coverage ends for participants who lose eligibility for this plan.

**Note:** You should coordinate your coverage start and end dates with your activity rate start and end dates.

4. Save your work.

---

## Defining Coverage Start and End Dates for a Plan Type in a Program

You can define when coverage starts and ends for participants who enroll in a plan type in a program. These coverage dates apply to all the plans in this plan type unless you override the coverage dates at the plan level.

Choose the General tab, then the Plan Type tab, and then the Coverage region.

► **To define coverage start and end dates for a plan type in a program:**

1. Select a plan type in this program for which you are defining coverage start and end dates.
2. Choose an Enrollment Coverage Start Date code or rule to specify when coverage begins for participants who enroll in a plans in this plan type.
3. Choose an Enrollment Coverage End Date code or rule to specify when coverage ends for participants who lose eligibility for a plan in this plan type.

**Note:** You should coordinate your coverage start and end dates with your activity rate start and end dates.

4. Save your work.

---

## Defining Activity Rate Start and End Dates for a Plan in a Program

You can define when activity rates start and end for the plans in a program.

Use the Program Enrollment Requirements window. Choose the General tab, then the Plan tab, and then the Rates region.

► **To define activity rate start and end dates for a plan in a program:**

1. Select a plan in this program for which you are defining activity rate start and end dates.
2. Select a Rate Start Date code or rule to specify the date on which activity rates apply to this plan.
3. Select a Rate End Date code or rule to specify when activity rates end for participants in this plan.

**Note:** You should coordinate your coverage start and end dates with your activity rate start and end dates.

4. Save your work.

---

## Defining Activity Rate Start and End Dates for a Plan Type in a Program

You can define when activity rates start and end for the plan types in a program. These activity rate dates apply to all the plans in this plan type unless you override the activity rate dates at the plan level.

Choose the General tab, then the Plan Type tab, and then the Rates region.

- ▶ **To define activity rate start and end dates for a plan type in a program:**
  1. Select a plan type in this program for which you are defining activity rate start and end dates.
  2. Choose a Rate Start Date Code or Rule to specify the date on which activity rates apply to this plan type.
  3. Choose a Rate End Date Code or Rule to specify when activity rates end for participants in this plan type.

**Note:** You should coordinate your coverage start and end dates with your activity rate start and end dates.
  4. Save your work.

## Defining a Scheduled Enrollment for a Program

You use the Program Enrollment Requirements window to define a scheduled enrollment so that eligible persons can enroll, or alter elections, in one or more plans during a specified time period.

For example, you could schedule an open enrollment period for a benefits program from 1 November to 30 November each year.

Standard Benefits customers can define a scheduled enrollment period for a plan or program, but the information is considered read-only and does not restrict enrollment processing.

► **To define a scheduled enrollment period for a program:**

1. Query a program in the Program Enrollment Requirements window. Choose the Timing tab, and then the Scheduled tab.
2. Select an Enrollment Type for the scheduled enrollment period that you are defining for this program.
3. Select a Year Period that applies to the scheduled enrollments for the plans in this program.
4. Enter the enrollment start date in the Persons May Enroll During the Period From field.
5. Enter the enrollment end date in the To field.
6. For Advanced Benefits users, enter a Defaults Will be Assigned on date to specify the date on which default benefits assignments are made when participants fail to make their choices as part of this scheduled enrollment.
7. Choose a No Further Processing is Allowed After date to specify the latest date on which the plan sponsor can apply elections applicable to this enrollment period.



**Attention:** Typically, a third party administrator's requirements for receiving elections information determines this date.

8. Select a Close Enrollment Date To Use code that defines the enrollment closing date based on one of three factors:
  - Processing End Date
  - When Elections Are Made
  - When Enrollment Period Ends
9. Choose the Overrides alternate region to override any enrollment period or activity rate start and end dates for this program.

10. Choose an Enrollment Start Date Code or Rule to specify the date from which an override to an enrollment date applies to this scheduled enrollment for this program.
11. Choose an Enrollment End Date Code or Rule to specify the final date on which an override to an enrollment date applies to this scheduled enrollment for this program.
12. Choose a Rate Start Date Code or Rule to specify the date from which an override to an activity rate applies to this scheduled enrollment for this program.
13. Choose a Rate End Date Code or Rule to specify the final date on which an override to an activity rate applies to this scheduled enrollment for this program.
14. Save your work.

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## Defining Requirements for a Life Event Enrollment for a Program (Advanced Benefits)

You define a life event enrollment schedule to establish temporal parameters for enrollment, de-enrollment, or changes to elections following a given life event, regardless of when that life event occurs during the plan year.

► **To define life event enrollment requirements for a program:**

1. Query a program in the Program Enrollment Requirements window. Choose the Timing tab and then the Life Event tab.
2. Select the Enrollment Type of Life Event.
3. Select a Life Event for which you are defining enrollment requirements.
4. Enter the number of Days After Enrollment Period to Apply Defaults if you define a default enrollment for this program.
5. Enter the number of days persons can fail to respond in the Days After Enrollment Period for Ineligibility field.



**Attention:** After this number of days, the person is no longer eligible to enroll in benefits for which this life event made them eligible.

6. Enter the number of Additional Processing Days allowed.
7. Select a Close Enrollment Date to use code that defines the enrollment closing date based on one of three factors:
  - Processing End Date
  - When Elections Are Made
  - When Enrollment Period Ends
8. Choose the Overrides alternate region to override any life event enrollment period or activity rate start and end dates based on this life event.
9. Select an Enrollment Start Date Code or Rule to specify the date from which an override to an enrollment date applies to this life event enrollment for this program.
10. Select an Enrollment End Date Code or Rule to specify the last date on which an override to an enrollment date applies to this life event enrollment for this program.
11. Select a Rate Start Date Code or Rule to specify the date from which an override to an activity rate applies to this life event enrollment for this program.

12. Select a Rate End Date Code or Rule to specify the last date on which an override to an activity rate applies to this life event enrollment for this program.
13. Save your work.

---

## Defining Enrollment Periods for Life Event Enrollments for a Program (Advanced Benefits)

You can define an enrollment period for a life event so that a participant experiencing this life event has a defined period in which to take an enrollment action.

When you select an enrollment period start date code, the system calculates the start date as of the effective date of the Participation batch process that detected the life event. The enrollment end date is calculated based on the Life Event Occurred on Date which is displayed on the Maintain Potential Life Events window.

- **To define an enrollment period for life event enrollment for this program:**
  1. In the Program Enrollment Requirements window, with the Timing tab and then the Life Event tab chosen, choose the Periods region.
  2. Select Life Event in the Enrollment Type field to specify that you are defining a life event enrollment.
  3. Select the Life Event for which you are defining an enrollment period.
  4. Select an Enrollment Period Start Date Code or Rule to specify the date on which this enrollment period starts for this life event.
  5. Select an Enrollment Period End Date Code or Rule to specify the date on which this enrollment period ends for this life event.
  6. Save your work.

---

## Defining Coverage and Activity Rate Periods for a Plan in a Program

You use the Enrollment Period for Plan window to define start and end dates for enrollment coverage and activity rates for a plan in a program. You can define enrollment periods for scheduled or life event enrollments.

- **To define an enrollment period for a plan in a program:**
  1. Select the plan for which you are defining coverage and activity rate start and end dates.
  2. Choose an Enrollment Coverage Start Date code or rule to specify when coverage begins for participants who enroll in this plan.
  3. Choose an Enrollment Coverage End Date code or rule to specify when coverage ends for participants who lose eligibility for this plan.
  4. Select a Rate Start Date Code or Rule to specify the date on which activity rates apply to this plan.
  5. Select a Rate End Date Code or Rule to specify when activity rates end for participants in this plan.
  6. Save your work.

---

## Associating an Enrollment Rule with a Program

You can associate an enrollment rule with a program. You can also associate such rules with overrides for enrollment or activity rate start and end dates.

- ▶ **To define an enrollment rule for a program:**
  1. Navigate to the Enrollment Rules window.
  2. Enter a Seq (sequence) number for the enrollment rule you are defining for this enrollment or override for this program.
  3. Select this Rule.
  4. Save your work.

## Defining Life Event Enrollment Requirements

You use the Life Event tabbed region of the Program Enrollment Requirements window to define life event requirements for a program, plan type in program, or a plan in program.

Your life event enrollment requirements restrict a participant's enrollment changes based on their current enrollment status.

► **To define life event enrollment requirements for a plan type or a plan in program:**

1. Query the program for which you are defining enrollment requirements.
2. Choose the Program, Plan Type, or Plan tabbed region based on whether you are defining life event enrollment requirements for a program, plan type in program, or a plan in program.
3. Select the plan type or plan in program for which are defining life event requirements if you selected the Plan Type or Plan tabbed region.
4. Select the Life Event for which you are defining enrollment requirements.

Only Life Events of the Personal and Work types are displayed in the list of values.

### General Change of Life Requirements

5. Choose the General alternate region to define enrollment restrictions based on whether the participant is currently enrolled in this compensation object.
6. Check the Current Enrollment Precludes Change field if a participant who is currently enrolled in this compensation object cannot change elections based on this life event.
7. Check the Still Eligible, Can't Change field if a participant who is still eligible for this compensation object after this life event cannot change their current elections.
8. Select a factor in the Enrollment Change field that limits the compensation objects a participant can change when this life event occurs.
9. Choose the Enrollment alternate region.
10. Select an Enrollment Method code:

**Explicit:** An eligible person can choose from available offerings following the occurrence of this life event.

**Automatic:** The system automatically enrolls an eligible person in a given offering following the occurrence of this life event.

11. Select an Enrollment Code or Rule to indicate if the participant can alter elections based on if they are newly or currently enrolled in this compensation object.
12. Select a Default Enrollment code to specify the default treatment when a person who experiences this life event fails to make an election.

**Rule:** Indicates that you will specify a rule for this default treatment.

**New, Defaults; Current, Nothing:** If a person is not yet enrolled in a given benefit, enroll that person in the default enrollment for that benefit. If the person is already enrolled in that benefit, de-enroll that person from that benefit.

**New, Defaults; Current, Defaults:** If a person is not yet enrolled in a given benefit, enroll that person in the default enrollment for that benefit. If a person is already enrolled in a benefit, enroll that person in the default enrollment for that benefit.

**New, Defaults; Current, Same:** If a person is not yet enrolled in a given benefit, enroll that person in the default enrollment for that benefit. If a person is already enrolled in a benefit, do not change that enrollment.

**New, Nothing; Current, Defaults:** If a person is not yet enrolled in a given benefit, do not enroll that person in that benefit. If a person is already enrolled in a benefit, enroll that person in the default enrollment for that benefit.

**New, Nothing; Current, Nothing:** If a person is not yet enrolled in a given benefit, do not enroll that person in that benefit. If the person is already enrolled in that benefit, de-enroll that person from that benefit.

**New, Nothing; Current, Same:** If a person is not yet enrolled in a given benefit, do not enroll that person in that benefit. If a person is already enrolled in a benefit, do not change that enrollment.

13. For a plan in program, check the Assign on Default field if this plan in program is the default plan for those persons who do not enroll as a result of this life event.
14. Save your work.

## Defining Dependent Coverage Enrollment Requirements for a Program or a Plan Type in Program

You can define how participants designate dependents for a program. Then, all plan types and plans in this program inherit these dependent coverage enrollment requirements unless you specify otherwise at the plan type or plan in program level.



**Attention:** Unless otherwise noted, the dependent coverage requirements you define for a program apply to all compensation objects in this program's hierarchy, regardless of the dependent designation level (plan type or plan) you define.

- **To define dependent coverage requirements for a program:**
  1. Query a program in the Program Enrollment Requirements window.
  2. Choose the Dependent Coverage tab then choose the Program or Plan Type tab.
  3. Select a Designation Level code to specify at what level of the compensation object hierarchy dependent information is recorded for this program or plan type in program.
  4. Select the Plan Type in this program for which you are defining dependent coverage enrollment requirements if you choose the Plan Type tab.
  5. Select a Program or Plan Type Dependent Designation code to specify whether you require participants to designate dependents when enrolling at any level in this program or plan type.
  6. Select a Dependent Coverage Start Code or Rule to specify how the system determines the date on which coverage for dependents in this program or plan type takes effect.
  7. Select a Dependent Coverage End Code or Rule to specify the date on which coverage for dependents in this program or plan type ends.
  8. In the Suspend Enrollment if not Provided block:
    - Check the Social Security Number/Legislative ID field to specify that the participant must submit the social security number or Legislative ID of a dependent to qualify that person as a dependent.
    - Check the Date of Birth field to specify that the participant must submit the date of birth of a dependent to qualify that person as a dependent.

- Check the Address field to specify that the participant must submit the address of a dependent to qualify that person as a dependent.
- Check the No Certification Needed field to specify that the participant is not required to submit certification for a dependent to qualify that person as a dependent.



**Attention:** If you are an Advanced Benefits customer and you require dependent information for an enrollment to be complete, a participant's failure to provide this required information results in the suspension of the participant's enrollment. If you use Standard Benefits, these fields are considered "information only."

9. Check the Derivable Factors Apply field to alert the system to the fact that a derived factor is associated with a dependent coverage eligibility profile for this program or plan type.

The system uses this information to determine whether to calculate derived factors. If you do not check this field, then no dependent coverage in any plan types or plans in this program can have any derived factors associated with them.

10. Save your work.

---

## Defining Dependent Coverage Certifications for a Program

You use the Dependent Certifications window to date effectively define the certifications necessary to enroll dependents in a program.

► **To define a dependent coverage certification for a program:**

1. Select the dependent coverage Certification Type for this program.
2. Select a Certification Required by value to specify when you require this certification type in order for a participant to enroll in this program.
3. Select a Relationship Type to indicate the kinds of dependents who must provide this certification.
4. Check the Required field if this dependent coverage certification type is required.
5. Check the Preferred field if this dependent coverage certification type is preferred for this program, but not required.
6. Check the Lack of Certification Suspends Designation field if failure to provide this dependent coverage certification type suspends the dependent's enrollment in this program.
7. Save your work.

---

## Defining Dependent Coverage Eligibility Profiles for a Program

You use the Dependent Eligibility Profiles window to link a dependent coverage eligibility profile to a program.

► **To define a dependent coverage eligibility profile for a program:**

1. Select a dependent coverage eligibility profile or a coverage eligibility rule to associate with this program.
2. Check the Mandatory field if a person must meet criteria in this eligibility profile in order to qualify as a dependent for the plans in this program.

**Note:** If multiple dependent coverage eligibility profiles are attached to the program, a person must satisfy all profiles marked as Mandatory and at least one profile that is not marked Mandatory.

3. Save your work.

---

## Defining Dependent Coverage Eligibility Profiles for a Plan Type in a Program

You use the Dependent Eligibility Profiles window to date effectively maintain dependent coverage eligibility profiles for a plan type in program.

► **To define eligibility profiles for dependent coverage for a plan type in a program:**

1. Select a Profile.
2. Check the Mandatory checkbox if a person must meet criteria in this dependent coverage eligibility profile in order to qualify as a dependent in this plan type in this program.

**Note:** If multiple dependent coverage eligibility profiles are attached to the plan type in program, a person must satisfy all profiles marked as Mandatory and at least one profile that is not marked Mandatory.

3. Select a Coverage Eligibility Rule if you are using a rule to define the dependent coverage eligibility for this plan type in program.
4. Save your work

---

## Defining Dependent Coverage Change of Life Event Enrollment Requirements

You use the Dependent Change of Life Event window to maintain enrollment requirements for dependents based on life events for a plan type or a program.

- ▶ **To define dependent coverage change of life event enrollment requirements:**
  1. Select a Life Event for which you are defining life event enrollment requirements for dependent coverage in this plan type or program.
  2. Select a Change Dependent Coverage Code or Rule that limits how a participant can change their dependent coverage when this life event occurs.
  3. If this life event results in adding dependent coverage, select a Coverage Start Date code or Rule to specify how the system determines when that coverage begins following the occurrence of this life event.
  4. If this life event results in removing dependent coverage, select a Coverage End Date Code or Rule to specify how the system determines when that coverage ends following the occurrence of this life event.
  5. Save your work.

---

## Defining Dependent Coverage Certifications for Change of Life Event Enrollment Requirements

You use the Dependent Change of Life Event Certifications window to maintain the certifications that you require to enroll a dependent in a plan type or a program after a given life event.

Select a life event in the Dependent Change of Life Event window and choose the Change of Life Event Certifications button.

- **To define dependent coverage certifications for a change of life event enrollment requirement:**
  1. Select a Certification Type for this life event.
  2. Select a Certification Required By value to specify the date when you require this certification type in order for a dependent to receive coverage following this life event.
  3. Select the Relationship Type for which this certification type is generated based on this life event.
  4. Check the Required field to specify that this dependent coverage certification type is required.
  5. Check the Lack of Certification Suspends Enrollment field if failure to provide this dependent coverage certification type suspends the dependent's enrollment.
  6. Save your work.

## Defining an Enrollment Method for a Plan

You define enrollment requirements for a plan or the options in a plan using the Plan Enrollment Requirements window. Enrollment methods restrict when a participant can enroll in a plan.

► **To define an enrollment method for a plan:**

1. Query the plan for which you are defining enrollment requirements in the Plan field.

The current status of the plan is displayed. For a definition of the plan statuses, see: Defining a Benefits Plan: page 5 – 26.

2. With the General tab and the Plan tab selected, choose the Enrollment tabbed region.
3. For Advanced Benefits customers, select an Enrollment Method to specify the type of enrollment this plan uses.

**Explicit:** An eligible person can choose from available offerings in this plan.

**Automatic:** The system automatically enrolls an eligible person in a given offering in this plan (Advanced Benefits customers only).

4. For Advanced Benefits users, select an Automatic Rule to define the circumstances under which automatic enrollments apply for this plan.
5. Select a Post-election Edit Rule if you have defined a special post-election processing rule for this plan.
6. Check the Allows Unrestricted Enrollment field if enrollment in this plan is unrestricted.

 **Attention:** You must check this field if you have not licensed Advanced Benefits since all enrollments must be unrestricted in Standard Benefits.

7. Check the Enroll in Plan and Option field if this plan requires or allows simultaneous enrollment in both a plan and one or more options in plan.

 **Attention:** You should check this field if you define a savings plan where a participant can elect the plan and one or more investment options in the plan.

8. Select an Enrollment Code that defines whether a participant can keep, lose, or choose elections based on if they are currently enrolled in this plan or newly enrolling.
9. Save your work.

---

## Defining Enrollment Coverage Requirements for a Plan

You use the Plan Enrollment Requirements window to define enrollment coverage requirements for a plan.

► **To define enrollment coverage for a plan:**

1. Query the plan for which you are defining enrollment requirements in the Plan field.  
The current status of the plan is displayed. For a definition of the plan statuses, see: Defining a Benefits Plan: page 5 – 26.
2. With the General tab and the Plan tab selected, select the Coverage tabbed region.
3. Choose an Enrollment Coverage Start Date Code or Rule to specify when coverage begins for participants in this plan.
4. Choose an Enrollment Coverage End Date Code or Rule to specify when coverage ends for participants in this plan.
5. Check the Dependent Covered by Other Plans field if you do not allow a participant to designate a dependent for this plan if the dependent is already covered under another plan.
6. Save your work.

---

## Defining Activity Rates Requirements for a Plan

You use the Plan Enrollment Requirements window to define when activity rates start and end for a plan.

► **To define activity rate requirements for a plan:**

1. Query the plan for which you are defining enrollment requirements in the Plan field.  
The current status of the plan is displayed. For a definition of the plan statuses, see Defining a Benefits Plan: page 5 – 26.
2. With the General tab and the Plan tab selected, select the Rates tabbed region.
3. Choose a Rate Start Date Code or Rule to specify when activity rates start for participants in this plan.
4. Choose a Rate End Date Code or Rule to specify when activity rates end for participants in this plan.
5. Save your work.

---

## Defining Enrollment Limitations for a Plan

You use the Plan Enrollment Requirements window to define the minimum and maximum number of options in which a participant can be enrolled in a plan. You can also define the required period of enrollment for a plan.

► **To define enrollment limitations for a plan:**

1. Query the plan for which you are defining enrollment requirements in the Plan field.  
The current status of the plan is displayed. For a definition of the plan statuses, see Defining a Benefits Plan: page 5 – 26.
2. With the General tab and the Plan tab selected, select the Limitations tabbed region.
3. Check the No Minimum field if there is no minimum number of options in this plan in which a participant must be enrolled.
  - Or, enter the Minimum number of options in this plan in which a participant must be enrolled.
4. Check the No Maximum field if there is no maximum number of options in this plan in which a participant must be enrolled.
  - Or, enter the Maximum number of options in this plan in which a participant must be enrolled.

In the Required Period of Enrollment block:

5. Enter a Value that represents the length of time in which a person must be enrolled in this plan.  
To define a required period of enrollment for an option, see: Defining Options: page 5 – 41.
6. Select the unit of measure of this value in the UOM field.
7. Select a rule if you use a formula to determine the required period of enrollment for this plan.
8. Save your work.

## Defining Designation Enrollment Requirements for a Plan or Option in Plan

You use the Designation Requirements window to date effectively define a group relationship for a plan or an option in plan depending if you navigate to the window from the Plan or Option tab. A group relationship limits the relationship types that can be covered under a plan. You can also limit the number of dependents that a plan covers.

► **To define designation requirements for a plan or option in plan:**

1. Query the plan for which you are defining enrollment requirements in the Plan Enrollment Requirements field.
2. Choose the Plan or Option tab.
3. Choose the Designation Requirements button.
4. Select a Group Relationship for which you are defining designation requirements.
5. Select Beneficiaries or Dependents in the Type field to indicate the designee type covered by this designation requirement.
6. Enter the minimum and maximum number of designees that can be covered under this plan.
  - Check the No Minimum or No Maximum field if there is no minimum or maximum number of designees for this plan.
  - Check the Cover All Eligible field if there is no minimum or maximum number of designees for this plan and you want to provide coverage to all designees who meet the eligibility profile.

**Note:** You enter 0 in the Minimum and Maximum fields if the plan allows no designees.

7. Select one or more Relationship Types to include with this group relationship.
8. Repeat steps 4–7 for each group relationship you are defining for this plan.
9. Save your work.

---

## Defining Enrollment Requirements for Not in Program Plans

You use the Plan Not in Program Enrollment Requirements window to define special enrollment requirements for plans that you do not associate with a program.

- **To define enrollment requirements for a not in program plan:**
  1. For Advanced Benefits users, select a Default Enrollment Code or Rule to define how the system processes enrollments when a participant fails to make an election.
  2. Save your work.

## Defining Enrollment Requirements for Options in a Plan

You can specify whether an option is ever a default for a plan, and the circumstances under which that option is the default in the Plan Enrollment Requirements window. A life event reason can override this information.

- ▶ **To define general enrollment requirements for an option in a plan:**
  1. Query the plan for which you are defining enrollment requirements in the Plan field.

The current status of the plan is displayed. For a definition of the plan statuses, see Defining a Benefits Plan: page 5 – 26.
  2. Select the General tab and then the Option tab.
  3. Select an Option in this plan for which you are defining enrollment requirements.
  4. Select a Post-Election Edit Rule if you have defined a special post-election processing rule for this option.
  5. For Advanced Benefits users, check the Automatic Enrollment field if an eligible participant is automatically enrolled in this option.
  6. Select a Family Member Code or rule to indicate the kind of family members that must be recorded in a participant's contact record in order for that participant to be eligible for this option.

**Note:** Family members are recorded in the Contacts window.

  7. For Advanced Benefits users, select an Automatic Rule to define the circumstances under which automatic enrollments apply for this plan.
- ▶ **To define default enrollment requirements for an option:**

You run the Default Enrollment Process from the concurrent manager to create default enrollments based on your plan design and eligibility requirements. Default enrollment processing is only available for Advanced Benefits customers.

  1. Choose General → Option→ Default in the Plan Enrollment Requirements window.
  2. Select a Default Enrollment Code or Rule to specify when this option is the default based on a new or existing enrollment.
    - Or, check the Assign on Default field if a participant who fails to specify an election is enrolled in this option as the default.
  3. Save your work.

---

## Defining Enrollment Limitations for an Option in a Plan

You can define when a participant is required to enroll in an option and the required period of enrollment for an option.

► **To define enrollment limitations for an option in a plan:**

1. Query the plan for which you are defining enrollment requirements in the Plan field.
2. With the General tab and the Option tab selected, select the Limitations tabbed region.

In the Option is Required block:

3. Check the Required field if enrollment in this option is required.
  - Or, select a Rule to limit the conditions under which enrollment in this option is required.

In the Required Period of Enrollment block:

4. Enter a Value that represents the length of time in which a person must be enrolled in this option.
5. Select the unit of measure of this value in the UOM field.
6. Select a rule if you use a formula to determine the required period of enrollment for this option.
7. Save your work.

## Defining a Scheduled Enrollment for a Plan

You use the Plan Enrollment Requirements window to define a scheduled enrollment so that eligible persons can enroll in a plan or change their elections during a specified time period each year.

For example, you could schedule quarterly enrollment periods for a plan from 1 January to 15 January, 1 April to 15 April, 1 July to 15 July, and 1 October to 15 October of each year.

Standard Benefits customers can define a scheduled enrollment period for a plan or program, but the information is considered read-only and does not restrict enrollment processing.

► **To define an enrollment period for a plan:**

1. Query a plan in the Plan Enrollment Requirements window. Choose the Timing tab, and then the Scheduled tab.
2. Choose an Enrollment Type code for the scheduled enrollment period you are defining for this plan.
3. Select a Year Period to specify the plan year for which this scheduled enrollment applies to this plan.
4. Enter the date on which participants can begin to enroll in this plan in the Persons May Enroll During the Period from field.
5. Enter the last date on which participants can enroll in this plan in the To field.
6. For Advanced Benefits users, choose a Defaults Will be Assigned on date to specify the date on which default assignments are made when participants fail to make their choices as part of the scheduled enrollment for this plan.
7. Choose a No Further Processing is Allowed After date to specify the latest date on which the plan sponsor can apply elections applicable to this enrollment period for this plan.

Typically, a third party administrator's requirements for receiving elections information determines this date.

8. Select a Close Enrollment Date to use code that defines the enrollment closing date based on one of three factors:
  - Processing End Date
  - When Elections Are Made
  - When Enrollment Period Ends
9. Choose the Overrides alternate region to override any enrollment period or activity rate start and end dates.

10. Choose an Enrollment Type code for the override scheduled enrollment period you are defining for this plan.
11. Choose an Enrollment Start Date Code or Rule to specify the start date from which an override to an enrollment date applies to this scheduled enrollment for this plan.
12. Choose an Enrollment End Date Code or Rule to specify the last date on which an override to an enrollment date applies to this scheduled enrollment for this plan.
13. Choose a Rate Start Date Code or Rule to specify the date from which an override to an activity rate applies to this scheduled enrollment for this plan.
14. Choose a Rate End Date Code or Rule to specify the last date on which an override to an activity rate applies to this scheduled enrollment for this plan.
15. Save your work.

---

## Associating Enrollment Rules with a Plan

You use the Enrollment Rules window to associate a scheduled or life event enrollment rule with a plan.

Navigate to the Enrollment Rules window from the Scheduled or Life Event tab depending if you are defining an enrollment rule for a scheduled or life event enrollment.

► **To associate an enrollment rule with a plan:**

1. Enter a Seq (sequence) number for the enrollment rule you are defining for this plan.
2. Select an enrollment Rule.
3. Save your work.

---

## Defining Requirements for a Life Event Enrollment for a Plan (Advanced Benefits)

You define a life event enrollment schedule to establish temporal parameters for enrolling, de-enrolling, or changing elections following a given life event, regardless of when that life event occurs during the plan year.

For example, you could allow newly hired employees 30 days to enroll in a plan before requiring that they wait until the next open enrollment period.

► **To define requirements for a Life Event Enrollment for a plan:**

1. Query a plan in the Plan Enrollment Requirements window. Choose the Timing tab and then the Life Event tab.
2. Select the Enrollment Type of Life Event.
3. Select a Life Event for which you are defining enrollment requirements.
4. Enter the number of Days After the Enrollment Period to Apply Defaults if you define a default enrollment for this program.
5. Enter the number of days persons can fail to respond in the Days After Which Becomes Ineligible field.



**Attention:** After this number of days, the person is no longer eligible to enroll in benefits for which this life event made them eligible.

6. Enter the number of Additional Processing Days allowed.
7. Select a Close Enrollment Date to Use code that defines the enrollment closing date based on one of three factors:
  - Processing End Date
  - When Elections Are Made
  - When Enrollment Period Ends
8. Choose the Overrides alternate region to override any life event enrollment period or activity rate start and end dates based on this life event.
9. Select a life event for which you are defining enrollment override information.
10. Select an Enrollment Start Date Code or Rule to specify the date from which an override to an enrollment date applies to this life event enrollment for this plan.

11. Select an Enrollment End Date Code or Rule to specify the last date on which an override to an enrollment date applies to this life event enrollment for this plan.
12. Select a Rate Start Date Code or Rule to specify the date from which an override to an activity rate applies to this life event enrollment for this plan.
13. Select a Rate End Date Code or Rule to specify the last date on which an override to an activity rate applies to this life event enrollment for this plan.
14. Save your work.

---

## Defining a Life Event Enrollment Period for a Plan (Advanced Benefits)

You define an enrollment period for a life event to limit the time when a qualifying participant can make a benefit election based on a life event.

Use the Plan Enrollment Requirements window.

► **To define a life event enrollment period for a plan:**

1. Choose the Timing tab and the Life Event tab and then choose the Periods region.
2. Select a life event for which you are defining an enrollment period.
3. Select an Enrollment Period Start Date Code or Rule to define the enrollment start date for this plan based on this life event.
4. Select an Enrollment Period End Date Code or Rule to define the enrollment end date for this plan based on this life event.
5. Save your work.

---

## Defining Life Event Enrollment Certifications for a Plan or Option in Plan (Advanced Benefits)

You use the Life Event Certifications window to maintain the certifications that you require to enroll a participant in a plan or option in plan after a given life event.

► **To define life event enrollment certifications for a plan or option in plan:**

1. Select a life event for which you are defining an enrollment certification.
2. Check the Exclude field if a participant who experiences this life event is excluded from participating in this plan.
3. Select a Certification Required When Rule to specify when you require this certification type.
4. Select an Enrollment Certification Type that you require or accept for enrollment in this plan or option in plan after this life event.
5. Check the Required field to specify that the receipt of this certification type is required before an enrollment is valid after this life event.

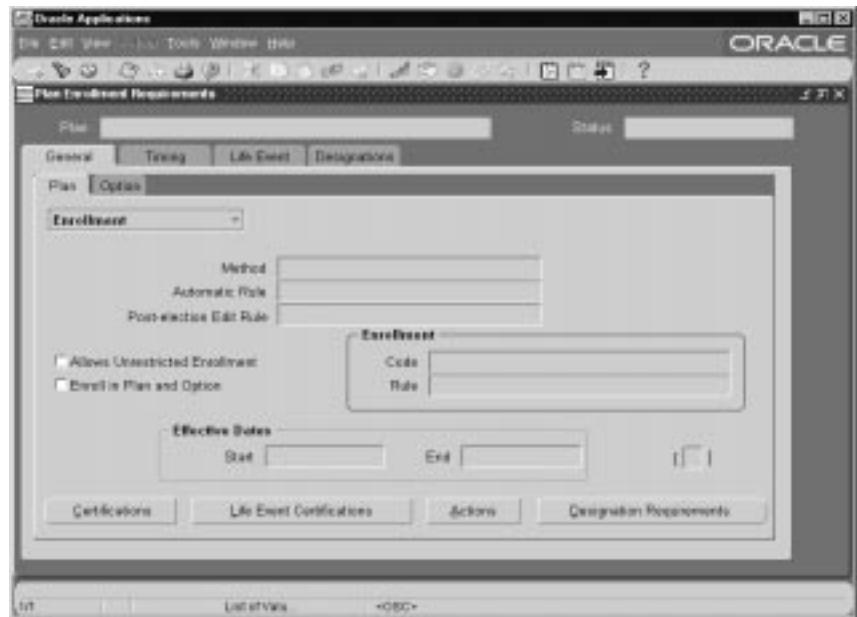
**Note:** For Advanced Benefits customers, participants who experience a life event with required certification will have their enrollment for this plan suspended until they provide the required certification.

**Note:** However, in Standard Benefits, defining a life event certification as required is considered information-only and does not suspend an enrollment.

6. Save your work.

## Defining Change of Life Event Enrollment Requirements for a Not in Program Plan

You use the Plan Enrollment Requirements window to define change of life event enrollment requirements for a not in program plan and to determine when a participant can enroll or change elections in a not in program plan based on the occurrence of a life event.



**Attention:** You define enrollment requirements for plans in program using the Program Enrollment Requirements window.

- ▶ **To define life event enrollment requirements for a not in program plan:**
  1. Query a plan and choose the Change of Life Event tab.
  2. Choose the Plan tab and then choose the General alternate region.
  3. Select the Life Event for which you are defining general enrollment requirements.  
Only Life Events of the Personal and Work types are displayed in the list of values.
  4. Check the Current Enrollment Precludes Change field if a participant who is currently enrolled in this plan cannot change elections based on this life event.

5. Check the Still Eligible, Can't Change field if a person who experiences this life event and is still eligible for this plan cannot change his or her current enrollment elections.

 **Attention:** You can set the Still Eligible, Can't Change checkbox at the plan in program, not in program plan, and option in plan levels.

6. Select an Enrollment Change code to specify the degree to which a participant can change enrollment in a plan.
7. Choose the Enrollment alternate region.
8. Select the Life Event for which you are defining enrollment requirements.
9. Select an Enrollment Method code for this life event enrollment for this plan.

**Explicit:** An eligible person may choose from available offerings in this plan following the occurrence of this life event.

**Automatic:** The system automatically enrolls an eligible person in a given offering in this plan following the occurrence of this life event.

10. For Advanced Benefits users, select an Automatic Rule to define the circumstances under which automatic enrollments apply for this plan.
11. Select an Enrollment Code for a life event enrollment you are defining for this plan.
12. Choose a Default Enrollment Code to specify for this plan the default treatment when a person experiencing this life event fails to make a choice among available choices.

**New, Defaults; Current, Nothing:** If a person is not yet enrolled in this plan, enroll that person in the default enrollment for this plan. If the person is already enrolled in this plan, de-enroll that person.

**New, Defaults; Current, Defaults:** If a person is not yet enrolled in this plan, enroll that person in the default enrollment for this plan. If that person is already enrolled in this plan, enroll that person in the default enrollment for this plan.

**New, Defaults; Current, Same:** If a person is not yet enrolled in this plan, enroll that person in the default enrollment for this plan. If that person is already enrolled in this plan, do not change that enrollment.

**New, Nothing; Current, Defaults:** If a person is not yet enrolled in this plan, do not enroll that person in this plan. If that person is

already enrolled in this option in this plan, enroll that person in the default enrollment for it.

**New, Nothing; Current, Nothing:** If a person is not yet enrolled in this plan, do not enroll that person in this plan. If the person is already enrolled in this plan, de-enroll that person from this plan.

**New, Nothing; Current, Same:** If a person is not yet enrolled in this plan, do not enroll that person in this plan. If that person is already enrolled in this plan, do not change that enrollment.

**Rule:** Indicates that you will specify a rule for this default treatment.

13. Check the Assign on Default field if this plan is the default plan for those persons who fail to make an election as a result of this life event.
14. Save your work.

## Defining Change of Life Event Enrollment Requirements for an Option in a Plan

You use the Plan Enrollment Requirements window to define enrollment requirements for a life event for an option in a plan. These enrollment requirements override those you define for the plan associated with the option.

For example, you could define enrollment requirements for an Employee Plus Spouse option in a medical plan when the life event Marriage occurs for the participant.

► **To define life event enrollment requirements for an option in plan:**

1. Query a plan and choose the Change of Life Event tab.
2. Choose the Option tab and then choose the General alternate region.
3. Select the option in this plan for which you are defining enrollment requirements.
4. Select the Life Event for which you are defining enrollment requirements.

Only Life Events of the Personal and Work types are displayed in the list of values.

5. Check the Current Enrollment Precludes Change field if a participant who is currently enrolled in this option cannot change elections based on this life event.
6. Check the Still Eligible, Can't Change field if a person who experiences this life event and is still eligible for this option may not change his or her current enrollment elections.



**Attention:** You can set the Still Eligible, Can't Change checkbox at the program, plan in program, and not in program plan levels.

7. Choose the Enrollment alternate region.
8. Select the Life Event for which you are defining enrollment requirements for this option in this plan.
9. Select an Enrollment Code based on if the participant is currently enrolled in this option.
10. Select a Default Enrollment Code to specify for this option in this plan the default treatment when a person experiencing this life event fails to make a choice among available choices.

**New, Defaults; Current, Nothing:** If a person is not yet enrolled in this option in this plan, enroll that person in the default enrollment

for it. If the person is already enrolled in this option in this plan, de-enroll that person from it.

**New, Defaults; Current, Defaults:** If a person is not yet enrolled in this option in this plan, enroll that person in the default enrollment for it. If that person is already enrolled in this option in this plan, enroll that person in the default enrollment for it.

**New, Defaults; Current, Same:** If a person is not yet enrolled in this option in this plan, enroll that person in its default enrollment. If that person is already enrolled in this option in this plan, do not change that enrollment.

**New, Nothing; Current, Defaults:** If a person is not yet enrolled in this option in this plan, do not enroll that person in it. If that person is already enrolled in this option in this plan, enroll that person in the default enrollment for it.

**New, Nothing; Current, Nothing:** If a person is not yet enrolled in this option in this plan, do not enroll that person in this option. If the person is already enrolled in this option in this plan, de-enroll that person from this option.

**New, Nothing; Current, Same:** If a person is not yet enrolled in this option in this plan, do not enroll that person in this option. If that person is already enrolled in this option in this plan, do not change that enrollment.

**Rule:** Indicates that you will specify a rule for this default treatment.

11. Check the Assign on Default field if this option in this plan is the default for those persons who fail to make an election as a result of this life event.
12. Check the Automatic Rule field if you use a rule to determine if this life event results in automatic enrollment of this option.
13. Select the Automatic Enrollment rule.
14. Save your work.

## Defining Dependent Coverage Requirements for a Plan

You can define how participants designate dependents for a plan. Then, all options in this plan inherit these dependent coverage enrollment requirements.

► **To define dependent coverage requirements for a plan:**

1. Query a plan in the Plan Enrollment Requirements window.
2. Choose the Designations tab and then the Dependent tab.
3. Select a Plan Dependent Designation code to specify whether you require participants to designate dependents when enrolling in this plan.
4. Check the appropriate fields in the Suspend Enrollment If Not Provided region, as needed.
  - **Social Security Number/Legislative ID** if this plan requires that persons designated as dependents must have a legislative ID (Social Security Number in the US) stored in the system.
  - **Date of Birth** if the plan requires that participants provide the date of birth of their designated dependents.
  - **Address** if the plan requires that participants provide the address of their designated dependents.
  - **No Certification Needed** if the participant is not required to submit certification for a dependent to qualify that person as a dependent.



**Attention:** If you are an Advanced Benefits customer and you require dependent information for an enrollment to be complete, a participant's failure to provide this required information results in the suspension of the participant's enrollment. If you use Standard Benefits, these fields are considered "information only."

5. Choose the Certifications button to open the Dependent Certifications window and to define the certifications necessary to enroll dependents in a plan.
6. Select a Dependent Coverage Start Code or Rule to specify how the system determines the start date for coverage for dependents in this plan.
7. Select a Dependent Coverage End Code or Rule to specify how the system determines the end date for coverage for dependents in this plan.
8. Check the Derivable Factors Apply field to alert the system that a derived factor is associated with a dependent coverage eligibility

profile for this plan. (The system uses this information to determine whether to calculate derived factors or proceed.)

**Note:** If you do not check this field, then no dependent coverage in this plan may have any derived factors associated with it.

9. Select a dependent coverage Certification Type you require or prefer in order for participants to designate dependents for participation in this plan.
10. Select a Certification Required by value to specify when you require this Certification Type in order for participants to designate dependents for participation in this plan.
11. Check the Preferred field to specify that this dependent coverage Certification Type is preferred, but not required.
12. Check the Lack of Certification Suspends Enrollment field if failure to provide this Certification Type suspends enrollment for this dependent in this plan following this life event.
13. Save your work.

---

## Defining Dependent Coverage Eligibility Profiles for a Plan

You use the Dependent Eligibility Profiles window to link a dependent coverage eligibility profile to a plan.

- **To define a dependent coverage eligibility profile for a plan:**
  1. Select a dependent coverage eligibility profile or a coverage eligibility rule to associate with this plan.
  2. Check the Mandatory field if a person must meet criteria in this eligibility profile in order to qualify as a dependent for this plan.
  3. Save your work.

---

## Defining Dependent Coverage Change of Life Event Enrollment Requirements for a Plan

You use the Dependent Change of Life Event window to limit dependent designations for a plan based on a life event.

- **To define dependent coverage change of life event enrollment requirements for a plan:**
  1. Query a plan in the Plan Enrollment Requirements window.
  2. Choose the Designations tab and then the Dependent tab.
  3. Choose the Dependent Change of Life Event button.
  4. Select a Life Event for which you are defining dependent coverage enrollment requirements.
  5. Select whether the system adds or removes coverage for a dependent as a result of this life event in the Change Dependent Coverage Code or Rule field.
  6. Select a Coverage Start Date Code or Rule if this life event results in adding dependent coverage.
  7. Select a Coverage End Date Code or Rule if this life event results in removing dependent coverage.
  8. Choose the Change of Life Event Certifications button to maintain the certifications that you require to enroll a dependent in a plan after a given life event.
  9. Select the Certification Type for this life event.
  10. Select a Certification Required By value to specify when you require this certification type in order for a dependent to receive coverage following this life event.
  11. Select the Relationship Type for which this certification type is required for this life event.
  12. Check the Required field to specify that this dependent coverage certification type is required.
  13. Check the Lack of Certification Suspends Enrollment field if failure to provide this dependent coverage certification type suspends the dependent's enrollment.
  14. Save your work.

## Defining Beneficiary Designation Requirements for a Plan

You can define beneficiary designation requirements for a plan. Then, all options in this plan inherit these beneficiary designation requirements.

- ▶ **To define beneficiary designation requirements for a plan:**
  1. Query a plan in the Plan Enrollment Requirements window.
  2. Choose the Designations tab and then the Beneficiary tab.
  3. Select the Plan Beneficiary Designation Code to specify whether beneficiary designations for the plan are optional or required.
  4. Select the Default Beneficiary Code to specify the type of person (such as a spouse) who is the beneficiary in those cases when the participant fails to designate a beneficiary for the plan.

In the Suspend Enrollment if Not Provided block:

  5. Check the appropriate fields, as needed.
    - **Social Security Number/Legislative ID** if this plan requires that persons designated as beneficiaries must have a legislative ID (Social Security Number in the US) stored in the system.
    - **Date of Birth** if the plan requires that participants provide the date of birth of their designated beneficiaries.
    - **Address** if the plan requires that participants provide the address of their designated beneficiaries.
    - **Certification** if the plan requires that participants provide certification for their designated beneficiaries.
  6. Select a Measures Allowed code to define if amounts to be distributed to beneficiaries should be specified by percent only or by percent and amount.
  7. Select an Increment Amount and Increment Percent to specify how the system expresses benefit amount increments.
  8. Select a Min Designatable Amount and/or Percent to specify the smallest monetary amount that a participant can designate to a beneficiary according to the terms of the plan.
  9. Check the appropriate fields in the Restrictions block, as needed.
    - **Minor Designee Requires Trustee** if you require participants to identify a trustee for any beneficiary the governing regulatory body defines as a minor.
    - **May Designate Organization as Beneficiary** if this plan allows participants to designate an organization such as a charity as a beneficiary.

- **Qualified Domestic Relations Rule Applies** if you require the participant to designate a qualified domestic partner as primary beneficiary, or obtain the consent of a qualified domestic partner to name another individual.
- **Additional Instruction Text Allowed** if participants can provide a textual description of how benefits are to be distributed to beneficiaries in those cases when the instructions are complex.
- **Contingent Beneficiaries Allowed** if this plan allows participants to identify one or more contingent beneficiaries in addition to any primary beneficiaries.

10. Choose the Certification button to open the Beneficiary Certifications window.
11. Select the Certification Type you require or prefer in order for participants to designate beneficiaries for this plan following this life event.
12. Select a Certification Required by value to specify when you require or prefer this Certification Type in order for participants to designate beneficiaries for this plan following this life event.
13. Select a Relationship Type to indicate if this plan limits beneficiary designations to a person who is of a particular relationship to the participant.
14. Select a Beneficiary Type to indicate if this plan limits beneficiary designations to either persons or organizations.
15. Check the Required field if this certification is required from a beneficiary.
16. Check the Preferred field to specify that this Certification Type is preferred, but not required.
17. Check the Lack of Certification Suspends Enrollment field if failure to provide this certification type suspends beneficiary designation for this plan.
18. Save your work.

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## Defining Certifications for Enrollment in a Plan

You use the Certifications window to define a certification that is required or preferred for enrollment in a plan.

1. Select the Certification Type you require or prefer in order for a participant to enroll in this plan.
2. Select a Certification Required to specify when you require this Certification Type in order for a participant to enroll in this plan following this life event.
3. Check the Required field if failure to provide this Certification Type suspends enrollment in this plan.
4. Save your work.

CHAPTER

8

# Coverages, Rates, and Premiums

## Activity Rates

You define an activity rate calculation to determine the **contribution** that an employee (and, in some cases, an employer) spends to purchase a benefit on a recurring or non-recurring basis. Activity rates also determine the monetary **distribution** paid from a plan such as a savings plan or a flexible spending account.

The process of defining contribution and distribution activity rates varies depending on the complexity of your calculations. These activities include defining:

- Standard contributions and distributions
- Prorated partial month contributions
- Variable activity rates
- Employer matching rate contributions
- Period-to-date limits for savings plans that place an annual limit on contributions
- Imputed income calculations for plans subject to imputed income regulations in the US

As part of your activity rate definition you can also define deduction schedules and payment schedules for contributions and distributions that occur on a non-recurring basis.

## Activity Rates and Element Definitions

When you define an activity rate definition, you select the element to which the activity rate corresponds. That way, when the system calculates an activity rate for a person and a benefit plan or option, the result can be captured in the element and transferred to payroll and other areas of your HR system as necessary.

**Note:** Setup up your elements as a prerequisite to defining your activity rates.

If your plan design allows a participant to enroll in more than one plan at a time in a plan type or more than one option in a plan, you create an element for each plan and each option. If you define activity rates at the plan level that cascade to each option in the plan, you must define an element for each option.

You use eligibility profiles, instead of element links, to determine benefits eligibility. Create an *open element link* for each benefits-related element. Query the benefits element in the Element Link window and save the record without selecting any assignment links to create an

open link. If necessary, you can enter costing information for this element.

You can define one input value per activity rate.

When a participant enrolls in a benefit, the activity rate result is written to the element. You can view the result in the Element Entries window and the Entry Values window.

## **Standard Contributions and Distributions**

You define a standard contribution or distribution as a calculation that determines the amount a person must pay to participate in a benefit (a contribution) or the amount that is paid to a participant (a distribution).

You associate a standard calculation with a plan or an option in plan so that when a participant makes an election, the contribution or distribution amount is determined.

Standard calculations are used for a variety of plan types, such as medical plans and savings plans. Other plan types require special activity rate calculations, these include flex credit plans and plans subject to imputed income taxes in the US.

Defining a standard contribution or distribution involves:

- Defining general characteristics of the activity rate
- Defining the activity rate calculation method
- Defining prorated activity rates
- Defining payroll processing requirements
- Defining variable rate calculations, if applicable
- Defining matching rate calculations, if applicable
- Associating a period-to-date limit with those plans that are subject to a maximum contribution amount in a given period

## **General Characteristics of Activity Rates**

For all activity rates, you indicate if the activity type is a contribution or distribution made by the participant or the employer. Examples of activity types include:

- Employee Individual Contribution
- Employer Matching Plan Contribution
- Employer Distribution

You specify the tax basis on which the contribution or distribution is made, such as pretax or aftertax.

If you are defining a calculation for a non-monetary distribution, you can define the unit of measure in which that distribution is expressed, such as Options for stock options.

### **Activity Rate Calculation Methods**

You define an activity rate calculation method to determine the rate of contribution or distribution for a plan or option. In addition to flat rates, the system supports a range of calculation methods including multiple of actual premium and multiple of compensation.

Calculation methods can also set boundaries for the result of the standard calculation. You can define a minimum and maximum contribution or distribution amount for the result of an activity rate calculation.

You can set the increment by which activity rates are expressed and the default activity rate value.

### **Prorated Activity Rates**

For a participant whose enrollment coverage date falls within the month, you can define if the system prorates the activity rate. For prorated activity rates, you can define the date range within the month that is subject to the prorated rate. For example, you may only want to prorate activity rates for participants who enroll between the 5th and the 25th of the month.

You specify the percentage of the standard activity rate used to calculate the prorated activity rate for participants who enroll mid-month.

### **Activity Rate Payroll Processing**

As part of defining an activity rate calculation for a benefit, you define your payroll processing system, such as Oracle Payroll. Then, you define whether the calculation is recurring or non-recurring. For recurring calculations, you can define a schedule for deductions or payments depending if the calculation is for a contribution or a distribution.

You can also define when the activity rate value should be entered. Typically this is at the time of enrollment, but the system also supports automatic rate entry.

### **Variable Rates**

You can associate a variable rate profile with a standard calculation if the activity rate may vary by participant.

See Variable Rate Profiles: page 8 – 5

### **Employer Matching Rates**

If you define a plan where the employer matches a percentage of the employee's contribution, such as for a savings plan, you can define how the system calculates the matching rate.

Because employer matching percentages may vary based on the employee's contribution percentage, you may need to define more than one matching rate for an activity rate.

If the benefit plan sets a maximum employee earnings amount or a maximum contribution percentage beyond which a matching rate should not be calculated, you can define this maximum earnings amount or contribution percentage. That way, if the employee's earnings or contribution percentage exceeds the limit, the system calculates the matching rate based on the maximum amount or percentage that you define.

You define the matching contribution percentage based on the employee's contribution percentage. However, you can also define minimum and maximum employer contribution limits.

### **Period-to-Date Limits**

For those plans with contribution limits, you can associate a period-to-date limit with the activity rate that determines the contribution amount. Period-to-date limits are often used with 401(k) plans in the US.

## **Variable Rate Profiles**

You can define an activity rate for a benefit that varies based on some factor. You group together the factors that cause an activity rate to vary into a *variable rate profile*. You then associate the variable rate profile with an activity rate which, in turn, you associate with a particular benefit plan.

Variable rate profiles may consist of employment factors, personal factors, derived factors, and other factors such as participation in a particular benefits plan.

Most variable rate profiles are defined so that participants who meet certain criteria are eligible to receive the variable rate. However, you can also define a variable rate profile so that persons who meet the criteria become *excluded* from receiving the variable rate. In such cases, the standard activity rate for the benefit applies to these persons.

You can associate a variable rate profile with the following kinds of activity rates:

- Standard contributions and distributions
- Flex credit calculations
- Imputed income calculations
- Actual premiums
- Reimbursement plan rates (for flexible spending accounts)

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## Coverage Calculations

A coverage calculation defines the level of benefits coverage a participant receives under plans such as a group term life insurance or accidental death & dismemberment insurance plan.

Typical business requirements allow a participant to choose either a flat coverage amount or an amount that is a multiple of the participant's salary. The system also supports many other coverage calculation methods.

Here are several of the aspects of a coverage calculation that you can define:

- Minimum and maximum coverage amounts
- Maximum coverage amount available with certification (Advanced Benefits)
- Maximum coverage increases for flat amounts and coverage amounts that are a multiple of a given value
- Prorated coverage for employees who enter flexible spending accounts at any time other than the beginning of the plan year

When you define a coverage calculation method you define if the coverage level amount is entered at the time of enrollment or during the definition of the coverage calculation. You can choose from the following calculation methods depending on the requirements of the plan:

- Flat fixed amount
- Flat range
- Flat amount plus multiple of compensation
- Flat amount plus multiple of compensation range
- Multiple of compensation
- Multiple of compensation plus flat range

- Multiple of compensation range
- No standard value
- Same as annualized elected activity rate

If necessary, you can associate a variable rate profile with a coverage calculation when the calculation may vary by participant.

## Coverage Across Plan Types

For those benefit programs that restrict the amount of coverage that a participant can elect across plan types in a program, you can group the plan types in the program to which a minimum or maximum coverage amount applies.

Cross plan type coverage limits work in conjunction with coverage limits you define at the plan level. If you define a maximum coverage limit at the plan level, the cross plan type coverage limit must not have a maximum coverage level that is *less than* the maximum you set for a plan in that plan type.

For example, suppose your organization defines a Group Term Life Insurance plan type. Within that plan type, you offer the Employee Group Term Life Insurance plan that provides coverage equal to two times earnings up to a maximum of \$200,000.

You also maintain a corresponding plan type for Non-Group Term Life Insurance plans. In this plan type, you define a plan that has a maximum coverage level of \$120,000.

You could define an across plan type coverage limit called "All Life Insurance Maximum" that limits the maximum coverage a participant can elect across these two plan type to \$300,000.

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## Interim Coverage (Advanced Benefits)

As part of your plan design, you can define the interim coverage assigned to a participant when a participant's enrollment in a benefit is suspended pending the completion of an action item.

For example, you might require a certificate of good health from a participant who is currently enrolled in a life insurance plan with a coverage level of 1x compensation if the participant newly elects a coverage of 3x compensation during an open enrollment period. If you suspend the new election pending receipt of the certification, you can provide interim coverage until the certification is provided.

## Interim Coverage Determination

You can qualify the conditions under which interim coverage is provided based on the participant's current enrollment and the new election that has been suspended.

If the suspended enrollment is for the plan in which the participant is currently enrolled or for a plan in the same plan type, then the suspended election is considered *current*. If the suspended election is for a plan in a different plan type, the election is considered *new*.

You use an *Interim to Assign* code to refine the circumstances under which interim coverage is provided. Each interim to assign code contains two parts. The first part identifies if the suspended election is current or new. The second part defines the interim coverage that is provided.

The following list defines the various elements of an interim to assign code. You select a code that combines these elements according to your organization's rules for assigning interim coverage.

- *Current Always Same*: The suspended coverage is in the same plan type as the coverage in which the participant is currently enrolled.
- *Current Same Elected*: The suspended coverage is in the same plan as the coverage in which the participant is currently enrolled.
- *New*: The suspended coverage is in a different plan type than the coverage in which the participant is currently enrolled.
- *Next Lower*: The system assigns as interim coverage the plan or option that is next lower in sequence based on your plan or option definitions.
- *Default*: The system assigns as interim coverage the default coverage defined for the plan.
- *Min*: The system assigns as interim coverage the minimum coverage level defined for the plan.
- *Nothing*: The system assigns no interim coverage in place of the suspended coverage.

The sequence number you assign when you define a plan or option controls the interim coverage that is assigned if you select an interim to assign code based on the *next lower* plan or option sequence.

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## Unsuspended Enrollments

For those cases where a suspended enrollment is unsuspended, you define the enrollment coverage start and end dates and the activity rate start and end dates for the unsuspended enrollment.

If you assign interim coverage when an enrollment is suspended, the interim enrollment is ended one day before the coverage start date of the unsuspended enrollment.

You select an *unsuspend enrollment code* that controls the enrollment coverage start date of the unsuspended enrollment if the unsuspended date is equal to or later than the original enrollment coverage start date. Select from the following codes:

- *As of Completed Date*: This code sets the enrollment coverage start equal to the effective date on which the enrollment is unsuspended.
- *Use Existing Enrollment Start Date*: This code uses the original enrollment coverage start date, even if this date is before the suspension end-date.
- *Recalculate Using Completed Date and Enrollment Start Date Code*: This code recomputes the enrollment coverage date using the un-suspended date as the life event occurred on date or notification date (depending on your life event definition) if the computed coverage start date is less than the effective date of the un-suspension.

The activity rate start and end dates are re-calculated based on the enrollment coverage start date of the unsuspended enrollment.

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## Imputed Income Calculations (US only)

Section 79 of the US Internal Revenue Service code defines imputed income as certain forms of indirect compensation termed *fringe benefits*, and taxes the recipient accordingly. You define *imputed income calculations* to calculate the amount of a benefit that is taxable as imputed income.

For example, if you offer a group term life insurance plan that provides coverage in excess of \$50,000 to a participant or in excess of \$2,000 to a spouse or dependent, you can define an imputed income calculation that determines the amount of coverage that is subject to imputed income tax regulations.

You can select the payroll system that processes the imputed income calculation and the manner in which the calculations are processed. If your payroll system calculates imputed income on a basis other than every pay period, you can associate one or more payment schedules with the imputed income calculation.

For employees whose participation in an imputed income plan begins mid-month, you can define partial month treatment rules.

You associate a variable rate profile with an imputed income calculation because imputed income taxes vary based on a person's age.

See: Imputed Income Plans (US): page 5 – 9

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## Actual Premium Calculations

Premiums are the amount paid by a benefit plan sponsor to the supplier of a benefit. Typically, premiums are calculated on a per-participant basis, but the system also supports premium calculation based on the total participants enrolled in a plan or the total volume of elected coverage.

You can think of premium determination and processing as divided into the following areas:

- Premium calculation setup
- Premium determinations that occur during enrollment
- Recalculation of premiums based on life events (Advanced Benefits)
- Premiums and credits determined by the Premium Calculation batch process
- Manual adjustment of calculated premiums by participant or by plan

## Premium Calculation Setup

You setup premiums calculations to define how the system calculates, costs, and administers premiums. The system supports the administration of the following premium types:

- regular premiums that are calculated on a per-participant basis
- premiums based on the total number of participants covered in a plan or option in plan
- premiums based on the total coverage volume elected in a plan or option in plan
- premiums allocated to a participant that are based on the total number of participants covered or the total coverage volume elected in a plan or option in plan

You can calculate premiums *prospectively* (in advance of the period of coverage) or *retrospectively* (as a result of coverage previously received). Premiums are calculated on a monthly basis in accordance with the most common business practices of benefit suppliers. The system supports

pro-rated premium calculations for benefits participants who gain or lose coverage mid-month. You can also define a *standard wash rule* so that participants who are covered by a plan for less than a full month have no premium obligation.

You can choose how to cost a participant's premium so that the contribution is distributed to the appropriate general ledger account. A single plan or option can have multiple premiums so that, for example, you could calculate one premium for an employee contribution and a second premium for the employer contribution.

Premium setup also includes defining the calculation method you use to determine the premium, including any variable rates. You link premium calculations to the benefit supplier organization so that premiums can be remitted to the appropriate source.

### **Premiums Based on Total Participants or Total Coverage Volume**

For premiums that are determined based on the total number of participants or the total coverage volume elected by all participants in a plan or option in plan, you use variable rate profiles to calculate the premium.

You select a variable rate criteria of Total Participants or Total Coverage Volume and then define a variable rate calculation that determines the premium based on the number of participants or the coverage volume that you specify.

### **Enrollment Based Premium Determination**

Premiums that are calculated on a per-participant basis are determined when a participant elects a plan or option in plan.

You run the Premium Calculation batch process from the Concurrent Manager to select the participants for whom you want to write a premium result.

**Note:** Premiums that vary based on the total number of participants or the total coverage volume elected by all participants for a plan or option in plan are determined when you run the Premium Calculation batch process.

### **Premium Changes Based on Life Events (Advanced Benefits)**

You can define premiums that vary based on life events.

You link a life event reason that you have defined to a premium definition so that when a participant experiences this life event the premium is recalculated.

**Note:** You can define a life event such that its impact only effects a participant's premium, and not their eligibility for benefits.

## Calculation of Monthly Premiums and Credits by Batch Process

You run the Premium Calculation batch process from the Concurrent Manager to calculate monthly premiums. By selecting parameters, you can control the plan or option in plan for which premiums are calculated. You can also select the processing month and year and the participant or participant groups for whom a premium is calculated.

The batch process uses your premium definition to determine the per participant premium or the total premium for the compensation object depending on your premium type.

**Note:** You cannot select parameters that limit the results of the Premium Calculation process by person criteria for calculations that allocate premiums to participants based on the total number of participants in a plan or option.

For premiums that have been paid but which *should not* have been paid (due to retroactive changes or an error in processing), the Premium Calculation process allocates credits to offset the result of the previously paid premium. Credits are applied against the premium due for the current month.

Your *credit lookback processing rules* determine how credits are applied to a premium. If you restrict the application of credits to the current plan year or you restrict credit lookbacks to a particular length of time, the system does not apply credits to the current premium if the month from which the credits are due is outside the boundary of the credit lookup period.

Credits can only be applied to premiums that are calculated on a per-participant basis. In all cases, the applied credits cannot exceed the premium due.

## Manual Premium Adjustments

The product lets you manually adjust a premium result both for a participant and for the premium total for a plan or option in plan. Use this feature if making a manual adjustment to a premium result is a more efficient means of correcting a premium error than recalculating the premium.

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## Period-to-Date Limits

For those plans where there is a regulated maximum contribution amount (such as a 401(k) plan in the US) or where a participant has

discretion over the amount contributed into the plan, you can define period-to-date maximum contributions.

These maximums are specified either by the plan itself or, as is true in the US, by regulations. In addition to straightforward limits in which the period-to-date amount, once reached, stops subsequent contributions for the remainder of the period, other, more complex, limits must be enforced.

## **Benefit Balances**

You use the Benefit Balances window to create a benefit balance that you can then associate with a person or a formula.

For example, you might define a benefits balance for use when calculating how many flex credits an employee can be given to spend on benefits as part of a flex program.

Benefit balances are useful in transitioning data from a legacy benefits system to Oracle HR.

## Activity Rate Calculations

The tables below contain sample activity rate calculations for the various calculation methods that you can use with a standard contribution/distribution or a flex credit calculation.

### FLAT AMOUNT

Calculation	Value
Example	5
Result	5

### FLAT AMOUNT ENTERED AT ENROLLMENT

Calculation	Minimum Value	Maximum Value	Increment	Default Value
Example	1,000	10,000	by 1	5,000
Result	<b>5,000</b> (can be changed at enrollment to value between 1,000 and 10,000)			

### MULTIPLE OF COMPENSATION OR BALANCES

Calculation	Value	Operation	Compensation
Example	1	Per 10,000	25,000
Result	<b>2.5</b> (1/10,000) x 25,000		

### MULTIPLE OF COMPENSATION OR BALANCES, ENTER VALUE AT ENROLLMENT

Calc	Min Val	Max Val	Increment	Default	Operation	Comp Lvl
Example	1	3	1	2	Per 10,000	25,000
Result	<b>2.5</b> (1/10,000) x 25,000 <b>*5.0</b> (2/10,000) x 25,000 <b>7.5</b> (3/10,000) x 25,000					

### MULTIPLE OF COMPENSATION OR BALANCES AND COVERAGE

Calc	Value	Operation	Compensa-tion	Coverage Operation	Coverage
Example	(0.0001	Multiplied by	25,000)	Per 10,000	100,000
<b>Result</b>	<b>25.0</b> $((.0001 \times 25,000) / 10,000) \times 100,000$				

### MULTIPLE OF COVERAGE

Calculation	Value	Operation	Coverage
Example	5	Per 100,000	200,000
<b>Result</b>	<b>10</b> $(5 / 100,000) \times 200,000$		

### MULTIPLE OF COVERAGE, ENTER VALUE AT ENROLLMENT

Calc	Min Val	Max Val	Increment	Default	Operation	Coverage
Example	2	6	2	4	Per 100,000	200,000
<b>Result</b>	<b>4</b> $(2/100,000) \times 200,000$ <b>*8</b> $(4/100,000) \times 200,000$ <b>12</b> $(6/100,000) \times 200,000$					

### MULTIPLE OF PARENT RATE

Calculation	Value	Operation	Activity Base Rate (Parent Rate)
Example	1	Multiplied by	2.5
<b>Result</b>	<b>2.5</b> $(1 \times 2.5)$		

## MULTIPLE OF PARENT RATE AND COVERAGE

Calc	Value	Operation	Parent Activity Rate	Coverage Operation	Coverage
Example	(1	Multiplied by	8)	Per 100,000	100,000
<b>Result</b>	<b>8.0</b> ((1 x 8) / 100,000) * 100,000				

## MULTIPLE OF ACTUAL PREMIUM

Calculation	Value	Operation	Actual Premium
Example	50	Percent	8
<b>Result</b>	<b>4</b> (50 / 100) x 8		

## MULTIPLE OF ACTUAL PREMIUM AND COVERAGE

Calc	Value	Operation	Actual Premium	Coverage Operation	Coverage
Example	(10	Percent of	8	Per 10,000	100,000
<b>Result</b>	<b>8.0</b> ((10 / 100 * 8) / 10,000) x 100,000				

## Coverage Calculations

You use the Coverages form to calculate the coverage amount available for a plan or an option. You can set the contribution rate necessary to purchase this coverage using the Standard Contributions/Distributions form.

The tables below contain sample coverage calculations for the various calculation methods that you can use in defining coverage for a benefit.

### FLAT AMOUNT

Calculation	Value
Example	50,000
Result	50,000

### FLAT RANGE

Calculation	Minimum Value	Maximum Value	Increment	Default Value
Example	30,000	50,000	by 10,000	40,000
Result	<b>30,000</b> <b>*40,000</b> <b>50,000</b>			

### MULTIPLE OF COMPENSATION

Calculation	Value	Operation	Compensation Level
Example	2	Multiplied by	25,000
Result	<b>50,000</b> (2 x 25,000)		

### MULTIPLE OF COMPENSATION RANGE

Calc	Min Val	Max Val	Increment	Operation	Comp Lvl	Default
Example	2	6	2	Multiplied by	25,000	4

<b>Result</b>	<b>50,000</b> (2 x 25,000) <b>*100,000</b> (4 x 25,000) <b>150,000</b> (6 x 25,000)
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#### FLAT AMOUNT PLUS MULTIPLE OF COMPENSATION

Calc	Value		Min Val	Operation	Comp Lvl
Example	50,000	Plus	(2	Multiplied by	25,000)

<b>Result</b>	<b>100,000</b> 50,000 + (2 x 25,000)
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#### FLAT AMOUNT PLUS MULTIPLE OF COMPENSATION RANGE

Calc	Val		Min Val	Max Val	Incre- ment	Opera- tion	Comp Lvl	Default
Exam- ple	50,000	Plus	(2	6	2	Multi- plied by	25,000)	4

<b>Result</b>	<b>100,000</b> 50,000 + (2 x 25,000) <b>*150,000</b> 50,000 + (4 x 25,000) <b>200,000</b> 50,000 + (6 x 25,000)
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#### MULTIPLE OF COMPENSATION PLUS FLAT RANGE

Calc	Val	Opera- tion	Comp Lvl		Min Val	Max Val	Incre- ment	Default
Exam- ple	(2	Multi- plied by	25,000)	Plus	30,000	50,000	10,000	40,000

<b>Result</b>	<b>80,000</b> (2 x 25,000) + 30,000 <b>*90,000</b> (4 x 25,000) + 40,000 <b>100,000</b> (6 x 25,000) + 50,000
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## Actual Premium Calculations

You use the Calculation Method tabbed region of the Actual Premiums window to define the calculation that determines the actual premium rate per participant for a plan or an option.

The tables below contain sample actual premium calculations for the various calculation methods that you can use with an actual premium calculation.

### FLAT AMOUNT

Calculation	Value
Example	5
Result	5

### MULTIPLE OF COVERAGE

Calculation	Value	Coverage Operation	Coverage
Example	5	Per 100,000	200,000
Result	$10 (5 / 100,000) \times 200,000$		

### MULTIPLE OF TOTAL COVERAGE

Calculation	Value	Operation	
Example			
Result			

### MULTIPLE OF TOTAL PARTICIPANTS

Calculation	Value	Operation	
Example			
Result			

## Variable Rate Factors

You can define from one to dozens of variable factors for a variable rate profile. A participant must meet all the criteria in your variable rate profile in order to receive the variable rate.

### Employment Factors

You select employment factors by choosing the Employment tab of the Variable Rate Profiles window.

<b>Assignment Set</b>	Uses an employee's assignment or a set of assignments as a variable factor to associate with an activity rate.
<b>Bargaining Unit</b>	Uses an employee's bargaining unit (local union group) as a variable factor to associate with an activity rate.
<b>Assignment Status Type</b>	Uses a person's state of employment (Active, Inactive, or On Leave) as a variable factor to associate with an activity rate.
<b>Full/Part-time</b>	Uses whether an employee works full-time or part-time as a variable factor to associate with an activity rate.
<b>Grade</b>	Uses an employee's grade as a variable factor to associate with an activity rate.
<b>Labor Member</b>	Uses whether an employee is a labor union member as a variable factor to associate with an activity rate.
<b>Leave of Absence</b>	Uses an employee's leave of absence reason as a variable factor to associate with an activity rate.
<b>Legal Entity</b>	Uses an employee's legal entity (GRE) as a variable factor to associate with an activity rate (US only).
<b>Organization Unit</b>	Uses an employee's organization as a variable factor to associate with an activity rate.
<b>Pay Basis</b>	Uses an employee's pay basis, such as hourly or salaried biweekly, as a variable factor to associate with an activity rate.
<b>Hourly/Salaried</b>	Uses the type of salary the employee receives as a variable factor to associate with an activity rate.
<b>Payroll Rates</b>	Uses an employee's payroll as a variable factor to associate with an activity rate.
<b>Scheduled Hours</b>	Uses the number of hours an employee is scheduled to work as a variable factor to associate with an activity rate.

<b>Work Location</b>	Uses an employee's work location as a variable factor to associate with an activity rate.
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## Derived Factors

You select derived factors by choosing the Derived Factors tab of the Variable Rate Profiles window.

<b>Age</b>	Uses an employee's age as a variable factor to associate with an activity rate.
<b>Combined Age and Length of Service</b>	Uses an employee's combination age and length of service factor as a variable factor to associate with an activity rate.
<b>Compensation Level</b>	Uses an employee's compensation level as a variable factor to associate with an activity rate.
<b>Hours Worked in Period</b>	Uses an employee's hours worked in a given period as a variable factor to associate with an activity rate.
<b>Length of Service</b>	Uses an employee's length of service as a variable factor to associate with an activity rate.
<b>Percent Full-time</b>	Uses an employee's percent of full-time employment as a variable factor to associate with an activity rate.

## Personal Factors

You select personal factors by choosing the Personal tab in the Variable Rate Profiles window.

<b>Gender</b>	Uses a person's gender as a variable factor to associate with an activity rate.
<b>Person Type</b>	Uses a person's person type(s) as a variable factor to associate with an activity rate.
<b>Postal Zip</b>	Uses individual zip/postal codes or ranges of zip/postal codes as a variable factor to associate with an activity rate.
<b>Service Area</b>	Uses a person's service area, such as a city or other geographical area, as a variable factor to associate with an activity rate.
<b>Tobacco Use</b>	Uses whether or not a participant uses tobacco as a variable factor to associate with an activity rate.

## Other Factors

You select other factors by choosing the Other tab in the Variable Rate Profiles window.

<b>Benefits Group</b>	Uses a person's benefits group as a variable factor to associate with an activity rate.
<b>Health Coverage Selected</b>	Uses the plan and option in plan in which the participant is enrolled as a variable factor to associate with an activity rate.
<b>Participation in Another Plan</b>	Uses a person's participation in a particular plan as a variable factor to associate with an activity rate. You can use this factor to define special rates when two plans are elected in conjunction with one another.
<b>Rule</b>	Uses a FastFormula rule that you define to determine a variable factor to associate with an activity rate.
<b>People Group</b>	Uses a participant's people group as a variable factor to associate with an activity rate.
<b>Total Coverage Volume</b>	Uses the total coverage elected for a plan or option in plan by all participants as a variable factor in determining the actual premium owed by a plan sponsor to the benefits supplier.
<b>Total Participants</b>	Uses the total number of participants covered by a plan or option in plan as a variable factor in determining the actual premium owed by a plan sponsor to the benefits supplier.

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## Calculation Methods: Values, Increments, and Operations

You select a **calculation method** to help you define the contribution or distribution activity rate for a plan or option. Calculation methods are composed of values that you define, operations that you perform on those values, and, in some case, values from the results of other calculations that you have defined.

The following list describes the components that you can include in an activity base rate calculation.

- **Flat Amount:** A standard rate that does not vary or an amount you enter as part of a more complex calculation.
- **Minimum Value:** The smallest amount a participant can elect to contribute or receive as a distribution.
- **Maximum Value:** The largest amount a participant can elect to contribute or receive as a distribution.
- **Increment:** The units participants must use to specify elected amounts during enrollment. For example, if the increment value is 100, participants must specify amounts in whole hundreds of currency.
- **Default Value:** The value assigned to the participant during a default enrollment or when a participant fails to specify an explicit value when one is required during enrollment.
- **Operation:** A mathematical operator that is applied to a value, such as Multiplied by or Percent of.
- **Actual Premium:** The per-participant amount paid by a plan sponsor to the benefits supplier.
- **Coverage:** The amount of coverage available under the plan or option for which you are defining the activity rate.
- **Coverage Operation:** A mathematical operator that is applied to a coverage amount.
- **Compensation Level:** The participant's salary.
- **Rounding Code/Rule:** Specifies how the system rounds the result of the calculation when the value is not a fixed amount.
- **No Standard Values Used:** The calculation always uses a variable rate.
- **Rule:** Uses a FastFormula rule to structure the calculation.

## Defining Activity Rates for a Standard Contribution/Distribution

You create a separate contribution or distribution activity rate calculation for each plan or option in your benefits offering that requires a contribution or distribution. After you link the calculation to the plan or option, you define the calculation.

You date effectively maintain standard contributions and distributions using the Standard Contributions/Distributions window.

► **To define an activity rate for a standard contribution/distribution:**

1. Enter or query the standard contribution or distribution that you are defining in the Name field.
2. Select the name of the plan for which you are defining a standard contribution or distribution in the Plan field.
3. Select an Option if you are defining a standard contribution/distribution for an option in this plan.
4. Select a Program if you are defining an activity rate for an option in a plan in a program.
5. Choose the Activity Rate tabbed region and the General alternate region
6. Select an Activity Type code that identifies the business function this calculation performs, such as an Employee Contribution or an Employer Payroll Distribution.
7. Select the Tax Type indicating the tax impact of this calculation to participants.

You select this Tax Type primarily for classification purposes; the payroll system is primarily responsible for processing taxability.

8. Select the Element you defined that corresponds to this activity rate definition.
9. Select the Parent Child Code to specify whether this calculation is a parent activity rate (the primary activity rate) or a child activity rate (dependent upon the parent activity rate).
10. Select a UOM (unit of measure) to express the result of this calculation if this activity rate is for a non-monetary distribution.
11. Select the Input Value for the activity rate, such as pay value.
12. Select the Status of this activity rate.

**Pending:** This plan or option in plan currently does not use this calculation, but could in the future if you change the Status of this

calculation to Active. Select the Pending status when setting up a standard contribution/distribution calculation that possibly may not become Active.

**Active:** The system currently calculates this standard contribution/distribution for this plan or option in plan.

**Inactive:** The system currently does not calculate this standard contribution/distribution for this plan or option in plan.

**Closed:** The system currently does not calculate this standard contribution/distribution, nor will it ever do so in the future.

 **Attention:** You cannot reactivate a closed activity rate calculation. Once it is closed, it remains closed.

13. Check the Uses Variable Rate field if the result of this calculation varies due to some factor or other piece of discreet data about the participant and you associate a variable rate profile with the calculation.
14. Check the Element and Input Value Required field
15. Check the Subject to Imputed Income field if this plan is governed by US imputed income regulations.
16. Save your work.

---

## Defining a Calculation Method for a Standard Contribution or Distribution

You use the Calculation Methods region of the Standard Contributions/Distributions window to define how a standard activity rate is calculated.

### See Also

Calculation Methods: Values, Increments, and Operations: page 8 – 23  
Example: Activity Base Rate Calculations: page 8 – 14

- ▶ **To define a calculation method for a standard activity rate:**
  1. Query the activity rate for which you are defining a calculation method in the Name field.
  2. Select the method you are using to calculate the activity rate in the Calculation Method field.  
 **Attention:** The window changes based on the calculation method you select.
  3. Complete your calculation definition based on the calculation method you select.
  4. Save your work.

## Defining Proration for a Standard Contribution/Distribution Calculation

You can specify how the system prorates a calculation (usually a contribution) when a participant's enrollment coverage date falls within a month, and the plan requires that activity rates be prorated based on the date during the month when the participant's coverage starts.

- **To define proration for a standard contribution/distribution calculation:**
  1. Enter or the query the standard activity rate for which you are defining a prorated value in the Standard Contributions/Distributions window, and choose the Activity Rates tabbed region.
  2. Select the Partial Month Determination alternate region.
  3. Select a Partial Month Determination Code or Rule to specify how the system calculates this standard contribution/distribution when a participant's enrollment coverage date falls within a month.  
**All:** The system calculates this activity rate as if the participant was enrolled for the entire month.  
**None:** The system calculates this activity rate as if the participant was not enrolled at all for the entire month.  
**Prorate Value:** The system prorates this standard contribution/distribution based on the percentage of the month the participant was enrolled. Use the Proration window to define your proration method for this calculation.  
**Rule:** If special circumstances apply, select a rule that the system uses to calculate this activity rate when a participant's enrollment coverage date falls within a month.
  4. Select an Effective Date Code or Rule to specify how the system calculates the effective date from which the partial month is calculated.
  5. Choose the Proration button to open the Proration window if you select a partial month determination code of Prorate Value.
  6. Enter the From and To days within the month that represent the starting and ending dates for this proration calculation.
  7. Enter a value specifying the Percent of the total standard contribution or distribution that the system uses to calculate the prorated activity rate for those persons whose enrollment coverage dates fall within these From and To days.

8. Select a Rounding Code or Rule to specify how the system rounds the result of this calculation.
9. Save your work.

---

## Defining Characteristics of Annual Rates

For those plans where a participant enters an annual contribution rate during enrollment, you can define how the system prorates the minimum and maximum contribution amounts for those participants who enter the plan mid-year.

**Note:** The annual rate value is calculated based on a 12-month period regardless if the plan year is for a period of 12 months or less.

► **To define the characteristics of an annual rate:**

1. Enter or query the standard activity rate for which you are defining a prorated value in the Standard Contributions/Distributions window, and choose the Activity Rates tabbed region.
2. Select the Annual Rates alternate region.  
In the Comparison Balances block:
  3. Select whether this annual rate is compared to the claims submitted against the annual amount or the amount contributed to the plan.
  4. For those plans where you prorate the annual contribution amount based on the days or pay periods remaining in the plan year, select:
    - A Prorate Minimum Annual Value Code or Rule
    - A Prorate Maximum Annual Value Code or Rule
  5. Save your work.

## Defining Processing Information for a Standard Contribution/Distribution

You use the Processing Information tabbed region of the Standard Contributions/Distributions window to define the system (such as Oracle Payroll) that processes the contribution deduction or distribution payment. You may also select, from a range of choices, the point in the enrollment process when a contribution amount is entered.

► **To define processing information for a standard contribution/distribution:**

1. Select the system that processes this calculation in the Processing Source field.
2. Select a Recurring code. Choose from:
  - **Once:** the contribution or distribution occurs once for a participant in this plan or option in plan.
  - **Recurring:** the contribution or distribution occurs on a defined periodic basis for an indefinite period of time.
  - **Either:** the contribution or distribution can either occur once or on a recurring basis.
3. Enter the Lower and Upper Limit Values for this contribution or distribution or select a rule that you have defined to enforce these limits.
4. Complete the Processing Information checkboxes by selecting from a range of choices that define when and how a contribution or distribution amount is entered for this plan or option in plan.



**Attention:** These checkboxes are important, because they determine whether an election results in a payroll deduction for a participant.

- Check the **Value Override Allowed** field if the participant may override the default rate at the time of enrollment.
- Check the **Enter Annual Value** field if the participant enters the total annual contribution or distribution amount at the time of enrollment.
- Check the **Assign on Enrollment** field if the system automatically assigns this activity rate when the participant selects this plan or option in plan.
- Check the **Use to Calculate Net Flex Credits** field to include this activity rate in the flex credit total for this plan or option in plan.
- Check the **Process Each Pay Period Default** field if the system calculates this standard contribution/distribution each pay period unless otherwise specified.

**Note:** Checking this field disables use of the Schedule Information button.

5. Save your work.

---

## Defining Deduction and Payment Schedules for a Standard Contribution/Distribution

You can define a deduction or payment schedule to specify how frequently the system calculates a contribution (for deductions) or distribution (for payments) if you are using Oracle Payroll and you do not check the Process Each Pay Period Default field in the Processing Information region.

You date effectively define deduction and payment schedules in the Schedule Information window.

- ▶ **To define scheduling for a standard contribution:**
  1. Select a Deduction Schedule for this standard contribution.
  2. For this Deduction Schedule, select a Pay Frequency to specify how frequently the system deducts this standard contribution.
  3. Check the Default field if this Pay Frequency is the default pay frequency for this Deduction Schedule.
  4. If you associate more than one Pay Frequency with this Deduction Schedule, repeat steps 2 and 3 for each Pay Frequency.
  5. Save your work.
- ▶ **To define Payments for a standard distribution:**
  1. Select a Payment Schedule for this standard distribution.
  2. For this Payment Schedule, select a Pay Frequency to specify how frequently the system makes this standard distribution.
  3. Check the Default field if this Pay Frequency is the default pay frequency for this Payment Schedule.
  4. If you associate more than one Pay Frequency with this Payment Schedule, repeat steps 2 and 3 for each Pay Frequency.
  5. Save your work.

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## Defining a Non-Oracle Payroll System to Process Benefit Earnings and Deductions

You use the Payroll Information tabbed region of the Standard Contribution/Distribution window if a non-Oracle payroll system calculates this contribution or distribution.

- ▶ **To define a non-Oracle payroll system to process earnings and deductions:**
  1. Enter the Name of the foreign payroll system.
  2. Select if this payroll system processes earnings or deductions in the Type field.
  3. Save your work.

---

## Associating a Variable Rate Profile with a Standard Contribution/Distribution Calculation

If a standard contribution or distribution can vary based on a derived factor or a discrete piece of data, you can use the Variable Rates region of the Standard Contributions/Distributions window to associate a variable rate profile or rule with the activity rate calculation to specify how the result can vary.



**Attention:** You must define a variable rate profile or rule before you define a standard contribution or distribution that uses a variable rate.

- ▶ **To associate a variable rate profile or rule with a standard contribution/distribution calculation:**
  1. Enter a Seq (Sequence) number to specify the order in which the system processes this variable rate profile relative to any other profiles you associate with this standard contribution/distribution calculation.
  2. Select the Name of a variable rate profile you are associating with this standard contribution/distribution calculation.
  3. Choose the Rules region if you are associating a variable rate rule with this calculation. Enter the Seq (sequence) number and select the name of this variable rate rule.
  4. Save your work.

## Defining Matching Rates for a Standard Contribution Calculation

**Note:** The matching rates feature is reserved for future use. It is currently not operational.

If you define an employer matching contribution that is a percentage of the employee contribution (in contrast to a fixed employer contribution), you can define how the system performs such matching. Multiple instances of a matching contribution may be necessary if the employer match varies according to the amount the employee contributes.

You define matching rates in the Standard Contributions and Distributions window. Choose the Matching Rates tab.

► **To define matching rates for a standard contribution calculation:**

1. If special circumstances apply, select a matching rate calculation rule.
2. Enter a Seq (sequence) number to specify the order in which the system processes this matching rate for this contribution.
3. Enter a From % and To % to specify the lowest and highest employee contribution percentage to which this matching contribution applies.

In the Matching Values block:

4. Enter a Match % to specify the matching percentage for this matching rate.
5. Enter a Minimum and Maximum Amount to specify the boundaries of the employer match, regardless of the value the system calculates.

Check the No Maximum Amount field if the match has no Maximum Amount defined for it.

In the Maximum Pay to Consider block:

6. Enter an Amount to specify the maximum amount of employee earnings against which the system calculates this match.

Check the No Maximum Amount field if the match is not limited by the Maximum Amount of employee earnings.

7. Enter a Percent to specify the maximum percentage of employee earnings against which the system calculates this match.

Check the No Maximum Percent field if the match is not limited by a Maximum Percent of employee earnings.

8. Check the Continue Matching after Maximum field if employer matching contributions continue up to the maximum percentage or amount, even though the worker has met the limit of worker contributions.

**Note:** This is particularly useful for US 401(k) plans as workers may choose high salary percentages in order to contribute as much as possible as soon as possible. When employer contributions match each pay period, it may occur that the worker is contributing too much each pay period to receive the employer's highest matching amount. For example, a worker could contribute 15% of pay up to the worker maximum contribution limit of \$9,000, but the employer matches only 50% up to 6% of what the worker contributes. As Oracle Payroll performs the actual calculation, checking this field only alerts the system to activate the proper calculation process.

9. Save your work.

---

## Associating a Period-to-Date Limit with a Standard Contribution/Distribution Calculation

You can associate period-to-date limits for a calculation or a distribution. You typically define period-to-date limits for savings plans.

Choose the PTD Limits tab in the Standard Contributions/Distributions window to select a period-to-date limit.

► **To define a period-to-date limit for a calculation:**

1. Select a Period-to-Date Limit to associate with this calculation.
2. Save your work.

## Defining General Information for a Variable Rate Profile

You use the Variable Rate Profiles window to define a variable rate when an activity rate for a plan can vary for each participant based on one or more factors.

► **To define general information for a variable rate profile:**

1. Enter the Name of the variable rate profile you are defining.
2. Select its current Status.

**Pending:** This variable rate profile is currently proposed, but not yet associated with an activity rate.

**Active:** This variable rate profile is currently associated with an activity rate.

**Inactive:** This variable rate profile is currently not associated with an activity rate.

**Closed:** This variable rate profile was once Active or Proposed, but is no longer associated with an activity rate.

 **Attention:** Once a variable rate profile is closed, you cannot change its status to pending or active.

3. Select an Assignment to which this variable rate profile applies.

For example, you can define a variable profile for benefits assignments if this profile is only used to determine continuing eligibility.

4. Choose the General tab if it is not already selected.
5. Select an Activity Type code to specify the type of activity rate to which this variable rate applies.
6. Select a Tax Type code to specify the tax status of the activity rate.

**Note:** The system displays only those tax types that are valid based on the activity type you select.

7. Select a Reference Period code to specify the time period applicable to the activity rate.
8. Select a Treatment code to specify the type of calculation the system performs on the activity rate.
9. Select a Usage that limits the kind of activity rate to which this variable rate can apply.
10. Save your work.

---

## Defining a Calculation Method for a Variable Rate Profile

You use the fields in the Calculation Methods region of the Variable Rate Profiles window to define how a variable activity rate is calculated.

► **To define a calculation method for a variable rate profile:**

1. Query the variable rate for which you are defining a calculation method in the Name field.
2. Select the method you are using to calculate the variable activity rate in the Calculation Method field.

 **Attention:** The window changes based on the calculation method you select.

3. Complete your calculation definition based on the calculation method you select.
4. Save your work.

---

## Defining Processing Information for a Variable Rate Profile

You define processing information for a variable rate profile to set the minimum and maximum activity rate levels regardless of the results of the variable rate calculation.

In the Variable Rate Profiles window, choose the Variable Rates tab and the Processing Information tabbed region.

- **To define processing information for a variable rate profile:**
  1. Query the variable rate profile for which you are defining processing information.
  2. Enter a Lower Limit value or rule to define the minimum rate for this variable rate calculation regardless of the result of the calculation.
  3. Enter an Upper Limit value or rule to define the maximum rate for this variable rate calculation regardless of the result of the calculation.
  4. Save your work.

## Defining the Criteria in a Variable Rate Profile

You define the criteria that compose a variable rate profile so that participants who meet the criteria receive the variable rate you have defined. You can also define a variable rate profile so that participants who meet the criteria are specifically *excluded* from receiving the variable rate.

In the Variable Rate Profiles window, choose a tabbed region based on the criteria you want to include in your variable rate profile. Choose from:

- Employment Factors
- Derived Factors
- Personal Factors
- Other Factors

### ► **To define the criteria in a variable rate profile:**

1. Query the variable rate for which you are defining variable rate profile criteria.
2. Choose a tabbed region that contains a criteria element you want to include in your variable rate profile.
3. Select a criteria element.

For example, in the Other Factors region you could select Participation in Another Plan as a criteria element if you want to define a special rate for when two plans are elected in conjunction with one another.

4. Enter a Seq (sequence) number specifying the order the system processes this criteria element relative to any other criteria in the variable rate profile.



**Attention:** You must assign a sequence number of a higher priority to all criteria that are used to exclude eligibility in a variable rate profile.

5. Select a value for the criteria element you have selected.
6. Check the Exclude field if a person who meets the value of this criteria element is excluded from receiving the variable rate associated with this profile.
7. Repeat steps 2–6 for each criteria element you include in this variable rate profile.

---

## Defining Matching Rates for a Variable Rate Calculation

**Note:** The matching rates feature is reserved for future use. It is currently not operational.

The process for defining a matching rate for a variable rate calculation is the same as defining a matching rate for a standard contribution.

From the Variable Rate Profiles window, choose the Matching Rates button.

- ▶ **To define a matching rate for a variable rate calculation:**
  1. Query the variable rate for which you want to define a matching calculation rate.
  2. Choose the Matching Rates button to display the Matching Rates window.
  3. Define the matching rate calculation.  
See: Defining Matching Rates for a Standard Contribution Calculation: page 8 – 35
  4. Save your work.

## Defining a Coverage Calculation for a Plan

You use the Coverages window to define the amount of coverage available under a benefit plan. Your coverage calculation definition can also include minimum and maximum coverage levels and coverage levels that vary based on life events.

► **To define a coverage calculation for a plan:**

1. Select the Level at which you are creating a coverage definition, either plan or plan in program.
2. Select the plan for which you are defining a coverage calculation in the Compensation Object field.
3. Select a value in the Restrict Change Based On field if you want to limit changes in coverage to a plan or an option.
  - **Benefit Restriction Applies** limits changes in coverage to a plan.
  - **Option Restriction Applies** limits changes in coverage to an option in a plan.
4. Select a value in the Change Restrictions field that limits a participant's ability to decrease or increase coverage in this plan.  
In the Values block:
  5. Define the minimum coverage level a participant may elect. Choose one of the following options:
    - enter the minimum coverage amount
    - select a Min Rule that determines the fixed minimum coverage amount
    - check the No Min field if the plan defines no minimum coverage amount
  6. Define the maximum coverage level a participant may elect. Choose one of the following options:
    - enter the maximum coverage amount
    - select a Max Rule that determines the fixed maximum coverage amount
    - check the No Max field if the plan defines no maximum coverage amount.
    - enter the maximum coverage amount a person may elect if they provide certification in the Max with Certification field.

7. Enter the maximum multiple coverage value available with certification in the Max with Certification field.

In the Increases block:

8. Define the maximum flat amount increase for a participant who is already enrolled in this plan. Choose one or both of the following options:

- enter the maximum coverage increase amount in the Max field
- enter the maximum coverage increase amount available with certification in the Max with Certification field

In the Multiple Increases block:

9. Define the maximum multiple coverage increase for a participant who is already enrolled in this plan. Choose one or both of the following options:

- enter the maximum multiple increase amount in the Max field
- enter the maximum multiple increase amount available with certification in the Max with Certification field

In the Interim to Assign block:

10. Select an Assign Code or rule that determines the interim coverage to assign in those cases where a participant's election of this coverage has been suspended pending the completion of an action item.

11. Select an Unsuspend Code that defines the enrollment coverage start date to use when a suspended enrollment becomes unsuspended.

12. Save your work.

---

## Associating Certifications with a Coverage Calculation for a Plan (Advanced Benefits)

You use the Certifications window to associate a certification with a coverage calculation for a plan and to define *when* certification is required or preferred.

- ▶ **To associate a certification with a coverage calculation for a plan:**
  1. Query the plan for which you are defining a coverage calculation in the Plan field of the Coverages window.
  2. Choose the Certifications button.
  3. Select an Enrollment Certification Type.
  4. Select a Certification Required When rule.
  5. Check the Required field if this certification is required to receive this coverage amount for this plan.  
**Note:** If you do not check the Required field, the certification is considered preferred.
  6. Save your work.

---

## Associating a Life Event Reason with a Coverage Calculation for a Plan (Advanced Benefits)

You use the Life Event Reason window to associate a life event with a coverage calculation when the coverage amount for a plan varies based on the occurrence of a life event.

► **To associate a life event reason with a coverage calculation for a plan:**

1. Query the plan for which you are defining a coverage calculation in the Plan field of the Coverages window.
2. Choose the Life Event Reason button.
3. Select the Life Event Reason you are associating with this coverage calculation.
4. Select a value in the Change Restrictions field that limits a participant's ability to change coverage amounts in this plan based on the occurrence of this life event.
5. Complete your coverage calculation based on this life event.



**Attention:** The remainder of the fields on this form are the same as on the Coverages window. See: Defining a Coverage Calculation for a Plan: page 8 – 43 for help on defining a coverage calculation.

6. Save your work.

## Defining a Coverage Calculation

You can calculate the coverage available under a plan, plan in program, or option in plan.

- ▶ **To calculate the coverage for a plan, plan in program, or option in plan:**
  1. Select a plan in the Coverages window for which you are defining the coverage calculation.
  2. Choose the Plan Coverage or Plan in Program Coverage button to navigate to the Coverage Amount Calculation Method window depending if the plan for which you are defining coverage is in a program.
  3. Select an option in the Option field if you want to define a coverage calculation method for an option in plan.
  4. Enter a Name for the coverage calculation method you are defining.
  5. Select the General tabbed region if it is not currently selected.
  6. Select the Benefit Type provided by this plan or option, such as Coverage or Time Off.
  7. Verify the Currency in which this coverage is calculated.  
**Note:** This field is display only. The currency for the benefit is defined at the program or plan level, depending on your plan design.
  8. Select a Non-Monetary UOM for nonmonetary coverage amounts, such as options or shares.
  9. Select a Boundary Period that limits any lower or upper limit amount that you specify to a specific length of time.
  10. Check the Max Overridable field if the user can override the coverage amount.
  11. Enter a Lower Limit value or rule to define the minimum amount of coverage available under this plan or option regardless of the result of the coverage calculation.
  12. Enter an Upper Limit value or rule to define the maximum amount of coverage available under this plan or option regardless of the result of the coverage calculation.
  13. Save your work.

---

## Defining Values for a Coverage Calculation Method

You define a coverage calculation method to define how the coverage amount is calculated for a plan, plan in program, or option in plan.

### See Also

Calculation Methods: Values, Increments, and Operations: page 8 – 23

Coverage Calculations: page 8 – 17

- ▶ **To define a value for a coverage calculation method:**
  1. Select a plan in the Coverages window for which you are defining the coverage calculation method.
  2. Choose the Plan Coverage or Plan in Program Coverage button to navigate to the Coverage Amount Calculation Method window depending if the plan for which you are defining the coverage method is in a program.
  3. Select an option in the Option field if you want to define a coverage calculation method for an option in plan.
  4. Select the Calculation Method you are using to define this coverage calculation for this plan.
  5. Check the Enter Value at Enrollment field if you enter the coverage amount at the time of enrollment.
  6. Complete the remaining fields based on the calculation method you select.
  7. Save your work.

---

## Associating a Variable Rate Profile with a Coverage Calculation Method

You use the Benefit Variable Rates and Rules window to associate a variable rate profile with a coverage calculation if the calculation can vary for each participant.

- **To associate a variable rate profile with a coverage calculation:**
  1. Enter the Seq (sequence) number in which the system should process this variable rate profile relative to any other variable rate profiles that you associate with this coverage calculation.
  2. Select the variable rate profile in the Profile Name field.
  3. Select another profile if you use more than one variable rate for this calculation.
  4. Alternatively, choose the Rule tab and select a variable rate rule to associate with this calculation.
  5. Save your work.

## Defining a Coverage Limit Across Plan Types

You use the Coverage Across Plan Types window to define the minimum and maximum coverage amount that a participant can elect across plan types in a program.

You can place a plan type in only one across plan type group. You can also set coverage limits at the plan level.

► **To define a coverage limit across plan types:**

1. Select the program for which you are defining cross plan type coverage limits.

**Note:** The system displays the plan types in this program in the Coverage Plan Types block.

2. Enter a name that identifies this cross plan type coverage limit.
3. Enter the minimum amount of coverage that a participant must elect across the plan types in this grouping.
4. Enter the maximum amount of coverage that a participant must elect across the plan types in this grouping.

In the Coverage Plan Types block:

5. Select a plan type for which you are defining a cross plan type coverage limit.
  - Check the Applies To field if you are placing this plan type into this cross plan type grouping.

**Note:** The Already Used field appears checked if you have already placed this plan type into another cross plan type grouping.

6. Repeat step 5 for each plan type that you are placing into this cross plan type grouping.
7. Save your work.

## Defining an Imputed Income Calculation

You use the Imputed Income window to date effectively define activity rates that calculate the amount of plan income that is considered a "fringe benefit" and subject to Section 79 of the US Internal Revenue Service code.

► **To define an imputed income calculation:**

1. Enter a Name for the imputed income calculation you are defining.
2. Select the imputed income Plan for which you are defining this calculation.
3. Select a Status code for this imputed income calculation.

**Pending:** This plan currently does not use this imputed income calculation, but could in the future if you change the Status of this calculation to Active. Select the Pending status when setting up an imputed income calculation that possibly may not become Active.

**Active:** This imputed income calculation is associated with an imputed income benefit.

**Inactive:** This imputed income calculation is not associated with an imputed income benefit.

**Closed:** This imputed income calculation is not associated with an imputed income benefit, nor will it ever be associated with one in the future.

 **Attention:** You cannot reactivate a closed imputed income calculation. Once it is closed, it remains closed.

4. Select a processing Source code to identify the system that processes this imputed income calculation.
5. Check the Uses Payment Schedule field if a payroll system uses a payment schedule other than "every pay period" when processing this imputed income calculation.
6. Check the Process Each Pay Period field if a payroll system processes this imputed income calculation every pay period.
7. Enter a Wash Rule Day if participants who start coverage for this plan do not receive imputed income contributions or distributions for the month when their coverage start date is *after* the wash rule day.
  - Conversely, participants who end coverage for the plan will not receive imputed income for the month when their coverage end date is *before* the wash rule day.

In the Payroll Information block:

8. Select the Element Entry that this calculation creates.
9. Select the Input Value of the element entry.
10. Select a Recurring code to specify whether this imputed income calculation occurs for the participant only Once, Recurs on a periodic basis for an indefinite time period, or Either.
11. Select a Partial Month Determination Code or Rule to specify how the system calculates this imputed income calculation when the employee participates in the imputed income benefit mid-month.
12. Enter a Foreign Earning Deduction ID and Name to identify this payroll system if a non-Oracle payroll system processes this imputed income calculation.
13. Select a Foreign Earning Deduction Type of deduction or earnings to specify how this non-Oracle payroll system processes this calculation.
14. Save your work.

## Associating a Variable Rate Profile with an Imputed Income Calculation

You use the Variable Rates window to associate a variable rate profile with an imputed income calculation.

► **To associate a variable rate profile with an imputed income calculation:**

1. Query or enter an imputed income calculation in the Imputed Income window and choose the Variable Rates button.
2. Select a Variable Rate Profile to associate with this imputed income calculation.
3. If necessary, adjust the From and To dates to specify the dates through which you associate this profile with this calculation.

## Associating a Payment Schedule with an Imputed Income Calculation

You use the Payment Schedule window to define a payment schedule for an imputed income calculation if the payroll system uses a schedule other than "every pay period."

► **To associate a payment frequency schedule with an imputed income calculation:**

1. Query or enter an imputed income calculation in the Imputed Income window and choose the Payment Schedule button.

2. Select the Payment Schedule or Rule the payroll system uses to process this imputed income calculation.
3. Select the Pay Frequency code to specify how frequently the payroll system processes this imputed income calculation.
4. Check the Default field if the system assigns this payment schedule to this imputed income calculation when the payroll system does not specify which payment schedule to use.
5. Save your work.

## Defining an Actual Premium

You use the Actual Premiums window to maintain the criteria used to calculate an actual premium cost.

► **To define an actual premium:**

1. Enter the premium name or a description of the premium in the Name field.
2. Select the premium type in the Type field.
3. Select the premium payer in the Payer field.
4. Select the plan to which you are associating this premium.
5. Select an option in plan if you are associating this premium to an option.
6. Select the organization to which the premium is paid in the Supplier field.

**Note:** The list of organizations is limited to those organizations that you attach to the plan or to the program containing the plan.

7. Select the Currency in which this premium is paid.

**Note:** The Activity Reference Period is monthly for all actual premiums. This is a read-only field.

8. Save your work.

### General Definitions

► **To define general characteristics of an actual premium:**

1. Query or enter an actual premium in the Actual Premiums window.
2. Select the General tab.
3. Specify in the Assignment field if the premium is assigned to the participant during the enrollment or determined when you run the Premium Calculation batch process.

**Note:** Premiums that are calculated on a per-participant basis are assigned during enrollment. Premiums based on the total number of participants, the total coverage volume elected by all participants, or the total premium minus the total of all participant contributions are calculated by the Premium Calculation batch process.

4. Select the premium's Assignment Level based on whether you assign the premium to a participant, a plan or option, or to both.

5. Indicate if you calculate premiums before or after the coverage period in the Prospective/Retrospective field.
6. Enter a Lower Limit value or rule to define the minimum premium for this plan or option in plan regardless of the premium calculation result.
7. Enter an Upper Limit Value or rule to define the maximum premium for this plan or option in plan regardless of the premium calculation result.

## Calculation Methods

► **To define a calculation method for an actual premium:**

1. Query or enter an actual premium in the Actual Premiums window.
2. Select the Calculation Method tab.
3. Select the Calculation Method you want to use to determine this premium.
4. Complete your premium calculation definition based on the calculation method you choose.

If you select a premium assignment of During Premium Calculation Process, you can select from the following calculation methods:

- Multiple of Total Coverage
- Multiple of Total Participants
- Total Premium Less Participant Contribution
- No Standard Values Used

**Note:** If you select Total Premium Less Participant Contribution as your calculation method, your premium payer must be the employer.

If you select a premium assignment of Enrollment, you can select from these calculation methods:

- Flat Amount
- Multiple of Coverage
- No Standard Values Used
- A FastFormula Rule

## See Also

Calculation Methods: Values, Increments, and Operations: page 8 – 23

Example: Actual Premium Calculations: page 8 – 19

### Variable Rate Actual Premiums

- ▶ **To associate a variable rate profile with an actual premium:**
  1. Query or enter an actual premium in the Actual Premiums window.
  2. Select the Variable Rates tab.
  3. Enter the Seq (sequence) number in which this profile should be processed relative to any other profiles for this premium.
  4. Select one or more variable rate profiles in the Profile field.

**Note:** Any variable rate profile you associate with a premium calculated based on the total coverage volume or the total number of participants must have a treatment code of Replace.

### Partial Month Processing

- ▶ **To define a premium for participants who gain or lose coverage mid-month:**
  1. Query or enter an actual premium in the Actual Premiums window.
  2. Select the Partial Month tab.
  3. Select a Partial Month Determination code or rule to define how the system calculates premiums for participants who gain or lose coverage mid-month.
  4. Enter the day of the month in the Wash Rule field on which the rule will operate.

For example, enter 15 if a person who is covered on the 15th of the month pays the total premium amount.

**Note:** Enter a proration rule if proration is formula based.

5. Select a Wash Rule if you define a premium wash under certain circumstances.
6. Choose the Proration button if you maintain pro-rated premiums.
7. Enter the From and To days within the month that represent the starting and ending dates for this proration calculation.

**Note:** The last day of the month is considered 31 regardless of the month. If a participant's coverage start date is not within a proration date range that you define, the participant's premium will be the full month premium.

8. Select a Rounding Code or rule to round off the result of the prorated premium.
9. Enter the Percentage Value of the standard premium that the system uses to calculate the prorated premium.
  - Or, select a Partial Month Proration Rule if no percent values are used.
10. Select a Start/Stop Coverage Code to indicate if this prorated premium applies to participants who gain or lose coverage during the month.

### Premium Credits

► **To define restrictions on when credits can be applied to a premium:**

1. Query or enter an actual premium in the Actual Premiums window.
2. Select the Credits tab.
3. Enter the number of months prior to the current processing month for which the system will still apply credits.
  - Check the Current Pay Only field to restrict credit processing to the current month.

**Note:** You can only define a credit lookback period for premiums with an assignment of During Premium Calculation Process.

### Costing

► **To define premium costing:**

1. Query or enter an actual premium in the Actual Premiums window.
2. Select the Costing tab.
3. Select the default cost allocation for this premium in the Default Costing field.
4. Enter a segment number between 1 and 30.
5. Select a segment costing method code to cost this premium based on a participant's primary assignment.

**Note:** You cannot select a segment costing method based on a participant's assignment if you use an assignment level of Plan or Option.

6. Select a segment costing method rule if you selected a segment costing method code of Rule.
7. Save your work.

## **Deleting an Actual Premium**

You can delete an actual premium that you have created in error if you have not associated the premium with a plan or an option in plan in which a participant is currently enrolled.

Use the end-dating feature of the system to de-activate an actual premium that is no longer valid.

## Viewing and Adjusting Monthly Premiums for a Plan or Option in Plan

You use the Monthly Plan or Option Premium window to view the plans and options for which you have defined a premium calculation.

Use this form if you need to manually adjust the premium result for a plan or an option in plan or if you need to enter or update the costing segment against which the premium is applied.

► **To view or adjust a monthly premium for a plan or option in plan:**

1. Query the Plan or Option for which you want to view premium information.
2. Select the premium associated with this plan or option in the Premium Name field.

The system displays the following **read-only** premium information in the **General tabbed region**:

- The premium *Type*
- The premium *Payer*
- The *Supplier* of the coverage
- The *Calculation method* used to derive the premium.

The system displays premium calculation results in the **Monthly Activity tabbed region**. The following information is **read-only**:

- Premium unit of measure
- the Premium Manually Adjusted field appears checked if you manually adjusted the premium

3. Enter the new premium in the Value field to manually adjust the result of the premium calculation.
4. If necessary, change the month or year for which you are manually adjusting the premium.
5. Enter or updates the Costing segment against which to apply the premium for this plan or option in plan.
6. Save your work.

## Viewing and Adjusting Monthly Premiums for a Participant

You use the Monthly Participant Premium window to view the plans and options in which a participant is enrolled that have an associated premium. Use this form if you need to manually adjust a participant's premium or if you need to enter or update the costing segment against which the participant's premium is applied.

► **To view or adjust a monthly premium for a participant:**

1. Query the Person for whom you want to view premium information.
2. Select the premium associated with this plan or option in the Premium Name field.

The system displays the following **read-only** premium information in the **General tabbed region**:

- The *Plan* or *Option* associated with the premium
- The premium *Type*
- The premium *Payer*
- The *Calculation method* used to derive the premium
- The *Supplier* of the coverage
- The *Standard Value* and *Unit of Measure* of the premium

The system displays premium calculation results for the selected person in the **Monthly Activity tabbed region**. The following information is **read-only**:

- Premium unit of measure
- Total credits
- Net premium (the premium paid minus the total credits applied to the premium)
- the Allocated Value field appears checked if this is an allocated premium
- the Premium Manually Adjusted field appears checked if you manually adjusted the premium
- the Credits Manually Adjusted field appears checked if you manually adjusted the credits applied to this premium

3. Enter the new premium in the Value field to manually adjust the result of the premium calculation.
- If necessary, change the month or year for which you are manually adjusting the premium.

4. Enter or update the Costing segment against which to apply the premium for this person.
5. Save your work.

## Defining Period-to-Date Limits

You use the Period-to-Date Limits window to date effectively define plan year contribution limits for plans or options in plan. When you define a standard contribution, you can associate a period-to-date limit for those plans or options in plan that require contribution restrictions.

You can base period-to-date limits on a person's accrued activity rate balance, as a percentage of their compensation, or based on a fastformula rule that you define.

► **To define a period-to-date limit:**

1. Enter a Name for this period-to-date limit.
2. Select a Determination Code that defines when the limit is reached.

**Balance Region**

3. Enter the maximum amount that a participant may accrue during a plan year for this balance in the Max Value field.
4. Select the period-to-date balance Type.

**Compensation Region**

You use the fields in the compensation region if you are limiting a period-to-date contribution as a percentage of a participant's compensation, or based on a derived compensation factor.

5. Enter the maximum percentage of a participant's compensation that can be accrued in this balance in the Max Percent field.
6. Select a compensation factor in the Factor field if you are using a derived compensation factor to determine the period-to-date limit for this balance.
7. Enter the Max Pay to Consider if you define a maximum compensation amount that the system considers when calculating a period-to-date limit based on a percentage of compensation or a derived compensation factor.

**Rule Region**

8. Select a Rule if you are defining a period-to-date limit based on a FastFormula rule that you have written.
9. Save your work.

You can now use the Standard Contribution/Distribution window to associate your period-to-date limit with the contribution activity rate for a plan or option in plan.

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## Defining a Benefit Balance

You use the Benefit Balances window to enter and maintain benefit balances that you can link to persons or to formulas.

► **To define a benefit balance:**

1. Enter a Name used to identify the benefit balance.
2. Enter a Description of your benefit balance.
3. Select a Usage code.

Your system administrator or benefits administrator defines the benefit balance usage codes as part of the system implementation.

4. Select the unit of measure in which this balance is expressed in the UOM field.
5. Select a Non-Monetary UOM for benefits not expressed in currency, such as stock options or shares.
6. Save your work.

You can now associate this benefit balance with a person benefit balance or a formula.

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## Defining Person Benefit Balances

You define a person benefit balance using the Person Benefits Balances window by associating a person with a benefit balance you have defined.

- ▶ **To define a person benefit balance:**
  1. Select a Person for whom you are defining a benefit balance.
  2. Select a Benefit Balance that you defined in the Benefit Balances window.
  3. Enter a Value for the balance.
  4. Save your work.

CHAPTER

9

# Communications

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## Communications

You send communications to potential, current, and former benefits participants to inform them about available benefits, rates, scheduled enrollment periods, and other information that you need to communicate.

You create a *communication type* to define:

- The conditions that trigger a communication
- The data that is extracted from the database which you can merge into a communication
- The communication delivery method and medium

You run the Participation batch process from the Concurrent Manager to extract data based on your communication type definition. Using the System Extract feature, this data can be extracted to a text file and then merged into the body of your communication.

### Communication Type Definitions

You can create definitions for communications that control different aspects of the communication.

For example, you can:

- Specify the date a communication is to be sent to a participant relative to a qualifying life event or a point in the enrollment cycle
- Indicate if the communication is a stand-alone item, or a piece in a kit
- Select a *usage type* that categorizes the communication, such as Reminder to Act or Confirmation of Action
- Limit the kinds of recipients who can receive a communication

### Communication Triggers

*Communication trigger* control the data that is extracted from the database when you run the Participation batch process. For example, the Pre Enrollment Literature trigger extracts a person's electable choices based on your *communication usage definition* and the parameters you select when you run the Participation process.

Communication triggers are seeded with the product.

### Communication Usages

As part of your plan design, you can define the condition or combination of conditions that must be present in order for a

communication to be sent to a person. The conditions that you associate with a communication are called *usages*.

You select from the following criteria to limit when a communication is generated:

- Life Event
- Program
- Plan
- Enrollment Period
- Action

Selecting more criteria for a communication limits the usage of the communication.

### **Delivery Methods and Media**

You can specify the method by which a communication is delivered, such as home mail delivery or email. You can also specify a delivery medium, such as paper or diskette.

Employees can specify a preferred delivery method and medium. This information is maintained on the People window. You can choose to override this information for a particular program or plan. Or, you can specify a default delivery method or medium for employees who do not specify a preference.

## **Person Communications**

You use the Person Communications window to maintain information about the communications that are requested by a participant or that are sent automatically as events occur in the plan year.

A participant can request to have a communication re-sent which has already been sent. Each time a communication is requested, the system tracks the request by generating a sequence number for that request. You can define the maximum number of requests that a person can make for a particular communication.

You can categorize communications into those that can be requested by a participant and those that can only be requested by a benefits specialist. A benefits specialist can select communications from the Online Participant Based Literature Requests and the Online PSR Based Requests. Participants are limited to making selections from the Online Participant Based Literature Requests.

When you define a communication type, you select the Always Send checkbox to indicate that the communication is sent whenever it is

requested. If the box is unchecked, you must create a *communication usage* that specifies the program, plan, action type, or enrollment period to which this communication applies.

The participant's address appears on the window as it is entered in the Address window. You can override this address by selecting another address that exists in the database or by using the Address window to enter the address as a secondary address.

You also use the Person Communications window to enter delivery instructions, change the person's default delivery method and media, modify the date on which the communication is sent, and to specify if the communication requires inspection.

## Statutory Literature Letters (US only)

In the US, certain changes to a person's benefits status require that the plan sponsor notify the participant of the rules and conditions of their benefits coverage. Examples of such correspondence include COBRA Notification letters or a HIPAA Letter to a Dependent.

You run the Participation batch process before you process any statutory literature so that only the appropriate persons receive letters. In the case of COBRA Notification letters, the Participation batch process creates a person's electable choices and includes these electable choices as part of the letter.

You use the Concurrent Manager to schedule the letters that are generated in Oracle Reports 3.0 by specifying the parameters that determine the persons for whom a letter is generated.

The system generates electable choices and the premium costs for those choices and includes this in the body of the letter.



**Attention:** A separate letter is created for each plan for which a person is eligible. So, if a person is eligible for both a medical and a dental plan, they will receive two letters.

Oracle supplies sample letters for:

- COBRA Notification
- COBRA Extension of Coverage
- COBRA Termination of Coverage
- HIPAA Certificate of Coverage

After you generate a letter or batch of letters, the system updates the Person Communication form with information about the communication that was sent.

## Determine Communications Batch Process

You use the Determine Communications batch process to generate communications that are not automatically generated based on the rules of your plan design.

You can generate a batch communication for just one person or for all the people who meet your selection criteria. You select the parameters of the batch process to limit the people who receive a communication.

You can generate a batch communication by selecting one of four different kinds of *triggers types*. A trigger is a primary parameter that determines the kind of communication that is delivered. Choose one of the following triggers:

- Enrollment Reminder Letters
- Action Item Reminder Letters
- Emerging Event Literature
- Targeted Mass Mailing

The parameters available for your use vary according to the trigger that you select.

When you select more than one parameter, the system only generates communications for those persons who meet the criteria of all the parameters you select.



**Attention:** If you do not select a communication type as one of your parameters, the batch process generates all communications defined for the trigger type you select.

### Enrollment Reminder Letters

You select this trigger to generate one or more batch communications for all participants who:

- Have an open life event (life event status equals Started)
- Have not made an election as of the effective date of the batch process
- Meet the criteria of all the parameters that you select

For example, you could send an enrollment reminder letter to all persons eligible for a benefit who have not made an election by a certain date.

### Action Item Reminder Letters

You select this trigger to generate one or more batch communications for all participants who:

- Have an open action item as of the effective date of the batch process
- Meet the criteria of all the parameters that you select

### **Emerging Event Literature**

You select this trigger to generate one or more batch communications for all participants who:

- Will experience a life event based on the temporal factors of age, length of service, or combination age and length of service as of the date you select
- Meet the criteria of all the parameters that you select

### **Targeted Mass Mailing**

You select this trigger to generate one or more batch communications for all participants who:

- Are either eligible for a benefit or enrolled in a benefit that you select
- Meet the criteria of all the parameters that you select

## **Determine Communications Batch Process Parameters**

You select batch communication parameters to determine the criteria that a person must meet in order to receive a communication.

When you select more than one parameter, the system generates communications for those persons who meet the criteria of *all* the parameters you select.

The available parameters vary according to the *trigger type* that you select.

A listing of all possible runtime parameters follows.

<b>Mode</b>	Select Initial if you are submitting this communication batch process for the first time, or select Resend if you are re-submitting this batch process.
<b>Trigger Type</b>	This is the main parameter that determines the kind of communication to be sent.
<b>Person Name</b>	Select one person for processing.
<b>Person Type</b>	Select one person type for processing.
<b>Person Selection Rule</b>	Select a user-defined rule designed to limit which persons are processed by the batch run. The Person Selection Rule and the Person Name parameters are mutually exclusive.

<b>Organization</b>	Select an organization to specify that the system process all employees whose primary assignment is to the organization.
<b>Location</b>	Select a location to specify that the system process all employees assigned to that location.
<b>Life Event</b>	Select a life event to specify that the system process persons experiencing this life event.
<b>Program</b>	Select a program to specify that the system process persons enrolled in or eligible for any plans or options in this program.
<b>Plans Not in Programs</b>	Select Yes to specify that the system process all persons for all plans not in program.
<b>Action Type</b>	Select an action type to specify that the system process persons who have an open action item effecting their enrollment as of the effective date of the batch process run.
<b>Age Factor</b>	Select an age factor to specify that the system process persons who meet the criteria of this derived factor.
<b>Minimum Age</b>	Enter a minimum age to use as a selection criteria instead of an age factor.
<b>Maximum Age</b>	Enter a maximum age to use as a selection criteria instead of an age factor.
<b>Length of Service Factor</b>	Select a length of service factor to specify that the system process persons who meet the criteria of this derived factor.
<b>Minimum Length of Service</b>	Enter a minimum length of service to use as a selection criteria instead of a length of service factor.
<b>Maximum Length of Service</b>	Enter a maximum length of service to use as a selection criteria instead of a length of service factor.
<b>Combination Age and Length of Service</b>	Select a combination age and length of service factor to specify that the system process persons who meet the criteria of this derived factor.
<b>Minimum Combination Age and Length of Service</b>	Enter a minimum combination age and length of service to use as a selection criteria instead of a combination age and length of service factor.

<b>Maximum Combination Age and Length of Service</b>	Enter a maximum combination age and length of service to use as a selection criteria instead of a combination age and length of service factor.
<b>From Date</b>	Select the date from when the derived factor is computed if you use age, length of service, or combination age and length of service as a parameter.
<b>Eligible or Enrolled</b>	Select this parameter to indicate if the system should process persons who are eligible for a benefit or enrolled in a benefit.
<b>Enrollment Period</b>	Select an enrollment period.
<b>Comp Object Select Rule</b>	Select a user-defined rule to limit the compensation objects that are processed in the batch run.

## Defining Communication Types

You define, update, and delete communication types in the Communication Types window. You complete your communication type definition by defining communication triggers, usages, and delivery information.

► **To define a communication type:**

1. Enter a Name for the communication type you are defining.
2. Optionally, enter a Short Name for this communication type.
3. Select a To Be Sent code or rule that defines when the communication should be sent relative to a life event or a given point in the enrollment cycle.
4. Select a kit code in the Part of Kit field to specify whether this communication is a single item (a piece), or one of several communication items in a kit.
  - Select the kit to which this piece belongs in the Kit Name field if this communication is one piece in a kit.
  - View the communication pieces that make up a kit by choosing the View Children button when you have selected a kit.
5. Check the Inspection Required field or select an Inspection Required Rule if this communication must be inspected before it is delivered.
6. Check the Always Send field if this communication should always be sent whenever it is requested or triggered.

Alternatively, enter the maximum number of times this communication can be sent in the Max Number Available field.
7. Check the Track Mailing field if the system should track the delivery status of this communication.
8. Enter the maximum number of communication that a person can receive of this communication type in the Max Number Available field.
9. Select a Communication Type Rule that further refines the definition of this communication type.
10. Select a Usage type that categorizes this communication.

Example usage types include Reminder to Act and Confirmation of Action.
11. Select a Recipient Code that limits the type of benefits participant to whom this communication is being sent, such as a dependent.

12. Enter a Description of this communication.
13. Save your work.

---

## Defining When a Communication is Used

You use the Communication Type Usages window to define the conditions that generate an extract of communications data.

You also use this window if you are implementing web-based self-service enrollments and you want to write text and tips that appear in a self-service enrollment window.

► **To define a communication usage:**

1. Enter or query a communication type in the Communication Types window.
2. Choose the Usages button.
3. Select a value for one or more of the following parameters to limit the conditions under which communications data is generated.
  - Life Event
  - Program
  - Plan
  - Enrollment Period
  - Action
4. Select a Usage Rule if your criteria for determining the conditions under which communications data is generated cannot be fully accommodated by the usage criteria on this window.
5. Enter the text in the Self Service Description field that appears in a self service window.
6. Save your work.

## Defining a Communication Trigger

You use the Communication Type Triggers window to link a trigger to your communication type definition. A trigger controls the kind of data that is extracted from the database when you run the Participation batch process.

For example, the Final Confirmation Literature trigger extracts a participant's benefit elections after the enrollment is closed.

- ▶ **To define a communication trigger:**
  1. Enter or query a communication type in the Communication Types window.
  2. Choose the Triggers button.
  3. Select one or more triggers that you are linking to this communication type definition in the Type of Trigger field.

**Note:** You select a trigger type of Online Participant Based Request or Online PSR Based Request to provide a list of communications that can be requested through the Person Communications form.

- 4. If special circumstances apply, select a trigger rule instead of a trigger type.
  5. Save your work.

---

## Defining a Communication Delivery Method

You use the Communication Type Delivery Methods window to define the method and media by which a communication is delivered. A typical communication delivery uses the postal service as the delivery method and paper as the delivery medium.

1. Enter or query a communication type in the Communication Types window.
2. Choose the Delivery button.
3. Select the Delivery Method for this communication item, such as Email or Postal Service.
  - Check the Default field if this delivery method is the default to use when you do not know a person's preferred way to receive communications.
  - Check the Required field if you must always deliver this communication using this delivery method, regardless of a person's preference.
4. Select a Delivery Medium for this communication item, such as Paper or Diskette.
  - Check the Default field if this delivery medium is the default you use when you do not know a person's preferred medium for communications.
  - Check the Required field if you must always use this delivery medium for this communication, regardless of a person's preference.
5. Repeat step 4 for each delivery medium you associate with this delivery method.
6. Save your work.

## Maintaining Person Communications

You use the Person Communications window to date effectively maintain information about the communications that are sent to a participant. You can define communications so that they are automatically sent to a participant after a qualifying life event, or you can send communications at the participant's request.

► **To maintain communications for a person:**

1. Query the person for whom you want to maintain communications information.
2. Select the Type of communication you are sending.

**Note:** The communications listed in the Type field are those defined with a communication trigger type of Online Participant Based Request or Online PSR Based Request.

The system displays the following read-only information based on the communication you select:

- The life event triggering this communication
- The date sent, if this communication has been sent
- The short name for the communication, if one was defined
- The To Be Sent date code, communication usage, and recipient type

3. Modify the To Be Sent date, if necessary.
4. Check the Inspect field if this mailing requires inspection.
5. Check the Requested field if this mailing does not require inspection, but inspection is requested.
6. Select the Address to which the communication should be delivered.
7. Change the delivery method or media, if necessary.

You maintain a person's preferred delivery method and media on the People window.

8. Enter any Instructions about the delivery or processing of this communication.
9. Choose the Usages button to navigate to the Communications Usages window where you can associate the communication type to a program, plan, action, or enrollment period.
10. Choose the Resend button to send this communication.
11. Save your work.

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## Running the Determine Communications Batch Process

You run the Communications Batch Process from the Submit Requests window. Select runtime parameters as needed.

► **To run the Communications Batch Process:**

1. Check the Single Request field.
2. Select the Determine Communications batch process in the Request Name field.
3. Select one or more runtime parameters in the resulting Parameters window to limit the group of persons the system processes during the batch run.

**Note:** The system determines the available parameters based on the trigger type you select. Further system edits prevent the selection of incompatible parameters.

4. Choose the Submit Request button to submit this batch run for system processing.



CHAPTER

10



# Enrollment Management

## Enrollment Management

Enrollment management is the process of registering your employees and other eligible participants in benefit plans and options. It includes recording contribution rates and coverage amounts and entering the dependents and beneficiaries of the primary participant into the system.

Enrollments commonly occur when a benefits specialist enters a participant's elections into the HR system. However, for Advanced Benefits users, enrollments can also include **default enrollments** for persons who do not specify elections during an enrollment period and **automatic enrollments** which are typically used to enter newly hired employees into interim coverage until they can make their own elections.

Because enrolling employees in benefits programs can be a labor intensive process for an organization with many employees, the product enables self-service enrollments using web enrollment forms and interactive voice response technology (IVR).

Enrollment eligibility and electable benefit choices are based on the eligibility profiles and enrollment requirements that you associate with a benefit.

You can override eligibility results if you are an Advanced Benefits customer. You can grant an exception so that an ineligible person can enroll in a plan or option for which they are otherwise ineligible. Conversely, you can waive a person's participation in a plan for which they have met the eligibility criteria.

## Enrollment Forms

The system is delivered with four enrollment forms:

- Flex Enrollment (Advanced Benefits)
- Non-Flex Enrollment
- Savings Plan Enrollment
- Miscellaneous Plan Enrollment

You use the Flex enrollment form to enroll participants in flexible benefits programs and vacation buy/sell programs.

You use the Non-Flex enrollment form if you are implementing a benefits program that does not use flex credits.

You use the Savings Plan form to enroll a participant in an investment plan.

You use the Miscellaneous Plan form to enroll participants in plans that are not part of a program.

### **Flex Program Enrollment (Advanced Benefits)**

You manage open enrollment and life event enrollment for a flex program or a flex plus core program using the Flex Enrollment form.

You use the form to enter an eligible person's elections, contribution rates, and coverage levels. As elections are entered, the system calculates the eligible person's spent and unspent flex credits.

From the Flex Enrollment window you can taskflow to windows that enable you to:

- View the flex credits an eligible person can spend
- Distribute excess flex credits, as allowed by your flex program definition
- View special plan rates that exist for plans elected in conjunction with one another
- Record receipt of certifications required for enrollment in the program
- Record completed enrollment action items
- Enter plan dependents and beneficiaries
- Record a participant's primary care provider

### **Non-Flex Program Enrollment**

You use the Non-Flex Enrollment form to enroll participants in plans and options that are not funded by flex credits. This is the enrollment form you use if you have not purchased the Advanced Benefits product license, or if you are an Advanced Benefits customer who maintains benefit programs that are not funded by flex credits.

You use the form to enter an eligible person's elections, contribution rates, and coverage levels. From the Non-Flex Enrollment window you can taskflow to windows that enable you to:

- View special plan rates that exist for plans elected in conjunction with one another
- Record completed enrollment action items (Advanced Benefits)
- Record receipt of certifications required for enrollment in the program (Advanced Benefits)
- Enter plan dependents and beneficiaries
- Record a participant's primary care provider

## Savings Plan Enrollment

You use the Savings Plan Enrollment form to record a person's contribution rate and their investment option elections for a savings plan.

From the Savings Plan Enrollment form you can taskflow to windows that enable you to:

- Record completed action items (Advanced Benefits)
- Record receipt of certifications required for enrollment in the program (Advanced Benefits)
- Enter plan dependents and beneficiaries



**Attention:** The product does not accommodate 401(k) balance transfers from other benefits systems for employees who are rolling over 401(k) balances from a previous employer.

## Miscellaneous Plan Enrollment

You use the Miscellaneous Plan Enrollment form to enroll a participant in a plan that is not part of a program and is not a savings plan. Miscellaneous plans do not provide flex credits to participants.

You use the form to enter an eligible person's elections, contribution rates, and coverage levels. From the Miscellaneous Enrollment form you can taskflow to windows that enable you to:

- View special plan rates that exist for plans elected in conjunction with one another
- Record completed action items (Advanced Benefits)
- Record receipt of certifications required for enrollment in the program (Advanced Benefits)
- Enter plan dependents and beneficiaries
- Record a participant's primary care provider

## Special Plan Rates

Special contribution rates are sometimes offered by a benefits carrier for the joint election of two plans. When a participant elects a plan that is defined as part of a special rate pair, they receive a discounted rate on the second plan.

You use the Special Rates form to view any special rates offered for the plans in a Flex program, Non-Flex program, or for a miscellaneous (not in program) plan.

## Action Items and Certifications (Advanced Benefits)

As part of enrolling a participant in a benefit, you can view the action items that must be completed before the enrollment is valid.

From the Person Enrollment Action Items form, you can navigate to the following forms to enter changes to the record of a participant, dependent, or beneficiary in order to complete the action item.

- Person Enrollment Certification
- Dependent/Beneficiary Designation
- People

You define required action items as part of your plan design.

## Dependents and Beneficiaries

As part of enrollment processing, you record the persons selected by a participant as dependents or beneficiaries of a plan or option. The system displays eligible designees for participants with enrollments in progress.

Because you can limit the relationship type of the dependents who are eligible to receive coverage under a benefit plan, the system displays only those dependents eligible for coverage. For example, if a participant elects employee plus spouse coverage, the system only displays dependents of the spouse relationship type.

You use the Dependent/Beneficiary Designation form to:

- Enter and modify dependent or beneficiary designation information
- Assign a benefit to a beneficiary as a percentage or an amount
- Monitor certification requirements (Advanced Benefits)

Participants can designate dependents at the plan or option level; beneficiaries are designated at the plan level.

## Primary Care Providers

You can record in the system the physician or dentist that a participant elects to be their primary care provider. Providers are categorized by their service provider type, such as General Practitioner, Dentist, or Ob/Gyn. The system provides these and other service provider types and your system administrator can extend this list as part of your implementation.

**Note:** A person can have only one primary care provider of each provider type within the a plan.

## Enrollment Results

After you enroll a participant in a benefit, you can display the enrollment results for that person.

Enrollment information is date effectively displayed so that you can view historical or future-dated information. You can display enrollment results that are created by one of the following means:

- An electable choice is saved on an enrollment form
- A default or automatic enrollment is processed
- The close enrollment process has completed

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## Participation Overrides (Advanced Benefits)

The ability to override eligibility results is a requirement for enterprises with a high need for flexible benefits administration. Grand-fathered coverage, special employment terms, or required adjustments for highly compensated employees are all typical reasons for overriding eligibility results.

You use the Person Participation Information window to override eligibility results for a person for one or more plans *after* you run the Participation process to determine eligibility and electable choices. You then enroll the person using the Plan Enrollment Overrides window.

You also use the Person Participation Information window to record an election for a person who was not processed in the Participation batch process.

You use the Plan Enrollment Overrides window to enroll a person in a plan or option for which they have been found ineligible. You can also use this window to override rate and coverage amounts for a plan or an option and to override dependent eligibility results.

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## Waive Participation Management

You can allow an eligible person to waive participation in a plan type or plan in one of two ways. You can enroll the person in a special plan called a *waive plan*, or, if you are an Advanced Benefits customer, you can use the Waive Participation form to specify which plan types or plans a person is waiving.

You typically define a waive plan when you want the waive plan to appear to the participant as an electable choice.

When you waive a person's participation in a plan type, the person waives the ability to enroll in all plans in that plan type. You cannot override a plan type waiver for any plans in that plan type.

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## Retroactive Enrollments

A variety of common business practices dictate that enrollment coverage may start retroactive to the current system date. These examples include:

- Enrollments based on retroactive life events, including enrollments that replace existing coverage
- Enrollment coverage and activity rates that start based on the life event occurred date as opposed to the life event notification date
- Suspended coverage that becomes unsuspended when interim coverage had been assigned
- Participant election changes within an enrollment period
- Participant elections that replace automatically assigned coverage
- Administrative changes to current enrollments

You define enrollment coverage start dates and activity rate start dates for a compensation object as part of your plan design. Because coverage can start based on a date prior to an election, there is the potential for activity rates to also start *before* the election is recorded.

If a payroll run occurs between the activity rate start date and the election date, the activity rate will not be processed in the payroll run. Since the election had not yet occurred, the activity rate did not exist for the payroll run.

In this scenario, and in other cases where activity rates start before an election is recorded in the system, you may need to create *payroll adjustments* to deduct payments if your organization requires retroactive benefits payments.

For retroactive enrollments that replace a previous enrollment, the system end-dates the previous enrollment based on the coverage and rate end dates defined for the compensation object. You should define your enrollment coverage and rate start and end dates such that overlapping dates do not occur.

## Court Orders

You can use the product to record court orders that require a participant to provide coverage for a dependent or that place restrictions on how a benefit payment can be distributed.

In the US, regulations termed *Qualified Medical Child Support Orders* (QMCSO) require a participant to cover a dependent when the participant is eligible for a plan and a court order has been issued.

A *Qualified Domestic Relations Order* (QDRO) is a judgement, decree, or order that relates to the provision of child support, alimony payment, or marital property rights to a spouse, child, or other dependent of a participant.

You can use the product to:

- Record those persons subject to a Qualified Medical Child Support Order or a Qualified Domestic Relations Order
- Specify the benefit plan or plan type that is subject to the provisions of the court order
- Enter the names of the claimants eligible to receive benefit coverages based on the court order
- For QDROs, enter the benefit amount or benefit percentage due to each applicable claimant or designee

During enrollment, the system issues a warning message indicating that a participant is subject to a court order. This warning does not prevent the election because the participant may have covered the dependent outside of the employer's plan.

You define enrollment requirements and restrictions for QMCSOs and QDROs as part of your plan design.

## Enrolling a Person in a Flex Program (Advanced Benefits)

You use the Flex Program window to enroll an eligible participant in a flex program. Completing an enrollment involves:

- Selecting the plan and option in which the person is enrolling
- Entering coverage levels for those plans that provide coverage
- Entering the contribution value per activity period for those plans that allow a participant to choose their contribution amount
- Entering the annual contribution amount for those plans that allow a participant to specify the annual contribution to a plan
- Saving the person's election
- Completing dependent and beneficiary designations



**Attention:** Before you use this window, you must run the Participation batch process to 1) ensure that the list of eligible persons for this enrollment cycle is up-to-date, and 2) create available enrollment choices for those persons.

### ► To enroll a person in a flex program:

1. Set the effective date.
2. Query the Name, Social Security number, or other standard identifying information for the person you are enrolling.
3. Select the Program in which the person is enrolling.



**Attention:** If you take no enrollment action, the participant will be enrolled in the plans and options that are currently displayed.

4. Tab into a blank Plan Type field and select the Plan Type that contains the plan and option that the person is electing.
5. Select the person's election in the Plan and Option field.
6. Complete the election by entering participant values, where appropriate, in the tabbed regions of the enrollment window.
7. Save this person's elections when you have completed the enrollment.

### Flex Credit Summary

Based on the participant's current elections, the system displays a flex credit summary for the currently selected plan type.

**Provided:** The total flex credits provided for the plan type

**Less Used:** The amount of flex credits spent on the plans and options in this plan type. Typically this is the pre-tax amount.

**Excess:** The amount of flex credits left unspent.

**Forfeited:** The amount of flex credits that will be forfeited if they are not spent.

**Other:** The cash amount spent that does not decrement a benefits pool; this amount typically reflects the amount of after-tax cash spent on a benefit.

**Net:** The sum of pre-tax and after-tax contributions.

### General Tab

■ Choose the General tab. The system displays the following view-only information:

- The Coverage Start and End date for this plan or option
- The Start Code used to calculate the coverage start date
- The Original Start date that this person enrolled in this plan
- The effective date of the enrollment

**Note:** The Enrolled field appears checked if a person is currently enrolled in this plan or option.

### Amount Tab

1. Choose the Amount tab.
  - The tax type of this activity rate appears in the Taxability field.
2. Enter the annual coverage amount that can be elected for this plan or option in the Annual Amount field.

Use this field if the participant can elect an annual amount to contribute to a plan. The system displays the minimum and maximum annual contribution amounts based on your plan definition.

3. Enter the Defined Amount of the contribution or distribution, if applicable. The system displays the following view-only information:
  - The Increment by which a contribution or distribution can be increased or decreased.
  - The Minimum and Maximum contribution or distribution amount.

**Note:** The fields in the Communicated block indicate the communicated activity rate for this contribution or distribution

if this rate is different than the actual amount that is used for element entries.

### **Rate Tab**

■ Choose the Rate tab. The system displays the following view-only information:

- The activity rate Start and End date and the unit of measure in which the rate is expressed
- A checkbox indicating if the activity rate has been overridden for this plan or option and the date through which the rate is overridden

### **Benefit Tab**

1. Choose the Benefit tab.
2. Enter the benefit Amount if the participant can choose the amount they contribute to this plan or option.

The remainder of the fields in the Benefit tabbed region contain view-only information:

- The Type field displays the tax type of this benefit.
- The Calculation field displays the calculation method used to derive the activity rate for this benefit.
- The Minimum and Maximum fields display this plan or option's coverage limits for this participant.
- The Increment field displays the increments in which coverage can be increased or decreased.

### **Limitation Tab**

■ Select the Limitation tab. The system displays the following view-only information:

- The Certification Alert field appears checked if the participant is required to provide certification before being enrolled in this benefit.
- The Suspended field appears checked if enrollment in this benefit has been suspended pending the completion of an action item, such as providing required certification.
- The Interim field appears checked if this plan or option has been assigned to the participant as interim coverage pending the completion of an action item.
- The Automatic field appears checked if the participant has been automatically enrolled in this plan or option.

- The Dependents field indicates if dependents are required or optional for this plan.
- The Earliest De-enroll field indicates the earliest date on which a participant can de-enroll from this plan or option.
- The Must Also Enroll In field displays any plan or option in which a participant must be enrolled in order to make this election.
- The Override Through date indicates the date through which the enrollment has been overriden.
- The Override Reason indicates the reason given for the override.

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## Deleting an Enrollment

You use the same process to delete an enrollment regardless of the enrollment form in which you entered the enrollment.

► **To delete an enrollment:**

1. Open the form in which you entered the enrollment. Choose from:
  - Flex Program Enrollment form
  - Non-Flex Program Enrollment form
  - Savings Plan Enrollment form
  - Miscellaneous Plan Enrollment form
2. Set the effective date.
3. Query the Name, Social Security number, or other standard identifying information for the person whose enrollment you are deleting.
4. Select the plan and option you are deleting.
5. Choose the Delete Record icon on the toolbar.
6. Save your work.

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## Viewing a Person's Flex Credits (Advanced Benefits)

You can view the flex credits available to a participant and the benefit pool that provides the credits.

► **To view a person's available flex credits:**

■ Query a participant in the Flex Enrollment window then choose the Flex Credits button. The system displays:

- The flex credits available for various compensation objects
- The benefit pool providing the flex credits

The system also indicates if the flex credits for an option may be forfeited.

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## Viewing Special Rates for a Plan or Option

Before enrolling a participant in a flex program, non-flex program, or plan not in program, you can view special rates for which the participant may be eligible if certain plans are elected in conjunction with one another.

For example, you could define a medical plan so that the participant receives a special rate for a dental plan if they elect both plans. You define special rates using the variable rate profiles window.

See: Defining the Criteria in a Variable Rate Profile: page 8 – 41

► **To view special rates for a plan or option:**

1. Query a participant in the Flex Enrollment, Non-Flex Enrollment, or Miscellaneous Plan Enrollment window depending on the type of plan in which the participant is enrolling.
2. Choose the Special Rates button. The system displays:
  - The plan type, plan, and option that must be elected by the participant to receive the special rate on the related compensation object
  - The related plan type, plan, and option for which a special rate is available
  - The standard rate for the related plan if the selected plan is not elected
  - The special rate for the related plan if the selected plan is elected

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## Allocating Excess Credits for a Person Enrolling in a Flex Program (Advanced Benefits)

If you allow participants to specify how they allocate their excess flex credits after they have made their elections, you can view this information for a person in the Excess Credits window.

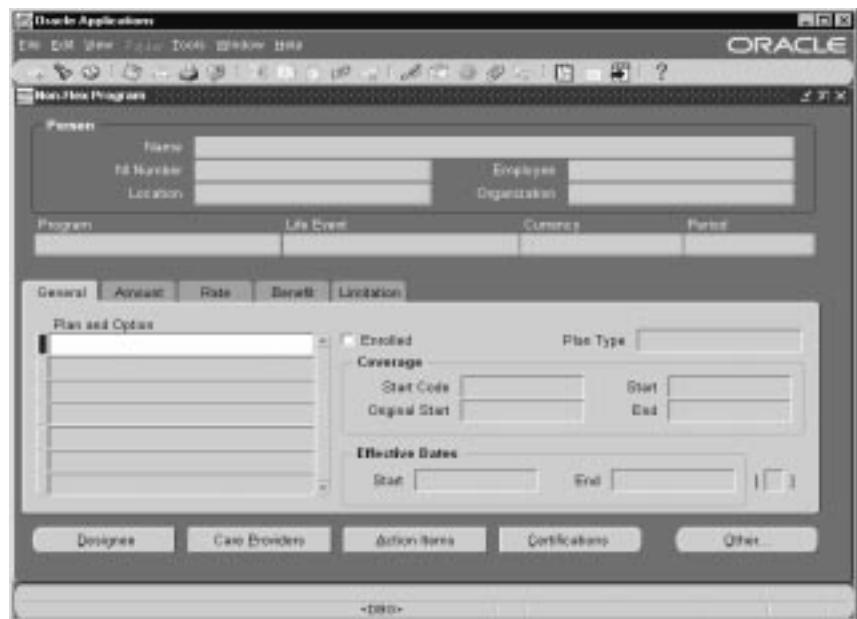
► **To allocate excess credits:**

- Choose the Excess Credits button. The system displays:
  - The benefit pool that provides the flex credits for the plans and options that the participant has elected
  - The plan types, plans, and options that the participant has elected
  - The amount of flex credits provided based on elected plans and options
  - The amount of flex credits used by the participant for each electable plan or option
  - The amount of flex credits to be distributed as cash, if applicable
  - The amount of flex credits to be forfeited if the participant does not elect to use them
  - A check box indicating the credits were rolled over into this plan or option

## Enrolling a Person in a Non-Flex Program

You use the Non-Flex Program window to enroll an eligible participant in a program that is not funded by flex credits. Completing an enrollment involves:

- Selecting the plan and option in which the person is enrolling
- Entering coverage levels for those plans that provide coverage
- Entering the contribution value per activity period for those plans that allow a participant to choose their contribution amount
- Entering the annual contribution amount for those plans that allow a participant to specify the annual contribution to a plan
- Saving the person's election
- Completing dependent and beneficiary designations



**Attention:** For Advanced Benefits users, you must run the Participation batch process before you use this window to 1) ensure that the list of eligible persons for this enrollment cycle is up-to-date, and 2) create available enrollment choices for those persons.



**Attention:** If you are using Standard Benefits, electable choices are created when you query the program in the enrollment window for a participant.

► **To enroll a person in a non-flex program:**

1. Set the effective date.
2. Query the Name, Social Security number, or other standard identifying information for the person you are enrolling.
3. Select the Program in which the person is enrolling.



**Attention:** If you take no enrollment action, the participant will be enrolled in the plans and options that are currently displayed.

4. Tab into a blank Plan Type field and select the Plan Type that contains the plan and option that the person is electing.
5. Select the person's election in the Plan and Option field.
6. Complete the election by entering participant values, where appropriate, in the tabbed regions of the enrollment window.
7. Save this person's elections when you have completed the enrollment.

### **General Tab**

- Choose the General tab. The system displays the following view-only information:

- The Coverage Start and End date for this plan or option
- The Start Code used to calculate the coverage start date
- The Original Start date that this person enrolled in this plan
- The effective date of the enrollment

**Note:** The Enrolled field appears checked if a person is currently enrolled in this plan or option.

### **Amount Tab**

1. Choose the Amount tab.
  - The tax type of this activity rate appears in the Taxability field.
2. Enter the annual coverage amount that can be elected for this plan or option in the Annual Amount field.

Use this field if the participant can elect an annual amount to contribute to a plan. The system displays the minimum and maximum annual contribution amounts based on your plan definition.
3. Enter the Defined Amount of the contribution or distribution, if applicable. The system displays the following view-only information:

- The Increment by which a contribution or distribution can be increased or decreased.
- The Minimum and Maximum contribution or distribution amount.

**Note:** The fields in the Communicated block indicate the communicated activity rate for this contribution or distribution if this rate is different than the actual amount that is used for element entries.

### Rate Tab

■ Choose the Rate tab. The system displays the following view-only information:

- The activity rate Start and End date and the unit of measure in which the rate is expressed
- A checkbox indicating if the activity rate has been overriden for this plan or option and the date through which the rate is overriden

### Benefit Tab

1. Choose the Benefit tab.
2. Enter the benefit Amount if the participant can choose the amount they contribute to this plan or option.

The remainder of the fields in the Benefit tabbed region contain view-only information:

- The Type field displays the tax type of this benefit.
- The Calculation field displays the calculation method used to derive the activity rate for this benefit.
- The Minimum and Maximum fields display this plan or option's coverage limits for this participant.
- The Increment field displays the increments in which coverage can be increased or decreased.

### Limitation Tab

■ Select the Limitation tab. The system displays the following view-only information:

- The Certification Alert field appears checked if the participant is required to provide certification before being enrolled in this benefit.
- The Suspended field appears checked if enrollment in this benefit has been suspended pending the completion of an action item, such as providing required certification.

- The Interim field appears checked if this plan or option has been assigned to the participant as interim coverage pending the completion of an action item.
- The Automatic field appears checked if the participant has been automatically enrolled in this plan or option.
- The Dependents field indicates if dependents are required or optional for this plan.
- The Earliest De-enroll field indicates the earliest date on which a participant can de-enroll from this plan or option.
- The Must Also Enroll In field displays any plan or option in which a participant must be enrolled in order to make this election.
- The Override Through date indicates the date through which the enrollment has been overridden.
- The Override Reason indicates the reason given for the override.

## Enrolling a Person in a Savings Plan

You use the Savings Plan window to enroll an eligible participant in a savings plan. Completing an enrollment involves:

- Selecting the plan and option in which the person is enrolling
- Entering the contribution amount or percentage per activity period for those plans that allow a participant to choose their contribution level
- Saving the person's election
- Completing dependent and beneficiary designations



**Attention:** For Advanced Benefits users, you must run the Participation batch process before you use this window to 1) ensure that the list of eligible persons for this enrollment cycle is up-to-date, and 2) create available enrollment choices for those persons.



**Attention:** If you are using Standard Benefits, electable choices are created for the participant when you query the participant in the enrollment window.

### ► To enroll a person in a savings plan:

1. Set the effective date.
2. Query the Name, Social Security number, or other standard identifying information for this person.
3. Select the savings plan in which the person is enrolling in the Name field.

The system displays the following view-only information:

- The Life Event reason prompting this savings plan enrollment

In the **Coverage** block the system displays:

- The Coverage Start and End date for this savings plan
- The Start Code used to calculate the coverage start date
- The Original Start date that this person enrolled in this plan

In the **Override** block the system displays:

- The date through which a savings plan can be overriden and the reason supporting the override

The other fields in the Savings Plan window display information about the status of this savings plan.

**Note:** The Enrolled field appears checked if a person is currently contributing to this plan.

- The Automatic field appears checked if the participant has been automatically enrolled in this plan
- The Suspended field appears checked if enrollment in this plan has been suspended pending the completion of an action item, such as providing required certification
- The Interim field appears checked if this plan has been assigned to the participant as interim coverage pending the completion of an action item
- The Certification Alert field appears checked if the participant is required to provide certification before enrolling in this plan
- The Earliest De-enroll field indicates the earliest date on which a participant can de-enroll from this plan
- The Currency field indicates the currency in which this benefit is paid.
- The Must Also Enroll In field displays any plan in which a participant must be enrolled in order to make this election

## Entering Investment Rates

You use the Rates window to enter the total contribution percentage or amount for a savings plan. You then use the Investment Options window to enter the contribution amount for one or more options in the plan.

**Note:** As a prerequisite, you must check the Enroll in Plan and Option field in the Plan Enrollment Requirements window when you define the savings plan if a participant can enroll in both the plan and the options in that plan.

1. Query the Name, Social Security number, or other standard identifying information for this person in the Savings Plan window.
2. Select the savings plan in which the person is enrolling in the Name field.
3. Choose the Rates button.

### General Tab

4. Choose the General tab. The system displays the following view-only information:
  - The Name of the activity rate definition
  - The Activity Type, for example Employee Contribution or Employer Contribution

- The unit of measure (UOM) for the currency of the activity rate
- The activity rate Start and End dates

### Types Tab

5. Choose the Types tab. The system displays:
  - The Tax Type of the activity rate, such as pre-tax or aftertax
  - The Calculation method used to derive the activity rate
6. Check the Stop Contribution field if the employee's participation in this investment plan has ended.

### Defined Amount Tab

7. Choose the Defined Amount tab.
8. Enter the Amount or percentage of the contribution or distribution. The system displays the following view-only information:
  - The activity rate Period
  - The Minimum and Maximum contribution or distribution amount
  - The Increment by which a contribution or distribution can be increased or decreased

**Note:** The Enter Value at Enrollment field appears checked to indicate that the investment amount is entered during the enrollment, as opposed to being a default amount.

### Communicated Amount Tab

**Note:** The fields in the Communicated Amount tabbed region indicate the communicated activity rate for this contribution or distribution if this rate is different than the actual amount that is used for element entries.

### Annual Amount Tab

9. Choose the Annual Amount tab.
10. Enter the annual amount or percentage that is contributed to the investment plan in the Amount field.  
Use this field if the participant can elect an annual amount to contribute to a plan. The system displays the minimum and maximum annual contribution amounts based on your savings plan definition.
11. Save this person's elections.

## Entering Investment Options

You use the Investment Options window to enter a participant's elections for a savings plan.

1. Query the Name, Social Security number, or other standard identifying information for this person in the Savings Plan window.
2. Select the savings plan in which the person is enrolling in the Name field.
3. Choose the Investment Options button.

### General Tab

4. Choose the General tab.
5. Select a savings plan investment option in the Name field.

**Note:** The Enrolled field appears checked if a person is currently contributing to this option.

The system displays the following view-only information:

- The Coverage Start and End date for this option
- The Start Code used to calculate the coverage start date
- The Original Start date that this person enrolled in this option

### Amount Tab

6. Choose the Amount tab.
7. Select a savings plan investment option in the Name field.
8. Check the Stop Contribution field if the employee's participation in this investment option has ended.
9. Enter the annual amount or percentage that is contributed to the investment option in the Amount field.

Use this field if the participant can elect an annual amount to contribute to an option. The system displays the minimum and maximum annual contribution amounts based on your option definition.

10. Enter the Defined Amount of the contribution or distribution, if applicable. The system displays the following view-only information:
  - The Increment by which a contribution or distribution can be increased or decreased.
  - The Minimum and Maximum contribution or distribution amount.

**Note:** The fields in the Communicated block indicate the communicated activity rate for this contribution or distribution if this rate is different than the actual amount that is used for element entries.

### Rate Tab

■ Choose the Rate tab. The system displays the following view-only information:

- The Taxability of this activity rate
- The activity rate Start and End date and the unit of measure (UOM) in which the rate is expressed
- A checkbox indicating if the activity rate has been overriden for this option and the date through which the rate is overriden

### Limitation Tab

■ Select the Limitation tab. The system displays the following view-only information:

- The Certification Alert field appears checked if the participant is required to provide certification before being enrolled in this benefit
- The Suspended field appears checked if enrollment in this benefit has been suspended pending the completion of an action item, such as providing required certification
- The Interim field appears checked if this option has been assigned to the participant as interim coverage pending the completion of an action item
- The Mandatory field appears checked if enrollment in this option is required
- The Automatic field appears checked if the participant has been automatically enrolled in this option
- The Earliest De-enroll field indicates the earliest date on which a participant can de-enroll from this option
- The date through which the option can be overriden and the reason supporting the override

## Enrolling a Person in a Miscellaneous Plan

You use the Miscellaneous Plan window to enroll an eligible participant in a plan that is not associated with a program. Such plans are called **not in program plans**. Miscellaneous plans do not provide flex credits to participants. Completing an enrollment involves:

- Selecting the plan and option in which the person is enrolling
- Entering coverage levels for those plans that provide coverage
- Entering the contribution value per activity period for those plans that allow a participant to choose their contribution amount
- Entering the annual contribution amount for those plans that allow a participant to specify the annual contribution to a plan
- Saving the person's election
- Completing dependent and beneficiary designations



**Attention:** For Advanced Benefits users, you must run the Participation batch process before you use this window to 1) ensure that the list of eligible persons for this enrollment cycle is up-to-date, and 2) create available enrollment choices for those persons.



**Attention:** If you are using Standard Benefits, electable choices are created for the participant when you query the participant in the enrollment window.

### ► To enroll a person in a miscellaneous plan:

1. Set the effective date.
2. Query the Name, Social Security number, or other standard identifying information for the person you are enrolling.

#### General Tab

3. Choose the General tab.
4. Select the not in program Plan and Option in which the person is enrolling.

**Note:** If you take no enrollment action, the participant will be enrolled in the plans and options that are currently displayed.

**Note:** The Enrolled field appears checked if a person is currently enrolled in this plan or option.

The system displays the following view-only information:

- The Plan Type of the electable plan

- The Life Event reason prompting this enrollment
- The Currency in which this benefit is paid

In the **Coverage** block the system displays:

- The Coverage Start and End date for this savings plan
- The Start Code used to calculate the coverage start date
- The Original Start date that this person enrolled in this plan

### **Benefit Tab**

5. Choose the Benefit tab.
6. Enter the Amount of the contribution or distribution, if applicable. The system displays the following view-only information:
  - The unit of measure (UOM) field displays the contribution or distribution currency.
  - The Type field displays the tax type of this benefit.
  - The Calculation field displays the calculation method used to derive the activity rate for this benefit.
  - The Minimum and Maximum fields display this plan and option's coverage limits for this participant.
  - The Increment field displays the increments in which coverage can be increased or decreased.

### **Limitation Tab**

■ Select the Limitation tab. The system displays the following view-only information:

- The Certification Alert field appears checked if the participant is required to provide certification before being enrolled in this benefit.
- The Suspended field appears checked if enrollment in this benefit has been suspended pending the completion of an action item, such as providing required certification.
- The Interim field appears checked if this plan or option has been assigned to the participant as interim coverage pending the completion of an action item.
- The Automatic field appears checked if the participant has been automatically enrolled in this plan or option.
- The Dependents field indicates if dependents are required or optional for this plan.

- The Must Also Enroll In field displays any plan or option in which a participant must be enrolled in order to make this election.
- The Earliest De-enroll field indicates the earliest date on which a participant can de-enroll from this plan or option.
- The Override Through date indicates the date through which the enrollment has been overridden.
- The Override Reason indicates the reason given for the override.

7. Save this person's elections.

---

## Maintaining a Participant's Primary Care Provider

You date effectively enter, update, and delete a person's primary care providers in the Primary Care Providers window.

► **To select a primary care provider for a person:**

1. Query the Person whose primary care provider you are entering.
2. Select the Plan Type and Plan for which you are entering the person's primary care provider.

The available plans are limited to the plans in which the participant or their dependent is currently enrolled.
3. Select a provider in the Identifier, Name, and Type fields.

If you enter the provider's identifier, the system fills in the Name and Type fields if a provider exists with the same identifier for this plan.
4. If necessary, select providers of a different service provider type in this plan, or select providers for different plans.
5. Save your work.

---

## Displaying Enrollment Results

You use the View Enrollment Results window to display a person's enrollment information. This is a read-only form.

You can display enrollment information after an enrollment result is created by one of these means: an electable choice is saved on an enrollment form, a default enrollment is processed, or the close enrollment process has completed.

Enrollment information is date effectively displayed so that you can also view historical information.

► **To display enrollment results for a person:**

1. Set the effective date to the date for which you want to view enrollment results.
2. Query the person for whom you want to view enrollment results.  
The system displays enrollment information for the compensation objects in which the person is enrolled.
3. Check the View By Coverage Date field to view the person's enrollment information as of their coverage start date.
  - Or, check the View By Session Date to view the person's enrollment information as of the system's effective date.
4. Choose from the available tabbed regions and task flow windows to view enrollment results.

The system displays the windows that can be accessed from this form in read-only mode.

---

## Viewing Dependent Information

You use the Dependent/Beneficiary Designation window to view enrollment information for the dependent of a participant, including the following:

- The plan and option in which the dependent is enrolled
- The name of the dependent and their relationship to the participant
- Coverage dates

**Note:** You can only view dependent information when your effective date is between the dependent coverage start and end date for the compensation object.

► **To view dependent information:**

1. Query the name of the participant for whom you are viewing dependent designations.
2. Choose the View Dependents tab.
3. Highlight a Plan:Option in which the participant is enrolled.

The system displays the dependents that have been designated for that plan or option.

4. Choose the Designate Dependents tab or the Designate Beneficiaries tab to create a designation.

## Maintaining Dependent Designations

Use the Dependent/Beneficiary Designation window to designate a participant's dependents.

The participant must have an open life event to designate a dependent if you are using Advanced Benefits. Standard Benefits customers, or Advanced Benefits customers using the Unrestricted enrollment type, may designate dependents at any time.

**Note:** As a prerequisite, you must enter the participant's contacts into the system before you can designate a contact as a dependent. Check the Personal Relationship field for each potential dependent on the Contact window. The dependent must also meet the designation requirements defined for the plan and option and the requirements of any dependent eligibility profiles linked to the compensation object before becoming an eligible dependent.

See: Entering Next of Kin and Other Contacts, *Managing People Using Oracle HRMS*

- **To enter or modify a participant's dependent designation:**
  1. Query the name of the participant for whom you are entering or modifying dependent designations.
  2. Select the plan and option for which the participant is designating a dependent in the Plan:Option field.
    - Any eligible dependents for this plan and option are displayed in the Eligible Dependents field.
    - The Employee field appears checked if this dependent is also an employee.
    - The Start and Through dates indicate the dependent coverage start and end dates for this plan.
  3. Check the Covered field to indicate that this person is a dependent for this benefit.  
Uncheck the Covered field to undesignate a dependent previously covered by this benefit.
  4. Choose the Certifications button to open the Dependent Certifications window.  
The system displays any certifications that must be submitted for this dependent.
  5. Enter the Date Received to record receipt of a certification.

6. Save your work.
7. Close the Dependent Certifications window.
8. Choose the Care Providers button to specify a primary care provider for a dependent.

See: Maintaining a Participant's Primary Care Provider,
9. Choose the Contacts button to open the More Contacts window where you can view the dependents who were found ineligible for the selected plan or option.
10. Select a dependent from the list and choose the Designate button to have the system check for this dependent's eligibility.

If the dependent is found eligible, the dependent will be added to the list of designees in the Eligible Dependents field, the Covered field will appear checked, and the record will automatically be saved.
11. Choose the Contacts button to open the Contact window where you can add a new contact for this primary participant.

## Maintaining Beneficiary Designation Information for a Participant

You can designate a person or an organization as a beneficiary for plans that allow or require beneficiary designation using the Dependent/Beneficiary Designation window.

You can designate a beneficiary at any time, even after a life event or enrollment period is closed. However, for Advanced Benefits customers, beneficiary certifications only restrict designations when the participant's life event is open.

Beneficiary designation restrictions are based on your plan design.

See: Maintaining Beneficiary Designation Requirements for a Plan, *Managing Compensation and Benefits Using Oracle HRMS*

► **To enter or modify a participant's beneficiary designation:**

1. Query the name of the participant for whom you are entering or modifying beneficiary designations.
2. Choose the Designate Beneficiaries tab.
3. Select a Plan for which you are entering or modifying beneficiary designation information for this participant.
4. Select a beneficiary name in the Beneficiaries field to designate a person or charitable organization as this participant's beneficiary.
5. Select this beneficiary's Type, either Primary or Contingent.
6. If the participant is assigning a percentage of the benefit to the beneficiary, enter the % value of the total value of this benefit.

While you do not need to enter an Amount value, you must enter at least one % value. The sum of all % values for a plan must equal 100%. If you specify a monetary Amount, the system pays this Amount value before it pays out any % values. In such a case, the % values refer to the paid benefit following the deduction of the Amount value.

7. If the participant is assigning a monetary amount from this benefit to this beneficiary, enter this monetary Amount.
8. Choose the Details button to open the Details window if you want to enter trustee information or special instructions regarding this beneficiary designation.
9. If appropriate, select a Trustee to oversee the benefits the participant assigns to this beneficiary.
10. If appropriate, enter Instructions regarding this beneficiary designation.

11. Close the Details window.
12. Choose the Certifications button to open the Beneficiary Certifications window.

The system displays any certifications that must be submitted for this beneficiary.
13. Enter the Date Received to record receipt of a certification.
14. Save your work.

## **Adding a New Beneficiary for a Participant**

► **To add a new beneficiary for a participant:**

1. From the Dependent/Beneficiary Designation window, choose the Designate Beneficiaries tab then choose the Contacts or Organizations button depending on whether the beneficiary is a person or an organization.
2. Complete the Contacts or Organizations window, as appropriate.
3. Save your work.

## **See Also**

Entering Next of Kin and Other Contacts, *Managing People Using Oracle HRMS*

Creating an Organization, *Using Oracle HRMS – The Fundamentals*

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## Recording Enrollment Actions Items for a Person (Advanced Benefits)

You use the Person Enrollment Action Items window to view enrollment action items that have been created for a person. Action items are based on the enrollment requirements for the compensation objects in which the person is enrolling or de-enrolling. The following action items can be completed using this form:

- Beneficiary address
- Beneficiary date of birth
- Beneficiary social security number
- Beneficiary requires spousal consent certification
- Dependent date of birth
- Dependent social security number
- Enrollment certifications

► **To complete an action item for a person:**

1. Query the Name, Social Security number, or other standard identifying information for this person.
2. Select the action item that the person is requested or required to complete in the Action Items field. The system displays:
  - A description of this action item
  - The compensation object in which the person is enrolling, de-enrolling, or changing elections
  - The life event prompting this enrollment, de-enrollment, or change in elections
  - The Due Date by which the action item is to be completed
  - Whether the action item is Required
3. Use the task flow buttons to navigate to the Certifications, People, or Designee window and complete the missing information, depending on the action item to be completed.
4. Check the Completed field when the action item is complete.

**Note:** If the action item is for a missing certification, the Completed field appears checked when you enter the certification received date and save.

5. Save your work.

**Note:** You cannot save in this form unless the action item is complete.

## Recording Receipt of Enrollment Certifications (Advanced Benefits)

You record the receipt of enrollment certifications for a person using the Person Enrollment Certifications window.

You can also add and delete certifications or mark a received certification as denied.

**Note:** Use the Dependent/Beneficiary Designation window to record receipt of enrollment certifications for dependents and beneficiaries.

► **To record receipt of an enrollment certification for a person:**

1. Query the Name, Social Security number, or other standard identifying information for this person.
2. Select the certification type submitted by the participant in the Certifications field. The system displays:
  - The compensation object and life event that generated the certification
  - The due date by which the certification must be completed
  - A check box indicating if certification is required for enrollment in this compensation object
  - A check box indicating if the participant's enrollment in this compensation object has been suspended pending the completion of any action items.
3. Check the Received field to indicate that this certification has been received.

**Note:** You can un-check the Received field after you save, if necessary.
4. Check the Denied field if this certification has been rejected.

► **To add or delete a certification for a person:**

1. Select a new certification from the list of certification types to add a certification to this participant's election.
2. Check the Required field to indicate that failure to provide this certification results in a suspended election.
3. Select the reason for the certification in the Due To field.
4. To delete a certification for an election, select the certification type and choose the delete icon from the toolbar.
5. Save your work.

## Overriding Participation Information for a Person

You use the Participation Overrides window to maintain override information for a potential benefits participant who is otherwise ineligible to participate in a particular program.

► **To override participation information for a person:**

1. Query the Name of the person for whom you are overriding participation information.
2. Check the View By Session Date field to view the person's participation information as of the system's effective date.  
Or, check the View By Participation Date to view this information as of the person's participation start date.
3. Select the Level in the compensation object hierarchy at which you are defining override information.
4. Select the Compensation Object for which you are overriding participation eligibility information for this person.
5. Check the Eligible field if this person is eligible for this benefit.
6. Choose the General tab if it is not already selected.
7. Select the Life Event Reason explaining why you are overriding this person's eligibility/ineligibility for this program or plan.
8. Enter the Waiting Period Completion Date if the participant must wait until a certain date before enrolling or de-enrolling in this compensation object.
9. Enter the Participation Start and End Dates through which this person participates in this program or plan.
10. Check the Restricted Distribution field if some organization (typically a court) has placed a restriction on the distribution of benefits to this participant.  
For example, a QDRO (US) specifies a portion of the participant's retirement benefits must be paid to that person's prior spouse.
11. Check the Highly Compensated field if this person is highly compensated according to the terms of the plan.
12. Check the Key Employee field if this person is a key employee according to the terms of the plan.
13. Check the Dependents Only field if this plan only covers this person's dependents.
14. Save your work.

---

## Overriding Eligibility Participation Information for a Person

You can override the run results of the Participation batch process for a person in the Participation Overrides window.

You can also freeze the future calculation of derived factors, such as age or length of service, for a person in a program or plan. The ability to freeze derived factors is useful when you want to exempt a participant from the eligibility rules that are linked to a particular derived factor.

► **To override eligible participation information for a person:**

1. Query the Name of the person for whom you are overriding participation information.
2. Choose the Eligibility tab if it is not already selected.

### **Age and Length of Service**

3. Choose the Age/Length of Service alternate region.
4. If you want the person's age to differ from that shown in the Age field, modify or enter that number.
5. If you want the person's age UOM to differ, modify or enter the unit of measure.
6. If you want the person's length of service to differ from that shown in the LOS field, modify or enter that number.
7. If you want the person's length of service UOM to differ, modify or enter that unit of measure.
8. If you want the person's number of hours worked to differ from that shown in the Hours Worked field, modify or enter that number.
9. If you want to modify the period in which the Hours Worked are measured, select a new value in the In Period field.
10. Enter the person's age and length of service in the Age & LOS field if you are overriding this derived value.

### **Compensation**

11. Choose the Compensation alternate region.
12. If you want the person's computed compensation level to differ from that shown in the Compensation Reference field, modify or enter that number.
13. If you want the person's compensation currency to differ, enter that Currency.

14. If you want the calendar date the system uses to determine this person's length of service to differ from that shown in the Override Service Date field, modify or enter that date.
15. If you want the person's percent of full-time employment to differ from that shown in the Percent Full Time field, modify or enter that percentage.
16. Enter or modify the Hours Worked Qualification value if the system calculates the hours worked once (for a life event or an open enrollment period) or on a continuing basis each time you run the Participation batch process.

#### **Freeze**

17. In the Freeze block, check the derived factors you do not want the system to recalculate the next time it calculates derived factors for this person.
18. Save your work.

---

## Overriding Waive Participation Information for a Person (Advanced Benefits)

You can use the Participation Overrides window to override the certifications required to enroll in a waive plan.

► **To override waive participation information for a person:**

1. Query the Name of the person for whom you are overriding participation information.

**Waive**

2. Choose the Waive tab if it is not already selected.
3. Check the Waive Plan field if this person is waiving this program or plan.
4. Select the Certification Type that this person is waiving for this program or plan.
5. Select a Reason explaining why this person is being allowed to waive this certification type for this program or plan.

**Override**

6. Choose the Override tab.
7. Check the No Maximum Participation field if special circumstances dictate that this person is eligible or ineligible for this plan or program.

Checking this field indicates that this person's eligibility/ ineligibility for the specified compensation object remains in force for an indefinite period of time, regardless of changes to this person's derivable or temporal information.

8. Check the Override field to override the otherwise ineligible person's participation in this plan.
9. Enter the date through which the system overrides the otherwise ineligible person's participation in this plan in the Through Date field.
10. Select a Reason explaining why you are overriding the otherwise ineligible person's participation in this plan.
11. Save your work.

---

## Overriding Participation Information for a Person for an Option in a Plan (Advanced Benefits)

You can override eligibility results for a person enrolling in a plan option by using the Participation Overrides window.

Choosing to override eligibility results for one or more options in a plan is useful when you do not want to override the eligibility results for all options in a plan.

► **To override participation information for a person for an option in a plan:**

1. Query the Name of the person for whom you are overriding participation information.
2. Select the program and plan that contains the option to override.
3. Choose the Options button.
4. Select the name of the option in this plan for which you are overriding participation information in the Eligible Options field.
5. Check the Eligible field if you want this otherwise ineligible person to be eligible to participate in this option in this plan.

Conversely, do not check the Eligible field if you want this otherwise eligible person to be ineligible to participate in this option in this plan.

6. Enter a Waiting Period Completion Date to change the date that must pass before a person is eligible for this benefit.
7. Enter the Start and End Dates through which this person is eligible/ineligible to participate in this option in this plan.
8. Check the Override field if special circumstances dictate that this person is deemed eligible or ineligible for this option in this plan.
9. Check the No Maximum Participation Override Through field if this person's eligibility or ineligibility for this option in plan remains in force for an indefinite period of time regardless of changes to this person's derivable or temporal information.
10. Select an Hours Worked Qualification code to indicate if the participant must meet the hours worked in period eligibility criteria once or on a recurring basis to qualify for this benefit.
11. Enter the date through which this override remains effective for this person's participation in the Override Through Date field, and select the Override Reason.
12. Save your work.

---

## Overriding Enrollment Results for a Plan (Advanced Benefits)

You use the Override Plan Enrollment window to override election information *after* you have used the Participation Overrides window to specify that a person can enroll in a plan or option for which they have been found ineligible.

You can also override the rate and coverage amounts for a given benefit. If the participant designates a dependent for the plan, you can override the dependents that are covered by the plan.

► **To override enrollment results for a plan:**

1. Set the effective date.
2. Query the Name of the person for whom you want to override enrollment results.

**Note:** The system displays the programs, plans, and options in which the person is currently enrolled.

### General Tab

3. Choose the General tab if it is not already selected.
4. Select the plan and option you want to override.
5. Do one of the following:
  - Delete the enrollment by choosing the delete icon on the toolbar. Then, add a new row to the enrollment and select the plan and option in which you are enrolling the participant.
  - Or, override the enrollment by selecting a new plan and option from the list of values in the Plan field.

**Note:** The list of electable plans is based on the plan type of the plan in which the participant is currently enrolled.

**Note:** The Overridden field appears checked if this plan is an overriding plan and not a plan in which the participant was enrolled under normal circumstances.

6. Select a new Currency if you are overriding the currency in which this benefit is paid.
  - The No Longer Eligible field appears checked if the participant is no longer eligible for this plan or option.
  - The Suspended field appears checked if this plan or option has been suspended pending the receipt of certification. This field is read-only.

**Note:** You cannot override a suspended enrollment.

- The Interim field appears checked if this plan or option is the interim coverage assigned for a suspended election.

### Override Tab

7. Check the Overridden field to override this plan or option.
8. Enter the date through which the system overrides the otherwise ineligible person's participation in this plan or option in the Thru field.

**Note:** You enter the override through date if you only want the override to be in effect for a limited period of time. The override through date cannot be later than the coverage end date.

9. Select the reason you are allowing this overriding enrollment in the Reason field.

### Coverage Tab

10. Enter the following dates, as applicable:

- Coverage Start date
- Coverage End date

**Note:** When you override a plan in which a person is enrolled, the new enrollment begins as of the coverage start date you enter. If you do not enter a coverage end date, coverage for the plan ends based on the coverage end date code defined for the plan.

- Original Start Date
- Earliest De-enrollment date

### Benefit Tab

11. Enter the new coverage amount for this plan or option in the Value field.
12. Select the unit of measure of the benefit in the UOM field.
13. Enter the tax type of this benefit in the Type field.
14. Save your work.

## Overriding Dependent Coverage Designations for a Plan

You use the Override Dependents window to override a participant's dependent designations for a plan.

**Note:** You use the Dependent/Beneficiary Designation form to enter a participant's beneficiaries for an overriding plan.

- **To override dependent coverage designations for a plan:**
  1. Query the Name of the person for whom you want to override enrollment results in the Override Plan Enrollment window.
  2. Choose the Dependents button.
  3. Select the name of the dependent in the Name field from the list of the participant's contacts.
  4. Enter the start and end dates through which a dependent is covered under the plan.
  5. Enter the Through date if a dependent's coverage under this plan is less than the coverage end date.

**Note:** The ?(question mark field) indicates if coverage for this dependent is based on an override.
  6. Choose the More Contacts button if the dependent is not in the list of eligible dependents.

You can enter a new dependent in the Contacts window.

**Note:** In order for a contact to display as an eligible dependent, you must check the Personal Relationship field for the person on the Contact window and the person must meet the designation requirements you define.
  7. Save your work.

---

## Managing Eligible Person Waivers (Advanced Benefits)

You use the Waive Participation window to enter waive information for plan types and plans in a program.

► **To manage eligible person waivers for a plan type in a program:**

1. Query the Person who is eligible to receive the participation waiver.
2. Select the Program associated with the plan type or plans that this person is electing to waive.
3. Choose the Plan Type tab or the Plan tab depending if you are waiving all the plans in a plan type or only selected plans.
4. Select a Plan Type or Plan in this program that this person is electing to waive.
5. Select the Waive Reason that supports why this person is waiving participation in this plan type or plan.
6. Select the Certification Provided code that indicates this person provided the certification required to waive participation in this plan type or plan.
7. Check the Preferred field if this waive Certification is preferred, but not required.
8. Save your work.

---

## Maintaining Court Orders for a Participant

You use the Court Orders window to record a Qualified Medical Child Support Order or a Qualified Domestic Relation Orders for participants in the US who are subject to either of these court orders.

When a participant enrolls in a plan type or plan that is subject to a court order, the system determines if the participant's dependents that are named in the court order are covered by the plan type or plan in question. A warning message is issued at the time of enrollment notifying the benefits administrator of the court order.

► **To maintain a court order for a participant:**

1. Query the person for whom you are entering a court order.
2. Select a court order type in the Type field.
3. Enter a court order identifier in the Order ID field.
4. Do one of the following:
  - Select the plan subject to the court order in the Plan field.
  - Or, select the Plan Type if the court order applies to all plans in the plan type.
5. Enter the name of the court that issued the order in the Issuing Court field.
6. Complete these date-related fields.
  - *Issued Date*– the date the court issued the order
  - *Received Date*– the date your organization received the order
  - *Qualified Date*– the date you validated that the order satisfies the criteria of a qualified order
7. Enter a Description of the court order.

In the Period in Effect block:

  8. Enter the dates on which dependent coverage starts and ends based on this court order.

In the QDRO Payment block:

  9. Specify the QDRO payment amount in either the Amount field or the % (Percent) field.
    - Enter the unit of measure of this payment, if the order is for an amount.
    - Select a distribution method in the Distribution field.

- Enter the Number of Payments that must be made Per Period  
In the Cited block:

10. Select the name of the dependent or other person cited as a recipient of this benefit based on the court order.
  - Choose the Contacts button if you need to add a dependent for this participant.
11. Save your work.

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## Recording a Continuing Benefits Payment

You use the Record Continuing Benefits Payment window to enter the amount paid by a participant for participation in a continuing benefits plan, such as US COBRA plans.

► **To record a continuing benefits payment:**

1. Query the person for whom you are recording a continuing benefits payment.  
The system displays all plans in which the participant is currently enrolled.
2. Select the plan and option for which you are recording a payment.  
The system displays the activity rate for the plan you select and the Expected Payment Amount.
3. Enter the participant's payment amount in the Current Payment Amount field.
4. Save your work.

---

## Recording a Contribution or Distribution

You use the Record Contributions or Distributions window to enter an amount paid by or paid to a participant in association with a plan or an option.

► **To record a contribution or distribution:**

1. Query the person for whom you are recording a contribution or distribution.
2. Choose the Activities tab.
3. Select the activity rate for which you are recording a contribution or distribution in the Activity field.
4. Enter the Amount of the participant's payment or distribution.
5. Choose the Compensation Objects tab to view the plans and options associated with the activity rate for which you are recording a contribution or distribution.
6. Choose the Display Payments button to display the Payments window. You can view the element associated with an activity rate and any payments recorded by the element in this window.
7. Save your work.

CHAPTER

11

# Benefits Reporting and System Extract

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## Reporting Groups

A reporting group is a collection of programs and plans that you group together for reporting purposes, such as for administrative use or to meet regulatory requirements.

At the plan level, you can define the regulatory bodies and regulations that govern a reporting group.

For each regulatory body that you link to a plan, you can define how the regulatory body governs that plan. You can also record the date the plan was qualified by the regulatory body and the approved termination date if the regulatory body does not recognize a plan's qualifications after a certain date. An approved termination date is typically defined when a reporting group must be re-evaluated by the regulatory body on a periodic basis.

Since US benefit plans are subject to federal nondiscrimination testing requirements, you may define special FastFormula rules to help determine compliance with these regulations. You can define the following rules:

**Contribution Nondiscrimination** is used to identify those participants who cause the plan to be out of compliance with contribution nondiscrimination provisions.

**Coverage Nondiscrimination** is used to identify those participants who cause the plan to be out of compliance with coverage nondiscrimination provisions.

**Five Percent Owner** is used to determine those participants who are 5% owners of the business.

**Highly Compensated Determination** is used to determine those participants who are highly compensated in the context of the plan for nondiscrimination testing purposes.

**Key Employee Determination** is used to determine those participants who are key in the context of the plan for nondiscrimination testing purposes.

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## Benefits System Extract

Many human resource departments outsource at least some of their benefits administration processing to third party carriers, payroll providers, or other benefits vendors. Thus, there is a great need for reliable data exchange between plan sponsors and these third parties.

In order to extract records from the database for transmission to a third party, you must define the *criteria* that determine which records are extracted. You also must define the *layout* of the extracted records including the data elements that comprise the extract, the date range of the records you are selecting, and the output directory and file name of the extract file.

After you create your extract definition, you run the system extract batch process to create your extract results using the Concurrent Manager. You can then review these results, including any errors that occurred during the batch process. When you are satisfied with the results of the extract, you can transfer the extract file onto the delivery medium by which you transmit or store the extract results.

You can think of the system extract process as consisting of these steps:

- Defining the layout
- Defining the criteria
- Defining the extract
- Running the extract process
- Reviewing the extract results
- Running the extract write process

### Extract Layout

You create an *extract layout definition* to control the the data elements that are included in the extract and the format of the extract results.

An extract layout consists of data elements and their formatting, record layouts that define which data elements appear in the header, detail, and trailer areas of the extract, and a file layout that specifies the order of the records.

Your extract layout also indicates the sort order of the records and any conditional record inclusion criteria that you define.

For example, you could create an extract layout definition for the enrollment results of the medical plans offered by your organization. You define data elements such as the participant's first name, middle name, last name, and the plan they elected. Then, in your record

layout, you order these data elements into their correct sequence. Lastly, you create a file layout by ordering the various record layouts you have defined into their appropriate sequence.

## **Data Elements**

Data elements are individual data components which contain values that you include in an extract. Different *data element types* can contain different values. You use your data element definitions in conjunction with your extract criteria definitions to restrict the data that is included in the extract.

**Field** data elements are most often data extracted from a database field, but can also include common header and trailer totals, dates, and other filler information. You cannot update the list of fields delivered with the system.

You use **decoded field** data elements when you want to display a different value in the extract than is stored in the database. For example, if you store the values for Male and Female as 1 and 2 in your database, you can decode this data for your extract so that the values appear as Male and Female in the extract.

You enter a **string** as a character literal that you want to include in an extract. For example, you may include a string that is the record type that precedes each record in the extract file.

You can define a **rule** if you want to create a data element that is not included in the standard list of data elements.

You select the **totals** data element type for use in the header or trailer of a record. Using totals, you can sum the results of any data element or include a count of the number of records. You can also conditionalize your totals so that you only display the sum of data elements where the value is equal to the value that you specify.

## **Special Formatting for Data Elements**

You can format different data element types in different ways. For the data element type of field, rule, or totals, you can select the **justification** as either right or left justified.

**Note:** The default justification is left justified. For data elements with a number value, you typically select right justified.

You can select **format masks** for the data elements types of field, decoded field, rule, and totals. Format masks can be used for numbers, dates, phone numbers, and social security numbers. For example, you can select a date format mask of DD/MM/YYYY.

If the seeded format masks are insufficient, you can add format masks to the system's number and date lookups. You use a lookup code that begins with 'N' for numeric format masks or 'D' for date format masks. You cannot define your own format mask for phone numbers or social security numbers.

**Note:** A system administrator familiar with Oracle formats should enter this information.

You define the **maximum length** of a data element value to control the point at which the value is truncated. For example, you could specify a maximum length of *one* for the middle name data element to retrieve a person's middle initial. The maximum length does not control the starting position of the following field.

For a data element with a value of *null*, you can specify a **when null use** value as the default value. If you do not specify a when null use value then null values appear as a blank in a fixed column layout or as no value in a variable layout.

For the decoded field data element type only, you can define an **others value** to use as the default value for undefined and null values. For example, you could decode the value of 'M' and 'S' to mean married and single. For all other values, you could define an *others value* of null.

### Record Layout

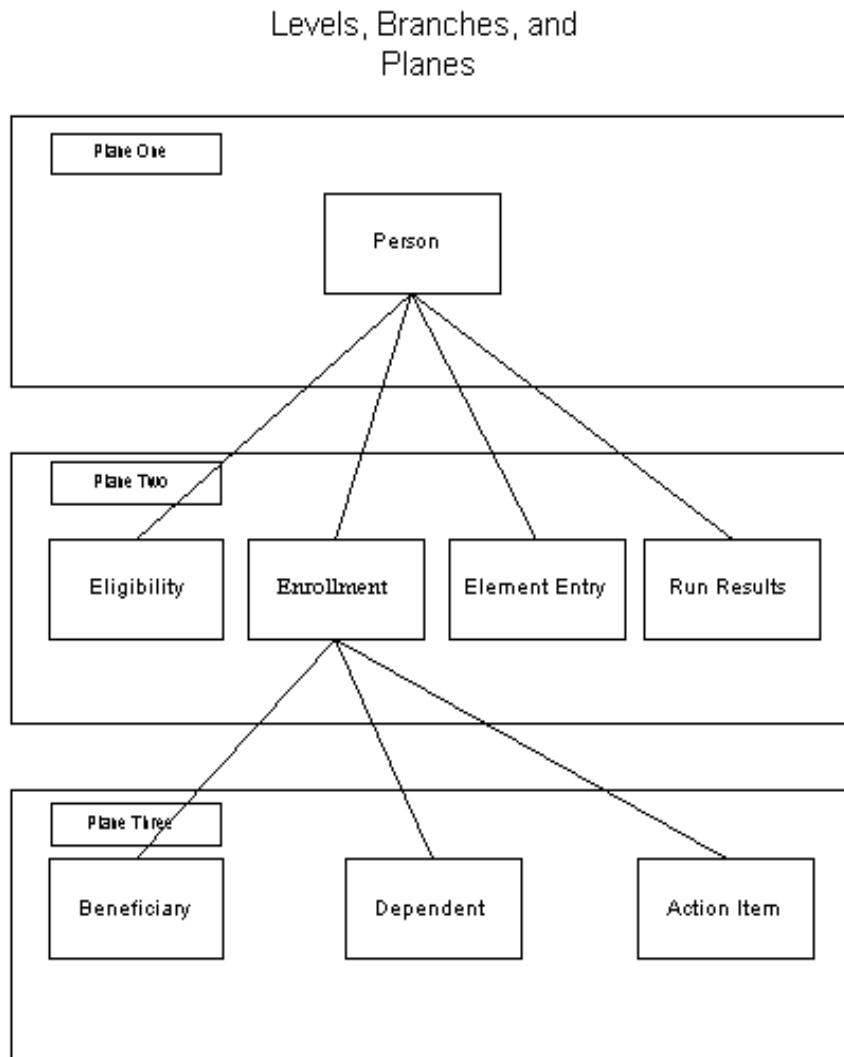
You specify the data elements that are included in the header, detail, and trailer portions of your record layout. Typically, the header and trailer portions of a record contain *control* information, such as file identifying information, dates, and totals. Detail records contain the content and values of an extract.

You can specify if a data element is required for the extract. If a required data element is missing, the entire record is written to the error log during the extract process and no extract result is created for that record.

You can also choose to *hide* a data element from an extract record when you run the write process. Hidden data elements appear in the extract result after you run the extract process, but are hidden when you initiate the extract write process.

## Extract Record Hierarchy

Figure 11 – 1 Levels Branches and Planes



The data elements that you can include in an extract record are controlled by the system extract hierarchy of **levels, branches, and planes**.

A **level** is a logical grouping of data elements. For example, the Person Level contains data elements such as person first name and person

address. The **lowest level** in the extract hierarchy determines the number of times that a record repeats.

For an extract record that contains data elements from the person level and the enrollment level, the record repeats at the enrollment level. If a person enrolls in a medical plan and a dental plan, the record repeats for each enrollment.

A **plane** is a grouping of levels. There are three planes in the system extract hierarchy that you use to control data element sorting. The sorting definitions that you apply to an extract are limited to the data elements contained in the level for that plane.

The **branches** of the extract hierarchy link levels from the three planes. There are six branches:

- Person, Eligibility
- Person, Enrollment, Beneficiary
- Person, Enrollment, Dependent
- Person, Enrollment, Action Item
- Person, Element Entry
- Person, Run Result

You can only define a record with data elements from levels in the same branch. You cannot define a record using data elements from more than one level of the same plane.

### **File Layout**

You define a file layout to create the sequence (from right to left) in which the records display in an extract. Sequence numbers are unique. They must start with 1 and be between 1 and 75. It is recommended that you do not leave any gaps in your record sequence.

### **Data Element Sorting**

You can **sort** the data elements in a record by up to four levels based on any data element you include in the extract. Sorting can occur on each record in a file layout.

For extracts with multiple records, the sorting criteria defined for the record with the highest sequence number are inherited by records with lower sequence numbers unless you define a separate sort order for a record with a lower sequence number.

You use record sequence numbers to order records within one level in the extract hierarchy. System edits ensure that record sort orders conform to the plane structure of the extract hierarchy. For example,

you cannot define an extract to include data elements from the eligibility level between the enrollment level and the dependent level.

## Extract Criteria

The extract criteria you select determine the data that is extracted by filtering the data. Data that does not meet your extract criteria is not extracted. You can select from several groupings of criteria that you combine to create an *extract criteria profile*. These criteria groupings include:

- People
- Benefits
- Changes
- Payroll
- Communications
- Advanced

### People

You select People criteria to limit your extract results to people who meet the criteria you select, such as assignment location, organization, or benefits group. You can also select individual people.

### Benefits

You use Benefits criteria to limit your extract results to a particular plan or reporting group. In addition, you use this criteria to define the extract processing for dependents of primary participants.

### Changes

Often in the outsourcing process, data transmissions need only record data that has changed since the last transmission. This helps reduce the cost and complexity of an extract by eliminating the reporting of unnecessary information. You can track these changes for particular change events defined by the system.

### Payroll

This criteria grouping is for customers who do not use Oracle Payroll. You can limit the type of element entries and input values that are extracted.

### Communications

This limits the communication types that are extracted.

## Advanced

Use the Advanced criteria to create an extract for a change event when you have complex criteria for selecting records.

You can select records for a change event over one or more periods of time, and you can select record by the actual date or effective date of change.

**Note:** This feature is available to both Standard and Advanced customers.

## Extract Definition

You create an extract definition to set parameters specific to a particular extract by selecting the criteria profile and the layout that you want to use for the extract.

You also define parameters for the system extract batch process that you run to create the extract result. These parameters include the extract date range, the data sort order, and the output directory and file name.

## Extract Batch Processes

You run the **benefits extract process** from the Concurrent Manager to create results for an extract definition that you have defined. After you run the extract process, you can choose from several ways of viewing the results.

You run the **benefits extract layout report** to extract just your layout definition with no data. This is useful for reviewing the format of the layout. Benefit carriers may also find this information useful in helping them import the extract result into their systems.

## Extract Results

You run the benefits extract summary report from the Concurrent Manager to view an extract summary. You can view any errors that occurred during the extract process by running the benefits extract error report.

To view detailed information about an extract, you use the Extract Results form.

## Change Event Log

You can view the change events for a person using the Change Event Log window. The window displays the name of the change event, the

date on which it occurred, and the user name of the person who entered the change.

You can delete change events from this window, but you cannot add change events.

## **Extract Write Process**

Once you are satisfied with the results of your extract, you run the benefits extract write process from the Concurrent Manager to save the output of the extract to the directory and file you specified in your extract definition.

---

## Defining a Reporting Group

You use the Reporting Groups window to define a reporting group and to associate programs and plans with the reporting group. You can also define which regulatory bodies and regulations govern the reporting group.

► **To define a reporting group:**

1. Enter a unique Name for the reporting group.
2. Select the Purpose of the reports that will be generated for this reporting group.
3. Enter a Description of the reporting group.
4. Select the first Program Name if the reporting group is to consist of one or more programs.

Alternatively, select the first Plan Name in the reporting group.

Any row (record) in this table can include a Program Name or a Plan Name, but not both simultaneously. While it is unlikely that you would want to use the same reporting group to report at the program and plan levels, you could do so by choosing a Program Name for one record, and then choosing a Plan Name for each subsequent record in the reporting group.



**Attention:** When a plan is selected, the Regulatory Bodies and Regulations button is enabled, indicating that you can define regulatory bodies for, and associate regulations with, that plan.

5. Save your work.

---

## Defining Regulatory Bodies for a Plan

You use the Regulatory Bodies and Regulations window to date effectively define the regulatory bodies that approve or govern this plan.

► **To define a regulatory body for a plan:**

1. Choose the Plan Regulatory Bodies tab if it is not already selected.
2. Enter the Name of the regulatory body associated with this plan.

In the Dates block:

3. Enter the Approved Termination date on which this regulatory body ceases to recognize this plan's validity.
4. Enter the date this regulatory body qualified this plan in the Qualified field.
5. Select one or more Regulatory Purpose Codes that describe how this regulatory body governs this plan.
6. Save your work.

---

## Defining Regulations for a Plan

You use the Regulatory Bodies and Regulations window to date effectively define the regulations that approve or govern this plan.

► **To associate regulations with a plan:**

1. Choose the Plan Regulations tab if it is not already selected.
2. Select a Regulatory Plan Type.
3. Select the name of the regulation that governs this plan in the Regulation field.
4. Select one or more rules to determine how plan regulations define:
  - Contribution Nondiscrimination
  - Coverage Nondiscrimination
  - Five Percent Owner
  - Highly Compensated Determination
  - Key Employee Determination

**Note:** These rules reflect US non-discrimination legislation.
5. Save your work.

## Defining an Extract Criteria Profile

You use the Criteria Definition window to create an *extract criteria profile* that limits the results of a system extract to records that match your extract criteria.

- ▶ **To define an extract criteria profile:**
  1. Enter an extract criteria Profile Name or query an existing profile that you want to modify.
  2. Choose a tabbed region that represents a criteria category you want to include in your profile. Choose from:
    - People
    - Benefits
    - Changes
    - Payroll
    - Communications
    - Advanced
  3. Select a Criteria Type that limits the records to include in this extract.
  4. Select a criteria value based on the criteria type you selected.
  5. Check the Exclude field if this criteria type and value is excluded from appearing in your extract.
  6. Repeat steps 2–5 for each criteria that you are including in this extract criteria profile.
  7. Save your work.
- ▶ **To define an extra criteria profile using Advanced criteria:**
  1. Enter or query an extract profile in the Profile Name field.
  2. Select the criteria types and values that you want to include in this extract criteria profile.

**Note:** If you are defining a profile using change event criteria from the Advanced tabbed region, do not select any change events in the Change tabbed region.

  3. Choose the Advanced tab.
  4. Select the Criteria Type of Combination.
  5. Navigate to the Advanced Criteria window by clicking into a Value row and choosing the Details button.

6. Select a Criteria Type. Choose from:

- Change Actual Date
- Change Effective Date
- Change Event

7. Select an Operator to limit the criteria values.

**Note:** For change dates, select either equals (=) or between as the operator. For change events, select either equals (=) or does not equal (!=).

8. Select a change value in the Value 1 field.

**Note:** For change dates, select a value that specifies a period of time, such as Last Day of Previous Month. For change events, select a particular change event.

9. Select another value in the Value 2 field if you are adding more criteria values to this extract profile or if you are comparing values in the Value 1 and Value 2 fields.

10. Save your work.

---

## Defining an Extract Layout

You use the Layout Definition window to define the data elements, records, and format of the records that are extracted by your extract definition.

Your *extract layout definition* consists of the data elements to include in the extract, the record layout that controls the records that appear in the header, footer, and detail areas of your extract, and the file layout that defines the records to include in the extract .

See: Extract Layout: page 11 – 3

## Data Elements

You use the Data Elements tabbed region to select the data elements to include in an extract and to define the layout format of each data element.

- ▶ **To define the layout format of a data element:**
  1. Enter the Name of the data element you are defining.
  2. Select the data Type of the data element.

**Note:** Depending on the data type you select, the system presents different formatting options for that data element.
  3. Enter values for the following parameters if you select the **Field** data element type:
    - Select the Field.
    - Select a Format Mask that formats the results of the value from the field.
    - Select the Justification, either left or right.
    - Enter a value or character string to use when the value for the data element is null in the When Null Use field.
    - Enter the maximum number of characters to include in this data element in the Max Length field.
  4. Enter values for the following parameters if you select the **Decoded Field** data element type:
    - Select the Field.
    - Select a value in the If Value Is field that, when met, requires a substitute value.
    - Enter the substitute value in the Replace With field.

- Enter a value in the Other Values field to use when the decoded value is either null or undefined.

5. Enter a character string in the Value field if you select the **string** data element type.
6. Enter values for the following parameters if you select the **Total** data element type:
  - Select the totaling function, either count or sum.
  - Select a data element.
  - Select the Format Mask.
  - Select the Justification, either left or right.
7. Select a **Rule** to define a data element if the standard data element types do not meet your criteria.
8. Save your work.

## Record layout

You use the Record Layout tabbed region to define the header, detail, and trailer portions of your data extract.

► **To define the record layout of a system extract:**

1. Enter a Name for the record layout definition.
2. Select the record layout Type, choose either Header, Detail, or Footer.  
The Repeating Level field is populated based on the lowest level in the extract hierarchy from which data elements are selected for this record. This is a read-only field.
3. Enter the Seq (sequence) number in which this data element displays in the extract report.  
**Note:** Sequence numbers must be unique. They must start at 1 and be between 1 and 75. It is recommended that you do not leave any gaps in your record sequence.
4. Select a data element in the Data Element Name field.
5. Enter a Start Position number for this record if you are defining a fixed layout format.
6. Enter a Delimiter (such as an asterisk or a comma) that separates the fields of this data element if you are defining a variable layout format.

7. Check the Required field if this data element must be included in the extract record.

If you check the Required field, you may want to enter a value to display when this field is null. You enter this value by selecting the field name in the Data Elements tabbed region and entering a value in the When Null Use field.

**Note:** If a required data element is missing, the entire record is written to the error log during the extract process and no extract result is created for that record.

8. Check the Hide field if you want to hide a data element from an extract record when you run the write process.

**Note:** Hidden data elements appear in the extract result after you run the extract process, but are hidden when you initiate the extract write process.

9. Save your work.

## File layout

You use the File Layout tabbed region to define the sequence in which the records in this extract display and any conditions that must exist for a record to be included in the extract.

► **To define the file layout of a system extract:**

1. Enter a Name for the file layout definition.
2. Enter the Seq (sequence) number in which the extracted records display.
3. Select a record that you have defined in the Record Name field.
4. Check the Hide field if you want to hide a record from an extract file when you run the write process.

**Note:** Hidden data elements appear in the extract result after you run the extract process, but are hidden when you initiate the extract write process.

5. Choose the Sort button to define a data element sort order for this file layout definition.
6. Choose the Include Conditions button if you only include this record when a specific event occurs.
7. Repeat steps 2–6 for each record in your file layout definition.
8. Save your work.

► **To define the sort order of the data elements in a record:**

You can use the Sort window to define up to four levels of sorting for each record in a file layout. You can sort by any data element included in a record.

1. Select the record in the File Layout window for which you are defining the data element sort order.

**Note:** Selecting a record limits the data elements by which you can sort to the data elements contained in that record. You can sort by a data element that you do not want to display in a record by adding that data element to the record and checking the Hide field.

2. Choose the Sort button to display the Sort window.
3. Select the primary data element by which you want to sort the record in the First Sort field.
4. Select the second data element by which you want to sort the record in the Second Sort field.
  - You can further sort the record by selecting data elements in the Third and Fourth Sort fields.
5. Save your work.

## Conditions of Inclusion for File and Record Layouts

You use the Record Layout Advanced Conditions window or the File Layout Advanced Conditions window to define the conditions that must exist for a data element to be included in a record or for a record to be included in a file.

**Note:** Conditional inclusion is based on a text comparison of a data element value with a value you supply. It is recommended that you test your conditional inclusion criteria for accuracy on a small number of records before creating an extract.

► **To define the conditions of inclusions for an extract layout:**

1. From the Layout Definition window, do one of the following:
  - Choose the Record Layout tabbed region. Enter or query a record for which you are defining conditional inclusion criteria.
  - Choose the File Layout tabbed region. Enter or query a file for which you are defining conditional inclusion criteria.
2. Choose the Advanced Conditions button.

3. Enter the Seq (sequence) number in which the system checks for this condition.
4. Select a Data Element Name from the list of data elements in this layout definition.
5. Select an Operator based on your conditions of inclusion for this data element.
6. Enter a Value for the data element.

**Note:** When you click into the Value field, a sample entry appears based on the operator you selected. Substitute your data element value for the sample value. For example, if you select an operator of Equals (=), enter the exact value surrounded by single quotation marks.

7. Select a value of either And or Or if your inclusion criteria contains more than one data element value.
8. Select an Action that excludes the record based on whether the conditions of inclusion are true or false.
9. Save your work.

## Defining a System Extract

You use the Define Extract window to define and maintain the definition of a system extract.

Your extract definition includes an extract criteria profile and an extract layout definition that you have already defined as well as other parameters needed for the extract batch process, such as the extract date range and the output directory and file name of the extract file.

► **To define a system extract:**

1. Enter an Extract Name that uniquely identifies this extract definition.
2. Select the kind of data that you want to include in the extract in the Type field.
  - Choose either Full Refresh, Changes Only, or Communication.
3. Select an extract criteria profile in the Inclusion Criteria field to limit the results of the extract.
4. Select a file layout definition in the File Layout field that limits the records included in this extract to those defined in this file layout.

In the Dates tabbed region:

5. Select the extract date range in the Extract From and Extract To fields.

**Note:** If you are defining an extract of the full refresh type, you only select an Extract From date.

In the Output tabbed region:

6. Enter the Output Directory where you want to write the results of the extract.
7. Enter the name of the output file in the Output File field.
8. Check the Append Current Request ID field if you want to add the request ID to the file name.

In the Options tabbed region:

9. Check the Kickoff Write Process Automatically field if you want to write the results of this extract to a file when you run the benefits extract batch process.

**Note:** If you want to review the results of your extract before writing the results to a file do not check this field. You can write the extract results to a file by running the extract write batch process from the Concurrent Manager.

10. Check the Special Handling for ANSI 834 field if you are defining this extract to conform with ANSI 834 standards.
11. Check the Update Communication Sent Date field if you are defining an extract for communications.
12. Check the Use Change Effective Date for Extracting Change Events field if you are defining an extract type of Changes Only and you want the system to use the effective date of the change when extracting records.
13. Save your work.

## Viewing Extract Results

You use the Extract Results window to view the output of a system extract run, including summary information, detailed results by person, and run results errors.

► **To view the results of a system extract:**

1. Query an extract result that you want to view in the Extract Name field. The system displays summary information for the extract, including:
  - The run Request ID and Run Status
  - Extract run dates and times
  - Number of records in the extract result
  - Number of records, people, and errors in the extract result
  - The extract output directory and file name
2. Select a Run Status of Approved by User if you want to approve an extract result with a status of Job Failure.

**Note:** You cannot successfully run the extract write process for an extract with a status of Job Failure unless you change the run status to Approved by User. Conversely, you can change an extract with a status of Successful Completion to Rejected by User to prevent the extract write process from writing out an extract file.

3. Save your work if you changed the status of this extract run result.
4. Choose the Details button to view extract results by person.

The system automatically queries all persons who were processed in this run. For each person, the system displays:

- The run records that comprise the system extract definition
- The data elements for each record
- The value of each data element for this person
5. Choose the Header and Trailer button to view records, data elements, and values for the header and footer regions of this system extract report.
6. Choose the Errors button to view by person any errors that occurred in the system extract generation process.
  - Select an error and choose the More button to view a description of the error.

7. Correct any errors, if necessary, and re-run the system extract process or load the extract file onto the delivery medium by which it is sent to your third party benefits administrator or other outside party.

---

## Viewing Extract Change Events for a Person

You use the Change Event Log window to view the change events that have occurred to a person or to delete a change event from the log.

**Note:** You can view change events for multiple persons by running a system extract that includes change event criteria.

► **To view change events for a person:**

1. Query the Name, Social Security number, or other standard identifying information for this person.  
The system displays the change events for this person.
2. Select a change event to view the Old and New Values for the event.
3. You can delete a change event from the log by selecting a Change Event row and clicking the delete icon on the toolbar.
4. Save your work if you deleted a change event from the log.

---

## Running the System Extract Batch Processes

You use the Submit Requests window to run the system extract batch process for an extract definition that you have created.

► **To run the system extract batch process:**

1. Select the extract process that you want to run in the Request Name field. Choose one of the following:
  - Benefits Extract Process
  - Benefits Extract Write Process
  - Benefits Extract Error Report
2. Select the Extract Name as the parameter for this process.
3. Enter the effective date on which you want to run the report.
4. Choose the Submit Requests button to run the report when you finish defining this batch process.

When the extract process is complete, you can run the Benefits Extract Error Report against the request id to view any errors that occurred. You can also view any errors in the Extract Results window.

CHAPTER

12



# Absence Management and PTO Accruals

## Overview

Employees take paid or unpaid time off from work for a variety of purposes, such as illness or injury, vacation, medical appointments, childbirth, death of a close relative, jury duty, labor representation and professional activities. Maintaining information on employee absences for reporting and analysis is an important aspect of human resource management.

The product has predefined absence management accrual elements that define many of the absence types that the Personnelist maintains. These elements were defined to accept reverse payroll data from an agency. You can also manually maintain the information.

## PTO Accrual Plans

Many organizations permit employees to accrue hours or days of paid time off (PTO) as they work, to use for sick or vacation leave. In such organizations, setting up and maintaining PTO plans is another part of absence management.

In Oracle HRMS you can set up any number of accrual plans, each with its own units of accrued time (hours or days) and its own rules. For example, you can set up rules for the frequency of accruals, maximum carryover to a new accrual year, accrual bands, eligibility rules for enrolling in a plan, and accrual start rules for new hires.

## Components

To enable you to get the most out of the Absence Management and PTO Accrual functionality, you need to understand the components provided by Oracle HRMS to manage your employees' time off from work. The components provided are:

- Absence Categories and Types
- Absence Elements
- Absence Recording
- Accrual Plan Structure
- Accrual Start Rules
- Length of Service and Accrual Amount Rules
- Net Accrual Calculations
- Linking the Accrual Plan Elements
- PTO Plan Record Maintenance

## Absence Categories and Types

Oracle HRMS provides a convenient way to maintain information about the various absence types your enterprise recognizes. To facilitate reporting and analysis of employee absences, you can distinguish between *absence types* and *absence categories*. An absence category is a group of related absence types.

The table below illustrates examples of absence categories and types.

Absence Category	Absence Type
Medical Leave	Illness or Injury
	Work-related Injury
	Work-related Illness
	Medical Appointment
Family Leave	Paid Maternity/Paternity
	Unpaid Maternity/Paternity
	Dependent Care
Personal Leave	Compassionate Leave
	Personal Business
Professional Leave	Certification Classes
	Meeting Attendance

### Example Absence Categories and Types

Also, to assist with absence reporting and analysis, you can provide *reasons* to select from when recording employees' time taken for an absence type. For example, if you need information to analyze the particular family-related responsibilities that cause employees to miss work, you can define reasons for absence types as follows:

Absence Category	Absence Type	Absence Reasons
Family Leave	Paid Maternity/Paternity	Birth of a child
		Adoption of a child
	Dependent Care	Child Care

### Example Absence Category, Types and Reasons

Absence Category	Absence Type	Absence Reasons
		Elder Care
		Disabled Care

Example Absence Category, Types and Reasons

## Setup of Absence Types

Setting up each absence type is essentially a two-step process. One step involves defining the type, that is, entering its name, and optionally selecting a category and reasons for it. The other step involves defining an element to associate with the type. This element serves two important purposes:

- It provides a way to *maintain a running total* of time taken for the absence type. When you record an absence for an employee, the amount of time taken goes as an entry to the input value of the element associated with the absence type.

For example, if you record 8 hours of compassionate leave for an employee, the input value of the element for this absence type receives an entry of 8. If a second 4 hour absence of this type occurs the input value gets an entry of 4, which adds in for a total of 12 hours compassionate leave taken to date.

- It provides a way to *restrict employee eligibility* for the absence type. The links you build for the element establish which employees are eligible to use the type.

For example, if the absence type compassionate leave is available only to full time employees, you link its element to the employment category Full Time.

To hold a single running total of time taken for two or more absence types, you associate all the types with the same absence element. For example, your absence category Personal Leave may include two absence types you need for certain reporting purposes, Compassionate Leave and Personal Business. However, you require just one running total to be kept of employees' time taken for both types of personal leave. In this case you simply associate both absence types with the same absence element.

**Note:** If you want to use absence types without recording accrued totals or eligibility rules, you can define the type with no associated element.

## Absence Elements

Each element you define and associate with an absence type has an input value with either hours or days as its unit of measure. The input value hold an *increasing balance*, that is, a running total of the hours or days an employee has taken for an absence type.

### Increasing Balances of Time Taken

As you would expect, an increasing balance for an absence type starts with no time entered, and increases as you enter employees' hours or days absent. For example, if the absence type Compassionate Leave has an increasing balance, the balance starts from zero for each employee and increases by the number of hours entered for each absence of this type.

Input Value	Unit of Measure	Initial Entry
Hours	Hours in decimal format	(none)

Table 12 – 1 Example Element for the Absence Type *Compassionate Leave*

Increasing balances are appropriate for most or all absence types. For absence types for which your enterprise sets a maximum time allowed, the system issues a message when an entry of time absent exceeds this maximum, or Oracle Alert can notify you when an employee reaches the maximum time or takes excess time.

See: *Oracle Alert User's Guide*

When defining an absence type for a PTO accrual plan, you give it an increasing balance that shows the employee's accrued time. To see the amount of accrued time a plan participant has available for use as vacation or sick leave, use the Accruals window.

### Decreasing Balances of Time Remaining

If your enterprise sets a maximum time allowed for an absence type that is not connected to a PTO accrual plan, you have the option of setting up a *decreasing balance* for this type, instead of an increasing balance.

For example, suppose your enterprise allows certain employees 32 hours leave per year for professional development. The Professional Leave absence element can have a decreasing balance, and an initial entry of 32 hours.

Input Value	Unit of Measure	Initial Entry
Amount	Hours in decimal format	32

**Table 12 – 2 Example Element for the Absence Type *Professional Leave***

If you record an employee absence of 4 hours for this absence type, the decreasing balance shows 28 hours still available to be taken.

Decreasing absence balances require more maintenance than increasing balances. They need a prorated initial balance entry for all eligible new hires throughout the year, and require resetting each year for all eligible employees.

Notice that an absence element cannot have both a decreasing and an increasing balance; it has one or the other.

## Initializing an Absence Balance

Oracle HRMS provides two ways to initialize both increasing and decreasing absence balances at the year's start, and to enter initial amounts of any decreasing balances:

- The Element Entries window, for individual employees
- The MIX batch entry facility, for batches of employees

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## Absence Recording

When you record an absence for an employee using the Absence Detail window, you must always select an absence type. This ensures that you always have on record information about the nature of, and reasons for, the absence.

## Dates and Times

In the Absence Detail window you can conveniently record for an employee either a projected, or actual start and end dates, and times of a particular type of absence, as well as the date you receive notification of the absence.

When an actual absence occurs in accordance with projected absence information already entered, you record this by simply clicking a button.

Oracle HRMS records an employee's absences using the employee's payroll calendar. This means that all employees for whom you record absence information must have a payroll component in their primary assignment.

## Authorization and Replacement

When recording a projected or actual absence in the Absence Detail window, you can select both the name of an employee authorizing the absence, and of an employee replacing the absent worker.

## Batch Entry of Accrued Time Taken

For fast batch entry, you can use BEE, instead of the Absence Detail window, to enter sick or vacation time recorded together with other timecard data.

## Viewing and Reporting on Absence Information

For monitoring and analyzing recorded employee absences, use the:

- View Absence History window: page 12 – 43
- List Employees by Absence Type window: page 12 – 44
- Absences Report: page 12 – 45

For reviewing PTO plan participants' accrued time earned and taken, use the Accruals window: page 12 – 47.

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## Accrual Plan Administration

Just as elements constitute the underlying structure of absence types, so they provide the structure of accrual plans. Each accrual plan is associated with an absence element, which holds information about absences taken under the plan. There is also an element for the plan itself, which you use to enroll participants in the plan.

### Enrollment

You enroll an employee in an accrual plan by entering the accrual plan element. You can only enroll employees who are eligible for the plan (that is, their assignments match the element's links). When you do the enrollment you can override the default date for calculating length of service (which is used in many accrual plans to determine the appropriate accrual amount and the start date of accruals for new hires). For example, you might override the length of service if an employee is a transfer with prior Federal service.

### Recording Accrued Time Taken

You record time taken under the accrual plan by making entries of the absence element associated with the plan.

Normally you make these entries using the Absence Detail window so you can record additional information, such as an absence reason, the name of the employee authorizing the absence, and the name of the employee replacing the absent worker. The window shows the participant's net accrual at the start of the absence and the projected accrual at the end of the accrual term.

You can also use BEE to make batch entries of hours of accrued sick or vacation time that employees have taken and noted on their timecards. Any entries you make to absence elements using BEE for an employee's primary assignment can then be viewed in the Absence Detail window. Entries made using BEE can include a reason, but the list of absence reasons available in the Absence Detail window is not automatically available here.

### Viewing Accruals

You can use the Accruals window to see, at any time, how much time an employee has accrued and used under an accrual plan. You cannot change the amount accrued using this window. The gross accrual is calculated by a formula that may, for example, vary the accrual according to length of service, grade, overtime or other factors.

## Recording PTO Sold or Purchased

If your enterprise pays employees for time they have accrued but not used, or if you permit employees to buy additional time, you may decide to define your own PTO-related elements to record information about these transactions. You then use the Element Entry window to enter these elements for the appropriate employees.

## Running the Carry Over Process

Once each year (or other plan term), an employee's balance of unused accrued time must be cleared down ready for the new plan term. You run the PTO Carry Over process to clear down these balances and record both unused time available for carryover, and residual time unavailable for carryover.

**Note:** This process only applies to those PTO accruals your agency sets up, not to the predefined federal PTO accruals. The product's predefined accrual elements can accept reverse payroll data from an agency. However, you need to set up an absence type and link these elements to it.

Some accrual plans are based on a rolling plan term. The Carry Over Process is not relevant to this type of plan.

## Accrual Plan Structure

In Oracle HRMS, accrual plans are based on elements, formulas, and a net accrual calculation. All of these are available for you to configure so you have complete control over the rules underlying your plans.

Oracle HRMS does not store gross or net accrual totals. It calculates them dynamically, by calling the Accrual formula. This formula calculates an employee's gross accrual. The net accrual calculation specifies the element entries that should add to or subtract from this figure to create the net entitlement.

The table below further explains the role of the elements, formulas, and net accrual calculation.

This aspect of an accrual plan ...    Is for ...	
Absence element	Storing entries of days or hours absent.
Accrual plan element	Enrolling employees in the accrual plan; system generates the element.
Carry Over element	Storing unused time at end of plan term; system generates element; Carry Over process makes entry.
Residual element	Storing unused time that cannot be carried over at end of plan term; system generates element; Carry Over process makes entry.
Other elements	Storing other amounts of time to be included in the net accrual calculation (such as time bought and sold); you create any other elements your plan requires.
Accrual formula	Calculating gross accrual to date
Carry Over formula	Returning the maximum permitted time an employee can carry over, and the effective date and expiry date of the carry over; called by the Carry Over process.

Table 12 – 3 Constituents of Accrual Plans

This aspect of an accrual plan ...    Is for ...	
Ineligibility formula	<p>Checking whether an employee is eligible to use accrued PTO on the effective date of an absence entry made by BEE (Batch Element Entry); called by BEE validation.</p> <p>Note: This formula is not required if you enter the plan's ineligibility period in the Accrual Plan window.</p>
Net accrual calculation	Defining which element entries add to or subtract from the gross accrual to create net.

**Table 12 – 3 Constituents of Accrual Plans**

In response to the information entered for plan setup, the system generates the following elements for the plan:

- An element representing the plan. You use this element to enroll participants in the plan. (Classification: PTO Accruals)
- An element to hold participants' unused PTO that is available for carryover to the next year. (Classification: Information)
- An element to hold residual PTO, that is, unused PTO not available for carryover under plan rules. (Classification: Information)
- An element to hold federal PTO accrual elements. (Classification: PTO Accrual)

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## Accrual Elements

For each accrual plan, you define and link an absence element and then define a plan using this absence element. The system generates elements for the plan.

## Generated Elements

The system generates the following elements when you save a new accrual plan:

- An element representing the plan and which has the same name as the plan. You use this element to enroll participants in the plan.
- An element to hold participants' unused PTO that is available for carry over to the next year.
- An element to hold *residual PTO*, that is, unused PTO not available for carry over under plan rules.

The Carried Over and Residual elements have input values that automatically receive entries when you run the PTO Carry Over process:

- Hours or Days (depending on the plan's units)
- Effective Date
- Expiry Date (on the Carry Over element), which is the date by which the employee must use the carried over time.

Oracle HRMS automatically links these elements using the same link criteria that you created for the absence element associated with the plan. If you change the links for the absence element, you should also update the links for the three plan elements.

## Other Elements

Your enterprise may require other elements to reflect individual plan policies. For example:

- Employees may be permitted to sell back PTO they have accrued but not used.
- Employees may also be permitted to purchase additional PTO in certain circumstances.
- You may need to store time in a special balance after running the Carry Over process, such as a balance of time that can be carried over for several plan terms and is not subject to the usual expiry date

- You may need an element for entering unused PTO from another plan that is being transferred to this plan on enrollment.

These policies are not standard across enterprises. So, in Oracle Human Resources you can define elements, customized to your own requirements, for entering or storing these accrual amounts.

## Accrual Formulas

Most accrual plan rules are incorporated in two formulas:

- An Accrual formula, which calculates the amount of PTO accrued at any given time, and
- A Carry Over formula, which returns the maximum amount of accrued time that a plan participant can carry over to the next plan period, the date on which this carry over is effective (normally the first day of the new accrual term), and any expiry date by which the carried over PTO must be used, or forfeited.

## When the Formulas Are Run

The Carry Over formula is called by the Carry Over process. When the Accrual formula is run, it always receives a calculation date as input, as shown in the following table.

Accrual formula is run when you:	Calculation date is:
Enter an absence associated with an accrual plan and open the Associated Accrual Plans window	Start date of the absence
View PTO entitlement in the Accruals window	Effective date entered in Change Effective Date window
Run the Carry Over process	Entered as a parameter

### When the Accrual Formula Runs

## Examples of Plan Rules

These formulas can access any data that is available as database items. For example, they can use hire date, plan enrollment date, grade, job, assignment status, employment category (full time/part time), hours worked, or pay elements to determine:

- The employee's entitlement each accrual period
- Any accrual ceiling, which is the maximum amount of PTO an employee can hold at any time, and
- The maximum amount that can be carried over to the next accrual term.

These values can be embedded in the formulas, or entered in a user table. If they vary with length of service, which is a common criterion

for accrual bands, they can be entered in the Accrual Bands window when you define the accrual plan.

Some accrual plans allow new hires to accrue time from the date of their hire. Others allow accrual to begin at the start of the next accrual term, or six months after hire, or some other start date. Some plan rules incorporate a period of ineligibility, when a new employee can accrue time but not use it. Start rules such as these can be incorporated in your Accrual formulas.

**Note:** Depending on how you define the ineligibility period, you may have to associate an Ineligibility formula with your plan, if you want to make absence entries using BEE (Batch Element Entry). See: Period of Ineligibility: page 12 – 22.

## **Adding Your Own Plan Rules**

Some formulas are seeded. You can use these, as supplied, or use them as models to create your own, incorporating the rules required for your accrual plans.

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## Net Accrual Calculation

Oracle HRMS uses the following calculation for an employee's net accrual:

Net PTO accrual = (Accrued PTO + PTO carried over) – PTO taken to date

Accrued PTO is the sum of regular accruals to date in this accrual term, calculated by your Accrual formula.

PTO Carried Over is the hours or days carried over from the previous accrual term, obtained from the plan's Carried Over element.

PTO Taken To Date is all PTO taken in this accrual term, obtained from the entries to the plan's absence element.

You may require a more complex calculation of net accruals, perhaps to take some account of time stored in the residual PTO element, or to take account of time entered on other elements that you have created. In this case, you can change the calculation in the Net Calculation Rules window.

Notice that the system does no automatic processing of the entries of employees' residual PTO. Your enterprise may want to use these entries to inform employees of accrued but unused time they may forfeit, or to make payments for part or all of this time.

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## Seeded Accrual Type Formulas

There are three seeded formulas (of formula type Accrual) for calculating accruals. Each repeatedly calls another formula (of type Accrual Subformula), in a loop, to calculate the accrual for each accrual period. There is a Carry Over formula supplied to use with each Accrual formula. The three top level seeded Accrual formulas are:

- PTO\_PAYROLL\_CALCULATION
- PTO\_SIMPLE\_MULTIPLIER
- PTO\_ROLLING\_ACCRUAL

### Ineligibility Formula

There is also a seeded Ineligibility formula:

- PTO\_INELIGIBILITY\_CALCULATION

You may require an Ineligibility formula if you use BEE (Batch Element Entry) to enter absences against an accrual plan. BEE validation must ascertain whether an employee is eligible to use accrued PTO on the effective date of an absence entry in a batch line. First it checks the Accrual Plan table, so if you enter the period of ineligibility in the Accrual Plan window, you do not need to create an Ineligibility formula.

If there is no ineligibility information in this table, BEE validation checks whether there is an Ineligibility formula to call. You need an Ineligibility formula if you use BEE and you calculate the period of ineligibility within your Accrual formula, rather than entering it in the Accrual Plan window.

**Note:** If you use the seeded formulas, you do not need an Ineligibility formula, because these formulas take the ineligibility period from the Accrual Plan table.

## Description of Seeded Accrual Formulas

### PTO\_PAYROLL\_CALCULATION

This formula calculates accruals in the same way as the accrual function in earlier releases of Oracle HRMS. This formula calls another, which is called PTO\_PAYROLL\_PERIOD\_ACCRUAL. It is designed to be used with the Carry Over formula PTO\_PAYROLL\_CARRYOVER.

These formulas are based on the following rules:

- An accrual term of one calendar year, starting 1 Jan. So, accrual calculations restart at the beginning of each calendar year.

- An accrual frequency based on the participant's pay periods. So, employees on a monthly payroll accrue time each month, employees on semi-monthly payrolls accrue time twice each month, and so on. PTO accrual occurs automatically for each eligible plan participant on the last day of his or her pay period, independently of any payroll run.
- Accrual amounts and ceiling are determined by length of service.
- Carry over is always effective on 31 Dec of the plan year being processed. So, if you run the Carry Over process and specify the parameters '15 January 2000' and 'Previous' (plan year), the formula calculates the carry over for the year 1 Jan to 31 Dec 1999 and the result has the effective date 31 Dec 1999.
- Carry over expires at the end of the plan year. So carried over time with the effective date 31 Dec 1999 must be used before 31 Dec 2000.
- Maximum carryover depends on length of service bands.

### **PTO\_SIMPLE\_MULTIPLIER**

This is a simple formula to provide a useful starting point for your own accrual plans. It calls another formula, called PTO\_SIMPLE\_PERIOD\_ACCRUAL. It is designed to be used with the Carry Over formula PTO\_SIMPLE\_CARRYOVER.

These formulas are based on the following rules:

- An accrual term of one calendar year, starting 1 June. So, accrual calculations restart at the beginning of each June.
- An accrual frequency of one month.
- Accrual amounts and ceiling are fixed within the formula.
- Carry over is always effective on 31 May of the plan year being processed.
- Carry over expires at the end of the plan year. So carried over time with the effective date 31 May 1999 must be used before 31 May 2000.
- Maximum carry over is fixed within the formula.

### **PTO\_ROLLING\_ACCRUAL**

This is an example formula for an accrual plan that does not have a fixed term start date. It calls the formula PTO\_ROLLING\_PERIOD\_ACCRUAL. It is designed to be used with the Carry Over formula PTO\_ROLLING\_CARRYOVER.

These formulas are based on the following rules:

- An accrual term of one calendar year, with no fixed start date. Accruals are calculated for the previous 12 months.
- An accrual frequency of one month.
- Accrual amounts and ceiling are fixed within the formula.
- Carry over is not relevant, since the accrual term never ends, but rolls forward. Time is lost if it is not used within 12 months.

## Summary of Rules in Seeded Formulas

The following tables summarize the rules incorporated in the seeded Accrual formulas.

### Length of Accrual Term

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
One year	One year	One year

### Accrual Term Start Date

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
1 January	1 June	No fixed date; accruals calculated for preceding 12 months

### Accrual Frequency

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Payroll period	Monthly	Monthly

### Accrual Amount

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Depends on length of service accrual bands	A fixed amount per month (2 days)	A fixed amount per month (2 days)

### Accrual Ceiling

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Depends on length of service accrual bands	Set within the formula to 20 days	Set within the formula to 20 days

### Length of Service

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Uses continuous service date (if present) or hire date. Note: continuous service date is entered using an input value on the accrual plan element.		

### Accrual Start Date for New Hires

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Choice of start rules on Accrual Plan form: hire date, or six months after hire date, or 01 Jan after hire date Accrual starts in the first accrual period after the chosen date (or plan enrollment date if this is later).	First accrual period after continuous service date, if this was entered for the employee. If the continuous service date was not entered, accrual starts in the first accrual period after hire date or plan enrollment date, whichever is later.	

**Note:** If you enter a continuous service date for the employee, the start rules are based on this date instead of hire date.

### Period of Ineligibility

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Accrued amounts are not credited until end of period of ineligibility (entered on Accrual Plan form), which is calculated from the hire date (or continuous service date if this was entered).		

## Calculation of Gross Accrual

PTO_PAYROLL_CALCULATION	PTO_SIMPLE_MULTIPLIER	PTO_ROLLING_ACCRUAL
Sums accruals in all full pay periods of the year ending on or before the calculation date; takes account of any employee termination date, accrual start rules, ineligibility period, and accrual ceiling.	Sums accruals in all full months of the year ending on or before the calculation date; takes account of any employee termination date, ineligibility period, and accrual ceiling.	Sums accruals in the 12 months ending on or before the calculation date; takes account of any employee termination date, ineligibility period, and accrual ceiling.

## Changing and Adding Rules in Formulas

If you write your own formulas (perhaps using the simple multiplier or rolling accrual formula as a basis) you can change any of these rules and add new rules as required. However, your formulas must return certain values and must check for certain conditions (such as employee termination) to avoid errors.

For information about required formula content, see: Writing Formulas for Accrual Plans, *Using Oracle FastFormula*.

For a sample accrual formula and suggestions on how to edit it to incorporate a whole range of plan rules, see: Sample Accrual Formula, *Using Oracle FastFormula*.

## Accrual Start Date for New Hires

Using the seeded PTO\_PAYROLL\_CALCULATION formula, accrual of PTO begins on a fixed date each year (01 January). For each plan that uses this formula, you can select a value in the Accrual Start field of the Accrual Plan window. This specifies when newly hired employees start to accrue PTO. The seeded choices are:

- Hire Date
- Beginning of Calendar Year after their hire date
- Six Months after Hire Date

If you need additional start rules, you can define them as values for the Lookup Type US\_ACCRUAL\_START\_TYPE. You must add a line to the seeded formula to calculate the accrual start date using your new start rule.

The other seeded formulas (PTO\_SIMPLE\_MULTIPLIER and PTO\_ROLLING\_ACCRUAL) do not use values in the Accrual Start field. For plans using these formulas, new hires begin accruing on their continuous service date, if this date has been entered. If there is no continuous service date, they begin accruing on their hire date or plan enrollment date, whichever is later.

If you are writing your own accrual formulas, you can choose whether to use the Accrual Start field on the Accrual Plan form to specify start rules for new hires. This is only useful if you are using the same formula for several accrual plans with different start rules. Otherwise you can specify the start rule within the formula.

## Period of Ineligibility

Some accrual plans require participants to work for a period of time, perhaps three or six months, before they are eligible to use accrued PTO. They accrue time at the usual rate during this time, but it is not registered on the system until the Period of Ineligibility expires. If plan participants take vacation or sick leave during this period, the system displays a negative value for accrued time. Many enterprises set up an absence type for "approved but unpaid leave" to use for absences taken during periods of ineligibility.

You can enter the period of ineligibility on the Accrual Plan form. The seeded Accrual formulas illustrate how a formula should use the entered values. They calculate the period of ineligibility from the continuous service date (if it was entered) or the employee's hire date.

Alternatively, you can define the period of ineligibility within your Accrual formula.

## Batch Element Entry and the Ineligibility Period

If you want to use Batch Element Entry (BEE) to make absence entries against the accrual plan, the BEE validation process must be able to check when the ineligibility period expires.

- If you record the ineligibility period for the plan on the Accrual Plan form, BEE retrieves the ineligibility period directly from the table. It interprets it as a period of time from the employee's continuous service date or hire date.
- If the period of ineligibility is defined within your Accrual formula, you must associate an Ineligibility formula with the plan. BEE calls the formula, which returns Y or N to indicate whether the employee is eligible to use accrued PTO on the date supplied by BEE. This formula should calculate the end of the ineligibility period in the same way as the Accrual formula for the plan.

If the employee is not eligible, the BEE validation process creates a warning on the batch line for the absence entry.

**Note:** If you use a custom method of entering timecard data, calling the Element Entry API, you can add logic to call the Ineligibility formula.

## How the Seeded PTO\_PAYROLL\_CALCULATION Formula Interprets the Start Rules

The formula calculates the appropriate start date from the employee's continuous service date (instead of hire date) if this was entered.

If the continuous service date was not entered, the formula calculates the start date from hire date and compares it with the employee's plan enrollment date. Accrual begins on whichever of these two dates is later.

For ease of reading, the following descriptions use "hire date", which should be interpreted as "hire date or continuous service date, if entered".

### Start Rule: Hire Date

For plans with this rule, participants' accruals begin from the first full period following their hire date. For example, if the hire date of a participant on a semi-monthly payroll falls on the first day of either the first or second period in the month, PTO accrual starts as of that date.

If the hire date falls sometime after the first of the month but before the end of the first period, accruals start in the second period of the month. If the hire date falls after the first day of the second period but before its end, accruals start with the first period in the next month.

## Start Rule: Beginning of Calendar Year

With this start rule, participants' accruals begin from the start of the year following the year in which they are hired. This means that a participant with a hire date of 1 January 1999 and another with a hire date of 31 December 1999 both start to accrue time as of 1 January 2000.

Notice that the amount of PTO each accrues may not be the same, as accrual amounts often depend on employees' length of service.

## Start Rule: Six Months After Hire

For plans with this start rule, participants' accruals do not begin until the first full pay period after the six-month anniversary of their hire date. For example, someone on a semi-monthly payroll who is hired on 5 February 1996, completes six months of service on 5 August 1996, and starts to accrue PTO in the second period in August.

Notice that if people are hired on the first day of a period, their accruals begin with the pay period of the six-month anniversary of their hire date. For example, someone on a semi-monthly payroll who is hired on 1 February 1996 completes six months of service on 1 August 1996, and hence starts to accrue PTO in the first period in August.

The period of ineligibility is not applicable to plans with the start rule Six Months After Hire.

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## Accrual Bands

For many accrual plans, the time off that plan participants can accrue increases with their length of service, or varies by job, grade, or number of hours worked. That is, *accrual bands* determine accrual amounts. In addition, these bands can determine *ceiling* and *maximum carry over* amounts.

Ceiling rules, found in some vacation accrual plans, set a maximum amount of PTO an employee can hold at any time. When a participant's accrued PTO reaches the ceiling, no additional time accrues. Accruals begin again only after the participant uses some accrued time.

In the PTO\_PAYROLL\_CALCULATION seeded formula, the accrual amount, ceiling and maximum permitted carry over depend on length of service bands. Alternatively, you can use bands based on other factors, such as grade, or a combination of factors, to determine the accrual amounts for your plans.

### Length of Service Bands

You set up length of service bands using the Accrual Bands window. For each band (such as 0 to 5 years of service), you can enter the accrual amount for the whole accrual term (such as an annual amount), an accrual ceiling, and the maximum permitted carry over.

### Length of Service Override

In Oracle HRMS, the **first day of the month of an employee's hire date** is the default date from which his or her length of service is calculated for accrual purposes. For example, someone hired on 18 January 1997 completes one year of service on 1 January 1998, and someone hired on 31 December 1996 completes one year of service on 1 December 1997.

For individual accrual plan participants, you can override the default date from which a plan starts its length of service calculations. This is useful for managing exceptional cases that arise when, for example, employees who already have accumulated periods of service in your enterprise transfer from one place to another. You enter the date override when enrolling a participant in a plan.

### Other Banding Criteria

For some accrual plans, the amount of time accrued may vary by other criteria, such as job or grade. You can create a user table to hold time accrued, ceiling rules, maximum carryover rules, and any other

information you require for each job or grade. See: *User-Defined Tables, Customizing, Reporting, and System Administration in Oracle HRMS*.

Include the GET\_TABLE\_VALUE function in your accrual and carry over formulas for the plan to access the information held in the user table. For an example of using a user table to store banding criteria, see: *Sample Accrual Formula, Using Oracle FastFormula*.

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## PTO Carry Over Process

To manage the carry over of employees' unused PTO to a new accrual term, you run the PTO Carry Over process from the Submit Requests window. For accrual plans with a fixed term start date (such as 1 April), you run the process at the end of each accrual term. For accrual plans with a variable term start date (such as hire date or seniority date), you should run the process every night to update plan information for any employees whose term has ended that day.

For each participant in an accrual plan, the PTO Carry Over process first uses the Accrual formula to calculate the participant's accrued PTO as of the last day of the plan's accrual term. The process then uses the Carry Over formula to get:

- the maximum amount of time this employee can carry forward to the next accrual term
- the effective date for the carry over, and
- any expiry date by which the employee must use the time carried over, or lose it.

The process calculates the net accrual using time off recorded on the Absence element and any other elements associated with the plan. Finally, it compares the net accrual with the maximum carry over permitted to determine both the amount to carry over, and the amount of any residual PTO that cannot be carried over.

For employees with unused, accrued time to carry over, Oracle HRMS enters this time on the plan's <plan name> Carried Over element. Similarly, for employees with unused, accrued time they cannot carry over, Oracle HRMS enters this time on the plan's Residual <plan name> element.

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# Absence Management and PTO Accruals

These tasks show how to set up an effective absence recording system in Oracle HRMS.

## Setup

Set Up Absence Management: page 12 – 29

Defining and Linking an Absence Element: page 12 – 30

Defining an Absence Type: page 12 – 32

Set Up a PTO Accrual Plan: page 12 – 34

Defining a PTO Accrual Plan: page 12 – 36

Setting up Length of Service Bands: page 12 – 38

Overriding Length of Service: page 12 – 46

Changing the Net Accrual Calculation: page 12 – 39

## Setting Up Absence Management

Follow these steps to set up absence management.

► **To set up absence recording:**

1. Define a nonrecurring absence element, with the Termination Rule *Actual Termination* and with at least one input value, for each absence type. Link this element to define who is eligible.

See: Defining and Linking an Absence Element: page 12 – 30

**Note:** Omit this step if you are setting up an absence type for which you do not need to maintain a running total of time taken or remaining, and you do not need eligibility rules.

2. Define categories of absence types as values for the Lookup Type ABSENCE\_CATEGORY, and your absence reasons as values for the Lookup Type ABSENCE\_REASON.

You can select the same reason for different absence types.

See: Adding Lookup Types and Values, *Customizing, Reporting, and System Administration in Oracle HRMS*.

3. Define each absence type, and associate it with an absence element.

See: Defining an Absence Type: page 12 – 32

**Note:** To keep a single record of employees' time taken for two or more different absence types, you can associate the same element with several types.

4. For an absence type with a decreasing balance, use the Element Entries window or BEE to make initial element entries for employees eligible for the type.

If you want to make entries for individual employees, see Making Manual Element Entries: page 2 – 6. If you want to make batch entries, see Making Batch Element Entries Using BEE: page 2 – 8.

## Defining and Linking an Absence Element

Define an absence element in the Element window.

► **To define an absence element:**

1. Set your effective date to a day on or before the start of the first payroll period for which you want to enter absences.
2. Enter a name for the element, and select the classification Information.



**Suggestion:** Give the absence element and its absence type the same name, or coordinate the element name with the type name. For example, for the absence type Compassionate Leave, name the element Compassionate Leave or Compassionate Leave Absence.

3. Enter a reporting name, for display on reports.
4. Select the processing type Nonrecurring, and the termination rule Actual Termination.
5. Check the Multiple Entries Allowed box to enable employees to have several instances of this type of absence in a pay period.
6. If this is an absence element for a PTO accruals plan, do not select Process in Run. Uncheck this box if necessary.
7. If employees must be a certain age or have served for a certain number of years to be allowed this absence, enter this information in the Qualifying Conditions region.

**Note:** If this is an absence element for a PTO accrual plan, the plan setup relates length of service to accrued time off. Do not make an entry here for length of service.

8. Save the element, then choose the Input Values button.
9. In the Input Values window, create an input value to hold the amount of time taken. Select units of Day, Hours in "HH" format, or Hours in Decimal Format (to one, two, or three decimal places).



**Attention:** Absence elements for PTO accrual plans should be defined as follows: give the input value the name Hours or Days, to accord with the unit of measure of the plan. When you define the plan using the Accrual Plan window, this input value name appears in the Units field of the Absence Information region.

10. You can define minimum and maximum days or hours that can be entered in an absence record. If you do this, select what happens if these limits are breached:

- Select Warning for the system to warn users but allow them to breach the limits.
- Select Error for the system to issue an error message and prevent users from saving an entry that breaches the limits.

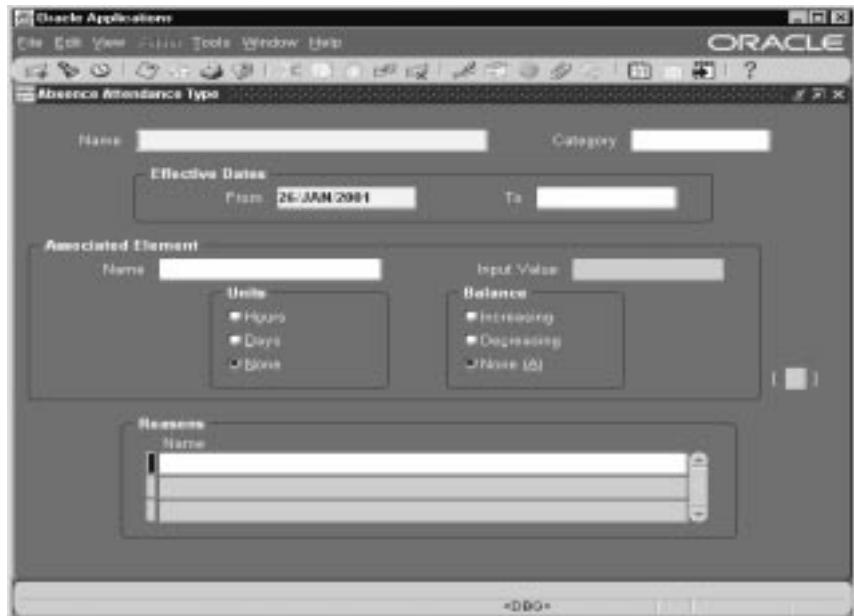
11. Save your work.

► **To link the absence element:**

1. Set your effective date to a day on or before the start of the first payroll period for which you want to enter absences.
2. In the Element Link window, select the absence element.
3. Select eligibility criteria for this absence element. If you want to make the element available to all employees, do not select any criteria.
4. Choose Link to All Payrolls.
5. Save the link. Then define the absence type associated with this absence element.

## Defining an Absence Type

Use the Absence Attendance Type window to define an absence type and associate it with an element to hold the absence balance.



► **To define an absence type:**

1. Enter a name and category for the absence type.

 **Suggestion:** Give the absence type and its associated element the same name, or coordinate the type name with its element name. For example, name the absence type for a PTO accrual plan Salaried Sick PTO Plan, and its associated element, Salaried Sick PTO Absence.

2. In the Associated Element region, select the element defined for this absence type. The name of the element's input value that holds the time taken or time remaining for this absence type appears in the Input Value field, and the unit of measure for the input value appears in the Units region.
3. In the Balance region, select *Increasing* for each entry to the absence element's input value to add to a running total of time taken to date for this absence type. Select increasing balances for absence types for PTO accrual plans, and for most other absence types.

For absence types that have a set maximum amount of hours or days allowed, you may select *Decreasing*. In this case, each absence

recorded reduces an initial balance entered for the absence type, to show time remaining to be taken for the type.

**Note:** Decreasing balances require more maintenance. You must enter an initial balance amount for each new hire eligible for the absence type, and must initialize the balance for all eligible employees at the start of each year.

4. Optionally, select reasons that are valid for entries of this type of absence.
5. Save the absence type.

## Setting Up PTO Accrual Plans

### ► To set up a PTO accrual plan:

1. Define and link an element for the plan's absence type.

See: Defining and Linking an Absence Element: page 12 – 30



**Attention:** It is important that you link the absence element before you define the accrual plan since Oracle HRMS automatically creates links for the accrual plan elements based on your absence element links.

2. If you expect to record accrued time taken under the plan using the Absence Detail window, define an absence type for the plan, associating its absence element with this type.

If your implementation does not use the Absence Detail window and therefore you expect to record accrued time taken using BEE or the Element Entries window, it is not essential that you define an absence type for the plan.

See: Defining an Absence Type: page 12 – 32

3. Optionally, define new accrual start rules as values for the Lookup Type US\_ACCRUAL\_START\_TYPE. There are three seeded categories: Hire Date, Beginning of Calendar Year and Six Months after Hire Date.

See: Adding Lookup Types and Values, *Customizing, Reporting, and System Administration in Oracle HRMS*.

4. Decide which Accrual and Carry Over formulas to use. You can use the seeded formulas, customize them, or write your own.

See: Writing Formulas for Accrual Plans, *Using Oracle FastFormula*.

5. If your Accrual formula defines a period of ineligibility and you want to use BEE to enter absences against the accrual plan, define an Ineligibility formula. BEE calls this formula to check whether an employee is eligible to use accrued PTO.

See: Period of Ineligibility: page

**Note:** If you use the seeded Accrual formulas, you do not need to define an Ineligibility formula. They use a period of ineligibility entered on the Accrual Plan form, and BEE validation can use the same value.

6. Optionally, define new accrual categories as values for the Lookup Type US\_PTO\_ACCRUAL. There are four seeded categories: Sick, Vacation, Balances and Home Leave.

See: Adding Lookup Types and Values, *Customizing, Reporting, and System Administration in Oracle HRMS*.

7. Define the accrual plan, selecting the formulas and absence element it is to use.

See: Defining a PTO Accrual Plan: page 12 – 36

8. Optionally, set up length of service bands for the plan.

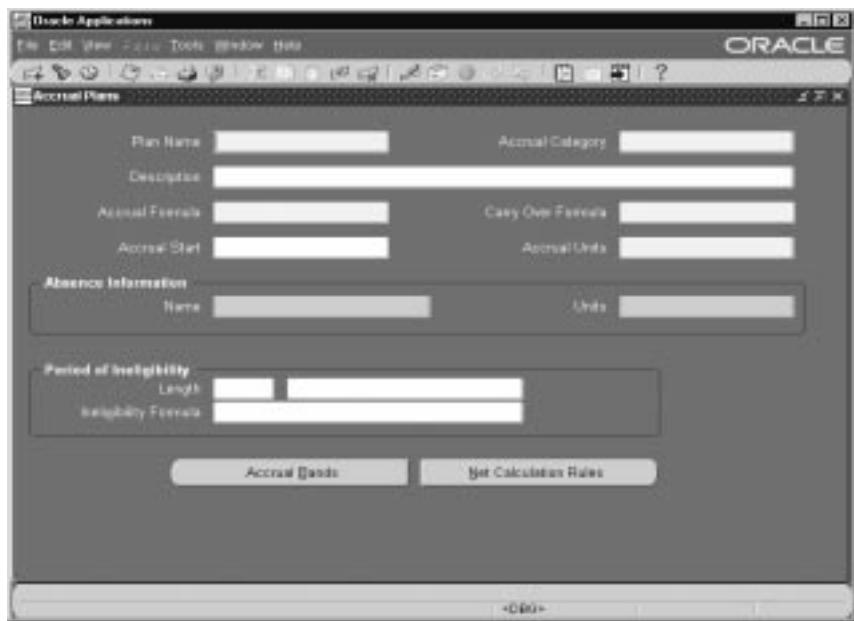
See: Setting Up Length of Service Bands: page 12 – 38

9. Review the net calculation rules for the plan. If necessary, create additional elements and associate them with the plan by selecting them in the Net Calculation Rules window.

See: Changing Net Accrual Calculations: page 12 – 39

## Defining a PTO Accrual Plan

Use the Accrual Plans window to define an accrual plan.



### ► To define a PTO accrual plan:

1. Enter the plan name, and select an accrual category for it.



**Suggestion:** Coordinate the names of the accrual plan, the plan's absence type if any, and the element used to record absences taken under the plan. For example, for the Hrly Vacation PTO Plan for your hourly workers, you could name the absence type and its element Hrly Vacation PTO Absence.

2. You can enter a description, summarizing the purpose and rules of the plan.
3. Select the Accrual formula and Carry Over formula to associate with the plan.

For a description of the seeded formulas, see Seeded Accrual Type Formulas: page 12 – 17.

4. Optionally, select a start rule for the plan in the Accrual Start field. This rule determines the date on which newly hired employees begin to accrue PTO.

**Note:** Some plans do not use this value; it depends which Accrual formula you have selected. Of the three seeded

Accrual formulas, only PTO\_PAYROLL\_CALCULATION uses this value.

5. Select Days or Hours in the Accrual Units field. This selection must accord with the input value units selected for the element that records accrued time taken under this plan.
6. In the Name field of the Absence Information region, select the element associated with the plan's absence type. The name of the element's input value that holds the entries or hours or days absent appears in the Units field.
7. If the start rule for this plan is Hire Date or Beginning of Year you can enter a period of ineligibility, during which a plan participant can accrue PTO but cannot use accrued PTO. For example, enter 3 in the Length field and select Calendar Month in the next field.
8. Optionally select an Ineligibility formula. This formula is called by the BEE validation process for a batch line that enters an absence against the accrual plan. It checks whether the employee is eligible to use accrued time on that date.

**Note:** If you enter the period of ineligibility in the Length field, you do not need to select a formula. The BEE validation process gets this value and interprets it as a period of time from the employee's continuous service date.

9. Save your work.

When you do this, the system generates three new elements for the plan, one to represent the plan and one each to hold carried over and residual amounts of accrued, unused PTO. The system creates links for these elements to match the links you defined for the plan's absence element.

10. Choose the Accrual Bands button to set up length of service bands for the plan. This is optional, but you need to set up at least one band if the plan uses the seeded PTO\_PAYROLL\_CALCULATION formula.
11. Choose the Net Calculation Rules button to view or change the rules for calculating employees' net PTO.

---

## Setting Up Length of Service Bands

Use the Accrual Bands window to define length of service bands for an accrual plan.

► **To set up length of service bands for a PTO plan:**

1. For each length of service band applicable to this plan, establish the band's duration by making an entry in the To field. The first band starts from zero years of service. If it extends for five years, enter 5 in the To field. The system then sets the From field for the second band at 5, as the second band starts after five years of service.

For the last band you enter, in order to cover all participants with any length of service beyond the band's From entry, enter 99 in the To field. For example, if your bands cover service of 0–5 years, 5–10 years and 10+ years, the third band's From and To entries should be 10 and 99.

2. For each band, enter in the Term Accrual field the number of hours or days that participants whose length of service falls into this band can accrue each accrual term. For example, if plan participants accrue 80 hours of vacation per year during their first five years of service (band 0 – 5), enter 80 in the Term Accrual field.
3. If a band does not permit participants to carry unused accrued time over to the next accrual term, leave the Maximum Carryover field blank. Otherwise, enter in this field the maximum number of accrued, unused hours or days that participants at this band may carry forward.
4. If a band has no ceiling that limits the total number of hours or days participants at this band can accrue at any one time, leave the Ceiling field blank. Otherwise, enter the ceiling number for the band.
5. Save your work.

## Changing Net Accrual Calculations

The rules for automatic calculation of employees' net PTO appear in the Net Calculation Rules window. You enter this window by choosing the Net Calculation Rules button in the Accrual Plan window.

The default net accrual calculation takes account of absences (entered on the Absence element) and time carried over from the previous accrual term (entered by the Carry Over process on the plan's Carried Over element). If your plan's calculation needs to take account of other values (such as time bought or sold), you can change the calculation in this window.

► **To change the net accrual calculation:**

1. Create any additional elements you need for the plan. For example, you might need an element to store the amount of PTO an employee has bought or sold. Use the Information classification for these elements, define them as nonrecurring, and give them at least two input values:
  - An input value with the same units (days or hours) as you selected for the accrual plan, and
  - An input value with the units Date (to hold the effective date).



**Suggestion:** Use names for these elements that clearly link them to the appropriate accrual plan. For example, if the accrual plan is called Standard Vacation, you could name the element Standard Vacation Bought or Sold.

2. Query the new elements in the Net Calculation Rules window.
3. Select the input value that hold the days or hours you want to use in the net accrual calculation.
4. Select the date input value that holds the effective date for the accrual calculation.
5. For each input value, select Add or Subtract to determine whether the value should increase or decrease the net accrual available to an employee.
6. Save your work.

## Entering Absences

Enter projected or actual absences for an employee using the Absence Detail window.

Because the calendar holding absence records for an employee is the same as that of the employee's payroll, the primary assignments of employees for whom you enter absence information must include an assignment to a payroll. The effective date of this assignment must be no later than the start of the current payroll period.



► **To enter absences for an employee:**

1. Select the absence type. The following information appears:
  - The category of the type.
  - The occurrence of the new absence record you are entering. For example, if the employee has already incurred two absences of this type, the occurrence of the new record is 3.
  - The running total of hours or days absent for the absence type. For absence types with increasing balances, this is the number of days or hours absent already recorded (in the past or future). For any types with decreasing balances, this is the number of hours or days remaining to be taken.
  - The number of days absence recorded for the absence type in the current calendar year.

- The name of the element that maintains each employee's time taken or time remaining for this absence type.

2. Do one of the following:
  - Enter *projected* dates for the absence. You can copy these later to the Actual Date fields by choosing the Confirm Projected Dates button.
  - Enter *actual* dates and duration as days or hours, according to the units of the balance. For a duration in hours, you must enter start and end times, as well as start and end dates.
3. You can also select:
  - Reasons for the absence
  - The employee authorizing the absence
  - The employee who replaces the absent employee for the duration of the absence
4. Save your work.

## Viewing Accruals for Plans Associated with the Absence Type

If the employee is enrolled in an accrual plan, the Accruals button is available. Choose this button to display the Associated Accrual Plans window, where you can see information about any accrual plans associated with the type of absence you are entering.

► **To view accruals:**

1. Enter or query an absence in the Absence Detail window, and choose the Accruals button.
2. If nothing is displayed, run a query in the Associated Accrual Plans window to display the name and category of any accrual plans associated with the absence type.

For each plan, three net accrual amounts are displayed:

The **Net Entitlement** figures in the Before this Absence and Including this Absence regions show the effect of the absence displayed in the Absence Detail window.

- The **Before** figure is the net accrual calculated on the day before the absence.
- The **Including** figure is calculated on the start date of the absence.

In most cases these figures will differ by the length of the absence you are entering. However, if the absence happens to start on the day that

this period's PTO entitlement is accrued, the new accrual is also shown in the After figure. Similarly, if any other time (such as time bought or sold) is debited or credited to the accrual on that day, it is reflected in the After figure.

**Projected Entitlement** shows the projected net accrual at the end of the current accrual plan term, taking account of any future absences already entered on the system. If the employee has future-dated assignment changes that affect his or her accrual entitlement, these are taken account of in the calculation.

**Note:** This figure does not take account of absences with a *projected* start date. It only includes absences that have an actual start date.

### Example

Suppose Ms. Shah is enrolled on a vacation plan that runs each calendar year starting 1 January, with a gross accrual of 2 days per month. Ms. Shah did not carry over any entitlement from last year and has taken no absences before May.

Net entitlement is calculated for the last complete accrual period (that is, the period that ends on or before the start of the absence being entered). This absence is only included in the calculation if it starts on the last day of an accrual period.

The following table shows the accrual amounts that would display if you enter four absences in the sequence shown.

Absences:	2 – 4 May	31 May – 3 June	12 – 15 Aug	15 June
<b>Net Entitlement</b>				
Before this absence	8	5	7	3
Including this absence	5	3	3	2
End of plan term	21	17	13	12

---

## Viewing Absence History

Use the View Absence History window to view all absences for an employee.

► **To view absences for an employee:**

- Select an employee then choose the Find button.

The absences appear in the lower part of the window. Use the standard Folder features to select a subset of these absence records, and to choose the fields to see.

---

## **Listing Employees by Absence Type**

Use the List Employees by Absence Type window to see all the absence records for a particular absence type, or category of types.

► **To list employees by absence type:**

- Enter any combination of absence type, category, and start and end dates to define the absences to view. Choose the Find button.

The absences appear in the lower part of the window. Use the standard Folder features to select a subset of these absence records, and to choose the fields to see.

---

## Running the Absences Report

The Absences Report shows information about employee absences during a specified period. It can show absences:

- For an individual employee, or for all the employees in an organization
- For all types of absence, or for selected types

The report summarizes the information as totals for each absence type since the employee was first hired.

You run reports in the Submit Requests window.

► **To run the Absences Report:**

1. In the Name field, select Absences Report.
2. Enter the Parameters field to open the Parameters window.
3. Enter the effective date for which you want to see the report.
4. Select either an organization or an employee.
5. Enter the start and end dates of the period for which you want to report absences.
6. You can choose up to 10 absence types for the report. To report on all types, leave the absence type fields blank. Choose OK.
7. Choose the Submit button.

---

## Enrolling Employees in PTO Accrual Plans

Enroll individual participants in an accrual plan by entering for them the element generated to represent the plan.

► **To enroll participants in a PTO accrual plan:**

- Do one of the following:
  - For enrollment of an individual employee, perhaps as a part of the hiring process, enter the element representing the plan for him or her using the Element Entries window.

See: Making Manual Element Entries: page 2 – 6

- For enrollment of a batch of employees in a plan, perhaps a newly-developed plan, use BEE.

See: Making Batch Element Entries Using BEE: page 2 – 8

## Overriding Length of Service

The default date for calculating length of service is the first day of the month of an employee's hire date. You can override this by entering another date when you enroll the participant in the plan. This is relevant to plans that have accrual bands based on length of service.

If you enter a date here, it is also used, instead of the employee's hire date, when the seeded formulas calculate the appropriate accrual start date for the employee. For example, if the plan's start date rule is Six Months After Hire Date, accrual will begin six months after the continuous service date you enter.

► **To override the default date for calculating length of service:**

- When enrolling the participant, enter the override date in the Continuous Service Date entry value of the element representing the plan.

## Reviewing Employees' PTO Accruals

To view information on employees' accrued PTO, use the Accruals window.

► **To view an employee's net PTO accrual:**

1. Set your effective date to the day for which you want to calculate PTO entitlement.
2. In the Assignments Folder, query the employee's name. Choose the Accruals button to go to the Accruals window.
3. Query the accrual plan in the Name window.

The **Dates** region shows the dates that the accrual formula uses for the entitlement calculation. These are typically from the start of the accrual term to your effective date. The **Net Entitlement** field displays the net accrued days or hours between these dates. The **Last Accrual** date is the end of the last complete accrual period, if the formula does not calculate accrual for partial periods.

If you allow maintenance of negative balances of accrued time at your installation and an employee's time absent exceeds time accrued, the net entitlement appears as a negative number.

The Entitlement Details region shows the values used in the calculation of the net entitlement:

- The <plan name> element stores current accrued time.
- The <plan name> Carried Over element stores accrued time carried over from the previous accrual term. If the plan has an expiry date for carried over time, the value shown after the expiry date is the amount of accrued time that was used. Any remaining time was lost.
- The absence element stores accrued time taken.
- Any other elements created at your site to hold values used for calculating net entitlement, such as elements to store bought or sold PTO.

If the accrual plan uses the seeded formulas, note that an absence is included in the accrued time taken figure if it starts on or before your effective date.



**Attention:** When reviewing employee accruals at the end of an accrual term, remember that carried over and residual PTO appear only after the PTO Carry Over process is run.

## Running the PTO Carry Over Process

The net accrual calculation for PTO includes carried over PTO in determining an employee's accrued PTO to date. To set the net calculation rules, use the Net Calculation Rules window. To review an employee's carryover of accrued time, use the Accruals window.

Run the PTO Carry Over Process at the end of the accrual term using the Submit Requests window.

**Note:** Use this procedure with the PTO accruals that your agency defines. It does not apply to the federal predefined PTO accruals.

► **To run the PTO Carry Over process:**

1. Select PTO Carry Over in the Name field. If the Parameters window does not open automatically, click in the Parameters field.
2. Enter a date in the PTO Calculation Date field and 'Current' or 'Previous' in the Accrual Term field. These are used by the plan's Carry Over formula to determine the effective date of the carried over PTO.

For example, if the accrual plan uses the seeded PTO\_CARRYOVER formula and you enter the calculation date 01 January 2000, the effective date of the carry over is:

- 31 December 2000, if you select Accrual Term = Current, or
- 31 December 1999, if you select Accrual Term = Previous

3. Select the name of one accrual plan to process, or select a category to process all plans in the category.
4. The Reprocess All Participants field defaults to No, so that the process affects only those plan participants not previously processed for this accrual term. To process all participants regardless of any previous processing, select Yes in this field.
5. When the entry of parameters is complete, choose OK. Choose Submit to submit the request.

The Carry Over process enters the Carried Over and Residual elements for all employee assignments included in the process.

# A

# Windows and Reports

This appendix includes information about:

- Windows and their navigation paths
- US Federal windows and their navigation paths
- Reports
- US Federal reports

## Windows and their Navigation Paths

The following list shows the default navigation paths for all the windows in Oracle HRMS, as they are supplied. You can use taskflow windows directly from the menu, or from the People and Assignment windows.

The responsibility that you use determines which of these windows you can use and how you access them. Your system administrator sets up navigation menus and task flows for your responsibility. They may also create customized versions of some of these windows using different window titles.

### **Absence Detail**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Choose the Others button and select Absence.

Or:

1. Choose Fastpath -> Absence in the Navigator.
2. In the resulting Find window, query the person.

### **Absence Attendance Type**

- Choose Total Compensation -> Basic -> Absence Types in the Navigator.

### **Accrual Bands**

1. Choose Total Compensation -> Basic -> Accrual Plans in the Navigator.
2. Enter or query an accrual plan name.
3. Choose the Accrual Bands button.

### **Accrual Plans**

- Choose Total Compensation -> Basic -> Accrual Plans in the Navigator.

### **Accruals**

Do one of the following:

1. Choose View -> Employee Accruals in the Navigator.
2. Run a query in the Assignments Folder window.

3. Select an employee assignment and choose the Accruals button.

Or:

1. Choose Fastpath -> Accruals in the Navigator.
2. In the resulting Find window, query the person.

### **Action Types**

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query or enter a plan.
3. Choose the Actions button.

### **Activity Rate**

1. Choose Total Compensation -> Rates/Coverage Definitions -> Flex Credits in the Navigator.
2. Query a compensation object.
3. Choose the Activity Rate button.

### **Activity Variable Rates and Rules**

1. Choose Total Compensation -> Rates/Coverage Definitions -> Flex Credits in the Navigator.
2. Query a compensation object.
3. Choose the Variable Rates button.

### **Actual Premiums**

- Choose Total Compensation -> Rates/Coverage Definitions -> Actual Premiums in the Navigator.

### **Address**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query a person.
3. Choose the Address button.

Or:

1. Choose Fastpath -> Address in the Navigator.
2. In the resulting Find window, query the person.

## **Adjust Balance (Payroll only)**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select Adjust Balance.

Or:

1. Choose Fastpath -> Adjust Balances in the Navigator.
2. In the resulting Find window, query the person.

## **Advanced Criteria**

1. Choose Benefits Extract -> Criteria Definition in the Navigator.
2. Query or enter a criteria definition and choose the Advanced tab.
3. Select a Criteria Type and choose the Details button.

## **Alter Effective Date**

- Choose Tools -> Alter Effective Date from the Tools menu.

## **Applicant Entry**

- Choose Recruitment -> Applicant Quick Entry in the Navigator.

## **Applicant Interview**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an applicant.
3. Choose the Others button and select Application.
4. Choose the Interview button.

## **Application**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an applicant.
3. Choose the Others button and select Application.

Or:

1. Choose Fastpath -> Application in the Navigator.
2. In the resulting Find window, query the person.

### **Application Utilities Lookups**

1. Choose Other Definitions -> Lookup Tables in the Navigator.
2. Enter or query a user-defined Type.

### **Appraisal Template**

- Choose Career Management -> Appraisal Template in the Navigator.

### **Assessment Template**

- Choose Career Management -> Assessment Template in the Navigator.

### **Assign Security Profiles**

- Choose Security -> Assign Security Profiles in the Navigator.

### **Assignment**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.

Or:

1. Choose Fastpath -> Assignment in the Navigator.
2. In the resulting Find window, query the person.

### **Assignment Budget Values**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an applicant or an employee.

3. Do one of the following:

For an applicant:

- Choose the Others button and select Application.
- Choose the Budgets button.

For an employee:

- Choose the Assignment button.
- Choose the Others button and select Budget Values.

Or:

1. Choose Fastpath -> Assignment Budget in the Navigator.
2. In the resulting Find window, query the person.

### **Assignment Criteria**

1. Choose Payroll -> Assignment Set in the Navigator.
2. Enter or query an assignment set.
3. Choose the Criteria button.

### **Assignment History**

- Choose View -> Histories -> Employee Assignment in the Navigator.

### **Assignment Processes**

1. Choose View -> Payroll Process Results in the Navigator.
2. Enter or query a payroll process.
3. Choose the Assignment Process button.

### **Assignment Set**

- Choose Payroll -> Assignment Set in the Navigator.

### **Assignment Statuses**

- Choose Work Structures -> Status in the Navigator.

### **Assignment Folder**

- Choose View -> Lists -> Assignment Folder in the Navigator.

### **Balance (Payroll only)**

- Choose Total Compensation -> Basic -> Balance in the Navigator.

### **Balance Classifications (Payroll only)**

1. Choose Total Compensation -> Basic -> Balance in the Navigator.
2. Enter or query a balance.
3. Choose the Classifications button.

### **Balance Dimensions (Payroll only)**

1. Choose Total Compensation -> Basic -> Balance in the Navigator.
2. Enter or query a balance.
3. Choose the Dimensions button.

### **Balance Feed Control**

1. Choose Total Compensation -> Basic -> Element Description in the Navigator.
2. Enter or query an element.
3. Choose the Balance Feed Control button.

### **Balance Feeds**

**Note:** This instance of the Balance Feeds window lets you select more than one balance for the element to feed.

1. Choose Total Compensation -> Basic -> Element Description in the Navigator.
2. Enter or query an element.
3. Choose the Balance Feeds button.

### **Batch Assignment Entry**

1. Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.
2. Enter or query a batch header.
3. Choose the Assignment Lines button.

### **Batch Header**

- Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.

### **Batch Lines**

1. Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.
2. Enter or query a batch header.
3. Choose the Element Lines button.

### **Batch Process Parameters (Advanced Benefits Only)**

- Choose Processes and Reports -> Batch Process Parameters in the Navigator.

### **Batch Summary**

- Choose Mass Information eXchange: MIX -> BEE Summary in the Navigator.

### **Beneficiary Certifications**

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query a plan.
3. Choose the Designations tab.
4. Choose the Beneficiary tab.
5. Choose the Certifications button.

### **Benefits Authentication Form (Advanced Benefits Only)**

- Choose People -> Total Comp Contribution -> Benefits Authentication Form in the Navigator.

### **Benefits Balances**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Benefits Balances in the Navigator.

### **Benefits Group**

- Choose Total Compensation -> General Definitions -> Eligibility/Rate Factors -> Benefits Group in the Navigator.

### **Benefits Pools (Advanced Benefits Only)**

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Benefits Pools in the Navigator.

## **Book Events**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee or applicant.
3. Choose the Others button and select Bookings.

## **Budget**

- Choose Work Structures -> Budget in the Navigator.

## **Budget Value Defaults**

1. Choose Work Structures -> Organization -> Description in the Navigator.
2. Enter or query a Business Group.
3. Choose the Others button and select Budget Value Defaults.

## **Budgetary Calendar**

- Choose Work Structures -> Budget Calendar in the Navigator.

## **Business Group Information**

1. Choose Work Structures -> Organization -> Description in the Navigator.
2. Enter or query a Business Group.
3. Choose the Others button and select Business Group Information.

## **Career Path Names**

- Choose Work Structures -> Job -> Path Name in the Navigator.

## **Certifications**

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query or enter a plan.
3. Choose the General tab.
4. Choose the Plan or Option tab.
5. Choose the Certifications button.

## **Change Event Log**

- Choose Mass Information eXchange -> System Extract -> Change Event Log in the Navigator.

### **Collapse Life Events**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Collapse Life Events in the Navigator.

### **Collective Agreements**

- Choose Work Structures -> Collective Agreements in the Navigator.

### **Columns**

1. Choose Other Definitions -> Table Structure in the Navigator.
2. Enter or query a table.
3. Choose the Columns button.

### **Communication Delivery Methods**

- Choose Fastpath -> Personal Delivery Method in the Navigator.

### **Communication Types**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Communication Types in the Navigator.

### **Communication Type Children**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Communication Types in the Navigator.
2. Query a communication type kit.
3. Choose the View Children button.

### **Communication Type Delivery Methods**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Communication Types in the Navigator.
2. Query or enter a communication type.
3. Choose the Delivery button.

### **Communication Type Triggers**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Communication Types in the Navigator.
2. Query or enter a communication type.
3. Choose the Triggers button.

## **Communication Type Usages**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Communication Types in the Navigator.
2. Query or enter a communication type.
3. Choose the Usages button.

## **Competence Profile**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query a person.
3. Choose the Others button and select Competence Profile.

Or:

1. Choose Fastpath -> Competence Profile in the Navigator.

## **Competence Requirements**

- Choose Career Management -> Competence Requirements in the Navigator.

## **Competence Types**

- Choose Career Management -> Competence Types in the Navigator.

## **Competencies**

- Choose Career Management -> Competencies in the Navigator.

## **Consolidation Sets (Payroll)**

- Choose Payroll -> Consolidation in the Navigator.

## **Contact**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee or applicant.
3. Choose the Others button and select Contact.

Or:

1. Choose Fastpath -> Contact in the Navigator.
2. In the resulting Find window, query the person.

## **Contract**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee or applicant.
3. Choose the Others button.
4. Choose Contracts.

Or:

1. Choose Fastpath -> Contracts in the Navigator.
2. In the resulting Find window, query the person.

## **Control Totals**

1. Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.
2. Choose the Totals button.

## **Conversion Rate Types**

- Choose Payroll -> Currency Types in the Navigator.

## **Costing**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select Costing.

Or:

1. Choose Fastpath -> Costing in the Navigator.
2. In the resulting Find window, query the person.

## **Costing Information**

1. Choose Work Structures -> Organization -> Description in the Navigator.
2. Enter or query an organization.
3. Choose the Others button and select Costing.

## **Court Orders**

- Choose People -> Total Comp Enrollment -> Court Orders in the Navigator.

## **Coverage Across Plan Types**

- Choose Total Compensation -> Rates/Coverage Definitions -> Coverage Across Plan Types in the Navigator.

## **Coverage Calculations**

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Coverage Calculations in the Navigator.

## **Create Batch Lines**

1. Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.
2. Enter or query a batch header.
3. Choose the Assignment Set button.

## **Criteria Definition**

- Choose Benefits Extract -> Criteria Definition in the Navigator.

## **Custom Reports**

- Choose Processes and Reports -> Submit Custom Reports in the Navigator.

## **Database Items**

1. Choose Total Compensation -> Basic -> Write Formulas in the Navigator.
2. Enter or query a formula.
3. Choose the Show Items button.

## **DateTrack History Change Field Summary**

- Choose Tools -> Datetrack History from the Tools menu.

## **Define Combinations**

- Choose Total Compensation -> Programs and Plans -> Combinations in the Navigator.

### **Define Extract**

- Choose Benefits Extract -> Extract Definition in the Navigator.

### **Define Function**

- Choose Other Definitions -> Formula Functions in the Navigator.

### **Define Messages (Advanced Benefits only)**

- Choose Total Compensation -> General Definitions -> Define Messages in the Navigator.

### **Define QuickPaint Report**

- Choose Processes and Reports -> Define a QuickPaint Report in the Navigator.

### **Define Task Flow**

- Choose Security -> Task Flow Definitions in the Navigator.

### **Define Task Flow Nodes**

- Choose Security -> Task Flow Nodes in the Navigator.

### **Delete Person**

- Choose People -> Delete Personal Records in the Navigator.

### **Dependent/Beneficiary Designation**

Do one of the following:

- Choose People -> Total Comp Enrollment -> Dependent/Beneficiary Designation in the Navigator.

Or:

1. Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.
2. Query a person.
3. Choose the Designees button.

### **Dependent Certifications**

Do one of the following:

1. Choose Total Compensation -> Programs and Plans -> Program Enrollment Requirements in the Navigator.
2. Query a program.

3. Choose the Dependent Coverage tabbed region
4. Choose the Certifications button.

Or:

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query a plan.
3. Choose the Designations tab.
4. Choose the Dependent tab.
5. Choose the Certifications button.

### **Dependent Change of Life Event**

Do one of the following:

1. Choose Choose Total Compensation -> Programs and Plans -> Program Enrollment Requirements in the Navigator.
2. Query a program and choose the Dependent Coverage tabbed region.
3. Choose the Dependent Change of Life Event button.

Or:

1. Choose Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query a plan and choose the Designations tabbed region.
3. Choose the Dependent tab.
4. Choose the Dependent Change of Life Event button.

### **Dependent Change of Life Event Certification**

Do one of the following:

1. Choose Choose Total Compensation -> Programs and Plans -> Program Enrollment Requirements in the Navigator.
2. Query a program and choose the Dependent Coverage tabbed region.
3. Choose the Dependent Change of Life Event button.
4. Select a life event and choose the Dependent Change of Life Event Certifications button.

Or:

1. Choose Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query a plan and choose the Designations tabbed region.
3. Choose the Dependent tab.
4. Choose the Dependent Change of Life Event button.
5. Select a life event and choose the Dependent Change of Life Event Certifications button.

### **Dependent Coverage Eligibility Profiles**

- Choose Total Compensation -> General Definitions -> Eligibility Profiles -> Dependent Coverage Eligibility Profiles in the Navigator.

### **Dependent Eligibility Profiles**

Do one of the following:

1. Choose Choose Total Compensation -> Programs and Plans -> Program Enrollment Requirements in the Navigator.
2. Query a program and choose the Dependent Coverage tabbed region.
3. Choose the Eligibility Profiles button.

Or:

1. Choose Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query a plan and choose the Designations tabbed region.
3. Choose the Dependent tab.
4. Choose the Eligibility Profiles button.

### **Derived Factors**

- Choose Total Compensation -> General Definitions -> Eligibility/Rate Factors -> Derived Factors in the Navigator.

### **Designation Requirements**

Do one of the following:

1. Choose Total Compensation -> Programs and Plans -> Options in the Navigator.
2. Query or enter an option.

3. Choose the Designation Requirements button.

Or:

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query a plan.
3. Choose the General tab.
4. Choose the Plan or Option tab.
5. Choose the Designations button.

### **Edit Formula**

1. Choose Total Compensation -> Basic -> Write Formulas in the Navigator.
2. Enter or query a formula.
3. Choose the Edit button.

### **Electable Choices**

1. Choose People -> Total Comp Participation
2. Choose the Enrollment Opportunities button
3. Choose the Electable Choices button.

### **Element**

- Choose Total Compensation -> Basic -> Element Description in the Navigator.

### **Element and Distribution Set**

- Choose Payroll -> Element Set in the Navigator.

### **Element Classifications (Payroll)**

- Choose Total Compensation -> Classification in the Navigator.

### **Element Entries**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Entries button.

Or:

1. Choose Fastpath -> Entries in the Navigator.
2. In the resulting Find window, query the person.

### **Element Link**

- Choose Total Compensation -> Basic -> Link in the Navigator.

### **Eligibility**

Do one of the following:

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Plan Eligibility button.
4. Choose the Eligibility button.

Or:

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Options button.
4. Choose the Option Eligibility button.
5. Choose the Eligibility button.

Or:

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Plans and Plan Types button.
4. Choose the Plans tab or the Plan Types tab.
5. Choose the Participation Eligibility button.
6. Choose the Eligibility button.

Or:

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.

3. Choose the Participation Eligibility button.
4. Choose the Eligibility button.

### **Employee Assignment Processes (Payroll only)**

- Choose View -> Assignment Process Results in the Navigator.

### **Employee Review**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select Reviews.

Or:

1. Choose Fastpath -> Employee Review in the Navigator.
2. In the resulting Find window, query the person.

### **Employee Run Result History (Payroll only)**

- Choose View -> Histories -> Run Results in the Navigator.

### **End Application**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Others button and select End Application.

Or:

1. Choose Fastpath -> End Application in the Navigator.
2. In the resulting Find window, query the person.

### **End Employment**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Others button and select End Employment.

Or:

1. Choose Fastpath -> End Employment in the Navigator.
2. In the resulting Find window, query the person.

#### **Enrollment Action (Advanced Benefits only)**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Enrollment Action in the Navigator.

#### **Enrollment Opportunities**

1. Choose People -> Total Comp Participation
2. Choose the Enrollment Opportunities button.

#### **Enrollment Override**

- Choose People -> Total Comp Enrollment -> Enrollment Override in the Navigator.

#### **Enrollment Rules**

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query or enter a plan.
3. Choose the Timing tab.
4. Choose the Scheduled tab or the Life Event tab.
5. Choose the Enrollment Rules button.

#### **Entry Values**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Entries button.
5. Select an entry and choose the Entry Values button.

#### **Event Bookings**

Do one of the following:

- Choose People -> Events and Bookings in the Navigator.

Or:

1. Choose Fastpath -> Event in the Navigator.

2. In the resulting Find window, query the person.

### **External/Manual Payments (Payroll only)**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select External Pay.

Or:

1. Choose Fastpath -> External/Manual Payments in the Navigator.
2. In the resulting Find window, query the person.

### **Extract Results**

- Choose Benefits Extract -> Extract Results in the Navigator.

### **Extract Results Errors**

1. Choose Benefits Extract -> Extract Results in the Navigator.
2. Query an extract run result and choose the Errors and Warnings button.

### **Extract Results Details**

1. Choose Benefits Extract -> Extract Results in the Navigator.
2. Query an extract run result and choose the Details button.

### **Extract Results Header and Trailer**

1. Choose Benefits Extract -> Extract Results in the Navigator.
2. Query an extract run result and choose the Header and Trailer button.

### **File Layout Include Conditions**

1. Choose Benefits Extract -> Layout Definition in the Navigator.
2. Choose the File Layout tab and query or enter a file layout.
3. Select a record and choose the Include Conditions button.

### **Flex Credits (Advanced Benefits only)**

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Flex Credits in the Navigator.

### **Flex Program (Advance Benefits only)**

- Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.

### **Form Customization**

- Choose Security -> CustomForm in the Navigator.

### **Formula**

- Choose Total Compensation -> Basic -> Write Formulas in the Navigator.

### **Formula Result Rules (Payroll only)**

- Choose Total Compensation -> Basic -> Formula Results in the Navigator.

### **Frequency Rules (Payroll only)**

1. Choose Total Compensation -> Basic -> Element Description in the Navigator.
2. Enter or query an element.
3. Choose the Frequency Rules button.

### **GL Map (Payroll only)**

- Choose Payroll -> GL Flexfield Map in the Navigator.

### **Globals**

- Choose Total Compensation -> Basic -> Global Values in the Navigator.

### **GL Daily Rates**

- Choose Total Compensation -> Basic -> Global Values in the Navigator.

### **Goods and Services**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Goods and Services in the Navigator.

### **Grade Rate**

- Choose Work Structures -> Grade -> Grade Rate in the Navigator.

### **Grade Scale**

- Choose Work Structures -> Grade -> Grade Steps and Points in the Navigator.

### **Grade Step Placement**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select Grade Step.

Or:

1. Choose Fastpath -> Grade Step in the Navigator.
2. In the resulting Find window, query the person.

### **Grades**

- Choose Work Structures -> Grade -> Description in the Navigator.

### **Imputed Income**

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Imputed Income in the Navigator.

### **Input Values**

1. Choose Total Compensation -> Basic -> Element Description in the Navigator.
2. Enter or query an element.
3. Choose the Input Values button.

### **Investment Options**

1. Choose People -> Total Comp Enrollment -> Savings Plan in the Navigator.
2. Query a person.
3. Choose the Investment Options button.

## **Job**

- Choose Work Structures -> Job -> Description in the Navigator.

## **Job Evaluation**

1. Choose Work Structures -> Job -> Description in the Navigator.
2. Enter or query a job.
3. Choose the Evaluation button.

## **Job Requirements**

1. Choose Work Structures -> Job -> Description in the Navigator.
2. Enter or query a job.
3. Choose the Requirements button.

## **Layout Definition**

- Choose Benefits Extract -> Layout Definition in the Navigator.

## **Life Event**

Do one of the following:

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Plan and Plan Types button.
4. Choose the Plans tab or the Plan Types tab.
5. Choose the Life Event button.

Or:

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Life Event button.

## **Life Event Certifications**

1. Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.
2. Query or enter a plan.
3. Choose the General tab.

4. Choose the Plan or Option tab.
5. Choose the Life Event Certifications button.

#### **Life Event Reason Impact on Eligibility (Advanced Benefits)**

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Options button.
4. Choose the Life Event Eligibility button.

#### **Life Event Reasons (Advanced Benefits)**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Life Event Reasons in the Navigator.

#### **Link Input Values**

1. Choose Total Compensation -> Basic -> Link in the Navigator.
2. Enter or query an element.
3. Choose the Input Values button.

#### **List Assignments**

- Choose View -> Lists -> Assignments in the Navigator.

#### **List Budget Variance by Organization**

- Choose View -> Organization Budgets in the Navigator.

#### **List Employees by Absence Type**

- Choose View -> Lists -> Employees by Absence Type in the Navigator.

#### **List Employees by Element**

- Choose View -> Lists -> Employees by Element in the Navigator.

#### **List Employees by Organization**

- Choose View -> Lists -> Employees by Organization in the Navigator.

#### **List Employees by Position**

- Choose View -> Lists -> Employees by Position in the Navigator.

### **List Employees by Position Hierarchy**

- Choose View -> Lists -> Emps by Position Hierarchy in the Navigator.

### **List People by Assignment**

- Choose View -> Lists -> People by Assignment in the Navigator.

### **List People by Special Information**

- Choose View -> Lists -> People by Special Information in the Navigator.

### **List Position Budget Variance**

- Choose View -> Position Budgets in the Navigator.

### **Location**

- Choose Work Structures -> Location in the Navigator.

### **Lookups**

- Choose Other Definitions -> Lookup Tables in the Navigator.

### **Maintain On Line Activities (Advanced Benefits)**

- Choose Total Compensation -> General Definitions -> On-line Activities for Authentication in the Navigator.

### **Maintain Options Eligibility**

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Options button.
4. Choose the Option Eligibility button.

### **Maintain Plan Eligibility**

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Plan Eligibility button.

### **Maintain Plan Options**

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Options button.

### **Maintain Plan Related Details**

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Details button.

### **Maintain Pop Up Messages (Advanced Benefits)**

- Choose Total Compensation -> General Definitions -> Message Configuration in the Navigator.

### **Manual Payments**

- Choose People -> Total Comp Contribution -> Manual Payments in the Navigator.

### **Map Career Path**

- Choose Work Structures -> Job -> Career Path in the Navigator.

### **Mass Move**

- Choose Work Structures -> Position -> Mass Move in the Navigator.

### **Mass Move – Assignments**

1. Choose Work Structures -> Position -> Mass Move in the Navigator.
2. Complete the Mass Move window and save your work.
3. Choose the Positions button.
4. Complete the Find Positions window.
5. Choose the Find button.
6. Complete the Mass Move – Positions window.
7. Choose the Assignments button.

## **Mass Move – Messages**

1. Choose Work Structures -> Position -> Mass Move in the Navigator.
2. Complete the Mass Move window and save your work.
3. Choose the Positions button.
4. Complete the Find Positions window and choose the Find button.
5. Complete the Mass Move – Positions window and choose the Assignments button.
6. Complete the Mass Move – Assignments window and close it.
7. From the Mass Move – Positions window, choose the Valid Grades button.
8. Complete the Valid Grades window and close it.
9. Close the Mass Move – Positions window.
10. From the Mass Move window, choose the Execute button.
11. If the Status field shows In Error or Complete with Warnings, a Message button appears.
12. If the Message button appears, choose it to view messages in the Mass Move – Messages window.

**Note:** Alternatively, you can view messages for saved (but not yet successfully executed) mass moves as follows:

1. Choose Work Structures -> Position -> Mass Move in the Navigator.
2. Enter the name of the saved mass move in the Description field.
3. When the Mass Move window is populated with data and the Message button appears, choose the Message button .

## **Mass Move – Positions**

1. Choose Work Structures -> Position -> Mass Move in the Navigator.
2. Complete the Mass Move window.
3. Save your work.
4. Choose the Positions button.
5. In the resulting Find Positions window, select or enter a Source Job and Source Position.
6. Choose the Find button.

### **Mass Move – Valid Grades**

1. Choose Work Structures -> Position -> Mass Move in the Navigator.
2. Complete the Mass Move window and save your work.
3. Choose the Positions button.
4. Complete the Find Positions window.
5. Choose the Find button.
6. Complete the Mass Move – Positions window.
7. Choose the Valid Grades button.

### **Mass Update of Applicants**

- Choose Recruitment -> Mass Update of Applicants in the Navigator.

### **Messages**

1. Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.
2. Choose the Messages button.

### **Miscellaneous Plan**

- Choose People -> Total Comp Enrollment -> Miscellaneous Plan in the Navigator.

### **MIX Batch Header**

- Choose Mass Information eXchange: MIX -> Batch Element Entry in the Navigator.

### **Monitor Batch Processes (Advanced Benefits only)**

- Choose Processes and Reports -> Monitor Batch Processes in the Navigator.

### **Monthly Participant Premium**

- Choose People -> Enrollment Process -> Monthly Participant Premium in the Navigator.

### **Monthly Plan or Option Premium**

- Choose Total Compensation -> Monthly Premium in the Navigator.

## **Net Calculation Rules**

1. Choose Total Compensation -> Basic -> Accrual Plans in the Navigator.
2. Enter or query an accrual plan name.
3. Choose the Net Calculation Rules button.

## **Non-Flex Program**

- Choose People -> Total Comp Enrollment -> Non-Flex Program in the Navigator.

## **Options**

- Choose Total Compensation -> Programs and Plans -> Options in the Navigator.

## **Organization**

- Choose Work Structures -> Organization -> Description in the Navigator.

## **Organization Hierarchy**

- Choose Work Structures -> Organization -> Hierarchy in the Navigator.

## **Organizational Payment Method**

- Choose Payroll -> Payment Methods in the Navigator.

## **Other Rates**

1. Choose People -> Total Comp Enrollment -> Non-Flex Program in the Navigator.
2. Query a person.
3. Choose the Others button and select Other Rates.

## **Participant**

- Choose Total Compensation -> General Definitions -> Eligibility Profiles -> Participant in the Navigator.

## **Participation Eligibility Profiles**

- Choose Total Compensation -> General Definitions -> Eligibility Profiles -> Participation Eligibility Profiles

## **Participation Overrides (Advanced Benefits only)**

- Choose People -> Total Comp Participation -> Participation Overrides in the Navigator.

## **Parent Organization**

1. Choose Work Structures -> Organization -> Description in the Navigator.
2. Enter or query an organization.
3. Choose the Others button and select Parent Organization.

## **Payment Schedule**

1. Choose Total Compensation -> Rates/Coverage Definitions -> Flex Credits in the Navigator.
2. Query or enter a flex credit definition and choose the Processing tabbed region.
3. Choose the Payment Schedule button.

## **Payments**

1. Choose People -> Total Comp Contribution -> Record Contribution or Distribution
2. Choose the View Payments window.

## **Payroll**

- Choose Payroll -> Description in the Navigator.

## **Payroll Processes (Payroll only)**

- Choose View -> Payroll Process Results in the Navigator.

## **Pay Scale**

- Choose Work Structures -> Grade -> Pay Scale in the Navigator.

## **People**

- Choose People -> Enter and Maintain in the Navigator.

## **People Folder**

- Choose View -> Lists -> People Folder in the Navigator.

## **Performance**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee, and choose the Assignment button.
3. Choose the Salary button.
4. Choose the Performance button.

Or:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee, and choose the Assignment button.
3. Choose the Others button and select Performance.

## **Period Dates**

1. Choose Payroll -> Description in the Navigator.
2. Enter or query a payroll.
3. Choose the Period Dates button.

## **Period-to-Date Limits**

Do one of the following:

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Period-to-Date Limits in the Navigator.

Or:

1. Choose Total Compensation -> Rates/Coverage Definitions -> Flex Credits in the Navigator.
2. Query a compensation object.
3. Choose the Activity Rate button.
4. Choose the Period to Date Limit button.

## **Period Types**

- Choose Other Definitions -> Time Periods in the Navigator.

## **Person Benefits Assignment**

- Choose People -> Total Comp Participation -> Person Benefits Assignment

### **Person Benefits Balances**

- Choose People -> Total Comp Participation -> Person Benefits Balances in the Navigator.

### **Person Changes (Advanced Benefits only)**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Life Event Reasons in the Navigator.
2. Query or enter a life event.
3. Choose the Person Changes button.
4. Choose the Add Person Change button.

### **Person Changes Cause Life Events (Advanced Benefits only)**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Life Event Reasons in the Navigator.
2. Query or enter a life event.
3. Choose the Person Changes button.

### **Person Communications (Advanced Benefits only)**

- Choose People -> Enrollment Process -> Person Communications in the Navigator.

### **Person Enrollment Action Items**

Do one of the following:

- Choose People -> Enrollment Process -> Person Enrollment Action Items in the Navigator.

Or:

1. Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.
2. Query a person.
3. Choose the Action Items button.

### **Person Enrollment Certifications (Advanced Benefits only)**

Do one of the following:

- Choose People -> Enrollment Process -> Person Enrollment Certificates in the Navigator.

Or:

1. Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.
2. Query a person.
3. Choose the Certifications button.

#### **Person Potential Life Event (Advanced Benefits only)**

Do one of the following:

- Choose People -> Enrollment Process -> Person Potential Life Event in the Navigator.

Or:

1. Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.
2. Query a person.
3. Choose the Event button.

#### **Person Primary Care Provider**

- Choose People -> Total Comp Enrollment -> Person Primary Care Provider in the Navigator.

#### **Person Types**

- Choose Other Definitions -> Person Types in the Navigator.

#### **Person Type Usage**

- Choose Fastpath -> Person Type Usage in the Navigator.

#### **Personal Payment Method**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Pay Method button, or choose the Others button and select Pay Method.

Or:

1. Choose Fastpath -> Pay Method in the Navigator.

2. In the resulting Find window, query the person.

### **Phone Numbers**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Others button.
4. Choose Phones.

Or:

1. Choose Fastpath -> Phones in the Navigator.
2. In the resulting Find window, query the person.

### **Picture**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator
2. Enter or query a person.
3. Choose the Picture button.

Or:

1. Choose Fastpath -> Picture in the Navigator.
2. In the resulting Find window, query the person.

### **Plan and Plan Type**

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Plan and Plan Types button.

### **Plan Enrollment Requirements**

- Choose Total Compensation -> Programs and Plans -> Plan Enrollment Requirements in the Navigator.

### **Plan in Program Participation Eligibility**

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.

3. Choose the Plan and Plan Types button.
4. Choose the Plans tab.
5. Choose the Participation Eligibility button.

### **Plan Reimbursement**

- Choose Total Compensation -> General Definitions -> Programs and Plans -> Plan Reimbursement in the Navigator.

### **Plans**

- Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.

### **Plan Type Participation Eligibility**

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Plan and Plan Types button.
4. Choose the Plan Type tab.
5. Choose the Participation Eligibility button.

### **Plan Types**

- Choose Total Compensation -> Programs and Plans -> Plan Types in the Navigator.

### **Position**

- Choose Work Structures -> Position -> Description in the Navigator.

### **Position Evaluation**

1. Choose Work Structures -> Position -> Description in the Navigator.
2. Enter or query a position.
3. Choose the Evaluation button.

### **Position Hierarchy**

- Choose Work Structures -> Position -> Hierarchy in the Navigator.

### **Position Occupancy Folder**

1. Choose Work Structures -> Position -> Description in the Navigator.
2. Query a position.
3. Choose the Occupancy button.

### **Position Reporting To**

1. Choose Work Structures -> Position -> Description in the Navigator.
2. Enter or query a position.
3. Choose the Reporting To button.

### **Position Requirements**

1. Choose Work Structures -> Position -> Description in the Navigator.
2. Enter or query a position.
3. Choose the Requirements button.

### **Postal/Zip**

- Choose Total Compensation -> General Definitions -> Eligibility/Rate Factors -> Postal/Zip in the Navigator.

### **Possible Certifications**

1. Choose People -> Total Comp Participation
2. Choose the Enrollment Opportunities button.
3. Choose the Electable Choices button
4. Choose the Possible Certifications button

### **Primary Care Providers**

Do one of the following:

- Choose People -> Total Comp Enrollment -> Person Primary Care Provider

Or:

1. Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.
2. Query a person.

3. Choose the Care Providers button.

### **Program/Plan Years**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Program/Plan Years in the Navigator.

### **Programs**

- Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.

### **Program Enrollment Requirements**

- Choose Total Compensation -> General Definitions -> Programs and Plans -> Program Enrollment Requirements in the Navigator.

### **Program Participation Eligibility**

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Participation Eligibility button.

### **Program Waive Certifications**

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Plan and Plan Types button.
4. Choose the Plan Types tab.
5. Choose the Waive button.
6. Choose the Waive Certification button.

### **Program Waive Reasons**

1. Choose Total Compensation -> Programs and Plans -> Programs in the Navigator.
2. Query or enter a program.
3. Choose the Plan and Plan Types button.
4. Choose the Plan Types tab.
5. Choose the Waive button.

## **Qualifications**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query a person.
3. Choose the Others button and select Qualifications.

Or:

1. Choose Fastpath -> Qualifications in the Navigator.

## **Qualification Types**

- Choose Career Management -> Qualification Types in the Navigator.

## **QuickPaint Inquiry**

1. Choose Processes and Reports -> Run a QuickPaint Report in the Navigator.
2. Query a report that has been run.
3. Choose the View Report button.

## **QuickPay (Payroll only)**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select QuickPay.

Or:

1. Choose Fastpath -> QuickPay in the Navigator.
2. In the resulting Find window, query the person.

## **Rating Scales**

- Choose Career Management -> Rating Scales in the Navigator.

## **Record Continuing Benefits Payments**

- Choose People -> Total Comp Contribution -> Record Continuing Benefits Payments in the Navigator.

## **Record Layout Include Conditions**

1. Choose Benefits Extract -> Layout Definition in the Navigator.

2. Choose the Record Layout tab and query or enter a record layout.
3. Select a Data Element and choose the Include Conditions button.

### **Recruiting For**

1. Choose Recruitment -> Recruitment Activity in the Navigator.
2. Enter or query a recruitment activity.
3. Choose the Recruiting For button.

### **Recruitment Activity**

- Choose Recruitment -> Recruitment Activity in the Navigator.

### **Regulations**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Regulations in the Navigator.

### **Regulatory Bodies and Regulations**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Reporting Groups in the Navigator.
2. Query or enter a reporting group.
3. Choose the Plan Regulatory Bodies and Regulations button.

### **Reimbursements Requests (Advanced Benefits only)**

- Choose People -> Total Comp Distribution -> Reimbursements Requests in the Navigator.

### **Related Person Changes (Advanced Benefits only)**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Life Event Reasons in the Navigator.
2. Query or enter a life event.
3. Choose the Related Person Changes button.
4. Choose the Add Related Person Change button.

### **Related Person Changes Cause Life Events (Advanced Benefits only)**

1. Choose Total Compensation -> General Definitions -> Additional Setup -> Life Event Reasons in the Navigator.
2. Query or enter a life event.
3. Choose the Related Person Changes button.

## **Reporting Groups**

- Choose Total Compensation -> General Definitions -> Additional Setup -> Reporting Groups in the Navigator.

## **Request Letter**

- Choose Recruitment -> Request Recruitment Letter in the Navigator.

## **Request Set**

- Choose Security -> Report Sets in the Navigator.

## **Requisition and Vacancy**

- Choose Recruitment -> Requisition and Vacancy in the Navigator.

## **RetroPay Set (Payroll only)**

- Choose Payroll -> RetroPay Set in the Navigator.

## **Reverse Payroll Run (Payroll only)**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Others button and select Reverse Run.

Or:

1. Choose Fastpath -> Reverse Payroll Run in the Navigator.
2. In the resulting Find window, query the person.

## **Rows**

1. Choose Other Definitions -> Table Structure in the Navigator.
2. Enter or query a table.
3. Choose the Rows button.

## **Run QuickPaint Report**

- Choose Processes and Reports -> Run a QuickPaint Report in the Navigator.

## **Salary Administration**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an employee.
3. Choose the Assignment button.
4. Choose the Salary button.

Or:

1. Choose Fastpath -> Salary in the Navigator.
2. In the resulting Find window, query the person.

## **Salary Basis**

- Choose Total Compensation -> Basic -> Salary Basis in the Navigator.

## **Salary History**

Do one of the following:

1. Choose View -> Histories -> Salary in the Navigator.
2. Run a query in the Assignments Folder window.
3. Select an employee assignment and choose the Salary History button.

Or:

1. Choose Fastpath -> Salary History in the Navigator.
2. In the resulting Find window, query the person.

## **Salary Management Folder**

- Choose People -> Salary Management in the Navigator.

## **Salary Surveys**

- Choose Total Compensation -> Basic -> Salary Survey in the Navigator.

## **Saving Plan**

- Choose People -> Total Comp Enrollment -> Savings Plan in the Navigator.

### **Scale Rate**

- Choose Work Structures -> Grade -> Point Values in the Navigator.

### **Schools and Colleges**

- Choose Career Management -> Schools and Colleges in the Navigator.

### **Schools and Colleges Attended**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query a person.
3. Choose the Others button and select Schools/Colleges.

### **Secondary Statuses**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query an applicant or employee.
3. Do one of the following:

For an applicant:

- Choose the Others button and select Application.
- Choose the Secondary Status button.

For an employee:

- Choose the Assignment button.
- Choose the Others button and select Secondary Status.

Or:

1. Choose Fastpath -> Secondary Status in the Navigator.
2. In the resulting Find window, query the person.

### **Security Profile**

- Choose Security -> Profile in the Navigator.

### **Service Areas**

- Choose Total Compensation -> General Definitions -> Eligibility/Rate Factors -> Service Areas in the Navigator.

### **Sort**

1. Choose Benefits Extract -> Layout Definition in the Navigator.
2. Choose the File Layout tab and select a Record Name.
3. Choose the Sort button.

### **Special Information**

Do one of the following:

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query a person.
3. Choose the Special Info button.

Or:

1. Choose Fastpath -> Special Information in the Navigator.
2. In the resulting Find window, query the person.

### **Special Information Types**

- Choose Other Definitions -> Special Information Types in the Navigator.

### **Special Rates**

1. Choose People -> Total Comp Enrollment -> Flex Program in the Navigator.
2. Query a person.
3. Choose the Special Rates button.

### **Standard Distribution/Contributions**

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Standard Distributions/Contributions in the Navigator.

### **Submit a New Request**

1. Choose Processes and Reports -> Submit Processes and Reports in the Navigator.
2. Select Single Request or a Request Set.

### **Table Structure**

- Choose Other Definitions -> Table Structure in the Navigator.

### **Table Values**

- Choose Other Definitions -> Table Values in the Navigator.

### **Update Payroll Run (Payroll only)**

- Choose Payroll -> Update Payroll Run in the Navigator.

### **Valid Grades (for jobs)**

1. Choose Work Structures in the Navigator.
2. Choose either Job -> Description or Position -> Description.
3. Enter or query a job or position.
4. Choose the Valid Grades button.

### **User Types and Statuses**

- Choose Other Definitions ->User Types and Statuses

### **Valid Payment Methods**

1. Choose Payroll -> Description in the Navigator.
2. Enter or query a payroll.
3. Choose the Valid Payment Methods button.

### **Variable Rate Profiles**

- Choose Total Compensation -> General Definitions -> Rate/Coverage Definitions -> Variable Rate Profiles in the Navigator.

### **View Absence History**

- Choose View -> Histories -> Absence in the Navigator.

### **View Element Entry History for Employee**

1. Choose View -> Histories -> Entries in the Navigator.
2. Run a query in the Assignments Folder window.
3. Select an employee assignment and choose the Entry History button.

### **View Employee Grade Comparatio**

- Choose View -> Grade Comparatio in the Navigator.

### **View Enrollment Results**

- Choose People -> Total Comp Enrollment -> View Enrollment Results in the Navigator.

### **View Participation Information (Advanced Benefits only)**

- Choose People -> Total Comp Participation -> View Participation Information in the Navigator.

### **View Program Structure**

- Choose Total Compensation -> Programs and Plans -> View Program Structure in the Navigator.

### **View Run Messages (Payroll only)**

- Choose View -> System Messages in the Navigator.

### **View Vacancies**

- Choose View -> Vacancies in the Navigator.

### **Waive Participation (Advanced Benefits only)**

- Choose People -> Total Comp Participation -> Waive Participation in the Navigator.

### **Waiving**

1. Choose Total Compensation -> Programs and Plans -> Plans in the Navigator.
2. Query or enter a plan.
3. Choose the Waiving button.

### **What-if Eligibility (Advanced Benefits only)**

- Choose People -> Total Comp Participation -> What-if Eligibility in the Navigator.

### **Work Choices (Job and Position)**

1. Choose Work Structures -> Job or Position -> Description in the Navigator.
2. Enter or query a job or position.
3. Choose the Work Choices button.

### **Work Choices (Person)**

1. Choose People -> Enter and Maintain in the Navigator.
2. Enter or query a person.
3. Choose the Others button and select Work Choices.

### **Work Day Information**

1. Choose Work Structures -> Organization -> Description in the Navigator.
2. Enter or query an organization.
3. Choose the Others button and select Work Day Information.

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## US Federal Windows and Their Navigation Paths

This topic shows the default navigation paths for all the windows in Oracle Federal Human Resources as they are supplied. A separate list is provided for Oracle HRMS windows and navigation paths: page A - 2.

The responsibility that you use determines which of these windows you can use and how you access them. Your system administrator sets up navigation menus and task flows for your responsibility. They may also create customized versions of some of these windows using different window titles.

**Approved Requests for Personnel Action, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Cancellation/Correction

**Award/One-Time Payment, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Award/One-Time Payment

**Change in Data Element, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Data Element.

**Change in Duty Station, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Duty Station.

**Change in Fegli, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in FEGLI.

**Change in Hours, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Hours.

**Change in Retirement Plan, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Retirement Plan.

**Change in SCD, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in SCD.

**Change in Tenure, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Tenure.

**Change in Veterans Preference, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Veterans Preference.

**Change in Work Schedule, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Change in Work Schedule.

**Change in Lower Grade, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Change to Lower Grade

**Complaint Actions, see *Managing People Using Oracle HRMS***

1. Choose Complaints Tracking -> EEO Complaints Tracking
2. Enter or query a complaint.
3. Choose the Actions button.

**Complaint Tracking, see *Managing People Using Oracle HRMS***

- Choose Complaints Tracking -> EEO Complaints Tracking

**Conversion to Appointment, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Conversion to Appointment

**Denial of Within Grade Increase, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Denial of Within Grade Increase

**Extension of NTE, *see Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Extension of NTE

**Extra Person Information, *see Customizing, Reporting, and System Administration in Oracle HRMS***

1. Choose People -> Enter and Maintain
2. Enter or query a person.
3. Choose the Others button and select Extra Information.

**Families, Nature of Action, *see Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Federal Maintenance Forms -> Families and NOA Families.

**Forward Notification To, *see Customizing, Reporting, and System Administration in Oracle HRMS***

1. Choose Workflow Inbox
2. Choose a notification and then choose the Reroute button.

**Information Type Security, *see Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Security -> Information Types

**Locality Pay, *see Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Locality Pay

**Mass Awards, *see Managing People Using Oracle HRMS***

1. Choose Mass Actions ->Mass Awards
2. Choose Preview Mass Awards

**Mass Realignment, *see Managing People Using Oracle HRMS***

1. Choose Mass Actions ->Mass Realignment
2. Choose Preview Mass Realignment

**Mass Salary, *see Managing People Using Oracle HRMS***

1. Choose Mass Actions ->Mass Salary
2. Choose Preview Mass Salary

**Mass Transfer In, *see Managing People Using Oracle HRMS***

1. Choose Mass Actions ->Mass Transfer In i
2. Choose Preview Mass Transfer In

**Mass Transfer Out, *see Managing People Using Oracle HRMS***

1. Choose Mass Actions ->Mass Transfer Out
2. Choose Preview Mass Transfer Out

**MD/DDS Nurse Pay, *see Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> MDDDS Nurse Pay

**Name Change, *see Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Change Actions -> Name Change i

**Nature of Action Legal Authorities, *see Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> Federal Maintenance Forms -> NOA Legal Authorities.

**NOA Codes and Remarks, *see Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Federal Maintenance Forms -> NOA Codes and Remarks

**Non Pay/Non-Duty Status, *see Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Non Pay / Non Duty Status

**Notifications, *see Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> Workflow Inbox

**Notifications Summary, *see Customizing, Reporting, and System Administration in Oracle HRMS***

Do one of the following:

- Choose Workflow Inbox

**Other Pay, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Other Pay

**Pay Adjustment, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Pay Adjustment.

**Pay Plans, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Federal Maintenance Forms -> Pay Plans.

**Person Summary, see *Managing People Using Oracle HRMS***

- Choose Person Summary

**Position, see *Using Oracle HRMS – The Fundamentals***

- Choose Work Structures -> Position -> Description

**Position Abolish, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Federal Position -> Abolish

**Position Change, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Federal Position Change

**Position Copy, see *Using Oracle HRMS – The Fundamentals***

- Choose Work Structures -> Position -> Description

**Position Description, see *Using Oracle HRMS – The Fundamentals***

- Choose Federal Position Description in the Navigator.

**Position Description Routing History, see *Using Oracle HRMS – The Fundamentals***

- Choose Position Description -> Reference button

**Position Establish, see *Using Oracle HRMS – The Fundamentals***

- Choose Request for Personnel Action -> Federal Position -> Establish

**Position Review, see *Using Oracle HRMS – The Fundamentals***

- Choose Request for Personnel Action -> Federal Position -> Review

**Promotion, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Promotion

**Quality Increase, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Quality Increase

**Realignment, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Realignment

**Reassignment, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Reassignment

**Recruit/Fill, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Recruit / Fill

**Remark Codes and Descriptions, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> Federal Maintenance Forms -> Remark Codes and Descriptions.

**Request for Personnel Action, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action

**Restricted Form Process Methods, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> Federal Maintenance Forms -> Short Form / Restricted Data.

**Return to Duty, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Return to Duty

**Reduction in Force Retention Register, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Reduction in Force (RIF).

**RIF Exception, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> RIF Exception.

**Routing Group and Groupbox Details, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> Federal Maintenance Forms -> Routing Groups and Groupboxes.

**Routing Group and Routing List Details, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Choose Request for Personnel Action -> Federal Maintenance Forms -> Routing Lists.

**Routing History, see *Customizing, Reporting, and System Administration in Oracle HRMS***

Do one of the following:

- Choose Request for Personnel Action -> Reference button.

Or

1. Open the Workflow inbox and select a notification.
2. Choose Routing History button.

**Separation, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Separation

**Step Adjustment, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Step Adjustment

**Step Increase with Pay, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Step Increase with Pay

**Termination of Grade Retention, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Termination of Grade Retention

**Termination of Interim WGI, see *Managing People Using Oracle HRMS***

- Choose Request for Personnel Action -> Salary Change -> Termination of Interim WGI

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# Reports and Processes in Oracle HRMS

## Absence Report

- Absence details for an employee or organization, for some or all absence types.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

## Assignment Status Report

- All employees, applicants or both assigned to selected work structures.

See: *Managing People Using Oracle HRMS*.

## Audit Report (Payroll only)

- Selects person, employee or applicant, assignment, element, recurring or non-recurring status. Shows Business Group, GRE, assignment details, person entering data (responsibility), input date, effective change date, details of person affected. Lists all fields changed, with input date and effective date, old value and new value, responsibility, workstation address.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

## Cost Breakdown Report (Payroll only)

- Summarized costing totals for a specified costing process and summarized costing totals for a particular consolidation set or payroll over a specified interval.

See: *Using Oracle HRMS – The Fundamentals*.

## Current and Projected Progression Point Values Report

- The *expected* results of running the Increment Progression Points process, that is the projected point and value changes for a group of employees.

See: *Using Oracle HRMS – The Fundamentals*.

## Element Link Details Report

- The eligibility criteria for an element or group of elements.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Element Result Listing**

- Run results processed for a particular element over a defined period, and run results for selected input values of each employee's last assignment process.

See: *Running Your Payroll Using Oracle HRMS*.

### **Employee Increment Results Report**

- The *actual* results of running the Increment Progression Points process, that is progression point and value changes for a group of employees.

See: *Using Oracle HRMS – The Fundamentals*.

### **Employee Organization Movement Report**

- New hires, terminations, transfers in and transfer out of a selected organization, or organization hierarchy.

See: *Managing People Using Oracle HRMS*.

### **Employee Payroll Movement Report (Payroll only)**

- New hires, terminations, transfers in and transfer out of a selected payroll.

See: *Managing People Using Oracle HRMS*.

### **Employee Summary Report**

- Addresses, contacts, periods of service, assignments, special information, personal payment methods and element entries for a selected employee.

See: *Managing People Using Oracle HRMS*.

### **Full Personal Details Report Set**

- Person details, applicant details, assignment details and work details for one employee.

See: *Managing People Using Oracle HRMS*.

### **Job and Position Skills Matching Report**

- Lists of employees, applicants or both that meet some or all skill requirements of a job or position.

See: *Managing People Using Oracle HRMS*.

## **Organization Hierarchy Report**

- The organizations and optionally their managers below a selected position in a particular hierarchy.

See: *Using Oracle HRMS – The Fundamentals*.

## **Payroll Message Report (Payroll only)**

- Display messages for processes connected to specified payrolls.

See: *Running Your Payroll Using Oracle HRMS*.

## **Position Hierarchy Report**

- The positions and optionally their holders below a selected position in a particular hierarchy.

See: *Using Oracle HRMS – The Fundamentals*.

## **Requisition Summary Report**

- Applicants and their interview schedules for a selection of vacancies.

See: *Managing People Using Oracle HRMS*.

## **Salary Review Report**

- Current, past and proposed salaries for a selected list of employees.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

## **Staffing Budget Details Report**

- Actual staffing level with budgeted levels over a specified period.

See: *Managing People Using Oracle HRMS*.

## **Terminations Report**

- The number of employees from selected organizations leaving your enterprise within a particular period, and the reason for leaving.

See: *Managing People Using Oracle HRMS*.

## **Void Payments Report (Payroll only)**

- Details of cancelled cheque payments

See: *Running Your Payroll Using Oracle HRMS*.

## Processes

### **Audit Trail Update Tables Process**

- This process is used to set up audit trail on selected tables.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

### **Audit Trail Update Datetracked Tables Process**

- This process is used to set up audit trail on selected datetracked tables.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

### **Bee Batch Process (Purge)**

- This process is used to delete a batch from the BEE tables on completion of the concurrent request.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Bee Batch Process (Validate)**

- This process is used to test each batch line against predefined rules about element entries, and against any additional validation procedures that you have created.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **BEE Batch Process (Transfer)**

- This process is used to create element entries in the Oracle HRMS Entries table from the existing entries in the BEE temporary tables.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **BEE Batch Process (Rollback)**

- This process is used to completely remove a BEE transfer, provided you have not purged the batch from the BEE tables

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Bulk Compile Formulas**

- Run this process to compile all of your formulas.

See, *Using Oracle FastFormula*.

### **Cheque Writer Process (Payroll only)**

- This process is used to write sequences of cheques for your payroll run.

See: *Running Your Payroll Using Oracle HRMS*.

### **Close Action Items Process (Advanced Benefits Only)**

- Run this process before the Close Enrollments Process to close any open action items that are required or optional for the persons you select.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Close Enrollments Process (Advanced Benefits Only)**

- Run this process to close a person's enrollment after elections have been made.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Communications Triggers Process (Advanced Benefits)**

- Use the communications triggers process to generate communications for persons who meet the selection criteria that you specify.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Costing Process (Payroll only)**

- Generates journal entries for your ledgers and costing information relating to labor costs.

See: *Using Oracle HRMS – The Fundamentals*.

### **Default Enrollment Processs (Advanced Benefits Only)**

- Run this process to enroll participants into the default benefit plan when participants have not made an election.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Dependent Eligibility Process (Advanced Benefits Only)**

- Run this process for those benefit plans that include an age factor in determining dependent eligibility.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Extract Process (Advanced Benefits Only)**

- Run the extract process to save the output of your system extract to the directory and file that you specified in your extract definition.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Enable Multiple Security Groups Process**

- Run this process when you first set up single responsibility security.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

### **Grant Permissions to Roles Process (ROLEGEN)**

- Dynamically grants select permissions on Oracle HRMS tables and views to the HR\_REPORTING\_USER role.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

### **Generate Secure User Proces (SECGEN)**

- Run this process when you create a new security profile that references a reporting user.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

### **Participation Batch Process: Life Event (Advanced Benefits only)**

- Run this process to determine eligibility and electable choices for benefits participants based on a life event you select.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Participation Batch Process: Scheduled (Advanced Benefits only)**

- Run this process to determine eligibility and electable choices for benefits participants based on a scheduled enrollment event.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **Participation Batch Process: Selection (Advanced Benefits only)**

- Run this process to determine eligibility for benefits participants. This process does not create electable choices.

See: *Managing Compensation and Benefits Using Oracle HRMS*.

### **PrePayments Process (Payroll only)**

- Use this process to distribute employee pay over more than one payment method using either a percentage or monetary split.

See: *Running Your Payroll Using Oracle HRMS*.

### **Retry Payroll Process**

- Retry a payroll process again.

See: *Running Your Payroll Using Oracle HRMS*.

### **RetroPay Process**

- Enables you to make back pay adjustments.

See: *Running Your Payroll Using Oracle HRMS*.

### **Security List Maintenance Process (LISTGEN)**

- This process is usually run every night to maintain the lists of organizations, positions, payrolls, employees, and applicants that security profile holders can access.

See: *Customizing, Reporting and System Administration in Oracle HRMS*.

### **Synchronise Positions Process**

- This process updates the non-datetracked Positions table (PER\_ALL\_POSITIONS\_F) with changes made to the datetracked table (HR\_ALL\_POSITIONS\_F). When you run the process, any datetracked changes with an effective date on or before today are applied to the non-datetracked table.

### **Transfer to GL Process**

- Transfers the results of the costing process to the Accounting flexfield of Oracle General Ledger.

See: *Managing People Using Oracle HRMS*.

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## US Federal Reports and Processes

This topic shows the default reports in Oracle Federal Human Resources as they are supplied. The responsibility that you use determines which of these reports you can use and how you access them. For a list of default reports and processes provided with Oracle HRMS, see Reports and Processes: page A – 56..

### **AA/EEO Breakdown Report, see *Managing People Using Oracle HRMS***

- Government required ethnicity and gender breakdown report by Occupational Category or Pay Plan

### **AA/EEO Breakdown Report, see *Managing People Using Oracle HRMS***

- Government required summary of EEO complaints. (This report also includes EEOC Form 462 Report Part IV.)

### **CPDF Dynamics Report, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Record of the personnel data changes that occurred for the employee during a reporting period

### **CPDF Dynamics Report Transmittal Form, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Transmittal form that accompanies the CPDF Dynamics Report

### **CPDF Organization Component Tracking Report, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Record of the organizational codes, titles, and hierarchical relationships for organizations within an agency as of the last day of the quarterly reporting period

### **CPDF OCT Report Transmittal Form, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Transmittal form that accompanies the Organization Component Tracking Report

### **CPDF Status Report, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Record of each employee's personnel data as of the ending date of a fiscal quarter

**CPDF Status Report Transmittal Form, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Transmittal form that accompanies the CPDF Status Report

**Location Occupancy Report, see *Managing People Using Oracle HRMS***

- Lists all employees that currently or have at one time occupied a Location from the date you specify to the date the report is run

**Mass Awards Deselection, see *Managing People Using Oracle HRMS***

- Lists employees deselected for a mass award

**Mass Awards PA Listing for All, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for employees selected for a mass award

**Mass Awards Listing by Employees, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for an individual employee selected for a mass award

**Mass Awards Preview, see *Managing People Using Oracle HRMS***

- Lists employees selected for a mass award

**Mass Realignment, see *Managing People Using Oracle HRMS***

- Lists employees deselected for realignment

**Mass Realignment PA Listing for All, see *Managing People Using Oracle HRMS***

- Notiifcation of Personnel Action in list form for employees selected for a realignment.

**Mass Realignment PA Listing for Employee, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for an individual employee selected for a realignment.

**Mass Realignment Preview, see *Managing People Using Oracle HRMS***

- Lists employees selected for a realignment

**Mass Salary Deselection, see *Managing People Using Oracle HRMS***

- Lists employees deselected for a salary adjustment

**Mass Salary PA Listing for All, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for employees selected for a salary adjustment

**Mass Salary PA Listing for Employee, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for an individual employee selected for a salary adjustment

**Mass Salary Preview, see *Managing People Using Oracle HRMS***

- Lists employees selected for a salary adjustment

**Mass Transfer In Deselection, see *Managing People Using Oracle HRMS***

- Lists employees deselected for a Transfer In action

**Mass Transfer In PA Listing for All, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for employees selected for a Transfer In action

**Mass Transfer In PA List for Employee, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for an individual employee selected for a Transfer In action

**Mass Transfer In Preview, see *Managing People Using Oracle HRMS***

- Lists employees selected for a Transfer In action

**Mass Transfer Out Deselection, see *Managing People Using Oracle HRMS***

- Lists employees deselected for a Transfer Out action

**Mass Transfer Out PA Listing for All, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for employees selected for a Transfer Out action

**Mass Transfer Out PA List for Employee, see *Managing People Using Oracle HRMS***

- Notification of Personnel Action in list form for an individual employee selected for a Transfer Out action

**Mass Transfer Out Preview, see *Managing People Using Oracle HRMS***

- Lists employees selected for a Transfer Out action

**Notification of Personnel Action (SF 50), see *Managing People Using Oracle HRMS***

- Prints the standard Notification of Personnel Action for an approved Request for Personnel Action

**Position Description, see *Using Oracle HRMS – The Fundamentals***

- Lists the details of an approved position classification

**Reduction in Force Retention Register, see *Managing People Using Oracle HRMS***

- Lists selected employees

**Request for Personnel Action (SF-52), see *Managing People Using Oracle HRMS***

- Prints the contents of the employee's Request for Personnel Action

**SF-113A Federal Civilian Employment Report, see *Customizing, Reporting, and System Administration in Oracle HRMS***

- Summary of federal civilian employment, payroll, and turnover

## Processes

**Batch Print Notification of Personnel Action, see *Managing People Using Oracle HRMS***

- Prints Notifications of Personnel Action (SF-50s) in batch mode.

**Duty Station Conversion Process, see *Managing People Using Oracle HRMS***

- Moves employees from an old to a new Location

**Process Future Dated RPAs, see *Managing People Using Oracle HRMS***

- Set the frequency for processing future actions.

**Start Automatic WGI, see *Managing People Using Oracle HRMS***

- Schedule the Within Grade Increases (WGI) process to set the frequency with which the system processes automatic WGIs.
- This process updates the non-datetracked Positions table (PER\_ALL\_POSITIONS\_F) with changes made to the datetracked table (HR\_ALL\_POSITIONS\_F). When you run the process, any datetracked changes with an effective date on or before today are applied to the non-datetracked table.

See: *Implementing Oracle Federal HRMS*



# Glossary

**360 Degree Appraisal** Part of the SSHR Appraisal function and also known as a Group Appraisal. This is an employee appraisal undertaken by managers with participation by reviewers.

**360 Degree Self Appraisal** Part of the SSHR Appraisal function and also known as a Group Appraisal. This is a 360 Degree appraisal initiated by an employee. The employee (initiator) can add managers and reviewers to the appraisal.

## A

**Absence Types** Categories of absence, such as medical leave or vacation leave, that you define for use in absence windows.

**Accrual Band** A range of values that determines how much paid time off an employee accrues. The values may be years of service, grades, hours worked, or any other factor.

**Accrual Plan** See: *PTO Accrual Plan*

**Accrual Period** The unit of time, within an accrual term, in which PTO is accrued. In many plans, the same amount of time is accrued in each accrual period, such as two days per month. In other plans, the amount accrued varies from period to period, or the entitlement for the full accrual term is given as an up front amount at the beginning of the accrual term.

**Accrual Term** The period, such as one year, for which accruals are calculated. In most accrual plans, unused PTO accruals must be carried over or lost at the end of the accrual term. Other plans have a rolling accrual term which is of a certain duration but has no fixed start and end dates.

**Activity Rate** The monetary amount or percentage associated with an activity, such as \$12.35 per pay period as an employee payroll contribution for medical coverage. Activity rates can apply to participation, eligibility, coverages, contributions, and distributions.

**Actual Premium** The per-participant premium an insurance carrier charges the plan sponsor for a given benefit.

**Administrative Enrollment** A type of scheduled enrollment caused by a change in plan terms or conditions and resulting in a re-enrollment.

**Applicant** A candidate for employment in a Business Group.

**Appraisee** A person being appraised by an appraiser..

**Appraiser** A person, usually a manager, who appraises an employee.

**Appraisal** An appraisal is a process where an employee's work performance is rated and future objectives set. See also: *Assessment*.

**Appraising Manager** The person who initiates and performs an Employee-Manager or 360 Degree Appraisal. An appraising manager can create appraisal objectives.

**Apply for a Job** An SSHR function that enables an employee to, apply, search and prepare applications for an internally advertised vacancy.

**Arrestment** Scottish court order made out for unpaid debts or maintenance payments. See also: *Court Order*

**Assessment** An information gathering exercise, from one or many sources, to evaluate a person's ability to do a job. See also: *Appraisal*.

**Assignment** An employee's assignment identifies his or her role and payroll within a Business Group. The assignment is made up of a number of assignment components. Of these, organization is mandatory, and payroll is a required component for payment purposes.

**Assignment Number** A number that uniquely identifies an employee's assignment. An employee with multiple assignments has multiple assignment numbers.

**Assignment Set** A grouping of employees and/or applicants that you define for running QuickPaint reports and processing payrolls. See also: *QuickPaint Report*

**Assignment Status** For employees, used to track their permanent or temporary departures from your enterprise, and to control the remuneration they receive. For applicants, used to track the progress of their applications.

## B

**BACS** Banks Automated Clearing System. This is the UK system for making direct deposit payments to employees.

**Balances** Positive or negative accumulations of values over periods of time normally generated by payroll runs. A balance can sum pay values, time periods or numbers. See also: *Predefined Components*

**Balance Adjustment** A correction you make to a balance. You can adjust user balances and assignment level predefined balances only.

**Balance Dimension** The period for which a balance sums its balance feeds, or the set of assignments/transactions for which it sums them. There are five time dimensions: Run, Period, Quarter, Year and User. You can choose any reset point for user balances.

**Balance Feeds** These are the input values of matching units of measure of any elements defined to feed the balance.

**Bargaining Unit** A bargaining unit is a legally organized group of people which have the right to negotiate on all aspects of terms and conditions with employers or employer federations. A bargaining unit is generally a trade union or a branch of a trade union.

**Base Currency** The currency in which Oracle Payroll performs all payroll calculations for your Business Group. If you pay employees in different currencies to this, Oracle Payroll calculates the amounts based on exchange rates defined in the system.

**Behavioral Indicators** Characteristics that identify how a competence is exhibited in the work context. See also: *Proficiency Level*

**Benefit** Any part of an employee's remuneration package that is not pay. Vacation time, employer-paid medical insurance and stock options are all examples of benefits. See also: *Elements*

**Block** The largest subordinate unit of a window, containing information for a specific business function or entity. Every window consists of at least one block. Blocks contain fields and, optionally, regions. They are delineated by a bevelled edge. You must save your entries in one block before navigating to the next. See also: *Region, Field*

**Budget Value** In Oracle Human Resources you can enter staffing budget values and actual values for each assignment to measure variances between actual and planned staffing levels in an organization or hierarchy.

**Business Group** The highest level organization in the Oracle HRMS system. A Business Group may correspond to the whole of your enterprise or to a major grouping such as a subsidiary or operating division. Each Business Group must correspond to a separate implementation of Oracle HRMS.

**Business Number (BN)** In Canada, this is the employer's account number with Revenue Canada. Consisting of 15 digits, the first 9 identify the employer, the next 2 identify the type of tax account involved (payroll vs. corporate tax), and the last 4 identify the particular account for that tax.

## C

**Cafeteria Benefits Plan** See: Flexible Benefits Program

**Calendars** In Oracle Human Resources you define calendars that determine the start and end dates for budgetary years, quarters and periods. For each calendar you select a basic period type. In Oracle SSP/SMP you define calendars to determine the start date and time for SSP qualifying patterns.

**Calendar Exceptions** In Oracle SSP/SMP you define calendar exceptions for an SSP qualifying pattern, to override the pattern on given days. Each calendar exception is another pattern which overrides the usual pattern.

**Canada/Quebec Pension Plan (CPP/QPP)**

**Contributions** Contributions paid by employers and employees to each of these plans provide income benefits upon retirement.

**Candidate Offers** An SSHR function used by a line manager to offer a job to a candidate. This function is supplied with its own responsibility.

**Career Path** This shows a possible progression from one job or position from any number of other jobs or positions within the Business Group. A career path must be based on either job progression or position progression; you cannot mix the two.

**Carry Over** The amount of unused paid time off entitlement an employee brings forward from one accrual term to the next. It may be subject to an expiry date i.e. a date by which it must be used or lost. See also: *Residual*

**Cash Analysis** A specification of the different currency denominations required for paying your employees in cash. Union contracts may require you to follow certain cash analysis rules.

**Certification** Documentation required to enroll or change elections in a benefits plan as the result of a life event, to waive participation in a plan, to designate dependents for coverage, or to receive reimbursement for goods or services under an FSA.

**Ceiling** The maximum amount of unused paid time off an employee can have in an accrual plan. When an employee reaches this maximum, he or she must use some accrued time before any more time will accrue.

**Child/Family Support payments In Canada,**

these are payments withheld from an employee's compensation to satisfy a child or family support order from a Provincial Court. The employer is responsible for withholding and remitting the payments to the court named in the order.

**Collective Agreement** A collective agreement is a form of contract between an employer or employer representative, for example, an employer federation, and a bargaining unit for example, a union or a union branch.

**Communications** Benefits plan information that is presented in some form to participants. Examples include a pre-enrollment package, an enrollment confirmation statement, or a notice of default enrollment.

**Compensation** The pay you give to employees, including wages or salary, and bonuses. See also: *Elements*

**Competence** Any measurable behavior required by an organization, job or position that a person may demonstrate in the work context. A competence can be a piece of knowledge, a skill, an attitude or an attribute.

**Competence Evaluation** A method used to measure an employees ability to do a defined job.

**Competence Profile** Where you record applicant and employee accomplishments, for example, proficiency in a competence.

**Competence Requirements** Competencies required by an organization, job or position. See also: *Competence, Core Competencies*

**Competence Type** A group of related competencies.

**Consolidation Set** A grouping of payroll runs within the same time period for which you can schedule reporting, costing, and post-run processing.

**Contact** A person who has a relationship to an employee that you want to record. Contacts can be dependents, relatives, partners or persons to contact in an emergency.

**Contract** A contract of employment is an agreement between an employer and employee or potential employee that defines the fundamental legal relationship between an employing organization and a person who offers his or her services for hire. The employment contract defines the terms and conditions to which both parties agree and those that are covered by local laws.

**Contribution** An employer's or employee's monetary or other contribution to a benefits plan.

**Core Competencies** Also known as *Leadership Competencies* or *Management Competencies*. The competencies required by every person to enable the enterprise to meet its goals. See also: *Competence*

**Costable Type** A feature that determines the processing an element receives for accounting and costing purposes. There are four costable types in Oracle HRMS: costed, distributed costing, fixed costing, and not costed.

**Costing** Recording the costs of an assignment for accounting or reporting purposes.

Using Oracle Payroll, you can calculate and transfer costing information to your general ledger and into systems for project management or labor distribution.

**Court Order** A ruling from a court that requires an employer to make deductions from an employee's salary for maintenance payments or debts, and to pay the sums deducted to a court or local authority. See also: *Arrestment*

**Cross Business Group Responsibility Security** This security model uses security groups and enables you to link one responsibility to many Business Groups.

**Customizable Forms** Forms that your system administrator can modify for ease of use or security purposes by means of Custom Form restrictions. The Form Customization window lists the forms and their methods of customization.

## D

**Database Item** An item of information in Oracle HRMS that has special programming attached, enabling Oracle FastFormula to locate and retrieve it for use in formulas.

**Date To and Date From** These fields are used in windows not subject to DateTrack. The period you enter in these fields remains fixed until you change the values in either field. See also: *DateTrack, Effective Date*

**DateTrack** When you change your effective date (either to past or future), DateTrack enables you to enter information that takes effect on your new effective date, and to review information as of the new date. See also: *Effective Date*

**Deployment Factors** See: *Work Choices*

**Derived Factor** A factor (such as age, percent of fulltime employment, length of service, compensation level, or the number of hours worked per period) that is used in calculations to determine Participation Eligibility or Activity Rates for one or more benefits.

**Descriptive Flexfield** A field that your organization can customize to capture additional information required by your business but not otherwise tracked by Oracle Applications. See also: *Key Flexfield*

**Developer Descriptive Flexfield** A flexfield defined by your localization team to meet the specific legislative and reporting needs of your country. See also: *Extra Information Types*

**Direct Deposit** The electronic transfer of an employee's net pay directly into the account(s) designated by the employee.

**Distribution** Monetary payments made from, or hours off from work as allowed by, a compensation or benefits plan.

## E

**Effective Date** The date for which you are entering and viewing information. You set your effective date in the Alter Effective Date window. See also: *DateTrack*

**EIT** See: *Extra Information Type*

**Elements** Components in the calculation of employee pay. Each element represents a compensation or benefit type, such as salary, wages, stock purchase plans, and pension contributions.

**Element Classifications** These control the order in which elements are processed and the balances they feed. Primary element classifications and some secondary classifications are predefined by Oracle Payroll. Other secondary classifications can be created by users.

**Element Entry** The record controlling an employee's receipt of an element, including the period of time for which the employee receives the element and its value. See also: *Recurring Elements, Nonrecurring Elements*

**Element Link** The association of an element to one or more components of an employee assignment. The link establishes employee eligibility for that element. Employees whose assignment components match the components of the link are eligible for the element. See also: *Standard Link*

**Element Set** A group of elements that you define to process in a payroll run, or to control access to compensation information from a customized form, or for distributing costs.

**Employee Histories** An SSHR function for an employee to view their, Training History, Job Application History, Employment History, Absence History, or Salary History. A manager can also use this function to view information on their direct reports.

**Employment Category** A component of the employee assignment. Four categories are defined: Full Time – Regular, Full Time – Temporary, Part Time – Regular, and Part Time – Temporary.

**Employment Insurance (EI)** Benefit plan run by the federal government to which the majority of Canadian employers and employees must contribute.

**Employment Insurance Rate** In Canada, this is the rate at which the employer contributes to the EI fund. The rate is expressed as a percentage of the employee's contribution. If the employer maintains an approved wage loss replacement program, they can reduce their share of EI premiums by obtaining a reduced contribution rate. Employers would remit payroll deductions under a different employer account number for employees covered by the plan.

## **Employment Equity Occupational Groups**

**(EEOG)** In Canada, the Employment Equity Occupational Groups (EEOG) consist of 14 classifications of work used in the Employment Equity Report. The EEOGs were derived from the National Occupational Classification system.

**Enroll in a Class** An SSHR function which enables an employee to search and enroll in an internally published class. An employee can also use this function to maintain their competencies.

**Enrollment Action Type** Any action required to complete enrollment or de-enrollment in a benefit.

**ESS** Employee Self Service. A predefined SSHR responsibility.

**Event** An activity such as a training day, review, or meeting, for employees or applicants.

**Expected Week of Confinement (EWC)** In the UK, this is the week in which an employee's baby is due. The Sunday of the expected week of confinement is used in the calculations for Statutory Maternity Pay (SMP).

**Extra Information Type (EIT)** A type of developer descriptive flexfield that enables you to create an unlimited number of information types for six key areas in Oracle HRMS. Localization teams may also predefine some EITs to meet the specific legislative requirements of your country. See also: *Developer Descriptive Flexfield*

## **F**

**Field** A view or entry area in a window where you enter, view, update, or delete information. See also: *Block, Region*

**Flex Credit** A unit of "purchasing power" in a flexible benefits program. An employee uses flex credits, typically expressed in monetary terms, to "purchase" benefits plans and/or levels of coverage within these plans.

**Flexible Benefits Program** A benefits program that offers employees choices among benefits plans and/or levels of coverage. Typically, employees are given a certain amount of flex credits or money with which to "purchase" these benefits plans and/or coverage levels.

**Flexible Spending Account (FSA)** Under US Internal Revenue Code Section 125, employees can set aside money on a pretax basis to pay for eligible unreimbursed health and dependent care expenses. Annual monetary limits and use-it-or-lose it provisions exist. Accounts are subject to annual maximums and forfeiture rules.

**Form** A predefined grouping of functions, called from a menu and displayed, if necessary, on several windows. Forms have blocks, regions and fields as their components. See also: *Block, Region, Field*

## **G**

**Global Value** A value you define for any formula to use. Global values can be dates, numbers or text.

**Goods or Service Type** A list of goods or services a benefit plan sponsor has approved for reimbursement.

**Grade** A component of an employee's assignment that defines their level and can be used to control the value of their salary and other compensation elements.

**Grade Comparatio** A comparison of the amount of compensation an employee receives with the mid-point of the valid values defined for his or her grade.

**Grade Rate** A value or range of values defined as valid for a given grade. Used for validating employee compensation entries.

**Grade Scale** A sequence of steps valid for a grade, where each step corresponds to one point on a pay scale. You can place each employee on a point of their grade scale and automatically increment all placements each year, or as required. See also: *Pay Scale*

**Grade Step** An increment on a grade scale. Each grade step corresponds to one point on a pay scale. See also: *Grade Scale*

**Grandfathered** A term used in Benefits Administration. A person's benefits are said to be grandfathered when a plan changes but they retain the benefits accrued.

**Group** A component that you define, using the People Group key flexfield, to assign employees to special groups such as pension plans or unions. You can use groups to determine employees' eligibility for certain elements, and to regulate access to payrolls.

## H

**Hierarchy** An organization or position structure showing reporting lines or other relationships. You can use hierarchies for reporting and for controlling access to Oracle HRMS information.

## I

**Imputed Income** Certain forms of indirect compensation that US Internal Revenue Service Section 79 defines as fringe benefits and taxes the recipient accordingly. Examples include employer payment of group term life insurance premiums over a certain monetary amount, personal use of a company car, and other non-cash awards.

**Initiator** In SSHR a person who starts a 360 Degree appraisal (Employee or Self) on an individual. An initiator and the appraisee are the only people who can see all appraisal information.

**Input Values** Values you define to hold information about elements. In Oracle Payroll, input values are processed by formulas to calculate the element's run result. You can define up to fifteen input values for an element.

**Instructions** An SSHR user assistance component displayed on a web page to describe page functionality.

## K

**Key Flexfield** A flexible data field made up of segments. Each segment has a name you define and a set of valid values you specify. Used as the key to uniquely identify an entity, such as jobs, positions, grades, cost codes, and employee groups. See also: *Descriptive Flexfield*

## L

**Leaver's Statement** In the UK, this Records details of Statutory Sick Pay (SSP) paid during a previous employment (issued as form SSP1L) which is used to calculate a new employee's entitlement to SSP. If a new employee falls sick, and the last date that SSP was paid for under the previous employment is less than eight calendar weeks before the first day of the PIW for the current sickness, the maximum liability for SSP is reduced by the number of weeks of SSP shown on the statement.

**Life Event** A significant change in a person's life that results in a change in eligibility or ineligibility for a benefit.

**Life Event Collision** A situation in which the impacts from multiple life events on participation eligibility, enrollability, level of coverage or activity rates conflict with each other.

**Life Event Enrollment** A benefits plan enrollment that is prompted by a life event occurring at any time during the plan year.

**Linking Interval** In the UK, this is the number of days that separate two periods of incapacity for work. If a period of incapacity for work (PIW) is separated from a previous PIW by less than the linking interval, they are treated as one PIW according to the legislation for entitlement to Statutory Sick Pay (SSP). An employee can only receive SSP for the maximum number of weeks defined in the legislation for one PIW.

**Linked PIWs** In the UK, these are linked periods of incapacity for work that are treated as one to calculate an employee's entitlement to Statutory Sick Pay (SSP). A period of incapacity for work (PIW) links to an earlier PIW if it is separated by less than the linking interval. A linked PIW can be up to three years long.

**LMSS** Line Manager Self Service. A predefined SSHR responsibility.

**Lookup Types** Categories of information, such as nationality, address type and tax type, that have a limited list of valid values. You can define your own Lookup Types, and you can add values to some predefined Lookup Types.

**Lower Earnings Limit (LEL)** In the UK, this is the minimum average weekly amount an employee must earn to pay National Insurance contributions. Employees who do not earn enough to pay National Insurance cannot receive Statutory Sick Pay (SSP) or Statutory Maternity Pay (SMP).

## M

**Manager-Employee Appraisal** Part of the SSHR Appraisal function. A manager appraisal of an employee. However, an appraising manager does not have to be a manager.

**Maternity Pay Period** In the UK, this is the period for which Statutory Maternity Pay (SMP) is paid. It may start at any time from the start of the 11th week before the expected week of confinement and can continue for up to 18 weeks. The start date is usually agreed with the employee, but can start at any time up to the birth. An employee is not eligible to SMP for any week in which she works or for any other reason for ineligibility, defined by the legislation for SMP.

**Menus** You set up your own navigation menus, to suit the needs of different users.

## N

**NACHA** National Automated Clearing House Association. This is the US system for making direct deposit payments to employees.

**Net Accrual Calculation** The rule that defines which element entries add to or subtract from a plan's accrual amount to give net entitlement.

**Net Entitlement** The amount of unused paid time off an employee has available in an accrual plan at any given point in time.

**Nonrecurring Elements** Elements that process for one payroll period only unless you make a new entry for an employee. See also: *Recurring Elements*

**North American Industrial Classification (NAIC) code** The North American Industrial Classification system (NAICs) was developed jointly by the US, Canada and Mexico to provide comparability in statistics regarding business activity across North America. The NAIC replaces the US Standard Industrial Classification (SIC) system, and is used in the Employment Equity Report.

**National Occupational Classification (NOC) code** In Canada, the National Occupational Classification (NOC) System was developed to best reflect the type of work performed by employees. Occupations are grouped in terms of particular tasks, duties and responsibilities. The use of this standardized system ensures consistency of data from year to year within the same company as well as between companies. These codes are used in the Employment Equity Report.

**Not in Program Plan** A benefit plan that you define outside of a program.

## O

**Open Enrollment** A type of scheduled enrollment in which participants can enroll in or alter elections in one or more benefits plans.

**Oracle FastFormula** An Oracle tool that allows you to write Oracle HRMS formulas without using a programming language.

**Organization** A required component of employee assignments. You can define as many organizations as you want within your Business Group. Organizations can be internal, such as departments, or external, such as recruitment agencies. You can structure your organizations into organizational hierarchies for reporting purposes and for system access control.

**OSSWA** Oracle Self Service Web Applications.

**OTM** Oracle Training Management.

## P

**Pattern** A pattern comprises a sequence of time units that are repeated at a specified frequency. Oracle SSP/SMP uses SSP qualifying patterns to determine employees entitlement to Statutory Sick Pay (SSP).

**Pattern Time Units** A sequence of time units specifies a repeating pattern. Each time unit specifies a time period of hours, days or weeks.

**Pay Scale** A set of progression points that can be related to one or more rates of pay. Employee's are placed on a particular point on the scale according to their grade and, usually, work experience. See also: *Grade Scale*

**Payment Type** There are three standard payment types for paying employees: check, cash and direct deposit. You can define your own payment methods corresponding to these types.

**Payroll** A group of employees that Oracle Payroll processes together with the same processing frequency, for example, weekly, monthly or bimonthly. Within a Business Group, you can set up as many payrolls as you need.

**People List** An SSHR line manager utility used to locate an employee.

**Performance (within Assessment)** An expectation of "normal" performance of a competence over a given period. For example, a person may exceed performance expectation in the communication competence. See also: *Proficiency (within Assessment)*, *Competence*, *Assessment*

**Period of Incapacity for Work (PIW)** In the UK, this is a period of sickness that lasts four or more days in a row, and is the minimum amount of sickness for which Statutory Sick Pay can be paid. If a PIW is separated by less then the linking interval, a linked PIW is formed and the two PIWs are treated as one.

**Period Type** A time division in a budgetary calendar, such as week, month, or quarter.

**Person Search** An SSHR function which enables a manager to search for a person. There are two types of search, Simple and Advanced.

**Person Type** There are eight system person types in Oracle HRMS. Seven of these are combinations of employees, ex-employees, applicants, and ex-applicants. The eighth category is 'External'. You can create your own user person types based on the eight system types.

**Personal Tax Credits Return (TD1)** A Revenue Canada form which each employee must complete. Used by the employee to reduce his or her taxable income at source by claiming eligible credits and also provides payroll with such important information as current address, birth date, and SIN. These credits determine the amount to withhold from the employee's wages for federal/provincial taxes.

**Plan Design** The functional area that allows you to set up your benefits programs and plans. This process involves defining the rules which govern eligibility, available options, pricing, plan years, third party administrators, tax impacts, plan assets, distribution options, required reporting, and communications.

**Plan Sponsor** The legal entity or business responsible for funding and administering a benefits plan. Generally synonymous with employer.

**Position** A specific role within the Business Group derived from an organization and a job. For example, you may have a position of Shipping Clerk associated with the organization Shipping and the job Clerk.

**Predefined Components** Some elements and balances, all primary element classifications and some secondary classifications are defined by Oracle Payroll to meet legislative requirements, and are supplied to users with the product. You cannot delete these predefined components.

**Professional Information** An SSHR function which allows an employee to maintain their own professional details or a line manager to maintain their direct reports professional details.

**Proficiency (within Assessment)** The perceived level of expertise of a person in a competence, in the opinion of the assessor, over a given period. For example, a person may demonstrate the communication competence at Expert level. See also: *Performance (within Assessment), Competence, Assessment*

**Proficiency Level** A system for expressing and measuring how a competence is exhibited in the work context. See also: *Behavioral Indicators*.

**Progression Point** A pay scale is calibrated in progression points, which form a sequence for the progression of employees up the pay scale. See also: *Pay Scale*

**Provincial/Territorial Employment Standards Acts** In Canada, these are laws covering minimum wages, hours of work, overtime, child labour, maternity, vacation, public/general holidays, parental and adoption leave, etc., for employees regulated by provincial/territorial legislation.

**Provincial Health Number** In Canada, this is the account number of the provincially administered health care plan that the employer would use to make remittances. There would be a unique number for each of the provincially controlled plans i.e. EHT, Quebec HSF, etc.

**PTO Accrual Plan** A benefit in which employees enroll to entitle them to accrue and take paid time off. The purpose of absences allowed under the plan, who can enroll, how much time accrues, when the time must be used, and other rules are defined for the plan.

## Q

**QPP** (See Canada/Quebec Pension Plan)

**Qualification Type** An identified qualification method of achieving proficiency in a competence, such as an award, educational qualification, a license or a test. See also: *Competence*

**Qualifying Days** In the UK, these are days on which Statutory Sick Pay (SSP) can be paid, and the only days that count as waiting days. Qualifying days are normally work days, but other days may be agreed.

**Qualifying Pattern** See: *SSP Qualifying Pattern*

**Qualifying Week** In the UK, this is the week during pregnancy that is used as the basis for the qualifying rules for Statutory Maternity Pay (SMP). The date of the qualifying week is fifteen weeks before the expected week of confinement and an employee must have been continuously employed for at least 26 weeks continuing into the qualifying week to be entitled to SMP.

**Quebec Business Number** In Canada, this is the employer's account number with the Ministere du Revenu du Quebec, also known as the Quebec Identification number. It consists of 15 digits, the first 9 identify the employer, the next 2 identify the type of tax account involved (payroll vs. corporate tax), and the last 4 identify the particular account for that tax.

**Questionnaire** An SSHR function which records the results of an appraisal.

**QuickPaint Report** A method of reporting on employee and applicant assignment information. You can select items of information, paint them on a report layout, add explanatory text, and save the report definition to run whenever you want. See also: *Assignment Set*

## R

**Rates** A set of values for employee grades or progression points. For example, you can define salary rates and overtime rates.

**Rating Scale** Used to describe an enterprise's competencies in a general way. You do not hold the proficiency level at the competence level. See also: *Proficiency Level*

**Record of Employment (ROE)** A Human Resources Development Canada form that must be completed by an employer whenever an interruption of earnings occurs for any employee. This form is necessary to claim Employment Insurance benefits.

**Recruitment Activity** An event or program to attract applications for employment. Newspaper advertisements, career fairs and recruitment evenings are all examples of recruitment activities. You can group several recruitment activities together within an overall activity.

**Recurring Elements** Elements that process regularly at a predefined frequency. Recurring element entries exist from the time you create them until you delete them, or the employee ceases to be eligible for the element. Recurring elements can have standard links. See also: *Nonrecurring Elements, Standard Link*

**Region** A collection of logically related fields in a window, set apart from other fields by a rectangular box or a horizontal line across the window. See also: *Block, Field*

**Registered Pension Plan (RPP)** This is a pension plan that has been registered with Revenue Canada. It is a plan where funds are set aside by an employer, an employee, or both to provide a pension to employees when they retire. Employee contributions are generally exempt from tax.

**Registered Retirement Savings Plan (RRSP)** This is an individual retirement savings plan that has been registered with Revenue Canada. Usually, contributions to the RRSP, and any income earned within the RRSP, is exempt from tax.

**Report Parameters** Inputs you make when submitting a report to control the sorting, formatting, selection, and summarizing of information in the report.

**Report Set** A group of reports and concurrent processes that you specify to run together.

**Requisition** The statement of a requirement for a vacancy or group of vacancies.

**Request Groups** A list of reports and processes that can be submitted by holders of a particular responsibility. See also: *Responsibility*

**Residual** The amount of unused paid time off entitlement an employee loses at the end of an accrual term. Typically employees can carry over unused time, up to a maximum, but they lose any residual time that exceeds this limit. See also: *Carry Over*

**Responsibility** A level of authority in an application. Each responsibility lets you access a specific set of Oracle Applications forms, menus, reports, and data to fulfill your business role. Several users can share a responsibility, and a single user can have multiple responsibilities. See also: *Security Profile, User Profile Options, Request Groups, Security Groups*

**Retry** Method of correcting a payroll run or other process *before* any post-run processing takes place. The original run results are deleted and the process is run again.

**Revenue Canada** Department of the Government of Canada which, amongst other responsibilities, administers, adjudicates, and receives remittances for all taxation in Canada including income tax, Employment Insurance premiums, Canada Pension Plan contributions, and the Goods and Services Tax (legislation is currently proposed to revise the name to the Canada Customs and Revenue Agency). In the province of Quebec the equivalent is the Ministere du Revenu du Quebec.

**Reviewer (SSHR)** A person invited by an appraising manager to add review comments to an appraisal.

**Reversal** Method of correcting payroll runs or QuickPay runs *after* post-run processing has taken place. The system replaces positive run result values with negative ones, and negative run result values with positive ones. Both old and new values remain on the database.

**Rollback** Method of removing a payroll run or other process *before* any post-run processing takes place. All assignments and run results are deleted.

## S

**Search by Date** An SSHR sub-function used to search for a Person by Hire date, Application date, Job posting date or search by a Training event date.

**Salary Basis** The period of time for which an employee's salary is quoted, such as hourly or annually. Defines a group of employees assigned to the same salary basis and receiving the same salary element.

**Scheduled Enrollment** A benefits plan enrollment that takes place during a predefined enrollment period, such as an open enrollment. Scheduled enrollments can be administrative, open, or unrestricted.

**Security Group** Security groups enable HRMS users to partition data by Business Group. Only used for Cross Business Group Responsibility security. See also: *Responsibility, Security Profile, User Profile Options*

**Security Profile** Security profiles control access to organizations, positions and employee and applicant records within the Business Group. System administrators use them in defining users' responsibilities. See also: *Responsibility*

**Self Appraisal** Part of the SSHR Appraisal function. This is an appraisal undertaken by an employee to rate their own performance and competencies.

**SMP** See: *Statutory Maternity Pay*

**Social Insurance Number (SIN)** A unique number provided by Human Resources Development Canada (HRDC) to each person commencing employment in Canada. The number consists of 9 digits in the following format (###-###-###).

**Source Deductions Return (TP 1015.3) A**

Ministere du Revenu du Quebec form which each employee must complete. This form is used by the employee to reduce his or her taxable income at source by claiming eligible credits and also provides payroll with such important information as current address, birth date, and SIN. These credits determine the amount of provincial tax to withhold from the employee's wages.

**Special Information Types** Categories of personal information, such as skills, that you define in the Personal Analysis key flexfield.

**SSHR** Oracle Self-Service Human Resources. An HR management system using an intranet and web browser to deliver functionality to employees and their managers.

**SSP** See: *Statutory Sick Pay*

**SSP Qualifying Pattern** In the UK, an SSP qualifying pattern is a series of qualifying days that may be repeated weekly, monthly or some other frequency. Each week in a pattern must include at least one qualifying day. Qualifying days are the only days for which Statutory Sick Pay (SSP) can be paid, and you define SSP qualifying patterns for all the employees in your organization so that their entitlement to SSP can be calculated.

**Standard Link** Recurring elements with standard links have their element entries automatically created for all employees whose assignment components match the link. See also: *Element Link, Recurring Elements*

**Statement of Commissions and Expenses for Source Deduction Purposes (TP)**

**1015.R.13.1)** A Ministere du Revenu du Quebec form which allows an employee who is paid partly or entirely by commissions to pay a constant percentage of income tax based on his or her estimated commissions for the year, less allowable business expenses.

**Statement of Remuneration and Expenses (TD1X)**

In Canada, the Statement of Remuneration and Expenses allows an employee who is paid partly or entirely by commission to pay a constant percentage of income tax, based on his or her estimated income for the year, less business-related expenses.

**Statutory Maternity Pay** In the UK, you pay Statutory Maternity Pay (SMP) to female employees who take time off work to have a baby, providing they meet the statutory requirements set out in the legislation for SMP.

**Standard HRMS Security** The standard security model. Using this security model you must log on as a different user to see a different Business Group. See: *Multiple Responsibility Security*

**Statutory Sick Pay** In the UK, you pay Statutory Sick Pay (SSP) to employees who are off work for four or more days because they are sick, providing they meet the statutory requirements set out in the legislation for SSP.

**Succession Planning** An SSHR function which enables a manager to prepare a succession plan.

**Suitability Matching** An SSHR function which enables a manager to compare and rank a person's competencies.

## T

**Tabbed Regions** Parts of a window that appear in a stack so that only one is visible at any time. You click on the tab of the required region to bring it to the top of the stack.

**Task Flows** A sequence of windows linked by buttons to take you through the steps required to complete a task, such as hiring a new recruit. System administrators can create task flows to meet the needs of groups of users.

**Terminating Employees** You terminate an employee when he or she leaves your organization. Information about the employee remains on the system but all current assignments are ended.

**Termination Rule** Specifies when entries of an element should close down for an employee who leaves your enterprise. You can define that entries end on the employee's actual termination date or remain open until a final processing date.

**Tips** An SSHR user assistance component that provides information about a field.

## U

**User Assistance Components** SSHR online help comprising tips and instructions.

**User Balances** Users can create, update and delete their own balances, including dimensions and balance feeds. See also: *Balances*

**User Profile Options** Features that allow system administrators and users to tailor Oracle HRMS to their exact requirements. See also: *Responsibility, Security Profile*

## V

**Viewer (SSHR)** A person with view only access to an appraisal. An appraising manager or an employee in a 360 Degree Self appraisal can appoint view only access to an appraisal.

## W

**WCB Account Number** In Canada, this is the account number of the provincially administered Worker's Compensation Board that the employer would use to make remittances. There would be a unique number for each of the provincially controlled boards i.e. Workplace Safety & Insurance Board of Ontario, CSST, etc.

**Waiting Days** In the UK, statutory Sick Pay is not payable for the first three qualifying days in period of incapacity for work (PIW), which are called waiting days. They are not necessarily the same as the first three days of sickness, as waiting days can be carried forward from a previous PIW if the linking interval between the two PIWs is less than 56 days.

**Work Choices** Also known as Work Preferences, Deployment Factors, or Work Factors. These can affect a person's capacity to be deployed within an enterprise, such as willingness to travel or relocate. You can hold work choices at both job and position level, or at person level.

**Worker's Compensation Board** In Canada, this is a provincially governed legislative body which provides benefits to employees upon injury, disability, or death while performing the duties of the employer. Worker's Compensation Board premiums are paid entirely by the employer.

**Workflow** An Oracle application which uses charts to manage approval processes and in addition is used in SSHR to configure display values of sections within a web page and instructions.

**Work Structures** The fundamental definitions of organizations, jobs, positions, grades, payrolls and other employee groups within your enterprise that provide the framework for defining the work assignments of your employees.



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