PeopleSoft 8.00.01 Base Benefits PeopleBook

PeopleSoft 8.00.01 Base Benefits PeopleBook

SKU MABNr8SP1B 1200

PeopleBooks Contributors: Teams from PeopleSoft Product Documentation and Development.

Copyright © 2001 by PeopleSoft, Inc. All rights reserved.

Printed in the United States of America.

All material contained in this documentation is proprietary and confidential to PeopleSoft, Inc. and is protected by copyright laws. No part of this documentation may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, including, but not limited to, electronic, graphic, mechanical, photocopying, recording, or otherwise without the prior written permission of PeopleSoft, Inc.

This documentation is subject to change without notice, and PeopleSoft, Inc. does not warrant that the material contained in this documentation is free of errors. Any errors found in this document should be reported to PeopleSoft, Inc. in writing.

The copyrighted software that accompanies this documentation is licensed for use only in strict accordance with the applicable license agreement which should be read carefully as it governs the terms of use of the software and this documentation, including the disclosure thereof.

PeopleSoft, the PeopleSoft logo, PeopleTools, PS/nVision, PeopleCode, PeopleBooks, Vantive, and Vantive Enterprise are registered trademarks, and *PeopleTalk* and "People power the internet." are trademarks of PeopleSoft, Inc. All other company and product names may be trademarks of their respective owners.

Contents

About This PeopleBook

Before You Begin xxi
PeopleSoft Application Fundamentals xxi
Related Documentation xxii
Documentation on the Internet xxiii
Documentation on CD-ROM xxiii
Hardcopy Documentation xxiv
PeopleBooks Standard Page Element Definitions xxiv
Required Fields on Pages xxviii
Typographical Conventions and Visual Cues xxviii
Page Introductory Table xxx
USF U.S. Federal Government Functionality xxxi
E&G Education and Government Functionality xxxi
Comments and Suggestions xxxi

Chapter 1

Introduction to PeopleSoft Base Benefits

The PeopleSoft Benefits Solution 1-1
Everything Works Together 1-2
Flexibility to Meet Your Needs 1-2
Table-Driven Design 1-3
Effective-Date Design 1-3
Security 1-3
Consistency 1-3
Portability 1-3
Easy Maintenance 1-4
Designing Your Base Benefits System 1-4
Working with Other Departments 1-5
Using Benefits International 1-5
Designing Your Benefits Program 1-6
USF Designing Your Benefits Program 1-6
Setting Up Your Benefit Plans and Supporting Tables 1-7
Defining Benefit Plans 1-8
Defining Tables that Support Base Benefits 1-8
Setting Up Payroll Information 1-9
Building Benefit Programs 1-9

Setting Up Nondiscrimination Testing 1-10
Defining Benefits Billing 1-10
Defining Retroactive Benefits and Deductions 1-11
Setting Up COBRA Administration 1-11
Establishing Dependent and Beneficiary Data 1-12

Chapter 2

Setting Up Benefit Providers and Deduction Codes

Setting Up Vendors 2-1
Provider/Vendor Table - Vendor Information Page 2-2
Provider/Vendor Table - Addresses Page 2-3
Provider/Vendor Table - Addresses: Alternate Names Page 2-5
Provider/Vendor Table - Addresses: Phone Information Page 2-5
Provider/Vendor Table - Addresses: Email ID Page 2-6
Provider/Vendor Table - Locations Page 2-6
Provider/Vendor Table - Locations: Comments Page 2-8
Provider/Vendor Table - Contacts Page 2-8
Provider/Vendor Table - Contacts: Telephone Page 2-10
Provider/Vendor Table - Policy Information Page 2-10
Setting Up Benefit Deductions 2-12
Designing a Benefit Deduction Strategy 2-13
Defining Benefit Deductions 2-14
Deduction Table - Setup Page 2-14
Deduction Table - Tax Class Page 2-17
Deduction Table - Tax Effect Page 2-19
Deduction Table - Process Page 2-20
Deduction Table - Schedule Page 2-22
Benefit Arrears/Frequency Ovrd Page 2-24
Working with Imputed Income 2-25
Defining Multiple Tax Classifications for Group Term Life Plans 2-26
Using Spouse or Dependent Demographics in Dependent Life Imputed Income Calculations 2-28
Imputed Income Calculations for Individual Dependents 2-31

Chapter 3

Organizing Payroll Information for Base Benefits

Overview of Payroll Information 3-1
PeopleSoft Payroll or PeopleSoft Payroll Interface? 3-2
Establishing the Compensation Base 3-2
Job Data - Compensation Page 3-3
USF Setting Up FEGLI Benefit and Adjusted Regular Compensation 3-6
Setting Up FEGLI BASE for Specific FEGLI Plans 3-8
Defining Earnings Types 3-8

Defining Leave Earnings 3-9
Calculating Leave Earnings 3-9
Setting Up Payroll Information for Leave Accruals 3-10
Leave Accruals and PeopleSoft Payroll for North America 3-10
Defining Leave Earning and How Earnings Affect Accruals 3-11
Associating Leave Earnings With an Earnings Program 3-12
Setting Up and Overriding Default Earnings Programs 3-13
Defining Vacation Buy/Sell Earnings 3-13
Maintaining Vacation Buy/Sell Earnings 3-13
Accounting for Bought or Sold Earnings 3-14
Defining Special Accumulators 3-15
Overview of Special Accumulators 3-15
Special Accumulator Table Page 3-15
Associating Earnings Types With Special Accumulators 3-16
Special Accumulators Earnings Page 3-17
Defining Limits 3-18
Overview of Limits 3-18
Understanding the 401 Limit 3-19
Understanding the 402 Limit 3-19
Understanding the 403 Limit 3-19
Understanding the 415 Limit 3-19
Limit Table Page 3-21
Setting Up Earnings Programs 3-24
Earnings Program Table Page 3-24
Pay Group Table - Calc Parameters Page 3-25
USF Associating a FEGLI Accumulator on a Pay Plan 3-26
Calculation of Basic Life Coverage and Premiums for FEGLI Wage Grade Employees 3-27
Company Table - Default Settings Page 3-27
Setting Up Default Benefit Programs 3-27

Chapter 4

Setting Up Benefit Plans

Overview of Benefit Plans 4-1
Setting Up Domestic Partner Plans 4-2
Summary of Plan Types 4-3
Before You Begin 4-5
Identifying Benefit Plans 4-6
Benefit Plan Table Page 4-6
Setting Up Health Plans 4-9
Setting Up Health Plans for Domestic Partners 4-9
Setting Up Life Insurance Plans 4-10
Setting Up Life Plans for Domestic Partners 4-12

Coverage Group Table Page 4-13
USF A Note About Option A - Standard FEGLI Plan Calculations 4-14
Setting Up Disability Plan Information 4-15
Disability Plan Table - Disability Page 4-15
Calculation of Disability Plan Deductions 4-16
Setting Up Savings Plans 4-17
Overview of Savings Plans 4-17
Before You Begin 4-18
Defining Employee Investment Limits 4-18
Savings Plan Table - Employee Limit on Investments Page 4-19
Defining Employer Match or Contributions 4-22
Savings Plan Table - Employer Contribution/Match Page 4-22
Savings Plan Table - Rollover of Funds Page 4-25
Service Step Table Page 4-28
Examples of Before- and After-Tax Matching Using the Service Step Table 4-29
Reviewing Savings Plan Information 4-30
Setting Up Leave Plans 4-30
Leave Plan Table Page 4-31
Setting Up FMLA Plans 4-36
Before You Begin - Activating FMLA Administration 4-36
Setting Up FMLA Plans for U.S. Companies 4-37
FSA Benefits Table Page 4-40
Retirement Plan Page 4-42
Pension Plan Table (CAN) Page 4-43
Pension Plan Table (U.S.) Page 4-50
Vacation Buy/Sell Table Page 4-52

Chapter 5

Setting Up and Managing 403(b) Savings Plans

Understanding 403(b) Plans 5-1
Setting Up 403(b) Plans 5-2
Setting Up 403(b) Special Accumulators 5-3
Defining 403(b) Plans 5-3
Benefit Plan Table 5-4
Savings Plan Table 5-4
Defining Limits 5-5
Setting Up the 402 Limit 5-5
Setting Up the 403(b) Limit 5-6
Setting Up the 415 Limit 5-8
Managing 403(b) Plans 5-8
403(b) Balances/Projections - 403(b) Balance Page 5-9
Reviewing 403(b) Projection Error Messages 5-10

Reviewing 403(b) Projections 5-11
Adjusting 403(b) Annuity Amounts 5-12
403(b) Projections Page 5-14

Chapter 6

Establishing Rate Tables and Calculation Rules

Overview of Rate Tables 6-1
Age-Graded Rate Table Page 6-4
Age-Graded Rate Table - Amount to Limit Page 6-6
Salary Rate Table Page 6-7
Salary Rate Table - Specify Limit Page 6-8
Service Rate Table Page 6-9
Service Rate Table - Specify Limit Page 6-11
Flat Rate Table Page 6-11
Flat Rate Table - Specify Limit Page 6-13
Overview of Calculation Rules 6-14
Calculation Rules Table - Calculation Rules Page 6-16

Chapter 7

Building Base Benefit Programs

Overview of Benefit Programs 7-1
Before You Begin 7-2
Understanding Plan Types 7-2
Working With Effective Dates 7-2
Provider and Benefit Plan Effective Dates: An Example of Effective-Dating 7-3
Benefit Programs and Effective Dates 7-3
Loading History: A Warning 7-4
Coverage Codes - Coverage Code Tbl Page 7-4
Building Benefit Programs With the Benefit Program Table Components 7-6
Benefit Program Table - Benefit Program Page 7-6
Benefit Program Table - Plan Type and Option Page 7-9
Benefit Program Table - Cost Page 7-17
Rate Availability by Plan Type 7-18
Rate and Calculation Rule Requirements by Plan Type 7-19
Calculation Rule Requirements for Rate Types 7-19
Setting Up Benefit Programs That Provide Benefits to Nonqualified Dependents 7-19
Cloning Benefit Programs 7-21
Benefit Program Clone Utility - Prog. Clone Util. Page 7-21

Chapter 8

Setting Up Dependent and Beneficiary Information

Before You Begin 8-1
Setting Up Dependent/Beneficiary Roles 8-2
Dependent Relationship Table Page 8-2
Entering Dependents and Beneficiaries 8-3
Dependent/Beneficiary - Name Page 8-3
Dependent/Beneficiary - Address Page 8-6
Dependent/Beneficiary - Personal Profile Page 8-7
Dependent/Beneficiary - Personal Profile: Riders/Orders Page 8-11
Dependent/Beneficiary - Personal Profile: Phone Numbers Page 8-13
Entering Dependent/Beneficiary Comments 8-13
Dependent/Beneficiary Comment Page 8-14
USF - Completing the Final Check Page 8-15
USF - Final Check Beneficiary Data - Final Check Page 8-15
Reviewing and Maintaining Dependent/Beneficiary Data 8-16
Dependent/Beneficiary Summary Page 8-17
Entering Court Orders and Spousal Waivers 8-17
Court Ordered Coverage Audit Page 8-18

Chapter 9

Enrolling Participants

Overview of the Enrollment Process 9-1
Overview of the Federal Enrollment Process 9-2
Reviewing Employee Eligibility 9-3
Employee Data Summary page 9-3
Benefit Program Participation Page 9-4
Enrolling Participants in Benefit Plans 9-5
Health Benefits - Elections Page 9-6
Health Benefits - Dependents Page 9-8
Deleting a Health Plan Dependent Enrollment 9-9
Life and AD/D Benefits - Elections Page 9-9
Life and AD/D Benefits - Beneficiaries Page 9-10
Deleting a Life and AD/D Beneficiary Assignment 9-12
Disability Benefits Page 9-12
Savings Plans - Elections Page 9-13
Savings Plans - Rollovers Page 9-15
Savings Plans - Investments Page 9-15
Savings Plans - Beneficiaries 9-16
Deleting a Savings Plan Beneficiary Assignment 9-17
Leave Plans - Leave Plans (USA) Page 9-18
Leave Plans (Can/Intl) - Leave Plans Page 9-19

FSA Benefit Page 9-20
Enrolling in Retirement Plans....9-22
Enrolling in Canadian Pension Plans....9-23
Enrolling Dependents and Beneficiaries in Canadian Pension Plans 9-24
Deleting a Dependent or Beneficiary from a Canadian Pension Plan 9-25
Enrolling in US Pension Plans....9-25
Enrolling in Vacation Benefit Plans 9-27
USF - Enrolling Employees in Benefit Programs and Plans Through the PAR 9-29
Benefits/FEHB Page....9-29
Agency FEHB Contributions for Part-Time Employees 9-31
FEGLI/Retirement Data/FICA Page....9-32
USF - Enrolling Employees in Benefit Programs Using Base Benefit Pages....9-37
Assigning FEGLI Benefits....9-38
FEGLI Assignments - Assignee Page....9-38
FEGLI Assignments - Assignee Benef Page 9-39
Enrolling Employees in TSP Agency Automatic Contribution Plan 9-40
TSP Agency Basic Page 9-41
TSP Investment Elections Page 9-42
Auditing Your Benefit Information....9-42
PeopleSoft Human Resources Base Benefits Audits....9-43

Chapter 10

Reviewing Enrollments and Benefit Calculations

Viewing Benefits Summary Data....10-1
Benefits Summary (Pay Dedns) - Benefits Summary Page....10-2
Benefits Summary (PI DedCalc) Page 10-2
Overriding the Frequency of Benefit Deductions 10-3

Chapter 11

Performing Nondiscrimination Testing

Overview of Section 401 Nondiscrimination Tests 11-1
Understanding the Basic and Alternate Section 401(k) Tests 11-1
Understanding the Basic and Alternate Section 401(m) Tests 11-2
Understanding the Aggregate Limit Test 11-2
Defining Highly Compensated Earnings....11-2
Special Accumulator Table Page....11-3
Earnings Table - Special Process Page....11-3
Identifying Highly Compensated Employees 11-4
Job Data - Security Clearance Page....11-5
Setting Up Test Criteria and Plans 11-6
Nondiscrimination Test Table - NDT Rules Table Page....11-6
Benefit Plan Table Page....11-8
Defining the Nondiscrimination Test Run Control 11-9

401 NDT Run Control - NDT 401 Run Parms Page 11-9
129 NDT Run Control - Run 129 Testing Page 11-10
Initiating a Nondiscrimination Test With the Process Scheduler 11-13
Nondiscrimination Testing for Highly Compensated Employees 11-13
Nondiscrimination Testing for 401(k) and 401(m) Plans 11-14
Nondiscrimination Testing for Section 129 Plans 11-15
401(k) and 401(m) Report 11-16
Section 129 Report 11-16
Viewing Nondiscrimination Test Results 11-17
Viewing Results for an Individual 11-17
Viewing Section 401 Test Results for All Employees 11-18
Viewing Section 129 Test Results for All Employees 11-19
Running Nondiscrimination Test Reports 11-20
Setting Limits to Comply With Test Results 11-20

Chapter 12

Managing FMLA

Overview of the FMLA Process 12-1
Entering FMLA Leave Requests 12-2
FMLA Leave - Request Page 12-2
Monitor Leave Requests 12-4
FMLA Leave - Eligibility Page 12-4
The Eligibility and Entitlement Process 12-6
Eligibility Determination 12-6
Entitlement Determination 12-6
Job and Employment Data 12-7
FMLA Leave - History Page 12-7
FMLA Leave - History: Schedule Leave Days Page 12-9
FMLA Leave - History: Mark Paid Leave Page 12-12
FMLA Leave - Activity Page 12-13

Chapter 13

Managing Leave Plans

Overview of the Leave Process 13-1
Processing Leave Accruals 13-2
Leave Accrual Process - Leave Accrual Proc Page 13-2
Viewing Employee Balances 13-4
Leave Accrual - Leave Accrual Balances Page 13-5

Chapter 14

Managing Vacation Buy/Sell Plans

Overview of the Vacation Buy/Sell Process 14-1

Working With Mid-Year Buy or Sell Transactions....14-2
Reviewing Vacation Buy and Sell Calculation Results....14-3
Vacation Benefit - Vacation Benefit Page....14-3
Using the Payroll Paysheet to Review Vacation Buy/Sell Processing Results....14-4

Chapter 15

Setting Up COBRA Administration

Overview of COBRA Administration Setup....15-1
Activating COBRA....15-2
Linking COBRA to Your Benefit Packages....15-2
Identifying COBRA-Eligible Benefit Plans....15-3
Establishing Coverage Codes for COBRA....15-3
Defining COBRA-Qualifying Events....15-4
Event Rules Page....15-8
Specifying Administrator Address Information for COBRA Letters....15-11
COBRA Administrator – Administrator Page....15-11

Chapter 16

Managing COBRA

Overview of the COBRA Process....16-1
Qualification of COBRA Events....16-2
Initial COBRA Events....16-2
Secondary COBRA Events....16-3
Overriding Initial and Secondary COBRA Events....16-4
COBRA Activity - Activity Page....16-4
Running the COBRA Process....16-6
The COBRA Process Run Control....16-7
Run Control Page....16-7
Determination of Qualified COBRA Beneficiaries....16-9
Assignment of Qualified COBRA Beneficiaries to Benefit Programs....16-11
Determination of Eligible Plan Types for Each Beneficiary....16-11
Determination of Eligible Options....16-11
Calculation of COBRA Costs for Each Option....16-12
Processing Secondary COBRA Qualifying Events....16-13
Process Messages Page....16-13
Creating Notification Letters....16-14
Who Receives a Notification Form?....16-15
Initial Notification Letter Process....16-15
Initial Notification Letter - COBRA Qualify Ltr Page....16-16
Secondary Notification Letter Process....16-17
Secondary Notification Letter - Secondary Evt Ltr Page....16-17
Letter Reprinting Page....16-18
Entering COBRA Elections and Waivers....16-19

Choosing to Claim Individual Coverage 16-19
COBRA Data Entry Page 16-20
The Choice to Claim Individual Coverage 16-22
Waiving COBRA Coverage 16-23
Revoking Waived COBRA Coverage 16-23
Reelecting Coverage 16-23
System Validation and Enrollment of COBRA Election Choices 16-24
Enrollment in Health or FSA Plans 16-24
Creation of Non-Employee Status 16-24
Notification to Billing System 16-24
Validation and Enrollment Error Messages 16-25
Enrollment Processing for Secondary Events 16-25
Secondary Events and Qualified Pending Status 16-25
Secondary Events: Individual Coverage Versus Dependent Coverage 16-26
Combination Events 16-27
Working With COBRA Events 16-27
Reviewing COBRA Event Summaries 16-27
Event Summary Page 16-27
Event Status Update - Event Status Page 16-28
Voiding Events, Participants or Benefit Plans 16-30
Qualifying Events 16-30
Preparing and Electing Options 16-31
Managing COBRA Benefit Plan and Dependent Information 16-31
Benefit Program Participation - Prog Participatn Page 16-31
Health Benefits - Election Page 16-32
COBRA Health Benefits - Dependents Page 16-34
COBRA FSA Benefit Enrol Page 16-35
Dependent/Beneficiary Data - Name Page 16-36
Dependent/Beneficiary Data - Address Page 16-38
Dependent/Beneficiary Data - Personal Profile Page 16-39
Handling Non-Employee COBRA Participants 16-41
Non-Employee Data - Name Page 16-41
Non-Employee Data - Address Page 16-42
Mailing Address Page 16-42
Phone Page 16-43
Non-Employee Data - Personal Profile Page 16-44
Non-Employee Data - Identity/Dept Security Page 16-45
Entering Non-Employee Dependent and Beneficiary Information 16-46
Adjusting Coverage for Non-Employees After a Secondary Event 16-47
Status After the Secondary Event 16-47
Terminating COBRA Coverage 16-48
Participant Termination Page 16-48
Termination Letter - Termination Ltr Page 16-49

Using the Manual COBRA Pages 16-50
Non-Employee Data (Manual) Page 16-51
Benefit Program Participation (Manual) Page 16-52
COBRA Health Benefits (Manual) 16-53
COBRA Health Benefits (Manual) - Elections Page 16-53
COBRA Health Benefits (Manual) - Dependents Page 16-55

Chapter 17

Arranging Retroactive Benefits and Deductions

Activating Retroactive Benefits/Deductions 17-1
Defining Retroactive Benefit/Deduction Programs 17-2
Retro Ben/Ded Program – Retro Ben/Ded Pgm Page 17-3
Refunds Versus Deductions 17-6
Defining Retroactive Benefit/Deduction Selection Criteria for Mass Events 17-6
Retro Ben/Ded Mass Request – Retro Mass Request Definition Page 17-7

Chapter 18

Processing Retroactive Benefits and Deductions

Overview of Retroactive Benefits/Deductions and PeopleSoft Payroll 18-1
Before You Begin 18-2
Triggering Retroactive Benefits and Deductions 18-2
Triggering Individual Retroactive Benefit and Deduction Requests 18-2
Triggering Mass Retroactive Benefit and Deduction Requests 18-4
Creating the Mass Retroactive Benefit/Deduction Request 18-4
Retro Ben/Ded Mass Request – Run Retro Ben/Ded Page 18-4
Triggering Duplicate Requests 18-5
When Duplicate Individual Requests are Triggered 18-5
When a Mass Request is Involved 18-6
Retro Ben/Ded Request Summary – Retro Ben/Ded Rqst Page 18-6
Calculating Retroactive Benefits and Deductions 18-8
Retro Ben/Ded Calculate – Run Retro Ben/Dedn Page 18-8
Retroactive Ben/Ded Messages – Retro Ben/Ded Proc Page 18-10
Reviewing and Updating Calculated Retroactive Benefits and Deductions 18-10
Retro Ben/Ded Review and Updt – Retro Ben/Ded Calc Page 18-11
Retro Ben/Ded Summary – Retro Ben/Ded Calc Page 18-12
Retro Ben/Ded Payroll Load – Run Retro Ben/Ded Page 18-13
Payroll Processing of Retroactive Benefits and Deductions 18-15

Chapter 19

Implementing Benefits Billing

Setting Up Benefits Billing 19-1
Parameters - Billing Parameter Page 19-1

Calendar - Billing Calendar Page 19-2
Managing Benefits Billing 19-4
Enrolling Eligible Participants 19-4
Calculating Billing Charges 19-4
Generating Billing Statements 19-5
Processing Payments 19-5
Handling Adjustments 19-5
Reviewing Employee Balances 19-5
Qualifying for Benefits Billing 19-5
Automatic Enrollment Into Benefits Billing 19-6
Enrolling Employees and Dependents Into Benefits Billing 19-6
Billing Enrollment - Benefits Billing Enrollment Page 19-7
Override Parameters - Billing Override Page 19-9
Creating Billing Charge Records 19-10
Billing Calculation - Billing RuncCntl Page 19-10
The Billing Calculation Process 19-11
Manual Setup of Billing Charge Records 19-12
Rerunning the Billing Calculation Process 19-12
Retroactive Processing 19-12
Billing Calculation Limitations 19-12
Charge Entry - Manual Charge Page 19-13
Entering Sales Tax for Canadian Benefit Charges 19-14
Reviewing Billing Charge Record Information 19-15
Reviewing Individual Charge Records With the Charge Review Pages 19-15
Charge Review - Charge Page 19-15
Charge Review - Charge Detail Page 19-17
Reviewing Charge Information by Billing Period and Plan Type 19-19
Charge Summary by Billing Period - Charge Summary Page 19-19
Charge Summary by Plan Type - Smmry byPlantype Page 19-19
Generating Benefits Billing Statements 19-20
Billing Statement Page 19-20
Statement Print Page 19-22
Processing Benefits Billing Payments 19-22
Payment Entry Page 19-23
Payment Review - Benefit Billing Payment Review Page 19-25
Payment Summary by Post Date - Smmry by Pst Date Page 19-26
Making Adjustments to Charges and Payments 19-26
Charge Adjustment Page 19-27
Payment Adjustment Page 19-28
Adjustment Summary - Adjustm. Summary Page 19-30
Employee Balance Review - Employee Billing Page 19-30

Chapter 20

Managing Carrier Interface

Load Benefit Reporting Tbl Page....20-1
The Benefits Data Table....20-2
Carrier Interface Page....20-3
Interface File Format....20-3

Chapter 21

Setting Up and Managing Multiple Jobs

Understanding Multiple Jobs....21-1
Establishing Rules for Multiple Job Deduction Calculations....21-2
Calculating Deductions With Multiple Jobs....21-2
Summary of Calculating Deductions by Plan Type....21-3
Setting the Default Rules for Multiple Jobs Options....21-4
Enabling Workflow for Benefits....21-5
Multiple Jobs Options Page....21-5
Hiring Employees....21-8
Changing Benefit Record Numbers....21-9
Maintaining Primary Job Data....21-9
Primary Jobs Flags Page....21-10
Primary Job Flags - Job Data Page....21-11
Building the Primary Jobs Data....21-11
Primary Job Utility – Primary Job Maint Page....21-12
Printing the Primary Jobs Audit Report....21-13
Primary Job Audit Page....21-14
Using Workflow With Multiple Jobs....21-15

Chapter 22

Base Benefits Reports

PeopleSoft Reporting Tools....22-1
Accessing Report Samples....22-1
List of PeopleSoft Benefits Reports....22-2
Generating the Health Plan Participants Report....22-5
Health Plan Participants Rpt Page....22-5
BEN001 Health Plan Participants....22-5
Generating the Life Insurance Participants Report....22-6
Life Insurance Participant Rpt Page....22-6
BEN002 Life Insurance Participants....22-7
Generating the Benefit Contributions Register Report for US Companies....22-7
Benefit Contribution Register - Benefit Contrib Page....22-7
BEN003 Benefit Contributions Register....22-8
Generating the Benefit Contributions Register Report for Canadian Companies....22-8

Benefit Contrib. Reg. (Can) - Benefit Contributions (Can) Page 22-9
BEN003CN Benefit Contributions Register (Can) 22-9
Generating the Savings Investment Distributions Report 22-9
Savings Invest. Distribution - Savings Investment Page 22-10
BEN004 Savings Investment Distributions 22-10
Generating the Leave Accruals Report 22-11
Leave Accruals Report Page 22-11
BEN007 Leave Accruals 22-11
Generating the Section 415 Report 22-11
Section 415 Compliance - 415 Compl Rpt Page 22-12
BEN008 Section 415 Report 22-12
Generating the Section 415 Non-Compliance Report 22-12
Section 415 Noncompliance - Sctn 415 Non-Compliance Rpt Page 22-12
BEN009 Section 415 Non-Compliance Report 22-13
Generating the FMLA Status Report 22-13
FMLA Status Report Page 22-13
BEN020 FMLA Status Report 22-14
Generating the FMLA Payroll Audit Report 22-14
FMLA Payroll Audit Page 22-14
BEN021 FMLA Payroll Audit Report 22-15
Generating the HIPAA Report 22-15
HIPAA Medical Cert (certificate) Page 22-16
BEN022 HIPAA Report 22-16
BEN023 HIPAA Report 22-16
Generating Benefits Billing Statements 22-17
Billing Statement Page 22-17
BEN040 Billing Statements 22-17
Generating the Delinquent Accounts Report 22-18
Delinquent Accnt (account) Page 22-18
BEN041 Delinquent Accounts Report 22-18
Generating the Accounts Receivable Report 22-19
Receivable Report Page 22-19
BEN042 Accounts Receivable Report 22-19
Generating the History Activity Report 22-20
Billing History Page 22-20
BEN043 History Activity Report 22-20
Generating the Calculation Errors Report 22-21
Billing Calc (calculation) Page 22-21
BEN044 Calculation Errors 22-21
Generating the Benefits Billing Audit Report 22-21
Benefits Billing Audit Page 22-22
BEN045 Benefits Billing Audit 22-22
Generating the Primary Jobs Audit Report 22-22

Primary Jobs Audit Page 22-22
BEN050 Primary Jobs Audit Report 22-23
Generating the Payment Interface Report 22-23
Ben (benefit) Billing Payment Interface Page 22-24
BEN140 Payment Interface 22-24
Generating the A/R Interface Report 22-24
A/R Interface Page....22-24
BEN141 A/R Interface 22-25
Generating the Section 403(b) Employee Listing Report 22-25
403(b) Employee Page....22-25
BEN200 Section 403(b) Employee Listing Report 22-26
Generating the Section 403(b) Exceptions Report....22-26
403(b) Exception Page....22-26
BEN201 Section 403(b) Exceptions Report 22-27
Generating the Section 403(b) Employee Letters 22-27
403(b) EE (employees) Letters Page 22-27
BEN202 Section 403(b) Employee Letters 22-28
Generating the Flexible Spending Account Benefits Table Report 22-28
FSA Benefit Table Listing Page 22-29
BEN701 Flexible Spending Account Benefits Table 22-29
Generating the Flat Rate Table Report....22-29
Flat Rate Table Page....22-30
BEN702 Flat Rate Table....22-30
Generating the Disability Plan Table Report 22-30
Disability Plan Table Listing Page 22-31
BEN703 Disability Plan Table 22-31
Generating the Age-Graded Coverage Table Report 22-31
Age-Graded Coverage Table Listing Page 22-32
BEN704 Age-Graded Coverage Table 22-32
Generating the Life AD/D Table Report....22-33
Life AD/D Table Listing Page....22-33
BEN705 Life AD/D Table....22-33
Generating the Savings Plans/Investments Table Report....22-34
Savings Plans/Investments Table Page....22-34
BEN707 Savings Plans/Investments Table....22-35
Generating the Calculation Rules Table Report....22-35
Calculation Rules Table Page....22-35
BEN708 Calculation Rules Table....22-36
Generating the Benefit Plan Table Report 22-36
Benefit Plan Table Listing Page 22-37
BEN709 Benefit Plan Table 22-37
Generating the Leave Plan Table Report 22-37
Leave Plan Table Page....22-38

BEN710 Leave Plan Table 22-38
Generating the Leave Plan 2/3Report 22-38
Leave Plan 2/3 - Leave Plan Table (Svc Rates) Page 22-39
BEN710A Leave Plan 2/3 22-39
Generating the Retirement Plan Table Report 22-39
Retirement Plan Table Listing Page 22-40
BEN711 Retirement Plan Table 22-40
Generating the Benefit Program Table Report 22-40
Benefit Program Page 22-41
BEN713 Benefit Program Table - Base Benefits 22-42
Generating the Service Rate Table Report 22-42
Service Rate Table Listing Page 22-42
BEN714 Service Rate Table 22-43
Generating the Vacation Buy/Sell Table Report 22-43
Vacation Buy/Sell Plan Listing Page 22-43
BEN715 Vacation Buy/Sell Table 22-44
Generating the Pension Plan Table (1) Report) 22-44
Pension Plan Table Listing (1) Page 22-44
BEN716CN Pension Plan Table (1) 22-45
Generating the Pension Plan Table (2) Report 22-45
Pension Plan Table Listing (2) Page 22-46
BEN717CN Pension Plan Table (2) 22-46
Generating the Pension Plan Table (3) Report 22-46
Pension Plan Table Listing (3) Page 22-47
BEN718CN Pension Plan Table (3) 22-47
Generating the FMLA Plan Table Report 22-48
FMLA Plan Table Listing Page 22-48
BEN720 FMLA Plan Table 22-48
Generating the Limit Table Report 22-48
Limit Table List Page 22-49
BEN721 Limit Table 22-49
Generating the Salary Rate Table Report 22-49
Salary Rate Table Page 22-50
BEN731 Salary Rate Table 22-50
Generating the Base Benefit Audit Report 22-50
Base Benefit Audit Report Page 22-51
BEN733 Base Benefit Audit 22-51
Generating the Court Orders Audit Report 22-51
Court Orders Audit Report Page 22-51
BEN734 Court Orders Audit Report 22-52
Generating the Billing Calendar Table Report 22-52
Billing Calendar Table Listing Page 22-52
BEN740 Billing Calendar Table 22-53

Generating the COBRA Initial Notification Letter Report 22-53
COBRA Qualify Ltr (letter) Page 22-53
CBR001 Initial Notification Letter 22-54
Generating the Secondary Notification Letter Report 22-54
Secondary Evt Ltr Page 22-54
CBR002 Secondary Notification Letter 22-55
Generating the Termination Letter Report 22-55
Termination Ltr (letter) Page 22-55
CBR003 Termination Letter 22-56
Generating the Open Enrollment Letter Report 22-56
Enroll Forms Page 22-56
CBR004 Open Enrollment Letter 22-57
Generating the COBRA Event Report 22-57
Event Report Page 22-57
CBR005 COBRA Event Report 22-58
Generating the COBRA Enrollment Report 22-58
Enroll Report Page 22-58
CBR006 COBRA Enrollment Report 22-59
Generating the COBRA Audit Report 22-59
COBRA Audit Report - Audit Report page 22-59
CBR007 COBRA Audit Report 22-60
Generating the COBRA Administration Error Report 22-60
Admin (administration) Error Page 22-60
CBR008 COBRA Administration Error Report 22-61
Generating the 401(k)/401(m) Nondiscrimination Testing Report 22-61
401 Testin (testing) Result Page 22-62
NDT004 401(k)/401(m) Nondiscrimination Testing 22-62
Generating the 129 Nondiscrimination Testing Report 22-63
NDT Sect (section) 129 Testing Results Page 22-63
NDT008 129 Nondiscrimination Testing 22-63
Generating the Provider/Vendor Table Report 22-64
AP Vendor Listing Page 22-64
PAYVNDR Provider/Vendor Table 22-65
Generating the Retroactive Deductions Requested Report 22-65
Retro Ben/Ded Rqst (requested) Page 22-65
RDED001 Retroactive Deductions Requested - ‘Not Processed Status' 22-66
Generating the Retroactive Deductions in Progress - Calculate Status Report 22-66
Ben/Dedn Rqst Stat (benefit /deduction requested status) Page 22-66
RDED002 Retroactive Deductions in Progress - ‘Calculate Status’ 22-67
Generating the Retro Ben/Ded Summary Report 22-67
Ben/Ded (benefit/deduction) Summary Page 22-67
RDED002B Retro Ben/Ded Summary 22-68
Generating the Retro Deductions Loaded Report 22-68

Retro (retroactive) Paysheets Loaded Page 22-68
Retro (retroactive) Paysheets Loaded Page 22-69
RDED003 Retroactive Deductions Audit Rpt - 'Loaded to Paysheet' Status 22-69
Ben/Dedn Terminat. (benefit/deduction terminations) Page 22-69
RDED004 Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded) 22-69

Index

ABOUT THIS PEOPLEBOOK

This book provides you with the information you will need for implementing and using PeopleSoft Base Benefits. You can order the online version by requesting SKU HRB8SP1R0, or the hard-copy version by requesting SKU MABNr8SP1B 1200.

This section describes information you should know before you begin working with PeopleSoft products and documentation, including PeopleSoft-specific documentation conventions, information specific to the PeopleSoft HRMS product line, how to order additional copies of our documentation, and so on.

Before You Begin

To benefit fully from the information covered in this book, you need to have a basic understanding of how to use PeopleSoft applications. We recommend that you complete at least one PeopleSoft introductory training course.

You should be familiar with navigating around the system and adding, updating, and deleting information using PeopleSoft menus, menus, and pages. You should also be comfortable using the World Wide Web and the Microsoft® Windows or Windows NT graphical user interface.

Because we assume you already know how to navigate around the PeopleSoft system, much of the information in this book is not procedural. That is, it does not typically provide step-by-step instructions on using tables, pages, and menus. Instead, we provide you with all the information you need to use the system most effectively and to implement your PeopleSoft application according to your organizational or departmental needs. This book expands on the material covered in PeopleSoft training classes.

PeopleSoft Application Fundamentals

The *PeopleSoft Base Benefits PeopleBook* provides you with implementation and processing information for your PeopleSoft Base Benefits system. However, there is additional, essential information describing the setup and design of your system that is contained in a companion volume of documentation called *PeopleSoft Application Fundamentals.*

PeopleSoft Application Fundamentals consists of important topics that apply to many or all PeopleSoft applications across the HRMS product line. Whether you are implementing only PeopleSoft Base Benefits some combination of products within the product line (for example, PeopleSoft Benefits Administration, Stock Administration, Time & Labor, and Pension Administration), or the entire PeopleSoft HRMS system, you should be familiar with the contents of this central PeopleBook. It is the starting point for fundamentals such as setting up control tables and administering security.

In the *PeopleSoft Applications Fundamentals* PeopleBook, we've included common information pertinent to all applications in the HRMS product line, such as defining general options. If you're upgrading from a previous PeopleSoft release, you may notice that we've removed some topics or topic headings from the individual application PeopleBooks and

consolidated them in this single reference book. You'll now find only application-specific information in your individual application PeopleBooks. This makes the documentation as a whole less redundant. Throughout each PeopleBook, we provide cross-references to *PeopleSoft Application Fundamentals* and other PeopleBooks.

Below you'll find a list of those *PeopleSoft Application Fundamentals* sections that apply specifically to PeopleSoft *Base Benefits.*

Introduction to PeopleSoft HRMS introduces you to the basic concepts of PeopleSoft Human Resources and reviews the various activities involved in using the system, including setting up system-wide and HR information, performing daily processes, working with PeopleSoft Human Resources menus, and generating reports.

Regulating HRMS System Data reviews the Business Unit/SetID feature which allows you to organize your businesses by dividing them into logical units other than Companies and Departments, and also allows you to control how your organizational data is shared among those organizational units.

Setting Up Control Tables discusses the different ways you can run PeopleSoft Human Resources and helps you decide which way it should be used. Setting Up Controls Tables also instructs how to set up data that serves as the foundation of your organization's human resource system. These tables are the basis not only for Human Resources, but all your PeopleSoft HRMS applications.

Using Workflow discusses, at a high level, how workflow is used in HRMS and shows you how to set up approvals workflow for self-service transactions in collaborative applications such as PeopleSoft eRecruit and PeopleSoft eDevelopment. We also include detail information on some of the workflow processes delivered in PeopleSoft 8.

Working With Multiple Jobs explains how several PeopleSoft HRMS applications enable you to process information for employees who hold multiple, concurrent jobs within an organization.

Related Documentation

To add to your knowledge of PeopleSoft applications and tools, you may want to refer to the documentation of other PeopleSoft applications. You can access additional documentation for this release from PeopleSoft Customer Connection (www.peoplesoft.com). We post updates and other items on Customer Connection, as well. In addition, documentation for this release is available on CD-ROM and in hard copy.

Important! Before upgrading, it is imperative that you check PeopleSoft Customer Connection for updates to the upgrade instructions. We continually post updates as we refine the upgrade process.

Documentation on the Internet

You can order printed, bound versions of the complete PeopleSoft documentation delivered on your PeopleBooks CD-ROM. You can order additional copies of the PeopleBooks CDs

through the Documentation section of the PeopleSoft Customer Connection Web site: http://www.peoplesoft.com/

You'll also find updates to the documentation for this and previous releases on Customer Connection. Through the Documentation section of Customer Connection, you can download files to add to your PeopleBook library. You'll find a variety of useful and timely materials, including updates to the full PeopleSoft documentation delivered on your PeopleBooks CD.

Documentation on CD-ROM

Complete documentation for this release is provided on the CD-ROM *PeopleSoft 8.00.01 HRMS* and *PeopleTools 8.12 PeopleBooks,* SKU CD HRB8SP1R0.

Your access to PeopleSoft PeopleBooks depends on which PeopleSoft applications you've licensed. You may not have access to some of the PeopleBooks listed here.

The CD includes the following PeopleBooks (presented in HTML format) that you can print in whole or in part:

- PeopleSoft *8.00.01* Application Fundamentals for PeopleSoft HRMS
- PeopleSoft *8.00.01* Base Benefits
- PeopleSoft *8.00.01* Benefits Administration
- PeopleSoft *8.00.01* eBenefits
- PeopleSoft *8.00.01* eCompensation
- PeopleSoft *8.00.01* eDevelopment
- PeopleSoft *8.00.01* eEquity
- PeopleSoft *8.00.01* ePay
- PeopleSoft *8.00.01* eProfile
- PeopleSoft *8.00.01* eRecruit
- PeopleSoft *8.00.01* eTime
- PeopleSoft *8.00.01* FSA Administration
- PeopleSoft *8.00.01* Global Payroll
- PeopleSoft *8.00.01* Human Resources
- PeopleSoft *8.00.01* Payroll for North America
- PeopleSoft *8.00.01* Payroll Interface
- PeopleSoft *8.00.01* Pension Administration

- PeopleSoft *8.00.01* Stock Administration

Hardcopy Documentation

To order printed, bound volumes of the complete PeopleSoft documentation delivered on your PeopleBooks CD-ROM, visit the PeopleSoft Press Web site from the Documentation section of PeopleSoft Customer Connection. The PeopleSoft Press Web site is a joint venture between PeopleSoft and Consolidated Publications Incorporated (CPI), our book print vendor.

We make printed documentation for each major release available shortly after the software is first shipped. Customers and partners can order printed PeopleSoft documentation using any of the following methods:

Internet	From the main PeopleSoft Internet site, go to the Documentation section of Customer Connection. You can find order information under the Ordering PeopleBooks topic. Use a Customer Connection ID, credit card, or purchase order to place your order. PeopleSoft Internet site: http://www.peoplesoft.com/.
Telephone	Contact Consolidated Publishing Incorporated (CPI) at **800 888 3559.**
Email	Email CPI at callcenter@conpub.com.

PeopleBooks Standard Page Element Definitions

Throughout our product documentation, you will encounter fields that are used on many application pages. This section lists the most common fields and provides standard definitions.

Field	*Definition*
Address 1, Address 2, Address 3	Freeflow text entry fields that enable you to describe street, street number, apartment number, and other address information.
Annual Pledge	For a plan year, this is the amount an employee has elected to contribute to a health care or dependent care flexible spending accounts.
As of Date	The last date for which a report or process includes data.
Benefit Plan	A specific benefit offering within a plan type.

Field	*Definition*
Benefit Plan Type	Also known as Plan Type, it is a two digit code that identifies a benefit category, such as health, life, or savings.
Benefit Program	A collection of benefit plans your company offers to a group of employees.
Block (Bloque)	In Spanish addresses, a building or buildings that are close together may be called a Block (Bloque). Include the Block name in the address, if necessary.
Business Unit	An identification code that represents a high-level organization of business information. You can use a business unit to define regional or departmental units within a larger organization.
City	Name of city for address.
Comment(s)	Freeflow text entry that enables you to add comments.
Company	A business organization. For US companies using PeopleSoft Payroll for North America or PeopleSoft Pension Administration, a business unit that has a unique federal Employer Identification Number (EIN) for payroll reporting purposes.
County (also **Prefecture** and **Parish**)	Name of county (prefecture/parish) for address, if applicable.
Deduction	Any amount taken from an employee's pay check to offset all or part of the cost of the employee's benefits.
Deduction Code	The code assigned to a benefit deduction.
Description	Freeflow text up to 36 characters that describes what you are defining.
Door (Puerta)	In Spanish addresses, identifies the door name or number.

Field	*Definition*
Effective Date	Date on which a table row becomes effective; the date that an action begins. For example, if you want to close out a ledger on June 30, the effective date for the ledger closing would be July 1. This date also determines when you can view and change the information. Pages and batch processes that use the information use the current row. For more information about effective dates, see Learning about Effective Dates.
Email	The email address for a person or organization.
Empl Rcd# (Employee Record Number)	A system-assigned number that indicates an employee has more than one record in the system.
EmplID (employee ID)	Unique identification code for an individual associated with your organization.
Fax (also **Fax Number**)	The fax number for a person or organization.
Floor (Piso)	In Spanish addresses, identifies the floor name or number.
FSA Maximum Annual Pledge	For a plan year, this is the total maximum an employee can pledge for a health care or dependent care flexible spending accounts.
FSA Minimum Check Amount	This is the minimum amount for which a check will be printed.
House	Identifies the type of house.
Initials	Initials of individual.
Language	Language spoken by employee/applicant/non-employee.
Language or **Language Code**	The language in which you want the field labels and report headings of your reports to print. The field values appear as you enter them. Language also refers to the language spoken by an employee, applicant, or non-employee.
Last Run On	The date that a report or process was last run.

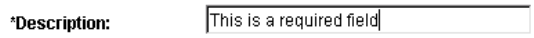
Field	*Definition*
Locality	A tax location within an organization.
Name	Name of individual.
National ID	Identification code used by countries to track information on their residents for payroll, identification, benefits, and other purposes. For example, for US residents this would be their Social Security Number; for German residents it would be their Social Insurance Number, and for UK residents it would be their National Insurance Code.
Number	The number related to a street, avenue, or other address field in Spanish addresses. When an address has no number, enter s/n (sin numero) to indicate that there is no number.
Phone Extension	The phone extension number for a person or organization.
Phone Type	Identifies the type of phone number entered in the Telephone field. Valid values are ***Business***, ***Campus***, ***Cellular***, ***Dormitory***, ***FAX***, ***Home***, ***Other***, ***Pager 1***, ***Pager 2***, or ***Telex***.
Plan Type	Also known as Benefit Plan Type, it is a two digit code that identifies a benefit category, such as health, life, or savings.
Post Code (also Postal)	Postal code for address.
Prefix	Prefix for individual (such as Mr., Ms., Mrs., Dr., and so on)
Process Frequency group box	Designates the appropriate frequency in the **Process Frequency** group box: **Once** executes the request the next time the batch process runs. After the batch process runs, the process frequency is automatically set to **Don't Run**. **Always** executes the request every time the batch process runs. **Don't Run** ignores the request when the batch process runs.

Field	*Definition*
Process Monitor	This button takes you to the Process List page, where you can view the status of submitted process requests.
Report ID	Identifies a report.
Report Manager	This button takes you to the Report List page, where you can view report content, check the status of a report, and see content detail messages (which show you a description of the report and the distribution list).
Request ID	A request identification that represents a set of selection criteria for a report or process.
Run	This button takes you to the Process Scheduler request page, where you can specify the location where a process or job runs and the process output format. For more information about the Report List page, the Process List page, and the Process Scheduler, see Process Scheduler.
Run Control ID	Identifies specific run control settings for a panel.
Run Date	The date that a process was run or a report was generated.
Run Time	The time that a process was run or a report was generated.
SetID	An identification code that represents a set of control table information. SetIDs enable the sharing of a set of control table information across two or more Business Units.
Short Description	Freeflow text up to 15 characters.
Stair (Escalera)	In Spanish addresses, identifies the stair name or number.
State (also **Province**)	State (Province) for address.
Street Type	Identifies whether an address is a place, street, avenue, road, or so on. Spanish law requires addresses in official documents to include the Street Type.
Status	Indicates whether a row in a table is ***Active*** or ***Inactive***.

Field	*Definition*
Telephone (Phone)	The telephone number for a person or organization.
User ID	Identifies the individual that generated the transaction.

Required Fields on Pages

When you see a field on a page with an asterisk (*) preceding the field name, it means the field is required. You can not save a page without entering data into all of the required fields on a page.



Example of a required field label

In some unique instances a field may be required even though there is no asterisk preceding the field name. In such cases, you will be prompted to enter data in these fields before saving the page.

Typographical Conventions and Visual Cues

To help you locate and interpret information, we use a number of standard conventions in our online documentation.

Please take a moment to review the following typographical cues:

`(monospace font)`	Indicates PeopleCode.
Bold	Indicates field names and other page elements, such as buttons and group box labels, when these elements are documented below the page on which they appear. When we refer to these elements elsewhere in the documentation, we set them in Normal style (not in boldface). We also use boldface when we refer to navigational paths, menu names, or process actions (such as **Save** and **Run**).

Italics	Indicates a PeopleSoft or other book-length publication. We also use italics for *emphasis* and to indicate specific field values. When we cite a field value under the page on which it appears, we use this style: ***Field Value.*** When we cite a field value elsewhere in the documentation, we use this style: *italics.* We also use italics when referring to words as words or to letters as letters, as in the following: Enter the number *0*, not the letter *O*.
KEY+KEY	Indicates a key combination action. For example, a plus sign (+) between keys means that you must hold down the first key while you press the second key. For ALT+W, hold down the ALT key while you press W.
Jump links	Indicates a jump (also called a link, hyperlink, or hypertext link). Click a jump to move to the jump destination or referenced section.
Cross-references	The phrase For more information indicates where you can find additional documentation about the topic at hand. We include the navigational path to the referenced topic, separated by colons (:). Capitalized titles in *italics* indicate the title of a PeopleBook; capitalized titles in normal font refer to sections and specific topics within the PeopleBook. Cross-references typically begin with a jump link. Here's an example: For more information**,** see Documentation on CD-ROM in *About These PeopleBooks:* Additional Resources.
Topic list	Contains jump links to all the topics in the section. Note that these correspond to the heading levels you'll find in the Contents window.
Name of Page	Opens a pop-up window containing the named page. Click the button to display the page. Some screen shots may also appear inline (directly in the text).

Text in this bar indicates information that you should pay particular attention to as you work with your PeopleSoft system. If the note is preceded by **Important!,** the note is crucial and includes information that concerns what you need to do for the system to function properly.

Text in this bar indicates For more information cross-references to related or additional information.

Text within this bar indicates a crucial configuration consideration. Pay very close attention to these warning messages.

Page Introductory Table

In the documentation, each page or panel description in the application will include an introductory table with pertinent information about the page. Not all of the information will be available for all pages.

Usage	Describes how you would use the page or process.
Object Name	GIVES THE SYSTEM NAME OF THE PAGE OR PROCESS AS SPECIFIED IN THE PEOPLETOOLS APPLICATION DESIGNER. FOR EXAMPLE, THE OBJECT NAME OF THE DETAIL CALENDAR PANEL IS DETAIL_CALENDAR1.
Navigation	Provides the path for accessing the page or process.
Prerequisites	Specifies which objects must have been defined before you use the page or process.
Access Requirements	Specifies the keys and other information necessary to access the page. For example, **SetID** and **Calendar ID** are required to open the Detail Calendar page.

USF U.S. Federal Government Functionality

Any functionality that is specific to the U.S. Federal Government sector will be designated by a USF marker. Most often this will appear at the beginning of a section heading (such as with this section), but the USF designation might also appear in a Note or within text, if appropriate.

E&G Education and Government Functionality

Any functionality that is specific to the Education and Government sector will be designated by an E&G marker. Most often this will appear at the beginning of a section heading (such as with this section), but the E&G designation might also appear in a Note or within text, if appropriate.

Comments and Suggestions

Your comments are important to us. We encourage you to tell us what you like, or what you would like changed about our documentation, PeopleBooks, and other PeopleSoft reference and training materials. Please send your suggestions to:

PeopleSoft HRMS Product Documentation Manager
PeopleSoft, Inc.
4460 Hacienda Drive
Pleasanton, CA 94588

Or send comments by email to the authors of the PeopleSoft documentation at:

mailto:DOC@PEOPLESOFT.COM

While we cannot guarantee to answer every email message, we will pay careful attention to your comments and suggestions. We are always improving our product communications for you.

CHAPTER 1

Introduction to PeopleSoft Base Benefits

With PeopleSoft, it's easy to manage benefits in today's complex business environment. Using our applications, you'll streamline, simplify, and strengthen your benefits administration, while implementing a cost-effective system that can change along with your organization.

With PeopleSoft, you'll configure a benefit solution that meets the demands of your unique environment. Using PeopleSoft Human Resources, our "base" product, you'll have the ability to manage all types of benefits—health, life, disability, and so on—for your employees. If your organization requires more sophisticated processing—automated eligibility checking, enrollment management, and flexible credits—you'll want to add PeopleSoft Benefits Administration. And if your United States organization administers employee flexible spending account claims, you'll add PeopleSoft FSA Administration.

For more information about the operation of Benefits Administration and FSA Administration, see PeopleSoft 8 Benefits Administration and PeopleSoft 8 FSA Administration documentation.

The PeopleSoft Benefits Solution

The Base Benefits features of the PeopleSoft Human Resources application provide the structure you'll use to define the benefits your organization offers and the online pages you'll use to enroll participants. With PeopleSoft Human Resources Base Benefits, you'll be able to:

- Define and manage an unlimited number of benefit offerings.
- Enroll participants and dependents using a variety of online pages.
- Identify highly compensated employees and perform nondiscrimination testing.
- View benefit detail and summary data for all participants.
- Produce management and operational reports.

The Base Benefits features of PeopleSoft Human Resources share the advantages of all PeopleSoft applications. They're easy to use and simple to change, yet powerful enough to meet your most demanding business needs.

Everything Works Together

Our benefit solutions are part of a larger, more comprehensive system: PeopleSoft Human Resources. We built an integrated Human Resources Management System because we know that getting your benefits job done means working with Human Resources for personnel, employment, and job data, and with Payroll for payroll information. Using PeopleSoft Human Resources, you'll not only have access to current human resource and payroll information, such as personal data, family status changes, and the most recent benefit deduction information. You'll also find it's easy to work with your Human Resources and Payroll departments to set up benefit-related personnel administration data, payroll deductions, and earnings you'll use.

To implement your HRMS, each department contributes its area of expertise and shares information managed by the others. Human Resources designs human resource information and enters personnel administration data. Payroll sets up benefit-related payroll information. And you design your benefit system and enroll participants. During your regular processing cycles, your PeopleSoft Payroll system automatically performs benefit-related calculations and deductions.

With PeopleSoft you won't need to schedule extra time and resources to maintain information in more than one place or worry that one part of your system isn't as up-to-date as another. You'll administer benefits in a timely and efficient manner and have what you need to assure efficient communication with employees.

Flexibility to Meet Your Needs

Whether your company offers a few standard benefits or a wide variety of options, with PeopleSoft you'll design your system and process benefits in a way that makes sense to you. And you'll easily keep your system current, too. For example, with PeopleSoft, you'll no longer be dependent upon in-house programmers to modify the system when you add a new rate structure or, for that matter, when you add a new benefit.

Not only can you implement the system in accordance with your requirements, you can easily modify it with PeopleTools. PeopleTools is an application development environment that allows you to create or modify application tables and pages, menus, and field-level calculations, edits, and defaults.

Table-Driven Design

You might be wondering how the PeopleSoft system can provide so much flexibility. The answer is that it's *table-driven.* How the system operates—the way it looks and feels—isn't hard-coded into computer programs, but stored on a series of tables. A well-designed table-driven system puts *you* in control, as opposed to more traditional designs, which tend to require extensive programming when you want to make changes. Storing information in tables also ensures data integrity and minimizes data redundancy.

Effective-Date Design

The effective-date design of the PeopleSoft system gives you a complete view of all your participant data and benefit table information—whether you changed it two years ago or want

it to go into effect in three months. With the information at your fingertips, you can easily "roll back" your system to a particular point in time from which to perform analyses or projections.

Security

You dictate the benefit information you want Benefit staff and others to access. For example, to restrict certain users to updating information within a specific department, you'll use PeopleSoft Organizational Security. Or, using PeopleSoft Operator Class Security, you'll limit their access to specific pages within the system.

Consistency

Unlike other systems where you must learn to work with a variety of screen displays, all PeopleSoft pages reflect the same table and date-driven design. Once you've become familiar with our approach, you may discover that you are able to intuitively understand and use pages you've never seen before.

Portability

As your company changes, you may find that you need a larger computer to store all your information. With PeopleSoft you can trade up from a small database engine like SQLBase to a bigger database engine, such as DB2. And if your company decides to decentralize information processing, you can downsize along with it. Although the operating environments used by your company may differ over the years, your PeopleSoft benefit system will remain the same.

Easy Maintenance

Tables make it easy to keep information current, too, because they eliminate redundancy. And tables are used to validate data, thus helping to eliminate data entry errors. Consider, for example, how you'll set up provider information using this system. You enter information for each of your benefit providers with the Provider Table and Provider Policy Table. These tables store *all* of your information on a provider, such as business and payment addresses and the details of the policy, so you won't need to enter this information each time you link a provider to a benefit plan.

When you connect a provider to a benefit plan, the system checks the information in the Provider Table to verify that you haven't mistakenly identified an invalid provider. And when you want to "look up" provider information—to locate a provider address, perhaps—you won't need to search through your benefit plans. You'll simply look in the Provider Table. Best of all, if a provider relocates, you'll update the new address in only *one* place, no matter how many benefit plans you've associated the provider with.

Designing Your Base Benefits System

You design your Base Benefits system using these application components:

- Define Base Benefits
- Define Benefits Billing
- Define COBRA
- Define Retroactive Process
- Define Non-Discrimination Testing

The Define Base Benefits component has tables that you use to establish benefit programs and plans as well as rates and calculation rules. Typically, you set up this information once for a plan year and update it as needed; perhaps making changes once yearly for each new plan year. You use the Define COBRA component in conjunction with the Administer Base Benefits component in order to set up your COBRA Administration system. The Define Benefits Billing component includes pages that help you set up your benefits billing processes and the Define Retroactive Process component has all the pages you'll need to get your Retroactive Benefits and Deductions facility up and running.

For more information about setting up Benefits Billing, COBRA Administration, Retroactive Benefits and Deductions, see Setting Up Benefits Billing, Setting Up COBRA Administration, and Arranging Retroactive Benefits and Deductions..

You perform Base Benefits business processes using these application components, located under Compensate Employees:

- Administer Base Benefits
- Administer Benefits Billing
- Administer COBRA
- Administer FMLA
- Administer NDT
- Manage Retroactive Process

The Administer Base Benefits component contains pages and tables that enable the day-to-day management of your organization's benefits information. You use the other components in this group in conjunction with the Administer Base Benefits component to manage business processes for Benefits Billing, COBRA Administration, FMLA Administration, Nondiscrimination Testing (NDT) and Retroactive Benefits and Deductions.

Working with Other Departments

Because benefit processing is dependent on personnel administration and payroll information, you might sometimes work with some other PeopleSoft Human Resources components. These include Define General Options, Manage Human Resources, Define Payroll Processing, Administer Workforce, and Manage Payroll Process. We assume your Human Resources department will enter and maintain personnel administration information and that your Payroll department will enter and maintain benefit-related payroll information.

However, becoming familiar with these tables and pages will help you understand how they affect your benefit system.

For more information about the PeopleSoft Payroll tables of concern to PeopleSoft Human Resources Base Benefits, see Organizing Payroll Information for Base Benefits in this PeopleBook. In this section you'll find an overview that emphasizes tables that specifically affect benefit processing. For more details, see the PeopleSoft 8 Payroll for North America PeopleBook.

Using Benefits International

If your organization defines your system as international, you'll take advantage of multiple currencies, companies, and languages. You set currencies at the benefit program level. In this PeopleBook, our sample pages are not international, although you'll see international fields, such as Currency, in your pages.

For more information about how to set the system up to handle international currencies, see Working with Currencies *PeopleSoft Application Fundamentals for HRMS.*

Designing Your Benefits Program

The PeopleSoft system is designed for ease of use with maximum efficiency. To this end, the PeopleSoft Base Benefits process has been designed in such a way that it can be reduced to four main phases of operation: setting up benefits plans, associating benefits plans with a benefit program, enrolling employees in benefits, and calculating deductions. A quick look at these four phases will provide a better understanding of the "big picture" of the PeopleSoft Base Benefits process.

Phase One	In the first phase, you *set up your benefit plans and supporting tables.* You identify benefit plans and plan providers, define available coverages, and establish rate schedules, calculation rules, and payroll deductions.
Phase Two	In the second phase, you *associate your benefit plans with one or more benefit programs.* A benefit program is a collection of benefit plans that your company offers to a group of employees.
Phase Three	In the third phase, you *assign your employees to benefit programs* and enroll them in benefit plans. The benefit program that an employee is enrolled in determines the selection of benefit plans that the employee is eligible to participate in.

Phase Four	In the fourth phase, you *calculate rates and benefit deductions.* If you pay employees using PeopleSoft Payroll, you calculate deductions through the payroll process. If you pay employees using another payroll system, you'll use PeopleSoft Payroll Interface to link the PeopleSoft benefits information to that system.

USF Designing Your Benefits Program

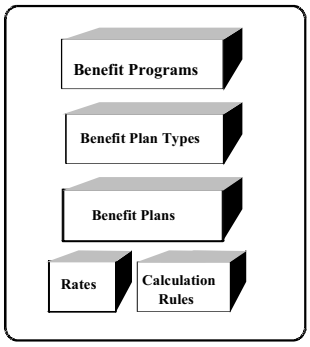
The PeopleSoft system is designed for ease of use with maximum efficiency. To this end, the PeopleSoft Base Benefits process has been designed in such a way that it can be reduced to three main phases of operation: setting up benefits plans, associating benefits plans with a benefit program and enrolling employees in benefits, and calculating deductions. A quick look at these three phases will provide a better understanding of the "big picture" of the PeopleSoft Base Benefits process.

Phase One	In the first phase, you set up your benefit plans and supporting tables. You identify benefit plans and plan providers, define available coverages, and establish rate schedules, calculation rules, and payroll deductions.
Phase Two	In the second phase, you associate your benefit plans with one or more benefit programs. A benefit program is a collection of benefit plans that your company offers to a group of employees.
Phase Three	In the third phase, you assign your employees to benefit programs through the Human Resources PAR process and enroll them in benefit plans. The benefit program that an employee is enrolled in determines the selection of benefit plans that the employee is eligible to participate in.

Setting Up Your Benefit Plans and Supporting Tables

When you implement PeopleSoft benefits, your first area of focus will be your benefit information. You'll start by defining the blocks of information that form benefit programs: providers, benefit plans, rates, and calculation rules. That way, you can combine and recombine them into your organization's various benefit programs without having to enter the details more than once.

Using PeopleSoft terminology, benefit information includes programs, plan types, plans, rates, and calculation rules.



The Benefit Building Blocks

A *benefit program* is a collection of benefit plans your company offers to a group of employees. For example, you might have one benefit program for hourly employees, another for salaried, and a third for executives. You can build as many programs as you need to support your business rules and operational policies.

A *benefit plan type* is any benefit category, such as health, life, or savings. A *benefit plan* is a specific benefit offering within a plan type. For example, for a life plan type you might set up three benefit plans: one times salary, two times salary, and three times salary. Benefit plans are associated with benefit programs.

To define a benefit plan, you identify the benefit plan type and name the benefit plan. You can link any benefit plan to any number of benefit programs, so you won't need to enter the same benefit plan information more than once, no matter how many benefit programs include the plan.

You set up *rates* as age-graded, flat, percentage-of-salary, or service-related, depending on your requirements. And you can associate each set of rates with any number of benefit program and benefit plan combinations.

Calculation rules include as-of dates for age, service, premium, and coverage calculations, rounding rules, and minimum/maximum coverage amounts. As with rates, you associate each set of calculation rules with all appropriate program and plan combinations.

You use benefit tables to set up and maintain your benefit information—each benefit plan type and benefit plan, set of rates, and set of calculation rules your organization uses. Once they're defined, you can combine and recombine these blocks of information to build the benefit programs your organization offers.

And to change a program or build a new one, you won't have to reenter information common to more than one benefit program or benefit plan. You use that building block again. That's the advantage of PeopleSoft tables—you define information only once and then use it over and over.

For example, suppose your organization offers salaried employees two options for life insurance: coverage of one times salary and coverage of two times salary. You would set up each coverage as a separate life benefit plan. Assuming that the two benefit plans use the same set of rates, you would define the rates once and link them with each plan.

Alternatively, two life plans might use the same rates in one benefit program but different ones in another. Once you define the two sets of rates, you simply link the appropriate set of rates with each benefit program and benefit plan combination.

Defining Benefit Plans

You use the Benefit Plan Table to define the benefit plans your organization offers, including benefit plan type and benefit plan name. We deliver predefined codes for plan types. Within the system these codes act as a kind of referee, keeping your information organized. The Benefit Plan Table is also where you identify the provider for a benefit plan, a provider you've already set up using the Provider Table, and where you enter a Deduction Code, one you and your Payroll department previously defined. The Deduction Code has the rules for employee benefit deductions.

After naming a benefit plan, you'll use one of the plan detail tables—the Life and AD/D Plan Table, Disability Plan Table, Savings Plan Table, Leave Plan Table, FSA Benefits Table, Retirement Table, Pension Plan Table, or Vacation Buy/Sell Table—to define plan detail.

For more information about setting up benefit plans, see Setting Up Benefit Plans.

Defining Tables that Support Base Benefits

The Provider Table is where you set up the information for each of your benefit providers, including name and address. Optionally, you use the Provider Policy Table to define provider group, policy, and contact information.

Next, you'll define the rates and calculation rules you use for the benefits your organization offers. You'll associate the rates and calculation rules with benefit program and benefit plan combinations when you build your benefit programs.

To define rates and calculation rules, you use a variety of tables, according to your business needs:

Age-Graded Rate Table	Defines age-graded rates, based on the age of employees, for the health, life and disability plan types that use them. You can differentiate rates based on employee sex and smoker status.
Salary Rate Table	Defines percentage of salary rates for health, life, and disability plan types that use them.
Service Rate Table	Defines service-related rates for health, life, and disability plan types that use employee service dates to determine rates.
Flat Rate Table	Defines flat rate information for health, life, and disability plan types.
Calculation Rules Table	Defines premium, coverage, age, service as-of dates, rounding rules, and coverage minimum/maximum amounts.

For more information about these tables and information on how to complete the fields in each of them, see Establishing Rate Tables and Calculation Rules.

Setting Up Payroll Information

Before you can define benefit programs and plans you must first establish payroll-related earnings categories, pay groups, deductions, and special accumulators.

For more information about the establishment of payroll information, see Organizing Payroll Information for Base Benefits in this PeopleBook.

Building Benefit Programs

After you complete the blocks of information you need, you'll be ready to assemble your benefit programs with the Benefit/Deduction Program Table.

Using the Benefit/Deduction Program Table you associate appropriate benefit plans with a benefit program, and you identify any rates and calculation rules you want the system to use for each benefit program and benefit plan combination.

You can assign any one benefit plan, such as a particular medical plan, to *any number* of benefit programs, and you can identify unique rates and payroll processing rules for *each* such program and plan combination. Thus you have unlimited flexibility, but without entering the same details more than once.

If your organization implements PeopleSoft Benefits Administration and offers flexible credits, you'll also define them using the Benefit/Deduction Program Table. For each benefit program you can define program-level or general credits and plan-based credits. You also use this table to set up information for automated enrollment processing, such as defining the order in which to print benefit plans on enrollment statements and linking a set of eligibility rules to a particular plan.

For more information about the Benefit/Deduction Program Table and instructions on how to use it to set up your benefit programs, see Building Base Benefit Programs in this PeopleBook. For more information about the administration of benefit programs and the enrollment of participants, see Enrolling Participants.

Setting Up Nondiscrimination Testing

Nondiscrimination testing is for U.S. companies. Before performing nondiscrimination testing, you'll use benefit tables to define your processing information, such as the criteria for a test. And you'll use Administer Workforce tables to verify that appropriate employees are identified as officers and five-percent owners.

For more information about the tables you use to set your system up to perform nondiscrimination testing, please refer to Defining Nondiscrimination Tests, in this PeopleBook. For more information about the administration of nondiscrimination tests and the creation of NDT result reports, see Performing Nondiscrimination Testing.

Defining Benefits Billing

The Benefits Billing facility enables you to identify and process employees who must be billed for their benefit plan elections because they are not grossing enough to cover their benefit deductions. Employees may be enrolled in a benefits billing account when they take an unpaid leave of absence, or retire with pay. Benefits Billing is also integrated with PeopleSoft's COBRA Administration facility and Benefits Administration application, and may enroll employees in a benefits billing account based on the results of COBRA or Benefits Administration batch processing.

Employees will be placed in the benefits billing system when they are not grossing enough to cover their benefits deductions. You will be able to enroll employees into Benefits Billing manually, or set up the system to do it for you automatically using COBRA and Benefits Administration batch processes.

You'll use a set of pages and batch processes located in the Administer Benefits Billing component to calculate, view, and modify billing amounts, generate billing statements for your employees, enter and review employee payments, and handle adjustments to payments.

For more information about the tables you use to manage Benefits Billing business processes, see Implementing Benefits Billing.

Defining Retroactive Benefits and Deductions

PeopleSoft's Retroactive Benefit/Deduction facility takes the sweat and tears out of the task of processing retroactive benefits and deductions by transforming it into an efficient and smooth procedure. You'll use the Retroactive Benefit/Deduction pages in our Define Retroactive Process and Manage Retroactive Processing components to design retroactive benefit/deduction plans, identify eligible employees, calculate retroactive benefits and deductions, and send the results to your payroll system.

For more information about setting up Retroactive Benefits and Deductions, see Arranging Retroactive Benefits and Deductions, in this PeopleBook. For more information about the tables you use to manage Retroactive Benefits and Deductions business processes, see Processing Retroactive Benefits and Deductions.

Setting Up COBRA Administration

COBRA (Consolidated Omnibus Budget Reconciliation Act) legislation requires employers to offer continued health care coverage to employees and their dependents who lose coverage under certain conditions. These conditions, or qualifying events, include voluntary termination, layoff, divorce, retirement, and Medicare eligibility. All health benefit plans are subject to COBRA continuation of coverage. Any individual, whether employee or dependent, who is covered under a health plan at the time of a qualifying event has the option to elect COBRA coverage.

With the COBRA Administration facility, you will identify qualified beneficiaries, communicate with them, set up their continuation coverage, and manage it using a set of batch processes and pages. COBRA Administration is designed to work in tandem with the PeopleSoft HRMS Base Benefits system as well as with the automated processes of PeopleSoft Benefits Administration and Benefits Billing.

For more information about the tables that you use to set up COBRA Administration, see Setting Up COBRA Administration. For more information about the tables and processes you use to manage COBRA Administration business processes, see Managing COBRA.

Establishing Dependent and Beneficiary Data

Once you complete your benefit table information, the next task is to set up dependent and beneficiary data. Setting up the data is a separate step from enrolling a dependent or assigning a beneficiary.

You may wonder why you set up data for dependents and beneficiaries before you enroll them. The reason is to minimize data entry. When you enroll a dependent or assign a beneficiary, you'll prompt for the data you've already entered. That way, you won't need to type the same data more than once, such as dependent name and relationship to employee, no matter how many benefit plans you associate with a dependent or beneficiary.

Of course, before you can set up dependent and beneficiary data, you or your Human Resources department must first set up the employee's personnel administration data. To do so, you'll use the PeopleSoft Personal Data Component. Otherwise, you won't be able to associate the dependent data with the employee. To learn more about these pages, refer to your PeopleSoft Human Resources documentation.

For more information about Dependent/Beneficiary Data page and descriptions of how to complete each field, see Entering Dependents and Beneficiaries.

CHAPTER 2

Setting Up Benefit Providers and Deduction Codes

Before you can set up your benefit plans, two key elements are needed. Who will you contract with to provide your organization's benefits and how will you communicate the costs of the benefits to the Payroll Department?

After you define your benefit system and enroll participants in benefit plans, our payroll application, PeopleSoft Payroll, will use all pertinent human resource and benefit data when performing payroll calculations and applying benefit deductions. And you can always view the most current deduction data for each employee.

Some organizations use a payroll system other than PeopleSoft Payroll, so we offer PeopleSoft Payroll Interface, a product you can use to link your PeopleSoft benefit data to other payroll systems.

Setting Up Vendors

A benefit provider is a vendor. A *vendor* is an entity that provides one or more of the benefits your company offers. For example, if your company offers a Blue Cross/Blue Shield health insurance plan, Blue Cross/Blue Shield is the provider, and you might set up a Vendor ID of *BCBS*. Once you set up the vendor information, you can enter optional information, such as the contact name.

If your organization has a self-funded medical plan but uses a Third-party Administrator (TPA) to handle administrative functions such as eligibility and claims, the TPA could be considered a vendor.

For example, when you want to define a life plan supplied by Blue Cross/Blue Shield, you identify the Vendor ID for Blue Cross/Blue Shield, *BCBS*. The system verifies the Vendor ID against the Vendor Table, so you can't accidentally identify an inactive provider for a plan or one you have not set up on the Vendor Table.

In this section we'll show you how to define provider information. You will use the following pages:

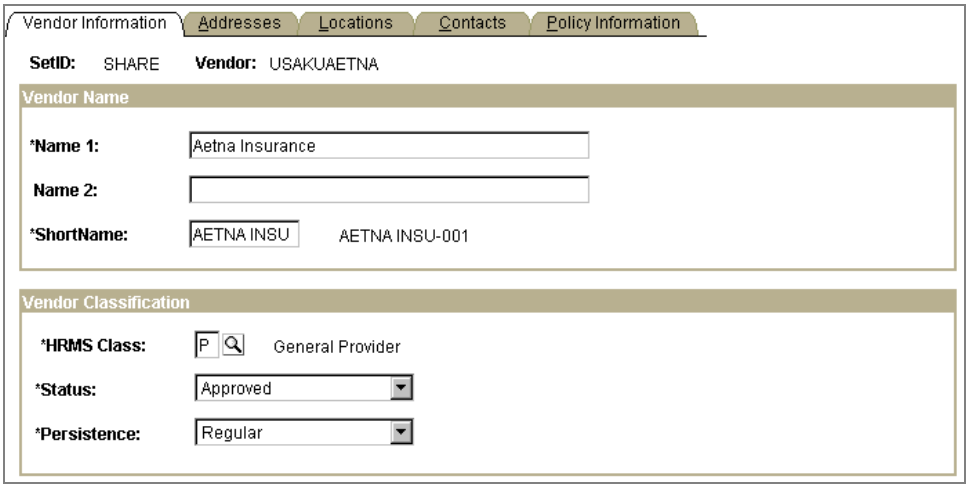
- Vendor Information
- Addresses
- Locations
- Contacts
- Policy Information

You will need to work with the Payroll Department to complete the Payment Details and the Bank Details pages. The Payment Details page defines the banking information for the vendor. You need to know the bank account the vendor wants to use to receive the payments and how the vendor wants to receive the payments. The Bank Details pages define the organization's banking information. This is the information about the organization's bank account that is holding the funds that will be sent to the vendor.

If your organization uses PeopleSoft North American Payroll Interface to PeopleSoft Accounts Payable to pay a benefit vendor, you will want to add the vendor using the Accounts Payable Vendor Table, not using the Base Benefits Vendor Table.

Provider/Vendor Table - Vendor Information Page

Usage	Use the Provider/Vendor Table - Vendor Information page to enter the basic vendor information.
Object Name	VNDR_ID1
Navigation	• **Define Business Rules, Define AP Interface, Setup, Vendor Information, Vendor Information** • **Define Business Rules, Define Base Benefits, Setup, Provider/Vendor Table, Vendor Information** • **Define Business Rules, Define General Data (NLD), Setup, Provider/Vendor Table, Vendor Information** • **Define Business Rules, Define Payroll Process, Setup 1, Garnishment Payee Table, Vendor Information** • **Define Business Rules, Define Payroll Process (USF), Setup 1, Garnishment Payee Table, Vendor Information** • **Define Business Rules, Define Payroll Taxes, Setup, Tax Collector Table, Vendor Information** • **Define Business Rules, Define Payroll Taxes (USF), Setup, Tax Collector Table, Vendor Information**
Access Requirements	Enter the SetID and Vendor ID.



Provider/Vendor Table - Vendor Information page

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **SetID.**

Vendor — The system displays the **Vendor ID** you entered to access the page.

Vendor Name

Name 1, Name 2 — Enter the vendor name. Two lines are provided for the name in case you're dealing with divisions, subsidiaries, or other complex organization entities that require detailed identification.

ShortName — Enter an abbreviated name to identify the vendor. You'll use this **ShortName** as an alternate search key to access vendor data.

Vendor Classification

HRMS Class (HRMS classification) — Select ***P*** for General Providers.

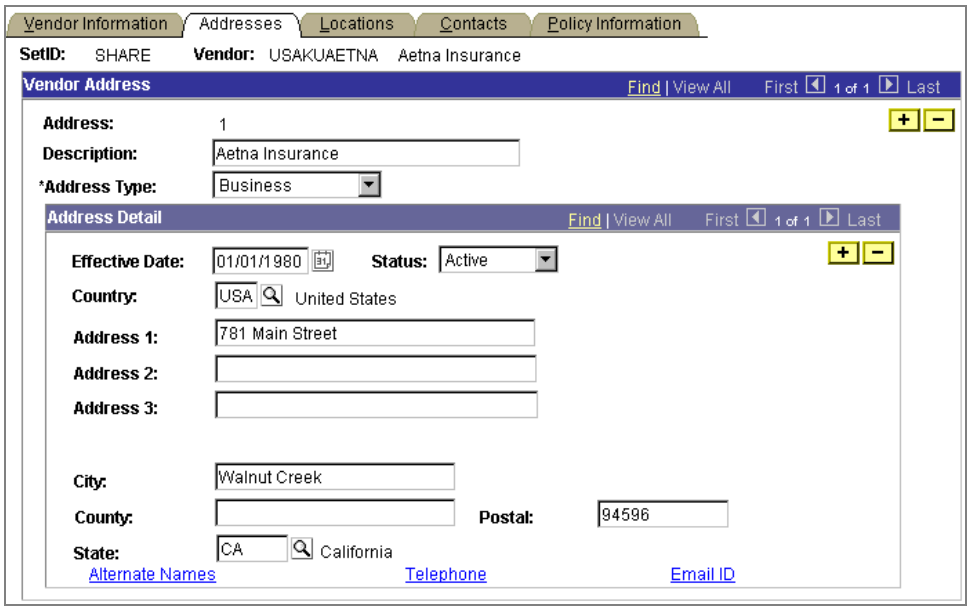
Status — Select ***Approved.*** The other values are used by PeopleSoft Accounts Payable.

Persistence — Select ***Regular.*** The other values are used by PeopleSoft Accounts Payable.

Provider/Vendor Table - Addresses Page

Usage	Use the Provider/Vendor Table - Addresses page to enter the vendor's address information. You can enter more than one address for the vendor.
Object Name	VNDR_ADDRESS

Navigation	• **Define Business Rules, Define AP Interface, Setup, Vendor Information, Addresses** • **Define Business Rules, Define Base Benefits, Setup, Provider/Vendor Table, Addresses** • **Define Business Rules, Define General Data (NLD), Setup, Provider/Vendor Table, Addresses** • **Define Business Rules, Define Payroll Process, Setup 1, Garnishment Payee Table, Addresses** • **Define Business Rules, Define Payroll Process (USF), Setup 1, Garnishment Payee Table, Addresses** • **Define Business Rules, Define Payroll Taxes, Setup, Tax Collector Table, Addresses** • **Define Business Rules, Define Payroll Taxes (USF), Setup, Tax Collector Table, Addresses**
Access Requirements	Enter the SetID and Vendor ID.



Provider/Vendor Table - Addresses page

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **SetID, Description, Effective Date,** and **Status.**

Vendor The system displays the **Vendor** you entered to access the page.

Vendor Address

Address The number automatically assigned to this address when it was entered.

Description Enter a description that identifies the address information.

Address Type Select the type of address.

Address Detail

Country Select a country from the list and enter the appropriate address information.

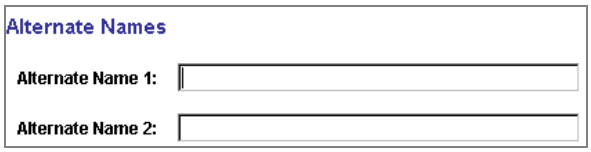
Alternate Name Click this link to display the Provider/Vendor Table - Addresses: Alternate Names Page.

Telephone Click this link to display the Provider/Vendor Table - Addresses: Phone Information Page.

Email ID Click this link to display the Provider/Vendor Table - Addresses: Email ID Page.

Provider/Vendor Table - Addresses: Alternate Names Page

Usage	Use the Alternate Names page to display the alternate name to be used on payments, if applicable.
Object Name	VNDR_ADDR_ALTNAME
Navigation	Click the **Alternate Names** link on the Address page.

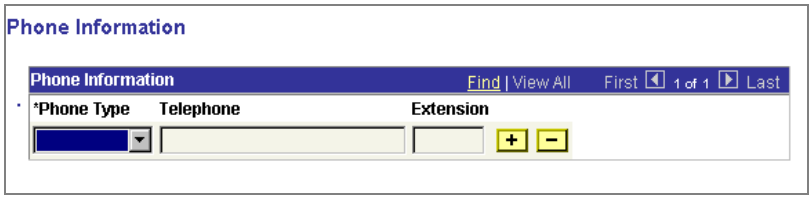


Provider/Vendor Table - Addresses: Alternate Names page

Alternate Name 1 and 2 If you want Accounts Payable to use a name different from the one entered in the Vendor Information page when it generates payments for the location that uses this address, then enter a name here.

Provider/Vendor Table - Addresses: Phone Information Page

Usage	Use the Phone Information page to enter the vendor's phone information for a specific address. You can enter more than one phone number for each address. This is not required information and you may enter phone information for individual contacts on the Contacts page.
Object Name	VNDR_ADDR_PHN
Navigation	Click the **Telephone** link on the Address page.



Provider/Vendor Table - Addresses: Phone Information page

Phone Type Select a **Phone Type** from the list of available options.

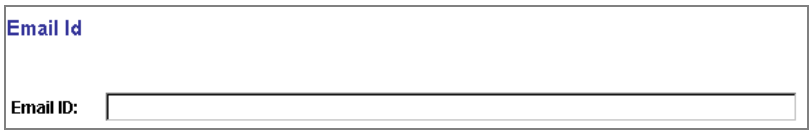
Country Code Select a **Country Code** from the list.

Telephone Enter the telephone number.

Ext (extension) Enter the telephone extension number, if applicable. You can add more than one telephone number.

Provider/Vendor Table - Addresses: Email ID Page

Usage	Use the Phone Information page to enter the vendor's phone information for a specific address. You can enter more than one phone number for each address. This is not required information and you may enter phone information for individual contacts on the Contacts page.
Object Name	VNDR_ADDR_EMAILID
Navigation	Click the **Email Id** link on the Address page.



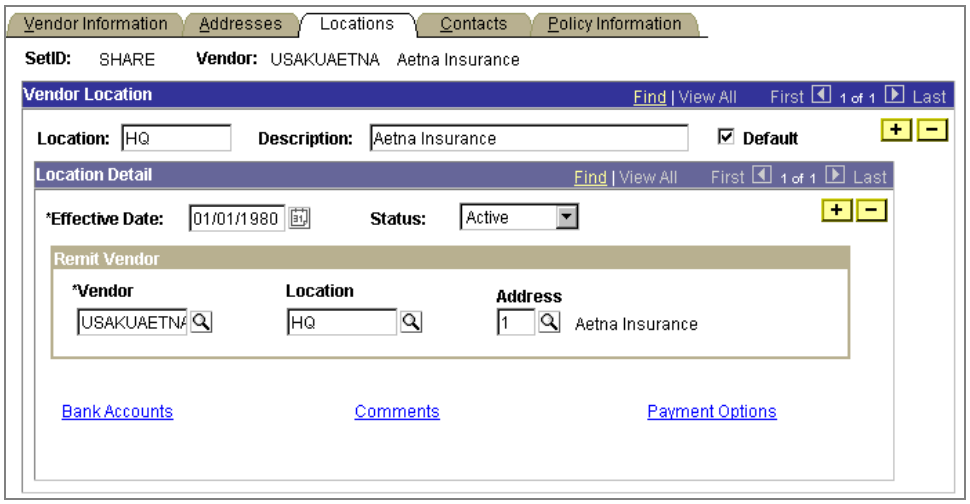
Provider/Vendor Table - Addresses: Email Id page

Email ID Enter the email address.

Provider/Vendor Table - Locations Page

Usage	Use the Provider/Vendor Table - Locations page to identify any other locations for the vendor. Each vendor must have one default location, but can also have multiple locations, including an invoicing from, remit to and return to location.
Object Name	VNDR_LOC
Navigation	• **Define Business Rules, Define AP Interface, Setup, Vendor Information, Locations** • **Define Business Rules, Define Base Benefits, Setup, Provider/Vendor Table, Locations** • **Define Business Rules, Define General Data (NLD), Setup, Provider/Vendor Table, Locations**

	• **Define Business Rules, Define Payroll Process, Setup 1, Garnishment Payee Table, Locations** • **Define Business Rules, Define Payroll Process (USF), Setup 1, Garnishment Payee Table, Locations** • **Define Business Rules, Define Payroll Taxes, Setup, Tax Collector Table, Locations** • **Define Business Rules, Define Payroll Taxes (USF), Setup, Tax Collector Table, Locations**
Access Requirements	Enter the SetID and Vendor ID.



Provider/Vendor Table - Locations page

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **SetID, Effective Date,** and **Status.**

Vendor The system displays the **Vendor** you entered to access the page.

Vendor Location

Location Enter a **Location** identifier. If this is the default location, select the **Default** check box. Only one location can be the default location. This default location is automatically entered on all the vouchers for the vendor.

Description Enter a description for this location.

Default If this is the default location, select **Default.** Only one location can be the default location. This default location is automatically entered on all the vouchers for the vendor.

Location Detail

Vendor Select the **Vendor** that will receive the remittance.

Location Select the **Location** where the remittance will be sent.

Address Select the **Address** where the remittance will be sent.

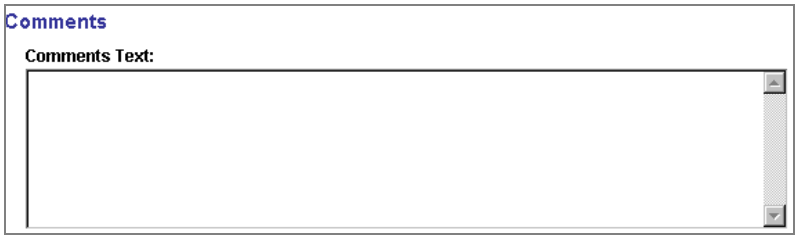
Bank Accounts Click this link to display the Bank Accounts - Vendor Bank Accounts Page. You will need to work with the Payroll department to set up this information.

Comments Click this link to display the Provider/Vendor Table - Locations: Comments Page.

Payment Options Click this link to display the Payment Options Page. You will need to work with the Payroll department to set up this information.

Provider/Vendor Table - Locations: Comments Page

Usage	Use the Comments page to enter any note or special comment that relates to this location.
Object Name	VNDR_LOC_COMMENTS
Navigation	Click **Comments** from the Location page.



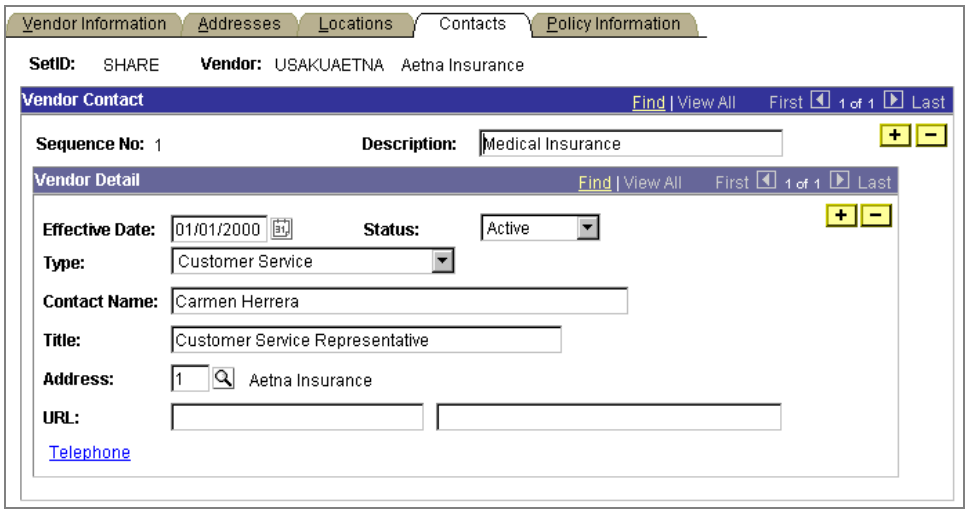
Provider/Vendor Table - Location: Comments page

Comments Text Enter any information relevant to this location.

Provider/Vendor Table - Contacts Page

Usage	Use the Provider/Vendor Table - Contacts page to enter the contact person for this vendor. You can enter more than one phone number for this contact.
Object Name	VNDR_CNTCT
Navigation	• **Define Business Rules, Define AP Interface, Setup, Vendor Information, Contacts** • **Define Business Rules, Define Base Benefits, Setup, Provider/Vendor Table, Contacts** • **Define Business Rules, Define General Data (NLD), Setup,**

	Provider/Vendor Table, Contacts • **Define Business Rules, Define Payroll Process, Setup 1, Garnishment Payee Table, Contacts** • **Define Business Rules, Define Payroll Process (USF), Setup 1, Garnishment Payee Table, Contacts** • **Define Business Rules, Define Payroll Taxes, Setup, Tax Collector Table, Contacts** • **Define Business Rules, Define Payroll Taxes (USF), Setup, Tax Collector Table, Contacts**
Access Requirements	Enter the SetID and Vendor ID.



Provider/Vendor Table - Contacts page

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **SetID, Effective Date,** and **Status.**

Vendor The system displays the **Vendor** you entered to access the page.

Vendor Contact

Sequence No (sequence number) This is the number automatically assigned to this contact.

Description Enter a description that identifies this contact.

Vendor Detail

Type Select the **Type** of contact from the list of available options.

Contact Name Enter the name of the contact.

Title Enter the title for this contact.

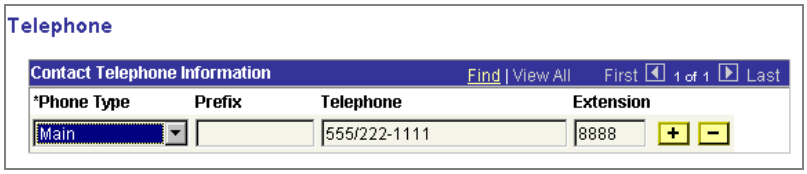
Addr Select an **Address** for the contact from one of the addresses you entered on the Vendor Address Page. This enables you to associate different addresses to each contact.

URL Enter the Web site address for this contact.

Telephone Click this link to display the Provider/Vendor Table - Contacts: Telephone Page. Enter the contact phone information. You can enter more than one phone number for the contact.

Provider/Vendor Table - Contacts: Telephone Page

Usage	Use the Telephone page to enter telephone information for the specified contact.
Object Name	VNDR_CNTCT_PHN
Navigation	Click **Telephone** field on the Contacts page.



Provider/Vendor Table - Contacts: Telephone page

Phone Type Select a **Phone Type** from the list of available options.

Country Code Select a **Country Code** from the list.

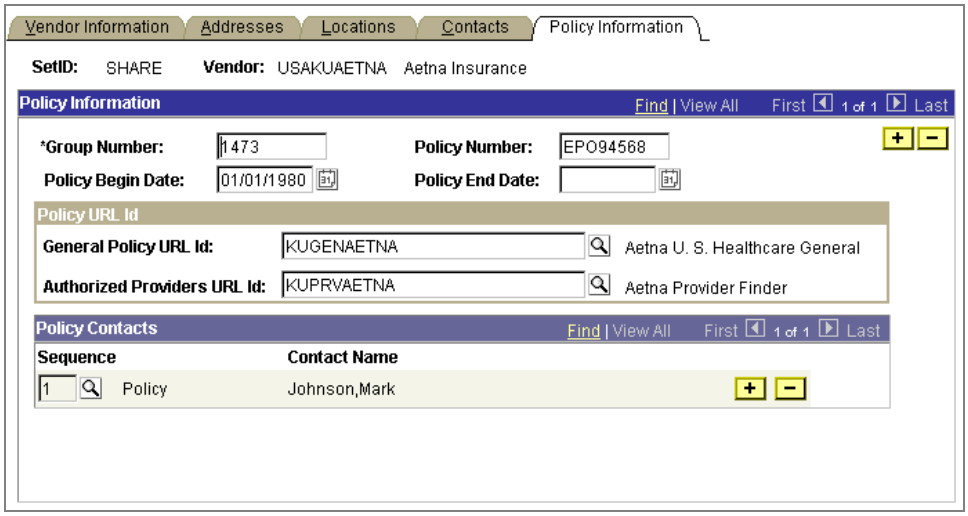
Telephone Enter the telephone number.

Ext Enter the telephone extension number, if applicable. You can add more than one telephone number.

Provider/Vendor Table - Policy Information Page

Usage	Use the Provider/Vendor Table - Policy Information page to enter information about the policy and the name of the person to contact about the policy.
Object Name	VNDR_POLICY
Navigation	• **Define Business Rules, Define AP Interface, Setup, Vendor Information, Policy Information** • **Define Business Rules, Define Base Benefits, Setup, Provider/Vendor Table, Policy Information** • **Define Business Rules, Define General Data (NLD), Setup,**

	Provider/Vendor Table, Policy Information
Prerequisites	You have entered contact information on the Contacts page.
Access Requirements	Enter the SetID and Vendor ID.



Provider/Vendor Table - Policy Information page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **SetID.**

Vendor The system displays the **Vendor** you entered to access the page.

Policy Information

Group Number Enter the **Group Number.**

Policy Number Enter the **Policy Number.**

Policy Begin Date Enter the date on which the policy goes into effect.

Policy End Date Enter the date on which the policy is no longer valid.

Policy URL Id

General Policy URL Id Select the vendor's Web page address that provides general policy information.

Authorized Providers URL Id Select the vendor's Web page address that contains a list of authorized participating providers. This could be a link to a list of primary care providers or participating dentists.

Policy Contacts

Sequence Select a contact from the list of available contacts. These contacts were entered in the Contacts page. When you make your selection, the **Contact Type** and **Contact Name** are automatically displayed.

Setting Up Benefit Deductions

Calculating deductions accurately is an important payroll function, as someone with experience answering employee inquiries will know. But with PeopleSoft, you not only calculate deductions accurately—you also design deductions to meet your benefit accounting and employee communication requirements.

Deductions are amounts taken from employee pay during regular payroll processing. There are two types of deductions: benefit-related and general. An example of a benefit-related deduction is medical insurance—an employee pays an amount, usually each pay period, toward the cost of medical insurance. An example of a general deduction is union dues.

You'll want to work with your Payroll department when setting up benefit deductions. When defining deductions, you can also:

- Define standard arrears payback amounts.
- Define imputed income deduction information.

Deduction information includes a Deduction Code and your business rules for how to process the deduction—the priority of the deduction, how it affects taxes, related general ledger account codes, and other special payroll process indicators, such as how you handle arrears.

Benefit deduction rules work in conjunction with the rules you define for each of your benefit plans. To calculate a benefit deduction, payroll uses both the benefit deduction rules and benefit plan rules. After you set up your rules and enroll employees, payroll will process deductions during each pay cycle. You can always view the most current deductions for each employee on the Benefits Summary (PI DedCalc) Page and Benefits Summary (Pay Dedns) - Benefits Summary Page.

You link a deduction to an employee by entering a deduction for each appropriate benefit plan, using the Benefit/Deduction Program Table. Once you enroll employees, during the next payroll cycle payroll processes the deduction.

Designing a Benefit Deduction Strategy

You'll need to make some basic decisions about your strategy before you set up deduction rules, and these decisions depend in part upon how you want to report deductions to employees.

From an accounting viewpoint, you can use a deduction for more than one benefit plan if both plans are the same. For example, if you are processing characteristics for all medical plans, such as GL (general ledger) expense and liability accounts and tax implications, you might consider using the same deduction rules in order to reduce data entry.

However, besides accounting considerations, you'll want to consider how benefit deduction amounts and descriptions appear on employee paycheck stubs. Do you want pay stubs to show the amount deducted for each benefit plan, such as the amount for medical insurance and the amount for dental insurance? Or do you want pay stubs to show the total deduction for a plan type, such as the total of all health plan type deductions? Or do you want stubs to show the total for more than one plan type?

Here's a quick reference chart that shows the basic benefit deduction pay stub reporting options and how to make them happen:

You Want...	*Do This:*	*Result on Pay Stubs:*
To report the amount for each benefit plan.	Define a deduction code for each benefit plan—such as one for each medical, dental, and savings plan.	Itemized descriptions and deduction amounts appear for each chosen plan type.
To report one total for a plan type.	Define a deduction code for a specific plan type—such as a single deduction code for all medical plans.	The total of all deductions for the chosen plan type appears, along with the plan type's generic description.
To report one total for all deductions.	Customize your pay check print program to print the total deduction for several plan type series. For example, you might print the total deductions for all health and life plan type series, while still showing a separate deduction for a savings plan, like 401(k). You must customize your system because you can't automatically "roll up" to a higher level than plan type.	The total deduction of all plan types you customize appears.

Note: When an employee has worked less than a full pay period, PeopleSoft Payroll's Pay Calculation process will prorate Federal Employee Health Benefits (FEHB) and Federal Employee Group Life Insurance (FEGLI) deductions according to OPM (Office of Personnel Management) rules.

For more information about the rules for proration of FEHB and FEGLI deductions, refer to the documentation provided by the OPM. For more information about running the Pay Calculation process, see your North American Payroll documentation.

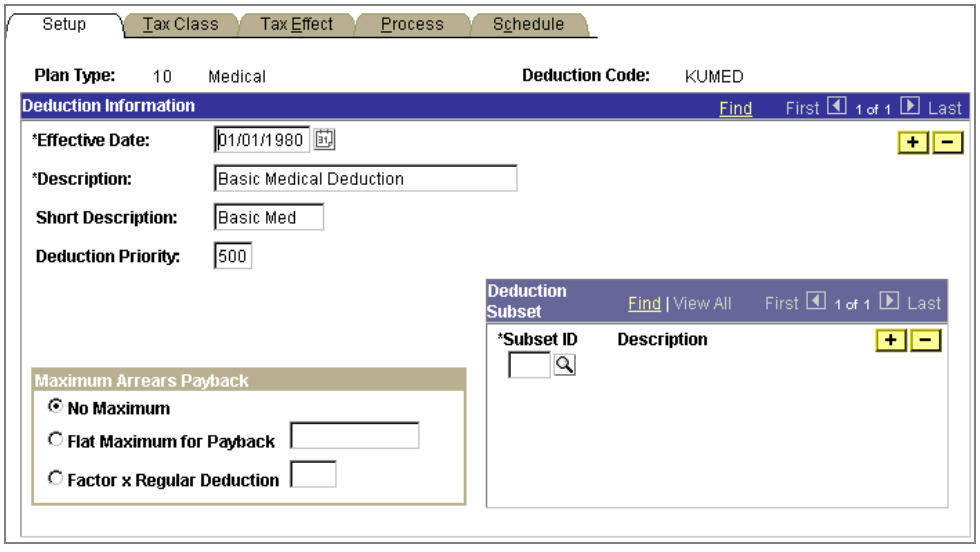
Defining Benefit Deductions

Once you have a strategy for designing your benefit deductions, you'll use the Deduction Table to set up the deduction. The Setup page defines the Plan Type and Deduction Code. You will be prompted for these values when adding a new deduction code. Otherwise you can work with the set of preexisting plan types and deduction codes. In this section, we'll discuss only those fields that are important for benefit deductions.

For more information about the Deduction Table, see PeopleSoft Payroll for North America, Defining Deductions.

Deduction Table - Setup Page

Usage	Use the Deduction Table - Setup page to set up the deduction.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Deduction Table**
Access Requirements	Enter the Plan Type, Deduction Code, and Description



Deduction Table - Setup page

Plan Type

The **Plan Type** you enter must be the same as the one you used when defining the benefit plan and benefit program combinations you associate with the deduction. For example, to set up a deduction for a medical benefit plan, you would enter the Health Plan Type, which is ***10*** in the system we deliver. You would enter ***10*** for the Plan Type on the Deduction Table and on the Benefit/Deduction Program Table, where you enter the deduction code for benefit plans.

Deduction Code The system displays the **Deduction Code** you entered to access the page.

Deduction Details

Effective Date **Effective Date** works in conjunction with the effective date of the benefit program associated with the deduction. When you identify the deduction code for a benefit program and benefit plan combination, the system checks to ensure that the deduction effective date is earlier than or the same as the benefit program effective date.

Description The long **Description** prints on employee pay stubs.

Short Description If you use a deduction for more than one benefit plan or benefit plan type series, you might want to enter a **Short Description,** like Health, rather than a more specific description, like Medical.

Deduction Priority The payroll process uses the **Deduction Priority** when determining when to process all appropriate deductions. This might be a consideration as you decide whether to use the same deduction code for more than one benefit plan.

Maximum Arrears Payback

Maximum Arrears Payback When employee net pay is insufficient to cover a deduction and it's not possible to deduct all appropriate amounts, the employee is in *arrears*. In other words, the employee owes the employer for a deduction that could not be made.

Using this group box, you can specify how the system handles the payback of arrears balances.

The **Maximum Arrears Payback** method you select applies to all employees with this deduction who are in arrears. To change the arrears processing method for an individual employee, you'll use Benefit Arrears/Frequency Ovrd Page.

No Maximum Selecting **No Maximum** tells the system you do not want a maximum amount specified for arrears payback—garnishments usually fall in this category. If you select this field, the system will deduct as much money as possible from the employee's paycheck to pay back the arrears balance.

Flat Maximum for Payback

Select **Flat Maximum for Payback** if you want the maximum arrears payback to be a flat rate. For example, if an employee has an arrears balance of $500 and a flat maximum amount for payback specified at $100, only $100 will be deducted on each paycheck for the arrears balance until the total $500 has been withheld. Please note that this amount would be in addition to any regular deductions.

Factor x Regular Deduction

Select **Factor x Regular Deduction** if you want to have a percentage of a regular deduction withheld for the payback of the arrears balance—this would be in addition to the withholding of the regular deduction. For example, an employee has a medical deduction of $100 with an arrears balance of $500. You may want to have the system deduct the normal $100 medical deduction and specify that 50% of that amount is to apply to the arrears balance. This would make a total deduction of $150. To do this, you select the Factor x Regular Deduction field, and enter .5 as the factor.

Deduction Subset

Deduction Subset

A **Deduction Subset** is a group of deductions that you select from the standard set of deductions you will define for your company. Deduction subsets are used to process only a subset of the deductions that have been set up on an employee's record. For example, when running a bonus payroll, you may want to have 401(k) and garnishments deducted from the bonus checks but not medical, dental, savings bonds, etc. So a deduction subset would be set up with only 401(k) and garnishments deductions. The subset is added to the calendar, which in turn feeds it to the paysheets. When the payroll is run, any deductions that are not in the subset are not taken from any of the checks. This provides a way of overriding the deductions on a group of employees without having to look up each individual employee and entering a one-time override on the paysheet. You will want to work with Payroll to decide if entering a deduction subset applies to this deduction code.

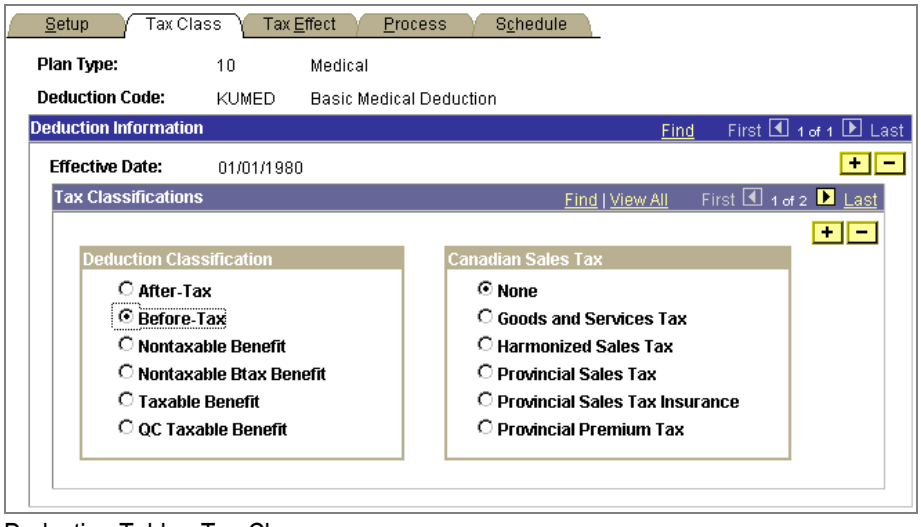
For federal customers, under **Deduction Distribution Control Information,** you'll indicate the deduction code's **Interface** and **Reporting Code. Interface** is used to indicate the interface agency to which the processed benefit deduction information will be sent. **Reporting Code** is the formal federal classification of the deduction; it is used by the interface agency to identify the **Plan Type** the deduction is associated with. All deductions require an appropriate **Interface** and **Reporting Code.** The **Interface** you select must agree with the **Reporting Code** you select.

For example, if the deduction is for a loan payback to the Thrift Savings Plan (TSP), its Reporting Code is TSP Loan Payment Deduction. And, because it's a TSP loan payback, the Interface you'll use is Thrift Savings Board Interface.

For more information about the Deduction Distribution Control Interface and the process by which PeopleSoft Payroll sends benefit deduction information to agencies like the Office of Personnel Management or the Thrift Savings Board, see your Payroll for North American documentation, USF Setting Up and Processing Agency Interfaces.

Deduction Table - Tax Class Page

Usage	Use the Tax Class page to assign a deduction classification to each deduction code. This defines: • What type of deduction it is? • Who pays for it? • Is it taken before or after tax? A deduction can have multiple deduction classifications based upon who's paying for the plan. For example, you'll always define a taxable benefit for imputed income calculations. If the employer pays for the plan, you'll also set up a Nontaxable Benefit classification. If the employee pays, set up a Before-Tax or After-Tax classification. If the employer and employee each pay half, you'll need three classifications: Nontaxable Benefit, Before or After-Tax, and Taxable Benefit. Each classification represents a row in your table.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Deduction Table**
Access Requirements	Plan Type, Deduction Code, Description



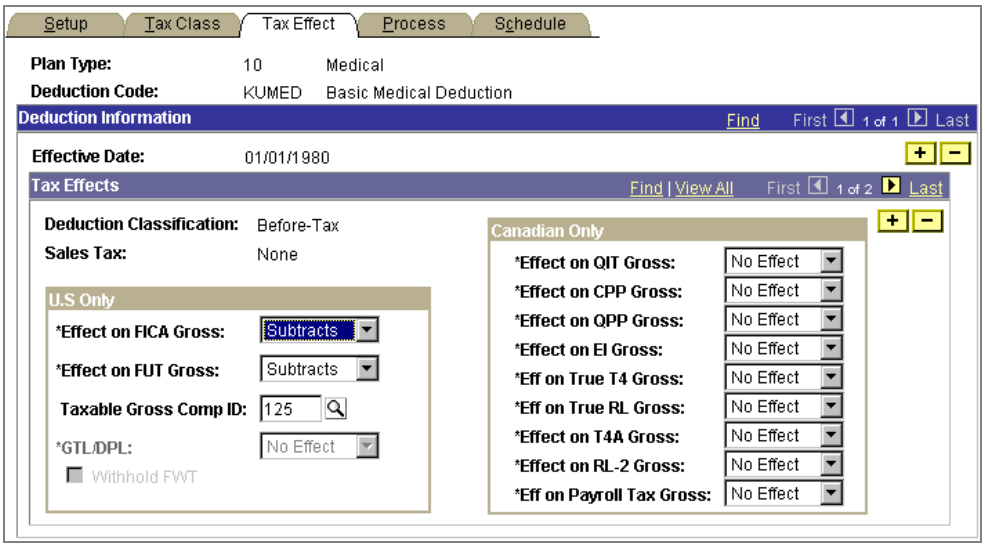
Deduction Table - Tax Class page

After-Tax	This reduces the employee's net pay. A typical example might be a monthly parking deduction, or, in Canada, a savings bonds purchase.
Before-Tax	This reduces the employee's net pay and taxable gross. One example is an employee contribution to a retirement program, such as a 401(k) plan.
Nontaxable Benefit	This is used with an employer contribution for an after-tax deduction (not subject to tax) to an employee benefit plan such as a health plan or retirement plan. This contribution has no direct payroll effect. The after-tax matching contribution for savings plans is also a nontaxable benefit.
Nontaxable Btax Benefit (nontaxable before-tax benefit)	Nontaxable before tax applies to an employer contribution for a before-tax deduction (not subject to federal tax) to an employee benefit plan. Currently only used for the before-tax matching contribution to savings plans.
Taxable Benefit	This represents an employer contribution (subject to federal tax) on behalf of an employee, such as life insurance. This contribution increases taxable gross (for tax purposes), but does not increase total gross (for pay purposes). Benefit plans subject to imputed income calculations include group-term life plans, dependent-term life plans, and health plans for domestic partners and other dependents classified as "non-qualified" by IRS Section 152. All of these plans should be given a taxable benefit deduction classification**.**
QC Taxable Benefit (Quebec taxable benefit)	This represents employer-paid items that specifically affect Quebec income tax, such as contributions to employee dental and extended health plan benefits. The contribution increases Quebec provincial gross (for tax purposes), but does not increase total gross (for pay purposes). Unlike the taxable deduction classification (which automatically increases CIT taxable gross), this deduction must be defined to add to QIT taxable gross, on the Deduction Table - Tax Effect Page.

Deduction Table - Tax Effect Page

Usage	The Tax Effect page is where you define how the tax classification you set up in the Tax Class page will affect tax calculations. You need to consider: • Does it add to FICA or FUT gross? • Does it subtract from FICA or FUT Gross? • Does it Affect FICA or FUT Gross at all?

	• Are taxes computed differently at the federal, state, and local level? • How will imputed income be processed?
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Deduction Table**
Prerequisites	Enter deduction classifications in the Tax Class page.
Access Requirements	Enter the Plan Type, Deduction Code, and Description.



Deduction Table - Tax Effect page

U.S. Only

Use the **U.S. Only** group box to indicate whether the deduction adds to, subtracts from, or has no effect on FICA gross and FUT gross. These fields should be used only on the taxable benefit or before-tax portion of the deduction.

If you are setting up a regular or supplemental life plan that qualifies as a group term plan, you will want to set up the system to add to group term life. If you are setting up a dependent life plan that qualifies as a group term plan, you want to set up the system to add to DPL. For plans that do not qualify as group term life plans, set them up to have no effect on DPL or GTL.

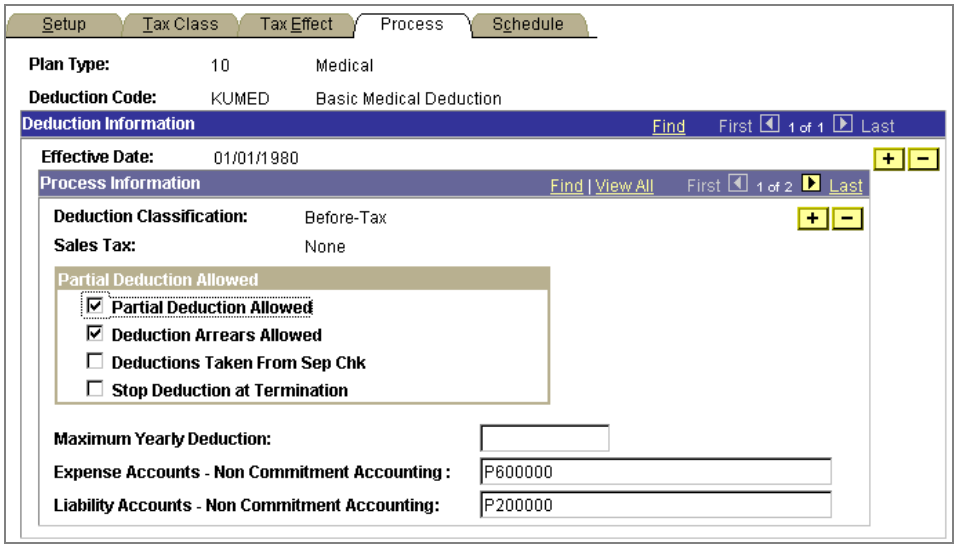
Canadian Only

In the Canadian box (with the exception of QIT gross), you may make selections to specify how the deduction should affect the taxable gross amounts for each of these accumulators. You can specify whether a deduction adds to, has no effect on, or subtracts from the taxable gross amounts.

Deduction Table - Process Page

Usage	Use the Deduction Table - Process page to establish rules for partial deductions and arrears.

Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Deduction Table**
Access Requirements	Plan Type, Deduction Code, Description



Deduction Table - Process page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type** and **Effective Date.**

Deduction Code The **Deduction Code** you entered to access this page.

Deduction Class

Sales Tax The system displays the sales tax defined for the deduction here.

Maximum Yearly Deduction Enter an amount for any deductions that have a yearly limit. For example, there is a limit on the amount of before-tax portion 401(k) contributions an employee can make. For that deduction classification, you would enter the maximum contribution in this field, so the system will automatically stop once the deduction limit has been reached.

The value you enter in this field will remain valid for one calendar year. It will reset to zero at the start of the new year.

Expense Accounts - Non Comm. Acctg. Enter the General Ledger expense account to which this deduction should be charged. Unlike the GL account for earnings codes, the GL account for deduction codes is required.

Liability Accounts - Non Comm. Acctg. Enter the General Ledger liability account to which this deduction should be charged. Unlike the GL account for earnings codes, the GL account for deduction codes is required.

Partial Deduction Allowed

Partial Deduction Allowed Select this check box if you want a partial deduction to be taken during deduction processing when there is insufficient pay to take the entire amount.

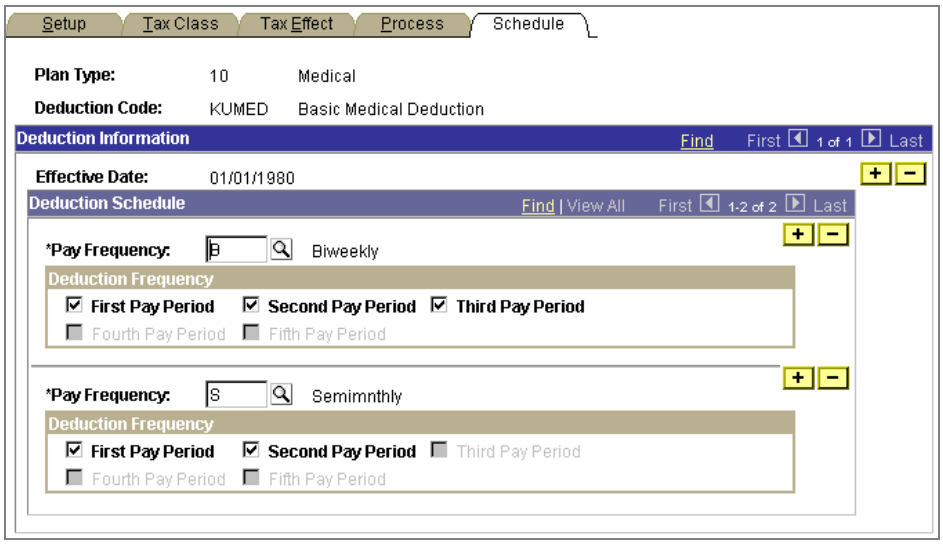
Deduction Arrears Allowed Select this check box to have the system transfer any uncollected amount for a deduction into an arrears balance. You can also use this check box to have a company loan or vacation advance (known as a payback deduction) transferred into an arrears balance. During subsequent payroll runs the system will attempt to recover the balance in arrears from an employee's paycheck—up to the maximum controlled by the arrears payback amount on this table.

Deductions Taken From Sep Chk (deductions taken from separate check) Select this check box if you want the deduction to be taken from any additional check that an employee might get in a single pay period. You may want to select this check box for deductions for savings plan contributions.

Stop Deduction at Termination Select this check box to tell the system not to take the deduction from the paycheck of a terminated employee. If an employee's termination date is equal or prior to the pay period end date, the deduction will not be taken. For example, most health insurance plans are prepaid—premiums deducted for this month are used to provide coverage for next month. If employees no longer have health benefits after they are terminated, the deduction shouldn't be taken.

Deduction Table - Schedule Page

Usage	Use the Schedule page if you want a deduction to be taken out on a schedule other than every pay period.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Deduction Table**
Access Requirements	Enter the Plan Type, Deduction Code, and Description.



Deduction Table - Schedule page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type and Effective Date.**

Deduction Code The deduction code you entered to access this page is displayed.

Deduction Monthly Schedule

Pay Frequency Specify the pay frequency you want to override for those deductions that are not subtracted every pay period. Valid values prompt from the Frequency Table Page. Valid values are ***Annual, Biweekly, Daily, Monthly, Quarterly, Semimonthly,*** and ***Weekly.*** If you select a ***Weekly*** frequency, you can select the **Fifth Pay Period** only if you have also selected the first, second, third, and fourth periods. Likewise, for a ***Biweekly*** frequency you can only select the **Third Pay Period** if you have also selected the first and second. Because a deduction with a monthly frequency is always taken once a month, there is no override for that pay frequency on this page. Suppose you have a semimonthly payroll, but health deductions should only come out of the last paycheck of the month. In this case, you would select a pay frequency of ***Semimonthly*** and take the deduction in the second pay period.

Deductions

First Pay Period Select this field if you want the deduction to be taken in the first pay period.

Second Pay Period Select this field if you want the deduction to be taken in the second pay period.

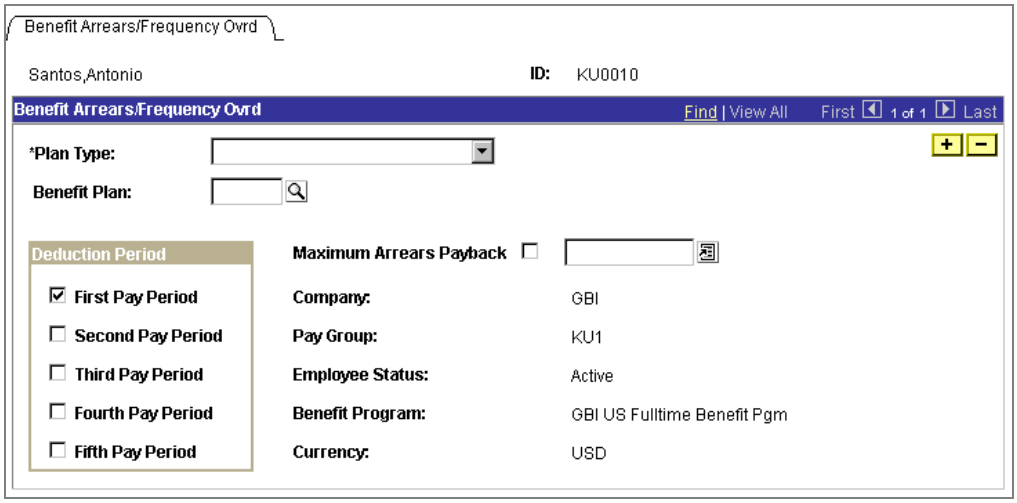
Third Pay Period Select this field if you want the deduction to be taken in the third pay period.

Fourth Pay Period Select this field if you want the deduction to be taken in the fourth pay period.

Fifth Pay Period Select this field if you want the deduction to be taken in the fifth pay period.

Benefit Arrears/Frequency Ovrd Page

Usage	You can use the Benefit Arrears/Frequency Override page to make changes to the frequency of a deduction for individual employees, and change the arrears deduction amount.
Object Name	BENEF_DED_OVERRIDE
Navigation	**Compensate Employees, Administer Base Benefits, Use, Benefit Arrears/Frequency Ovrd, Benefit Arrears/Frequency Ovrd**
Access Requirements	Enter the employee ID.



Benefit Arrears/Frequency Ovrd (benefit arrears/frequency override) page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type, Benefit Plan, Company, Pay Group, Employee Status, Benefit Program,** and **Currency.**

Maximum Arrears Payback When employee net pay is insufficient to cover a deduction and it's not possible to deduct all appropriate amounts, the employee is in *arrears*. In other words, the employee owes the employer for a deduction that could not be made.

Using this field, you can specify how the system handles the payback of arrears balances, by indicating the maximum amount of arrears payback that can be taken out of paycheck.

Deduction Period

The frequency with which a deduction is taken on an employee's paycheck is normally controlled through the deduction table and paygroup. You can use Deduction Period to override the deduction frequency.

First Pay Period Select this field if you want the deduction to be taken in the first pay period.

Second Pay Period Select this field if you want the deduction to be taken in the second pay period.

Third Pay Period Select this field if you want the deduction to be taken in the third pay period.

Fourth Pay Period Select this field if you want the deduction to be taken in the fourth pay period.

Fifth Pay Period Select this field if you want the deduction to be taken in the fifth pay period.

Working with Imputed Income

Imputed income is "theoretical income" that a company pays on behalf of an employee but that the individual does not actually receive. This theoretical income must be added to the employee's gross wages. In general, imputed income refers to the value of excess Group Term Life or Dependent Life coverage, as well as for health plan (Plan Type *1x*) coverage for domestic partners and other dependents classified as "non-qualified" by IRS Section 152.

For more information about setting up domestic partner benefits, see Building Base Benefit Programs, in this PeopleBook.

For example, according to IRS rules, employees who are U.S. citizens must pay taxes on any Group Term Life insurance over $50,000 that they do not contribute to. So if an employee who makes $35,000 a year is enrolled in a Group Term Life benefit plan of two times salary, they will receive $70,000 in life insurance. The value of the excess $20,000 in coverage is considered taxable compensation and is treated as "imputed income."

Dependent Life plans are handled differently. If dependent coverage is more than $2,000, the amount attributable to employer contributions is treated as imputed income. Dependent

coverage that is $2,000 or less is determined to be a *de minimus* fringe benefit, and is excluded from income.

Domestic partners and other dependents identified as "non-qualified" according to IRS Section 152 *are not* eligible for the "$2,000 or less" *de minimus* fringe benefit. All non-qualified dependent life coverage is taxable.

Employers are *not required to withhold federal income tax* on the value of excess group term life coverage. However, the entire amount *is* taxable and *must* be reported on a W-2 form. Employers must also report taxes for dependent life coverage (minus the *de minimus* fringe benefit, where applicable), and employer-paid health coverage for non-qualified dependents.

Employers *must withhold* for social security and Medicare taxes. This holds true even if the employee pays for this benefit by using pretax dollars through a flexible benefit plan.

If you are using PeopleSoft Payroll, you will find that the procedure it follows to calculate imputed income is complex, relying upon rules that you define as well as several fixed IRS rules.

The PeopleSoft Payroll system uses the total life coverage of an employee before starting the calculation. If an employee has multiple life plans, the system totals the coverage first. You can view the taxable benefit amount using PeopleSoft Payroll paysheets or the Paycheck Deductions page. It appears as the Taxable Benefit under the appropriate life plan type and deduction code.

Federal agencies do not use imputed income calculations at this point; however, we include imputed income processing capability in PeopleSoft HRMS for the U.S. Federal Government applications in the event that there is a future change to Dependent Life that requires the use of this functionality.

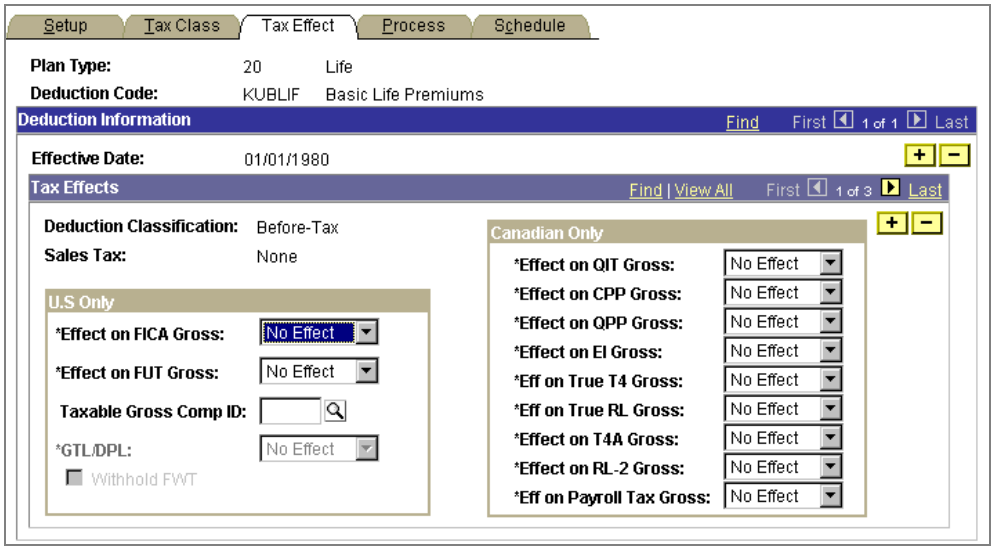
For more information about imputed income in the U.S. and Canada, and to review sample imputed income calculations, see :Handling Group-Term Life Insurance.

Defining Multiple Tax Classifications for Group Term Life Plans

Defining Taxable Benefit Classifications for Life Plans

Usage	To complete the definition for a Dependent Life plan's *Taxable Benefit* classification, you'll use the Deduction Table - Tax Effect page.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Deduction Table**
Prerequisites	Enter deduction classifications on the Deduction Table - Tax Class Page.

Access Requirements	Enter the Plan Type, Deduction Code, and Description



Deduction Table - Tax Effect page

For the Taxable Benefit classification, you must set up a **Taxable Gross Comp ID** (taxable gross component ID) of ***GTL*** (Group Term Life) and a **GTL/DPL** (Group Term Life/Dependent Life) of either ***Add to GTL, Add to DPL*** or ***No Effect.***

The ***GTL* Taxable Gross Comp ID** links the deduction to another PeopleSoft Payroll table: the Taxable Gross Definition Table. It defines the taxability of specific earnings or deduction types, such as imputed income, that are treated differently from federal at the state or local levels. Select ***Add to GTL*** or ***Add to DPL*** in **GTL/DPL** depending on whether this is a Group Term Life or a Dependent Life plan, because the calculation for these two plans is not the same.

Select ***Adds To*** for **Effect on FICA Gross.**

When you select *Taxable Benefit* on the Deduction Table - Tax Class Page, the system makes the field **Withhold FWT** available. If you don't want to withhold the taxable benefit portion of the deduction, do not select **Withhold FWT.**

Defining Taxable Benefit Classifications for Non-Qualified Dependent Health Plans

When you define Taxable Benefit classifications for your Non-Qualified Dependent Health plan types (Plan Types 15-17), you'll fill out the Deduction Table - Tax Effect page in exactly the same way as you did for Group Term Life and Dependent Life plans with the exception that you will leave the Taxable Gross Comp ID field *blank.*

Using Spouse or Dependent Demographics in Dependent Life Imputed Income Calculations

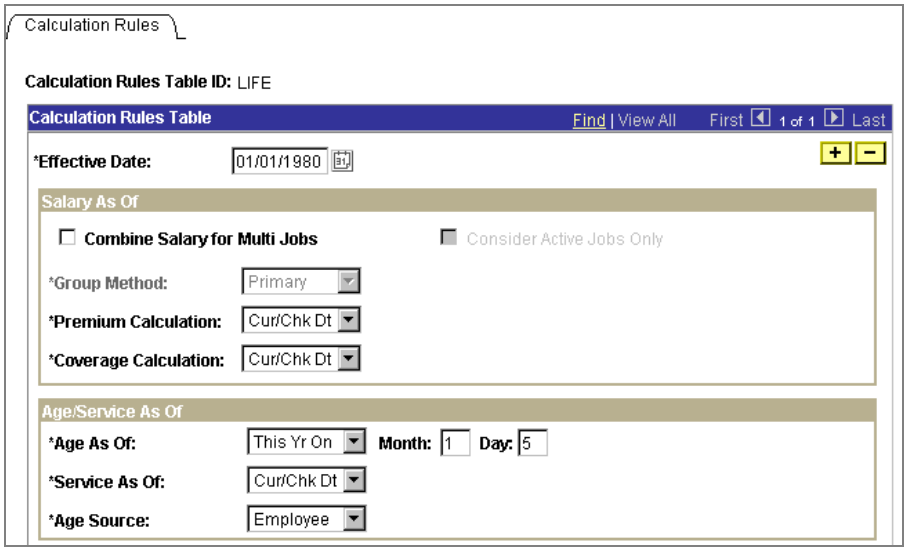
When imputed income is being determined for an employee in an employee life plan, the Age-Graded Rate Table Page may be used by the PeopleSoft system for the determination of

employee premium rates. This calculation involves basic demographics for that employee: age, sex, and smoking status.

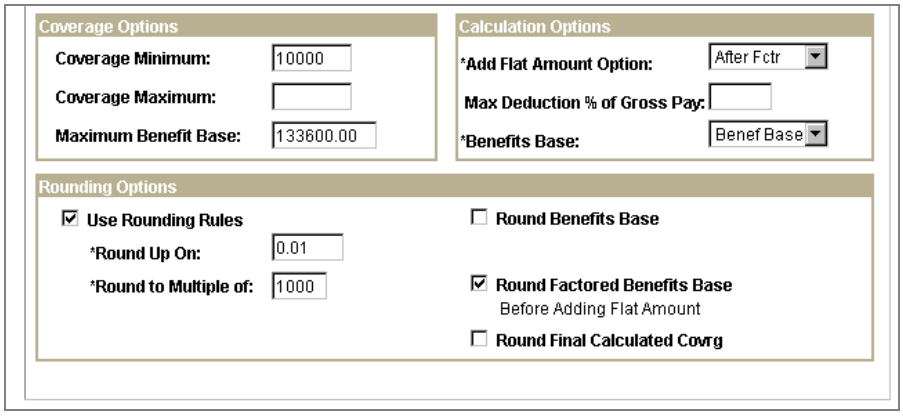
With PeopleSoft Human Resources Base Benefits, you have the ability to use the demographics of the spouse and additional dependents in the calculation of premium rates.

Setting Age Source

Usage	You'll go to the Calculation Rules Table - Calculation Rules page to set the Age Source field.
Navigation	**Define Business Rules, Define Base Benefits, Setup, Calculation Rules Table**
Access Requirements	Calculation rule ID



Calculation Rules Table - Calculation Rules page (1 of 2)



Calculation Rules Table - Calculation Rules page (2 of 2)

On the Calculation Rules Table page, use **Age Source** field, which enables you to designate a set of calculation rules that work with the birth date, sex, and smoking status of an employee, spouse, or dependent. The field automatically displays the value ***Employee.***

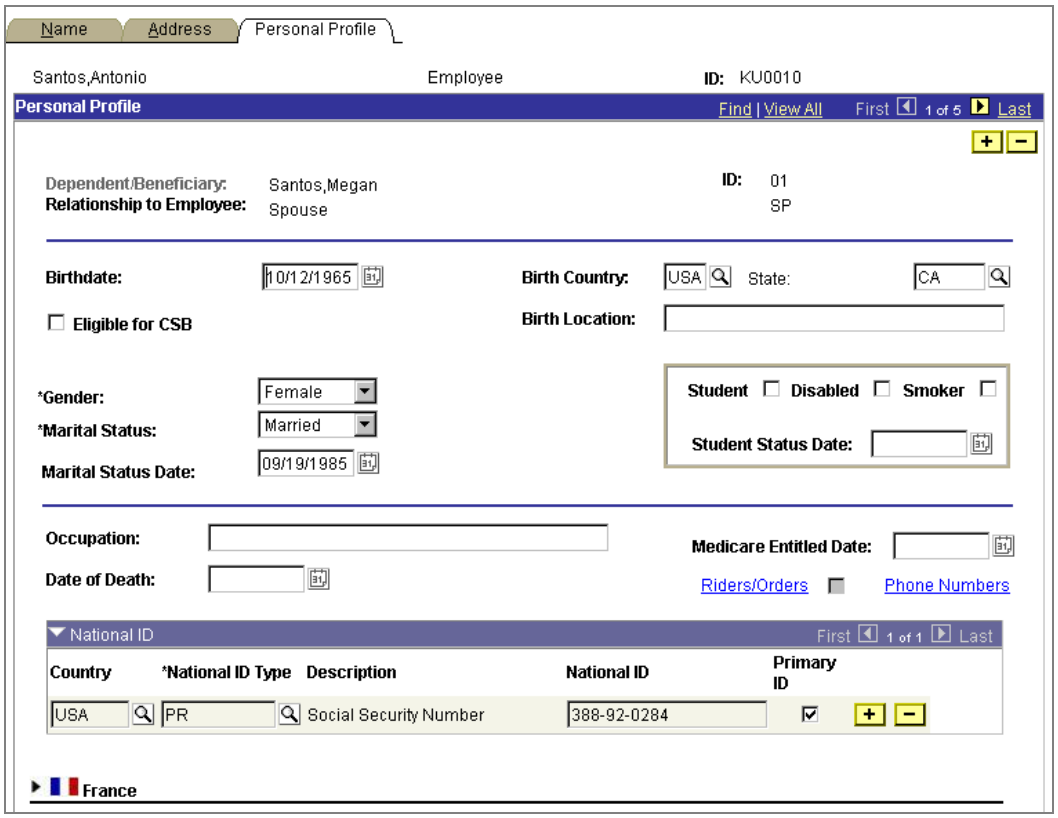
The system will only use ***Dependent*** age and demographic information for Dependent Life plans that are designated as *Sum of Dependent Coverage* on the Life and AD/D Plan table. A *Flat Amount* or *Factor Plus Base* Dependent Life plan typically has a premium that is based not on the number or demographics of the dependents covered, but the coverage amount. *Flat Amount* and *Factor Plus Base* Dependent Life plans should therefore only use employee or spouse demographics.

If the system cannot locate a birth date for a dependent or spouse, it will generate a warning that a birth date was not located, and will use the employee's age instead, while still retaining the dependent's sex and smoker status.

For more information about the Calculation Rules Table, see Establishing Rate Tables and Calculation Rules.

Determining Smoking Status for Dependents

Usage	You'll designate whether or not a particular dependent is a smoker with the Smoker check box on Dependent/Beneficiary - Personal Profile.
Navigation	**Compensate Employees, Administer Base Benefits, Use, Dependent/Beneficiary, Personal Profile**



Dependent/Beneficiary - Personal Profile page

The system will calculate age-graded rates for dependents differently depending on whether or not the **Smoker** check box is selected. The **Smoker** check box will be cleared by default.

For more details about the Dependent/Beneficiary Rules component, see Setting Up Dependent and Beneficiary Information.

System Methods for Determining Spouse and Dependent Rates

On the new Age Source field (which we discussed in this section), we provide you with the ability to make a distinction between spouses and dependents because the system calculates their premium rates differently.

When a spouse's age is used, premium calculations will be similar to the method used to calculate employee premium rates. The system applies the spousal rate against the premium or calculated coverage base. The system also selects demographics for dependents with *Spouse* and *Ex-Spouse* relationship codes and orders them according to Relationship Code and Marital Status Date. This method of dependent selection enables the possibility of a situation where a divorce occurs and is entered into the system before the last payroll under which the ex-spouse had coverage is finalized.

In a case where dependent demographics are to be used, however, the system must use a different method to retrieve demographic information. It will check each covered dependent, retrieve their demographic information, retrieve the appropriate age-graded rate for each dependent, and then apply that rate against the individual coverage amount. The *sum* of the individual premiums will be returned as the employee's final premium for the option.

Group Coverage Code Restrictions on Dependent Premium Rate Calculations

If the Coverage for a Dependent Life plan is designated as *Sum of Dependent Coverages* on the Life and AD/D Plan Table, the individual's flat amount of coverage will not be subject to calculation rules rounding or limits. Because the system presents these plans as flat amounts, it will assume that they already conform. However, it is possible that the aggregate of all dependent coverages could be reduced by limits set through the Coverage Group Code on the Life and AD/D Plan Table.

If the system determines that the newly calculated sum of all dependent coverages for a plan differs from the aggregate total computed during the calculation rules phase of processing, all coverages will by reduced by dividing the aggregate total after Coverage Group limitation by the aggregate total of individual coverages.

For example, if the aggregate total of individual coverages is $13,000 but is reduced due to a Coverage Group limit to $10,000, then each individual dependent would have their coverage reduced to 76.9%. Thus, one dependent's coverage would be reduced from $5,000 to $3,846 and all of the other dependents' coverages would be reduced from $2,000 to $1,538.

Imputed Income Calculations for Individual Dependents

Certain Life policies with a face provision of $2,000 or less are deemed to be a *de minimus* fringe benefit. If a Dependent Life policy provides more than $2,000, the value of the entire amount is included as income. This principal applies on a per-covered-individual basis. A premium calculation is performed using the IRS Table and the age of each covered dependent, and is then reduced by the amount of any employee after-tax contributions toward the coverage. The remaining income, if any, is *imputed income* to the employee.

In order to determine imputed income for Dependent Life policies, the system has to test the *de minimus* threshold for individual dependents and calculate IRS premiums and employee after-tax premiums using individual dependent coverage information.

Domestic partners and other dependents identified as "non-qualified" according to IRS Section 152 *are not* eligible for the "$2,000 or less" *de minimus* fringe benefit. All non-qualified dependent life coverage is taxable.

In addition, if an employee has a dependent life plan in which a mix of qualified and non-qualified dependents are enrolled, both types of dependents *will not* receive the *de minimus* fringe benefit.

Testing the De Minimus Threshold for Individual Dependents

In order to determine if the *de minimus* threshold is met for a set of qualified dependents, the system tests each qualified dependent individually while combining across all applicable plan enrollments under which the dependent has coverage. Up front, the system sums up the individual coverages from all Dependent Life plans that have a *Taxable Benefit* classification with a Dependent Life Plan tax effect on the Deduction Table – Tax Class page. For plans designated as Sum of Dependent Coverages on the Life and AD/D Plan Table, the individual dependent's flat amount of coverage will be used. For other single-coverage plans, the system allocates the full flat amount of coverage to each dependent tested.

Example of Imputed Income for a Sum of Dependent Coverages Plan

An employee with five dependents would have a Dependent Life plan designated as *Sum of Dependent Coverages*. Four dependents have $2,000 of life coverage specified, and the remaining dependent has $5,000 specified for life coverage, for a total of $13,000. There is no imputed income to report on the first four dependents, since none of the individual dependents has more than $2,000 of coverage. Only the last dependent causes imputed income, based on his full $5,000 coverage base.

Example of Imputed Income for Flat Amount or Factor Plus Base Plans

In this example, the same employee with five dependents has a Dependent Life plan with a $10,000 coverage policy and is covering five dependents (whose records do not show individual coverage amounts). If *any* of the dependents were to die, a benefit equal to the full coverage of $10,000 would be paid. Therefore, when determining if the *de minimus* threshold is met, it is necessary for the system to treat each of the five dependents as if they had individual coverage levels of $10,000. Thus *all five* dependents would be subject to imputed income.

Determining IRS and Employee Premiums for Individual Dependents

For each individual dependent exceeding the *de minimus* threshold, the system will take the dependent's age-graded rate from the IRS table and apply it against that dependent's coverage level. If the dependent is enrolled in a *Sum of Dependent Coverages* Dependent Life plan (as defined on the Life and AD/D Plan Table), the system will use the individual's flat amount of coverage for the calculation. For dependents enrolled in single coverage *Flat Amount* or *Factor Plus Base* Dependent Life plans, the system will use the full flat amount of coverage.

The IRS premium is offset by the employee's after-tax contributions to arrive at an imputed income value. If the system is working with a *Sum of Dependent Coverages* Dependent Life plan, it will use the sum of all of the individual dependent-based after-tax premiums, even though some of those dependents do not exceed the *de minimus* threshold and are not subject to imputed income. For those dependents, the IRS premium is essentially nothing.

The system takes this approach to be consistent with the treatment of *Flat Amount* and *Factor Plus Base* Dependent Life plans. When the system computes the employee after-tax premium for these plans, it applies a single employee or spouse age-graded rate against the single coverage amount specified on the Life and AD/D Plan Table. This calculation method does not consider the number or mix of dependents actually covered by the enrollment, which means that it can't consider whether the individual dependents exceed the *de minimus* threshold and therefore must necessarily include the entire set of covered dependents.

CHAPTER 3

Organizing Payroll Information for Base Benefits

By the nature of benefits processing, your work is closely tied to payroll; you define benefit information and enroll participants, and payroll uses benefit data for its processing. You won't need to be a payroll expert, but whether you're planning benefit deductions or organizing a 401(k) plan, some familiarity with payroll will be essential for you to get your job done.

If you browse through the information in this section, you may be surprised to find that you already know something about PeopleSoft Payroll. That's because payroll is like benefits in an important way: it's table-driven. As with benefits, your organization can tailor your payroll system to fit your business rules and operational schedules.

In this section, we'll discuss the payroll tables that specifically affect benefits, focusing on fields you'll want to be aware of. We won't describe everything here because that detail is in our payroll books.

For more information about PeopleSoft Payroll for North America, see PeopleSoft 8 Payroll for North America PeopleBook.

Overview of Payroll Information

Although you can implement any combination of PeopleSoft HRMS applications—human resources, benefits, and payroll—our database and programs form a whole. Our Human Resources Management System applications share table information and data, assuring you that all your benefit data—the elections and enrollment data you communicate to participants, the benefit-related data participants see on pay stubs, and the benefit reports you forward to carriers—is accurate, current, and easily reconcilable. For example, you can be assured that your payroll deductions will match current enrollments and that you will be able to accurately track benefit costs.

PeopleSoft Payroll or PeopleSoft Payroll Interface?

Some organizations use a payroll system other than PeopleSoft Payroll, so we offer PeopleSoft Payroll Interface, a product you can use to link your PeopleSoft benefit data to other payroll systems.

PeopleSoft Payroll Interface enables you to calculate benefit deductions and to view payroll information online. By building an interface that accesses information calculated by

PeopleSoft Payroll Interface, you can transfer benefit deductions and other employee data to your non-PeopleSoft payroll system. And you can receive earnings balances, savings deduction balances, and gross-to-net payroll data from such a payroll system.

From a benefits viewpoint, the difference between PeopleSoft Payroll for North America and PeopleSoft Payroll Interface concerns benefit earnings. PeopleSoft Payroll for North America performs benefit earnings calculations (for leave and for vacation buy/sell benefit plans). PeopleSoft Payroll Interface does not calculate these earnings without modification by you.

Whether you implement PeopleSoft Payroll for North America or PeopleSoft Payroll Interface, you'll use the same basic payroll tables. Therefore, in this PeopleBook we simply refer to payroll, not specifically to PeopleSoft Payroll for North America or PeopleSoft Payroll Interface. If you need more information about PeopleSoft Payroll for North America or PeopleSoft Payroll Interface, refer to the documentation for those applications.

Establishing the Compensation Base

The employee compensation amount is the raw data of payroll benefit calculations. With PeopleSoft you'll have a choice of compensation amounts to match to each benefit plan. For each plan, you can:

- Use the regular compensation amount.
- Define an annual benefits base.

We expect you will most often use the regular compensation amount. However, for specific plans you can arrange to base the benefits calculations on a specific annual benefits base compensation amount that is different than the regular compensation amount. You'll do this using specific calculation rules.

For example, let's say that the company CCB decides to use its employees' regular compensation rate for the calculation of all of their offered benefits *except* supplemental life. Their supplemental life benefits will instead be based upon their employees' *annual benefits base rate,* which takes into account commission and bonus payments.

In this case, CCB would attach calculation rules to their supplemental life benefit plan options that calculate benefits based on the employees' annual benefits base rate rather than their regular compensation rate.

For users of PeopleSoft Base Benefits for U.S. Federal Government, you'll have a choice of compensation amounts to match to each benefit plan. For each plan, you can:

- Use the adjusted regular compensation amount provided in the Expected Pay page accessed from the Compensation Data page of the PAR component. The regular compensation amount will be the Base Pay for the employee's compensation frequency *With Locality/LEO Adjustment.*
- Override the FEGLI Base rate.

We expect you will most often use the regular compensation amount. However, for FEGLI plans you can arrange to base the benefits calculations on a specific annual benefits base

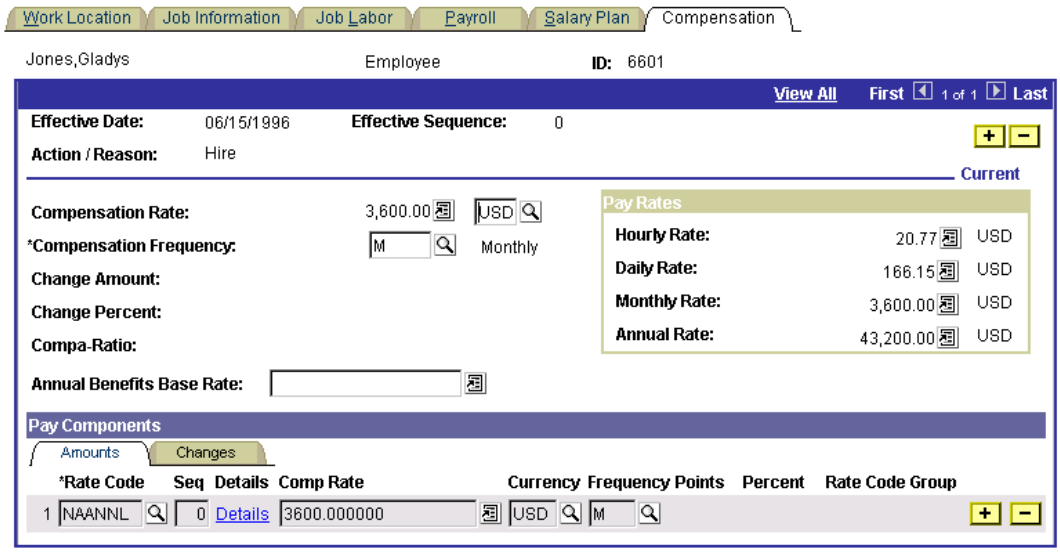
compensation amount that is different from the regular compensation amount. You'll do this using specific calculation rules.

For example, let's say that the Internal Research Department (IR) decides to use its employees' regular compensation rate for the calculation of all of their offered benefits *except* supplemental life. Their supplemental life benefits will instead be based upon their employees' *annual benefits base rate,* which takes into account commission and bonus payments.

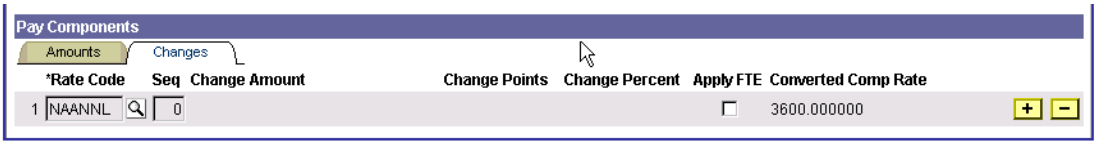
For another example, let's say that Terry Baker, an employee of the IR agency, decides to use the regular compensation amount for all of his benefits except his FEGLI Option A benefit coverage. In this case, IR would set up a special annual benefit compensation amount for his Option A plan that would include premium payments.

Job Data - Compensation Page

Usage	You'll use the Compensation page of the Job Data component to set up the compensation amount.
Navigation	**Administer Workforce, Administer Workforce (GBL), Use, Job Data, Compensation**
Access Requirements	Enter the employee ID.



Job Data - Compensation: Amounts page



Job Data - Compensation: Changes page

Compensation Frequency, Compensation Rate

As part of new hire processing, you'll enter **Compensation Frequency** and **Compensation Rate -** the regular compensation amount for an employee. The system calculates **Hourly Rate, Daily Rate, Monthly Rate,** and **Annual Rate.**

Annual Benefits Base Rate

Unless you enter an **Annual Benefits Base Rate,** the system will use the **Compensation Rate,** or the regular compensation amount, for benefit processing.

To set up an **Annual Benefits Base Rate,** you'll enter the **Annual Benefits Base Rate** amount, and then set up calculation rules that use that rate for the benefits processing of specific plans. You control the Annual Benefits Base Rate. You can use it to approximate an employee's expected total compensation, including estimated bonuses and commissions, or use it to reflect a portion of an employee's compensation, excluding certain earnings components.

For example, CCB could set up an **Annual Benefits Base Rate** of $18,000 for Terry Baker, and then set up calculation rules linked to his supplemental life benefit plan that take into account that special compensation rate. For Terry's other benefits, the system will use his usual **Compensation Rate.**

To set up the system to calculate benefits using the Annual Benefits Base Rate:

1. Enter the Annual Benefits Base Rate in the Compensation page.
2. Go to Define Base Benefits, Use, Calculation Rules, Calculation Rules Table 2 and select Annual Benefits Base Rate for the set of calculation rules you'll associate with the one or more benefit plans that use the benefits amount.

For more information about setting up calculation rules, see Overview of Calculation Rules.

3. Associate the calculation rules with one or more benefit plans using the Benefit Program Table.

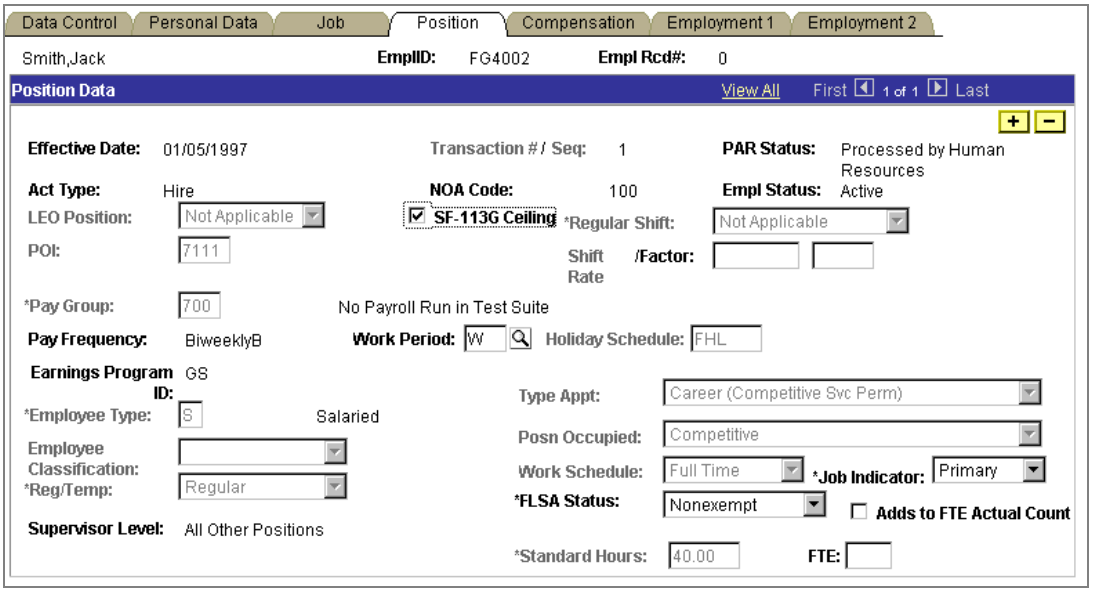
For more information about setting up benefit programs and attaching calculation rules to benefit plan options, see the section Building Base Benefit Programs, in this PeopleBook.

Be aware that the **Annual Benefits Base Rate** must be maintained for all employees that use it. Because *you* control this field, the system will not update it when compensation changes occur. When Terry Baker gets his next salary increase, for example, CCB will update his regular compensation rate and, *if warranted,* his **Annual Benefits Base Rate.**

USF Setting Up FEGLI Benefit and Adjusted Regular Compensation

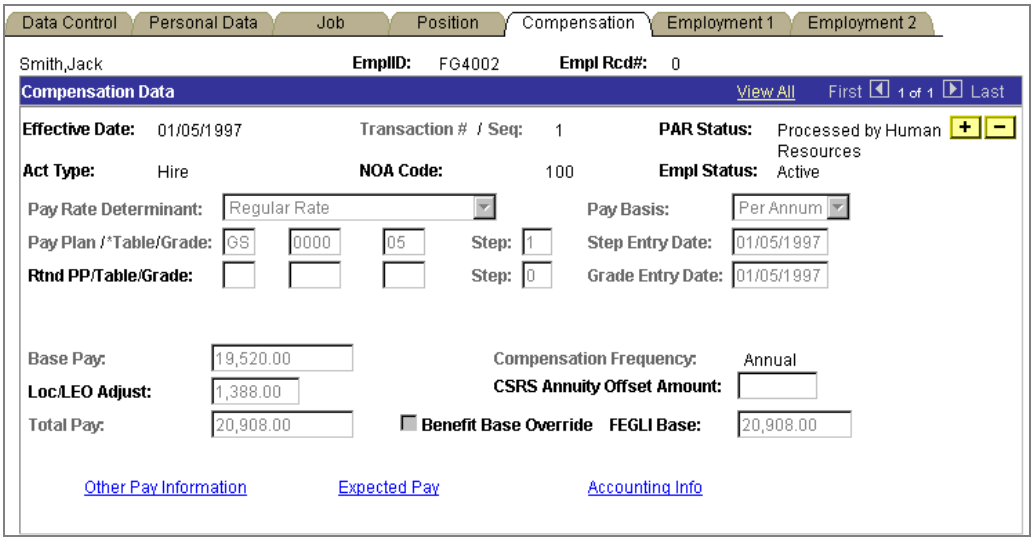
The compensation amount is set through the PAR process. You find the majority of the compensation information on the Supervisor Request component of Administer Workforce.

As part of new hire processing, you'll choose a Pay Group for the employee on the Position Data page of the PAR component. The Pay Group determines the employee's Pay Frequency (whether the employee is paid annually, monthly, biweekly, weekly, daily, or hourly).



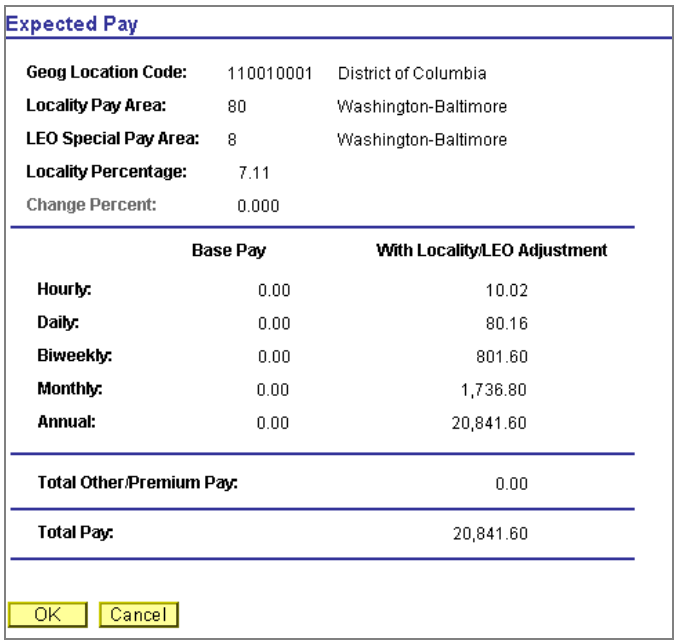
PAR - Position Data page

On the Compensation Data page, the Pay Frequency is reflected in the Compensation Frequency field. The Compensation Frequency determines the basic compensation rate, which is then adjusted by the Loc/LEO Adjust (Locality/Law Enforcement Officer Adjustment).



PAR - Compensation Data page

To find the adjusted regular compensation amount, click the Expected Pay link to bring up the Expected Pay page. The adjusted regular compensation amount for each Compensation Rate is found under the With Locality/LEO Adjustment column. For example, if this employee is paid monthly, the adjusted regular compensation amount for that employee is 1736.80



Expected Pay page

The system will use the regular adjusted compensation amount for benefit processing. The exception to this rule is FEGLI plans: you can have the system use a different base rate when processing FEGLI plans by overriding the FEGLI Base. The FEGLI Base mirrors the quoted Total Pay until it is overridden.

If an employee is paid hourly, he or she will be considered a wage grade employee. Wage grade employees have their FEGLI Base calculated for them via the FEGLI Accumulator, which you'll attach to a pay plan on the Pay Plan Table. Any pay plan with a FEGLI Accumulator will have the coverage dynamically calculated by payroll with each pay plan. You will only want to override the **FEGLI Base** in situations where you do not want certain earnings to be counted in FEGLI benefit calculations.

For more information about the FEGLI Accumulator and FEGLI calculations for wage grade employees, see Calculation of Basic Life Coverage and Premiums for FEGLI Wage Grade Employees in this section.

Setting Up FEGLI BASE for Specific FEGLI Plans

To set up an FEGLI Base that is used for specific FEGLI plans, you'll associate the FEGLI Base with the appropriate calculation rules. For example, IR could set up a FEGLI Base Rate

of $11,000 for Terry Baker that would only be linked to his Option A FEGLI benefit plan. For Terry's other benefits, the system would use his usual Compensation Rate.

To link the FEGLI Base to a set of Calculation Rules:

1. Override the FEGLI Base on the Compensation Data page of the PAR component.
2. Go to Define Base Benefits (USF) and select Annual Benefits Base Rate on Calculation Rules Table 2 for the set of calculation rules you'll associate with the one or more benefit plans that use the overridden FEGLI Base rate.

   For savings plans, on the Calculation Rules pages you can also define a Max Benefits Base. Regardless of the FEGLI Base, for savings plans the system will honor your Max Benefits Base amount.
3. Associate the calculation rules with one or more benefit plans, using the Benefit Program Table. Select Define Base Benefits.

Be aware that *if you override* an employee's FEGLI Base, you must maintain it. Because you control this field, the system will not update it when compensation changes occur. When Terry Baker gets his next salary increase, for example, IR will update his regular compensation rate and, *if warranted,* his FEGLI Base.

Defining Earnings Types

Earnings types are the various ways in which an employee might receive income—everything from jury pay to foreign housing rent and utilities, to long term disability. You will have to decide which earnings types your organization recognizes and define calculation and tax rules for each of them as appropriate. You'll use the Earnings Table for this purpose. The benefit-related earnings that most concern earnings types are leave plans and vacation buy/sell plans.

The Earnings Table stores the business rules that define how to calculate employee earnings, based on the earnings types you set up. For example, you define an earnings type, such as holiday pay, and define how to calculate and tax it, and, when needed, make adjustments to it. During regular payroll processing, your payroll system calculates benefit earnings for employees.

For users of PeopleSoft Base Benefits for U.S. Federal Government there are additional steps to set up adjusted regular and FEGLI benefit compensation.

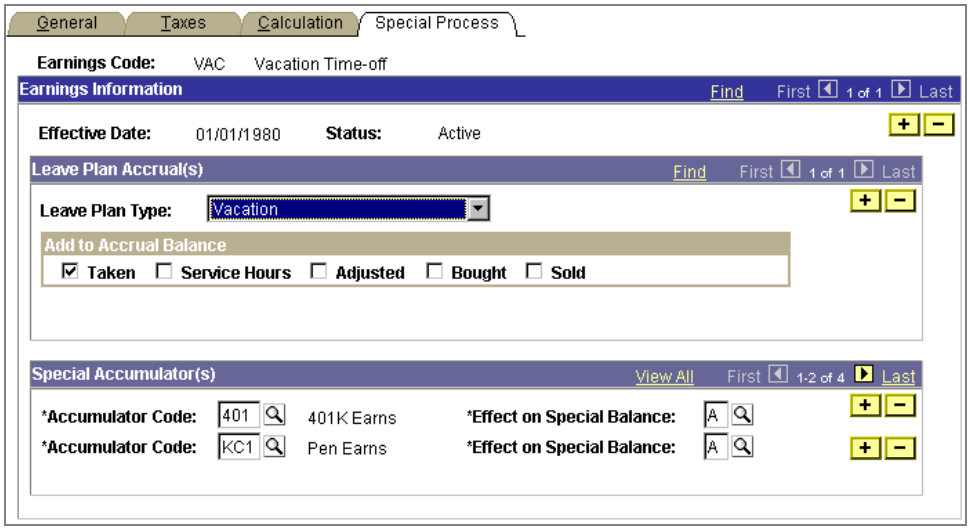
Defining Leave Earnings

You will be able to define an earnings type for each of your leave benefit plans, such as holiday, sick, and vacation leave. You may offer other leave plans, perhaps jury or educational leave. If so, you'll define earnings for those plans, too.

For more information about defining leave earnings and processing leave accruals, refer to Managing Leave Plans.

Calculating Leave Earnings

Usage	Use the Earnings Table - Special Process page to define leave earnings, including calculation, tax, and adjustment rules. The Special Process page is of particular importance. It's where you define how to Add to Accrual Balance, by selecting the appropriate method—*Taken, Service Hours, Adjusted,* and *Bought* or *Sold. Bought* and *Sold* apply to vacation buy/sell plans, so we'll discuss them later.
Navigation	**Define Business Rules, Define Payroll Process, Setup, Earnings Table**
Access Requirements	Earnings Code, Description



Earnings Table - Special Process page

Add to Accrual Balance

Taken Subtracts hours taken from the employee balance.

Svc Hrs (service hours) Adds the hours associated with the earnings type to the accumulation of hours used as the basis of accruing leave hours. Select **Svc Hrs** when leave plans accrue earnings based on the number of hours worked, or on service hours.

Adjusted

Adjusts accrual balances, adding to or subtracting from them. When you select **Adjusted,** you define the capability—you don't make an adjustment. When you enter adjustment data, using paysheets, the system will accept positive or negative hours.

As an example of how **Adjusted** works, let's look at *VAC,* an earnings type for one of the vacation plans. The company sometimes negotiates up to 40 hours of extra vacation time for new hires enrolled in this plan. The vacation plan was set up with an **Adjusted** entry for vacation plan earnings, thereby allowing the system to process vacation plan adjusted hours, usually entered as 40 hours, from paysheets.

For more information about defining leave earnings codes, processing leave accruals, and working with restored leave, see Establishing Earnings Codes in your PeopleSoft Payroll for North America documentation.

Setting Up Payroll Information for Leave Accruals

Before you can begin leave accrual processing, you'll need to work with your payroll department to verify that the payroll tables you'll need for leave earnings have been properly set up.

For simplicity's sake, this section assumes that your payroll department utilizes PeopleSoft Payroll for North America. If your organization uses another payroll accounting system, you'll need to ensure that the proper information is provided to the system for the correct processing of leave accruals.

Leave Accruals and PeopleSoft Payroll for North America

You'll use PeopleSoft Payroll for North America pages to:

- Define leave earnings.
- Associate the leave earnings with an earnings program.
- Set up a default earnings program on the Company Table, and, if needed, override the default on the Pay Group Table.

With the exception of the Leave Accruals section of Earnings Table - Special Process page, we won't describe the payroll pages involved in this procedure in detail, because that information is in PeopleSoft Payroll for North America documentation. But we will review these tables, and explain the order you'll use them in order to set up earnings programs for your leave plans.

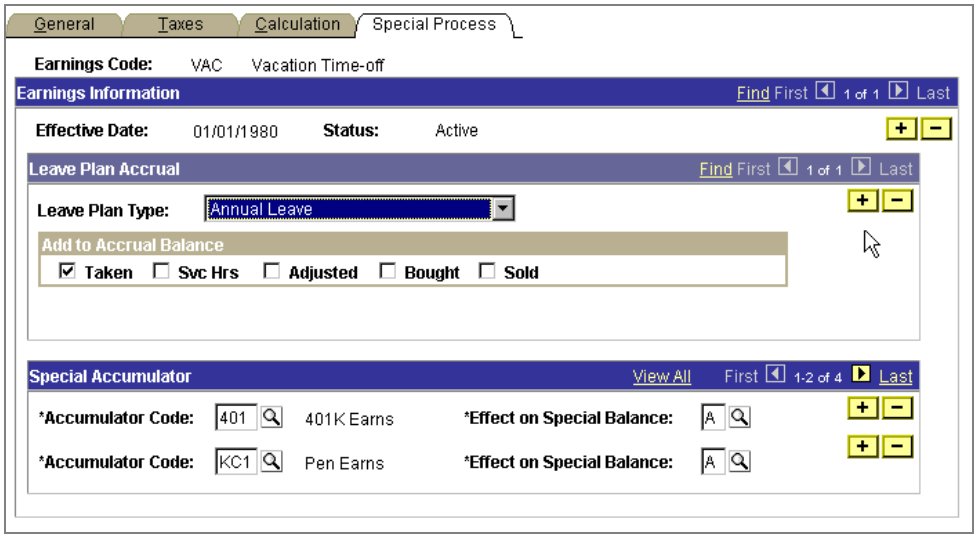
For more information about the PeopleSoft Payroll for North America pages described in this section, see Payroll for North America documentation. You'll find detailed documentation on the Company Table in *PeopleSoft Application Fundamentals for HRMS:* Entering Company Information.

Here are the PeopleSoft Payroll tables you'll use to set up information for leave accrual processing:

- Earnings Tables
- Earnings Program Table
- Company Table - Default Settings
- Pay Group Table - Calc Parameters (calculation parameters)

Defining Leave Earning and How Earnings Affect Accruals

Usage	You'll define how earnings affect leave accrual processing in the Leave Accruals group box on the Earnings Table - Special Process page.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Earnings Table, Special Process**
Access Requirements	Earnings Code



Earnings Table - Special Process page

In the **Leave Plan Accrual** group box, enter the **Leave Plan Type** for the leave plan you're defining. For that type, select the appropriate **Add To Accrual Balance** check box. **Add To Accrual Balance** comes into play during the PeopleSoft Payroll Confirm process. It enables you to indicate which "bucket" the accrued hours will be posted in as Unprocessed Data on the employee's Leave Accruals pages. You can choose to add hours to the **Taken, Service Hours, Adjusted, Bought,** and **Sold** buckets. The Leave Accrual process retrieves data from these buckets to calculate the leave accrual award and the resulting leave accrual balance.

Select **Taken** when you want these hours to reduce the accrual balance (as in taken vacation hours, taken sick hours—but not regular hours). Select **Service Hours** when you have defined your Service Unit on the Leave Plan Table as *Hours* and you want these hours to be included in the service calculation (as with regular hours, sick hours, vacation hours—but not comp hours). Select **Adjusted** to define a special Earnings Type that adjusts accrual balances by adding to or subtracting from employee accrual balances. Select **Bought** or **Sold** only when you are using this earning as the Vacation Buy or Vacation Sell earning.

For more information about how to use the Earnings Table pages to perform the above actions, see Defining Earnings and Using Earnings Codes. For more information about vacation buy/sell leave earnings, see Reviewing Vacation Buy and Sell Calculation Results.

Associating Leave Earnings With an Earnings Program

For more information about how to associate a leave earning with an earnings program, see Establishing Earnings Programs.

Setting Up and Overriding Default Earnings Programs

You'll use Company Table - Default Settings to define a default earnings program for a pay group.

For more information about how to define a default earnings program for a paygroup, see Establishing Earnings Programs. For more information on setting up a default earning program for a pay group, see Entering Company Information.

Defining Vacation Buy/Sell Earnings

Organizations typically allow employees to buy or sell vacation once, at the beginning of a plan year, based on vacation buy/sell earnings, deduction, and benefit plan rules.

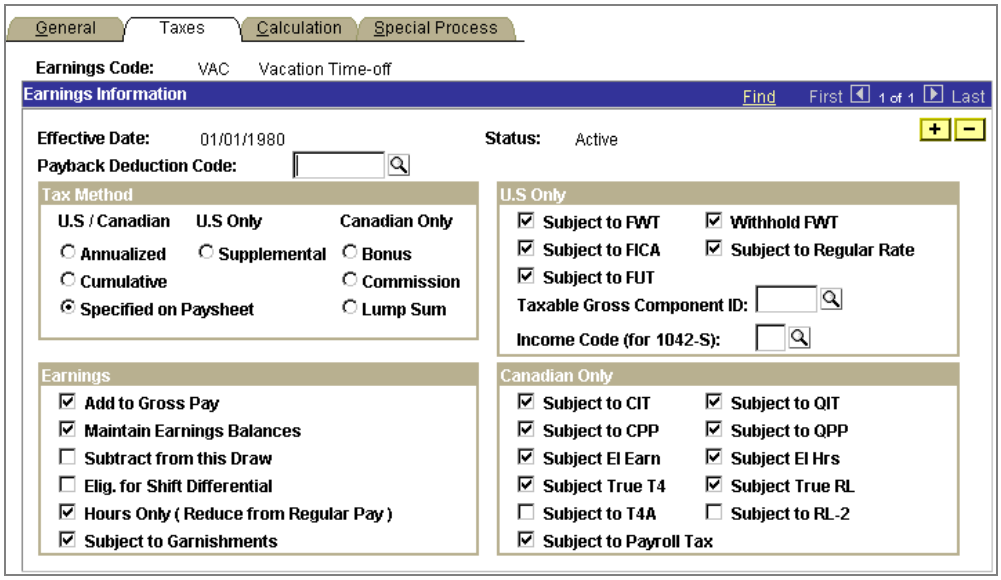
In what follows, we describe in more detail how you set up vacation buy/sell earnings.

For more information about how to define a vacation buy/sell plan, see Vacation Buy/Sell Table Page.

Maintaining Vacation Buy/Sell Earnings

Usage	On the Earnings Table - Taxes page, Maintain Earnings Balances controls whether your system maintains earnings balances.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Earnings**

	Table, Special Process
Access Requirements	Enter the Earnings Code.

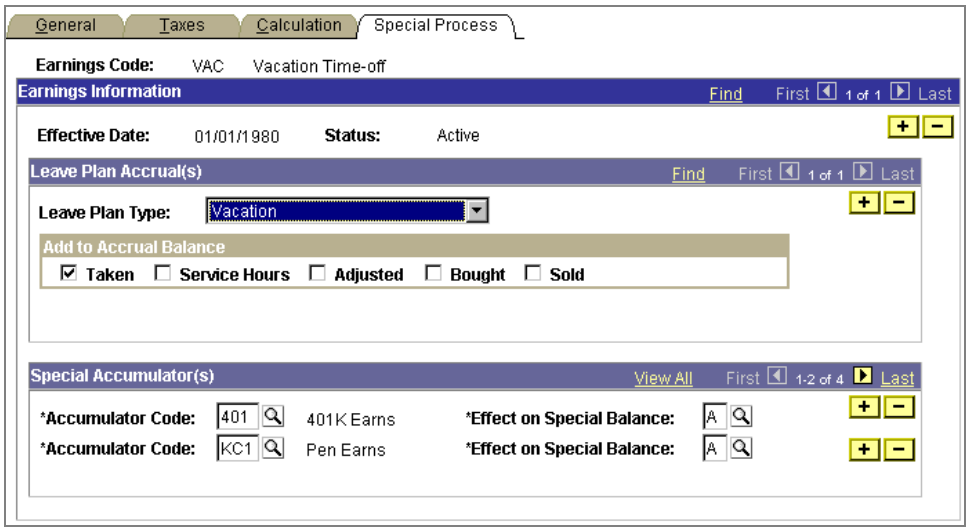


Earnings Table - Taxes page

Select **Maintain Earnings Balances** and **Subject to Garnishments.** All other check boxes should be cleared. Our CCB example is for vacation buy, but you'll define vacation sell earnings the same way. That's because you track balances for both of these plans.

Accounting for Bought or Sold Earnings

Usage	On the Earnings Table - Special Process page, as with leave earnings, you'll define how to account for the buy or sell earnings.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Earnings Table, Special Process**
Access Requirements	Enter the Earnings Type.



Earnings Table - Special Process page

For ***Vacation Buy*** earnings, select ***Bought*** in the **Add to Accrual Balance** group box. For ***Vacation Sell*** plans, select ***Sold.***

Defining Special Accumulators

Sometimes it is necessary to define an employee's earnings based on specific types of earnings rather than total gross earnings. Special Accumulators act like a bucket accumulating only the earning types you want included in determining the employee's earnings.

For example, you might use a special accumulator to identify all the separate earnings to include when accumulating employee earnings for 401(k) deductions.

To name the special accumulator, you'll use the Special Accumulator Table. Then, to identify all the separate earnings types to include in the computation of the special accumulator, like regular earnings and vacation earnings, you'll use the Earnings Table.

In the Federal Government, special accumulators are also used to calculate the wages of hourly-paid wage grade employees. These accumulators are associated with pay plans in the Pay Plan Table.

Overview of Special Accumulators

Special accumulators are used during deduction calculations and limit testing. You might have a benefit deduction that you base on an earnings amount other than total gross. If so, you'll use a special accumulator to define how to accumulate, or calculate, the earnings. Typically, you want to define a special accumulator for savings plans, such as 401(k), pension plans, and retirement plans.

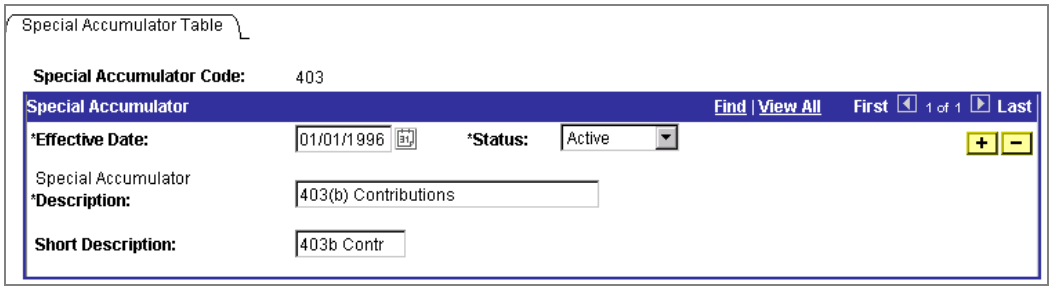
Some government regulations require that only specific types of earnings be used when calculating an employee's total earnings. When setting up Limit Testing, the 403 and 415 Limits both require a special accumulator.

A special accumulator is also used to combine earnings to dynamically calculate Basic Life coverage and deductions. You'll link this accumulator to Pay Plans directly, using the Pay Plan Table.

You first name the special accumulator using the Special Accumulator Table. The next step is to tie specific earnings types to that special accumulator.

Special Accumulator Table Page

Usage	Use the Special Accumulator Table to define the special accumulator code.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Special Accumulator Table**
Prerequisites	Add all Earnings Codes for this Special Accumulator to the Earnings Table.
Access Requirements	Enter the Special Accumulator.



Special Accumulator Table page

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Status Select whether the special accumulator is ***Active*** or ***Inactive.***

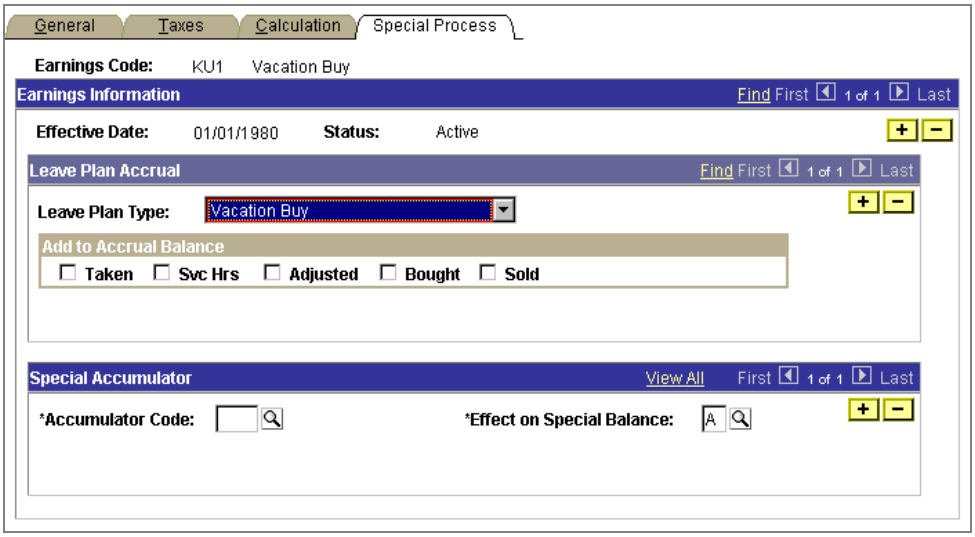
Special Accumulator Description Enter a description for the special accumulator.

Short Description Enter a brief description that will be used on reports with limited space.

Associating Earnings Types With Special Accumulators

Usage	Use Earnings Table 4 to associate an earnings type with a special accumulator. An earnings type can be tied to more than one special accumulator.

Prerequisites	Define the Special Accumulator.
Access Requirements	Enter the Earnings Type.



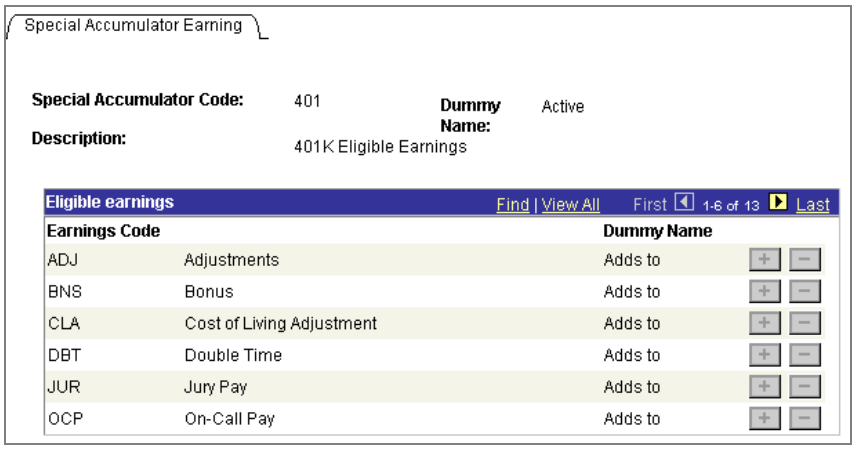
Earnings Table - Special Process page

Accumulator Code Select the code for the Special Accumulator you want associated with this Earnings Type.

Effect on Special Balance Select whether this earnings type adds to or subtracts from the earnings "pool" collected by the accumulator. To add another **Accumulator Code,** press **F7.**

Special Accumulators Earnings Page

Usage	Use the Special Accumulator Earnings page to display a list of Earnings Codes that have been associated with a Special Accumulator and whether the Earnings Codes add to or subtract from the Special Accumulator.
Navigation	**Define Business Rules, Define Payroll Process, Inquire, Special Accumulator Earnings**
Prerequisites	1. Set Up Earnings Codes. 2. Set up Special Accumulators. 3. Tie Earnings codes to Special Accumulators.
Access Requirements	Special Accumulator



Special Accumulator Earnings page

For more information about completing this page, see Special Accumulator Earning Page.

Defining Limits

Certain qualified benefit savings plans may be subject to government regulations. These regulations are usually designed to place limits on the amount employee's can contribute each year, prevent the qualified plan from being used as an unfair tax shelter, and to define the amount an individual can receive at retirement.

Overview of Limits

PeopleSoft supports the 401(a), 402(g), 403(b), and 415 Limits. When you set up a limit, you will want to know:

- What deductions are affected by this limit and how?
- Are rollovers allowed if the limit is met?
- What Special Accumulator will be used to determine the employee's eligible earnings?
- For the 403 and 415 Limits, which deductions add to or subtract from the Special Accumulator?

Each limit you set up will be tied to a Limit Type and Benefit Program. When your payroll department runs the pay calculation process, the system will check to see whether each benefit program has any Limits associated with it. If it does, the system will run the testing calculations and make the limit adjustments to every affected employee's records. If a deduction cannot be taken it will be reported with the appropriate Reason-Not-Taken Code. If, on the other hand, the system finds the Limit Type not filled out for a given benefit program, it won't run through the check.

Understanding the 401 Limit

The 401 limit is designed to eliminate the tax advantage highly compensated employees have participating in qualified plans. This limit sets up a maximum cap on the employee's annual earnings during the calculation of the employee's contribution. That means that the 401 limit is applied against the Special Accumulator defined on the Savings Plan tables, not on the Special Accumulator on the Limit Table.

For example, the limit is set up so that only the first $170,000 of each employee's compensation can be taken into account in a qualified plan's contribution formula. Let's say an employee earns $300,000 per year. This employee is enrolled in a 401(k) savings plan with a 10 percent contribution rate. The maximum amount this employee can contribute for the year is $17,000. That is 10 percent of $170,000, not 10 percent of $300,00.

Understanding the 402 Limit

The 402 limit imposes a flat dollar annual limit on the amount an employee can contribute as an elective deferral. The maximum amount an employee can contribute on a before-tax basis for year 2000 is $10,500.

Using the example above, this employee can contribute $17,000 total, but the maximum amount on a before-tax basis is $10,500. That's a difference of $6,500. The deduction process will stop taking the deduction when the $10,500 limit is met. Unless the employee is enrolled in a rollover account, the excess amount will be refunded back into the employee's paycheck.

Understanding the 403 Limit

Section 403 Limits is a rule that applies to 403(b) savings plans. In addition to the 403 Limits, 403(b) savings plans are also subject to 402 and 415 limits. The 403 Limits are also known as the Maximum Exclusion Allowance (MEA). The 403 Limit determines the maximum amount an employee can contribute to 403(b) Savings Plans.

To calculate this amount:

1. Multiply the employee's eligible earnings by 20%.
2. Multiply that figure by the employee's total years of service.
3. Subtract the prior year's pretax contributions.

Understanding the 415 Limit

Section 415 Limits is a set of federal regulations limiting the total amount an employee may contribute to defined savings plans. 401(k) plans constitute the most common type of defined savings plans to fall under Section 415, but other types include profit-sharing, money purchase pensions, stock bonuses, thrift savings, and target benefit plans.

The basic Section 415 rule goes like this: An employee's year-to-date contributions to defined savings plans cannot exceed 25 percent of the employee's eligible earnings, nor can their contributions exceed a flat annual amount of $30,000 for the year 2000. If, for a given payroll, the employee's contribution will result in these limits being exceeded, the contribution must be reduced to fall within the limits.

For example, let's say Supervisor Daphne Cen, a monthly employee, makes $10,000 a month, and it all qualifies as eligible earnings. For the June payroll—the sixth monthly payroll of the year—the system would make the following calculations:

Daphne's YTD Eligible Earnings:	$50,000
Daphne's Eligible Earnings this Month:	$10,000
Daphne's Total Eligible Earnings:	$60,000

25% of Daphne's Eligible Earnings = .25 * $60,000 = $15,000

The current limit on the total of Daphne's contributions for this year to date is thus $15,000.

The system proceeds to examine how much she wants to contribute this month. Let's say she ordinarily contributes 20 percent of her eligible earnings, or $2,000.

Daphne's YTD Contributions:	$10,000
Daphne's Contributions this Month:	$ 2,000
Daphne's Total Contributions:	$12,000

The system compares Daphne's total contributions ($12,000) with her current limit ($15,000). Since her total contributions won't exceed the limit, the system allows her to make her $2,000 contribution.

Now let's say that instead of her normal $2,000 contribution, Daphne has requested a one-time deduction of $6,000 for her savings plan. The system would calculate:

Daphne's YTD Contributions:	$10,000
Daphne's Contributions this Month:	$ 6,000
Daphne's Total Contributions:	$16,000

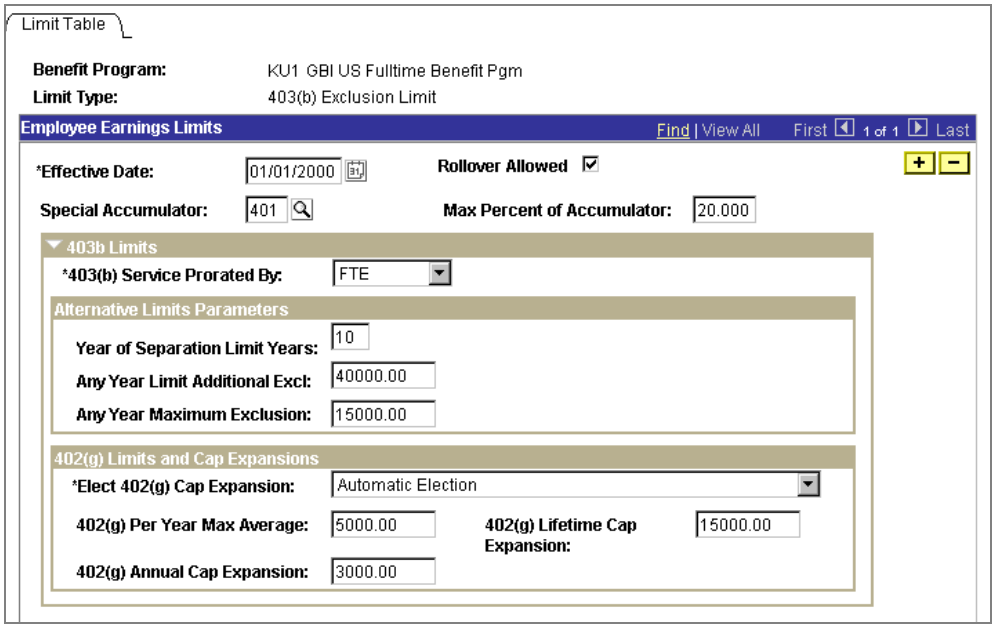
Since $16,000 exceeds Daphne's current limit of $15,000, the system will automatically reduce her current contribution from $6,000 to $5,000.

In these examples, the employee's total contributions don't approach $30,000—the flat limit imposed by Section 415. When they do—when the $30,000 limit is reached—the system will automatically prohibit further contributions.

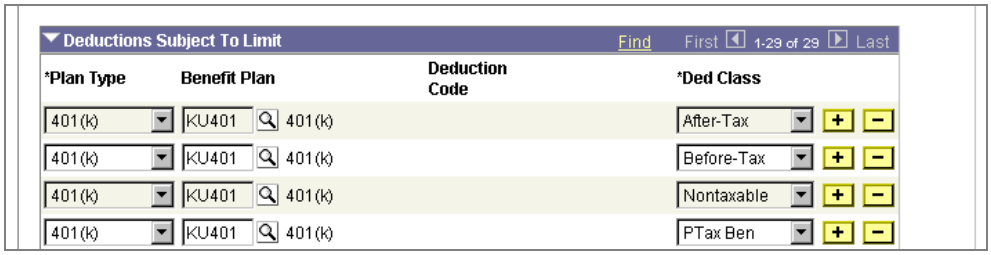
Limit Table Page

Usage	Use the Limit Table page to identify the rules that apply to the 401, 402, 403, and415 limits.
Object Name	LIMIT_TBL1
Navigation	**Define Business Rules, Define Base Benefits, Setup, Limit Table, Limit Table**
Access	Limit Type, Benefit Program

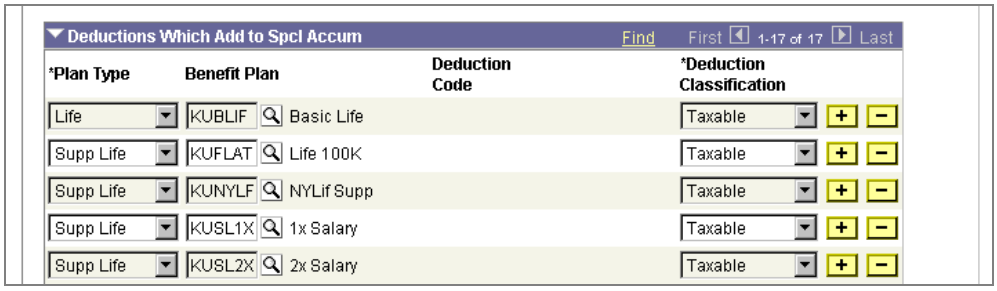
Requirements	



A Limit Table page (1 of 3



Limit Table page (2 of 3)



Limit Table page (3 of 3)

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Benefit Program This is the **Benefit Program** you entered to access the limit.

Limit Type	This is the code that identifies the limit. The system currently supports Limit Types of ***401, 402, 403,*** and ***415.***
Rollover Allowed	Select **Rollover Allowed** if you want the contribution amount that exceeds the limit to roll over to another plan type or tax class. The actual destination of the excess funds is defined on the Savings Plan Table.
Special Accumulator	Used by the 403 and 415 Limits, enter the **Special Accumulator** you want the system to look at when it determines which year-to-date and current employee earnings are eligible for limit testing.
Max Percent of Accumulator (maximum percentage of accumulator)	Used for 403 and 415 Limits, enter the percentage amount the system will use when calculating the maximum amount the employee can contribute. Under current IRS regulations, this is 20 percent for the 403 limit and 25 percent for the 415.
Maximum Yearly Deduction	Available for the 402 and 415 Limits, enter the flat cap on yearly contributions. Under current IRS regulations, this is $10,500 for the 402 Limit and $30,000 for the 415 Limit.
403(b) service Prorated By	Available for the 403 Limit, select the proration method you want the system to use for the 403(b) Service Year calculation for the Projection Process. You can select ***FTE*** or ***Standard Hours***. This information will be pulled from the employee's Job Record.
Year of Separation Limit Years	Available to the 403 Limit, enter the current approved standards.
Any Years Limit Additional Excl	Available to the 403 Limit, enter the current approved standards.
Any Year Maximum Exclusion	Available to the 403 Limit, enter the current approved standards.
Elect 402(g) Cap Expansion	Available to the 403 Limit, enter the current approved standards.
402(g) Per Year Max Average	Available to the 403 Limit, enter the current approved standards.
402(g) Lifetime Cap Expansion	Available to the 403 Limit, enter the current approved standards.
402(g) Annual Cap Expansion	Available to the 403 Limit, enter the current approved standards.

Deductions Subject to Limit

Select the codes for any and all benefit plans that fall under the specified limit. These codes do not have to be within this Benefit Program or the same company. This list should be as comprehensive as possible. Both general deductions and benefit plans may be specified.

A single **Plan Type** may require more than one **Ded Class** (deduction classification). For example, you may have to insert rows for after-tax, before-tax, nontaxable benefit and nontaxable pre-tax benefit classifications for a single 401(k) plan.

Deductions Which Add to Spcl Accum (deductions which add to the Special Accumulator)

Available to the 403 and 415 Limits. Enter the deductions that will add to the **Special Accumulator.** These are the taxable benefits that the IRS stipulates may be included in the calculation of the limits. The system will increase the employee's eligible earnings by the total year-to-date plus the current amount of the taxable benefits you enter here before calculating the employee's current limit. For each taxable benefit**,** fill in the **Plan Type, Benefit Plan, Deduction Code,** and **Deduction Class.**

Even though the limit is keyed to a specific benefit program, these regulatory limits are really applied to the employee at a higher level of income, organization-wide and across companies. That means you will want to include all possible deductions and plans an employee may realistically participate in, across benefit programs and jobs, to ensure the most accurate application of the limit.

Deductions Which Subtract From Spcl Accum (deductions which subtract from the Special Accumulator)

Available to the 403 and 415 Limits. Enter the deductions that will subtract from the **Special Accumulator.** These are the deductions that the IRS stipulates must be excluded from the calculation of the limits. (Ordinarily, these will be before-tax deductions, but you may encounter exceptions.) The system will reduce the employee's eligible earnings by the total year-to-date plus current amount of the deductions you enter here before calculating the employee's current limit. For each taxable benefit, fill in the **Plan Type, Benefit Plan, Deduction Code,** and **Deduction Class.**

Even though the limit is keyed to a specific benefit program, these regulatory limits are really applied to the employee at a higher level of income, organization-wide and across companies. That means you will want to include all possible deductions and plans an employee may realistically participate in, across benefit programs and jobs, to ensure the most accurate application of the limit.

Setting Up Earnings Programs

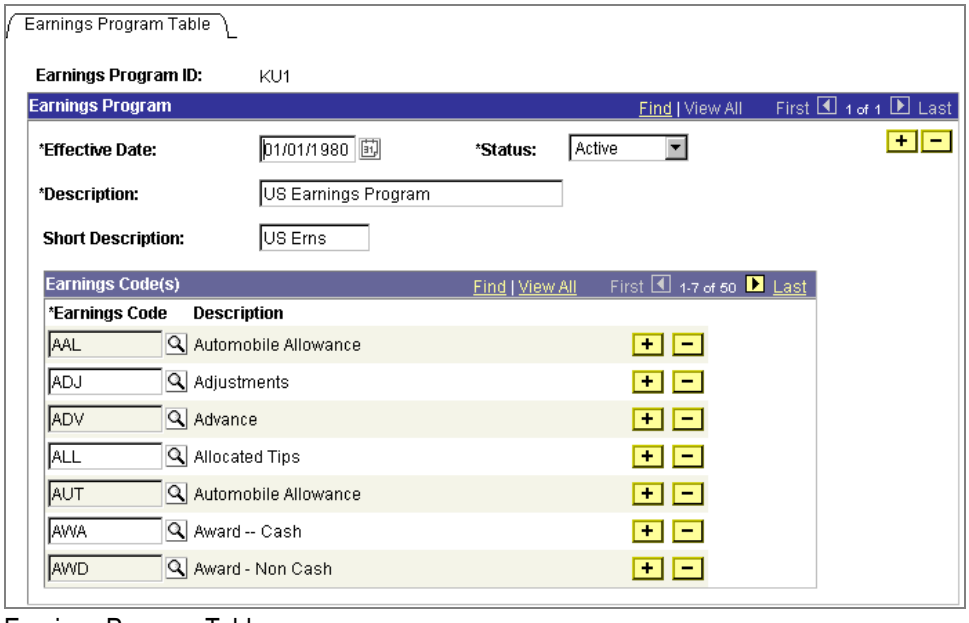
You group appropriate earnings types into earnings programs. That way, instead of working with all the separate earnings an employee is eligible for—regular, holiday, sick, vacation, flexible credits, and so on—you can work with one earnings program that incorporates all of these earnings types.

Employees are linked to earnings programs through pay groups. During new-hire processing, employees are assigned to pay groups, making them eligible for all the earnings types in the earnings program.

For more information about defining USF pay plans in order to identify the FEGLI Accumulator, see USF Establishing Pay Plans.

Earnings Program Table Page

Usage	You'll use the Earnings Program Table to group appropriate earnings together.
Navigation	**Define Business Rule, Define Payroll Process, Setup 1, Earnings Program Table**
Access Requirements	Earnings Program ID



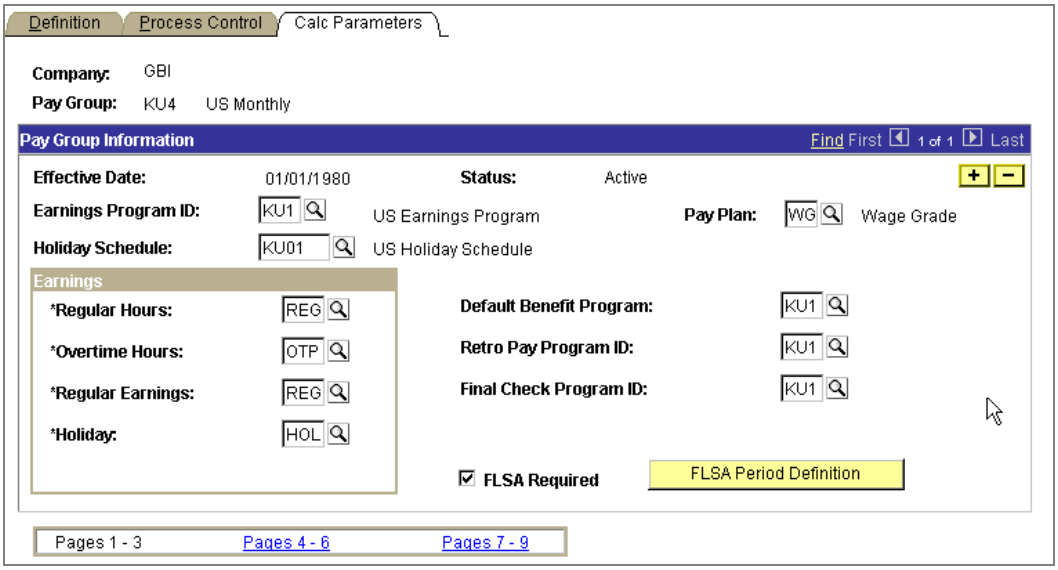
Earnings Program Table page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date, Status, Description, Short Description.**

Enter the earnings codes you want linked to this earnings program.

Pay Group Table - Calc Parameters Page

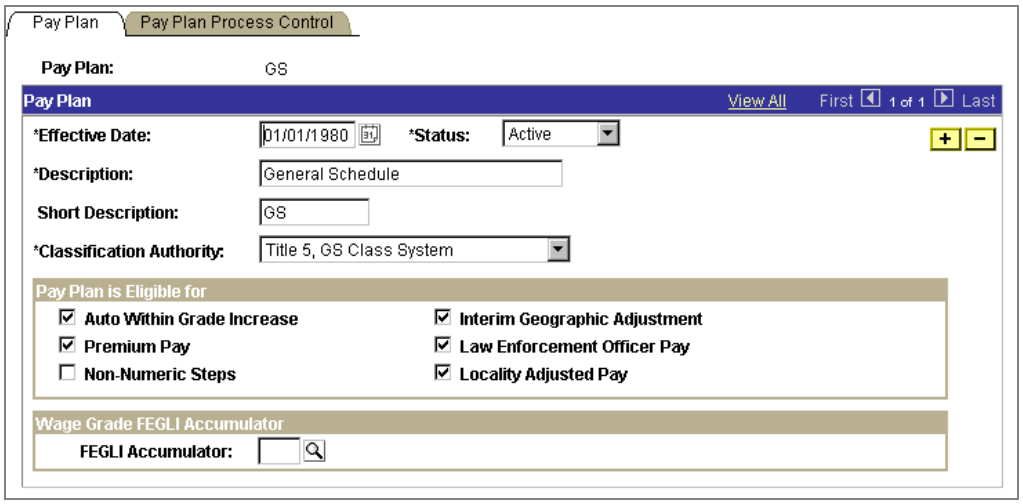
Usage	You'll use Calc Parameters to associate an earnings program with a pay group.
Navigation	**Define Business Rules, Define Payroll Process, Setup 2, Pay Group Table**
Access Requirements	Enter the Company ID and Pay Group ID.



Pay Group Table - Calc Parameters page

USF Associating a FEGLI Accumulator on a Pay Plan

Usage	Use the Pay Plan Table to identify the Wage Grade FEGLI Accumulator, if needed.
Navigation	**Define Business Rules, Define Payroll Process (USF), Setup 1, Pay Plan Table**
Access Requirements	Enter the pay plan ID.



Pay Plan page

For more information about the FEGLI Base compensation rate and how it is used, see Establishing the Compensation Base.

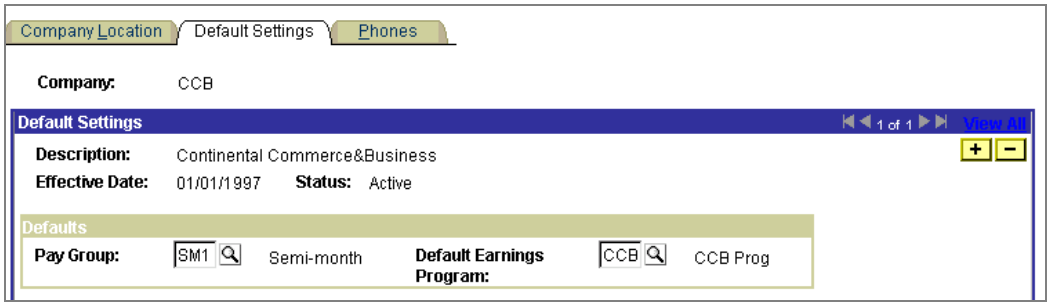
Calculation of Basic Life Coverage and Premiums for FEGLI Wage Grade Employees

Under FEGLI Accumulator, add the special accumulator that the system uses to dynamically calculate Basic Life coverage and deductions for wage grade employees each pay period.

There is a federal requirement to calculate basic life coverage for wage grade employees using their current paycheck eligible earnings multiplied by 26, rounded to the next $1,000, plus $2,000. The FEGLI Accumulator is a special accumulator that performs this function.

Company Table - Default Settings Page

Usage	You don't need to enter the Earnings Program ID for each Pay Group. To reduce data entry, you can set up a Default Earnings Program, which will appear on the Pay Group Table. You'll use the Company Table - Default Settings page to set up the default earnings programs.
Navigation	**Define Business Rules, Manage Human Resources (GBL), Setup, Company Table**
Access Requirements	Enter the Company ID.



Company Table - Default Settings page

For more information about setting up the company table, see the Entering Company Information.

Setting Up Default Benefit Programs

You can also use the Pay Group Table to reduce benefits data entry. If you set up a default benefit program for each pay group, you won't need to enter the benefit program when you set up new hires. The system automatically supplies the appropriate default benefit program according to pay group. And, as with any default you set up, you can always enter a change when it becomes necessary.

Organizations using PeopleSoft Benefits Administration don't necessarily need to use default benefit programs. That's because PeopleSoft Benefits Administration determines the appropriate benefit program for a participant as part of automated enrollment processing, according to eligibility rules you define beforehand.

For more information about Benefits Administration's payroll procedures, see Organizing Payroll Information for Benefits Administration.

CHAPTER 4

Setting Up Benefit Plans

When you begin the process of system implementation, it's important to plan how to go about structuring benefit programs and plans so that you can deliver the benefits that you want to offer to your employees. By doing this, you're actually figuring out how to set up a benefits system that will work to the full advantage of both you *and* your employees.

Start by "mapping" your current offerings to the PeopleSoft system. For example, if your organization has a standard set of benefits for all employees, you might have only one or two benefit programs that share many of the same plans—perhaps one for salaried employees and one for hourly employees. But if your organization offers a variety of benefits that cater to a variety of employee groups, you might decide that you need more benefit programs with several plans for each plan type.

Overview of Benefit Plans

You use the Benefit Plan Table to define the benefit plans your organization offers, including benefit plan type and benefit plan name. We deliver pre-defined codes for plan types. Within the system these codes act as a kind of referee, keeping your information organized. The Benefit Plan Table is also where you identify the provider for a benefit plan, a provider you've already set up using the Provider/Vendor table, and where you enter a Deduction Code, one you and your Payroll department previously defined. The Deduction Code has the rules for employee benefit deductions.

After naming a benefit plan, you'll use one of the plan detail tables—the Health Plan Table, the Life and AD/D Plan Table (accidental death and dismemberment plan table), Disability Plan Table, Savings Plan Table, Leave Plan Table, FSA Benefits Table, Retirement Table, Pension Plan Table, or Vacation Buy/Sell Table—to define plan detail.

Every benefit plan in PeopleSoft is distinguished by a unique combination of plan type and plan name. Plan type is important because it is what our system uses to control processing. With the help of plan type values, the system can distinguish health plans from savings plans, and differentiate the various types of FSA programs. So, before you name and create a new benefit plan, you must first learn something about how plan types work in PeopleSoft benefit applications.

Understanding Plan Types

Plan types are assigned a numerical value and are divided up into categories based upon those values. For example, all health-related plan types begin with a "1." Therefore, all plan types in the range of 10–19 are recognized by the system as health plans. After that come the life insurance plans, with plan type values of 20–29, and so on.

For each category that we deliver, you can add types that include a letter value, as long as you begin with the correct series identification. For example, all health plan types must start with

a “1,” so you can add plan types with values from “1A” to “1Z.” A value of “2Z” would not work as a health plan type but it could be used for a new life insurance plan type.

Because we add plan types starting from the beginning of the alphabet, we recommend that you start with Z and work backward to A. As long as you use a plan type in the range of 10–19 and 1A–1Z, the system will recognize it as a health plan type.

Note. Plan type also comes into play when you define eligibility rules for PeopleSoft Benefits Administration processing. You define eligibility according to benefit program, and, when required, according to unique rules for plan type. For example, in the same benefit program, you can define one set of eligibility rules for Plan Type 10 medical plans while you define another for Plan Type 11 dental plans.

We recommend that you work within the plan type series that we deliver. If you decide to add plan types that do not conform to the series that we provide, in addition to adding the new plan type to the Translate Table, you’ll need to update associated processing logic.

For more information about stock purchase plans and company cars, see your PeopleSoft 8 Stock Administration PeopleBook and Managing Company Cars documentation. These plans are not discussed in PeopleSoft Base Benefits documentation.

Setting Up Domestic Partner Plans

Many companies now allow employees to enroll domestic partners and their children as dependents for health and life benefit plans. If you are designing a benefits system for an organization that offers domestic partner benefits, you'll want to take advantage of PeopleSoft's Base Benefits Domestic Partner Benefits functionality. At the benefit plan level, these features include specific health and life plan types for employees with "nonqualified" dependents—in other words, dependents that do not qualify under IRS Section 152 as a legal dependent.

Your organization can choose to define "domestic partners" as two adults who live together but are not legally married. This can include same-sex partners as well as opposite-sex partners. You can also extend this coverage to other nonqualified dependents as desired.

For more information about setting up health plans for nonqualified dependents, see the Setting Up Health Plans for Domestic Partners.

For more information on setting up life plans for nonqualified dependents, see Setting Up Life Plans for Domestic Partners.

In order to set up a benefits system that includes domestic partner benefit processing, you'll need to use specific deduction codes, benefit plans, calculation rules, rates, and coverage codes. Later, when you're building your organization's benefit programs, you'll bring all of

these building blocks together to create a benefit program that efficiently processes both qualified and nonqualified dependents efficiently.

For more information about how to set up a benefit program that calculates health and life benefits for domestic partners, see the section Building Base Benefit Programs, in this PeopleBook. Here, you'll find a detailed overview of the domestic partner benefit program design process.

Summary of Plan Types

Plan Type Series	*Plan Types Delivered by PeopleSoft*	*Description*
Health Plans have these Plan Type numbers: 10–19, 1A–1Z	10	Medical USF - FEHB
	11	Dental
	12	Medical/Dental
	13	Major Medical
	14	Vision
	15	Nonqualified Medical
	16	Nonqualified Dental
	17	Nonqualified Vision
Life Insurance Plans have these Plan Type numbers: 20–29, 2A–2Z	20	Basic Life USF - FEGLI
	21	Supplemental Life USF - Option B - Additional (FEGLI)
	22	AD/D
	23	Life and AD/D
	24	Dependent AD/D
	25	Dependent Life USF - Option C - Family (FEGLI)
	26	Survivor Income
	27	Supplemental AD/D
	2Y	USF - FEGLI Living Benefits
	2Z	USF - Option A - Standard (FEGLI)
Disability Plans have these Plan Type numbers: 30–39, 3A–3Z	30	Short-Term Disability
	31	Long-Term Disability

Plan Type Series	*Plan Types Delivered by PeopleSoft*	*Description*
Savings Plans have these Plan Type numbers: 40–49, 4B–4Z	40	401(K)
	41	Profit Sharing
	42	Thrift
	43	IRA
	44	Capital Accumulation
	45	U.S. Savings Bonds
	46	Elective 403(b)
	47	Non-Elective 403(b)
	48	Employer Only
	4A	STOCK PURCHASE (Stock Purchase Administration only)
Leave Plans have these Plan Type numbers: 50–59, 5A–5Z	50	Sick Leave
	51	Vacation Leave Annual Leave
	52	Personal Leave
	53	FMLA Leave (obsolete)
	5A	Company Car (European 0rganizations only)
Flexible Spending Account Plans (U.S. and Canada) have these Plan Type numbers: 60–69, 6A–6Z	60	Health Care - FSA
	61	Dependent Care - FSA
	65	Canadian Health Care
	66	Canadian Retirement Counseling
Retirement Plans (United States) have these Plan Type numbers 70–79, 7A–7Z	70	PERS, Retirement
	7Z	USF - TSP 1% Agency Contribution
Pension Plans (U.S. and Canada) have these Plan Type numbers: 80–89, 8A–8Z	80	Standard Pension (Canadian)
	81	Supplementary Pension (Canadian)
	82	US Pension Plan 1
	83	US Pension Plan 2
	84	US Pension Plan 3
	85	US Pension Plan 4
	86	US Pension Plan 5
	87	US Pension Plan 6

Plan Type Series	*Plan Types Delivered by PeopleSoft*	*Description*
Vacation Buy/Sell Plans have these Plan Type numbers: 90–99, 9A–9Z	90 91	Vacation Buy Vacation Sell

Before You Begin

1. Identify the Benefit Plans your organization is offering.
2. Set up Deduction Codes for nonqualified dependents.
3. Set up rates for nonqualified dependents.
4. Set up calculation rules for nonqualified dependents.
5. Set up coverage codes for nonqualified dependents.
6. Set up providers and group numbers.

Identifying Benefit Plans

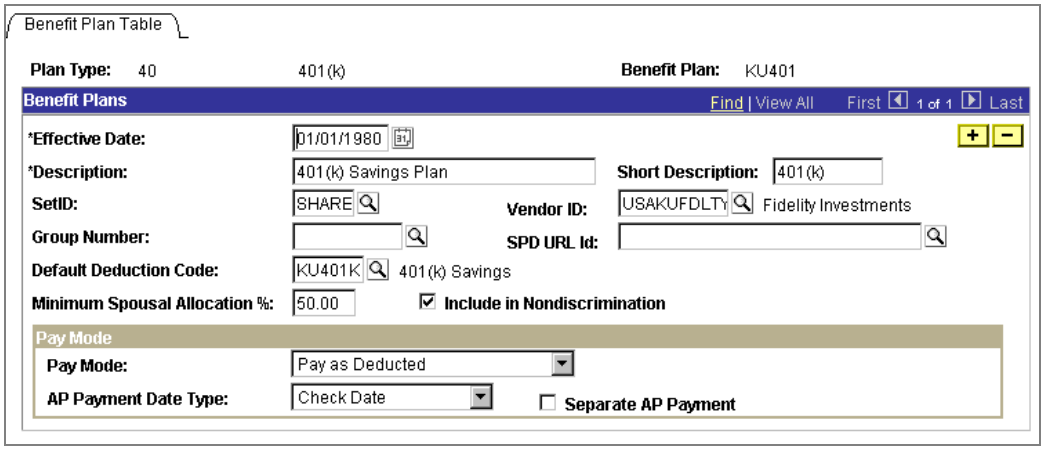
The first step in defining a benefit plan is to name the plan and identify the benefit plan's plan type through the Benefit Plan Table. You'll also use this table to define providers, provider group codes and default deduction codes for all plan types.

Name the Benefit Plan using the Benefit Plan Table page, and then go to the specific plan table to enter the specific details.

Benefit Plan Table Page

Usage	Use the Benefit Plan Table to identify the benefit plan type. You'll use this table to define providers, provider group codes and default deduction codes for all plan types.
Object Name	BENEFIT_PLAN_TABLE
Navigation	• **Define Business Rules, Define Base Benefits, Setup, Benefit Plan Table, Benefit Plan Table** • **Define Business Rules, Define Company Cars (GBL), Setup, Benefit Plan Table, Benefit Plan Table** • **Define Business Rules, Define General Data (NLD), Setup, Benefit Plan Table, Benefit Plan Table** • **Administer Workforce, Monitor Absence (GBL), Setup, Benefit Plan Table, Benefit Plan Table**
Access	Enter the Plan Type and Benefit Plan.

Requirements	



Benefit Plan Table page

Plan Type The system displays the **Plan Type** that you entered to access the page.

Benefit Plan The system displays the **Benefit Plan** that you entered to access this page.

Effective Date Enter the date on which this **Benefit Plan** went into effect.

Description Enter a **Description** of the **Benefit Plan** that can be 30 characters long.

Short Description Enter a **Short Description** of the **Benefit Plan.** This can be 10 characters long.

SetID Select a **SetID** for the vendor to be used.

Vendor ID Select the **Vendor ID** from the list of valid providers. If the provider is not on the list, you'll have to go to the Provider/Vendor table and add it.

For a provider to be valid for a particular benefit plan, that provider must be on the Provider/Vendor table with an Effective Date that is the same as or prior to the effective date of the benefit plan in question.

Group Number If applicable, select the **Group Number.** The **Group Number** is defined on the Provider Policy Table.

SPD URL Id Select the **SPD URL Id.** This is for the PeopleSoft eBenefits application, to provide access to the summary plan description. The **SPD URL Id** is defined on the Provider Policy Table.

Default Deduction Code

You can choose to enter a **Default Deduction Code.** The entered **Default Deduction Code** will appear on the Benefit/Deduction Program Table, where benefit plans can be linked to individual benefit programs. We suggest that you enter a **Default Deduction Code** if the benefit plan has an often-used **Deduction Code.** Entering a default code saves you from typing the deduction code each time that you associate this benefit plan with a benefit program. Deduction Codes are created on the Deduction Code Table.

Minimum Spousal Allocation % (minimum spousal allocation percentage)

Certain qualified plans in the life, savings, or pension category have mandated lower limits on the percentage amount that must be assigned to a spouse. Enter that amount here and the system will enforce or monitor compliance with this beneficiary right.

Include in Nondiscrimination

When you define savings plan types—plans in the 40-series—use **Include in Nondiscrimination Testing** to indicate whether to include the employees that you enroll in the benefit plan in nondiscrimination testing. This field is available only to plan types in the 40-series.

For more information about nondiscrimination testing, see PeopleSoft 8 Base Benefits, "Building Base Benefit Programs"

Pay Mode

If you are using PeopleSoft North American Payroll Interface with PeopleSoft Accounts Payable application, complete the group box. This enables you to enter information about how vendors will be paid.

Select when the vendor will be paid. Valid options are:

Pay as Deducted: Pay the vendor each time Payroll calculates this deduction.

Pay at Specified Date: Pay the vendor on a particular date. You will specify the date in the **AP Payment Date Type** field.

Pay when Collection Complete: Pay the vendor only when the goal amount or deduction end date has been reached. (This Pay Mode is valid for general deductions and garnishments.)

AP Payment Date Type

When a **Pay Mode** of ***Pay at Specified Date*** is selected, indicate which type of date should be used to create the voucher. You can choose from:

Check Date: The system will refer to the payment date entered on the Extract Non-Tax Deductions page in Accounts Payable to determine which deductions to pay.

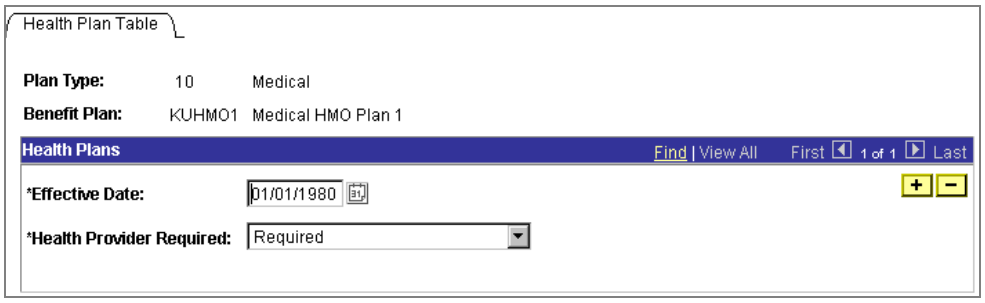
Pay Period End Date.

Separate AP Payment — If you select this option, the system will create a separate voucher for each deducted amount payable to the vendor.

Self-Service Plan Description — Used for Medical (1x), Disability (3x), Leave (5x), and Retirement (7x) Plans. Enter text describing the benefit plan. This text displays on the PeopleSoft eBenefits application page.

Setting Up Health Plans

Usage	Use the Health Plan Table to define the plans offered by your organization. It is used to define the basic attributes that control enrollment validation and processing.
Object Name	HEALTH_PLAN_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Health Plan Table, Health Plan Table**
Prerequisites	Add the Benefit Plan code to the Benefit Plan Table.
Access Requirements	Enter the Plan Type and Benefit Plan.



Health Plan Table page

Plan Type — The system displays the **Plan Type** that you entered to access the page.

Benefit Plan — The system displays the **Benefit Plan** that you entered to access the page.

Health Plans

Effective Date — Select the date on which the **Plan Type** went into effect.

Health Provider Required — Select whether a Primary Care Provider is required entry by the self-service user. You can choose:

Not Required: Selecting a Primary Care Provider is not a requirement for enrollment into this Health Plan.

Required: Selecting a Primary Care Provider is a requirement for enrollment into this Health Plan.

Setting Up Health Plans for Domestic Partners

If your organization's benefit programs offer health coverage for domestic partners, their children, and other dependents defined as "nonqualified dependents" by IRS Section 152, you'll need to set up separate health plans and identify them as "nonqualified" health plans. PeopleSoft delivers the following three sample "nonqualified" dependent plans:

Plan Type	*Description*
15	NQ Medical (Nonqualified Medical)
16	NQ Dental (Nonqualified Dental)
17	NQ Vision (Nonqualified Vision)

Employees who desire to cover their nonqualified dependents with health coverage will need to be enrolled in both a regular health plan for themselves and their qualified dependents and a corresponding "nonqualified" health plan for their nonqualified dependents. So, for example, if an employee wants to cover his domestic partner with his medical coverage, he will need to be enrolled in a Plan Type 10 medical plan for himself and, using the above example, a Plan Type 15 medical plan for his domestic partner. Both plans should be otherwise identical as far as the benefits they offer and the provider they're linked with, although their deductions and costs will probably be different.

For more information about setting up a benefit program that offers benefits for domestic partners and other nonqualified dependents, see the section Building Base Benefit Programs, in this PeopleBook.

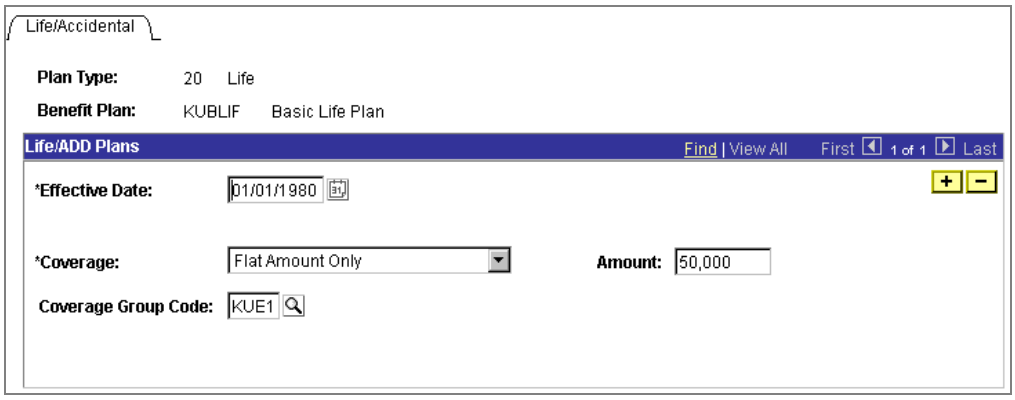
There are also tax consequences for nonqualified dependent health benefits, as all employer-paid benefits for nonqualified dependent health plans are considered taxable income for the employee by the IRS under IRS Section 152. This employer-paid portion of the medical benefit must be identified as a taxable benefit to the employer.

For more information on taxable benefit calculations for nonqualified dependents in nonqualified health benefit plans, see the topic Working with Imputed Income.

Setting Up Life Insurance Plans

Usage	Use the Life and AD/D Plan Table to define how the system will calculate coverage for a life or AD/D plan.
Object Name	LIFE_ADD_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Life and AD/D Plan Table, Life/Accidental Death Plan Tbl**

Prerequisites	Add the Benefit Plan code to the Benefit Plan Table.
Access Requirements	Enter the Plan Type and Benefit Plan.



Life and AD/D Plan Table page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Coverage

Select the appropriate **Coverage** and enter an **Amount** and a **Factor,** as needed.

Flat Amount Only: Calculates coverage according to a flat amount. You enter the **Amount.** For FEGLI plans, Option A - Standard and Option C - Family FEGLI plans include a flat Amount of $10,000 and $5,000, respectively

Factor x Benefits Base + Flat Amount: Calculates coverage based on a Factor, or a Factor *and* an **Amount.** If you enter a Factor, the system calculates coverage according to the benefits base multiplied by the Factor.

If you enter a **Factor** and an **Amount,** the system calculates coverage according to the compensation base multiplied by the **Factor** *plus* the **Amount.** FEGLI ***Basic Life*** plans use this option.

Specified in Employee Record: Uses the amount of coverage that you specify when you enroll an employee. FEGLI Living Benefits plans use this level of coverage

Special Calculation Routine: Uses a special routine not supported by the standard system. Your company customizes your SQR and COBOL programs accordingly.

Sum of Dependent Coverage: Uses the sum of the dependent coverage amounts that you enter when you enroll an employee. Many Dependent Life plans use this type of coverage.

Coverage Group Code

Coverage Group Code is optional. It enables you to define a maximum benefit amount for a group of life and AD/D plan types. You may do this if employees can choose more than one life plan type—perhaps life and AD/D—but the total benefit for the *combined* plans cannot exceed a specific amount. The **Coverage Group Code** maximum applies to all the life and AD/D benefit plans that you associate with a **Coverage Group Code** and that you associate with one benefit program.

To link a life plan with a group of life plans, enter the appropriate **Coverage Group Code.** However, you must first define the **Coverage Group Code** and its maximum benefit amount. To do so, go to the Coverage Group Table.

If you want to enter a **Coverage Group Code** now and you *haven't* defined it yet, save your life and AD/D table information and return to it after you define the appropriate **Coverage Group Code.** If you have already defined the **Coverage Group Code,** you can enter it now.

For more information about using the Coverage Group Table to define Coverage Group Codes, see Coverage Group Table Page.

Setting Up Life Plans for Domestic Partners

Dependent Life plans can be used to cover domestic partners, their children, and other dependents classified as "nonqualified" by IRS Section 152.

The imputed income rules for domestic partners are different from those for qualified dependents. Imputed income is calculated for the full value of nonqualified dependent life coverage, whether or not it exceeds $2000. (Qualified dependent coverage is exempt from imputed income calculation if it is under that amount.)

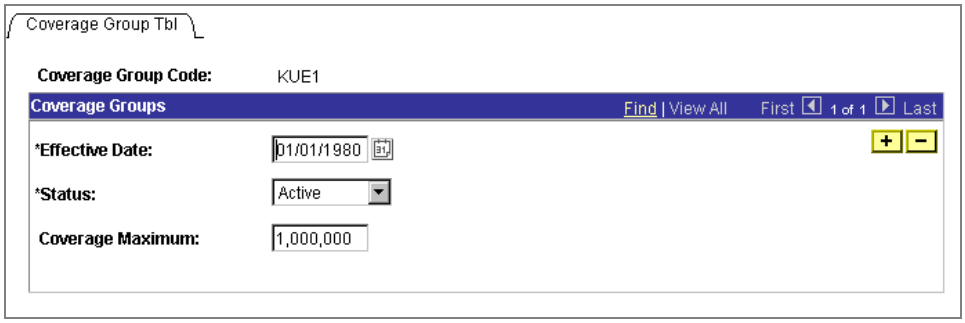
No special plan types however, are required for life plans covering nonqualified dependents.

For more information about imputed income calculations for both qualified and nonqualified dependents, see Working with Imputed Income. For more information about setting up a benefit program that offers benefits for domestic partners and other nonqualified dependents, see the section Building Base Benefit Programs, in this PeopleBook. For more information about defining rate and calculation rules, see Establishing Rate Tables and Calculation Rules in this PeopleBook. You'll find out how you can define minimum and maximum coverage amounts and you'll learn how to round the coverage. You will also be shown which benefit base to use when calculating coverage.

When you associate calculation rules that include coverage minimum and maximum amounts with a life benefit program and benefit plan combination, the system verifies that coverage for participants doesn't exceed those minimums and maximums, *regardless* of the Coverage that you enter on the Life and AD/D Plan Table.

Coverage Group Table Page

Usage	Use the Coverage Group Table page to define a Coverage Group Code that sets the maximum total life and AD/D coverage for a group of life and AD/D benefit plans.
Object Name	COVERAGE_GROUP_TBL
Navigation	• **Define Business Rules, Define Base Benefits, Setup, Coverage Group Table, Coverage Group Table** • **Define Business Rules, Define General Data (NLD), Setup, Coverage Group Table, Coverage Group Table**
Access Requirements	Enter the Coverage Group Code.



Coverage Group Tbl (coverage group table) page

Enter the **Effective Date, Status,** and a **Coverage Maximum** for this coverage group.

The **Coverage Maximum** applies to all the life and AD/D benefit plans that you associate with the **Coverage Group Code** and that you associate with one benefit program. You connect a life and AD/D plan with a **Coverage Group Code** using the Life and AD/D Plan Table.

Payroll uses the **Effective Date** to determine which **Coverage Maximum** to use for a particular processing cycle, according to the pay period end date.

For example, let's say you define a Coverage Group Code with a $500,000 maximum, then enter that Coverage Group Code for a supplemental life plan and a group life plan, and associate both benefit plans with a benefit program. If you were to enroll an employee in both of those plans, the system would ensure that the employee's total coverage by both plans does not exceed $500,000.

What happens if the total coverage for a participant exceeds the Coverage Maximum? The system will *reduce* the total coverage to meet the Coverage Maximum. As the system processes deduction, it accumulates the coverage amounts and will begin reducing coverage when the coverage group maximum is reached. The system processes plans in order of deduction priority, and if more than one plan has the same priority, it processes in increasing plan type order.

20	Life
21	Supplemental Life
22	AD/D
23	Life and AD/D
24	Dependent AD/D
25	Dependent Life

USF A Note About Option A - Standard FEGLI Plan Calculations

As delivered, the Option A - Standard FEGLI plan is an optional life plan for which PeopleSoft Payroll calculates the coverage and premiums in accordance with Federal regulations. Under these regulations, the Option A - Standard plan provides $10,000 in additional coverage, or *more,* depending upon the employee's rate of pay.

When an employee's annual rate of pay is more than the sum of the annual rate of basic pay for Level II Executive Schedule positions under 5 U.S.C. 5313, plus $10,000, Option A coverage automatically increases. The amount then becomes the difference between the employee's annual rate of pay and the maximum allowable Basic Insurance Amount (BIA). The calculations that handle this situation have been entered into the calculation rules table for Calculation Rules ID *OPTA.*

The maximum allowable BIA is entered into the maximum benefits base field on the Calculation Rules Table 2 page. PS Payroll uses this information to calculate the coverage and premium amounts.

For example, if you have an employee with an annual benefits base of $148,400 with a Maximum Benefits Base set to 133,600 and that employee elects Option A - Standard coverage, the Flat Amount of that employee's Option A - Standard coverage would be $15,000.

For more information about the Calculation Rules Table, see Establishing Rate Tables and Calculation Rules in this PeopleBook. The Max Benefits Base and other calculation rules for Option A plans are set up through the Calculation Rules Table, in a special calculation rule for Option A plans.

Setting Up Disability Plan Information

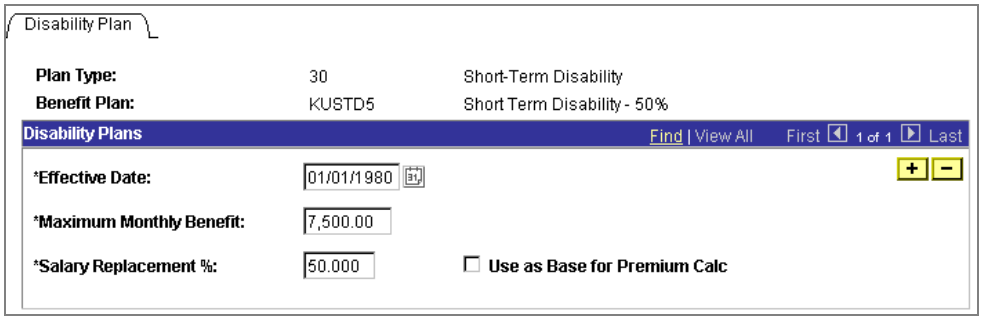
When you choose to define details for a disability plan, the system will prompt you to identify the plan by entering its Plan Type and Benefit Plan codes. The system will check the codes that you enter against the codes that you defined for the plan in the Benefit Plan Table before bringing up plan information.

The Disability Plan Table shows the Plan Type and its description, and the Benefit Plan and its description. Verify that these are for the benefit plan that you want to work with.

Disability Plan Table - Disability Page

Usage	Use the Disability Plan Table to define detail information for each of your disability benefit plans.
Object Name	DISABILITY_PLN_TBL
Navigation	**Define Business Rules, Define Base Benefits, Setup, Disability Plan Table, Disability Plan Table**
Prerequisites	Add the Benefit Plan code to the Benefit Plan Table.
Access Requirements	Plan Type, Benefit Plan

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**



Disability Plan Table - Disability page

Maximum Monthly Benefit Enter the maximum amount that the plan will pay to an employee each month should that employee go out on disability. This value is important because insurance companies quote the disability benefit in terms of a monthly benefit (as opposed to life insurance benefits, which are quoted in annual terms).

Salary Replacement % (salary replacement percentage)

Enter the percent of employee salary this plan will replace, limited to the **Maximum Monthly Benefit.** For example, take a disability plan where the **Maximum Monthly Benefit** is ***$7500*** and the **Salary Replacement %** is ***50.000.*** If an employee electing this disability has an annual salary of $12,000, their monthly salary would be $1000, and 50% of that would be $500, which is less than the Maximum Monthly Benefit. Therefore the employee would receive $500 per month in disability benefits.

Now take a second employee electing the same disability plan with an annual salary of $240,000: the employee's monthly salary would be $20,000, and 50% of that would be $10,000, which is greater than the Maximum Monthly Benefit. This employee would receive $7500 in disability benefits, rather than $10,000.

Note. The **Use as Base for Premium Calc** check box is for Canadian employers, who have the option of using their employees' covered salaries in the calculation of disability plan premiums. When this check box is selected, disability plan premium calculations will be based on the employee's disability benefit salary replacement amount (**Salary Replacement %**), rather than the employee's covered salary. This amount will be limited to the specified **Maximum Monthly Benefit** amount.

Calculation of Disability Plan Deductions

The disability plan deduction calculation formula is as follows:

Annualized Premium = (Calculated Base / Unit) * (Calculation Rate) * (Premium Frequency)

Disability Deduction = Annualized Premium / Payroll Frequency

When it comes to the calculation of disability plan deductions, the base figure used is the monthly salary, but that figure will be adjusted in cases where 50% of the monthly salary exceeds the Maximum Monthly Benefit. In the preceding examples, the first employee would have a disability-calculated base of $1000, but the second employee, because of the excessive Maximum Monthly Benefit situation, would have a disability-calculated base of 7500/.50, or $15,000. The disability calculated base value is displayed in the paycheck deduction page and is used in the calculation of the monthly disability deduction.

Suppose that the rate specified on the rate schedule table has a premium frequency of biweekly, and a .5 rate per hundred. For the first employee, the premium would be annualized as follows:

($1,000 / 100) * .5 * 26 = $130

The deduction will then be calculated based on the pay frequency of the employee; so an employee paid semimonthly will have a deduction of 130/24 = $5.42.

For the second employee, with a calculated base of $15,000, and who is a salaried employee paid monthly, the deduction would be calculated as follows:

[($15,000 / 100) * .5 * 26] / 12 = $162.50.

Setting Up Savings Plans

Savings and investments are one of the most common employee benefits offered by employers. Whether you are setting up a conventional savings plan, 401(k), or 403(b) plan, savings plans are probably the most complicated benefit—in terms of design, administration and taxation—commonly provided by employers.

Overview of Savings Plans

A savings plan is a program under which employees can contribute a portion of their salary in order to save for retirement and/or to reduce current tax liability. When designing a savings plan, you need to consider the organization's objectives or rules for the plan. You will enter the business rules for savings plans on the Saving Plan pages.

- Will there be limits on the amount an employee can invest per year?
- Will there be limits on the amount a highly compensated employee can invest per year?
- Will the employer be contributing to the savings plan?
- Will rollovers be allowed?
- What investment options will be offered?

Another factor to think about, when entering the savings plan, are government regulations. Is this a qualified plan that is subject to government rules? You will want to make sure that any business rules that you set up do not conflict with the government regulation.

If this is a qualified plan, PeopleSoft supports the following limits:

- Section 401(k) limit that defines an employee's maximum yearly compensation amount that can be used in a qualified plan's contribution or benefit formula.
- Section 402(g) limit that defines the maximum amount an employee can defer each year.
- Section 403(b) limit that defines that the maximum percent of earnings an employee can contribute each year.
- Section 415 limit for a defined contribution plan that restricts the amount of additional annual contributions to an individual participant's account.

For more information about limits, see Defining Limits.

After you have set up the government rules and the business rules, the other factor that impacts savings plans is the employee's enrollment. The employee will indicate how much of

their earnings they want to contribute to the savings plan. Payroll will calculate the employee's deduction by determining how much the employee wants to contribute, then looking at the business rules and applying them, and finally looking at any government regulations that might apply.

For more information about deduction calculations, see Reviewing Enrollments and Benefit Calculations.

Before You Begin

Before you enter the details for the savings plan, you must have the following steps completed:

1. Select the type of deduction process that you are using.
2. Create deduction codes that apply to the savings plan.
3. Set up a special accumulator for this savings plan.
4. Set up a default calculation for savings plans.
5. Enter the provider information.
6. Make sure there is a plan type for the savings plan that you are setting up.
7. Create the Service Step table in case you want to link employer-matching contributions to an employee's length of service.
8. Set up any Limits that might apply.

Defining Employee Investment Limits

On the Employee Limit on Investments page you will enter:

- The date on which the savings plan goes into effect and the special accumulator that will be used to define the employee's annual earnings.
- Who can make contributions to the savings plan—contributors can be the employee, the employee and the employer, or the employer only.

Let's say your organization is setting up a 401(k) plan. You will want to use the 401 special accumulator because only certain earnings count towards an employee's annual earnings. The organization plans on offering an employer match based on the employee's contribution, so if the employee is to receive the match, the employee must contribute to the plan.

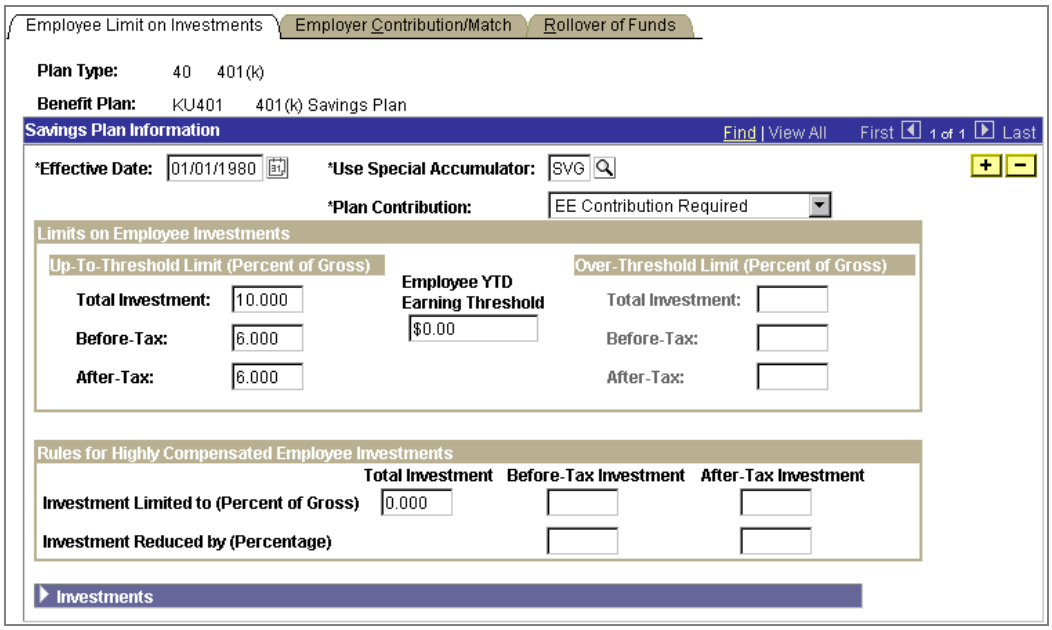
The limits your organization wants to place on the employee's contributions are also defined on the page. The organization wants to set up two sets of investment rules for employee contributions. One set of rules allows employees to contribute 15 percent of their annual earnings with 10 percent on a before-tax basis and 10 percent on an after-tax basis. Once the employee reaches an earning income threshold of $100,000, another set of rules will apply.

After the threshold is met, the employee will be allowed to only contribute a total of 2 percent on an after-tax basis.

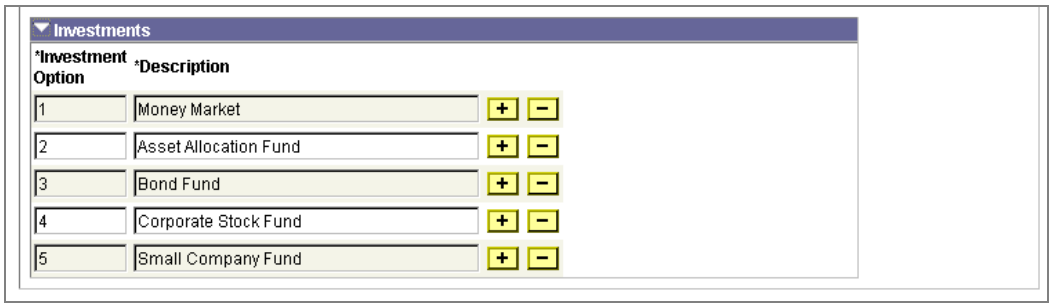
You can set up another set of limits for highly compensated employees to help manage compliance with nondiscrimination testing. For example, you could set a lower 8% before-tax contribution cap on HCE's or set up a 2% reduction on each HCE's elected contribution to bring deferrals into compliance. Depending on the results of the nondiscrimination testing, you can adjust the limits throughout the year.

Savings Plan Table - Employee Limit on Investments Page

Usage	Use the Employee Limit on Investments page to enter any special accumulator associated with the savings plan, limits on the amount an employee may put away each year, and limits or rules that apply to highly compensated employees.
Object Name	SAVINGS_PLAN_TBL1
Navigation	**Define Business Rules, Define Base Benefits, Setup, Savings Plan Table, Employee Limit on Investments**
Prerequisites	Add the Benefit Plan code to the Benefit Plan Table.
Access Requirements	Plan Type, Benefit Plan Cod.



Savings Plan Table - Employee Limit on Investments page (1 of 2)



Savings Plan Table - Employee Limit on Investments page (2 of 2)

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Plan Type The unique identification number that identifies the benefit category, such as health, life, or savings.

Benefit Plan A specific benefit within a plan type.

Use Special Accumulator Enter the special accumulator that you want used to identify eligible earnings when calculating the employee's deduction. This is required for all savings plans.

Plan Contribution Select who will be a contributor to this savings plan. You can specify:

EE Contribution Optional (employee contribution optional): Employees may make contributions to the plan. You might use this for plans that feature an employer nonmatching contribution, with voluntary additional employee contributions. This might also be used for a zero-contribution enrollment plan allowing for rollover funds.

EE Contribution Required (employee contribution required): Employees must make contributions to the plan. This is probably the most common type of Plan Contribution. It enables employer matching.

Employer Only (NO EE) (employer only [no employee]): This is an employer-only plan and could be used to establish an employer-funded savings benefit.

Limits on Employee Investments These fields are used to define the basic limits on employee contributions to the plan.

Total Investment (Up to Threshold) Enter the total percentage of earnings that an employee can invest, on a combined before- plus after-tax basis, as long as the **Employee YTD Earnings Threshold** has not been met.

Before-Tax (Up to Threshold) Enter the maximum percentage of earnings an employee can invest per month on a before-tax basis. This amount can be contributed until the **Employee YTD Earnings Threshold** is met.

After-Tax (Up to Threshold) Enter the maximum percentage of earnings an employee can invest per month on an after-tax basis. This amount can be contributed until the **Employee YTD Earnings Threshold** is met.

Employee YTD Earnings Threshold Enter the **Employee YTD Earnings Threshold** amount. This amount will be used to determine when the Over-Threshold Limit applies. If left at zero, the Up to Threshold limits apply to all levels of earnings.

Total Investment (Over Threshold) Enter the total percentage amount that an employee can invest after the **Employee's YTD Earnings Threshold** has been met.

Before-Tax (Over Threshold) Enter the maximum percentage of earnings an employee can invest per month, on a before-tax basis, after the **Employee's YTD Earnings Threshold** has been met.

After-Tax (Over Threshold) Enter the percentage of earnings an employee can invest, on an after-tax basis, after the **Employee's YTD Earnings Threshold** has been met.

Rules for Highly Compensated Employees Investments This section is used to define additional limits placed on contributions made by highly compensated employees. In response to marginal or failed 401(k) and 401(m) nondiscrimination testing, you may need to reduce investments by highly compensated employees in order to comply with regulations.

Investment Limited to (Percent of Gross) You can make corrections by adjusting the limits on the **Total Investment** amount for highly compensated employees. You can also adjust the amounts allowed on a **Before-Tax Investment** and **After-Tax Investment.**

Investment Reduced by (Percentage) These fields define how you want payroll to reduce the percentage a highly compensated employee can invest, according to before- and after-tax investment amounts. For example, if the employee contribution is 10 percent and you indicate a reduction of 2 percent here, the employee contribution will be reduced to 8 percent. Similar logic holds true for flat amounts. If the employee requests $2000 and you indicate a reduction of 2 percent here (assuming a 401(k) earnings gross of $20,000: 20,000 / 2000 = 10%), then the reduced amount will be $20,000 * 8% = $1600.

Investments

The **Investments** group box enables you to define the investment options from which the employee can select. You can enter as many investment options as you want.

Investment Option	Enter a numerical identifier for each **Investment Option.** For U.S. Federal Government users of PeopleSoft Base Benefits, enter an alphabetical identifier.
Description	Enter the **Description** of the **Investment Option.**

Defining Employer Match or Contributions

On the Employer Contribution/Match page, you define how employer matching or employer contributions will be handled. The employer can contribute to a savings plan in two ways:

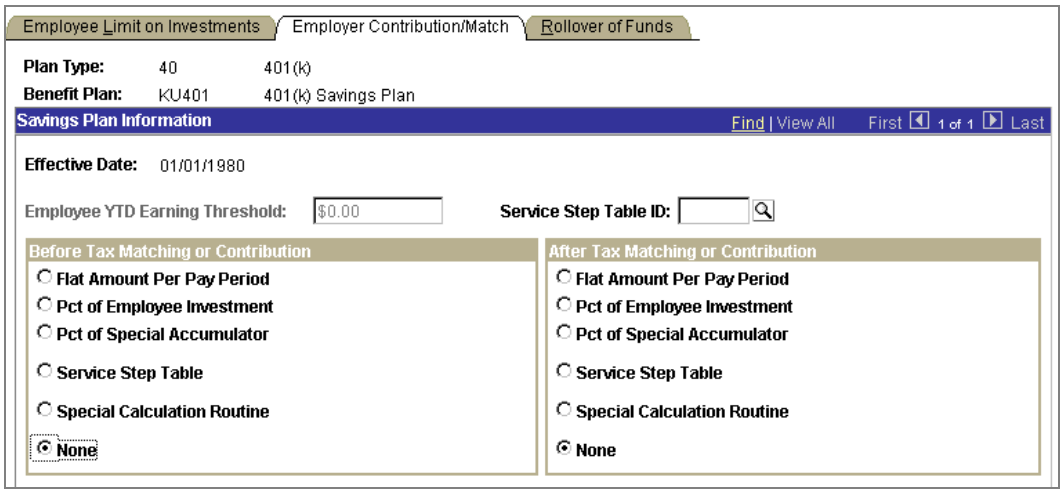
- Employer matching can be based on the employee's years of service with the organization or a percentage of the employee's contribution.
- Employer contributions can be a flat amount or a percent of the special accumulator.

Let's say your organization will match 25 to 100 percent, depending on the employee's length of service, of the employee's before tax 401(k) dollars up to 10 percent of the employee's earnings.

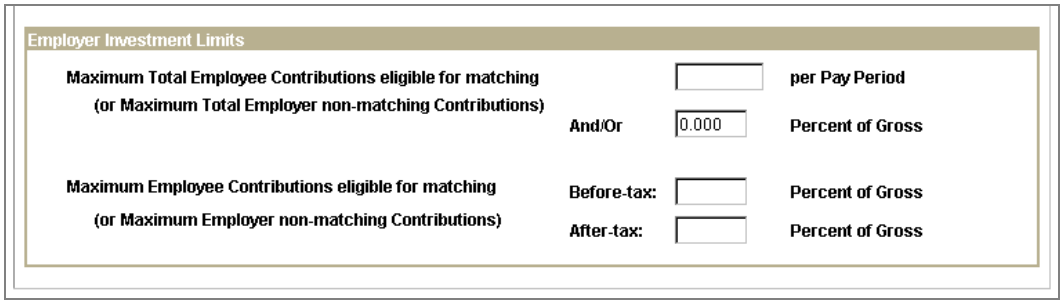
You could create a service step code that sets up the years-of-service match to be 25 percent after one year, 50 percent after two years, 75 percent after three years and 100 percent after four years.

Savings Plan Table - Employer Contribution/Match Page

Usage	Use the Employer Contribution/Match page to define the amounts an employer will contribute or match to a savings plan per pay period.
Object Name	SAVINGS_PLAN_TBL2
Navigation	**Define Business Rules, Define Base Benefits, Setup, Savings Plan Table, Employer Contribution/Match**
Prerequisites	Add the Benefit Plan code to the Benefit Plan Table.
Access Requirements	Plan Type, Benefit Plan Code



Savings Plan Table - Employer/Contribution Match page (1 of 2)



Savings Plan Table - Employer/Contribution Match page (2 of 2)

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Plan Type The unique identification number that identifies the benefit category, such as health, life, or savings.

Benefit Plan A specific benefit within a plan type.

Employer Match or Contribution Options

Service Step Table ID Use the **Service Step Table ID** to link the rate of employer matching contributions to an employee's length of service. If you enter a **Service Step Table ID,** the system automatically selects a **Service Step Table** in the Before-Tax Matching or Contribution and After-Tax Matching or Contribution group boxes.

Before-Tax Matching or Contribution and After-Tax Matching or Contribution

Flat Amount Per Pay Period — This applies to nonmatching contributions. If you want to set up an employer contribution for a flat amount, select **Flat Amount Per Pay Period.** After you make your selection, enter the dollar amount the employer will contribute per pay period regardless of the amount an employee contributes.

Percent of Employee Investment — This applies to matching contributions. Select **Percent of Employee Investment** and enter a percentage of an employee contribution in the **Under Threshold** field.

This field does not apply to employer matching.

Percent of Special Accumulator — This applies to nonmatching contributions. Select **Percent of Special Accumulator** and enter a percentage of an employer contribution in the **Under Threshold** and **Over Threshold** fields. Using the **Over Threshold** field is optional and the system will use the **Employee YTD Earnings Threshold** entered on Savings Plan Table 1.

Service Step Table — This applies to matching contributions. If you entered a **Service Step Table Id,** the system automatically selects **Service Step Table.** The application will calculate the employer's match based on the employee's length of service as defined by the **Service Step Table ID** that you entered.

Special Calculation Routine — Uses a special routine not supported by the standard PeopleSoft system. To use this option, your organization must customize your COBOL programs.

None — Select **None** if your organization does not do employer match or employer contributions.

Employer Investment Limits

The **Employer Investment Limits** group box enables you to define the maximum amount the employer will contribute to the savings plan, either on a matching or nonmatching basis.

When defining a plan that has an employer match, this defines the maximum amount of employee funds eligible for matching, rather than defining the amount of the employer match itself.

For example, your organization may match 50% of an employee's contributions, but only on a before-tax basis, up to 6% of earnings or $1000 per pay period, whichever is less. You would enter 6% in the **Before-Tax** field and 1000 in the **Maximum Total Employee Contributions eligible for matching per Pay Period** field.

When defining a nonmatching contribution plan, this defines the actual amount an employer will contribute.

For example, your organization may fund savings plans with before-tax dollars at 3% of the employee's earnings, up to $500 per pay period. You would enter 3% in the **Before-Tax** field

and 500 in the **Maximum Total Employee Contributions eligible for matching per Pay Period** field.

You should not combine matching and nonmatching funds in the same plan.

The combination of percentage amounts for before-tax matching and after-tax matching cannot be greater than the total employee contributions.

Maximum Total Employee Contributions eligible for matching (or Maximum Total Employer nonmatching Contributions)

This is the total amount (before-tax plus after-tax) of employee contributions that the employer will match. This total amount can be specified as a percentage of the employee's earnings (Special Accumulator) and/or as a flat per pay period amount. If both fields are used, the lower of the two amounts will be used. The employer's match will not be calculated against more than the amount of the employee's investment.

For employer nonmatching contributions, this is the total amount of nonmatching contributions the employer will make. This maximum contribution can be specified as a percentage of the employee's earnings (Special Accumulator) and/or as a flat per pay period amount. If both fields are used, the lower of the two amounts will be used.

Maximum Employee Contributions eligible for matching (or Maximum Total Employer nonmatching Contributions)

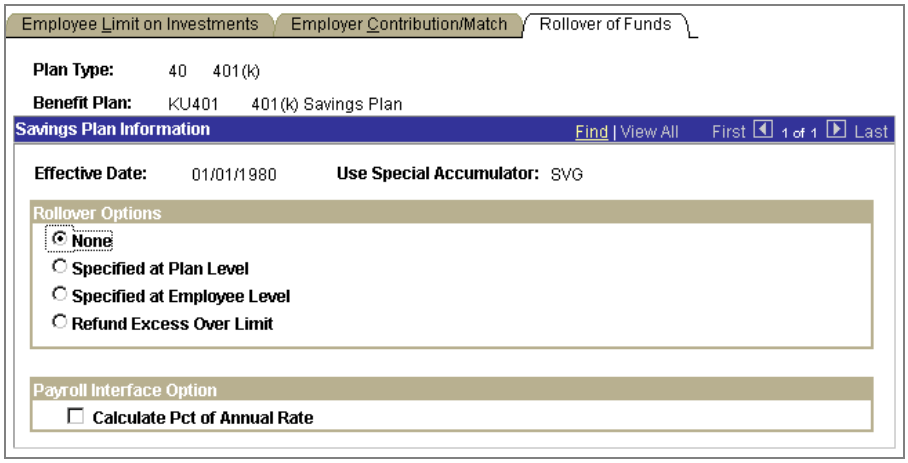
This is the maximum amount of employee contributions the employer will match on a before-tax basis. The employer will not match any employee before-tax contributions that exceed this percentage of the employee's eligible earnings (Special Accumulator).

For employer nonmatching contributions, this is the maximum amount the employer will contribute on a before-tax basis, as expressed as a percentage of the employee's earnings (Special Accumulator).

Savings Plan Table - Rollover of Funds Page

Usage	On the Rollover of Funds page you define how rollovers will be handled. If an employee reaches a limit and the deduction calculation process cannot take the deduction, it will look at this table and see how to process the rollover amount. Employer Only plans cannot receive rollovers from another plan, because rollovers are a form of employee contributions. There are four options available rollovers: 1. Don't allow rollovers, and funds not taken remain in gross pay. 2. Let the plan determine where the rollover will go.

	3. Let the employee determine where the rollover should go. 4. Refund the excess amount. **Note.** Options 2 and 3 require that the employee be enrolled in the specified rollover savings plan before the actual rollover event occurs during a payroll run. If the desire is to have a rollover savings plan in place to solely receive rollover funds and not have any active employee contributions, that plan should be set up as *Employee Contribution Optional,* and the employee should be enrolled with a zero contribution amount.
Object Name	SAVINGS_PLAN_TBL5
Navigation	**Define Business Rules, Define Base Benefits, Setup, Savings Plan Table, Rollover of Funds**
Prerequisites	Select the Rollover Allowed field on the Limit Table Page.
Access Requirements	Enter the Plan Type and Benefit Plan Code



Savings Plan Table - Rollover of Funds page

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Plan Type The unique identification number that identifies the benefit category, such as health, life, or savings.

Benefit Plan A specific benefit within a plan type.

Rollover Options

None Select **None** if rollovers are not allowed.

Specified at Plan Level If you want to direct rollover amounts based on information entered on the Benefit Plan pages, select **Specified at Plan Level** and enter the **Plan Type, Benefit Plan, Deduction Code,** and **Class** for either Before-Tax or After-Tax or both.

Specified at Employee Level If you want to direct rollover amounts based on information entered on the employee's enrollment pages, select **Specified at Employee Level.** The selection of the **Plan Type, Benefit Plan, Deduction Code,** and **Class** for either Before-Tax or After-Tax or both would be made on the employee's enrollment record.

Refund Excess Over Limit This option can be used with 403(b) plans where the limiting of employee contributions is more dynamic. The 403(b) Balance/Projection process estimates the applicable limits prior to each pay-run. Variations in employee earnings can cause a specific projection to be inaccurate, such that an employee's contributions are not limited as quickly as they should be. On subsequent pay-runs, the system may determine the employee was allowed to contribute too much. The *Refund Excess* option can be used to enable the system to reduce prior contributions in excess of the current limit by creating a refund or negative deduction of the excess deferral amount.

Payroll Interface Option

Calculate Pct of Annual Rate (calculate percentage of annual rate) To tell PeopleSoft Payroll Interface that you want to calculate deductions for a savings plan, select **Calculate Pct of Annual Rate.** PeopleSoft Payroll Interface will estimate the employee's deductions using the employee's annual compensation rate.

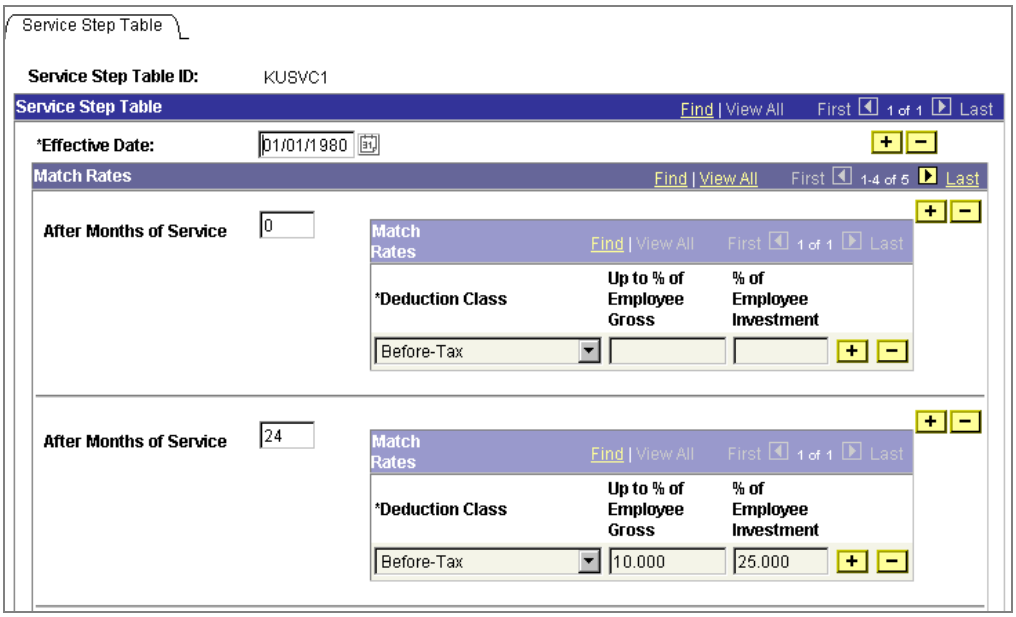
This is considered an estimate because the annual rates and actual earnings, not available to Payroll Interface, are not necessarily the same. Also, there are no year-to-date accumulators available for use in applying regulatory limits.

With the exception of savings plan deductions, PeopleSoft Payroll Interface will not calculate deductions that are based on a percentage of an employee's earnings. To calculate such deductions, you need either PeopleSoft Payroll or an appropriate interface with your own in-house payroll system.

Service Step Table Page

Usage	You can use the Service Step Table to link the rate of employer matching contributions to an employee's length of service. As a result, you can adjust your organization's matching contribution as an

	employee's length of service increases. If you want to use this option, enter the appropriate Service Step Table ID. If you enter a Service Step Table ID and navigate out of the field, the rest of the page becomes unavailable for entry. If you enter a Service Step Table ID, it must be used for both before-tax and after-tax matching definitions. Open the Service Step Table to define employer matching by percent of employee contribution based upon months of service. You can also specify different levels of matching for before-tax and after-tax employee contributions.
Object Name	SERVICE_STEP_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Service Step Table, Service Step Table Listing**
Access Requirements	Service Step ID



Service Step Table page

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Use the middle scroll bar to establish your service steps based on the match rates that you want to go into effect after so many months of service.

Use the inner scroll bar to add **Deduction Classes,** and, for each class, to define the rates for this service step: Up **to % of Employee Gross** (up to percentage of employee gross) and **% of Employee Investment** (percentage of employee investment).

Examples of Before- and After-Tax Matching Using the Service Step Table

For example, let's say you have a 401(k) plan that's set up to match:

- 50% on the first 3% of the employee's salary for before-tax contributions.

- 100% to 6% of the employee's salary for before-tax contributions.
- 25% on the first 2%, 50% to 4%, and 100% to 6% on the employee's after-tax contributions.

Here's how you would set this up:

Deduction Class	*Up to % of Employee Gross*	*% of Employee Investment*
B	3	50
B	6	100
A	2	25
A	4	50
A	6	100

Let's use actual money values to continue this example:

Employee 401 gross	$1000
Employee before-tax (6%)	$60
Employee after-tax (6%)	$60

Before-Tax Match

```
3% of $1000 = $30; $30 * 50% = $15

6% - 3% of $1000 = $30; $30 * 100% = $30

Before-tax match = $45
```

After-Tax Match

```
2% of $1000 = $20; $20 * 25% = $5

4% - 2% of $1000 = $20; $20 * 50% = $10

6% - 4% of $1000 = $20; $20 * 100% = $20

After-tax match = $35
```

Of course, if the employee did not contribute to these percentages (perhaps only 5%), the match would be limited to what they actually did contribute, and any contribution over the match percentages (perhaps 10%) would not be matched.

After Months of Service

Let's look at how you can use the After Months of Service field to create multiple service steps to reward employees for staying with the company.

After Months of Service	*Deduction Class*	*Up to % of Employee Gross*	*% of Employee Investment*
0	B	3	50
0	B	6	100
0	A	2	25
0	A	4	50
0	A	6	100
24	B	10	100
24	A	2	50
24	A	4	75
24	A	6	100

This gives the 2-year employees better matching rates. The before-tax match is 100% to 10% and the after-tax goes up to 50% to 2% and 75% to 4%, resulting in a substantial increase in benefits.

Reviewing Savings Plan Information

After you have defined your savings plans, you may want to verify that everything was entered correctly. The Savings Plans/Investment Tables report lists the plan type, benefit plan, effective date, employer contribution and limits, employee contribution limits, and investment options.

For more information about printing this report, see Generating the Savings Plans/Investments Table Report.

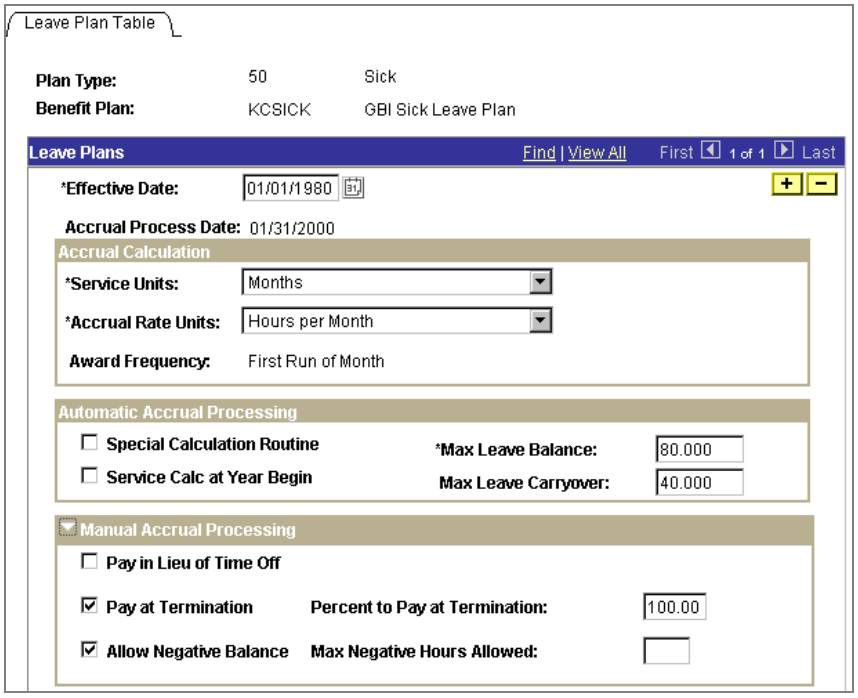
Setting Up Leave Plans

Leave plan definition is handled in two stages: the definition of the leave plan through the Leave Plan Table and the establishment of payroll tables to ensure that they're going to have the information your system needs in order to correctly process leave accruals for your employees.

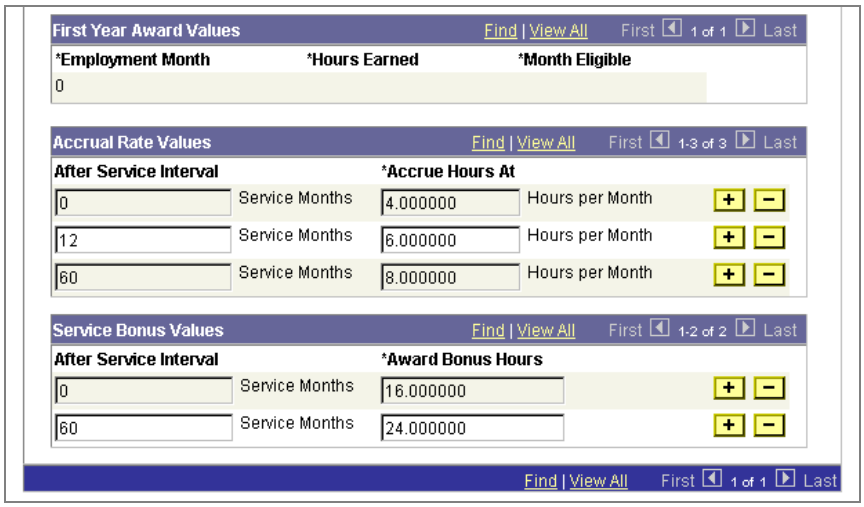
The payroll tables summarized in this section are from PeopleSoft Payroll. If your organization does not implement PeopleSoft Payroll, you'll have to work with your payroll department to ensure that the system has access to the proper data for leave accrual processing.

Leave Plan Table Page

Usage	Use the Leave Plan Table to define details for each of your leave benefit plans.
Object Name	LEAVE_PLAN_TABLE
Navigation	• **Define Business Rules, Define Base Benefits, Setup, Leave Plan Table, Leave Plan Table** • **Define Business Rules, Define General Data (NLD), Setup, Leave Plan Table, Leave Plan Table**
Prerequisites	Add the Benefit Plan code to the Benefit Plan Table.
Access Requirements	Plan Type, Benefit Plan



Leave Plan Table page (1 of 2)



Leave Plan Table page (2 of 2)

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type, Benefit Plan,** and **Effective Date.**

The system maintains the **Accrual Process Date,** which is the date that you last ran a leave accrual calculation process for the displayed leave **Plan Type** and **Benefit Plan.**

For more information about the processing of leave accruals, see Managing Leave Plans.

The **Service Unit** is the unit by which the length of service will be calculated. You can have the system calculate the length of service by ***Hours*** or ***Months.*** If you select ***Months,*** the system will use the service date on the employee's employment record as the basis for accrued service. If you select ***Hours,*** the system uses the actual hours from the appropriate earnings code maintained by PeopleSoft Payroll.

The **Accrual Rate Unit,** on the other hand, is the unit by which the accrual rate is quoted. Accrual awards are always measured in hours, so valid **Accrual Rate Unit** values are ***Hours per Hour, Hours per Month,*** and ***Hours per Year.***

Award Frequency is a display-only field that tells you how often the leave accrual award will be given to your employees. The valid values for **Award Frequency** are ***Every Run, First Run of Month,*** and ***First Run of Year.*** **The Accrual Rate Unit determines award Frequency** as follows:

If the Accrual Rate Unit is:	*Then the Award Frequency is:*
Hours per Hour	Every Run
Hours per Month	First Run of Month
Hours Per Year	First Run of Year

Automatic Accrual Processing

If your company has programmed a special calculation method that you want to use, select **Special Calculation Routine.**

To calculate leave hours according to length of service as of January 1 of the current year, select **Service Calculation at Year Begin.** If you want to calculate leave hours according to the length of service as of the Leave Accrual Process Date, clear the **Service Calculation at Year Begin** check box. When performing this calculation, the system uses the service date in the employee's employment record.

Use **Max Leave Balance** (maximum leave balance) to enter the maximum leave hours an employee can accrue for the leave plan. If there is no maximum, enter ***99999.***

Use **Max Leave Carryover** (maximum leave carryover) to define the maximum number of hours an employee can carry from one calendar year to the next. The system will accept a zero to indicate that there is no carryover allowed. If there is no maximum, enter ***99999.***

The **Accrual Rate Values** are defined in terms of the **Service Units** and **Accrual Rate Units** that you selected in the **Accrual Calculation** group box. Enter the values that define how your employees will accrue time for this leave plan.

If you choose a **Service Unit** of ***Hours,*** the **Accrual Rate Values** group box displays the amount of hours an employee receives after a certain number of **Hours of Service.** And if you choose an **Accrual Rate Unit** of ***Hours per Year,*** the **Accrual Rate Values** group box displays the **Hours Per Year** that an employee is awarded after a certain number of hours or months of service.

The **Service Bonus Values** group box enables you to define how an employee in the plan accrues bonus hours. These are in addition to regular leave hour accruals.

If you pay employees for accrued leave time in lieu of using the time, select **Pay in Lieu of Time Off.**

If employees can be paid at termination for a portion or for all time accrued, select **Pay at Termination** and enter the **Percent to Pay at Termination** (the percentage of pay that employees will be given upon their termination).

If employees can take more hours than they have accrued, select **Allow Negative Balance.**

The values that you enter in this page are for reference only; they do not affect Leave Accrual plan processing in any way.

For leave plans that utilize annual accruals, you can use **First Year Award Values** to define a leave plan in which, during the first year of service, leave hours are prorated based on the month employment begins. **First Year Award Values** are only available when the leave plan's **Accrual Rate Unit** is ***Hours Per Year.***

Although the **Award Frequency** for annual accrual leave plans is ***First Run of Year,*** you will actually run the Leave Accrual Process each month to process the **First Year Award Values** exclusively. After their first year, employees will receive awards only on the first run of the year as planned.

For example, in this table, a new hire in January, February, or March accrues 72 hours of leave, and becomes eligible to use it in March. A new hire in April, May, or June receives 56 hours, and becomes eligible to use it in June, and so forth.

Employment Month	*Hours Earned Per Month*	*Month Eligible*
1	72	3
2	72	3
3	72	3
4	56	6
5	56	6
6	56	6
7	40	9
8	40	9
9	40	9
10	24	12
11	24	12
12	24	12

In the following year, these new hires will no longer be considered “first year” employees and will no longer receive leave accrual awards based on their **First Year Award Values.** Instead they will be receiving leave accrual awards based on the **Accrual Rate Units** defined in the **Accrual Calculation** group box.

USF Automatic Accrual Processing for Federal Employees

For Annual Leave (Plan Type 51), the **Max Leave Carryover** value for most full- and part-time employees is ***240.***

In line with Federal leave processing guidelines, employees can continue earning leave above **the Max Leave Carryover,** but all leave above the **Max Leave Carryover** will be lost if it is not taken during the leave year in which it is earned. However, this "lost" leave can be granted to employees by their supervisors under special circumstances as *restored leave.* An employee might be granted restored leave if an unusually heavy workload prevents her from taking the extra leave before the end of the year.

For more information about grandfathered leave, see *PeopleSoft Base Benefits Business Processes:* Enrolling in Leave Plans. Employees with "grandfathered" Annual Leave (Plan Type 51) in excess of their agency's leave ceiling cannot receive restored leave.

In the Restored Leave group box, you'll define parameters for the granting of restored leave to your employees. In Months Until Expiration, enter the number of months an employee will have to use leave restored to them. Most Federal agencies enter 24 months for Annual Leave (Plan Type 51) plans. If you want the system to extend the restored leave expiration to the end of the leave year, select Extend Expiration to Year End.

The **Accrual Rate Values** are defined in terms of the **Service Unit** and **Accrual Rate Unit** that you defined in the **Accrual Calculation** group box. Enter the values that define how your employees will accrue time for this leave plan. In the first column, you'll enter a value reflecting the **Service Unit** that you entered on Leave Plan Table 1. In the second column, you'll enter a value that reflects the **Accrual Rate Unit** that you defined on Leave Plan Table 1.

In the U.S. federal government, all employees use a **Service Unit** of ***Years,*** so their accrual rate will increase according to the number of years they've worked. Full-time federal employees accrue a fixed number of hours of leave per each *pay period,* so their **Accrual Rate Unit** is ***Hours per Pay Period.*** Part-time federal employees, on the other hand, accrue a fixed percentage of hours of leave for each *hour* they work, so their **Accrual Rate Unit** is ***Hours per Hour.***

For example, full-time federal employees can only accrue 4 hours of sick leave per pay period, so you'll enter a value of *4.0* in the Hours per Pay Period field of Leave Plan Table 2. Part-time employees, on the other hand, accrue sick leave at the rate of 1 hour for every 20 hours worked, so you'll enter a fractional value, *0.05,* in the Hours per Hour field on Leave Plan Table 2.

The example presented displays the accrual rates for full-time U.S. federal government employees in the Annual Leave plan. For up to three years of service, full-time employees that you enroll in this plan accrue 4 hours of leave per biweekly pay period; for years 3–14, those employees accrue 6 hours leave per biweekly pay period; thereafter, full-time employees accrue 8 hours of leave per biweekly pay period.

Full-time federal employees who have 3 to 14 years of service also accrue 4 extra hours of annual leave in the last full pay period of the calendar year. The Hours in Last Pay Period column has been designed as a place where that regular accumulation of hours can be entered into the system so it does not get left out of leave accrual processing.

As previously stated, annual leave for part-time federal employees is calculated on an "hours per hour" basis. You'll fill out the **Accrual Rate Values** for part-time federal employees as follows:

After Years of Service	*Hours Per Hour*	*Hours in Last Pay Period*
0	0.05	
3	0.076923	
15	0.1	

We strongly recommend that when you establish your leave plans you also group your employees by full- or part-time status, their common leave ceilings, and their leave accrual rates.

Setting Up FMLA Plans

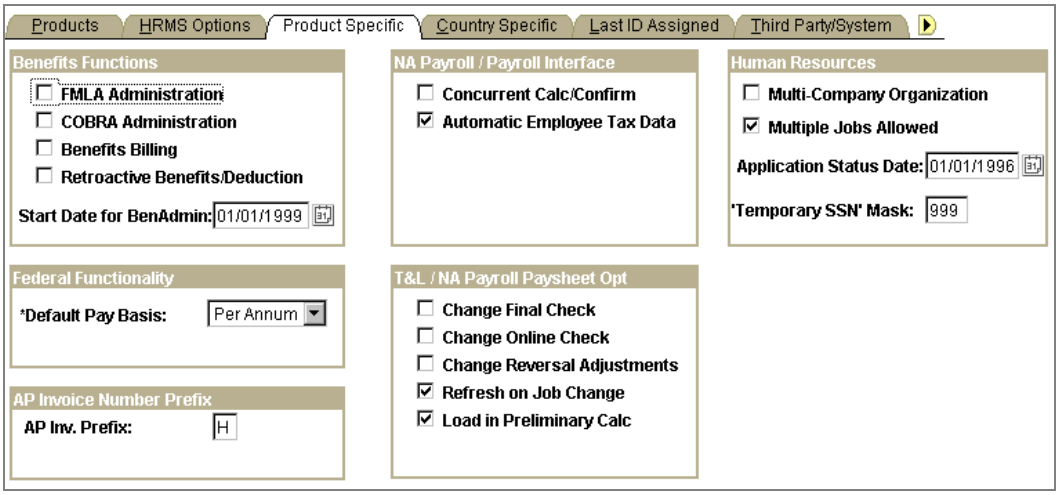
The Family Medical Leave Act (FMLA) protects health benefits and job restoration for U.S. employees who must take a leave from work to care for themselves or family members. FMLA contains provisions regarding employer coverage, employee eligibility and entitlement, notice and certification, continuation of health benefits, and job restoration.

Because an FMLA plan is an entitlement type of leave plan, it is managed separately from your other enrolled leave plans. To set up your FMLA plans, you'll first need to make sure that FMLA Administration is selected on the Installation Table. Then you'll use the FMLA Plan Table to define your FMLA plans and set up the parameters that will determine how they are administered.

For more information about administering your FMLA plans, see Managing FMLA.

Before You Begin - Activating FMLA Administration

Usage	You'll use the Product Specific page of the Installation Table to select FMLA Administration.
Navigation	**Define Business Rules, Define General Options, Setup, Installation Table, Product Specific**



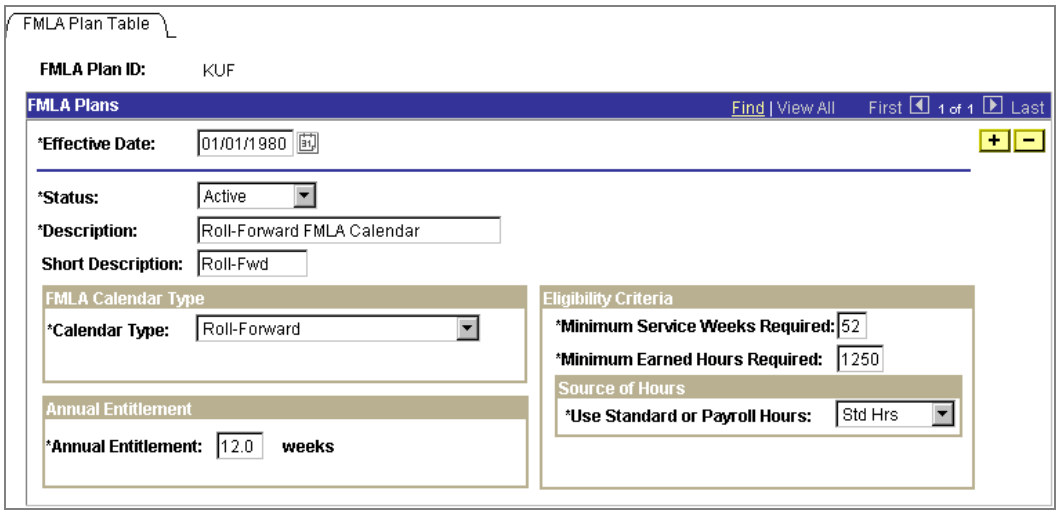
Installation Table - Product Specific page

Select **FMLA Administration** to gain access to pages and fields that enable you to set up and administer FMLA plans and manage FMLA balances.

Setting Up FMLA Plans for U.S. Companies

Usage	Use the FMLA Plan Table page to define your FMLA plans and set the basic parameters within which those FMLA plans will be administered.

Object Name	FMLA_PLAN_TBL
Navigation	**Define Business Rules, Define Base Benefits, Setup, FMLA Plan Table, FMLA Plan Table**
Access Requirements	Enter the FMLA Plan ID.



FMLA Plan Table page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date, Status, Description,** and **Short Description.**

FMLA Plan ID When you open this page to define or view details for an FMLA plan, you'll be prompted for the unique **FMLA Plan ID** that defines the plan that you want to work with.

FMLA Calendar Type

Calendar Type Employees eligible for FMLA protected leave are entitled to at least twelve weeks of FMLA protected leave during each twelve month "FMLA year." There are three different ways to define the FMLA year, and you'll choose one of them for your FMLA plan in the **Calendar Type** group box.

A ***Fixed Calendar*** defines a twelve-month period with a specific starting date that is defined with the Begin Month and Begin Day fields. It can be the calendar year, fiscal year, or a twelve-month period that is defined by state law. Employees with Fixed Calendar FMLA leave plans are entitled to the defined annual entitlement less any FMLA protected leave taken in the current fixed calendar year.

If you select ***Roll-Forward,*** the FMLA year will begin when employees take an FMLA protected leave and ends twelve months later. Their next FMLA year will begin with the first FMLA protected leave they take after the first twelve-month FMLA year has passed.

If you select ***Roll-Backward,*** the FMLA year is counted backwards for twelve months from the time that employees take FMLA protected leave. If the employee has taken FMLA leave in the year previous to their scheduled FMLA leave start date, that amount of leave will be subtracted from their Annual Entitlement for the upcoming FMLA protected leave request.

Annual Entitlement

Annual Entitlement

Annual Entitlement defines the number of weeks of FMLA protected leave that employees are entitled to every FMLA year. The default value for this field is twelve weeks. Employers can opt to give their employees a more generous FMLA entitlement than twelve weeks, but not a more restrictive one.

In all three FMLA calendar types, employees are entitled to the defined **Annual Entitlement** less any FMLA protected leave taken in the previous twelve months. For example, an employee who has not taken FMLA protected leave in the FMLA year is entitled to the **Annual Entitlement.** An employee who has taken three weeks of FMLA protected leave in his or her FMLA year is only entitled to the **Annual Entitlement** less three weeks of leave after their request for FMLA protected leave is approved.

Eligibility Criteria

Eligibility Criteria

In the **Eligibility Criteria** group box, you'll define the employee eligibility requirements for this FMLA plan.

Minimum Service Weeks/ Earned Hours Required

Use **Minimum Service Weeks** and **Earned Hours Required** to define the length of service requirements that must be met before an employee is eligible for FMLA coverage. According to the standards set by the Family Medical Leave Act, the values for these fields cannot be greater than 52 weeks (12 months) and 1,250 hours, respectively.

Under FMLA, employees must work for the number of weeks specified in **Minimum Service Weeks** in order to qualify for FMLA coverage. Working any portion of a week will count as a full week of employment, which enables part-time and seasonal employees to meet this requirement. The weeks of employment are also not required to be consecutive, which means that employees rehired after a gap in employment may still meet this requirement. The **Earned Hours Required** field enables the definition of a specific number of hours (up to 1,250) that an employee must have worked for the company during the previous 52 weeks in order to qualify for FMLA coverage.

Source of Hours

If you use PeopleSoft Payroll, you can use **Source of Hours** to define how the **Earned Hours Required** and the entitlement hours are calculated. Select ***Std Hrs*** (standard hours) if you want to calculate the earned hours using standard hours per workweek. The system determines standard hours per workweek from the employee's Job record effective as of the leave begin date.

Select ***Pay Hrs*** (payroll hours) to calculate the standard hours using the actual hours worked per week during the 52 weeks prior to the request begin date. Because it calculates the ***actual*** hours worked per week, ***Pay Hrs*** provides more accuracy for employees who work on an irregular schedule.

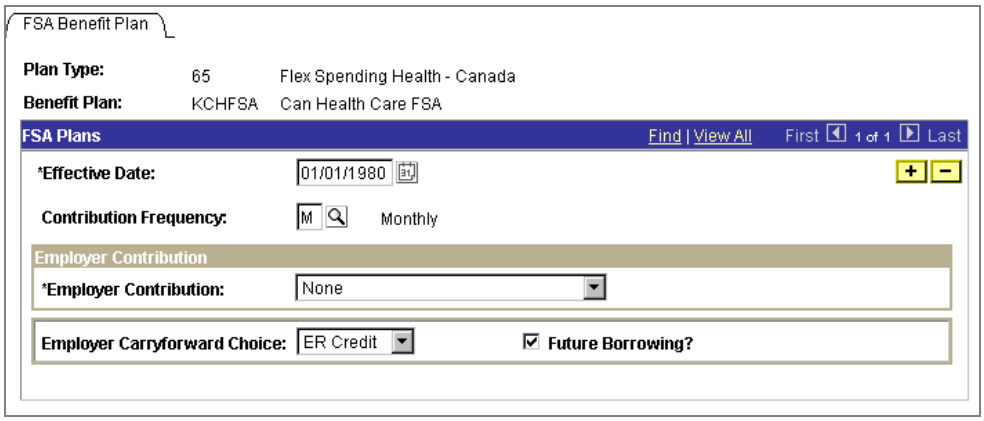
Note. If you do not use PeopleSoft Payroll, the ***Pay Hrs*** option will not be allowed and the ***Std Hrs*** option will be the default.

If PeopleSoft Payroll hours are to be used, you must establish an FMLA Hours Special Accumulator to track FMLA hours. Special accumulators and their codes are defined through the Special Accumulator Table.

For more information about special accumulators, see PeopleSoft 8 Base Benefits, "Organizing Payroll Information for Base Benefits".

FSA Benefits Table Page

Usage	You'll use the FSA Benefits Table to define details for each of your FSA plans. The FSA Benefits Table is designed to handle two Canadian plans: • Plan Type 65 for Canadian Health Care FSA accounts. • Plan Type 66 for Canadian Retirement Counseling accounts.
Object Name	FSA_BENEFITS_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, FSA Benefits Table, FSA Benefit Plan Table**
Prerequisites	Create a plan type and benefit plan.
Access Requirements	Plan Type, Benefit Plan



FSA Benefits Table page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type, Benefit Plan,** and **Effective Date.**

FSA Plans

Contribution Frequency To define how you quote amounts for this FSA benefit plan, select the appropriate **Contribution Frequency.** If, when entering an employee's FSA election, an employee contribution percentage is specified in addition to an annual pledge, it is specified in terms of this **Contribution Frequency.**

Employer Contribution

Employer Contribution Use **Employer Contribution** to define the amount the employer contributes.

None: No employer match is contributed.

Flat Amount: Matches the employee contribution with a flat amount that you enter up to the chosen percent limit.

Percent of Employee Contribution: Matches a percent of the employee contribution that you enter up to a limit that you define.

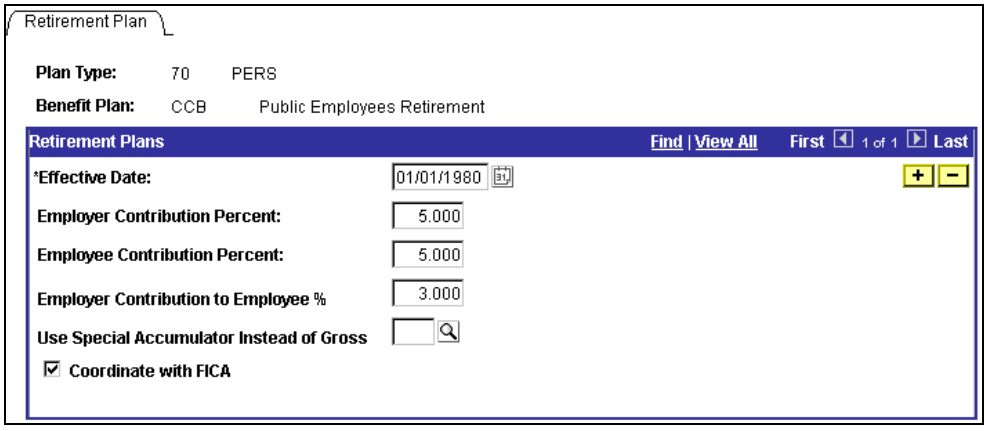
Special Calculation Routine: Uses a special routine not supported by the standard PeopleSoft system. To use this option, your organization must customize your COBOL programs.

Employer Carryforward Choice For Canadian FSA Plans. This enables you to carry forward credit or claim amounts from one plan year to the next by selecting either ***ER Claim*** (Employer Selected Claim Carry Forward), or ***ER Credit*** (Employer Selected Credit Carry Forward).

Future Borrowing For Canadian FSA Plans. Select this check box if you want the plan to allow its enrollees to spend FSA credits prior to their inclusion within the plan year.

Retirement Plan Page

Usage	Use the Retirement Plan page to define retirement plan detail for PERS, the California Public Employees Retirement System. For U.S. Federal Government, the system comes pre-loaded with all the standard Federal Retirement plan options.
Object Name	RTRMNT_PLAN_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Retirement Plan Table, Retirement Plan Table**
Access Requirements	Enter the plan type and benefit plan.



Retirement Plan Table page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type, Benefit Plan,** and **Effective Date.**

Retirement Plans

Employer Contribution Percent — Use **Employer Contribution Percent** to define the amount the employer contributes to the plan.

Employee Contribution Percent — Use **Employee Contribution Percent** to define the amount the employee contributes to the plan.

Employer Contribution to Employee % (employer contribution to employee percentage) — **Employer Contribution to Employee %** enables you to define how much the employer contributes to the employee's total contribution percentage.

Use Special Accumulator Instead of Gross — The system normally uses employee total gross for calculations. To have the system use a special accumulator instead of the total gross, enter the desired accumulator code here.

To use a special accumulator, work with your Payroll department to define the code and its detail. You can set up special accumulators—as many as you need—to process savings, retirement, and pension plans.

Coordinate with FICA — Select this check box if you want the system to coordinate the calculation of retirement benefits with FICA.

For more information about how special accumulators are set up, see Defining Special Accumulators.

Federal Retirement Plans

Federal employees who are enrolled in FERS retirement plans are automatically enrolled in a TSP 1% Agency Contribution plan as well. In this plan, each pay period the employee's agency contributes an amount equivalent to 1% of the employee's basic pay for that pay period to the employee's TSP account. The TSP 1% Agency Contribution plan is predefined; its benefits do not take the place of those offered by other retirement plans. Employees enrolled in the TSP 1% Agency Contribution plan will receive these contributions whether or not they contribute their own money to their TSP accounts.

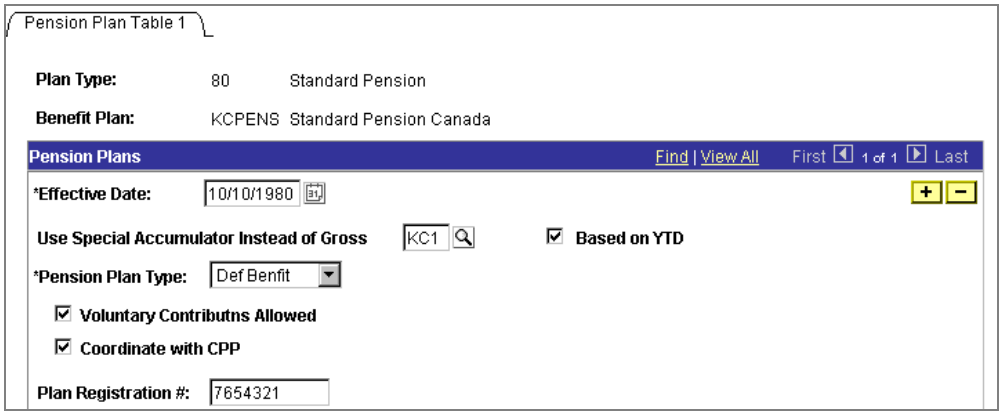
For more information about the TSP 1% Agency Contribution plan, see Enrolling Employees in the TSP Agency Automatic Contribution Plan.

Select OASDI Offset and Subject to OASDI for retirement plans that have their employee retirement plan contributions offset by employee contributions to OASDI. The system will

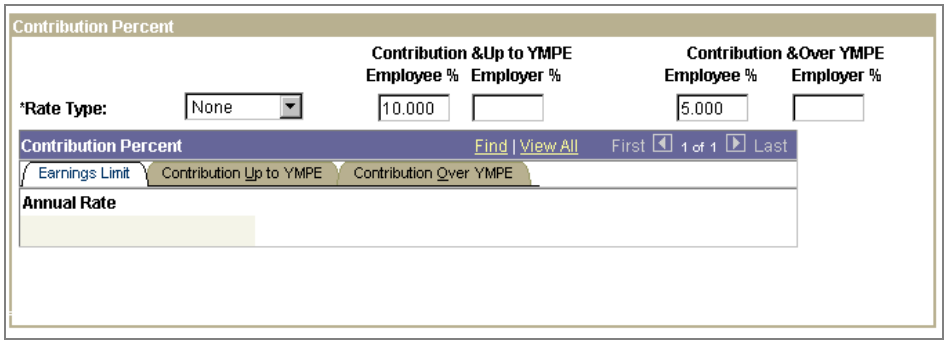
reduce employee retirement plan contributions by their OASDI contribution amount until they reach a maximum OASDI/FICA contribution level.

Pension Plan Table (CAN) Page

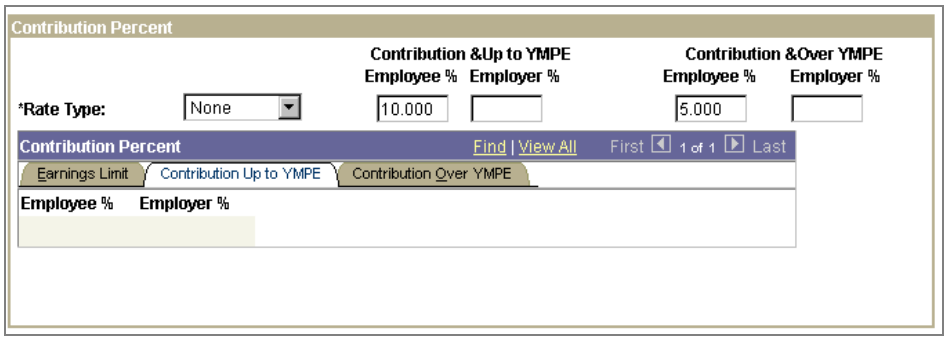
Usage	Use the Canadian Pension Plans Table to identify and define the details for your Canadian pension plans (Plan Types *80* and *81*).
Object Name	PENSION_PLAN_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Pension Plan Table (CAN), Pension Plan Table 1**
Prerequisites	Set up any Special Accumulator that you want to use in this pension plan.
Access Requirements	Enter the plan type and benefit plan.



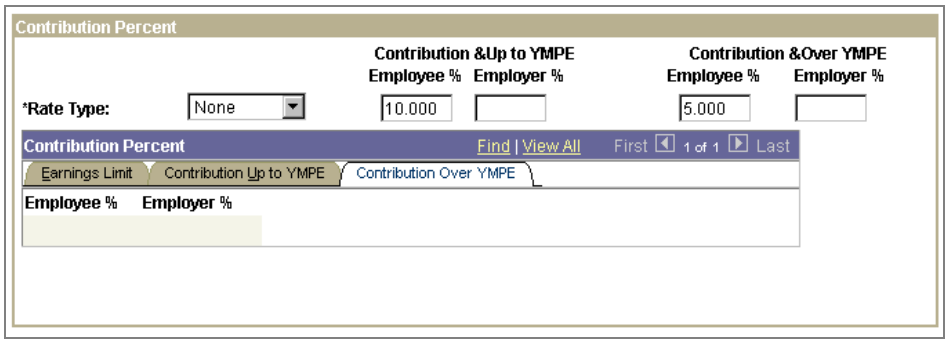
Pension Plan Table 1 page (1 of 5)



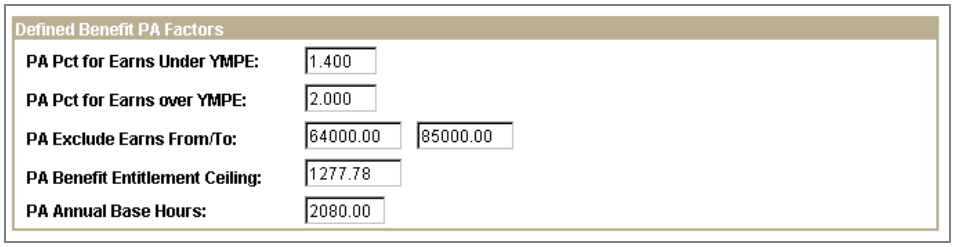
Pension Plan Table 1 page (2 of 5)



Pension Plan Table 1 page (3 of 5)



Pension Plan Table 1 page (4 of 5)



Pension Plan Table 1 page (5 of 5)

Plan Type The system displays the **Plan Type** that you entered to access the Pension Plan Table. The system validates the code against the **Plan Type** that you defined in the Benefit Plan Table.

Benefit Plan The system displays the **Benefit Plan** that you entered to access the Pension Plan Table. The system validates the code against the **Benefit Plan** code that you defined in the Benefit Plan Table.

Effective Date Select the date on which the Pension Plan went into effect.

Use Special Accumulator Instead of Gross

The system normally performs pension plan calculations based on employee total gross. To use a special accumulator to specify the earnings that you want included in the pension calculations, enter that code in **Use Special Accumulator Instead of Gross.**

If you use a special accumulator, work with your Payroll department to define the code and details. You can define several special accumulators—as many as you need—to process savings, retirement, and pension plans.

Based On YTD

Select **Based on YTD** only if you identified a Special Accumulator in the **Use Special Accumulator Instead of Gross** field.

If you select **Based on YTD**, the system will add the current period special accumulator earnings to the special accumulator year-to-date balance. If you do not select the check box, the system will take the current pay period special accumulator earnings and annualize them based on the number of pay periods in the year.

Pension Plan Type

Select the type of pension plan. You can choose from:

Def Benfit (defined benefit): ***Def Benfit*** calculates the pension credit and does not maintain a pension adjustment balance for the employee.

Defined benefit pension credits must be calculated based on the retirement benefits accrued by each employee, according to the provisions of the plan and the plan year. The system doesn't have the information to perform this calculation.

MoneyPurch (money purchase): ***MoneyPurch*** calculates the pension credit for the current period as the total of all employee and employer contributions to the plan. The system posts the total of all pension credits for the period (an employee can be enrolled in more than one pension plan at the same time) to the Pension Adjustment Year-To-Date balance for the employee.

If your pension plan has been defined as a money-purchase type, the Pension Adjustment (PA) amount is automatically calculated and maintained by the pay confirmation process and represents a combination of the employee and employer contributions.

Non Qual (nonqualified)

Qualified

Voluntary Contributns Allowed (voluntary contributions allowed)

To allow employees that you enroll in the plan to make voluntary contributions *above* the amount that you define for the plan, select **Voluntary Contributns Allowed.**

Coordinate with CPP

Use **Coordinate with CPP** to indicate whether you want the system to reduce the calculated contribution amount for *both* the employee and the employer by the amount contributed to the Canada Pension Plan (CPP) for the current pay period. If so, select **Coordinate with CPP.**

Warning! When you define the pension contribution as a before-tax deduction, the system calculates the amount to deduct before it performs the normal tax calculation. When you select Coordinate with CPP, the system performs a special CPP/QPP calculation prior to calculation of the pension contribution. To ensure that CPP/QPP is correctly calculated, you or your payroll department must define the pension benefit deduction priority as lower (a higher number) than all taxable benefits.

Plan Registration #

Use **Plan Registration #** to define the registration number for the pension plan. The system uses the **Plan Registration #** for reporting on the T4 tax form at the end of the year.

Contribution Percent

Use the **Contribution Percent** group box to define the employer and employee contribution percentages. The **Rate Type** that you select determines the information you will need to provide.

Rate Type

Select a **Rate Type.** You can choose:

Fixed Rate: If you select ***Fixed Rate,*** the Pension Rate Table becomes available and you must enter the rates that will be used to process the employee and employer contributions. This is based on YTD earnings and should not be selected even if a special accumulator is used. If more than one set of rates apply, it is recommended that you use ***Slide Rate.***

None: If you choose ***None,*** use the fields to the right to define the rates.

Slide Rate: If you select ***Slide Rate,*** the Pension Rate Table becomes available and you must enter the rates that will be used to process the employee and employer contributions. To avoid setup problems, define your rates in both **Contribution Up to YMPE and Contribution Over YMPE** for each **Earnings Limit** and ensure that a "ceiling" Earnings Limit is entered that cannot be exceeded by annualizing an employee's pay. Otherwise, an error message will be reported during the pay calculation run.

Contribution Up to YMPE, Contribution Over YMPE, Employer %, Employee %

To define rates that are not based on a table, select ***None*** in the Rate Type field and use Contribution Up to YMPE, Employee % and Employer %, and Contribution Over YMPE, Employee % and Employer %.

YMPE is an acronym that stands for Yearly Maximum Pensionable Earnings—an amount set by the government upon which CPP/QPP contributions are made. It is a ceiling, and excess earnings on this ceiling are not subject to CPP/QPP contributions.

Pension Rate Table

To define fixed or sliding rates, select either ***Fixed Rate*** or ***Sliding Rate*** in the **Rate Type** field and enter **the Annual Limit, Employer %** and **Employee %.**

For example, you may enter three sets of rates. And you may enter limits of $20,000, $60,000, and $80,000, respectively, for the rates.

When the system processes an employee pension contribution for pensions defined using fixed rates, it looks for the set of rates with the lowest associated **Earnings Limit** that is greater than employee annual earnings. If employee annual earnings exceed the highest **Earnings Limit** amount, the system uses the rates associated with the highest amount.

When the system processes an employee pension contribution for pensions with sliding rates, it splits the earnings between different rate levels up to employee annual earnings.

An example for fixed rates: n employee with annual earnings of $50,000 uses rates associated with the $20,000 **Earnings Limit** for the first $20,000, and uses rates associated with the $60,000 **Earnings Limit** for the remaining $30,000.

An example for sliding rates: an employee with annual earnings of $50,000 uses the rates associated with the $60,000 **Earnings Limit.** If the annual earnings for another employee are $90,000, the system would use the rates associated with the $80,000 **Earnings Limit.**

Defined Benefit PA Factors

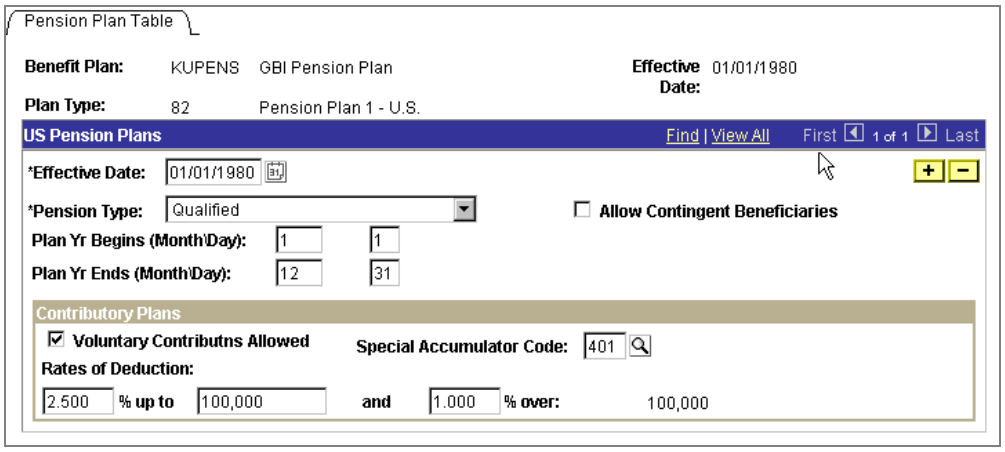
If you want to use the SQR program TAX104CN as a template Pension Adjustment Calculation Routine, complete the Defined Benefit PA Factors group box. TAX104CN calculates and loads the appropriate balance records. To complete the group box, contact your pension administrator or an appropriate governing office. The only optional field in this group box is **PA Annual Base Hours.** If this field is blank, the system will apply the employee's Standard Work Hours from Job Data - Job Information to perform the calculation.

If your pension plan has been defined as a money purchase type, the Pension Adjustment (PA) amount is automatically calculated and maintained by the pay confirmation process and represents a combination of the employee and employer contributions.

If you have Pension Plans set up as defined benefit plans, you'll leave the Pension Adjustment amounts in the **Defined Benefit PA Factors** group box blank. Typically, you will generate the Pension Adjustment amounts using an external service provider, or perhaps an internal process, outside of the PeopleSoft application. Once the information is calculated, you must import it into PeopleSoft.

Pension Plan Table (U.S.) Page

Usage	The Pension Plan Table (U.S.) is for organizations that utilize U.S. Defined Benefit pension plans. Use it to define details for these plans. U.S. pension plans are also regulated by PeopleSoft's Pension Administration application. For more information about how Pension Administration works, see your PeopleSoft 8 Payroll for North America.
Object Name	PENS_PLAN_TABLE_US
Navigation	• **Define Business Rules, Define Base Benefits, Setup, Pension Plan Table (U.S.), Pension Plan Table (US)** • **Define Business Rules, Define General Data (NLD), Setup, Pension Plan Table, Pension Plan Table (US)**
Access Requirements	Enter the plan type and benefit plan.



Pension Plan Table page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type, Benefit Plan,** and **Effective Date.**

Pension Type Select the type of pension from the list of available options.

Allow Contingent Beneficiaries Select the **Allow Contingent Beneficiaries** check box if the plan allows nonspouse beneficiaries.

Plan Yr Begins (Month/Day) (plan year begins [month/day]) Specify the month and day when your plan year begins. A plan year normally ends the day before the next one begins. However, if you change your plan year, the row for the resulting short plan year will have nonconsecutive beginning and end dates.

Warning! Be sure to include a row for the short plan year. Failure to do this can cause calculation errors.

Plan Yr Ends (Month/Day) Specify the month and day when your plan year ends. Normally, this day is one day before the next year begins.

Contribution Plans

You will only incorporate U.S. pension plans **(Plan Types *82–87*)** into a manual or automated benefit program if the plan is defined as a *contributory* plan in which the employee contributes some portion of their earnings to the plan.

The system makes no determination as to whether the rules that you set up meet Internal Revenue Code qualification standards. Such compliance is your responsibility.

Voluntary Contributns Allowed — If the plan allows voluntary contributions, select the **Voluntary Contributns Allowed** check box. There are no parameters for defining voluntary contribution rates; these are established on an employee-by-employee basis when you enroll employees in the plan.

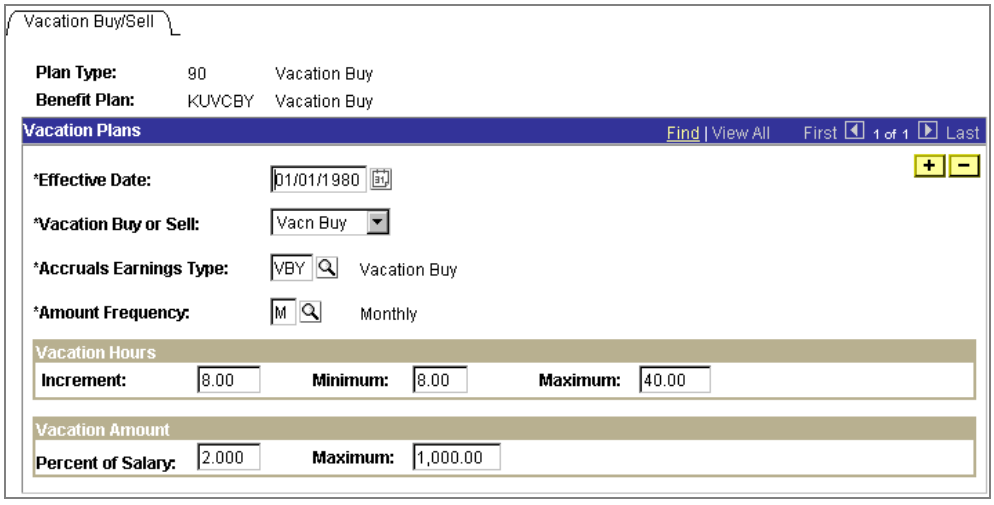
Special Accumulator Code — Enter the **Special Accumulator Code** that tracks pensionable earnings.

Rates of Deduction — Enter the contribution rates in the **Rates of Deduction** field. You can have different rates above and below a threshold. For example, employees can contribute 2% of earnings up to $50,000 and 3% of earnings above that. Enter the rate up to the threshold in the first **Rates of Deduction** field, the threshold in the next field, and the rate beyond the threshold in the final field.

If the threshold changes—for example, if you use the Taxable Wage Base (TWB) as the threshold—you'll insert additional effective-dated rows to record the changes.

Vacation Buy/Sell Table Page

Usage	Use the Vacation Buy/Sell Table to define detail for the vacation buy/sell benefit plans your company offers.
Object Name	VACATION_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Vacation Buy/Sell Table, Vacation Buy/Sell Tbl Listing**
Access Requirements	Enter the plan type and benefit plan.



Vacation Buy/Sell Table page

When you define details for a vacation buy/sell plan, first identify the plan by entering the appropriate **Plan Type** and **Benefit Plan** codes at the system prompt. The system validates

the codes that you enter against the **Plan Type** and **Benefit Plan** codes that you defined in the Benefit Plan Table.

The system displays the Vacation Buy/Sell Table, showing the **Plan Type** code and description and the **Benefit Plan** code and description. Review this information to verify this is the vacation buy/sell plan for which you want to define details.

Define **Vacation Buy or Sell** by selecting either ***Vacn Buy*** (Vacation Buy) or ***Vacn Sell*** (Vacation Sell). ***Vacation Buy*** is Plan Type 90 in the system we deliver. ***Vacation Sell*** is Plan Type 91.

Use **Accruals Earnings Type** to identify the earnings type for the plan. When employees buy vacation, accrual balances increase. When employees sell vacation, accruals decrease. The **Accruals Earnings Type** is defined through the PeopleSoft Payroll Earnings Table

Amount Frequency enables you to define the rate at which to store and calculate the value of vacation hours an employee buys or sells. This field is independent of pay period.

When an employee buys or sells vacation, two kinds of data are affected: leave accruals and pay. The first time you process leave accruals after an employee buys or sells vacation hours, you will see current leave accrual balances, based on the total vacation hours bought or sold. However, for employee pay, PeopleSoft Payroll spreads the vacation buy or sell amount over the remainder of the calendar year. This is done with the help of the **Amount Frequency** and **Accruals Earnings Type** that you define.

For more information about processing leave accruals, see Managing Leave Plans. Vacation buy/sell processing is summarized in Managing Vacation Buy/Sell Plans.

Use **Vacation Hours** and **Vacation Amount** to define the vacation employees can buy or sell.

According to the **Increment, Minimum,** and **Maximum** hours that you define, and according to the **Vacation Amount Percent of Salary** and **Maximum,** the system validates the vacation buy/sell hours that you enter for employees that you enroll in the plan.

For example, according to the definitions that you enter here, when an employee buys or sells vacation the system verifies that the amount is at least the **Minimum,** not more than the **Maximum,** and in the **Increment** that you define. The system also verifies that the value of the hours bought or sold does not exceed the **Percent of Salary** or the **Maximum** amount.

CHAPTER 5

Setting Up and Managing 403(b) Savings Plans

The United States federal government has defined a type of pension plan specifically for employees of nonprofit organizations. Public schools, colleges, and universities most often use 403(b) plans; however, nonprofit hospitals and charities use them as well.

In this section, we'll discuss what 403(b) plans are, how to set up 403(b) plans, and how to manage 403(b) plans.

Understanding 403(b) Plans

The 403(b) Plan is a Tax Deferred Annuity Plan under which public schools, colleges, universities or certain other organizations are tax exempt. Section 403(b) plans are also known as *retirement plans*, *403(b) arrangements*, or *tax sheltered annuities*.

403(b) plans are governed by Sections 403(b), 402(g), and 415. That means they are subject to the 403(b), 402(g) and 415(c) limits. A 403(b) plan can be defined with the ability to calculate formula-driven maximum contribution amounts. It also includes contributions to other pre-tax savings plans that count toward a maximum deferral amount.

Ways to Contribute to 403(b) Savings Plans

Contribution Method	*Description*
Salary Reduction Contribution	An elective that the employee chooses to have set aside from his income on a before-tax basis.
Non-Salary Reduction Contribution	A non-elective deferral that constitutes the employer's basic or matching contribution.
Employee After-Tax Contribution	An employee after-tax contribution that is subject only to the 415 limits.

Limits to How Much You Can Contribute

Limit	*Description*
402(g)	An amount set by the government that defines how much an employee can contribute during the calendar year to an annuity through elective deferrals on a tax-deferred basis. For the year 2000, this tax-deferred limit is $10,500.
403(b)	This is usually referred to as the Maximum Exclusion Allowance or MEA. This figure governs the catch-up amounts for an employee who did not contribute the maximum amounts allowed in previous years. This amount is calculated by: 1. Multiplying the employee's eligible earnings by 20%. 2. Multiplying that figure by the employee's total years of service. 3. Subtracting prior year's pretax contributions.
415(c)	This limit states that the amount of an employee's year-to-date contributions to a defined savings plans cannot exceed 25 percent of the employee's eligible earnings, nor can their contributions exceed a flat annual amount of $30,000 for the year 2000.

Setting Up 403(b) Plans

To set up a 403(b) plan:

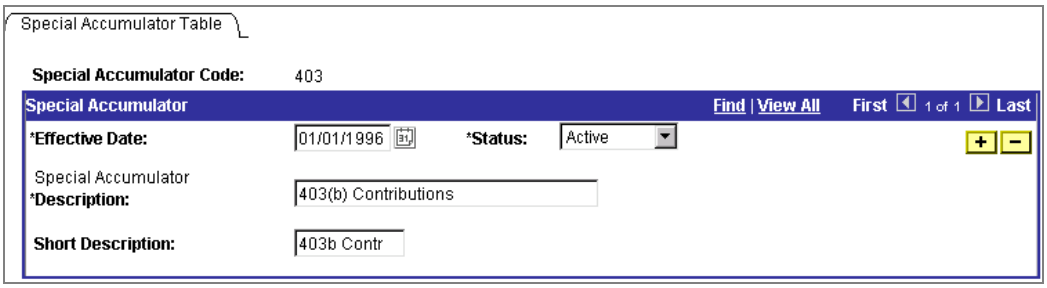
1. Establish a special accumulator to tie 403(b) earnings together.
2. Set up a deduction code to calculate 403(b) contributions. To learn how to set up a deduction codes, see Defining Benefit Deductions.
3. Define the 403(b) savings plan using plan type 46, 47, or 48.
4. Define the 403(b), 402(g), and 415(c) limits.
5. Link the components together on the Benefit Program Table. To learn how to link the components together, see Building Base Benefit Programs.

Setting Up 403(b) Special Accumulators

Sometimes it is necessary to define an employee's earnings based on specific types of earnings rather than total gross earnings. Special Accumulators act like a bucket accumulating only the earning types you want included in determining the employee's earnings.

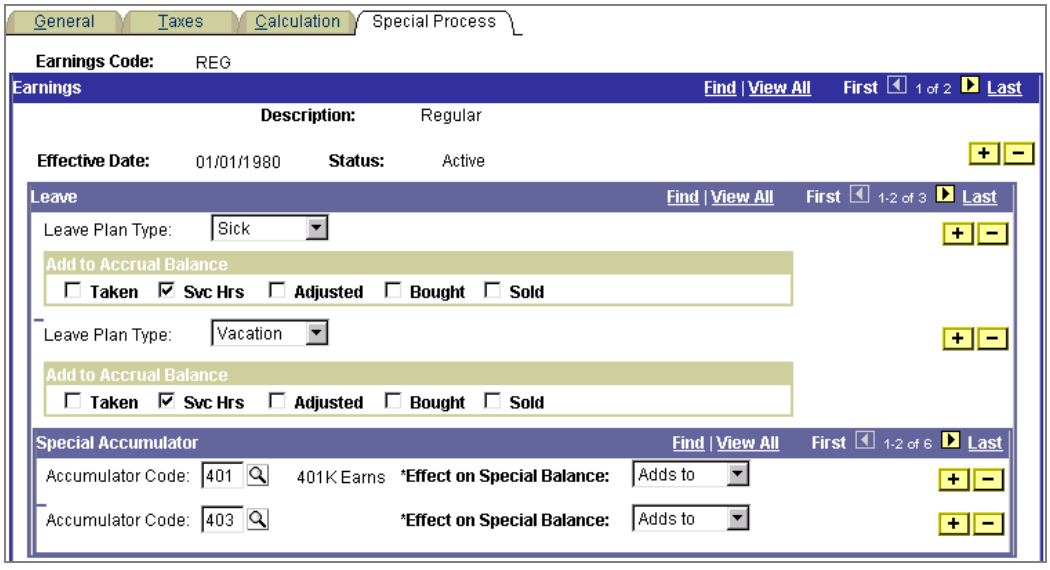
Some government regulations require that only specific types of earnings be used when calculating an employee's total earnings. Both the 403 and 415 limit processing require a special accumulator.

You first name the special accumulator using the Special Accumulator Table.



Special Accumulator Table page

Next, link the eligible earnings types to the 403(b) accumulator using the Earnings Table. Typically, you will want to set up the earnings to add to the special accumulator.



Special Process page

Defining 403(b) Plans

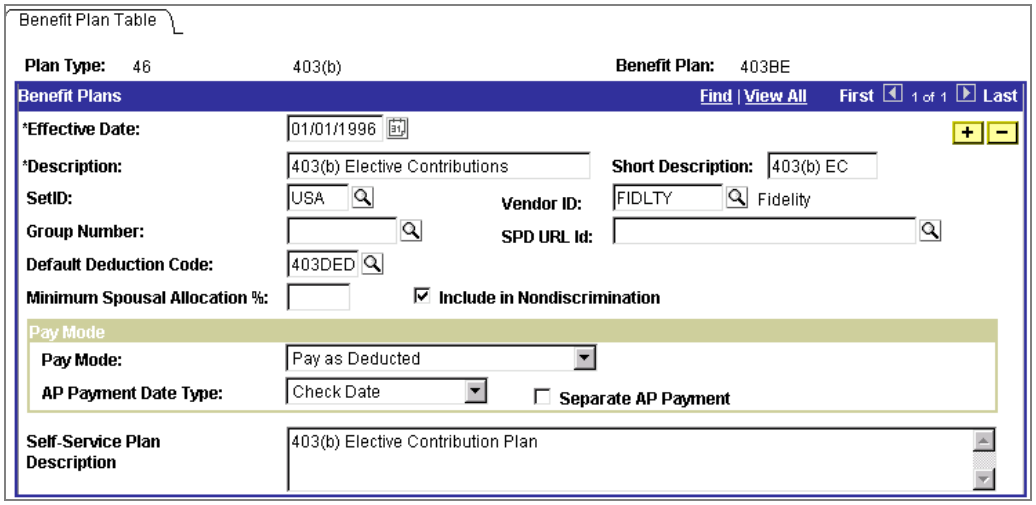
The next step is to define the 403(b) plan itself. You will use two tables to define the plan:

- Use the Benefit Plan Table to name the plan and enter basic information identifying the provider for the plan, the group number, and the default deduction code.
- Use the Savings Plan Table to set up your organization's rules for the plan. This is not the government rules for the plan. This sets up your organization's objectives for this plan.

Benefit Plan Table

The 403(b) is a complex savings plan that requires several different plans to be set up in order to ensure accurate contribution calculations. Here's a summary of the 403(b) plans available:

Plan Type	*Used For*
46	Employee elective contributions
47	Employee non-elective contributions
48	Employer only contributions

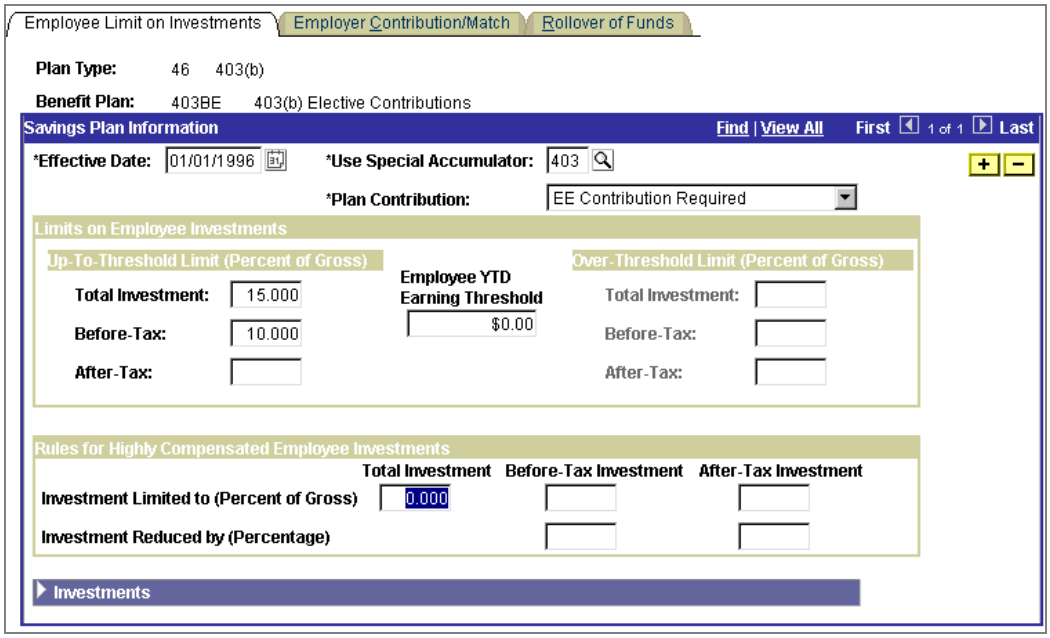


Benefit Plan Table page

Savings Plan Table

When designing 403(b) plans, you need to consider the organization's objectives or rules for the plan.

- Will there be limits on the amount an employee can invest per year?
- Will there be limits on the amount a highly-compensated employee can invest per year?
- Will the employer be contributing to the savings plan?
- Will rollovers be allowed?
- What investment options will be offered?



Employee Limit on Investments page

For more information about defining benefit plans, see Setting Up Benefit Plans. For more information about defining saving plans detail information, see Setting Up Savings Plans.

Defining Limits

403(b) plans are subject to 402(g), 403(b), and 415 limits. When you set up a limit, you will want to know:

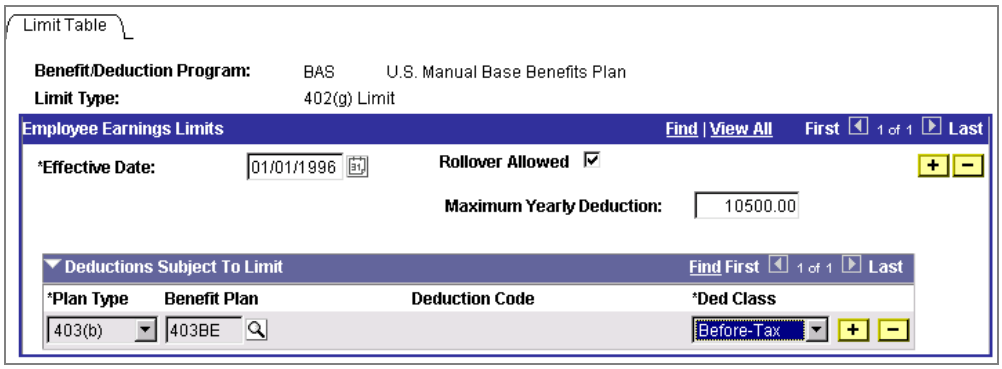
- What deductions are affected by this limit, and how are they affected?
- Are rollovers allowed if the limit is met?
- What Special Accumulator will be used to determine the employee's eligible earnings?
- For the 403 and 415 Limits, which deductions add to or subtract from the Special Accumulator?

Setting Up the 402 Limit

The 402 limit imposes a flat dollar annual limit on the amount an employee can contribute as an elective deferral. The maximum amount an employee can contribute on a before-tax basis for year 2000 is $10,500.

The system is set up so that the deduction process will stop taking the deduction when the $10,500 limit is met. Unless the employee is enrolled in a rollover account, any excess amount will be refunded back into the employee's paycheck.

For the 402 Limit, simply enter the effective date and the maximum contribution amount, and then all the deductions that are subject to the limit.



Limit Table page

Setting Up the 403(b) Limit

This figure governs the catch-up amounts for an employee who did not contribute the maximum amounts allowed in previous years.

To calculate this figure:

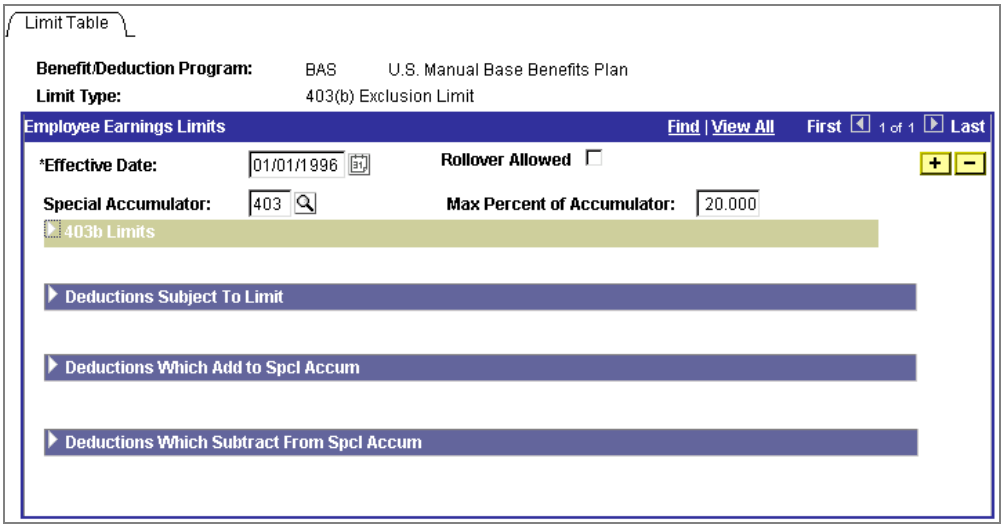
1. Multiply the employee's eligible earnings by 20%.
2. Multiply that figure by the employee's total years of service.
3. Subtract prior year's pretax contributions.

When setting up the 403(b) limit, you need to focus on the Maximum Percentage of Eligible Earnings and the 403(b) Limits sections. The other group boxes function the same as with any other saving plan.

For more information about deductions subject to limits and deduction, which add to or subtract from special accumulators, see Defining Limits.

Setting Up Maximum Percentage of Eligible Earnings

To begin setting up the 403(b) limit, first enter the effective date, indicate whether rollovers are allowed, indicate the special accumulator that will identify the eligible earnings, and the maximum percentage amount of the special accumulator as defined by the current government regulations.



Limit Table page

Setting Up Alternatives

With the 403(b) plan, you can choose alternate limiting, which in some cases bypasses parts of the 415 limit rules. Alternatives are designed to help those employees, who didn't contribute the maximum allowed earlier in their careers, to *catch up* on their contributions.

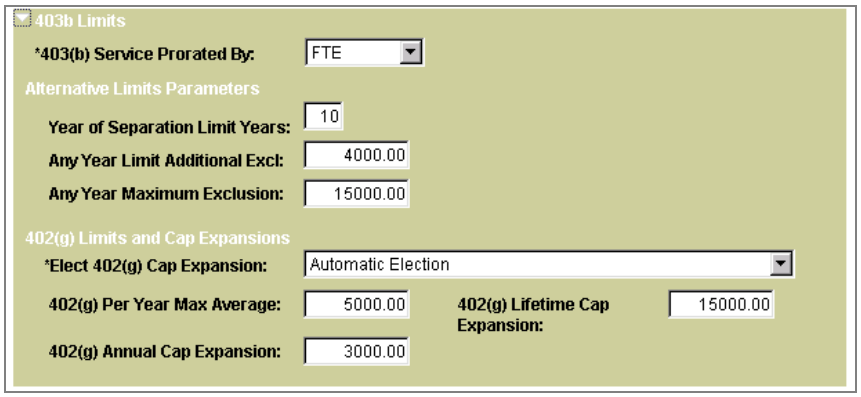
The 403(b) Service Prorated By field identifies whether the 403(b) service year calculation, which occurs during the Projections Process, should prorate service years by FTE or Standard Hours. FTE or standards hours are pulled from the employee's job record.

The Alternative Limit Parameters section contains government regulated parameters and should be populated with the currently approved government standards.

- Years of Separation Limit uses the last specified calendar years of data —currently that is 10—instead of lifetime data to recalculate the MEA. The 25% rule of the 415 limit is ignored. You can only use the Year of Separation Limit in the last year of the employee's employment. Elective deferrals are still subject to the 402(g) limits.

- Any Year Limit allows you to used a modified 415 limit of 25% of your eligible earnings plus $4,000, with a maximum of $15,000 per year. Elective deferrals are still subject to the 402(g) limit.

The 402(g) Limits and Cap Expansions section contains government-regulated parameters and should be populated with the currently approved government standards.



Setting Up the 403(b) Limits section

Setting Up the 415 Limit

Section 415 Limits is a set of federal regulations limiting the total amount an employee may contribute to defined savings plans. The basic Section 415 rule goes like this: An employee's year-to-date contributions to defined savings plans cannot exceed 25 percent of the employee's eligible earnings, nor can their contributions exceed a flat annual amount of $30,000 for the year 2000. If, for a given payroll, the employee's contribution will result in these limits being exceeded, the contribution must be reduced to fall within the limits.

For more information about the 415 Limit, see Defining Limits.

Managing 403(b) Plans

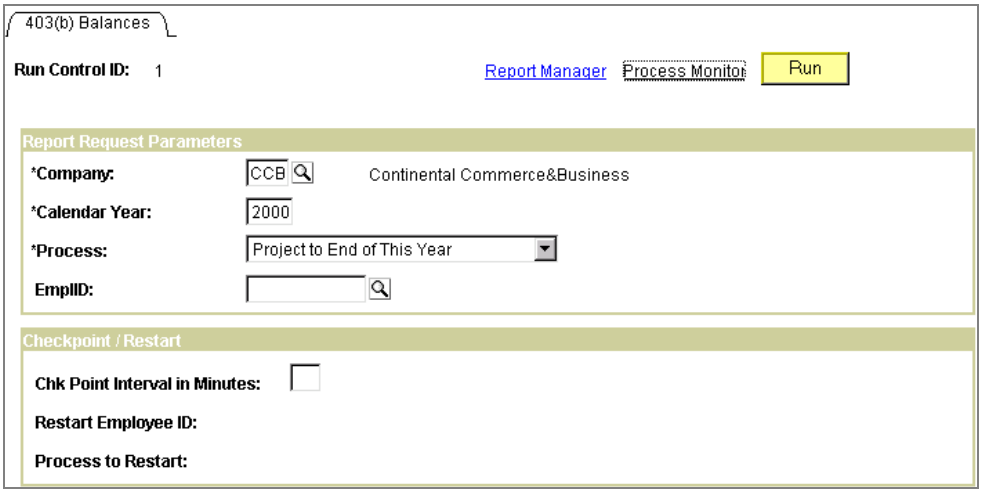
To manage your 403(b) plans:

1. Make any adjustments that should be considered during the 403(b) calculation process using Adjusting 403(b) Annuity Amounts.
2. Run the 403(b) Balances/Projections - 403(b) Balance Page process before each payroll.
3. Review employee's contributions and deferrals on the Reviewing 403(b) Projections - 403(b) Balances page.
4. Review individual employee's projected calculated contribution amounts for each limit.
5. Enter any 415 Alternative Election data using the 403(b) Projections Page.
6. Print Generating the Section 403(b) Employee Letters projecting 403(b) information.

403(b) Balances/Projections - 403(b) Balance Page

Usage	Use the 403(b) Balances/Projections pages to calculate the company's or an individual employee's balances, service years, eligible earnings, and

	the projected limits for the current or next year. This should be run prior to each payroll to ensure the most accurate results for the MEA tests during the pay calculation process. Employees don't need to be enrolled in the 403(b) Savings Plan to run the Balance/Projection process. This process updates the 403(b) Annuity Data pages.
Object Name	RUNCTL_SV403B
Navigation	**Compensate Employees, Administer Base Benefits, Process, 403(b) Balances/Projections, 403(b) Balances/Projections**
Access Requirements	Enter the Run Control ID.



403(b) Balances page

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Company** and **Calendar Year.**

Process

Select either ***Project to End of This Year*** or ***Project Thru End of Next Year*** (project through end of next year).

For best results, the ***Project to End of This Year*** should be run prior to each payroll. This will ensure the most accurate results for the Maximum Exclusion Allowance and deduction limiting tests during Pay Calculation.

Towards the end of the year, you may select ***Project Thru End of Next Year*** to give employees additional information when they are considering participation during open enrollment.

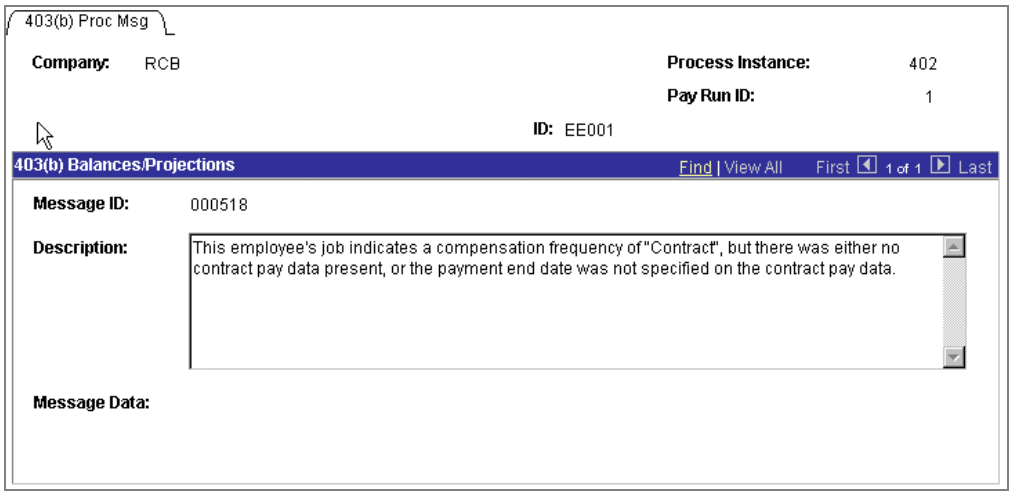
EmplID

To run the process for an individual employee, enter the employee ID here.

Chk Point Interval in Minutes (check point interval in minutes)	Because this is a long process, you can indicate how often, during the process, the system should save or update information to the database. In case of unexpected system failure, this could limit the amount of reprocessing the system would have to repeat.
Restart Employee ID	Not available
Process to Restart	Not available

Reviewing 403(b) Projection Error Messages

Usage	Use the 403(b) Process Messages page to review any error message that occurred from the 403(b) Balances/Projections process.
Object Name	SV403_MESSAGES
Navigation	**Compensate Employees, Administer Base Benefits, Inquire, 403(b) Process Messages, 403(b) Process Messages**
Prerequisites	You must run the 403(b) Balances/Projections process.
Access Requirements	Enter the Company ID and/or Employee ID.

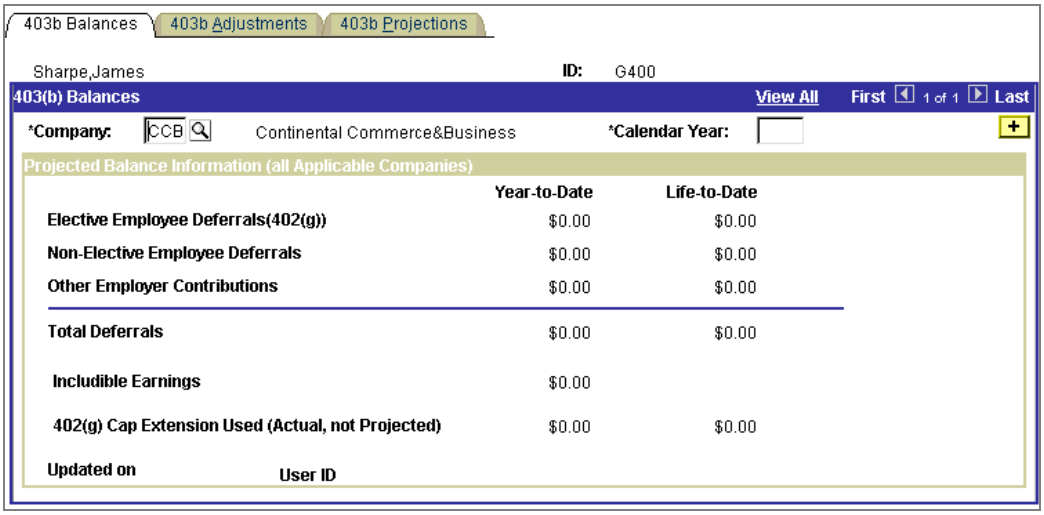


403(b) Process Messages page

Reviewing 403(b) Projections

Usage	Use the 403(b) Balances page to display the year-to-date and Life-To-

	Date balances from the 403(b) Projection Process. For the YTD balances, the employee's actual deductions from the YTD Balances, plus a projection of those deductions until the year end, are used. For the LTD balances, the data from the 403(b) Balances for last year's LTD, plus the current year's YTD, are used. It also displays the Includible Earnings used in determining limits, and any applicable 402(g) Cap Extensions.
Object Name	SAVINGS_403B_BAL
Navigation	**Compensate Employees, Administer Base Benefits, Use, 403(b) Annuity Data, 403(b) Balances**
Prerequisites	Run the 403(b) Projection process.
Access Requirements	Enter the Employee ID Number.



403(b) Balances page

This page displays the **Life-to-Date** and the **Year-to-Date** balances of an employee's contributions and deferrals from multiple companies (if applicable).

Company, Calendar Year Select the desired Company and Calendar Year**.** The scroll bar is used to view data for other years or companies.

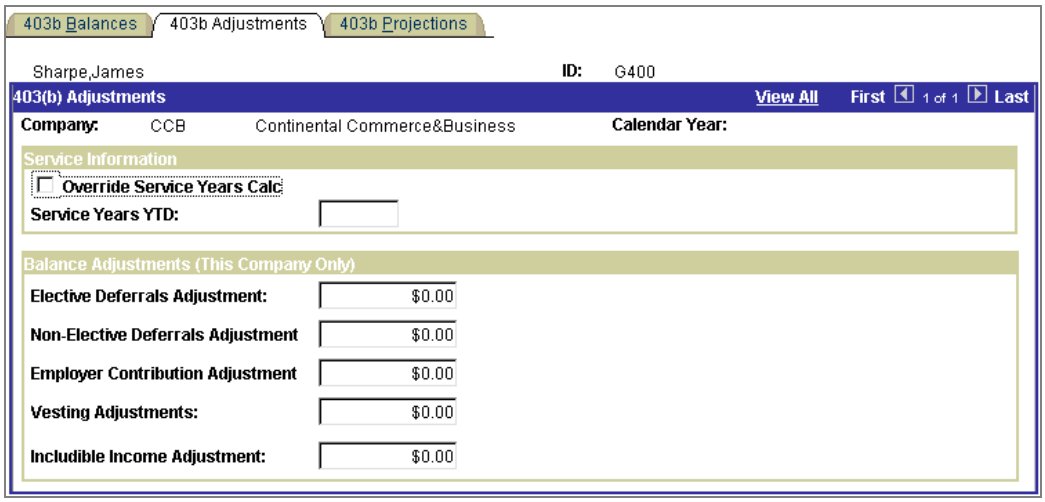
Balance Information The **Year-to-Date** and the **Life-to-Date** information for **Elective Employee Deferrals 402(g)**, **Non-Elective Employee Deferrals,** and **Other Employer Contributions.**

Total Deferrals The **Total Deferrals** will be added for all three of the above categories**.**

402(g) Cap Extension Used (Actual, not Projected) The **402(g) Cap Extension Used** for the year and the life categories are displayed.

Adjusting 403(b) Annuity Amounts

Usage	Use the 403(b) Adjustments page to enter adjustments to the year's Includible income and any of the contribution amounts. When the Projection process is run, these amounts are included in the YTD and LTD numbers on the 403(b) Balances page.
Object Name	SAVINGS_403B_ADJ
Navigation	**Compensate Employees, Administer Base Benefits, Use, 403(b) Annuity Data, 403(b) Adjustments**
Prerequisites	None
Access Requirements	Enter the Employee ID Number.



403(b) Adjustments page

Company, Calendar Year Select the desired **Company** and **Calendar Year**

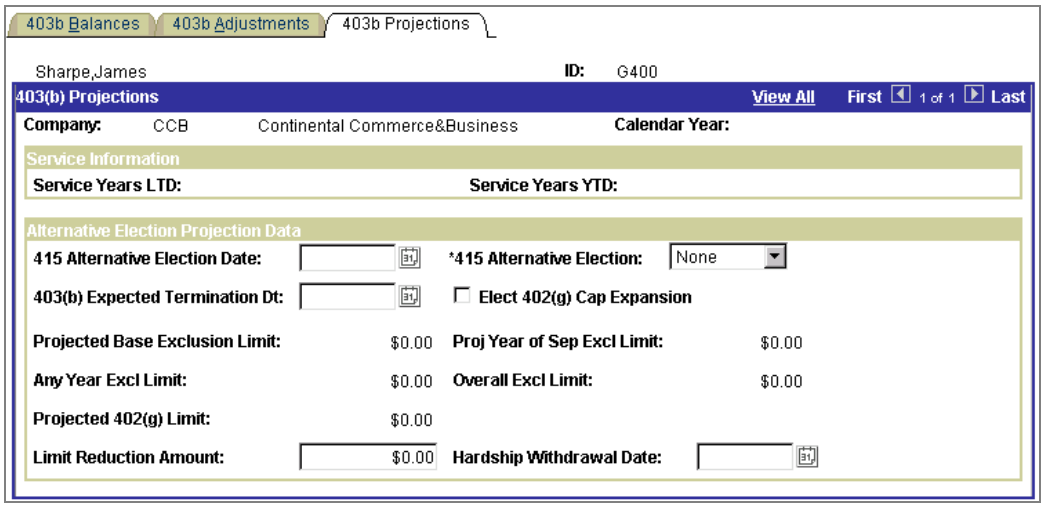
Override Service Years Calc (override service years calculation) Select the **Override Service Years Calc** check box if you need to override the system-calculated **Service Years YTD** displayed on the 403(b) Projections page.

Service Years YTD (service years year-to-date) If the **Override Service Years Calc** check box s selected, enter the new **Service Years YTD.** The system will use this figure instead of calculating the employee years of service for the includible earnings and exclusion allowance calculations.

Elective Deferrals Adjustment	Enter the new **Elective Deferrals Adjustment** amount. Both the Balances/Projection and the Pay Calculation process use this field.
Non-Elective Deferrals Adjustment	Enter the new **Non-Elective Deferral Adjustment** amount. Both the Balances/Projection and the Pay Calculation process use this field
Employee Contribution Adjustment	Enter the new **Employee Contribution Adjustment** amount. Both the **Balances/Projection** and the **Pay Calculation** process use this field.
Vesting Adjustments	Enter the new **Vesting Adjustments** amount. Both the Balances/Projection and the Pay Calculation process use this field. **Vesting Adjustment** is considered to be a type of employer contribution, so it is used along with the **Employer Contribution YTD/LTD** balance fields and the **Employee Contribution Adjustment field**.
Includible Income Adjustment	Enter the new **Includible Income Adjustment** amount. The amount entered here is directly applied into the calculation of the **Includible Earnings field** on the 403(b) Balances page. This is different from how the other adjustment fields operate because the Includible Earnings field is recalculated each time the process is run.

403(b) Projections Page

Usage	The 403(b) Projections page displays the calculation of the amount that an employee can contribute for each of the limits. This page is also used to choose a 415 Alternative Election Date and the 415 Alternative Election. Other options include the 403(b) Expected Termination Dt (403(b) expected termination date) and the 402(g) Cap Expansion.
Object Name	SAVINGS_403B_PROJ
Navigation	**Compensate Employees, Administer Base Benefits, Use, 403(b) Annuity Data, 403(b) Projections**
Prerequisites	None
Access Requirements	Enter the Employee ID Number.



403(b) Projections page

Alternative Election Projection Data

415 Alternative Election Date — If applicable, enter the 415 Alternative Election Date.

415 Alternative Election — If applicable, select the 415 Alternative Election from the list of available options.

403(b) Expected Termination Dt — If applicable, enter the 403(b) Expected Termination Date.

Elect 402(g) Cap Expansion — If applicable, select on the Elect 402(g) Cap Expansion check box.

Projected Base Exclusion Limit — The Projection Process will calculate and display the corresponding Limit Reduction Amount in the record for the year following the Hardship Withdrawal Date.

Proj Year of Sep Excl Limit (projected year of separation exclusion limit) — This is the Year of Separation from service limit on employer contributions.

Any Year Excl Limit (any year exclusion limit) — This limit replaces both parts of the 415(c) limit but not 402(g) and the lesser of $4,000 + 25% of compensation, MEA, and $15,000.

Overall Excl Limit (overall exclusion limit) — This limit ignores MEA; uses only 415(c) and 402(g).

Projected 402(g) Limit — The projected 402(g) limit amount.

Limit Reduction Amount — This Limit Reduction Amount constitutes the YTD Elective Deferrals up to the Hardship Withdrawal Date, and is used to reduce the 402(g) limit for the following year when the contributions are reactivated.

Hardship Withdrawal Date Enter the Hardship Withdrawal Date if applicable. The Projection Process will calculate and display the corresponding Limit Reduction Amount in the record for the year following the Hardship Withdrawal Date.

CHAPTER 6

Establishing Rate Tables and Calculation Rules

Your benefit system relies on rate and calculation rule information to calculate the cost of benefits. You'll define the rates and calculation rules for the benefits that your organization offers. You'll associate the rates and calculation rules with benefit program and benefit plan combinations, when you build your benefit programs.

In this section, we will explain how to set up and use the rate tables and calculation rules.

Overview of Rate Tables

According to your benefit plan design for health, life, and disability plan types, you need to define rates for both the employee and employer portions based on:

- Age.
- Percent of salary.
- Years of service.
- A flat amount.

For example, for a life insurance plan you might define rates based on age, while you might define rates based on length of service for a disability plan.

Rate Table	*Description*
Age-Graded Rates	The Age-Graded Rate Table enables you to define rates based on the age, sex, and smoker/nonsmoker status of an employee. This type of rate is typically used for the health, life, and disability plans. PeopleSoft Benefits Administration enables you to define flexible credits. When you do, you associate a set of rates with the flexible credits. For credit calculations, the system uses the Employee Portion. **For more information** about flexible credits, see PeopleSoft 8 Benefits Administration, "Organizing Payroll Information for Benefits Administration".
Salary Rates	The Salary Rate Table defines rates based on a percentage of the employee's salary.
Service Rates	If your organization offers benefit plans with rates based on length of service, use the Service Rate Table to define them. For example, you may use service rates for a life or disability plan.
Flat Rates	You can use the Flat Rate Table to define rates for health, life, and disability benefit plans.

Setting Premium Limits

On the rate tables you can also define limits on the employee's portion of the premium, if a Percent of Gross Limit is defined on the Calculation Rules table.

For example, current legislation in Hawaii requires that employers charge no more than 1.5% of an employee's gross wages for their medical coverage. Only the employee's personal coverage is subject to this limit. If the employee covers any dependents, that portion of the premium representing the cost of coverage for the dependents is not subject to the 1.5% limit. If the rate table indicates that there is an employer-paid component of the total premium, then the amount of the premium in excess of this final employee deduction amount is redirected (added) to the employer-paid portion of the premium. If there is no employer-paid component of the premium defined on the rate table, then no redirection will take place.

If the Calculation Rule associated with the benefit plan specifies a Percent of Gross limit, then the system calculates the premium as follows:

```
Lesser of: [EE Premium Amount Subject to Limit or (Gross Pay * Limit%)],

plus       (Total EE Premium Amount - EE Premium Amount Subject to Limit)
```

Suppose that a monthly-paid employee is enrolled in Family medical coverage, which has a flat rate of $300/month. We need to apply a 1.0% of gross pay limit to the portion of this $300 premium which represents the employee-only coverage (which we've determined to be $125).

```
Total EE Premium Amount =      $300

EE Premium Amount Subject to Limit =  $125

Limit =   1.0% of Gross Pay

Gross Pay =      $10,000
```

The deduction would be calculated as:

```
[Lesser of ($125 or ($10,000*.01))] + ($300 - $125)

= [Lesser of ($125 or $100)] + ($175)

= ($100) + ($175)

= $275
```

The amount of the employee premium in excess of the limited deduction is $25 ($300 - $275). This excess amount is added to the employer-paid premium (if the rate table indicates that there is an employer-paid component).

For another example of how the premium limit works, let's use the above example, but instead of the employee's single-coverage portion of the premium being a flat amount of $125, let's define this as 30% of the premium amount:

```
Total EE Premium Amount =      $300

EE Premium Amount Subject to Limit =  30%

Limit =   1.0% of Gross Pay

Gross Pay =      $10,000
```

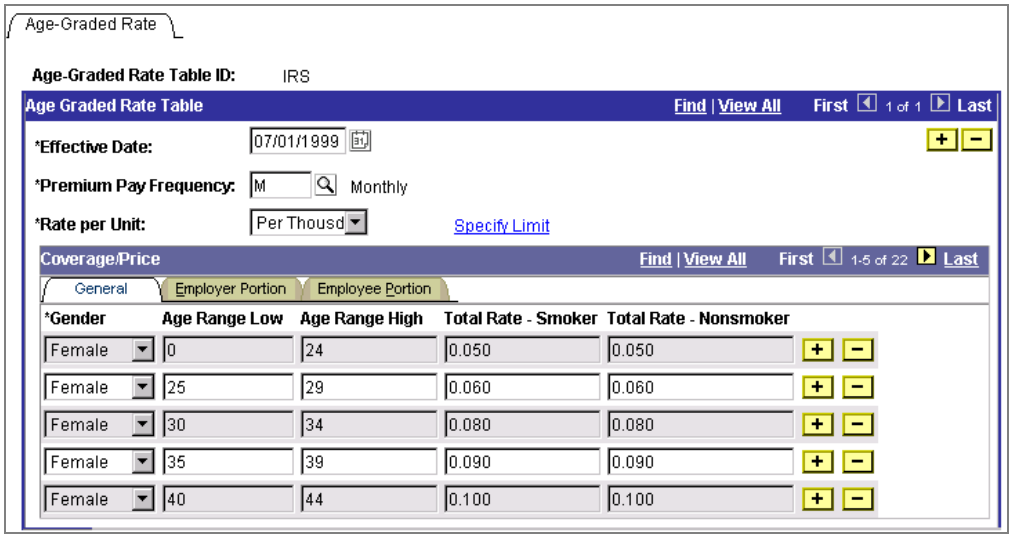
The deduction would be calculated as:

```
[Lesser of ($300 * 30%) or ($10,000*.01))] + ($300 - $125)

= [Lesser of ($90 or $100)] + ($175)

= ($90) + ($175)

= $265
```

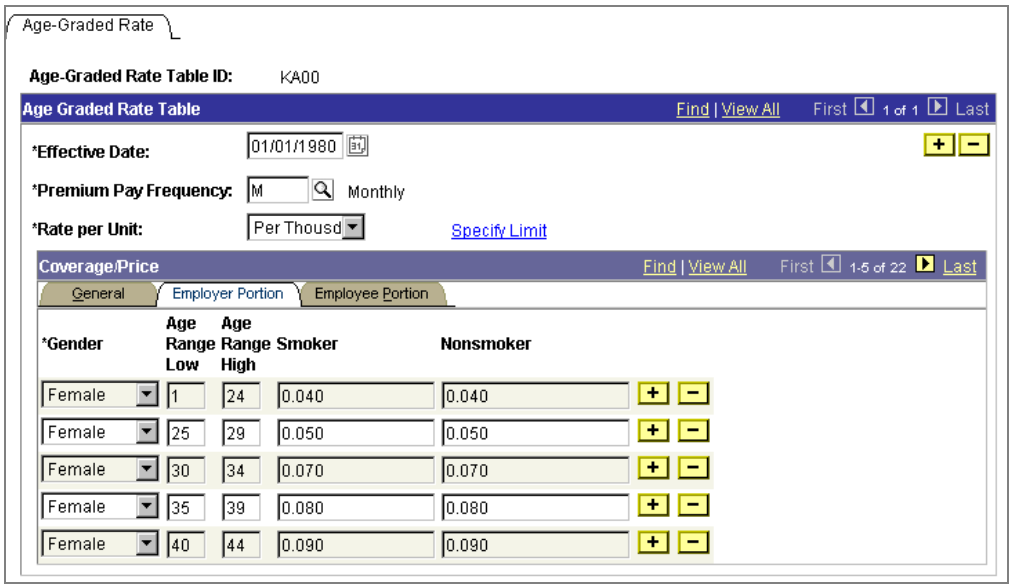
In this case, $35 ($300 - $265) is added to the employer-paid premium (if an employer-paid rate has been defined).

Age-Graded Rate Table Page

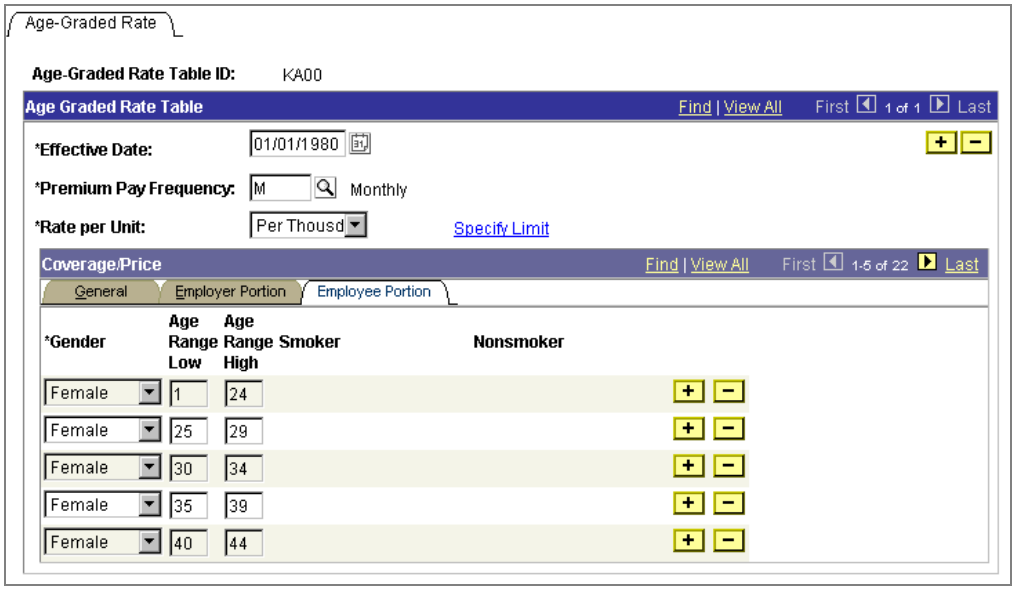
Usage	Use the Age-Graded Rate Table page when you need to add a set of rates that are based on age, sex, smoker, or nonsmoker. If there is a limit on the amount an employee pays for a benefit, you define the portion of the rate that is subject to the limit. **Note.** We deliver a set of rates with an ID of IRS. PeopleSoft Payroll uses these IRS rates to calculate imputed income. *This table should not be changed.*
Object Name	AGE_RATE_TABLE
Navigation	• **Define Business Rules, Define Base Benefits, Setup, Age-Graded Rate Table, Age-Graded Rate Table** • **Define Business Rules, Define General Data (NLD), Setup, Age-Graded Rate Table, Age-Graded Rate Table**
Access Requirements	Age-Graded Rate ID.



Age-Graded Rate Table page (1 of 3)



Age-Graded Rate Table page (2 of 3)



Age-Graded Rate Table page (3 of 3)

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Premium Pay Frequency

Premium Pay Frequency refers to how you quote the cost of the rates for employee age and gender. Select ***Weekly, Biweekly, Semimonthly, Monthly,*** or ***Annual.***

If the employee's pay frequency differs from the **Premium Frequency,** the system annualizes the coverage rates and divides by employee pay frequency to determine the pay period rate.

Rate per Unit To define **Rate per Unit,** select ***None, Per Hundred,*** or ***Per Thousand.*** For a flat rate, select ***None.*** For a rate that applies to each $100 of coverage, select ***Per Hundred.*** For a rate that applies to each $1000 of coverage, select ***Per Thousand.*** In our example, we selected a **Monthly Premium Frequency** of .085 ***Per Thousand*** of coverage for female employees of 29 years of age and younger who are smokers.

Specify Limit Select **Specify Limit** to display the Amount To Limit page.

Coverage/Price

For each rate, define the **Gender** and **Age Range.** The system won't allow you to enter an **Age Range Low** that exceeds the **Age Range High.** Notice that you define rates for males and rates for females separately. Once you select ***Male*** or ***Female,*** the rates that you enter apply only to the gender that you select.

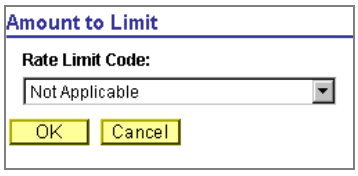
Enter the Total Rate and **Employer Portion** rates for Smoker and Nonsmoker, according to the rates per unit that you selected. The **Employer Portion** rates cannot exceed the values that you enter in the Total Rate columns.

In most federal government agencies, employee gender and smoking status are not a factor in age-graded rate calculations, so the smoker/nonsmoker rates that you enter for each age range should be identical.

The system calculates the **Employee Portion,** based on the rates that you enter for Total Rate and for **Employer Portion.**

Age-Graded Rate Table - Amount to Limit Page

Usage	The Amount to Limit page defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page.
Object Name	AGE_RATE_LMT
Navigation	Click the **Specify Limit** link from one the rate tables



Amount to Limit page

Rate Limit Code **Rate Limit Code** defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page. You can select:

All: Select this option to indicate that the entire employee rate is subject to the limit.

Flat Amount: Select this option and enter the amount that is subject to the limit.

Not Applicable: Select this option and the entire employee rate is subject to the limit.

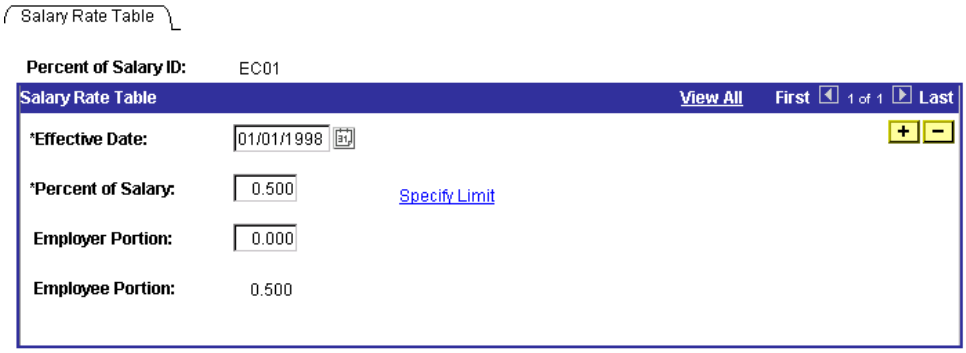
Percent of Rate: Select this option and enter the percentage amount of the employee rate that is subject to the limit. This percentage amount cannot be greater than 100.

OK Click **OK** to save the information and return to the rate table.

Cancel Click **Cancel** to return the rate table.

Salary Rate Table Page

Usage	Use the Salary Rate Table to define rules for rates based upon a percentage of salary.
Object Name	BAS_SALARY_RATE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Salary Rate Table, Salary Rate Table**
Access Requirements	Enter the Salary Rate ID.



Salary Rate Table page

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Percent of Salary Enter the percentage amount.

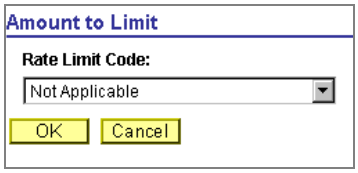
Specify Limit Select **Specify Limit** to display the Amount To Limit page.

Employer Portion Enter the amount that the employer will pay.

Employee Portion The system calculates the **Employee Portion** based on the amounts that you enter for Total Rate and for **Employer Portion.**

Salary Rate Table - Specify Limit Page

Usage	The Amount to Limit page defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page.
Object Name	BAS_SAL_RATE_LMT
Navigation	Click the **Specify Limit** link from one the rate tables



Amount to Limit page

Rate Limit Code **Rate Limit Code** defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page. You can select:

All. Select this option to indicate that the entire employee rate is subject to the limit.

Flat Amount. Select this option and enter the amount that is subject to the limit.

Not Applicable. Select this option and the entire employee rate is subject to the limit.

Percent of Rate. Select this option and enter the percentage amount of the employee rate that is subject to the limit. This percentage amount cannot be greater than 100.

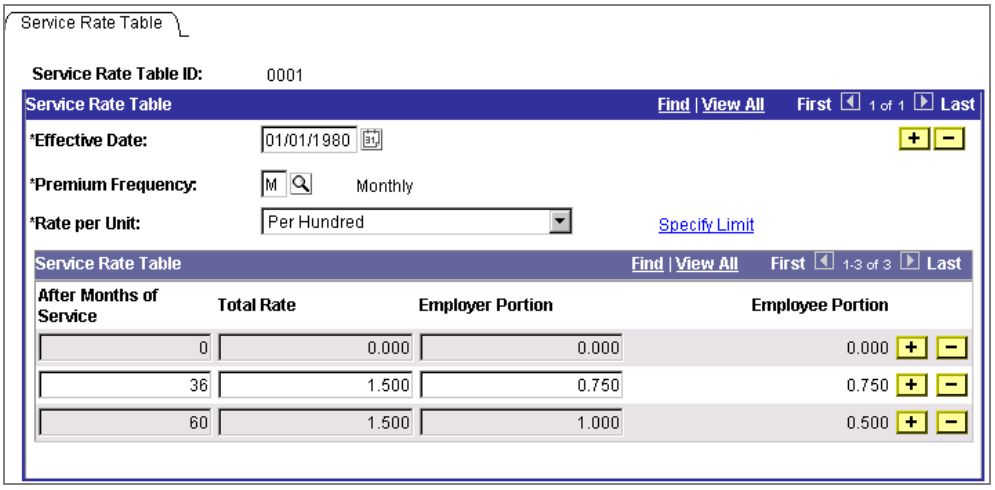
OK Click **OK** to save the information and return to the rate table.

Cancel Click **Cancel** to return the rate table.

Service Rate Table Page

Usage	Use the Service Rate Table when you need to add a set of rates that are based on length of service. If there is a limit on the amount an employee

	pays for a benefit, you define the portion of the rate that is subject to the limit.
Object Name	SERVICE_RATE_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Service Rate Table, Service Rate Table Listing**
Access Requirements	Enter the Service Rate ID.



Service Rate Table page

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Premium Frequency

Premium Frequency refers to how you quote the cost of the rates for employee age and gender. Select ***Weekly, Biweekly, Semimonthly, Monthly,*** or ***Annual.***

If the employee's pay frequency differs from the **Premium Frequency,** the system annualizes the coverage rates and divides by employee pay frequency to determine the pay period rate.

Rate per Unit

To define **Rate per Unit,** select ***None, Per Hundred,*** or ***Per Thousand.*** For a flat rate, select ***None.*** For a rate that applies to each $100 of coverage, select ***Per Hundred.*** For a rate that applies to each $1000 of coverage, select ***Per Thousand.*** In our example, we selected a **Monthly Premium Frequency** of .085 ***Per Thousand*** of coverage for female employees of 29 years of age and younger who are smokers.

Specify Limit

Click **Specify Limit** to display the Amount to Limit page.

Service Rate Table

After Months of Service Enter the months a person must be employed for this rate.

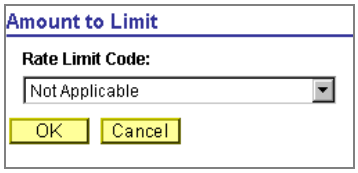
Total Rate Enter the **Total Rate** amount.

Employer Portion Enter the amount that the employer will pay.

Employee Portion The system calculates the **Employee Portion,** based on the amounts that you enter for Total Rate and for Employer Portion.

Service Rate Table - Specify Limit Page

Usage	The Amount to Limit page defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page.
Object Name	SERVICE_RATE_LMT
Navigation	Click the **Specify Limit** link from one the rate tables



Amount to Limit page

Rate Limit Code **Rate Limit Code** defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page. You can select:

All. Select this option to indicate that the entire employee rate is subject to the limit.

Flat Amount. Select this option and enter the amount that is subject to the limit.

Not Applicable. Select this option and the entire employee rate is subject to the limit.

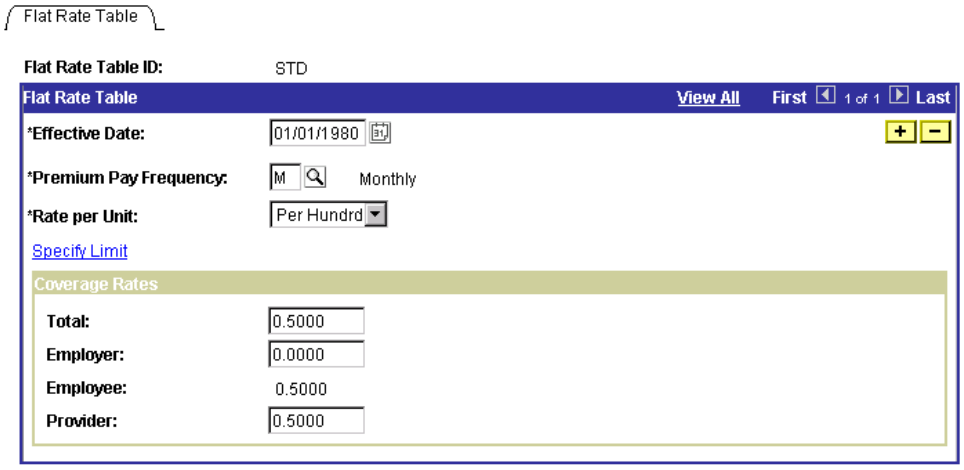
Percent of Rate. Select this option and enter the percentage amount of the employee rate that is subject to the limit. This percentage amount cannot be greater than 100.

OK Click **OK** to save the information and return to the rate table.

Cancel Click **Cancel** to return the rate table.

Flat Rate Table Page

Usage	Use the Flat Rate Table when every employee pays the same rate regardless of earnings, length of service, age, or gender.
Object Name	BAS_FLAT_RATE_TBL
Navigation	**Define Business Rules, Define Base Benefits, Setup, Flat Rate Table, Flat Rate Table**
Access Requirements	Enter the Flat Rate ID.



Flat Rate Table page

The following field is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

Premium Pay Frequency

Premium Pay Frequency refers to how you quote the cost of the rates for employee age and gender. Select ***Weekly, Biweekly, Semimonthly, Monthly,*** or ***Annual***

If the employee's pay frequency differs from the **Premium Pay Frequency,** the system annualizes the coverage rates and divides by employee pay frequency to determine the pay period rate.

Rate per Unit

To define **Rate per Unit,** select ***None, Per Hundred,*** or ***Per Thousand.*** For a flat rate, select ***None.*** For a rate that applies to each $100 of coverage, select ***Per Hundred.*** For a rate that applies to each $1000 of coverage, select ***Per Thousand.*** In our example, we selected a **Monthly Premium Frequency** of .085 ***Per Thousand*** of coverage for female employees of 29 years of age and younger who are smokers.

Specify Limit

Click **Specify Limit** to display the Amount to Limit page.

Coverage Rates

Total — Use **Total** to enter the total, including any administrative fee that you may charge.

Employer — The **Employer** portion cannot exceed the **Total.**

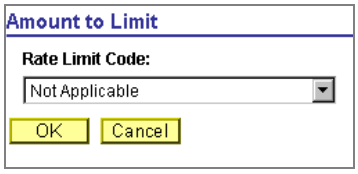
Employee — Once you enter the **Total** and **Employer** portion, the system will calculate the **Employee** portion. It subtracts the **Employer** portion from the **Total.**

Provider — The system automatically assigns the **Total** amount to **Provider.** For example, if you enter a **Total** of ***$200,*** the system would assign the value ***$200*** to **Provider.** If you include any administrative fee in the **Total,** override the **Provider** amount with what you actually pay the provider.

The system doesn't use the **Provider** amount. It is only informational. Typically, you may enter this data for reports of provider payments. The **Employer** portion is passed to Payroll and can be recognized as a taxable benefit or a non-taxable benefit.

Flat Rate Table - Specify Limit Page

Usage	The Amount to Limit page defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page.
Object Name	BAS_FLAT_RATE_LMT
Navigation	Click the **Specify Limit** link from one the rate tables



Amount to Limit page

Rate Limit Code — **Rate Limit Code** defines the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page. You can select:

All. Select this option to indicate that the entire employee rate is subject to the limit.

Flat Amount. Select this option and enter the amount that is subject to the limit.

Not Applicable. Select this option and the entire employee rate is subject to the limit.

Percent of Rate. Select this option and enter the percentage amount of the employee rate that is subject to the limit. This percentage amount cannot be greater than 100.

OK — Click **OK** to save the information and return to the rate table.

Cancel — Click **Cancel** to return the rate table.

Overview of Calculation Rules

During the deduction calculation process, each benefit plan goes through it's own special routine to calculate the deduction amount. Calculation Rules allow you to define special rules that your organization wants to establish for life, disability, retirement, pension, and vacation buy/sell benefit plans.

Calculation Rules apply to the amount charged for the benefit and the amount of coverage. When determining the calculation rules, you need to think about how the premium or coverage is calculated. Is it based on salary, age, or years of service? How do you want amounts rounded?

The Calculation Rules Table looks at:

- Salary as of dates.
- Age or Service as of dates.
- Coverage Minimums and Maximums.
- Calculation Options.
- Rounding Options.

Salary As Of Dates

If the premium or coverage is based on the employee salary, you need to tell the system which salary information that you want to use. You can tell the system to use the salary as of a specific day and month for the current year or the previous year, or for the current or next pay period.

When Multiple Jobs is selected, you must also tell the system which jobs to use when calculating the employee's earnings.

Here's an example of the effect these "as of" dates can have.

In general, the system uses the calculated base to calculate the total premium. The employer portion is the difference between the total and the employee portion. The calculation possibilities are:

Premium	*Coverage*	*Calculation*
Current	Current	As now
As/of	Current	See First Example
As/of	As/of	See Second Example
Current	As/of	Invalid

An employee of CCB, Ann Jeffery, belongs to a life insurance plan that uses the premium as of January 1, current year and coverage as of current date**.** The system uses the benefit base for the calculation. For the entire year, it calculates the premium as if the coverage did not increase. As demonstrated in the following example, this means that the employer is making up the difference between the employee deduction and the actual cost. This affects imputed income, since the employee deduction does not change.

Employee	*Effective Date*	*Salary*	*Benefit Base*
Ann Jeffrey	01/01/91	10,000	12,000
	04/01/91	15,000	15,000
	01/01/92	17,500	18,000
Table	Effective Date	Rate	Per
Life (employee)	01/01/91	1.00	Thousand
Life (employer)	01/01/91	2.00	Thousand

Ann Jeffrey's amount did not go up, but the employer amount did, to cover the higher coverage cost.

Pay End Date	*Coverage*	*Employee Amount*	*Employer Amount*
01/31/91	12,000	12.00	24.00
02/28/91	12,000	12.00	24.00
03/31/91	12,000	12.00	33.00

04/30/91	15,000	12.00	33.00
05/31/91	15,000	12.00	33.00

Another employee of CCB, Jim Henry, belongs to a life insurance plan that uses the premium as of January 1, current year and coverage as of January 1, current year.

Employee	*Effective Date*	*Salary*	*Benefit Base*
Jim Henry	01/01/91	10,000	12,000
	04/01/91	15,000	15,000
	01/01/92	17,500	18,000
Table	Effective Date	Rate	Per
Life (employee)	01/01/91	1.00	Thousand
Life (employer)	01/01/91	2.00	Thousand

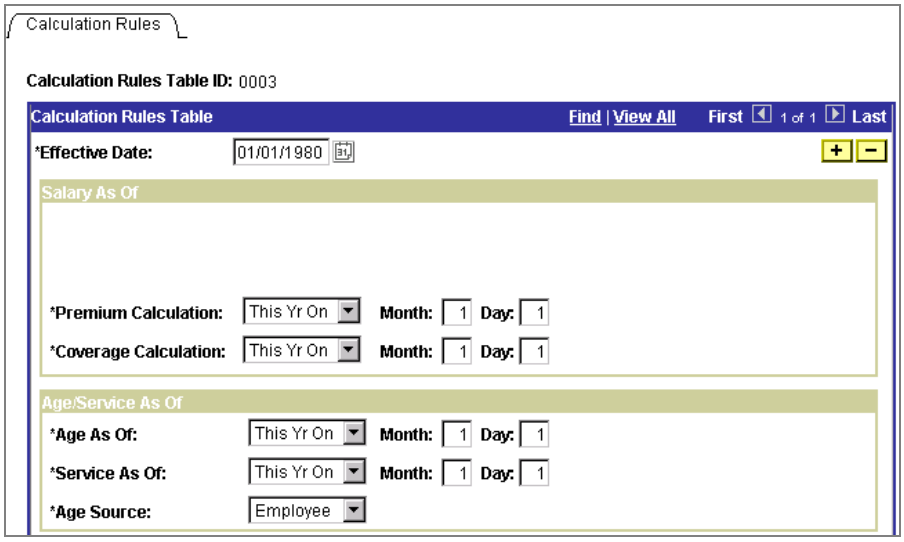
There is no change in Jim Henry's coverage or premium until the new year.

Pay End Date	*Coverage*	*Employee Amount*	*Employer Amount*
01/31/91	12,000	12.00	24.00
02/28/91	12,000	12.00	24.00
03/31/91	12,000	12.00	24.00
04/30/91	15,000	12.00	24.00
05/31/91	15,000	12.00	24.00

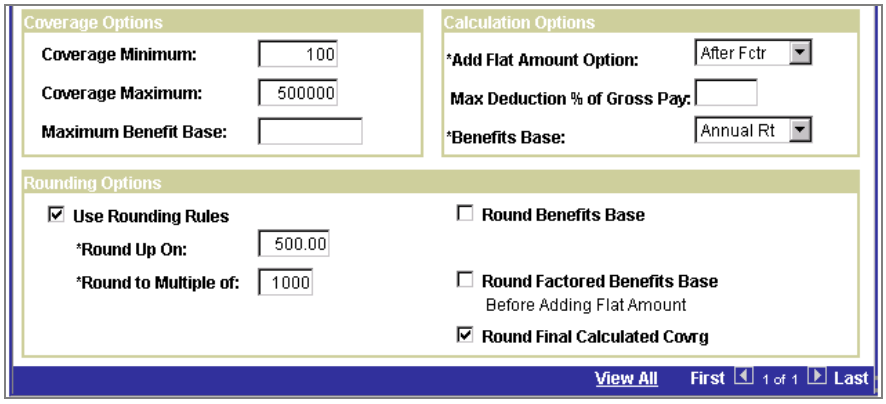
Calculation Rules use an employee's earnings as part of the definitions. If you are going to base the employee's earnings on an amount other than the employee's regular compensation rate, you need to enter an amount in the Annual Benefit Base Rate field on the Compensation page of the Job Data components.

Calculation Rules Table - Calculation Rules Page

Usage	Use the Calculation Rules Table - Calculation Rules page to define the "as of" dates.
Object Name	CALC_RULES_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Calculation Rules Table, Calculation Rules Table**
Access Requirements	Calculation Rules ID



Calculation Rules Table - Calculation Rules page (1 of 2)



Calculation Rules Table - Calculation Rules page (2 of 2)

Calculation Rules Table ID The system displays the **Calculation Rules Table ID** that you entered to access the page.

Effective Date Enter the date on which this calculation rule goes into effect. The **Effective Date** must be the same as or prior to the effective dates of the one or more benefit program and benefit plan combinations that you associate the calculation rules with.

Combine Salary for Multi Jobs If you activated multiple jobs, select **Combine Salary for Multi Jobs** in order to activate the grouping method for multiple jobs.

Consider Active Jobs Only If you selected **Combine Salary for Multi Jobs,** select this option to have the system only look at jobs with a status of *Active* in the Job Data Components.

Group Method

If you selected **Combine Salary for Multi Jobs,** select the grouping method that you want to use when calculating premium and coverage amounts. Choose from:

AllFlagged: All flagged jobs, regardless of benefit record number, are included in the calculation.

Flagged BR: All flagged jobs within the current benefit record number are included in the calculation.

Primary: Only the primary job within the current benefit record number is included in the calculation.

Premium Calculation

Select the employee salary that will be used for the premium calculation. Choose from:

Cur/Chk Dt: Indicates that PeopleSoft Payroll uses the Pay End Date to calculate premiums.

Last Yr On (last year on): Indicates a specific date last year. You must enter the **Month** and **Day.**

This Yr On (this year on): Indicates a specific date this year. You must enter the **Month** and **Day.**

Coverage Calculation

Select the employee salary that will be used for the Coverage calculation. Choose from:

Cur/Chk Dt: Indicates that PeopleSoft Payroll uses the Pay End Date to calculate premiums.

Last Yr On: Indicates a specific date last year. You must enter the **Month** and **Day.**

This Yr On: Indicates a specific date this year. You must enter the **Month** and **Day.**

Age As Of

The system uses **Age As Of** dates to calculate rates for life plans that you associate with age-graded rates. If you don't use the Age-Graded Rate Table, leave this field blank.

Service As Of

The system uses **Service As Of** dates to calculate rates for plans that you base on years of service. If you don't use the Service Rate Table, leave this field blank.

Age Source

The **Age Source** field enables you to designate whose personal information that you want to use. Choose from ***Dependent, Employee,*** or ***Spouse.***

If you select ***Dependent*** or ***Spouse***, there are some limitations. The system will only use dependent age and demographic information for Dependent Life plans that are designated as Sum of Dependent Coverage. A Flat Amount or Factor Plus Base Dependent Life plan typically has a premium that is based not on the number or demographics of the dependents covered, but the coverage amount. Flat Amount and Factor Plus Base Dependent Life plans should therefore only use employee or spouse demographics.

If the system cannot locate a birth date for a dependent or spouse, it will generate a warning that a birth date was not located, and will use the employee's age instead, while still retaining the dependent's sex and smoker status.

Coverage Minimum

Enter the minimum amount of coverage an employee can receive. The system won't round over or under these amounts.

Coverage Minimum refers to the minimum for individual plans that you associate with this set of calculation rules. This is one of the first calculations the system performs.

Coverage Maximum

Enter the maximum amount of coverage an employee can receive. The system will not round this amount.

Coverage Maximum refers to the maximums for individual plans that you associate with this set of calculation rules. This is one of the first calculations the system performs. For life and AD/D (accidental death and dismemberment) benefit plans, you can define a coverage maximum for a group of life and AD/D plans.

If you use the Coverage Group Table to define a coverage group maximum for one or more life and AD/D plans that you link with this set of calculation rules, the system may force a lower minimum for the employee than the one that you enter here. That's because the system calculates the coverage group maximum last.

If you are using calculation rules for general credits and if you enter a coverage maximum, PeopleSoft Benefits Administration will limit employee salary to that coverage maximum before calculating credits. If you do not want to limit the salary, leave **Coverage Maximum** blank.

For more information about how coverage groups work, and to learn how to define them, see PeopleSoft 8 Base Benefits, "Setting Up Benefit Plans".

Maximum Benefit Base

If you want to place a limit on the amount of an employee's salary that will be used to calculate the premium and coverage amounts, enter an amount in the **Maximum Benefit Base** field.

This field is no longer used for the 401(a)(17) limit. This limit is defined on the Limit table.

Add Flat Amount Option

If you have set up a benefit plan where coverage is based upon a Factor x Benefit Base + Flat Amount, select how you want the flat amount applied. You can choose from:

After Fctr: Arranges the equation as (Factor x Salary) + Flat Amount.

Before Fctr: Arranges the equation as Factor x (Salary + Flat Amount).

Max Deduction % of Gross Pay (maximum deduction percentage of gross pay)

Max Deduction % of Gross Pay is a field designed for employers with employees in Hawaii, where state laws mandate that employers charge no more than 1.5% of gross wages for employee-only coverage. By using this field, you can establish a calculation rule with **Max Deduction % of Gross Pay** set to a value of ***1.5*** or lower. This rule will be attached to the Cost row of the benefit plan coverage code associated with *Employee Only* coverage.

The **Max Deduction % of Gross Pay** deduction calculation will be performed when:

- The Pay Calculation process is being run.
- The Plan Type is *Health.*
- The Coverage Code is *Employee Only.*
- The Calc Rule ID is defined.
- The values for Max Percent of Gross Pay, Deductions, and Gross Pay are all greater than zero.

The **Max Deduction % of Gross Pay** calculation looks like this:

Deduction = Max Percent of Gross Pay * Federal Taxable Gross Pay / 100.

The smaller deduction will appear on the paycheck.

Benefits Base

Benefits Base is the rate of pay the system uses when making calculations. You can select ***Annual Rate*** or ***Annual Benefits Base Rate.*** To use the regular annual rate of pay, select ***Annual Rate.*** To use a special benefits base amount that you define, select ***Annual Benefits Base Rate.***

For Federal, the ***Annual Benefits Base Rate*** corresponds to the Total Pay field on the Expected Pay page of the PAR Compensation Data component. To enter the ***Annual Rate*** and the ***Annual Benefits Base Rate,*** go to the Compensation page of the Job Data component.

Use Rounding Rules

To round coverage calculations, select **Use Rounding Rules.**

Round Up On

Enter the amount to round up on.

Round to Multiple of

Enter the multiple that you want to round to.

For example, if the benefits base rate for an employee is $46,746 and you enter $1,000 in **Round to Multiple of** and $500 in **Round Up On,** the system calculates and rounds coverage for the employee as follows:

1. 46746/1000 = 46, with a remainder of 746
2. 746 is greater than 500, so 46 + 1 = 47
3. 47 x 1000 = 47,000 Coverage Amount

Round Benefits Base

Rounds the benefit base according to the rules set up in the ***Round Up On*** and ***Round to Multiple of*** fields before performing any other calculation. Use this option when pay is equal to Benefits Base with no flat amount added.

Round Factored Benefits Base Before Adding Flat Amount

Rounds the factored benefits base according to the rules set up in the **Round Up On** and **Round to Multiple of** fields before adding a flat amount.

This is displayed only if you select ***After Factor*** in the **Add Flat Amount Option** field.

To choose this option, select ***After Factor*** in the **Add Flat Amount Option** field and select **Round Factored Benefits Base Before Adding Flat Amount.**

CHAPTER 7

Building Base Benefit Programs

Building benefit programs is one of the most important activities that you'll undertake with the benefits component of PeopleSoft Human Resources. When you go through this process, you use the basic blocks of benefits information that you've assembled for your organization—benefit plans, providers, rates, and calculation rules—to build the benefit program—or programs—for which your employees will be eligible.

These benefit programs will form the framework of your benefits system. Each one pulls together the benefit plan information and associated rules the system will use when processing enrollments.

Planning how many benefit programs that you'll need and how to organize them will be your first task, and perhaps the hardest. You'll want to allow for all the programs that you need, but you'll also want to make the most efficient use of your benefit plan, rate, and calculation rule information to facilitate entering and maintaining your information.

Organizations implementing PeopleSoft Benefits Administration will define benefit programs that use flexible credits and eligibility rules.

For more information about these processes, see Building Automated Benefit Programs.

Overview of Benefit Programs

You'll use the Benefit Program Table to establish a program, link the appropriate plan types to it, and associate a variety of rules. The Benefit Program Table brings together all the information that relates to a benefit program, including whether you process enrollments manually or use PeopleSoft Benefits Administration automated enrollment. You'll use this table to "collect" the options—including the rates and calculation rules—that the employees enrolled in the program are eligible for. For example, if your organization offers a *Salaried* benefit program, you'll use the Benefit Program Table to bring together all the options that you offer employees who take part in that program.

Before You Begin

Before you can begin to build benefit programs, we need to provide you with some basic information about plan types and effective dates.

Understanding Plan Types

The most important building block used in assembling your benefit programs is plan type. Each plan type requires its own specific set of components before it can be fully operational within a benefit program. For example, to associate a savings plan with a benefit program, you enter a benefit plan and a deduction code. To associate a life and AD/D (accidental death and dismemberment) plan type, in addition to entering a benefit plan you enter a deduction code, a set of rates, and a set of calculation rules. The system controls processing logic for these plans using the plan type.

Your system has been designed with preassigned plan type values. A basic understanding of these values is important in understanding how the system uses them to differentiate plan types and organize benefit-processing logic. PeopleSoft delivers the following plan types:

Plan Type	***Code Ranges***
Health Plans FEHB	10–19, 1A–1Z
Life and AD/D Plans FEGLI	20–29 , 2A–2Z
Disability Plans	30–39, 3A–3Z
Savings Plans Thrift	40–49, 4A–4Z
Leave Plans	50–59, 5A–5Z
Flexible Benefit Plans	60–69, 6A–6Z
United States Retirement Plans	70–79, 7A–7Z
Canadian Pension Plans	80–89, 8A–8Z
Vacation Buy/Sell Plans	90–99, 9A–9Z

Working With Effective Dates

In order to keep your benefit program accurate and consistent, the building blocks that comprise it—the benefit plans, calculation rules, and options—must be individually effective-dated in a coherent, logical manner. If they aren't, your benefit program will be left open to a variety of errors as historical records get shuffled and benefits data is lost.

Think about it: with PeopleSoft, you enter effective dates for all information and data in your benefits system—for programs, plans, rates, and calculation rules, and for employee data—as a matter of course. Whenever your system brings this information together, it looks at each of the effective dates to make sure everything is consistent. If it isn’t, the system lets you know, saving you time finding errors.

Effective-dating is an efficient way for you to maintain accurate records of your benefits information. You can create historical records and enter future-dated information at your convenience, all because when you enter information, you also enter an effective date—an effective date that is *synchronized* with the effective dates for the other building blocks of the benefit program.

In this section, we'll review how effective dates should be set for the various parts of a benefit program.

Provider and Benefit Plan Effective Dates: An Example of Effective-Dating

Consider provider and benefit plan information. To set up a provider, you enter its effective date on the Provider Table. And to set up a benefit plan, you enter the plan's effective date and identify its provider on the Benefit Plan Table. The system checks that the provider is effective earlier or on the same date as the benefit plan; otherwise, the provider information could not exist for the benefit plan. In this case, the system provides you with a message and you have the opportunity to correct your information.

Benefit Programs and Effective Dates

Things get more complicated when you associate a set of rates and calculation rules, which also have effective dates, to a benefit program and its associated benefit plans. The system reviews the effective dates of the program, the plan, the rates, and the calculation rules. The system can't check that you've set up the correct dates, because it's possible that any date could be correct. Instead, it goes by the first block in the PeopleSoft Human Resources Base Benefits architecture: the benefit program.

The system looks for effective dates for the benefit program that you're working with and the set of benefit plans that you associate with that benefit program. A benefit program and benefit plan combination is effective based on *both* sets of dates.

Plans associated with a benefit program can't be "in effect" unless their effective dates are set on or after the effective date of the benefit program. Similarly, the rates and calculation rules that you associate with the plans can't be in effect unless their effective dates are set on or after the dates of the plans they're linked to.

If a benefit program and benefit plan combination is not effective when you think it should be, or if you press F4 for a list of valid benefit plans and your plan is not displayed, check the effective dates of the benefit program *and* the benefit plan. The effective date of the benefit plan must be earlier or the same as the effective date of the benefit program.

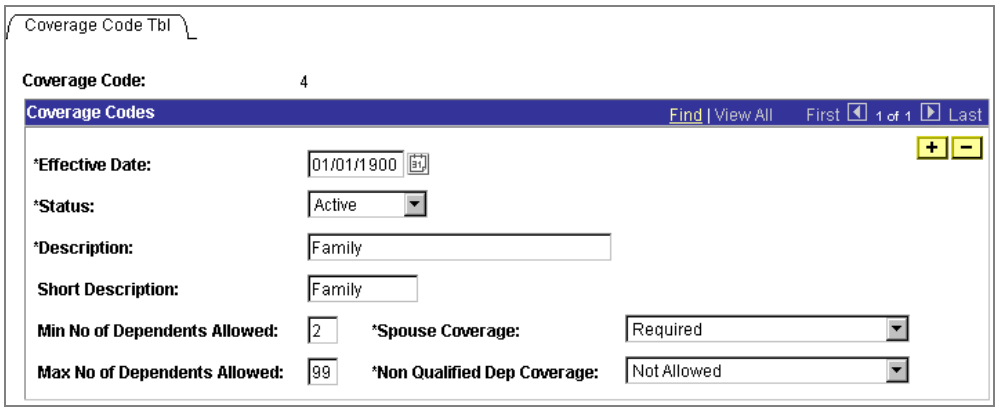
Loading History: A Warning

When you're setting up tables, you *must* set effective dates to reflect when you want the data to go into effect—otherwise, the table entries may not go into effect when you expect them to. If you load employee history, make sure that you establish an early enough effective date. When preparing for a conversion, you would typically set all effective dates to the same date. Most tables also have a Status, which you would normally leave as *Active.*

Coverage Codes - Coverage Code Tbl Page

Usage	You'll define and manage coverage codes for your benefit programs with the Coverage Codes - Coverage Code Tbl page. You'll attach these coverage codes to your benefit plan options (usually Life and AD/D plans) through the Plan Type and Option page of the Benefit Program Table. PeopleSoft delivers seven basic coverage codes, and

	you can add or delete coverage codes as the needs of your organization and workforce dictate.
Object Name	COVRG_CD_TBL
Navigation	• **Define Business Rules, Define Base Benefits, Setup, Coverage Codes, Coverage Code Table** • **Define Business Rules, Define General Data (NLD), Setup, Coverage Codes, Coverage Code Table**
Access Requirements	Enter the Coverage Code.



Coverage Codes - Coverage Code Tbl (coverage code table) page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Coverage Code, Effective Date, Status, Description,** and **Short Description.**

Min No of Dependents Allowed (minimum number of dependents allowed)

Enter the minimum number of dependents allowed under this coverage code. If there is no limit to the number of dependents allowed, enter a value of ***99.***

Max No of Dependents Allowed (maximum number of dependents allowed)

Enter the maximum number of dependents allowed under this coverage code. If there is no limit to the number of dependents allowed, enter a value of ***99.***

Spouse Coverage

Indicates whether a spouse is ***Not Allowed, Allowed,*** or ***Required*** by this coverage code. The coverage codes PeopleSoft deliver either do not allow the participant to have a spouse or require the participant to have a spouse.

Note. The only time that you would define a coverage code with a **Spouse Coverage** of ***Allowed*** would be when you do not want the coverage code to require that one of the dependents *must* be a spouse.

Non Qualified Dep Coverage (nonqualified dependent coverage)

This governs whether or not domestic partners, their children, and other dependents deemed "nonqualified" by IRS Section 152 are ***Not Allowed*** or ***Required*** by this coverage code. We deliver three coverage codes for nonqualified dependents: ***Non-Qualified Adult, Non-Qualified Child(ren),*** and ***Non Qualified Adult + Children.*** All of them require **Non Qualified Dep Coverage** but do not allow **Spouse Coverage.**

Coverage Codes Delivered With PeopleSoft Base Benefits

Coverage Code	*1*	*2*	*3*	*4*	*5*	*6*	*7*
Description	Employee Only Self Only – Low (Federal)	Employee + Spouse Self + Family – Low (Federal)	Employee + Dependents	Family Self Only – High -- (Federal)	Non-qualified Adult Self + Family – High - (Federal)	Non-qualified Child(ren)	Non-qualified Adult + Child(ren)
Minimum Number of Dependents	0	1	1	2 1 - - (Federal)	1	1	2
Maximum Number of Dependents	0	1 99 (Federal)	99	99	1	99	99
Spouse Coverage	Not Allowed	Required	Not Allowed	Required	Not Allowed	Not Allowed	Not Allowed
Nonqualified Coverage	Not Allowed	Not Allowed Allowed (Federal)	Not Allowed	Not Allowed	Required Allowed (Federal)	Required	Required

Building Benefit Programs With the Benefit Program Table Components

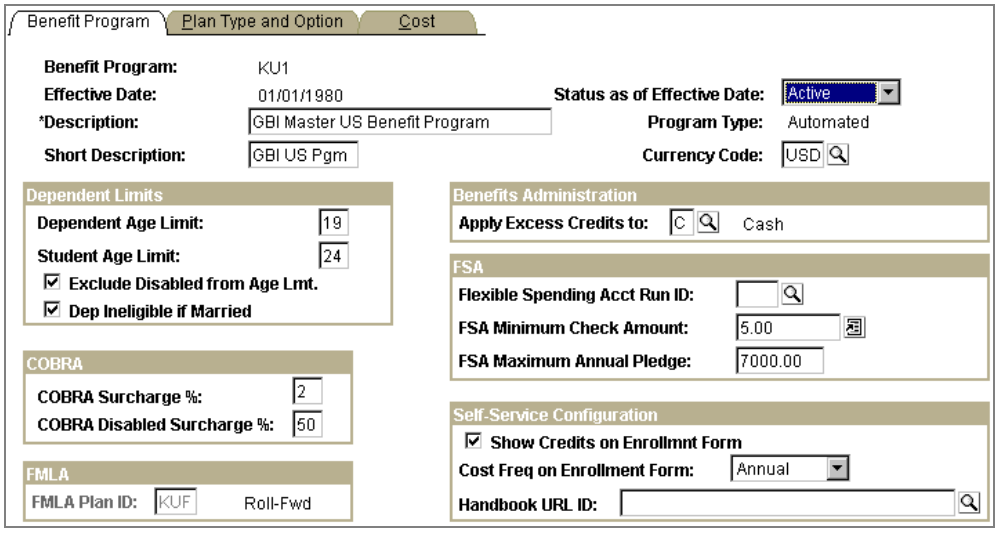
After you plan your benefit programs, you'll use the Benefit Program Table pages to set them up. There are three Benefit Program Table pages:

- Benefit Program
- Plan Type and Option

- Cost

Benefit Program Table - Benefit Program Page

Usage	You define basic benefit program information in the Benefit Program page of the Benefit Program Table.
Object Name	BEN_PROG_DEFN1
Navigation	• **Define Business Rules, Define Automated Benefits, Setup, Benefit Program Tbl, Benefit Program** • **Define Business Rules, Define Base Benefits, Setup, Benefit Program Tbl, Benefit Program** • **Define Business Rules, Define Company Cars (GBL), Setup, Benefit/Deduction Program Tbl, Benefit Program** • **Define Business Rules, Define General Data (NLD), Setup, Benefit Program Tbl, Benefit Program** • **Define Business Rules, Define Payroll Interface, Setup, Benefit Program, Benefit Program** • **Administer Workforce, Monitor Absence (GBL), Setup, Benefit/Deduction Program Tbl, Benefit Program**
Access Requirements	Enter a benefit program code.



Benefit Program Table - Benefit Program page

Benefit Program The system displays the code that you entered to access the page.

Effective Date Date the row in the table becomes effective. This date determines when you can view and change information.

Status as of Effective Date Indicates whether a row in the table is ***Active*** or ***Inactive.*** Processes ignore Benefit Programs designated as ***Inactive,*** even if the effective date defines the program as current.

Description Text that describes what you are defining.

Program Type The type of program can be ***Manual*** or ***Automated.*** If you are using only Base Benefits, it is automatically set to ***Manual.*** If you activated Benefits Administration on the Installation Table, it is automatically set to ***Automated.***

Short Description Brief text that describes what you are defining.

Currency Code This refers to the type of currency that will be used for this program's benefit and deduction calculations.

Benefits Administration This group box is available if Benefits Administration is activated on the Installation Table. If you are using flexible credits, it is used to define how the system will process excess flexible credit amounts.

For more information about setting up flexible credits, see PeopleSoft 8 Benefits Administration, "Organizing Payroll Information for Benefits Administration".

Apply Excess Credits to You can have the system convert excess flexible credit amounts to:

- ***C - C Cash***
- ***D - FSA-Dependent Care***
- ***F - Forfeit Excess Credit***
- ***H - FSA-Health Care Account*** (flexible spending account - health care account)
- ***S - Savings-401(k)***

In order for the system to direct excess credits to an FSA or savings plan, the participant must first be enrolled in an FSA or savings plan. If the participant is not enrolled in an FSA plan and there are excess credits, the credits will be given to the participant as cash.

Dependent Limits This group box defines the age at which dependents are no longer eligible for benefits.

Dependent Age Limit This limit defines the age at which a dependent is no longer considered to be a dependent.

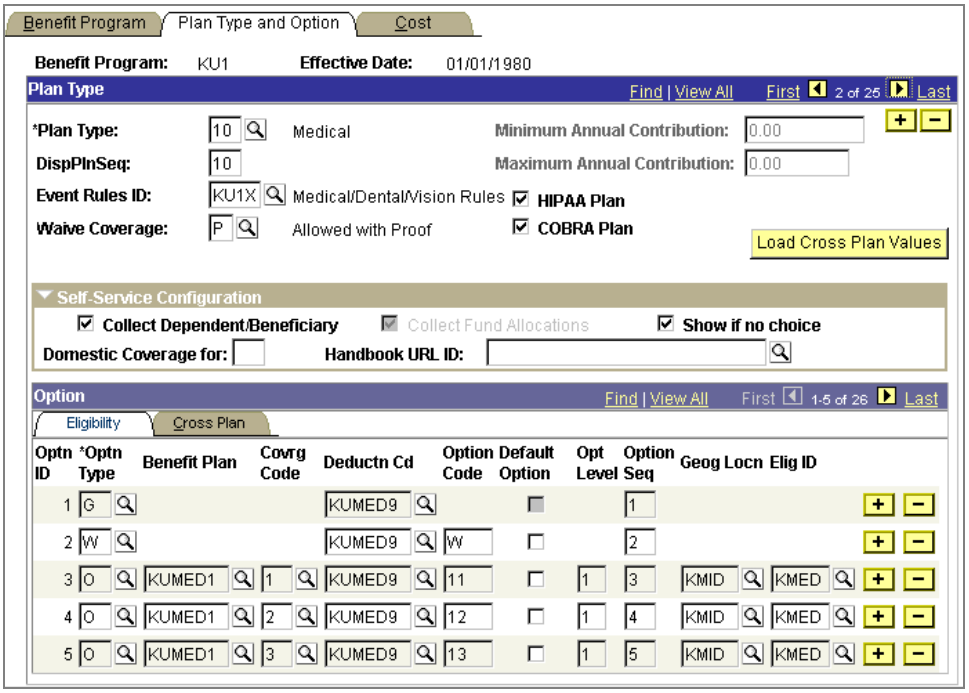
Student Age Limit This limit defines the age at which a dependent is no longer considered to be a student.

Exclude Disabled from Age Lmt (exclude disabled from age limit)	You can elect to exclude disabled dependents from the age limits by selecting the **Exclude Disabled from Age Lmt** check box.
Dep Ineligible if Married (dependent ineligible if married)	You can elect to exclude married dependents from the age limits by selecting the **Dep Ineligible if Married** check box.
FSA	Use this group box to set up your organization's business rules for flexible spending accounts.
Flexible Spending Acct Run ID (flexible spending account run ID)	Enter the FSA Run ID that you created on the FSA Run Table.
FSA Minimum Check Amount	Enter the minimum amount for which you will print a check.
FSA Maximum Annual Pledge	Enter the maximum amount an employee can pledge to deposit into a flexible spending account.
COBRA	This group box defines the rules regarding the surcharge amounts that your organization imposes on COBRA plans.
COBRA Surcharge % (COBRA surcharge percentage)	Enter the percentage amount of the benefit cost that you want added to the benefit cost. For example, if the cost of medical coverage is $100 and the **COBRA Surcharge %** is 30%, The cost for medical coverage for someone on COBRA would be $130.
COBRA Disabled Surcharge % (COBRA disabled surcharge percentage)	If you want a different percentage amount for a disabled person, enter that percentage amount. If you leave the field blank, the surcharge amount entered in the **COBRA Surcharge %** field will be applied to a disabled person with COBRA coverage.
Self-Service Configuration	Use this group box to define the rules for displaying and processing the PeopleSoft eBenefits application pages.
Show Credits on Enrollmnt Form	Select this check box if you want credit amounts to be displayed on the enrollment form. If you do not offer flexible credits, you may not want this heading to be displayed on the form.
Cost Freq on Enrollment Form	This defines how the cost of the benefits will be displayed on the enrollment form. You can choose from ***Annual,*** which displays the costs as annual amounts, or ***Deduction,*** which displays the costs as per-pay-period amounts.
Handbook URL ID	Enter the URL ID that connects to your benefit handbook. URL ID's are set up in the URL Table.
FMLA	Use this group box to define the rules for family medical leave accounts.

FMLA Plan ID Enter the FMLA Plan ID that you created on the FMLA Plan Table.

Benefit Program Table - Plan Type and Option Page

Usage	You use the Plan Type and Option page of the Benefit Program Table to link plan types to the benefit program and to add important information about plan types.
Object Name	BEN_PROG_DEFN2
Navigation	• **Define Business Rules, Define Automated Benefits, Setup, Benefit Program Tbl, Plan Type and Option** • **Define Business Rules, Define Base Benefits, Setup, Benefit Program Tbl, Plan Type and Option** • **Define Business Rules, Define Company Cars (GBL), Setup, Benefit/Deduction Program Tbl, Plan Type and Option** • **Define Business Rules, Define General Data (NLD), Setup, Benefit Program Tbl, Plan Type and Option** • **Define Business Rules, Define Payroll Interface, Setup, Benefit Program, Plan Type and Option** • **Administer Workforce, Monitor Absence (GBL), Setup, Benefit/Deduction Program Tbl, Plan Type and Option**
Prerequisites	Complete the Benefit Program page.
Access Requirements	Enter a benefit program code.



Benefit Program Table - Plan Type and Option: Eligibility page

Benefit Program The system displays the name of the benefit program that you entered to access the page.

Effective Date The system displays the effective date for the benefit program that you entered to access the page.

Plan Type Use this group box to add benefit plans to the benefit program.

Plan Type Select the plan type that you want to add or display.

Minimum Annual Contribution Used in Benefits Administration in regards to FSA accounts, this defines the minimum amount an employee can elect to deposit into an FSA account.

DispPlnSeq Used in Benefits Administration to indicate the order in which benefit plans are displayed. The default value is the plan type.

Maximum Annual Contribution Used in Benefits Administration in regards to FSA accounts, this defines the maximum amount an employee can elect to deposit into an FSA account. This amount cannot be larger than the amount entered on the Benefit Program page.

Event Rules ID Used in Benefits Administration. Select an event rule that you want to link to this benefit plan. Event Rules are set up on the Event Rules Table.

HIPPA Plan Select this check box if you want to designate this plan as one to be included in the HIPPA Report.

For information about the HIPPA Report, see PeopleSoft 8 Base Benefits , "Base Benefits Reports".

Waive Coverage Used in Benefits Administration, selecting this check box allows employees to choose not to enroll in this benefit plan and waive coverage.

In Base Benefits, waiving coverage is set when you enroll participants in various benefit plans.

For information about enrolling participant in Base Benefits, see PeopleSoft 8 Base Benefits, "Enrolling Participants".

COBRA Plan Select this check box to designate which health plan types (limited to Plan Types 1x and 60) are COBRA-qualified plan types. If you make this plan type COBRA-qualified, you will be able to enter an **Option Code** for each of your plans. Otherwise, **Option Code** will be unavailable.

Load Cross Plan Values Click this button to view the Load Cross Plan Values page.

Self Service Configuration Use this group box to define the rules for displaying enrollment and plan information on the eBenefits pages.

Collect Dependent/Beneficiary This field specifies whether you want dependent and beneficiary elections to be displayed. This works in conjunction with the Ignore Dep/Ben flag on the event rules. If you enter:

Y: The system displays dependent and beneficiary elections. For health plans, the system collects elections at the plan level and derives the coverage code based on the dependents covered.

N: The system hides the dependent and beneficiary sections, and does not collect dependent or beneficiary elections. For health plans, the system collects elections at the coverage code level.

Show if no choice Using this field tells the system whether to display the plan type if the employee has no choice, such as a leave plan where the employee receives the benefit automatically. Enter ***Y*** or ***N.***

Domestic Coverage for Using this field tells the system whether to display domestic coverage information coverage along with the employee's coverage.

Handbook URL If you have a special handbook for this plan, you can enter the URL ID. URL IDs are set up in the URL Table.

Option - Eligibility This section is used to enter the options available to the employee for the designated benefit plan.

Optn ID (option ID) As you define options for each of your offered plan types, the system automatically enters the **Optn ID.**

Optn Type (option type) Each option row needs to have an **Optn Type** designation. PeopleSoft Human Resources Base Benefits allows only the following option types:

O: At least one option is required per plan type, except for plan type 01. Plan type 01 is used only for Benefits Administration. Plan type 01**,** also called the "Program" level of the benefit program, is used only by programs that run in conjunction with Benefits Administration.

G: This designates that this option is a general credit and used only in Benefits Administration.

P: This designates that this is a program and is required for automated benefit programs. Only one ***P*** row is allowed per benefit program.

W: This designates that waiving coverage is an option and is used only in Benefits Administration.

Benefit Plan Enter the code for a benefit plan that was defined on the Benefit Plan Table and, if it is something other than a health plan, give added detail in one of the various benefit plan detail pages.

Covrg Code (coverage code) This is used to indicate the level of coverage for health plans. It is a required field for those plan types. Coverage codes are defined on the Coverage Code Table.

Deductn Cd (deduction code) This links the deduction code to the option.

Option Code This field is available if **COBRA Plan** is selected.

Default Option Applies to Benefits Administration. Select this check box if you want this option to be used as the default when the Benefits Administration process validates, loads, or finalizes participant elections.

The default option is the benefit plan option that will be given to employees who do not make an election and is used if the associated event rule has a default method of *Option* or *Current Else Option.* Plan type defaults are used as substitutes for a participant's election when you finalize the event. Here are some guidelines for setting default options:

- You can only select a default option for plan types 1x–3x, 5x, 7x, and 8x.
- For 2x plan types, you should not define options that require coverage to be specified at the employee level as defaults.
- Only the Waive Option Type is allowed as a default for plan types 4x, 6x, and 9x.
- Options requiring proof should not be set as defaults, although it is an option.

Opt Level (option level)

This applies to Benefits Administration for event-processing purposes. Option level refers to the level of benefits coverage provided by the option. For example, if you're setting up a set of supplemental life options that will give employees the ability to choose a coverage of 1, 2, 3 or 4 times their annual salary, you'd set Option Level values for these options of ***1, 2, 3,*** and ***4,*** respectively.

The option level values are used by the system during event processing. The event rule you've linked to the plan type to which these options belong checks the option level when evaluating its change level rules. When an employee elects new coverage, the system will compare the option level of the employee's new option election in that plan type with the employee's current option election. If the new election violates the associated event rule's Participate and Waive change level rules, the system will reject the employee's benefit option selection.

If, for example, the associated event rule's Maximum Number of Change Levels is 2, the system would prevent employees from changing their coverage more than two option levels in either direction. This means that an employee with coverage equal to 1 times their annual salary would not be allowed to select coverage equal to 4 times their annual salary during Open Enrollment.

Option Seq (option sequence)

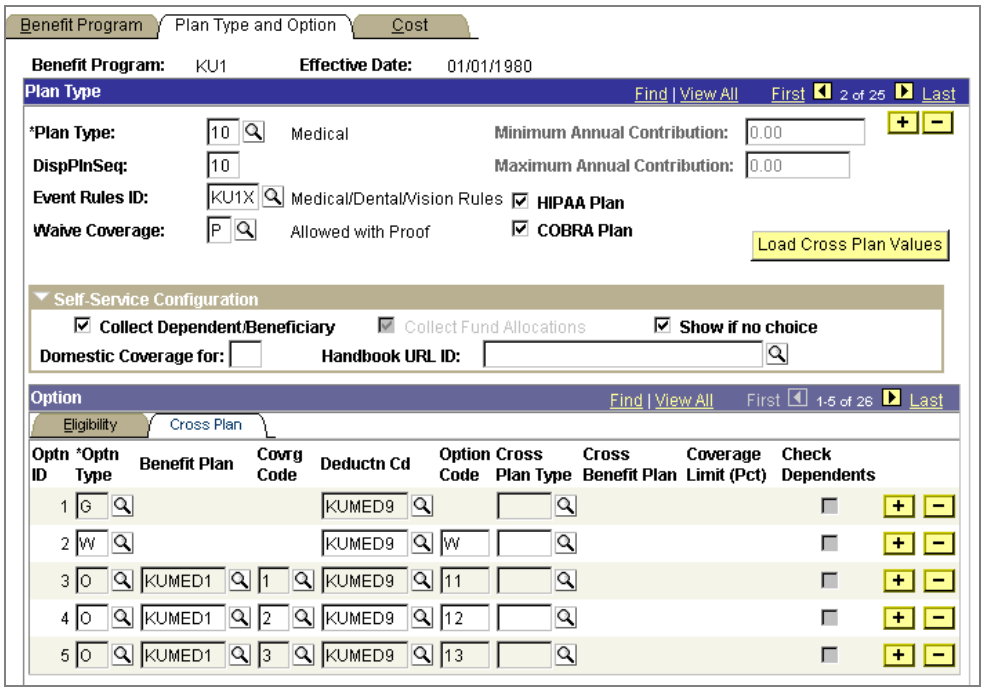
Used in Benefits Administration to indicate the order in which benefit options are displayed. The default value is the Plan Type.

Geog Locn (geographic location)

If you want to link a geographic location rule to this option, enter the code. Geographic location rules are set up on the Geographic Location Table.

Elig ID (eligibility ID)

If you want to link an eligibility rule to this option, enter the eligibility rule ID. Eligibility rules are created on the Eligibility Rules Table.



Benefit Program Table - Plan Type and Option: Cross Plan page

Option - Cross Plan This section is used to enter the options available to the employee for the designated benefit plan.

Optn ID The system displays the option ID created on the **Eligibility** section.

Optn Type The system displays the option type entered on the **Eligibility** section.

Benefit Plan The system displays the benefit plan entered on the **Eligibility** section.

Covrg Code The system displays the coverage code entered on the **Eligibility** section.

Deductn Cd The system displays the deduction code entered on the **Eligibility** section.

Option Code The system displays the option code entered on the **Eligibility** section.

Cross Benefit Plan This field is for automated benefit programs, and indicates that enrollment in one plan type is dependent upon enrollment in another plan type.

Coverage Limit This field is for automated benefit programs, and indicates that coverage is limited to a percentage of the employee's coverage amount.

Check Dependents This field is for automated benefit programs, and tells the system to check the dependent's enrollment in this plan.

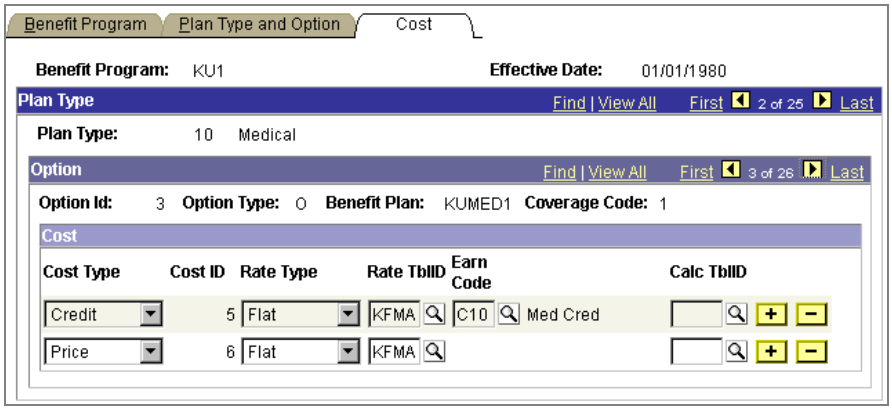
The following chart shows you how to fill out the Plan Type and Option page for Plan Types ***01*** through ***9X:***

Field	***Value For Plan Type 01***	***Value for Plan Types 1x - 9X***
Plan Type	*01* (Plan type 01 not allowed within PeopleSoft Human Resources Base Benefits)	*1x–9x*
Display Plan Sequence	N/A	Not allowed
Event Rules ID	N/A	Not allowed
Waive Coverage	N/A	Not allowed
COBRA Plan	N/A	Allowed for plan types 1x and 6x
HIPAA Plan	N/A	Allowed for 1x plan types.
Option Type	N/A	*O*— Only option type allowed for plan types 1x-9x
Benefit Plan	N/A	Required
Coverage Code	N/A	Required for plan type 1x Not allowed for plan types 2x–9x
Default Option Indicator	N/A	Not allowed
Deduction Code	N/A	Required
Option Sequence	N/A	Not allowed
Option Code	N/A	Not allowed, unless plan type 1x or 60 has been designated as a COBRA plan, in which chase the Option Code is required.
Option Level	N/A	Not allowed
Geographic Location Table ID	N/A	Not allowed
Eligibility Rules ID	N/A	Not allowed
Cross-PlanType	N/A	Not allowed

Cross-Plan	N/A	Not allowed
Cross-Plan Limit Percentage	N/A	Not allowed
Cross-Plan Dependent	N/A	Not allowed

Benefit Program Table - Cost Page

Usage	You will use the Cost page of the Benefit Program Table to link a benefit program and plan type to rate and calculation rules.
Object Name	BEN_PROG_DEFN3
Navigation	• **Define Business Rules, Define Automated Benefits, Setup, Benefit Program Tbl, Cost** • **Define Business Rules, Define Base Benefits, Setup, Benefit Program Tbl, Cost** • **Define Business Rules, Define Company Cars (GBL), Setup, Benefit/Deduction Program Tbl, Cost** • **Define Business Rules, Define General Data (NLD), Setup, Benefit Program Tbl, Cost** • **Define Business Rules, Define Payroll Interface, Setup, Benefit Program, Cost** • **Administer Workforce, Monitor Absence (GBL), Setup, Benefit/Deduction Program Tbl, Cost**
Access Requirements	Enter the benefit program code.



Benefit Program Table - Cost page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Benefit Program, Effective Date, Plan Type, Coverage Code.**

Option Id Identifies the benefit option.

Option Type Identifies the option type.

Cost Use this group box to identify the rate and calculation rules for each benefit program and plan combination.

Cost Type Identifies the cost type for this plan type and benefit option combination. For Base Benefits, the value will always be ***Price.*** This indicates that the system calculates deductions for employees who select this option according to the deduction code linked to this benefit option.

For Benefits Administration, the value can be ***Price*** or ***Credit.*** When you define a **Cost Type** as a ***Credit,*** you must enter the appropriate **Earn Code** (earnings code). Use the **Earn Code** to tell the system how to calculate the flexible credit earnings for a participant. You must use a different **Earn Code** for each benefit **Plan Type** within a benefit program. The system calculates earnings for employees who select this option according to the **Earn Code** that you identify for this benefit option. The system assigns the frequency of the additional pay based on the Deduction Code that you identify for this benefit option.

Cost ID When you enter a new Cost row, the **Cost ID** will be assigned automatically by the system. You cannot update this value.

Rate Type Identifies which rates are associated with this plan type and benefit option combination.

Rate TblID (rate table ID) Identifies which specific rate table with the rate type is linked with this plan type and benefit option combination. You need the identification number because you may have established multiple tables—for example, more than one Flat Rate Table. Only plan types ***01*** through ***3x*** can use rates.

Earn Code Identifies the earning code that might be tied to the plan type.

Calc TblID (calculation table ID) Identifies the calculation rule linked to the plan type and benefit option combination.

Rate Availability by Plan Type

Plan Type	*Flat Rate*	*Age-Graded*	*Service Rate*	*Percent of Salary*
01	✓	✓	✓	✓
10	✓	✓	✓	✓
20	✓	✓	✓	✓
30	✓	✓	✓	✓
40–90	Not Used	Not Used	Not Used	Not Used

For some plan types, you will also need to specify the proper **Calc TblID** (Calculation Rules Table ID) to ensure that the appropriate calculation rules are applied.

You don't have to indicate rates and calculation rules for *all* plan types. Certain rate types, on the other hand, *require* calculation rules. Take a look at the following two tables for more details.

Rate and Calculation Rule Requirements by Plan Type

Plan Type	*Rate Tables*	*Calculation Rules Table*
10	Required	Dependent on rate type
20	Required	Required
30	Required	Required
40	No	Required
50	No	Not Used
60	No	Not Used
70	No	Not Used
80	No	Not Used
90	No	Not Used

Calculation Rule Requirements for Rate Types

Rate Type	*Calculation Rules*
Age Graded	Required
Flat Amount	NA
Salary %	Required
Service	Required

Setting Up Benefit Programs That Provide Benefits to Nonqualified Dependents

Today, many employers offer benefit programs that extend dependent/beneficiary benefits to domestic partners, their children, and other people designated as "nonqualified dependents" by IRS Section 152. PeopleSoft Base Benefits comes delivered with the functionality to help you offer health and life benefits to your employees' domestic partners and other nonqualified dependents with the usual PeopleSoft level of ease and efficiency.

In order to create a benefits system that accommodates and processes nonqualified dependent benefits, you'll need to define a specialized set of deduction rules, calculation rules, and age-graded rates. In addition, if you're planning on offering health benefits to nonqualified dependents, you'll need to define one or more "nonqualified dependent" health plans. PeopleSoft delivers three health plan types for nonqualified dependents:

Plan Type	Description
15	NQ Medical (nonqualified medical)
16	NQ Dental (nonqualified dental)
17	NQ Vision (nonqualified vision)

If you're setting up a life plan for domestic partners and other nonqualified dependents, you'll use a Dependent Life plan type.

Keep in mind that the IRS considers all of the benefits received by nonqualified dependents to be taxable income. This means that the IRS will tax employees for the employer-paid portions of nonqualified health benefits, and it will also tax *all* of the benefits that nonqualified dependents receive from dependent life plans. In both cases, the system will perform imputed income calculations.

For more information about domestic partner benefit plan taxation, imputed income, and how imputed income is calculated for domestic partner benefits, see *Organizing Payroll Information:* Setting Up Benefit Deductions: Working with Imputed Income in this PeopleBook.

We've set up a handy chart to help you put together the pieces of your domestic partner coverage. For each step, we show you how to get to the spot where you'll find more information on how to fulfill it.

Setup Step	Where to Go
Create deduction rules for nonqualified dependent health and life plans.	Organizing Payroll Information: Setting Up Benefit Deductions: Working with Imputed Income.
Set up specialized nonqualified dependent health plans, if necessary. For life coverage, employees will enroll nonqualified dependents in Dependent Life plans, but the system will process those dependents differently.	Defining Providers and Benefit Plans: Defining Benefit Plans: Identifying Benefit Plans. Defining Providers and Benefit Plans: Setting Up Life Insurance Plans.
Nonqualified dependent health plans have special coverage codes that are predefined in the Coverage Code Table. You can use the coverage codes we provide or define new ones.	Building Benefit Programs: Coverage Codes - Coverage Code Tbl Page.

When you design a benefit program that will enable employees to offer health and life benefits to domestic partners and other nonqualified dependents or beneficiaries, the only thing that you'll do differently is set up rows for nonqualified dependent health plan types—such as NQ Medical and NQ Vision—that complement the Medical and Vision plan types that are already present in your program. You do this because your employees must elect (in

an ordinary health plan type) to provide health coverage for themselves and their qualified dependents and a complimentary "NQ" health plan type to provide health coverage for their nonqualified dependents.

If you are currently implementing Benefits Administration, you can use that application's Cross-Plan Validation feature to set up the system to perform a validation check during the Benefits Administration process that ensures that employees who attempt to enroll in an "NQ" health plan type are already enrolled in a regular health plan type. For example, say an employee wants to enroll in an NQ Medical plan type to provide coverage for her nonqualified dependent child, and you've set up Cross-Plan Validation edits for medical plans. During the Event Maintenance election validation process, the system will check to ensure that the employee is already enrolled in a Medical plan type before allowing her to enroll in the NQ Medical plan type.

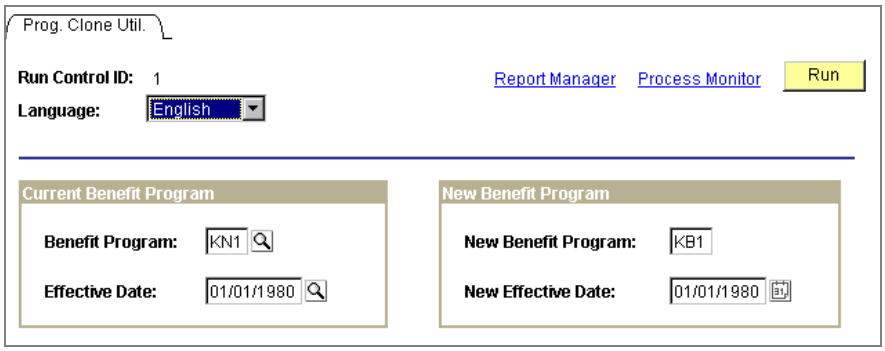
For more information about Cross-Plan Validation, see *Designing Your Benefits Administration System:* Building Benefit Plans: Setting Up Cross-Plan Validation.

Cloning Benefit Programs

The Benefit Program Clone Utility enables you to identify a benefit program and have the system make an exact copy of that program with a different effective date. You can give the duplicate program the same name as the original or rename it. This comes in handy when you need to create a new benefit program for a future effective date that won't be very different from an existing program.

Benefit Program Clone Utility - Prog. Clone Util. Page

Usage	Use the Benefit Program Clone Utility - Prog. Clone Util. page to create a copy of an existing benefit program. You will give the duplicated program a new effective date and have the choice of giving the program a new name or keeping it the same.
Object Name	RUNCTL_BENCLONE
Navigation	• **Define Business Rules, Define Automated Benefits, Process, Benefit Program Clone Utility, Benefit Program Clone Utility** • **Define Business Rules, Define Base Benefits, Process, Benefit Program Clone Utility, Benefit Program Clone Utility** • **Define Business Rules, Define General Data (NLD), Process, Benefit Program Clone Utility, Benefit Program Clone Utility**
Prerequisites	A Benefit Program must already be created.
Access Requirements	Enter the run control ID.



Benefit Program Clone Utility - Prog. Clone Util. (program clone utility) page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Run Control ID.**

Benefit Program Enter the name of the **Benefit Program** that you want duplicated.

Effective Date Enter the **Effective Date** of the benefit program that you want duplicated.

New Benefit Program Enter the name of the **New Benefit Program** that will be created as a result of this process. You can enter the same name as the original benefit program.

New Effective Date Enter the date on which you want the new benefit program to become active.

Click **Run** to run this request. Process Scheduler runs the benefit program clone process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler.

CHAPTER 8

Setting Up Dependent and Beneficiary Information

The accurate tracking of information for the dependents and beneficiaries of your employees is essential to the administration of any benefits program. Accurate dependent and beneficiary information—name, address, birth date, gender, and relationship—helps ensure that benefit claims are quickly and correctly processed.

By setting up dependent/beneficiary data, you can save time by not having to add the same information each time that you enroll the person in a benefit plan. Storing this information in dependent/beneficiary tables also enables you to review data, and print reports.

Additionally, there are requirements such as Qualified Medical Child Support Order (QMCSO) and Qualified Domestic Relations Order (QDRO) that mandate employees to provide benefits to dependents and beneficiaries. When you enter a court order, the system will check to see if a court order is tied to an employee record. If the system finds a court order, it will check to see if any changes are allowed to the benefit enrollments. If changes are not allowed, then a warning will appear.

In this section, we will explain how to enter dependent information and court-ordered benefits.

Before You Begin

Before setting up dependent/beneficiary data, you or your human resources department must enter personnel administration data—personal information, compensation allowances, and job data—for the employee of the dependent or beneficiary. When you set up dependent/beneficiary data, you'll need the employee's identification number.

You can view basic human resources information for employees by using personnel administration components such as Personal Data and Job Data in PeopleSoft Human Resources or by viewing the Employee Data Summary in Base Benefits. Employees can review, update and add their own dependent and beneficiary information using the PeopleSoft eBenefits application pages.

For more information about Personal Data and Job Data, refer to your PeopleSoft Human Resources documentation or Reviewing Enrollments and Benefit Calculations in this PeopleBook. Federal customers should refer to PeopleSoft Human Resources, USF - Hiring Employees.

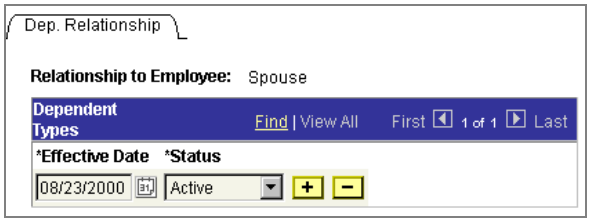
Setting Up Dependent/Beneficiary Roles

The Dependent Relationship page is used to define the relationships—for example, son, daughter, grandmother, grandfather, nephew, and niece—which qualify as dependents according to your organization's rules. Setting up this table is optional and provides the level of *dependent* validation your organization desires when entering dependents. Beneficiary relationships are not tracked because they do not have the same legal ramifications as dependents.

Suppose that you add an employee's grandmother on the Dependent/Beneficiary Data page. The relationship is entered as *Grandmother* and the dependent/beneficiary type is entered as *Dependent.* If you have set up the Dependent Relationship table and added *Grandmother* as a valid dependent, the system will allow the employee's grandmother to be a dependent who is eligible for health benefits. If *Grandmother* has not been added, an error message will appear, and you will not be able to enter that employee's grandmother as a dependent. If you do not add any relationships to the table, this validation process is skipped and no restrictions will be made on who can be a legal dependent.

Dependent Relationship Table Page

Usage	Use the Dependent Relationships Table page to tie relationships (spouse, son, daughter, and so on) to benefit roles (dependent, beneficiary, or both).
Object Name	DEPBEN_TYPE_TBL
Navigation	**Define Business Rules, Define Base Benefits, Setup, Dependent Relationships Table, Dependent Relationship Table**
Access Requirements	Select a relationship to the employee.



Dependent Relationships Table - Dep. Relationship (dependent relationship) page

Relationship to Employee This is the relationship that you selected to access the page.

Effective Date Enter a date on which the dependent status of this relationship goes into effect.

Status Select whether this is an ***Active*** or ***Inactive*** relationship rule. If the rule is ***Inactive,*** this relationship is no longer considered a valid dependent.

Entering Dependents and Beneficiaries

There are five components to the Dependent/Beneficiary page. Three main pages and two auxiliary pages enable you to track a significant amount of information, according to your organizational procedures.

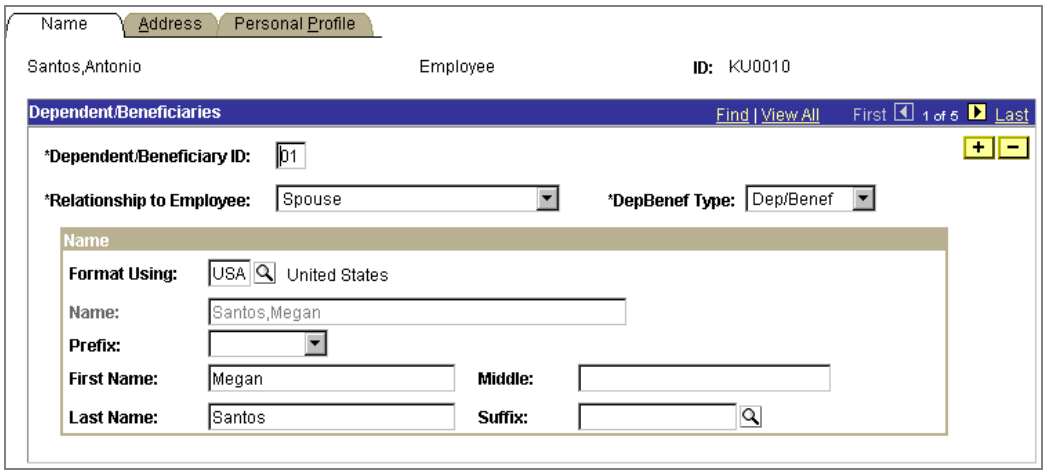
The Name and Address pages define the relationship of the person to the employee and determine whether the person is a dependent, beneficiary, or both. This affects the person's eligibility to be enrolled in health benefits or to be assigned as a beneficiary in certain benefit plans.

The Personal Profile page defines the personal information about the person. This data also affects whether the person is eligible for benefits. Two auxiliary pages are accessed from the Personal Profile page:

- The Phone Numbers page enables you to enter phone numbers.
- The Dependent/Beneficiary Riders page enables you to enter any court-ordered benefits or spousal waivers. This enables the system to validate any changes or omissions in benefit enrollments with a recorded rider. When an employee enrolls in a benefit plan and there is a court-ordered mandate specifying that a benefit be provided, the system will not complete the enrollment.

Dependent/Beneficiary - Name Page

Usage	Use the Name page to identify the employee's beneficiaries and dependents.
Object Name	DEPEND_BENEF1
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Dependent/Beneficiary, Name** • **Administer Workforce, Administer Workforce (GBL), Use, Dependent Data, Name** • **Define Business Rules, Define General Data (NLD), Use, Dependent/Beneficiary, Name** • **Administer Workforce, Track Global Assignments (GBL), Use, Dependent Data, Name** • **Administer Workforce**, Track Global Assignments (USF), Use, Dependent Data, Name
Prerequisites	The employee must be entered into the system.
Access Requirements	Enter the employee ID.



Dependent/Beneficiary - Name page

ID The system displays the name and the employee **ID** for the employee that you entered to access this page.

Dependent/Beneficiaries

Dependent/ Beneficiary ID The system assigns the **Dependent/Beneficiary ID.** You can change it, although you cannot have duplicate IDs for dependents or beneficiaries of the same employee. For example, for employee 7707, the company CCB assigned dependent/beneficiary IDs ***02*** and ***03.*** The system will not allow you to duplicate these numbers for future dependents or beneficiaries of employee 7707. You can, however, use these same IDs for a different employee's dependents and beneficiaries.

Relationship to Employee Enter the dependent/beneficiary's relationship to the employee. If you have set up the Dependent Relationship table, the system will automatically populate the **DepBenef Type** field according to the relationships that you have established in the table.

DepBenef Type (dependent/beneficiary type) Select the type of dependent/beneficiary. Your selection determines whether you can enroll this person into a benefit plan as a dependent or assign this person as a beneficiary.

If you have set up the Dependent Relationship table, the system will use that information to populate and validate this field.

Benef: Beneficiary only.

COBRA Only: COBRA Dependent/Beneficiary only.

Dep/Benef: Dependent and beneficiary. If you plan to enroll the person as a dependent *and* assign the person as a beneficiary, you must select this option.

Dependent: Dependent only.

Estate: If the beneficiary of a life plan is the estate of an employee, enter this value.

None: The person is neither a dependent nor a beneficiary. This option is typically used when the person is a co-owner of a U.S. Savings Bond or to make a person ineligible to participate in a benefit plan. It can also be used to essentially inactivate an individual from participating in benefit enrollments.

QDRO Emp: Used for PeopleSoft Pension Administration.

QDRO Rec: Used for PeopleSoft Pension Administration.

For more information on QDRO**,** see PeopleSoft 8 Payroll for North America.

Name

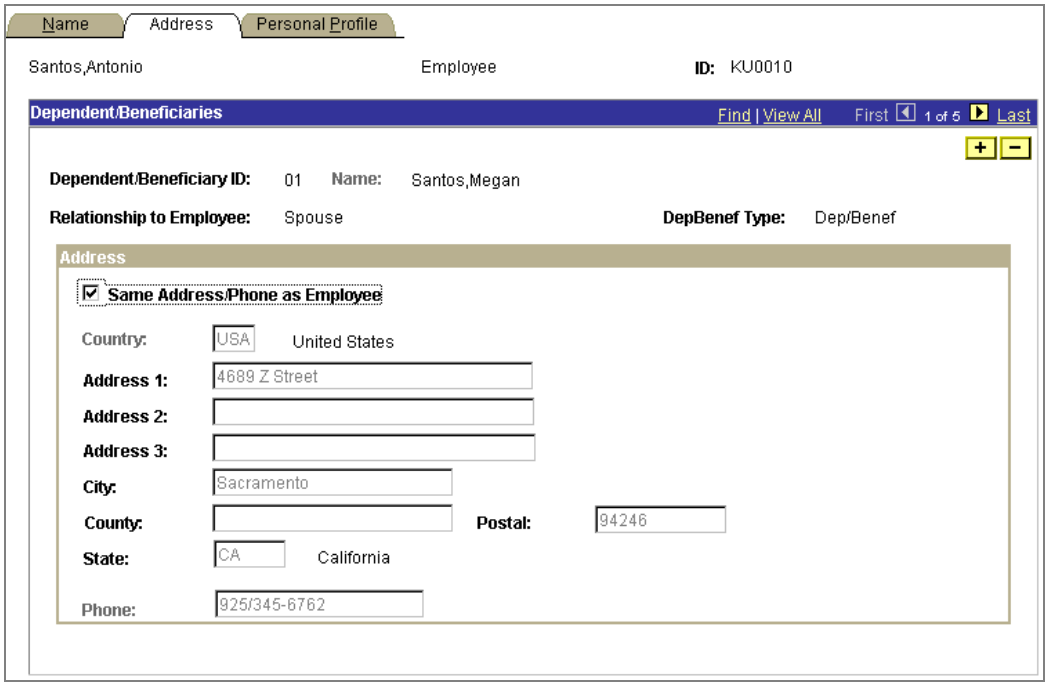
Format for Country The value that you select in the **Format For Country** field determines the information that you enter.

Name Enter the dependent or beneficiary's **Name.**

Dependent/Beneficiary - Address Page

Usage	Use the Address page to enter the employee's beneficiaries' or dependents' address information.
Object Name	DEPEND_BENEF_ADDR
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Dependent/Beneficiary, Address** • **Administer Workforce, Administer Workforce (GBL), Use, Dependent Data, Address** • **Define Business Rules, Define General Data (NLD), Use, Dependent/Beneficiary, Address** • **Administer Workforce, Track Global Assignments (GBL), Use, Dependent Data, Address** • **Administer Workforce, Track Global Assignments (USF), Use, Dependent Data, Address**
Prerequisites	The employee must be entered into the system.
Access	Enter the employee number.

Requirements	



Dependent/Beneficiary - Address page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Country, Address 1, Address 2, Address 3, City, County, Postal, State, Phone.**

ID The system displays the name and the employee ID for the employee that you entered in order to access this page.

Dependent/ Beneficiary ID The system displays the **Dependent/Beneficiary ID** that you entered on the Name page.

Relationship to Employee The system displays the **Relationship to Employee** that you entered on the Name page.

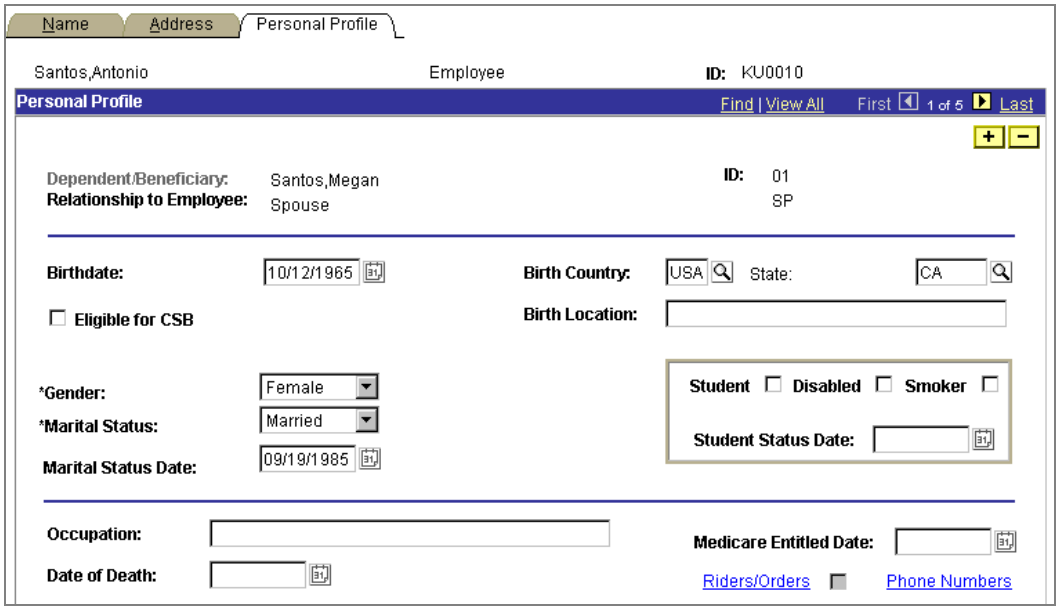
DepBenef Type The system displays the **DepBenef Type** that you entered on the Name page.

Address In the **Address** group box, enter the address for the dependent or beneficiary. Select **Same Address/Phone as Employee** if the dependent/beneficiary's address and phone information is the same as the employee's. That information will then be entered automatically.

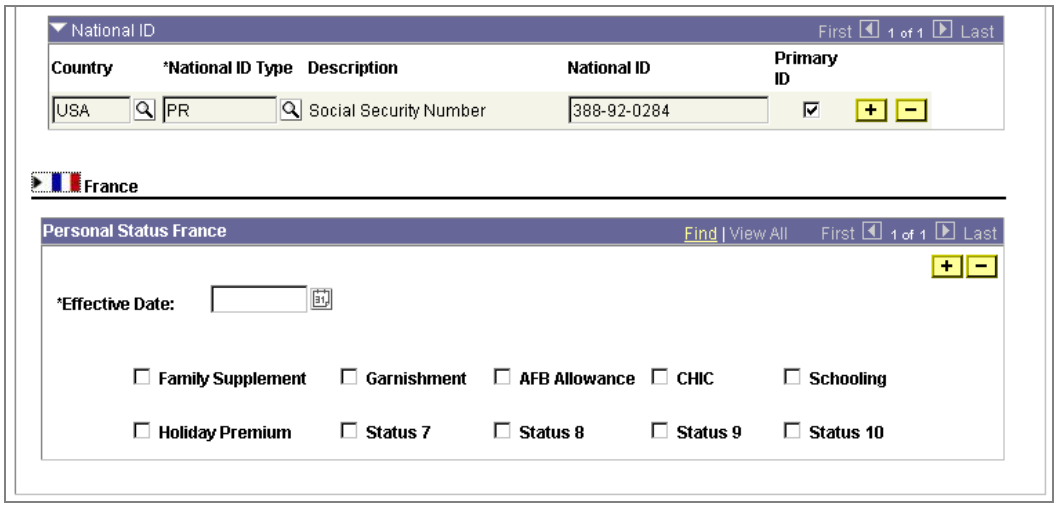
Dependent/Beneficiary - Personal Profile Page

Usage	Use the Personal Profile page to enter detailed information about the employee's beneficiaries and dependents.
Object Name	DEPEND_BENEF2

Navigation	• **Compensate Employees, Administer Base Benefits, Use, Dependent/Beneficiary, Personal Profile** • **Administer Workforce, Administer Workforce (GBL), Use, Dependent Data, Personal Profile** • **Define Business Rules, Define General Data (NLD), Use, Dependent/Beneficiary, Personal Profile** • **Administer Workforce, Track Global Assignments (GBL), Use, Dependent Data, Personal Profile** • **Administer Workforce, Track Global Assignments (USF), Use, Dependent Data, Personal Profile**
Prerequisites	The employee must be entered into the system.
Access Requirements	Enter the employee number.



Dependent/Beneficiary - Personal Profile page (1 of 2)



Dependent/Beneficiary - Personal Profile page (2 of 2)

Birthdate Enter the dependent/beneficiary's birth date. Certain benefit plans, such as life insurance, require the birth date to determine an individual's eligibility.

Birth Country Enter the country in which the dependent/beneficiary was born. Depending on the country that you enter; additional fields may be displayed, requiring more data entry.

Birth Location You may enter a city and/or county to further define the place in which the dependent/beneficiary was born.

Eligible for CSB If you are entering dependent/beneficiary information for a Canadian employee, you can select this check box to indicate that the dependent or beneficiary is an eligible registrant for an employee purchasing Canadian Savings Bonds (CSBs). The PeopleSoft Payroll-CSB Registrant page will verify the selection of this check box.

Gender Select either ***Female*** or ***Male.***

Marital Status Enter the dependent/beneficiary's **Marital Status.**

Marital Status Date When an individual undergoes a change in marital status, such as a change from single to married, enter the date of the change. This is critical for determining eligibility for benefits enrollment.

Student If the dependent/beneficiary is a student, select this check box.

Student Status Date When the dependent's student status changes (in other words, when you select or clear the **Student** check box), enter the date of the change. This is critical for determining eligibility for benefits enrollment.

Disabled Select this check box if the dependent/beneficiary is disabled.

Smoker Select this check box if the dependent/beneficiary smokes. The **Smoker** check box is necessary for dependents enrolled in benefit plans using calculation rules. The system calculates age-graded rates for individuals differently depending upon whether or not they smoke. To set up calculation rules and rates, see Calculation Rules Table - Calculation Rules Page.

Occupation Enter the dependent/beneficiary's occupation, if it is known.

Medicare Entitled Date Enter the date upon which the dependent/beneficiary will become eligible for Medicare coverage.

Date of Death When the dependent/beneficiary dies, or if the person is already deceased, enter the date of the death.

Riders/Orders Click the **Riders/Orders** button to access the Riders/Court Orders Page. The associated checkbox will be marked if there are riders on file for the dependent or beneficiary

Phone Numbers Click the **Phone Numbers** link to access the Phone Numbers Page.

National ID

Country Select the appropriate **Country** of origin for the dependent/beneficiary.

National ID Type Select the type of national ID.

Description The system displays the description for the selected **National ID Type**.

National ID Enter the **National ID** number.

Primary If you enter more than one national ID, select this check box to mark one of them as primary.

France

Effective Date Enter a status **Effective Date.** This is a required field. To enter multiple effective-dated status profiles for a dependent/beneficiary, place your cursor in the **Effective Date** field and insert additional data rows.

Family Supplement

For numerous families, payroll calculates the family allowance amount that your organization gives to an employee based on his family dependents. This calculation is based on the number and type of employee dependents. Use this check box to indicate whether or not the corresponding dependent has to be taken into account in the calculation of the supplemental family allowance.

Garnishment

This option deals with court orders requiring that an employee's wages by garnished. When an employee is under a court order, payroll can calculate the percentage and amount of the employee's salary that is frozen for every pay period that has to be transferred to the relevant government agency.

Depending on the number of dependents, this amount is reduced. The greater the number of dependents is, the lower the percentage of frozen salary can be. Use this check box to indicate if the corresponding dependent has to be taken into account in the calculation of the frozen garnishment amount.

AFB Allowance

AFB is the French Banking Association. This association delivers a special allowance based on the number of dependents. Use this check box to indicate whether or not the corresponding dependent has to be taken into account in the calculation of this allowance.

CHIC

CHIC is a medical insurance company that employees can choose to use to supplement their medical insurance coverage. This insurance company delivers a special allowance based on the number of dependents. Use the CHIC check box to indicate whether or not the corresponding dependent has to be taken into account in the calculation of this allowance.

Schooling

See **Family Supplement.**

Holiday Premium

See **Family Supplement.**

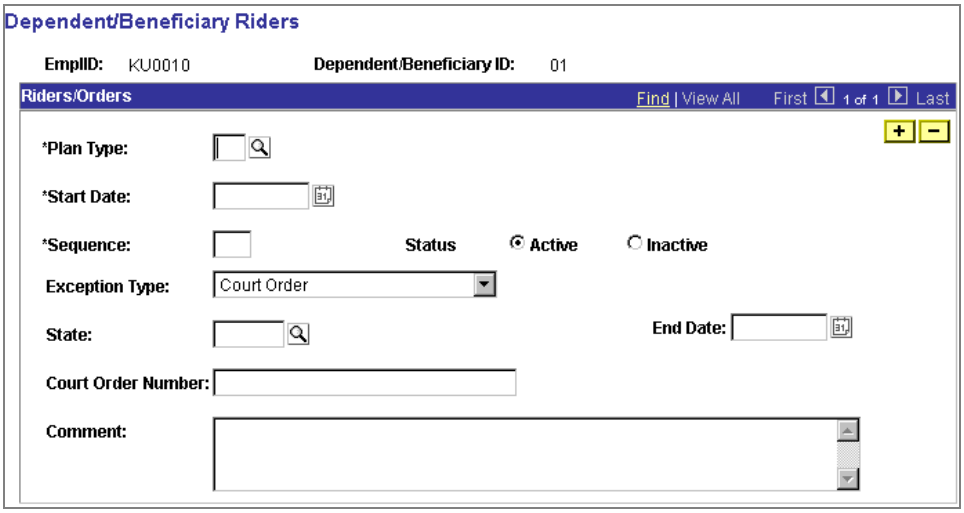
Status 7, Status 8, Status 9, Status 10

Status 7, Status 8, Status 9, and **Status 10** are fields that you can modify to capture additional payroll-related status information.

For more information about customizing fields in PeopleSoft applications, please refer to your Development Tools documentation.

Dependent/Beneficiary - Personal Profile: Riders/Orders Page

Usage	Use the Riders/Orders page to enter detailed information about the court-ordered benefit for the specified dependent or beneficiary.
Object Name	DEPBEN_RIDERS
Navigation	Click the **Riders/Orders** link on the Dependent/Beneficiary Data - Personal Profile page.



Dependent/Beneficiary - Personal Profile: Riders/Orders page

Plan Type Enter the type of plan to which the court order relates.

Start Date Enter the date on which the court order becomes effective.

Sequence The sequence number is a way to prioritize court orders when you have more than one that takes effect on the same day. Enter a number that indicates which court orders take precedence over others. If there is only one court order, enter a **Sequence** value of ***1.***

Status Select whether the court order is ***Active*** or ***Inactive.*** This is typically used to void a court order before the end date takes effect. If the status is ***Inactive,*** the system will not enforce any validations against this court order.

Exception Type Select whether this is a ***Court Order, Spousal Waiver,*** or ***Neither.*** A court order is a legal document that grants a dependent the right to receive benefit coverage. A spousal waiver is a document that formally waives a spouse's claim to a minimum beneficiary allocation of funds from a life insurance policy or savings plan.

State Enter the **State** in which the court order applies.

Descr (description) After you select a state, the name of the state is populated in this field.

End Date Enter the date on which the court order ends. When the court order expires, the system will not enforce any validations against this court order.

Court Order Number Enter the official number issued by the state for this court order.

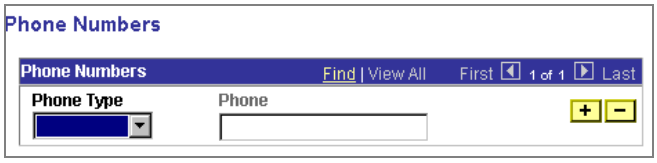
Comment You can enter comments that indicate the circumstances behind the court order and/or the court order's intended function.

OK Click **OK** to accept all changes made and return to the Dependent/Beneficiary - Personal Profile page.

Cancel Click **Cancel** to disregard changes and return to the Dependent/Beneficiary - Personal Profile page.

Dependent/Beneficiary - Personal Profile: Phone Numbers Page

Usage	Use the Phone Numbers page to enter additional dependent/beneficiary phone numbers.
Object Name	DEP_BENEF_PHON_SEC
Navigation	Click the **Phones Numbers** link on the Dependent/Beneficiary Data - Personal Profile page.



Dependent/Beneficiary - Personal Profile: Phone Numbers page

Phone Type Select the type of phone for the dependent/beneficiary

Phone Enter the phone number.

OK Click the **OK** button to accept changes made and return to the Dependent/Beneficiary - Personal Profile page.

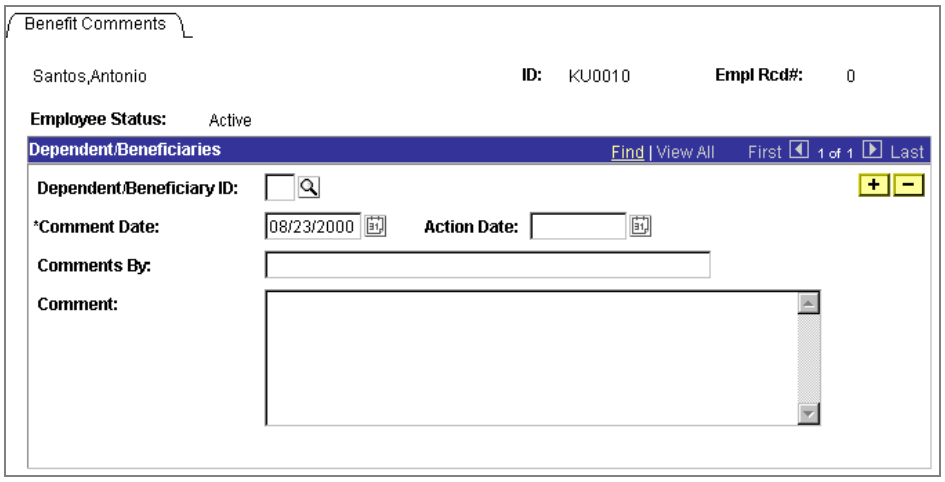
Cancel Click the **Cancel** button to disregard changes and return to the Dependent/Beneficiary - Personal Profile page.

Entering Dependent/Beneficiary Comments

Use the Benefit Comments page to enter comments that your organization might want to retain. Comments are informational and for your use only.

Dependent/Beneficiary Comment Page

Usage	Use the Dependent/Beneficiary Comment page to enter any special notes or comments relevant to the dependent or beneficiary.
Object Name	BENEFIT_COMMENTS
Navigation	**Compensate Employees, Administer Base Benefits, Use, Dependent/Beneficiary Comment, Benefit Comments**
Prerequisites	The employee must be entered into the system.
Access Requirements	Enter the employee ID.



Dependent/Beneficiary Comment - Benefit Comments page

Dependent/ Beneficiary ID Select the beneficiary for whom you want to enter a comment.

Comment Date Enter the date on which you are entering the comment.

Action Date Enter the date on which the comment becomes or became effective.

Comments By Enter your name or the name of the person providing the information.

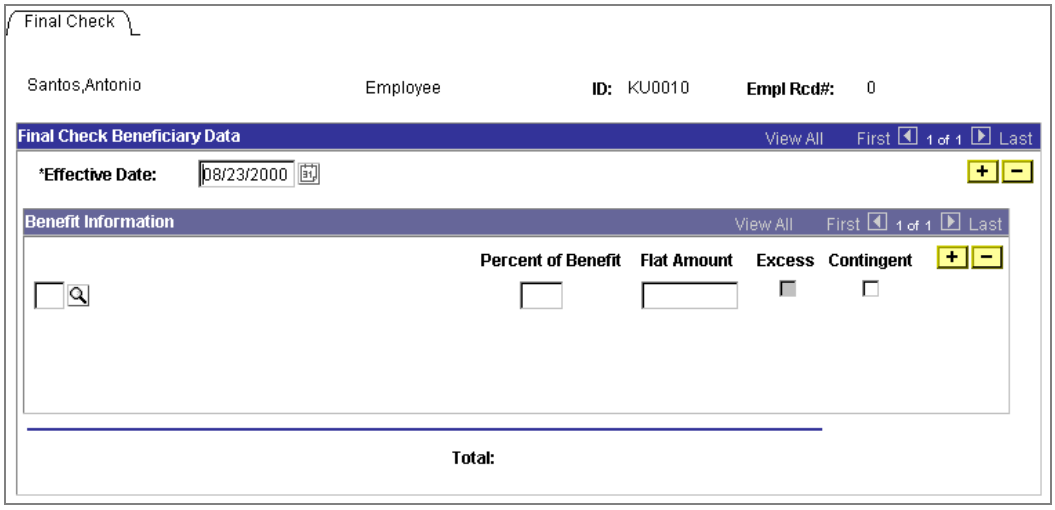
Comment Enter the text of the comment. Comments can be of any length or format and are for informational purposes only. They are not printed on any reports.

USF - Completing the Final Check Page

Use the Final Check Beneficiary Data - Final Check page to determine which of the employee's dependents or beneficiaries will receive the employee's final check in the event that the employee dies. This page is used for informational purposes only; the system does not use the data entered on this page for benefits processing. You can enter more than one beneficiary.

USF - Final Check Beneficiary Data - Final Check Page

Usage	Use the Final Check Beneficiary Data page to determine which of the employee's dependents or beneficiaries will receive the employee's final check in the event that the employee dies.
Object Name	GVT_FIN_CHK_BEN
Navigation	**Compensate Employees, Administer Base Benefits, Use, Final Check Beneficiary Data, Final Check Beneficiary Data**
Prerequisites	The employee must be entered into the system.
Access Requirements	Enter the employee ID.



Final Check Beneficiary Data - Final Check page

Employee ID The system displays the employee's name and the employee ID that you entered to access the page.

Effective Date Enter the date on which the data goes into effect.

Beneficiary ID	Select the beneficiary identification number.
Percent of Benefit	If the dependents or beneficiaries should receive a percentage of the final check amount, enter the percentage amount. If you have more than one beneficiary receiving a portion of the final check, the total percentage for all beneficiaries should equal 100, unless you have contingent beneficiaries.
Flat Amount	If the dependents or beneficiaries should receive a flat amount from the final paycheck, enter that amount here.
Excess	The sum of the flat amounts allocated to the beneficiaries may not equal the amount of the final check. In this case, one individual must be marked to receive any extra funds. Select the **Excess** check box for the beneficiary that is to receive the excess dollars.
Contingent	If this dependent or beneficiary is not a primary beneficiary, select the **Contingent** check box. If you set up a primary beneficiary to receive 100 percent of the final check amount, all other beneficiaries would have **Contingent** selected. The amounts attributed to primary beneficiaries must add up to 100 percent; amounts attributed to contingent beneficiaries must also add up to 100 percent.

Reviewing and Maintaining Dependent/Beneficiary Data

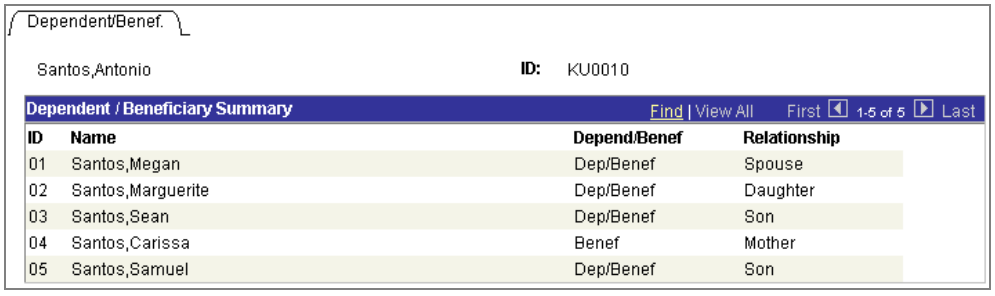
Over time, changes will occur that require you to terminate dependent enrollments or beneficiary status. Remember that you enroll dependents and assign beneficiaries when you enroll employees. To terminate a dependent enrollment or beneficiary status, you must enter a row of data with the termination date (just as you do with employees). You will make these changes on the Benefit Detail page for the benefit in question, such as Life & AD/D Benefits. You do not make the changes on the Dependent/Beneficiary Data page.

If you delete dependent/beneficiary data using the Dependent/Beneficiary Data pages, you'll destroy history. Once you change enrollment data, it won't matter that the dependent or beneficiary data is available here. In fact, it must remain if your system is to provide correct historical information. To remove a dependent or beneficiary, set the DepBenf Type field on the Name page to *None.*

If you try to delete dependent/beneficiary records on benefit detail pages that have court orders applied to them, the system will send you a warning informing you that the dependent or beneficiary has a court order that provides a legal right to benefit coverage.

Dependent/Beneficiary Summary Page

Usage	Use the Dependent/Beneficiary Summary page to display a summary of all dependent/beneficiary data for an employee.
Object Name	DEPEND_BENEF_SUMM
Navigation	• **Compensate Employees, Administer Base Benefits, Inquire, Dependent/Beneficiary Summary, Dependent/Beneficiary Summary** • **Define Business Rules, Define General Data (NLD), Inquire, Dependent/Beneficiary Summary, Dependent/Beneficiary Summary**
Prerequisites	The employee, beneficiary, and dependent information must be entered on the Dependent/Beneficiary component pages.
Access Requirements	Enter the Employee ID.



Dependent/Beneficiary Summary - Dependent/Benef. (dependent/beneficiary) page

In this display-only page, the system shows the name and identification number for the employee. This information is taken from the Hire Workforce pages in Administer Workforce. It then displays the identification number and name for the dependent/beneficiary (from the Dependent/Beneficiary - Name/Address page). You'll also see the type of relationship (dependent or beneficiary) as well as the specific family relationship (from the Dependent/Beneficiary - Personal Profile page).

Entering Court Orders and Spousal Waivers

Spouses, ex-spouses, and children of employees may have court orders that provide them with a legal right to benefit coverage from those employees. In addition, certain benefit plans may require that a spouse have a required minimum coverage amount.

Court orders are entered on the Dependent/Beneficiary Riders page and Minimal Spousal Amounts are entered on the Benefit Plan table.

To track the court-ordered benefits, you can print the Court Ordered Coverage Audit Report.

Court Ordered Coverage Audit Page

Usage	Use the Court Ordered Coverage Audit page to print a list of employees who are required to provide court ordered benefits to a dependent, but have failed to meet that requirement.
Object Name	RUNCTL_BEN734
Navigation	**Compensate Employees, Administer Base Benefits, Report, Court Ordered Coverage Audit, Court Orders Audit Report**
Access Requirements	Enter the Run Control ID.

Court Ordered Coverage Audit - Court Orders Audit Report page

As Of Date This is the ending date of the report. Information with a date later than this will not be included in the report.

Plan Type Select the types of plans that you want included in the report. If you don't select a plan type, all plan types will be included in the report. If you select a plan type, the report will include information for only the one that you selected.

Audit Type Select the types of information that you want included in the report. You can select as many audit types as you want. If you don't select an audit type, nothing will is reported.

Select the **Missing Elections** check box to find employees who have elected not to enroll in a benefit plan, but who also have dependents or beneficiaries with active court orders.

Select the **Uncovered Individuals** check box to find employees who have active coverage elections and who also have dependents or beneficiaries having active court orders, but who are not enrolled in a benefit plan or assigned as a beneficiary.

CHAPTER 9

Enrolling Participants

How you enroll participants depends on the PeopleSoft benefits solution that you implement. If your organization enrolls participants using PeopleSoft Human Resources, you use online pages that are distinctive for each range of plan types and that contain a variety of data, enabling you to tailor enrollments to participant needs. For example, when you enroll a participant in a life plan and you want to uniquely define the plan at the employee level, you can specify the use of the benefits pay rate for life calculations. And when you enroll participants, you also enroll their dependents and assign beneficiaries.

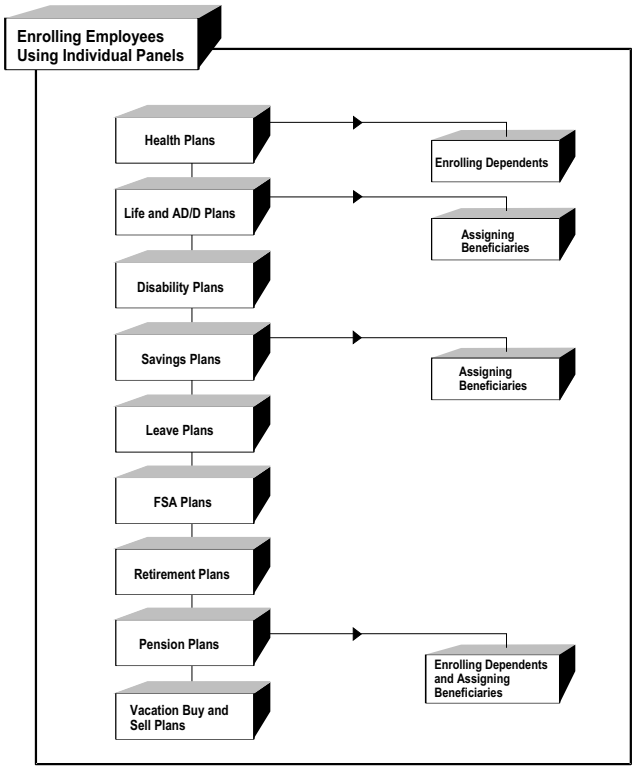
If your organization implements PeopleSoft Benefits Administration, then you use that application's Open Enrollment and Event Maintenance processing capabilities to automatically enroll employees into benefit programs and plans and adjust their enrollment information as their benefits eligibility changes over time.

For more information about PeopleSoft Benefits Administration, see Introduction to PeopleSoft Benefits Administration.

Overview of the Enrollment Process

Using PeopleSoft Human Resources Base Benefits to enroll participants consists of two parts. First, you enroll a participant in a benefit program. Initially, an employee's benefit program assignment is assigned to the employee based on his or her employee pay group, but you can override this assignment at the employee level. It's important to verify that the employee is enrolled in the correct benefit program, because you can only enroll participants in benefit plans that are associated with their assigned benefit program.

Second, using individual benefit pages, you enroll the participant in all appropriate benefit plans within the benefit program. When you enroll employees in health, life, savings, FSA, and Canadian pension benefit plans, you also enroll dependents and assign beneficiaries.



Enrolling employees and their dependents and beneficiaries

You learn how to define dependent and beneficiary data in Setting Up Dependent and Beneficiary Information in this PeopleBook. You should set up that data *before* you start enrollments. That way, for each dependent enrollment and beneficiary assignment, you can prompt for the data once rather than enter it several times.

For more information about the audits we deliver and how to perform them, see Auditing Your Benefit Information in this section. PeopleSoft provides audits for your benefit information. Some audits are specifically for PeopleSoft Human Resources Base Benefits and others are for PeopleSoft Benefits Administration. After you enroll participants, check your data using the PeopleSoft Human Resources audits.

Overview of the Federal Enrollment Process

Using the PeopleSoft Human Resources PAR process to enroll participants consists of two parts. First, you enroll a participant in a benefit program. Initially, an employee's benefit program assignment is assigned to the employee based on his or her employee pay group, but you can override this assignment at the employee level. It's important to verify that the employee is enrolled in the correct benefit program, because you can only enroll participants in benefit plans that are associated with their assigned benefit program.

Second, using the Benefits/FEHB Data and FEGLI/Retirement/FICA pages, you enroll the participant in all appropriate benefit plans within the benefit program. When you enroll

employees in health, life, and savings plans, you also enroll dependents and assign beneficiaries.

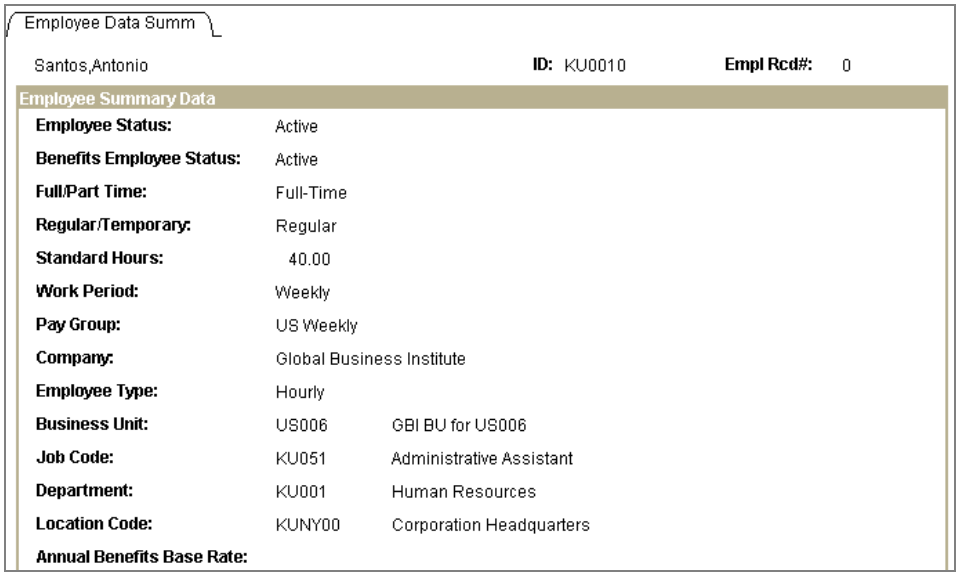
For more information about enrolling participants in federal benefit programs, see USF - Enrolling Employees in Benefit Programs and Plans Through the PAR.

Reviewing Employee Eligibility

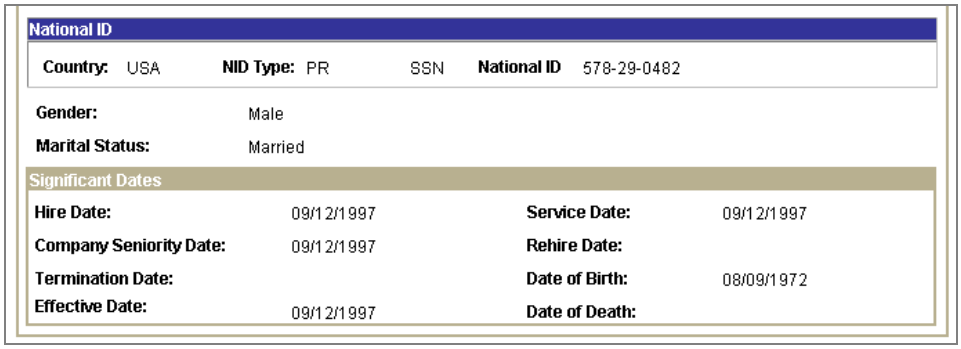
Before you can enroll a participant, your Human Resources department must set up personnel administration data: personal information, compensation allowances, and job data. It is helpful when determining benefits eligibility and when responding to employee benefit questions to be able to look at this employee-specific data.

Employee Data Summary page

Usage	Use the Employee Data Summary pages to view the personnel administration data..
Object Name	EMPLOYEE_SUMMARY1
Navigation	• **Compensate Employees, Administer Automated Benefits, Inquire, Employee Data Summary, Employee Data Summary** • **Compensate Employees, Administer Base Benefits, Inquire, Employee Data Summary, Employee Data Summary** • **Define Business Rules, Define General Data (NLD), Inquire, Employee Data Summary, Employee Data Summary** • **Develop Workforce, Plan Careers, Inquire, Employee Summary, Employee Data Summary**
Prerequisites	The employee must be entered in the system.
Access Requirements	Enter the employee ID.



Employee Data Summary page (1 of 2)



Employee Data Summary page (2 of 2)

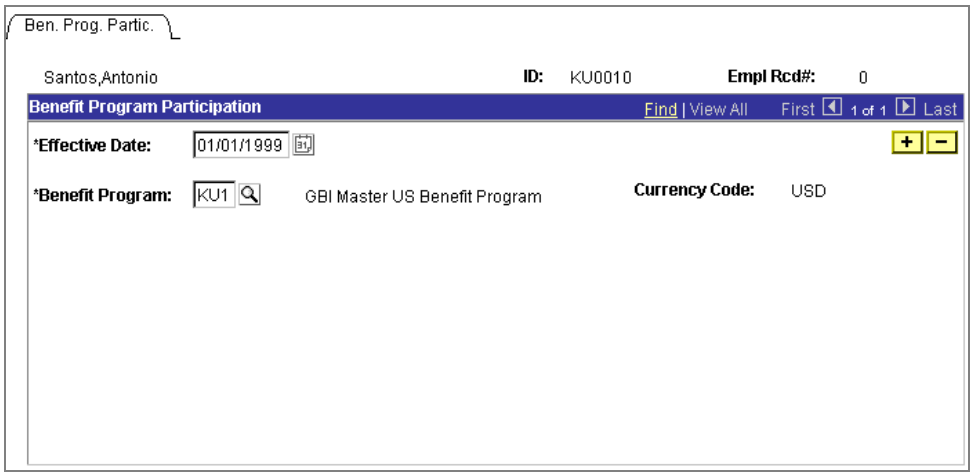
Employee Status, Pay Group, and **Annual Benefits Base Rate** directly affect benefit processing. **Annual Benefits Base Rate** is blank if your organization uses a benefits base different from regular pay. You set up the **Annual Benefits Base Rate** in the Compensation page of the Job Data Component, in the Annual Benefits Base Rate field.

The date information in the **Significant Dates** group box, such as **Hire Date** or **Service Date,** directly affects benefit calculations.

Benefit Program Participation Page

Usage	Use the Benefit Program Participation page to enroll the employee in the appropriate benefit program.
Object Name	BEN_PROG_PARTICPTN
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Benefit Program Participation, Benefit Program Participation** • **Define Business Rules, Define General Data (NLD), Use, Benefit Program Participation, Benefit Program Participation**

	• **Define Business Rules, Define Payroll Interface, Setup, Benefit Program Participation, Benefit Program Participation**
Prerequisites	The employee must be entered in the system.
Access Requirements	Enter the employee ID.



Ben. Prog. Partic. (benefit program participation) page

You enroll participants in benefit programs during new-hire processing. You set up a default benefit program, which you can change if needed, and the system automatically enrolls the participant into that program, using the current date as the **Effective Date.**

We recommend that you set up a default benefit program because if you run a payroll before you enter a **Benefit Program,** payroll cannot process the employee. Even though some of your employees may be enrolled into a default benefit program, you can override the default with the correct **Benefit Program** when that program is known.

For more information about setting up a default benefit program, see Setting Up Default Benefit Programs.

If it's different from today's date, enter the **Effective Date**—the date that the employee is enrolled in the **Benefit Program.**

Enrolling Participants in Benefit Plans

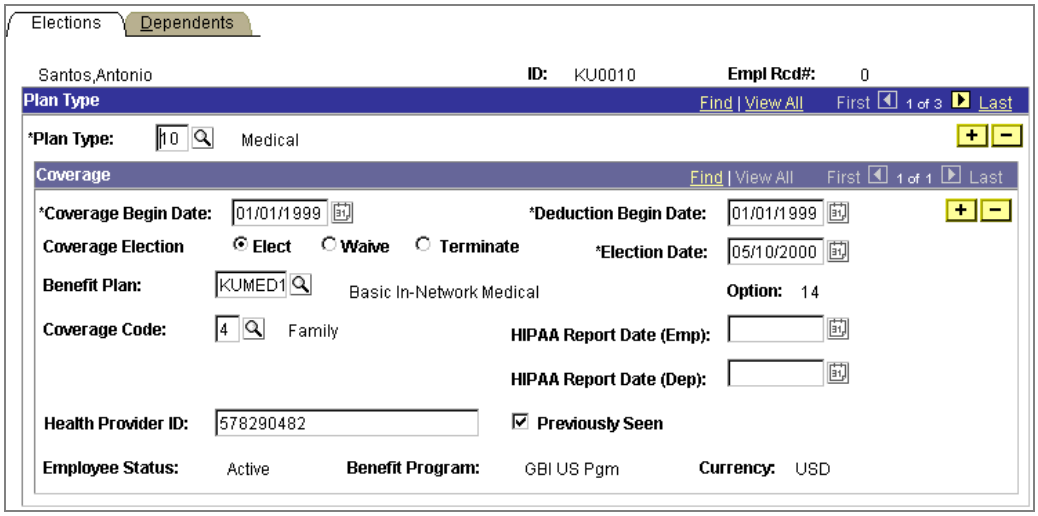
Once you enroll a participant in a benefit program, you're ready for the second part of the enrollment process - enrolling the participant in appropriate benefit plans.

You can enroll the participant only in the benefit plans associated with the benefit program that you enrolled the participant in, according to the effective dates of both the program and the benefit plan. The system checks both dates against your enrollment effective date.

For more information about the addition of benefit plans to a benefit program, see Building Base Benefit Programs.

Health Benefits - Elections Page

Usage	Use the Health Benefits pages to enroll employees and dependents in health plan types: medical, dental, and vision.
Object Name	HEALTH_BENEFITS1
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Health Benefits, Elections** • **Define Business Rules, Define General Data (NLD), Use, Health Benefits, Elections**
Access Requirements	Enter the employee ID.



Health Benefits - Elections page

To identify the type of health plan, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***10,*** a ***Medical*** **Plan Type.**

Enter the **Coverage Begin Date.** When you press Tab to navigate to the **Deduction Begin Date,** the system automatically assigns it to be the **Coverage Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use **Coverage Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Elect Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Elect**

Date. If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Elect Date.**

Select the **Benefit Plan.** Only the health benefit plans that you've associated with the employee's chosen Benefit Program as of the **Deduction Begin Date** appear in the selection list.

Select the **Coverage Code** that defines the kind of coverage the employee wants, such as ***Employee Only*** or ***Family.*** The **Coverage Code** is linked to the **Benefit Plan;** only coverage codes defined for the selected **Benefit Plan** are available.

The **HIPAA Report Date (Emp/Dep)** fields display the date that the employee's certificate of creditable health coverage was printed, if his or her health coverage was terminated. These certificates must be available to employees by the Health Insurance and Accountability Act (HIPAA) of 1996. You can print them by running HIPAA Reports.

The certificate of creditable coverage lists all group health coverage an employee had for the twelve month period prior to the date coverage ended as a result of termination of coverage. This certificate is used by subsequent health coverage carriers to evaluate preexisting condition clauses, if applicable. Employers are required to provide this certificate to employees upon termination. HIPAA certificates can be generated on demand or scheduled at regular intervals.

For more information about the HIPAA Report, see PeopleSoft Base Benefits Reports: Generating the HIPAA Report. For more information about how to designate benefit plans as plans that are reported on the HIPAA certificates, see Benefit Program Table - Plan Type and Option Page.

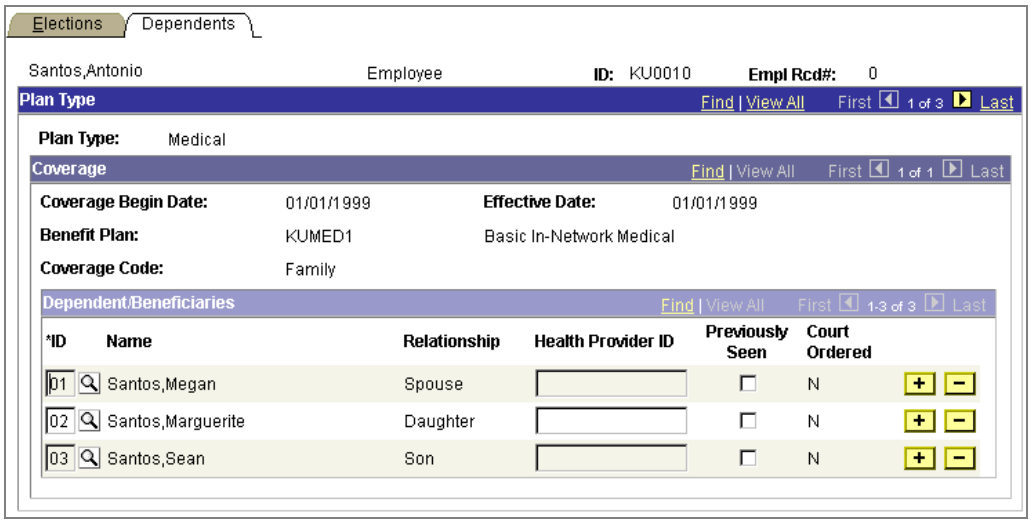
Use **Health Provider ID** to track primary care physician information for the employee's health provider. In this field you can enter the name of the employee's doctor, an ID number, or any other format the health provider may require. In some cases, a primary care physician limits new enrollments to current patients only. By selecting the **Previously Seen** check box, you can indicate that the employee is a current patient of the indicated physician. The **Previously Seen** check box becomes available when information is entered into **Health Provider ID.**

Note. Health Provider IDs can also be entered for the dependents associated with health plan types.

Health Benefits - Dependents Page

Usage	Use the Health Benefits - Dependents page to enroll dependents in employees' health benefit plans.
Object Name	HEALTH_BENEFITS2
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Health**

	Benefits, Dependents • **Define Business Rules, Define General Data (NLD), Use, Health Benefits, Dependents**
Access Requirements	Enter the employee ID.



Health Benefits - Dependents page

For more information about setting up dependent information with the Dependent/Beneficiary Data pages, see Setting Up Dependent and Beneficiary Information in this PeopleBook.

Health Provider ID is an optional field. In **Health Provider ID,** enter the name, HMO ID number, or other identifier for the dependent's primary care physician. Select the **Previously Seen** check box to indicate that the dependent is a current patient of the physician.

If the dependent has a court ordered benefit, a ***Y*** appears in the **Court Ordered** column.

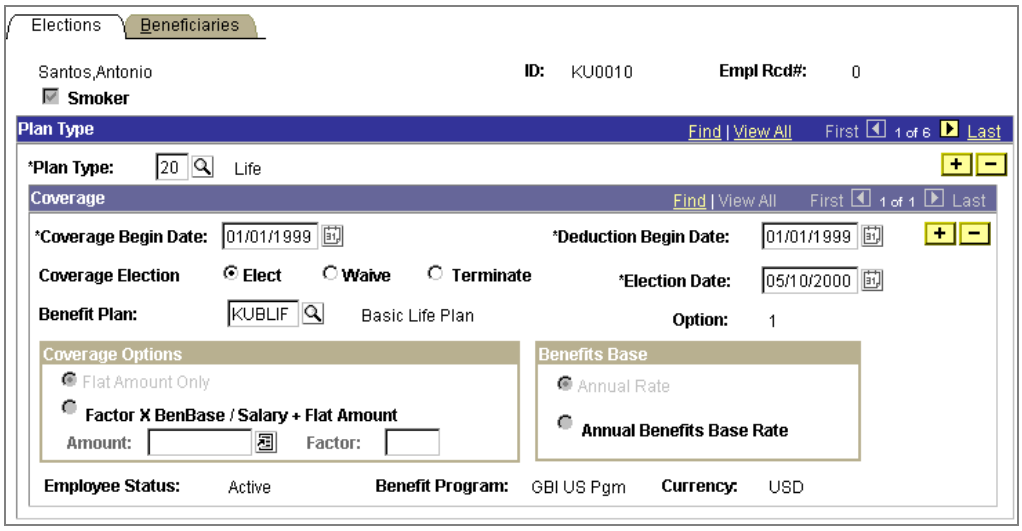
The system compares the employee's selected **Coverage Code** with the dependent data. For example, the system does not allow you to enroll a dependent in Health Benefits - Dependents if you defined the **Coverage Code** on Health Benefits - Elections as ***Employee Only.*** And if you select a ***Family*** **Coverage Code** without first setting up dependent data, you receive an error message.

Deleting a Health Plan Dependent Enrollment

You can use Health Benefits - Dependents to delete a dependent enrollment from a health plan. You may want to do this if you enroll an incorrect dependent, or when the dependent is no longer eligible. Simply position the cursor at the line for the dependent that you want to delete and click the **Delete** button.

Life and AD/D Benefits - Elections Page

Usage	Use the Life and AD/D component to enroll participants in life plans and to assign beneficiaries to those plans.
Object Name	LIFE_ADD_BENEF1
Navigation	**Compensate Employees, Administer Base Benefits, Use, Life and AD/D Benefits, Elections**
Access Requirements	Enter the employee ID.



Life and AD/D Benefits (life and accidental death and dismemberment benefits) - Elections page

Smoker is selected if you have indicated that the employee is a smoker in the Personal Profile page of the Personal Data component. In this page, the **Smoker** check box is a display-only field. When **Smoker** is selected, the system uses the age-graded rates that have been defined for smokers when calculating the employee's life benefit cost.

To identify the type of life or AD/D plan that your employee is enrolling in, select a **Plan Type.** For example, an employee may select a **Plan Type** of ***20,*** a ***Life*** **Plan Type.**

Enter the **Coverage Begin Date.** When you press Tab to navigate to the **Deduction Begin Date,** the system automatically assigns it to be the **Coverage Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use **Coverage Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Elect Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Elect Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Elect Date.**

Select the **Benefit Plan.** Only the life and AD/D benefit plans that you've associated with the employee's chosen **Benefit Program** as of the **Deduction Begin Date** appear in the selection list.

Use the **Coverage Options** and **Benefits Base** group boxes to define plan coverage and the benefits base calculation rules. These sections are active only if, in the Life and AD/D Plan Table, you indicated that Coverage Options and Benefits Base information should be *Specified at the Employee Level.* Otherwise they are not available for entry.

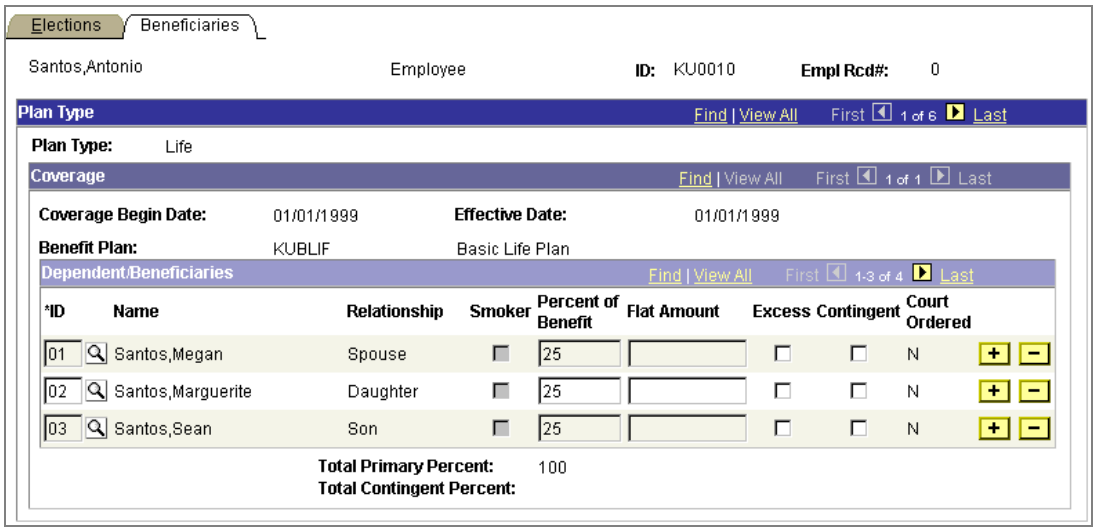
Define coverage as either a **Flat Amount Only** or a **Factor X BenBase/Salary + Flat Amount.** In the latter case, you enter both a flat **Amount** *and* a **Factor.**

In the **Benefits Base** group box, you determine the rate with which the life or AD/D plan calculations are performed. Select either the **Annual Rate** (the employee's pay rate) or **Annual Benefits Base Rate.** These amounts are controlled through the Job Data - Compensation page, which you locate by selecting Administer Workforce, Administer Workforce (GBL), Use, Job Data, Compensation.

For more information about the Life and AD/D Plan Table, see Setting Up Life Insurance Plans. For more information about your employees' compensation base and how to set it up, see Establishing the Compensation Base.

Life and AD/D Benefits - Beneficiaries Page

Usage	Use the Life and AD/D Benefits - Beneficiaries page to assign one or more beneficiaries.
Object Name	LIFE_ADD_BENEF2
Navigation	**Compensate Employees, Administer Base Benefits, Use, Life and AD/D Benefits, Beneficiaries**
Access Requirements	Enter the employee ID.



Life and AD/D Benefits - Beneficiaries

Select the beneficiary **ID.** The selection list includes all of the beneficiaries that you set up for the employee using the Dependent/Beneficiary Data pages. Only beneficiaries that you identified as *Beneficiary* or *Both* (beneficiary or dependent) can be selected.

Smoker is selected if you have indicated that the dependent is a smoker in the Dependent/Beneficiary – Personal Profile page. On this page, the **Smoker** check box is a display-only field. When **Smoker** is selected, the system uses the age-graded rates that have been defined for smokers when calculating the employee's life benefit cost.

Note. If you are working with a Dependent Life plan, you add dependent IDs for all of the *dependents* that will be covered by the plan. In Dependent Life plans, the dependents are covered by life insurance, and the *employee* is the beneficiary.

For more information about setting up dependent and beneficiary information, see Setting Up Dependent and Beneficiary Information in this PeopleBook.

Define the distribution benefit as a **Percent of Benefit** or a **Flat Amount.**

Note. If you have defined the Coverage method of the Life or AD/D plan that you're working with to be the *Sum of Dependent Coverage* in the Life and AD/D Plan Table, the **Percent of Benefit** field is not available for entry.

For more information about the Life and AD/D Plan Table, see Setting Up Life Insurance Plans.

The system calculates and displays the **Totals** for all beneficiaries.

The **Totals** for all beneficiaries must equal 100 percent. If they do not, the system displays an error message and does not allow you to save your entries. To correct the entry, change one or more of the percentages so that the **Totals** are equal to 100 percent.

If you enter a **Flat Amount** and more than one beneficiary, select one of the beneficiaries to receive any excess funds, because the estimated benefit may vary over time. Select the beneficiary by selecting **Excess.**

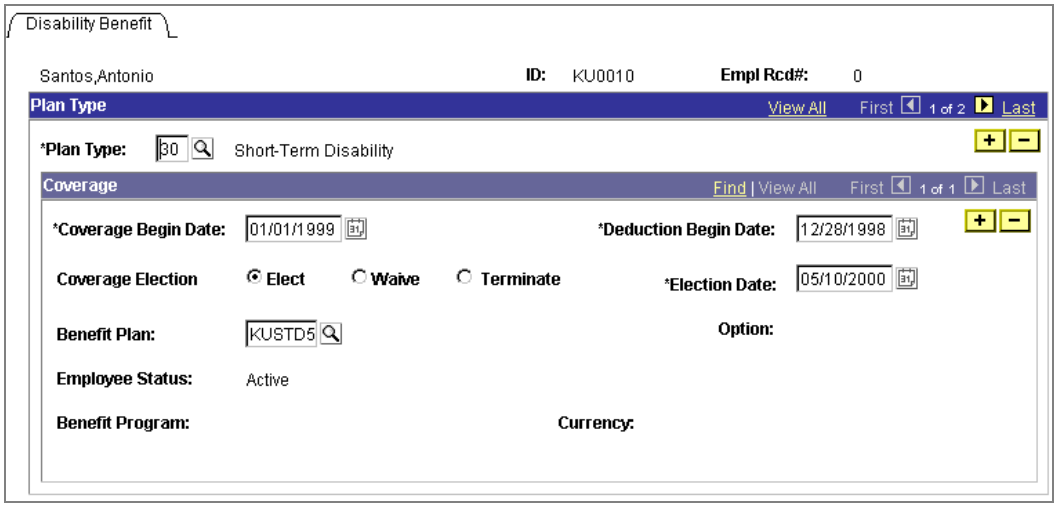
You can optionally indicate whether a beneficiary is primary or contingent. If the beneficiary is contingent (secondary to a primary beneficiary), select **Contingent.** If you set up a primary beneficiary to receive 100 percent of the benefit, all other beneficiaries have **Contingent** selected. The amounts attributed to primary beneficiaries must add up to 100 percent; amounts attributed to contingent beneficiaries must also add up to 100 percent.

Deleting a Life and AD/D Beneficiary Assignment

As needed, use Life and AD/D Benefits - Beneficiaries to delete a beneficiary assignment from a life plan. You may want to do this if you enroll an incorrect dependent or when the dependent is no longer eligible. Simply position the cursor at the line for the dependent that you want to delete and click the **Delete** button.

Disability Benefits Page

Usage	Use the Disability Benefit page to enroll employees in disability benefit plans.
Object Name	DISABILITY_BENEFIT
Navigation	**Compensate Employees, Administer Base Benefits, Use, Disability Benefits, Disability Benefits**
Access Requirements	Enter the employee ID.



Disability Benefit page

To identify the type of disability plan that your employee is enrolling in, select a **Plan Type.** Fore example, the employee may select a **Plan Type** of ***31,*** a ***Long Term Disability*** **Plan Type.**

Enter the **Coverage Begin Date.** When you press Tab to navigate to the **Deduction Begin Date,** the system automatically assigns it to be the **Coverage Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use **Coverage Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Elect Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Elect**

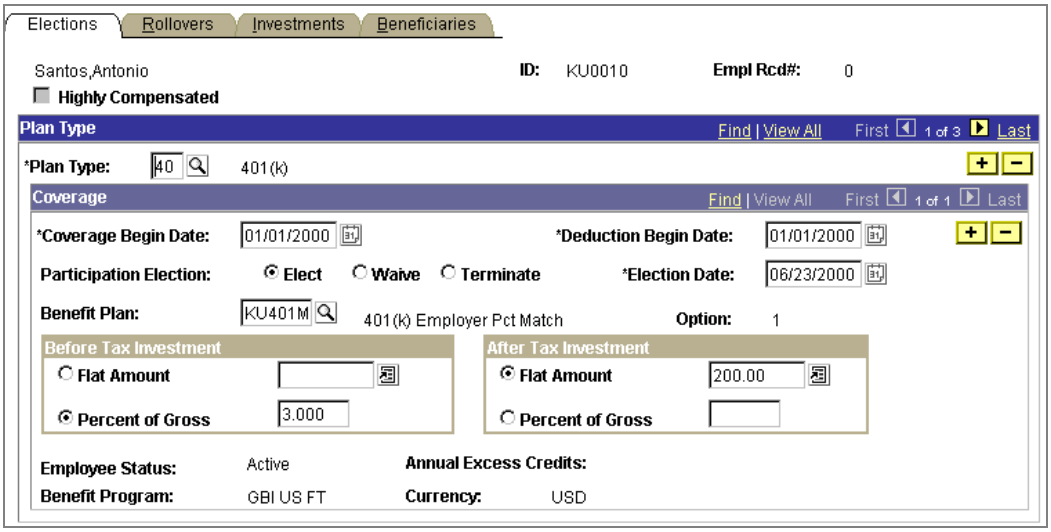
Date. If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Elect Date.**

Enter the **Benefit Plan.** Only the disability plans that you've associated with the employee's chosen **Benefit Program** as of the **Deduction Begin Date** appear in the selection list.

For more information about defining the Disability Plan Table, see Setting Up Disability Plan Information.

Savings Plans - Elections Page

Usage	Use the Savings Plans component to enroll employees in savings benefit plans, assign beneficiaries, and identify investment elections.
Object Name	SAVINGS_PLANS1
Navigation	**Compensate Employees, Administer Base Benefits, Use, Savings Plans, Elections**
Access Requirements	Enter the employee ID.



Savings Plans - Elections page

The system updates **Highly Compensated** based on results from the last time that you tested for highly compensated employees. When **Highly Compensated** is selected, it indicates that an employee is highly compensated based on your test results.

For more information about how to test for highly compensated employees, see Performing Nondiscrimination Testing,.

To identify the type of disability plan your employee is enrolling in, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***41,*** a ***Profit Sharing*** **Plan Type.**

Enter the **Coverage Begin Date.** When you press Tab to navigate to the **Deduction Begin Date,** the system automatically assigns it to be the **Coverage Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

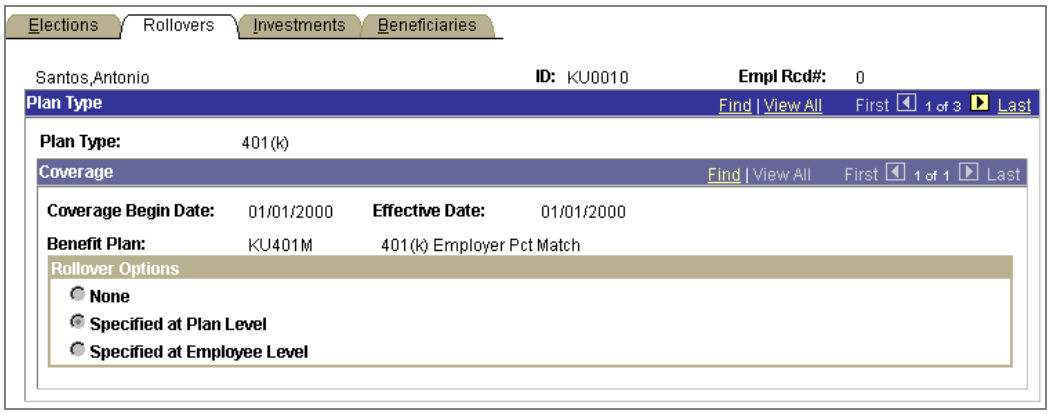
Use **Participation Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Elect Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Elect Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Elect Date.**

Select the **Benefit Plan.** Only the savings plans that you've associated with the employee's chosen **Benefit Program** as of the **Deduction Begin Date** appear in the selection list. Use the **Before-Tax Investment** and **After-Tax Investment** group boxes to define investment contributions. You can define each as a **Flat Amount** or a **Percent of Gross.**

The system compares the **Percent of Gross** to the percent of gross limits for employee **Before**- and **After-Tax Investment** values. The system also verifies that the sum of the **Before**- and **After-Tax Investment** values do not exceed the overall investment limit percentage that you defined for the savings benefit plan. These limits are defined on Savings Plan Table 1.

Savings Plans - Rollovers Page

Usage	Use the Savings Plans - Rollovers page to direct rollover contributions from one plan to another when Section 415 or year-to-date limits are met.
Object Name	SAVINGS_PLANS2
Navigation	**Compensate Employees, Administer Base Benefits, Use, Savings Plans, Rollovers**
Access Requirements	Enter the employee ID.



Savings Plans - Rollovers page

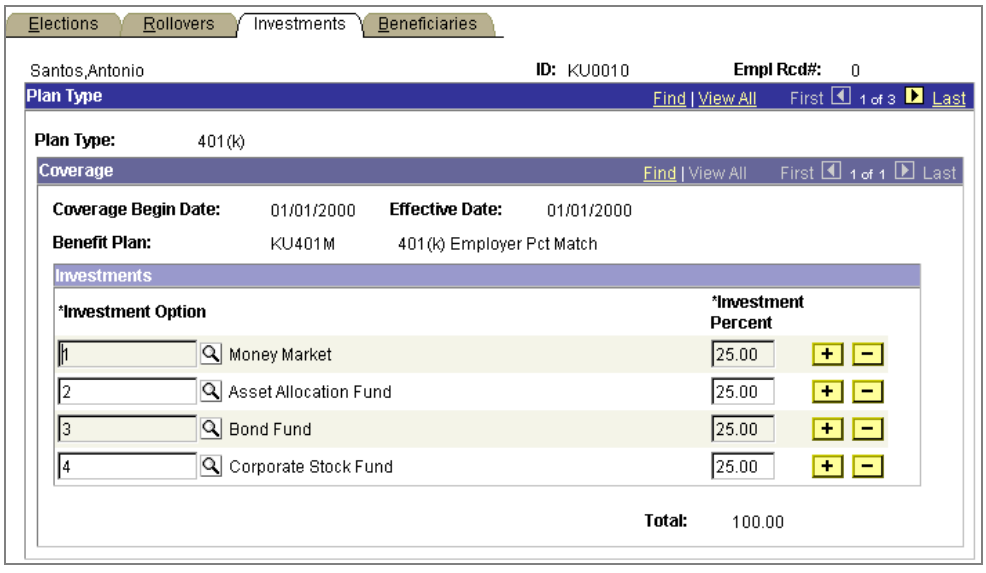
In the **Rollover Options** group box, you are only able to enter rollover options if **Specified at Employee Level** is selected on Savings Plan Table 3. If **None** is selected, no rollover options are allowed. If rollover options are **Specified at Plan Level,** then the rollover options (if there are any) are defined on Savings Plan Table 3.

If **Specified at Employee Level** is selected, enter the Before-Tax and After-Tax rollover **Plan Type, Benefit Plan, Deduction,** and (if applicable) **Deduction Class** in the rows provided.

For more information about how to set up rollover options, see Setting Up Savings Plans.

Savings Plans - Investments Page

Usage	Use the Savings Plans – Investments page to select the investment options of a savings plan enrollment. You can select multiple options, but the total must equal 100 percent.
Object Name	SAVINGS_PLANS3
Navigation	**Compensate Employees, Administer Base Benefits, Use, Savings Plans, Investments**
Access Requirements	Enter the employee ID.



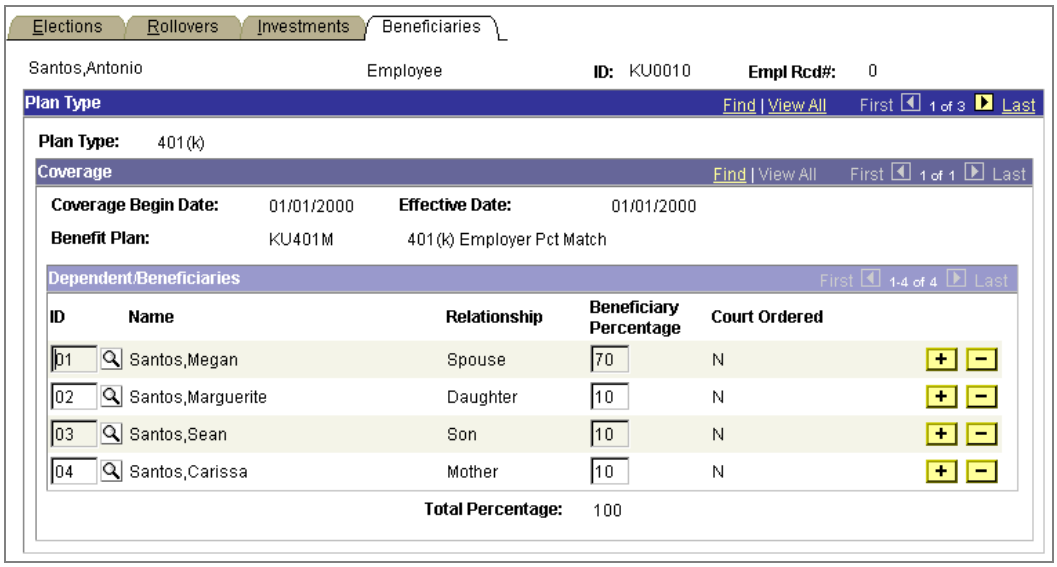
Savings Plans - Investments page

In **Investment Option,** enter the type of investment in which you are allocating an **Investment Percent.** If there is more than one investment option associated with the chosen employee's savings plan, add more rows.

In **Investment Percent,** enter the investment percentage allocated for each **Investment Option** associated with this savings plan. Investment percentages must **Total** 100 percent before they can be saved into the system.

Savings Plans - Beneficiaries

Usage	Use the Savings Plans - Beneficiaries page to assign one or more savings plan beneficiaries.
Object Name	SAVINGS_PLANS4
Navigation	**Compensate Employees, Administer Base Benefits, Use, Savings Plans, Beneficiaries**
Access Requirements	Enter the employee ID.



Savings Plans - Beneficiaries page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **EmplID** (employee ID), **Empl Rcd#** (employee record number), and **Effective Date.**

Select the beneficiary **ID.** The selection list includes the beneficiaries that you set up for the employee using Dependent/Beneficiary Data. The system automatically fills in the name and relationship.

For more information about setting up beneficiary information, see Setting Up Dependent and Beneficiary Information.

For each beneficiary, indicate the **Percent of Benefit.** The system calculates the **Total** for the percents that you enter.

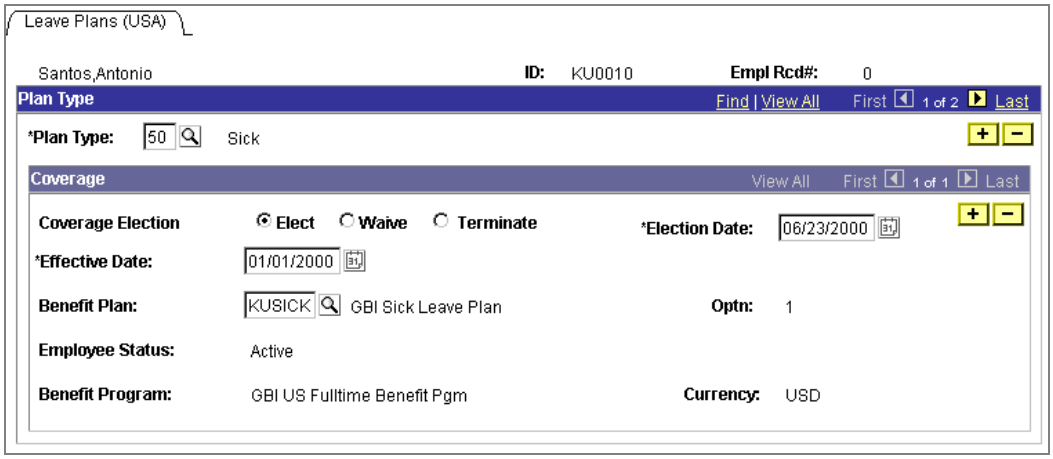
Note. The **Total** for all beneficiaries must equal 100 percent. If it do not, the system displays an error message and does not allow you to save your entry. To correct the entry, change one or more of the percentages so that **Total** is equal to 100 percent.

Deleting a Savings Plan Beneficiary Assignment

You can use Savings Plans - Beneficiaries to delete a beneficiary assignment from a savings plan. You may want to do this if you enroll an incorrect dependent or when the dependent is no longer eligible. Simply position the cursor at the line for the dependent that you want to delete and click the **Delete** button.

Leave Plans - Leave Plans (USA) Page

Usage	Use the Leave Plans page to enroll employees in leave plans.
Object Name	LEAVE_PLANS
Navigation	**Compensate Employees, Administer Base Benefits, Use, Leave Plans, Leave Plans (USA)**
Access Requirements	Enter the employee ID.



Leave Plans - Leave Plans (USA) page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Empl Rcd#, Plan Type, Effective Date, Benefit Plan, Employee Status, Benefit Program, Currency.**

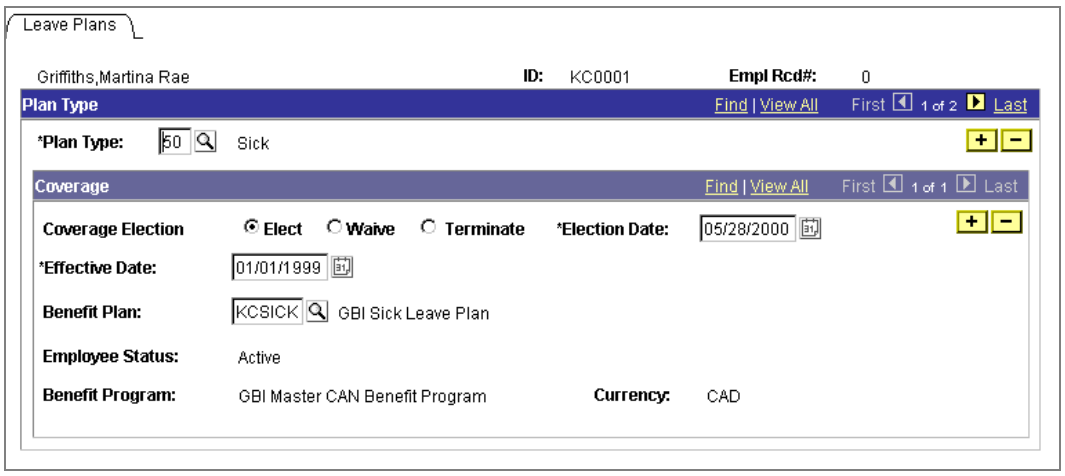
Coverage Election

Use **Coverage Election** to define whether the employee is electing, waiving, or terminating coverage. ***Elect*** and today's date in **Election Date** are the defaults. If the employee is not electing coverage, select ***Waive*** and enter the effective date that coverage is waived in **Election Date.** If the employee is terminating coverage, select ***Terminate*** and enter the coverage termination date in **Election Date.**

For more information about setting up the Leave Plan Table, see Setting Up Leave Plans.

Leave Plans (Can/Intl) - Leave Plans Page

Usage	Use the Leave Plans page to enroll employees in leave plans.
Object Name	LEAVE_PLANSA
Navigation	**Compensate Employees, Administer Base Benefits, Use, Leave Plans (Can/Intl), Leave Plans**
Access Requirements	Enter the employee ID.



Leave Plans (Can/Intl) - Leave Plans page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Empl Rcd#, Plan Type, Effective Date, Benefit Plan, Employee Status, Benefit Program, Currency.**

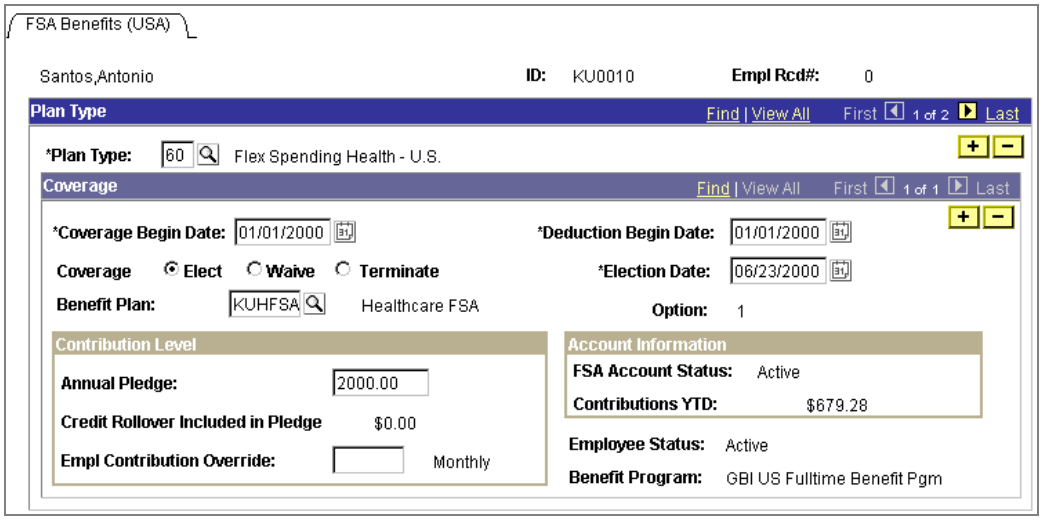
Coverage Election Use **Coverage Election** to define whether the employee is electing, waiving, or terminating coverage. ***Elect*** and today's date in **Election Date** are the defaults. If the employee is not electing coverage, select ***Waive*** and enter the effective date that coverage is waived in **Election Date.** If the employee is terminating coverage, select ***Terminate*** and enter the coverage termination date in **Election Date.**

For more information about setting up the Leave Plan Table, see Setting Up Leave Plans.

Note. The Leave Plans page for Canadian and International users is identical to the page for U.S. users with the exception that it does not offer the option of choosing the ***FMLA*** (Family Medical Leave Act) **Plan Type.**

FSA Benefit Page

Usage	Use the FSA Benefits page to enroll employees in North American companies in FSA (flexible spending account) plans.
Object Name	FSA_BENEFITS
Navigation	**Compensate Employees, Administer Base Benefits, Use, FSA Benefits, FSA Benefits (USA)**
Access Requirements	Enter the employee ID.



FSA Benefits (USA) page

To identify the type of FSA plan that your employee is enrolling in, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***60,*** a ***Health Care*** **Plan Type.**

Note. The FSA Benefits page for Canadian users is essentially the same as the page for U.S. users with two exceptions. It offers a choice between Canadian Health Care and Canadian Retirement Counseling plan types (Plan Types 65 and 66) instead of Health and Dependent Care plan types (Plan Types 60 and 61), and it displays a Carryforward option of either *Claim* or *Credit,* if applicable. This value is automatically set to the value that you entered for the Employer Carryforward Choice in the FSA Benefits Table (Canada).

Enter the **Coverage Begin Date.** When you press Tab to navigate to the **Deduction Begin Date,** the system automatically assigns it to be the **Coverage Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use **Coverage** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Elect Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Elect Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Elect Date.**

Select the **Benefit Plan.** Only the FSA plans that you've associated with the employee's chosen **Benefit Program** as of the **Effective Date** appear in the selection list.

For more information about setting up the FSA Benefits Table for U.S. and Canadian organizations, see the FSA Benefits Table Page.

Under **Contribution Level,** you may enter the employee's **Annual Pledge** amount.

Note. Credit Rollover Included in Pledge is a field used by PeopleSoft Benefits Administration. It displays the amount of the excess benefits credits that have been assigned to an FSA plan at the end of a plan year. The Benefits Administration system automatically provides the **Credit Rollover Included in Pledge** from the previous year, if you have designated that excess credits should be assigned to FSA plans in the Benefit Program Table. The last field in the **Contribution Level** group box appears different depending upon whether or not you implement PeopleSoft Payroll. If you *do not* use PeopleSoft Payroll, the field is the **Employee Contribution Amount.** If you *do* use PeopleSoft Payroll, the field is the **Employee Contribution Override.**

Whether or not you implement PeopleSoft Payroll, the **Annual Pledge** field is required. You must enter a value in the **Employee Contribution Amount** field if you do not implement PeopleSoft Payroll. If you do implement PeopleSoft Payroll, it is optional to enter a value in **Employee Contribution Override.** When you enter a value in **Employee Contribution Override**, the system uses that to calculate the employee's FSA contribution. If you do not use the **Employee Contribution Override** field, the system uses the **Annual Pledge** field for the calculation.

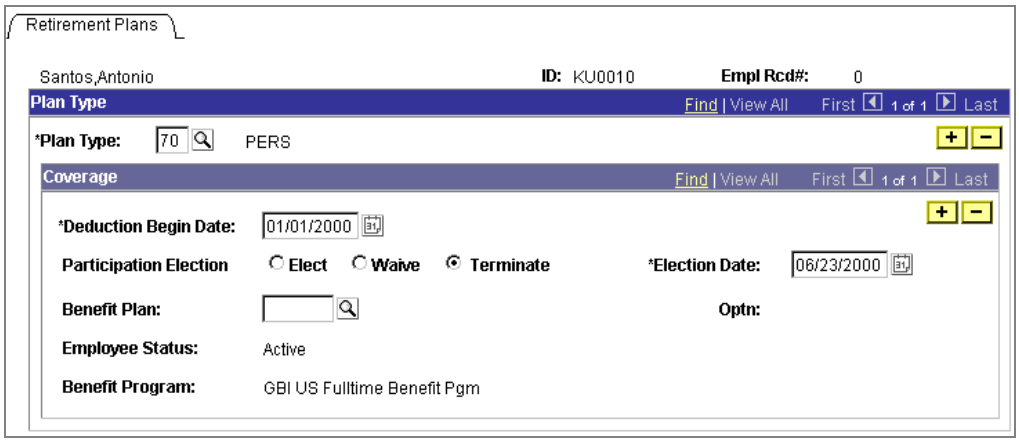
In **Account Information** the system reflects the **FSA Account Status** of the employee's FSA plan, as well as the employee's FSA **Contributions YTD** (contributions year-to-date).

Employees cannot transfer FSA funds from one account to another. As a rule, unused funds in an account at the end of a plan year are transferred to the employer.

For more information about using PeopleSoft FSA Administration, see Administering FSA.

Enrolling in Retirement Plans

Usage	U.S. companies use Retirement Plans to enroll employees in Public Employees Retirement System (PERS) benefit plans.
Object Name	RTRMNT_PLANS
Navigation	**Compensate Employees, Administer Base Benefits, Use, Retirement Plans, Retirement Plans**
Access Requirements	Enter the employee ID.



Retirement Plans page

To identify the type of retirement plan that your employee is enrolling in, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***70,*** a ***PERS*** **Plan Type.**

Enter the **Effective Date.** You can change the **Effective Date,** if needed.

The system verifies that the Benefit Program is in effect as of the **Effective Date.**

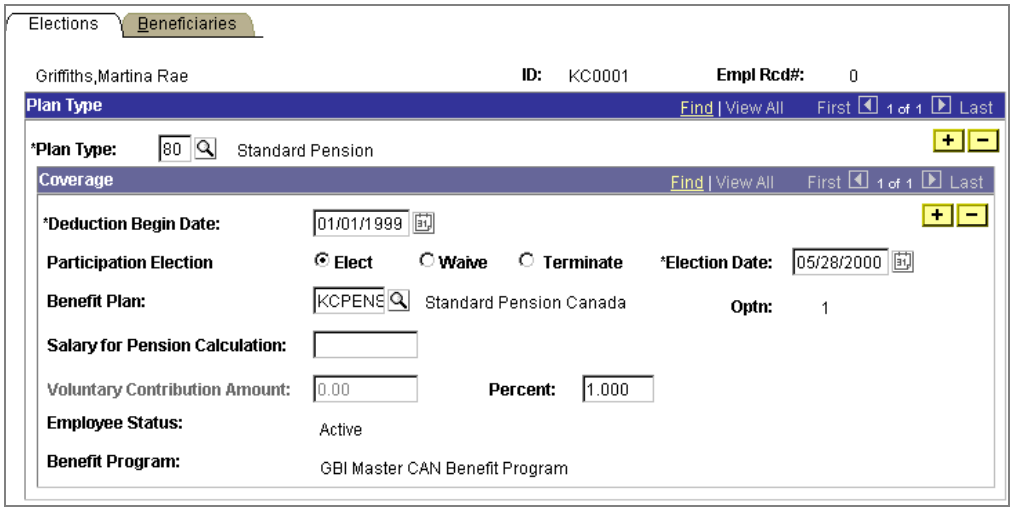
Use **Participation Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Elect Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Elect Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Elect Date.**

Select the **Benefit Plan.** Only the retirement plans that you've associated with the employee's chosen **Benefit Program** as of the **Effective Date** appear in the selection list.

For more information about setting up the FSA Benefits Table for U.S. and Canadian organizations, see Retirement Plan Page.

Enrolling in Canadian Pension Plans

Usage	Canadian companies use the Pension Plans pages to enroll employees in Standard and Supplementary pension plans (Plan Types 80 and 81) and to assign beneficiaries to those plans.
Object Name	PENSION_PLAN1
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Pension Plans (CAN), Elections** • **Define Business Rules, Define General Data (NLD), Use, Pension Plans, Elections**
Access Requirements	Enter the employee ID.



Pension Plans - Elections page

To identify the type of pension plan that your employee is enrolling in, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***80,*** a ***Standard Pension*** **Plan Type.**

Enter the **Deduction Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use **Participation Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Election Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Election Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Election Date.**

Select the **Benefit Plan.** Only the pension plans that you've associated with the employee's chosen **Benefit Program** as of the **Deduction Begin Date** appear in the selection list.

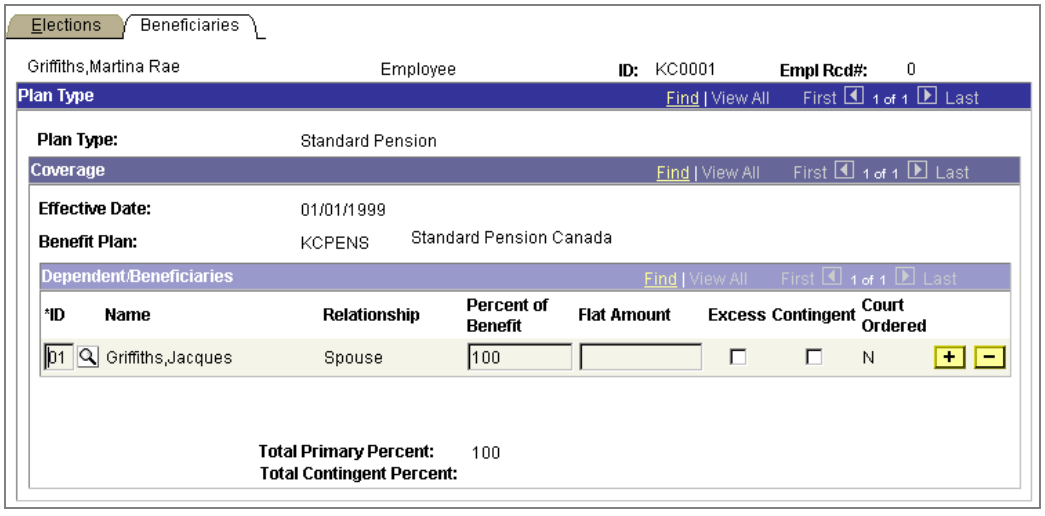
For more information about setting up Canadian Pension Plans, see Pension Plan Table (CAN) Page.

To calculate the pension using a salary other than the employee pay rate, enter it in **Salary for Pension Calculation.**

In **Voluntary Contribution Amount,** enter an amount that the employee voluntarily contributes to the pension plan. This is an amount *over* the amount that you define in the Pension Plan Table. Instead of an amount, you can enter a **Percent.**

Enrolling Dependents and Beneficiaries in Canadian Pension Plans

Usage	Use the Pension Plans - Beneficiaries page to assign dependents and beneficiaries for pension plans.
Object Name	PENSION_PLAN2
Navigation	• **Compensate Employees, Administer Base Benefits, Use, Pension Plans (CAN), Beneficiaries** • **Compensate Employees, Administer Base Benefits, Use, Pension Plans (US), Beneficiaries** • **Define Business Rules, Define General Data (NLD), Use, Pension Plans, Beneficiaries**
Access Requirements	Enter the employee ID.



Pension Plans - Beneficiaries page

Select the dependent/beneficiary **ID.** The selection list includes the dependents and beneficiaries that you set up for the employee using Dependent/Beneficiary Data.

For more information about setting up beneficiary information with the Dependent/Beneficiary Data pages, see Setting Up Dependent and Beneficiary Information in this PeopleBook.

For each beneficiary, define the pension distribution benefit using **Percent of Benefit** or **Flat Amount.** The system calculates the **Totals** for the percents that you enter.

The **Totals** for all beneficiaries must equal 100 percent. If not, the system displays an error message and rejects the entry. To make a correction, change one of more of the percentages so that **Totals** equals 100.

If you enter a **Flat Amount** and more than one beneficiary, select one of the beneficiaries to receive any excess funds, because the estimated benefit may vary over time. Select the beneficiary by selecting **Excess.**

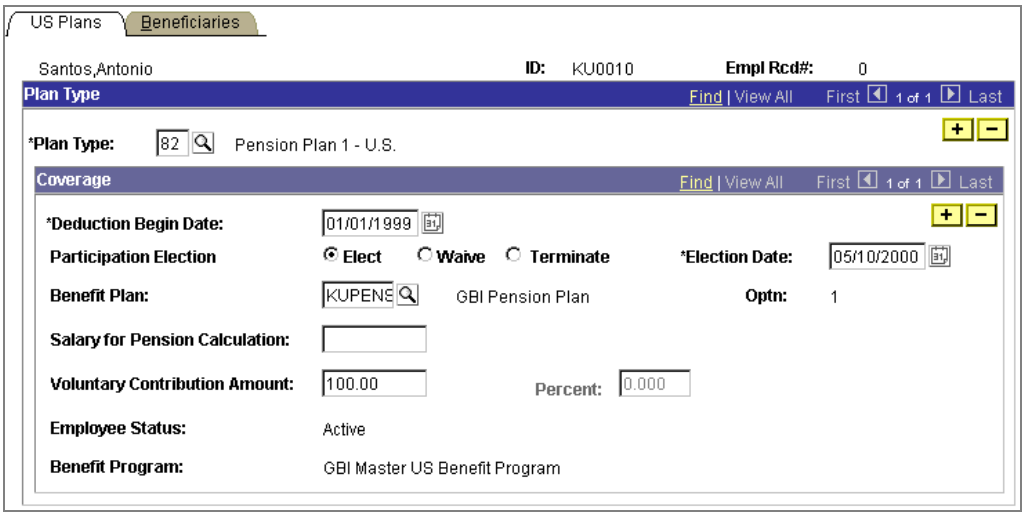
Optionally, indicate whether a beneficiary is primary or contingent. If the beneficiary is contingent, select **Contingent.** If you set up a primary beneficiary to receive 100 percent of the benefit and you want to set up a secondary beneficiary, you must set up the secondary beneficiary with zero percent.

Deleting a Dependent or Beneficiary from a Canadian Pension Plan

As needed, use Pension Plans - Beneficiaries to delete a beneficiary assignment from a pension plan. You may want to do this if you enroll an incorrect dependent, or when the dependent is no longer eligible. Simply position the cursor at the line for the dependent that you want to delete and click the **Delete** button.

Enrolling in US Pension Plans

Usage	Use the US Pension Plans page to enroll employees in U.S. Defined Benefit (U.S.D.B.) plans (Plan Types 82-87).
Navigation	**Compensate Employees, Administer Base Benefits, Use, Pension Plans (US)** **Compensate Employees, Administer Base Benefits, Use, Pension Plans (CAN)**
Access Requirements	Enter the employee ID.



Pension Plans (US) - US Plans page

To identify the type of pension plan that your employee is enrolling in, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***82,*** a ***US Pension Plan 1*** **Plan Type.** We deliver 6 Pension Plan Types **(Plan Types *82-87*): *US Pension Plan 1, US Pension Plan 2,US Pension Plan 3, US Pension Plan 4, US Pension Plan 5,*** and ***US Pension Plan 6.***

Enter the **Deduction Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use the **Coverage** group box to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Election Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Election Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Election Date.**

Select the **Benefit Plan.** Only the pension plans that you've associated with the employee's chosen **Benefit Program** as of the **Effective Date** appear in the selection list.

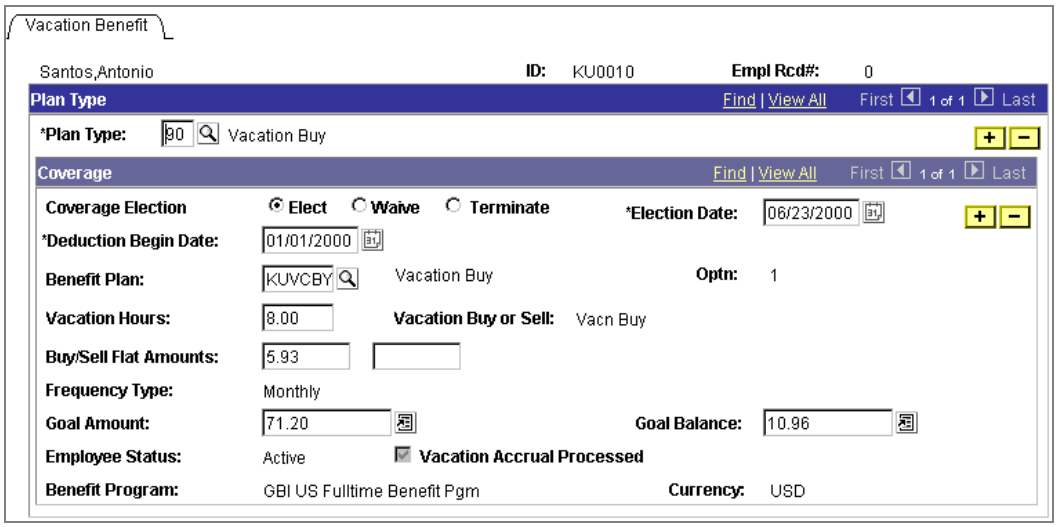
For more information about setting up US Pension Plans, see Pension Plan Table (U.S.) Page.

To calculate the pension using a salary other than the employee pay rate, enter it in **Salary for Pension Calculation.**

In **Voluntary Contribution Amount,** enter an amount that the employee voluntarily contributes to the pension plan. This is an amount *over* the amount that you define in the Pension Plan Table. Instead of an amount, you can enter a **Percent.**

Enrolling in Vacation Benefit Plans

Usage	Use the Vacation Benefit page to enroll employees in vacation buy/sell plans.
Object Name	VACATION_BENEFIT
Navigation	**Compensate Employees, Administer Base Benefits, Use, Vacation Benefit, Vacation Benefit**
Access Requirements	Enter the employee ID.



Vacation Benefit page

To identify the type of vacation buy/sell plan that your employee is enrolling in, select a **Plan Type.** For example, the employee may select a **Plan Type** of ***90,*** a ***Vacation Buy*** **Plan Type.**

Enter the **Deduction Begin Date.** You can change the **Deduction Begin Date,** if needed.

Note. The system verifies that the Benefit Program is in effect as of the **Deduction Begin Date.**

Use **Coverage Election** to define whether the employee is electing, waiving, or terminating coverage. **Elect** and today's date in **Election Date** are the defaults. If the employee is not electing coverage, select **Waive** and enter the effective date that coverage is waived in **Election Date.** If the employee is terminating coverage, select **Terminate** and enter the coverage termination date in **Election Date.**

Select the **Benefit Plan.** Only the vacation buy/sell plans that you've associated with the employee's chosen **Benefit Program** as of the **Deduction Begin Date** appear in the selection list.

When you define vacation buy or sell benefit plans with the Vacation Buy/Sell Table, you define increments for the vacation hours and minimum and maximum amounts that an employee can buy or sell. The system validates the buy/sell enrollment data that you enter against the information that you define in the Vacation Buy/Sell Table.

Vacation Hours represents the number of hours that an employee buys or sells for the plan year. These hours are for the full plan year. For example, if you tell the system that there are ***40*** **Vacation Hours,** the system performs buy/sell flat amount calculations assuming a 12-month period.

The **Vacation Hours** that you enter must be at least the Minimum and not more than the Maximum numbers of **Vacation Hours** that are defined in the Vacation Buy/Sell Table. In addition, the **Vacation Hours** must be entered in the Increment specified in the Vacation Buy/Sell Table.

The system displays the **Frequency Type** based on the Amount Frequency that you define in the Vacation Buy/Sell Table.

For more information about setting up vacation buy/sell plans, see the Vacation Buy/Sell Table Page.

Note. If you change employee job data after the system performs vacation buy/sell processing, it does not update its calculations based on the new job data.

Calculate the deductions if the employee buys at any time other than the beginning of the year. For example, the Continental Commerce and Business plan year starts in January. Herb Smith was hired on September 1 and is paid monthly, at a rate of $20.00 per hour. Herb decided to buy 40 hours of vacation.

At the time CCB hired Herb Smith, they used PeopleSoft Human Resources to enroll him. PeopleSoft Human Resources assumed a 12-month period in which to spread the deduction. It calculated the Goal Amount as $800.00 (40 hours * $20 an hour). And it calculated the pay period deduction as $66.67 (40 hours * $20 an hour/12 monthly periods per year). CCB viewed $66.67 in Buy/Sell Flat Amounts.

But CCB wanted the vacation amount based on the hire date. Because there were 4 months remaining in the year, September through December, CCB manually calculated and entered $200, or $800 divided by 4.

For more information about the Benefits Administration process, see the PeopleSoft 8 Benefits Administration. If your organization implements PeopleSoft Benefits Administration, the system automatically performs all vacation buy and sell calculations during the year, even those for new hires.

Goal Balance is updated by Payroll. The system automatically stops deductions when the **Current Goal Balance** equals the **Goal Balance.**

The Leave Accrual and PeopleSoft Payroll processes maintain the **Vacation Accrual Processed** check box. During the first payroll processing cycle of the plan year, PeopleSoft Payroll calculates bought and sold vacation earnings for each participant. And, to alert you to that status, it selects **Vacation Accrual Processed.** You will not see the buy or sell transactions reflected in employee leave balances until you perform leave accrual processing. After you perform leave accrual processing, the system clears **Vacation Accrual Processed.**

For more information about leave accrual processing, see Managing Leave Plans in this PeopleBook.

USF - Enrolling Employees in Benefit Programs and Plans Through the PAR

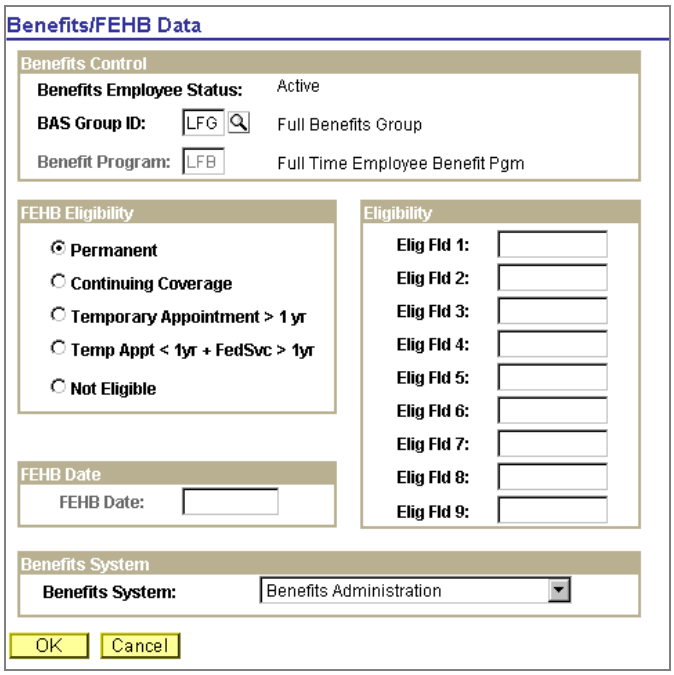
Whether you're enrolling a new hire into his or her plan elections or changing benefits elections for an existing employee, you manage benefits information in the PAR process using the Benefits/Retirement Data component.

Once you're in an open PAR, you navigate to the Benefits/FEHB Data component and the FEGLI Retirement Data page by selecting the Job Data page and clicking the Benefits or FEGLI/Retirement buttons.

For more information about hiring federal employees, see your Administering Your Workforce documentation.

Benefits/FEHB Page

Usage	Use the Benefits/FEHB Data page to enroll participants into benefit programs and plans.
Object Name	GVT_BENDATA_SEC
Navigation	Click **Benefits/FEHB** Data in the Job page.



Benefits/FEHB Data page

Benefits Control

Benefits Employee Status — This indicates whether the employee benefit status is ***Active*** or ***Inactive.***

BAS Group ID (benefits administration group ID) — BAS Group ID only comes into play if your benefits system uses PeopleSoft Benefits Administration. It is used to link the participant to a particular Benefits Administration Group for Benefits Administration processing later.

Benefit Program — Benefit Program is automatically set to the benefits program specified for the employee's Pay Group, which you specify in the Position Data page.

FEHB Eligibility

In the **FEHB Eligibility** group box, you determine the employee's FEHB eligibility type.

Permanent — Select this option for employees with a career conditional career appointment. (This information is set in Type of Appointment in the PAR Position Data page.) Employees are eligible for FEHB if fields 1–9 in the **Eligibility** group box are also for users of Benefits Administration. Here you enter eligibility values that refer to eligibility configuration values in the Eligibility Rules Table.

Continuing Coverage — Select this option for employees who are transferring into a position from another agency without a break in service and for rehires with a break in service of less than 30 days. Employees are eligible for FEHB.

Temporary Appointment > 1 yr — Select this option for an employee with a temporary appointment greater than one year. Employees are eligible for FEHB.

Temporary Appointment < 1 yr + FedSvc > 1 yr — Select this option for an employee with a temporary appointment less than one year and continuous service greater than one year. Employees with this eligibility pay the entire cost of their FEHB coverage.

Not Eligible — Select this option for employees ineligible for FEHB plan coverage. Most commonly used for employees with a temporary appointment of less than one year of service.

Eligibility

Elig Fld 1–9 (eligibility fields 1–9) — Fields 1–9 in the **Eligibility** group box are also for users of Benefits Administration. Here you enter eligibility values that refer to eligibility configuration values in the Eligibility Rules Table.

FEHB Date

FEHB Date FEHB plan enrollments are made in the individual benefit page FEHB - Elections. **FEHB Date** is an informational field in which you enter the future date on which an employee will be eligible for FEHB coverage. Typically, the FEHB Date is one year from the employee's hire date.

Benefits System

Benefits System Select whether you are using ***Base Benefits*** or ***Benefits Administration.***

Agency FEHB Contributions for Part-Time Employees

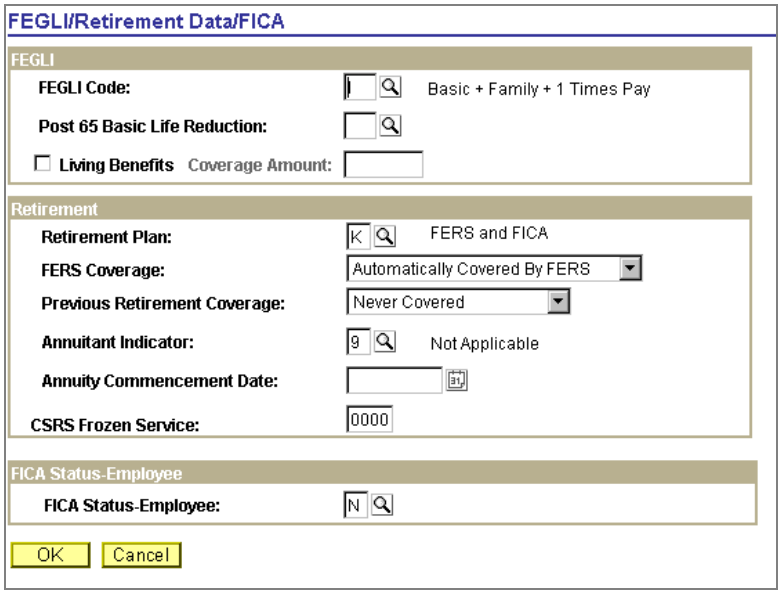
When an employee is a part-time career employee (working 16–32 hours per week), that employee is entitled to a government contribution in direct proportion to the percentage of full-time service regularly performed. The amount of government contribution is determined by dividing the average number of hours the employee is scheduled to work during the pay period by the number of hours worked by a full-time employee serving in a comparable position (usually 80 per biweekly pay period). This percentage is then applied to the Government FEHB contribution made by employees.

The formula for the determination of this contribution is as follows:

1. Average employee hours scheduled per biweekly pay period/80 = percentage of hours.
2. The percentage is multiplied by the employer and employee portion of FEHB cost.
3. The calculated result is subtracted from the total health insurance cost (employer plus employee portions).
4. The remainder is the health insurance deduction amount subtracted from the employee's pay.

FEGLI/Retirement Data/FICA Page

Usage	Use the FEGLI/Retirement Data/FICA page to select the participant's FEGLI plan coverage, manage the employee's retirement coverage, and FICA status.
Object Name	GVT_BENDATA1_SEC
Navigation	Click **FEGLI/Retirement/FICA** in the Job page.



FEGLI/Retirement Data/FICA page

FEGLI

FEGLI Code

Use the **FEGLI Code** field to select the participant's FEGLI plan coverage. You can assign beneficiaries and allocate survivor benefits through the Life and AD/D Benefits - Beneficiaries page.

FEGLI Code provides all combinations of FEGLI Basic Life, Option A - Standard, Option B - Additional, and Option C - Family coverage. For example, a FEGLI Code selection of Basic + Stnd + Fam + 3 Times translates as an election for FEGLI Basic Coverage, plus Option A (Standard), Option C (Family), and Option B (Additional coverage of three times pay).

Only active employees are allowed to increase their FEGLI coverage.

FEGLI Code also provides choices for FEGLI coverage termination, the waiving of FEGLI coverage, and FEGLI coverage ineligibility.

Note. When you have two or more FEGLI-related transactions to process for one employee that are effective the same date, each one must be processed separately. This means that you must enter the first transaction and save it before inserting a row to process the second transaction. When a second transaction is entered without saving the first, the system returns a message reporting that the transaction will be canceled.

Federal employees may assign their FEGLI benefits to another person, trust, or to a viatical settlement company which will in turn pay them a cash amount for these benefits. Assignation of benefits is handled in the FEGLI Assignments page group of the Administer Base Benefits (USF) menu.

Post 65 Basic Life Reduction

After federal employees pass the age of 65, their Basic Life plan coverage may be reduced. In **Post 65 Basic Life Reduction,** you can determine whether the chosen employee's life plan value will be reduced by 50%, 75%, or not at all.

Living Benefits

Selection of **Living Benefits** is an option for terminally ill federal employees and retirees who have a life expectancy of nine months or less. With living benefits, a full or partial payment of the FEGLI Basic Life Insurance benefit is paid directly to the employee/retiree. It provides an up-front insurance benefit payment for individuals incurring extreme, uncovered medical or personal care expenses that often diminish life savings.

Warning! You should not select living benefits for a new hire.

When an employee's request for living benefits has been approved by OFEGLI, you use the PAR pages to process the election. You select an NOA Code of *805* (Elect Full Living Benefit) or *806* (Elect Partial Living Benefit). You find the NOA Code in the Data Control page of the PAR component. Navigate to the FEGLI/Retirement Data page.

When you select **Living Benefits** to process a partial living benefit, the **Coverage Amount** field becomes available.

After an employee selects living benefits, the only FEGLI Code options available to the employee thereafter are ***Terminate All*** and ***Waive All Life Insurance.***

Coverage Amount

Coverage Amount is used for employees who elect a partial living benefit. In this field, enter the Basic Insurance Amount (BIA). This is the balance of the coverage amount remaining.

Retirement

You use the **Retirement** group box to coordinate the enrollment of employees into every type of federally mandated retirement plan except the TSP 1% Agency contribution plan, which all employees automatically receive after becoming eligible for Thrift Savings Plan coverage.

For more information about the TSP 1% Agency contribution plan, see Enrolling Employees in TSP Agency Automatic Contribution Plan in this section.

Retirement Plan

Select the employee's retirement plan coverage.

Note. Be aware that in **Retirement Plan** you find the entire list of U.S. federal government retirement programs that may be available to your employees. Whether or not your agency actually offers all of these programs depends upon whether or not you have set them up in the Retirement Plan Table and have associated them with the benefit programs that your agency offers.

So, although FSPS - Law Enforcement (Benefit Plan code D) may appear in the **Retirement Plan** list box, if your agency doesn't offer that particular retirement plan in any of its benefit programs, your employees are unable to select it for coverage.

FERS Coverage

You use **FERS Coverage** to indicate the level of FERS Coverage allocated to employees who had federal retirement plan coverage prior to 1984 (when the U.S. federal government began phasing federal employees from CSRS [Civil Service Retirement System] coverage to FERS [Federal Employee Retirement System] coverage). For employees before 1984, retirement benefits are processed differently depending upon whether or not they ***Elected Coverage Under FERS*** between 1984 and 1987 or opted to remain ***Not Covered by FERS.***

All employees who started federal retirement coverage after 1984 have a FERS Coverage of ***Automatically Covered by FERS.***

Previous Retirement Coverage

Previous Retirement Coverage is for employees transferring in from another agency. If the employee was previously covered by a federal benefit plan, select ***Previously Covered.*** If the employee was not covered, select ***Never Covered.***

Annuitant Indicator

You use **Annuitant Indicator** for employees who are being rehired from retirement. If a formerly retired employee is receiving an annuity such as a pension plan payment, their pay may be offset by that annuity amount. With **Annuitant Indicator,** you can determine whether or not the retirement annuity is applicable to the employee's wages. **Annuitant Indicator** offers a variety of choices that enable you to indicate the former employment status of the employee, whether or not the employee was a retired enlisted or military officer, and the type of retirement plan that the employee is currently covered by (CSRS or FERS). All of these variables may affect the way that the annuity offsets the employee's current pay.

Annuity Commencement Date

The **Annuity Commencement Date** is the date when retirement annuities for a retired or soon-to-be-retired employee began or will begin. The system uses this date when determining how to calculate agency contributions and employee deductions for FEHB and FEGLI during the employee's last pay period.

Note. When an employee has worked less than a full pay period, PeopleSoft Payroll's Pay Calculation process prorate Federal Employee Health Benefits (FEHB) and Federal Employee Group Life Insurance (FEGLI) deductions according to OPM (Office of Personnel Management) rules.

For more information about the rules for proration of FEHB and FEGLI deductions, see the documentation provided by the OPM. For more information about running the Pay Calculation process, see PeopleSoft Payroll Business Processes: PeopleSoft 8 Payroll for North America, "Calculating Pay".

CSRS Frozen Service

Frozen Service is the U.S. federal government term for the total years and months of civilian and military service that is creditable in a CSRS component of a FERS employee (retirement plans FERS and FICA, FERS and FICA - Air Traffic Control, FERS and FICA - Special, and FERS and FICA - Reserve Tech), or in the case of a CSRS Offset employee (Retirement plans FICA + CSRS - Partial and FICA + CSRS Special - Partial), the service that would be covered in a CSRS component if the employee ever becomes covered by FERS.

In **CSRS Frozen Service,** you can enter this time span as a four-number code. The first and second positions indicate the number of years, while the third and fourth positions indicate the number of months. For example, a time span of 5 years and 3 months would be entered in **CSRS Frozen Service** as ***0503.***

FICA Status - Employee

FICA Status - Employee

Select the employee's FICA status. Select from ***E – Exempt, M – Medicare only,*** or ***N – Subject.***

USF - Enrolling Employees in Benefit Programs Using Base Benefit Pages

After employees are hired, you can update their benefit enrollment information without going through the PAR process.

Once you set up an employee's initial benefit program and plan enrollments through the PAR, you're ready to go on to the individual benefit pages to continue benefit plan enrollments, add plan coverage detail, enroll dependents, and assign beneficiaries. You can make changes in these pages without opening a PAR.

With the benefit pages, you can enroll the participant only in the benefit plans associated with the benefit program into which you enrolled the participant. The enrollment effective date must be equal to or after the effective dates of both the program and the benefit plan. The system checks both dates against your enrollment effective date.

For more information about enrolling participants in benefit plans, see Enrolling Participants in Benefit Plans.

Assigning FEGLI Benefits

Federal civilian employees and retirees covered by FEGLI have the right to irrevocably assign 100 percent of their life insurance benefits coverage to another individual, a group of individuals, a corporation, or a trustee. Assignment means that the employee transfers ownership of their Basic Life, Option A - Standard and Option B - Additional insurance to the assignee. When employees assign their FEGLI benefits, they also assign their right to:

- Cancel their assigned FEGLI coverage.
- Designate and change beneficiaries.

The employee continues to be the insured party, and is still obligated to pay life insurance premiums.

An employee can assign benefits options to two or more assignees. In addition, each assignee can designate one or more beneficiaries.

Family optional FEGLI insurance (Option C - Family) cannot be assigned. For this reason, we recommend clearing the Assignment Allowed check box in the FEGLI Plan Table for Option C - Family FEGLI plans.

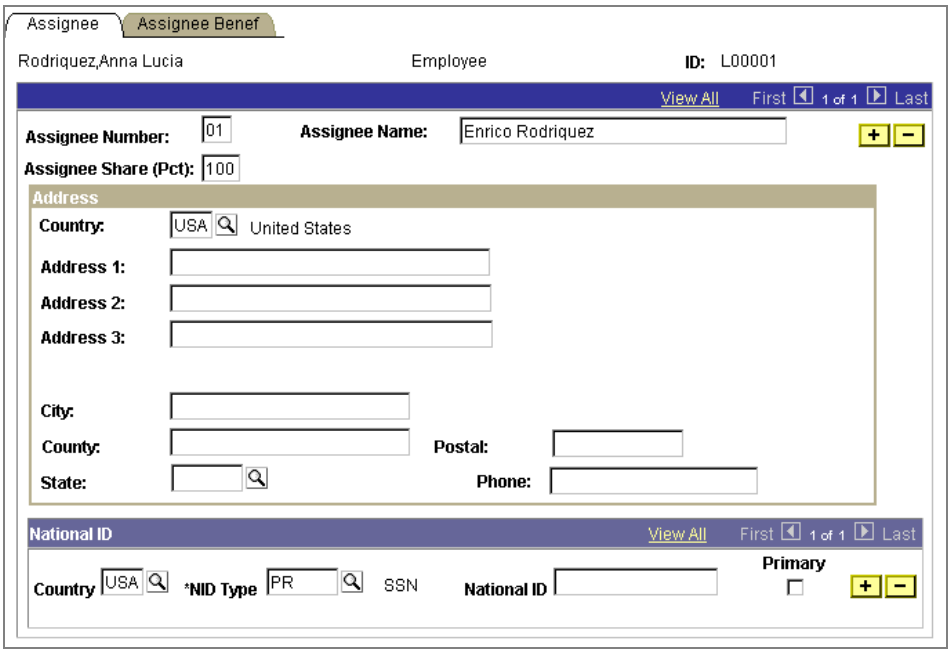
You also can't assign Basic Life plans if the employee has elected Living Benefits and has no optional insurance.

You assign the FEGLI benefits of U.S. federal government employees and retirees using the FEGLI Assignments pages: Assignee and Assignee Beneficiary.

FEGLI Assignments - Assignee Page

Usage	Use the Assignee page of the FEGLI Assignments component to designate one or more assignees for an employee's FEGLI benefits coverage. Each assignee is given a share of the total coverage being assigned. The total of these percentages must be 100.

Object Name	GVT_ASSIGNEE
Navigation	**Compensate Employees, Administer Base Benefits, Use, FEGLI Assignments, Assignee**
Access Requirements	Enter the employee ID.



FEGLI Assignments - Assignee page

The **Assignee Number** is designated automatically by the system; it automatically increases by one with each new assignee that you designate for an employee. For each assignee, enter the **Assignee Name,** the assignee's **National ID** (in the U.S., this is the assignee's Social Security Number), and the **Assignee Share (Pct)** (assignee share [percentage]) of the FEGLI coverage. The total Assignee Shares for all assignees associated with an employee should equal 100.

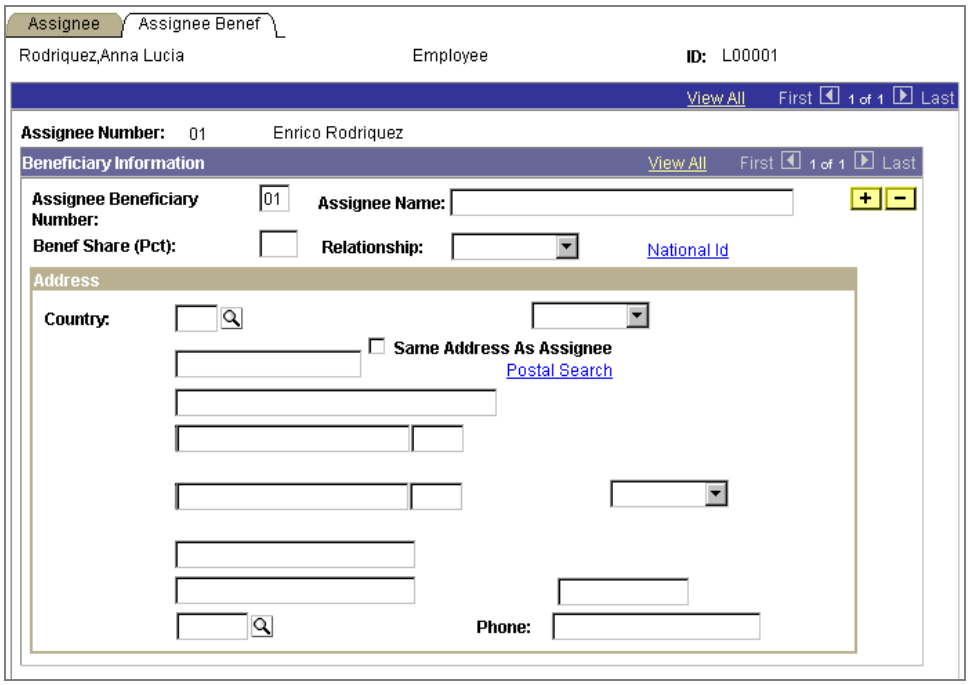
In the **Address** group box, enter the assignee's address and telephone information.

Once you enter assignee information and save it, the system selects the Assigned check box in the FEGLI - Elections page for coverage that has been assigned, with the exception of FEGLI plan options that have been *Waived.* When an employee elects a partial living benefit, the Basic Insurance Amount (BIA) is assigned along with any optional insurance. This is with the exception of Option C - Family coverage.

FEGLI Assignments - Assignee Benef Page

Usage	Use the AssigneeBenef page to designate one or more beneficiaries.
Object Name	GVT_ASSIGNEE_BEN
Navigation	**Compensate Employees, Administer Base Benefits, Use, FEGLI Assignments, Assignee Benef**

Access Requirements	Enter the employee ID.



FEGLI Assignments - Assignee Benef (assignee beneficiary) page

The system designates the **Assignee Beneficiary Number,** and automatically increases by one for each beneficiary added to an assignee. Enter the **Assignee Name,** select the **Relationship** to the assignee, enter the National ID (in the U.S., this is the assignee's Social Security Number), and **Benef Share (Pct)** for each assignee.

Enter address and telephone information for the assignee in the **Address** group box. Select the **Same Address as Assignee** check box if the beneficiary shares this information with the assignee. While this check box is selected, the address and phone information fields are unavailable.

Enrolling Employees in TSP Agency Automatic Contribution Plan

Federal employees who are enrolled in the FERS retirement plan are automatically eligible for enrollment in a TSP Agency Automatic 1% Contribution plan. Once they are eligible, each pay period the employee's agency contributes an amount equivalent to 1 percent of the employee's basic pay for that pay period to the employee's TSP account. The employee receives these contributions whether or not they contribute their own money to a TSP account. In addition, employees who participate in the Thrift Savings Plan program continue to receive matching contributions that the agency may already provide through the employee's TSP plan.

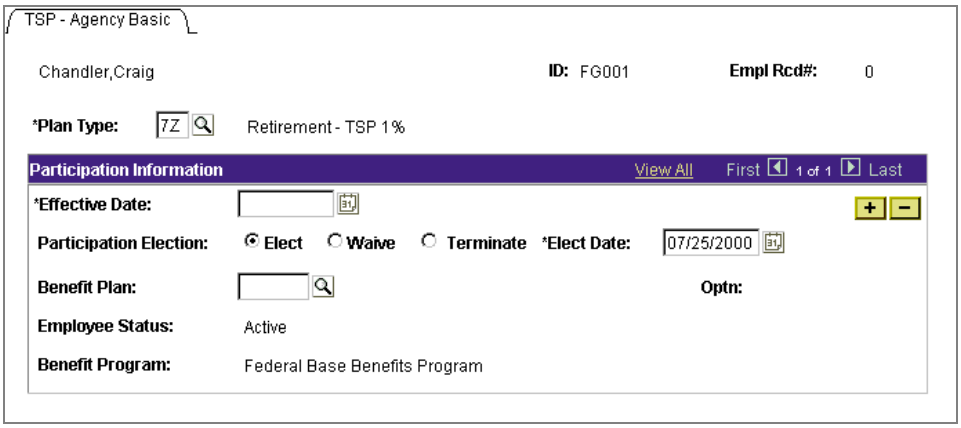
In this plan, each pay period the employee's agency contributes an amount equivalent to 1% of the employee's basic pay for that pay period to the employee's TSP account. Employees are enrolled in the TSP Agency Automatic Contribution plan through the TSP Agency Basic page.

Flat Amounts must be evenly divisible by 5. Only whole numbers are allowed. Percent of Gross values must also be whole numbers. For both Flat Amounts and Percent of Gross, the system sends you an error message if you enter a value that is greater than 10 percent of the employee's basic pay each pay period.

For federal employees, the Thrift Savings Plan program is presently solely a Before-Tax program; there are no situations where After-Tax calculations would be valid. Employees have three funds available for TSP investment: C (Common Stock Investment Fund), F (Fixed Income Investment Fund), and G (Government Securities Investment Fund)

TSP Agency Basic Page

Usage	Use the TSP - Agency Basic page to enroll employees in the TSP Agency Automatic 1% Contribution plan.
Object Name	GVT_TSP_AUTO
Navigation	**Compensate Employees, Administer Base Benefits, Use, TSP Agency Basic, TSP Agency Basic**
Access Requirements	Enter the employee ID.



TSP - Agency Basic page

Enter the **Effective Date.** By default, the system sets **Participation Election** to **Elect** and the **Elect Date** to the system date.

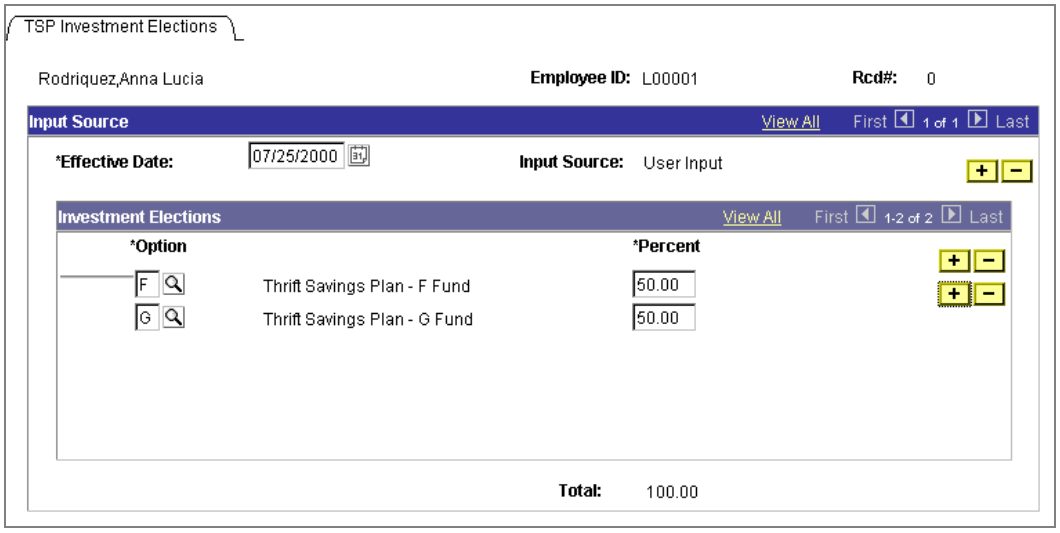
Use **Benefit Plan** to enroll the employee in the TSP 1% Agency Contribution plan. TSP 1% Agency Contribution plans have a Plan Type of ***7Z.***

Employees typically must complete a waiting period of two open seasons after their hire date before they can be enrolled in the TSP 1% Agency Contribution plan.

For more information about reviewing agency information, see PeopleSoft 8 Payroll for North America PeopleBook. You can review agency 1-percent contributions by pay period for specific employees using the Paycheck Data Inquire page, as long as the payroll for the specified pay period has been processed and the Thrift Board Interface has been run.

TSP Investment Elections Page

Usage	Use the TSP Investment Elections page to
Object Name	GVT_TSP_INVEST
Navigation	**Compensate Employees, Administer Base Benefits, Use, TSP Investment Elections, TSP Investment Elections**
Access Requirements	Enter the employee ID.



TSP Investment Elections page

The following element is common to multiple pages in this application and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Employee ID.**

Under **Option,** enter the type of investment in which you are allocating an investment percentage. If there is more than one investment option associated with the chosen employee's savings plan, you can add more rows.

Under **Percent,** enter the investment percentage allocated for each **Option** associated with this savings plan. Investment percentages must **Total** 100 before they can be saved into the system.

Auditing Your Benefit Information

PeopleSoft uses the same set of audits for both PeopleSoft Human Resources Base Benefits and PeopleSoft Benefits Administration.

Audits are intended to catch errors that would otherwise show up when you try to process enrollments or changes. Some of them can be used at any time and others relate to a specific purpose, such as eligibility analysis or enrollment.

If you look through the audits, you see why it's important to audit your data and make corrections before you process enrollments. For example, one PeopleSoft Human Resources audit checks for employees who have enrolled nonstandard dependents into their health

benefit plans. Nonstandard dependents are people who are over 25 that are neither handicapped or the employee's spouse.

PeopleSoft Human Resources Base Benefits Audits

Here are the PeopleSoft Human Resources audits and corrective actions. You perform these audits regardless of whether you use PeopleSoft Human Resources or PeopleSoft Benefits Administration to enroll participants.

PeopleSoft Human Resources Base Benefits Audit Functions and Corrective Actions

PeopleSoft Base Benefits Audit	*Audit Functions*	*Corrective Actions*
Benefit Tables	Identifies vacation plans in the Benefit Program Table with an associated Calculation Rules code where rounding rules are defined in the Calculation Rules Table.	Set up the Calculation Rules Table information without rounding rules.
	Identifies health plans in the Benefit Program Table with a rate unit not set to *None* in the Rate Schedule Table.	Correct the information in the Rate Schedule Table.
Employee Data	Identifies employees with Personal data but with no Employment data.	Enter employee Employment data.
	Identifies employees with Personal and Employment data but with no Job data.	Enter employee Job data.
	Identifies employees with birth dates less than or equal to 16 years from the current date.	Verify that employee should be 16 years old or less or correct the error, probably birth date entered incorrectly.
Enrollment Data	Identifies participants with a nonstandard dependent - not a spouse, son, daughter, father, or mother - enrolled in health benefits.	Verify that the person should be a dependent or correct the error.

	Identifies participants that: work in the same company as their dependents, elect the same health coverage in the same plan type as their dependents, and cover the health benefits of their dependents. For the system to make this check you must enter both SSNs—on employee Personal Data and on Dependent Data.	Verify that the enrollments are correct or correct the error.
	Identifies participants with dependents enrolled in health benefits where the dependent is older than 25 (or older than 19 and not a student), not a spouse, and not handicapped In other words, the audit identifies persons who typically are not dependents.	Correct the dependent information.

In the following table is a list of the plan types delivered by PeopleSoft Human Resources Base Benefits for the U.S. federal government and a breakdown of how benefit plan information is controlled by the PAR process and the individual benefit plan pages. Fields used for benefit plan election are highlighted in **bold.**

Note. Benefit plan enrollments for FEGLI and Retirement are made in the PAR while benefit plan enrollments for FEHB, TSP, and Leave are performed through the individual benefit plan pages.

Where Employee Benefits Data is Controlled: PAR versus the Individual Benefit Plan

Plan Type	*Benefits Data Controlled in PAR*	*Benefits Data Controlled in Individual Plan Pages*
FEHB	FEHB Eligibility	Coverage Begin and End Date (Elections) Deduction Begin and End Date (Elections) Plan Type (FEHB Election) (Elections) Coverage Code (Elections) Dependent ID (Dependents)
FEGLI	FEGLI Coverage Living Benefits Enrollment	FEGLI Assignments (Beneficiaries) % Of Benefit Allocation (for Beneficiary) (Beneficiaries)

TSP		Coverage Begin and End Date (TSP Employee/Matching - Elections) Deduction Begin and End Date (TSP Employee/Matching - Elections) Benefit Plan (TSP Election) (TSP Employee/Matching - Elections) Before Tax Investment (TSP Employee/Matching - Elections) After Tax Investment (TSP Employee/Matching - Elections) Investment Option/Investment Percent (TSP Employee/Matching - Investments) Beneficiary ID/Percent of Benefit (TSP Employee/Matching - Beneficiaries)
Leave Plans		Effective Date, End Date (Leave Plans) Benefit Plan (Leave Plan Election) (Leave Plans) Grandfathered Carryover (Leave Plans)
Retirement Plans	Retirement Plan FERS Coverage Annuitant Indicator Previous Retirement Coverage CSRS Annuity Offset Amount	TSP 1% Agency Contribution (TSP Agency Basic)

PeopleSoft provides audits for your benefit information. Some audits are specifically for PeopleSoft Human Resources base benefits and others are for PeopleSoft Benefits Administration. After you enroll participants, check your data using the PeopleSoft Human Resources audits.

CHAPTER 10

Reviewing Enrollments and Benefit Calculations

Once you define table information and enroll employees, your system is ready to perform benefit calculations. During the benefit calculation process, the integration of the PeopleSoft HRMS human resource, benefit, and payroll applications is fully utilized. You'll find that this level of integration assures quality, timeliness, and consistency, with minimum data entry and maintenance on your part.

During regular payroll processing cycles, the system uses all relevant human resource, benefit, and payroll table information and employee data to process deductions and compensation. You can view the results of payroll calculations on benefit pages. For an individual employee you can override the deduction amount.

For more information about processing benefits deductions with PeopleSoft Payroll, see PeopleSoft 8 Payroll for North America PeopleBook. For more information about processing benefits deductions with the help of PeopleSoft Payroll Interface, see PeopleSoft 8 Payroll Interface PeopleBook. For more information about values for employee per pay period and annual amounts for eligible benefit choices are automatically calculated during open enrollment and event maintenance processing, including those for any flexible credits you define, see Introduction to PeopleSoft Benefits Administration.

Viewing Benefits Summary Data

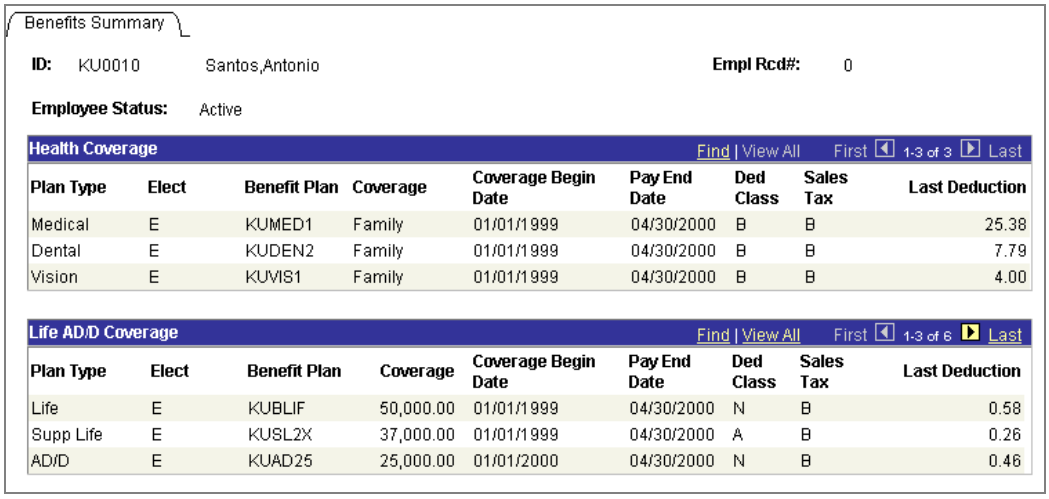
Regardless of whether your organization uses PeopleSoft Payroll or PeopleSoft Payroll Interface, you can view a summary of employee benefit data, including the most recent payroll deduction. For each employee, the system summarizes the latest data.

For more information about employee's reviewing their own benefits enrollment information, see PeopleSoft 8 eBenefits PeopleBook.

Benefits Summary (Pay Dedns) - Benefits Summary Page

Usage	The Benefits Summary (Pay Dedns) - Benefits Summary page displays deduction information on all benefit plans that an employee is enrolled in.

Object Name	BENEFITS_SUMMARY1
Navigation	• **Compensate Employees, Administer Automated Benefits, Inquire, Benefits Summary (Pay Dedns), Benefits Summary** • **Compensate Employees, Administer Base Benefits, Inquire, Benefits Summary (Pay Dedns), Benefits Summary** • **Define Business Rules, Define General Data (NLD), Inquire, Benefits Summary, Benefits Summary**
Prerequisites	The employee must be enrolled in a benefit program and in benefit plans.
Access Requirements	Enter the employee ID.



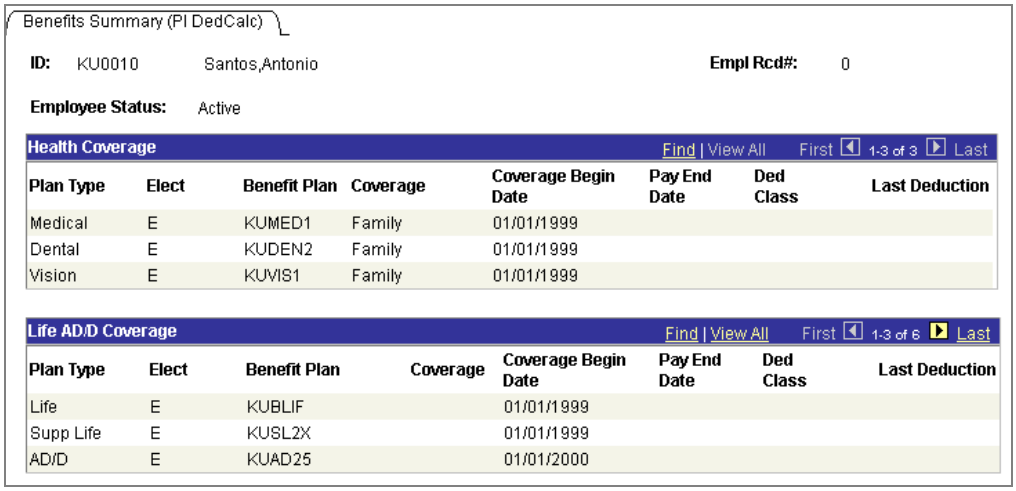
Benefits Summary (Pay Dedns) - Benefits Summary page

The data displayed is representative of the information that you may see. The information that you will see depends on the benefit plans the employee is enrolled in. For each benefit plan, the **Plan Type, Elect** (election), **Plan, Participation** amount, Coverage Begin and End Dates, **Pay End Date, Class, STax** (sales tax class), and **Last Deduction** amount will be displayed.

Benefits Summary (PI DedCalc) Page

Usage	Benefits Summary (PI DedCalc) is for U.S. employees only. It displays detailed information about the benefit plans the employee's is enrolled in.
Object Name	BENEFITS_DED_SUMM1
Navigation	• **Compensate Employees, Administer Base Benefits, Inquire, Benefits Summary (PI DedCalc), Benefits Summary (PI DedCalc)** • **Define Business Rules, Define General Data (NLD), Inquire, Benefits Deduction Summary, Benefits Summary (PI DedCalc)**
Access	Enter the employee ID.

Requirements	



Benefits Summary (PI DedCalc) page

The data displayed is representative of the information that you may see. The information that you will see depends on the benefit plans the employee is enrolled in. For each benefit plan, the **Plan Type,** Election, **Plan, Participation** amount, Coverage Begin and End Dates, **Pay End Date, Class, STax** (sales tax class), and **Last Deduction** amount will be displayed.

Overriding the Frequency of Benefit Deductions

After the system has performed benefit deductions for your employees, you can override the frequency of a deduction amount for individual employees using the Benefit Arrears/Frequency Ovrd page.

For more information about the Benefit Arrears/Frequency Ovrd page, see Benefit Arrears/Frequency Ovrd Page.

CHAPTER 11

Performing Nondiscrimination Testing

PeopleSoft Human Resources Base Benefits features nondiscrimination testing (NDT) processes that enable you to set up and run tests that help you ensure that your organization's 401(k), 401(m), and Section 129 dependent care reimbursement plans do not discriminate in favor of highly compensated employees. In addition, you can use these tests to help predict year-end results. These predictions will prepare you to adjust current contributions of highly compensated employees, making it easier for your organization to pass year-end NDT tests.

With PeopleSoft, you'll be in complete control of the nondiscrimination testing process from beginning to end. When you define your nondiscrimination tests, you'll work with Base Benefits tables that enable you to identify highly compensated employees and set up test criteria. And when it is time to perform nondiscrimination tests, you'll set up and initiate nondiscrimination tests, review their results, and set savings limits to comply with test results.

Overview of Section 401 Nondiscrimination Tests

Every time that you initiate a Section 401 nondiscrimination test—either 401(k) or 401(m)—the system will actually run two tests on your employee population: a basic test and an alternate test. In the event that, for *both* plan types, your employee population fails the first test but passes the alternate, it will automatically run an Aggregate Limit test when you run the 401(k) or 401(m) Report.

Understanding the Basic and Alternate Section 401(k) Tests

According to current IRS criteria, to be considered nondiscriminatory a 401(k) plan must meet one of two tests:

- The basic Actual Deferral Percentage (ADP) test for Section 401(k) states that the average ADP for highly compensated employees (ADP_{HCE}) cannot be more than 125 percent of the average ADP for employees that are not highly compensated (ADP_{NHCE}).

- The alternate ADP test requires that the ADP_{HCE} cannot exceed the ADP_{NHCE} by more than 200 percent, provided the difference between the ADP_{HCE} and the ADP_{NHCE} does not exceed 2 percentage points.

Understanding the Basic and Alternate Section 401(m) Tests

The basic Actual Contribution Percentage (ACP) test for Section 401(m) states that the average ACP for highly compensated employees (ACP_{HCE}) cannot be more than 125 percent of the average ACP for employees that are not highly compensated (ACP_{NHCE}).

According to the alternate 401(m) test, the ACP_{HCE} cannot exceed the ACP_{NHCE} by more than 200 percent, provided the difference between the ACP_{HCE} and the ACP_{NHCE} does not exceed 2 percentage points.

Understanding the Aggregate Limit Test

If both the ADP and ACP test do not pass the basic 125 percent test and both pass the alternative 2 percent test, the system will *automatically* run the new Aggregate Limit Test when you run the 401(k) or 401(m) NDT report. The Aggregate Limit Test says the sum of the ADP and ACP for the entire group of eligible highly compensated employees cannot exceed the *aggregate limit* of the non-highly compensated group, which is the *greater* of:

1. The sum of:
   1.25 times the *greater* of the ADP_{NHCE} or the ACP_{NHCE}, and

2. Two percentage points plus the *lesser* of the ADP_{NHCE} or the ACP_{NHCE}, with the exception that this cannot exceed two times the *lesser* of the ADP_{NHCE} or the ACP_{NHCE}; OR

3. The sum of:
   1.25 times the *lesser* of the ADP_{NHCE} or the ACP_{NHCE}, and

4. Two percentage points plus the *greater* of the ADP_{NHCE} or the ACP_{NHCE}, with the exception that this cannot exceed two times the *greater* of the ADP_{NHCE} or the ACP_{NHCE}.

The results of the Aggregate Limit Test will appear on the new Section 401 Results page after the 401(k) and/or 401(m) reports have been run. If you view the Section 401 Results page *before* you run one or both of these reports, the Aggregate Limit Test portion of the Section 401 Results page will be blank

Defining Highly Compensated Earnings

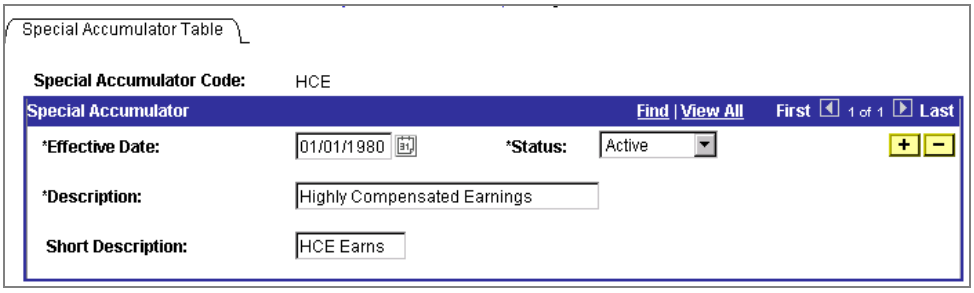
Before you can run a nondiscrimination test, you need to define the highly compensated earnings that you'll be processing in the nondiscrimination test. To do this, you first need to define a special accumulator for highly compensated earnings. Then you'll use that special accumulator to define highly compensated earnings by attaching it to the appropriate earnings.

Once you've defined your special accumulator for highly compensated earnings, you'll need to link it to the earnings that you'll be using in the nondiscrimination test.

Special Accumulator Table Page

Usage	You'll use the Special Accumulator Table to set up special accumulators for highly compensated earnings. You'll use this code on the Earnings Table to associate the special accumulator with the earnings that you'll be including in your nondiscrimination test.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Special**

	Accumulator Table
Access Requirements	Enter the Special Accumulator Code.

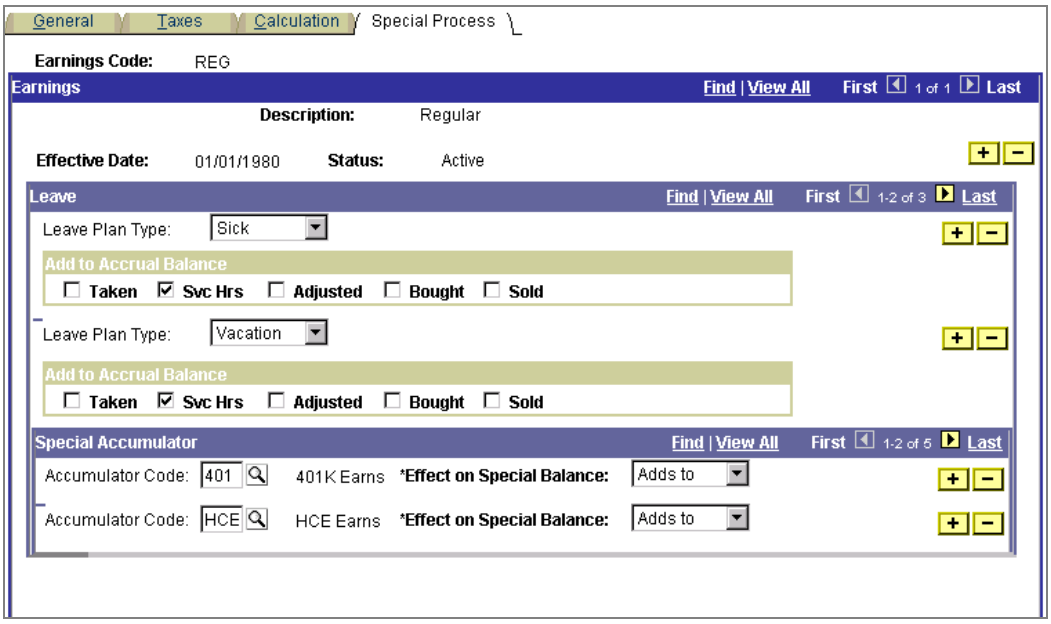


Special Accumulator Table page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date, Status, Description, and Short Description.**

Earnings Table - Special Process Page

Usage	You'll use the Earnings Table - Special Process page to associate a special accumulator with each of the earnings that you want the system to use to accumulate earnings for highly compensated testing.
Navigation	**Define Business Rules, Define Payroll Process, Setup 1, Earnings Table**
Prerequisites	Define your special accumulator using the Special Accumulator Table.
Access Requirements	Create an Earnings Code.



Earnings Table - Special Process page

In this example, we associated the HCE special accumulator with ***Regular*** earnings. To complete the association, you might also want to associate the special accumulator with bonus earnings and with car allowance earnings.

Earnings for Section 129 uses FSA_PD_AMT_YTD (from FSA_BENEFITS) as the value for dependent care benefits paid to an employee.

Identifying Highly Compensated Employees

Now that the parameters for running nondiscrimination testing are defined, you must identify employees who are highly compensated employees. To do so, you'll use the Job Data Component.

As of December 31, 1996, highly compensated employees are defined as employees who:

1. Were a 5 percent owner of the organization at any time during the current or preceding year; or

2. Received more than $80,000 (indexed for inflation) in compensation in the preceding year; or

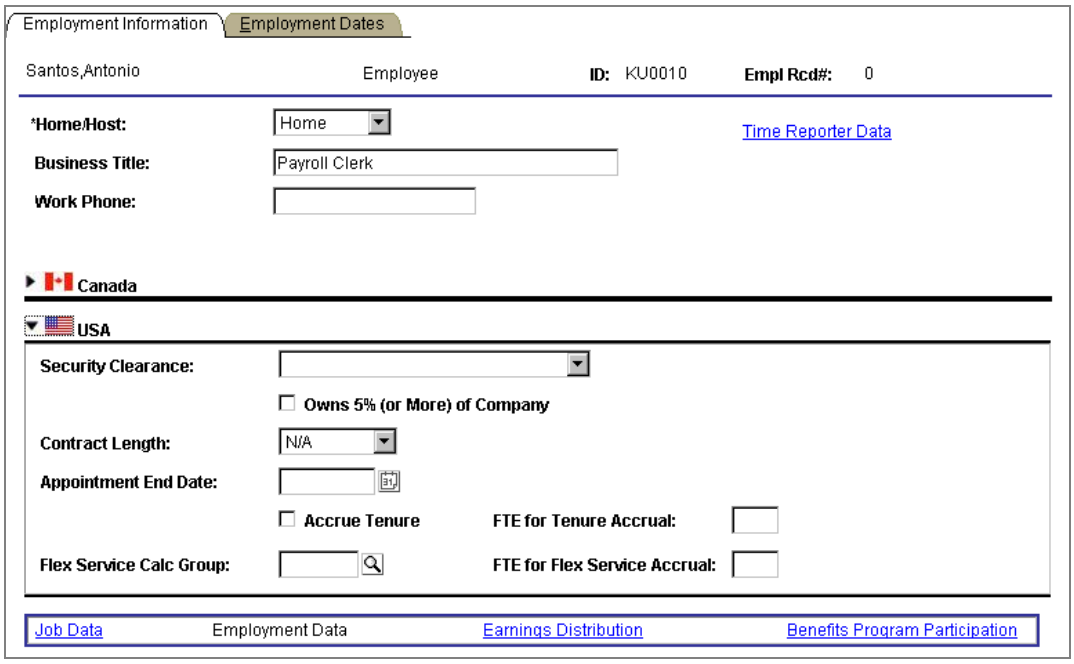
3. Received more than $80,000 (indexed for inflation) in compensation in the preceding year, and were among the most highly paid 20 percent of employees in their organization.

An active employee is not treated as highly compensated in the current (determination) year if that employee was not considered highly compensated in the preceding (look-back) year. This rule does not apply if the employee is a 5 percent owner. In other words, the system will not classify employees hired during the current year as highly compensated employees unless they also are or were a 5 percent owner during the current year.

Before you can perform nondiscrimination testing, you must identify employees who are highly compensated employees using the Job Data components.

Job Data - Security Clearance Page

Usage	Use the Job Data - Security Clearance page to identify a 5 percent or more owner.
Navigation	**Administer Workforce, Administer Workforce (U.S.), Use, Job Data, Work Location**
Prerequisites	The employee must be entered in the system.
Access Requirements	Click the Employment Data link.



Work Location - Employment Information : Employment Data page

Owns 5% (or More) of Company To identify an employee as a 5 percent or more owner, select the **Owns 5% (or More) of Company** check box.

For more information about completing the Job Data page, see Job Data Component.

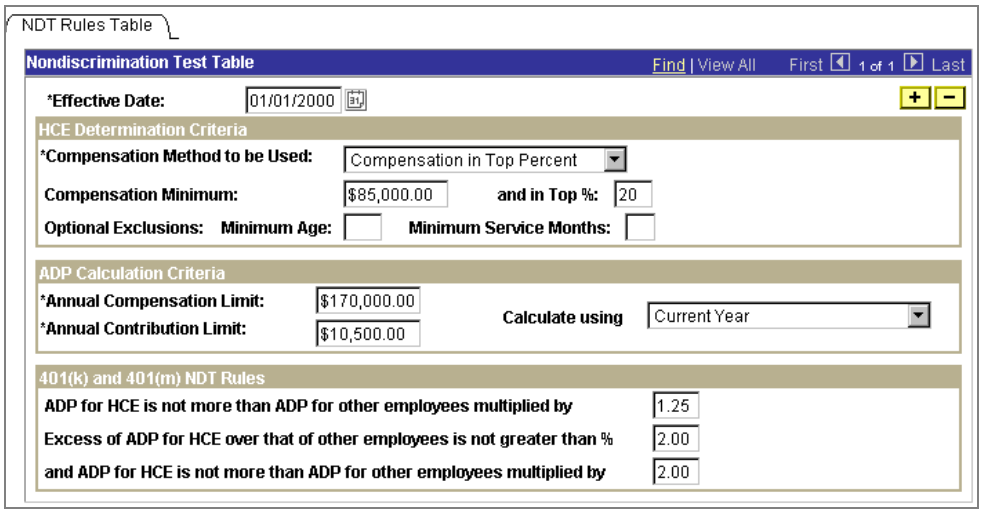
Setting Up Test Criteria and Plans

You can perform nondiscrimination tests for 401(k) and 401(m) plans. For 401(k), the system uses before-tax amounts. For 401(m), it uses after-tax amounts. You'll perform these tests according to IRS criteria that you define, for the benefit plans that you identify.

If both the 401(k) and 401(m) test do not pass the basic 125 percent test and both pass the alternative 2 percent test, the system will *automatically* run the new Aggregate Limit Test when you run the 401(k) or 401(m) NDT report.

Nondiscrimination Test Table - NDT Rules Table Page

Usage	Before you can perform a test, you must set up the test parameters with the Nondiscrimination Test Table.
Object Name	NDT_HCE_TABLE
Navigation	**Define Business Rules, Define Base Benefits, Setup, Nondiscrimination Test Table, Nondiscrimination Rules Table**



Nondiscrimination Test Table - NDT Rules Table page

Effective Date Enter the **Effective Date** for your nondiscrimination test criteria. This enables you to maintain history of your test criteria.

HCE Determination Criteria

For **HCE Determination Criteria,** enter the IRS criteria that currently define highly compensated employees.

Compensation Method to be Used

Compensation Minimum You can set up the system to take into account *all* employees who have received the **Compensation Minimum,** or you can narrow the determination down to those employees who received the **Compensation Minimum** and who are among the most highly paid (top ***20*** percent) employees in your organization. We give you the option of changing this percentage.

and in Top %

Minimum Age, Minimum Service Months To set up your system to exclude certain employees from the determination of the top paid 20 percent of employees in your organization, enter the appropriate **Minimum Age** or **Minimum Service Months.**

Because HCE determination is based upon the previous year's wages, the system refers to the end of the previous year when checking these values against the employee population. In other words, if you are running your nondiscrimination test for the *current* plan year and you've set a **Minimum Age** of ***21,*** the top 20 percent group will be reduced by the number of employees who have not reached age 21 by the end of the *previous* plan year.

ADP Calculation Criteria

Annual Compensation Limit, Annual Contribution Limit

Enter the **Annual Compensation Limit** and **Annual Contribution Limit** for the test.

Calculate Using

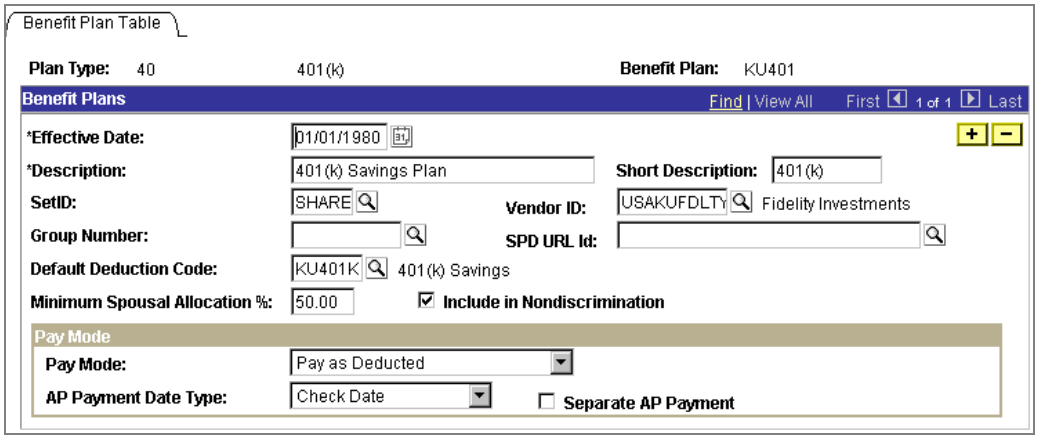
Employers have the option to perform the ADP/ACP calculations based on either the current or previous year's data. With this update, you can run 401(k) and 401(m) tests that use either current or previous year data. On the Nondiscrimination Testing Table, you can tell the system which year's data to use by selecting ***Current Year*** or ***Previous Year.***

Because the nondiscrimination testing procedure for 401(k) and 401(m) plans includes compensation data from the preceding plan year, you can use the results of the tests to better forecast for the current year. This is because the preceding year compensation data is used to calculate Actual Deferral Percentages and Actual Contribution Percentages for the non-highly compensated employee (NHCE) population, upon which nondiscrimination test results are based. With these figures "fixed," you can monitor your HCE population for compliance.

If you choose to perform nondiscrimination testing using previous year NHCE data, there is no need to perform NHCE forecasting; only HCE data needs to be forecasted and compared to the previous year's data. You can still elect to test based on the current year's data, however, and utilize the forecasting feature to help monitor your plan's nondiscrimination status throughout the year.

Benefit Plan Table Page

Usage	After you define test criteria, you'll identify the benefit plans to include in a test with the Benefit Plan Table.
Navigation	**Define Business Rules, Define Base Benefits, Setup, Benefit Plan Table**
Access Requirements	Plan Type, Benefit Plan, Description



Benefit Plan Table page

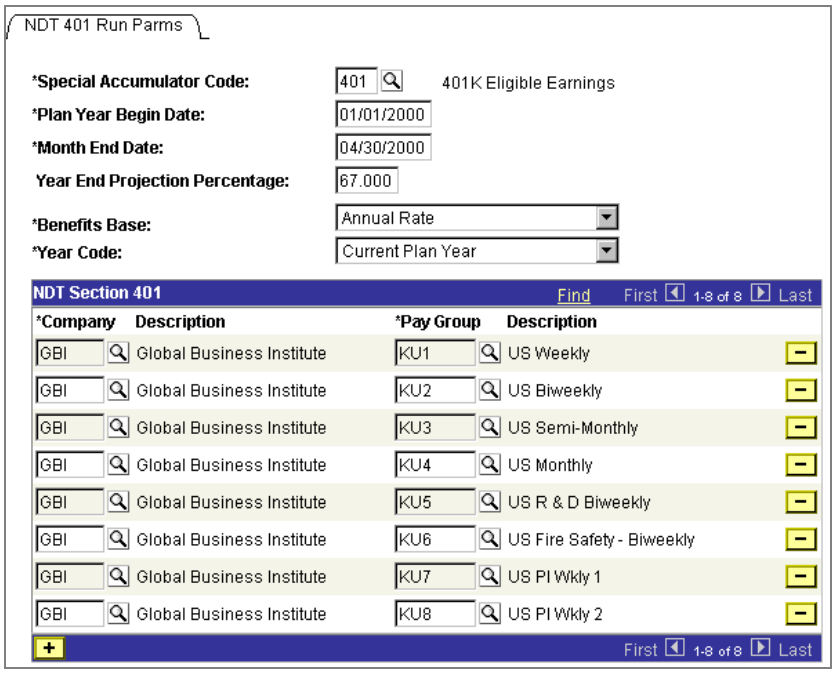
To include a benefit plan in a test, select **Include in Nondiscrimination Testing.** The test will include *all* of the benefit plans with this check box selected. This option is available for all savings plans.

Defining the Nondiscrimination Test Run Control

After you set up your special accumulators and their associated earnings, you'll set up the parameters for your nondiscrimination test through run control pages.

401 NDT Run Control - NDT 401 Run Parms Page

Usage	You'll use the 401 NDT Run Control - NDT 401 Run Parms page to define the special accumulator that you want the system to use and to identify the company and pay group combinations that you want to include in your test.
Object Name	RUNCTL_NDT
Navigation	**Compensate Employees, Administer NDT, Process, 401 NDT Run Control, NDT Section 401 Run Params**
Prerequisites	Set up special accumulators using the Special Accumulator Table and set up earnings using the Earnings Table - Special Process page.
Access Requirements	Enter the run control ID.



401 NDT Run Control - NDT 401 Run Parms (parameters) page

Special Accumulator Code Enter the **Special Accumulator Code** for the test. The system will use this accumulator to determine employee compensation for the test.

Plan Year Begin Date Use **Plan Year Begin Date** to define the plan year that you want to use for the test.

Month End Date Enter the **Month End Date** through which compensation data will be in the database.

Year End Projection Percentage When you're testing for the current year, **Year End Projection Percentage** enables you to define whether you want the system to project until year-end. To define a projection, enter the percentage that you want the system to use.

Benefits Base Enter the **Benefits Base** that you want to use, either ***Annual Rate*** or ***Annual Benefits Base Rate.*** For example, if you initiate a test for the current year on May 31, but you want projections until the end of the plan year, you would need to project for the remaining 7 of the total 12 months, which means you'd enter ***58.33%*** as the **Year End Projection Percentage.**

Year Code Use the **Year Code** to indicate whether testing is for the ***Current and Prior Plan Year,*** the ***Current Plan Year,*** or for the ***Prior Year.*** Because the new rules for the determination of highly compensated employees determine HCE status based primarily upon the previous year's data, the system must gather salary information for the previous year and store it. When you run a Section 401 test for the first time in the testing year, always select ***Current and Prior Plan Year*** on the 401 NDT Run Control page. In subsequent testing throughout that year you can select ***Current Plan Year.***

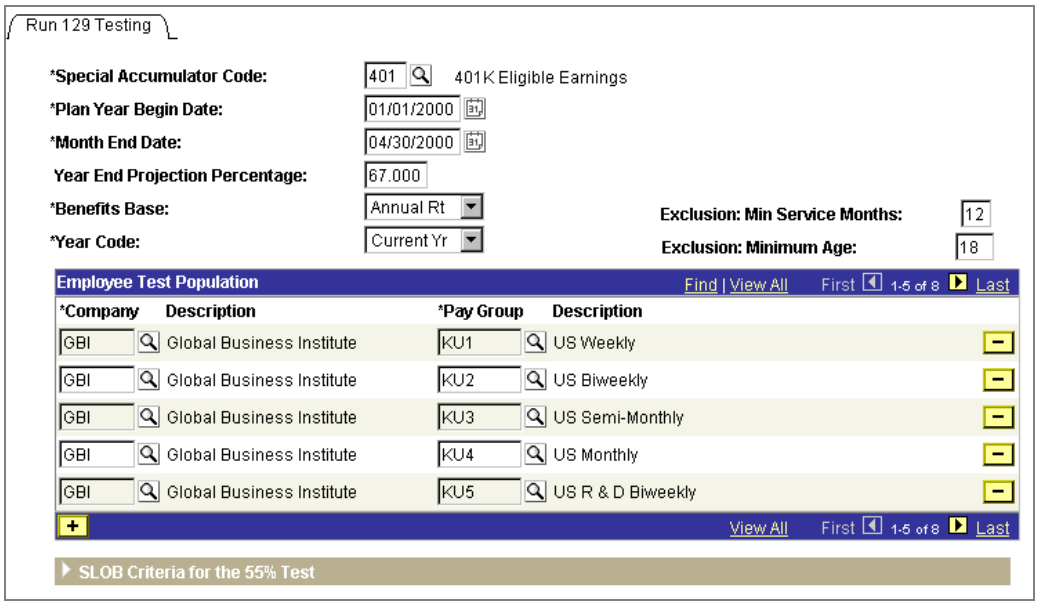
NDT Section 401

Company Identify the companies that you want to include in this test.

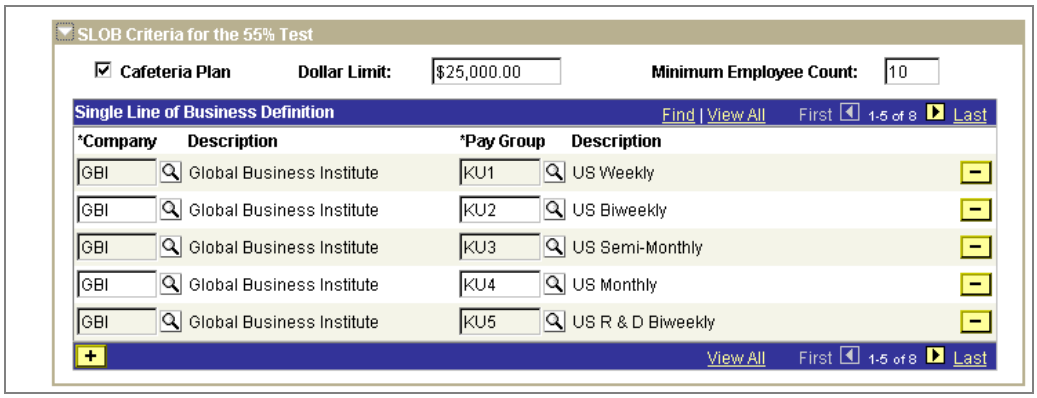
Pay Group Identify the pay groups that you want to include in this test.

129 NDT Run Control - Run 129 Testing Page

Usage	Use the Section 129 NDT Run Control page to define the information that controls nondiscrimination testing for Section 129 dependent care reimbursement accounts.
Object Name	RUNCTL_129
Navigation	**Compensate Employees, Administer NDT, Process, 129 NDT Run Control, NDT Section 129 Run Parameters**
Access Requirements	Enter the run control ID.



129 NDT Run Control - Run 129 Testing page (1 of 2)



129 NDT Run Control - Run 129 Testing page (2 of 2)

Special Accumulator Code Enter the **Special Accumulator Code** for the test. The system will use this accumulator to determine employee compensation for the test.

Plan Year Begin Date Use **Plan Year Begin Date** to define the plan year that you want to use for the test.

Month End Date Enter the **Month End Date** for the month through which compensation information will be in the database.

Exclusion: Min Service Months (exclusion: minimum service months) Enter the **Exclusion: Min Service Months** to establish a minimum length of service for employees included in the test.

Year End Projection Percentage In testing for the current year, **Year End Projection Percentage** will enable you to define whether you want the system to project until the end of the year. To define a projection, enter the percentage that you want the system to use.

Exclusion: Minimum Age You can use **Exclusion: Minimum Age** to set a minimum age limit for the employees included in the test.

Benefits Base You must enter the **Benefits Base**—either ***Annual Rt*** or ***Benef Base.***

Year Code Because the rules for the determination of highly compensated employees determine HCE status based primarily upon the previous year's data, the system must gather salary information for the previous year and store it. When you run a Section 129 test for the first time in the testing year, always select ***Both Years*** on the 129 NDT Run Control page. In subsequent testing throughout that year you can select ***Current Yr.*** Note, however, that the system requires you to always select the ***Both Years*** option if you will be testing based on Separate Lines of Business (SLOB). You can choose from ***Both Years, Current Yr,*** or ***Prior Yr.***

Employee Test Population

Company Use **Company** to identify the companies that you want included in the test.

Description Describe the company that you want included in the test.

Pay Group Use **Pay Group** to indicate the pay groups that you want included in the test.

Description Describe the pay group that you want included in the test.

SLOB Criteria for the 55% Test

Cafeteria Plan If you have a flexible benefits or cafeteria plan, select the **Cafeteria Plan** check box.

Dollar Limit Companies that have cafeteria plans typically set the **Dollar Limit** to ***$25,000,*** but it can be set lower. If you set the limit to ***$25,000,*** employees who earn less than that amount will be excluded from the Section 129 test.

Minimum Employee Count You can use **Minimum Employee Count** to restrict the size of separate lines of business included in the test.

SLOB Criteria for the 55% Test For the **SLOB Criteria for the 55% Test**, you can choose between two methods of restricting the test population. You can restrict the test population by **Company** and **Pay Group** or by SLOB.

Company, Pay Group If you use SLOB, indicate the **Company** and **Pay Group** associated with each separate line of business.

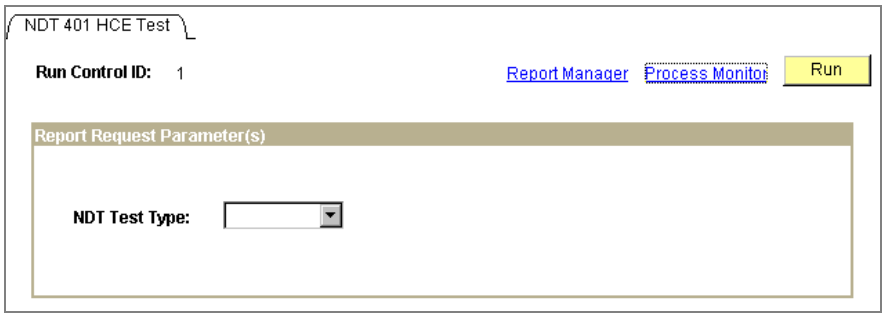
Initiating a Nondiscrimination Test With the Process Scheduler

In this section, you'll find out how to run nondiscrimination tests on 401(k), 401(m), and Section 129 plans, and how to print reports for the results of those tests. You'll start by accessing a nondiscrimination test run control or run parameter page, and, from there, navigating to the Process Scheduler to initiate the test.

Nondiscrimination Testing for Highly Compensated Employees

Usage	Before you can perform Section 401 or Section 129 nondiscrimination tests, you must first determine the number of highly compensated employees in your organization.
Object Name	RUNCTL_NDT001
Navigation	• **Compensate Employees, Administer NDT, Process, 129 Highly Comp Employees, NDT Section 129 HCE Testing** • **Compensate Employees, Administer NDT, Process, 401 Highly Comp Employees, NDT Section 401 HCE Testing**

Access Requirements	Enter a Run Control ID.



129 Highly Comp Employees - 129 HCE Test page

Before initiating a nondiscrimination test using this page, you must first set the nondiscrimination test parameters in the 401 NDT Run Control or 129 NDT Run Control pages.

Use the Highly Compensated Employees run control page to choose the **NDT Test Type** that you would like to run. You have a choice of ***Std NDT*** (Standard Nondiscrimination Test, for Section 401 plans), ***129 NDT*** (Section 129 Nondiscrimination Test), and ***129 SLOB*** (Section 129 Separate Line of Business Nondiscrimination Test).

Click **Run** to run this request. Process Scheduler runs the HCE test process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler.

Nondiscrimination Testing for 401(k) and 401(m) Plans

Usage	Initiate 401(k) and 401(m) testing using the NDT 401(k) and 401(m) Nondiscrimination pages.
Navigation	**Compensate Employees, Administer NDT, Process, NDT 401 Nondiscrimination**
Access Requirements	Enter a Run Control ID.

401(k) Nondiscrimination - Run Control page

Before initiating a nondiscrimination test using this page, you must first set the nondiscrimination test parameters in the 401 NDT Run Control page.

When the system performs a test, it uses the total eligible earnings for employees. For total earnings, the system uses the earnings balance for the special accumulator that you defined in the run control for this test.

If an employee works in multiple companies, the system accumulates earnings for all the companies that you marked for nondiscrimination testing.

Click **Run** to run this request. Process Scheduler runs the 40I NDT test process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler.

Nondiscrimination Testing for Section 129 Plans

Usage	Use the Nondiscrimination Testing for Section 129 pages to initiate Section 129 nondiscrimination testing. The run control page is identical for all three tests.
Navigation	**Compensate Employees, Administer NDT, Process, NDT 129 Elig Cross Section (eligibility or cross section test)** **Compensate Employees, Administer NDT, Process, NDT 129 55% Average Benefits** **Compensate Employees, Administer NDT, Process, NDT 129 Concentration Test**
Access Requirements	Run Control ID

NDT 129 Eligibility Cross Section Test page

For Separate Line of Business (SLOB) users: The SLOB rules only relate to the NDT 129 55% Average Benefits test. If you want to run this test for separate lines of business, use the following procedure.

To run the Section 129 SLOB testing process:

1. Run the Highly Compensated Employees determination test.

Select *129SLOB* as your NDT Test Type.

2. Run the NDT 129 55% Average Benefits test.
3. Re-run the Highly Compensated Employees determination test.

   This time, select *129NDT* as your NDT Test Type.
4. Run the remaining NDT 129 tests.

Before initiating a nondiscrimination test using this page, you must first set the nondiscrimination test parameters in the 129 NDT Run Control page.

When the system performs a test, it uses the total eligible earnings for employees. For total earnings, the system uses the earnings balance for the special accumulator that you defined in the run control for this test.

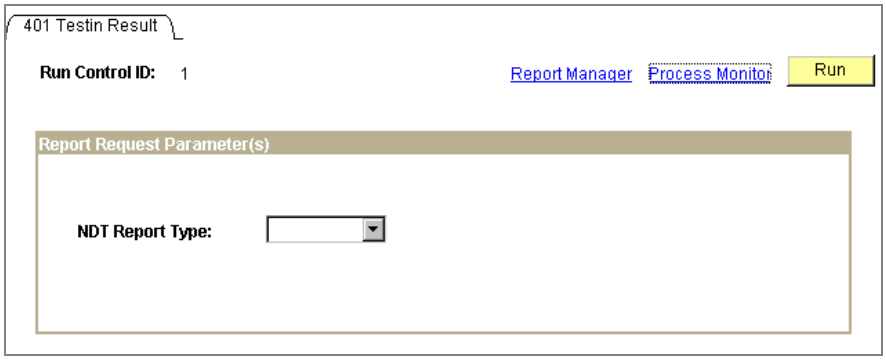
If an employee works in multiple companies, the system accumulates earnings for all the companies that you marked for nondiscrimination testing.

Click **Run** to run this request. Process Scheduler runs the process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler.

401(k) and 401(m) Report

Usage	You prepare the 401 Nondiscrimination Testing Report with the 401 Nondiscrimination Testing Report Run Parameters page.
Object Name	RUNCTL_NDT004
Navigation	**Compensate Employees, Administer NDT, Report, 401 Nondiscrimination Testing, NDT Sect 401 Testing Results**
Access Requirements	Enter a Run Control ID.



401 Nondiscrimination Testing - 401 Testin Result (401 testing results) page

Enter an existing **Run Control ID** or add a new one. Then select an **NDT Report Type** of either ***401(k)*** or ***401(m).***

Click **Run** to run this request. Process Scheduler runs the process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler.

Section 129 Report

Usage	You prepare the Section 129 Nondiscrimination Testing Report with the Section 129 Nondiscrimination Testing Report Run Parameters page.
Navigation	**Compensate Employees, Administer NDT, Report, 129 Nondiscrimination Testing**
Access Requirements	Enter the Run Control ID.

129 Nondiscrimination Testing - NDT Sect 129 Testing Results (NDT Section 129 testing results) page

Click **Run** to run this request. Process Scheduler runs the process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler.

Viewing Nondiscrimination Test Results

You can view test results for individual employees and for the collection of all employees. To view results for an individual employee, use Savings Plans 1. To view results for all employees, use the Section 401 and Section 129 testing results pages. You can also print reports.

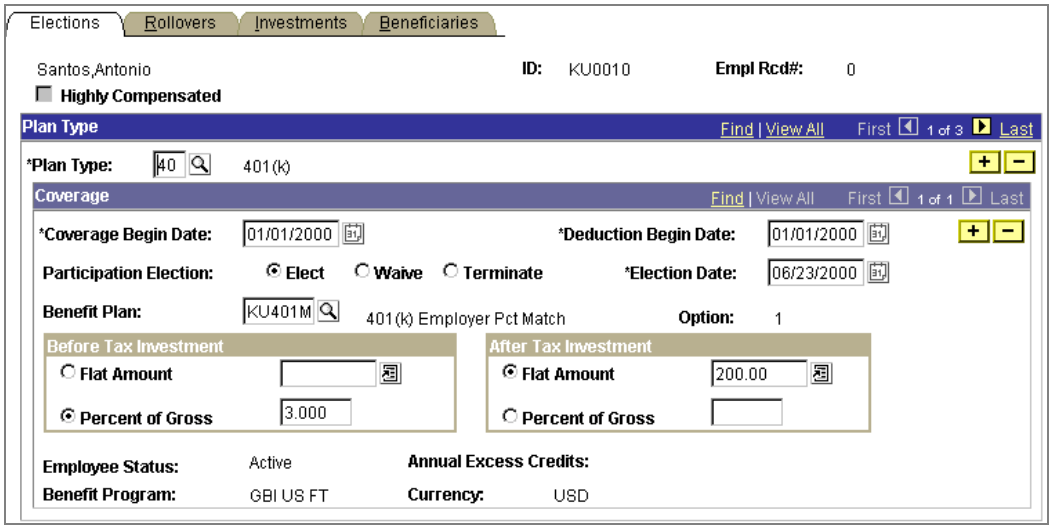
As a result of a nondiscrimination test, the system updates employee data for the current and previous year tests, using these codes:

N	Indicates an employee not eligible for the plan.
E	Indicates a highly compensated employee who is not a 5 percent owner.
H	Indicates a highly compensated employee (who may be a 5 percent owner)

The Savings Plans 1 page receives employee data for the current and previous year nondiscrimination tests from the system's Personal Data record, PS_PERSONAL_DATA. You can review the nondiscrimination testing codes provided for an employee on PS_PERSONAL_DATA directly through SQLTalk or SQLQuery. These codes show up in the flags HIGHLY_COMP_EMPL_C (Highly Compensated Employees - Current Year) and HIGHLY_COMP_EMPL_P (Highly Compensated Employees - Previous Year). You cannot view these codes online.

Viewing Results for an Individual

Usage	Use the Savings Plans - Elections page to review results for an individual.
Navigation	**Compensate Employees, Administer Base Benefits, Use, Savings Plans, Elections**
Access Requirements	Enter the employee ID.

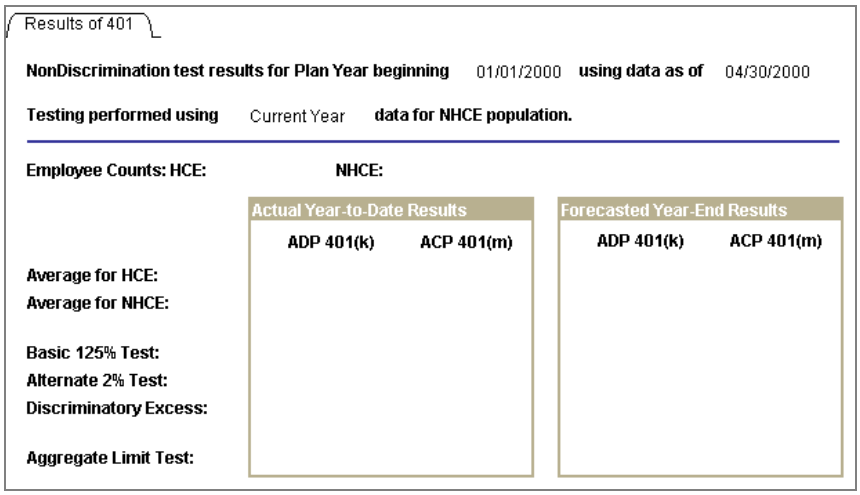


Savings Plans - Elections page

As a result of the last nondiscrimination test that you performed, the system indicates that an employee is highly compensated (based on the current year) by selecting **Highly Compensated** at the top of the page.

Viewing Section 401 Test Results for All Employees

Usage	To view the nondiscrimination test results for all employees in 401(k) and 401(m) tests, you'll use the Section 401 Results page.
Object Name	NDT_401_RESULTS
Navigation	**Compensate Employees, Administer NDT, Process, Section 401 Results, Results Section 401 Testing**



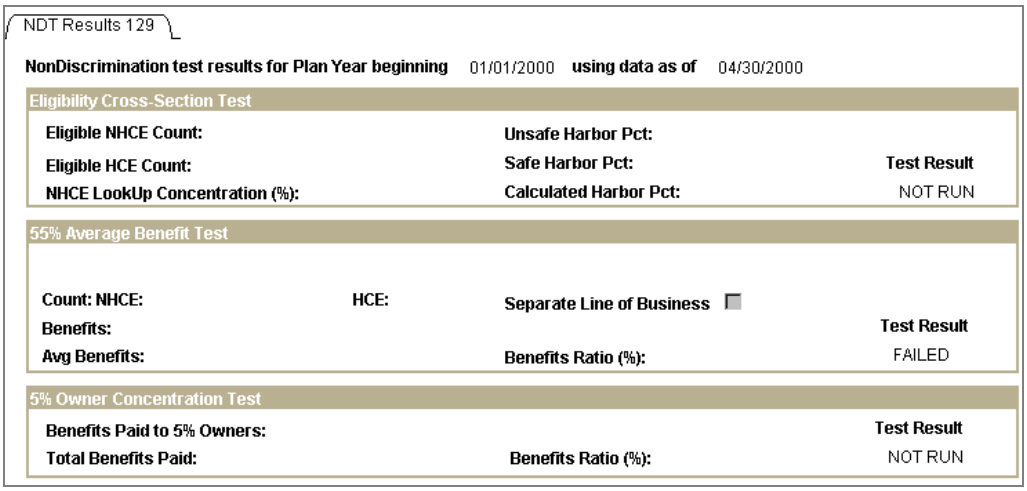
Section 401 Results - Results of 401 page

The Section 401 Results page will display the **Employee Counts** for **HCE** (highly compensated employees) and **NHCE** (non-highly compensated employees). It then breaks down the results of your 401(k) and 401(m) nondiscrimination tests by **Actual Year-To-Date Results** and **55% Average Benefit Test.**

The system will report the average actual contribution percentage (ACP) and/or actual deferral percentage (ADP) for highly compensated and non-highly compensated employees under **Average for HCE** and **Average for NHCE.** It then indicates the ***Pass/Fail*** status for the **Basic 125% Test** and the **Alternate 2% Test.** If both the Basic and the Alternate 2% Tests are failed, the system displays the **Discriminatory Excess** percentage. If the system runs an **Aggregate Limit** test, it tells you here whether that test is ***Passed*** or ***Failed.***

Viewing Section 129 Test Results for All Employees

Usage	To view the nondiscrimination test results for all employees in Section 129 tests, you'll use the Section 129 Results page.
Object Name	NDT_129_RESULTS
Navigation	**Compensate Employees, Administer NDT, Process, Section 129 Results, Results Section 129 Testing**
Prerequisites	RUNCTL_NDT004
Access Requirements	Enter the Run Control ID.



Section 129 Results - NDT Results 129 page

The Section 129 Results page displays the results of the **Eligibility Cross-Section Test,** the **55% Average Benefit Test,** and the **5% Owner Concentration Test.** If you elected to test for separate lines of business, the **Separate Line of Business** check box will be selected.

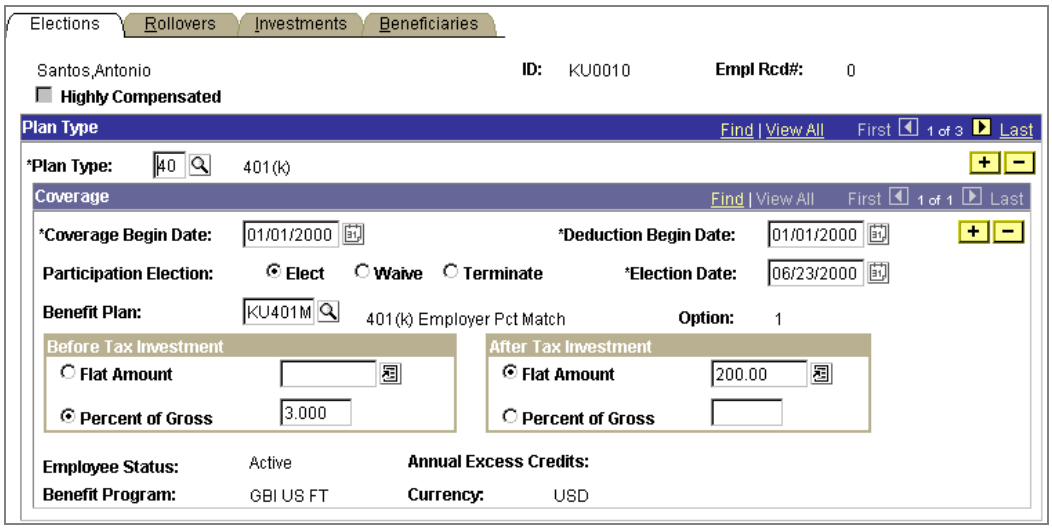
Running Nondiscrimination Test Reports

You can initiate nondiscrimination testing reports that provide a breakdown of the testing results by employee (divided into highly compensated employee and non-highly compensated employee groups) as well as a display of the calculations involved in the test.

401 Nondiscrimination Testing reports will also show the results of the Aggregate Limit Test if test result conditions require this test to be performed.

Setting Limits to Comply With Test Results

Usage	This feature is only for 401(k) and 401(m) plans. If, as the result of a nondiscrimination test, you decide to change the savings limits for a highly compensated employee for a specific benefit plan, you'll go to the Elections page of the Savings Plans component.
Navigation	**Compensate Employees, Administer Base Benefits, Use, Savings Plans, Elections**
Access Requirements	Enter the Employee ID.



Savings Plans - Elections page

Create a new row and change the **Before-Tax Investment** and/or **After-Tax Investment** information as necessary.

CHAPTER 12

Managing FMLA

The Family Medical Leave Act (FMLA) protects benefits and job restoration for employees who must take a leave from work to care for themselves or family members. This law went into effect August 5, 1993, and contains provisions regarding employer coverage, employee eligibility and entitlement, notice and certification, continuation of health benefits, and job restoration.

PeopleSoft's FMLA Administration facility helps you fulfill all of those provisions and provides you with a simple and smooth FMLA plan management process. With FMLA Administration and your predefined FMLA benefit plans, you'll approve your employees' requests for FMLA protected leave, set up their FMLA leave schedules, and track the progress of individual FMLA leave requests.

Overview of the FMLA Process

Before you can begin to actively manage FMLA information for your workforce, you must first activate PeopleSoft's FMLA Administration facility and then define your organization's FMLA plans. You'll use the Installation Table and the FMLA Plan Table to perform these steps.

The processes described in this section use the parameters defined in your FMLA plans to determine employee eligibility and to calculate how much FMLA protected leave employees have available to them at a given point in time. You won't be able to process employee FMLA leave requests until you set up your FMLA plans.

For more information about how to accomplish these tasks, see Setting Up Benefit Plans.

You'll also need to associate your FMLA Plans with the benefit programs that your employees are assigned to. You'll do this with the Benefit/Deduction Program Table.

For more information about associating FMLA plans with benefit programs, see Building Base Benefit Programs.

Entering FMLA Leave Requests

Management of basic FMLA leave request information is easy with the FMLA Leave Request page. It contains the primary details of an employee's request for leave, including

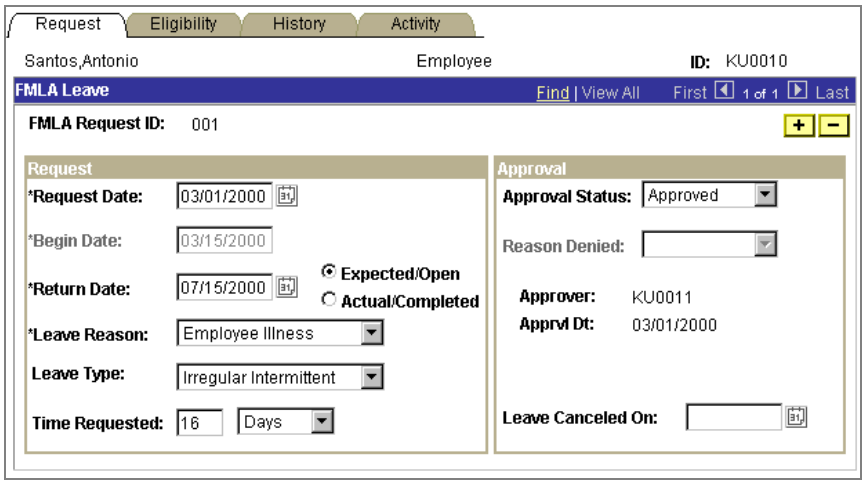
the leave request, begin and return dates, the leave reason and type, and the leave request's approval status.

PeopleSoft Human Resources Base Benefits includes a workflow process called Monitor Leave Requests. This process will automatically send a notification to the Benefits Administrator whenever a new FMLA leave request is entered into the system.

For more information about Workflow, see Using Workflow *PeopleSoft Application Fundamentals for HRMS*. For more information about the Monitor Leave Requests Workflow process, see Monitor Leave Requests,.

FMLA Leave - Request Page

Usage	Use the FMLA Leave - Request page to enter an employee's leave request.
Object Name	FMLA_LV_REQUEST1
Navigation	**Compensate Employees, Administer FMLA, Use, FMLA Leave, Request**
Access Requirements	Enter the employee ID.



FMLA Leave - Request page

When you go to this page, the system will prompt you to enter either the name or the ID of the employee whose FMLA leave request record that you want to enter, inspect, or update.

When you create a new FMLA leave request, it is given an **FMLA Request ID** of ***NEW.*** When the new FMLA request is saved, the system assigns to it a unique **FMLA Request ID.** FMLA Request IDs are incremented sequentially from ***001*** to ***999*** within each employee record.

If you are processing employees with multiple jobs, the FMLA Administration facility does not use the Employee Record Number. The system tracks FMLA leave requests by individual employees rather than by job.

For more information about multiple job processing in PeopleSoft Application Fundamentals: Working with Multiple Jobs.

If an employee has more than one FMLA leave request, find the specific FMLA leave request record that you want to review. The FMLA leave request records are ordered sequentially according to their FMLA Leave Request IDs.

The **Request Date** is the date the employee made the FMLA protected leave request. The **Begin Date** is the first day of the employee's requested leave. The system uses the **Begin Date** as the effective date for any record needing an effective date. Because eligibility and entitlement can be impacted when the **Begin Date** is edited, you will be unable to edit it once the request's **Approval Status** changes to ***Approved*** or ***Denied,*** or the request has been completed or canceled.

If you need to change the **Begin Date** after one of these events has taken place, you'll have to change the **Approval Status** back to ***Open,*** recalculate eligibility and entitlement with the Leave Request Eligibility page, and manually adjust the leave schedule.

The **Return Date** is the date the employee is scheduled to return from leave. The **Return Date** is not a day of FMLA protected leave; it is the first day of work after the leave is completed. Select **Expected/Open** if the leave request is still pending or in process, to indicate it may change. You'll change the status of the **Return Date** to **Actual/Completed** when the employee actually returns from leave.

Enter the reason the employee is requesting FMLA protected leave in **Leave Reason.** While the list of reasons delivered is limited, you can add to this list through the PeopleTools Data Designer. **Leave Type** refers to the "regularity" of the requested leave. ***Continuous*** leave refers to unbroken full-day leave. ***Irregular*** leave is broken, but on a regular schedule. An example of ***Irregular*** leave is a leave request that involves the taking of leave every Thursday and Friday for eight weeks. ***Irregular/Intermittent*** leave involves the taking of leave at unspecified times during the planned leave period. If you change these fields after the leave is completed, the system will give you a warning.

The **Time Requested** fields are for information only and are intended to capture an approximate indication of the amount of leave an employee is asking for. Time units are available in ***Hours, Days,*** and ***Weeks.*** This information is helpful if you want to make an approval determination based on the employee's remaining entitlement time.

After you have reviewed the employee's request for FMLA protected leave and have determined whether they're eligible for the time they're asking for with the FMLA Leave Eligibility page, you can enter an **Approval Status** of ***Approved, Denied,*** or ***Open.*** You'll enter ***Open*** for leave requests that are still pending determination, such as those that require

determination or receipt of medical certification. If you indicate a request is ***Denied,*** you can use the **Reason Denied** field to indicate why.

The system will allow you to approve requests for employees determined to be ineligible for FMLA coverage.

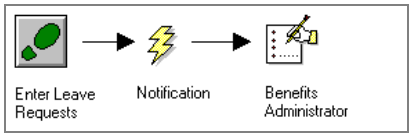
When you select ***Approved*** or ***Denied,*** the system automatically populates the **Approver** and **Apprvl Dt** (approval date) fields with your Employee ID and the current date.

If the employee decides to cancel the leave request before taking any leave, enter the date of this decision in **Leave Canceled On** to cancel the leave. Do *not* use this date to indicate denial of the request or to record the employee's early return from leave.

When you have finished entering leave request information into the FMLA Leave Request page, you'll move on to the FMLA Leave Eligibility page to determine the employee's FMLA eligibility and compute the amount of FMLA protected leave to which the employee is entitled.

Monitor Leave Requests

The Monitor Leave Requests Workflow Process is designed to help facilitate the location of new FMLA requests as they are entered into the system. When employees put in formal notice that they plan to take FMLA leave to care for themselves or a relative for a given period of time, those requests are entered into the system. Monitor Leave Requests locates the new requests and notifies the Benefits Administrator of their presence via email.



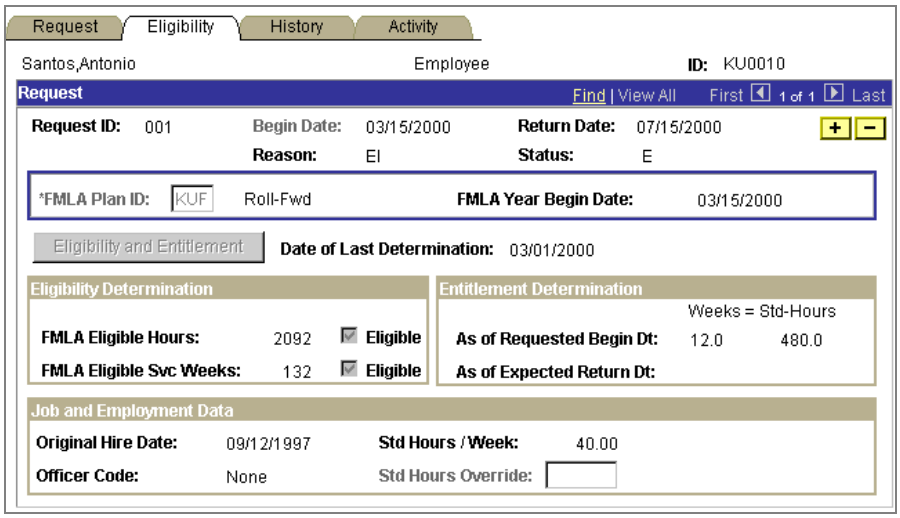
Monitor Leave Requests Workflow

For more information about designing and using workflow processes, see *PeopleSoft Application Fundamentals for HRMS:* Using Workflow.

FMLA Leave - Eligibility Page

Usage	You'll determine FMLA protected leave eligibility and entitlement for your employees with the FMLA Leave Eligibility page.
Object Name	FMLA_LV_REQUEST2
Navigation	**Compensate Employees, Administer FMLA, Use, FMLA Leave, Eligibility**
Prerequisites	You must have already defined the leave request in the FMLA Leave -

	Request page and the leave request cannot be *Completed, Denied,* or *Canceled.*
Access Requirements	Enter the employee ID.



FMLA Leave - Eligibility page

This is a fairly simple page, because most of the work is done using a single button. But in order for the button to be available, you must have already defined the leave request in the FMLA Leave - Request page and the leave request cannot be *Completed, Denied,* or *Canceled.*

You must enter a value for **FMLA Plan ID** to attach the FMLA leave request to a specific FMLA Leave Plan. The system uses the parameters defined for the chosen FMLA Leave Plan in the FMLA Plan Table to calculate eligibility and entitlement values. You will be unable to edit the **FMLA Plan ID** once the request has been ***Approved*** or ***Denied,*** or once the request has been completed or canceled.

If you change the FMLA Plan ID when the Approval Status for the request is *Open* and the Eligibility and Entitlement process has been run, the system will reset all fields dealing with eligibility and entitlement to their default values and send you a warning informing you that eligibility and entitlement must be reexamined.

For more information about the FMLA Plan Table and the definition of FMLA plans, see Setting Up FMLA Plans.

The Eligibility and Entitlement Process

The Eligibility and Entitlement button starts a set of PeopleCode processes that determine eligibility and entitlement for the employee requesting FMLA protected leave. These processes use employee Job history, the FMLA plan parameters, and the FMLA leave request details defined in the FMLA Leave - Request page to populate all of the other fields on the FMLA Leave - Eligibility page with the exception of Std Hours Override (standard hours override).

The Eligibility and Entitlement button will *not* be available if the prerequisite data for the leave request is not entered in the FMLA Leave - Request page. It will also be unavailable if the leave request's status is *Completed, Denied,* or *Canceled.*

The Date of Last Determination is the date that Eligibility and Entitlement was last calculated.

The system calculates FMLA Year Begin Date using the FMLA Plan's Calendar Type, the requested Begin Date for the leave, and prior leave history where applicable.

Eligibility Determination

In the Eligibility Determination group box, the system displays the hours and service weeks that the employee has worked up to the leave effective date for the purposes of determining eligibility for FMLA protected leave.

The FMLA Eligible Hours field displays the results of the system's determination of the employee's FMLA eligible hours. The eligible hours are defined as the hours worked during the 52 weeks before the leave effective date. Depending upon the rules that you've established for the associated FMLA plan, the system determines the eligible hours using either the employee's job history or PeopleSoft Payroll data. The system will select the Eligible check box if the employee has worked enough hours to be eligible for FMLA protected leave.

The FMLA Eligible Svc Weeks (FMLA eligible service weeks) field displays the results of the system's determination of the employee's FMLA eligible service weeks. FMLA Administration determines service weeks using information from the employee's job history and the rules for the associated FMLA plan. The system will select the Eligible check box if the employee has worked enough service weeks to be eligible for FMLA protected leave.

Entitlement Determination

In the Entitlement Determination group box, the system displays the hours and weeks that it has determined the employee to be entitled to. Employees eligible for FMLA protected leave are entitled to at least 12 weeks of FMLA leave per year, less any weeks of leave taken in the employee's FMLA calendar year. You can define the amount of FMLA leave weeks that employees are entitled to in the FMLA Plan Table.

For more information about the determination of the FMLA calendar year, see Setting Up FMLA Plans.

The As of Requested Begin Dt (as of requested begin date) fields display the weeks and hours of FMLA protected leave that the employee is entitled to as of the leave's Begin Date. The Weeks are converted to equivalent Standard Hours by multiplying the employee's standard hours per week. To determine whether the request can be approved, compare the values displayed here to the time requested in the employee's FMLA protected leave request.

The As of Expected Return Dt (as of expected return date) fields display the weeks and standard hours of entitled protected leave *remaining* for the employee in the current FMLA year as of the leave's expected Return Date. The system computes these values primarily as a tool for approving FMLA leave that is governed by an FMLA plan that uses a *Roll-Backward* calendar year, which means that it only populates these fields when the request is attached to an FMLA plan of the *Roll-Backward* variety. The *Roll-Backward* calendar is so dynamic that a leave request using it may appear to demand denial based on an apparent lack of entitlement; however, the employee in question would gain the necessary entitlement during the course of the leave.

Job and Employment Data

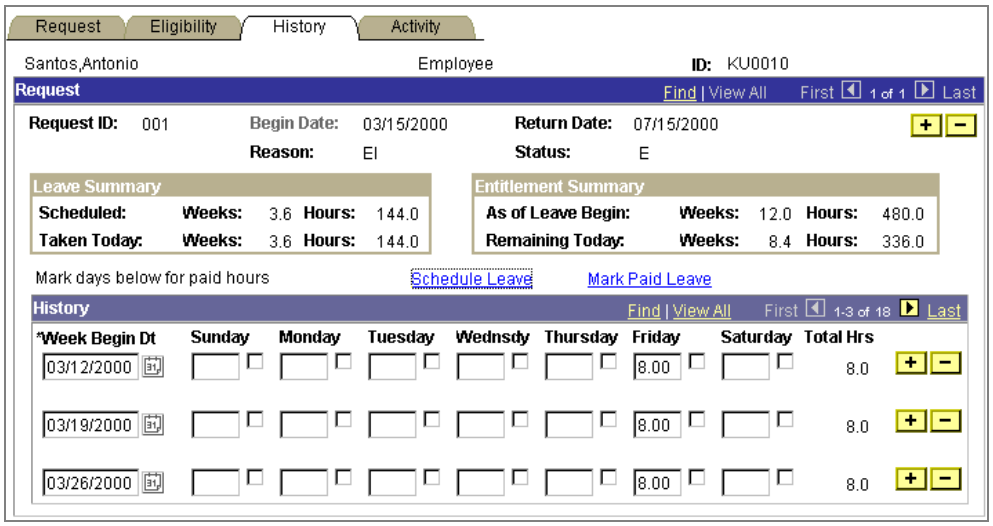
The Job and Employment Data group box displays basic job and employment information for the employee as of the leave effective date and the last determination of eligibility and entitlement. When you click the Eligibility and Entitlement button, the system populates the employee's Original Hire Date and Officer Code (if they have one) in this group box.

The system enters the average number of hours the employee works per workweek as of the leave effective date in the Std Hours/Week (standard hours per week) field. The system uses this value when it converts between Weeks and Standard Hours in the Entitlement Determination group box. The Standard Hours/Week value is not important for the determination of eligibility or entitlement; it only affects the conversion between weeks and hours and therefore affects the interpretation of scheduled leave and leave taken.

There are times, however, when the system-computed Standard Hours values are not accurate. Employees often make leave requests well in advance of their leave's Begin Date, and in the case of part-time employees, weekly hours can be extremely variable. If you want to override the system's computed Standard Hours value with one of your own, you can enter that value in Std Hours Override and recalculate eligibility and entitlement with that new value.

FMLA Leave - History Page

Usage	You'll use the FMLA Leave - History page to schedule and track FMLA leave for your employees. PeopleSoft provides you with two scheduling options: • If your employee will be taking leave on an irregular and intermittent basis, you can manually enter the hours of leave they'll be taking for each day and week of their scheduled leave. • If, on the other hand, the employee will be taking leave on a regular weekly schedule, you can use the Schedule Leave button to schedule leave on a weekly (as opposed to daily) basis.
Object Name	FMLA_LV_HISTORY
Navigation	**Compensate Employees, Administer FMLA, Use, FMLA Leave, History**
Access Requirements	Enter an EmplID.



FMLA Leave - History page

Leave Summary

The values in the **Leave Summary** group box sum up the weeks and hours of FMLA protected leave that are scheduled and that have already been taken. The **Scheduled** value represents the sum of all the **Weeks** and **Hours** that have been scheduled for the displayed request. When you first open this page to schedule a new request, the **Scheduled Weeks** and **Hours** values will be zero. The **Taken Today** values represent the sum of all the **Weeks** and **Hours** of FMLA protected leave for the displayed FMLA leave request that have been taken up to the current date. If the leave request is scheduled to begin on a date in the future, these values will be zero. The system maintains both sets of values in realtime in response to editing.

Entitlement Summary

The **Entitlement Summary** group box tracks the total amount of FMLA protected leave that the employee is entitled to. The values in the **As of Leave Begin** field represent the **Weeks** and **Hours** of leave remaining to the employee before the currently displayed FMLA leave request begins. The values in the **Remaining Today** field represent the **Weeks** and **Hours** of leave remaining as of the current date—before the leave request begins, while it is in progress, or after it is completed. Both sets of values are maintained in realtime in response to editing.

History

You'll use the **History** group box to schedule your employee's FMLA leave request and to track its progress. You can schedule and track leave at both a weekly and hourly level.

History can be used to manually schedule a leave request on a day-by-day basis. You can also use it to adjust a previously scheduled leave. But if you plan to utilize the automatic scheduling capabilities of the Schedule Leave Days and Mark Paid Leave pages (detailed later in this section), keep in mind that the system will overwrite previously scheduled days with the template schedules that you design through these pages.

In **Week Begin Dt** (week begin date), you'll enter the start date of each scheduled week of FMLA protected leave. If you enter a date that is not a week begin date, the system will warn

you and reset it to the nearest true week begin date. The system will also ensure that the week represented by the entered week begin date contains at least one day within the FMLA leave request's begin and return dates.

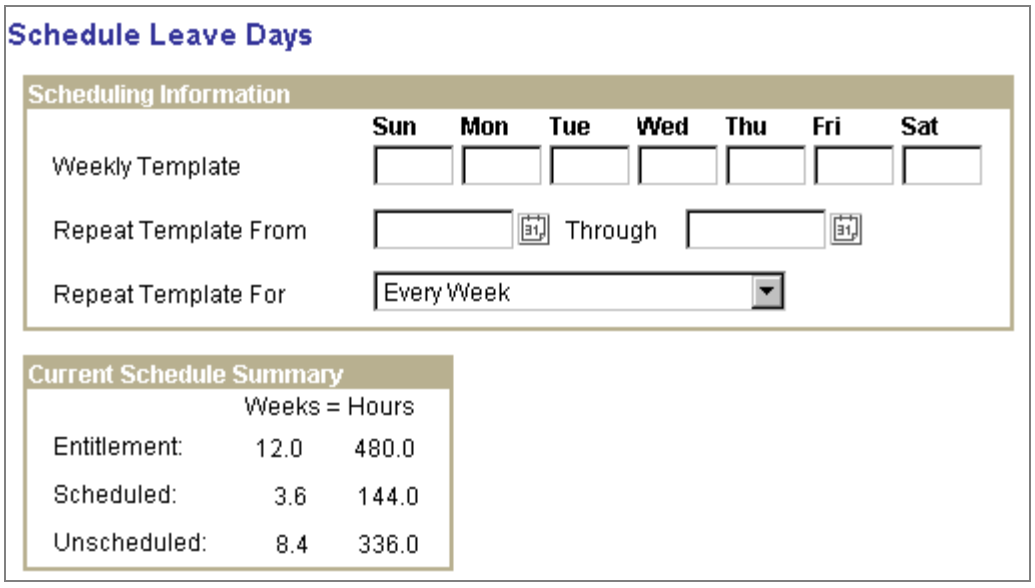
You'll enter the actual hours of leave taken on each day of leave by the employee in the **Sun** (Sunday) through **Sat** (Saturday) fields. The **Week Begin Dt** must be entered before you can start scheduling daily leave.

The check box next to the week day is for employers with policies requiring that paid leave be substituted and exhausted before FMLA begins. If you want to have certain days of leave to be treated as paid leave for the employee, select the check box for those days.

The system will display the sum of all the hours scheduled for each week of leave in **Total Hrs** (total hours).

FMLA Leave - History: Schedule Leave Days Page

Usage	This page gives you the option of scheduling the FMLA leave request with a repeating weekly schedule. You can use it to create a "template" schedule for a week of leave that will be repeated during the scheduled leave period for a prearranged amount of time. The Scheduled Leave button will be unavailable if the Status of the FMLA leave request is *Denied, Canceled,* or *Completed.*
Object Name	FMLA_LV_SCHED_DLG
Navigation	Click **Scheduled Leave** on the FMLA Leave - History page.



FMLA Leave - History: Schedule Leave Days page

Scheduling Information

Template In **Template,** enter a schedule for a week of leave that you want to repeat during the period defined by the leave request.

Repeat From…Through In **Repeat From…Through,** enter the begin and end dates during which you want the **Template** to repeat. **Repeat From…Through** will automatically use the leave request's scheduled Begin and Return dates until otherwise scheduled. You will not be able to enter dates outside the leave request's Begin and Return dates.

Repeat For Use Repeat For to choose the sequence that you want the **Template** to repeat in during the Repeat From…Through period. You can have the **Template** repeat ***Every Week, Every Other Week, Every Third Week,*** or ***Every Fourth Week.*** If you choose a Repeat For option other than ***Every Week,*** you can plan the intervening weeks by performing separate rounds of Schedule Leave Days scheduling.

For example, if you have an employee who will be taking four weeks of FMLA leave, you can schedule the first and third weeks with one Schedule Leave Days Template that repeats for ***Every Other Week*** and starts on the first day of the first week. You can then schedule the second and fourth weeks with another template that has the same settings as the previous one except that it starts on the first day of the second week.

Note. When you use the Schedule Leave Days page to schedule hours for a leave request that has already been scheduled manually, the new **Template** weekly schedule will completely replace the previously scheduled hours.

Current Schedule Summary

The **Current Schedule Summary** group box provides running totals of the leave hours scheduled and unscheduled for the FMLA leave request as you set up the weekly templates.

Entitlement The **Entitlement** value represents the weeks and hours that the employee is entitled to as calculated in the As Of Requested Begin Date fields of the FMLA Leave - Eligibility page.

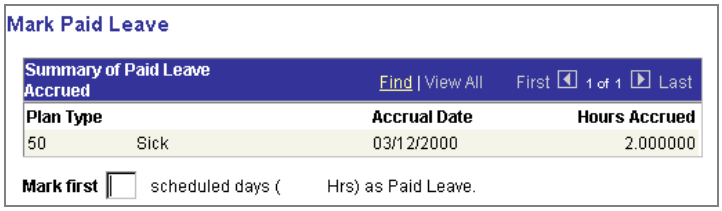
Scheduled The **Scheduled** value represents the total sum of FMLA leave hours currently scheduled for the leave request.

Unscheduled The **Unscheduled** value represents the total sum of FMLA leave weeks and hours remaining to the employee. As you set up and schedule your weekly **Templates,** the **Scheduled** and **Unscheduled** values will change to reflect your new schedule.

Note. The **Unscheduled** value will display a negative value if you schedule more hours for the employee than he or she is entitled to.

FMLA Leave - History: Mark Paid Leave Page

Usage	This page enables you to designate a specific number of days at the start of the FMLA protected leave period as covered by the employee's own paid leave. You may want to use this option if your organization's policies require that paid leave be substituted and exhausted before FMLA protected leave begins. This process would occur after scheduling is completed, since it only marks *existing* history entries as paid—it does not *insert* new records.
Object Name	FMLA_LV_PAID_DLG
Navigation	Click **Mark Paid Leave** on the FMLA Leave - History page.



FMLA Leave - History: Mark Paid Leave page

Summary of Paid Leave Accrued

Under **Summary of Paid Leave Accrued,** you'll find a listing of the various leave Plan Types and the **Hours Accrued** under each plan by the employee by the listed **Accrual Date.** Note that the **Accrual Date** represents the date that the employee's FMLA leave request was *submitted,* which means that the **Hours Accrued** values may be inaccurate by the Begin Date of the leave.

Mark first . . . scheduled days (. . . Hrs) as Paid Leave

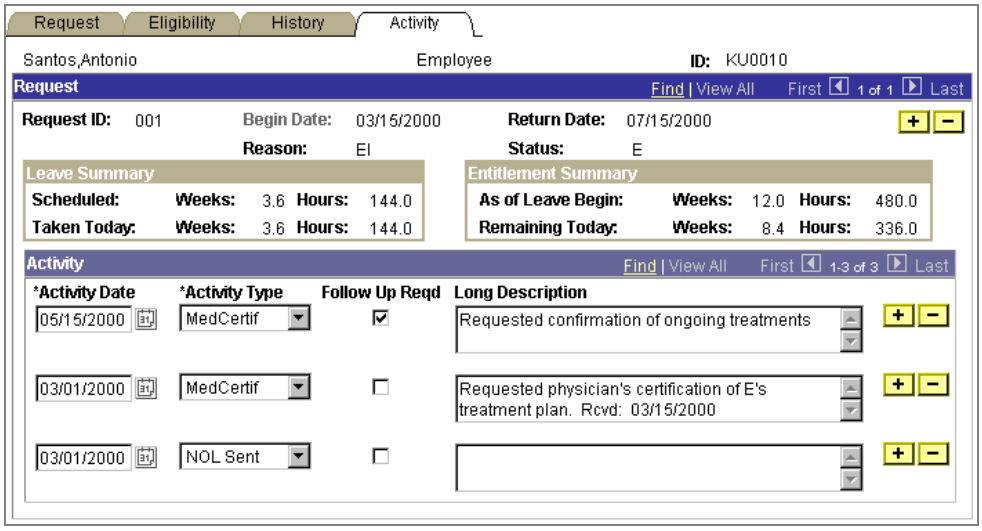
In **Mark first . . . scheduled days (. . . Hrs) as Paid Leave,** enter the number of days of FMLA leave that you want to have the system treat as part of the employee's paid leave. The system assumes that the Paid Leave days will be substituted only for the beginning of the leave.

Only whole 8-hour days can be marked as Paid Leave days. The number of scheduled hours represented by those days can be compared with the leave accrual balances, which are always calculated as hours. When you enter a certain number of days into this field, the number of hours they represent will appear in the (. . . Hours) statement.

Once you've entered the number of days that you want to mark as Paid Leave, click **OK** to apply these choices to the FMLA leave schedule and return to the FMLA Leave History Page. The days that you have selected as Paid Leave days will have their Paid check boxes marked.

FMLA Leave - Activity Page

Usage	The FMLA Leave - Activity page assists you in the task of tracking FMLA leave plan activity. You can use this page to log significant events that affect the FMLA plan, such as employee inquiries, requests for extensions, and the sending and receiving of notices and medical documents. Each separate activity log has a Long Description field where you can enter additional information for each action. **Note.** This page is provided for informational purposes only; data entered into it does not affect FMLA leave processing in any way.
Object Name	FMLA_LV_ACTIVITY
Navigation	**Compensate Employees, Administer FMLA, Use, FMLA Leave, Activity**
Access Requirements	Enter the employee ID.



FMLA Leave - Activity page

The **Leave Summary** and **Entitlement Summary** group boxes operate here exactly as they do on the FMLA Leave - History page.

In **Activity Date,** enter the date that the activity took place. Choose an **Activity Type** from the list of available options. If you are entering or editing more than one FMLA leave activity record, please note that it is possible to have more than one **Activity Type** occur on the same **Activity Date,** but only one **Activity Type** can be entered per activity record. We deliver the following **Activity Types:**

- ***Notice of Leave Sent***
- ***Inquiry By Employee***
- ***Extension of Leave Requested***
- ***General Comment***

- ***Medical Certification Request***
- ***Second Medical Opinion Request***

You can use the PeopleTools Data Designer to provide different or additional **Activity Types.**

If the activity you're entering requires follow-up action (as in the case of requests for medical certification, for example), select the **Follow Up Reqd** (follow up required) check box.

Enter additional information on the action in the **Long Description** field. This field can support up to 254 characters of text.

CHAPTER 13

Managing Leave Plans

Leave benefit plans, such as sick, vacation, and personal time off, utilize a special batch process to maintain leave accrual balances. After you've defined your leave plans, associated them with the appropriate benefit programs, and enrolled employees into them, you're ready to initiate the process that calculates the hours of leave each employee has accrued. This process will take into account nonpay hours, grandfathered carryover leave ceiling amounts, must-use leave hours, and restored leave alongside regular leave information in its calculation of employee leave accrual balances.

For more information about maintaining vacation buy/sell plans, see Managing Vacation Buy/Sell Plans, in this PeopleBook.

Overview of the Leave Process

The purpose of leave accrual processing is to maintain employee leave balances. For example, when you define a leave benefit plan, such as sick or vacation, using the Leave Plan Table, you indicate how you want leave hours to accrue. Then you enroll employees in the plan. When you initiate leave accrual processing, the system calculates the leave accrual award and the resulting leave balance.

In most federal agencies, full-time employees accrue leave according to their length of service; for the first two years, they earn four hours per pay period. For service years 3–14, full-time employees earn six hours per pay period. And after their 15th year, full-time employees earn eight hours per pay period. Full-time federal employees with 3–15 years of service also receive an additional four hours of leave in the last pay period of the calendar year. By contrast, part-time employees accrue leave based on their service years and the number of hours they've been working. For their first two years of service, part-time employees earn one hour for every 20 hours worked. Between service years 3 and 14, they earn one leave hour for every 13 hours worked. And after their 15th year, part-time employees will earn one leave hour for every 10 hours worked.

In order to properly process leave accruals, the system will need to obtain information from your payroll system, including hours taken, hours adjusted, hours bought, hours sold and service hours (required when you're measuring service in hours) for each employee involved in the process. If your organization implements PeopleSoft Payroll, the system will get this information from PeopleSoft Payroll during the normal run of the process.

How the system processes leave accruals depends on how you've defined your leave accrual plans. You can base how you want employees to earn leave on one of two things: the length of the service they've provided to your organization or the total number of hours they've worked.

For example, you may want new employees to earn two weeks of vacation leave per year, with the leave amount gradually increasing the longer the person is employed. Or you may want to set up your vacation leave plan such that employees receive 0.01 hour of vacation for every hour worked.

You can accrue leave based on *length of service* without using payroll data because the system refers to the Employment Data Table for each employee's service date. On the other hand, if you're planning to accrue leave based on *service hours,* your system will need to obtain data from your payroll application in order to find out how many hours a particular employee has worked.

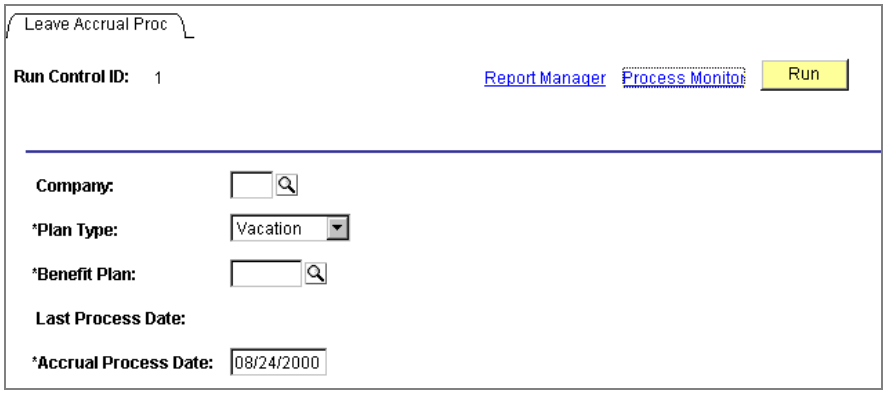
For more information about defining leave accrual plans, see Setting Up Leave Plans.

Processing Leave Accruals

You'll use the Leave Accrual Process run control page to set up operating parameters for an accrual cycle. After you set up the run control, you'll actually run the Leave Accrual process with the Process Scheduler.

Leave Accrual Process - Leave Accrual Proc Page

Usage	Use the Leave Accrual Proc page to set up the operating parameters for an accrual cycle.
Object Name	RUNCTL_ACCRUAL
Navigation	**Compensate Employees, Administer Base Benefits, Process, Leave Accrual Process, Leave Accrual Processing**
Access Requirements	Enter a Run Control ID.



Leave Accrual Process - Leave Accrual Proc (leave accrual process) page

Run Control ID The system will prompt you to enter an existing **Run Control ID** or add a new one

Company Enter the **Company** that you want to process. You may leave the **Company** field blank; when you do this it will be considered a "wild card," which means that employees in *all* companies will be processed for the specified **Plan Type** and **Benefit Plan.**

Plan Type Enter the **Plan Type** that you want to process.

Benefit Plan Enter the **Benefit Plan** that you want to process.

Last Process Date **Last Process Date** displays the date that you last ran the Leave Accrual process for this **Plan Type** and **Benefit Plan.**

Accrual Process Date Enter an **Accrual Process Date.** This is the date that you want the leave accrual calculations to be based upon. The system will automatically set the **Accrual Process Date** to the current date, but you can change it as long as the date that you enter is later than the **Last Process Date.**

You'll process leave accruals for a given **Company, Plan Type,** and **Benefit Plan** a maximum of once per **Accrual Process Date** and a minimum of once per the Award Frequency that you've defined on the Leave Plan Table. The leave accrued will be awarded only once per the Award Frequency for each employee participating in the plan as of the **Accrual Process Date,** but all other leave processing—the maintenance of the leave taken, leave adjusted, leave bought, and leave sold balances—will take place each time that you run the Leave Accrual process.

Note. The Leave Accrual process will process all employees who are currently enrolled in the selected **Plan Type/Benefit Plan.** It does not check the employment status of the employee.

For example, let's say that your leave balance available is 10 hours, your unprocessed leave taken is 8 hours, your Award Frequency is *First Run of Month,* your **Last Process Date** is ***11/1/96,*** and you run the Leave Accrual process with an **Accrual Process Date** of ***11/15/96.*** In this case, no leave will be awarded but the unprocessed leave taken will be moved from unprocessed data to the leave accrual balances and the resulting leave balance available will be 2 hours.

Click **Run** to run this request. Process Scheduler runs the leave accrual process at user-defined intervals.

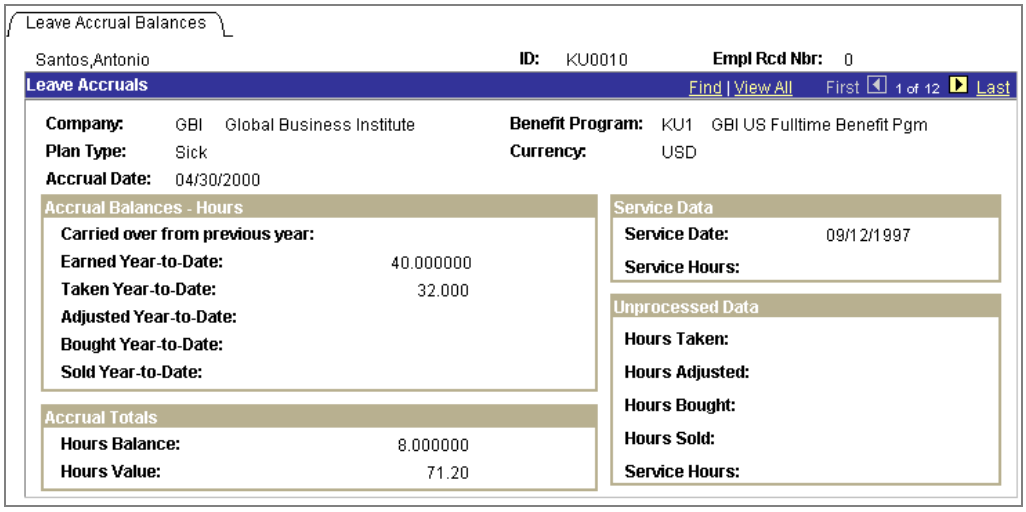
For more information about Process Scheduler, see Process Scheduler.

Viewing Employee Balances

You can view the results of leave accrual processing for an employee using the Leave Accrual page. You also have the option to print a report.

Leave Accrual - Leave Accrual Balances Page

Usage	Use the Leave Accrual Balances page to view employee leave balances.
Object Name	LEAVE_ACCRUALS
Navigation	**Compensate Employees, Administer Base Benefits, Use, Leave Accruals, Leave Accrual Balances**
Access Requirements	Enter the employee ID.



Leave Accrual - Leave Accrual Balances page

The system displays the employee's **Benefit Program, Company, Plan Type,** and **Accrual Date.** The **Accrual Date** is the last date that you initiated a leave accrual for this employee.

The **Accrual Balances - Hours** group box displays the employee's balances in Hours. **Carried Over from previous year** is updated only during the first run of the year. **Earned Year-to-Date** maintains the accrued leave awarded and is updated only once per Award Frequency. If you find that you need to modify the **Earned Year-to-Date** balance, use the Earnings Code that you defined to adjust the accrual balance on Earnings Table 4.

For more information about adjusting the accrual balance, see the section on setting up leave plans in Setting Up Benefit Plans.

The remaining **Accrual Balances - Hours** fields are updated each time the Leave Accrual process is run and values are moved from the corresponding **Unprocessed Data** fields.

The **Accrual Totals** group box displays the **Hours Balance,** which is the employee's current accrued time available, and the **Hours Value,** which is current monetary value of the **Hours Balance.**

The system calculates the **Hours Balance** by following this formula:

```
Carried Over from Previous Year +
Earned Year-to-Date -
Taken Year-to-Date +
Adjusted Year-to-Date +
Bought Year-to-Date -
Sold Year-to-Date -
Unprocessed Hours Taken +
Unprocessed Hours Adjusted +
Unprocessed Hours Bought -
Unprocessed Hours Sold.
```

The system calculates the **Hours Value,** or value of the unused hours, by multiplying the leave balance by the current hourly rate for hourly employees or the hourly equivalent for salaried employees.

The **Service Data** group box displays the **Service Date** (the date used for length of service calculations when the Service Unit is defined as *Months*), and **Service Hours** (the number of hours used for length-of-service calculations when the Service Unit is defined as *Hours*).

The **Unprocessed Data** group box displays the hours that you have *not* yet processed using the accrual process. These are hours passed from the PeopleSoft Payroll Pay Confirmation process since the **Accrual Date** (the date that you last ran the Leave Accrual process). The Pay Confirmation process will only update the **Service Hours** when the employee is participating in the leave plan as of the Pay End Date. All other hours (taken, adjusted, bought, and sold) will be updated each time the Pay Confirmation process is run.

CHAPTER 14

Managing Vacation Buy/Sell Plans

If you are processing benefits for an organization that offers vacation buy and sell plans for your employees, you will want to review the results of vacation buy and sell transactions for your employees after the payroll and Leave Accrual processes have been run for your workforce.

In this section, we'll review how your system treats vacation buy/sell transactions.

Overview of the Vacation Buy/Sell Process

You define the manner in which your buy/sell benefit plans work when you design them and the deduction and earnings types that are associated with them.

When you associated your vacation buy/sell plans with the appropriate benefit programs, you identified the deduction codes for collecting or refunding money. In other words, you defined after-tax deductions to collect money, and you defined before-tax deductions, which the system treats as negative or reverse taxable deductions, to refund money.

For more information about setting up earnings types for vacation buy/sell plans and setting up vacation buy/sell plans, see Defining Vacation Buy/Sell Earnings. For more information about setting up deduction rules, see Setting Up Benefit Deductions.

After you set up your vacation buy/sell plans, you'll process them according to the following procedure.

To process vacation buy/sell earnings:

1. Begin by enrolling eligible employees into vacation buy/sell benefit plans using the Vacation Benefit table and entering their vacation buy and sell elections.

   Employees normally elect to buy or sell vacation once at the beginning of the plan year. When an employee buys vacation, your PeopleSoft Human Resources system spreads the cost over the plan year, deducting from employee pay based on the frequency that you define on the Deduction Table. The same is true for vacation sell - the system refunds the money over the plan year according to the frequency that you define.

For more information about open enrollment processing and PeopleSoft Benefits Administration, see Using Open Enrollment.

2. Calculate the effect of the buy or sell transaction on the employee's leave balance using PeopleSoft Payroll during the first payroll cycle of the plan year.

For more information about running PeopleSoft Payroll or PeopleSoft Payroll Interface, see PeopleSoft 8 Payroll for North America PeopleBook or PeopleSoft 8 Payroll Interface PeopleBook respectively.

3. Finish your vacation buy and sell processing by performing Leave Accrual Processing, which updates employee leave balances with the results of the buy or sell transaction.

For more information about the Leave Accrual process, see Managing Leave Plans.

Working With Mid-Year Buy or Sell Transactions

If an employee buys or sells vacation other than at the beginning of the plan year, with PeopleSoft Human Resources you'll calculate the buy or sell amount to be deducted from or added to employee pay, spread out over the remainder of the plan year. You enter the amount on the Vacation Benefit page.

With PeopleSoft Benefits Administration, if an employee buys or sells vacation other than at the beginning of the plan year, the system will calculate the appropriate per-pay-period amount to be deducted from or added to employee pay during the Event Maintenance process.

For more information about Event Maintenance and other PeopleSoft Benefits Administration procedures, see Understanding the Benefits Administration Process.

Reviewing Vacation Buy and Sell Calculation Results

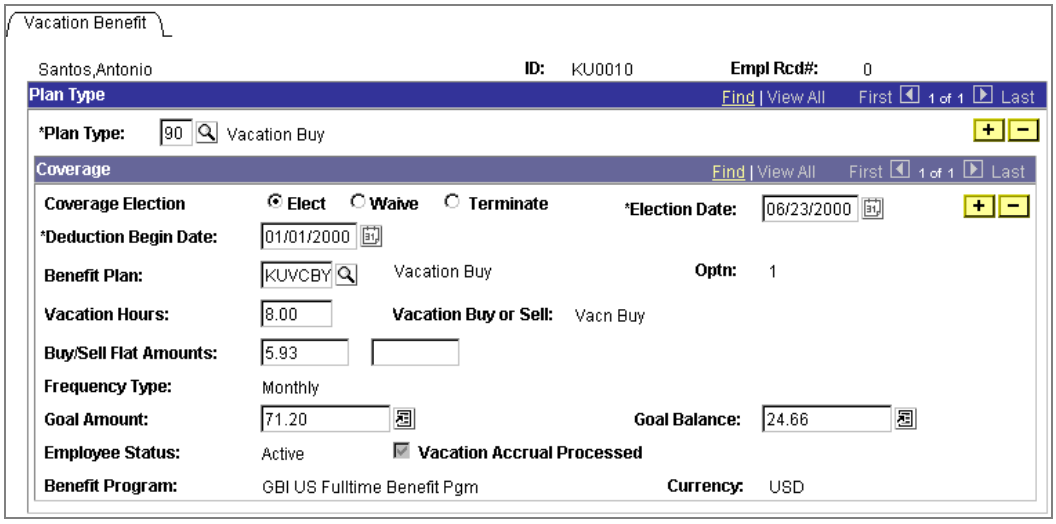
You can review the results of vacation buy/sell processing for an individual employee in three places:

- Vacation Benefit page (which tells you only if Leave Accrual processing has been run)
- Benefits Summary 2 page (which provides you with the total number of vacation hours bought and sold by the employee as of the processing date)
- Employee's Paysheet.

For more information about reviewing benefits summary information, see Reviewing Employee Eligibility.

Vacation Benefit - Vacation Benefit Page

Usage	You can use the Vacation Benefit - Vacation Benefit page to review whether or not Leave Accrual processing has been run for a specific employee.
Navigation	**Compensate Employees, Administer Base Benefits, Use, Vacation Benefit, Vacation Benefit**
Prerequisites	Run Payroll processing.
Access Requirements	Enter the employee ID.



Vacation Benefit - Vacation Benefit page

When you enroll an employee, the system clears the **Vacation Accrual Processed** check box. It will not select **Vacation Accrual Processed** until after payroll has been processed for the employee and the Leave Accrual process has been run.

To verify that payroll processing is complete *before you begin* Leave Accrual processing, you may set up your internal procedures so that you check **Vacation Accrual Processed** first.

The results of PeopleSoft Payroll vacation buy or sell processing are not reflected in employee leave balances until you perform Leave Accrual processing. When you do, the system updates employee leave balances and it clears the **Vacation Accrual Processed** check box on the Vacation Benefit page, signaling that the employee's leave accrual has been updated.

Once total vacation hours bought or sold have been added to or subtracted from an employee leave balance, the system selects the Vacation Benefit page's **Vacation Accrual Processed** check box, indicating that no further processing will occur.

Using the Payroll Paysheet to Review Vacation Buy/Sell Processing Results

During the first payroll run for the employee after enrollment, for accrual purposes PeopleSoft Payroll creates Other Earnings data for the total vacation bought or sold hours. You can view the Other Earnings data on the employee's Paysheet, which is found in the Manage Payroll Process page. For example, if an employee sells 10 hours of vacation, PeopleSoft Payroll creates Other Earnings data to reflect the 10 hours, using the Earnings Code that you defined in the Vacation Buy/Sell Table for the vacation sell benefit plan.

For more information about the payroll paysheets, see Working with Paysheets.

CHAPTER 15

Setting Up COBRA Administration

COBRA (Consolidated Omnibus Budget Reconciliation Act) legislation requires employers to offer continued health care coverage to employees and their dependents who lose coverage under certain conditions. These conditions, or qualifying events, include voluntary termination, layoff, divorce, retirement, and Medicare eligibility. All health benefit plans are subject to COBRA continuation of coverage. Any individual, whether employee or dependent, who is covered under a health plan at the time of a qualifying event has the option to elect COBRA coverage.

It is your responsibility, as a benefits administrator, to make continuation of coverage available and communicate with COBRA-qualified beneficiaries. To assist you with this sometimes complex task, PeopleSoft HRMS provides COBRA Administration. COBRA Administration is designed to work in tandem with the PeopleSoft Human Resources Base Benefits system as well as with the automated processes of PeopleSoft Benefits Administration.

The COBRA Administration facility is designed to take advantage of PeopleSoft Benefits Administration's automatic processing functions, but Benefits Administration is not required for the processing of COBRA participants and benefits. COBRA Administration's interfaces with Benefits Administration enable you to use event maintenance processes to locate the employees in your organization that have experienced a potential COBRA-qualifying event.

This section describes how you set up the tables that will enable you to manage COBRA Administration and ensure that it works with the rest of your benefits system.

Overview of COBRA Administration Setup

PeopleSoft enables you to use your existing benefits programs to manage COBRA benefits. With PeopleSoft, each employee chooses benefits within an eligible benefit program. This is also true for COBRA beneficiaries. COBRA Administration assigns each individual who becomes eligible for a COBRA benefit program (usually the program the participant was in when the COBRA-qualifying event occurred), and then offers the plan types within that program that have been identified as COBRA-eligible plans to the COBRA participant.

To set up the pages that will serve as the foundation of your COBRA processes:

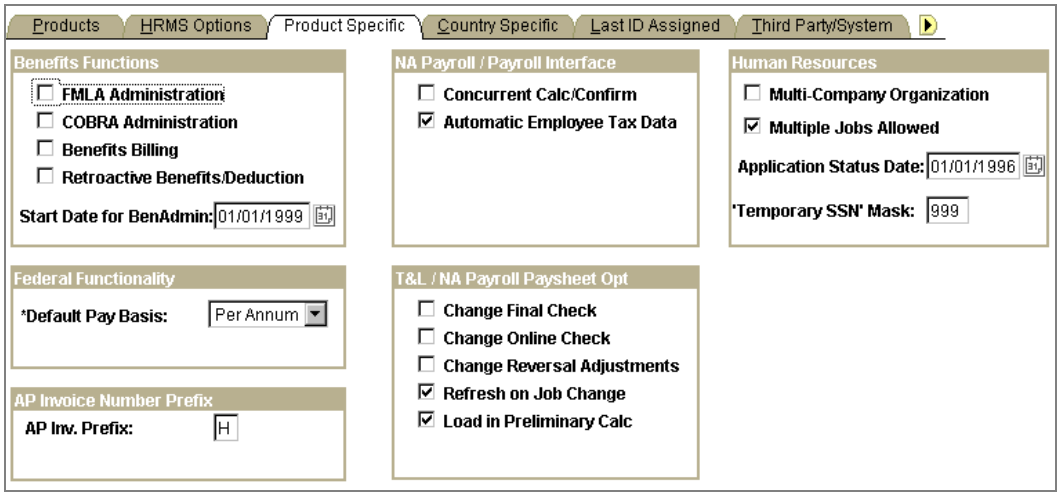
1. Activate COBRA.
2. Link COBRA Administration to your benefit packages.
3. Define which plans in a given benefit program are available for COBRA Coverage.
4. Define who can be covered under COBRA.

5. Define qualifying COBRA events.

6. Identify the COBRA Administrator for your organization.

Activating COBRA

Usage	Use the Installation Table - Product Specific page to activate COBRA.
Navigation	**Define Business Rules, Define General Options, Setup, Installation Table, Product Specific**



Installation Table – Product Specific page

Select **COBRA Administration** in the **Benefits Functions** group box of the Installation Table – Product Specific page to activate COBRA.

Linking COBRA to Your Benefit Packages

To link COBRA to your benefit package, you'll use the Benefit Program Table - Benefit Program Page. On the Benefit Program Table, you identify:

- The age at which a dependent is no longer considered a dependent.
- The age at which a dependent is no longer considered a student.
- Whether a disabled person is excluded from the age limits.
- Whether dependents are ineligible for regular benefits if married.

You will also identify any extra charges that you want added to the cost of the benefits for both disabled and nondisabled persons.

Identifying COBRA-Eligible Benefit Plans

To identify which benefit plans offered within a benefit program are eligible for COBRA Administration, you'll use the Benefit Program Table - Plan Type and Option Page of the Benefit Program Table. When you design your benefit program, if you designate Health (1x) and FSA (60) plan types as COBRA-qualified plan types, you must designate an Option Code for those plan types. The system uses the Option Codes for the enrollment of employees into COBRA benefit plans. This restriction only applies if you *do not* utilize PeopleSoft Benefits Administration.

In general, only medical/health plan types (Plan Types 1x and 6x) are designated as COBRA-qualified plan types. However, PeopleSoft allows you to identify nonmedical plan types as COBRA-qualified plans if it is the policy of your organization to offer them to your employees as part of their COBRA coverage. You will need to modify the COBRA COBOL for plan types other than Medical (1x) or FSA (6x) plan types.

For COBRA, medical coverage is a core benefit. COBRA Administration defines noncore benefits as dental and vision care benefits. If your benefits program bundles—or combines—core and noncore benefits, you may have to offer COBRA participants a core option that is not available to other active employees.

Here's an example of unbundling core benefits: Company CCB offers active employees one health plan type—medical/dental coverage. If COBRA participants have the option of selecting core-only coverage, COBRA participants get two options—medical/dental and medical only.

Currently, Nonqualified Medical, Nonqualified Dental, and Nonqualified Vision plans are not currently supported for COBRA coverage. You should not designate these plans as COBRA-qualified plans.

Establishing Coverage Codes for COBRA

You'll define and manage coverage codes for your COBRA-eligible plans with the Coverage Codes page. PeopleSoft delivers seven basic coverage codes—four of which work with COBRA—and you can add more coverage codes as your organization requires. The coverage codes for Nonqualified dependents—Nonqualified Adult, Nonqualified Children, and Nonqualified Adult+Children—are not for use with COBRA Administration.

According to COBRA rules, only employees and their spouses can elect coverage codes other than *Employee Only*. Dependents must elect individual coverage. COBRA Administration will automatically determine the eligible set of options that a participant can elect under COBRA for each plan type that the participant is qualified to receive coverage from. The system will make this determination whether you enroll your employees manually or automatically with the assistance of Benefits Administration processes.

If your organization does not use Benefits Administration, a PeopleCode routine will check the new coverage that is available to the COBRA-qualified beneficiary after the qualifying event and check it against the existing coverage (the coverage before the qualifying event). Employees, spouses, and ex-spouses must have a new coverage code that offers an amount of coverage that is less than or equal to the existing coverage code. (In other words, if an employee had an *Employee + Spouse* coverage before the COBRA-qualifying event, that employee would only be eligible for the same coverage or the *Employee Only* coverage thereafter.) Dependents are eligible for the *Employee Only* coverage code only.

Defining COBRA-Qualifying Events

PeopleSoft delivers COBRA Administration with the following qualifying events:

- Voluntary termination.
- Involuntary termination.
- Reduction of hours.
- Death of an employee.
- Divorce and legal separation.
- Loss of dependent status (due to marriage or arrival at the age limit for benefit coverage).
- Employee becomes eligible for Medicare.
- Retirement.

According to federal government guidelines, employees and spouses of employees who undergo voluntary or involuntary termination for "gross misconduct" are *not* eligible for COBRA coverage. We do not deliver COBRA Administration with the capability to differentiate between terminations for gross misconduct and other termination types, but if you want to, you can set up Action Reason codes and add PeopleCode to have the system perform this function.

You should review the set of events provided, change them, and add new events as necessary based on the qualifying events that your organization recognizes. Then, for each valid event, you'll:

- Define when COBRA coverage begins and how long it will last.
- Define any grace periods.
- Define when the employee has to notify the organization of the event and when the organization has to notify the employee of COBRA benefits.
- Define the qualified beneficiaries for the event.
- Define the secondary event rules for the event.

If you want to set up additional COBRA Event Rule records for a particular COBRA Event Classification, insert a new row with a different Effective Date. The system will always use the record with the Effective Date that is closest to the current date.

You can set up Cobra Event Rule records with future effective dates. This allows you to have the definition of a COBRA Event Classification change on a predetermined date.

Determining COBRA Coverage Period

COBRA coverage begins the day following the last day of regular active coverage. COBRA coverage generally extends for 18 or 36 months following a qualifying event. So, if an employee were terminated on the 15th, COBRA coverage would begin on the 16th.

The determination of the COBRA period begin date is dependent on several factors. The first factor is whether or not the COBRA period includes alternative coverage. Alternative

coverage is the grace period of continued active coverage beyond the date that an employee's active health coverage would normally terminate. Grace periods are provided either manually through Base Benefits or automatically with the Benefits Administration system.

Regardless of whether the COBRA period includes the alternative coverage, the COBRA Coverage Begin Date is always set to the day following the last day of active coverage. It is the calculation of the COBRA Coverage End Date that is dependent on the inclusion or exclusion of alternative coverage.

In the case of disabled COBRA participants, however, regulations allow an extension up to 11 months past the original 18 months for termination of employment and reduction in work hours events. You can extend the coverage for disabled participants by completing the Additional Months if Disabled field on the Event Rules page.

The date on which COBRA coverage ends is defined as the COBRA period begin date plus the number of Months of Coverage plus any Additional Months if Disabled.

Providing Grace Periods

There may be situations where you will want to provide "grace periods" for your employees that would begin on the day following the last day of regular coverage. During these grace periods, your organization will pay all or part of the employee benefits premiums. Extending the termination dates of an individual's health benefit plans past the COBRA-qualifying event date sets grace periods. You can do this manually or arrange for it to happen automatically through Benefits Administration processes. The COBRA Coverage Begin Date will land on the day following the end of the grace period.

To provide a grace period, select Include Alternative Coverage and specify when you want the COBRA period to actually begin, which will be the day after the grace period ends. The system will include grace periods in the COBRA coverage period. You can select to have COBRA begin on the day of the event, on the first day of the month after the event, or on the first day of the pay period after the event day.

If you do not want a grace period to be included in the COBRA period, do not select Include Alternate Coverage. The COBRA period begin date will be the same and COBRA coverage will start on the day after the grace period ends. This means that if your organization paid for all or part of the employee premiums during a grace period, the COBRA period does not begin until *after* the conclusion of alternative coverage (the grace period). The length of continued coverage from the qualifying event is the length of the grace period plus 18 months of COBRA continuation coverage.

In summary, the system calculates the COBRA Coverage End Date according to a formula derived from the parameters defined in the COBRA Event Rules.

For more information about how to arrange for the system to automatically create grace periods for your employees, see Creating Event Rules.

Here are examples showing how COBRA can calculate COBRA coverage end dates for an employee who experiences a COBRA qualifying event on March 15, has a pay period on March 22, whose last day of active coverage is on June 30, and is allowed 18 months of COBRA coverage.

Last Day of Active Coverage	Include Alternative Coverage	COBRA Period Begins Code	COBRA Period Begin Date	COBRA Coverage Begin Date	COBRA Coverage End Date
6/30	N		7/1	7/1	12/31
6/30	Y	Event Date	3/15	7/1	9/14
6/30	Y	Month After	4/1	7/1	9/30
6/30	Y	Pay Period	3/22	7/1	9/21

The Coverage End Date will always be equivalent to the COBRA period begin date plus the Months Of Coverage for each plan type with two exceptions:

- For employees and spouses, COBRA coverage will end *before* the scheduled Coverage End Date on the date that the employee or spouse turns 65 and becomes eligible for Medicare.
- For dependents of employees who become eligible for Medicare, the COBRA Coverage End Date will be the latter of the COBRA period begin date or the employee's Medicare entitlement date plus 36 months.

Setting Rules For Secondary COBRA Events

Secondary COBRA-qualifying events are events that extend the amount of time a participant is eligible for COBRA coverage.

An event must fulfill the following basic qualifications in order for it to qualify as a COBRA secondary event:

- The initial COBRA event must be a COBRA event classification associated with a change to an employee's job status, such as a reduction in hours, termination, or retirement.
- The employee and/or dependent must currently be participating in an active initial COBRA event, and has not waived COBRA coverage.
- The secondary event must be one of the COBRA event classifications that involves loss of coverage for the employee's dependent, such as divorce, marriage of dependent, overage dependent, death of employee, or a Medicare entitlement.

For example, let's say a married employee is terminated. The employee and his spouse will receive 18 months of COBRA coverage after the termination. Then the employee and spouse divorce. The divorce would be considered a secondary event for the ex-spouse. If the divorce occurred *before* the termination, the termination would *not* be a secondary event for the ex-spouse.

The classification of the event determines the amount of time for which coverage is extended and the method by which coverage is extended. In the previous example, the secondary event would cause the coverage of the ex-spouse to be extended from 18 to 36 months from the coverage begin date of the initial event. In general, even with secondary events, a dependent's coverage cannot exceed 36 months.

The exception would be a case where the secondary event is a Medicare entitlement—when a qualified COBRA beneficiary turns 65, and is Medicare entitled, their COBRA coverage will cease. In this case, the system would add the 36 months to the COBRA event date (the Medicare entitled date), thereby extending the dependent's COBRA coverage past 36 months.

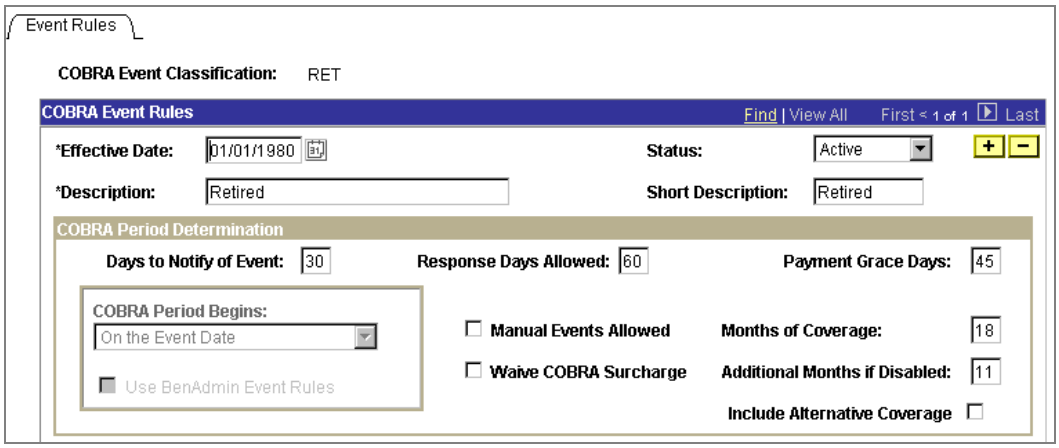
COBRA-Qualified Beneficiary

The following chart illustrates how the Benefit Lost Level and COBRA-Qualified Beneficiary relate to each other. For each COBRA Event Classification, it displays the Benefit Lost Level and COBRA-Qualified Beneficiaries typically associated with that event.

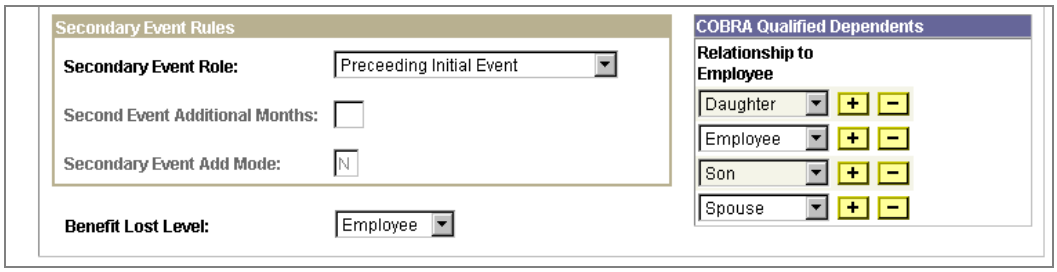
COBRA Event Classification	*Benefit Lost Level*	*COBRA-Qualified Beneficiaries*
TER RET RED MIL	Employee	Employee Spouse Son Daughter
DEA MED	Employee	Spouse Son Daughter
OVG DEP	Dependent	Son Daughter
DIV	Dependent	Ex-spouse

Event Rules Page

Usage	Use the Event Rules - Event Rules page to identify the events that result in the loss of health plan coverage for a qualified beneficiary.
Object Name	COBRA_EVENT_RULES1
Navigation	**Define Business Rules, Define COBRA, Setup, Event Rules, COBRA Event Rules**
Access Requirements	Enter the COBRA Event Classification.



Event Rules - Event Rules page (1 of 2)



Event Rules - Event Rules page (2 of 2)

COBRA Event Classification The system displays the **COBRA Event Classification** code that you entered to access the page.

Effective Date Enter or select the date on which this COBRA Event goes into effect. The system will always use the record with the **Effective Date** that is closest to but not past the current date.

Status Select whether this COBRA Event is ***Active*** or ***Inactive.***

Description Enter a description of the COBRA Event using 30 characters.

Short Description Enter a brief description of the COBRA Event using 10 characters.

COBRA Period Determination Use the **COBRA Period Determination** group box to specify your organization's COBRA timeline—how long COBRA coverage lasts and when it begins.

Days to Notify of Event The **Days to Notify of Event** field identifies the number of days an employee or dependent has to notify the organization following a qualifying COBRA event.

Response Days Allowed The **Response Days Allowed** field specifies the maximum number of days that a beneficiary has to elect coverage from the date of notification. COBRA eligibility expires after the response period.

Payment Grace Days Enter the number of **Payment Grace Days** employees will be given to submit their payment after they send in their election.

Manual Events Allowed Select **Manual Events Allowed** if you want to allow manual entry of the event.

Waive COBRA Surcharge Select **Waive COBRA Surcharge** if, for this event classification, you want the system to disregard the COBRA surcharge percentages defined in the Benefit Program Table.

Include Alternate Coverage Select **Include Alternate Coverage** to set up a grace period.

COBRA Period Begins Select a COBRA Period Begins value to define when COBRA coverage begins. You can choose from the following:

On the Event Date: The COBRA period begin date will be the same as the day of the event. COBRA coverage actually begins the day after the event date or the day after the grace period ends.

On Month-Begin After Event: The COBRA begin date is on the first day of the month after the event.

On PayPeriod Begin After Event: The COBRA begin date is on the first day of the pay period after the event day.

Months of Coverage The **Months of Coverage** field identifies how long coverage will extend for a particular qualifying event. COBRA coverage generally extends for 18 or 36 months following a qualifying event.

Additional Months if Disabled Use the **Additional Months if Disabled** field to enter the extension for disabled participants. In the case of disabled COBRA participants, however, regulations allow an extension up to 11 months past the original 18 months for termination of employment and reduction in work hours events.

Secondary Event Rules Use this group box to define secondary COBRA-qualifying event rules.

Secondary Event Role The **Secondary Event Role** field tells the system whether or not the displayed COBRA event classification can be considered a secondary event. You can choose from the following:

Succeeding Second Event (S): This indicates that the COBRA event classification is a secondary event.

Preceding Initial Event (P): If the **Secondary Event Role** is ***P,*** then the other two **Secondary Event Rules** fields will be unavailable for data entry and you will not be able to enter information into them.

Second Event Additional Months

If **Secondary Event Role** is selected, the **Second Event Additional Months** defines the number of months the original COBRA coverage will be extended.

Secondary Event Add Mode

If **Secondary Event Role** is selected, the **Second Event Additional Months** field defines the number of months the original COBRA coverage will be extended. **Secondary Event Add Mode** defines whether the system adds **Second Event Additional Months** to the original coverage begin date of the initial event (***E*** for Extended) or to the COBRA event date of the secondary event (***A*** for Added). In the event classifications that we deliver, the Death, Divorce, Married Dependent, and Overage Dependent events have a **Second Event Add Mode** value of ***E*** while the Medicare Entitlement event has a **Second Event Add Mode** value of ***A.***

Note. For the ***Divorce*** COBRA Event Classification, the sole-defined COBRA Qualified Beneficiary is ***'X'*** for ***Ex-Spouse.***

COBRA Qualified Dependents Relationship to Employee

In the **COBRA Qualified Dependents** group box you will define the types of relations that the system will consider to be COBRA beneficiaries under the selected plan. Select a beneficiary type from the list. You can insert and delete fields as necessary.

Benefit Lost Level

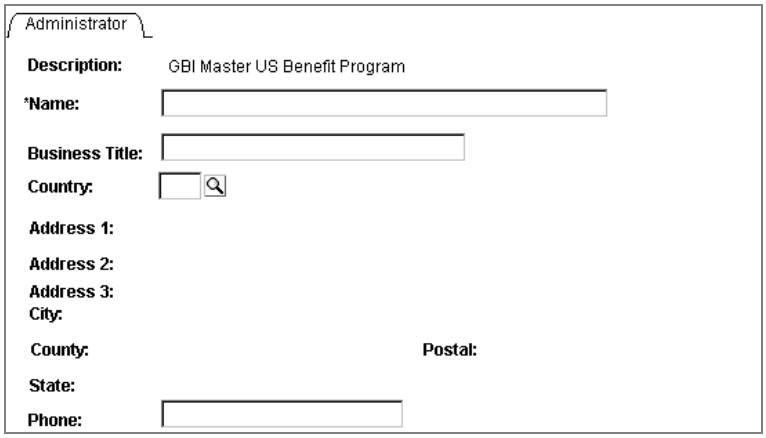
In the **Benefit Lost Level** field, you define whether the COBRA event affects the employee only, the dependent only, or both. You can choose from ***Employee, Dependent*** (a COBRA-Qualified Beneficiary), or ***neither.***

Specifying Administrator Address Information for COBRA Letters

For each benefit program, you'll define the name, address, and title displayed on COBRA letters. The information that you enter here—the name, title, and address—prints at the bottom of your COBRA letters. You can maintain this information in your database instead of directly modifying the format of the letters.

COBRA Administrator – Administrator Page

Usage	Use the COBRA Administrator – Administrator page to define the COBRA administrator's name and address. This information will print on COBRA notification, enrollment, and termination letters.
Object Name	COBRA_ADMINISTRATR
Navigation	**Define Business Rules, Define COBRA, Setup, COBRA Administrator, COBRA Administrator**
Access Requirements	Enter a Benefit Program ID.



COBRA Administrator – Administrator page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Country, Address 1, 2, 3, City, County, Postal, State, Phone.**

Description The system displays the name of the benefits program that you entered to access this page.

Name Enter the name of the COBRA Administrator.

CHAPTER 16

Managing COBRA

The management of COBRA (Consolidated Omnibus Budget Reconciliation Act) involves identifying qualified COBRA beneficiaries, sending timely communication, enrolling COBRA beneficiaries, and administering other COBRA actions like secondary qualifying events and plan terminations. These activities become more manageable with the use of the PeopleSoft COBRA Administration system. Once you've integrated your PeopleSoft Human Resources data and your COBRA data, you no longer have to manually track human resources actions that result in employees or dependents becoming eligible for COBRA benefits.

PeopleSoft provides you with automatic processes that search the database for the qualifying events that you define and identify those employees and dependents that are eligible for COBRA benefits. Once these qualified beneficiaries are identified, you can retrieve data in the COBRA pages and track the qualifying event, the calculated coverage begin and end dates, and a COBRA status for each beneficiary. You can also enter health and FSA benefit elections for any beneficiary.

Overview of the COBRA Process

To administer COBRA:

- Perform PeopleSoft Human Resources functions as usual.

  For example, terminate employees, retire employees, and record marital status changes. These functions trigger COBRA activity.

- Run a COBOL batch job that processes COBRA activity and determines whether anyone has become a qualified beneficiary.

  This process creates records in the database that enable you to retrieve qualified beneficiary data in the COBRA pages. It also calculates COBRA coverage begin and end dates and identifies which benefits are available to each beneficiary. You also handle the processing of secondary COBRA qualifying events (events that extend existing COBRA coverage for certain beneficiaries).

- Use PeopleSoft reporting processes to generate notification letters and enrollment forms.

  These processes print letters that include the response due date and the begin and end dates for each plan type that the COBRA participant is eligible for.

- Use the online pages to enter COBRA elections.

  You can enter elections as well as waive coverage. When you enter an election, the COBRA status of the enrolled beneficiary is updated to *Elected* or *Waived.*

- Manage COBRA benefits for non-employee COBRA beneficiaries and their dependents.
- Terminate COBRA enrollment for those beneficiaries who lose their coverage due to lack of payment or voluntary coverage termination.

  The system automatically terminates COBRA enrollment for enrollees who reach the COBRA coverage end date. You also create and send termination of coverage letters to participants whose COBRA coverage is about to expire.

Qualification of COBRA Events

An event qualifies as a COBRA event if it is in the COBRA Event Rules Table and it results in a recognized loss of coverage in a health or FSA plan. If you do not use Benefits Administration, manually terminate your employees' health coverage through the Health or FSA Page.

In Base Benefits, qualifying events are triggered through PeopleCode. In Benefits Administration, qualifying events are triggered after Event Maintenance has been finalized. The one exception (for both Base Benefits and Benefits Administration) is overage processing. Overage events are identified during the COBRA batch process and are the only events where coverage is automatically adjusted.

Information about triggered events is transferred to the COBRA Activity Table for further analysis during the COBRA Qualification process. In this table you can view information on triggered events for specific employees.

Initial COBRA Events

There are two types of COBRA events: initial events and secondary events. A COBRA event is an initial event if no other active COBRA events occurred previously to the person affected by the event in question. The following table shows the relationship between the initial qualifying COBRA events that PeopleSoft delivers, the user actions that trigger them, and the potential COBRA beneficiaries of each event.

Qualifying COBRA Event	***User Action Trigger***	***Potential COBRA Beneficiaries***
Loss of eligibility due to termination	Employee Status changes to *Terminated* or *Suspended.*	Employee and dependents
Loss of eligibility due to reduction in hours	Employee Status remains *Active;* Standard Hours decreases.	Employee and dependents
Loss of eligibility due to retirement	Employee Status changes to *Retired.*	Employee and dependents
Loss of eligibility due to military leave	*Leave of Absence/Military Leave* Action/Action Reason entered for employee.	Employee and dependents

Death of employee	Employee Status changes to *Deceased* or *Family Status Change/Death* Action/Action Reason entered for employee.	All dependents
Divorce	Change in Marital Status of employee to *Divorced;* change in status of spouse to *Ex-Spouse.*	Spouse
Marriage of dependent	Marital status of dependent changes to *Married.*	Individual dependent
Dependent reaches coverage age limit (Overage dependent)	No user action; current age of dependent exceeds Maximum Dependent Age or Maximum Student Dependent Age. (The system checks whether or not the dependent is a student.)	Individual dependent
Employee becomes entitled to Medicare	Medicare Entitlement Date is entered.	All dependents

According to federal government guidelines, employees and spouses of employees who undergo voluntary or involuntary termination for "gross misconduct" are *not* eligible for COBRA coverage. We do not deliver COBRA Administration with the capability to differentiate between terminations for gross misconduct and other termination types, but you can set up Action Reason codes and add PeopleCode to have the system perform this function.

Secondary COBRA Events

Secondary COBRA events are events that extend the amount of time that a participant is eligible for COBRA coverage. An event must meet the following requirements for it to qualify as a secondary COBRA event:

- The employee and/or dependent must currently be enrolled in COBRA coverage as a result of an initial COBRA event.
- The initial COBRA event must be one of the COBRA event classifications associated with a change to an employee's job status (such as a reduction in hours, termination, or retirement), and the secondary event must be one of the COBRA event classifications that involves loss of coverage for the employee's dependent (such as divorce, marriage of dependent, overage dependent, death of employee, or a Medicare entitlement).

The triggers for secondary events are identical to the triggers previously described for initial events, with *one* exception. If the initial event is a *Termination* and the secondary event is a *Death,* you must use the delivered Action/Reason of *FSC/DEA* to successfully process the event.

For more information about the processing of secondary COBRA events, see Processing Secondary COBRA Qualifying Events that appears later in this section.

Overriding Initial and Secondary COBRA Events

There may be occasions when you need to add a COBRA event to the COBRA Activity Table. This is because the system assumes that the date of the event and the date that an employee's benefits terminate are the same. This may not always be true.

For example, suppose that an employee drops spousal coverage during open enrollment and then later gets divorced. The benefit plan must make COBRA coverage available upon receiving notice of the divorce.

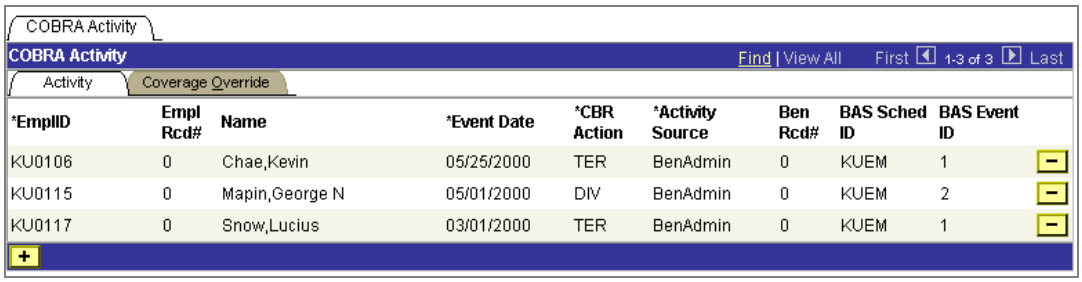
Another example is when an employee decides not to return to work from FMLA. COBRA coverage becomes available on the day that the employee notifies you that they will not be returning from FMLA, not on the last day of the FMLA, unless notification is made on the last day of FMLA. The maximum coverage period usually begins on that day also.

In both of these examples, the date on which coverage was terminated is different from the date on which the COBRA event occurred. In order for the COBRA process to recognize these events as events that enable the dependent to become eligible for COBRA benefits, you must enter the event directly into the COBRA Activity Table.

You cannot enter an event unless you have selected Manual Events Allowed in the COBRA Event Rules table for the COBRA Event Classification. You may want to add a COBRA Event Classification to identify these specific situations. COBRA Events triggered through Base Benefits or Benefits Administration can be deleted, but not modified. COBRA Events that you enter through the COBRA Activity page can be changed.

COBRA Activity - Activity Page

Usage	Use the COBRA Activity page to add, delete, and review COBRA events. Information about triggered events is transferred to the COBRA Activity Table for further analysis during the COBRA Qualification process. Online PeopleCode, Benefits Administration Event Maintenance, the COBRA process for overage dependent events, and the entries made by you populate the table.
Object Name	COBRA_ACTIVITY
Navigation	**Compensate Employees, Administer COBRA, Use, COBRA Activity, COBRA Activity**



COBRA Activity - Activity page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **EmplID** (employee ID), **Empl Rcd#** (employee record number), and **Name.**

Activity Tab

Event Date The **Event Date** is the date that the event took place.

CBR Action (COBRA action) The **CBR Action** column describes the type of event that took place.

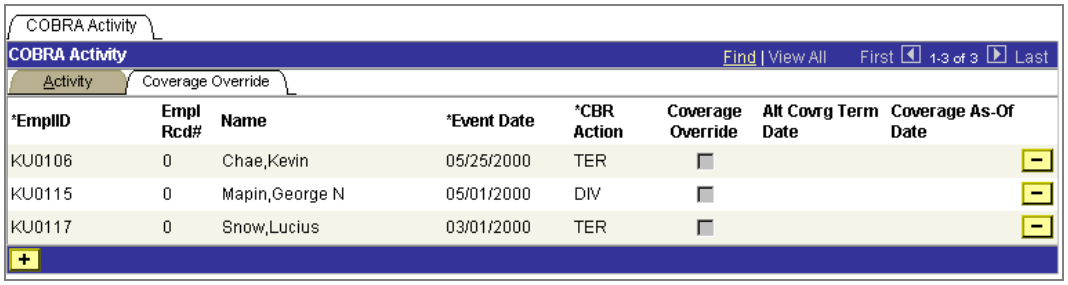
Activity Source The **Activity Source** column tells you whom or what initiated the event.

Ben Rcd# (benefit record number) The **Ben Rcd#** tells you which benefit record was effected by the event.

BAS Sched ID (BAS schedule identification) **BAS Sched ID** displays the Benefits Administration Schedule ID associated with the event.

BAS Event ID (BAS event identification) **BAS Event ID** displays the Benefits Administration Event ID associated with the event.

Coverage Override Tab



Event Date The system displays the **Event Date.** If you are adding a row, enter the date on which the event occurred.

CBR Action The system displays the **CBR Action** tied to the COBRA event. If you are adding an event, enter the CBR Action.

CBR Act Src (COBRA action source) This identifies the source of the activity record.

Ben Rcd# (benefit record number)	The system displays the benefit record number affected by the event.
Coverage Override	Select this check box when an alternate coverage termination date should be used to determine qualified COBRA coverage.
Alt Covrg Term Date (alternate coverage termination date)	This field is required when the coverage override flag is selected. It is the date when coverage was previously terminated.
Covrg As-Of Date (coverage as of date)	This field is optional and is automatically set to the COBRA event date if left blank. This is the date that coverage should begin if the event is fully qualified.

For more information about how COBRA Administration and Benefits Administration work together, please refer to the Defining Eligibility Rules, Creating Event Rules, and Event Maintenance and COBRA Administration.

Running the COBRA Process

For an employee or dependent to become a qualified COBRA beneficiary, the following two requirements must be met:

- The person must have experienced a qualifying event.
- The person must have health coverage on the day of the qualifying event and have lost coverage.

For all COBRA qualifying events *except Overage Dependent* events, health coverage must be terminated either manually using PeopleSoft Base Benefits or automatically with PeopleSoft Benefits Administration.

If these requirements are met, the system assigns the person a benefit program and allows that person to elect COBRA health coverage.

The COBRA Process Run Control

The COBRA Process determines employee and dependent eligibility for COBRA benefit coverage.

To determine eligibility, the COBRA process must:

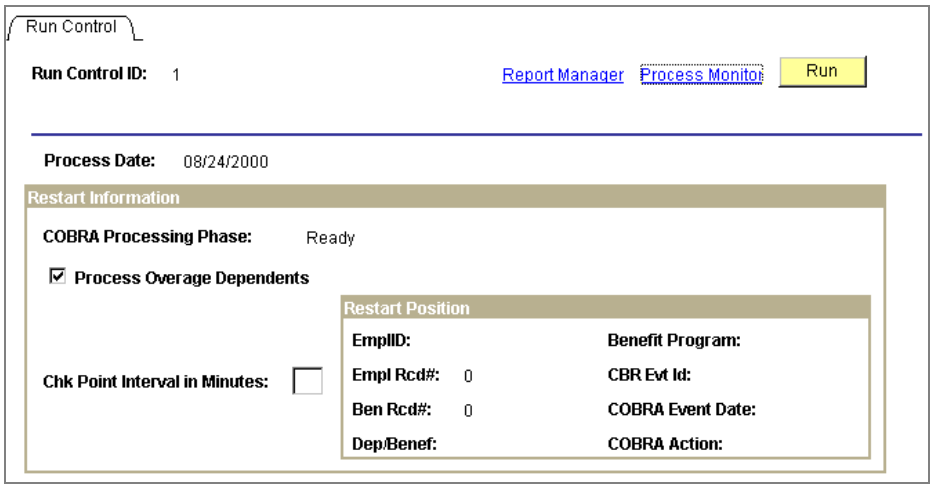
1. Determine the principal COBRA qualified beneficiaries affected by the event.

2. Assign principal qualified beneficiaries to a COBRA benefit program.
3. Determine the plan types that each principal COBRA beneficiary qualifies for.
4. Determine the length of COBRA coverage that the beneficiary will receive for each plan type.
5. Determine which options the principal qualified beneficiary is eligible to select within each COBRA plan type.
6. Calculate COBRA costs for each eligible option.

Note. You also use the COBRA process to validate the elections of qualified COBRA participants, enroll qualified COBRA participants in their elected plans and options, and reprocess or void COBRA-qualifying events, participants, and plans. We explain how it performs these actions in later sections of this chapter.

Run Control Page

Usage	Use the COBRA process Run Control page to determine which employees and dependents are eligible for COBRA benefit coverage.
Object Name	COBRA_RUNCTL
Navigation	**Compensate Employees, Administer COBRA, Process, Run Control, COBRA Process Run Control**
Access Requirements	Enter the Run Control ID.



Run Control page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Run Control ID.**

Process Date The date on which the COBRA process began.

Restart Information

COBRA Processing Phase

COBRA Processing Phase displays the processing phase that the COBRA process begins processing when it is set in action. The possible phases are:

Ready: Ready for processing.

Overage: Processing overage dependents.

Activity: Processing COBRA activity.

Qualify: Qualifying events.

Participant: Processing COBRA participants.

Complete: Processing completed.

Process Overage Dependents

If you want the system to process overage dependents, select **Process Overage Dependents.** Leave the check box clear if you want the system to skip the overage dependent processing during the batch run.

Chk Point Interval in Minutes (check point interval in minutes)

Enter the number of minutes that the COBRA process waits to take a checkpoint with **Chk Point Interval in Minutes.** When the system takes a checkpoint it actually does two things: it commits the information that's been processed so far and updates the information displayed in the **Restart Position** group box. When a processing error occurs and you need to restart the process, the system restarts the process from the last checkpoint that it made.

Restart Position

The **Restart Position** group box is informational only. It displays the position to restart the COBRA process from if a system failure occurs. During a checkpoint restart, the COBRA process resumes processing at the indicated **COBRA Processing Phase** and for the benefit program or participant identified in the **Restart Position** group box.

Click **Run** to run this request. Process Scheduler runs the COBRA process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler

Determination of Qualified COBRA Beneficiaries

Once the COBRA event has been triggered online (or through Benefits Administration), the COBRA process determines whether any employees and/or dependents have lost health coverage due to the event. The system considers these people to be qualified COBRA beneficiaries.

The system gives each person analyzed by the COBRA process an Event Qualification Status, an Initial Event Status, and a Secondary Event Status that explains where the person is in the enrollment processing cycle at a given point in time. The Event Qualification Status identifies whether or not a potential COBRA beneficiary is qualified for coverage. Its possible values are:

- Not COBRA Qualified
- COBRA Qualify Error
- COBRA Qualified
- Qualify Pending
- Unprocessed

The Initial Event Status that the COBRA process assigns to a person depends partly upon whether or not that person has been qualified for COBRA coverage and whether the person has elected or waived COBRA coverage. The Initial Event Status, which basically tracks where the initial event is in the COBRA cycle, also marks whether the person has had their options prepared and has been notified of coverage. Possible Initial Event Status values include:

- Qualify Pending
- Qualified
- Not Qualified
- Options Prepared
- Notified
- Election Entered
- Election Error
- Election Enrolled
- Enrollment Complete

The Secondary Event Status is always *Not Qualified* unless the COBRA participant has been affected by a secondary event such as Divorce or Medicare Entitlement. Other potential values for Secondary Event Status include:

- Qualify Pending
- Qualified
- Notified
- Coverage Extended

When a participant is enrolled in COBRA coverage through an initial event and a qualified secondary event occurs for all of that participant's plans, the system sets the participant's Initial Event Status for that event to *Not Qualified.*

On the other hand, it is possible to have a combination event occur to a COBRA participant. This is an event that acts as an initial event for certain plans that the participant is enrolled in and as a secondary event for other plans. In this situation, only those plans for which the combination event acts as a secondary event have their Initial Event Status values set to *Not Qualified.* The system sets the Initial Event Status values for the plans for which the combination event acts as an initial event to appropriate levels for their current stage of processing.

For more information about the processing of secondary COBRA events and combination events, see the topic Processing Secondary COBRA Qualifying Events discussed later in this chapter.

The COBRA process updates the Initial Event Status and Secondary Event Status to appropriate values as the participant moves through the COBRA process.

Assignment of Qualified COBRA Beneficiaries to Benefit Programs

Benefit program assignment differs depending upon whether or not the COBRA event was initiated by Base Benefits or Benefits Administration. If the COBRA event was initiated by Base Benefits, the system assigns each qualified beneficiary affected by that event to the benefit program that the employee was enrolled in on the day prior to the COBRA event date.

If the event was processed through Benefits Administration processes, then the system analyzes benefit program eligibility for each qualified COBRA beneficiary affected by the triggering event. This process only occurs for qualified COBRA participants who have a COBRA Process Status of *Open For Processing* (as opposed to *Closed* or *Void*). The eligibility parameters include the eligibility parameters from the latest run of Benefits Administration and the qualified beneficiary's zip code. If the system determines that there are no benefit programs that satisfy this eligibility criteria, then the participant is assigned to the benefit program that they were enrolled in on the day prior to the COBRA event date.

For more information about COBRA Process Status, see Event Status Update - Event Status Page. For more information about Benefits Administration processing of COBRA participants, see *PeopleSoft 8 Benefits Administration*: Event Maintenance and COBRA Administration.

Determination of Eligible Plan Types for Each Beneficiary

The plan types that are eligible for COBRA continuation coverage are any COBRA-qualified group health plan types that the qualified beneficiary was enrolled in prior to the COBRA event for which the beneficiary has lost coverage. This includes all *Health* (1x) Plan Types and the *Health FSA* (60) Plan Types.

In order for a plan type within a specific benefit program to be designated as COBRA qualified, you must select the COBRA Plan check box in the Benefit/Deduction Program Table - Plan Type and Option page.

Determination of Eligible Options

The system defines the COBRA qualification at the plan type level rather than at the option level. All options under a COBRA-recognized plan type are available to COBRA participants in that plan. The system determines the eligible set of options that a participant can elect under COBRA for each plan type that the participant is qualified for.

For employees, spouses, and ex-spouses, the eligible options are those that satisfy the following criteria:

- The benefit plan associated with the options matches the benefit plan of the lost coverage of the employee, spouse, or ex-spouse.
- The Coverage Code is less than or equal to the Coverage Code of the lost coverage of the employee, spouse, or ex-spouse.
- *For spouses and ex-spouses,* the Coverage Code selected cannot *require* a spouse or ex-spouse.

For all dependents besides spouses and ex-spouses, the eligible options are those that satisfy the following criteria:

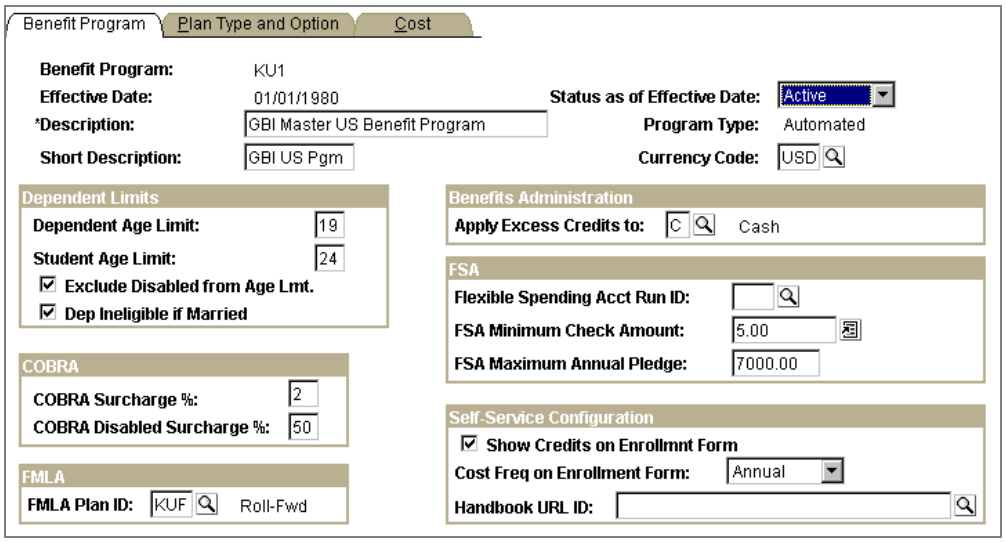
- The benefit plan associated with the options matches the benefit plan of the dependent's lost coverage.
- The dependent's Coverage Code is *Employee Only.*

For more information about this process, see *PeopleSoft 8 Benefits Administration*: Event Maintenance and COBRA Administration. Benefits Administration uses a different method to determine option eligibility.

When a COBRA participant's options are fully prepared, their Initial Event Status is set to *Options Prepared.*

Calculation of COBRA Costs for Each Option

COBRA Administration calculates a charge for each option using the sum of the total coverage costs (employee plus employer) multiplied by the COBRA Surcharge % (COBRA surcharge percentage) defined in the Benefit Program Table - Benefit Program Page.



Benefit Program page

If the COBRA participant is *disabled,* the COBRA cost for months 19-29 is multiplied by the **COBRA Disabled Surcharge %** (COBRA disabled surcharge percentage), which is defined in the same page as the **COBRA Surcharge %.**

When you select Waive COBRA Surcharge in COBRA Event Rules Table 1 for a specific COBRA Event Classification, the system does not add the **COBRA Surcharge %** and **COBRA Disabled Surcharge %** to costs associated with COBRA participants who qualify for COBRA coverage through that event.

All COBRA charges are sent to the COBRA beneficiary through Benefits Billing processes, as long as Benefits Billing is selected in the Installation Table - Products page. For more information about how this is done, see the Implementing Benefits Billing.

Processing Secondary COBRA Qualifying Events

Although the COBRA governmental regulations are quite clear regarding how secondary COBRA qualifying events should ideally be processed, we've put together a set of event rules that allow for a different interpretation or implementation of secondary event processing.

The three fields that define secondary event rule processing are Secondary Event Role, Second Event Additional Months, and Secondary Event Add Mode.

Secondary Event Role — Identifies whether the event can be considered a secondary event.

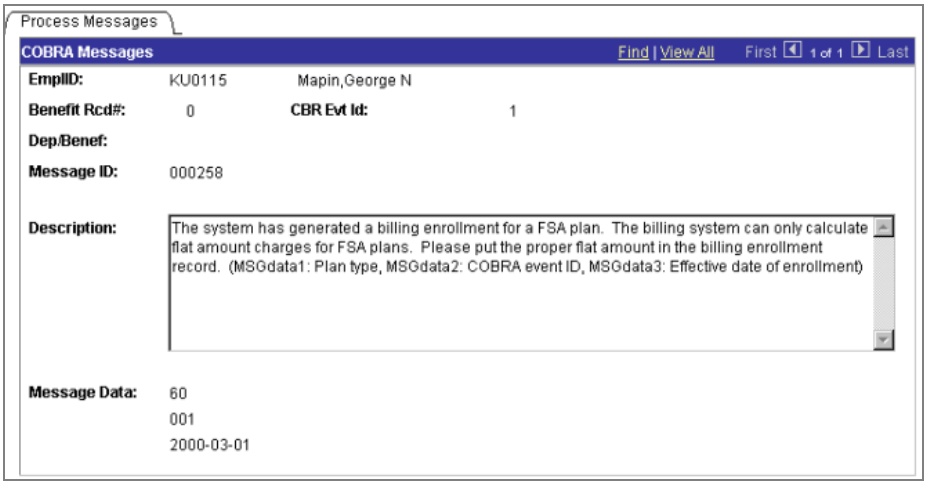
Second Event Additional Months — Defines how many months the secondary event extends a COBRA participant's coverage.

Secondary Event Add Mode — Defines whether the Additional Months extend the coverage 36 months from the coverage begin date of the initial event or add 36 months to the COBRA event date of the secondary event.

For more information about COBRA event rules, see Setting Up COBRA Administration. For more information about the enrollment processing of secondary COBRA qualifying events, see Enrollment Processing for Secondary Events in this chapter.

Process Messages Page

Usage	Use the Process Messages page if you encounter any Check Messages comments when running the COBRA Process. Each time that the COBRA process is run, the COBRA messages from the previous run are deleted. Check this page or generate the COBRA Error Report each time that you run the COBRA process.
Object Name	COBRA_MESSAGES
Navigation	**Compensate Employees, Administer COBRA, Inquire, Messages, COBRA Process Messages**
Prerequisites	Run the COBRA Process.
Access Requirements	Enter the employee ID.



Process Messages page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **EmplID.**

Benefit Rcd# (benefit record number) The employee's benefit record number that was affected by the COBRA event.

CBR Evt Id (COBRA event identification) The identification number assigned to the COBRA event by the COBRA process.

Dep/Benef (dependents/beneficiaries)	Any relevant dependents or beneficiaries.
Message ID	The ID assigned to this message.
Description	The message created by the COBRA process.

Creating Notification Letters

Once you've identified qualified COBRA beneficiaries, you need to notify them. Depending upon the type of event that you're generating notification letters for (initial or secondary), use either the Initial Notification Letter process or the Secondary Notification Letter process. Both of these letter generation processes are located in Administer COBRA, Reports.

Because the event can be an initial event, secondary event, or combination event for the participant, we have designed the system so that Initial Event Status and Secondary Event Status provide the necessary information to produce correct notification letters.

For more information about combination events, see Enrollment Processing for Secondary Events.

Who Receives a Notification Form?

The qualifying event determines who receives a notification form. For termination, reduction in hours, and retirement events, the employee and each covered dependent receive a letter. When Medicare or death of employee events occur, the system generates letters for each dependent. When divorce or loss of dependent status events occur, the system generates letters for the spouse or dependent.

Initial Notification Letter Process

The Initial Notification Letter process looks for COBRA participants with an Initial Event Status of *Options Prepared* and an Event Status of *Open For Processing*. It then generates notification letters for the participants it finds. Taking the As Of Date that you enter as a guide, for each qualified COBRA participant the Initial Notification Letter process determines and prints the following:

- The nature of the qualifying event and the date it occurred.
- The last day of active coverage of the qualified participant's original benefit plans.
- The plan types for which the qualified participant is eligible to receive COBRA coverage.
- The COBRA coverage start and end dates for each plan, and the response date by which the qualified participant must notify you of their elections.

Along with each initial notification letter, the system prints a COBRA continuation coverage election form. The employee should fill this out and return it to you so that you

can enter the elections (or choice to waive COBRA continuation coverage) in the COBRA Data Entry page.

For more information about how to enter or waive COBRA elections, see the topic in the Data Entry page that appears later in this chapter.

Once an Initial Notification Letter has been generated for a qualified COBRA participant, that participant's Initial Event Status is changed to *Notified.* The Election End Date is calculated for each plan type as 60 days past the latter of the notification date (on the Initial Letter) or the loss of coverage.

Initial Notification Letter - COBRA Qualify Ltr Page

Usage	Use the Initial Notification Letter - COBRA Qualify Ltr page to notify eligible COBRA participants that they qualify for COBRA benefits.
Object Name	RUNCTL_CBR001
Navigation	**Compensate Employees, Administer COBRA, Report, Initial Notification Letter, COBRA Initial Qualify Letter**
Prerequisites	Run the COBRA process.
Access Requirements	Enter the Run Control ID.

Initial Notification Letter - COBRA Qualify Ltr (COBRA qualify letter) page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Run Control ID.**

Request Parameters

As of Date Enter the date for the time period that you want the letters.

Reprint Parameters

Reprint Letter Select this check box if you are reprinting a group of letters.

'Reprint' Appears on Letters	Select this check box if you want the word *Reprint* to appear on the letter.
Reprint ID	Select the ID number associated with the letters that you want reprinted.

Secondary Notification Letter Process

The Secondary Notification Letter process searches for COBRA participants with a Secondary Event Status of *Coverage Extended* and an Event Status of *Open For Processing*. It then generates notification letters for the participants it finds. The secondary notification letter displays information similar to that of the initial notification letter, with the exception that it tells COBRA participants how long their COBRA coverage is to be extended.

The qualified COBRA participants who have secondary notification letters generated for them have their Secondary Event Status changed to *Notified* and their Process Status changed to *Closed for Processing*.

Secondary Notification Letter - Secondary Evt Ltr Page

Usage	Use the Secondary Notification Letter - Secondary Evt Ltr page to send letters notifying COBRA participants that their COBRA benefits have been extended.
Object Name	RUNCTL_CBR002
Navigation	**Compensate Employees, Administer COBRA, Report, Secondary Notification Letter, COBRA Secondary Event Letter**
Prerequisites	You must run the COBRA process and the participant must have Secondary Event Status of Coverage Extended and an Event Status of Open for Processing.
Access Requirements	Enter the Run Control ID.

Secondary Notification Letter - Secondary Evt Ltr (secondary event letter) page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Run Control ID.**

Request Parameters

As of Date Enter the date for the time period that you want the letters.

Reprint Parameters

Reprint Letter Select this check box if you are reprinting a group of letters.

'Reprint' Appears on Letters Select this check box if you want the word *Reprint* to appear on the letter.

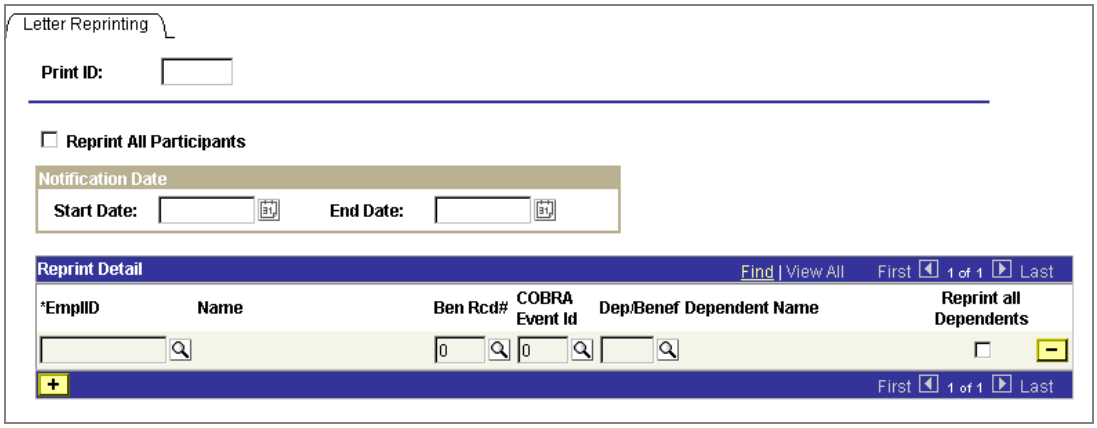
Reprint ID Select the ID number associated with the letters that you want reprinted.

Click **Run** to run this request. Process Scheduler runs the secondary letter process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler. For more information about secondary event processing, see Processing Secondary COBRA Qualifying Events.

Letter Reprinting Page

Usage	Use the Letter Reprinting page if you need to reprint Initial or Secondary letters.
Object Name	CBR_PRINT
Navigation	**Compensate Employees, Administer COBRA, Report, Letter Reprint, COBRA Letter Reprinting**
Access Requirements	Enter the Print ID.



COBRA Letter Reprinting - Letter Reprinting page

Start by designating the appropriate **Reprint Parameters,** including **Reprint ID.** The system enters the **Reprint ID** that you designate in the Letter request in the **Reprint ID** field in the Letter Reprint page.

The Letter Reprint page enables you to reprint all letters, or to select specific employees for whom letters are to be reprinted. You can specify a notification date range for which the reprint is to occur.

Click **Run** to run this request. Process Scheduler runs the reprint letter process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler

Entering COBRA Elections and Waivers

After you generate and send your notification letters, you should eventually receive continuation coverage election forms from your qualified COBRA participants with their elections or waivers of COBRA continuation coverage. Qualified COBRA beneficiaries can select COBRA for one or more plan types, waive COBRA for all plan types, and revoke a waiver for one or more plan types. To handle these actions, use the Data Entry page.

Unlike Benefits Administration, the COBRA participant does not need to elect plan types on an all or none basis prior to enrollment. COBRA election and enrollment can be handled at an individual plan type level.

When you enter elections for qualified COBRA participants, the system sets their Initial Event Status to *Election Entered.*

Choosing to Claim Individual Coverage

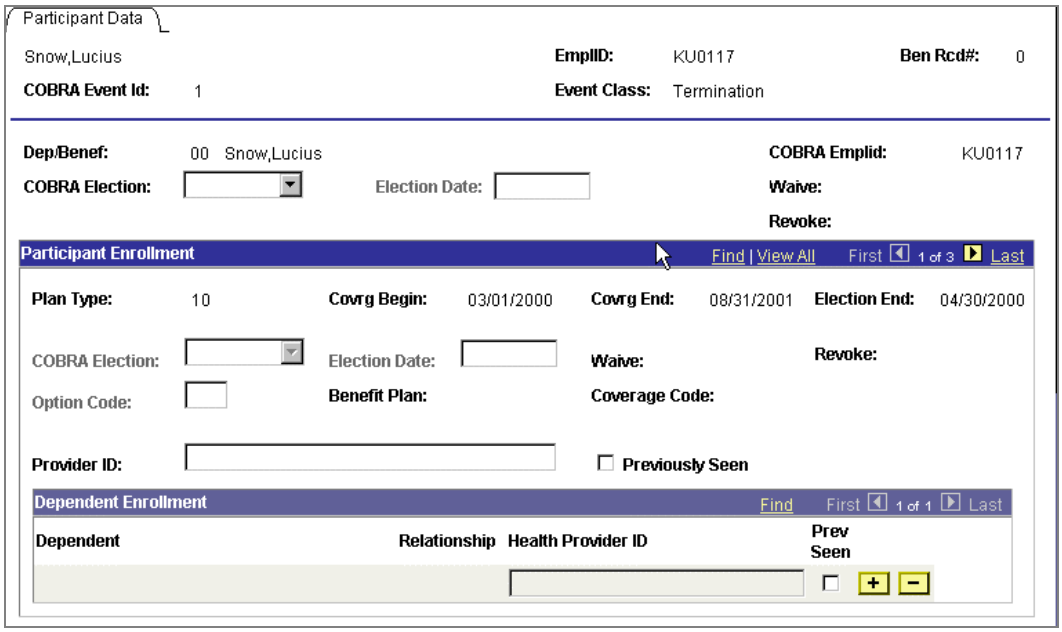
It is important to understand that when an employee with dependents undergoes a COBRA-qualifying event, the employee and all of the dependents are individually qualified for COBRA coverage, and they can each select to be covered as individuals if they so desire.

For example, suppose that an employee with *Employee plus Spouse* coverage terminates employment and loses all regular health coverage. At that point, the employee and the spouse both qualify for COBRA coverage. This means that the spouse can select either to be covered individually as a non-employee or continue to be covered under the employee as a dependent.

For more information about how to handle non-employee COBRA participants, see Handling Non-Employee COBRA Participants that appears in this chapter.

COBRA Data Entry Page

Usage	Use the Participation Data page to elect or waive COBRA continuation coverage for qualified COBRA beneficiaries. You can elect COBRA for one or more plan types, waive COBRA for all plan types, and revoke a waiver for one or more plan types.
Object Name	COBRA_PARTIC_ENT1
Navigation	**Compensate Employees, Administer COBRA, Use, Data Entry, COBRA Participant Data Entry**
Prerequisites	The COBRA process has been run and the participant is COBRA-qualified.
Access Requirements	When you first access the Participant Data page, you are asked for the Employee ID and Dependent/Beneficiary ID of the qualified COBRA participant. The system only allows you to enter or update information for people who have been qualified for COBRA coverage by the COBRA process.



Participant Data page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **EmplID, Ben Rcd#, Plan Type, Benefit Plan.**

COBRA Event Id The **COBRA Event Id** assigned to the COBRA event by the COBRA process.

Event Class The **Event Class** for this COBRA event.

Dep/Benef

In **Dep/Benef,** enter the dependents and beneficiaries whom the employee wants to cover with the selected **Plan Type,** depending upon the **Coverage Code** associated with the selected **Option Code.** The electable dependents or beneficiaries for each **Plan Type** are limited to those dependents who were also COBRA-qualified beneficiaries of that **Plan Type** during the initial COBRA event.

COBRA Emplid

The COBRA identification number for the employee.

COBRA Election

In **COBRA Election,** indicate whether the participant wants to ***Elect*** or ***Waive*** COBRA coverage.

If COBRA coverage is elected, the **Election Date** is automatically set to today's date.

In addition, when coverage is elected, the system makes the lower fields for **Plan Type** and dependent/beneficiary information available for entry.

Election Date

Enter the date on which the COBRA benefit election was entered. The date is automatically set to today's date, but it can be changed.

If you set the event's **Election Date** to a date that is after the **Election End** date, the system issues you a warning that the election period has expired for those Plan Types and the elections for those Plan Types are not allowed.

Waive

If you selected ***Waive*** in the COBRA Election field, the system displays the date on which coverage was waived.

Revoke

If you selected ***Revoke*** in the COBRA Election field, the system displays the date on which coverage revoked.

Participant Enrollment

Plan Type

If coverage is elected, enter the participant's elected option choices for each individual **Plan Type** available to that participant. Use the outer scroll arrows to move between the various available plan types.

Covrg Begin (coverage begin), **Covrg End** (coverage end), **Election End**

The **Coverage Begin, Coverage End,** and **Election End** dates for each eligible Plan Type are predetermined by the COBRA Process. If the **Coverage Begin** date is set *after* the **Election End** date for the Plan Type, the system issues you a warning that the election period has expired for that Plan Type and that elections for that Plan Type are not allowed.

COBRA Election

For each **Plan Type,** enter a **COBRA Election** of ***Elect (E)*** or ***Waive (W).*** The system automatically sets the individual plan type's **Election Date** to the current date but you can change it to another date if necessary.

Option Code — If the coverage **Election Date** is set *on or before* the **Election End Date,** the user can enter the participant's elected option's **Option Code.** Available options are limited to options that the COBRA process has determined the participant to be eligible for.

Provider ID — For health Plan Types you can use the health **Provider ID** to track primary care physician information for the participant's health provider. In this field you can enter the name of the employee's doctor, an ID number, or any other format that the health provider may require. In some cases, a primary care physician limits new enrollments to current patients only.

Previously Seen — By selecting the **Previously Seen** check box, you can indicate that the employee is a current patient of the indicated physician. The **Previously Seen** check box becomes available when information is entered into **Health Provider ID.**

Dependent Enrollment

Dependent

Health Provider ID — For health plans you can use the **Health Provider ID** to track primary care physician information for the participant's health provider. In this field you can enter the name of the employee's doctor, an ID number, or any other format that the health provider may require.

Prev Seen (previously seen) — For each Dependent, you can enter a **Health Provider ID** and indicate whether the participant has been previously seen by that health provider.

The Choice to Claim Individual Coverage

It is important to understand that when an employee with dependents undergoes a COBRA-qualifying event, the employee and all of the dependents are individually qualified for COBRA coverage, and they can each select to be covered as individuals if they so desire.

For example, suppose that an employee with *Employee plus Spouse* coverage terminates employment and loses all regular health coverage. At that point, the employee and the spouse both qualify for COBRA coverage. This means that the spouse can select either to be covered individually as a non-employee or continue to be covered under the employee as a dependent.

For more information about how to handle non-employee COBRA participants, see the topic that appears later in this chapter.

Waiving COBRA Coverage

If a participant selects to waive all COBRA coverage, enter this choice in the COBRA Data Entry page by selecting the COBRA Election *Waive.* The COBRA Election Date is automatically set to the current date, but you can change this date if necessary. When COBRA coverage is waived at the participant level, the system makes the lower regions for plan and dependent information unavailable for data entry.

When the participant selects to waive coverage of a specific Plan Type, the Dependent/Beneficiary region is unavailable for data entry. The Election Date for that Plan Type is automatically set to the current date, but you can change it if necessary.

Revoking Waived COBRA Coverage

The COBRA Data Entry page enables participants to revoke previously waived COBRA coverage. The revoke date must be less than the Election End Date for each Plan Type for which the waiving is being revoked. If the Coverage Elect Date is set after the Election End Date for any Plan Type, the revocation is denied for that Plan Type.

If the participant wants to elect COBRA that was previously waived at the participant level, change the COBRA Election value from *Waive* to *Elect.* The Election Date changes to the current date, and the system makes the lower regions available for data entry. If the participant waived coverage at the Plan Type level, change the Coverage Election for the waived Plan Type to *Elect.* You can then enter an Option Code and Dependent/Beneficiary information for that Plan Type as described previously in this section.

When a participant revokes waived coverage, the date on the COBRA Health Benefit reflects the Revoke Date and not the original Coverage Begin Date.

Reelecting Coverage

In the COBRA Data Entry page, once an election has been entered, validated and enrolled, the election cannot be changed without COBRA reprocessing. After reprocessing, the Data Entry page allows election and changes to Plan Type election information for those Plan Type elections for which the coverage Election Date is on or before the coverage Election End Date and which have not been enrolled into the system.

System Validation and Enrollment of COBRA Election Choices

The system looks at the COBRA Data Entry page and reviews the Plan Type, Option Code, and Dependent/Beneficiary elections made for qualified COBRA participants as their elections are saved into the system. If all of the plan types for which the participant is eligible reflect either an enrollment election or waived coverage, the system changes the participant's Initial Event Status to *Enrollment Completed* and the Process Status to Closed for Processing. If some of the plans have *not* had an entry made, the participant's Initial Event Status changes to *Enrolled* (for the specific plan) and the Process Status remains *Open for Processing.* In either case, if errors are discovered, the Initial Event Status is changed to *Election Error.*

For more information about having the system process COBRA elections, waive coverage, or revoke waived coverage, see Running the COBRA Process.

Enrollment in Health or FSA Plans

After a COBRA participant has had their Initial Election Status changed to *Enrollment Completed* or *Enrolled,* you can access their health and/or FSA plan information in the Health Benefits and FSA Benefits pages.

Creation of Non-Employee Status

In addition, if a COBRA participant who is a dependent elects individual COBRA coverage or has a qualifying second event, then that non-employee participant receives a system-generated Employee ID.

For more information about this process, and about how COBRA Administration deals with non-employee COBRA participants, see Handling Non-Employee COBRA Participants that appears later in this chapter.

Notification to Billing System

If Benefits Billing is selected in the Installation Table, COBRA Administration enrolls validated and enrolled COBRA participants in the Benefits Billing system for the participants' elected plan types. COBRA Administration also sends COBRA surcharges and coverage start and end dates for the enrolled COBRA participants to Benefits Billing

For more information about how Benefits Billing processes COBRA charges, see Implementing Benefits Billing in this PeopleBook.

Validation and Enrollment Error Messages

Error messages generated by the COBRA validation and enrollment process can be viewed either by using the online COBRA Messages page or by running the COBRA Error Report. Each time the COBRA validation and enrollment process is run, the COBRA messages from the previous run are deleted. Check this page or generate the COBRA Error Report each time that you run the COBRA process.

For more information about error messages, see the topic Process Messages Page in this chapter.

Enrollment Processing for Secondary Events

As we stated earlier, secondary events extend the amount of time that the participant is eligible for COBRA coverage and are limited to the dependents of the employees who were

qualified beneficiaries at the time of the initial event and who are currently enrolled in COBRA coverage.

The enrollment processing procedure for secondary events differs from the enrollment processing procedure for initial events. While in most cases the system extends coverage as planned, and no further action is necessary, there are times when secondary events cannot be qualified as such by COBRA Administration until the initial events that they follow are closed to COBRA processing. In addition, secondary events also affect participants selecting individual coverage differently from participants with dependent coverage. Finally, there are situations where COBRA participants can experience combination events—events that act as initial events for some of their plan enrollments and secondary events for others.

We discuss these situations in detail in this section.

Secondary Events and Qualified Pending Status

When a secondary event is processed, the system reviews the initial event to determine if its Event Status is *Closed to Processing*. The Event Status of the initial event is only set to *Closed to Processing* if each qualified beneficiary has made an election or waived COBRA coverage. If the system ascertains that the initial event is not closed, it returns a Secondary Event Status value of *Qualified Pending* for the second event.

For example, suppose that an employee and her dependents become qualified beneficiaries after she terminates her employment. She enrolls in family coverage for Plan Types 10 and 11—covering herself, her spouse and her daughter—and waives Plan Type 14. As a result, the terminated employee's record is *Closed to Processing*. Because each qualified beneficiary can elect coverage independently, the dependents' records remain *Open for Processing* as long as no further action is taken on them. Unless a secondary event occurs, the fact that the dependents' records remain *Open for Processing* does not affect the processing of their COBRA benefits through the primary COBRA beneficiary.

On the other hand, if a secondary event occurs, the status of the initial event may result in a status of *Qualified Pending*.

The following steps describe how to close the initial event and reprocess the secondary event:

1. A secondary event, such as a divorce or dependent marriage, occurs.

2. The HR system processes the personnel action.

3. COBRA Administration evaluates the secondary event and returns a status of *Qualified Pending*. It is determined that the initial event is still *Open for Processing* because the dependent records were not waived.

4. You waive elections for the dependents with the Data Entry page and run the COBRA process to close the initial event.

5. You use the Event Status Update page to reprocess the secondary event by changing the Reprocess Status for the secondary event to *Qualify Event*. After you run the COBRA process again, the secondary event should be set to *Qualified*.

For more information about adjusting, voiding and reprocessing events, see the Event Status Update - Event Status Page.

Because business processes differ from one company to another, your situation may vary from the one described here. It is important to note, however, that the COBRA system provides you with the capability of making the necessary adjustments to process your COBRA participants correctly.

Secondary Events: Individual Coverage Versus Dependent Coverage

When secondary qualifying COBRA events occur, COBRA Administration processes COBRA participants with individual coverage differently than it processes those with dependent coverage.

When the COBRA secondary event beneficiary has individual coverage during the previous initial event, the secondary event process extend the individual coverage according to the defined secondary event rules. The system deletes the existing termination record, reinserts it into the Coverage Begin Date, and sets an Effective Date equal to the extended COBRA Coverage End Date + 1. The COBRA Enrollment Status is set to *Coverage Extended.*

On the other hand, when the COBRA secondary event beneficiary is a dependent of another COBRA participant, a slightly different processing takes place. In this case, the participant is established as an individual COBRA participant with individual COBRA coverage as of the COBRA Event Date of the secondary event. The system automatically establishes the participant as a non-employee in the system and automatically enrolls the participant in employee-only coverage for all plan types that meet this condition. The employee-only coverage is within the same benefit plan that the participant was covered in as a dependent under COBRA. The Coverage End Date is calculated based on the predefined secondary event rules, and the COBRA Enrollment Status is set to *Coverage Inserted.*

Combination Events

It is possible for a COBRA event to be an initial event for one Plan Type and a secondary event for another Plan Type. For example, suppose that an employee has *Employee Plus Spouse* coverage for Plan Types 10, 11, and 14. Then the employee transfers and both the employee and the spouse lose coverage under Plan Types 11 and 14. At this point, the employee and the spouse are eligible for 18 months of COBRA coverage for both Plan Types 11 and 14, and they select to elect this coverage.

Then the employee divorces while the COBRA coverage is still active. The divorce event causes the employee's ex-spouse to lose coverage for Plan Type 10 (an initial event) and the ex-spouse is qualified for 36 months COBRA coverage under that plan. The divorce is also a secondary event for Plan Types 11 and 14 and the ex-spouse is qualified to have coverage extended for those plans for up to 36 months from the original coverage begin date.

The two events—the initial event for Plan Type 10 and the secondary event for Plan Type 11—progress through the COBRA system independently. In other words, the system *treats each event separately* in terms of notification letters and ongoing status indicators. This is important to understand as you track and analyze your events.

Working With COBRA Events

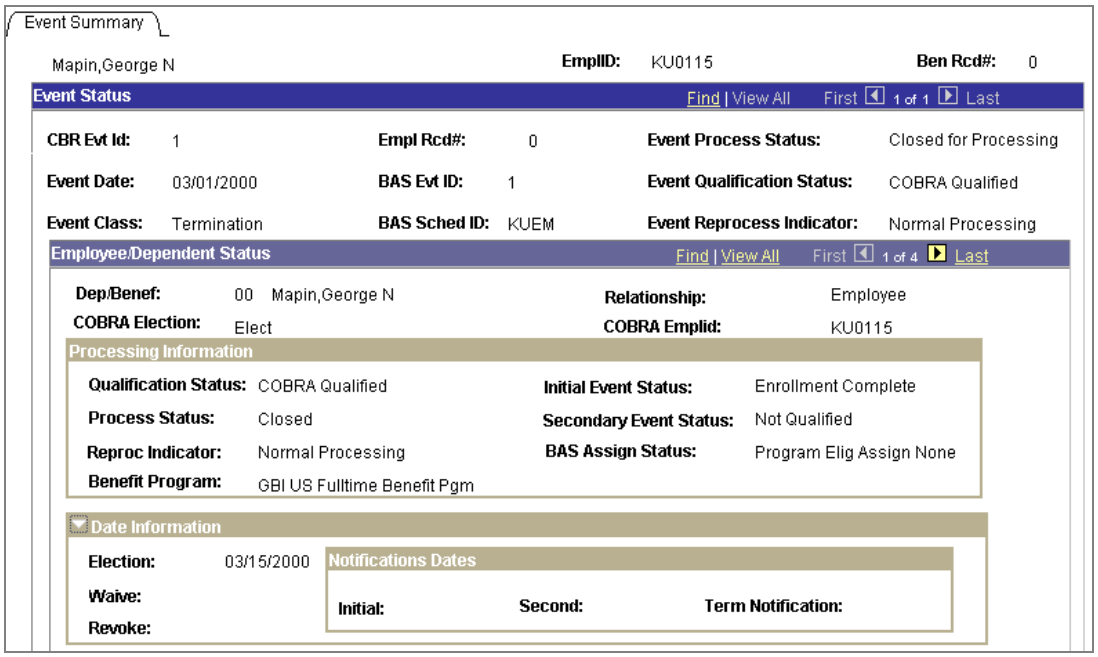
COBRA Administration provides you with two pages through which you can view, adjust, reprocess, and void COBRA-qualifying event information. These pages are the COBRA Event Summary page and the COBRA Event Status Update page. You can use these pages to view and change event information at the COBRA event level, COBRA participant level, or COBRA plan level.

Reviewing COBRA Event Summaries

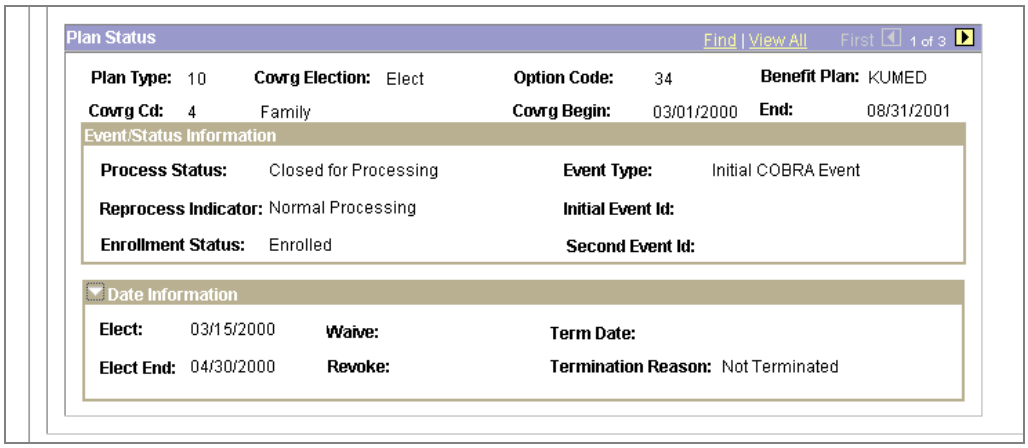
Use the COBRA Event Summary page to view information regarding a COBRA event, the event's qualified COBRA participants, and the COBRA benefit plans eligible for enrollment under the event.

Event Summary Page

Usage	The Event Summary page displays information about the COBRA Event and the qualified COBRA beneficiaries affected by the event.
Object Name	COBRA_EVENT_INQ1
Navigation	**Compensate Employees, Administer COBRA, Inquire, Event Summary, COBRA Event Summary**
Access Requirements	Enter the employee ID.



Event Summary page (1 of 2)



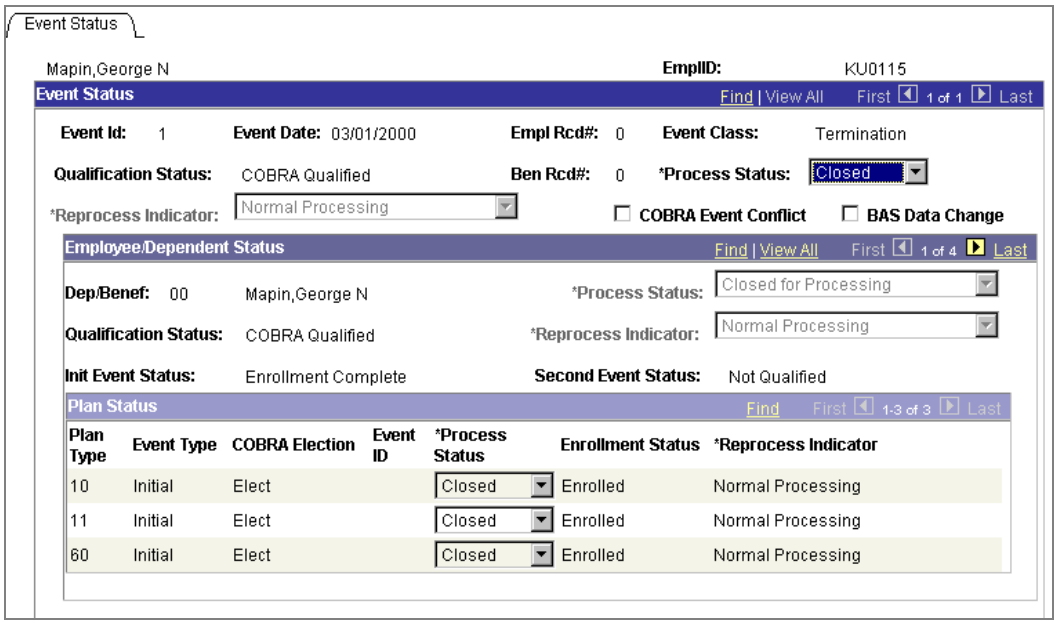
Event Summary page (2 of2)

The Event Summary page displays information about COBRA events and event-related information for the event's primary beneficiary and that beneficiary's dependents (if any exist). You can review Processing Information and Date Information for each beneficiary and dependent.

For each eligible plan type, you can review Status Information, Coverage Information, Event Information, and Date Information.

Event Status Update - Event Status Page

Usage	Use the Event Status Update - Event Status page to adjust, reprocess, and void COBRA events. All of these actions can be performed at the COBRA event level, COBRA participant level, or at the COBRA participant plan level.
Object Name	COBRA_STATUS1
Navigation	**Compensate Employees, Administer COBRA, Use, Event Status Update, COBRA Event Status**
Access Requirements	Enter the employee ID.



Event Status Update - Event Status page

Reprocessing indicator fields are located on each of the levels and can be set to reprocess a phase of COBRA processing at each of these levels. On the COBRA event level, the **Reprocess Indicator** can be set to ***Normal Processing, Qualify Event, Prepare Option,*** or ***Void Event.*** On the COBRA Participant Level, the **Reprocess Indicator** can be set to ***Normal Processing*** or ***Void Participant.*** And on the COBRA Plan Type level, the **Reprocess Indicator** can be set to ***Normal Processing, Elect Option,*** or ***Void Plan.*** The default value for all of the Reprocess Indicators is ***Normal Processing.***

COBRA Event Conflict is selected if the system determines that there are two or more events that are in conflict with each other. An example is when an event is entered and processed, and another event is entered with an earlier date than the first event. This field, which also appears on the COBRA Event Report, sends a message to the COBRA Administrator to analyze the conflicting events and take any appropriate actions.

In order to enter a value into the **Reprocess Indicator** on any level, the **Process Status** for that level and the ones above it must be ***Open For Processing.*** In other words, if you want to change the **Reprocess Indicator** at the **Plan Type** level to ***Void Event*** or ***Elect Options,*** the **Process Status** needs to be set to ***Open for Processing*** at all three levels.

In addition, you are not allowed to reprocess initial events that have secondary events dependent upon them. At that point, reprocessing can only occur to the secondary event.

At the event level, in order for you to be able to enter a **Reprocess Indicator** value of ***Prepare Options,*** the ***Option Prepare*** phase must have already been completed for that event. There is an online restriction in the system which does not allow the ***Prepare Options*** value to be chosen unless this condition is met.

At the participant **Plan Type** level, you are only allowed to set the **Reprocess Indicator** to ***Elect Options*** for a particular **Plan Type** when the **Plan Type** is ***Enrolled*** and the associated event is an initial event.

In order to reprocess an event after resetting the Reprocess Indicator, run the COBRA process again. For more information**,** see Running the COBRA Process which appears earlier in this chapter.

Voiding Events, Participants or Benefit Plans

When you enter *Void Event* in the Reprocess Indicator at the COBRA event level, the system ignores all reprocessing indicators at the lower levels (COBRA participant and participant plan). The voiding of a COBRA event causes the system to void all of the COBRA participants and COBRA participant plans as well. The voiding of COBRA participants and COBRA participant plans causes the system to delete all enrolled COBRA benefits. It also causes COBRA Administration to send a notification to the Benefits Billing system for the participants who were voided to terminate billing.

When you enter *Void Event* in the Reprocess Indicator at the COBRA participant level, the result is similar to that of the voiding of a COBRA event. COBRA Administration deletes the COBRA participant record and all of the COBRA benefit plan records associated with that participant from the COBRA system, and sends a notification to Benefits Billing for the participant to terminate billing.

The voiding of a particular COBRA benefit plan associated with an initial event causes COBRA Administration to delete all enrolled COBRA benefit records associated with that plan and send notification to Benefits Billing for the participant associated with those plans. The voiding of a COBRA benefit plan associated with a secondary event causes the system to readjust the dates associated with the termination record for that enrolled plan type to the termination dates associated with the initial plan. The system also sends a notification to the Benefits Billing system after reprocessing a secondary event to adjust billing.

Qualifying Events

When you enter *Qualify Event* in the Reprocess Indicator at the COBRA Event level, all reprocessing indicators at the lower levels (COBRA participant and participant plan) are ignored. The qualification of a COBRA event causes the system to delete all enrolled COBRA benefits.

Preparing and Electing Options

When you enter *Prepare Options* in the Reprocess Indicator at the COBRA event level, only the reprocessing of *Elect Option* at the COBRA plan level is affected. In other words, when you set *Prepare Options* at the event level, if a participant or plan has a Reprocess Indicator setting of *Void Event,* that reprocessing command takes precedence over *Prepare Options*. For example, if you want to void the COBRA election Plan Type 10 and *Prepare Options* for Plan Type 11, the system first voids Plan Type 10 and then prepares options for Plan Type 11.

Prepare Options reprocessing causes the system to delete all of the plan, option, and dependent records associated with that event. The system also sends a notification of the changes made to the Benefits Billing system to terminate billing.

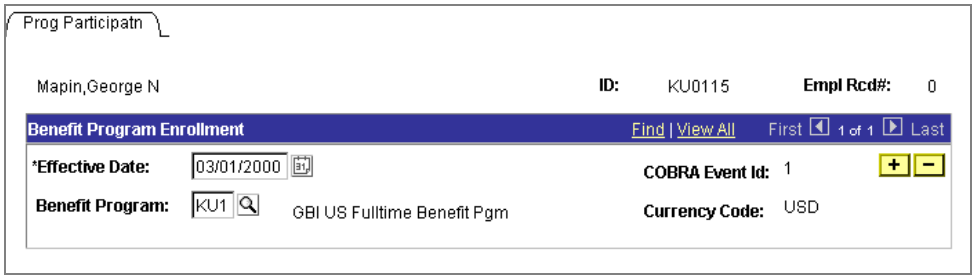
Managing COBRA Benefit Plan and Dependent Information

You use a different set of pages to view and manage COBRA information. Each of these pages focuses on different aspects of the available range of COBRA data. These pages include:

- COBRA Benefit Program Participation
- COBRA Health Benefits
- COBRA FSA Benefits
- COBRA Dependent/Beneficiary Data

Benefit Program Participation - Prog Participatn Page

Usage	When employees and their dependents qualify for COBRA coverage, the system automatically enrolls them in a benefit program—usually the one they were enrolled in before the qualifying event took place. The Benefit Program Participation - Prog Participatn page enables you to change benefit program participation for Open Enrollment and Family Status Change events. You make this change by *adding a new* effective-dated set of benefit program information, not by correcting the existing set of benefit program information.
Object Name	COBRA_PROG_PARTIC1
Navigation	**Compensate Employees, Administer COBRA, Use, Benefit Program Participation, Benefit Program Participation**
Access Requirements	Enter the employee ID.



Benefit Program Participation - Prog Participatn (program Participation) page

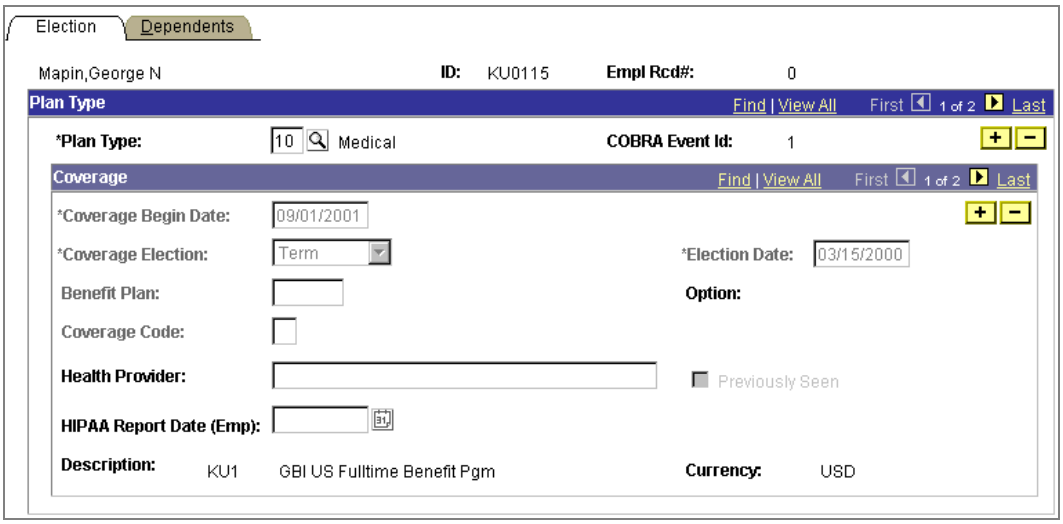
When you access the Benefit Program Participation page, the system asks for the **Employee ID** of the COBRA participant whose event/benefit program status that you want to review or change.

The qualified COBRA participant's name, employee **ID,** and **Empl Rcd#** are displayed at the top of the page. If the participant is currently taking part in multiple events, you can use the scroll arrows to move from the benefit program enrollment for one event to that of the other event. The **Effective Date** identifies when the COBRA-qualifying event took place.

If you want to change the provided **Benefit Program,** use the search function to select a new one.

Health Benefits - Election Page

Usage	You use the COBRA Health Benefits pages to view or update the COBRA health benefit elections of qualified COBRA participants. These pages are very similar to the pages that you use to enter employee health elections. COBRA Health Benefits - Election is a page where you can view and update general information about the health benefit elections of COBRA enrollees.
Object Name	COBRA_HEALTH1
Navigation	**Compensate Employees, Administer COBRA, Use, Health Benefits, Election**
Access Requirements	Enter the employee ID.



Health Benefits - Election page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Empl Rcd#** (employee record number), **Plan Type, Benefit Plan, Description, Currency.**

Coverage Begin Date The **Coverage Begin Date** is automatically set to the date in the Event Summary 2 page.

Coverage Election **Coverage Election** is an informational field that displays whether the COBRA health benefit record in view is currently elected ***(Elect)*** or terminated ***(Terminate).***

Election Date The **Election Date** is the date that the coverage was originally elected.

Coverage Code Enter a **Coverage Code.** When you press Tab to navigate out of the **Coverage Code** field, the monthly cost of the benefit is calculated.

Health Provider Use **Health Provider** to track primary care physician information for the employee's health provider. In this field you can enter the name of the employee's doctor, an ID number, or any other format that the health provider may require. In some cases, a primary care physician limits new enrollments to current patients only.

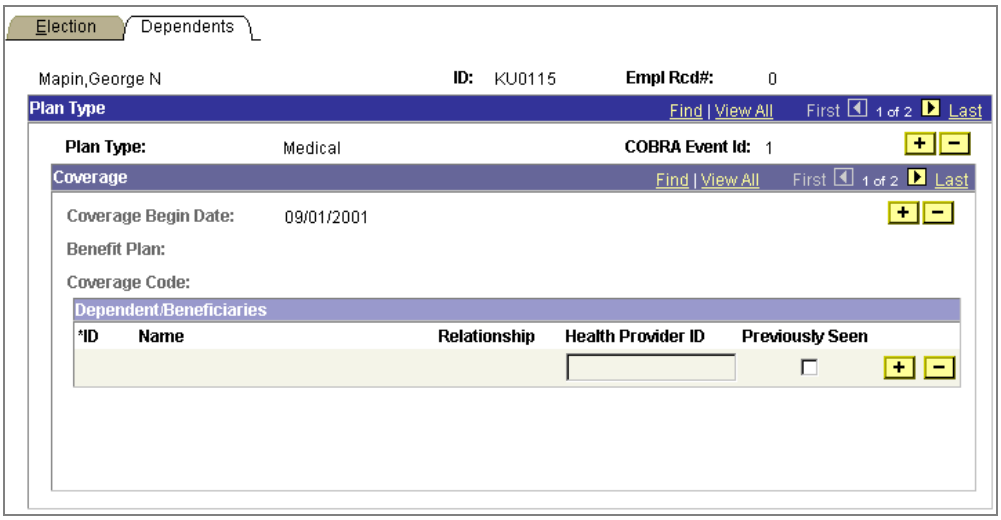
Previously Seen By selecting the **Previously Seen** check box, you can indicate that the employee is a current patient of the indicated physician. The **Previously Seen** check box becomes available when information is entered in **Health Provider.**

HIPAA Report Date (Emp) (employee) The **HIPAA Report Date (Emp)** field displays the date that the employee's certificate of creditable health coverage was printed if her health coverage was terminated. These certificates are guaranteed to employees by the Health Insurance and Accountability Act (HIPAA) of 1996, and you can print them by running HIPAA Reports.

Note. The certificate of creditable coverage lists all group health coverage that an employee had for the twelve month period prior to the date coverage ended as a result of termination of coverage. This certificate is used by subsequent health coverage carriers to evaluate pre-existing condition clauses, if applicable. Employers are required to provide this certificate to employees upon termination. HIPAA certificates can be generated on demand or scheduled at regular intervals.

COBRA Health Benefits - Dependents Page

Usage	Use the COBRA Health Benefits - Dependents page to enroll dependents of a COBRA participant into that participant's elected health plans. When you enroll dependents, the system compares coverage codes with the enrollee's dependent data. For example, the system does not allow you to enroll a dependent if you entered *Individual* coverage. Along the same lines, if you select *Family* coverage but don't input dependent data, you receive an error message.
Object Name	COBRA_HEALTH2
Navigation	**Compensate Employees, Administer COBRA, Use, Health Benefits, Dependents**
Access Requirements	Enter the employee ID.



Health Benefits - Dependents page

ID Select the Dependent **ID** to add available beneficiaries to the selected COBRA participant/plan type/benefit plan combination.

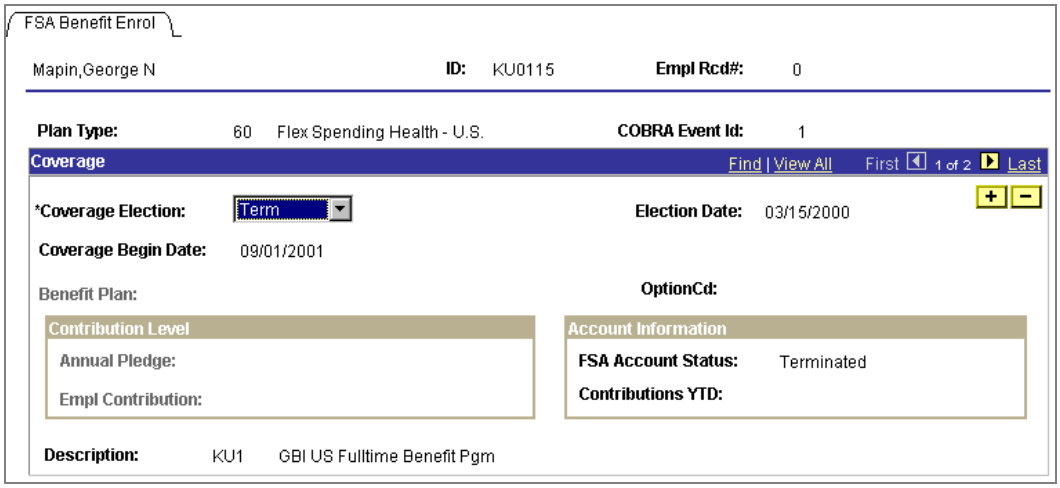
Health Provider ID Use **Health Provider ID** to track primary care physician information for the dependent's health provider. In this field you can enter the name of the dependent's doctor, an ID number, or any other format that the health provider may require. In some cases, a primary care physician limits new enrollments to current patients only.

Previously Seen By selecting the **Previously Seen** check box, you can indicate that the dependent is a current patient of the indicated physician. The **Previously Seen** check box becomes available when information is entered in **Health Provider ID.**

Benefit Plan This identifies the benefit plan for the COBRA participant.

COBRA FSA Benefit Enrol Page

Usage	The COBRA FSA Benefit Enrol page enables you to view and update FSA benefit enrollment information for those COBRA employees who have enrolled in such plans.
Object Name	COBRA_FSA
Navigation	**Compensate Employees, Administer COBRA, Use, FSA Benefits, COBRA FSA Benefit Enrollment**
Access Requirements	Enter the employee ID.

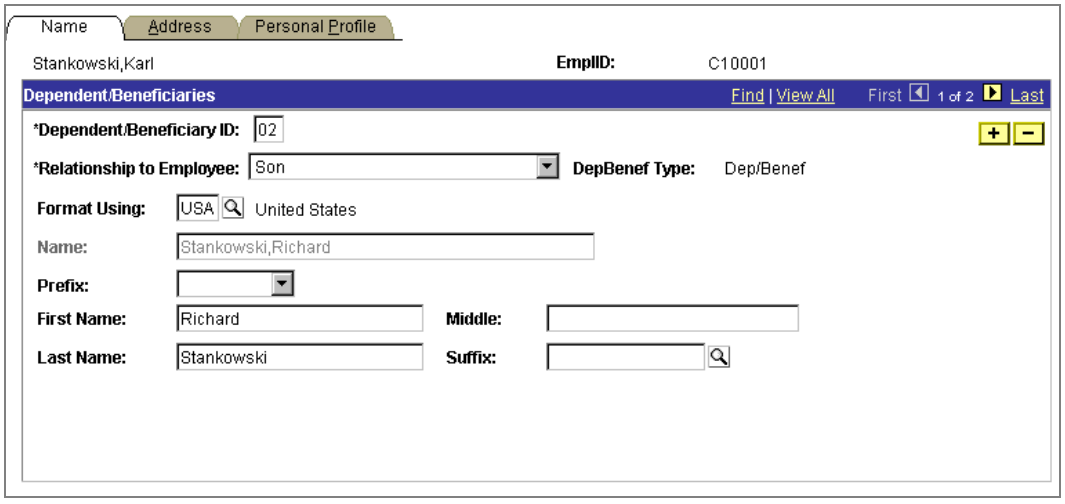


FSA Benefit Enrol (FSA benefit enrollment) page

Search through the set of various FSA plans associated with the COBRA participant if the participant is associated with more than one. The list of plans is ordered by election date. The current FSA plan is always at the bottom of the list. **Coverage Election** shows you whether the displayed COBRA FSA plan is elected ***(Elect)*** or terminated ***(Term).***

Dependent/Beneficiary Data - Name Page

Usage	Use the COBRA Dependent/Beneficiary pages to add new dependents to COBRA participants. You can also enter dependent information for non-employee COBRA participants.
Object Name	COBRA_DEP_BENEF1
Navigation	**Compensate Employees, Administer COBRA, Use, Dependent/Beneficiary Data, Name**
Prerequisites	The COBRA participant must be entered in the system.
Access Requirements	Enter the employee ID.



Dependent Beneficiary Data - Name page

The following element is common to multiple pages and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **EmplID.**

Dependent/Beneficiaries

Dependent/ Beneficiary ID

The system assigns the **Dependent/Beneficiary ID.** You can change it, although you cannot have duplicate IDs for dependents or beneficiaries of the same employee. For example, for employee 7707, the company CCB assigned dependent/beneficiary IDs ***02*** and ***03.*** The system does not allow you to duplicate these numbers for future dependents or beneficiaries of employee 7707. You can, however, use these same IDs for a different employee's dependents and beneficiaries.

Relationship to Employee

Enter the dependent/beneficiary's relationship to the employee. If you have set up the Dependent Relationship table, the system automatically populates the **DepBenef Type** (dependent/beneficiary type) field according to the relationships that you have established in the table.

DepBenef Type

Select the type of dependent/beneficiary. Your selection determines whether you can enroll this person into a benefit plan as a dependent or assign this person as a beneficiary.

If you have set up the Dependent Relationship table, the system uses that information to populate and validate this field.

Benef (beneficiary): Beneficiary only.

COBRA Only: COBRA dependent/beneficiary only.

Dep/Benef (dependent/beneficiary): Dependent and beneficiary. If you plan to enroll the person as a dependent *and* assign the person as a beneficiary, you must select this option.

Dependent: Dependent only.

Estate: If the beneficiary of a life plan is the estate of an employee, enter this value.

None: The person is neither a dependent nor a beneficiary. This option is typically used when the person is a co-owner of a U.S. Savings Bond or to make a person ineligible to participate in a benefit plan. It can also be used to inactivate an individual from participating in benefit enrollments.

QDRO Emp: Used for PeopleSoft Pension Administration.

For more information, see PeopleSoft 8 Payroll for North America.

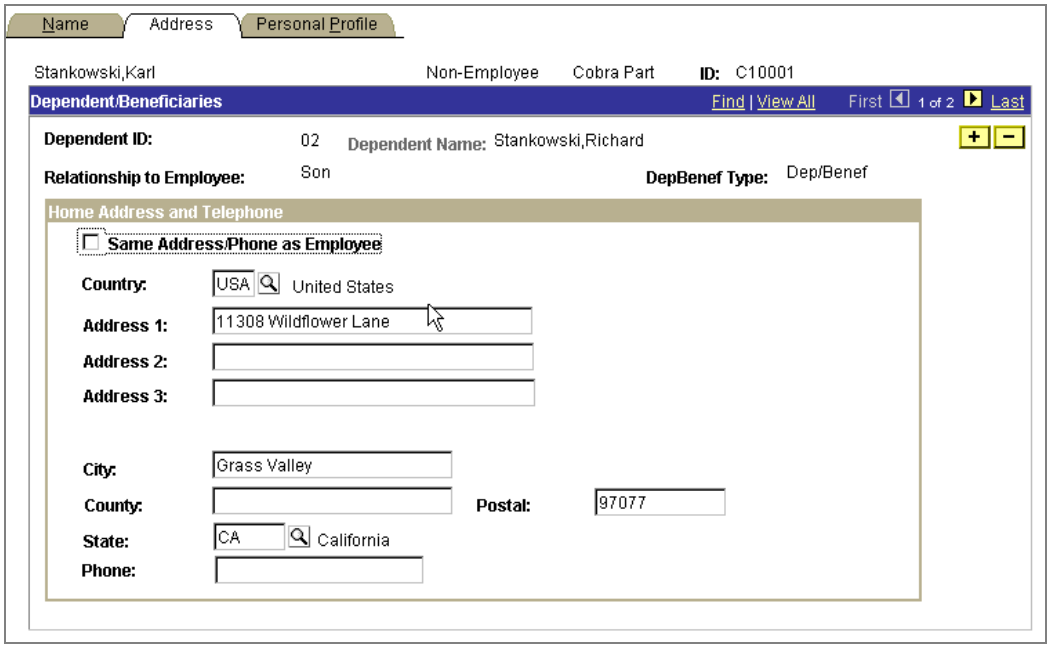
QDRO Rec: Used for PeopleSoft Pension Administration.

For more information, see PeopleSoft 8 Payroll for North America.

Format Using Select a country from the list of available options. Your selection determines the information that you need to complete. Enter the name information.

Dependent/Beneficiary Data - Address Page

Usage	Use the Address page to enter address information for the COBRA participants' beneficiaries or dependents. You can also enter dependent information for non-employee COBRA participants.
Object Name	COBRA_DEP_ADDR
Navigation	**Compensate Employees, Administer COBRA, Use, Dependent/Beneficiary Data, Address**
Prerequisites	The COBRA participant must be entered in the system.
Access Requirements	Enter the employee ID.



Dependent/Beneficiary Data - Address page

ID The system displays the name and the employee ID for the employee that you entered in order to access this page.

Dependent/Beneficiaries

Dependent ID The system displays the **Dependent ID** that you entered in the Name page.

Relationship to Employee The system displays the **Relationship to Employee** that you entered in the Name page.

DepBenef Type The system displays the **DepBenef Type** that you entered in the Name page.

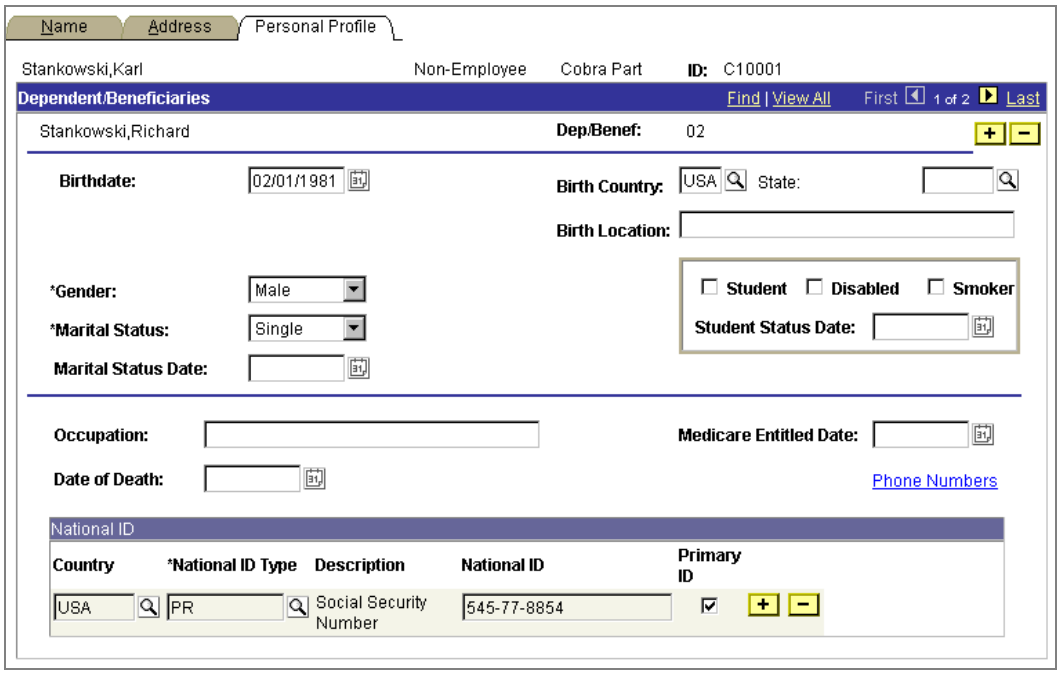
Home Address and Telephone

Same Address/Phone as Employee Select **Same Address/Phone as Employee** if the dependent/beneficiary's address and phone information is the same as the employee's. That information is then entered automatically.

Country If you need to enter the dependent/beneficiary's address, select the country in which they live. The correct fields appear for the selected country.

Dependent/Beneficiary Data - Personal Profile Page

Usage	You use the Dependent/Beneficiary Data - Personal Profile page to define detail information on the new dependent. You can also enter dependent information for non-employee COBRA participants.
Object Name	COBRA_DEP_BENEF2
Navigation	**Compensate Employees, Administer COBRA, Use, Dependent/Beneficiary Data, Personal Profile**
Prerequisites	The COBRA participant must be entered in the system.
Access Requirements	Enter the employee ID.



Dependent/Beneficiary Data - Personal Profile page

Enter the relationship of the dependent/beneficiary to the COBRA participant in the **Relationship** field. The COBRA participant is identified at the top of the page. You can also enter other appropriate data, such as **Birthdate, Birth Country, Birth Location, Gender, Marital Status, Occupation, Medicare Entitled Date,** and **Date of Death.** If the new dependent/beneficiary is a **Student, Disabled,** or a **Smoker,** select the provided check boxes. Enter the **Student Status Date** to indicate when the student status of the dependent/beneficiary ends. Click the **Phone Numbers** link to access a page that enables the entry of home and work phone information.

In the **National ID** group box, you can enter information about the National IDs (such as a U.S. Social Security Number or a Canadian Social Insurance Number) associated with the dependent/beneficiary. For each **National ID** the system requires that you enter a **Country** and **National ID Type/Description.**

Handling Non-Employee COBRA Participants

When a COBRA-qualified dependent selects individual coverage after an initial event or undergoes an event that involves a loss of dependent status, that dependent becomes a non-employee COBRA participant. Non-employee COBRA participants still receive coverage under COBRA, but their status is somewhat closer to that of an employee, with the ability to declare dependents and change benefit programs and plans.

You maintain non-employee COBRA participant information in the Non-Employee Data pages and information about the dependents of non-employees in the Dependent/Beneficiary Data pages.

Non-Employee Data - Name Page

Usage	Use the Non-Employee Data - Name page to update COBRA-qualified dependent information.
Object Name	CBR_PERSONAL_DATA1
Navigation	**Compensate Employees, Administer COBRA, Use, Non-Employee Data, Name**
Prerequisites	The dependent must have a COBRA ID.
Access Requirements	Enter the COBRA ID.

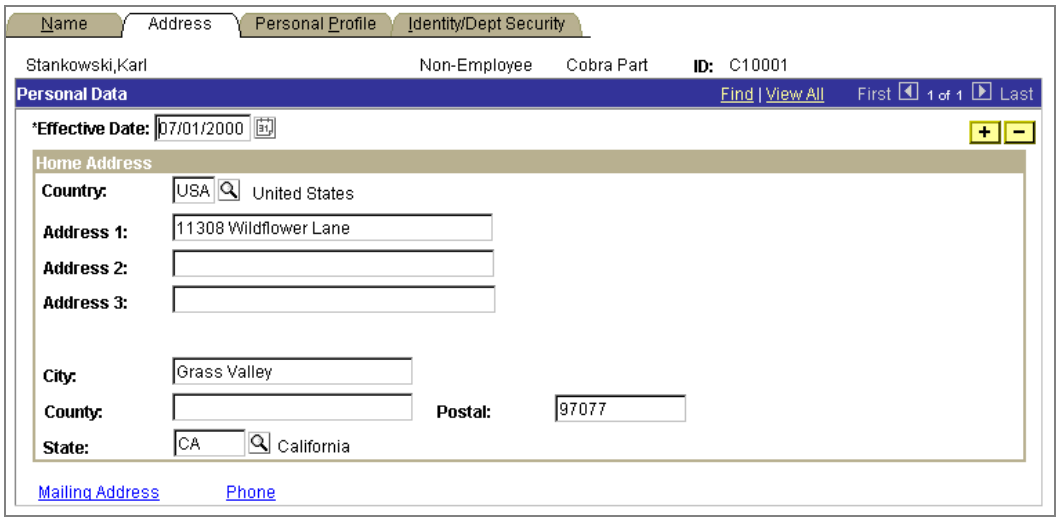
Non-Employee Data - Name page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Status** and **Effective Date.**

Format Using Select a country from the list of available options. Your selection determines the information that you need to complete. Enter the name information.

Non-Employee Data - Address Page

Usage	Use the Non-Employee Data - Address page to update COBRA-qualified dependent information.
Object Name	CBR_PERSONAL_DATA4
Navigation	**Compensate Employees, Administer COBRA, Use, Non-Employee Data, Address**
Prerequisites	The dependent must have a COBRA ID.
Access Requirements	Enter the COBRA ID.



Non-Employee Data - Address page

The following element is common to multiple pages in this application and is defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date.**

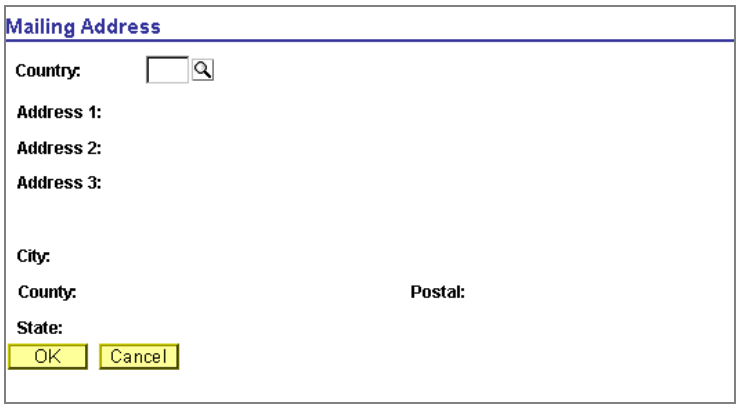
Country Select a country from the list of available options. Your selection determines the information that you need to complete. Enter the address information.

Mailing Address Click this link to view the Mailing Address page.

Phone Click this link to view the Phone page.

Mailing Address Page

Usage	Use the Mailing Address page to update the COBRA participant's mailing address
Access Requirements	Click the **Mailing Address** link in the Address page**.**



Mailing Address page

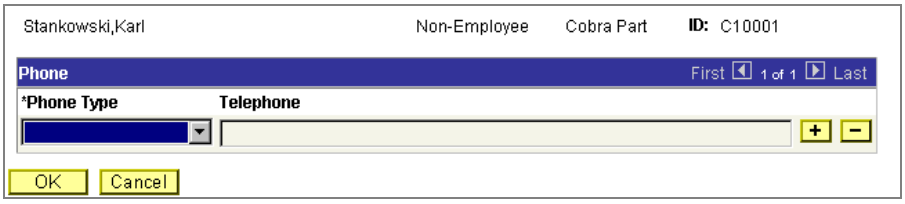
Country Enter a country. Your selection determines the information that you need to complete. Enter the address information.

OK Click **OK** to save the information and return to the Non-Employee Data - Address page.

Cancel Click **Cancel** to return to the Non-Employee Data - Address page.

Phone Page

Usage	Use the Phone page to update or add the COBRA participant's phone information.
Access Requirements	Click the **Phone** link in the Address page.



Non-Employee Data - Address: Phone page

Phone Type Select a phone type from the drop-down list box.

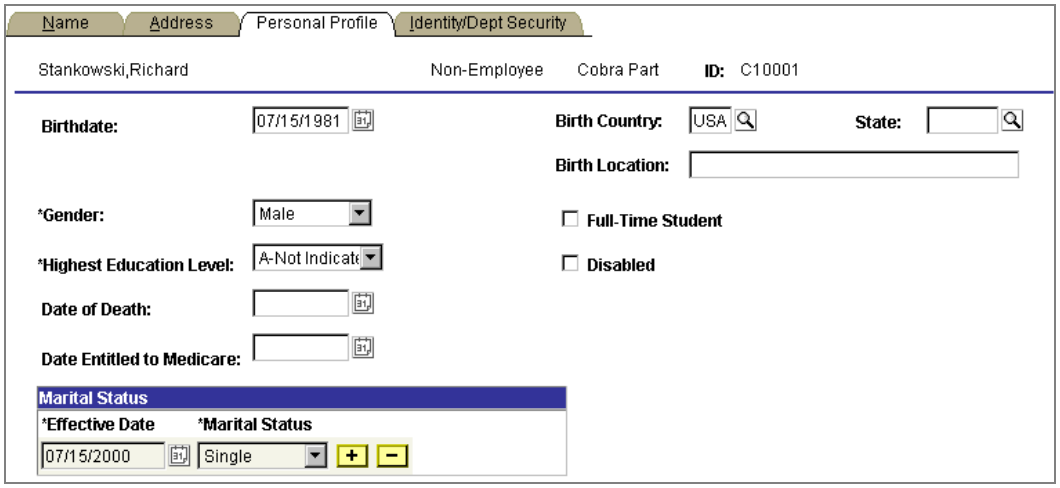
Telephone Enter the telephone number.

OK Click **OK** to save the information and return to the Non-Employee Data - Address page.

Cancel Click **Cancel** to return to the Non-Employee Data - Address page.

Non-Employee Data - Personal Profile Page

Usage	Use the Non-Employee Data - Personal Profile page to update COBRA-qualified dependent information.
Object Name	CBR_PERSONAL_DATA2
Navigation	**Compensate Employees, Administer COBRA, Use, Non-Employee Data, Personal Profile**
Prerequisites	The dependent must have a COBRA ID.
Access Requirements	Enter the COBRA ID.



Non-Employee Data - Personal Profile page

Birthdate Enter the non-employee's birth date.

Birth Country Select the country in which the non-employee was born.

State Depending on the country that you selected, enter the state or province.

Birth Location Enter any additional information about where the non-employee was born.

Gender Select either ***Male*** or ***Female.***

Full-Time Student If the non-employee COBRA participant is a full-time student, select this check box.

Disabled If the non-employee COBRA participant is disabled, select this check box.

Highest Education Level Select the highest level of education attained by the non-employee COBRA participant.

Date of Death If applicable, enter the date of death.

Date Entitled to Medicare If applicable, enter the date on which the non-employee is entitled to Medicare.

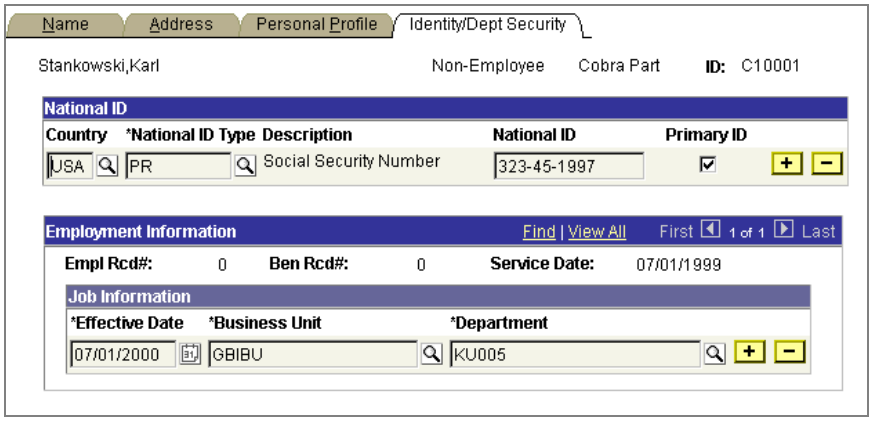
Marital Status

Effective Date You can keep a history of the non-employee COBRA participant's marital status by entering an **Effective Date** and the marital status on that date. If there is a change you can add a new row.

Marital Status Select a marital status from the drop-down list box.

Non-Employee Data - Identity/Dept Security Page

Usage	You maintain department security information for your non-employee COBRA participants in Non-Employee Data - Identity/Dept Security.
Object Name	CBR_PERSONAL_DATA3
Navigation	**Compensate Employees, Administer COBRA, Use, Non-Employee Data, Identity/Dept Security**
Prerequisites	The dependent must have a COBRA ID.
Access Requirements	Enter the COBRA ID.



Non-Employee Data - Identity/Dept Security (identity/department security) page

National ID

Country Enter the **Country** that issued the worker's National ID. The system stores valid values in the Country Table.

National ID Type The system populates this field automatically with the default value that you established for this country in the National ID Type Table. You can select another valid type if you want.

Description The system displays a description of the National ID Type that you've selected.

National ID Enter the worker's **National ID** number. The system automatically checks the format of your entry against the default format that you entered in the National ID Type Table.

Primary ID Select this check box if the **National ID** is the employee's primary ID. If this is the only data row for this person, the system selects the check box by default. You can clear it if you want.

Employment Information

During the batch process, the system automatically populates the **Empl Rcd#, Ben Rcd#,** and **Service Date** fields in the **Employment Information** group box with the original data of the employee that experienced the COBRA event.

Job Information

In the **Job Information** group box you can review and update a historical record of the non-employee participant's **Business Unit** and **Department** affiliations, arranged by the **Effective Date** of the **Business Unit** or **Department** change.

Entering Non-Employee Dependent and Beneficiary Information

When a spouse or ex-spouse COBRA participant enrolls in individual non-employee COBRA coverage, the child dependents of the employee are inherited as dependents for the non-employee. You use the COBRA Dependent/Beneficiary Data pages to enter or update information for the dependents and beneficiaries of non-employee COBRA participants.

For more information about using the COBRA Dependent/Beneficiary Data pages to enter or update dependent information, see Managing COBRA Benefit Plan and Dependent Information.

Adjusting Coverage for Non-Employees After a Secondary Event

When a COBRA dependent participant becomes a non-employee COBRA participant due to a loss of dependent status event (the event can be of either initial or secondary status) or elects individual coverage after an initial event, that non-employee participant is assigned a unique system-generated Employee ID, for which the numbering convention is established in the installation table. The system generates an Employee ID by increasing the last system-created Employee ID by one. All Employee IDs have a prefix of the letter *C*. All of the dependents of the non-employee participant also have this new COBRA Employee ID along with their original Dependent/Beneficiary ID.

For example, suppose that John Sheridan is a former employee who elects COBRA coverage for himself, his spouse, his son, and his daughter, all of who are qualified beneficiaries. He later dies, which qualifies as a secondary event for the dependents. As a result of the secondary event, the spouse, son, and daughter all become non-employee participants.

Status After the Secondary Event

Person	*Employee ID*	*Dependent/Beneficiary ID*
Employee (Deceased)	Z001	00
Spouse (Non-employee)	C00015	01
Son (Non-employee)	C00016	02

Daughter (Non-employee)	C00017	03

The system generates a unique Employee ID for each of the dependents. If no further action is taken, the system creates COBRA health benefit records with employee-only coverage for the spouse and dependents, with their COBRA coverage extended to a total of 36 months from the initial event. If, however, the spouse, now a non-employee, wants to enroll the dependents under her coverage, perform the following actions:

- Access the spouse's COBRA health benefit record.
- Change the coverage code to an appropriate coverage code for dependent coverage for the Plan Types affected and the Dependent IDs of those dependents that the spouse wants to cover.

For more information about handling inherited dependents, see Handling Non-Employee COBRA Participants: Handling Non-Employee COBRA Participants.

- Access the Participation Termination page and create Voluntary Termination records for the dependents that are now covered under the spouse. The Termination Date for each termination record should be the same date that coverage would have started for those dependents.

Terminating COBRA Coverage

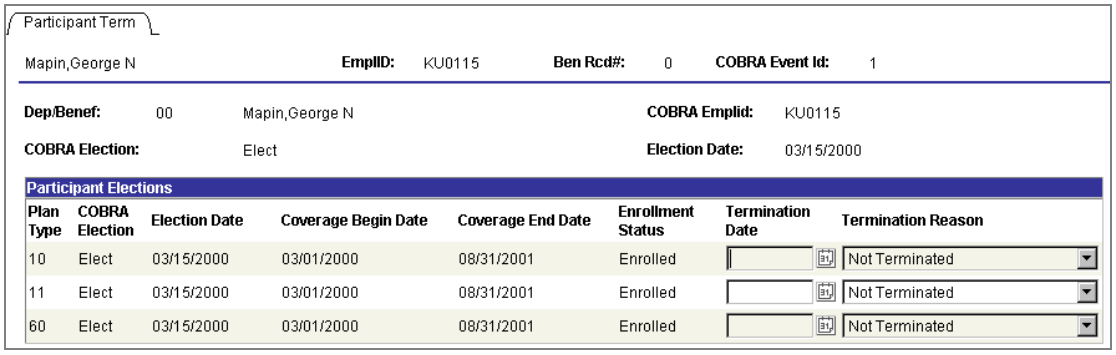
Termination of COBRA coverage can occur for a number of reasons. It can occur automatically when the COBRA Coverage End Date is reached. In this event, the system ceases offering benefits. At the time of the initial enrollment, the Benefits Billing system is sent notification to stop billing when the COBRA Coverage End Date is reached.

On the other hand, when the COBRA participant fails to pay their bills or requests to terminate coverage ahead of the scheduled Coverage End Date, you use the Participant Termination page to manually terminate their coverage. The Participant Termination page enables you to terminate COBRA coverage by plan type, and it also enables you to enter the reason for the termination for your records. The termination that you enter here populates the COBRA health benefit page with the appropriate date, so it is not necessary to enter the same termination information on that page.

Participant Termination Page

Usage	Use the Participant Termination page to manually terminate COBRA coverage. **Note.** Use the Participant Termination page *only* under the conditions mentioned here (failure to pay bills or request to terminate coverage).
Object Name	COBRA_PARTIC_TERM
Navigation	**Compensate Employees, Administer COBRA, Use, Participation**

	Termination, COBRA Participant Termination
Access Requirements	Enter the employee ID.



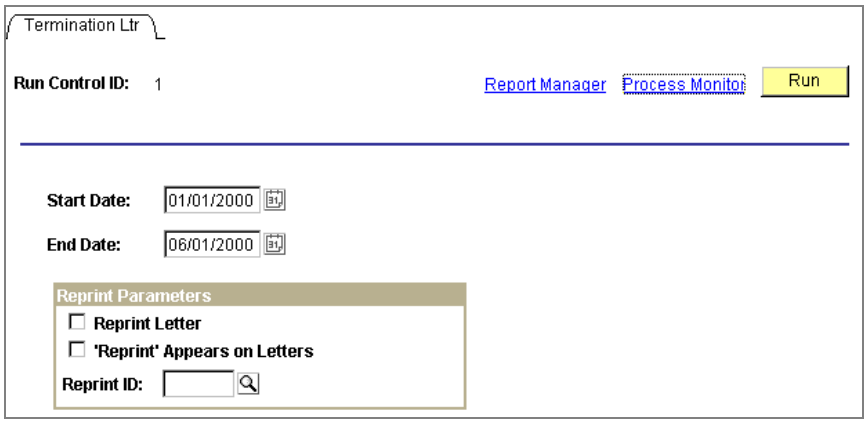
Participant Term (participant termination) page

When you access this page, you are asked for the **EmplID** of the COBRA participant whose coverage you're terminating.

For each **Plan Type** that you want to terminate, enter the **Termination Date** and **Termination Reason.** When you save this page, the **Coverage End Date** of the enrolled **Plan Type** is adjusted to the **Termination Date.**

Termination Letter - Termination Ltr Page

Usage	You periodically send letters to those participants who have elected COBRA coverage and whose coverage is about to expire. Any participants for whom coverage *has already* been terminated do not receive a letter. To generate the termination letter, run the Termination Letter reporting process, which generates termination letters for all COBRA participants that have at least one Plan Type past its Coverage End Date. The participant receives only one Termination letter even if the Coverage End Date for the different plans in which the participant is enrolled differs from plan to plan.
Object Name	RUNCTL_CBR003
Navigation	**Compensate Employees, Administer COBRA, Report, Termination Letter, COBRA Termination Letter**
Access Requirements	Enter the Run Control ID.



Termination Letter - Termination Ltr page

The system prompts you to enter an existing **Run Control ID** or add a new one. After you select an ID, a parameters page appears in which you enter the process parameters.

This process generates termination letters for employees whose coverage ends during a defined range of time. To indicate this range, enter the **From Date** and **Thru Date** (through date) in the fields provided.

Click **Run** to run this request. Process Scheduler runs the <XX> process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler. For more information and an example of the COBRA Termination Letter, see Base Benefits Reports. For more information about modifying the form letter process and form letter, see *PeopleSoft Human Resources Reports:* Generating Form Letters.

Using the Manual COBRA Pages

COBRA Administration provides a set of pages that enable you to completely bypass the automated COBRA Administration batch process. These pages enable you to force the system to enroll employees and their dependents into COBRA health benefits. The pages enable you to establish an employee's dependents as non-employees in preparation for the manual enrollment. The pages also enable you to manually enroll an employee or an established non-employee participant into a benefit program and health benefits under COBRA.

In each case, the COBRA process is completely bypassed, eliminating the need for the employee or dependent/beneficiary in question to have undergone a COBRA-qualifying event in order to be eligible for COBRA benefits. Instead, the system automatically gives all participants enrolled in COBRA coverage through these pages a COBRA Event ID of *900.*

Note. The primary downside to manually enrolling an employee or dependent in COBRA coverage is that subsequent COBRA processing such as secondary event processing is not aware of the manually enrolled COBRA coverage.

Because these pages ignore the processing rules that regulate COBRA coverage eligibility, we strongly advise that you use these pages *only after careful consideration.*

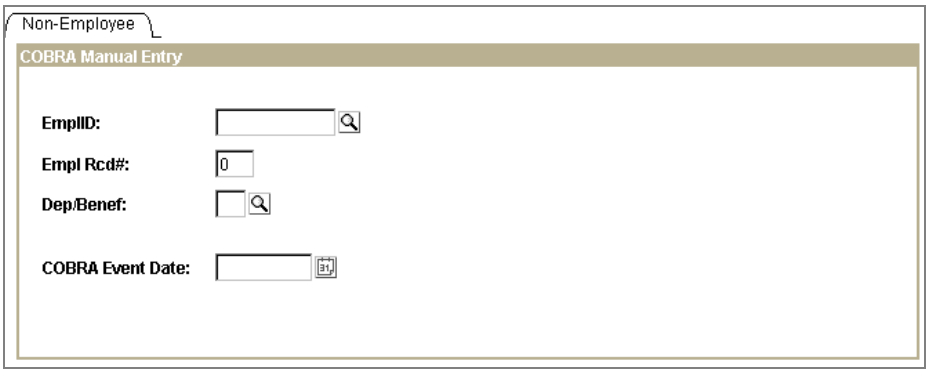
The three manual COBRA pages that we provide are Non-Employee Data (Manual), Benefit Program Participation (Manual), and Health Benefits (Manual). Each page enables you to perform a different type of manual COBRA processing, and should be used in the following sequence:

- Use Non-Employee Data (Manual) to establish an employee's dependent as a COBRA non-employee prior to enrolling that dependent in manual COBRA coverage. This gives them a COBRA non-employee Employee ID that the system uses with the other manual COBRA pages.
- Use Benefit Program Participation (Manual) to assign an employee or COBRA non-employee to a benefit program for COBRA coverage. The system assigns a benefit program record marked with a Cobra Event ID of *900.* You must complete the manual Benefit Program Participation page before you can manually enroll the employee or non-employee into COBRA health coverage. You also use this page to adjust the manual enrollment benefit program for Open Enrollment or events such as Family Status Changes.
- Use Health Benefits (Manual) to manually enroll an employee or COBRA non-employee into COBRA health benefits. This page can be used to enter both the Start Date and End Date of COBRA health coverage. When the system enrolls the participant into the health benefit, it marks it with a COBRA Event ID of *900.* You also use this page to make changes to the manually enrolled health benefits for Open Enrollment or events such as Family Status Changes.

For more information about how you use COBRA's standard pages to manage benefit program affiliation and health benefit enrollment for COBRA participants, see Managing COBRA Benefit Plan and Dependent Information. For more information about how you use COBRA Administration to work with non-employees, see Handling Non-Employee COBRA Participants.

Non-Employee Data (Manual) Page

Usage	You can use the Non-Employee Data (Manual) page to manually establish an employee's dependent as a non-employee in preparation for manually enrolling that dependent into COBRA.
Object Name	CBR_MANUAL_ENT1
Navigation	**Compensate Employees, Administer COBRA, Use, Non-Employee Data (Manual), Create COBRA Non-Employee**



Non-Employee Data - Non-Employee page

EmplID To manually create a non-employee COBRA participant, first enter the **EmplID** for the employee that the non-employee participant is a dependent or beneficiary of.

Empl Rcd# Enter the employee's **Empl Rcd#.**

Dep/Benef Enter the dependent or beneficiary **Dep/Benef** number.

COBRA Event Date Enter the **COBRA Event Date** for the non-employee participant's COBRA enrollment.

Save and Add Next Click this button to save the information. A message appears informing you of the COBRA employee ID assigned to this person.

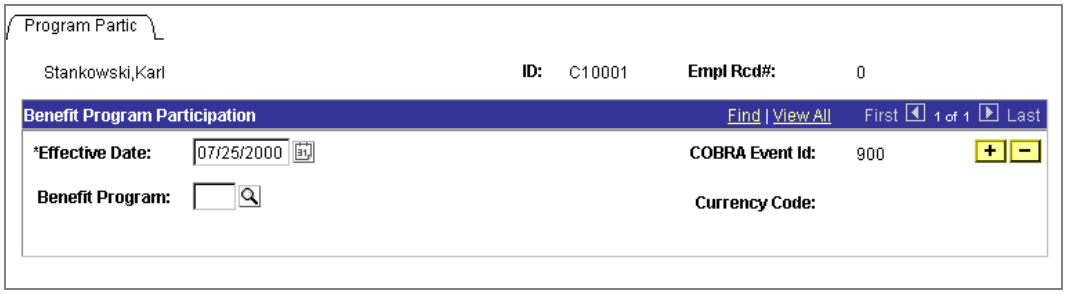
Take note of the new Employee ID for the COBRA non-employee and click OK.

Once your new COBRA non-employee has an Employee ID, you can manually enroll him or her in COBRA Administration by first setting up benefit program affiliation using the Benefit Program Participation (Manual) page, and then enrolling him or her in health benefits through the COBRA Health Benefits (Manual) pages.

Benefit Program Participation (Manual) Page

Usage	Use the Benefit Prog Partic (Manual) page to manually assign an employee or COBRA non-employee to a benefit program or make changes to that manual assignment over time. When you use this page to assign an employee or non-employee a benefit program for participation under COBRA, the system marks that benefit program with a COBRA Event ID of *900.* **Note.** Because employees with COBRA Event IDs greater than *0* are treated by the system as COBRA participants, when you use this page to change an employee's benefit program affiliation, *you are essentially*

	manually enrolling the employee or non-employee into a benefit program for participation under COBRA. In addition, COBRA participants in a benefit program marked with a COBRA Event ID of *900* are ignored by the batch COBRA Administration process. This means that subsequent automated COBRA batch processes such as secondary events do not consider the manually enrolled COBRA participants as part of the qualifying step.
Object Name	CBR_MANUAL_PARTIC1
Navigation	**Compensate Employees, Administer COBRA, Use, Benefit Prog Partic (Manual), COBRA Program Participation**
Access Requirements	Enter the employee ID.



Benefit Program Participation - Program Partic (program participation) page

When you access the Benefit Program Participation page, the system asks for the Employee **ID** of the COBRA participant whose manual COBRA benefit program assignment you want to establish or change.

The employee or non-employee's name, Employee **ID,** and **Empl Rcd#** appear at the top of the page. If the employee has multiple effective-dated manual benefit program entry, you can use the scroll arrows to move from one effective-dated entry to another.

COBRA Health Benefits (Manual)

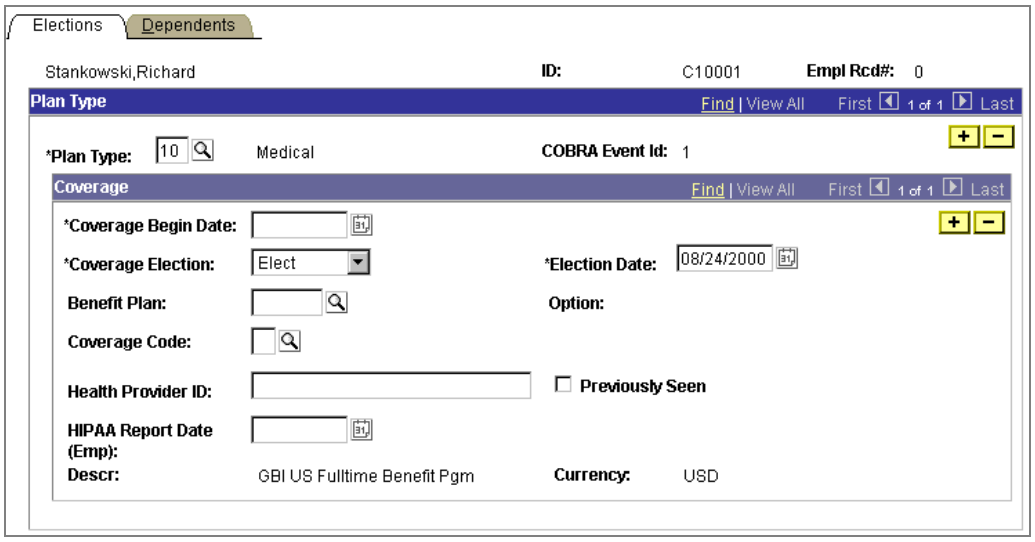
You use the Health Benefits (Manual) pages to force the system to enroll an employee or COBRA non-employee into COBRA health benefits coverage after the manual benefit program participation has been assigned.

When you use this page to enroll an employee or COBRA non-employee into a COBRA health plan, the system gives the health benefit a COBRA Event ID of *900* and considers the employee or employee's dependent (a COBRA non-employee) covered under COBRA health coverage.

You can also use Health Benefits (Manual) to enroll non-employee COBRA participants who have been created through the Non-Employee Data (Manual) page into a COBRA health benefit plan. For more information**,** see Using the Manual COBRA Pages.

COBRA Health Benefits (Manual) - Elections Page

Usage	You enroll employees (and COBRA non-employees) in COBRA health benefits using the Health Benefits (Manual) - Elections page.
Object Name	CBR_MANUAL_HEALTH1
Navigation	**Compensate Employees, Administer COBRA, Use, Health Benefits (Manual), Elections**
Access Requirements	Enter the employee ID.



Health Benefits (Manual) - Elections page

When you select an **Employee ID** and enter the COBRA Health Benefits (Manual) page, the system automatically assigns the health benefit record of that employee or COBRA non-employee a **COBRA Event Id** of ***900.***

Note. Because employees or COBRA non-employees whose benefit enrollments have a **COBRA Event Id** greater than ***0*** are treated by the system as COBRA participants, when you use this page to assign health benefits to an employee (or non-employee participant with an **Employee ID**), *you are essentially manually enrolling the employee into COBRA Administration.*

In addition, COBRA participants with a **COBRA Event Id** of ***900*** are not considered during the automated processing of COBRA Administration for processes such as secondary events. This means that you have to continue to manually update records for employees and dependents enrolled in the COBRA system using these pages.

Plan Type

Plan Type Select a **Plan Type** to identify the type of health benefit.

COBRA Event Id The system displays the ID assigned to the COBRA event.

Coverage

Coverage Begin Date The **Coverage Begin Date** is automatically set to today's date.

Coverage Election **Coverage Election** tells you whether the COBRA health benefit record in view is currently elected ***(Elect)*** or terminated ***(Terminate).***

Election Date The **Election Date** is the date that the coverage is elected. You can select a **Coverage Election** value and enter the **Election Date** when you enter a new COBRA health benefit record.

Benefit Plan Select a benefit plan from the available options.

Option The system displays the COBRA option that goes with the selected benefit plan.

Coverage Code Select a coverage code from the available options.

Health Provider ID Use **Health Provider ID** to track primary care physician information for the employee's health provider. In this field you can enter the name of the employee's doctor, an ID number, or any other format that the health provider may require. In some cases, a primary care physician limits new enrollments to current patients only.

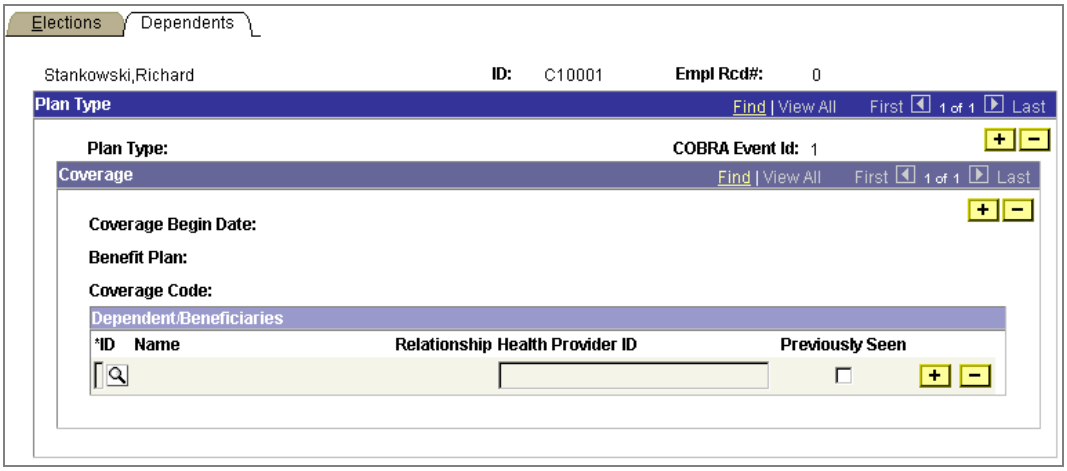
Previously Seen By selecting the **Previously Seen** check box, you can indicate that the employee is a current patient of the indicated physician. The **Previously Seen** check box becomes available when information is entered into **Health Provider ID.**

HIPAA Report Date (Emp) The **HIPAA Report Date (Emp)** field displays the date that the employee's certificate of creditable health coverage was printed, if her health coverage was terminated. These certificates are guaranteed to employees by the Health Insurance and Accountability Act (HIPAA) of 1996, and you can print them by running HIPAA Reports.

Note. The certificate of creditable coverage lists all group health coverage that an employee had for the twelve month period prior to the date that coverage ended as a result of termination of coverage. This certificate is used by subsequent health coverage carriers to evaluate pre-existing condition clauses, if applicable. Employers are required to provide this certificate to employees upon termination. HIPAA certificates can be generated on demand or scheduled at regular intervals.

COBRA Health Benefits (Manual) - Dependents Page

Usage	You use the Health Benefits (Manual) - Dependents page to enroll dependents in an employee's or COBRA non-employee's COBRA health benefits plan election. When you enroll dependents, the system compares coverage codes with the enrollee's dependent data. For example, the system does not allow you to enroll a dependent if you entered *Individual* coverage. Similarly, if you select *Family* coverage but don't input dependent data, you receive an error message.
Object Name	CBR_MANUAL_HEALTH2
Navigation	**Compensate Employees, Administer COBRA, Use, Health Benefits (Manual), Dependents**
Access Requirements	Enter the employee ID.



Health Benefits (Manual) - Dependents page

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Plan Type, Benefit Plan, Coverage Code.**

COBRA Event Id The identification number assigned to the COBRA event.

Coverage Begin Date The date on which COBRA coverage goes into effect.

Relationship Identifies the relationship to the participant.

Dependent ID Select the **Dependent ID** to add available beneficiaries to the selected COBRA participant/plan type/benefit plan combination.

Health Provider ID

Use **Health Provider ID** to track primary care physician information for the employee's health provider. In this field you can enter the name of the employee's doctor, an ID number, or any other format that the health provider may require. In some cases, a primary care physician limits new enrollments to current patients only.

CHAPTER 17

Arranging Retroactive Benefits and Deductions

Keeping track of retroactive benefits and deductions can be a daunting task. When your organization has to deal with late or modified union contracts, paperwork, enrollments processing, and delayed employee deductions and benefits elections, it may involve the recalculation of months of benefits and deductions for large groups of employees. If you are managing employee benefits for a large organization, the task of picking out just those employees who are eligible for retroactive benefits or deductions can be like searching for the proverbial needle in the haystack.

With the PeopleSoft Human Resources Base Benefits Retroactive Benefit/Deduction facility, you now have access to processes that will *automatically* identify employees requiring retroactive benefit/deduction processing and calculate retroactive benefits and deductions for individual employees as well as groups of employees.

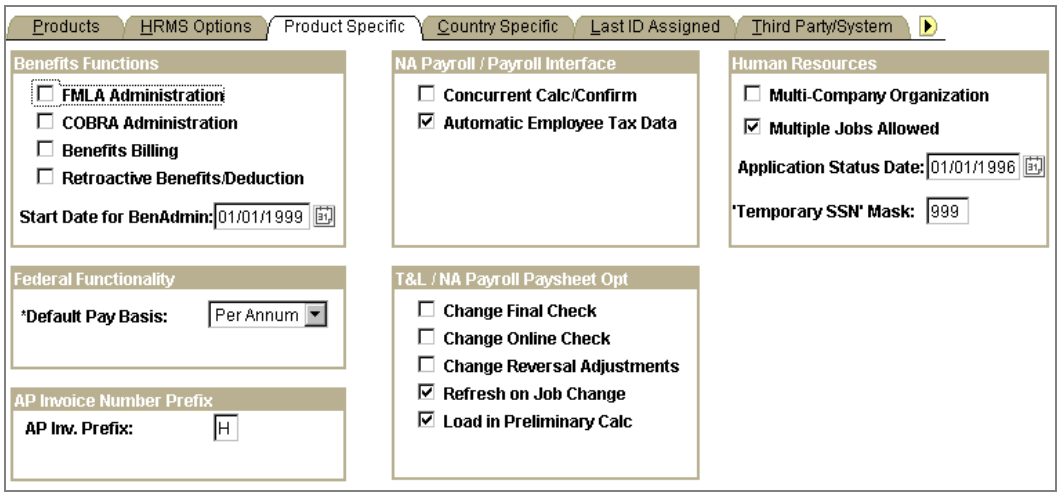
This section will show you how to prepare your benefits system for the processing of retroactive benefits and deductions.

Because the Retroactive Benefit/Deduction facility involves PeopleSoft Payroll processes in the calculation of retroactive benefits and deductions and the loading of retroactive benefit/deduction totals to payroll, it is unavailable to those users who do not currently implement PeopleSoft Payroll.

Deductions based on *earnings* (such as garnishments or savings plan deductions) are *not* included in the retroactive benefits/deductions process. They will be handled as part of the PeopleSoft Payroll adjustment process.

Activating Retroactive Benefits/Deductions

Usage	You need to activate Retroactive Benefits/Deductions before you can use the Retroactive Benefits/Deductions facility. You'll do this through the Installation Table.
Navigation	**Define Business Rules, Define General Options, Setup, Installation Table, Product Specific**



Installation Table – Product Specific page.

In order to activate the Retroactive Benefits/Deductions facility, you need to select the **Retroactive Benefits/Deductions** check box. Clear the **Retroactive Benefits/Deductions** check box to "turn off" the Retroactive Benefits/Deductions facility.

Defining Retroactive Benefit/Deduction Programs

Before you can start processing retroactive employee benefits and deductions, you must first define programs for individual and mass event processing. To do this, you need to use the Retroactive Benefit/Deduction Program table.

The Retroactive Benefit/Deduction Program table is divided into two pages. You'll use the first page to define the high-level information for your retroactive benefit/deduction program. You'll use the second page to define detail information for your retroactive benefit/deduction program.

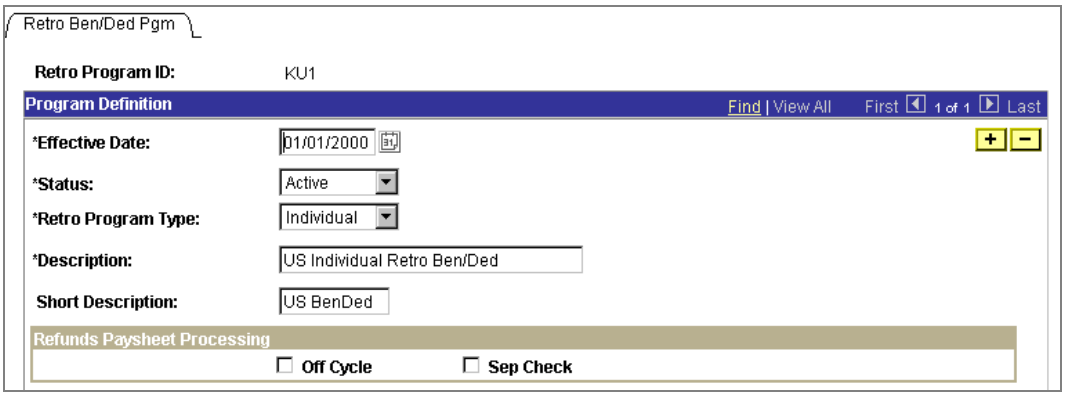
To get to this page, you need to select Define Business Rules, Define Retroactive Process, Setup, Retro Ben/Ded Program.

If you are setting up a *mass* retroactive benefits/deduction program, you'll first define the program and then define the request. You'll accomplish the first step by using the Retroactive Benefit/Deduction Program to define a Retro Ded Program ID (retroactive deduction program ID) and set up high-level program information. Then you'll use the Retro Ben/Ded Mass Request (retroactive benefit/deduction mass request) page to define a Mass Retro Request ID (mass retroactive request ID) and define detail selection information for your mass retroactive benefits/deduction program.

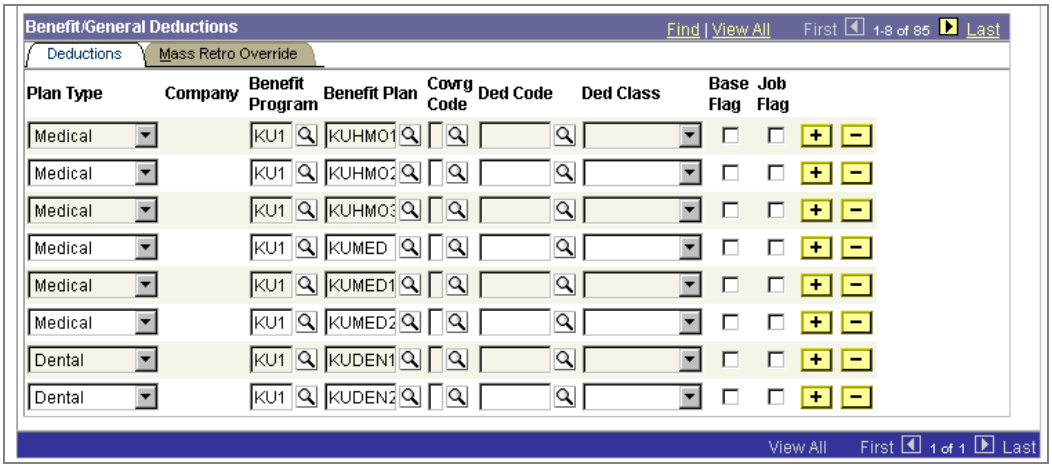
For more information about the defining retroactive benefit/deductions for mass events, see the Retro Ben/Ded Mass Request – Retro Mass Request Definition Page.

Retro Ben/Ded Program – Retro Ben/Ded Pgm Page

Usage	You'll use Retro Ben/Ded Program to define high-level information for your organization's retroactive benefit/deduction programs.
Object Name	RETRODED_PGM_TBL
Navigation	**Define Business Rules, Define Retroactive Process, Setup, Retro Ben/Ded Program, Retro Ben/Dedn Program Table**
Access Requirements	Enter the Retro Ded Program ID.



Retro Ben/Ded Program (retroactive benefit/deduction program) page (1 of 2)



Retro Ben/Ded Program page (2 of 2)

The following elements are common to multiple pages in this application and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Effective Date, Status, Description, Short Description, Plan Type, Company, Benefit Program, Benefit Plan, Covrg Code** (coverage code)**.**

Program Definition

Retro Program ID (retroactive program ID)

When you first select this page from the menu, you'll be required to enter a new or current **Retro Program ID** (retroactive benefit/deduction program ID). This ID links the retroactive benefit/deduction requests to a specific retroactive benefit/deduction program, which helps the system identify which benefits or deductions are eligible for retroactive processing.

Warning! If you change the **Retro Program ID** after retroactive benefit/deduction processing has begun, improper retroactive benefit/deduction calculations will result.

Retro Program Type

The system assigns each retroactive benefit/deduction program a **Retro Program Type** (retroactive benefit/deduction program type) of ***Individual*** or ***Mass.*** ***Individual*** programs apply to all of the employees and companies in your database, which means that you will only define one individual program for that database. ***Mass*** programs apply to different groups of employees, which means that you can define multiple mass programs with different Retro Program IDs for the same database.

Refunds Paysheet Processing

Off Cycle

This check box enables you to manage your one-time deduction refunds. In the event of a refund, **Off-Cycle** controls whether or not the retroactive benefit/deduction calculation program will create new one-time deduction refunds as an off-cycle deduction or an on-cycle deduction.

"Off-cycle" or "separate check" processing of retroactive benefits and deductions is generally only used in situations where you are processing retroactive pay in the same cycle as regular pay. If you select **Off-Cycle,** the system will treat each retroactive deduction associated with this program as an off-cycle one-time deduction refund, and it will deliver the refunds to your employees in separate checks from their regular paychecks.

If you leave the **Off-Cycle** check box clear, the system will treat the retroactive deductions associated with the program as on-cycle deductions and it will combine employee refunds with their regular paychecks.

Note. When you load your retroactive benefits or deductions to employee paysheets, the On- or Off-Cycle selection for the Retro Ben/Ded Payroll Load run control must match the On- or Off-Cycle selection for this field.

For more information about the payroll load process, see the PeopleSoft 8 Base Benefits, "Processing Retroactive Benefits and Deductions".

Sep Check (separate check)

When you select the **Sep Check** check box, you are indicating that the one-time deduction refund records associated with the retroactive benefit or deduction will be loaded to a separate check on the employee paysheets.

Deductions Tab

Base Flag

This checkbox allows you to choose whether or not to have the system process retroactive benefits or deductions when the request is triggered by a change in the Annual Benefits Base Rate.

Job Flag

This check box allows you to choose whether or not to have the system process retroactive benefits or deductions for individual retroactive benefit/deduction programs when the request is triggered by a change in the Compensation Rate or any of it's related fields.

Mass Retro Override

If you are setting up a ***Mass*** retroactive benefit/deduction program, you can fill in the **Start Date Ovrd for Mass Retro** (start date override for mass retroactive benefit/deduction) and **End Date Ovrd for Mass Retro** (end date override for mass retroactive benefit/deduction) fields to override the process start date and process end date of the requests that are created.

For more information about the generation of mass requests, see Triggering Mass Retroactive Benefit and Deduction Requests.

Refunds Versus Deductions

The system only loads refunds to employee paysheets. In situations where the Retroactive Benefit/Deduction process finds that employees owe additional payments, the system collects these funds through the PeopleSoft Payroll arrears adjustment process. The system drops all employee retroactive benefits/deductions into the arrears balance via arrears adjustments. If there is enough money, the system will collect the amounts during the current payroll run (if there is enough money), according to the arrears rules that you have defined for that deduction.

For more information about the definition of arrears rules with the arrears processing pages, see the section Organizing Payroll Information for Base Benefits, in this PeopleBook.

Defining Retroactive Benefit/Deduction Selection Criteria for Mass Events

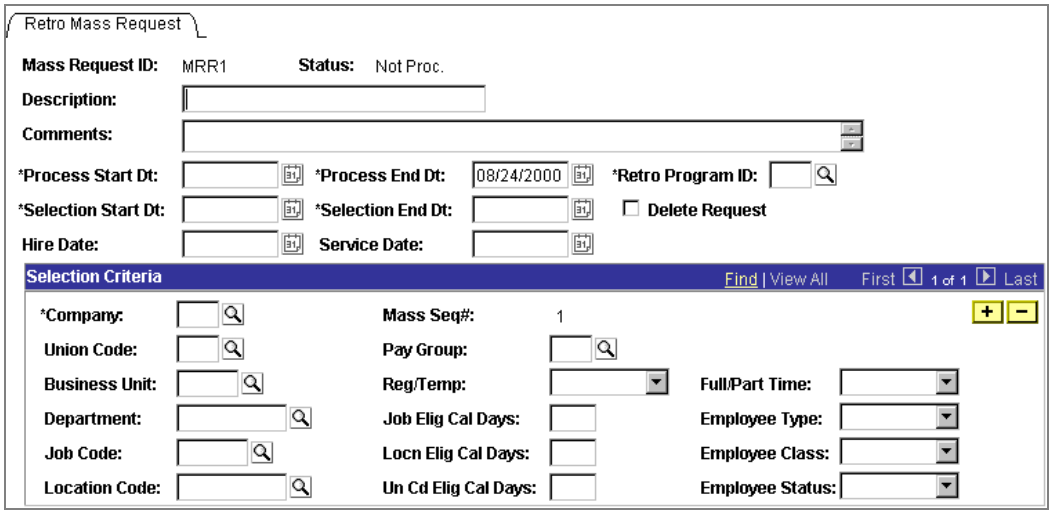
We designed the Retroactive Benefit/Deduction Mass Request facility to give you the ability to create a large number of requests via a batch process. This is necessary when you retroactively update system-level pages that affect multiple employees. System-level pages that could generate mass retroactive benefit/deduction requests include the following:

- Deduction Table.
- General Deduction Table.
- Most benefit plan design tables (such as the Life and AD/D Plan Table).
- Calculation Rules Table.
- All rate tables.

Retro Ben/Ded Mass Request – Retro Mass Request Definition Page

Usage	In order to properly set up your mass retroactive benefit/deduction programs, you must assign a Mass Retro Request ID to them and define detail information for them. You'll do this with the Retroactive

	Ben/Ded Mass Request – Retro Mass Request Definition page. If you are setting up a new mass retroactive deduction/benefit program, enter a Mass Retro Request ID to open the page. The system uses the Mass Retro Request ID to generate mass retroactive benefit/deduction requests and to calculate the retroactive benefit/deduction earnings based on those requests.
Object Name	RETRODED_MASS_RQST
Navigation	**Define Business Rules, Define Retroactive Process, Setup, Retro Ben/Ded Mass Request, Retro Mass Request Definition**
Access Requirements	Enter a Mass Retro Request ID.



Retro Ben/Ded Mass Request (retroactive benefit/deduction mass request) – Retro Mass Request Page

Description Enter a **Description** that explains what this mass retroactive benefit/deduction ID will be used for.

Comments Use the **Comments** area to describe the need for the particular mass retroactive benefit/deduction program that you are creating.

Process Start Dt (process start date), **Process End Dt** (process end date) The Process Start and End Dates define the period during which the mass request will calculate retroactive benefits or deductions. The **Process End Dt** will automatically be set to today's date when a new **Mass Retro Request ID** is created. The **Process Start Dt** becomes the effective date of the generated requests, except for cases where the selected employee begins to meet the criteria at some point after the start date, in which case that latter date will be used as the effective date of the request.

Retro Program ID Select an appropriate **Retro Program ID (**retroactive benefit/deduction program ID) from the list. Only those retroactive benefit/deduction programs defined for *Mass* processing will be displayed.

Selection Start Dt (selection start date) **Selection End Dt** (selection end date)	During the processing period set up by the Process Start and End Dates, the system will search employee records *active* between the Selection Start and Selection End Dates for the information specified in the **Selection Criteria** group box.
Delete Request	Use the **Delete Request** check box to stop the mass retro benefit/deduction process if you have not yet run the calculation process for your Mass Retro ID. When you run the Mass Retro batch process, its first order of business is to delete every **Mass Request ID** and related request that has this check box selected and has not yet been through the calculation process.
Hire Date	**Hire Date** is an optional field that is used to select employees that have a **Hire Date** on the Employment Table that is less than or equal to this date. If this field is blank, the system will create requests for employees that have a hire date less than or equal to the **Selection End Dt.**
Service Date	The **Service Date** works in the same way as the **Hire Date** except that it refers back to the Employment Table's Service Date field.
Selection Criteria	The fields in the **Selection Criteria** group box define the types of employees that the Mass Retro batch process will be looking for. You can set up multiple rows of selection criteria for your mass retroactive benefit/deduction program to open up a new one.
Company	**Company** is a required field. Use it to indicate the company whose employees that you want to process. You can have multiple rows of selection criteria with the same company if you want to change the values of the other fields.
Mass Seq# (mass sequence number)	Each time that you enter a new row of selection criteria, the **Mass Seq#** will be incremented forward by one.

Enter the other selection criteria as necessary. Each selection criteria field that you leave blank will be treated as a "wild card," which means that all possible values for the field will be selected by the system. Remember that if you want to use more than one of the available values of a particular field in your selection request (as you may for **Pay Group** or **Job Code,** for example) you will need to enter an additional row.

The **Department, Job Code,** and **Location Code** fields are linked to the **Business Unit** field. You must define a **Business Unit** before entering **Department, Job Code,** and/or **Location Code** values.

The three Elig Cal Days (eligible calculation days) fields are linked to the **Job Code, Location Code,** and **Union Code** fields. They each enable you to create selection requests for employees who have been assigned a specific job code, location or union code for a specific number of days. For each Elig Cal Days field, the system takes a look at the **Effective Date** of the selected job record.

You also have the option of specifying the additional selection criteria **Reg/Temp** (regular/temporary), **Full/Part Time, Employee Type, Employee Class,** or **Employee Status,** using valid values from the list boxes.

CHAPTER 18

Processing Retroactive Benefits and Deductions

The processing of retroactive benefits and deductions used to be a painstaking and time-consuming endeavor for any corporate benefits department. Employees who were due for retroactive benefits and deductions had to be manually identified. Retroactive benefits and deductions had to be calculated by hand, employee by employee. And when you were finished with that step, the benefit and deduction totals still had to be added to the employee paysheets, one by one.

With the PeopleSoft Human Resources Base Benefits Retroactive Benefit/Deduction functionality, you can easily and automatically process retroactive benefits and deductions. All you have to do is define your retroactive benefit/deduction programs, and then you can arrange for the PeopleSoft HRMS system to perform the tasks that previously took up so much time.

For more information about defining retroactive benefit/deduction programs, see Arranging Retroactive Benefits and Deductions.

In this section, you'll learn how to use your retroactive benefit/deduction programs to process retroactive benefits and deductions for your workforce, from identifying eligible employees to loading their refunds into their respective paysheets and their amounts owed into their arrears balances.

Overview of Retroactive Benefits/Deductions and PeopleSoft Payroll

Because the Retroactive Benefit/Deduction facility involves PeopleSoft Payroll processes in the calculation of retroactive benefits and deductions and the loading of retroactive benefit/deduction totals to payroll, it is unavailable to those users who do not currently implement PeopleSoft Payroll.

Before You Begin

The pages that you'll use to process retroactive benefits and deductions are located in the Manage Retroactive Processing component. These pages include:

- Retro Ben/Ded Mass Request
- Retro Ben/Ded Request Summary

- Retro Ben/Ded Calculate
- Retro Ben/Ded Messages
- Retro Ben/Ded Review and Update
- Retro Ben/Ded Summary
- Retro Ben/Ded Payroll Load

Triggering Retroactive Benefits and Deductions

In today's world, events resulting in retroactive benefits and deductions for employees are a simple fact of business. Paperwork is occasionally late, data entry errors are made, union contracts are sometimes modified, and employment laws are routinely enacted that will at some point involve retroactive changes to the benefits and deductions for your employees. Try as you may to plan ahead for them, the events that result in retroactive benefits and deductions are often unavoidable.

The Retroactive Benefit/Deduction facility is designed to respond to these events as they occur within the system. It will flag them internally and create retroactive benefit/deduction requests that you can view by employee with a quick glance at the Retroactive Benefit/Deduction Request Summary page. When a user makes changes to fields on certain pages, PeopleCode will generate a system request for a retroactive benefit or deduction for those employees affected by the change.

It is important to understand the difference between the triggers for individual events and mass events. The system will identify *individual* events without any user intervention, while *mass* event processing occurs only by user request.

Triggering Individual Retroactive Benefit and Deduction Requests

A retroactive change is a change to employee or benefit-related data that has an effective date prior to the last confirmed pay end date of the employee's paygroup. Retroactive changes to the following pages and fields will trigger PeopleCode to automatically generate an individual retroactive benefit/deduction request:

Location of Retroactive Benefit/Deduction Trigger Fields by Application Component and Page

Application Component	*Page*	*Trigger Fields*
Maintain Payroll Data	General Deduction Data	All Fields
Administer Base Benefits	Health Benefits	All Fields
	Life and AD/D Benefits	All Fields
	Disability Benefits	All Fields
	Vacation Benefits	All Fields

	Benefit Program Participation	All Fields
Administer Workforce	Job Data 1	Effective Date
	Job Data 3	Comp Frequency Compensation Rate Change Amount Change Percent Annual Benefits Base Rate
	Benefit Program Participation	All Fields

Benefits Administration and Retroactive Benefits/Deductions

If you are using Benefits Administration, be aware that retroactive changes can be made to the above pages and fields as a result of Open Enrollment and Event Maintenance. In this case, system requests for retroactive benefits and deductions are created exactly as if you had made these changes to the pages yourself.

USF Triggering Individual Retroactive Benefit and Deduction Requests

Application Component	*Page*	*Trigger Fields*
Maintain Payroll Data (USF)	General Deduction Data	All Fields
Administer Base Benefits (USF)	FEHB Benefits	All Fields
	FEGLI Benefits	All Fields
	Benefit Program Participation	All Fields
Administer Workforce (USF)	PAR - Data Control	Effective Date
	Current Job - Compensation	Comp Frequency Compensation Rate Change Amount Change Percent Annual Benefits Base Rate
	Current Job - Benefit Program Participation	All Fields

	PAR - Compensation Data	Pay Rate Determinant Pay Basis Base Pay FEGLI Base

Triggering Mass Retroactive Benefit and Deduction Requests

Unlike the employee-level requests involved in the triggering of individual retroactive benefits and deductions, the user generates mass retroactive benefit/deduction requests. This request process occurs in three steps. First, you'll create a mass retroactive benefit/deduction program. Then, you'll define a mass retroactive benefit/deduction request with a unique Mass Retro Request ID (mass retroactive request ID). Last, you'll run the Mass Retro Request (mass retroactive request) process, which uses the selection criteria that you specified for your mass retroactive benefit/deduction request to generate a retroactive benefit/deduction request for a set of employees.

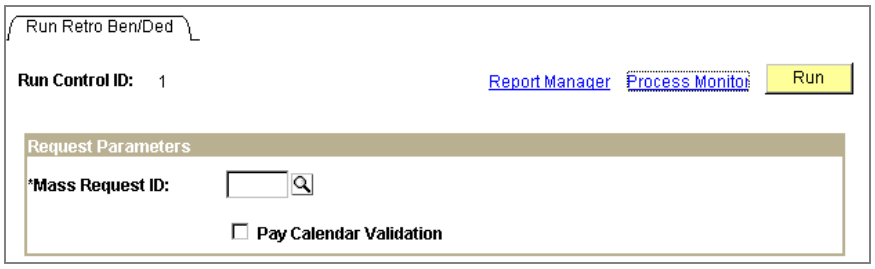
Creating the Mass Retroactive Benefit/Deduction Request

Whenever you make changes to pages that affect groups of employees, you must use the Retroactive Benefit/Deduction Table to set up a mass retroactive benefit/deduction program and a mass retroactive benefit/deduction request with selection criteria that involves those changes.

For more information about the use of the Retroactive Benefit/Deduction Table and the Mass Request Definition page, see Arranging Retroactive Benefits and Deductions.

Retro Ben/Ded Mass Request – Run Retro Ben/Ded Page

Usage	The system generates mass retroactive benefit/deduction requests when you run the Retro Ben/Ded Mass Request process through the Retro Ben/Ded Mass Request run control page.
Object Name	RUNCTL_RTRODEDMASS
Navigation	**Compensate Employees, Manage Retroactive Processing, Process, Retro Ben/Ded Mass Request, Run Retro Ben/Ded Mass Request**
Access Requirements	Enter a Run Control ID.



Retro Ben/Ded Mass Request (retroactive benefit/deduction mass request) - Run Retro Ben/Ded (run retroactive benefit/deduction) page

Enter the **Mass Request ID** of the Mass Retroactive Benefit/Deduction Request that you want to generate requests for.

Select the **Pay Calendar Validation** check box to have the system confirm that the selected employees are hired into a confirmed pay calendar before generating a request for them. You'll want to leave **Pay Calendar Validation** clear when you want to select employees who have been placed in a special paygroup that does not yet have a confirmed pay calendar.

For more information about Process Scheduler, see Process Scheduler

Triggering Duplicate Requests

When the system triggers a request that affects the same retroactive benefit/deduction information as a previous request, it is considered a *duplicate request* by the system. The system is designed to resolve the potential conflicts between the duplicate and the original requests before they become a problem and generate inaccuracies later.

The resolution process the system uses differs depending upon the types of requests involved (individual or mass) and the status of the preexisting request (*Not Processed* or *Calculated*).

When Duplicate Individual Requests are Triggered

When the system encounters duplicate individual requests with different effective dates, it will always want to use the earlier of the two dates for processing. The process by which it does this differs depending upon whether or not the preexisting request has been run through the Retroactive Benefit/Deduction Calculation process.

When a duplicate individual request is triggered and the preexisting individual request *has not yet* been run through the Retroactive Benefit/Deduction Calculation process, the system will compare the effective dates of the two requests, keep the request with the earliest effective date, and delete the request with the later effective date.

When a duplicate individual request is triggered and the preexisting individual request *has* been run through the Retroactive Benefit/Deduction Calculation process, the system will compare the effective dates of the two requests, mark the previously calculated request not OK to Process, set the Status to *Invalidated,* set the Duplicate Flag to *Y* (yes), and give the new request the earlier of the two effective dates.

Note. The Duplicate Flag notification is made on the Retro Ben/Ded Request Summary – Retro Ben/Ded Rqst Page. The OK To Process check box is located on the Retro Ben/Ded Review and Updt – Retro Ben/Ded Calc Page.

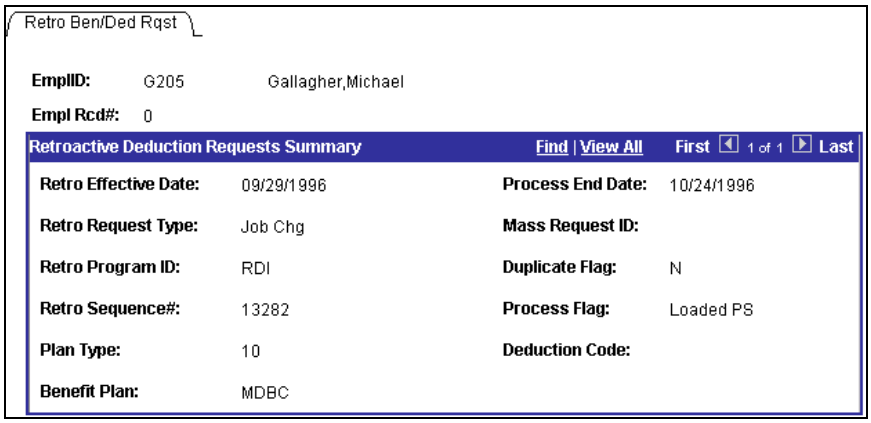
When a Mass Request is Involved

In duplicate request situations where mass requests are involved, the system will first check the Status of the preexisting request. If it is *Not Processed* or *Calculated,* the system will mark both requests Not OK To Process. It will be up to the user to examine the two requests and decide which one to run. This will occur in situations where both requests are mass requests as well as situations where one of the requests (either the original or the duplicate) is an individual request.

Note. The Not OK To Process check box is located on the Retro Ben/Ded Review and Updt – Retro Ben/Ded Calc Page.

Retro Ben/Ded Request Summary – Retro Ben/Ded Rqst Page

Usage	To view the retroactive benefit/deduction requests generated by your system, you'll use the Retro Ben/Ded Request Summary page. This page displays the system requests on an employee-level basis, although it does enable you to track employees who belong to a particular Mass Retro Request ID.
Object Name	RETRODED_RQST_SUMM
Navigation	**Compensate Employees, Manage Retroactive Processing, Inquire, Retro Ben/Ded Request Summary, Retro Ben/Dedn Request Summary**
Access Requirements	Enter a Mass Retro Request ID.



Retro Ben/Ded Request Summary (retroactive benefit/deduction request summary) – Retro Ben/Ded Rqst (retroactive benefit/deduction request) page

When you first open the page, you'll be prompted to enter search criteria to narrow down the retroactive benefit/deduction request that you want to look at. You can enter an **EmplID** (employee ID), **Empl Rcd#** employment record number), Retro Ded Effective Date (Retroactive Deduction Effective Date), Mass Retro Request ID, or Retroactive Deduction Process Flag.

A **Mass Retro Request ID** will only be present for those employees who have been selected through a mass request.

The **Retro Effective Date** and the **Process End Date** show the date range for which the retroactive benefits and deductions will be calculated for the displayed retroactive benefit/deduction request.

The **Retro Request Type** displays the action that generated the retroactive benefit/deduction request. Possible request types are the following:

- Benefit Deduction.
- General Deduction.
- Job Change.
- Mass Request.

Process Flag indicates the processing step that the retroactive benefit/deduction request is currently in. Sequential steps are:

Not processed	The request has been triggered but no processing has occurred.
Extracted	The request is in the middle of the calculation process.
Calculated	The request has been successfully run through the calculation process.
Loaded to Payroll	The calculated request has been successfully loaded to Payroll.
Invalidated	The request is a duplicate individual request.
Rejected	The request cannot be processed because it contains incorrect data.

The **Retro Sequence #** (retroactive sequence number) is a system-assigned sequence number that is used to link retroactive benefit/deduction requests with actual retroactive benefits and deductions. The **Retro Program ID** is the retroactive benefit/deduction program that the request will be validated against. Remember, there is only one **Retro Program ID** defined for individual requests, which are generated online. If the employee was selected through a mass request, the mass request's **Mass Request ID** will be displayed.

For more information about the definition of the **Retro Program ID** and the **Mass Request ID,** see Arranging Retroactive Benefits and Deductions.

Whenever a duplicate request has been identified, the **Duplicate Flag** will be set to ***Y*** (yes).

For more information about how the system processes duplicate requests, see the section entitled Triggering Duplicate Requests.

Plan Type will have values only for requests that involve changes to general deduction and benefit plan information. **Benefit Plan** will display information only for benefit plan-related requests, while **Deduction Code** will be present only for requests that involve changes to general deduction information.

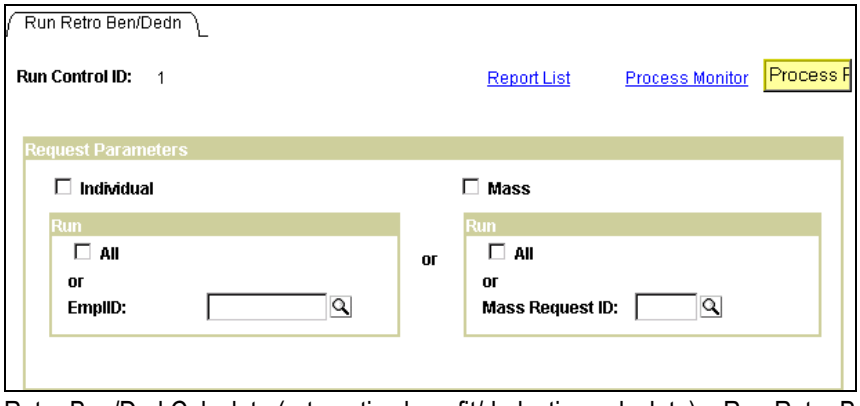
Calculating Retroactive Benefits and Deductions

For each pay period after the process start date through the process end date, the retroactive benefit/deduction calculation process determines:

- The benefit/deduction that was originally calculated using payroll history.
- The amount that should have been calculated using the existing setup and employee data tables for the appropriate pay period end date.

Retro Ben/Ded Calculate – Run Retro Ben/Dedn Page

Usage	You'll use the Retro Ben/Ded Calculation Run Control page to set up the Retroactive Benefit/Deduction Calculation process. You can use this run control page to set up calculation processes for individual and mass retroactive benefit/deduction requests.
Object Name	RUNCTL_RTRODEDCALC
Navigation	**Compensate Employees, Manage Retroactive Processing, Process, Retro Ben/Ded Calculate, Run Retro Ben/Dedn Calculation**
Prerequisites	None
Access Requirements	Enter a Run Control ID.



Retro Ben/Ded Calculate (retroactive benefit/deduction calculate) – Run Retro Ben/Dedn (run retroactive benefit/deduction) page

Select **Individual** to enter information for an individual retroactive benefit/deduction request. You can then choose to run a process that will calculate **All** available individual benefit/deduction requests, or a process that calculates a request associated with a specific **EmplID.** If you use the drop-down list box on the **EmplID** field, you will be given a list of employees whose requests have not yet been processed to choose from.

Note. You can only choose one employee at a time. If you need to process more than one employee, either select the **All** check box or set up multiple run controls, one for each employee, and run the process several times.

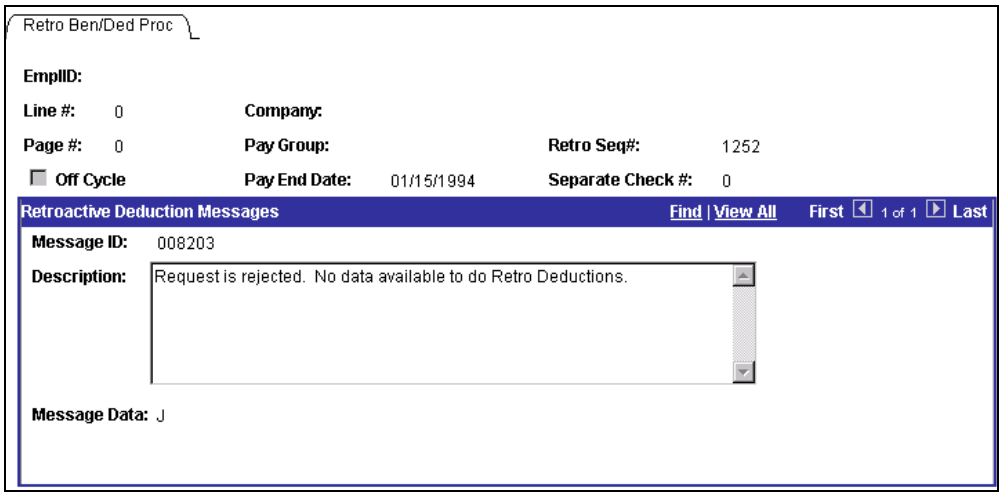
Select **Mass** to set up a calculation process for a mass retroactive benefit/deduction request. Select the **All** check box to process all requests that have been created by mass retroactive benefit/deduction requests. If you want to process a specific mass retroactive benefit/deduction request, use the drop-down list box to select from a list of Mass Request IDs. When you run the calculation process, only the requests associated with the chosen ID will be processed.

Once you've entered the Run Control process parameters, you'll run the Retroactive Benefit/Deduction Calculation process with the Process Scheduler.

For more information about Process Scheduler, see Process Scheduler

Retroactive Ben/Ded Messages – Retro Ben/Ded Proc Page

Usage	The system reports errors that occur during the calculation processing of retroactive benefit/deduction requests in the Retro Benefit/Deduction Messages page.
Object Name	RETRODED_MESSAGES
Navigation	**Compensate Employees, Manage Retroactive Processing, Inquire, Retro Ben/Ded Messages, Retro Ben/Ded Process Messages**
Access Requirements	Retro Ded Sequence Number



Retro Benefit/Deduction Messages (retroactive benefit/deduction messages) - Retro Ben/Ded Proc (retroactive benefit/deduction process) page

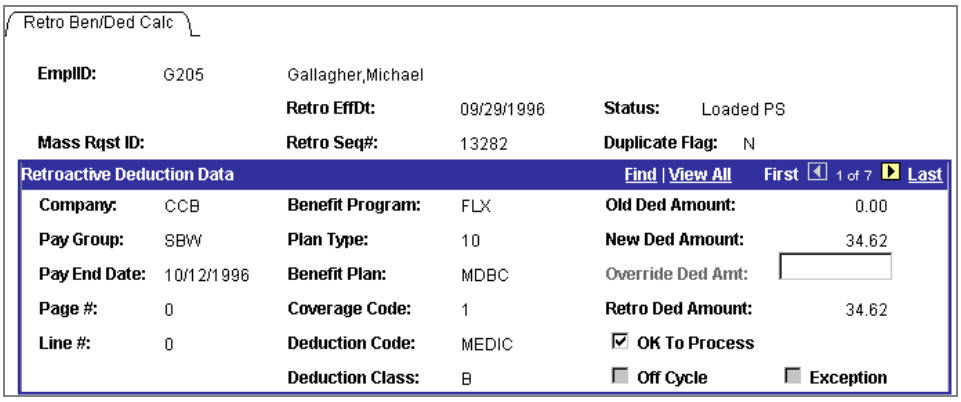
You can select specific sets of error messages when you bring up this page. The system will prompt you to search for error messages based on aspects of the retroactive benefit/deduction requests involved. For example, you can select error messages for retro benefit/deduction requests that have a specific **Company, Pay Group,** and **Pay End Date** combination. Or you can look for messages with a specific **Retro Seq#** (retroactive sequence number).

Reviewing and Updating Calculated Retroactive Benefits and Deductions

The Retroactive Benefit/Deduction facility includes two pages for the review of retroactive benefit/deduction calculations. Both pages enable you to look at the retroactive benefit/deduction calculation results for individual employees, but they differ in how they display those results. The Retro Ben/Ded Review (retroactive benefit/deduction review) page displays line items for Pay End Dates associated with individual Deduction Code/Deduction Class combinations, and enables you to override the calculated deduction amount. Retro Ben/Ded Summary (retroactive benefit/deduction summary), on the other hand, displays the total retroactive benefit/deduction amount across Pay End Dates for each retroactive Benefit/Deduction Code.

Retro Ben/Ded Review and Updt – Retro Ben/Ded Calc Page

Usage	Use this page to review retroactive benefit deduction information and to override the deduction amount.
Object Name	RETRODED_DEDS
Navigation	**Compensate Employees, Manage Retroactive Processing, Use, Retro Ben/Ded Review and Updt, Retro Ben/Dedn Calc Review**
Access Requirements	Enter a Retro Ded Sequence Number.



Retro Ben/Ded Review and Updt (retroactive benefit/deduction review and update)– Retro Ben/Ded Calc (retroactive benefit/deduction calculation) page

When you open the Retro Ben/Ded Review and Updt page, it will give you the opportunity to select a specific retroactive benefit/deduction calculation record for review by its Retro Ded Sequence # (retroactive benefit/deduction sequence number) or by the **EmplID,** Employee Rcd Nbr (employee record number), Retroactive Benefit/Deduction Effective Date, Mass Retroactive Request ID and/or Retroactive Benefit/Deduction Process Flag associated with it.

The Retroactive Benefit/Deduction Review and Update page breaks up the retroactive benefit/deduction calculation results by **Pay End Date** and then further by **Deduction Code** and **Deduction Class** (deduction classification). Use the scroll arrow to see the deduction amount calculations for each available **Pay End Date/Deduction Code/Deduction Class** combination.

The **Pay End Date** is derived from the employee's actual pay history unless none exists. This can happen in situations where the employee is a retroactive hire, for example, in which case the **Pay End Date** from the appropriate pay calendar is used.

The system populates the **Company, Pay Group, Benefit Program, Plan Type, Benefit Plan, Coverage Code, Deduction Code, Deduction Class, Page #** (page number), **Line #** (line number), and **Off Cycle** fields with values from the employee's actual pay history. If the employee has no pay history, the data is obtained from the job row effective for the selected record's **Pay End Date.** If pay history is not found, **Page #** and **Line #** are set to zero and **Off Cycle** is cleared.

The **Old Ded Amount** (old deduction amount) is populated with information from the employee's pay history. It shows the actual amount that was calculated in the displayed pay period for the displayed deduction code and deduction class. The **New Ded Amount** (new deduction amount) displays the amount that should have been deducted according to the data that is currently effective for the displayed pay period. If you want to override the **New Ded Amount,** you can enter an alternate new deduction amount in **Override Ded Amount** (override deduction amount).

Note. In order to enter an alternate deduction amount into the **Override Ded Amount** field, the request in question must have had its deduction amounts calculated, but it can't have been loaded into Payroll. Once you load your request into Payroll with the Retroactive Benefit/Deduction Payroll Load process, the **Override Ded Amount** field will be unavailable.

The **Retro Ded Amount** value equals the **New Ded Amount** minus the **Old Ded Amount.** If you place an alternate deduction amount in **Override Ded Amount** and save the page, the **Retro Ded Amount** will be the **Override Ded Amount** minus the **Old Ded Amount**.

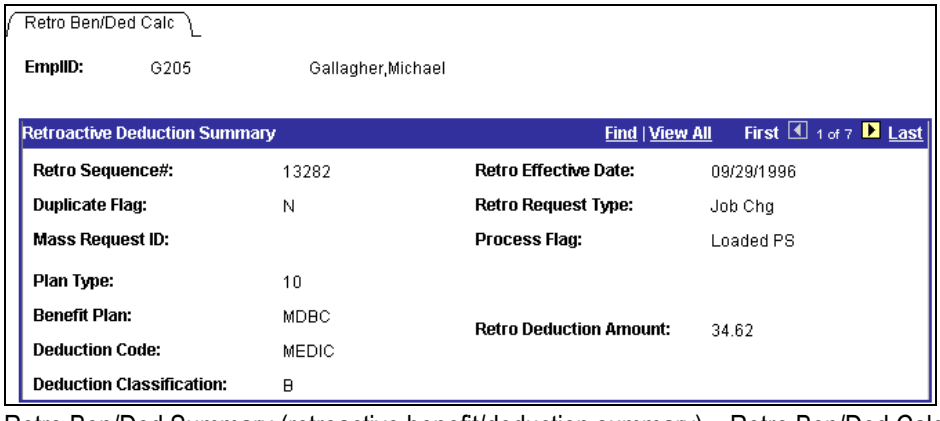
An item will be marked as an **Exception** if it is a duplicate request.

If the request is not a duplicate, the system will select the **OK To Process** check box. You can choose to OK each item in the scroll bar for processing as you see fit.

For more information about how the system deals with duplicate requests, see the section entitled Triggering Duplicate Requests.

Retro Ben/Ded Summary – Retro Ben/Ded Calc Page

Usage	The Retro Ben/Ded Summary page is similar to the Retro Ben/Ded Review and Updt page in that it displays retroactive benefit/deduction calculation results, except that it summarizes request calculation totals for individual employees by Deduction Code and Deduction Class without regard to the Pay End Dates involved. The Retroactive Benefit/Deduction Summary page does not allow you to override the displayed benefit/deduction amounts or declare them unfit for processing. To do that, you'll have to use the Retroactive Benefit/Deduction Review and Update page.
Object Name	RETRODED_SUMMARY
Navigation	**Compensate Employees, Manage Retroactive Processing, Inquire, Retro Ben/Ded Summary, Retro Ben/Dedn Calc Summary**
Access Requirements	Enter the employee ID and Mass Retro Request ID.

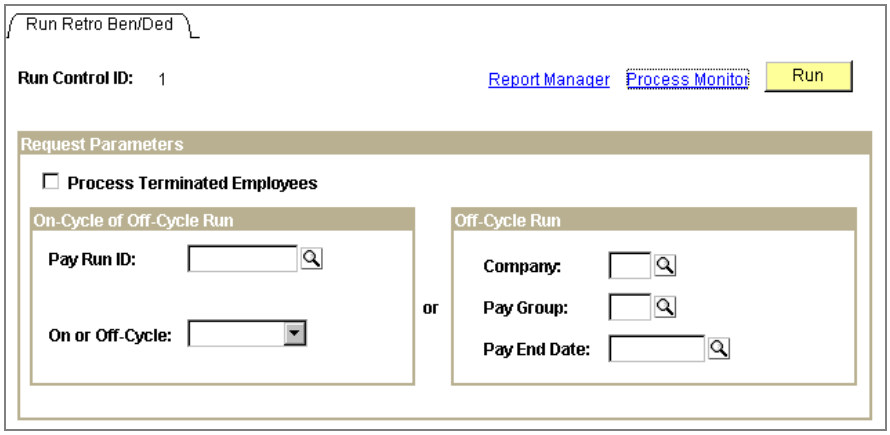


Retro Ben/Ded Summary (retroactive benefit/deduction summary) – Retro Ben/Ded Calc (retroactive benefit/deduction calculation) page

Use the scroll arrow to see the retroactive benefit/deduction calculation amounts for each **Deduction Code/Deduction Classification** combination present in employee records associated with a particular request.

Retro Ben/Ded Payroll Load – Run Retro Ben/Ded Page

Usage	You'll arrange to load your retroactive benefit/deduction calculations to payroll with the Retroactive Benefit/Deduction Payroll Load run control page. Retroactive benefits and deductions owed to the employer will be collected through PeopleSoft Payroll arrears processing. Retroactive benefits and deductions owed to the employee will be reimbursed via PeopleSoft Payroll one-time deduction refund processing.
Object Name	RUNCTL_RTRODEDPSHT
Navigation	**Compensate Employees, Manage Retroactive Processing, Process, Retro Ben/Ded Payroll Load, Run Retro Ben/Ded Payroll Load**
Access Requirements	Enter a Run Control ID.



Retro Ben/Ded Payroll Load (retroactive benefit/deduction payroll load) – Run Retro Ben/Ded (run retroactive benefit/deduction) page

For more information about PeopleSoft Payroll's Retroactive Pay functionality, see your PeopleSoft 8 Payroll for North America PeopleBook. The Retroactive Benefit Deduction payroll update process is similar to the PeopleSoft Payroll Retroactive Pay paysheet update process.

Before loading retroactive benefits and deductions to payroll, you must first run Paysheet Creation to create paysheets with normal pay for this period.

Use the Retroactive Benefit/Deduction Payroll Load run control page to load employee retroactive benefit calculations by your employees' **Pay Run ID** or by **Company, Pay Group,** and **Pay End Date.** You can use either method to process an off-cycle pay run; use the **Pay Run ID** method for on-cycle pay runs.

Note. "Off-cycle" payroll runs are generally used to handle one-time deduction refunds, and the resulting refunds are delivered on separate checks from the regular payroll checks received by employees. You should process off-cycle retroactive benefits and deductions in conjunction with off-cycle retroactive pay processing.

When you load your benefits or deductions for a particular retroactive benefit/deduction program to PeopleSoft Payroll, the **On or Off-Cycle** selection for the Retroactive Benefit/Deduction Paysheet Load run control must match the On or Off-Cycle selection for the same program on the Retroactive Benefit/Deduction Table.

For more information about the Retroactive Benefit/Deduction Table, see Arranging Retroactive Benefits and Deductions.

The **Pay Run ID** is the same ID that you set up in your regular on- or off-cycle pay run. If you are going to use a **Pay Run ID** to load employee retroactive benefit/deduction calculations to PeopleSoft Payroll, the employees included under the ID must:

- Have already had their retroactive benefits and deductions calculated through the Retroactive Benefit/Deduction Calculation process.
- Have at least one of their calculated benefits and deductions marked OK To Process on the Retroactive Benefit/Deduction Review page. (Unless exceptions exist, they will be marked OK To Process by default until you decide to clear this check box.)

If you want to load retroactive benefit/deduction calculations for employees in a specific **Company, Pay Group,** or **Pay End Date,** specify the appropriate values for the load in those fields. If you leave any one of them empty, the system will process all appropriate values for that field during the load. Keep in mind that you can only use these fields for off-cycle pay runs.

Select **Process Terminated Employees** if you want to have paysheets created for employees who are receiving refunds and have been retroactively terminated.

Once you've entered the Run Control process parameters, click **Run** to run the Retroactive Benefit/Deduction Payroll Load process with the Process Scheduler.

For more information about Process Scheduler, see Process Scheduler

Payroll Processing of Retroactive Benefits and Deductions

The PeopleSoft Payroll system will process loaded retroactive benefits and deductions in the next payroll cycle. Retroactive benefits and deductions owed to the employer will be collected via arrears processing. You can use the arrears processing pages to control how much money is deducted from employee paychecks.

For more information about the definition of arrears rules with the arrears processing pages, see Organizing Payroll Information for Base Benefits.

Retroactive benefits owed to the employee will be reimbursed in full in the next paycheck, if you've used on-cycle processing. If you've used off-cycle processing, the refunds will be delivered in a separate check from their regular paycheck.

Note. You can use the Retro Ben/Ded Review page to review the results of the Retroactive Benefit/Deduction Payroll Load process at any time after it has been run. The Status of the request will be *Loaded to Payroll,* and the page will be display-only.

CHAPTER 19

Implementing Benefits Billing

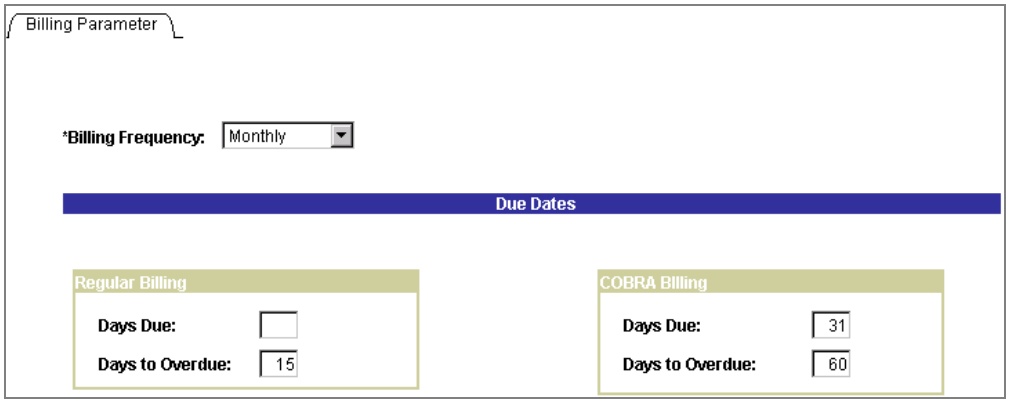
PeopleSoft's Benefits Billing facility enables you to process regular benefits billing and COBRA billing information for employees and their dependents who must be charged directly for their benefit plan elections rather than collecting them through payroll deductions. You use Benefits Billing to enroll qualified participants into the Benefits Billing system (through either manual or automatic means), calculate charges, generate billing statements, process payments, and make adjustments to charges and payments as needed.

Setting Up Benefits Billing

You first need to set up the parameters and billing calendar for your Benefits Billing system before any of those processes and actions can take place.

Parameters - Billing Parameter Page

Usage	Use the Billing Parameter page to set up your billing parameters. You establish only one set of Benefits Billing parameters for your entire system.
Object Name	BILL_PARMS
Navigation	**Define Business Rules, Define Benefits Billing, Setup, Parameters**
Access Requirements	Select Parameters from the menu.



Parameters - Billing Parameter page

Billing Frequency — **Billing Frequency** is the frequency with which your system calculates billing amounts. You can select a **Billing Frequency** of ***Weekly, Bi-Weekly, Semi-Monthly, Monthly, Quarterly,*** or ***Annually.***

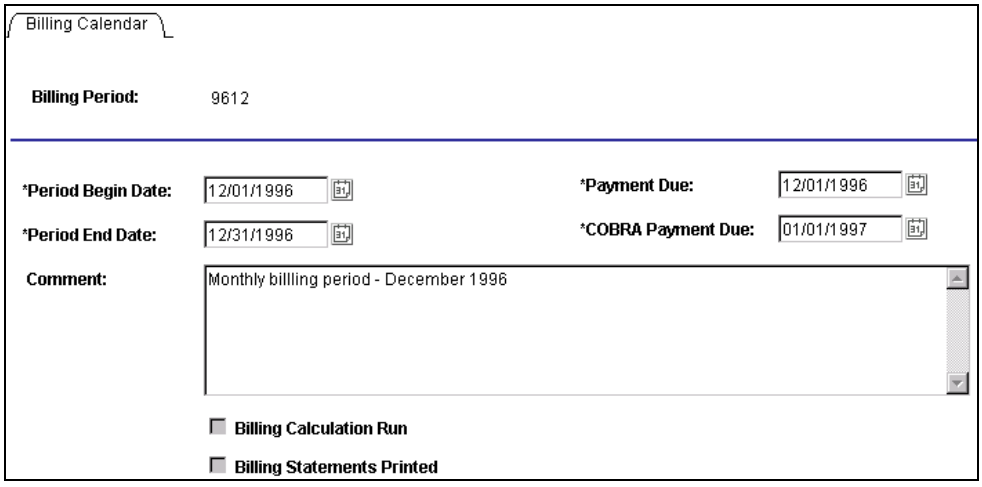
Days Due — In **Days Due,** enter the number of days after the billing Period Begin Date that the payment is due. The system uses **Days Due** to determine the default Payment Due date.

Days to Overdue — In **Days to Overdue,** enter the number of days past the Payment Due date that make a payment overdue. The Payment Due date is found in the Billing Calendar page.

The system displays an error message if you try to set a COBRA **Days Due** date of less than 30 days, according to COBRA requirements.

Calendar - Billing Calendar Page

Usage	Use the Billing Calendar to set up begin, end, and payment due dates for individual billing periods. You also use it to control billing statement printing and to enter comments that appear on each statement printed during a particular billing period.
Object Name	BILL_CALENDAR
Navigation	**Define Business Rules, Define Benefits Billing, Setup, Calendar**
Prerequisites	First set up parameters for your system's Benefit Billing facility using the Parameters - Billing Parameter page.
Access Requirements	Enter a Billing Period.



Calendar - Billing Calendar page

Billing Period

When you first access the page, you are asked to enter a **Billing Period** that identifies the billing period that you're setting up the calendar for. The **Billing Period** code may be any unique four-character combination. We recommend *YYMM* as an identification code for monthly calendars, for example.

Period Begin Date, Period End Date

Enter the **Period Begin Date** and **Period End Date** for this billing period.

Payment Due

The system uses the **Period Begin Date** to calculate this billing period's **Payment Due** dates for regular and COBRA Benefits Billing processes. The system uses the **Period End Date** to evaluate effective dates. **Period End Date** is also used as the posting date for billing charges.

Note. The system does not edit the billing frequency to ensure that it matches the **Period Begin Date** and **Period End Date** that you set in the Billing Calendar page.

Payment Due, COBRA Payment Due

The system automatically sets **Payment Due** and **COBRA Payment Due** according to the **Days Due** values set in the Billing Parameters page and the **Period Begin Date** that you've defined for this billing period. You can override these dates if necessary.

Note. The system displays an error message if you try to set a **COBRA Payment Due** date that is less than 30 days past the **Period Begin Date.**

Comment

In **Comment,** you can enter text that will appear on all of the billing statements sent out for this billing period.

Billing Calculation Run, Billing Statements Printed

Billing Calculation Run and **Billing Statements Printed** are informational fields that tell you what stage of processing the displayed billing calendar is in. If billing calculations have been run for the billing calendar, the first check box is selected. If billing statements for this billing calendar have been printed, the latter check box is selected.

Managing Benefits Billing

PeopleSoft's Benefits Billing facility makes it possible for you to manage the billing accounts of employees and their dependents who must be charged directly for their benefit plan elections because their benefits billing totals cannot be collected through payroll deductions.

In this section, we show you how to identify and enroll qualified employees into your Benefits Billing system and process their billing accounts.

Enrolling Eligible Participants

Billing Enrollment - Benefits Billing Enrollment Page	Enables the manual enrollment of employees and dependents into the Benefits Billing system as well as the update of previous enrollments.
Override Parameters - Billing Override Page	Enables the entry and update of billing parameters at the employee level.

Calculating Billing Charges

Billing Calculation - Billing RuncCntl Page	Sets off Benefits Billing Calculation process for all employees in a particular billing period.
Charge Entry - Manual Charge Page	Provides the ability to manually post new charges to individual Benefits Billing.
Charge Review - Charge Page	Provides summary and detail information about calculated charges.
Charge Summary by Billing Period - Charge Summary Page	Summarizes Benefits Billing charge information by billing period.
Charge Summary by Plan Type - Smmry byPlantype Page	Summarizes Benefits Billing charge information by plan type.

Generating Billing Statements

Billing Statement Page	Manages run control for the billing statement generation process.

Processing Payments

Payment Entry Page	Enables the entry of payments from employees and dependents and allocates payments to charges.
Payment Review - Benefit Billing Payment Review Page	Displays charge payment information in same format as Payment Entry page. Not editable.
Payment Summary by Post Date - Smmry by Pst Date Page	Summarizes payment information by the Post Date of respective payments. Not editable.

Handling Adjustments

Charge Adjustment Page	Enables entry of adjustments to previously entered Benefits Billing charges.
Payment Adjustment Page	Enables entry of adjustments to previously entered

	Benefits Billing payments.
Adjustment Summary - Adjustm. Summary Page	Summarizes all charge and payment adjustments entered into the system.

Reviewing Employee Balances

Employee Balance Review - Employee Billing Page	Displays a non-editable balance record for each employee and dependent enrolled in Benefits Billing.

Qualifying for Benefits Billing

There are a number of reasons why an employee or dependent may qualify to be entered into your organization's Benefits Billing system. If you are enrolling your Benefits Billing participants manually, the task of locating eligible participants and getting them enrolled into Benefits Billing is up to you. A typical Benefits Billing population may include:

- Employees on leave without pay.
- Employees on reduced schedules who do not earn enough to pay for coverage.
- Retirees continuing company-sponsored coverage.
- Terminated employees enrolled in COBRA.
- Dependents of employees enrolled in COBRA.
- Survivors of employees and retirees.

Dependents of actively employed employees cannot be billed through Benefits Billing. Only dependents who have been given a "non-employee" status through COBRA processing or some other means can be enrolled in Benefits Billing.

Automatic Enrollment Into Benefits Billing

In the following section, we explain how you use the Billing Enrollments page to manually enroll employees and dependents into Benefits Billing. However, it's also possible to *automatically* enroll eligible employees and dependents into Benefits Billing.

If you currently implement Benefits Administration, you can use its Event Maintenance batch processes to locate employees and dependents who are eligible for Benefits Billing and enroll them into the Benefits Billing system. And if you have employees and dependents currently enrolled in COBRA, you can use COBRA Administration's built-in batch processes to locate and enroll those COBRA participants who are eligible for Benefits Billing processing.

For more information about how PeopleSoft Benefits Administration can streamline the Benefits Billing process, see Creating Event Rules. For more information about how to use COBRA Administration to enroll eligible COBRA participants into Benefits Billing, see Managing COBRA in this PeopleBook.

Enrolling Employees and Dependents Into Benefits Billing

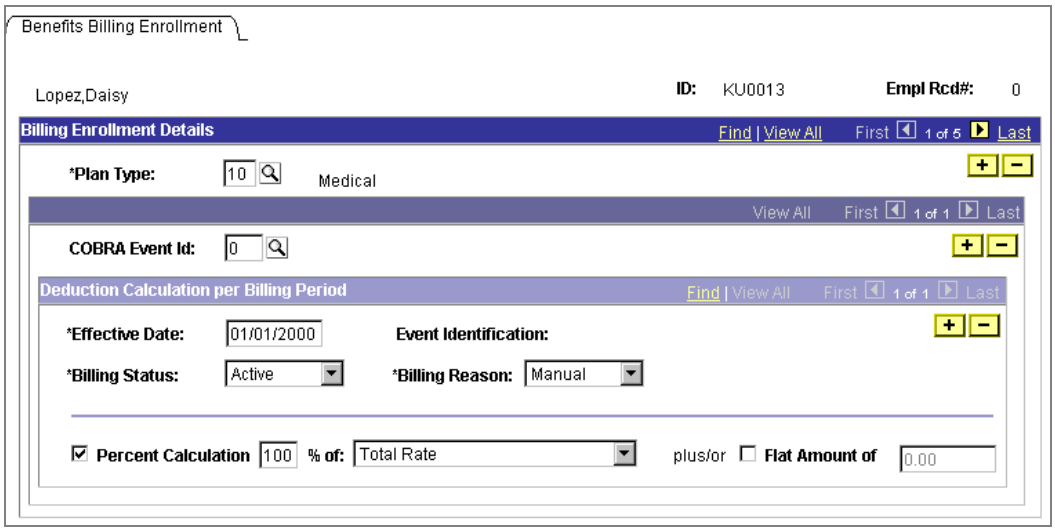
The Billing Enrollment page is used to manually enroll employees into the Benefits Billing system and to update previous enrollments. The Billing Enrollment page enables the creation of billing entries for arrears processing, the handling of special billing situations, and the update of Billing Enrollment records generated by Benefits Administration and COBRA enrollment processes.

The records created by the Billing Enrollment page are referred to as Billing Enrollment records.

If you want to enter or update the billing parameters for a particular employee *before* you run the Benefits Billing calculation or Statement Print processes, do this with the Override Parameters page, which is detailed later in this section.

Billing Enrollment - Benefits Billing Enrollment Page

Usage	The Benefits Billing Enrollment page is used to manually enroll employees into the Benefits Billing system and to update previous enrollments.
Object Name	BILL_ENROLL
Navigation	**Compensate Employees, Administer Benefits Billing, Use, Billing Enrollment**
Access Requirements	Enter the employee ID.



Billing Enrollment - Benefits Billing Enrollment page

When you first enter the Billing Enrollment page, you are prompted for the Employee **ID** of the employee that you want to enroll or whose billing enrollment record that you want to update. If the employee holds multiple jobs, select the Employment Record Number associated with the job for which you want to enter or update Benefits Billing information. You cannot create Billing Enrollment records that cover all of an employee's multiple jobs at once.

Each billing enrollment record entered into the Billing Enrollment page can support billing records for multiple Plan Types. Each **Plan Type** subrecord can support simultaneous COBRA and active billing enrollments, as well as multiple COBRA billing enrollments. And finally, each Billing Enrollment record can support billing charge periods with varying effective dates.

Use the **Plan Type** box to select the plan type being billed.

The **COBRA Event Id** provides the link to COBRA events. The COBRA batch process assigns this value automatically, or you can enter it. It should be zero for non-COBRA billing.

The **Effective Date** is the date that this billing enrollment record takes effect. You can have multiple effective-dated billing records within each COBRA and non-COBRA Event ID associated with the Billing Enrollment record.

Billing Status controls the calculation of billing amounts at the **Plan Type** level.

Active Indicates that you are currently billing the employee for this plan type. This is the system's default value.

Hold Billing When ***Hold Billing*** is selected, the system does not calculate charges for this plan type. If you change the Billing Status to ***Active*** after ***Hold Billing*** has been in effect, the system retroactively calculates charges the next time that you run the Benefits Billing calculation batch process. While ***Hold Billing*** is selected for a particular Plan Type, the system continues to bill for other plan types and continues to produce statements.

Inactive	Indicates that you are no longer billing the employee for this plan type.

Billing Reason identifies the source of the billing entry and the reason that the employee is being billed. **Billing Reason** is used for informational purposes only. If you are entering the billing enrollment record manually, select ***Manual.*** Select ***Arrears*** if you've created this billing record because the employee or dependent involved cannot gross enough to cover his or her benefits deductions.

If the system has automatically enrolled the employee or dependent into Benefits Billing through Benefits Administration or COBRA batch processes, the system selects either the **Benefits Administration** or **COBRA** radio button to identify the process by which this enrollment record was entered into the system.

Event Identification is a display-only field that is populated only when the billing enrollment record has been generated by a Benefits Administration process. It identifies whether the record was created through Event Maintenance or Open Enrollment.

The fields in the lower section of the **Deduction Calculation per Billing Period** group box tell the system how to modify the deduction calculation for billing purposes. **Percent Calculation** is the system default. When it is selected, the system uses the system deduction calculation routines with either the normal ***Employee Rate*** or the ***Total Rate*** to calculate the amount owed for each billing period. The system then multiplies the calculated value by the percentage entered. The percentage can be more than 100 percent.

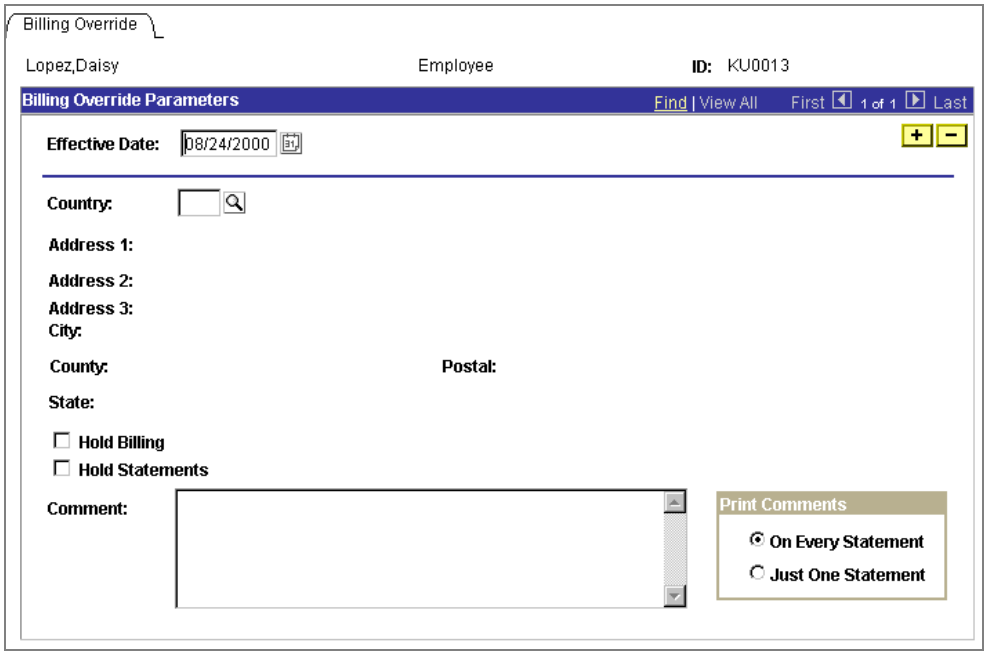
When **Flat Amount** is selected, enter a dollar amount that can be added to the amount calculated by the **Percent Calculation** settings. If the **Percent Calculation** check box is cleared, the system just bills the employee the **Flat Amount** for each billing period. The **Flat Amount** can be a negative number.

For more information about the setting of rates and the difference between employee and total rates, see Establishing Rate Tables and Calculation Rules.

Override Parameters - Billing Override Page

Usage	You can override the Benefit Billing parameters at the individual enrollee level with the Billing Override page. You use this page to set up comments that will print on an individual employee's billing statement. You can also use this page to designate an alternate address for an individual enrollee's statement. And you can use the Billing Override page to hold billing and/or statements for a particular enrollee. When you enter the Billing Override page, you are prompted for a specific Employee ID.
Object Name	BILL_EMPL_PARM
Navigation	**Compensate Employees, Administer Benefits Billing, Use, Override Parameters**
Access	Enter the employee ID.

Requirements	



Override Parameters - Billing Override page

Effective Date is the date upon which the settings take effect, and if you're entering new override parameters, this date is automatically set to today's date.

Note. It's possible to enter more than one set of override parameters per employee. The system orders them according to their **Effective Date.** You can scroll between the override parameter records using the page's scroll arrows.

Select **Hold Billing** to prohibit the system from calculating billing charges for this Benefits Billing enrollee. **Hold Billing** holds billing for all plan types. When you clear **Hold Billing** and run the Benefits Billing calculation batch process, the system retroactively calculates charges that occurred during the period that the hold was in effect.

Select **Hold Statements** to prohibit the system from printing billing statements for this enrollee.

Enter alternative **Address Information** for this enrollee. The system will print the alternative address on the employee's upcoming billing statements. If you do not supply an alternative address, the system uses the address provided in the enrollee's Personal Data record

Enter **Comments** that will be printed on the upcoming billing statements for the selected employee. Indicate whether you want the system to **Print Comments On Every Statement** or on **Just One Statement.**

Creating Billing Charge Records

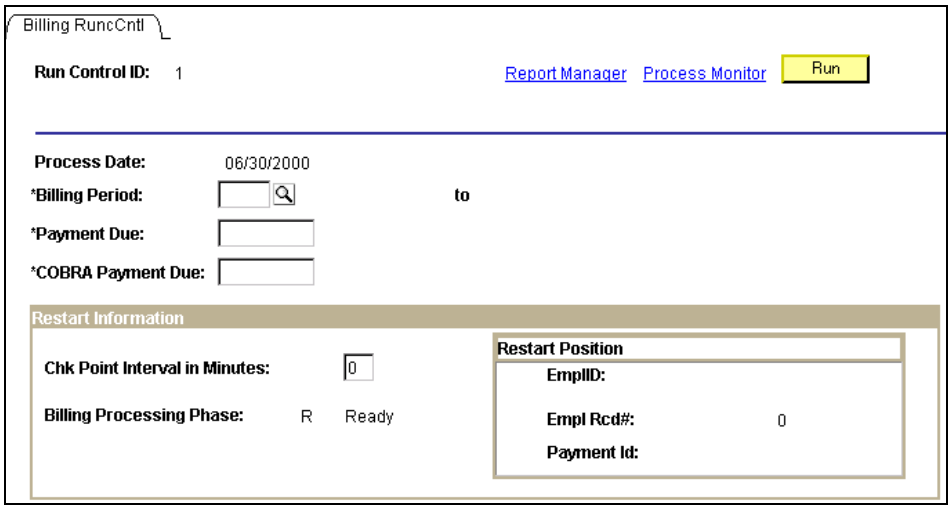
The Benefits Billing facility enables you to create Billing Charge records in two ways: automatically, through the Billing Calculation process, and manually, with the Charge Entry page.

The Billing Calculation process automatically calculates Billing Charge records for enrolled participants. You use this process to create charges for the bulk of the participants in your Benefits Billing system.

The Charge Entry page makes it possible for you to manually create fresh Billing Charge records for individual participants. You can also use the Charge Entry page to preempt Billing Charge records before they are created automatically by the Billing Charge process by creating the records manually first. Once a charge is created and saved into the system it cannot be reversed—it can only be adjusted.

Billing Calculation - Billing RuncCntl Page

Usage	You use the Billing Calculation process to automatically calculate Billing Charge records for your participants. You set up the parameters for this process through the Billing Calculation - Billing RuncCntl page. The Billing Calculation process is designed to calculate charges and create Billing Charge records for the Billing Calendars that you designed in the Billing Calendar page. You can only run the Billing Calculation process for one Billing Calendar at a time. You can also create Billing Charge records manually with the Charge Entry page, which is described in detail later in this section.
Object Name	BILL_RUNCTL
Navigation	**Compensate Employees, Administer Benefits Billing, Process, Billing Calculation**
Access Requirements	Enter the Run Control ID.



Billing Calculation - Billing RuncCntl page

After accessing this page with a current or new **Run Control ID,** select the **Billing Period** that indicates the Billing Calendar for which you want to calculate benefits billing charges. The start and end dates for the selected Billing Calendar appear next to the **Billing Period** field.

Note. The system allows you to rerun the Billing Calculation process for a particular **Billing Period** up until you run the Statement Print process for that **Billing Period.**

After the **Billing Period** is entered, the system automatically populates the **Payment Due** and **COBRA Payment Due** fields with the dates that were defined for the Billing Calendar that is assigned to the selected **Billing Period.** You can modify these dates if you want, but the system displays an error message if the **COBRA Payment Due** date is less than 30 days past the begin date of the billing period.

You can view these messages in the Billing Messages page.

The Billing Calculation Process

The Billing Calculation process always calculates charges for a full Billing Calendar, and it creates Billing Charge records. Each Billing Charge record contains the charge information for an individual Plan Type/Billing Period combination.

To calculate this charge information, the system queries the PeopleSoft Human Resources Base Benefits tables to determine the coverage in effect for the Plan Type as of the end date of the Billing Calendar. It passes the Coverage Code and other relevant data to the system's own Deduction Calculation (DedCalc) programs. The DedCalc programs calculate the billing amount using normal rules, which the billing system then takes and further modifies, based on the rate qualifier.

Manual Setup of Billing Charge Records

The Benefits Billing system allows you to manually set up Billing Charge records for partial period and other special calculations before you run the Billing Calculation process. You do this by entering charges for a Billing Calendar in advance through the Charge Entry page. However, the Billing Calculation process does not delete manual entries, which means that when you run that process, you cannot replace your manually created charges with automatically created charges.

Rerunning the Billing Calculation Process

Just as in PeopleSoft Payroll, you can rerun billing calculations repeatedly for a given Billing Calendar until you print billing statements for that Calendar. The system backs out any previously calculated charges as well as any open credit that it applied previously to the charges.

The system is unable to reprocess charges for a Billing Calendar if you have made adjustments to or have applied payments against the charges. In addition, the system does not reprocess charges for a Billing Calendar if statements have been printed.

Retroactive Processing

In situations where retroactive processing is called for, the Billing Calculation process compares the Billing Calendar dates, the date billing begins for the plan type, and the dates of any charge records for the plan type. The system then generates retroactive Billing Charge records for all previous billing periods that have passed since the billing begin date for which there are no corresponding Billing Charge records.

Billing Calculation Limitations

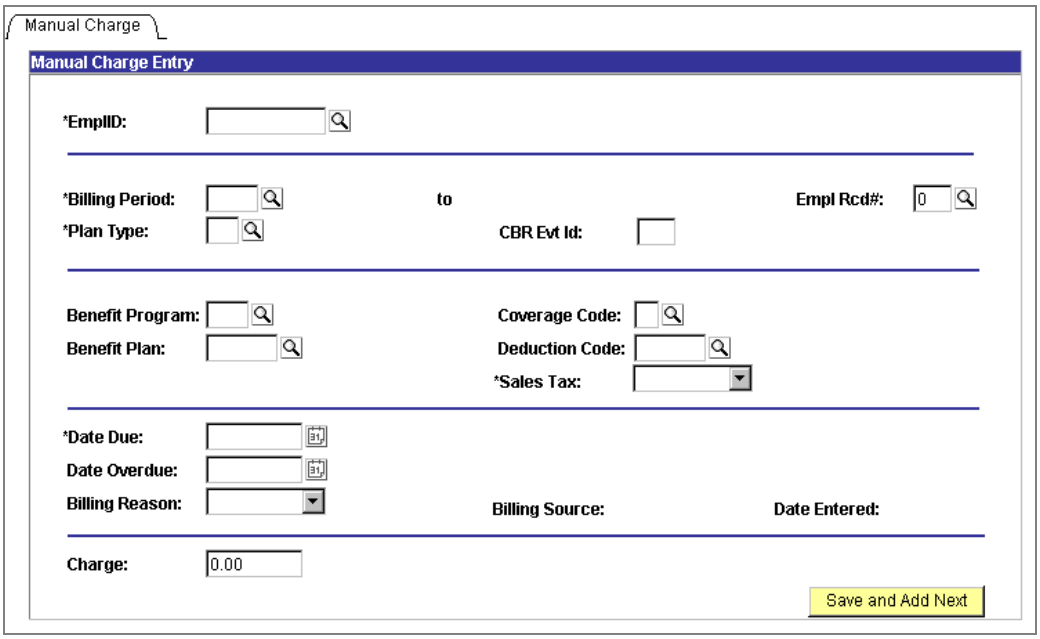
The Billing Calculation process is a limited process. It is designed only to calculate what the employee owes based on his or her enrollments in the PeopleSoft Human Resources Base Benefits tables and the rates specified in their benefit programs. Here are some of the planned limitations of this process:

- The Billing Calculation process does not include any offset from credits when calculating deductions. You have to enter flat amounts into Billing Enrollment records to simulate the use of credits.
- The Billing Calculation process does not calculate imputed income or any other taxable/nontaxable benefit calculations. The process only calculates the Before- and After-Tax deduction classifications.
- The Billing Calculation process does not bill General Deductions, Benefit Programs, Leave plans and Vacation Buy/Sell plans (Plan Types 00, 01, 5x, and 9x).
- The Billing Calculation process only bills flat dollar amounts for Savings plans, FSA plans, Retirement plans, and Pension plans (Plan Types 4x, 6x, 7x, and 8x).
- The Billing Calculation process does not update any deduction or other payroll balances. You have to do this manually. Not making these adjustments may affect imputed income reporting, savings plan limit testing, and FSA claims processing.
- The Billing Calculation process does not attempt to check group limits on Life and AD/D insurance plans.

Charge Entry - Manual Charge Page

Usage	The Manual Charge page enables you to manually post new Billing Charge records to the system. You only want to use this page in special cases, because the majority of your charges are created automatically through the Billing Calculation process. You may want to use this page to enter a partial charge for an employee's first billing period and start automatic billing for that employee in the next billing period. You can also use this page to enter a partial month billing for the last billing period. Keep in mind that if you have entered a billing period's Billing Charge records manually for an employee, the Billing Calculation process does *not* automatically calculate the same billing period's charges for that employee. The Billing Calculation process never deletes manual charge entries, even in situations where it is being rerun for a particular billing

	period. This feature enables you to set up preemptive Billing Charge records for partial period and other special calculations that are not be deleted when you run the Billing Calculation process later on. Also, the system does not enable you to directly change the amount of a charge once you have saved it into the system. All corrections to charges have to be made through the Charge Adjustments page, which is detailed later in this section.
Object Name	BILL_CHRG_ADD
Navigation	**Compensate Employees, Administer Benefits Billing, Use, Charge Entry**
Access Requirements	Enter the employee ID.



Charge Entry - Manual Charge page

The system automatically sets **Billing Source** to ***Manual*** and sets the **Date Entered** to the system date. The system also pulls the **Date Due** from the Billing Calendar and then calculates the **Date Overdue.** You can modify either of these dates at your discretion.

To enter a charge, first select the proper **EmplID** (employee ID) and populate the other fields as needed. For a complete description of what they represent, see the description of the Charge Review - Summary page in this chapter.

Enter the **CBR EVT Id** (COBRA event ID), if one is associated with the selected **Plan Type/EmplRcd#** (employee record number) combination.

The system uses the benefit program definition table to audit the **Benefit Program, Benefit Plan, Coverage Code,** and **Deduction Code** values. These values are used by some Benefits Billing reports for sorting and grouping.

In **Charge,** enter the total charge for this employee for the indicated Billing Period.

When you try to save this page, the system prompts you with a save confirmation request. If you enter ***No,*** the system returns you to the page to make changes. If you enter ***Yes,*** the system saves the Charge Entry record and clears it for the next entry.

Note. Once you save a Charge Entry record, you cannot directly change the amount of that charge. From that point on, all changes that you make to the charge have to be performed through the Bill Charge Adjustment page.

For more information**,** see Making Adjustments to Charges and Payments.

Entering Sales Tax for Canadian Benefit Charges

In the Sales Tax field, Canadian users can enter charges that represent various Canadian sales taxes associated with other benefits billing charges. For example, a billing charge for a medical plan may have a Canadian sales tax associated with it. You enter this tax as a separate charge and identify the type of sales tax in the Sales Tax field. Sales Tax can be used for the Goods and Services Tax *(GST),* the Provincial Sales Tax *(PST),* the Provincial Premium Tax *(PPT),* the Provincial Sales Tax on Insurance *(PSTI),* and the Harmonized Sales Tax *(HST).*

Note. You always enter sales tax as a separate charge, as this is the only way that the system can track it. On all Benefits Billing pages dealing with benefits charges, sales tax charges are identified with their sales tax type.

Reviewing Billing Charge Record Information

The Benefits Billing facility includes a number of Billing Charge review pages that enable you to keep track of the progress of the Billing Charge records assigned to your employees and dependents. You can use them to review Billing Charge record information as soon as the records are created and at any point thereafter. These review pages are useful when you want to:

- Change the Date Due and Date Overdue values for a particular charge.
- Review summary and detail historical information for the various charges assigned to a participant—both those that have been paid in full and those that remain open.
- Determine the adjustment and payment history of a particular charge.
- Find out how many charges a participant has for a particular billing period or plan type.

The Charge Review pages (Charge Review - Charge and Charge Review - Charge Detail) make it possible for you to review the Billing Charge records assigned to individual participants at varying levels of detail.

The Charge Summary pages (Charge Summary by Billing Period and Charge Summary by Plan Type) enable you to see a summary list of the charges assigned to a particular participant, grouped by either the billing period in which they were posted or the plan type that they're associated with.

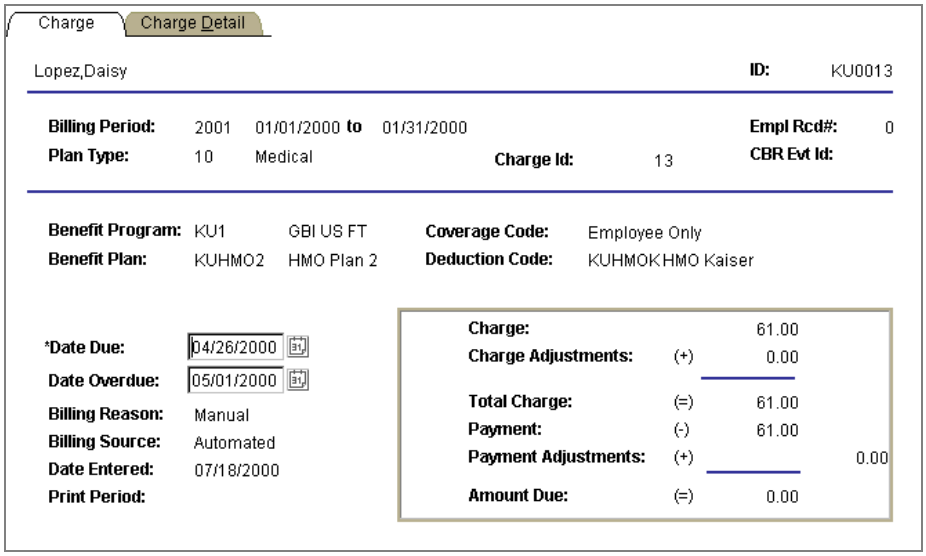
Reviewing Individual Charge Records With the Charge Review Pages

You use the two Charge Review pages to review summary and detail information on Benefits Billing charges and payments for individual employees. The system populates these pages primarily by information gathered from the Benefits Billing batch calculation process.

The first page, Charge Review - Charge, provides summary information on a Benefit Billing enrollee's charges for a specific billing period. The second page, Charge Review - Charge Detail, breaks down the various actions that have occurred to the charge—such as its calculation, and payments and adjustments to the charge.

Charge Review - Charge Page

Usage	Bring up Charge Review - Charge for a Benefits Billing enrollee to see how his or her Benefits Billing charges and payments add up. With the exceptions of the Date Due and Date Overdue fields, this page cannot be manually updated.
Object Name	BILL_CHRG_VW
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Charge Review, Charge**
Access Requirements	Enter the employee ID.



Charge Review - Charge page

The **Billing Period** is the period for which this billing charge record was calculated. The **Plan Type** is the type of benefit being billed in this billing charge record. The **Empl Rcd#** links back to the original Benefits Billing enrollment information for an employee with

multiple jobs. The **CBR Evt Id** identifies whether the coverage being calculated was under COBRA, and if so, provides the link back to the COBRA event. And the **Charge Id** is a system-generated number that ensures the individuality of the various Billing Charge records in your system.

If you are investigating the billing charge information for a Benefits Billing enrollee who is being billed for more than one **Billing Period,** or who is being billed for more than one **Plan Type, Empl Rcd#,** or **COBRA Evt Id** within a particular billing period, that enrollee will have had multiple billing charge records created for him or her by the Benefits Billing calculation routine.

The fields in the middle region of the Charge Review - Charge page **(Benefit Program, Coverage Code, Benefit Plan,** and **Deduction Code)** provide information regarding the calculation of the charge and can be used to trace back to the rate tables and calculation rules used to create the charge. The Benefits Billing calculation process obtains this information from the Benefits Billing enrollee's Base Benefits records.

Benefit Program refers to the benefit program in which the Benefits Billing enrollee is currently enrolled. **Benefit Plan** indicates the benefit plan being charged. **Coverage Code** displays the level of coverage provided to the plan, and **Deduction Code** displays the deduction attached to the plan. If the charge is for a Canadian Sales tax associated with another benefits charge, the sales tax type is indicated in **Sales Tax.**

The lower left region displays miscellaneous information about the billing charge. The **Date Due** is the date that this charge becomes (or became) due. The **Date Overdue** is the date that the payment is (or was) considered overdue. You may modify both of these dates at your discretion.

The Billing Enrollment record populates **Billing Reason** for the displayed enrollee. It tells why the person is being billed: because the person is in ***Arrears***, because Ben Admin or COBRA processes picked up the person, or because the person's charge was entered by ***Manual*** processes. **Billing Source** identifies the source of this charge; it can either be from the ***Automated*** batch calculation system or from the ***Manual*** Charge Entry page, which is described later in this section. The **Print Period** indicates the begin and end dates of the Billing Calendar during which the statement for this charge was sent.

The lower right region displays the accounting information for this billing charge.

Charge is the original charge as calculated by the batch calculation process or as originally entered in the Charge Entry page.

Charge Adjustments are the total of any adjustments applied against the **Charge.** A positive number indicates that the charge has been increased. A negative number indicates that the charge has been decreased. Adjustments to charges are made through the Charge Adjustment page, which is described later in this chapter.

Total Charge is the result of combining the **Charge** with the **Charge Adjustments.**

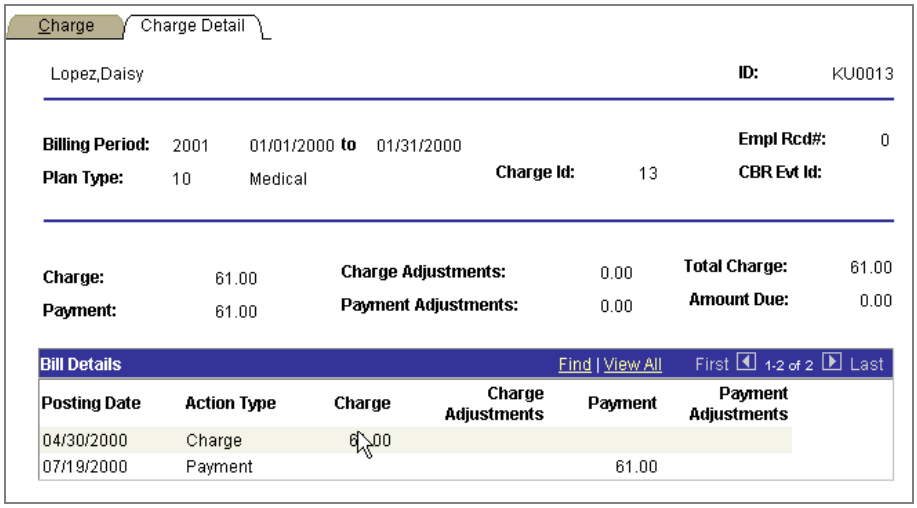
Payment is the total of all payments applied against the charge. The **Payment** value is always shown as a positive number.

Payment Adjustments are the total of any adjustments applied to payments against the **Charge.** A positive number indicates that the payments have been reduced. Adjustments to payments are made through the Payment Adjustment page, which is described later in this chapter.

The **Amount Due** is the **Total Charge** minus the **Payment** plus the **Payment Adjustments.** This is the amount that the employee owes.

Charge Review - Charge Detail Page

Usage	The Charge Review - Charge Detail page provides detail information about the actions that have been applied to the charge being reviewed.
Object Name	BILL_CHRG_DET
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Charge Review, Charge Detail**
Prerequisites	Complete the Charge Review - Charge page.
Access Requirements	Enter the employee ID.



Charge Review - Charge Detail page

The top two regions of the Charge Review - Charge Detail page are duplicated from the Charge Review - Charge page and contain summary information about the charge.

The lower region of this page contains detail information about the actions that have been applied to the charge that you're reviewing. If the list of charge actions extends past the limit of this frame, you can use the scroll arrows to see the rest of the list.

The **Posting Date** column displays the dates that the detail records were entered into the system. For detail records with an **Action Type** of ***Charge,*** the **Posting Date** is the last day of the billing cycle.

The **Action Type** column identifies the types of charge actions represented by each detail record. Possible actions include ***Charge, Charge Adjustment, Payment,*** and ***Payment Adjustment.***

The **Charge** column displays the amount of the original charge.

Note. If the **Charge** is associated with a Canadian sales tax, the sales tax type ***(GST, PST, PSTI,*** and so on***)*** is indicated with the charge in this column.

The **Charge Adjustments** column displays the amount of any charge adjustments applied to the charge. A positive amount is an increase to the charge (an increase in the amount that the employee owes), while a negative amount is a decrease to the charge (a decrease in the amount that the employee owes).

The **Payment** column displays the amounts of any payments applied to the charge.

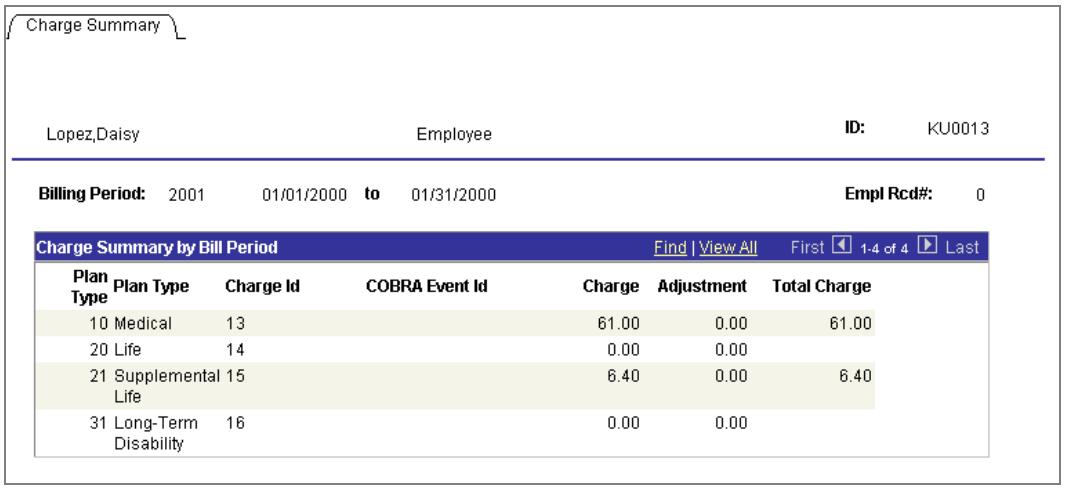
The **Payment Adjustments** column displays the amounts of any adjustments to payments that affect the amount of money *applied* against this charge. A positive amount is an increase to the payment, while a negative amount is a decrease to the payment.

Reviewing Charge Information by Billing Period and Plan Type

The Benefits Billing system includes two inquiry pages that enable you to review charge information for individual employees: Charge Summary by Billing Period and Charge Summary by Plan Type.

Charge Summary by Billing Period - Charge Summary Page

Usage	Charge Summary by Billing Period arranges an individual employee's charges by their Billing Periods.
Object Name	BILL_CSUM_BY_BPER
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Charge Summary By Billing Period**
Access Requirements	Enter the employee ID.

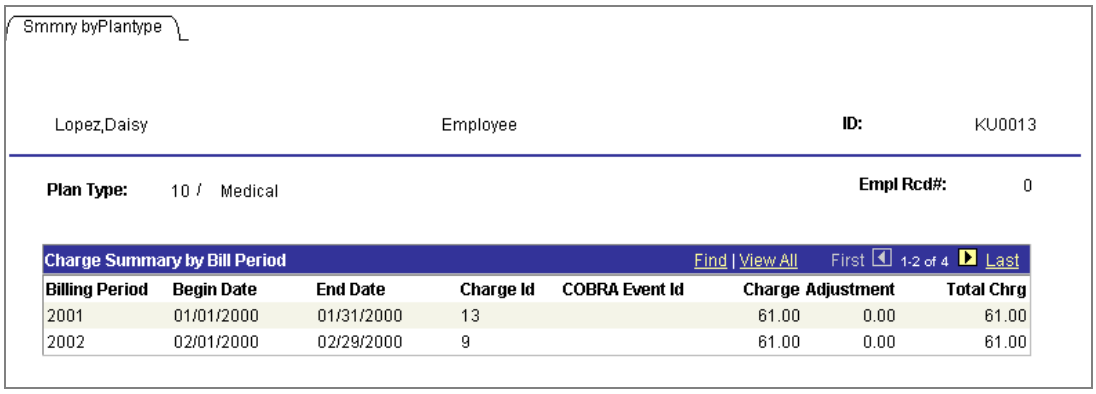


Charge Summary by Billing Period - Charge Summary page

If the **Charge** is associated with a Canadian sales tax, the sales tax type ***(GST, PST, PSTI,*** and so on***)*** is indicated before the **Charge** column.

Charge Summary by Plan Type - Smmry byPlantype Page

Usage	Charge Summary by Plan Type displays an individual employee's charges according to the various Plan Types that they're associated with.
Object Name	BILL_CSUM_BY_PTYPE
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Charge Summary by Plan Type**
Access Requirements	Enter the employee ID.



Charge Summary by Plan Type - Smmry byPlantype (summary by plan type) page

If the **Charge** is associated with a Canadian sales tax, the system displays the sales tax type ***(GST, PST, PSTI,*** and so on***)*** of the charge to the left of the charge amount.

Generating Benefits Billing Statements

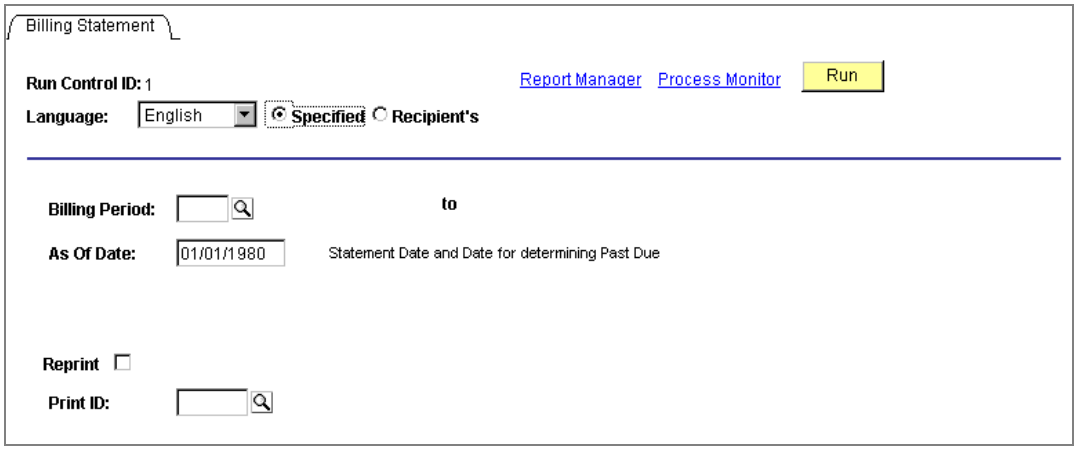
Once you've finished calculating, adding, and adjusting your employees' Benefits Billing charges, you use the Statement Print process to print Benefits Billing statements for individual participants. These statements display information on billing activities that take place on or before the end date of a specific Billing Calendar. They may also display statement comments.

Benefits Billing statements itemize charges by plan type, and they display information on payments made by the participant during the billing period represented by the statement.

Billing Statement Page

Usage	You use the Billing Statements page to set up the statement print process.
Object Name	RUNCTL_BEN040
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Billing Statements**

Prerequisites	None
Access Requirements	Enter the Run Control ID.



Billing Statement page

Enter the **Billing Period** of the Billing Calendar for which you want to print statements. You can only print out statements for one **Billing Period** at a time. Items with posting dates later than the Billing Period End Date will not print on the form. This is a required field.

The **As Of Date** is used by the system to determine which charges are overdue. The system totals charges with due dates prior to the **As Of Date** and prints the total as the amount overdue. We have kept this date separate because some organizations bill in advance for benefits.

For example, suppose that you run the Billing Calculation on October 1 for the November billing period (11/1/97–11/30/97). The due date on the charges is October 25 with the charges being overdue on October 29. You do this to avoid being stuck paying for coverage. If the employee does not pay by November 29, the employee does not get the benefit coverage.

In this example, you print and mail the statements in early October. Neither the period begin date (11/1/97) or the period end date (11/30/97) are suitable for determination of the past due date, even though the employee is seeing them for the first time. To keep the system from considering the November charges past due, you can enter the October date that the statements were printed and the system will not consider the November charges past due. It would consider charges from the previous run to be past due. These would be charges for October coverage generated September 1 and due September 25.

Note. The system only produces statements for individuals who have active billing enrollments or outstanding balances in the Benefits Billing system. The system does not print statements for employees who are inactive with a zero balance or who have Hold Statements selected in the Employee Override page. If a charge displayed on the statement is subject to a Canadian sales tax, the system displays the charge's sales tax type (GST, PST, PSTI, and so on) to the left of the charge amount.

The printed statements include all plan types being billed. They do not differentiate between COBRA and non-COBRA charges, and they don't itemize the charges by an employee's

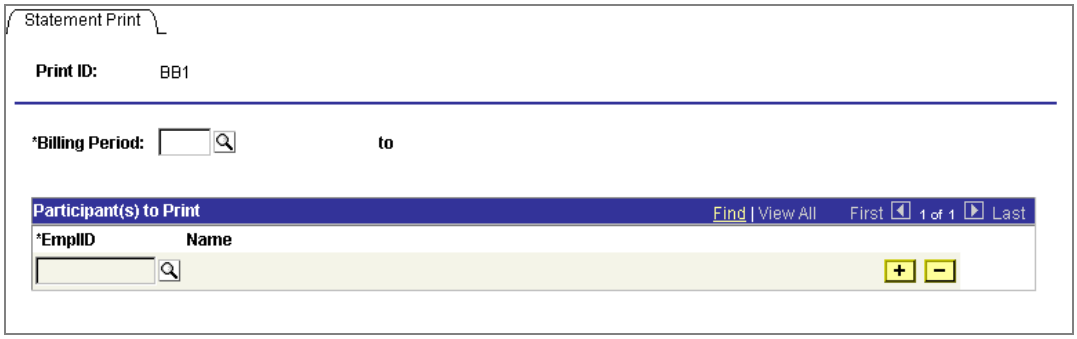
different employee record numbers (if the employee has multiple jobs). The inclusion of a due date on each item allows for separate due dates for COBRA coverage.

Billing statements can also include statement comments. You can use the Billing Parameter page to create global comments that appear on the statements of all employees participating in a given Billing Calendar, and you can use the Employee Override page to compose a statement comment that appears on an individual employee's billing statement.

If you want to reprint statements, select the **Reprint** check box and enter a **Print ID.** You define reprint report Print IDs in the Statement Print page, which we detail in the following section.

Statement Print Page

Usage	You use the Statement Reprint page to reprint statements for specific individuals.
Object Name	BILL_PRINT
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Statement Reprint**
Access Requirements	Enter the Print ID.



Statement Print page

Once you access the Statement Print page, you enter the **Billing Period** for which the list applies and the employee IDs of the employees that you want the system to reprint. To initiate the reprint process, go back to the Billing Statement page. Enter the Billing Period to be reprinted and select the Reprint check box. Then enter the Print ID that indicates the list of people to be printed.

Processing Benefits Billing Payments

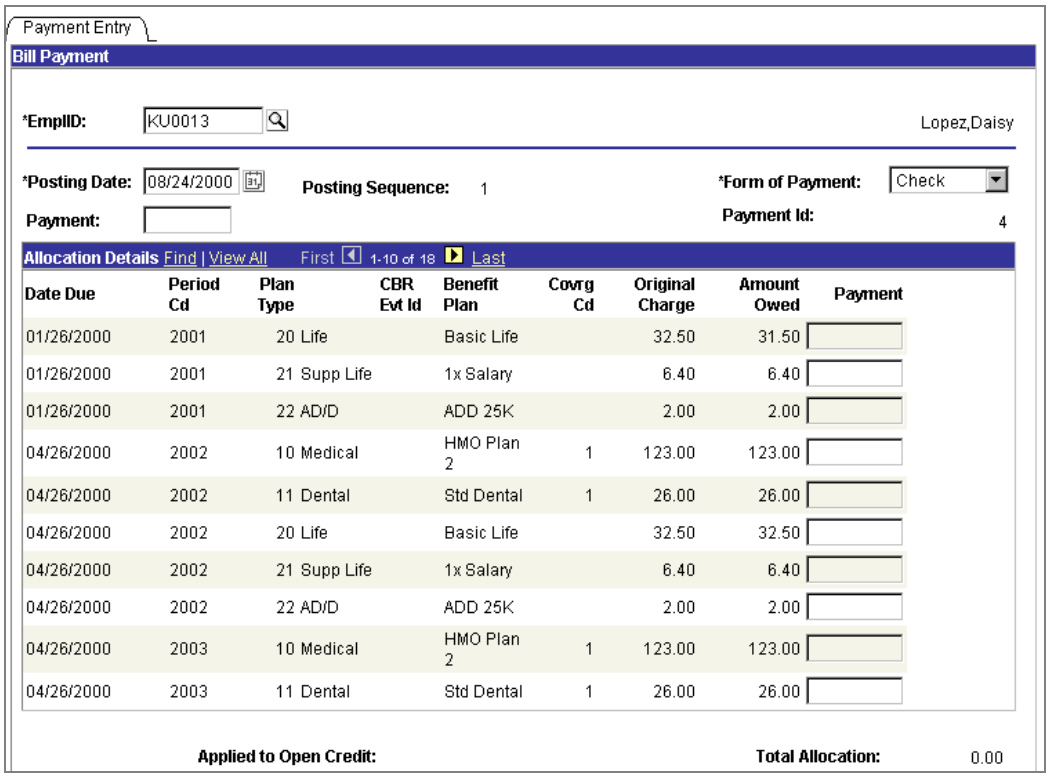
Once you've generated and delivered your Benefits Billing participants' billing statements, you then have to deal with handling their payments. The Benefits Billing facility makes it possible to easily manage this phase of the billing cycle.

In this section, we show you how to process Benefits Billing payments. We explain how to use the Payment Entry page to enter payment totals for individual participants and allocate the payments to separate billing charges. We also reveal how you can use the Payment

Review page to examine the payment histories of Benefits Billing participants. And we also discuss the Billing Charges by Post Date page.

Payment Entry Page

Usage	You use the Payment Entry page to log individual payments from a participant and allocate those payments to separate charges. When you select this page from the menu, the page appears without system prompts for employee IDs or other data. Instead, when the page appears, enter a Benefits Billing participant's Employee ID to view a list of the open charges associated with that employee or dependent. Closed charges are not displayed. This page is designed only for the creation of Billing Payment records. If you want to review this information after saving it, you have to go to the Payment Review page. And if you want to make changes to or reallocate a saved Billing Payment record's payment amount or reallocate the payment, use the Payment Adjustment page.
Object Name	BILL_PAYMENT
Navigation	**Compensate Employees, Administer Benefits Billing, Use, Payment Entry**
Access Requirements	Enter the employee ID.



Payment Entry page

The **Posting Date** is the date that the system posts the payment to the charges. The system automatically sets this date to the current date.

In the **Payment** field, enter the total payment provided by the employee. The system automatically allocates this payment to the oldest charges, starting from the top of the list and moving down. You can redistribute the payment among the participant's various charges manually.

The **Posting Sequence** number is provided by the system. It enables you to make multiple payments on the same day.

In **Form of Payment,** enter the type of payment provided by the employee; it can be either ***Check, Cash,*** or ***Interface.*** You can enter either ***Check*** or ***Cash*** in this field, but the ***Interface*** value can only be set automatically by the Billing Calculation batch process.

The system orders individual charges by their **Date Due,** and identifies them by their **Period Cd** (billing period code), **Plan Type, CBR Evt ID, Original Charge** amount and the charge's **Amount Owed** (the Total Charge plus adjustments and payments.

If the **Original Charge** is associated with a Canadian sales tax, the system displays the sales tax type ***(GST, PST, PSTI,*** and so on***)*** to the left of the charge listing.

In **Payment,** you can allocate the payment among the various open charges. When a charge is paid in full, it is closed by the system and does not appear the next time that you access the Payment Entry page. If, after allocation of the payment, a charge is *not* paid in full, it remains open for the next payment. **Total Allocation** displays the total amount of money allocated to charges.

In situations where payments made by a Benefits Billing participant *exceed* the total amount owed by the participant, the system posts the excess payment amount to an **Applied to Open Credit** section that appears at the bottom left part of the page.

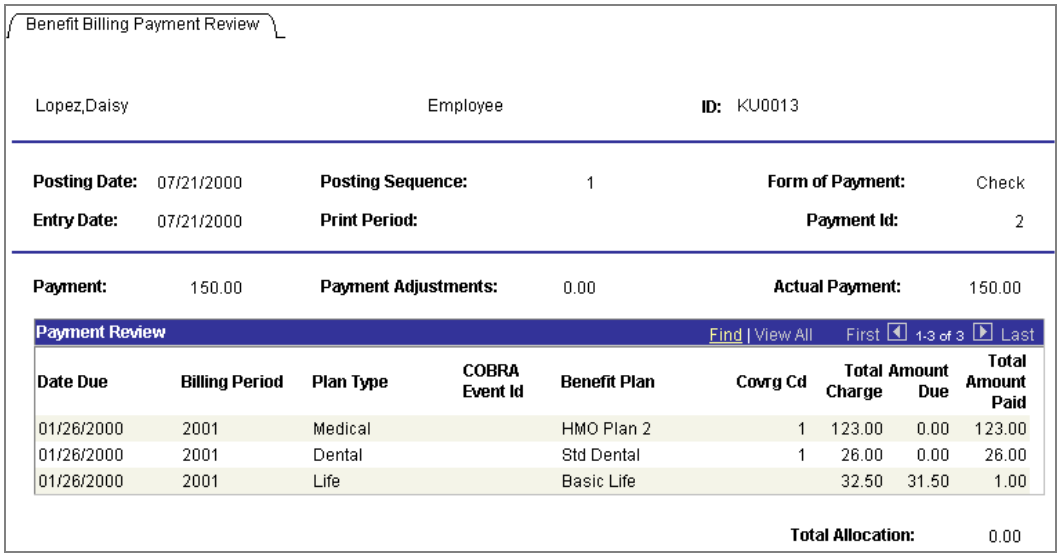
Note. The system does not allow participants to have payments applied to open credit as long as they have unpaid charges. The Billing Calculation process looks for a participant's open credits and applies them to new charges that it generates for that participant. The manual Charge Entry page also automatically applies open credit amounts to new charges.

When you attempt to save changes to a Billing Payment record, the system prompts you to confirm the save by the system. Answer *Yes* to save the payment entry and clear the page for the next entry. Answer *No* to be returned to the page so that you can make further changes.

Note. Once a Billing Payment record is saved, you cannot directly change the amount of the payment through the Payment Entry page. All changes to saved payment entries must be made as adjustments through the Payment Adjustments page.

Payment Review - Benefit Billing Payment Review Page

Usage	You use the Benefit Billing Payment Review page to examine the charge payment history of your Benefits Billing participants. The Benefit Billing Payment Review page is almost identical in appearance to the Payment Entry page. It does not allow you to enter or change payment information, and it displays records for paid (or closed) charges.
Object Name	BILL_PAYMENT_VW
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Payment Review**
Access Requirements	Enter the employee ID.



Payment Review - Benefit Billing Payment Review page

When you select this page from the menu, the system prompts you for an employee **ID** and the Billing Payment record's **Posting Date.** If you just enter an employee **ID,** the system provides you with a list of the Billing Payment records associated with that employee or dependent.

The Benefit Billing Payment Review page displays information about the Billing Payment record in the top two regions of the page and information about how the payment was allocated in the bottom two regions of the page.

Most of the fields on this page are identical to those found in the Payment Entry page, but there are a few new ones.

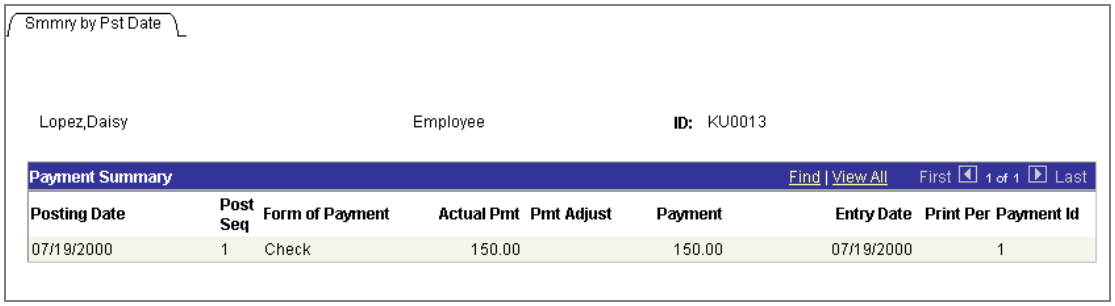
The **Entry Date** is the date when you entered the payment record into the system. This is different than the **Posting Date,** which refers to the date when the payment was *actually applied* to the charges.

The **Print Period** is the billing period during which information about this payment appeared on the participant's billing statement. This field relates back to the Billing Calendar page.

Payment is the amount of the payment as it was originally entered into the system. **Payment Adjustments** are the total of any adjustments made against the payment after it was originally entered and saved into the system. The **Actual Payment** is the amount of the payment that was actually applied against charges. This value is identical to either the **Payment** or **Payment Adjustment** value except in cases where overpayments were Applied to Open Credit.

Payment Summary by Post Date - Smmry by Pst Date Page

Usage	You can use the Payment Summary by Post Date page to review a summary of the payments made by a particular participant, arranged by their Posting Date.
Object Name	BILL_PSUM_BY_PTDT
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Payment Summary By Post Date**
Access Requirements	Enter the employee ID.



Payment Summary by Post Date - Smmry by Pst Date (summary by post date) page

Making Adjustments to Charges and Payments

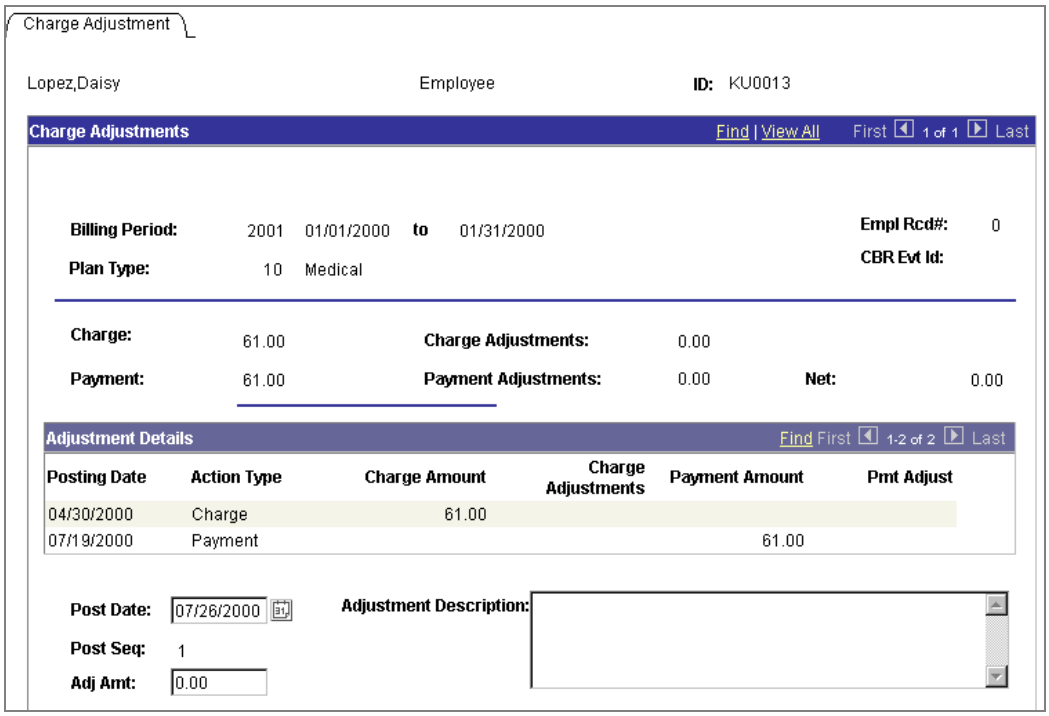
The Benefits Billing system does not allow you to make changes to saved Billing Charge and Billing Payment records with the Charge Entry and Payment Entry pages. Instead, we've designed two other pages, Charge Adjustment and Payment Adjustment, to handle situations where modifications must be made to charge and billing information.

This method of handling changes to Benefits Billing records protects the integrity of the Benefits Billing accounting process. When you check accounting information through the various review pages, you can always see the exact amount that was initially entered for a charge or payment, as well as a record of the various adjustments that might be made to charge and payment records after their creation. The Charge and Payment Adjustment pages are designed to help ensure the reliability of your Benefits Billing accounting information over time.

You use the Charge Adjustments page to make adjustments to Billing Charge records. You enter adjustments to Billing Payment records using the Payment Adjustments page. And if you want to view a summary of the adjustment records (both charge and payment) associated with a particular employee, you find one in the Adjustment Summary page.

Charge Adjustment Page

Usage	You use the Charge Adjustment page to make adjustments to previously created Billing Charge records. When you select this page, the system prompts you for an Employee ID and Billing Period to identify the Billing Charge record that you want to adjust.
Object Name	BILL_CHRG_ADJUST
Navigation	**Compensate Employees, Administer Benefits Billing, Use, Charge Adjustment**
Access Requirements	Enter the employee ID.



Charge Adjustment page

The top three regions of the Charge Adjustment page display various types of information about the charge. The first region displays information that identifies the charge: the charge's **Billing Period, Plan Type, Empl Rcd#,** and **CBR Evt Id.** The second region displays the calculated amount of the original charge, along with the total payments and adjustments made to the charge to date. The third region breaks down the accounting information for the charge, displaying each payment and adjustment made to the charge in the order that they were posted.

You enter charge adjustment information in the fourth and last region of the Charge Adjustment page. You can only apply one adjustment to a charge.

The **Post Date** is the date that the system posts the adjustment to the charge. The **Post Date** is automatically set to today's date, but you can change it to reflect a more appropriate posting date for the adjustment.

The **Post Seq** (post sequence) is a numerical value that is assigned by the system. It enables you to schedule more than one charge adjustment for a particular **Post Date.**

The **Adj Amt** (adjustment amount) is the amount of the adjustment.

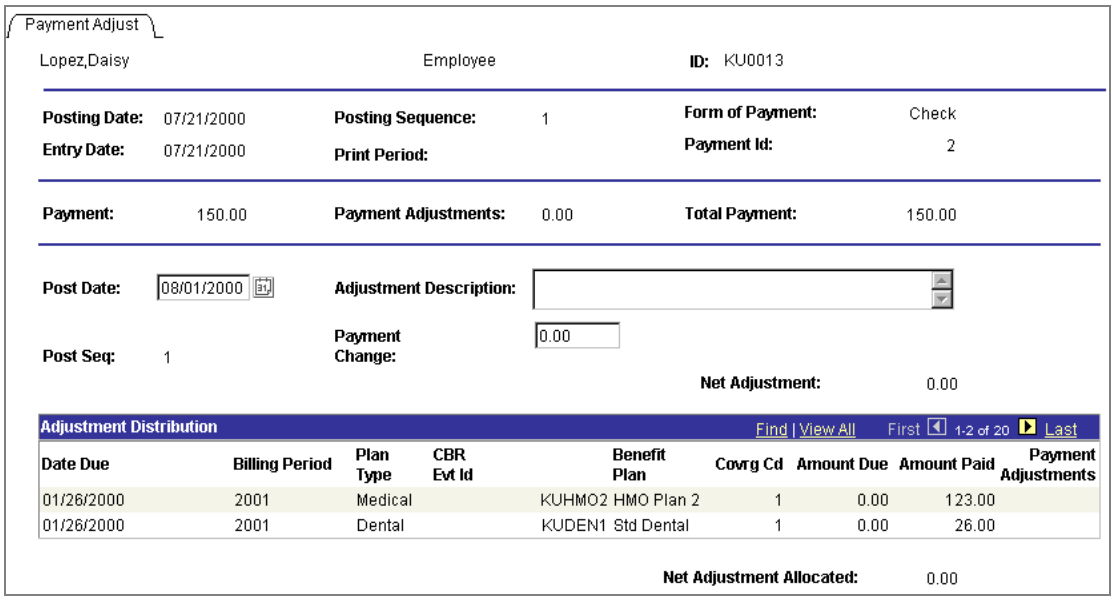
If you create an adjustment that *increases* the amount of the charge, the system checks to see if the participant has any overpayments allocated to open credits. It applies open credits to the increase in the charge, updates the charge balance, and inserts detail rows showing the allocation of the open credits to the charge.

For more information about the allocation of overpayments to open credits, see the Payment Entry Page and the Payment Review - Benefit Billing Payment Review Page.

If you create an adjustment that *reduces* the amount of a charge that has already been paid, you end up with an overpayment. In this situation, the system checks to see if the employee has other open charges. If there are open charges, the system issues an error message requesting that you make a payment adjustment. If there are no open charges, the system selects a payment allocated to the charge being adjusted and automatically creates a payment adjustment that reduces the payment. The system then increases the open credit balance by the amount by which the payment was reduced.

Payment Adjustment Page

Usage	You use the Payment Adjustment page to make adjustments to previously created Billing Payment records.
Object Name	BILL_PAY_ADJUST
Navigation	**Compensate Employees, Administer Benefits Billing, Use, Payment Adjustment**
Access Requirements	Enter the employee ID.



Payment Adjust (payment adjustment) page

The top two regions of the Payment Adjustment page displays information that identifies the Billing Payment record: the **Posting Date, Posting Sequence, Entry Date, Print Period,** and **Payment ID.** It also displays basic accounting information about the payment: the amount of the original payment, adjustments made to the payment, and the total payment after adjustments and overpayment allocations to open credits have been made.

You enter payment adjustment information in the third frame. The **Post Date** is the date that the system posts the adjustment to the payment. This date is automatically set to the current date, but you can override that date with one more appropriate to your needs.

The **Post Seq** is a numerical value that is assigned by the system. It enables you to schedule more than one charge adjustment for a particular **Post Date.**

In **Adjustment Description,** enter the reason for the adjustment. You can use the scroll arrows to view a description that runs longer than one line.

In **Payment Change,** enter the amount by which the payment adjustment changes the payment.

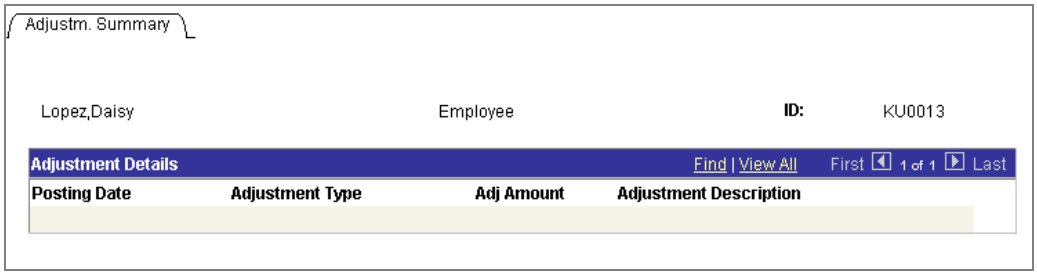
The **Net Adjustment** reflects the part of the adjustment that applies to payments to charges. The **Net Adjustment** is equal to the **Payment Change** if the adjustment increases the payment or if there is no open credit associated with the payment. If the payment adjustment reduces the payment or there is an open credit, the **Net Adjustment** represents the amount left over when the open credit has been wiped out, which then has to be subtracted from charges.

The system requires that **Net Adjustment** equal **Net Adjustment Allocated.** The exception to this is when the total adjustment exceeds the total due on charges. In this case, as with payments, the system requires that all the charges are paid off, and it applies the remainder to open credit.

The bottom region displays the original distribution of the payment against the charges owed by the participant during the selected billing period. It also displays unpaid charges. In the **Adjustment Amount** column, you can redistribute the payment to other charges through the adjustment.

Adjustment Summary - Adjustm. Summary Page

Usage	The Adjustment Summary page is an inquiry page that enables you to view the various charge and payment adjustments associated with an individual.
Object Name	BILL_ADJ_SMRY
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Adjustment Summary**
Access Requirements	Enter the employee ID.

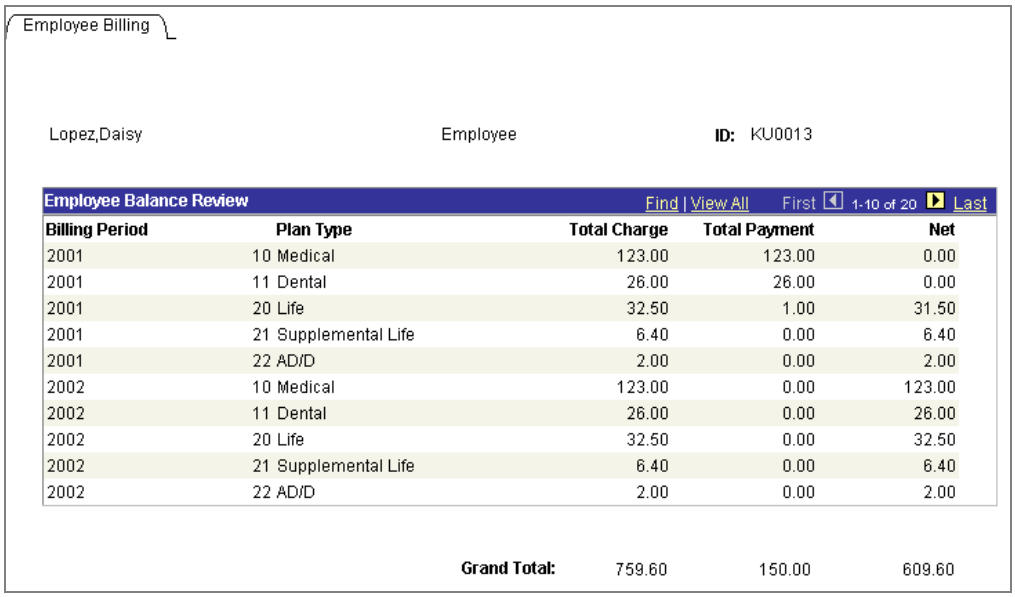


Adjustment Summary - Adjustm. Summary (adjustment summary) page

The **Posting Date** is the date that the adjustment was posted to the system. The scroll arrows for the **Adjustment Details** fields can be used to view descriptions that go over one line.

Employee Balance Review - Employee Billing Page

Usage	Access the Employee Billing page to view a list of the charges and payments associated with an individual employee and their grand totals.
Object Name	BILL_BLNC_SMRY
Navigation	**Compensate Employees, Administer Benefits Billing, Inquire, Employee Balance Review**
Access Requirements	Enter the EmplID.


Employee Billing

Lopez,Daisy Employee ID: KU0013

Employee Balance Review Find | View All First 1-10 of 20 Last

Billing Period	Plan Type	Total Charge	Total Payment	Net
2001	10 Medical	123.00	123.00	0.00
2001	11 Dental	26.00	26.00	0.00
2001	20 Life	32.50	1.00	31.50
2001	21 Supplemental Life	6.40	0.00	6.40
2001	22 AD/D	2.00	0.00	2.00
2002	10 Medical	123.00	0.00	123.00
2002	11 Dental	26.00	0.00	26.00
2002	20 Life	32.50	0.00	32.50
2002	21 Supplemental Life	6.40	0.00	6.40
2002	22 AD/D	2.00	0.00	2.00
	Grand Total:	759.60	150.00	609.60

Employee Balance Review - Employee Billing page

The Employee Balance Review - Employee Billing page displays a list of the total charges and total payments to those charges for an individual employee. The charge and payment values displayed are accounted for in all adjustments previously posted against them. The **Net** column displays the amount of balance still outstanding for each charge/payment combination after the **Total Payment** value is subtracted from the **Total Charge** value.

If the **Total Charge** is associated with a Canadian sales tax, the system displays the sales tax type ***(GST, PST, PSTI,*** and so on***)*** to the left of the charge listing.

The **Grand Total** is the total of the **Total Charge, Total Payment,** and **Net** columns.

CHAPTER 20

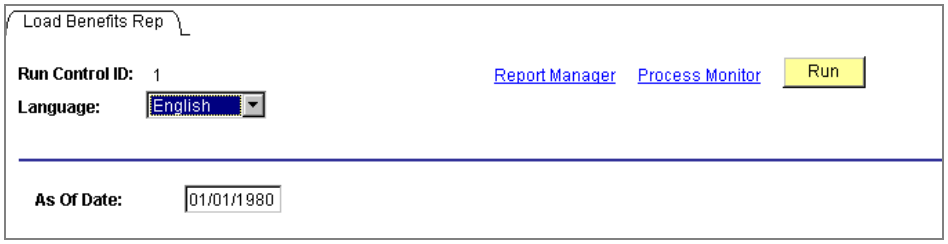
Managing Carrier Interface

Providing insurance companies with the information they need about employees and participants enrolled in your benefits program can be an ongoing challenge. Since insurers have not adopted a uniform format for providing information, you either have to produce interface files for each provider that you deal with, or negotiate with insurance companies to convince them to accept a different format.

The PeopleSoft carrier interface system makes it easier for you to report benefits information to insurance companies. It enables you to view employee, dependent, and COBRA enrollment data as of a date that you specify. The data is loaded into the Benefits Data table. It will include elections for all plan types. You can use this data as the basis for carrier interface files and specialized benefits reports.

Load Benefit Reporting Tbl Page

Usage	The first step in the carrier interface process is to create a summary of current benefits elections by populating the Benefits Data table. You populate the table by running the Load Benefit Reporting Table process with the Process Scheduler.
Navigation	**Compensate Employees, Administer Base Benefits, Process, Load Benefit Reporting Tbl, Load Benefits Reporting Table**
Access Requirements	Enter a Run Control ID.



Load Benefit Reporting Tbl (load benefit reporting table) – Load Benefits Rep (load benefits reporting) page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Language**and **As of Date.**

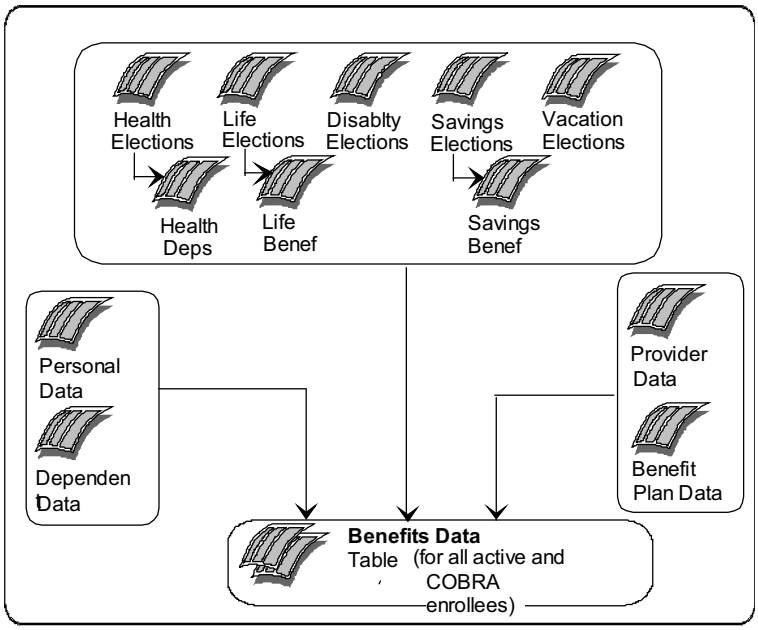
Click **Run** to run this request. Process Scheduler runs load benefits process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler

The Benefits Data Table

The Benefits Data table consolidates all plan type elections into a single table. Both elected and waived coverages will be included. In addition, provider information and employee or dependent address information are also included.

After the SQR runs, the Benefits Data table will contain all employee benefits data, all covered dependent data, and all beneficiary data.



Consolidated Data Files

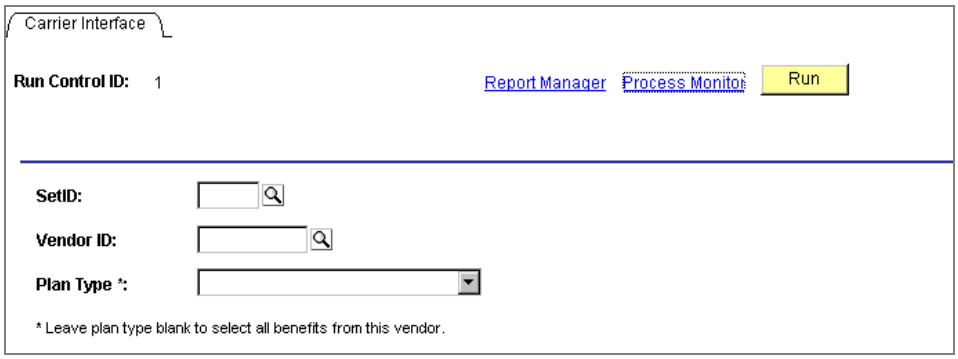
When you run the Load Benefits Reporting Table report, an original enrollment date will be calculated for all employee and dependent health records. The original enrollment date is the first date that the person was covered by a benefit plan.

This date is not necessarily the coverage-effective date of the current health record. For example, employee B001 elects *Employee* medical coverage in plan *HMO1* on 01/01/94. The employee marries on 05/13/94 and elects *Employee* + *Spouse* coverage in *HMO1*. The current health record is 05/13/94. The original enrollment date for the employee is 01/01/94. The original enrollment date for the spouse is 05/13/94.

Carrier Interface Page

Usage	You identify the carrier interface reports that you want to prepare by

	plan type and provider identification number.
Object Name	RUNCTL_BEN101
Navigation	**Compensate Employees, Administer Base Benefits, Process, Carrier Interface, Carrier Interface**
Access Requirements	Enter a Run Control ID.



Carrier Interface page

The system will prompt you to enter an existing **Run Control ID** or add a new one. After you choose an ID, you'll be brought to a parameters page where you'll enter the process parameters: the **Vendor ID** and the **Plan Type.**

Enter the appropriate **Vendor ID** and **Plan Type** for the report that you want to prepare. Save your entry.

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Language**and **As of Date.**

Click **Run** to run this request. Process Scheduler runs load benefits process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler

Interface File Format

The following table lists the format of the delivered sample carrier interface extract file. The Data column shows special codes that are inserted into these fields. If there is no description in the Data column, the data comes directly from the database.

Carrier Interface Extract File Format

Field	*Length*	*Data*
Employee Identifier	1	1 = Enrollee 2 = Covered Dependent
Relationship	2	00 = Employee 01 = Spouse 02 = Dependent other than spouse
Enrollee Code	1	1 = Employee Election 2 = COBRA Election
Policy Number	10	
Benefit Plan	6	
Emplid	11	
SSN	9	
Original Enroll Date	8	Format: YYYYMMDD
Last Name	30	
First Name	25	
Name Prefix	10	
Street1	30	
Street2	30	
City	30	
State	2	
Postal Code	10	
Country	3	
Gender	1	

CHAPTER 21

Setting Up and Managing Multiple Jobs

Many organizations have employees that work in more than one job at the same time. This situation can present unique challenges when calculating benefit deductions and determining benefit eligibility. In this section, you learn how PeopleSoft Base Benefits and Benefits Administration handle the challenges of multiple jobs.

Understanding Multiple Jobs

The foundation behind multiple jobs is the concept that when a person is hired into a concurrent position, he or she is assigned an employee record number and benefit record number. A benefit record number can be linked to more than one employee record number and an employee record number can be linked to more than one benefit record number.

One basic rule behind multiple jobs is that for each benefit record number one and only one job must be designated as the primary job at any specific point in time. This is important because there are times when the system needs to look at one specific job to know how to process benefit information. For example, when should a deduction be taken? By having a specific job designated as the primary job, the system can access the payroll information for that job and know when to take the deduction.

Another concept behind multiple jobs is how the system should group jobs together when calculating benefit deductions or determining benefit eligibility. Two flags are needed, one for deduction calculation and another for benefit eligibility.

For example, suppose a professor has three jobs. One position is as a dean at a college. Another is as a faculty member at the college. The last position is as a physician at a hospital that is associated with the college. When the professor's job data is entered in Administer Workforce, the system updates the Primary Jobs table, based on specific rules that are discussed later, with the following information:

Job	*Employee Record #*	*Benefit Record #*	*Primary Job*	*Include for Eligibility*	*Include for Deductions*
Faculty	0	0	Yes	Yes	Yes
Dean	1	0	No	Yes	Yes
Physician	2	1	Yes	Yes	Yes

Establishing Rules for Multiple Job Deduction Calculations

In order for the deduction process to work, the system needs to know:

- How should the indicated job or jobs be evaluated when determining eligibility? Must all

jobs, at least one job, or one particular job meet the eligibility criteria?

- Which job or jobs should contribute salary information when calculating the deduction or coverage amount for salary-based plans?

To keep track of this information, the system uses the:

- BAS MJ Options Table to hold the rules that are used to automatically set the flags in the Primary Jobs Table. That means that you don't have to enter this information each time a new job is added or an existing job is rehired or terminated through the Administer Workforce pages. You can override these rules by changing the employee's flags using the Primary Jobs Maintenance page.

- Primary Jobs Table to store information about the employee's job. This table holds the flags that indicate whether this job is:

  - To be included for eligibility processing.

  - To be included in the deduction calculation.

  - The primary job.

This data is automatically created whenever a job is added using the Add Concurrent Job pages and updated whenever a job is terminated, based upon rules that you define.

- Calculation Rules to specify how to sum the employee's jobs together during the deduction calculation process.

Even if Multiple Jobs processing is not enabled, the system populates the Primary Jobs table whenever employees are hired. This enables you to have a base of Primary Jobs data if you should later decide to enable Multiple Jobs processing. No conversions or additional data entry is required if you later decide to activate the Multiple Jobs feature.

With this information stored, the deduction calculation process sums up to calculate the deduction and coverage amounts.

Calculating Deductions With Multiple Jobs

Calculation rules can specify a grouping method when the calculating coverage or cost involves the employee's salary. The Combine Salaries check box and Grouping Method from the Calculation Rules, along with the employee's Include for Deductions flag from the Primary Jobs Table determine the deduction or coverage amount for salary-based plans.

The primary job indicator controls the frequency of the benefit deductions and flex credits. Benefit deductions are taken and flex credits for a particular enrollment are paid only when the primary job for the enrollment's Benefit Record is part of the payroll calculation.

Benefit deductions that are based upon the employee's actual earnings - such as savings, retirement, or pension - are taken according to how the those plans are set up, or in some cases, according to the contribution method - either percentage of earnings or a flat amount - that the employee selects upon enrollment.

- If the contribution is based on a percentage, take the deduction on every check that the employee receives for all jobs for the benefit record associated with the enrollment.

- If the contribution is based on a flat amount, take the deduction only when the primary job for the enrollment's Benefit Record is paid.

For more information about setting up calculation rules, see Establishing Rate Tables and Calculation Rules.

Summary of Calculating Deductions by Plan Type

Here's how this flag is used in the calculation of coverage and or deductions for each Plan Type series:

Plan Type	*Basis/Type*	*Usage*
Health (1X)	Flat Amount, or CompRate-based	If a Salary Rate table is specified, salaries are combined using the "Include Flag" for each job, along with the combination parameters on the calculation rule, in order to calculate the premium.
Life/AD&D (2X)	Flat Amount, or CompRate-based	If the coverage is based upon a factor of salary, salaries are combined using the "Include Flag" for each job, along with the combination parameters on the calculation rule. If a Salary Rate table is specified, salaries are combined using the "Include Flag" along with the combination parameters on the calculation rule, in order to calculate the premium.
Disability (3X)	Flat Amount, or CompRate-based	To determine coverage, salaries are combined using the "Include Flag" for each job, along with the combination parameters on the calculation rule. If a Salary Rate table is specified, salaries are combined using the "Include Flag" along with the combination parameters on the calculation rule, in order to calculate the premium.
Savings (4X)	Flat Amount, or Earnings-based	The "Include Flag" and combination parameters on the calculation rule are ignored. The "Include for Deductions" flag is also ignored, because all jobs within the Benefit Record contribute earnings to the deduction and limits. Savings plans contributions can be expressed as either a flat amount or a percentage of eligible earnings (controlled by special accumulators). Contributions expressed as a percentage of eligible earnings are calculated based upon the earnings from all jobs in the enrollment's Benefit Record number, in the current check. Limits are determined using year-to-date deductions across all Benefit Record numbers.
Leave (5X)	N/A	Not applicable—there is no coverage amount, and no deduction involved with these plans.
FSA (6X)	Flat Amount	Not applicable—there is no coverage amount, and

		deductions are not based upon salary or earnings.
Retirement (7X)	Earnings-based	The "Include Flag" and combination parameters on the calculation rule are ignored. The "Include for Deductions" flag is also ignored, because all jobs within the Benefit Record contribute earnings to the deduction. Contributions are expressed as a percentage of eligible earnings (controlled by a special accumulator), and are calculated based upon the earnings from all jobs in the enrollment's Benefit Record number, in the current check. Limits (if any) are determined using year-to-date deductions across all Benefit Record numbers.
Pension (8X)	Earnings-based	The "Include Flag" and combination parameters on the calculation rule are ignored. The "Include for Deductions" flag is also ignored, because all jobs within the Benefit Record contribute earnings to the deduction. Contributions expressed as a percentage of eligible earnings are calculated based upon the earnings from all jobs in the enrollment's Benefit Record number, in the current check. Limits (if any) are determined using year-to-date deductions across all Benefit Record numbers.
Vacation Buy/Sell (9X)	CompRate-based	Calculation rules are not used for these plans, and the "Include Flag" is ignored. The cost is calculated by summing the compensation rates across all active jobs in the enrollment's Benefit Record number.

Setting the Default Rules for Multiple Jobs Options

The configuration of the Multiple Jobs Options tells the system what to do with the various employee-level Multiple Job flags and indicators whenever a new job is entered into the system, or whenever an existing job is rehired or terminated through the Administer Workforce pages.

When setting up these options, consider how you handle concurrent employment. Any time an employee is hired into a concurrent job, should this job be considered primary for this job's Benefit Record? The primary job is used when the system needs to determine the employee's years of service, when to take the deduction on the paycheck, and when credits are given.

You may also want to base the employee's eligibility for benefits upon this primary job. If the first job is normally consider primary, you won't want to set up the default rules to automatically make the new job primary.

Regardless of how you define these rules, the system always enforces the simple requirement that every employee has one and only one job within a Benefit Record designated as the primary job at all times. These rules apply to all employees hired in your organization.

Enabling Workflow for Benefits

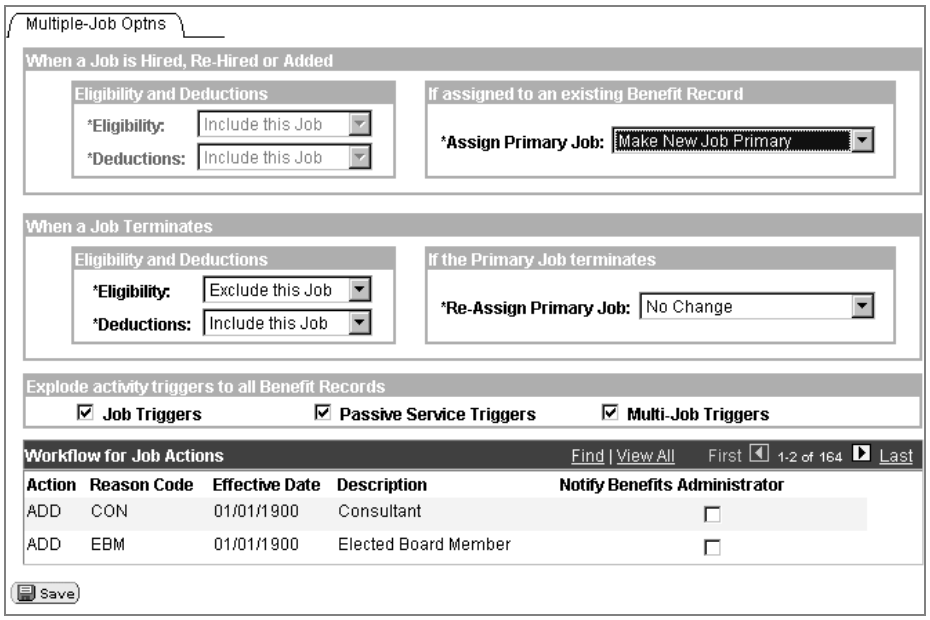
The system has the capability of notifying the Benefits Administrator of certain job actions that may have an impact upon the definition of an employee's primary job. We automatically determine and assign the correct primary job for Hires, Re-Hires and Terminations, based upon the rules defined in the Multiple Jobs Option page.

Other actions, however, may require manual review in order to determine if a change should be made to the employee's primary job designation. For example, a change to the full-time/part-time status of a concurrent job may or may not have an impact on the determination of the primary job. Because the determination of a primary job can be very subjective, we've implemented a user-configurable Workflow process that notifies the Benefits Administrator whenever a Job Action occurs that may have an impact on the determination of an employee's primary job for benefits.

To configure this workflow function, the user only needs to define which action/reasons codes should generate a workflow notification. Because this tends to be very subjective, this Workflow function is turned off for all action/reason codes. To enable workflow for a specific code, you must select the check box next to the code. Whenever a job action is entered into the system for one of the action codes that has Benefits Workflow enabled, a worklist entry is generated for the Benefits Administrator.

Multiple Jobs Options Page

Usage	Use the Multiple Jobs Options page to define the rules for how the system sets the Primary Job Indicator, the Include for Eligibility flag, and the Include for Deduction flag in the Primary Job Table. These rules are used whenever an employee is hired, rehired, or terminated from a job using the Administer Workforce pages. This page also activates workflow and event explosion for multiple jobs.
Object Name	BAS_MJ_OPTIONS
Navigation	• **Define Business Rules, Define Automated Benefits, Setup, Multiple Jobs Options, Multiple-Job Options Table** • **Define Business Rules, Define Base Benefits, Setup, Multiple Jobs Options, Multiple-Job Options Table**
Prerequisites	Activate Multiple Jobs.



Multiple-Jobs Optns (multiple job options) page

When a Job is Hired, Re-Hired or Added This group box defines the rules that the system uses to set the flags in the Primary Jobs tables.

Eligibility and Deductions In this group box, set the default rules for whether new concurrent jobs are included or excluded when determining benefit eligibility and deduction processing.

If you select ***Include this Job,*** the job contributes information to the eligibility process for Benefits Administration processing and salary information to the calculation of coverage and deductions for salary-based plans.

If assigned to an existing Benefit Record If an employee is hired into a concurrent job and the job is linked to an existing benefit record number, indicate whether the new job should be designated as the primary job or make no change to the primary job flag.

When a Job Terminates This group box defines the rules that the system uses when an employee is terminated from a position.

Eligibility and Deductions In this group box, set the default rules for whether terminated jobs should continue to contribute information when determining benefit eligibility and deduction processing.

If you select ***Include this Job,*** the job continues to contribute information to the eligibility process for Benefits Administration processing and salary information to the calculation of coverage and deductions for salary-based plans.

If the Primary Job terminates This tells the system how to reassign the primary job designation when the terminating job was the primary job.

No Change: Tells the system not to reassign the primary job designation.

Lowest Active Job: Tells the system to reassign the primary job designation to the lowest active job number (Empl_Rcd). If no jobs are active, the job with the lowest Empl_Rcd is designated as the primary job.

Highest Active Job: Tells the system to reassign the primary job designation to the highest active job number (Empl_Rcd). If no jobs are active, the job with the highest Empl_Rcd is designated as the primary job.

Explode activity triggers to all Benefit Records

Select these options when you have an eligibility rule that applies to all Benefit Programs and that crosses benefit record numbers.

For example, suppose that an employee holds four jobs that qualify him for two different benefit packages. This employee is enrolled in two Benefit Programs, giving him two Benefit Records.

If the employee experiences a job data change for one job, we need to ensure that an event is created for all Benefit Records, if we have any Eligibility Rules that cross Benefit Record boundaries. This is because a change to a job in Benefit Record A might have an impact on the employee's eligibility for benefits in Benefit Record B if any eligibility rule in the benefit program for Benefit Record B contains a Grouping Method of *All Flagged.*

Job Triggers

Passive Service Triggers

Multi-Job Triggers

Workflow for Job Actions

Workflow for Job Action enables you to turn on or turn off the multiple jobs that workflow associated with specific job actions. When selected, a worklist entry to the Benefits Administrator is created whenever the corresponding Action/Reason Code is entered for an employee, which accesses the Primary Job Maintenance page for that employee. This is used when the Benefits Administrator must make a judgement call as to whether the employee's primary job designation should be changed as a result of this Action/Reason Code entry.

Hiring Employees

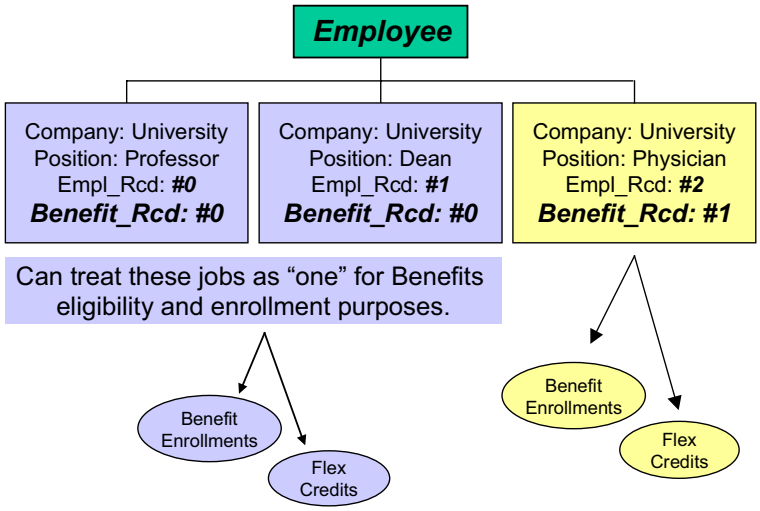
When an employee has more than one job, each subsequent job is entered using the Add Concurrent Jobs page in Administer Workforce. At that time, each job is assigned an employee record number and a benefit record number. Each employee record number must be unique. When assigning a job to a Benefit Record number, decide whether this job entitles

the employee to a new set of concurrent benefits, or whether this job should be included in a group of jobs defined by an existing Benefit Record. There is no significance to the value of the Benefit Record, and there is no relationship between the value of the Benefit Record, and the values of the Empl_Rcd of the jobs included in the Benefit Record.

For example, suppose an employee has three jobs at a university with a hospital. He works for the university as a professor and as a dean. He works for the hospital as a physician. Working for both the university and the hospital qualifies him for two separate benefit packages. Based on the rules established in the Multiple Jobs Options page, the employee's job records could look something like this:

Job Description	*Employee Record #*	*Benefit Record #*	*Primary Job Indicator*	*Include for Eligibility*	*Include for Deductions*
Professor	0	0	Yes	Yes	Yes
Dean	1	0	No	Yes	Yes
Physician	2	1	Yes	Yes	Yes

In the following diagram, we can see that the employee has three jobs, within two Benefit Records. Each Benefit Record corresponds to a set of benefits enrollments:



An employee with three jobs within two Benefit Records

For more information about hiring employees using the Add Concurrent Jobs page, see Administering Your Workforce.

Changing Benefit Record Numbers

Because we're maintaining an effective-dated history of primary jobs for benefits according to a set of strict rules, it is best not to change the Benefit Record number of an existing job. Doing so invalidates the primary job indicators that reside on the effective-dated PRIMARY_JOBS table, and can result in erroneous processing within Benefits Administration and Payroll, that may result in abnormal termination of some processes.

Whenever changes are made through the Job Data, Add Concurrent Job, or Current Job components, the system checks that only one job within a given benefit record is designated as the primary job. If the system finds a problem, such as no job is designated as the primary job or more the one job is designated as the primary job, a worklist item is sent to the Benefits Administrator warning them of the problem and to run the Generating the Primary Jobs Audit Report.

Maintaining Primary Job Data

There may be situations where you want to change an employee's Primary Job Indicator, Include for Eligibility flag, and Include for Deductions flag. When changing this data, it is important to remember that making any changes to these flags can change an employee's benefit eligibility.

For any benefit record, only one job can be designated as the primary job. This is because in specific situations the system needs to look at only one job for data:

- Service and termination dates are pulled from the primary job, when used by the Eligibility and Deduction process.
- The primary job is used during Deduction Processing to determine when a deduction should be taken from an employee's check.
- The Primary Job supplies Company and BAS group data to the processing schedule. If a schedule specifies a particular BAS group ID, then the BAS group ID of the primary job within a benefit record number determines whether that employee's benefit record number is processed by the schedule.
- Credits (additional pay) for benefits are paid when the Primary Job for the benefit record number, associated with the credit, is being paid. The credits calculated by Benefits Administration are posted to Additional Pay under the employee record number of the job that was primary for benefits at the time that the event was finalized.

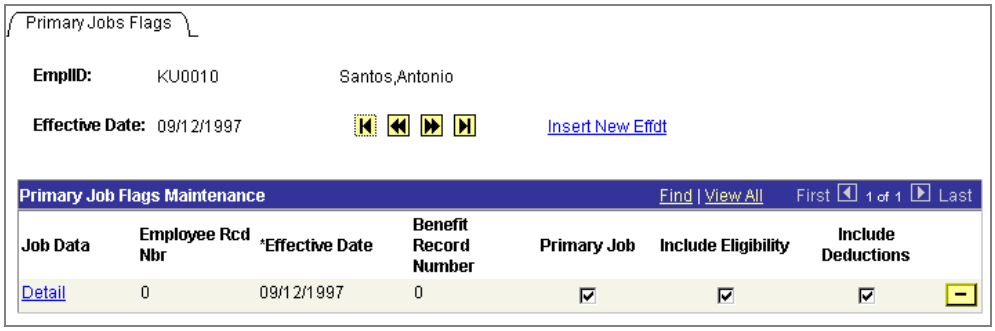
If you change the Primary Job Indicator or the Include for Deductions flag and Retro Deductions is activated, the system creates a retro/deduction trigger.

You use the Primary Jobs Flags Maintenance page to change the Primary Job Indicator and the Include for Eligibility and Deductions flags. This page works differently from most other pages in the system. Because the settings of the various flags and indicators are absolutely critical to the proper operation of Benefits Administration and Payroll, most of the actual data manipulation in the database is handled by PeopleCode.

For example, you use the forward and reverse buttons to navigate through all of the different effective dates in which changes to the Primary Jobs data have occurred. The most common use of this page is to change an employee's primary job designation. Instead of selecting the Primary Job check boxes for rows that are displayed, you simply add a new row. When you save the page, PeopleCode handles all of the details of turning off the primary job designation of the previously designated job, and ensuring that all of the rules for data integrity are maintained.

Primary Jobs Flags Page

Usage	Use the Primary Jobs Flags page to manually change an employee's Primary Job Indicator, the Include for Eligibility flag, and the Include for Deductions flag.
Object Name	BN_PRIJOBS_MAINT
Navigation	• **Compensate Employees, Administer Automated Benefits, Use, Primary Job Flags Maintenance, Primary Jobs Flags Maintenance** • **Compensate Employees, Administer Base Benefits, Use, Primary Job Flags Maintenance, Primary Jobs Flags Maintenance**
Access Requirements	Enter the employee's identification number.



Primary Jobs Flags page

The following elements are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **EmplID** (employee ID) and **Effective Date.**

Job Data Click **Detail** to enter additional job information in the Job Data page.

Benefit Record Number Identifies the **Benefit Record Number** for this job.

Primary Job Select **Primary Job** if you want this job to be considered the primary job for this **Benefit Record Number.**

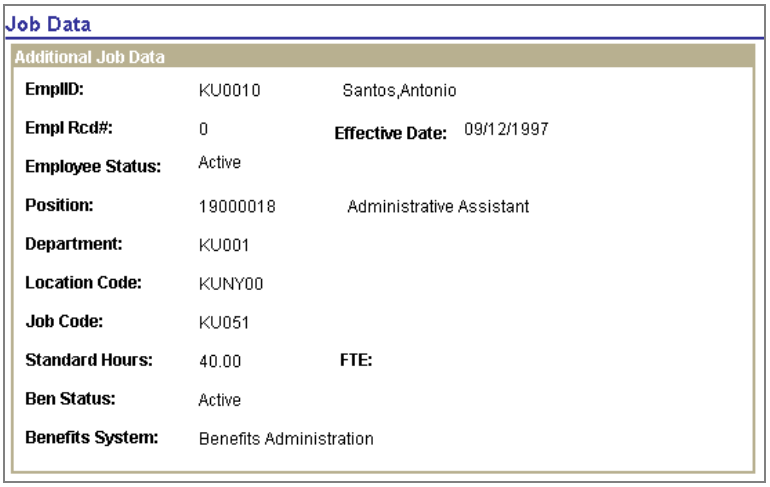
Include Eligibility Select **Include Eligibility** if you want this job to be included when the system is determining the employee's benefit eligibility.

Include Deductions Select **Include Deductions** if you want this job to be included when the system is calculating the employee's benefit deduction and coverage.

Primary Job Flags - Job Data Page

Usage	Use the Job Data page to display detailed information about the job

	record.
Object Name	BN_ADDL_DATA_INQ
Navigation	Select **Details** from the Primary Job Flags page.



Job Data page

The following fields are defined in Hiring Your Workforce: **EmplID, Effective Date, Employee Status, Position, Department, Location Code, Standard Hours, Ben Status** (benefits status), and **Benefits System.**

Building the Primary Jobs Data

Once you've established your employee population in the database (Personal Data, Employment, and Job tables have been loaded), use Primary Job Utility to automatically build Primary Job data for one or more employees. Run the Primary Job Utility process whenever you add a new employee population to the database through an external interface or database load (such as when implementing employee groups in phases, or acquiring another company).

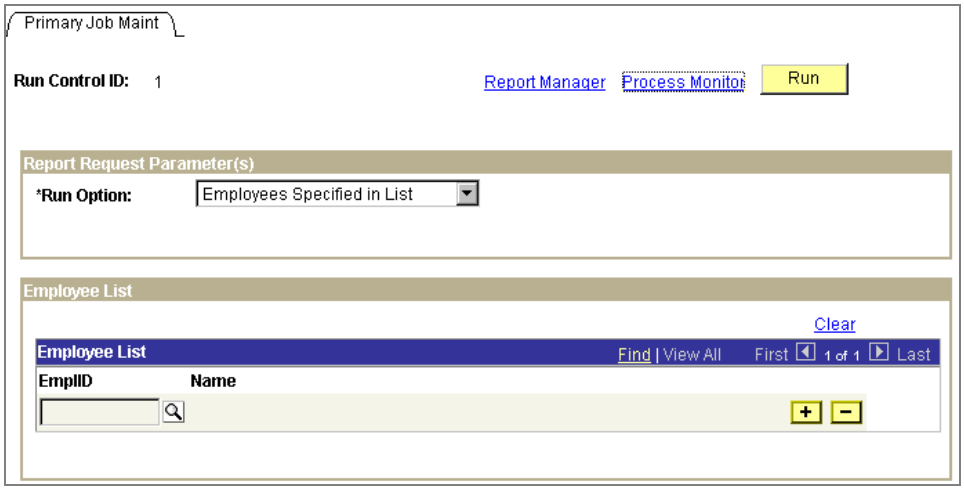
You can run this utility for all employees in the database, a list of employees that you define in the run control, or all employees contained in a table or view that you designate.

When the utility runs, all existing data for the indicated employee population (if any) in the Primary Jobs Table is deleted. Then a new effective-dated entry is made, assigning the primary job designation to the lowest employee record within a benefit record number. Primary Job information is created for a time span bounded by the earliest and latest Job effective dates for all jobs within a Benefit Record. If all jobs within a Benefit Record are terminated at any point in time, the job with the lowest employee record is designated as the primary job.

Note. When you upgrade your PeopleSoft database from a previous release, the Primary Jobs information is automatically built as part of the upgrade process. There is no need to run this utility after an upgrade unless you've added more employees to the database through an external interface after performing the upgrade.

Primary Job Utility – Primary Job Maint Page

Usage	Once you've established your employee population in the database (Personal_Data, Employment and Job tables have been loaded), use Primary Job Utility to automatically build PRIMARY_JOBS data for one or more employees. Do this when you add a new employee population to the system due to a phased implementation or when the organization has merged or acquired another company.
Object Name	RUNCTL_BEN500
Navigation	**Compensate Employees, Administer Base Benefits, Process, Primary Job Utility, Primary Job Maintenance**
Access Requirements	Enter the Run Control ID.



Primary Job Utility – Primary Job Maint (primary job maintenance) page

The following fields are common to multiple pages and are defined in the preface of this PeopleBook in PeopleBooks Standard Page Element Definitions: **Run Control ID.**

Report Request Parameters

Run Option

The Report Request Parameters section enables you to specify which employees to process.

Employees Specified in List: If you select this option, you enter one or more employee IDs in the **Employee List** group box.

All Employees in the Database: If you select this option, then all employees contained in the Personal_Data table are processed.

Employees in a PS Table: If you select this option, then you must enter a PeopleSoft table name. This is any table defined in the Application Designer, containing the EMPLID field.

	Employees in a non-PS Table: If you select this option, then you must enter a non-PeopleSoft table name. This is any table nondefined in the Application Designer, containing the EMPLID field.
Table/View Name	If you selected ***Employees in a PS Table*** or ***Employees in a non-PS Table,*** then you must enter the name of the table. The table (or view) name that you enter must contain the EmplID field.
Employee List	If you selected ***Employees Specified in List,*** enter one or more employee IDs.

Click **Run** to run this request. Process Scheduler runs the primary job maintenance process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler

Printing the Primary Jobs Audit Report

The Primary Jobs Audit report is used to identify errors in primary job designations. This report can be run for the entire employee population or a single employee, and identifies the following error conditions:

- No entries in the Primary Jobs Table for a particular employee.
- No entries in the Primary Jobs Table for a particular employee and job.
- No Employment or Job rows for a particular employee.
- No Primary Job designated for an employee/benefit record combination, as of a particular date.
- More than one Primary Job designated for an employee/benefit record combination, as of a particular date.
- Invalid employee record number in the Primary Jobs Table for a particular employee.

Each of the potential errors listed (with the exception of *No Employment or Job rows*) can have a serious impact upon batch payroll and benefits processing, and should be corrected prior to running any batch processes.

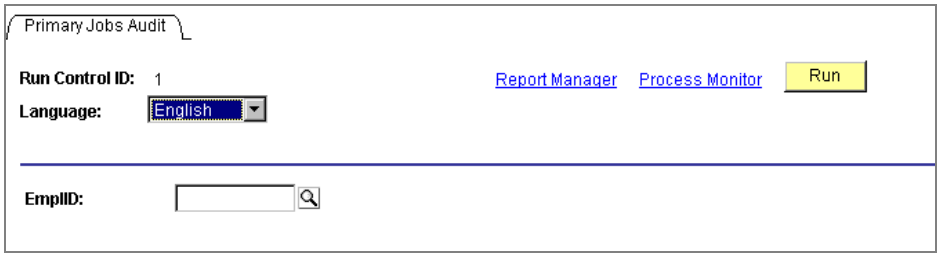
This report should be run after loading new employees into the database through an external interface, and after initially populating the Primary Jobs Table for these employees, to ensure that the Primary Jobs Table has been loaded correctly. In addition, this report should be run for a single employee if a change is made to the employee's Benefit Record.

It is critical that the information contained in this table be correct as of any given effective date because nearly all batch Benefits processes, including payroll deduction processing, pull information from the Primary Jobs Table.

Warning! Running this utility deletes all existing information in the Primary Jobs table for the selected employee population, and replaces it with new entries generated according to the rules previously discussed. All changes to this table made through the Primary Jobs Maintenance page for the selected employee population is lost.

Primary Job Audit Page

Usage	Use the Primary Job Audit page to print a report that lists any problems with an employee's primary job indicator.
Object Name	RUNCTL_BEN050
Navigation	**Compensate Employees, Administer Base Benefits, Report, Primary Job Audit, Primary Jobs Audit**
Access Requirements	Enter the Run Control ID.



Primary Jobs Audit page

Run Control ID The system displays the **Run Control ID** that you entered to access this page.

Language Select the **Language** in which the report will print.

EmplID To print the report for a specific employee, enter an employee ID.

To print the report for all employees, leave the field blank.

Click **Run** to run this request. Process Scheduler runs the primary jobs audit process at user-defined intervals.

For more information about Process Scheduler, see Process Scheduler

Using Workflow With Multiple Jobs

The system has the capability to notify the Benefits Administrator of certain Job Actions that may have an impact upon the employee's primary job indicator or the Include flags. You set

up rules in Multiple Jobs Options to automatically determine and assign the correct primary job for Hires, Re-Hires and Terminations. However, other actions may require the Benefits Administrator to look at the data in order to determine if a change should be made to the employee's primary job designation or the Include flags.

For example, a change to the Full/Part-Time status of a concurrent job may or may not have an impact on the determination of the primary job. Because the determination of a primary job can be very subjective, we've implemented a Workflow process that notifies the Benefits Administrator whenever a Job Action occurs that may have an impact on determining an employee's primary job for benefits.

To set up this workflow, select Workflow for Job Action, for any or all Action/Reason codes in the Multiple Jobs Options page. Whenever a job action is entered into the system for one of the action codes that has Benefits Workflow enabled, a worklist entry is generated for the Benefits Administrator. The worklist entry contains the employee ID, employee record number, Effective Date, and Action/Reason code corresponding to the Job action that created the worklist entry. Selecting a worklist entry accesses the Administrator to the Primary Jobs Maintenance page for that employee.

In some instances, the Primary Jobs Maintenance page does not automatically appear. Instead, the Search dialog box appears with the Employee ID and the Effective Date completed. This indicates that the system could not find any information in the Primary Jobs table for this effective date. This is perfectly normal, because the reason that you want to create the worklist entry is that the system cannot determine whether the Job action should have an impact upon the Primary Job designation, and therefore did not create a Primary Jobs entry for this date.

When this happens, clear the Effective Date from the dialog box, and select OK. This brings up a list of all of the Effective Dates in existence for this employee's Primary Job data. Select the Effective Date closest to, but not past, the Effective Date of the Job action from the worklist entry.

For more information about designing and using workflow processes, see Using Workflow.

CHAPTER 22

Base Benefits Reports

When it comes to reporting, you couldn't ask for more versatility. PeopleSoft applications offer a wide range of query and reporting possibilities, with the standard reports we deliver and the reporting tools you can use to create new reports from scratch.

Your database contains a wealth of information that you've carefully entered, maintained, and secured for the ultimate purpose of generating timely, meaningful, presentation-quality reports. Our reporting capabilities enable you to access the data you need and present it in the form that is most useful for those who depend on you for financial and management information.

And the tools are easy to use. You no longer have to rely on technical support staff to create queries or reports for you. That means you can get all the information you need, when you need it.

PeopleSoft Reporting Tools

We deliver PeopleSoft applications with a set of standard reports designed to provide the kind of business information many companies need. Running a report is as easy as selecting it from a menu and entering any necessary parameters. But for those of you who want to modify our standard reports, create your own reports, or reformat report output, we offer a variety of reporting tools.

For more technical information on PeopleSoft reporting tools, see Introduction to PeopleSoft Reporting.

Accessing Report Samples

Report samples are available for easy viewing and printing in Adobe Acrobat format. To view these samples, see the PDF files published on the CD-ROM with your documentation.

List of PeopleSoft Benefits Reports

Report Name	*Report ID*	*Location*
129 Nondiscrimination Testing	NDT008	Compensate Employees, Administer NDT, Report

401 Nondiscrimination Testing	NDT004	Compensate Employees, Administer NDT, Report
Accounts Receivable Report	BEN042	Compensate Employees, Administer Benefits Billing, Report
Age Coverage Rate	BEN704	Define Business Rules, Define Base Benefits, Report
A/R Interface	BEN141	Compensate Employees, Administer Benefits Billing, Process
Base Benefit Audit	BEN733	Compensate Employees, Administer Base Benefits, Report
Benefit Contribution Register	BEN003	Compensate Employees, Administer Base Benefits, Report
Benefit Contribution Register (Can)	BEN003CN	Compensate Employees, Administer Base Benefits, Report
Benefit Plan	BEN709	Define Business Rules, Define Base Benefits, Report
Benefit Program Definition	BEN713	Define Business Rules, Define Base Benefits, Report
Benefits Billing Audit	BEN045	Compensate Employees, Administer Benefits Billing, Report
Billing Calendar Table	BEN740	Define Business Rules, Define Benefits Billing, Report
Billing Statements	BEN040	Compensate Employees, Administer Benefits Billing, Report
Calculation Errors	BEN044	Compensate Employees, Administer Benefits Billing, Report
Calculation Rules	BEN708	Define Business Rules, Define Base Benefits, Report
COBRA Administration Error Report	CBR008	Compensate Employees, Administer COBRA, Report
COBRA Audit Report	CBR007	Compensate Employees, Administer COBRA, Report
COBRA Enrollment Report	CBR006	Compensate Employees, Administer COBRA, Report
COBRA Event Summary	CBR005	Compensate Employees, Administer COBRA, Report

COBRA Initial Notification Letter	CBR001	Compensate Employees, Administer COBRA, Report
COBRA Open Enrollment Letter	CBR004	Compensate Employees, Administer COBRA, Report
COBRA Secondary Notification Letter	CBR002	Compensate Employees, Administer COBRA, Report
COBRA Termination Letter	CBR003	Compensate Employees, Administer COBRA, Report
Court Ordered Coverage Audit	BEN734	Compensate Employees, Administer Base Benefits, Report
Deduction/Benefits Register	PAY031	Compensate Employees, Administer Base Benefits, Report
Delinquent Accounts Report	BEN041	Compensate Employees, Administer Benefits Billing, Report
Disability Plan	BEN703	Define Business Rules, Define Base Benefits, Report
Flat Rate	BEN702	Define Business Rules, Define Base Benefits, Report
Flexible Spending Account	BEN701	Define Business Rules, Define Base Benefits, Report
FMLA Payroll Audit Report	BEN021	Compensate Employees, Administer FMLA, Report
FMLA Plan Table	BEN720	Define Business Rules, Define Base Benefits, Report
FMLA Status Report	BEN020	Compensate Employees, Administer FMLA, Report
Health Plan Participants	BEN001	Compensate Employees, Administer Base Benefits, Report
HIPAA Report	BEN022 BEN023	Compensate Employees, Administer Base Benefits, Report
History Activity Report	BEN043	Compensate Employees, Administer Benefits Billing, Report
Leave Accruals	BEN007	Compensate Employees, Administer Base Benefits, Report
Leave Plan 1	BEN710	Define Business Rules, Define Base Benefits, Report
Leave Plan 2/3	BEN710A	Define Business Rules, Define Base Benefits, Report

Life AD/D	BEN705	Define Business Rules, Define Base Benefits, Report
Life Insurance Participants	BEN002	Compensate Employees, Administer Base Benefits, Report
Limit Table	BEN721	Define Business Rules, Define Base Benefits, Report
Payment Interface	BEN141	Compensate Employees, Administer Benefits Billing, Process
Pension Plan 1	BEN716CN	Define Business Rules, Define Base Benefits, Report
Pension Plan 2	BEN717CN	Define Business Rules, Define Base Benefits, Report
Pension Plan 3	BEN718CN	Define Business Rules, Define Base Benefits, Report
Primary Job Audit	BEN050	Define Business Rules, Define Base Benefits, Report
Provider/Vendor Listing	PAYVNDR	Define Business Rules, Define Base Benefits, Report
Retirement Plan	BEN 711	Define Business Rules, Define Base Benefits, Report
Retro Ben/Ded Summary	RDED002B	Compensate Employees, Manage Retroactive Processing, Report
Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded)	RDED004	Compensate Employees, Manage Retroactive Processing, Report
Retroactive Deductions Audit Rpt - 'Loaded to Paysheet' Status	RDED003	Compensate Employees, Manage Retroactive Processing, Report
Retroactive Deductions in Progress - 'Calculate Status'	RDED002	Compensate Employees, Manage Retroactive Processing, Report
Retroactive Deductions Requested - 'Not Processed Status	RDED001	Compensate Employees, Manage Retroactive Processing, Report
Salary Rate	BEN731	Define Business Rules, Define Base Benefits, Report
Savings Investment Distribution	BEN004	Compensate Employees, Administer Base Benefits, Report
Savings Plan	BEN707	Define Business Rules, Define Base Benefits, Report
Section 403(b) Employee Letters	BEN 202	Compensate Employees, Administer Base Benefits, Reports

Section 403(b) Employee Listing Report	BEN 200	Compensate Employees, Administer Base Benefits, Reports
Section 403(b) Exceptions Report	BEN 201	Compensate Employees, Administer Base Benefits, Reports
Section 415 Non-Compliance Report	BEN009	Compensate Employees, Administer Base Benefits, Report
Section 415 Report	BEN008	Compensate Employees, Administer Base Benefits, Report
Service Rate	BEN714	Define Business Rules, Define Base Benefits, Report
Vacation Buy/Sell	BEN715	Define Business Rules, Define Base Benefits, Report

Generating the Health Plan Participants Report

This report lists active health plan participants as of a specified date. Report information includes: plan type, department ID and name, employee name and ID, employee status, type, regular/temporary, full/part-time, pay group, coverage under the plan, coverage effective date, coverage end date, and COBRA event ID.

The report inserts page breaks and totals at the company and provider levels. You'll find this report particularly useful for analyzing health plan provider usage. You can determine the number of employees who enroll in plan types offered by specific providers, thereby ascertaining the health plans that are most popular with your employees. You might also use this report to communicate covered employee data to carriers.

Health Plan Participants Rpt Page

Usage	Use the Health Plan Participants Report page run the Health Plan Participants Report.
Navigation	**Compensate Employees, Administer Base Benefits, Report, Health Plan Participants, Health Plan Participants Rpt**
Access Requirements	Enter the run control ID.

Health Plan Participants Rpt page

Language Select the **Language** from the list of available options.

BEN001 Health Plan Participants

Description	This report lists active health plan participants as of a specified date. Report information includes: plan type, department ID and name, employee name and ID, employee status, type, regular/temporary, full/part-time, pay group, coverage under the plan, coverage effective date, coverage end date, and COBRA event ID. The report inserts page breaks and totals at the company and provider levels. You'll find this report particularly useful for analyzing health plan provider usage. You can determine the number of employees who enroll in plan types offered by specific providers, thereby ascertaining the health plans that are most popular with your employees. You might also use this report to communicate covered employee data to carriers.
Report ID	BEN001
Type of Report	SQR
Parameters	Language
Source	Employee Tables
Sorted By	Company, Provider, Plan Type, Benefit Plan, Department ID, Employee ID

Generating the Life Insurance Participants Report

This report lists active life plan participants as of a specified date. Report information includes: plan type, benefit plan, department ID and name, employee name and ID, status, type, regular/temporary, full/part-time, pay group, type of coverage within the plan type, flat dollar amount of the policy, a life insurance rating factor, and the coverage effective and end dates.

The report inserts page breaks and supplies totals at the company and provider levels. You may find this report particularly useful for analyzing life plan usage. Using the report you can easily determine how many employees are enrolled in life plan types offered by specific providers, thereby ascertaining the life plans that are most popular with your employees.

Life Insurance Participant Rpt Page

Usage	Use the Health Plan Participants Report page run the Health Plan Participants Report.

Navigation	**Compensate Employees, Administer Base Benefits, Report, Life Insurance Participants Rpt**
Access Requirements	Enter the run control ID.

Life Insurance Participant Rpt page

BEN002 Life Insurance Participants

Description	This report lists active life plan participants as of a specified date. Report information includes: plan type, benefit plan, department ID and name, employee name and ID, status, type, regular/temporary, full/part-time, pay group, type of coverage within the plan type, flat dollar amount of the policy, a life insurance rating factor, and the coverage effective and end dates. The report inserts page breaks and supplies totals at the company and provider levels.
Report ID	BEN002
Type of Report	SQR
Parameters	Language
Source	Employee Tables
Sorted By	Company, Provider, Plan Type, Benefit Plan, Department ID, Employee ID

Generating the Benefit Contributions Register Report for US Companies

The report summarizes benefit contributions by employee and employer. It lists participants in benefit programs and plans and identifies both the company and employee portion of quarter-to-date and year-to-date contributions.

You make report requests for a specific quarter or month. The quarter or month you use depends on the current setting of the As of Date field. Use UTL001 or modify this date online when you request the report so that it falls within the period you would like the report to cover. The report sample is for a monthly register.

The report inserts page breaks and totals at the company, benefit program, plan type, and benefit plan levels.

Using this report you can track contribution totals for your programs and plans, by employee and employer, and by the period and year-to-date. This information is helpful in determining total benefit costs by plan and forecasting or predicting future employer contributions. You can also use this report to review individual employees contributions.

Benefit Contribution Register - Benefit Contrib Page

Usage	Use the Benefit Contrib page to generate the Benefits Contribution report for US companies.
Object Name	RUNCTL_BEN003
Navigation	**Compensate Employees, Administer Base Benefits, Report, Benefit Contribution Register, Benefit Contributions Register**
Access Requirements	Enter the run control ID.

Benefit Contrib page

BEN003 Benefit Contributions Register

Description	This report summarizes benefit contributions by employee and employer. It lists participants in benefit programs and plans and identifies both the company and employee portion of quarter-to-date and year-to-date contributions. The report inserts page breaks and totals at the company, benefit program, plan type, and benefit plan levels.
Report ID	BEN003
Type of Report	SQR
Parameters	As of Date, Reporting Period
Sorted By	Company, Benefit Program, Plan Type, Benefit Plan, Employee Name

Generating the Benefit Contributions Register Report for Canadian Companies

The report summarizes benefit contributions by employee and employer. It lists participants in benefit programs and plans and identifies both the company and employee portion of quarter-to-date and year-to-date contributions.

You make report requests for a specific quarter or month. The quarter or month you use depends on the current setting of the As of Date field. Use UTL001 or modify this date online when you request the report so that it falls within the period you would like the report to cover. The report sample is for a monthly register.

The report inserts page breaks and totals at the company, benefit program, plan type, and benefit plan levels.

Using this report you can track contribution totals for your programs and plans, by employee and employer, and by the period and year-to-date. This information is helpful in determining total benefit costs by plan and forecasting or predicting future employer contributions. You can also use this report to review individual employees contributions.

Benefit Contrib. Reg. (Can) - Benefit Contributions (Can) Page

Usage	Use the Benefit Contrib page to generate the Benefits Contribution report.
Object Name	RUNCTL_BEN003CN
Navigation	**Compensate Employees, Administer Base Benefits, Report, Benefit Contrib. Reg. (Can), Benefit Contributions (Can)**
Access Requirements	Enter the run control ID.

Benefit Contrib page

BEN003CN Benefit Contributions Register (Can)

Description	This report summarizes benefit contributions by employee and employer. It lists participants in benefit programs and plans and identifies both the company and employee portion of quarter-to-date and year-to-date contributions. The report inserts page breaks and totals at the company, benefit

	program, plan type, and benefit plan levels.
Report ID	BEN003CN
Type of Report	SQR
Parameters	As of Date, Reporting Period
Sorted By	Company, Benefit Program, Plan Type, Benefit Plan, Employee Name

Generating the Savings Investment Distributions Report

This report lists the total deductions made to date and the total company contributions for employees participating in benefit programs that contain savings plans. It prints the total amount available for investment broken down by investment distribution and expressed both as a monetary amount and as a percentage of the total.

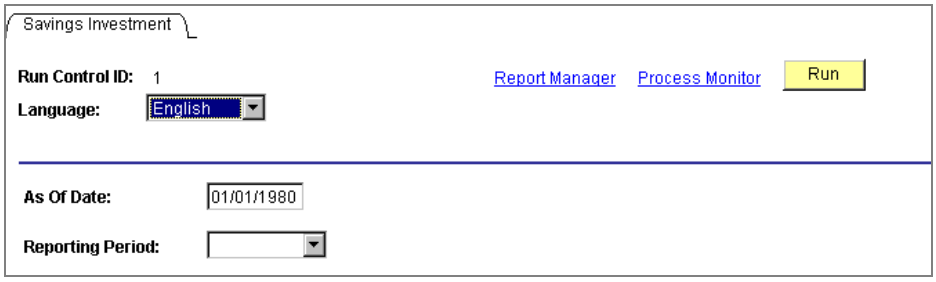
For each plan type, it shows the total amount deducted for employees in the plan type and company contributions. The report inserts page breaks and supplies totals at the company, benefit program, plan type, and benefit plan levels.

You make report requests for a specific quarter or month. The quarter or month you use depends on the current setting of the As of Date field. Use UTL001 or modify this date online when you request the report so that it falls within the period you would like the report to cover. The report sample is for a monthly register.

Use this valuable report to analyze employee utilization of investment options and for managing investment funds. Using the report, you can obtain totals by company and a grand total for all the companies you track.

Savings Invest. Distribution - Savings Investment Page

Usage	Use the Savings Investment page to generate the Savings Investment Distribution report.
Object Name	RUNCTL_BEN004
Navigation	**Compensate Employees, Administer Base Benefits, Report, Savings Invest. Distribution, Savings Investment Distributn**
Access Requirements	Enter the run control ID.



Savings Invest. Distribution - Savings Investment page

BEN004 Savings Investment Distributions

Description	This report lists the total deductions made to date and the total company contributions for employees participating in benefit programs that contain savings plans. It prints the total amount available for investment broken down by investment distribution and expressed both as a monetary amount and as a percentage of the total. For each plan type, it shows the total amount deducted for employees in the plan type and company contributions. The report inserts page breaks and supplies totals at the company, benefit program, plan type, and benefit plan levels.
Report ID	BEN004
Type of Report	SQR
Parameters	Language, As of Date, Reporting Period
Sorted By	Company, Benefit Program, Plan Type, Benefit Plan, Employee Name

Generating the Leave Accruals Report

This report displays leave accrual information by leave plan and employee. It includes information such as plan year eligibility hours; carryover hours earned year-to-date, hours taken year-to-date, and remaining leave balances.

Leave Accruals Report Page

Usage	Use the Leave Accruals Report page to generate the Leave Accruals report.
Navigation	**Compensate Employees, Administer Base Benefits, Report, Leave Accrual, Leave Accruals Report**
Access Requirements	Enter the run control ID.

Leave Accruals Report page

BEN007 Leave Accruals

Description	This report displays leave accrual information by leave plan and employee. It includes information such as plan year eligibility hours,

	carryover hours earned year-to-date, hours taken year-to-date, and remaining leave balances.
Report ID	BEN007
Type of Report	SQR
Parameters	Language
Sorted By	Company, Department ID, Employee ID, Plan Type

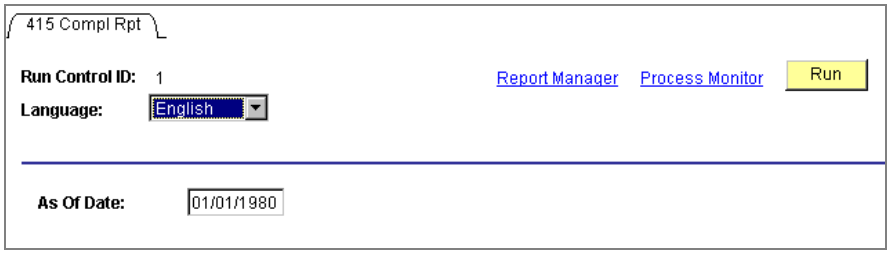
Generating the Section 415 Report

The report lists employee amounts either over or under the Section 415 limit. It includes: Company, Employee ID, Effective Date, Special Accumulator, Benefit Program, Percent Of Salary, Maximum Benefit Base, and Gross Amount YTD. It also lists the plans that are excluded from and included in the 415 limit, as well as those plans that are limited.

You can use this report to identify employee standings in the Section 415 limit.

Section 415 Compliance - 415 Compl Rpt Page

Usage	Use the Section 415 Compliance - 415 Compl Rpt page to generate the Section 415 report.
Navigation	**Compensate Employees, Administer Base Benefits, Report, Section 415 Compliance**
Access Requirements	Enter the run control ID.



Section 415 Compliance - 415 Compl Rpt page

BEN008 Section 415 Report

Description	The report lists employee amounts either over or under the Section 415 limit. It includes: Company, Employee ID, Effective Date, Special Accumulator, Benefit Program, Percent Of Salary, Maximum Benefit Base, and Gross Amount YTD. It also lists the plans that are excluded from and included in the 415 limit, as well as those plans that are limited.
Report ID	BEN008

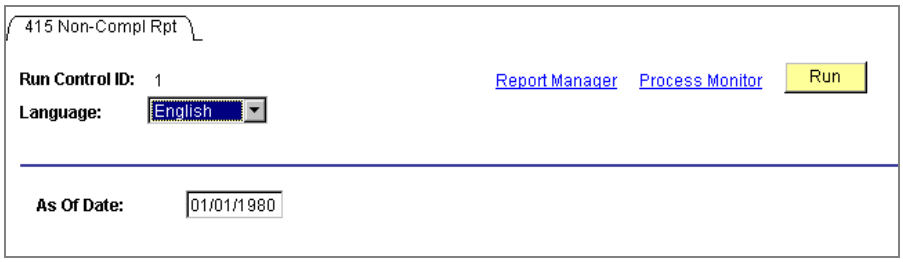
Type of Report	SQR
Parameters	As of Date
Sorted By	Employee ID

Generating the Section 415 Non-Compliance Report

BEN009 reports on employees who have exceeded the Section 415 limits. It includes: Company, Employee ID, Calendar Year and Month, Gross Amount YTD, Effective Date, Earnings Code, Benefit Program, Percent of Salary, and Maximum Benefit Base.

Section 415 Noncompliance - Sctn 415 Non-Compliance Rpt Page

Usage	Use the 415 Non-Compliance Report page to generate the Section 415 Non-Compliance report.
Navigation	**Compensate Employees, Administer Base Benefits, Report, Section 415 Noncompliance, Sctn 415 Non-Compliance Rpt**
Access Requirements	Enter the run control ID.



Section 415 Noncompliance, Sctn 415 Non-Compliance Rpt page

BEN009 Section 415 Non-Compliance Report

Description	BEN009 reports on employees who have exceeded the Section 415 limits. It includes: Company, Employee ID, Calendar Year and Month, Gross Amount YTD, Effective Date, Earnings Code, Benefit Program, Percent of Salary, and Maximum Benefit Base.
Report ID	BEN009
Type of Report	SQR
Parameters	As of Date
Sorted By	Employee ID

Generating the FMLA Status Report

This report displays summary information for requests in the following classes: approaching leave requests, current FMLA leave requests, recently completed FMLA leaves and denied FMLA leave requests.

You can use this report to manage the FMLA leave process from beginning to end. A review of this report reveals those employees who will soon be going out on leave; what follow-up is needed to support the leaves; those employees who will soon exhaust their leave entitlement.

FMLA Status Report Page

Usage	Use the FMLA Status Report page to generate the FMLA Status Report.
Object Name	RUNCTL_BEN020
Navigation	**Compensate Employees, Administer FMLA, Report, Status Report, FMLA Status Report**
Access Requirements	Enter the run control ID, As of Date, FMLA ID, and number of weeks.

FMLA Status Report page

BEN020 FMLA Status Report

Description	This report displays summary information for requests in the following classes: approaching leave requests, current FMLA leave requests, recently completed FMLA leaves and denied FMLA leave requests.
Report ID	BEN020
Type of Report	SQR
Parameters	As of Date, FMLA Plan ID, number of weeks.
Source	FMLA Plan Table, Personal Data, FMLA Leave Request, FMLA Leave Activity

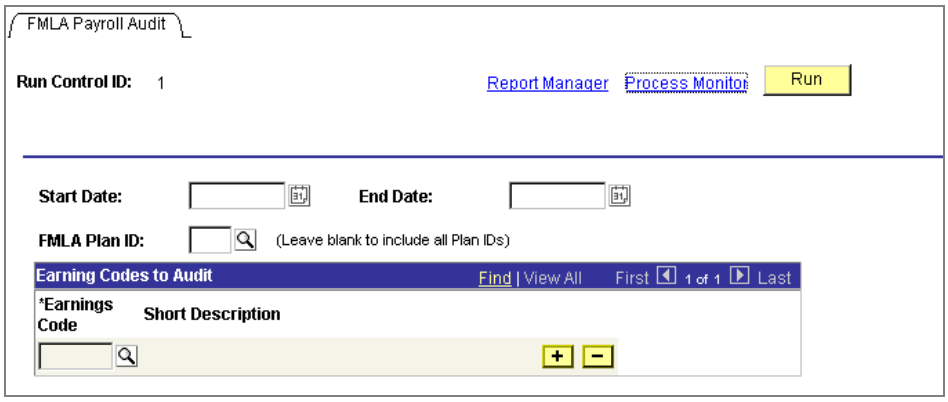
Generating the FMLA Payroll Audit Report

For each employee on this report the following information is displayed: Employee ID, Name, FMLA Request Number, Begin/Return dates, Job Status, Payroll Earnings during leave period, FMLA Hours taken (paid and unpaid, and the total difference between the hours reported as paid by Payroll and those marked as paid in the FMLA system. Employees who display are on leave or have recently completed their leave.

You can use this report to reconcile paid hours reported by Payroll with the FMLA hours scheduled as paid and reported as taken on the History page.

FMLA Payroll Audit Page

Usage	Use the FMLA Payroll Audit page to generate the FMAL Audit report.
Object Name	RUNCTL_BEN021
Navigation	**Compensate Employees, Administer FMLA, Report, Payroll Audit Report, FMLA Payroll Audit**
Access Requirements	Enter the run control ID, start date, end date, FMLA plan ID, and Earnings code.



FMLA Payroll Audit page

BEN021 FMLA Payroll Audit Report

Description	For each employee on this report the following information is displayed: Employee ID, Name, FMLA Request Number, Begin/Return dates, Job Status, Payroll Earnings during leave period, FMLA Hours taken (paid and unpaid, and the total difference between the hours reported as paid by Payroll and those marked as paid in the FMLA system. Employees who display are on leave or have recently completed their leave.
Report ID	BEN021
Type of Report	SQR
Parameters	From Date, Thru Date, FMLA Plan ID, Earnings Codes

Sorted By	FMLA Plan Table, FMLA Leave Request, Job, Pay Other Earnings, Pay Earnings, FMLA Leave History

Generating the HIPAA Report

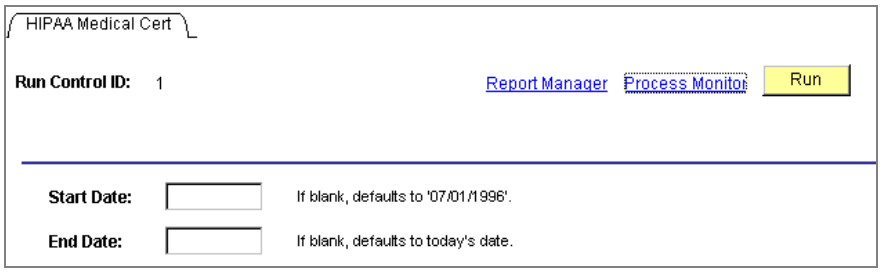
This certificate displays a history of the former employee's Group Health coverage for all plan types specified by the user, as specified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This certificate lists all group health coverage an employee had for the twelve month period prior to the date coverage ended due to termination of coverage. This certificate will be used by subsequent health coverage carriers to evaluate pre-existing condition clauses, if applicable.

Only plan types with the **HIPAA Plan** check box marked on the Benefit/Deduction Program Table will have HIPAA history displayed on these reports.

Employers are required to provide this certificate to all former employees upon termination. Certificates can be generated on demand or scheduled at regular intervals by the user.

HIPAA Medical Cert (certificate) Page

Usage	Use the HIPAA Medical Cert (certificate) page to generate the HIPAA Medical Certificate report.
Object Name	RUN_CNTL_HIPAA
Navigation	**Compensate Employees, Administer Base Benefits, Report, HIPAA Report, HIPAA Medical Certification**
Access Requirements	Enter the run control ID.



HIPAA Medical Cert (certificate) page

BEN022 HIPAA Report

Description	This certificate displays a history of the former employee's Group Health coverage for all plan types specified by the user, as specified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This certificate lists all group health coverage an employee had for

	the twelve month period prior to the date coverage ended due to termination of coverage. This certificate will be used by subsequent health coverage carriers to evaluate pre-existing condition clauses, if applicable. Only plan types with the **HIPAA Plan** check box marked on the Benefit/Deduction Program Table will have HIPAA history displayed on these reports. Employers are required to provide this certificate to all former employees upon termination. Certificates can be generated on demand or scheduled at regular intervals by the user.
Report ID	BEN022
Type of Report	SQR
Parameters	Start and End Date

BEN023 HIPAA Report

Description	This certificate displays a history of the former dependents Group Health coverage for all plan types specified by the user, as specified by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This certificate lists all group health coverage a dependent had for the twelve month period prior to the date coverage ended due to termination of coverage. This certificate will be used by subsequent health coverage carriers to evaluate pre-existing condition clauses, if applicable. Only plan types with the **HIPAA Plan** check box marked on the Benefit/Deduction Program Table will have HIPAA history displayed on these reports.
Report ID	BEN023
Type of Report	SQR
Parameters	Start and End Date

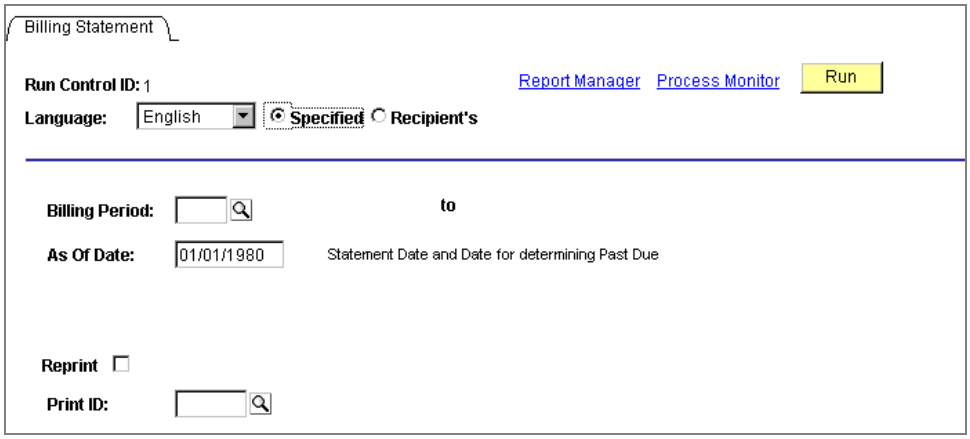
Generating Benefits Billing Statements

Statements are produced for each individual with an outstanding balance who is actively enrolled in the benefits billing system. Statements report: activity from/to dates; activity type, plan type, benefit plan, coverage, amount and due dates. Also included is the total due and total overdue information with any comments entered on the Billing Calendar.

Billing Statement Page

Usage	Use the Billing Statement page to generate the billing statements.
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Billing Statements, Benefits Billing Statements**

Access Requirements	Enter the run control ID.



Billing Statement page

BEN040 Billing Statements

Description	Statements are produced for each individual with an outstanding balance who is actively enrolled in the benefits billing system. Statements report: activity from/to dates; activity type, plan type, benefit plan, coverage, amount and due dates. Also included is the total due and total overdue information with any comments entered on the Billing Calendar.
Report ID	BEN040
Type of Report	SQR
Parameters	Billing Period, As of Date

Generating the Delinquent Accounts Report

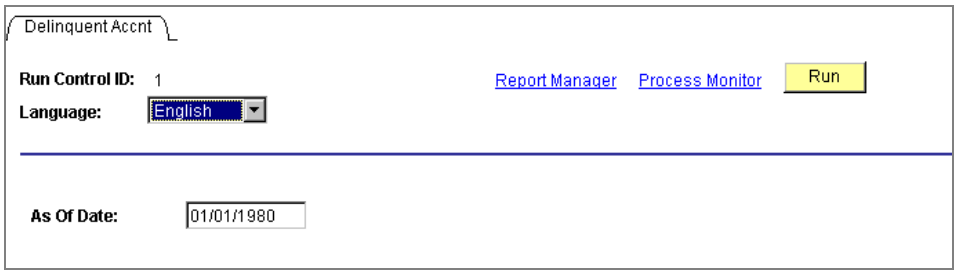
This report displays charge and payment activity for employees who have failed to keep their payments current in accordance with the terms established on the Benefits Billing Plan Table.

You can use this report to determine what participants are delinquent, the number of days past due and the total amount due. You can also use this report to learn what the total number of participants past due, time overdue and the total amount due.

Delinquent Accnt (account) Page

Usage	Use the Delinquent Accnt (account) page to generate the Delinquent Account report.

Object Name	RUNCTL_BEN041
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Delinquent Accounts Report, Delinquent Billing Accounts**
Access Requirements	Enter the run control ID.



Delinquent Accnt (account) page

BEN041 Delinquent Accounts Report

Description	This report displays charge and payment activity for employees who have failed to keep their payments current in accordance with the terms established on the Benefits Billing Plan Table..
Report ID	BEN041
Type of Report	SQR
Parameters	As of Date
Source	Benefits Billing Charges, Personal Data, Benefits Billing Payment, Xlattable, Benefit Plan Table and Benefit Billing Enrollment - Effective Date

Generating the Accounts Receivable Report

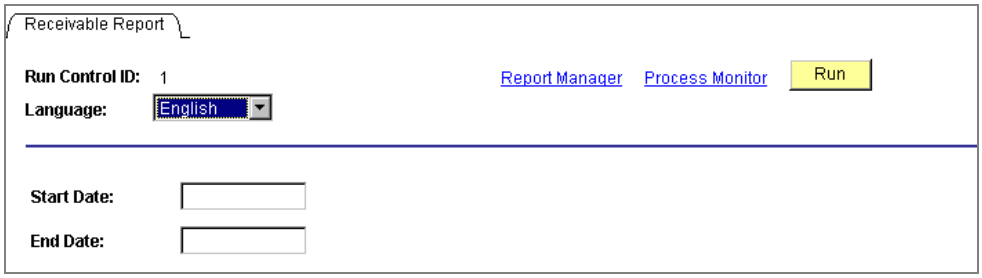
This report displays all payment activity, include the amounts paid and how the amounts were applied.

You can use this report to verify the dollar amount of payments received from employees. It can also be used to determine how the moneys received were applied. You can also use this report for general ledger reconciliation and auditing.

Receivable Report Page

Usage	Use the Receivable Report page to generate the Accounts Receivable report.

Object Name	RUNCTL_BEN042
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Accounts Receivable Report, Accounts Receivable Report**
Access Requirements	Enter the run control ID.



Receivable Report page

BEN042 Accounts Receivable Report

Description	This report displays all payment activity, include the amounts paid and how the amounts were applied.
Report ID	BEN042
Type of Report	SQR
Parameters	Start and End Date
Source	Benefits Billing Charges, Xlattable, Benefit Plan, Personal Data, Benefit Billing Detail, Benefit Billing Payment

Generating the History Activity Report

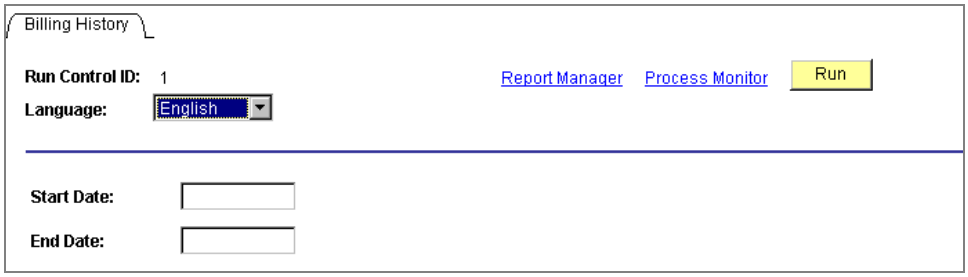
This report displays all billing account activity for a specific period of time by employee, posting date, activity type, plan type, benefit plan, coverage code and billing due.

You will use this report to answer questions from employees regarding their billing accounts. This report can also be used as a tool in troubleshooting and auditing billing activity. System prompts you to specify from and thru dates.

Billing History Page

Usage	Use the Billing History page to generate the History Activity report.
Object Name	RUNCTL_BEN043
Navigation	**Compensate Employees, Administer Benefits Billing, Report, History Activity Report, Billing History Activity**
Access	Enter the run control ID.

Requirements	



Billing History page

BEN043 History Activity Report

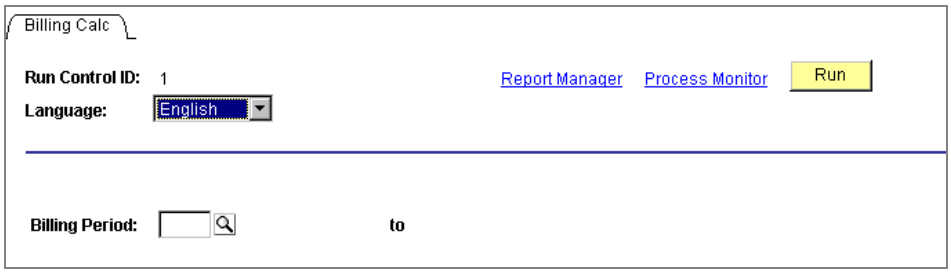
Description	This report displays all billing account activity for a specific period of time by employee, posting date, activity type, plan type, benefit plan, coverage code and billing due.
Report ID	BEN043
Type of Report	SQR
Parameters	Start and End Date
Source	Benefits Billing Charges, Billing Calendar, Benefits Billing Payment, Benefits Billing Detail, Base Benefits tables, Benefits Billing Parameters

Generating the Calculation Errors Report

This report displays the messages associated with billing calculation errors generated as a result of the COBOL process. You will use this report as a tool in correcting errors that occurred during the benefits billing calculation process.

Billing Calc (calculation) Page

Usage	Use the Billing Calc (calculation) page to generate the Calculation Errors report.
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Calculation Errors, Billing Calculation Errors**
Access Requirements	Enter the run control ID.



Billing Calc (calculation) page

BEN044 Calculation Errors

Description	This report displays the messages associated with billing calculation errors generated as a result of the COBOL process
Report ID	BEN044
Type of Report	SQR
Parameters	Language, Billing Period

Generating the Benefits Billing Audit Report

The Benefits Billing Audit report has five sections: employees with open charges and open credits; active enrollments audit; inactive enrollments audit; employees with holds longer than 3 months; and enrollment holds longer than 3 months.

You will use this report to audit billing enrollments that may require follow-up activity. For example, data will only be displayed for employees with open charges and credits when an error condition exists.

Benefits Billing Audit Page

Usage	Use the Benefits Billing Audit page to generate the Benefits Billing Audit report.
Navigation	**Compensate Employees, Administer Benefits Billing, Report, Audit, Benefits Billing Audit**
Access Requirements	Enter the run control ID.

Benefits Billing Audit page

BEN045 Benefits Billing Audit

Description	The Benefits Billing Audit report has five sections: employees with open charges and open credits; active enrollments audit; inactive enrollments audit; employees with holds longer than 3 months; and enrollment holds longer than 3 months..
Report ID	BEN045
Type of Report	SQR
Parameters	Language
Source	Benefits Billing Charges, Billing Calendar, Benefits Billing Payment, Benefits Billing Detail, Base Benefits tables, Benefits Billing Parameters, Job, Personal Data

Generating the Primary Jobs Audit Report

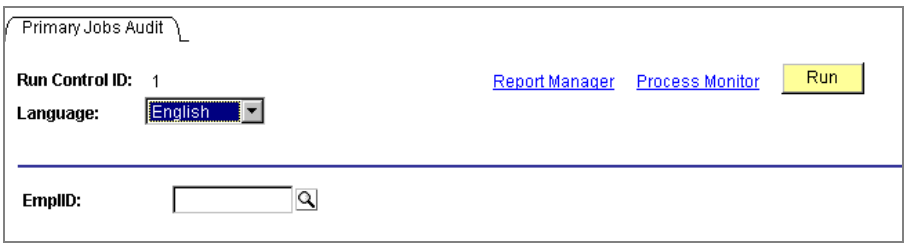
The Primary Jobs Audit report identifies:

- Employee's that don't have a record in the Primary Jobs table.
- Employee's without a job record in the Primary Jobs table.
- Employee's without a primary job flag turned on.
- Employee's without a primary job indicated for a specific benefit record.

Employee's with more than one primary job designated for a specific benefit record number.

Primary Jobs Audit Page

Usage	Use the Primary Jobs Audit page to generate the Primary Jobs Audit report.
Navigation	**Compensate Employees, Administer Base Benefits, Report, Primary Job Audit, Primary Jobs Audit**
Access Requirements	Enter the run control ID.



Primary Jobs Audit page

BEN050 Primary Jobs Audit Report

Description	The Primary Jobs Audit report identifies: • Employee's that don't have a record in the Primary Jobs table. • Employee's without a job record in the Primary Jobs table. • Employee's without a primary job flag turned on. • Employee's without a primary job indicated for a specific benefit record. • Employee's with more than one primary job designated for a specific benefit record number.
Report ID	BEN050
Type of Report	SQR
Parameters	Language, Employee ID
Source	PRIMARY_JOBS
Sorted By	Employee ID

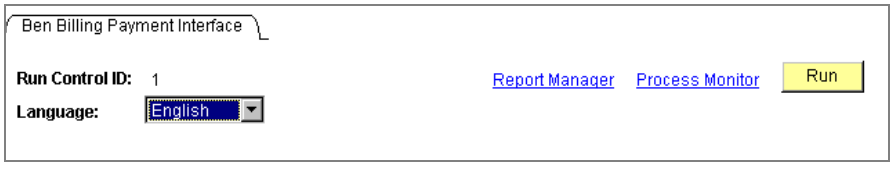
Generating the Payment Interface Report

This report lists information about Benefits Billing payments processed by the batch interface program.

The Payment Interface report can be used as an alternative to entering payments through the Payment Entry page. The system applies the payments to the charges by Plan Type within Due Date, oldest Due Date first. The payments are posted as of the Posting Date on the transaction.

Ben (benefit) Billing Payment Interface Page

Usage	Use the Ben (benefit) Billing Payment Interface page to generate the Payment Interface report.
Navigation	**Compensate Employees, Administer Benefits Billing, Process, Payment Interface**
Access Requirements	Enter the run control ID.



Ben (benefit) Billing Payment Interface page

BEN140 Payment Interface

Description	This report lists information about Benefits Billing payments processed by the batch interface program.
Report ID	BEN141
Type of Report	SQR
Parameters	Language
Source	BILLPMNT
Sorted By	EmplID, Posting Date, Amount

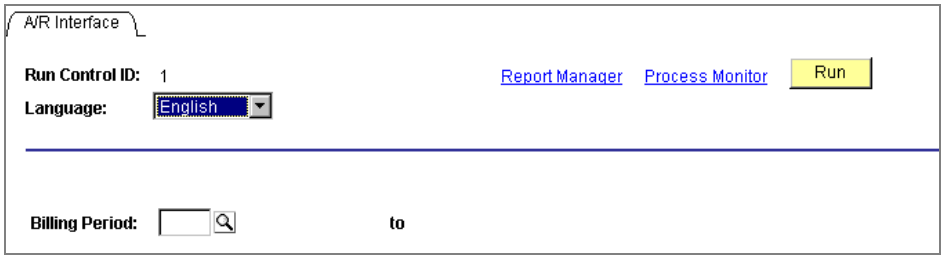
Generating the A/R Interface Report

The A/R Interface report extracts all charges for a selected billing period and any charge adjustments with posting dates that fall within the billing period. The system will produce a file called BILLAR. The output file BILLAR holds 2 types of records. One holds employee information, the other holds the accounting information for the Benefits Billing charges and charge adjustments.

Use this report to report to interface billing charges to an accounts receivable system.

A/R Interface Page

Usage	Use the A/R Interface page to generate the A/R Interface report.
Navigation	**Compensate Employees, Administer Benefits Billing, Process, A/R Interface, Benef Billing A/R Interface**
Access Requirements	Enter the run control ID.



A/R Interface page

BEN141 A/R Interface

Description	The A/R Interface report extracts all charges for a selected billing period and any charge adjustments with posting dates that fall within the billing period. The system will produce a file called BILLAR. The output file BILLAR holds 2 types of records. One holds employee information, the

	other holds the accounting information for the Benefits Billing charges and charge adjustments.
Report ID	BEN141
Type of Report	SQR
Parameters	Language, Billing Period
Source	Benefits Billing Charges, Adjustments, Benefit Plan, Personal Data
Sorted By	Employee ID, Posting Date, Record Type, Plan Type

Generating the Section 403(b) Employee Listing Report

This report provides information on all employees whose information is found on the Employees 403(b) Annuity Data pages

403(b) Employee Page

Usage	Use the 403(b) Employee page to generate the Section 403(b) Employee Listing report.
Object Name	RUNCTL_BEN200
Navigation	**Compensate Employees, Administer Base Benefits, Report, Section 403b EE Listing, 403(b) Employee Listing**
Access Requirements	Enter the run control ID.

403(b) Employee page

BEN200 Section 403(b) Employee Listing Report

Description	This report provides information on all employees whose information is found on the Employees 403(b) Annuity Data pages.
Report ID	BEN200
Type of Report	SQR
Parameters	Company and Calendar Year

Source	SAVINGS_403B_BAL
Sorted By	Calendar Year and Employee Name

Generating the Section 403(b) Exceptions Report

BEN011 reports on employees who are approaching or exceeding limits along with other errors and exceptions.

403(b) Exception Page

Usage	Use the 403(b) Exception page to generate the Section 403(b) Exceptions report.
Object Name	RUNCTL_BEN201
Navigation	**Compensate Employees, Administer Base Benefits, Report, Section 403b Exceptions Rpt, 403(b) Exception Report**
Access Requirements	Enter the run control ID.

403(b) Exception page

BEN201 Section 403(b) Exceptions Report

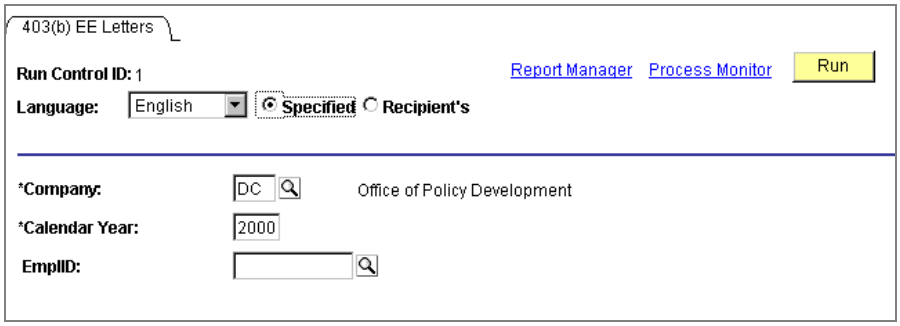
Description	BEN011 reports on employees who are approaching or exceeding limits along with other errors and exceptions.
Report ID	BEN201
Type of Report	SQR
Parameters	Company and Calendar Year
Source	SAVINGS_403B_ADJ
Sorted By	Calendar Year and Employee Name

Generating the Section 403(b) Employee Letters

This report lists employees who have Section 403(b) information. This report is an easily modifiable SQR combined with a Microsoft Word macro and template. The function of this report is to deliver Projection information to employees

403(b) EE (employees) Letters Page

Usage	Use the 403(b) EE (employees) Letters page to generate the Section 403(b) Employee Letters.
Object Name	RUNCTL_BEN202
Navigation	**Compensate Employees, Administer Base Benefits, Report, Section 403b EE Letters, 403(b) Employee Letters**
Access Requirements	Enter the run control ID.



403(b) EE (employees) Letters page

BEN202 Section 403(b) Employee Letters

Description	This report lists employees who have Section 403(b) information. This report is an easily modifiable SQR combined with a Microsoft Word macro and template. The function of this report is to deliver Projection information to employees
Report ID	BEN202
Type of Report	SQR
Parameters	Company and Calendar Year or by Employee Only
Source	SAVINGS_403B_PROJ
Sorted By	Calendar Year and Employee ID

Generating the Flexible Spending Account Benefits Table Report

The Flexible Spending Account Table is where you define your flexible spending account plan information, including plans for health care and dependent care.

The Flexible Spending Account Benefits Table report lists the information in the Flexible Spending Account Table—plan type, plan name, benefit plan name and ID, effective date, pay frequency, employer contribution, flat contribution amount, employer limit percent, employee contribution percent, and employer limit amount.

We suggest you use this report to verify that you have correctly updated and made changes to the table. When you first update your flexible spending account plan information and when you enter changes for new plan years, we suggest you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, this report serves as an audit trail of such spending account plan information.

FSA Benefit Table Listing Page

Usage	Use the FSA Benefit Table Listing page to generate the Flexible Spending Account Benefits Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Flexible Spending Account, FSA Benefit Table Listing**
Access Requirements	Enter the run control ID.

FSA Benefit Table Listing page

BEN701 Flexible Spending Account Benefits Table

Description	The Flexible Spending Account Table is where you define your flexible spending account plan information, including plans for health care and dependent care. The Flexible Spending Account Benefits Table report lists the information in the Flexible Spending Account Table—plan type, plan name, benefit plan name and ID, effective date, pay frequency, employer contribution, flat contribution amount, employer limit percent, employee contribution percent, and employer limit amount.
Report ID	BEN701

Type of Report	SQR
Parameters	Language
Source	Benefits Tables, FSA Benefits Table

Generating the Flat Rate Table Report

The Flat Rate Schedule Table is where you define the flat rates to be charged per selected frequency for a particular benefit program/plan.

The report lists the rate ID, effective date, pay frequency, rate per unit, total coverage rate, and employer, employee, provider coverage rate, each of your benefit program/plans as of a specified date.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your flat rate table information and when you update changes for new plan years, we suggest that you print and review this report to verify that all rate information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous benefit program/plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical benefit program/plan rates.

Flat Rate Table Page

Usage	Use the Flat Rate Table page to generate the Flat Rate Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Flat Rate, Flat Rate Table Listing**
Access Requirements	Enter the run control ID.

Flat Rate Table page

BEN702 Flat Rate Table

Description	The Flat Rate Schedule Table is where you define the flat rates to be charged per selected frequency for a particular benefit program/plan. The report lists the rate ID, effective date, pay frequency, rate per unit,

	total coverage rate, and employer, employee, provider coverage rate, each of your benefit program/plans as of a specified date.
Report ID	BEN702
Type of Report	SQR
Parameters	As of Date
Source	Benefits Tables, Flat Rate Table

Generating the Disability Plan Table Report

The Disability Plan Table is where you define the information for each of your disability benefit plans.

The report lists plan type, plan name, benefit plan ID, effective date, the amount of the maximum monthly benefit, and the salary replacement percentage for each of your disability benefit plans.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your disability plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical disability plans.

Disability Plan Table Listing Page

Usage	Use the Disability Plan Table Listing page to generate the Disability Plan Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Disability Plan, Disability Plan Table Listing**
Access Requirements	Enter the run control ID.

Disability Plan Table Listing page

BEN703 Disability Plan Table

Description	The Disability Plan Table is where you define the information for each

	of your disability benefit plans. The report lists plan type, plan name, benefit plan ID, effective date, the amount of the maximum monthly benefit, and the salary replacement percentage for each of your disability benefit plans.
Report ID	BEN703
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Disability Plan Table
Sorted By	

Generating the Age-Graded Coverage Table Report

The Age-Graded Coverage Table is where you define the age-graded rates your company uses.

The Age Coverage Table report lists the effective dates of the rates and rating factors such as age ranges, sex, and smoker/non-smoker by employer and employee for each set of your age-graded rates.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your age graded rates and when you update changes for new plan years, we suggest that you print and review this report to verify that all rate information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical age graded rates.

Age-Graded Coverage Table Listing Page

Usage	Use the Age-Graded Coverage Table Listing page to generate the Age-Graded Coverage Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Age Coverage Rate, Age-Graded Rate Table Listing**
Access Requirements	Enter the run control ID.

Age-Graded Coverage Table Listing page

BEN704 Age-Graded Coverage Table

Description	The Age-Graded Coverage Table is where you define the age-graded rates your company uses. The Age Coverage Table report lists the effective dates of the rates and rating factors such as age ranges, sex, and smoker/non-smoker by employer and employee for each set of your age-graded rates. Use this report to verify that you have correctly updated and made changes to the table. When you first update your age graded rates and when you update changes for new plan years, we suggest that you print and review this report to verify that all rate information is complete and correct. Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical age graded rates.
Report ID	BEN704
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Age-Graded Rate Table

Generating the Life AD/D Table Report

The Life AD/D Table is where you define coverage information for life and accidental death and dismemberment plans, including group life, supplemental life, AD/D, and dependent life.

The report lists the information in the Life AD/D Table including: plan type, plan name, benefit plan ID and name, effective date, coverage, flat amount, rating factor, and group code.

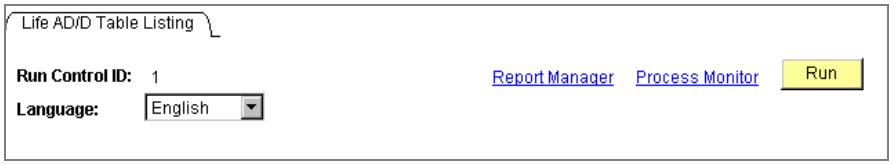
Use this report to verify that you have correctly updated and made changes to the table. When you first update your life and AD/D plan information and when you enter changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical life plans.

Life AD/D Table Listing Page

Usage	Use the Life AD/D Table Listing page to generate the Life AD/D Table report.

Navigation	**Define Business Rules, Define Base Benefits, Report, Life AD/D, Life AD/D Table Listing**
Access Requirements	Enter the run control ID.



Life AD/D Table Listing page

BEN705 Life AD/D Table

Description	The Life AD/D Table is where you define coverage information for life and accidental death and dismemberment plans, including group life, supplemental life, AD/D, and dependent life. The report lists the information in the Life AD/D Table including: plan type, plan name, benefit plan ID and name, effective date, coverage, flat amount, rating factor, and group code.
Report ID	BEN705
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Life AD/D Plan Table

Generating the Savings Plans/Investments Table Report

The Savings Plan Table is where you define your savings plans, such as 401(k), thrift and profit sharing plans.

The report lists each savings plan type, benefit plan, effective date, employer investment matching option, and the terms of the employee deductions and employer contributions and investment options. The limit percent and reduction percent age are shown for highly compensated employees for both before- and after-tax amounts.

We suggest you use this report to verify that you have correctly updated and made changes to the table. When you first update your savings plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical savings plan information.

Savings Plans/Investments Table Page

Usage	Use the Savings Plans/Investments Table page to generate the Savings Plans/Investments report.
Navigation	**Compensate Employees, Administer AP Interface, Report, Savings Plan, Savings Plan/Investment Table**
Access Requirements	Enter the run control ID.

BEN707 Savings Plans/Investments Table

Description	The Savings Plan Table is where you define your savings plans, such as 401(k), thrift and profit sharing plans. The report lists each savings plan type, benefit plan, effective date, employer investment matching option, and the terms of the employee deductions and employer contributions and investment options. The limit percent and reduction percent age are shown for highly compensated employees for both before- and after-tax amounts.
Report ID	BEN707
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Savings Plan/Investments Table

Generating the Calculation Rules Table Report

The Calculation Rules Table is where you define the calculation rules that your organization uses to calculate employee benefits—rules such as premium, coverage, age and service as-of dates, rounding, coverage minimum and maximum amounts, flat amount options, benefits base, combine salaries indicator, and the deduction limit percent of gross.

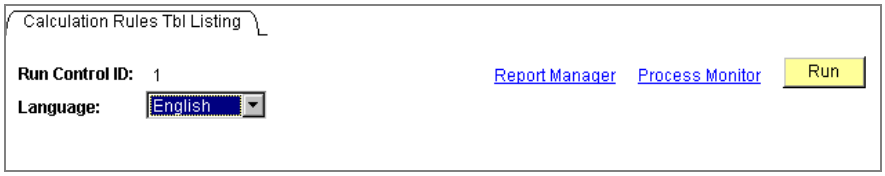
The report lists your calculation rules information according to calculation rule IDs.

We suggest you use this report to verify that you have correctly updated and made changes to the table. When you first update your calculation rules information and when you update changes for new plan years, we suggest that you print and review this report to verify that all rules are complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical calculation rules information.

Calculation Rules Table Page

Usage	Use the Calculation Rules Tbl page to generate the Calculation Rules Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Calculation Rules, Calculation Rules Tbl Listing**
Access Requirements	Enter the run control ID.



Calculation Rules Tbl (table) Listing page

BEN708 Calculation Rules Table

Description	The Calculation Rules Table is where you define the calculation rules that your organization uses to calculate employee benefits—rules such as premium, coverage, age and service as-of dates, rounding, coverage minimum and maximum amounts, flat amount options, benefits base, combine salaries indicator, and the deduction limit percent of gross. The report lists your calculation rules information according to calculation rule IDs.
Report ID	BEN708
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Calculation Rules Table

Generating the Benefit Plan Table Report

The Benefit Plan Table is where you define your benefit plans, including the plan type and benefit plan name. You also use this table to identify the provider for each plan.

For each plan type and benefit plan combination, the report lists: effective date, description, provider ID and name, default deduction code and name, and the indicator for non-discrimination testing.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your benefit plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical benefit plans.

Benefit Plan Table Listing Page

Usage	Use the Benefit Plan Table Listing page to generate the Benefit Plan Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Benefit Plan, Benefit Plan Table Listing**
Access Requirements	Enter the run control ID.

Benefit Plan Table Listing page

BEN709 Benefit Plan Table

Description	The Benefit Plan Table is where you define your benefit plans, including the plan type and benefit plan name. You also use this table to identify the provider for each plan. For each plan type and benefit plan combination, the report lists: effective date, description, provider ID and name, default deduction code and name, and the indicator for non-discrimination testing.
Report ID	BEN709
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Benefit Plan Table

Generating the Leave Plan Table Report

The Leave Plan Table is where you define the details of the leave plans your organization offers. This table consists of three pages: BEN710 reports on Leave Plan Table 1, and BEN710A reports on Leave Plan Table 2 and 3.

Use these reports to verify that you have correctly updated and made changes to the table. When you first update your leave plan information and when you update changes for new plan years, we suggest that you print and review these reports to verify that all plan information is complete and correct.

These reports also function as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical leave plans.

Leave Plan Table Page

Usage	Use the Leave Plan Table page to generate the Leave Plan Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Leave Plan 1, Leave Plan Table Listing**
Access Requirements	Enter the run control ID.

Leave Plan Table Listing page

BEN710 Leave Plan Table

Description	The Leave Plan Table is where you define the details of the leave plans your organization offers. This table consists of three pages: BEN710 reports on Leave Plan Table 1, and BEN710A reports on Leave Plan Table 2 and 3. ***BEN710:*** Lists plan type, plan name, benefit plan name and ID, effective date, accrual process date, accrual frequency, service interval, special calculations, year the plan begins, and the maximum leave balance and carryover allowed. ***BEN710A:*** Lists each plan type and its name and ID, effective date, service interval, separate service rate values and bonus values, pay versus time, pay at term, term pay percent, negative balances allowed, and the individual first year rate values.
Report ID	BEN710
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Leave Plan Table

Generating the Leave Plan 2/3Report

The Leave Plan Table is where you define the details of the leave plans your organization offers. This report is used in conjunction with BEN710.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your leave plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

This report also functions as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical leave plans.

Lists each plan type and its name and ID, effective date, service interval, separate service rate values and bonus values, pay versus time, pay at term, term pay percent, negative balances allowed, and the individual first year rate values.

Leave Plan 2/3 - Leave Plan Table (Svc Rates) Page

Usage	Use the Leave Plan Table (Svc Rates) page to generate the Leave Plan 2/3report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Leave Plan 2/3, Leave Plan Table (Svc Rates)**
Access Requirements	Enter the run control ID.

Leave Plan Table (Svc Rates) page

BEN710A Leave Plan 2/3

Description	The Leave Plan Table is where you define the details of the leave plans your organization offers. This report is used in conjunction with BEN710.
Report ID	BEN710A
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Leave Plan Table

Generating the Retirement Plan Table Report

The Retirement Plan Table is where you define the details of the retirement plans that you offer for the California Public Employees Retirement System (PERS).

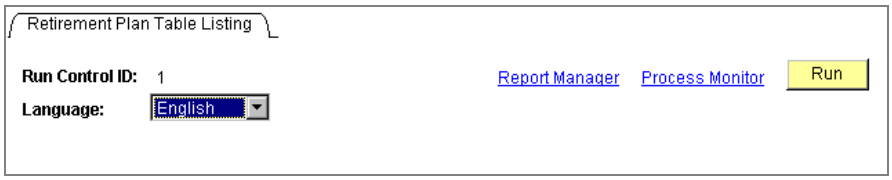
The report lists plan type, plan name, benefit plan name and ID, effective date, special earnings code, the employer and employee percent, employer contribution, and the indicator for coordinating with FICA.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your retirement plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical retirement plans

Retirement Plan Table Listing Page

Usage	Use the Retirement Plan Table page to generate the Retirement Plan Table report.
Navigation	**Define Business Rules, Define Base Benefits, Reports, Retirement Plan Table**
Access Requirements	Enter the run control ID.



Retirement Plan Table Listing page

BEN711 Retirement Plan Table

Description	The Retirement Plan Table is where you define the details of the retirement plans that you offer for the California Public Employees Retirement System (PERS). The report lists plan type, plan name, benefit plan name and ID, effective date, special earnings code, the employer and employee percent, employer contribution, and the indicator for coordinating with FICA.
Report ID	BEN711
Type of	SQR

Report	
Parameters	Language
Source	Benefits Tables, Retirement Plan Table

Generating the Benefit Program Table Report

The Benefit Program Table is where you define the benefit programs your organization offers and where you associate each applicable benefit plan with a benefit program, including the rates and calculation rules you want the system to use for each benefit program and benefit plan combination.

You also use this table to identify the payroll rules for each program and plan combination. If your organization uses PeopleSoft Benefits and offers flexible credits, you'll also use this table to define such credits.

You'll use this table to define information for open enrollment and event maintenance processing, such as the order in which you want plans to print on enrollment and confirmation forms.

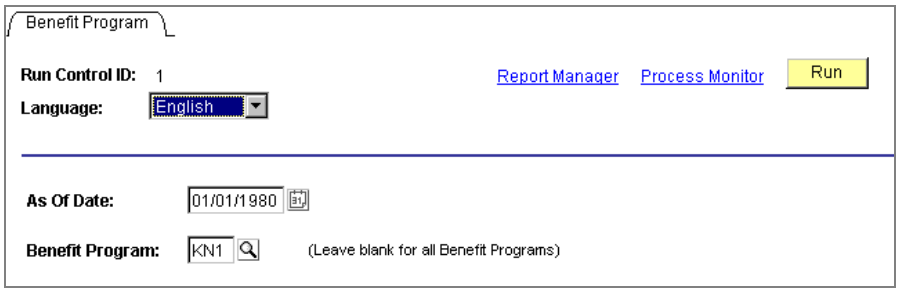
If your organization uses COBRA Administration, you will enter regular and disabled COBRA surcharges, student and dependent age limits, and whether or not you will exclude disabled dependents or allow married dependents in your COBRA processing.

If you use FMLA, you will indicate the FMLA plan ID here. If your organization uses PeopleSoft FSA, you'll store run control IDs and minimum payment amounts in this table. For each of your benefit programs, the report lists all benefit plans and associated information, such as deduction type, any rates you've associated with the plan, and any calculation rules.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your benefit program information and when you update changes for new plan years, we suggest that you print and review this report to verify that all your benefit program information is complete and correct. Your Payroll department may want to review this report to verify that all the payroll-related deductions they defined are complete and correct. This report also serves as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical benefit programs.

Benefit Program Page

Usage	Use the Benefit Program page to generate the Benefit Program Table report.
Object Name	RUNCTL_BEN713
Navigation	**Define Business Rules, Define Base Benefits, Report, Benefit Program Definition, Benefit Program (Base Benefit)**
Access Requirements	Enter the run control ID.



Benefit Program page

BEN713 Benefit Program Table - Base Benefits

Description	For each of your benefit programs, this report lists all benefit plans and associated information, such as deduction type, any rates you've associated with the plan, and any calculation rules.
Report ID	BEN713
Type of Report	SQR
Parameters	As of Date, Benefit Program ID
Source	Benefits Tables, Benefit Program Table

Generating the Service Rate Table Report

The Service Rate Table is where you define service-related rates for the benefits your company offers.

The Service Rate Table report prints information about each service rate ID. This information includes the effective date, pay frequency, rate per unit, service intervals, total rate, employer portion, and employee portion.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your service-related rates and when you update changes for new plan years, we suggest that you print and review this report to verify that all your service rates are complete and correct.

This report also serves as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical service rate information.

Service Rate Table Listing Page

Usage	Use the Service Rate Table Listing page to generate the Service Rate Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Service Rate, Service Rate Table Listing**

Access Requirements	Enter the run control ID.

Service Rate Table Listing page

BEN714 Service Rate Table

Description	The Service Rate Table is where you define service-related rates for the benefits your company offers. The Service Rate Table report prints information about each service rate ID you establish, including the effective date, pay frequency, rate per unit, service intervals, total rate, employer portion, and employee portion.
Report ID	BEN714
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Service Rate Table

Generating the Vacation Buy/Sell Table Report

The Vacation Buy/Sell Table is where you define the information for your vacation buy and sell plans.

This report prints each vacation buy/sell plan type name and ID and its effective date, buy/sell description, earnings type, pay frequency, vacation hours (increments, minimum, and maximum), and the percent of salary and maximum vacation amounts.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your vacation buy and sell plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that your plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical vacation buy and sell information.

Vacation Buy/Sell Plan Listing Page

Usage	Use the Vacation Buy/Sell Plan Listing page to generate the Vacation

	Buy/Sell Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Vacation Buy/Sell, Vacation Buy/Sell Plan Listing**
Access Requirements	Enter the run control ID.

Vacation Buy/Sell Plan Listing page

BEN715 Vacation Buy/Sell Table

Description	The Vacation Buy/Sell Table is where you define the information for your vacation buy and sell plans. This report prints each vacation buy/sell plan type name and ID and its effective date, buy/sell description, earnings type, pay frequency, vacation hours (increments, minimum, and maximum), and the percent of salary and maximum vacation amounts.
Report ID	BEN715
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Vacation Buy/Sell Table

Generating the Pension Plan Table (1) Report)

The Pension Plan Table is where you define pension plan details for pension plans that your organization offers for Canadian companies. You can print the contents of this table in three parts: BEN716CN, BEN717CN, and BEN718CN.

BEN716CN lists plan type and name, benefit plan and name, effective date, special accumulator code, pension plan type, voluntary contributions indicator, credit CPP indicator, RCT registration number, contribution %, and the employee and employer percents for contributions up to YMPE and over YMPE.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your pension plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all your pension plan information is complete and correct.

This report also serves as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information

from five or more years ago, you may want to retain this report as an audit trail of such historical pension plan information.

Pension Plan Table Listing (1) Page

Usage	Use the Pension Plan Table Listing (1) page to generate the Pension Plan Table () report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Pension Plan 1, Pension Plan Table Listing (1)**
Access Requirements	Enter the run control ID.

Pension Plan Table Listing (1)

BEN716CN Pension Plan Table (1)

Description	The Pension Plan Table is where you define pension plan details for pension plans that your organization offers for Canadian companies. You can print the contents of this table in three parts: BEN716CN, BEN717CN, and BEN718CN. BEN716CN lists plan type and name, benefit plan and name, effective date, special accumulator code, pension plan type, voluntary contributions indicator, credit CPP indicator, RCT registration number, contribution %, and the employee and employer percents for contributions up to YMPE and over YMPE.
Report ID	BEN716CN
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Pension Plan Table

Generating the Pension Plan Table (2) Report

The Pension Plan Table is where you define pension plan details for pension plans your organization offers for Canadian companies. You can print the contents of this table in three parts: BEN716CN, BEN717CN, and BEN718CN.

BEN717CN lists plan type and name, benefit plan and name, effective date, contribution rate type, the pension rate earnings limit, and the employee and employer percents for contributions up to YMPE and over YMPE.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your pension plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all your pension plan information is complete and correct.

This report also serves as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical pension plan information.

Pension Plan Table Listing (2) Page

Usage	Use the Pension Plan Table Listing (2) page to generate the Pension Plan Table (2) report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Pension Plan 1, Pension Plan Table Listing (2)**
Access Requirements	Enter the run control ID.

Pension Plan Table Listing (2) page

BEN717CN Pension Plan Table (2)

Description	The Pension Plan Table is where you define pension plan details for pension plans your organization offers for Canadian companies. You can print the contents of this table in three parts: BEN716CN, BEN717CN, and BEN718CN. BEN717CN lists plan type and name, benefit plan and name, effective date, contribution rate type, the pension rate earnings limit, and the employee and employer percents for contributions up to YMPE and over YMPE.
Report ID	BEN717CN
Type of Report	SQR
Parameters	Language

Source	Benefits Tables, Pension Plan Table

Generating the Pension Plan Table (3) Report

The Pension Plan Table is where you define pension plan details for pension plans your organization offers for Canadian companies. You can print the contents of this table in three parts: BEN716CN, BEN717CN, and BEN718CN.

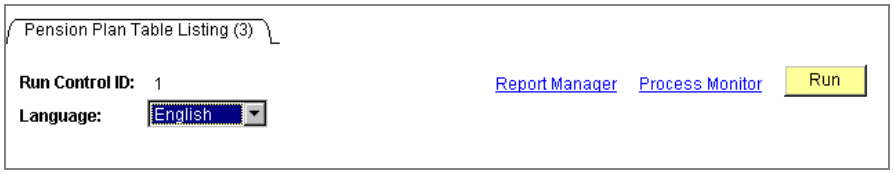
BEN718CN lists plan type and name, benefit plan name and ID, effective date, special accumulator, pension plan type, if voluntary contribution is allowed, pension administration percentage under and over the YMPE, pension administration earnings that are excluded, benefit entitlement ceiling, and the pension administration annual base hours.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your pension plan information and when you update changes for new plan years, we suggest that you print and review this report to verify that all your pension plan information is complete and correct.

This report also serves as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical pension plan information.

Pension Plan Table Listing (3) Page

Usage	Use the Pension Plan Table Listing (3) page to generate the Pension Plan Table (3) report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Pension Plan 1, Pension Plan Table Listing (3)**
Access Requirements	Enter the run control ID.



Pension Plan Table Listing (3)

BEN718CN Pension Plan Table (3)

Description	The Pension Plan Table is where you define pension plan details for pension plans your organization offers for Canadian companies. You can print the contents of this table in three parts: BEN716CN, BEN717CN, and BEN718CN. BEN718CN lists plan type and name, benefit plan name and ID, effective date, special accumulator, pension plan type, if voluntary

	contribution is allowed, pension administration percentage under and over the YMPE, pension administration earnings that are excluded, benefit entitlement ceiling, and the pension administration annual base hours.
Report ID	BEN718CN
Type of Report	SQR
Parameters	Language
Source	Benefits Tables, Pension Plan Table

Generating the FMLA Plan Table Report

THE FMLA Plan Table is where rules are established for administering leave requests. This includes the FMLA calendar type, eligibility criteria, and the annual leave entitlement.

You can use this report to verify the correct and complete entry and/or update of FMLA plan information.

FMLA Plan Table Listing Page

Usage	Use the FMLA Plan Table Listing page to generate the FMLA Plan Table report.
Object Name	RUN_CNTL_LANG
Navigation	**Define Business Rules, Define Base Benefits, Reports, FMLA Plan Table, FMLA Plan Table Listing**
Access Requirements	Enter the run control ID.

FMLA Plan Table Listing page

BEN720 FMLA Plan Table

Description	THE FMLA Plan Table is where rules are established for administering leave requests. This includes the FMLA calendar type, eligibility criteria, and the annual leave entitlement. You can use this report to verify the correct and complete entry and/or update of FMLA plan information.
Report ID	BEN720

Type of Report	SQR
Parameters	Language
Source	FMLA Plan Table
Sorted By	

Generating the Limit Table Report

The Limit Table is where you define government regulations that limit the amount that a participant can contribute or receive from a qualified plan

Limit Table List Page

Usage	Use the Limit Table List page to generate the Limit Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Limit Table, Limit Table Listing**
Access Requirements	Enter the run control ID.

Limit Table List page

BEN721 Limit Table

Description	The Limit Table is where you define government regulations that limit the amount that a participant can contribute or receive from a qualified plan.
Report ID	BEN721
Type of Report	SQR
Parameters	As of date
Source	LIMIT_TABLE

Generating the Salary Rate Table Report

The Salary Rate Table is where you define the percentage of salary for flexible credit options and deduction calculations.

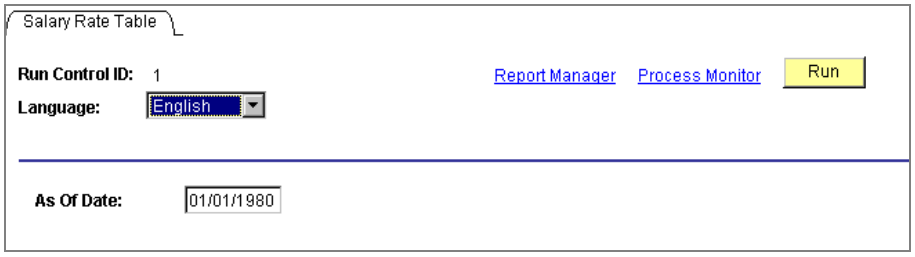
The Salary Rate Table report lists the effective dates of the salary percentages for a rate ID.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your salary rates and when you update changes for new plan years, we suggest that you print and review this report to verify that all plan information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical percentages of salary.

Salary Rate Table Page

Usage	Use the Salary Rate Table page to generate the Salary Rate Table report.
Navigation	**Define Business Rules, Define Base Benefits, Report, Salary Rate, Salary Rate Table Listing,**
Access Requirements	Enter the run control ID.



Salary Rate Table page

BEN731 Salary Rate Table

Description	The Salary Rate Table is where you define the percentage of salary for flexible credit options and deduction calculations. The Salary Rate Table report lists the effective dates of the salary percentages for a rate ID.
Report ID	BEN731
Type of Report	SQR
Parameters	As of Date
Source	Benefits Tables, Salary Rate Table

Generating the Base Benefit Audit Report

The Base Benefits Audit Report provides a summary of potential employee data error conditions as related to Base Benefits that would enable you to catch errors that would otherwise show up when you try to process enrollments or changes.

The audits performed are Employees without Employment records, Employees without Job records, Employees less than 16 years old, People with unusual dependents signed up for coverage, Employee and spouse (or other dependent) both electing health benefits, Employees with over-age dependent coverage and Employees with incorrect health plans set up on the Benefit Program Table.

You'll perform these audits during implementation, before you enroll participants, and periodically during the plan year at appropriate times.

Base Benefit Audit Report Page

Usage	Use the Base Benefit Audit Report page to generate the Base Benefit Audit report.
Navigation	**Define Business Rules, Define Base Benefits, Reports,**
Access Requirements	Enter the run control ID.

Base Benefit Audit Report page

BEN733 Base Benefit Audit

Description	The Base Benefits Audit Report provides a summary of potential employee data error conditions as related to Base Benefits that would enable you to catch errors that would otherwise show up when you try to process enrollments or changes. The audits performed are Employees without Employment records, Employees without Job records, Employees less than 16 years old, People with unusual dependents signed up for coverage, Employee and spouse (or other dependent) both electing health benefits, Employees with over-age dependent coverage and Employees with incorrect health plans set up on the Benefit Program Table. You'll perform these audits during implementation, before you enroll participants, and periodically during the plan year at appropriate times.
Report ID	BEN733

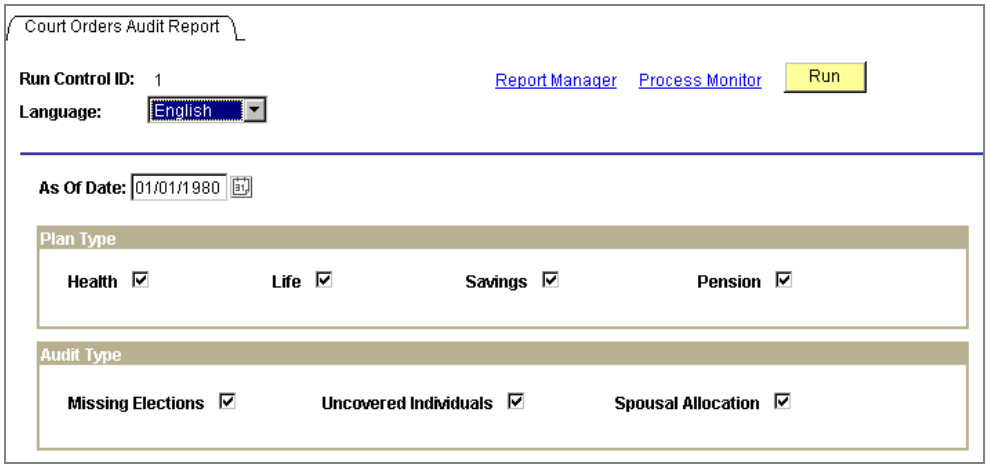
Type of Report	SQR
Parameters	Language
Source	Employee Tables

Generating the Court Orders Audit Report

The Court Ordered Coverage Audit report lists employees not compliant with court order benefit coverage or minimum spousal coverage.

Court Orders Audit Report Page

Usage	Use the Court Orders Audit Report page to generate the Court Orders Audit report.
Navigation	**Compensate Employees, Administer Base Benefits, Report, Court Ordered Coverage Audit, Court Orders Audit Report**
Access Requirements	Enter the run control ID.



BEN734 Court Orders Audit Report

Description	The Court Ordered Coverage Audit report lists employees not compliant with court order benefit coverage or minimum spousal coverage.
Report ID	BEN734
Type of Report	SQR
Parameters	As of date, Plan Type, Audit Type
Sorted By	As of date, Plan Type, Audit Type, and employee ID.

Generating the Billing Calendar Table Report

This report displays the following information for each billing period: billing period identifier, begin/end dates, payment due date, COBRA payment due date, calculation run (y/n) and statements printed (y/n)

You can use this report to learn for what billing periods statements have been generated. It is also a quick reference for payment due information by billing period.

Billing Calendar Table Listing Page

Usage	Use the Billing Calendar Table Listing page to generate the Billing Calendar Table report.
Navigation	**Define Business Rules, Define Benefits Billing, Report, Calendars, Billing Calendar Table Listing**
Access Requirements	Enter the run control ID.

Billing Calendar Table Listing page

BEN740 Billing Calendar Table

Description	This report displays the following information for each billing period: billing period identifier, begin/end dates, payment due date, COBRA payment due date, calculation run (y/n) and statements printed (y/n)
Report ID	BEN740
Type of Report	SQR
Parameters	Language
Source	Billing Calendar
Sorted By	

Generating the COBRA Initial Notification Letter Report

This report generates letters that display a qualified COBRA participant's terminating health coverage, qualified COBRA coverage, and the response dates by which they must return their election or waive request. It also includes an enrollment form that allows them to elect or waive COBRA coverage and COBRA plan options.

This report generates letters for COBRA participants who have experienced an initial qualifying COBRA event.

COBRA Qualify Ltr (letter) Page

Usage	Use the COBRA Qualify Ltr (letter) page to generate the Initial Notification Letter report.
Navigation	**Compensate Employees, Administer COBRA, Report, Initial Notification Letter, COBRA Initial Qualify Letter**
Access Requirements	Enter the run control ID.

COBRA Qualify Ltr (letter) Page

CBR001 Initial Notification Letter

Description	This report generates letters that display a qualified COBRA participant's terminating health coverage, qualified COBRA coverage, and the response dates by which they must return their election or waive request. It also includes an enrollment form that allows them to elect or waive COBRA coverage and COBRA plan options. This report generates letters for COBRA participants who have experienced an initial qualifying COBRA event.
Report ID	CBR001
Type of Report	SQR
Parameters	As of Date
Source	COBRA Participants, Personal Data, Dependent/Beneficiary, COBRA Events, COBRA participant plans

Generating the Secondary Notification Letter Report

This report generates letters that display information about the extension of COBRA continuation coverage for COBRA participants who have experienced secondary qualifying events.

This report generates letters for COBRA participants who have experienced a secondary qualifying COBRA event.

Secondary Evt Ltr Page

Usage	Use the Secondary Evt Ltr (event letter) page to generate the Secondary Notification Letter report.
Navigation	**Compensate Employees, Administer COBRA, Report, Secondary Notification Letter, COBRA Secondary Event Letter**
Access Requirements	Enter the run control ID.

Secondary Evt Ltr page

CBR002 Secondary Notification Letter

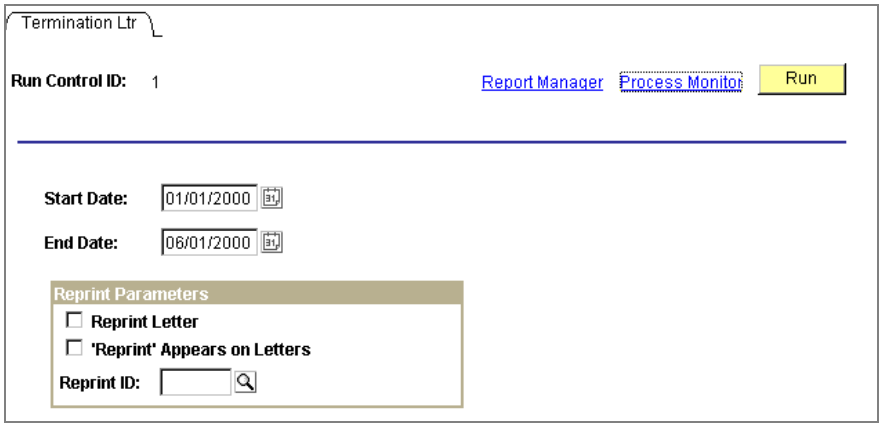
Description	This report generates letters that display information about the extension of COBRA continuation coverage for COBRA participants who have experienced secondary qualifying events. This report generates letters for COBRA participants who have experienced a secondary qualifying COBRA event.
Report ID	CBR002
Type of Report	SQR
Parameters	As of Date
Source	COBRA Participants, Personal Data, Dependent/Beneficiary, COBRA Events, COBRA participant plans

Generating the Termination Letter Report

This report generates letters that inform COBRA participants that their COBRA coverage is about to expire. Users will generate termination letters only for COBRA participants whose coverage is about to expire.

Termination Ltr (letter) Page

Usage	Use the Termination Ltr(letter) page to generate the Termination Letter report.
Navigation	**Compensate Employees, Administer COBRA, Report, Termination Letter, COBRA Termination Letter**
Access Requirements	Enter the run control ID.



Termination Ltr (letter) page

CBR003 Termination Letter

Description	This report generates letters that inform COBRA participants that their COBRA coverage is about to expire. Users will generate termination letters only for COBRA participants whose coverage is about to expire.
Report ID	CBR003
Type of Report	SQR
Parameters	Start and End Date
Source	COBRA Participants, Personal Data, Dependent/Beneficiary, COBRA participant plans

Generating the Open Enrollment Letter Report

This report provides Open Enrollment forms for COBRA participants that detail the current year COBRA enrollment information and provides participants the room to designate election and dependent changes.

Users will generate Open Enrollment forms at the specific time of the calendar year designated for Open Enrollment.

Enroll Forms Page

Usage	Use the Enroll Forms page to generate the Open Enrollment Letter report.
Object Name	RUNCTL_CBR004
Navigation	**Compensate Employees, Administer COBRA, Report, Open Enrollment Letter, COBRA Enrollment Form**
Access Requirements	Enter the run control ID.

Enroll Forms page

CBR004 Open Enrollment Letter

Description	This report provides Open Enrollment forms for COBRA participants that detail the current year COBRA enrollment information and provides participants the room to designate election and dependent changes. Users will generate Open Enrollment forms at the specific time of the calendar year designated for Open Enrollment.
Report ID	CBR004
Type of Report	SQR
Parameters	Period Begin and Period End Dates

Source	COBRA Participants, Personal Data, Dependent/Beneficiary, COBRA Events, COBRA participant plans
Sorted By	

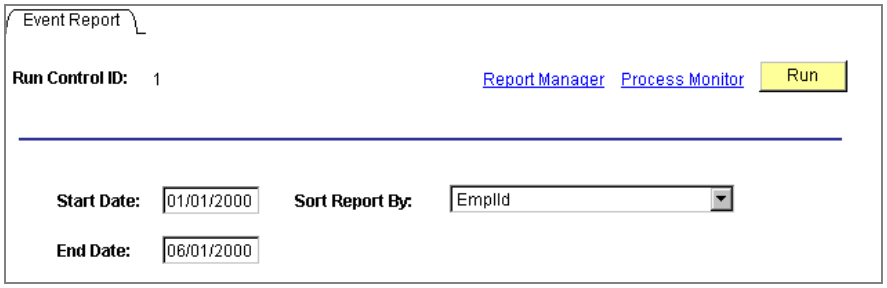
Generating the COBRA Event Report

This report provides data about COBRA beneficiaries at the Event Level. The report will list all employees to whom an event has occurred. The qualified status will indicate to the user whether the qualified beneficiary is Qualified (QL), Not Qualified (NQ), Not qualified/duplicate (ND) or QE (Qualify Error).

You can use this report to analyze COBRA events sorted by Event Date, EMPLID, COBRA Event Class or by COBRA Qualified Status.

Event Report Page

Usage	Use the Event Report page to generate the COBRA Event report.
Object Name	RUNCTL_CBR005
Navigation	**Compensate Employees, Administer COBRA, Report, Event Summary, COBRA EventReport**
Access Requirements	Enter the run control ID.



Event Report page

CBR005 COBRA Event Report

Description	This report provides data about COBRA beneficiaries at the Event Level. The report will list all employees to whom an event has occurred. The qualified status will indicate to the user whether the qualified beneficiary is Qualified (QL), Not Qualified (NQ), Not qualified/duplicate (ND) or QE (Qualify Error).
Report ID	CBR005
Type of Report	SQR
Parameters	Start Date, End Date, Sort Report By

Source	COBRA Event Table, Xlattable

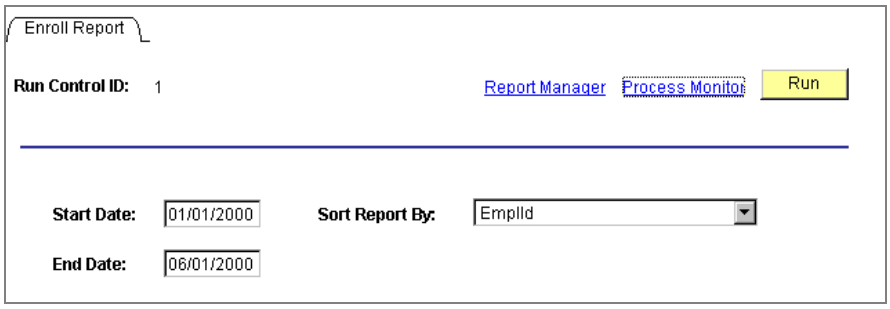
Generating the COBRA Enrollment Report

This report provides data about COBRA participants and their Plan 1X benefit plan elections. The report will list all COBRA participants and their current elections, including Coverage Begin dates.

You can use this report to view the enrollment choices of COBRA participants and can be sorted by either EMPLID or by Plan Type.

Enroll Report Page

Usage	Use the Enroll Report page to generate the COBRA Enrollment report.
Object Name	RUNCTL_CBR006
Navigation	**Compensate Employees, Administer COBRA, Report, Enrollment Report, COBRA Enrollment Report**
Access Requirements	Enter the run control ID.



Enroll Report page

CBR006 COBRA Enrollment Report

Description	This report provides data about COBRA participants and their Plan 1X benefit plan elections. The report will list all COBRA participants and their current elections, including Coverage Begin dates.
Report ID	CBR006
Type of Report	SQR
Parameters	Start Date, End Date, Sort Report By
Source	Benefit Plan Type Enrollment, COBRA Health Benefit , COBRA Health Dependent

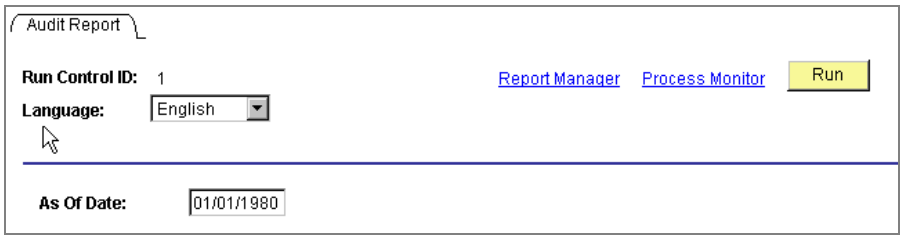
Generating the COBRA Audit Report

This report displays information on: Employees enrolled in Active and COBRA Health Coverage; Employee and Spouse (or other dependent) electing health benefits for the same Dependent ID; and employees who have overage dependents.

You can use this report to analyze whether there is an overlap in COBRA and Active coverage, whether dependents are being covered by more than one EMPLID or whether an overage dependent has not been detected.

COBRA Audit Report - Audit Report page

Usage	Use the Audit Report page to generate the COBRA Audit report.
Object Name	RUNCTL_CBR007
Navigation	**Compensate Employees, Administer COBRA, Report, Audit Report, COBRA Audit Report**
Access Requirements	Enter the run control ID.



COBRA Audit Report - Audit Report page

CBR007 COBRA Audit Report

Description	This report displays information on: Employees enrolled in Active and COBRA Health Coverage; Employee and Spouse (or other dependent) electing health benefits for the same Dependent ID; and employees who have overage dependents.
Report ID	CBR007
Type of Report	SQR
Parameters	As of Date
Source	Employee Tables

Generating the COBRA Administration Error Report

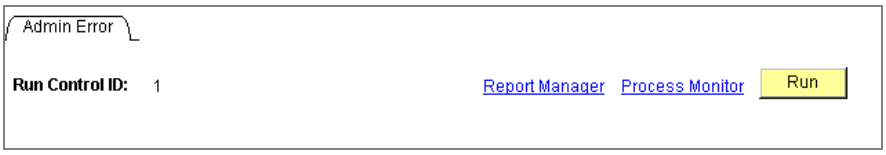
This report displays information about errors that result from running the COBRA process. The errors include COBRA event conflict, no eligible benefit program or more than one eligible benefit programs, or duplicate COBRA events.

For each employee, the report shows Employee ID, benefit record number, Event ID, Dependent ID, Message ID, message description, message data.

You can use the COBRA Administration Error Report to identify and troubleshoot errors that surface as a result of COBRA processing. You can also identify these errors online. You might want to print the report and request that staff check off each error as they determine a resolution, thereby creating an audit trail for verifying that all errors have been analyzed.

Admin (administration) Error Page

Usage	Use the Admin Error page to generate the COBRA Administration Error report.
Object Name	RUNCTL_CBR008
Navigation	**Compensate Employees, Administer COBRA, Report, Error Report, COBRA Administration Error Rpt**
Access Requirements	Enter the run control ID.



Admin (administration) Error page

CBR008 COBRA Administration Error Report

Description	This report displays information about errors that result from running the COBRA process. The errors include COBRA event conflict, no eligible benefit program or more than one eligible benefit programs, or duplicate COBRA events. For each employee, the report shows Employee ID, benefit record number, Event ID, Dependent ID, Message ID, message description, message data.
Report ID	CBR008
Type of Report	SQR
Source	Pay Message Table

Generating the 401(k)/401(m) Nondiscrimination Testing Report

This report lists the output from the 401(k) Nondiscrimination Testing SQR (NDT002) and from the 401(m) Nondiscrimination Testing SQR (NDT003). The system prompts you to specify 401(k) or 401(m) for the report output. This report does not attempt to recalculate the Actual Deferral Percentage (ADP) or re-determine whether the nondiscrimination tests

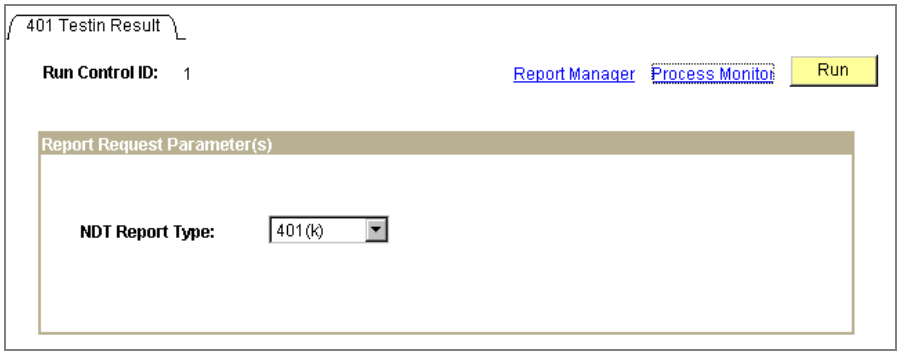
passed. It assumes these tests were handled by NDT002 or NDT003. However, in cases where the Aggregate Limit Test must be used, this report serves as the only method to invoke this test; there is no separate SQR to run the Aggregate Limit Test.

The report shows information about each employee including: Employee Name, Employee ID, gross year-to-date wages and contributions, and resulting ADP or ACP calculations. If this report is run mid-year and a forecast percentage is specified in the 401 NDT run control, the reports will also show forecasted year end earnings, contributions, and related ADP/ACP results. A page break separates the highly compensated employees from non-highly compensated employees. Subtotals for each group are provided along with grand totals, which will tie back to the summary NDT results page. The final page of each report contains a summary of the nondiscrimination calculations. In cases where the Aggregate Limit Test was invoked, each report will show the results for both the 401(m) and 401(k) tests on this final page, as well as the Aggregate Limit Test pass/fail status. The system prevents you from initiating NDT004 if the run control has been updated and you have not initiated these SQRs:

- ***NDT001:*** Lists plan type, plan name, benefit plan name and ID, effective date, accrual process date, accrual frequency, service interval, special calculations, year the plan begins, and the maximum leave balance and carryover allowed.
- ***NDT002:*** You initiate this SQR after NDT001 to update the actual and forecasted amounts in the nondiscrimination testing run control table for the 401(k) NDT.
- ***NDT003:*** This SQR updates the actual and forecast 401(m) amounts in the nondiscrimination testing run control table for the 401(m) NDT.

401 Testin (testing) Result Page

Usage	Use the 401 Testin (testing) Result page to generate the 401(k)/401(m) Nondiscrimination Testing report.
Navigation	**Compensate Employees, Administer NDT, Report, 401 Nondiscrimination Testing, NDT Sect 401 Testing Results**
Access Requirements	Enter the run control ID.



401 Testin (testing) Result page

NDT004 401(k)/401(m) Nondiscrimination Testing

Description	This report lists the output from the 401(k) Nondiscrimination Testing SQR (NDT002) and from the 401(m) Nondiscrimination Testing SQR (NDT003). The system prompts you to specify 401(k) or 401(m) for the report output. This report does not attempt to recalculate the Actual Deferral Percentage (ADP) or re-determine whether the nondiscrimination tests passed. It assumes these tests were handled by NDT002 or NDT003. However, in cases where the Aggregate Limit Test must be used, this report serves as the only method to invoke this test; there is no separate SQR to run the Aggregate Limit Test. The report shows information about each employee including: Employee Name, Employee ID, gross year-to-date wages and contributions, and resulting ADP or ACP calculations. If this report is run mid-year and a forecast percentage is specified in the 401 NDT run control, the reports will also show forecasted year end earnings, contributions, and related ADP/ACP results. A page break separates the highly compensated employees from non-highly compensated employees. Subtotals for each group are provided along with grand totals, which will tie back to the summary NDT results page. The final page of each report contains a summary of the nondiscrimination calculations. In cases where the Aggregate Limit Test was invoked, each report will show the results for both the 401(m) and 401(k) tests on this final page, as well as the Aggregate Limit Test pass/fail status. The system prevents you from initiating NDT004 if the run control has been updated and you have not initiated these SQRs:
Report ID	NDT004
Type of Report	SQR
Parameters	Report Type
Source	Benefits Tables, Leave Plan Table
Sorted By	Highly Compensated Employee Type, Employee ID, ADP Mode

Generating the 129 Nondiscrimination Testing Report

The 129 Nondiscrimination Testing report lists the results of the three Section 129 Nondiscrimination Testing SQRs defined below. the report shows information about each employee including Employee Name, Employee ID, year-to-date gross earnings and Section 129 benefits received. If this report is run mid-year and a forecast percentage is specified in the 129 NDT run control, the report will also show forecasted year-end gross earnings and Section 129 benefits received. The report inserts a page break between highly compensated employees and non-highly compensated employees, and supplies subtotals for each group as well as grand totals.

The final page of the report summary supplies calculation details for the following nondiscrimination tests:

- ***NDT005:*** Eligible Cross Section Test (aka eligible employees test)

- ***NDT006:*** 55% Average Benefits Test
- ***NDT007:*** Concentration Test (aka 5% Owner Test)

NDT Sect (section) 129 Testing Results Page

Usage	Use the NDT Sect (section) 129 Testing Results page to generate the 129 Nondiscrimination Testing report.
Object Name	PRCSRUNCNTL
Navigation	**Compensate Employees, Administer NDT, Report, 129 Nondiscrimination Testing, NDT Sect 129 Testing Results**
Access Requirements	Enter the run control ID.

NDT Sect (section) 129 Testing Results page

NDT008 129 Nondiscrimination Testing

Description	The 129 Nondiscrimination Testing report lists the results of the three Section 129 Nondiscrimination Testing SQRs defined below. the report shows information about each employee including Employee Name, Employee ID, year-to-date gross earnings and Section 129 benefits received. If this report is run mid-year and a forecast percentage is specified in the 129 NDT run control, the report will also show forecasted year-end gross earnings and Section 129 benefits received. The report inserts a page break between highly compensated employees and non-highly compensated employees, and supplies subtotals for each group as well as grand totals.
Report ID	NDT008
Type of Report	SQR
Sorted By	Highly Compensated Employee Type, Employee ID

Generating the Provider/Vendor Table Report

The Provider Table is where you define benefit provider information, including name and address.

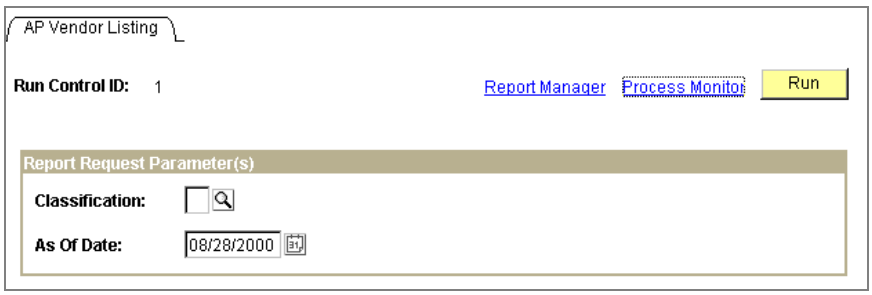
The report lists provider name and ID, provider effective date, address and a separate address line for premium payment, where applicable.

Use this report to verify that you have correctly updated and made changes to the table. When you first update your provider information and when you update changes for new plan years, we suggest that you print and review this report to verify that all provider information is complete and correct.

Another use for this report is as an audit trail. As long as you store history you will have a record of all previous plans. But once you remove history from your system, for example, information from five or more years ago, you may want to retain this report as an audit trail of such historical provider information.

AP Vendor Listing Page

Usage	Use the AP Vendor Listing page to generate the Provider/Vendor Table report.
Object Name	RUNCTL_PAYVNDR
Navigation	• **Compensate Employees, Administer AP Interface, Report, AP Vendor Listing, AP Vendor Listing** • **Define Business Rules, Define Base Benefits, Report, Provider/Vendor Listing, AP Vendor Listing**
Access Requirements	Enter the run control ID.



PAYVNDR Provider/Vendor Table

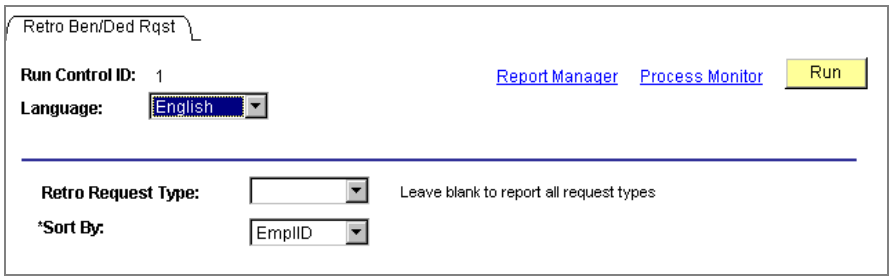
Description	The Provider Table is where you define benefit provider information, including name and address. The report lists provider name and ID, provider effective date, address and a separate address line for premium payment, where applicable.
Report ID	BEN706
Type of Report	SQR
Parameters	Classification, As of Date
Source	Benefits Tables, Provider Table

Generating the Retroactive Deductions Requested Report

This report lists generated requests which have not been processed. The list is by employee ID. You can use this report to review retroactive benefit/deduction requests as part of the approval process.

Retro Ben/Ded Rqst (requested) Page

Usage	Use the Retro Ben/Ded Rqst (requested) page to generate the Retroactive Deductions Requested report.
Object Name	RUNCTL_RTRODED1
Navigation	• **Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded Requested, Retro Ben/Dedn Open Requests** • **Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded All Calculated, Retro Ben/Dedn Request Status**
Access Requirements	Enter the run control ID.



Retro Ben/Ded Rqst (requested) Page

RDED001 Retroactive Deductions Requested - 'Not Processed Status'

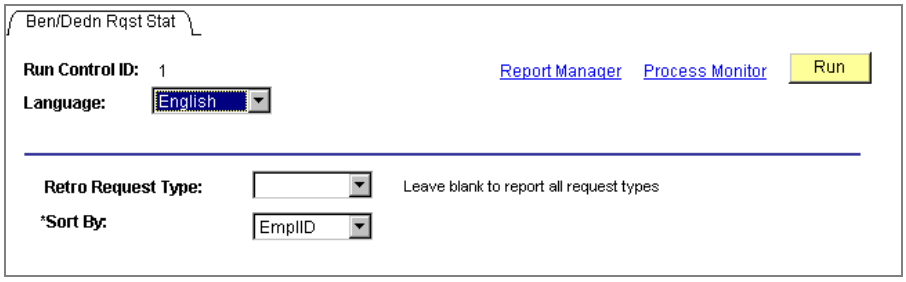
Description	This report lists generated requests which have not been processed. The list is by employee ID. You can use this report to review retroactive benefit/deduction requests as part of the approval process.
Report ID	RDED001
Type of Report	SQR
Parameters	Retro Request Type, Sort By
Source	Retro Deduction Request

Generating the Retroactive Deductions in Progress - Calculate Status Report

This report displays information on the retroactive benefits/deductions that have been processed. Details by employee includes benefit program/plan, deduction and okay to pay status. You can use this report to determine which retroactive benefits/deductions to approve/deny.

Ben/Dedn Rqst Stat (benefit /deduction requested status) Page

Usage	Use the Ben/Dedn Rqst Stat (benefit /deduction requested status) page to generate the Retroactive Deductions in Progress - Calculate Status report.
Navigation	• **Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded Requested, Retro Ben/Dedn Open Requests** • **Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded All Calculated, Retro Ben/Dedn Request Status**
Access Requirements	Enter the run control ID.



Ben/Dedn Rqst Stat (benefit /deduction requested status) page

RDED002 Retroactive Deductions in Progress - 'Calculate Status'

Description	This report displays information on the retroactive benefits/deductions that have been processed. Details by employee includes benefit program/plan, deduction and okay to pay status.
Report ID	RDED002
Type of Report	SQR
Parameters	Retro Request Type, Sort By.
Source	Retro Deduction
Sorted By	Employee ID or Request Type

Generating the Retro Ben/Ded Summary Report

This report serves as an audit trail. The report includes detail information by employee id on deduction type, deduction amount (old and new) and recalculated deduction amounts with the total due to or due by the employee.

You can use this report to review retroactive benefit/deduction activity. It can also be used to ascertain the net monies due or owed by the employee.

Ben/Ded (benefit/deduction) Summary Page

Usage	Use the Ben/Ded Summary (benefit/deduction) Summary page to generate the Retro Ben/Ded Summary report.
Navigation	**Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded Summary**
Access Requirements	Enter the run control ID.

Ben/Ded Summary (benefit/deduction) page

RDED002B Retro Ben/Ded Summary

Description	This report serves as an audit trail. The report includes detail information by employee id on deduction type, deduction amount (old and new) and recalculated deduction amounts with the total due to or due by the employee.
Report ID	RDED002B
Type of Report	SQR
Parameters	Language
Source	Retro Deduction Ded
Sorted By	Employee ID or Request Type

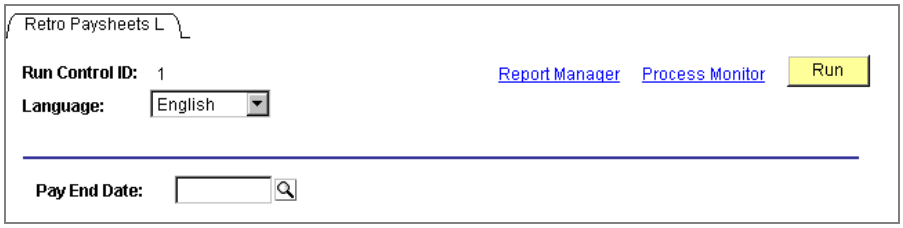
Generating the Retro Deductions Loaded Report

This report lists information on deduction type, deduction amount (old/new) and re-calculated deduction amounts with total due to and/or due by the employee.

You can use this report to audit retroactive benefit/deduction activity.

Retro (retroactive) Paysheets Loaded Page

Usage	Use the Retro (retroactive) Paysheets L (loaded) page to generate the Retro Deduction Loaded Report.
Access Requirements	Enter the run control ID.



Retro (retroactive) Paysheets Loaded page

RDED003 Retroactive Deductions Audit Rpt - 'Loaded to Paysheet' Status

Description	This report lists information on deduction type, deduction amount (old/new) and re-calculated deduction amounts with total due to and/or due by the employee.
Report ID	RDED003
Type of Report	SQR
Parameters	Pay End Date
Source	Retro Deduction Ded

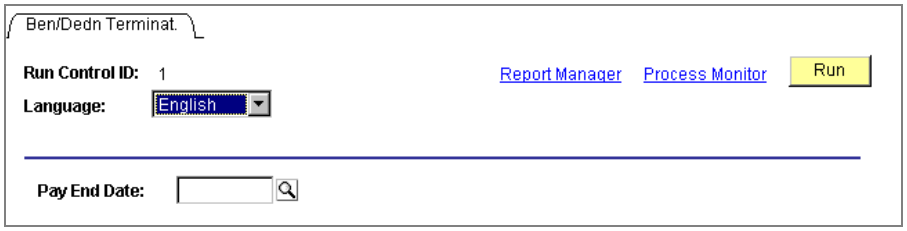
Generating the Terminated Employees Loaded Report

This report lists information on deduction type, deduction amount (old/new) and re-calculated deduction amounts with total due to and/or due by the employee. You can use this report to audit retroactive benefit/deduction activity.

Ben/Dedn Terminat. (benefit/deduction terminations) Page

Usage	Use the Ben/Dedn Terminat. (benefit/deduction terminations) page to generate the Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded) report.
Navigation	• **Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded Loaded, Retro Ben/Dedn Paysheet Load**

	• **Compensate Employees, Manage Retroactive Processing, Report, Retro Ben/Ded Terms Calculated, Retro Ben/Dedn Terminations**
Access Requirements	Enter the run control ID.



Ben/Dedn Termial Page

RDED004 Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded)

Description	This report lists information on deduction type, deduction amount (old/new) and re-calculated deduction amounts with total due to and/or due by the employee.
Report ID	RDED004
Type of Report	SQR
Parameters	Pay End Date

Index

1

129 NDT Run Control – Run 129 Testing page 11-10
129 Nondiscrimination Testing report (NDT008) 22-63

4

401 NDT Run Control – NDT 401 Run Parms page 11-9
401 Testin (testing) Result page 22-62
401(k)/401(m) Nondiscrimination Testing (NDT004) 22-61
403(b) Adjustments page 5-12
403(b) Balances page 5-11
403(b) Balances/Projections - 403(b) Balance page 5-9
403(b) EE (employees) Letters page 22-27
403(b) Employee page 22-25
403(b) Exception page 22-26
403(b) Projection Error Messages page 5-10
403(b) projections
- adjusting annuity amounts 5-12
- contribution amounts 5-14
- reviewing 5-11

403(b) Projections page 5-14
403(b) savings plans
- defining 5-3
- defining limits 5-5
- managing 5-8
- overview 5-1
- setting up 5-2
- setting up special accumulators 5-3
- understanding 5-1

A

A/R Interface page 22-24
A/R Interface report (BEN141) 22-24
Accounts Receivable report (BEN042) 22-19
accrual processing
- automatic 4-33

Adjustment Summary page 19-30
Admin (administration) Error page 22-60
age graded rate table
- specify limit page 6-6

Age-Graded Coverage Table Listing page 22-32
Age-Graded Coverage Table report (BEN704) 22-31
Age-Graded Rate Table page 6-4
AP Vendor Listing page 22-64
auditing benefit information 9-42

B

Base Benefit Audit report BEN733) 22-50
Base Benefit Audit Report page 22-51
base benefits
- building benefit programs 1-9
- COBRA administration 1-11
- defining benefit plans 1-8
- defining tables 1-8
- defning benefits billing 1-10
- dependent and beneficiary data 1-12
- designing your program 1-6
- designing your system 1-4
- designing your USF program 1-6
- enrolling participants 9-1
- international 1-5
- introduction 1-1
- nondiscrimination testing 1-10
- payroll-related information 1-9
- retroactive benefits and deductions 1-11
- setting up plans 1-7
- working with other departments 1-5

Ben Billing Payment Interface page 22-24
Ben/Ded (benefit/deduction) Summary 22-67
Ben/Dedn Rqst Stat (benefit /deduction requested status) page 22-66
Ben/Dedn Terminat. (benefit/deduction terminations) page 22-69
BEN001 - Health Plan Participants 22-5
BEN002 - Life Insurance Participants 22-6
BEN003 - Benefit Contributions Register report 22-7
BEN003CN - Benefit Contributions Register 22-8
BEN004 - Savings Investment Distributions 22-9
BEN007 - Leave Accruals 22-11
BEN008 - Section 415 Compliance 22-11
BEN008- Section 415 Non-Compliance 22-12
BEN020 - FMLA Status Report 22-13
BEN021- FMLA Payroll Audit Report 22-14
BEN022 - HIPAA report 22-15
BEN040 - Billing Statements 22-17
BEN041 - Delinquent Accounts report 22-18
BEN042 - Accounts Receivable Report 22-19
BEN043 - History Activity report 22-20
BEN044 - Calculation Errors 22-21
BEN045 - Benefits Billing Audit report 22-21
BEN050 - Primary Jobs Audit Report 22-22
BEN140 - Payment Interface report 22-23
BEN141 - A/R Interface report 22-24
BEN200 - Section 403(b) Employee Listing report 22-25

BEN201 - Section 403(b) Exceptions report 22-26
BEN202 - Section 403(b) Employee Letters 22-27
BEN701 - Flexible Spending Account Benefits Table report 22-28
BEN702 - Flat Rate Table report 22-29
BEN703 - Disability Plan Table report 22-30
BEN704 - Age-Graded Coverage Table report 22-31
BEN705 - Life AD/D Table report 22-33
BEN707 - Savings Plans/Investments Table report 22-34
BEN708 - Calculation Rules Table report 22-35
BEN709 - Benefit Plan Table report 22-36
BEN710 - Leave Plan Table report 22-37
BEN710A - Leave Plan 2/3 report 22-38
BEN711 - Retirement Plan Table 22-39
BEN713 - Benefit Program Table report 22-40
BEN714 - Service Table Rate report 22-42
BEN715 - Vacation Buy/Sell Table report 22-43
BEN716CN - Pension Plan Table (1) 22-44
BEN717CN - Pension Plan Table (2) report 22-45
BEN718CN - Pension Plan Table (3) report 22-46
BEN720 - FMLA Plan Table report 22-48
BEN721 - Limit Table Setup report 22-48
BEN731 - Salary Rate Table report 22-49, 22-50
BEN733 - Base Benefit Audit report 22-50
BEN734 - Court Orders Audit report 22-51
BEN740 - Billing Calendar Table report 22-52
Benefit Arrears/Frequency Ovrd page 2-24
benefit calculations
  Benefits Summary (PI DedCalc) page 10-2
  Benefits Summary page 10-2
  reviewing 10-1
  summary data 10-1
Benefit Contrib. Reg. (Can) - Benefit Contributions (Can) Page 22-9
Benefit Contribution Register - Benefit Contrib Page 22-7
Benefit Contributions Register (Can) (BEN003CN) 22-8
Benefit Contributions Register report (BEN003) 22-7
benefit deductions 2-1
  Deduction Table - Process page 2-20
  Deduction Table - Schedule page 2-22
  Deduction Table - Setup page 2-14
  Deduction Table - Tax Class page 2-17
  Deduction Table - Tax Effect page 2-19
  defining 2-14
  designing a strategy 2-13
  setting up 2-12
Benefit Plan Table Listing page 22-37
Benefit Plan Table page 4-6, 11-8
Benefit Plan Table report (BEN709) 22-36
benefit plans
  Benefit Plan Table page 4-6
  domestic partner plans 4-2
  identifying 4-6
  overview 4-1
  setting up 4-1
  summary of plan types 4-3
Benefit Prog Partic (Manual) – COBRA Program Participation Page 16-52
Benefit Program Clone Utility – Prog. Clone Util. page 7-21
Benefit Program page 22-41
Benefit Program Participation page 9-4
Benefit Program Participation Page 16-31
Benefit Program Table – Benefit Program page 7-6
Benefit Program Table – Cost page 7-17
Benefit Program Table – Plan Type and Option page 7-9
Benefit Program Table report (BEN713) 22-40
benefit programs
  Benefit Program Clone Utility - Prog. Clone Util. page 7-21
  building 7-1, 7-6
  cloning 7-21
  Coverage Codes - Coverage Code Tbl page 7-4
  effective dates 7-2
  for non-qualified dependents 7-19
  overview 7-1
benefit providers 2-1
  Provider/Vendor Table - Addresses
    Email Id page 2-6
    Phone Information page 2-5
  Provider/Vendor Table - Addresses - Alternate Names page 2-5
  Provider/Vendor Table - Addresses page 2-3
  Provider/Vendor Table - Contacts
    Telephone page 2-10
  Provider/Vendor Table - Contacts page 2-8
  Provider/Vendor Table - Locations
    Comments page 2-8
  Provider/Vendor Table - Locations page 2-6
  Provider/Vendor Table - Vendor Information page 2-2
  vendors 2-1
benefit record numbers
  changing 21-9
benefits billing 19-4
  Adjustment Summary page 19-30
  automatic enrollment 19-6
  Billing Calculation - Billing RuncCntl page 19-10
  Billing Enrollment - Benefits Billing Enrollment page 19-7
  calculating charges 19-4
  calculation limitations 19-12
  Calendar - Billing Calendar page 19-2
  Charge Adjustment page 19-27
  Charge Entry - Manual Charge page 19-13
  creating charge records 19-10

Employee Balance Review - Employee Billing page 19-30
enrolling eligible participants 19-4
enrolling employees and dependents 19-6
generating statements 19-5, 19-20
handling adjustments 19-5
implementing 19-1
making adjustments 19-26, 19-27, 19-28, 19-30
manual setup of charge records 19-12
Override Parameters - Billing Override page 19-9
Parameters - Billing Parameter page 19-1
Payment Adjustment page 19-28
Payment Entry page 19-23
Payment Review page 19-25
Payment Summary by Post Date page 19-26
processing payments 19-5, 19-22
qualifying 19-5
rerunning the calculation process 19-12
retroactive processing 19-12
reviewing charge record information 19-15
reviewing employee balances 19-5
reviewing individual charge records 19-15
setting up 19-1
setting up print process 19-20
the billing calculation process 19-11
Benefits Billing Audit page 22-22
Benefits Billing Audit report (BEN045) 22-21
Benefits Data table 20-2
Benefits Summary (PI DedCalc) page 10-2
Benefits Summary page 10-2
Benefits/FEHB page 9-29
Billing Calc page 22-21
Billing Calculation – Billing RuncCntl page 19-10
Billing Calendar Table Listing page 22-52
Billing Calendar Table report (BEN740) 22-52
Billing Enrollment – Benefits Billing Enrollment page 19-7
Billing Statement page 19-20, 22-17
Billing Statements (BEN040) 22-17
bought or sold earnings
accounting for 3-14

C

calculating deductions with multiple jobs 21-2
Calculation Errors (BEN044) 22-21
calculation rules
Calculation Rules Table - Calculation Rules page 6-16
establishing 6-1
overview 6-14
Calculation Rules Table – Calculation Rules page 6-16
Calculation Rules Table page 22-35
Calculation Rules Table report (BEN708) 22-35
Calendar – Billing Calendar page 19-2
carrier interface
Benefits Data table 20-2
Carrier Interface page 20-3
interface file format 20-3
Load Benefit Reporting Tbl - Load Benefits Rep page 20-1
managing 20-1
Carrier Interface page 20-3
CBR001 - Initial Notification Letter report 22-53
CBR002 - Secondary Notification Letter report 22-54
CBR003 - Termination Letter report 22-55
CBR004 - Open Enrollment Letter report 22-56
CBR005 - COBRA Event report 22-57
CBR006 - COBRA Enrollment report 22-58
CBR007 - COBRA Audit report 22-59
CBR008 - COBRA Administration Error report 22-60
CD-ROM
contents iii
ordering iii
Charge Adjustment page 19-27
Charge Entry – Manual Charge page 19-13
Charge Review – Detail page 19-17
Charge Review - Summary page 19-15
Charge Summary by Bill Period page 19-19
Charge Summary by Plan Type page 19-19
COBRA
claiming individual coverage 16-19, 16-22
COBRA Activity - Activity page 16-4
COBRA Benefit Program Participation page 16-31
COBRA FSA Benefit page 16-35
combination events 16-27
Data Entry page 16-20
dependent beneficiary data page 16-36
elections and waivers 16-19
Event Status Update - Event Status page 16-28
Event Summary page 16-27
events qualification 16-2
health benefits - dependents page 16-34
health benefits - election page 16-32
initial events 16-2
Initial Notification Letter - COBRA Qualify Ltr Page 16-16
Letter Reprint page 16-18
managing 16-1
managing benefit plan and dependent information 16-31
manual pages 16-50
messages page 16-13
notification letters 16-14
overview 16-1
process run control 16-7
qualified beneficiaries 16-9
re-electing coverage 16-23
revoking waived coverage 16-23
run control page 16-7
running the process 16-6
secondary events 16-3, 16-25, 16-26
Secondary Notification Letter - Secondary Evt Ltr Page 16-17

terminating coverage 16-48
waiving coverage 16-23
COBRA Activity – Activity Page 16-4
COBRA administration
activating 15-2
adminstrator information 15-11
COBRA Administrator - Administrator page 15-11
defining qualifying events 15-4
establishing coverage codes 15-3
Event Rules page 15-8
identifying eligible benefit plans 15-3
linking to benefit packages 15-2
overview of setup 15-1
setting up 15-1
COBRA Administration Error report (CBR008) 22-60
COBRA Administrator – Administrator page 15-11
COBRA Audit Report - Audit Report page 22-59
COBRA Audit report (CBR007) 22-59
COBRA beneficiaries
assignment to benefit programs 16-11
eligible options 16-11
eligible plan types 16-11
qualification 16-9
COBRA Data Entry Page 16-20
COBRA Dependent/Beneficiary Data – Address Page 16-38
COBRA Dependent/Beneficiary Data – Personal Profile Page 16-39
COBRA Enrollment report (CBR006) 22-58
COBRA Event report (CBR005) 22-57
COBRA events 16-2
initial 16-2
overriding 16-4
preparing and electing options 16-31
processing secondary qualifying 16-13
qualifying events 16-30
reviewing summaries 16-27
secondary 16-3
voiding events, participants or benefit plans 16-30
working with 16-27
COBRA FSA Benefit Page 16-35
COBRA Health Benefits – Dependents Page 16-34
COBRA Health Benefits (Manual) – Dependents Page 16-55
COBRA Health Benefits (Manual) – Elections Page 16-53
COBRA Non-Employee Data – Address Page 16-42
COBRA Non-Employee Data – Name Page 16-41
COBRA Non-Employee Data – personal profile page 16-44
COBRA options
cost calculation 16-12
COBRA Qualify Ltr (letter) page 22-53
combination events 16-27
Company Table – Default Settings page 3-27
compensation base
establishing 3-2
establishing FEGLI base 3-6
Job Data - Compensation page 3-3
Court Ordered Coverage Audit – Court Orders Audit Report page 8-18
Court Orders Audit report BEN734) 22-51
Court Orders Audit Report page 22-51
Coverage Codes - Coverage Code Tbl page 7-4
Coverage Group Table page 4-13

D

Deduction Table – Process page 2-20
Deduction Table – Schedule page 2-22
Deduction Table – Setup page 2-14
Deduction Table – Tax Class page 2-17
Deduction Table - Tax Effect page 2-19
default benefit programs
setting up 3-27
Delinquent Accounts page 22-18
Delinquent Accounts report (BEN041) 22-18
dependent and beneficiary information
Court Ordered Coverage Audit - Court Orders Audit Report page 8-18
court orders and spousal waivers 8-17
Dependent Relationship Table - Dep. Relationship page 8-2
Dependent/Beneficiary - Address page 8-6
Dependent/Beneficiary - Name page 8-3
Dependent/Beneficiary - Personal Profile Phone Numbers page 8-13
Riders/Orders page 8-11
Dependent/Beneficiary - Personal Profile page 8-7
Dependent/Beneficiary Comment - Benefit Comments page 8-14
Dependent/Beneficiary Summary - Depenedent/Benef. page 8-17
entering 8-3
entering comments 8-13
Final Check Beneficiary Data - Final Check page 8-15
reviewing and maintaining 8-16
setting up 8-1
setting up roles 8-2
USF - final check beneficiary data 8-15
Dependent Beneficiary Data Page
COBRA 16-36
Dependent Relationship Table – Dep. Relationship page 8-2
Dependent/Beneficiary - Address page 8-6
Dependent/Beneficiary - Name page 8-3
Dependent/Beneficiary – Personal Profile
Phone Numbers page 8-13
Riders/Orders page 8-11
Dependent/Beneficiary – Personal Profile page 8-7

Dependent/Beneficiary Comment – Benefit Comments page 8-14
Dependent/Beneficiary Summary - Dependent/Benef. page 8-17
Disability Benefits page 9-12
Disability Plan Table – Disability page 4-15
Disability Plan Table Listing page 22-31
Disability Plan Table report (BEN703) 22-30
disability plans
  deduction calculation 4-16
  Disability Plan Table - Disability page 4-15
  setting up 4-15
domestic partners health plans
  setting up 4-9

E

Earnings Program Table page 3-24
earnings programs
  associating with pay groups 3-25
  Company Table - Default Setting page 3-27
  defining a default program 3-27
  Earnings Program Table page 3-24
  Pay Group Table - Calc Parameters page 3-25
  setting up 3-24
Earnings Table – Special Process page 11-3
earnings types
  calculating leave earnings 3-9
  defining 3-8
  leave earnings 3-9
election choices
  creation of non-employee status 16-24
  enrollment in health or FSA plans 16-24
  notification to billing system 16-24
  system validation and enrollment 16-24
  validation and enrollment error messages 16-25
elections and waivers 16-19
  individual coverage 16-19, 16-22
  re-electing coverage 16-23
  revoking waived coverage 16-23
  waiving coverage 16-23
eligibility
  reviewing 9-3
eligibility and entitlement process 12-6
  eligibility determination 12-6
  entitlement determination 12-6
  job and employment data 12-7
Employee Balance Review – Employee Billing page 19-30
Enroll Forms page 22-56
Enroll Report page 22-58
enrolling employee
  USF benefit programs 9-29
enrollment
  deleting a health plan example 9-9
  Disability Benefits page 9-12
  Employee Data Summary page 9-3
  enrolling participants 9-5
  Health Benefits - Dependents page 9-8
  Health Benefits - Elections page 9-6
  Leave Plans (Can/Intl) page 9-19
  Leave Plans (USA) page 9-18
  Life and AD/D Benefits - Beneficiaries page 9-10
  Life and AD/D Benefits - Elections page 9-9
  overview 9-1
  overview federal 9-2
  reviewing 10-1
  Savings Plans - Beneficiaries page 9-16
  Savings Plans - Elections page 9-13
  Savings Plans - Investments page 9-15
  Savings Plans - Rollovers page 9-15
error messages
  403(b) projection errors 5-10
error reports
  multiple jobs 21-13
Event Report page 22-57
Event Rules page 15-8
Event Status Update – Event Status Page 16-28
Event Summary Page 16-27

F

federal accrual processing
  automatic 4-34
FEGLI Assignments - Assignee Benef page 9-39
FEGLI Assignments - Assignee page 9-38
FEGLI base
  setting up 3-8
FEGLI benefits
  assigning 9-38
FEGLI/Retirement Data/FICA page 9-32
Final Check Beneficiary Data – Final Check page 8-15
flat rate table
  specify limit page 6-13
Flat Rate Table (BEN702) 22-29
Flat Rate Table page 6-11, 22-30
Flexible Spending Account Benefits Table report (BEN701) 22-28
FMLA
  activating 4-36
  eligibility and entitlement process 12-6, 12-9
  entering leave requests 12-2
  FMLA Leave - Activity page 12-13
  FMLA Leave - Eligibility page 12-4
  FMLA Leave - History page 12-7
  FMLA Leave - Request page 12-2
  for U.S. companies 4-37
  managing 12-1
  monitoring leave requests 12-4
  overview 12-1
  setting up plans 4-36
FMLA Leave - Activity page 12-13
FMLA Leave - Eligibility page 12-4
FMLA Leave – History
  Mark Paid Leave page 12-12
    FMLA Leave – History

Mark Paid Leave Page 12-12
Schedule Leave Days page 12-9
FMLA Leave – History page 12-7
FMLA Leave - Request page 12-2
FMLA Payroll Audit page 22-14
FMLA Payroll Audit Report (BEN021) 22-14
FMLA Plan Table Listing 22-48
FMLA Plan Table report (BEN720) 22-48
FMLA Status Report (BEN020) 22-13
FMLA Status Report page 22-13
FSA
setting up detail for U.S. companies 4-40
FSA Benefit Page 9-20
FSA Benefit Table Listing page 22-29
FSA Benefits Table page 4-40
FSA Plans
enrolling 9-20

H

Health Benefits - Election Page 16-32
Health Benefits – Dependents page 9-8
Health Benefits – Elections page 9-6
Health Plan Participants (BEN001) 22-5
health plans 4-9
setting up 4-9
highly compensated employees 11-4
HIPAA Medical Certificate page 22-16
HIPAA report (BEN022) 22-15
History Activity report (BEN043) 22-20

I

imputed income 2-25
age source 2-28
calculations for individual dependents 2-31
de minimus threshold for individual dependents 2-32
example for a sum of dependent coverages plan 2-32
example for flat amount or factor plus base plans 2-32
group coverage code restrictions 2-31
IRS and employee premiums for individual dependents 2-32
methods for determining spouse and dependent rates 2-30
multiple tax classifications for group term life plans 2-26
smoking status for dependents 2-29
taxable benefit classifications for life plans 2-26
taxable benefit classifications for non-qualified dependent health plans 2-27
using demographics in calculations 2-28
Initial Notification Letter – COBRA Qualify Ltr Page 16-16
Initial Notification Letter report (CBR001) 22-53

J

Job Data – Compensation page 3-3
Job Data – Security Clearance page 11-5

L

leave accrual
Leave Accrual Process - Leave Accrual Balances page 13-5
Leave Accrual Process - Leave Accrual Proc page 13-2
managing 13-1
overview 13-1
processing 13-2
viewing employee balances 13-4
Leave Accrual – Leave Accrual Balances page 13-5
Leave Accrual Process – Leave Accrual Proc page 13-2
leave accruals
and PeopleSoft payroll 3-10
Leave Accruals (BEN007) 22-11
Leave Accruals Report Page 22-11
leave earnings
and accruals 3-11
and earnings programs 3-12
defaults earnings programs 3-13
Leave Plan 2/3 - Leave Plan Table (Svc Rates) page 22-39
Leave Plan 2/3 report (BEN710A) 22-38
Leave Plan Table page 4-31, 22-38
Leave Plan Table report (BEN710) 22-37
leave plans
Leave Plan Table page 4-31
setting up 4-30
Leave Plans (Can/Intl) page 9-19
Leave Plans (USA) page 9-18
Letter Reprint Page 16-18
Life AD/D Table Listing page 22-33
Life AD/D Table report (BEN705) 22-33
Life and AD/D Benefits – Beneficiaries page 9-10
deleting an assignment 9-12
Life and AD/D Benefits – Elections page 9-9
Life Insurance Participant Rpt Page 22-6
Life Insurance Participants (BEN002) 22-6
life insurance plans
Coverage Group Table page 4-13
domestic partners 4-12
setting up 4-10
Limit Table List page 22-49
Limit Table page 3-21
Limit Table Setup report (BEN721) 22-48
limits
defining 3-18
defining for 403(b) savings plans 5-5
Limit Table page 3-21
overview 3-18
understanding 415 limit 3-19

understanding the 401 limit 3-19
understanding the 402 limit 3-19
understanding the 403 limit 3-19
Load Benefit Reporting Tbl – Load Benefits Rep page 20-1

M

Messages Page 16-13
multiple jobs
building primary job data 21-11
calculating deductions 21-2
establishing calculation rules 21-2
hiring employees 21-8
maintaining primary job data 21-9
Multiple Jobs Option page 21-5
Primary Job Audit page 21-14
Primary Job Utility - Primary Job Maint page 21-12
Primary Jobs Flags page 21-10
printing the primary jobs audit report 21-13
setting default rules 21-4
setting up and managing 21-1
understanding 21-1
using workflow 21-15
Multiple Jobs Option page 21-5

N

NDT Sect (section) 129 Testing Results page 22-63
NDT004 - 401(k)/401(m) Nondiscrimination Testing report 22-61
NDT008 - 129 Nondiscrimination Testing report 22-63
Nondiscrimination Test Table – NDT Rules Table page 11-6
nondiscrimination testing 11-1
129 NDT Run Control - Run 129 Testing page 11-10
401 NDT Run Control - NDT 401 Run Parms page 11-9
401(k) and 401(m) report 11-16
401(k) and 401(m) run control 11-14
aggregate limit test 11-2
Earnings Table - Special Process page 11-3
hignly compensated employees run control 11-13
overview of section 401 11-1
running reports 11-20
section 129 report 11-16
section 401(k) basic and alternate 11-1
section 401(m) basic and alternate 11-2
setting limits 11-20
setting up HCE earnings 11-2
Special Accumulator Table page 11-3
using the process scheduler 11-13
viewing 129 test results for the aggregate 11-19
viewing 401 test results for the aggregate 11-18
viewing results 11-17
viewing results for an individual 11-17
nondiscrimination tests
Benefit Plan Table page 11-8
criteria and plans 11-6
identifying highly compensated employees 11-4
Job Data - Security Clearance page 11-5
Nondiscrimination Test Table - NDT Rules Table page 11-6
Non-Employee Data - Identity/Department Security Page 16-45
Non-Employee Data (Manual) Page 16-51
non-employees 16-41
adjusting coverage after a secondary event 16-47
dependent and beneficiary information 16-46
notification letters
creating 16-14
form recipients 16-15
initial 16-15
secondary 16-17

O

Open Enrollment Letter report (CBR004) 22-56
Override Parameters – Billing Override page 19-9
Overriding the Frequency of Benefit Deductions 10-3

P

Parameters – Billing Parameter page 19-1
Participation Termination Page 16-48
Pay Group Table – Calc Parameters page 3-25
Payment Adjustment page 19-28
Payment Entry page 19-23
Payment Interface report (BEN140) 22-23
Payment Review page 19-25
Payment Summary by Post Date page 19-26
payroll information
for leave accruals 3-10
interface 3-2
organizing 3-1
overview 3-1
PAYVNDR - Provider/Vendor Table report 22-64
Pension Plan Table (1) BEN716CN) 22-44
Pension Plan Table (2) report (BEN717CN) 22-45
Pension Plan Table (3) report (BEN718CN) 22-46
Pension Plan Table (CAN) page 4-43
Pension Plan Table (US) page 4-50
Pension Plan Table Listing (1) page 22-44
Pension Plan Table Listing (2) page 22-46
Pension Plan Table Listing (3) page 22-47

pension plans
Pension Plan Table (CAN) page 4-43
Pension Plan Table (US) page 4-50
PeopleBooks
CD-ROM, contents iii
CD-ROM, ordering iii
printed, ordering iv
plan types
understanding 7-2
Primary Job Audit page 21-14
primary job indicators
rebuilding 21-9
setting up 21-5
Primary Job Utility – Primary Job Maint page 21-12
Primary Jobs Audit page 22-22
Primary Jobs Audit Report (BEN050) 22-22
Primary Jobs Flags page 21-10
printing reports
Primary Job Audit page 21-14
Provider/Vendor Table – Addresses
Alternate Names Page 2-5
Email Id page 2-6
Phone Information page 2-5
Provider/Vendor Table – Addresses Page 2-3
Provider/Vendor Table – Contacts
Telephone Page 2-10
Provider/Vendor Table – Contacts Page 2-8
Provider/Vendor Table – Locations
Comments Page 2-8
Provider/Vendor Table – Locations Page 2-6
Provider/Vendor Table – Policy Information Page 2-10
Provider/Vendor Table – Vendor Information Page 2-2
Provider/Vendor Table report (PAYVNDR) 22-64

R

rate tables
Age-Graded Rate Table page 6-4
establishing 6-1
Flat Rate Table page 6-11
overview 6-1
Salary Rate Table page 6-7
Service Rate Table page 6-9
RDED001 - Retroactive Deductions Requested - ‘Not Processed Status' report 22-66
RDED002 - Retroactive Deductions in Progress - ‘Calculate Status’ report 22-67
RDED002B - Retro Ben/Ded Summary report 22-68
RDED003 - Retroactive Deductions Audit Rpt - ‘Loaded to Paysheet’ Status report 22-69
RDED004 - Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded) 22-69
Receivable Report page 22-19
reporting tools 22-1
reports
129 Nondiscrimination Testing report 22-63
401(k)/401(m) Nondiscrimination Testing report 22-61
A/R Interface Report 22-24
accessing samples 22-1
Accounts Receivable report 22-19
Age-Graded Coverage Table report 22-31
Base Benefit Audit report 22-50
base benefits 22-1
Benefit Contributions (US) (BEN003) 22-7
Benefit Plan Table report 22-36
Benefit Program Table report 22-40
Benefits Billing Audit 22-21
Benefits Billing Statements 22-17
Benefits Contribution Register (Can) (BEN003CN) 22-8
benefits reports list 22-2
Billing Calendar Table report 22-52
Calculation Errors Report 22-21
Calculation Rules Table report 22-35
COBRA Administarion Error report 22-60
COBRA Audit report 22-59
COBRA Enrollment report 22-58
COBRA Event report 22-57
Court Orders Audit report 22-51
Delinquent Accounts Report 22-18
Disability Plan Table report 22-30
Flat Rate Table report (BEN702) 22-29
Flexible Spending Account Benefits Table report 22-28
FMLA Payroll Audit Report (BEN021) 22-14
FMLA Plan Table report 22-48
FMLA Status Report (BEN020) 22-13
Health Plan Participants (BEN001) 22-5
HIPAA Report (BEN022) 22-15
HIstory Activity Report 22-20
Initial Notification Letter report 22-53
Leave Accruals (BEN007) 22-11
Leave Plan 2/3 report 22-38
Leave Plan Table report 22-37
Life AD/D Table report 22-33
Life Insurance Participants (BEN002) 22-6
Limit Table Setup report 22-48
Open Enrollment Letter report 22-56
Payment Interface Report 22-23
Pension Plan Table (1) report 22-44
Pension Plan Table (2) report 22-45
Pension Plan Table (3) report 22-46
Primary Jobs Audit Report 22-22
Provider/Vendor Table report 22-64
reporting tools 22-1
Retirement Plan Table 22-39
Retro Ben/Ded Summary report 22-68
Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded) (RDED004) 22-69
Retroactive Deductions Audit Rpt - 'Loaded to Paysheet' Status report 22-69
Retroactive Deductions in Progress 'Calculate Status' report 22-67

Retroactive Deductions Requested - 'Not Processed' Status report 22-66
Salary Rate Table report 22-49, 22-50
Savings Investment Distributions (BEN004) 22-9
Savings Plans/Investments Table report 22-34
Secondary Notification Letter report 22-54
Section 403(b) Employee Letters 22-27
Section 403(b) Employee Listing 22-25
Section 403(b) Exceptions report 22-26
Section 415 Compliance (BEN008) 22-11
Section 415 Non-Compliance (BEN008) 22-12
Termination Letter report 22-55
Vacation Buy/Sell Table report 22-43
Retirement Plan page 4-42
Retirement Plan Table (BEN711) 22-39
Retirement Plan Table Listing page 22-40
retirement plans
enrolling 9-22
Retro (retroactive) Paysheets Loaded page 22-68
Retro Ben/Ded Calculate – Run Retro Ben/Dedn page 18-8
Retro Ben/Ded Mass Request – Retro Mass Request Definition page 17-7
Retro Ben/Ded Mass Request – Run Retro Ben/Ded page 18-4
Retro Ben/Ded Payroll Load – Run Retro Ben/Ded page 18-13
Retro Ben/Ded Program – Retro Ben/Ded Pgm page 17-3
Retro Ben/Ded Request Summary – Retro Ben/Ded Rqst page 18-6
Retro Ben/Ded Review and Updt – Retro Ben/Ded Calc page 18-11
Retro Ben/Ded Summary – Retro Ben/Ded Calc page 18-12
Retro Ben/Ded Summary report (RDED002B) 22-68
Retroactive Ben/Ded Messages – Retro Ben/Ded Proc page 18-10
Retroactive Ben/Ded Terms Calculated (Terminated Employees Loaded) (RDED004) 22-69
retroactive benefits 18-1
retroactive benefits and deductions
activating 17-1
arranging 17-1
defining programs 17-2
refunds versus deductions 17-6
Retro Ben/Ded Mass Request - Retro Mass Request Definition page 17-7
Retro Ben/Ded Program - Retro Ben/Ded Pgm page 17-3
selection criteria for mass events 17-6
retroactive benefits/deductions 18-1
and PeopleSoft payroll 18-1
calculating 18-8
creating mass requests 18-4
duplicate individual requests 18-5
duplicate mass requests 18-6
duplicate requests 18-5
individual requests 18-2
mass requests 18-4
payroll processing 18-15
Retro Ben/Ded Calculate - Run Retro Ben/Dedn page 18-8
Retro Ben/Ded Mass Request - Run Retro Ben/Ded page 18-4
Retro Ben/Ded Payroll Load - Run Retro Ben/Ded page 18-13
Retro Ben/Ded Request Summary - Retro Ben/Ded Rqst page 18-6
Retro Ben/Ded Review and Updt - Retro Ben/Ded Calc page 18-11
Retro Ben/Ded Summary - Run Ben/Ded Calc page 18-12
Retroactive Ben/Ded Messages - Retro Ben/Ded Proc page 18-10
reviewing and updating calculations 18-10
triggering 18-2
USF individual requests 18-3
retroactive deductions 18-1
Retroactive Deductions Audit Rpt - ‘Loaded to Paysheet’ Status report (RDED003) 22-69
Retroactive Deductions in Progress - ‘Calculate Status’ report (RDED002) 22-67
Retroactive Deductions Requested - ‘Not Processed Status' (RDED001) 22-66
reviewing charge information 19-19
Run Control Page 16-7

S

salary rate table
specify limit page 6-8
Salary Rate Table page 6-7, 22-50
Salary Rate Table report (BEN731) 22-49, 22-50
Savings Invest. Distribution - Savings Investment Page 22-10
Savings Investment Distributions (BEN004) 22-9
Savings Plan Table – Employee Limits on Investments page 4-19
Savings Plan Table – Employer Contribution/Match page 4-22
Savings Plan Table – Rollover of Funds page 4-25
savings plans
defining 403(b) 5-3
defining employer match or contributions 4-22
employee investment limits 4-18
managing 403(b) plans 5-8
overview 4-17
reviewing information 4-30
Savings Plan Table - Employee Limits on Investments page 4-19
Savings Plan Table - Employer Contribution/Match page 4-22
Savings Plan Table - Rollover of Funds page 4-25
Service Step Table page 4-28
setting up 4-17
setting up 403(b) plans 5-2

setting up 403(b) special accumulators 5-3
understanding 403(b) plans 5-1
Savings Plans - Beneficiaries page 9-16
deleting an assignment 9-17
Savings Plans – Elections page 9-13
Savings Plans – Investments page 9-15
Savings Plans – Rollovers page 9-15
Savings Plans/Investments Table page 22-34
Savings Plans/Investments Table report (BEN707) 22-34
Secondary Event Letter page 22-54
secondary events
enrollment processing 16-25
individual versus dependent coverage 16-26
qualified pending status 16-25
status 16-47
Secondary Notification Letter – Secondary Evt Ltr Page 16-17
Secondary Notification Letter report (CBR002) 22-54
Section 403(b) Employee Letters (BEN202) 22-27
Section 403(b) Employee Listing report (BEN200) 22-25
Section 403(b) Exceptions report (BEN201) 22-26
Section 415 Compliance - 415 Compl Rpt Page 22-12
Section 415 Compliance (BEN008) 22-11
Section 415 Noncompliance - Sctn 415 Non-Compliance Rpt page 22-12
Section 415 Non-Compliance (BEN008) 22-12
service rate table
specify limit page 6-11
Service Rate Table Listing page 22-42
Service Rate Table page 6-9
service rates
Service Rate Table report 22-42
Service Step Table page 4-28
Service Table Rate report (BEN714) 22-42
Special Accumulator Table page 3-15, 11-3
special accumulators
and earnings types 3-16
defining 3-15
overview 3-15
reviewing earnings codes 3-17
Special Accumulator Table page 3-15
Special Accumulators Earnings page 3-17
Specify Limit page 6-6, 6-8, 6-11, 6-13
Statement Reprint page 19-22

T

Termination Letter – Termination Ltr Page 16-49
Termination Letter report (CBR003) 22-55
Termination Ltr (letter) page 22-55
TSP Agency Basic page 9-41
TSP agency contribution plan
enrolling 9-40
TSP Investment Elections page 9-42

V

Vacation Benefit - Vacation Benefit page 14-3
vacation buy/sell earnings
defining 3-13
maintaing 3-13
Vacation Buy/Sell Plan Listing page 22-43
vacation buy/sell plans
managing 14-1
mid-year 14-2
overview 14-1
reviewing calculation results 14-3
reviewing with the payroll paysheet 14-4
Vacation Benefit - Vacation Benefit page 14-3
Vacation Buy/Sell Table page 4-52
Vacation Buy/Sell Table report (BEN715) 22-43

W

workflow
multiple jobs 21-15
multiple jobs overview 21-5