PeopleSoft®

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Manage Base Benefits

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PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Manage Base Benefits
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About This PeopleBook Preface

PeopleBooks provide you with the information that you need to implement and use PeopleSoft applications.

This preface discusses:

- PeopleSoft application prerequisites.
- PeopleSoft application fundamentals.
- Documentation updates and printed documentation.
- Additional resources.
- Typographical conventions and visual cues.
- Comments and suggestions.
- Common elements in PeopleBooks.

Note. PeopleBooks document only page elements, such as fields and check boxes, that require additional explanation. If a page element is not documented with the process or task in which it is used, then either it requires no additional explanation or it is documented with common elements for the section, chapter, PeopleBook, or product line. Elements that are common to all PeopleSoft applications are defined in this preface.

PeopleSoft Application Prerequisites

To benefit fully from the information that is covered in these books, you should have a basic understanding of how to use PeopleSoft applications.

You might also want to complete at least one PeopleSoft introductory training course, if applicable.

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

These books do not review navigation and other basics. They present the information that you need to use the system and implement your PeopleSoft applications most effectively.

PeopleSoft Application Fundamentals

Each application PeopleBook provides implementation and processing information for your PeopleSoft applications.

Note. Application fundamentals PeopleBooks are not applicable to the PeopleTools product.

For some applications, additional, essential information describing the setup and design of your system appears in a companion volume of documentation called the application fundamentals PeopleBook. Most PeopleSoft product lines have a version of the application fundamentals PeopleBook. The preface of each PeopleBook identifies the application fundamentals PeopleBooks that are associated with that PeopleBook.

The application fundamentals PeopleBook consists of important topics that apply to many or all PeopleSoft applications across one or more product lines. Whether you are implementing a single application, some combination of applications within the product line, or the entire product line, you should be familiar with the contents of the appropriate application fundamentals PeopleBooks. They provide the starting points for fundamental implementation tasks.

Documentation Updates and Printed Documentation

This section discusses how to:

- Obtain documentation updates.
- Order printed documentation.

Obtaining Documentation Updates

You can find updates and additional documentation for this release, as well as previous releases, on the PeopleSoft Customer Connection website. Through the Documentation section of PeopleSoft 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 that is delivered on your PeopleBooks CD-ROM.

Important! Before you upgrade, you must check PeopleSoft Customer Connection for updates to the upgrade instructions. PeopleSoft continually posts updates as the upgrade process is refined.

See Also

PeopleSoft Customer Connection, https://www.peoplesoft.com/corp/en/login.jsp

Ordering Printed Documentation

You can order printed, bound volumes of the complete PeopleSoft documentation that is delivered on your PeopleBooks CD-ROM. PeopleSoft makes printed documentation available for each major release shortly after the software is shipped. Customers and partners can order printed PeopleSoft documentation by using any of these methods:

- Web
- Telephone
- Email

Web

From the Documentation section of the PeopleSoft Customer Connection website, access the PeopleBooks Press website under the Ordering PeopleBooks topic. The PeopleBooks Press website is a joint venture between PeopleSoft and MMA Partners, the book print vendor. Use a credit card, money order, cashier's check, or purchase order to place your order.

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Contact MMA Partners at 877 588 2525.

Email

Send email to MMA Partners at peoplebookspress@mmapartner.com.

See Also

PeopleSoft Customer Connection, https://www.peoplesoft.com/corp/en/login.jsp

Additional Resources

The following resources are located on the PeopleSoft Customer Connection website:

Resource	Navigation
Application maintenance information	Updates + Fixes
Business process diagrams	Support, Documentation, Business Process Maps
Interactive Services Repository	Interactive Services Repository
Hardware and software requirements	Implement, Optimize + Upgrade, Implementation Guide, Implementation Documentation & Software, Hardware and Software Requirements
Installation guides	Implement, Optimize + Upgrade, Implementation Guide, Implementation Documentation & Software, Installation Guides and Notes
Integration information	Implement, Optimize + Upgrade, Implementation Guide, Implementation Documentation and Software, Pre-built Integrations for PeopleSoft Enterprise and PeopleSoft EnterpriseOne Applications
Minimum technical requirements (MTRs) (EnterpriseOne only)	Implement, Optimize + Upgrade, Implementation Guide, Supported Platforms
PeopleBook documentation updates	Support, Documentation, Documentation Updates
PeopleSoft support policy	Support, Support Policy
Prerelease notes	Support, Documentation, Documentation Updates, Category, Prerelease Notes
Product release roadmap	Support, Roadmaps + Schedules
Release notes	Support, Documentation, Documentation Updates, Category, Release Notes

Resource	Navigation
Release value proposition	Support, Documentation, Documentation Updates, Category, Release Value Proposition
Statement of direction	Support, Documentation, Documentation Updates, Category, Statement of Direction
Troubleshooting information	Support, Troubleshooting
Upgrade documentation	Support, Documentation, Upgrade Documentation and Scripts

Typographical Conventions and Visual Cues

This section discusses:

- Typographical conventions.
- Visual cues.
- Country, region, and industry identifiers.
- Currency codes.

Typographical Conventions

This table contains the typographical conventions that are used in PeopleBooks:

Typographical Convention or Visual Cue	Description
Bold	Indicates PeopleCode function names, business function names, event names, system function names, method names, language constructs, and PeopleCode reserved words that must be included literally in the function call.
Italics	Indicates field values, emphasis, and PeopleSoft or other book-length publication titles. In PeopleCode syntax, italic items are placeholders for arguments that your program must supply. We also use italics when we refer to words as words or letters as letters, as in the following: Enter 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 the W key.
`Monospace font`	Indicates a PeopleCode program or other code example.

Typographical Convention or Visual Cue	Description
“ ” (quotation marks)	Indicate chapter titles in cross-references and words that are used differently from their intended meanings.
. . . (ellipses)	Indicate that the preceding item or series can be repeated any number of times in PeopleCode syntax.
{ } (curly braces)	Indicate a choice between two options in PeopleCode syntax. Options are separated by a pipe (|).
[ ] (square brackets)	Indicate optional items in PeopleCode syntax.
& (ampersand)	When placed before a parameter in PeopleCode syntax, an ampersand indicates that the parameter is an already instantiated object. Ampersands also precede all PeopleCode variables.

Visual Cues

PeopleBooks contain the following visual cues.

Notes

Notes indicate information that you should pay particular attention to as you work with the PeopleSoft system.

Note. Example of a note.

If the note is preceded by *Important!,* the note is crucial and includes information that concerns what you must do for the system to function properly.

Important! Example of an important note.

Warnings

Warnings indicate crucial configuration considerations. Pay close attention to warning messages.

Warning! Example of a warning.

Cross-References

PeopleBooks provide cross-references either under the heading “See Also” or on a separate line preceded by the word *See.* Cross-references lead to other documentation that is pertinent to the immediately preceding documentation.

Country, Region, and Industry Identifiers

Information that applies only to a specific country, region, or industry is preceded by a standard identifier in parentheses. This identifier typically appears at the beginning of a section heading, but it may also appear at the beginning of a note or other text.

Example of a country-specific heading: "(FRA) Hiring an Employee"

Example of a region-specific heading: "(Latin America) Setting Up Depreciation"

Country Identifiers

Countries are identified with the International Organization for Standardization (ISO) country code.

Region Identifiers

Regions are identified by the region name. The following region identifiers may appear in PeopleBooks:

- Asia Pacific
- Europe
- Latin America
- North America

Industry Identifiers

Industries are identified by the industry name or by an abbreviation for that industry. The following industry identifiers may appear in PeopleBooks:

- USF (U.S. Federal)
- E&G (Education and Government)

Currency Codes

Monetary amounts are identified by the ISO currency code.

Comments and Suggestions

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

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

Or send email comments to doc@peoplesoft.com.

While we cannot guarantee to answer every email message, we will pay careful attention to your comments and suggestions.

Common Elements Used in PeopleBooks

As of Date	The last date for which a report or process includes data.
Business Unit	An ID 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.
Description	Enter up to 30 characters of text.
Effective Date	The date on which a table row becomes effective; the date that an action begins. For example, 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 or panels and batch processes that use the information use the current row.
Once, Always, and **Don't Run**	Select Once to run the request the next time the batch process runs. After the batch process runs, the process frequency is automatically set to Don't Run. Select Always to run the request every time the batch process runs. Select Don't Run to ignore the request when the batch process runs.
Process Monitor	Click to access the Process List page, where you can view the status of submitted process requests.
Report Manager	Click to access 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	An ID that represents a set of selection criteria for a report or process.
Run	Click to access the Process Scheduler request page, where you can specify the location where a process or job runs and the process output format.
SetID	An ID that represents a set of control table information, or TableSets. TableSets enable you to share control table information and processing options among business units. The goal is to minimize redundant data and system maintenance tasks. When you assign a setID to a record group in a business unit, you indicate that all of the tables in the record group are shared between that business unit and any other business unit that also assigns that setID to that record group. For example, you can define a group of common job codes that are shared between several business units. Each business unit that shares the job codes is assigned the same setID for that record group.
Short Description	Enter up to 15 characters of text.
User ID	An ID that represents the person who generates a transaction.

PeopleSoft Enterprise Human Resources: Manage Base Benefits Preface

This preface discusses:

- PeopleSoft Products
- PeopleSoft Enterprise HRMS Application Fundamentals.
- PeopleBook structure.

Note. This PeopleBook documents only page elements that require additional explanation. If a page element is not documented with the process or task in which it is used, then either it requires no additional explanation or it is documented with common elements for the section, chapter, PeopleBook, or product line.

PeopleSoft Products

This PeopleBook refers to the following PeopleSoft product: PeopleSoft Enterprise Human Resources Base Benefits.

PeopleSoft Enterprise HRMS Application Fundamentals

Additional, essential information describing the setup and design of your system appears in a companion volume of documentation called *PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook*. Each PeopleSoft product line has its own version of this documentation.

Note. One or more pages in Base Benefits operate in deferred processing mode. Deferred processing is described in the preface of the *PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook*.

See *PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook*.

PeopleBook Structure

PeopleSoft PeopleBooks follow a common structure. By understanding this structure, you can use this PeopleBook more efficiently.

the PeopleBooks structure conveys a task-based hierarchy of information. Each chapter describes a process that is required to set up or use the application. Chapter sections describe each task in the process. Subsections within a section describe a single step in the process task.

Some PeopleBooks may also be divided into parts. PeopleBook parts can group together similar implementation or business process chapters within an application or group together two or more applications that integrate into one overall business solution. When a book is divided into parts, each part is divided into chapters.

The following table provides the order and descriptions of chapters in a PeopleBook.

Chapters	Description
Preface	This is the chapter you're reading now. It explains: • How to use the Application Fundamentals book. • How PeopleBooks are structured. • Common elements that are used in the PeopleBook, if necessary.
Getting Started With…	This chapter discusses product implementation guidelines. It explains: • The business processes documented within the book. • Integrations between the product and other products. • A high-level guide to how our documentation maps to the overall implementation process; it doesn't offer step-by-step guidance on how to perform an actual implementation.
Navigation	(Optional) Some PeopleSoft applications provide custom navigation pages that contain groups of folders that support a specific business process, task, or user role. When an application contains custom navigation pages, this chapter provides basic navigation information for these pages. **Note.** Not all applications have delivered custom navigation pages.
Understanding. . .	(Optional) This is an introductory chapter that broadly explains the product and the functionality within the product.
Setup and Implementation	This can be one or more chapters. These chapters contain documentation to assist you in setting up and implementing the product. For example, if functionality X is part of a product, this chapter would be devoted to explaining how to set up functionality X, not necessarily how to use functionality X. You would look to the corresponding business process chapter to learn how to use the functionality. **Note.** There may be times when a small amount of business process information is included in a setup chapter if the amount of business process documentation was insufficient to create a separate section in the book.

Chapters	Description
Business Process	This can be one or more chapters. These chapters contain documentation that addresses specific business processes with each chapter generally devoted to a specific functional area. For example, if functionality X is part of a product, this chapter would be devoted to explain how the functionality works, not necessarily how to set up functionality X. You would look to the corresponding setup and implementation chapter to learn how to set up the functionality. **Note.** There may be times when a small amount of setup and implementation information is included in a business process chapter if the amount of setup and implementation documentation was insufficient to create a separate chapter in the book.
Appendixes	(optional) If the book requires it, one or more appendixes might be included in the book. Appendixes contain information considered supplemental to the primary documentation.
Delivered Workflow Appendix	(Optional) The delivered workflow appendix describes all of the workflows that are delivered for the application. **Note.** Not all applications have delivered workflows.
Reports Appendix	(optional) This appendix contains an abbreviated list of all of the product's reports. The detailed documentation on the use of these reports is usually included in the related business process chapter.

CHAPTER 1

Getting Started With Base Benefits

This chapter discusses:

- Base Benefits overview.
- Base Benefits business processes.
- Base Benefits integrations
- Base Benefits implementation.

Base Benefits Overview

Base Benefits provides you with the tools you need to manage your employee benefit programs. It enables you to set up your basic benefits system architecture and manually enroll employees and their dependents into the benefits system. This comprehensive benefits management solution supports a full range of benefit programs and plans, and provides you with everything you need to maintain your benefit records and to respond to inquiries from decision makers, managers, and other employees.

With the Base Benefits business process, you can:

- Define the tables you need to build your benefit programs.
- Manually enroll employees and dependents into benefit programs.
- Print HIPAA (Health Insurance Portability and Accountability Act) reports.
- Track and manage FMLA (Family Medical Leave Act) requests.
- Calculate accrued leave awards and maintain employee leave balances.
- Manage qualified savings plans and pension plans.
- Manage vacation buy and sell programs.
- Administer COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage for qualified participants and their dependents.
- Process retroactive benefits and deductions.
- Send enrollment data to third-party administrators.
- Send FEHB (federal employee health benefits) data to the OPM (Office of Personnel Management).

See Also

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Getting Started with Benefits Administration"

Base Benefits Business Process

The Base Benefits business process includes four core phases of operation:

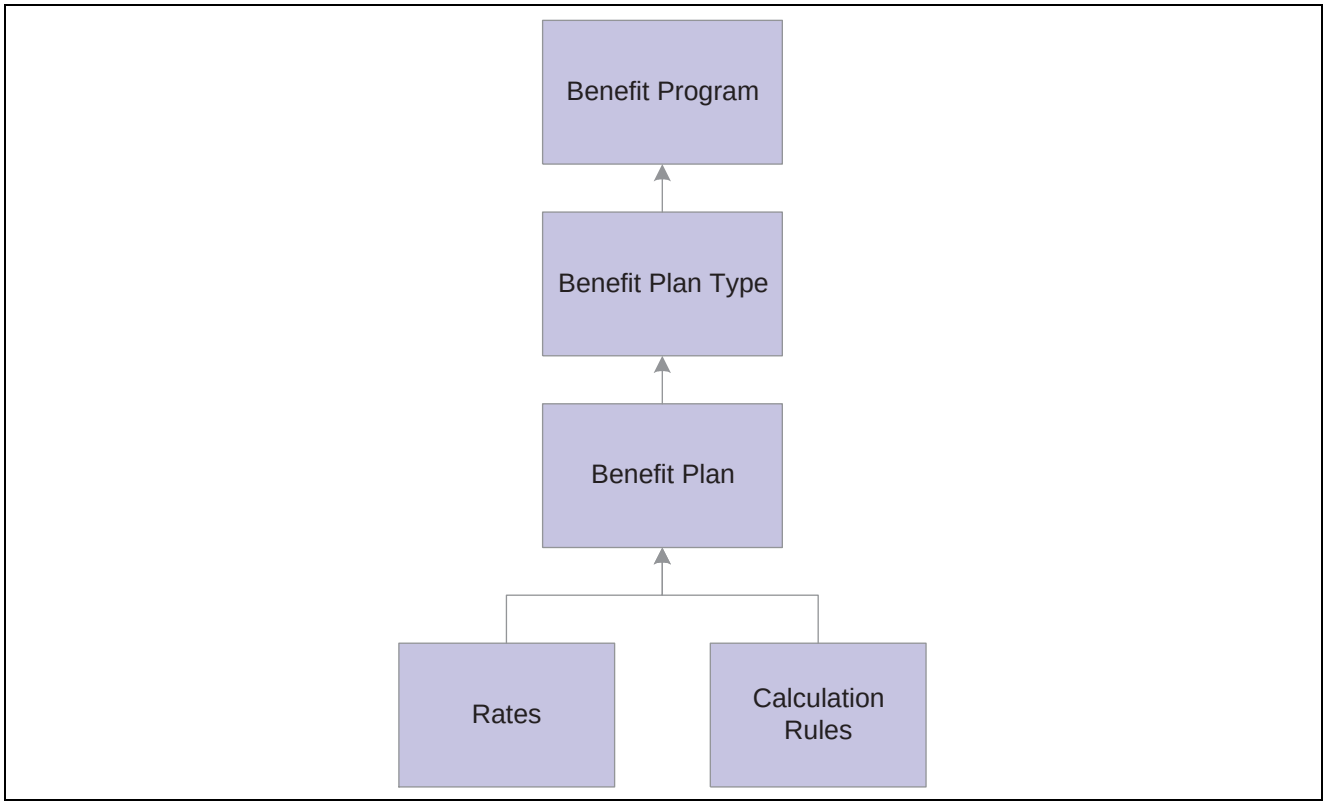
1. Set of supporting tables and benefit plans.
2. Build your benefit programs.
3. Assign employees to benefit programs and enroll them in plans for which their program enrollment makes them eligible.

Note. For Federal users, employees are assigned to benefit programs through the Human Resources PAR process.

4. Calculate rates and benefit deductions.

   If you use PeopleSoft Enterprise Payroll for North America, you calculate deductions through the payroll process. If you use another payroll system, you use PeopleSoft Enterprise Payroll Interface to link the PeopleSoft benefits information to that system.

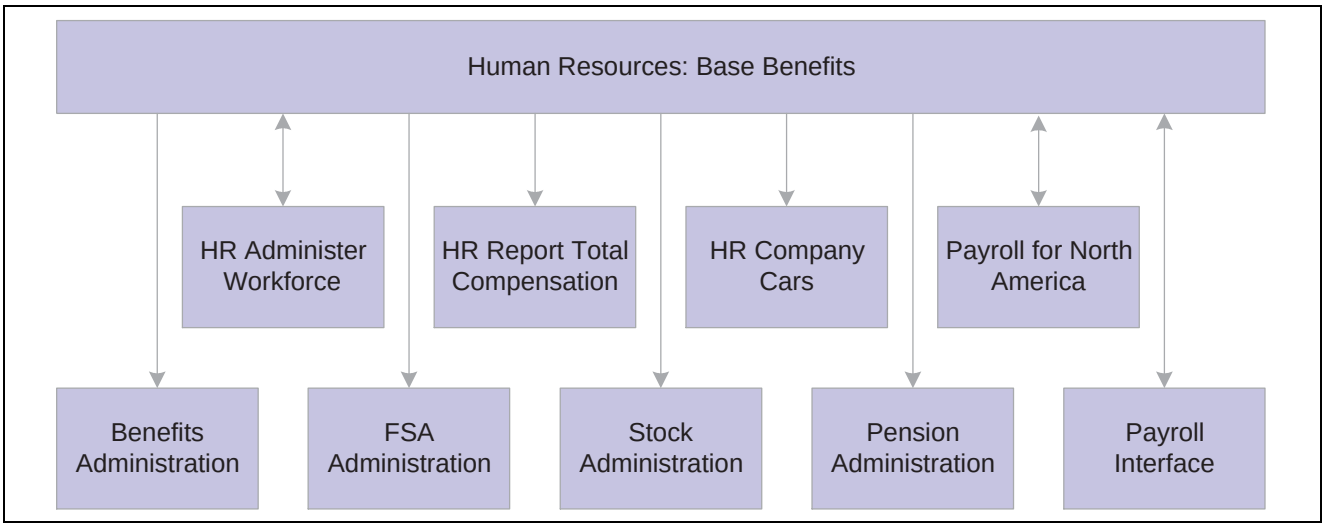
   The following diagram illustrates the structure upon which benefit programs are built:



Building blocks for benefit programs

Base Benefits Integrations

Base Benefits integrates with the following PeopleSoft applications:



PeopleSoft Base Benefits integration flow with other PeopleSoft applications

We cover integration considerations in the implementation chapters in the PeopleBook.

Supplemental information about third-party application integrations is located on the PeopleSoft Customer Connection website.

See Also

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "Working with Enterprise Integration Points in PeopleSoft HRMS," Understanding Enterprise Integration in PeopleSoft HRMS

Base Benefits Implementation

PeopleSoft Setup Manager enables you to generate a list of setup tasks for your organization based on the features that you are implementing. The setup tasks include the components that you must set up, listed in the order in which you must enter data into the component tables, and links to the corresponding PeopleBook documentation.

Other Sources of Information

In the planning phase of your implementation, take advantage of all PeopleSoft sources of information, including the installation guides, data models, business process maps, and troubleshooting guidelines. A complete list of these resources appears in the preface in the *PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook*, with information about where to find the most current version of each.

See Also

PeopleSoft Enterprise Setup Manager for HRMS 8.9 PeopleBook

Enterprise PeopleTools PeopleBook: Component Interfaces

CHAPTER 2

Setting Up Base Benefits Core Tables

This chapter provides an overview of the Base Benefits core tables and explains how to:

- Set up the provider table.
- Set up dependent relationship table
- Set up coverage codes.
- Set up coverage group codes.
- Set up Federal Employee Group Life Insurance (FEGLI) Codes.
- Set up the service step table.
- Set up rates and premium amounts.
- Set up annual benefits base rates (ABBRs).
- Set up calculation rules.
- Set up deduction codes.
- Set up special accumulators.
- Set up limits for qualified savings plans.
- Set up earning for leave and vacation buy/sell plans.

Understanding the Base Benefits Core Tables

Before you can begin building your benefit programs and entering your benefit plan information, there are some core tables that must be set up first. This chapter covers setting up those core tables.

Setting Up the Provider Table

A benefit provider is a vendor. A benefit provider is the entity that sponsors the benefit plan that your company offers your employees. For example, if your company offers a Blue Cross/Blue Shield health insurance plan, Blue Cross/Blue Shield is the provider. 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 can be considered a vendor.

You use the Provider/Vendor Table to set up an ID for each vendor.

In order to include a benefit provider in the HIPAA (Health Insurance Portability and Accountability Act) EDI File Creation process, you must specify the vendor's Federal Employer Identification Number (FEIN).

Warning! If your organization uses PeopleSoft Enterprise Payroll for North America and PeopleSoft Enterprise Payables to pay a benefit vendor, add the vendor using the Payables Vendor Table, not the Base Benefits Vendor Table.

See Also

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "Setting Up Vendors"

PeopleSoft Enterprise Payables 8.9 PeopleBook

Setting Up the Dependent Relationship Table

You define the relationships—for example, son, daughter, grandmother, grandfather, nephew, or niece—that qualify as dependents according to your organization's rules. You cannot enroll dependents in benefits if their relationships are not defined. For example, if you had not defined *grandmother* as an allowable dependent type, you couldn't enter an employee's grandmother as a dependent.

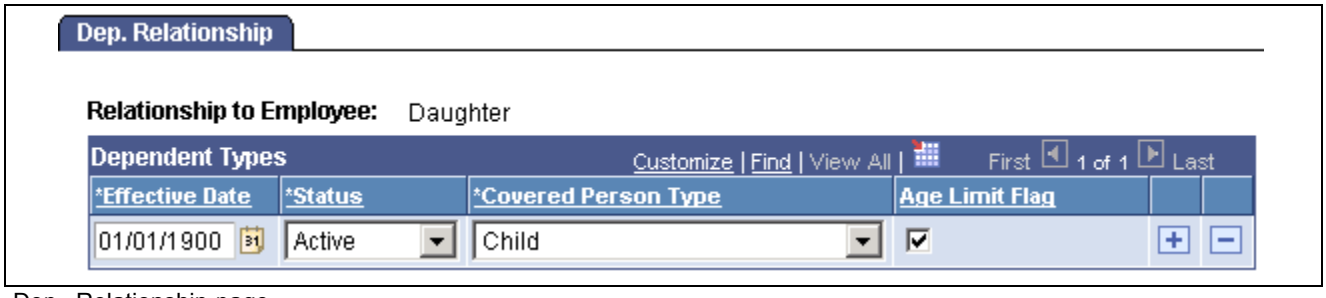
Beneficiary relationships are not tracked because they do not have the same legal ramifications as dependents.

Page Used to Set Up Dependent Relationships

Page Name	Object Name	Navigation	Usage
Dep. Relationship (dependent relationship)	DEPBEN_TYPE_TBL	Set Up HRMS, Product Related, Base Benefits, Dependent Relationships Table, Dep. Relationship	Tie relationships (spouse, son, daughter, and so on) to covered person types.

Defining Dependent Relationships

Access the Dep. Relationship page.



Dep. Relationship page

Relationship to Employee The system displays the relationship that you selected to access the page.

Effective date Enter the date on which the dependent status of this relationship goes into effect.

Status Select whether the dependent relationship is *Active* or *Inactive.*

If the status is *Inactive,* the relationship is no longer considered a valid dependent relationship.

Covered Person Type Select the covered person type you are using to define the relationship.

The delivered Translate Table values are:

- Employee
- Spouse
- Child
- Other Qualified Dependent
- Domestic Partner
- Non-qualified Dependent

Age Limit Flag When the COBRA process for over-aged dependents is run, the system uses this flag to indicate which dependent roles should have the over-age rules applied.

Setting Up Coverage Codes

Coverage codes define who can be covered by a benefit.

You define and manage coverage codes for your benefit programs with the Coverage Code table. You will attach these coverage codes to your benefit plan options on the Benefit Program table.

PeopleSoft delivers seven basic coverage codes for which you define a minimum and maximum allowable for each eligible covered person type. These delivered coverage codes are described in this table:

Delivered Coverage Code	Employee Minimum / Maximum	Spouse Minimum / Maximum	Domestic Partner Minimum / Maximum	Other Qualified Dependent or Child Minimum / Maximum	Other Nonqualified Dependent Minimum / Maximum
1 Employee Only	1 / 1	not allowed	not allowed	not allowed	not allowed
2 Employee + Spouse	1 / 1	1 / 1	not allowed	not allowed	not allowed
3 Employee + Dependents	1 / 1	not allowed	not allowed	1 / 99	not allowed
4 Family	1 / 1	1 / 1	not allowed	1 / 99	not allowed
5 Domestic Partner Adult	not allowed	not allowed	1 / 1	not allowed	not allowed

Delivered Coverage Code	Employee Minimum / Maximum	Spouse Minimum / Maximum	Domestic Partner Minimum / Maximum	Other Qualified Dependent or Child Minimum / Maximum	Other Nonqualified Dependent Minimum / Maximum
6 Domestic Partner Child(ren)	not allowed	not allowed	not allowed	not allowed	1 / 99
7 Domestic Partner Adult + Child(ren)	not allowed	not allowed	1 / 1	not allowed	1 / 99

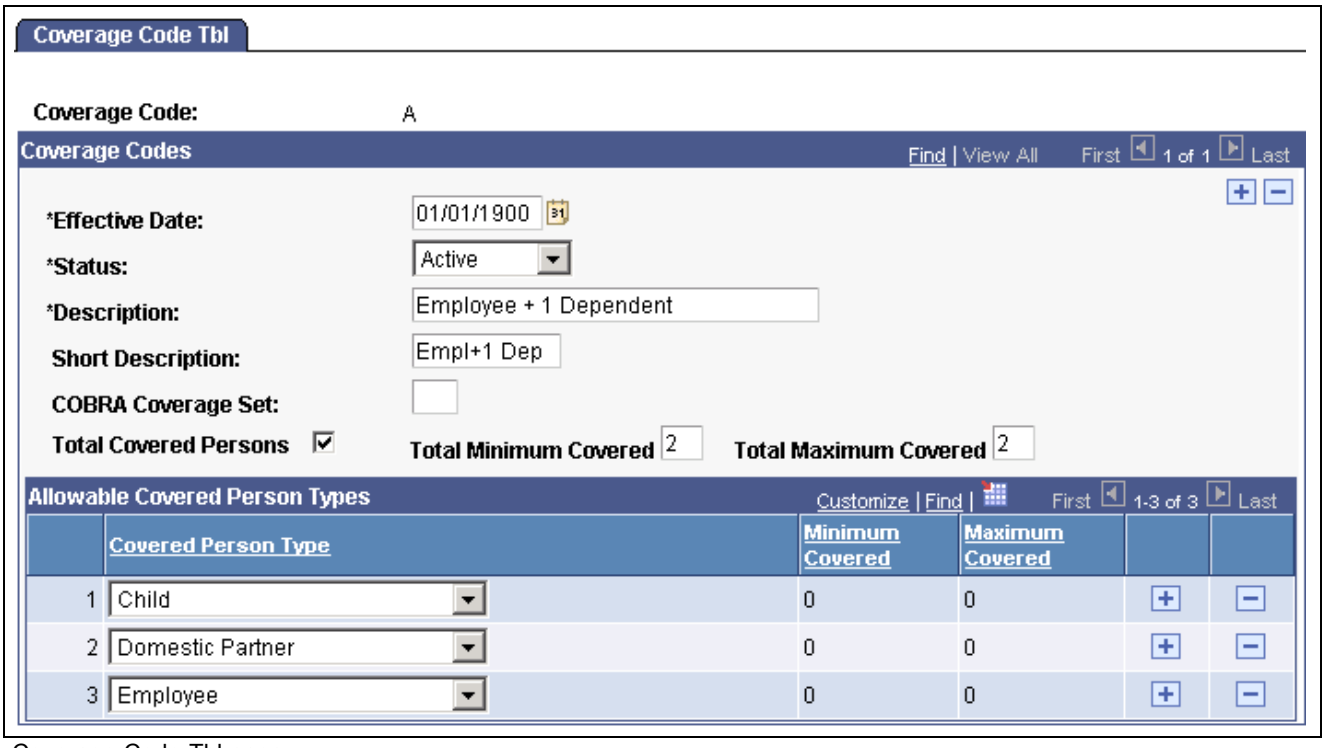
You can also define coverage codes to validate enrollments against a total number of eligible covered person types, for example, a coverage code that allows enrollment of the employee plus one dependent. The dependent can be either a spouse or a child. The system will sum the allowable covered person types defined for the coverage code rather than look at the minimum and maximum defined for each individual covered person type.

Page Used to Set Up Coverage Codes

Page Name	Object Name	Navigation	Usage
Coverage Code Tbl (coverage code table)	COVRG_CD_TBL	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Health Coverage Codes, Coverage Code Tbl	Define coverage codes.

Entering Coverage Code Information

Access the Coverage Code Tbl page.



Coverage Code Tbl page

COBRA Coverage Set This is a two character code that is used to group coverage codes together for COBRA eligibility purposes. When an individual experiences a COBRA event, the system must adjust the range of coverage codes available to each qualified beneficiary. By restricting itself to a specific set of coverage codes, COBRA processing is able to more accurately determine which benefit options to present to a participant who is eligible for COBRA coverage. If COBRA coverage sets are not established, then COBRA processing may encounter multiple equivalent coverage codes, and eligibility determination may fail.

Total Covered Persons Select this check box to activate the total covered person types functionality for this coverage code.

Total Minimum Covered and **Total Maximum Covered** These fields are only visible when the Total Covered Persons check box is selected.

Enter the allowable minimum and maximum covered persons. Include the employee in this count.

Allowable Covered Person Types

Covered Person Type Select the type of person for which you are setting parameters.

Note. The coverage code controls for covered person type are used in PeopleSoft Enterprise Benefits Administration.

See *PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook*, "Creating Event Rules," Specifying Basic Rules for Event Classes.

Minimum Number Covered

Enter the minimum number of covered persons allowed.

If you have selected the Total Covered Persons check box, this field is not editable.

Maximum Number Covered

Enter the maximum number of covered person allowed.

If there is no limit to the number for this coverage code, enter *99*.

If you have selected the Total Covered Persons check box, this field is not editable.

Setting Up Coverage Group Codes

Life insurance and accidental death and dismemberment (AD/D) plans use coverage group codes to establish the maximum lifetime coverage allowed.

For example, if you define a coverage group code with a 500,000 USD 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 USD.

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 the 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.

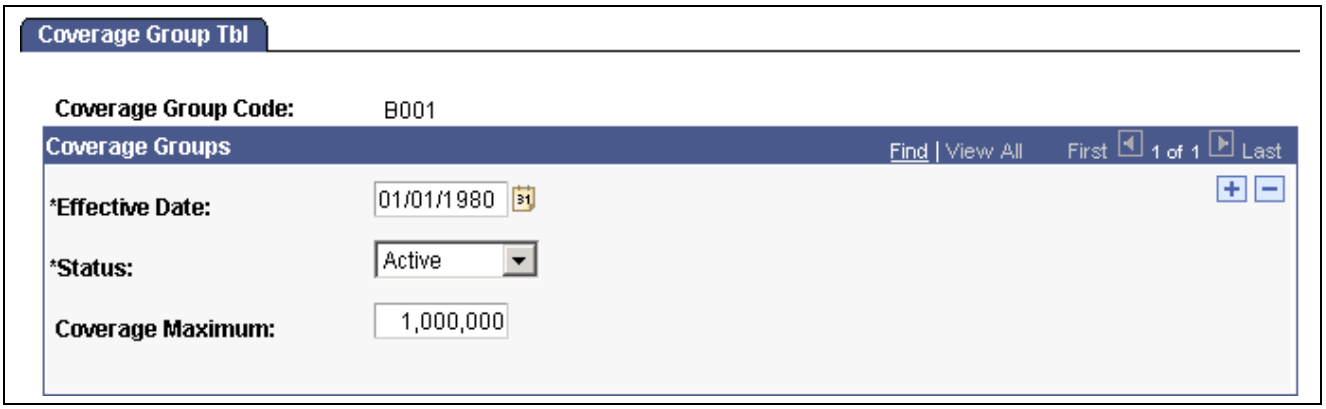
Note. Payroll uses the effective date to determine which coverage maximum to use for a particular processing cycle, according to the pay period end date.

Page Used to Set Up Coverage Group Codes

Page Name	Object Name	Navigation	Usage
Coverage Group Tbl (coverage group table)	COVERAGE_GROUP_TBL	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Life and AD/D Coverage Groups, Coverage Group Tbl	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.

Entering Coverage Group Code Information

Access the Coverage Group Tbl page.



Coverage Group Tbl page

Effective Date Enter the effective date for the coverage maximum.

Payroll uses the effective date to determine which coverage maximum to use for a particular processing cycle, according to the pay period end date.

Coverage Maximum Enter the maximum total life and AD/D coverage.

This amount 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 or AD/D plan with a coverage group code using the Life and AD/D Plan Table.

Setting Up FEGLI Codes

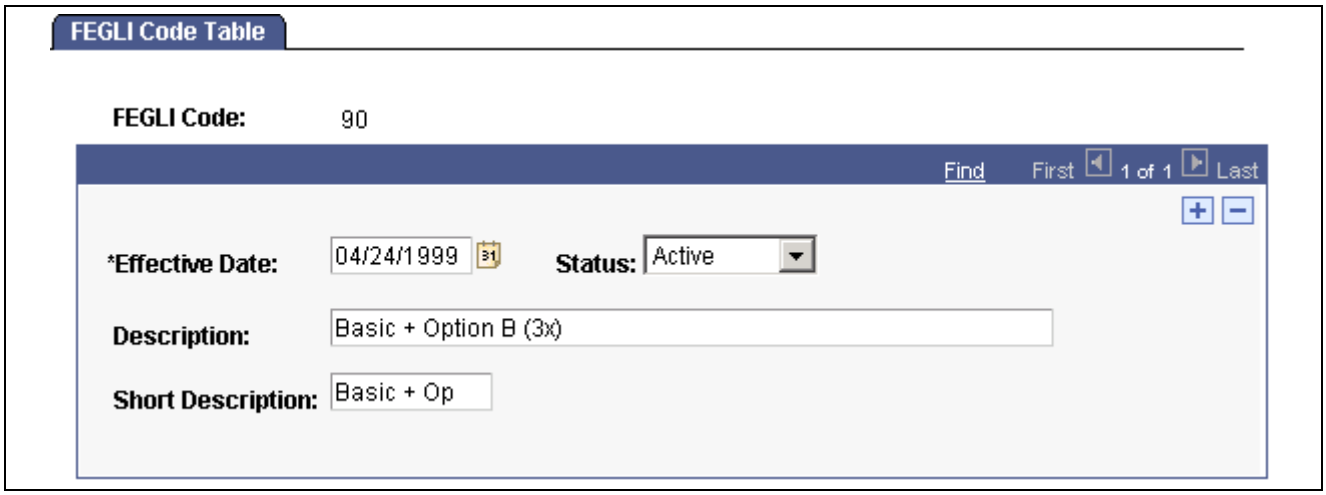
Define codes for your Federal Employee Group Life Insurance (FEGLI) plans.

Pages Used to Set Up FEGLI Codes

Page Name	Object Name	Navigation	Usage
FEGLI Code Table	GVT_FEGLI_TBL	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, FEGLI Code Table, FEGLI Code Table	Define FEGLI codes.

Entering FEGLI Code Information

Access the FEGLI Code Table page.



FEGLI Code Table page

Setting Up the Service Step Table

When you set up savings plans you can define your organization's employer match according to the employee's years of service. The Service Step Table defines the different intervals, tax classification, and the amount of match.

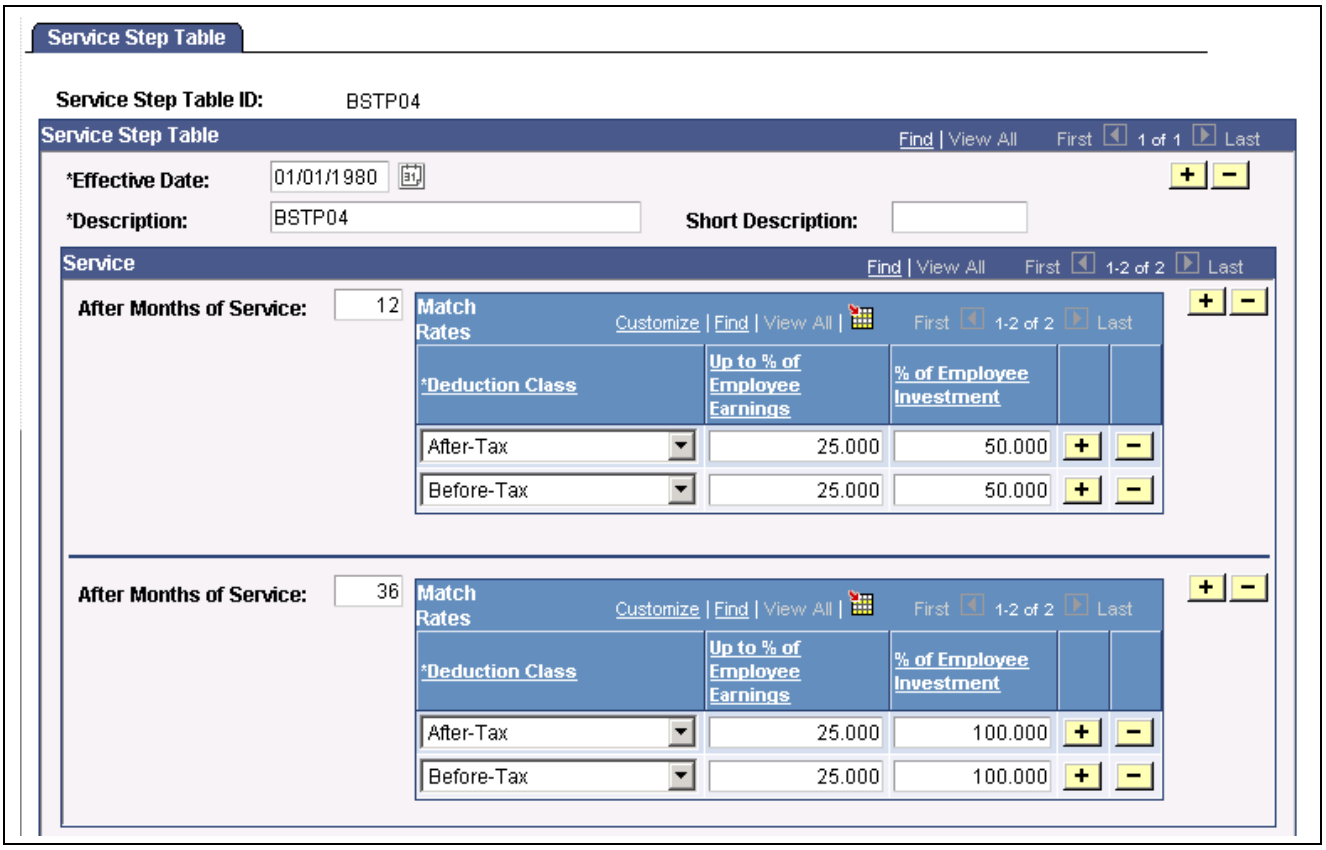
You can also define deduction classifications based on either a percentage of the employee's gross salary or a percentage of the employee's contribution amount.

Page Used to Set Up the Service Step Table

Page Name	Object Name	Navigation	Usage
Service Step Table	SERVICE_STEP_TABLE	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Service Step Table, Service Step Table	Link the rate of employer matching contributions to an employee's length of service.

Entering Service Step Table Information

Access the Service Step Table page.



Service Step Table page

After Months of Service Enter the number of months the employee must be employed to receive the employer match.

Deduction Class Enter the tax classification for this match.

Up to % of Employee's Earnings (up to percent of employee's earnings) Enter the maximum amount of the employer match contribution percentage.

% of Employee Investment (percent of employee investment) Enter the percentage amount of the employee contribution that the employer will match.

Example of Before- and After-Tax Matching

Let's say you have a 401(k) plan that's set up to match:

- 50% for the first 3% of the employee's salary for before-tax contributions.
- 100% up to 6% of the employee's salary for before-tax contributions.
- 25% on the first 2%, 50% up to 4%, and 100% up to 6% on the employee's after-tax contributions.

Here's how you set this up:

Deduction Class	Up to % of Employee Earnings	% of Employee Investment
Before	3	50
Before	6	100
After	2	25
After	4	50
After	6	100

Example of After Months of Service Rewards

This example shows how to 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 Earnings	% of Employee Investment
0	Before	3	50
0	Before	6	100
0	After	2	25
0	After	4	50
0	After	6	100
24	Before	10	100
24	After	2	50
24	After	4	75
24	After	6	100

Setting Up Rates and Premium Limits

Your benefit system relies on rates to calculate the cost of benefits. You can create rate tables based on:

- Age
- Salary
- Service
- Flat amounts

In addition to these rates tables, you may want to limit the amount an employee pays towards the premium. On each rate table, you have the option of setting a limit on the employee portion of the premium.

Understanding Employee Premium Limits

You can define limits on the employee's portion of a benefit premium by specifying a percent of gross limit 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 medical coverage. Only the employee's personal coverage is subject to this limit.

If the rate table indicates the employer pays part of the premium, then any premium in excess of this final employee deduction amount (in this case, 1.5% of gross wages) is redirected (added) to the employer-paid portion of the premium. If the employer does not pay part of the premium, then no redirection takes 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 USD per month. The amount of the employee's portion is 125 USD. The following example shows how to apply a 1.0% of gross pay limit to the employee-only coverage:

Total EE Premium Amount = 300 USD

EE Premium Amount Subject to Limit = 125 USD

Limit = 1.0% of Gross Pay

Gross Pay = 10,000 USD

The deduction is calculated as:

[Lesser of (125 or (10,000 × .01))] + (300 − 125)

= [Lesser of (125 or 100)] + (175)

= (100) + (175)

= 275 USD

The amount of the employee premium in excess of the limited deduction is 25 USD (300 - 275). This excess amount is added to the employer-paid premium.

Here's another example. Instead of the employee's single-coverage portion of the premium being a flat amount of 125 USD, let's define this as 30% of the premium amount:

Total EE Premium Amount = 300 USD

EE Premium Amount Subject to Limit = 30%

Limit = 1.0% of Gross Pay

Gross Pay = 10,000 USD

The deduction is calculated as:

[Lesser of (300 × 30%) or (10,000 × .01))] + (300 − 125)

= [Lesser of (90 or 100)] + (175)

= (90) + (175)

= 265 USD

In this case, 35 USD (300 - 265) is added to the employer-paid premium.

Warning! PeopleSoft delivers a set of rates with an ID of IRS. PeopleSoft Enterprise Payroll for North America uses these IRS rates to calculate imputed income. The IRS table ID set should not be changed.

Common Elements Used by Rates and Premium Limits

Premium Pay Frequency Define how you quote the cost of benefit rates.

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

- 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 $1,000 of coverage, select *Per Thousand.*

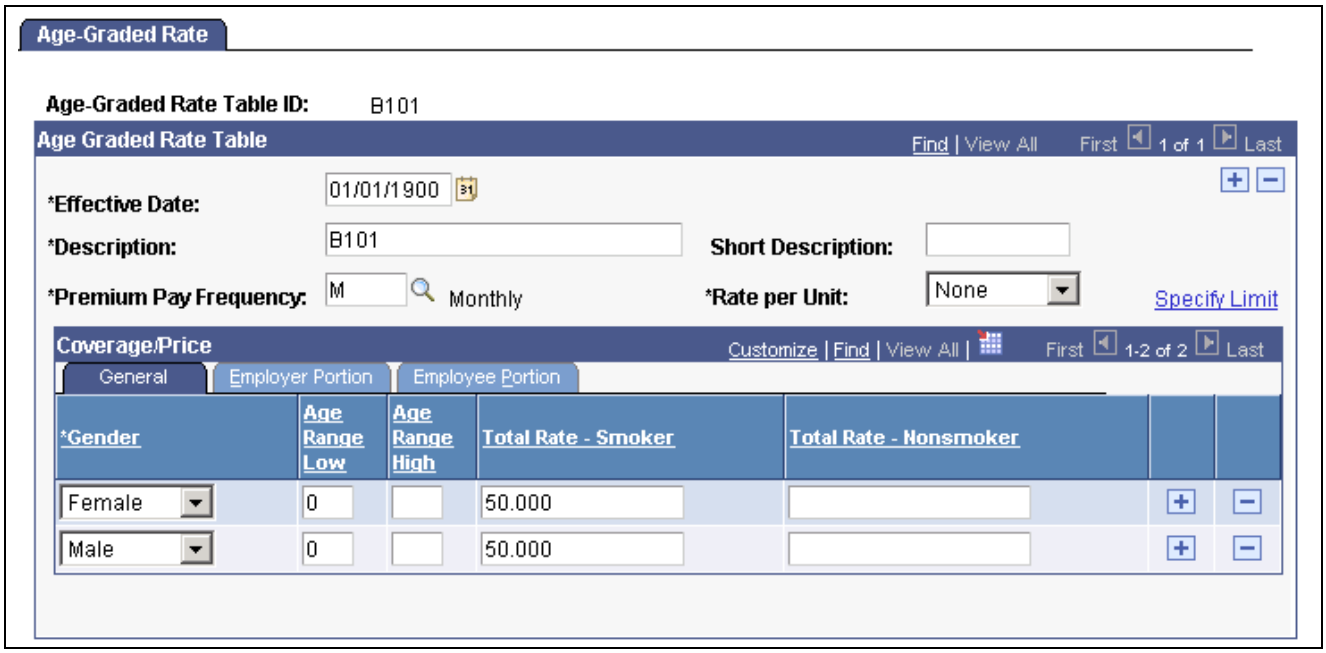
Specify Limit Click to display the Amount To Limit page and set employee premium limits.

Pages Used to Define Rates and Premium Limits

Page Name	Object Name	Navigation	Usage
Age-Graded Rate	AGE_RATE_TABLE	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Age-Graded Rate Table, Age-Graded Rate	Define rates that are based on age, gender, and smoking habits.
Salary Rate Table	BAS_SALARY_RATE	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Salary Rate Table, Salary Rate Table	Define rates that are based on a percentage of salary.
Service Rate Table	SERVICE_RATE_TABLE	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Service Rate Table, Service Rate Table	Define rates that are based on length of service.
Flat Rate Table	BAS_FLAT_RATE_TBL	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Flat Rate Table, Flat Rate Table	Define rates that are based on a specific dollar amount.
Age Graded Rate - Amount to Limit	AGE_RATE_LMT	Click Specify Limit on the Age-Graded Rate page.	Define the portion of the employee rate that is subject to the percent of gross pay limit defined on the Calculation Rule page.
Salary Rate - Amount to Limit	BAS_SAL_RATE_LMT	Click Specify Limit on the Salary Rate Table page.	Set limits for base salary rates.
Service Rate - Amount to Limit	SERVICE_RATE_LMT	Click Specify Limiton the Service Rate Table page.	Set limits for length of service rates.
Flat Rate - Amount to Limit	BAS_FLAT_RATE_LMT	Click Specify Limit on the Flat Rate Table page.	Set limits for flat-amount rates.

Defining Age-Graded Rates

Access the Age-Graded Rate page.



Age-Graded Rate page

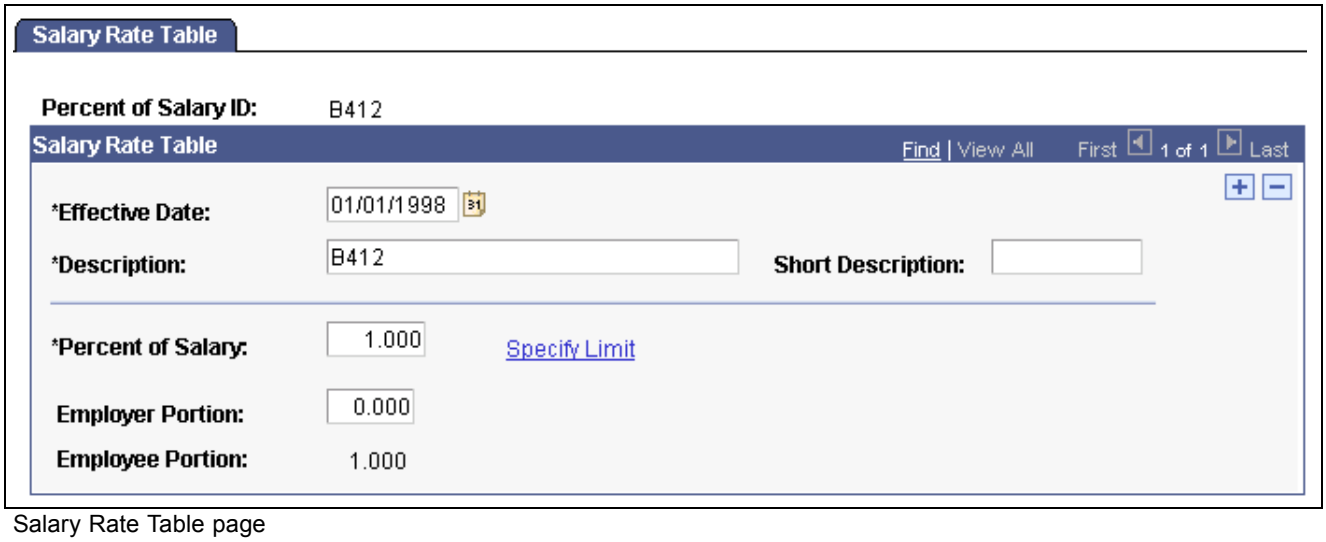
Coverage/Price Define rates for a specified gender, age range, and smoking habit.

The system calculates the employee portion of the premium based on the total rate and employer portion.

Note. We deliver a set of rates with an ID of IRS. PeopleSoft Enterprise Payroll for North America uses these IRS rates to calculate imputed income. *This table should not be changed.*

Defining Salary Rates

Access the Salary Rate Table page.

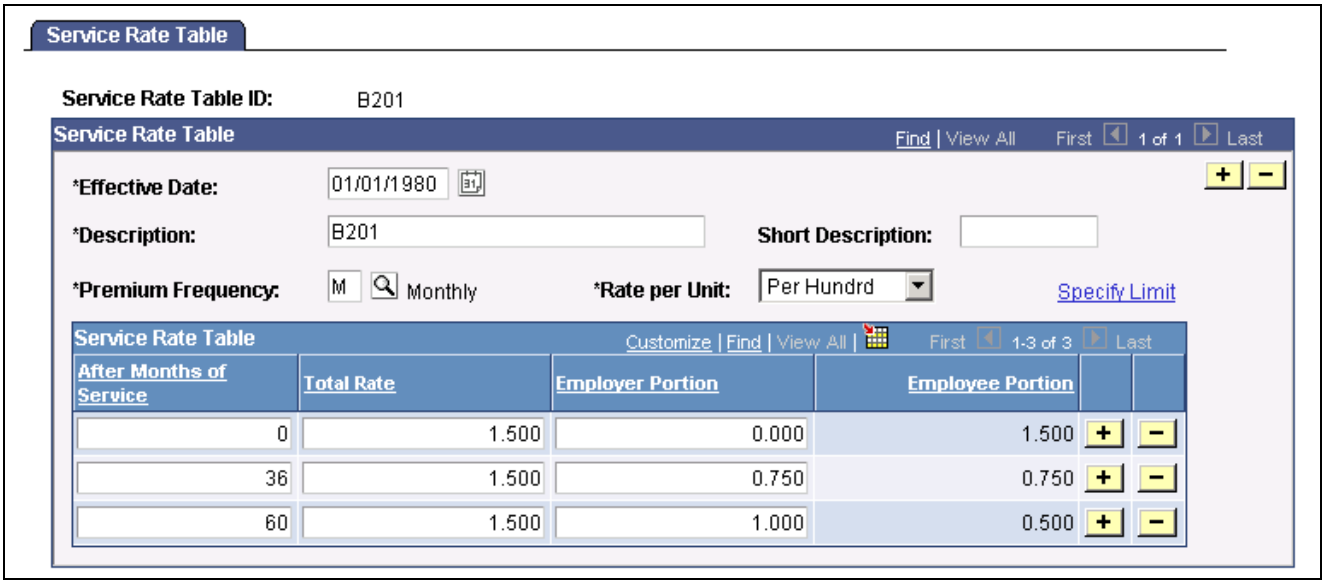


Salary Rate Table page

Employee Portion Automatically calculated based on the total rate and employer portion.

Defining Service Rates

Access the Service Rate Table page.

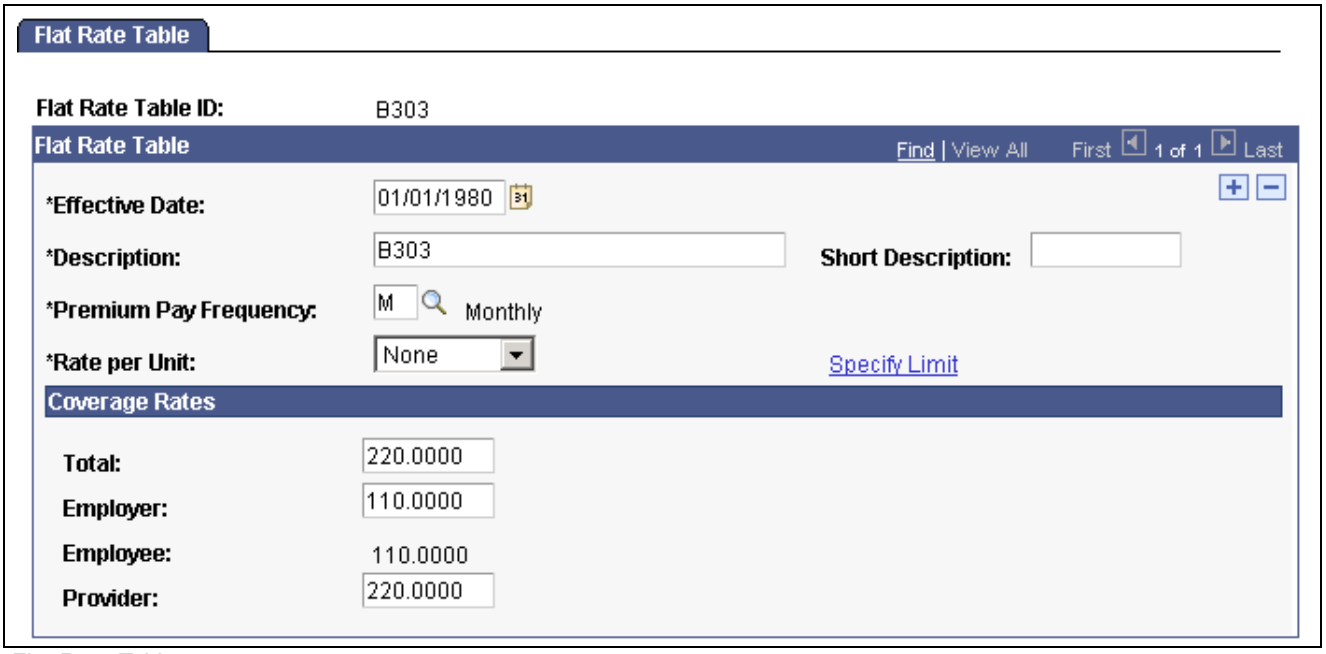


Service Rate Table page

Employee Portion Automatically calculated based on the total rate and employer portion.

Defining Flat Rate Tables

Access the Flat Rate Table page.



Flat Rate Table page

Total Enter the total cost of the coverage.

Include any administrative fee that you may charge.

Employee Automatically calculated from the total and employer amounts.

Provider The system automatically assigns theTotal amount to the provider.

If you include an administrative fee in the total, override the provider amount with what you actually pay the provider.

The Provider amount is only informational; you can use it for reports of provider payments.

Defining Employee Premium Limits

Access the Amount to Limit page.

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 when the entire employee rate is subject to the limit.
- *Flat Amount:* Select this option to enter the amount that is subject to the limit.
- *Not Applicable:* Select this option when the entire employee rate is subject to the limit.
- *Percent of Rate:* Select this option to enter the percentage amount of the employee rate that is subject to the limit. This percentage amount cannot be greater than 100.

Setting Up Annual Benefits Base Rates

Some benefits, such as life and disability insurance, can be based upon the employee's actual compensation rate or an annual benefits base rate (ABBR) that you define for the employee.

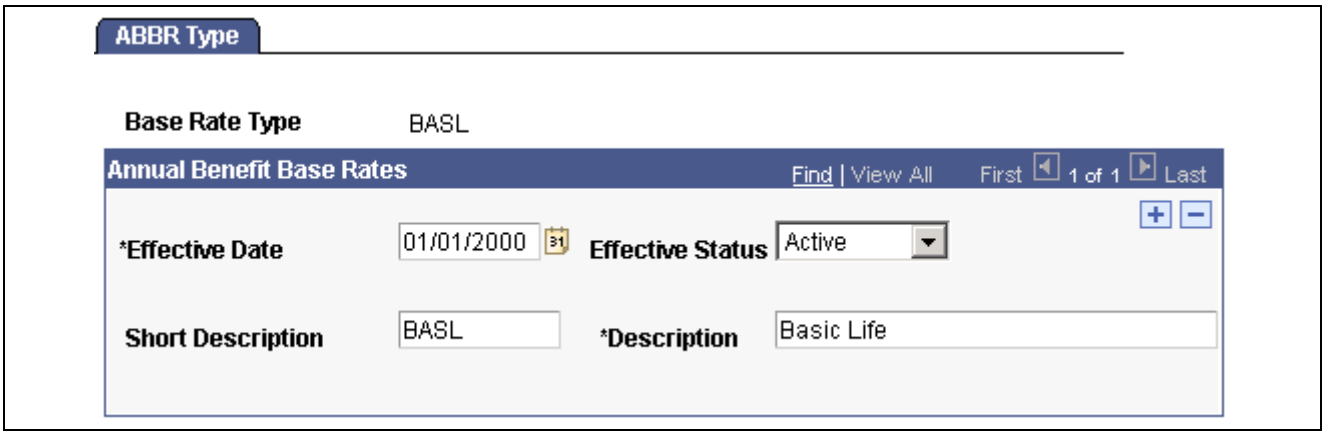
You can define and use an unlimited number of annual benefits base rates.

Page Used to Set Up ABBR Types

Page Name	Object Name	Navigation	Usage
ABBR Type	ABBR_TYPE	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Annl Benef Base Rt Type Tbl, ABBR Type	Define annual benefits base rates.

Defining Annual Benefits Base Rates

Access the ABBR Type page.



ABBR Type page

Setting Up Calculation Rules

You use calculation rules to define how deductions are calculated for each benefit plan. Calculation rules apply to the premium and the amount of coverage. When determining calculation rules, you need to understand:

- Compensation base and annual benefits base rate.
- (USF) Compensation base.
- Salary as-of dates.
- Employee compensation base.
- Age or service as-of dates.
- Coverage minimums and maximums.
- Calculation options.
- Rounding options.

Compensation Base Versus Annual Benefits Base Rate

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 Benefits Base Rate field on the Compensation page of the Job Data component.

See *PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce*, "Increasing the Workforce".

Note. If a calculation rule specifies that the ABBR should be used, but the employee has not been assigned an ABBR, the system will use the employee's regular compensation rate instead.

(USF) Compensation Base

The compensation base is set through the Personnel Action Request (PAR) process. 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 or LEO adjustments.

- Override the FEGLI Base rate.

The system uses 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.

See *PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce*, "(USF) Hiring Employees".

Salary As-Of Dates

If the premium or coverage is based on employee salary, you can specify the salary as of:

- A specific day and month for the current year.
- A specific day and month for the previous year.
- The current pay period.
- The next pay period.

If you use Multiple Jobs functionality, you must also tell the system which jobs to use when calculating the employee's earnings.

The calculation possibilities with as-of rates are:

Premium	Coverage	Calculation
Current	Current	As now
As-of	Current	See Example #1
As-of	As-of	See Example #2
Current	As-of	Invalid

Example #1: Employer Pays Increased Premium

An employee belongs to a life insurance plan that uses the premium as of January 1, current year and coverage as of the current date. The system uses the benefit base for the calculation.

Employee	Effective Date	Salary	Benefit Base
Ann Jeffrey	January 1, 2000	10,000	12,000
	April 1, 2000	15,000	15,000
	January 1, 2001	17,500	18,000
Table	Effective Date	Rate	Per

Employee	Effective Date	Salary	Benefit Base
Life (employee)	January 1, 2000	1.00	Thousand
Life (employer)	January 1, 2000	2.00	Thousand

The employee gets a raise, so coverage increases during the year; however, until the next January 1, the system calculates the employee premium as if the coverage did not increase. The employer pays the difference between the employee deduction and the actual cost. This affects imputed income.

Pay End Date	Coverage	Employee Amount	Employer Amount
January 1, 2000	12,000	12.00	24.00
February 28, 2000	12,000	12.00	24.00
March 31, 2000	12,000	12.00	33.00
April 30, 2000	15,000	12.00	33.00
May 31,2000	15,000	12.00	33.00

Example #2: Coverage and Premium Remain the Same

Another employee 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	January 1, 2000	10,000	12,000
	April 1, 2000	15,000	15,000
	January 1, 2001	17,500	18,000
Table	Effective Date	Rate	Per
Life (employee)	January 1, 2000	1.00	Thousand
Life (employer)	January 1, 2000	2.00	Thousand

There is no change in Jim Henry’s coverage or premium until the new year.

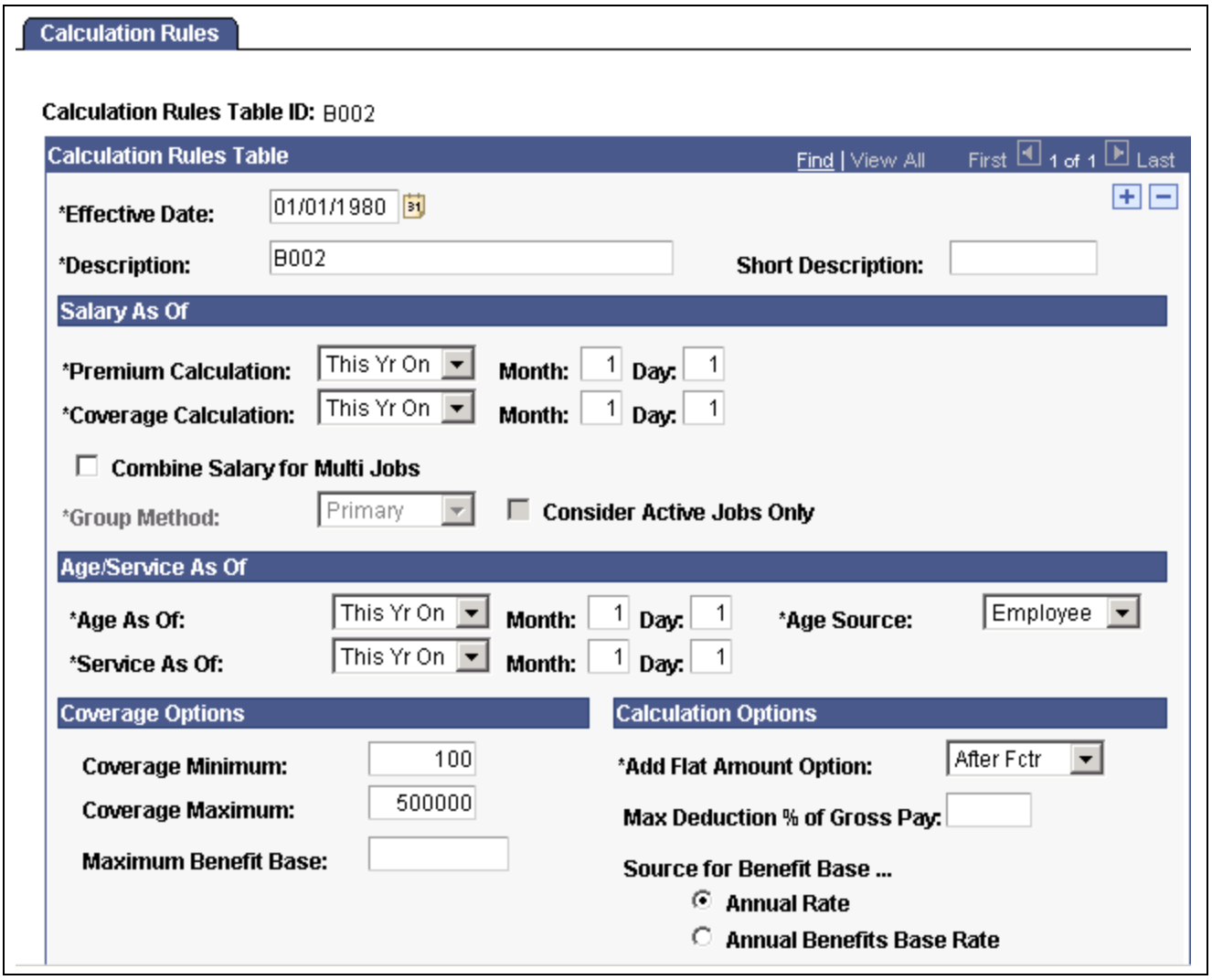
Pay End Date	Coverage	Employee Amount	Employer Amount
January 31, 2000	12,000	12.00	24.00
February 28, 2000	12,000	12.00	24.00
March 31, 2000	12,000	12.00	24.00
April 30, 2000	15,000	12.00	24.00
May 31, 2000	15,000	12.00	24.00

Page Used to Set Up Calculation Rules

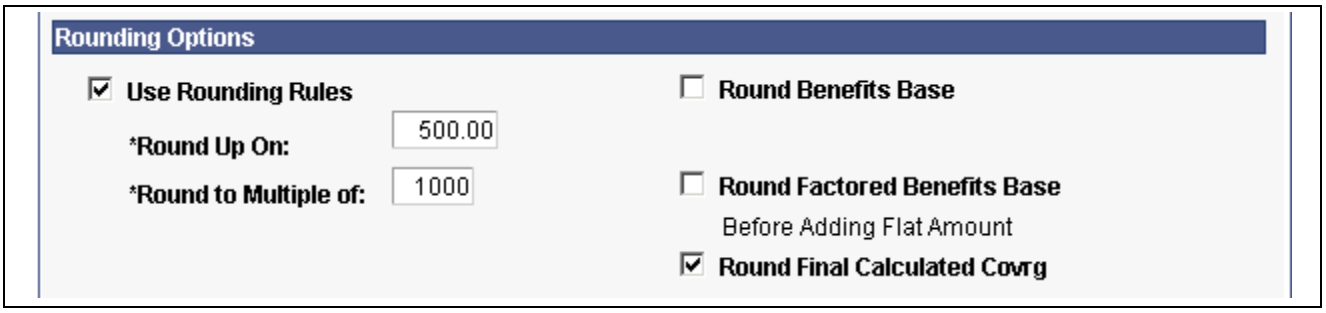
Page Name	Object Name	Navigation	Usage
Calculation Rules	CALC_RULES_TABLE	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Calculation Rules Table, Calculation Rules	Specify salary, age and service as of dates, as well as coverage, calculation, and rounding options for the calculation rule.

Defining Calculation Rules

Access the Calculation Rules page.



Calculation Rules page (1 of 2)



Calculation Rules page (2 of 2)

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 Select 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 to use when calculating premium and coverage amounts. Choose from:

- *All Flagged:* 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* (current/check date): 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.

Age As Of Used 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 Used 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 Designate whose personal information that you want to use. Choose from *Dependent, Employee,* or *Spouse*.

The system only uses 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 on 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 generates a warning that a birth date was not located and uses 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 for individual plans with this set of calculation rules. The system does not round over or under these amounts.

Coverage Maximum Enter the maximum amount of coverage an employee can receive for individual plans with this set of calculation rules. The system does not round this amount.

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 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 Enterprise Benefits Administration will limit employee

salary to that coverage maximum before calculating credits. If you do not want to limit the salary, leave the Coverage Maximum field blank.

Maximum Benefit Base Enter an amount to limit the portion of an employee's salary that is used to calculate the premium and coverage amounts.

This field is no longer used for the 401(a)(17) limit, which is now 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* (after factor): Arranges the equation as (Factor × Salary) + (Flat amount).
- *Before Fctr* (before factor): Arranges the equation as(Factor) × (Salary + Flat Amount).

Max Deduction % of Gross Pay (maximum deduction percentage of gross pay) If you have employees in Hawaii, state laws mandate that employers charge no more than 1.5% of gross wages for employee-only coverage.

Use this field to establish a calculation rule with the maximum deduction percent 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.

This deduction calculation is performed when:

- The Pay Calculation process is being run.
- The plan type is *Health.*
- The coverage code is *Employee Only.*
- The calculation rule ID is defined.
- The values for maximum percent of gross pay, deductions, and gross pay are all greater than zero.

The maximum deduction percent of gross pay calculation looks like this:

Deduction = (Max Percent of Gross Pay) × (Federal Taxable Gross Pay) ÷ 100.

The smaller deduction appears on the paycheck.

Source for Benefits Base Designate the rate of pay used to make calculations. Select either:

- *Annual Rate* to use the regular compensation base entered on the Job Data - Compensation page.
- *Annual Benefits Base Rate* to use the ABBR entered on the ABBR Update page.

  ABBRs are defined on the ABBR Type Table.

Note. For federal users, ABBR corresponds to the Total Pay field on the Expected Pay page of the PAR Compensation Data component.

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 USD and you enter 1,000 in the Round to Multiple of field and 500 in the Round Up On field, the system calculates and rounds coverage for the employee as follows:

46746 ÷ 1000 = 46, with a remainder of 746.

746 is greater than 500, so 46 + 1 = 47.

47 × 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 the 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.

Displayed only if you select *After Fctr* in the Add Flat Amount Option field.

Round Final Calculated Covrg (round final calculated coverage) — Select to round the final coverage amount according to the rules set up in the Round Up On and Round to Multiple of fields.

Setting Up Deduction Codes

The Base Benefits business process in Human Resources is designed to work with PeopleSoft Enterprise Payroll for North America and PeopleSoft Enterprise Payroll Interface. Calculating deductions accurately is an important payroll function.

To set up benefit deductions:

- Use the Deduction Table component (DEDUCTION_TABLE) to select the plan type (any plan type *except* General Deduction), enter a deduction code, and set up the deduction processing rules.

  See *PeopleSoft Enterprise Payroll for North America 8.9 PeopleBook*, “Defining Deductions”.

  See *PeopleSoft Enterprise Payroll Interface 8.9 PeopleBook*, “Setting Up Deduction Data”.

- Use the Benefit Plan Table component (BENEFIT_PLAN_TABLE) and other components in the Base Benefits business process to set up the benefit plans.

  See Chapter 3, “Setting Up Benefit Plans,” page 39.

- Use the Benefit Program Table component (BEN_PROG_DEFN) and other components in the Base Benefits business process to build the benefit program and to define the deduction calculation rules.

  See Chapter 4, “Building Base Benefit Programs,” page 71.

The Deduction Table component enables you to select a plan type, enter a deduction code, and set up the deduction processing rules that enable you to specify processing details such as deduction priorities, deduction tax classifications, deduction pay period schedules, and other special payroll process indicators. The Benefit Program Table component enables you to set up the deduction calculation rules, actual rates, rules, and routines used to determine the cost of the deduction. To calculate benefit deductions, payroll uses both the deduction processing rules from the Deduction Table component and deduction calculation rules from the Benefit Program Table.

Note. To set up the Benefit Program Table, you must enter deduction codes. Deduction codes are set up on the Deduction Table component through either Payroll for North America or Payroll Interface. However, if you are not using a PeopleSoft payroll application to calculate deductions, you can set up dummy deduction codes using other pages in Human Resources.

Designing a Deduction Strategy

When setting up deduction you 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.

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

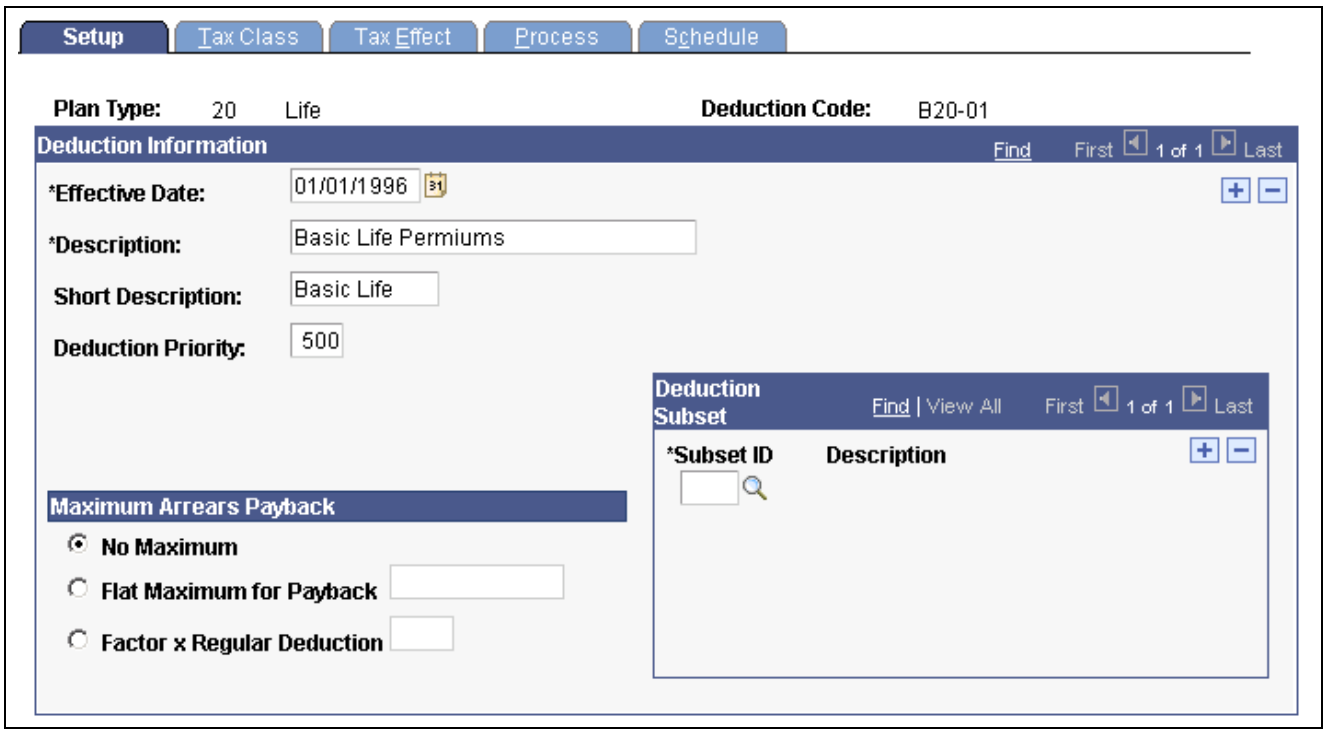
You Want To Report	Do This	Result on Pay Stubs
The amount for each benefit plan.	Define a deduction code for each benefit plan.	Itemized descriptions and deduction amounts appear for each chosen plan type.
One total for a plan type.	Define a deduction code for a specific plan type.	
One total for all deductions.	Modify 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 modify your system because you can't automatically "roll up" to a higher level than plan type.	The total deduction of all plan types you modify appears.

Page Used to Set Up Deduction Codes

Page Name	Object Name	Navigation	Usage
Deduction Table - Setup	DEDUCTION_TABLE1	Set Up HRMS, Product Related, Payroll for North America, Deductions, Deduction Table, Setup Set Up HRMS, Product Related, Payroll Interface, Deductions, Deduction Table, Setup	Define deduction processing, including priority, tax effect, and schedules.

Creating Deduction Codes

Access the Deduction Table - Setup page.



Deduction Table - Setup page

To create a deduction code, enter the effective date and the long description.

If you are using Payroll for North America or Payroll Interface, refer to the documentation for those products for information on how to set up the Deduction Table component (DEDUCTION_TABLE).

See *PeopleSoft Enterprise Payroll for North America 8.9 PeopleBook*

See *PeopleSoft Enterprise Payroll Interface 8.9 PeopleBook*

Setting Up 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 when determining the employee's earnings.

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.

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

Typically, you want to define a special accumulator for qualified savings plans, such as 401(k) that are subject to limit testing.

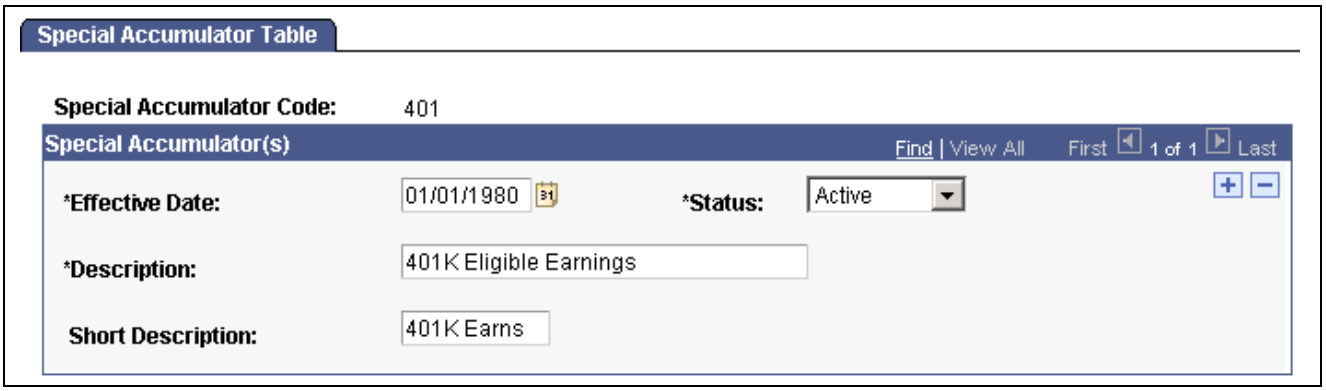
You first name the special accumulator using the Special Accumulator Table. The next step is to tie specific earnings types to that special accumulator.

Pages Used to Set Up Special Accumulators

Page Name	Object Name	Navigation	Usage
Special Accumulator Table	SPCL_EARNS_TABLE	Set Up HRMS, Product Related, Payroll for North America, Compensation and Earnings, Special Accumulator Table, Special Accumulator Table	Define special accumulator codes.

Entering Special Accumulators

Access the Special Accumulator Table page.



Special Accumulator Table page

Setting Up Limits for Qualified Savings Plans

Certain qualified benefit savings plans may be subject to government regulations.

This section provides overviews of limits and discusses how to:

- Set up 401(a) limits.
- Set up 402(g) limits.
- Set up 403(b) limits.
- Set up 457 limits.

Understanding Limits

Limits are tied to deduction codes. When your payroll department runs the pay calculation process, the system checks to see whether a deduction has any limits associated with it. If it does, the system runs the testing calculations and makes the limit adjustments to every affected employee's records. If a deduction cannot be taken, it is reported with the appropriate reason-not-taken code.

Understanding 401 Limit

The 401 limit is designed to eliminate the tax advantage highly compensated employees have by 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. When calculating the employee annual earnings, the 401 limit is applied against the Special Accumulator field defined on the Savings Plan tables, not on the Special Accumulator field on the Limit Table.

Understanding 402 Limit

The 402 limit imposes a flat dollar annual limit on the amount an employee can contribute as an elective deferral.

Understanding 403 Limit

The 403 limit defines the parameters that extend the maximum amount of the elective deferrals that an employee (with 15 or more years of service) in a qualifying organization can contribute to the 403(b) savings plans. In addition to the 403 limit, 403(b) savings plans are also subject to 401, 402, and 415 limits.

To calculate this amount:

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

Understanding 415 Limit

The 415 limit restricts the total amount an employee can contribute to defined savings plans. 401(k) plans are 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.

Employee year-to-date contributions cannot exceed either:

- A specific percentage amount of the employee's eligible earnings.
- A specific flat annual amount.

If, for a given payroll, the employee's contribution exceeds the limits, the contribution must be reduced to fall within the limits.

Understanding 415Z Limit

This is identical to the 415 limit with the exception that it applies to 403(b) plans only.

Understanding 457 Limit

Section 457 plans are deferred compensation plans offered by state and local governments and employers that are exempt from federal income tax. The amount deferred annually by an employee cannot exceed a specific flat amount or 100% of the employee's taxable income, whichever is less.

Note. Section 457 plans are not qualified plans and are not subject to the tax code's nondiscrimination and related requirements. However, they are subject to deferral limits and mandatory distribution rules that apply to qualified plans.

Understanding Limit Extensions

Employees, who meet specific eligibility criteria and elect the applicable option, can increase their elective deferrals in savings plans subject to certain limits. The increase is handled with limit extensions, where, in general, the sum of the limit table amount and the extension amount are used instead of the limit table amount. Limit extensions are stored on the Savings Management (SAVINGS_MGT_EE) record.

The limit extensions are:

- 402 - Catch Up, for employees with 15 or more years of service in a 403(b) plan.
- 457 - Catch Up, for employees within three years of retirement in a 457 plan.
- 402 - Age 50, for employees age 50 or more in a 401(k) and/or a 403(b) plan.
- 457 - Age 50, for employees age 50 or more in a 457 eligible governmental plan.

See Also

Chapter 10, “Managing Savings Plans,” page 161

Common Elements Used to Define Limits

Rollover Allowed — Select if you want any 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.

Maximum Benefit Base — The amount you enter in this field is determined by IRS regulations. It determines the maximum cap on the employee’s annual earnings during the calculation of the employee’s contribution.

Maximum Yearly Deduction — Enter the flat cap on yearly contributions.

Special Accumulator — Used to determine which year-to-date and current employee earnings are eligible for limit testing.

Max Percent of Accumulator (maximum percentage of accumulator) — Enter the percentage amount to use when calculating the maximum amount the employee can contribute.

Deductions Subject to Limit — Select the deduction codes for any and all benefit plans that fall under the specified limit. This list should be as comprehensive as possible. Both general deductions and benefit plans may be specified.

To associate a limit to a deduction enter the plan type, benefit plan, general deduction code, and deduction class.

A single plan type may require more than one deduction classification. 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) — Enter deductions to 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 increases 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.

To add a deduction to a special accumulator, enter the plan type, benefit plan, general deduction code, and deduction class.

Deductions Which Subtract From Spcl Accum (deductions which subtract from the special accumulator)

Enter the deductions that subtract from the special accumulator. These are deductions that the IRS stipulates must be excluded from the calculation of the limits. (Ordinarily, these are before-tax deductions, but you may encounter exceptions.)

The system reduces 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.

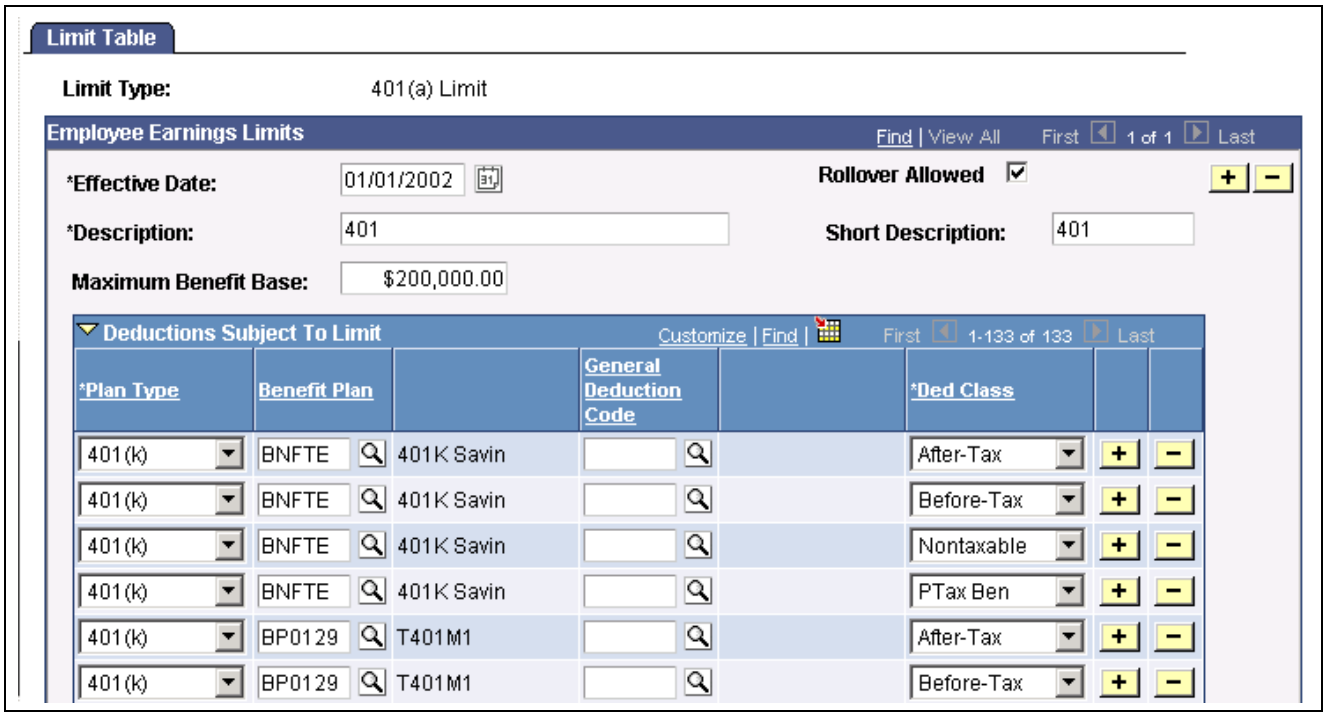
For each taxable benefit, fill in the plan type, benefit plan, deduction code, and deduction class.

Page Used to Define Limits

Page Name	Object Name	Navigation	Usage
Limit Table	LIMIT_TBL1	Set Up HRMS, Product Related, Base Benefits, Rates and Rules, Limit Table, Limit Table	Identify the rules that apply to the 401, 402, 403, 415, and 457 limits.

Setting Up 401(a) Limits

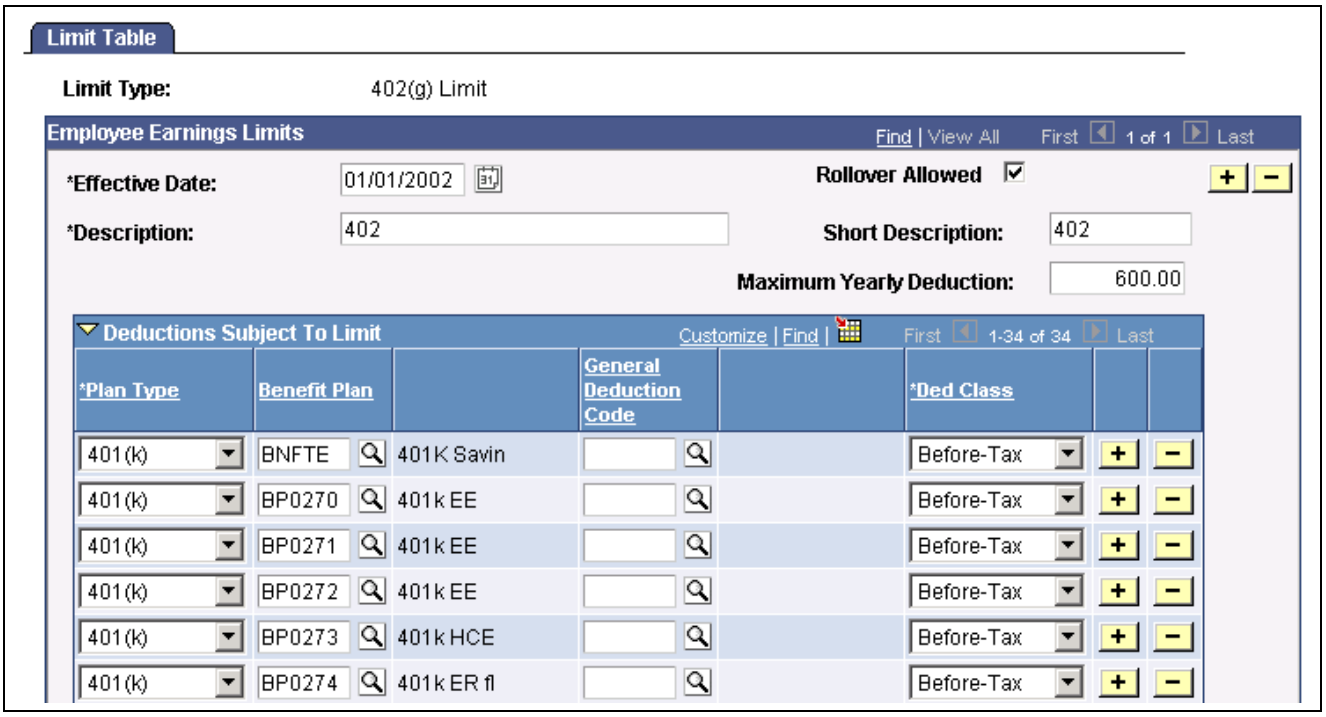
Access the Limit Table page for 401(a) limits.



(401) Limit Table page

Setting Up 402(g) Limits

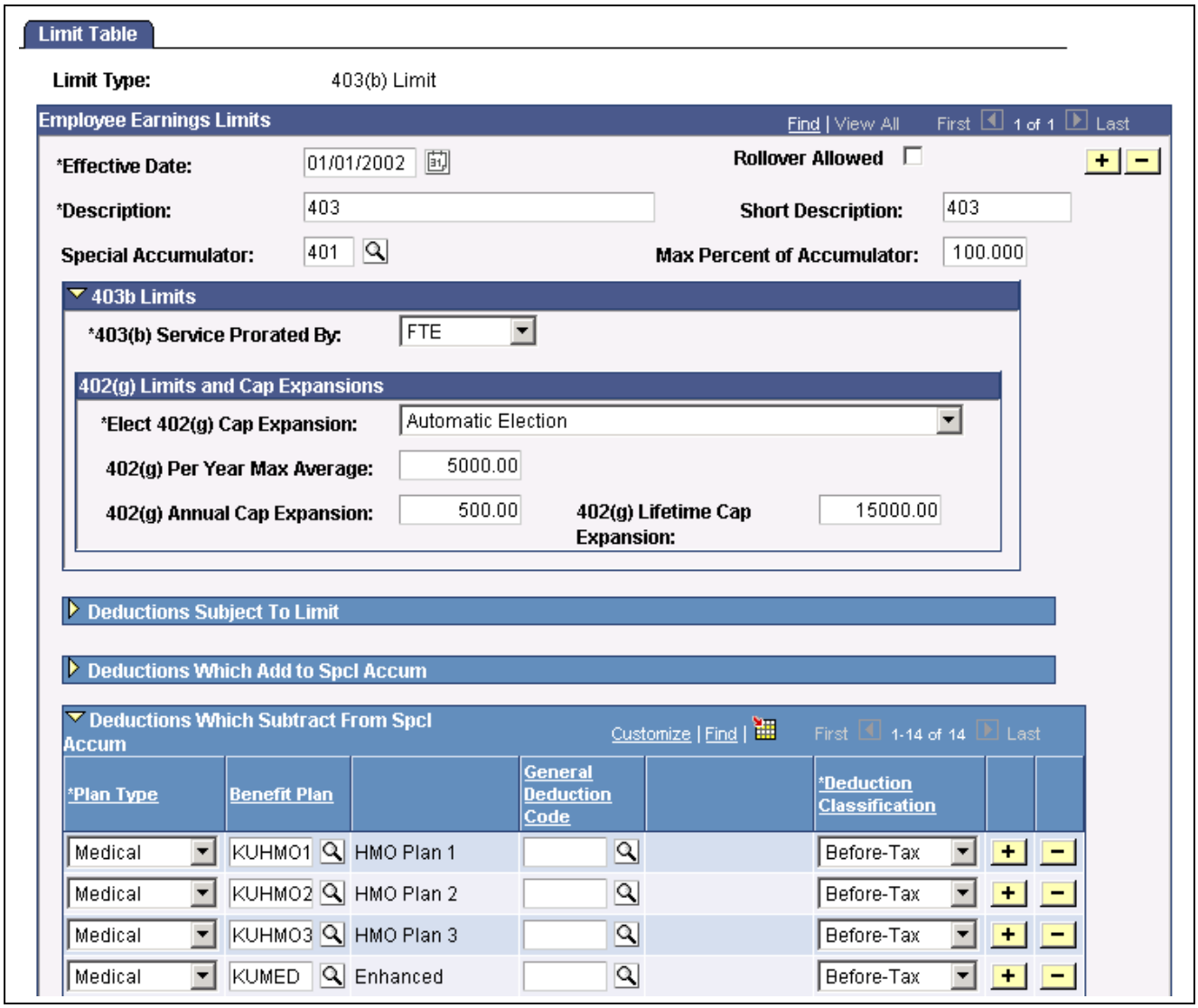
Access the Limit Table page for 402(g) limits.



(402) Limit Table page

Setting Up 403(b) Limits

Access the Limit Table page for 403(b) limits.



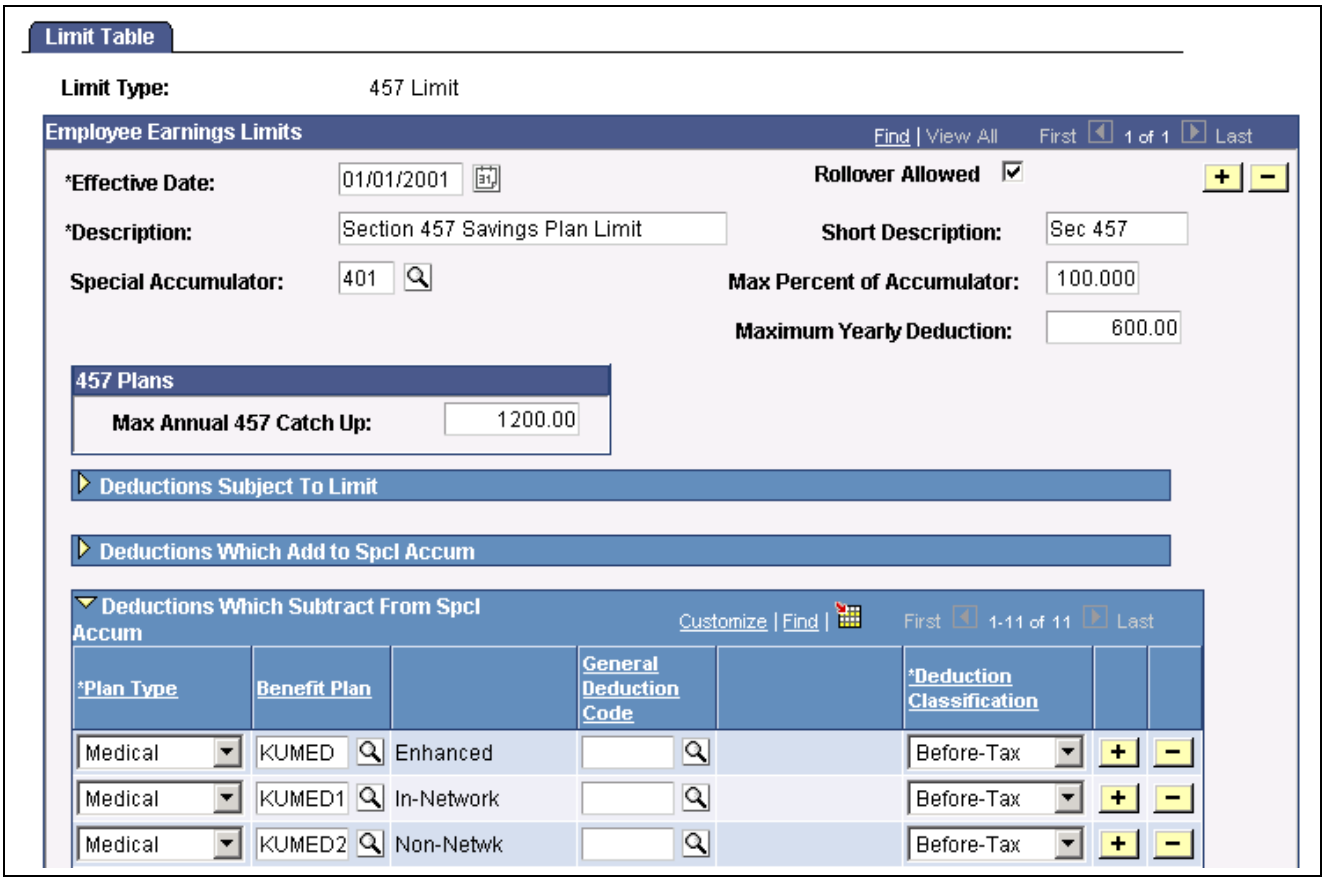
(403) Limit Table page

403(b) Service Prorated By Select the proration method to use for the 403(b) service year calculation in the Projection process. This information is taken from the employee's job record.

Alternative Limits Parameters and **402(g) Limits and Cap Expansions** All of these fields are determined by IRS regulations. Enter the current approved standards.

Setting Up 457 Limits

Access the Limit Table page for 457 limits.



(457) Limit Table page

Max Annual 457 Catch Up (maximum annual 457 catch up)

Section 457 plans have a catch-up rule. Within three years of retirement, a participant may increase the amount contributed to the savings plan. This field is determined by IRS regulations.

Setting Up Leave and Vacation Buy/Sell Earnings

Earnings types are the various ways in which an employee might receive income. The benefit-related earnings that most concern earnings types are leave plans and vacation buy/sell plans.

To have the system process these earnings during the payroll process, you'll use the Earnings Table to create these codes. The Earnings Table stores the business rules that define how to calculate employee earnings.

Setting Up Payroll Information for Leave Accruals

This section assumes that your payroll department uses 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. Follow these basic steps, making appropriate choices from your options.

1. On the Earnings Table - Special Process page enter the leave plan type for the leave plan you're defining in the Leave Plan Accrual group box.
2. Select the appropriate Add To Accrual Balance check box.

The Add To Accrual Balance selection is important during the PeopleSoft Payroll Confirm process. It enables you to indicate where the accrued hours will be posted as unprocessed data on the employee's Leave Accruals pages.

You can choose to add hours to the Taken, Service Hours, Adjusted, Bought, or Sold accumulators.

The Leave Accrual process retrieves data from these sections to calculate the leave accrual award and the resulting leave accrual balance.

3. Select Taken when you want these hours to reduce the accrual balance (as in taken vacation hours or sick hours—but not regular hours).

   Select Service Hours when the associated leave plans accrue a leave balance based upon the number of hours worked, and the hours for this earnings code should be considered in the accrual calculation.

   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.

See Also

Chapter 12, "Managing Leave Plans," page 183

Setting Up Vacation Buy and Sell Earnings

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

To set up vacation buy/sell earnings:

1. Access the Earnings Table - Special Process page.
2. For Vacation Buy plans, select Bought in the Add to Accrual Balance group box.
3. For Vacation Sell plans, select Sold in the Add to Accrual Balance group box.

See Also

Chapter 13, "Managing Vacation Buy/Sell Plans," page 189

CHAPTER 3

Setting Up Benefit Plans

This chapter provides an overview of benefit plans and explains how to:

- Define benefit plans.
- Set up health plans.
- Set up life insurance and accidental death plans.
- Set up disability plans.
- Set up savings plans.
- Set up leave plans.
- Set up FMLA (Family and Medical Leave Act) plans.
- Set up FSA (flexible spending account) plans.
- Set up retirement plans.
- Set up pension plans.
- Set up vacation buy/sell plans.

Understanding Benefit Plans

Benefit plans are the benefits you want to offer to your employees. Benefit plans can be broken down into categories. To identify the different categories, PeopleSoft uses a two digit alphanumeric numbering scheme. There are nine categories already set up in the Base Benefits system.

Category	Numbering Sequence
Health	10 – 19, 1A – 1Z
Life and Accidental Death	20 – 29, 2A – 2Z
Disability	30 – 39, 3A – 3Z
Savings	40 – 49, 4A – 4Z
Leave	50 – 59, 5A – 5Z

Category	Numbering Sequence
Flexible Spending Accounts	60 – 69, 6A – 6Z
Retirement	70 – 79, 7A – 7Z
Pension	80 – 89, 8A– 8Z
Vacation Buy/Sell	90 – 99, 9A – 9Z

Within each category, PeopleSoft offers a set of predefined benefit plan types to help the system identify the type of benefit plan. The following table is a list of the delivered benefit plan types.

Benefit Plan Type	Description
10	Medical (USF) FEHB (federal employees health benefits)
11	Dental
12	Medical and Dental
13	Major Medical
14	Vision
15	Nonqualified Medical
16	Nonqualified Dental
17	Nonqualified Vision
20	Basic Life (USF) FEGLI (federal employees' group life insurance)
21	Supplemental Life Additional (USF) Option B – Additional
22	AD/D

Benefit Plan Type	Description
23	Life and AD/D (life and accidental death and dismemberment)
24	Dependent AD/D
25	Dependent Life (USF) Option C – Family
26	Survivor Income
27	Supplemental AD/D
2Y	(USF) FEGLI Living Benefits
2Z	(USF) Option A – Standard
30	Short Term Disability
31	Long Term Disability
40	401(k)
41	Profit Sharing
42	Thrift
43	IRA (individual retirement account)
44	Capital Accumulation
45	US Savings Bonds
46	Elective 403(b)
47	Non-Elective 403(b)
48	Employer Only 403(b)

Benefit Plan Type	Description
49	457(b)
4A	Stock Purchase (Stock Purchase Administration only)
50	Sick Leave
51	Vacation Leave Annual Leave
52	Personal Leave
53	FMLA Leave (Obsolete)
5A	Company Car (global users only)
60	Flexible Spending Health Care
61	Flexible Spending Dependent Care
65	Flexible Spending Canadian Health Care
66	Flexible Spending Canadian Retirement Counseling
70	PERS (public employees' retirement system) Retirement
7Z	(USF) TSP 1% Agency Contribution (thrift saving plan 1 percent agency contribution)
80	(CAN) Standard Pension
81	(CAN) Supplementary Pension
82	(USA) Pension Plan 1
83	(USA) Pension Plan 2
84	(USA) Pension Plan 3

Benefit Plan Type	Description
85	(USA) Pension Plan 4
86	(USA) Pension Plan 5
87	(USA) Pension Plan 6
90	Vacation Buy
91	Vacation Sell

You can add additional benefit plan types. However, it is important to understand the numbering scheme behind benefit plan types. The system is designed to recognize specific sequences.

For example, anything with a 1 as the first character is recognized as a health plan. Anything with a 2 as the first character is recognized as a life and accidental death plan.

Because PeopleSoft adds plan types starting from the beginning of the alphabet, we recommend that you start with Z and work backward to A. We also recommend that you do not delete a plan type, simply make it inactive.

Note. You should work within the PeopleSoft plan type series. If you add plan types that do not conform to the provided series, you'll have to add the new plan type to the Translate Table and update associated processing logic.

Defining Benefit Plans

To set up a benefit plan:

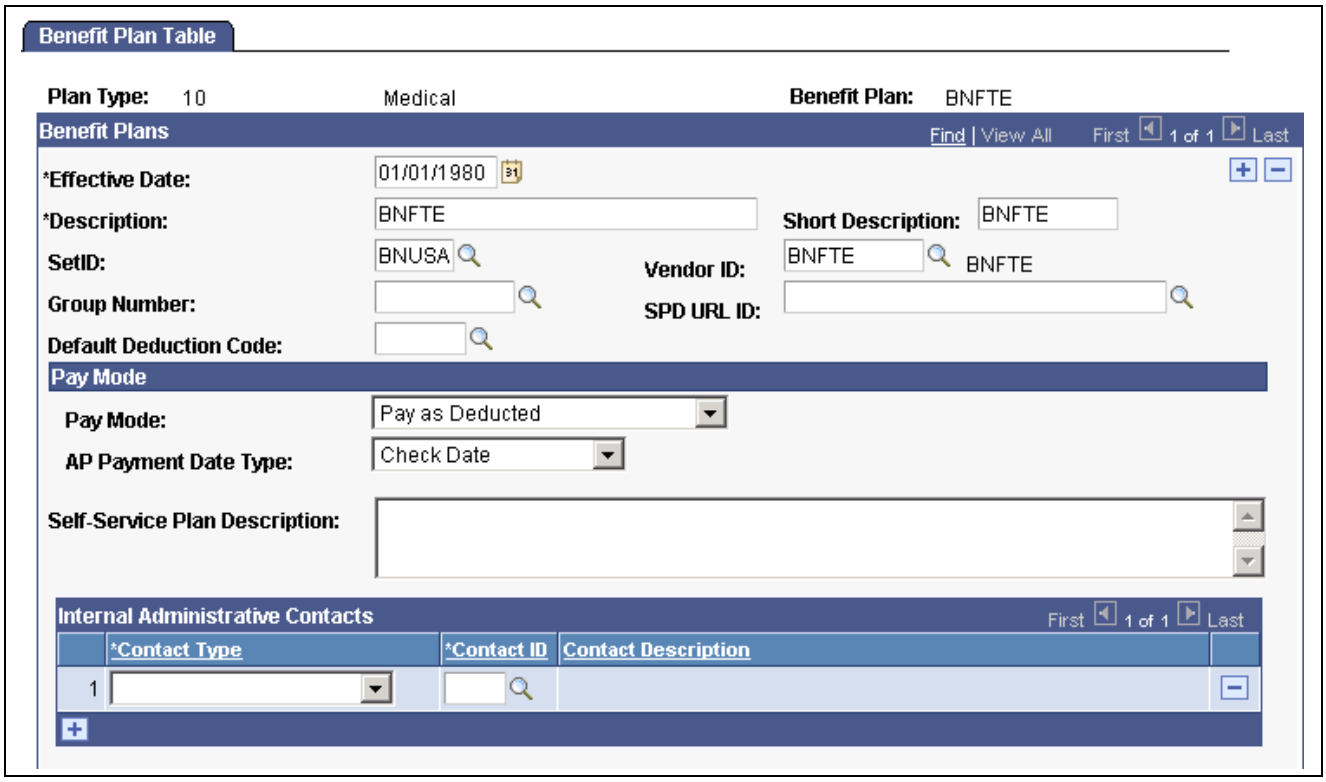
1. Identify the benefit provider for the benefit plan and enter the benefit provider in the Provider/Vendor Table page.
2. Enter the detail information for the benefit plan on the Benefit Plan Table page.
3. Repeat this process for each benefit plan you will offer to your employees.

Page Used to Define Benefit Plans

Page Name	Object Name	Navigation	Usage
Benefit Plan Table	BENEFIT_PLAN_TABLE	Set Up HRMS, Product Related, Base Benefits, Plans and Providers, Benefit Plan Table, Benefit Plan Table	Use this page to define benefit plans.

Entering Benefit Plan Information

Access the Benefit Plan Table page.



Benefit Plan Table page

SetID Select a set ID for the vendor to be used.

Vendor ID Enter the provider ID.

Define Vendor IDs on the Provider/Vendor Table page.

Group Number Enter the group number.

Group numbers are defined on the Provider Policy Table page.

SPD URL ID (summary plan description uniform resource locator identification) Enter the URL ID for the provider.

This URL is used with the PeopleSoft Enterprise eBenefits application to provide access to the summary plan description.

Default Deduction Code (Optional.) Entering a default code saves you from typing the deduction code each time that you associate this benefit plan with a benefit program on the Benefit/Deduction Program Table.

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 enforces or monitors compliance with this beneficiary right.

Include in Nondiscrimination Testing Available only to plan types in the 40-series (savings plans).

Pay Mode Complete if you are using PeopleSoft Enterprise Payroll for North America with PeopleSoft Enterprise Payables.

Select when the vendor will be paid:

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

Pay at Specified Date: 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(accounts payable payment date type) Choose from *Check Date* or *Pay Period End Date.*

Self-Service Plan Description Used only for health (1x), disability (3x), leave (5x), and retirement (7x) plans. Enter text describing the benefit plan, to appear on PeopleSoft Enterprise eBenefits application pages.

Contact Type Select the type of contact: *COBRA Administrator* (Consolidated Omnibus Budget Reconciliation Act), *HIPAA Administrator* (Health Insurance Portability and Accountability Act), or *Plan Administrator.*

Contact ID Select the contact ID for the administrator.

Contact IDs are defined on the Benef Administrative Contact (benefits administrative contact) page.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Internal Administrative Contact Information, page 98

Setting Up Health Plans

This section describes how to:

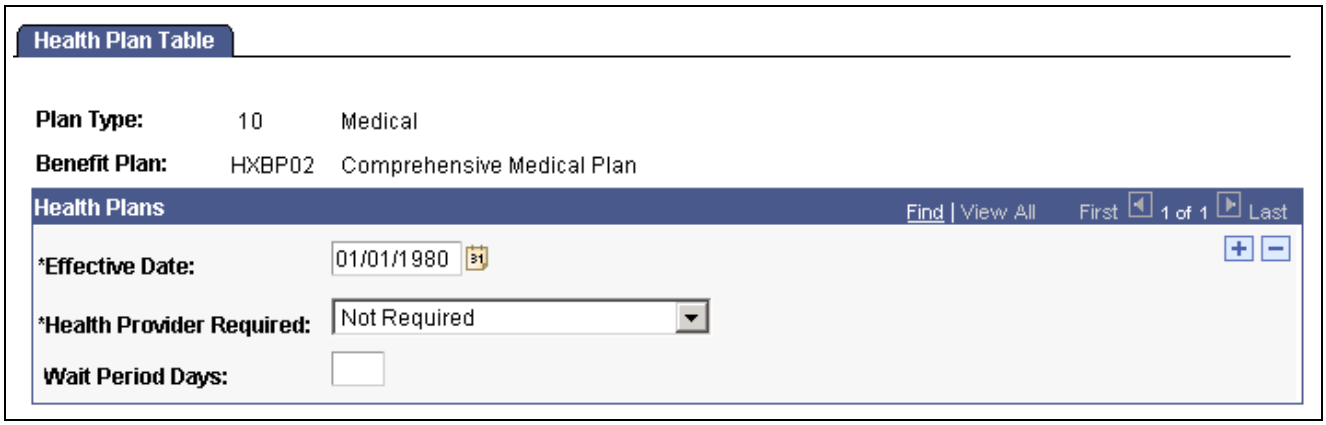
- Enter health plan details.
- Set up health plans for domestic partners.

Page Used to Set Up Health Plans

Page Name	Object Name	Navigation	Usage
Health Plan Table	HEALTH_PLAN_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Health Plan Table, Health Plan Table	Define basic attributes that control enrollment validation and processing.

Entering Health Plan Details

Access the Health Plan Table page.



Health Plan Table page

Health Provider Required Select whether an employee must declare a health provider when enrolling in this plan through self-service.

Setting Up Health Plans for Domestic Partners

If you offer health coverage for domestic partners, their children, and other dependents defined as nonqualified by IRS Section 152, you'll need to set up separate health plans and identify them as nonqualified health plans. Nonqualified plans can be identical as far as the benefits they offer and the provider they're linked with, although their deductions and costs will probably be different.

PeopleSoft delivers the following three nonqualified dependent plans:

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

To cover nonqualified dependents, employees need to be enrolled in a regular health plan for themselves and any qualified dependents and in a corresponding nonqualified health plan for nonqualified dependents. So if an employee wants to enroll a domestic partner in health insurance, he or she needs to be enrolled in a plan type 10 medical plan for individual coverage and plan type 15 medical plan for the domestic partner.

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.

Setting Up Life Insurance and Accidental Death Plans

This section describes how to:

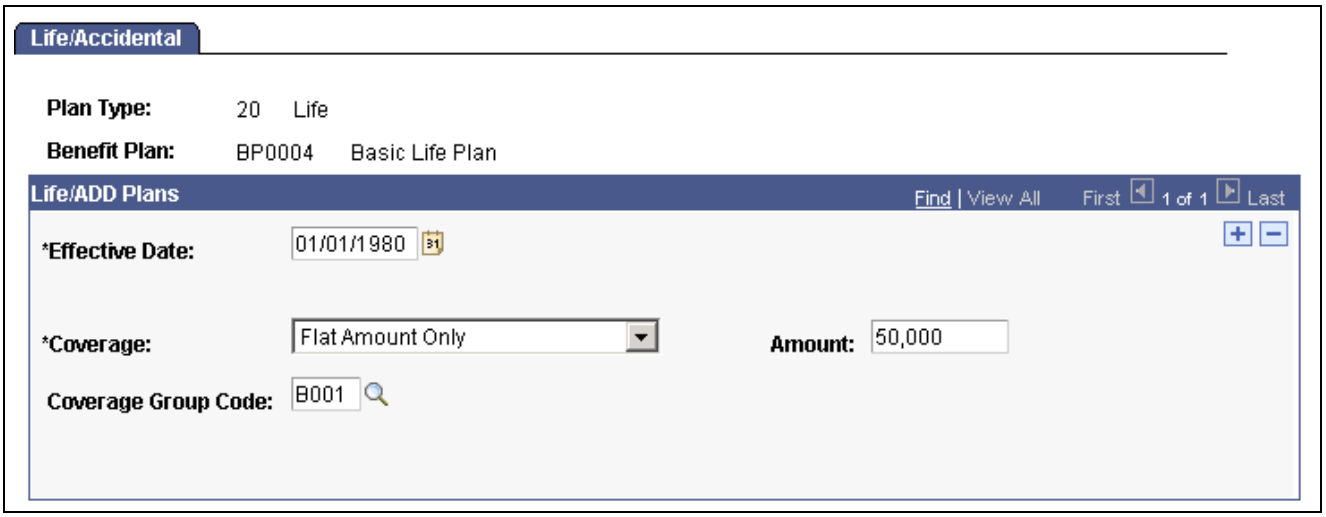
- Enter life insurance and AD/D plan details.
- (USF) Understand Option A - standard FEGLI plan calculations.

Page Used to Set Up Life Insurance and AD/D Plans

Page Name	Object Name	Navigation	Usage
Life/Accidental	LIFE_ADD_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Life and AD/D Plan Table, Life/Accidental	Define coverage amounts for a life or AD/D plan.

Entering Life Insurance and AD/D Plan Details

Access the Life/Accidental page.



Live/Accidental page

Coverage Select the appropriate coverage.

Flat Amount Only: Calculates coverage according to a flat amount. The amount can be negative.

Note. (USF) 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 an employee benefits base and a factor, or a factored base and an amount. The amount can be negative.

Note. FEGLI basic life plans use a factor plus an amount.

Specified in Employee Record: Uses the amount of coverage that you specify when you enroll an employee.

Note. FEGLI living benefits plans use this level of coverage.

Special Calculation Routine: Uses a custom routine not supported by the standard system. You need to modify 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 (Optional.) Enables you to define a maximum benefit amount for a group of life and AD/D plan types. Coverage group codes are defined on the Coverage Group Tbl page.

You might 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 one benefit program.

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. No special plan types are required for nonqualified dependents.

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 USD. (Qualified dependent coverage is exempt from imputed income calculation if it is under that amount.)

Calculating Insurance 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.

For example, you define a coverage group code with a 500,000 USD 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 enrolled an employee in both of these plans, the system would ensure that the employee's total coverage by both plans does not exceed 500,000 USD.

If the maximum is exceeded, the system reduces the total coverage to meet the coverage maximum. As the system processes deductions, it accumulates the coverage amounts and begins reducing coverage when the coverage group maximum is reached. The system processes plans in order of deduction priority. If more than one plan has the same priority, it processes in increasing plan type order.

(USF) Understanding Option A - Standard FEGLI Plan Calculations

PeopleSoft Enterprise Payroll for North America calculates coverage and premiums for the Option A - Standard FEGLI optional life plan in accordance with federal regulations. The Option A - Standard plan provides at least 10,000 USD in additional coverage, 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 USD, 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). Calculations are included in the Calculation Rules Table for calculation rule ID *OPTA*.

The maximum allowable BIA appears in the Maximum Benefits Base field on the Calculation Rules Table page. Payroll for North America uses this information to calculate coverage and premium amounts.

Setting Up Disability Plans

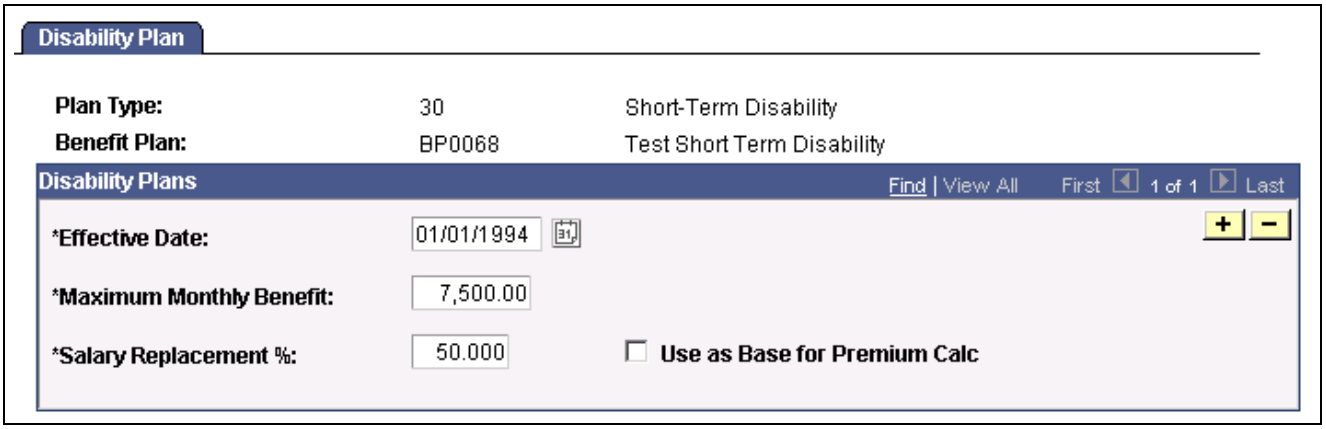
Insurance companies typically quote disability benefits on monthly terms (as opposed to life insurance benefits, which are quoted in annual terms).

Page Used to Set Up Disability Plans

Page Name	Object Name	Navigation	Usage
Disability Plan	DISABILITY_PLN_TBL	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Disability Plan Table, Disability Plan	Define details for disability benefit plans.

Entering Disability Plan Details

Access the Disability Plan page.



Disability Plan page

Salary Replacement % (salary replacement percentage) Enter the percent of employee salary this plan will replace, limited to the maximum monthly benefit.

(CAN) Use as Base for Premium Calc (use as base for premium calculation) This check box is for Canadian employers who can use employee covered salaries to calculate disability plan premiums. When selected, disability plan premium calculations are based on the employee's disability benefit salary replacement percentage, rather than the employee's covered salary. This amount is still limited to the specified maximum monthly benefit.

Calculation of Disability Plan Deductions

Disability plan deductions are calculated as follows:

Annualized Premium = (Calculated Base ÷ Unit) × (Calculation Rate) × (Premium Frequency)

Disability Deduction = (Annualized Premium) ÷ (Payroll Frequency)

The disability calculated base value is displayed on the Paycheck Deduction page.

Suppose that the rate specified on the Rate Schedule Table has a premium frequency of biweekly, and a .5 rate per hundred. For an employee with a disability calculated base of 1000 USD, the premium is annualized as follows:

(1,000 ÷ 100) × .5 × 26 = 130 USD

An employee paid semimonthly would have a deduction of 130 ÷ 24 = 5.42 USD.

For an employee with a calculated base of 15,000 USD, and who is a salaried employee paid monthly, the deduction is calculated as follows:

[(15,000 ÷ 100) × .5 × 26] ÷ 12 = 162.50 USD

Setting Up Savings Plans

This section describes how to:

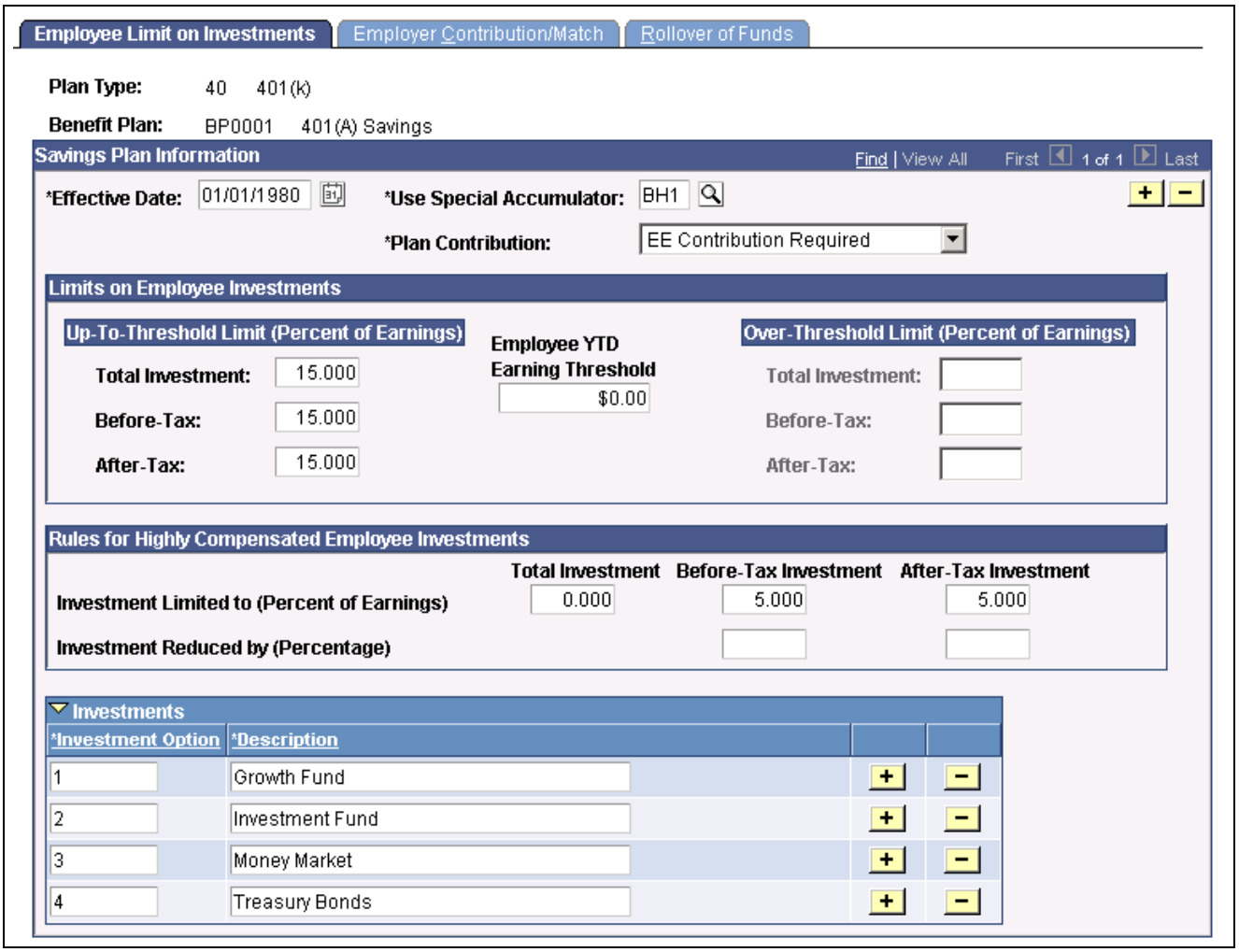
- Define employee investment limits.
- Define employer match or other contributions.
- Set up employee rollover options.

Pages Used to Set Up Savings Plans

Page Name	Object Name	Navigation	Usage
Employee Limit on Investments	SAVINGS_PLAN_TBL1	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Savings Plan Table, Employee Limit on Investments	Enter a special accumulator and define limits on the amount an employee may contribute each year, and define rules for highly compensated employees.
Employer Contribution/Match	SAVINGS_PLAN_TBL2	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Savings Plan Table, Employer Contribution/Match	Define amounts an employer will contribute or match to a savings plan per pay period.
Rollover of Funds	SAVINGS_PLAN_TBL5	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Savings Plan Table, Rollover of Funds	Define how employee rollovers from other savings plans are handled.

Defining Employee Investment Limits

Access the Employee Limit on Investments page.



Employee Limit on Investments page

Use Special Accumulator Enter a special accumulator to identify eligible earnings for calculating employee deductions. Special accumulators are set up using the Special Accumulator Table.

Plan Contribution Select who will be a contributor to this savings plan:

EE Contribution Optional (employee contribution optional): 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): This option enables employer matching.

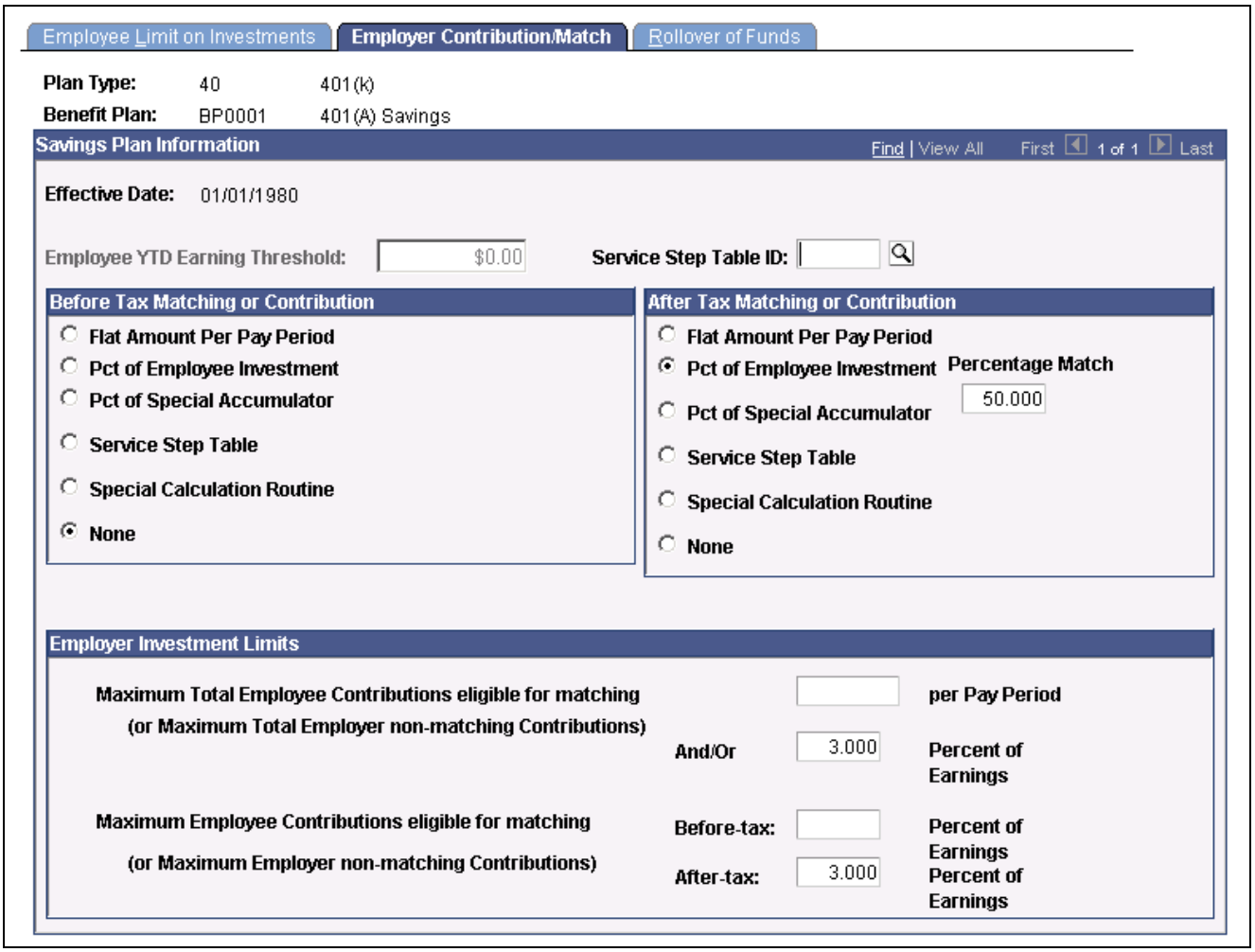
Employer Only (NO EE) (employer only [no employee]): This could be used to establish an employer-funded savings benefit.

Total Investment (Up to Threshold), Before-Tax (Up to Threshold), and **After-Tax (Up to Threshold)** Enter the before-tax, after-tax, and total percentage of earnings that an employee can invest, as long as the employee year-to-date (YTD) earnings threshold has not been met.

Employee YTD Earnings Threshold	This amount is 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), Before-Tax (Over Threshold), and **After-Tax (Over Threshold)**	Enter the before-tax, after-tax, and total percentage amounts that an employee can invest after the YTD earnings threshold has been met.
Rules for Highly Compensated Employees Investments	In response to marginal or failed 401(k) and 401(m) nondiscrimination testing, you may need to reduce investments by highly compensated employees (HCEs) in order to comply with regulations. For example, you could set a lower 8% before-tax contribution cap on HCEs 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.
Investment Option	Enter a numerical identifier for each investment option. **Note.** U.S. federal government users enter an alphabetical identifier.

Defining Employer Match or Other Contributions

Access the Employer Contribution/Match page.



Employer Contribution/Match page

Service Step Table ID Use 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 Service Step Table in the Before-Tax Matching or Contribution and After-Tax Matching or Contribution group boxes.

Flat Amount Per Pay Period Applies to nonmatching contributions. Select and enter the dollar amount the employer will contribute per pay period regardless of the amount an employee contributes.

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

Percent of Special Accumulator Applies to nonmatching contributions. Select and enter a percentage of an employer contribution in the Under Threshold and Over Threshold fields.

The Over Threshold field is optional; if left blank, the system uses the employee YTD earnings threshold from the Employee Limit on Investments page.

Special Calculation Routine Uses a custom routine not supported by the standard PeopleSoft system. You must modify your COBOL programs.

Employer Investment Limits

You can define the maximum amount the employer contributes to a 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 might match 50% of an employee's contributions, but only on a before-tax basis, up to 6% of earnings or 1,000 USD 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 contributes.

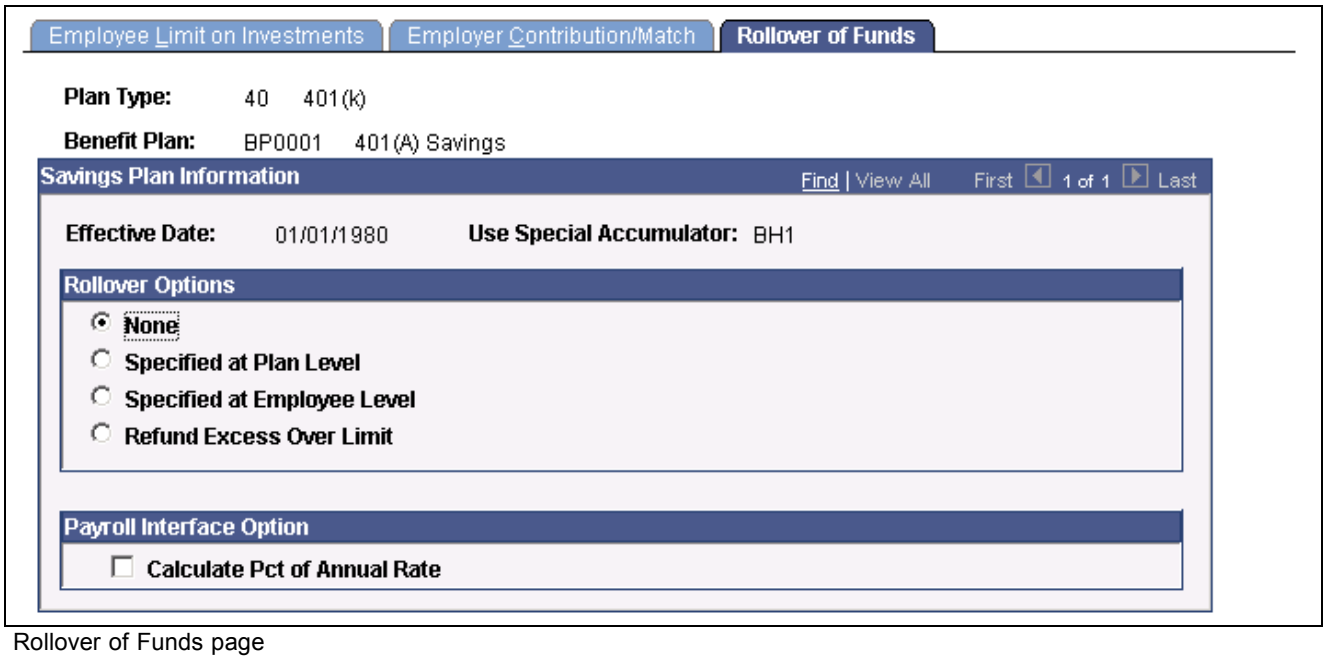
For example, your organization might fund savings plans with before-tax dollars at 3% of the employee's earnings, up to 500 USD per pay period. You would enter *3%* in the Before-Tax field and *500* in the Maximum Total Employee Contributions eligible for matching per Pay Period field.

Note. Do 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.

Setting Up Employee Rollover Options

Access the Rollover of Funds page.



Rollover of Funds page

Note. Employer-only plans cannot receive rollovers from another plan, because rollovers are a form of employee contribution.

Rollover Options Choose from the following:

None: Rollovers are not allowed

Specified at Plan Level: Rollover amounts are based on information entered on the benefit plan pages. Enter the plan type, benefit plan, deduction code, and class for either before-tax or after-tax or both.

Specified at Employee Level: Rollover amounts are based on information entered on the employee enrollment pages. The plan type, benefit plan, deduction code, and class for either before-tax or after-tax or both are made on employee enrollment records.

Refund Excess Over Limit: Use with 403(b) plans, where the limiting of employee contributions is more dynamic. In certain situations, 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. This option enables the system to reduce prior contributions in excess of the current limit by creating a refund or negative deduction of the excess deferral amount.

Note. Specified at Plan Level and Specified at Employee Level require that the employee be enrolled in the specified rollover savings plan before the actual rollover event occurs during a payroll run. If you want a savings plan to receive rollover funds without active employee contributions, set up the plan as Employee Contribution Optional on the Employee Limit on Investments page and enroll employees with a zero contribution amount.

Calculate Pct of Annual Rate (calculate percentage of annual rate)

Select to enable PeopleSoft Enterprise Payroll Interface to calculate deductions for a savings plan. Payroll Interface estimates employee deductions using an 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 to apply regulatory limits.

With the exception of savings plan deductions, Payroll Interface does not calculate deductions that are based on a percentage of an employee's earnings. To calculate such deductions, you need either PeopleSoft Enterprise Payroll for North America or an appropriate interface with another payroll system.

Setting Up Leave Plans

This section describes how to:

- Enter leave plan details.
- (USF) Set up automatic accrual processing for federal employees.

Before you begin, make sure you have created earnings codes for the leave plans.

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

See Also

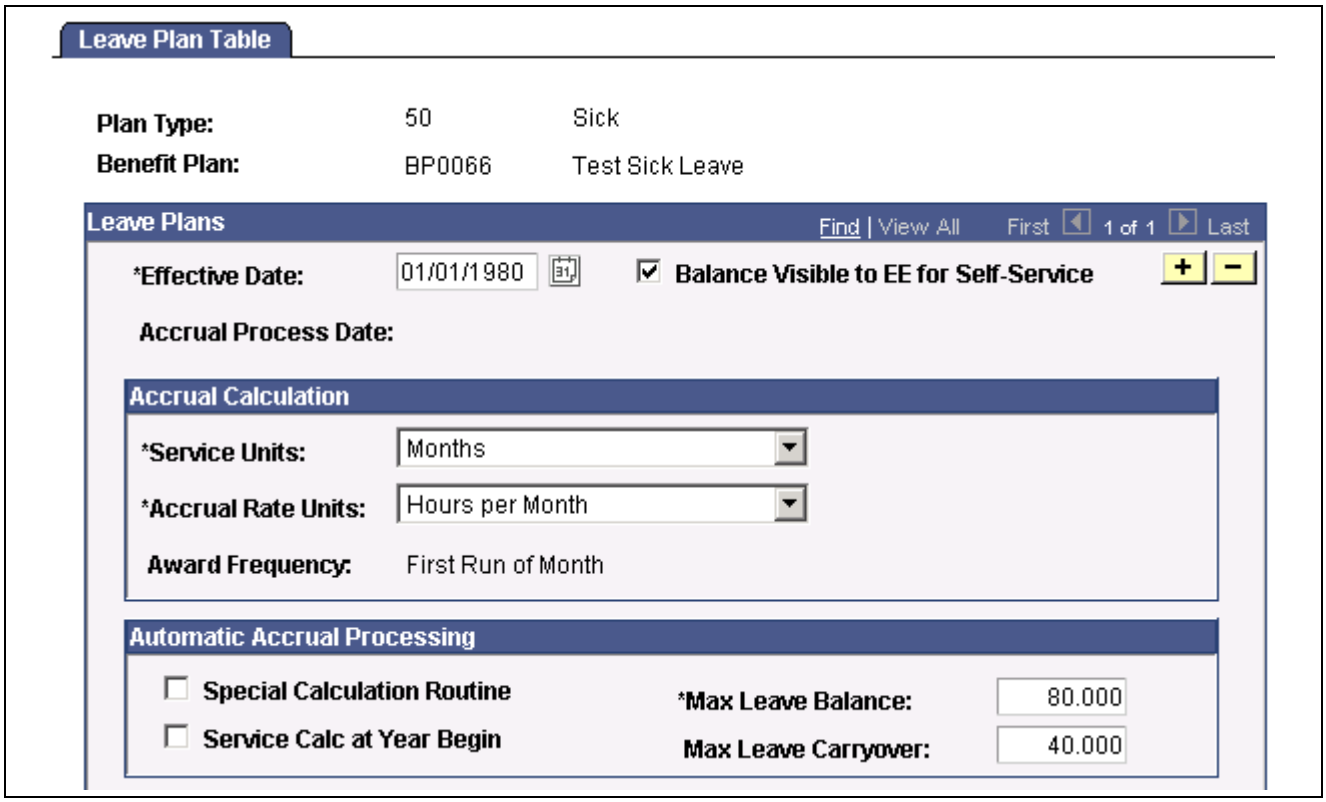
Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Calculation Rules, page 21

Page Used to Set Up Leave Plans

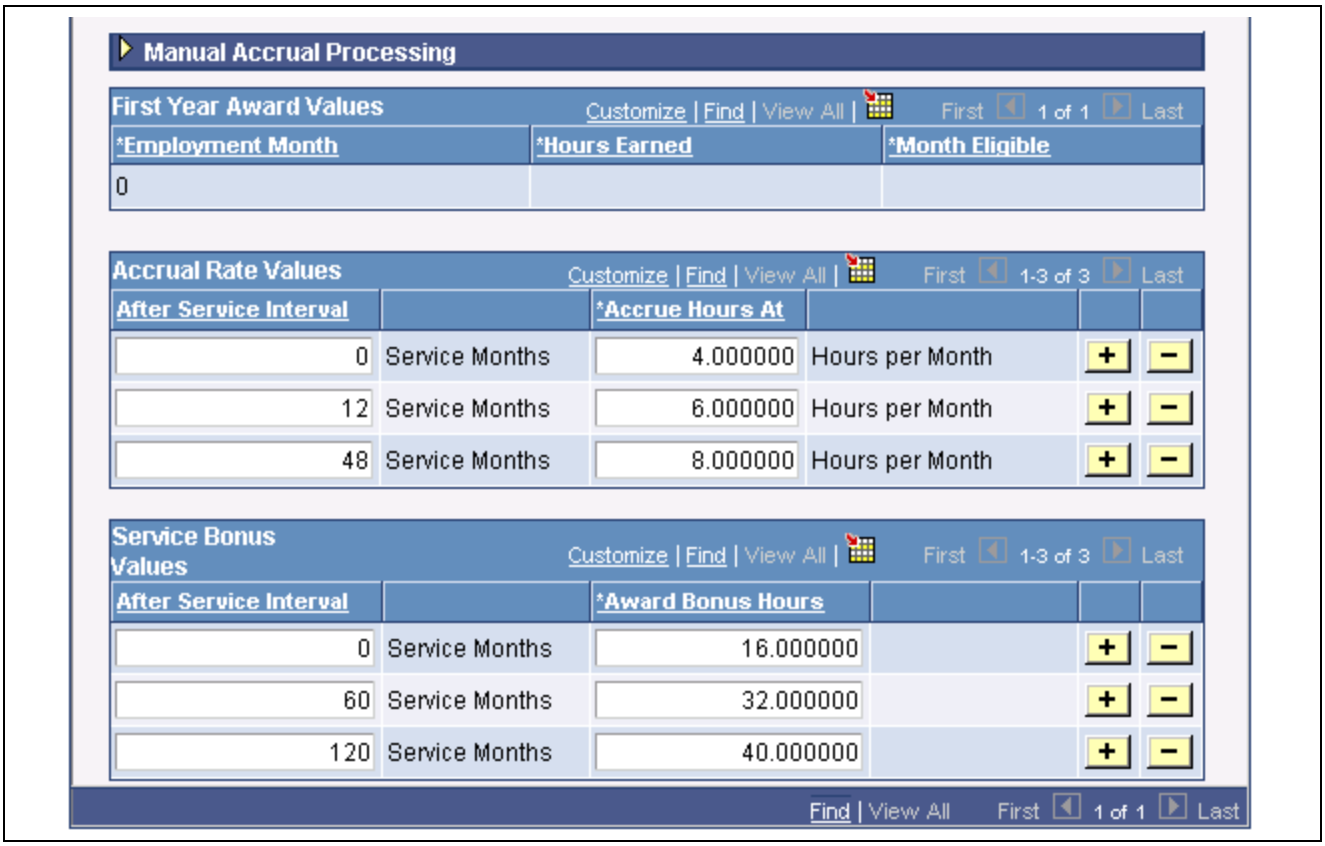
Page Name	Object Name	Navigation	Usage
Leave Plan Table	LEAVE_PLAN_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Leave Plan Table, Leave Plan Table	Define leave plan details.

Entering Leave Plan Details

Access the Leave Plan Table page.



Leave Plan Table page (1 of 2)



Leave Plan Table page (2 of 2)

Balance Visible to EE for Self-Service (balance visible to employee for self-service)

Select to allow employees to view their leave balances on the self-service transaction View Paycheck.

Accrual Process Date

Automatically displays the date on which the leave accrual calculation process was last run.

Service Units

Select a unit by which length of service is calculated.

If you select *Months,* the system uses the service date on the employee 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 Enterprise Payroll for North America. *Years* is available to U.S. Federal customers only.

Accrual Rate Units

The unit by which the accrual rate is quoted. Accrual awards are always measured in hours.

Hours Per Hour: Leave hours accrued on an hourly basis.

Hours Per Month: Leave hours accrued on a monthly basis.

Hours Per Pay Period: Leave hours accrued on a pay period basis. For US Federal users only. Defines the hours an employee will accrue per pay period.

Hours Per Week: Leave hours accrued on a weekly basis.

Hours Per Year: Leave hours accrued on a per year basis.

Award Frequency	Displays how often the leave accrual award is given to employees. Determined by the accrual rate unit. If the accrual rate unit is *Hours per Hour*, then the award frequency is Every Run. If the accrual rate unit is *Hours per Month*, then the award frequency is First Run of Month. If the accrual rate unit is *Hours per Year*, then the award frequency is First Run of Year.
Automatic Accrual Processing	Defines how leave hours are calculated. Special Calculation Routine means your company has a custom calculation method. Service Calc at Year Begin (service calculation at year begin) calculates leave hours according to length of service as of January 1 of the current year. Max Leave Balance (maximum leave balance) defines the maximum leave hours an employee can accrue. If there is no maximum, enter 9999. Max Leave Carryover (maximum leave carryover) defines the maximum number of hours an employee can carry from one calendar year to the next. If there is no maximum, enter 9999.
Manual Accrual Processing	The values that you enter here are for reference only; they do not affect leave accrual processing in any way.
First Year Award Values	For leave plans with annual accruals, use to define a leave plan in which, during the first year of service, leave hours are prorated based on the month employment begins. 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 the first year, employees receive awards only on the first run of the year, as planned.
Accrual Rate Values	Defines how your employees accrue leave time. Directly tied to what you selected in the Service Units field.
Service Bonus Values	Defines how employees accrue bonus hours (in addition to regular leave accruals).

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. The 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. This section describes how to:

- Activate FMLA administration.

- Enter FMLA plan details.

See Also

Chapter 11, “Managing FMLA Plans,” page 173

Page Used to Set Up FMLA Plans

Page Name	Object Name	Navigation	Usage
FMLA Plan Table	FMLA_PLAN_TBL	Set Up HRMS, Product Related, Base Benefits, FMLA (Family Medical LV), FMLA Plan Table, FMLA Plan Table	Define FMLA plans and set administration parameters.

Activating FMLA Administration

This section explains how you activate FMLA administration.

To activate FMLA Administration:

1. Access the Product Specific page on the Installation Table.
2. Select FMLA Administration in the Benefits Functions group box.

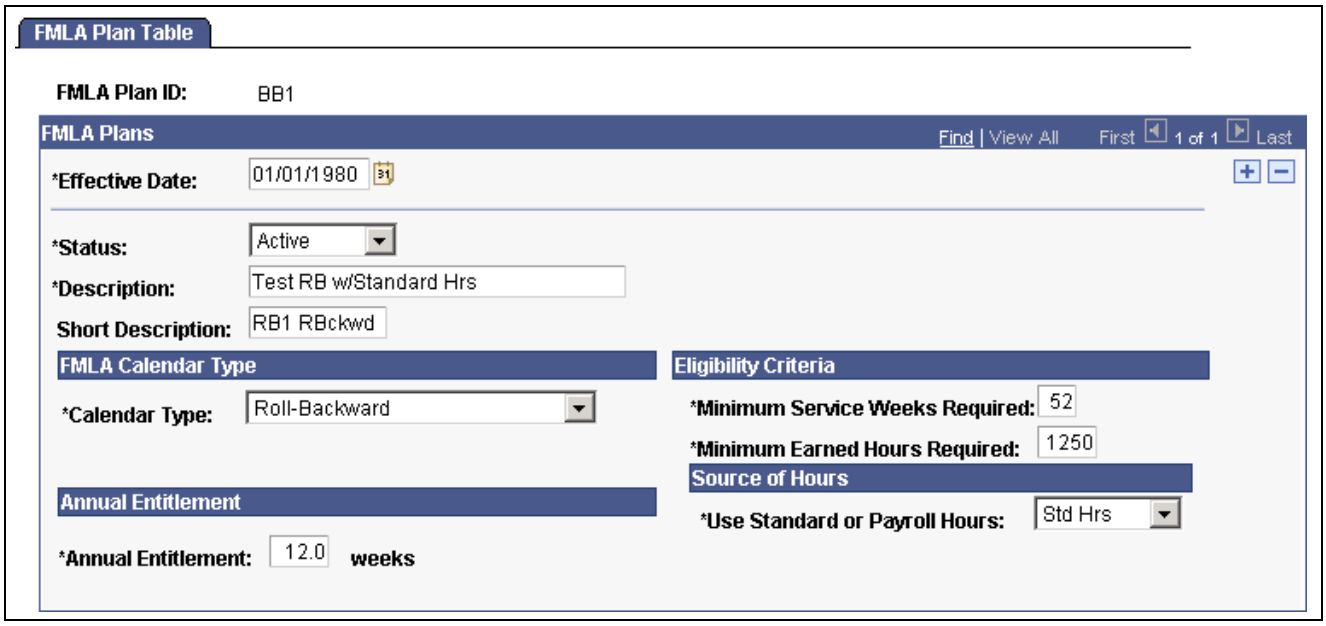
   This enables you to gain access to pages and fields for setting up and administering FMLA plan balances.

See Also

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, “Setting Up and Installing PeopleSoft HRMS,” Entering Application- and Industry-Specific Installation Information

Entering FMLA Plan Details

Access the FMLA Plan Table page.



FMLA Plan Table page

Calendar Type

Employees eligible for FMLA protected leave are entitled to at least 12 weeks of leave during each 12 month "FMLA year." There are three different ways to define the FMLA year:

Fixed Calendar: Defines a 12 month period with a specific starting date (defined with the Begin Month and Begin Day fields). It can be the calendar year, fiscal year, or a 12 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. The eligibility weeks for an FMLA request that is made using a fixed calendar year are reduced according to the date the request is made.

Roll-Forward: Begins the FMLA year when employees take an FMLA protected leave and ends 12 months later. Employees' next FMLA year begins with the first FMLA protected leave they take after the first 12 month FMLA year has passed.

Roll-Backward: Counts the FMLA year backwards for 12 months from the time that employees take FMLA protected leave. If employees have taken FMLA leave in the year previous to their scheduled FMLA leave start date, that amount of leave is subtracted from their annual entitlement for the upcoming FMLA protected leave request.

Annual Entitlement

Defines the number of weeks of FMLA protected leave that employees are entitled to every FMLA year. You can define an entitlement of more than the government-mandated 12 weeks, but not less.

Minimum Service Weeks Required and **Minimum Earned Hours Required**

Use 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 FMLA, the values for these fields cannot be greater than 52 weeks (12 months) and 1,250 hours, respectively.

Working any portion of a week counts 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.

Use Standard or Payroll Hours

If you use Payroll for North America, define how earned hours required and entitlement hours are calculated.

Std Hrs (standard hours): Calculates the earned hours using standard hours per work week. The system determines standard hours per work week from the employee Job record effective as of the leave begin date.

Pay Hrs (payroll hours): Calculates the standard hours using the actual hours worked per week during the 52 weeks prior to the request begin date. Provides more accuracy for employees who work an irregular schedule.

If payroll hours are 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.

Note. If you do not use Payroll for North America, the *Pay Hrs* option is not allowed.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Special Accumulators, page 30

Setting Up FSA Plans

Flexible spending accounts (FSAs) are before-tax employee savings plans that can be used for certain approved expenses, such as health care or dependent care. The following plan types are predefined for FSAs:

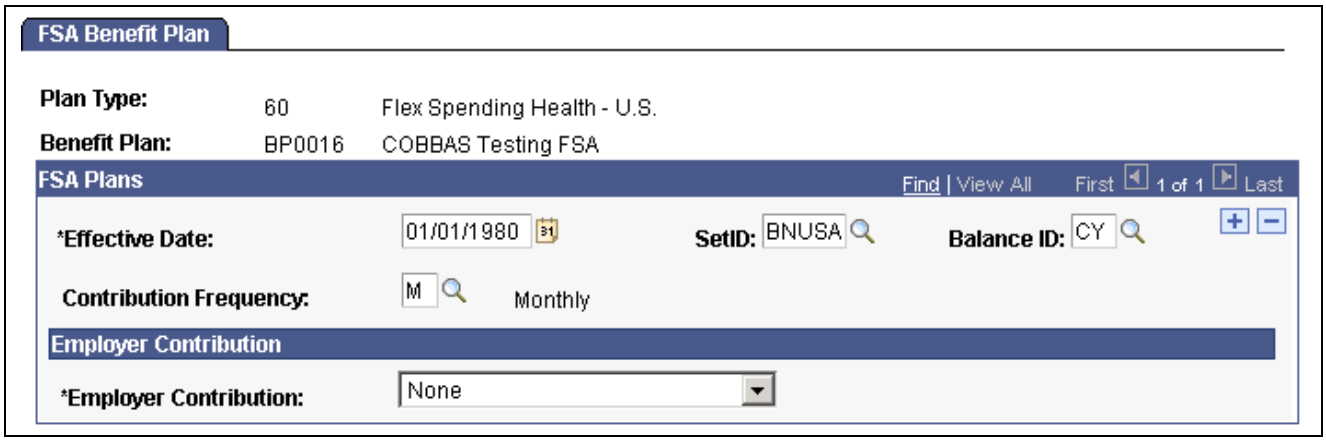
- Plan type 60 - FSA health care for U.S. companies.
- Plan type 61 - FSA dependent care U.S. companies.
- Plan type 65 - FSA health care for Canadian companies.
- Plan type 66 - Canadian retirement counseling accounts.

Page Used to Set Up FSA Plans

Page Name	Object Name	Navigation	Usage
FSA Benefit Plan	FSA_BENEFITS_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, FSA Benefits Table, FSA Benefit Plan	Define FSA plan details for US and Canada.

Entering FSA Plan Details

Access the FSA Benefit Plan page.



FSA Benefit Plan page

Balance ID The system uses the pay period end date or check date and the schedule of balance periods associated with this balance ID to calculate FSA deductions.

Contribution Frequency Select a frequency to define how you quote amounts for this FSA benefit plan.

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 Define an employer matching contribution:

None: No employer match is contributed.

Flat Amount: Matches the employee contribution with a flat amount that you enter, up to a 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 custom routine not supported by the standard PeopleSoft system.

(CAN) Employer Carryforward Choice Carry forward credit or claim amounts from one plan year to the next.

(CAN) Future Borrowing Select to allow plan enrollees to spend FSA credits prior to their inclusion within the plan year.

Setting Up Retirement Plans

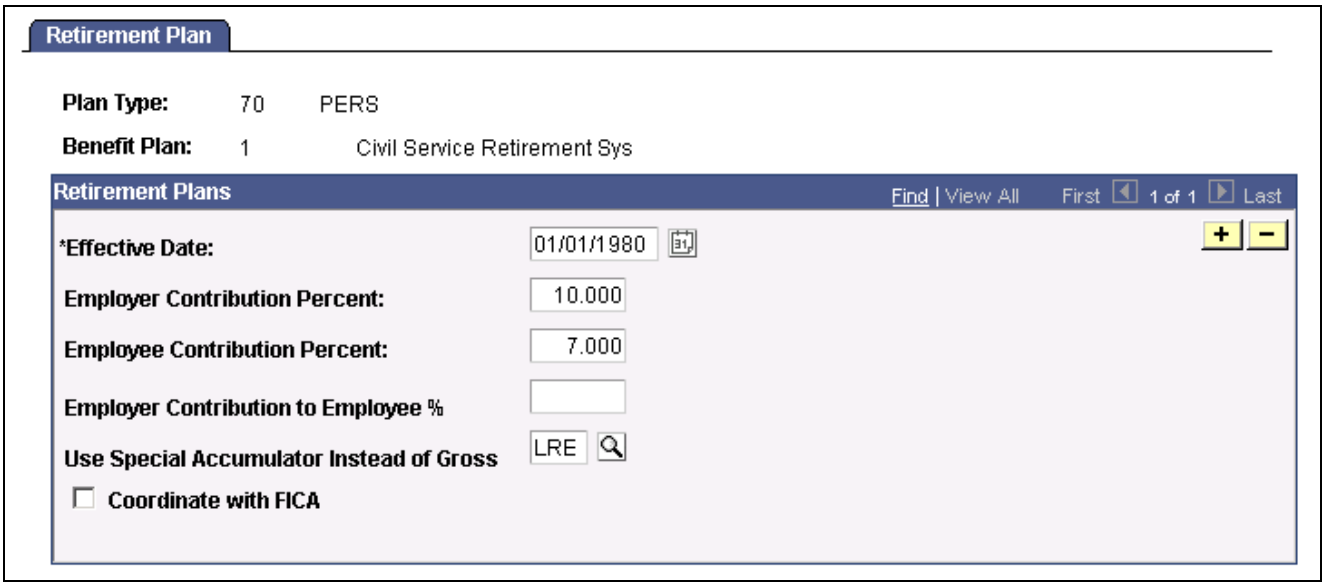
You can set up retirement plans for PERS (the California Public Employees Retirement System) or the U.S. federal government.

Page Used to Set Up Retirement Plans

Page Name	Object Name	Navigation	Usage
Retirement Plan	RTRMNT_PLAN_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Retirement Plan Table, Retirement Plan	Set up California PERS or U.S. federal government retirement plans.

Entering Retirement Plan Details

Access the Retirement Plan page.



Retirement Plan Page

Employer Contribution to Employee % (employer contribution to employee percentage)

Define how much the employer contributes to the employee's total contribution percentage.

Use Special Accumulator Instead of Gross

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.

(USF) 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, the employee's agency contributes 1% of the employee's basic pay for each 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 receive these contributions whether or not they contribute their own money to their TSP accounts.

Select *OASDI Offset* and *Subject to OASDI* for retirement plans that have employee contributions offset by employee contributions to OASDI. The system reduces employee retirement plan contributions by the OASDI contribution amount until the maximum OASDI/FICA contribution level is reached.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Special Accumulators, page 30

Chapter 7, "Enrolling Participants," Enrolling Employees in the TSP Agency Automatic Contribution Plan, page 134

Setting Up Pension Plans

Pension plans are also managed by PeopleSoft Enterprise Pension Administration. However, the pension plan must be set up in the Base Benefits business process.

See Also

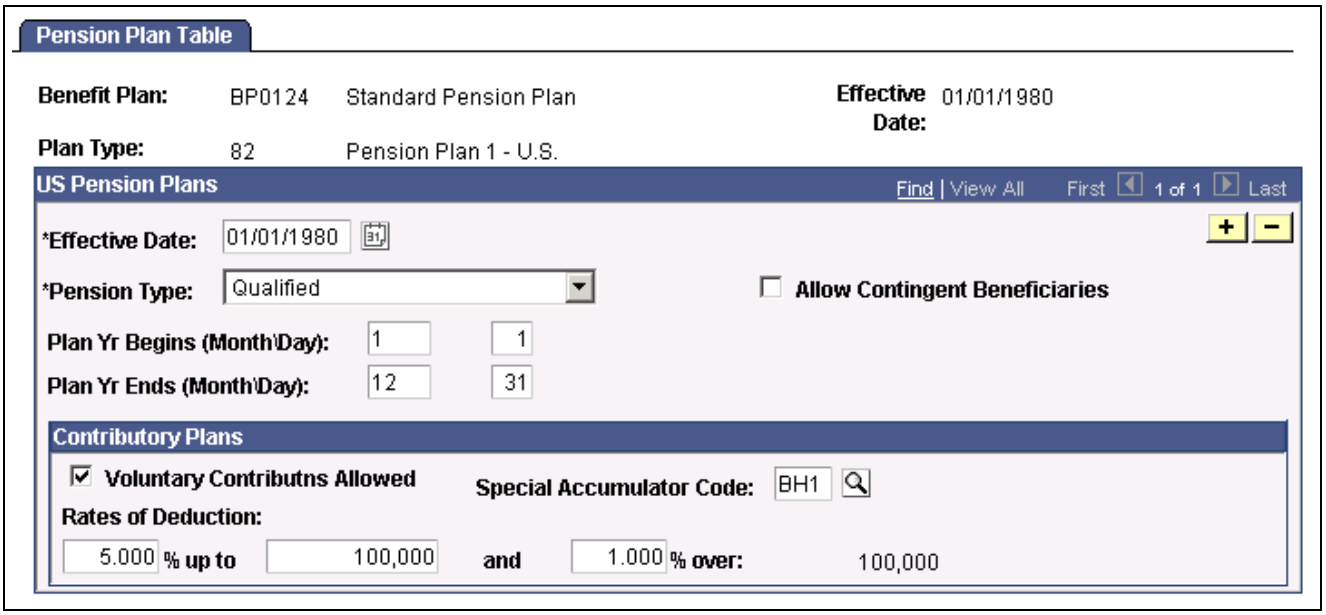
PeopleSoft Enterprise Pension Administration 8.9 PeopleBook

Page Used to Set Up Pension Plans

Page Name	Object Name	Navigation	Usage
Pension Plan Table	PENS_PLAN_TABLE_US	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Pension Plan Table, Pension Plan Table	Enter details for U.S.-defined pension plans.
Pension Plan Table 1	PENSION_PLAN_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Pension Plan Table CAN, Pension Plan Table 1	Enter details for Canadian-defined pension plans.

(USA) Entering Pension Plan Details

Access the Pension Plan Table page.



Pension Plan Table page

Allow Contingent Beneficiaries Select if the plan allows nonspouse beneficiaries.

Plan Yr Begins (Month/Day) (plan year begins [month/day]) and **Plan Yr Ends (Month/Day)** (plan year ends [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 begin and end dates.

Be sure to include a row for a short plan year. Failure to do this can cause calculation errors. A short plan refers to the period of transition when a change occurs in the plan year. For example, let's say a plan has a fiscal year starting from July 1 to June 31. Due to a business decision, the plan year changes to January 1 to December 31, beginning on January 1, 2004. The short plan year would be from July 1, 2003 to December 31, 2004.

Contributory Plans You can only incorporate U.S. pension plans (plan types 82 to 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 earnings to the plan.

Note. 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 Contributions Allowed 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.

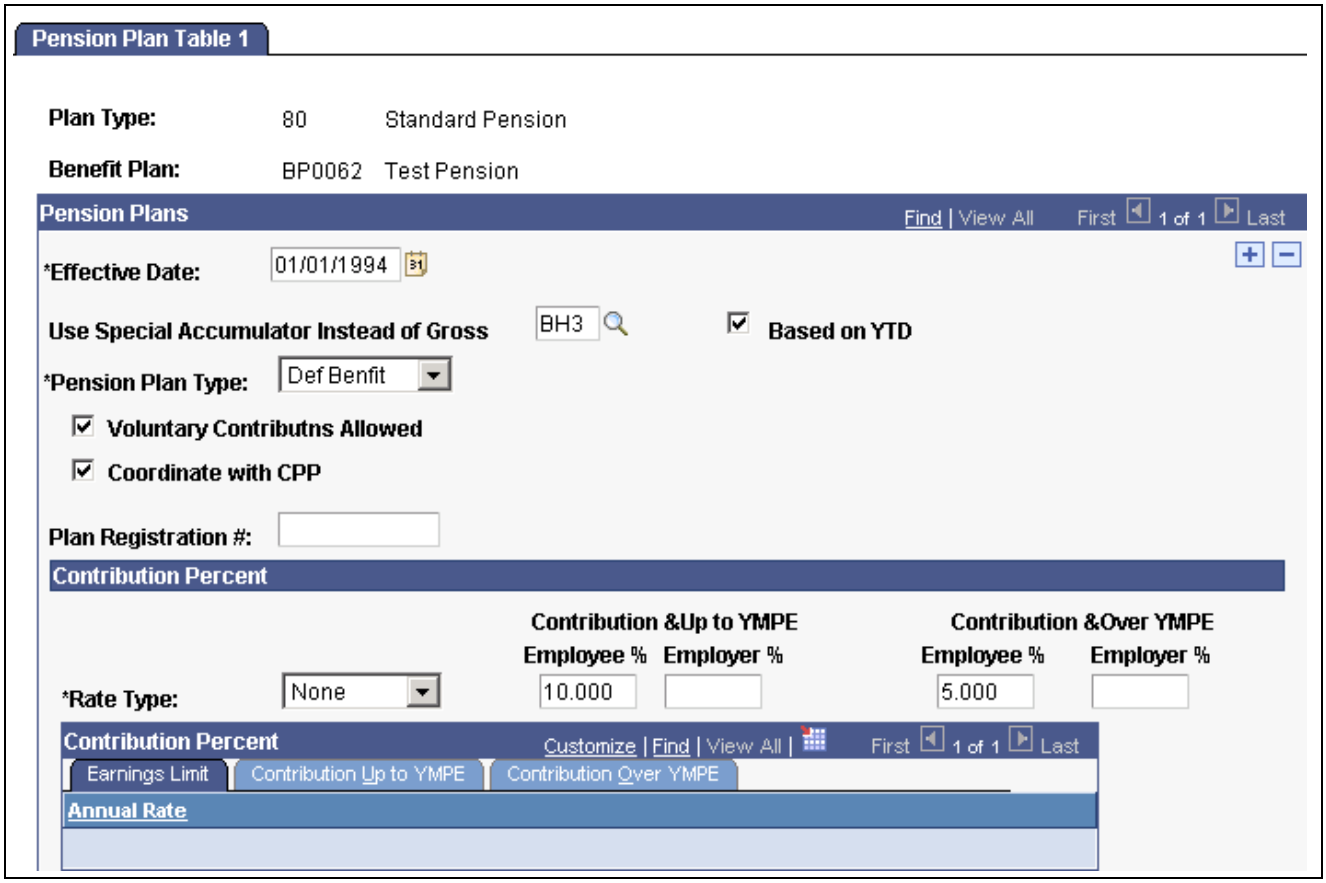
Special Accumulator Code Enter the code that tracks pensionable earnings.

Rates of Deduction Enter contribution rates. You can have different rates above and below a threshold. For example, employees can contribute 2% of earnings up to 50,000 USD 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.

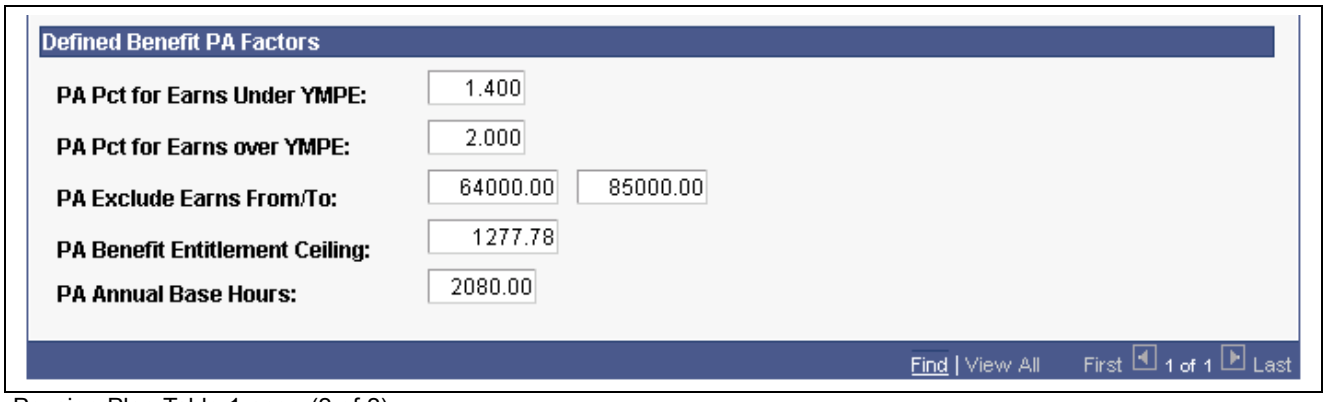
If the threshold changes—for example, if you use the Taxable Wage Base (TWB) as the threshold—insert additional effective-dated rows to record the changes.

(CAN) Entering Pension Plan Details

Access the Pension Plan Table 1 page.



Pension Plan Table 1 page (1 of 20



Pension Plan Table 1 page (2 of 2)

Use Special Accumulator Instead of Gross Enter the special accumulator code you want the system to use in pension calculations.

The system normally performs pension plan calculations based on employee total 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(based on year-to-date)

Select if you identified a special accumulator in the Use Special Accumulator Instead of Gross field.

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. Valid values are *Def Benfit* (defined benefit), *MoneyPurch* (money purchase), *Non Qual* (nonqualified), and *Qualified*.

Defined benefit 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.

Money purchase 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.

Voluntary Contributns Allowed (voluntary contributions allowed)

Select to allow employees that you enroll in the plan to make voluntary contributions above the amount that you define for the plan.

Coordinate with CCP (coordinate with Canadian Pension Plan)

Select to indicate 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.

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 #(plan registration number)

Enter the registration number for the pension plan. The system uses the plan registration number for reporting on the T4 tax form at the end of the year.

Contribution Percent

Use this 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. Valid values are *Fixed Rate*, *None*, and *Slide 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.

If you choose None, use the fields to the right to define the rates.

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 and up to yearly maximum pensionable earnings), **Contribution & Over YMPE** (contribution and over yearly maximum pensionable earnings), **Employer %** (employer percent), and **Employee %** (employee percent)

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 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.

Annual Rate

To define fixed or sliding rates, select either *Fixed Rate* or *Sliding Rate* in the Rate Type field.

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.

Setting Up Vacation Buy/Sell Plans

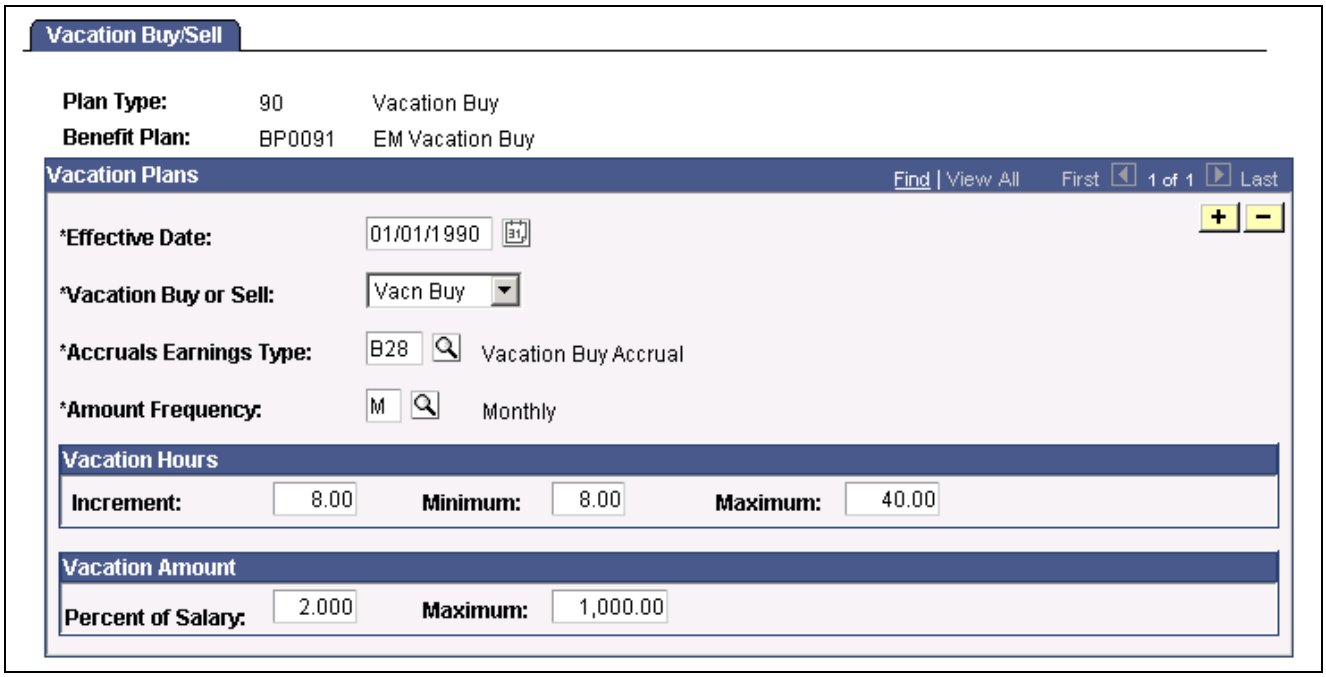
With a vacation buy plan, employees can use earnings to gain more vacation days. With vacation sell, they contribute vacation hours for cash.

Page Used to Set Up Vacation Buy/Sell Plans

Page Name	Object Name	Navigation	Usage
Vacation Buy/Sell	VACATION_TABLE	Set Up HRMS, Product Related, Base Benefits, Plan Attributes, Vacation Buy/Sell Table, Vacation Buy/Sell	Enter details for vacation buy/sell plans.

Entering Vacation Buy/Sell Plan Details

Access the Vacation Buy/Sell page.



Vacation Buy/Sell page

Vacation Buy or Sell Select either *Vacn Buy* (vacation buy) or *Vacn Sell* (vacation sell), depending on the plan type.

Vacation Buy is predefined plan type 90; Vacation Sell is plan type 91.

Accruals Earnings Type Select the earning type to use for this plan.

Accruals Earning Types are defined on the Earnings Table for Payroll for North America.

When employees buy vacation, accrual balances increase. When employees sell vacation, accruals decrease.

Amount Frequency Select the rate at which the system will 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 see current leave accrual balances, based on the total vacation hours bought or sold. However, for employee pay, Payroll for North America 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.

Vacation Hours and **Vacation Amount** 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.

See Also

Chapter 12, “Managing Leave Plans,” page 183

Chapter 13, “Managing Vacation Buy/Sell Plans,” page 189

CHAPTER 4

Building Base Benefit Programs

This chapter provides an overview of benefit programs and discusses how to:

- Build benefit programs.
- Clone benefit programs, eligibility rules, or event rules.

Understanding Benefit Programs

This section provides an overview of benefit programs and discusses the components that make up a benefit program.

See Also

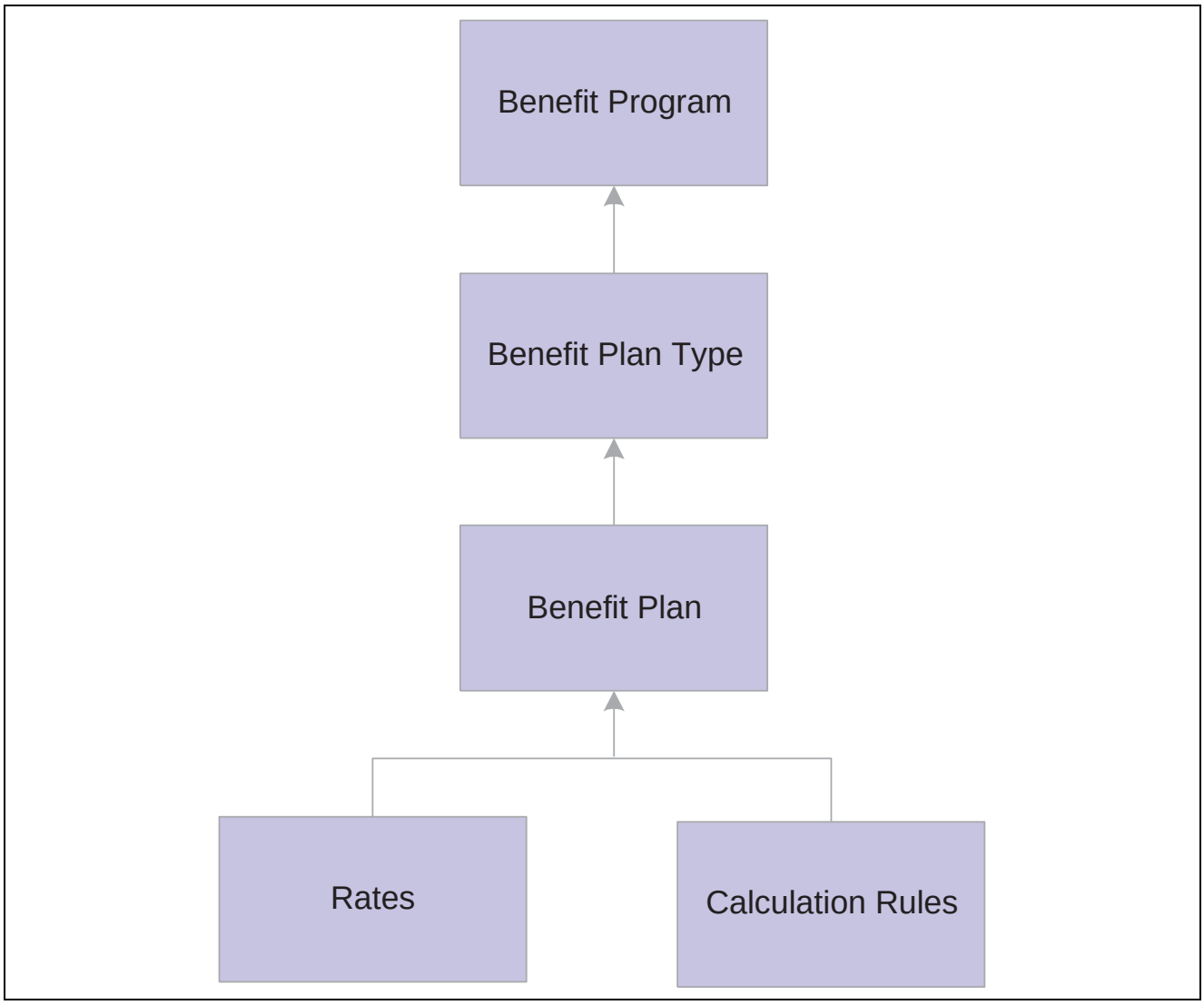
Chapter 3, "Setting Up Benefit Plans," Defining Benefit Plans, page 43

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Building Automated Benefit Programs"

Understanding Benefit Programs

A benefit program is a collection of benefits that are offered to a group of employees. You may have multiple benefit programs if you offer different benefits to different groups of employees, charge different premiums, or administer enrollment rules differently for various employee groups.

Use the Benefit Program Table to establish a program for employees, link the appropriate plan types to it, and associate a variety of rules. The Benefit Program Table brings together all of the information that relates to a benefit program, including whether to process enrollments manually or use PeopleSoft Enterprise Benefits Administration automated enrollment.



Building Blocks for Benefit Programs

Understanding Plan Types

Plan types are essential in a benefit program. They group individual plans or options that may be elected by an employee for a particular type of benefit, such as basic life insurance or medical.

Understanding Plans

Plans are the individual benefits into which an employee may be enrolled. A plan is always subordinate to a plan type. For example, you may offer employees a choice of four different medical plans, each from a different HMO (health maintenance organization) or plan provider. In this case, you would be offering four different plans in the medical plan type. Each plan has an associated deduction code, set of rates, and calculation rules.

Understanding Effective Dates

To keep your benefit program accurate and consistent, 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.

Using effective dates 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 that is *synchronized* with the effective dates for the other elements of the benefit program.

Provider and Benefit Plan Effective Dates

Consider provider and benefit plan information. To set up a provider, enter its effective date on the Provider table. To set up a benefit plan, enter the plan's effective date and identify its provider on the Benefit Plan Table. The system checks that the provider is effective prior to or on the same date as the benefit plan; otherwise, the provider information cannot exist for the benefit plan.

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 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 before 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 their respective plans.

If a benefit program and benefit plan combination is not effective when you think it should be and your plan does not appear, 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. If you load employee history, make sure that you establish an early effective date. When preparing for a conversion, set all effective dates to the same date. Most tables also have a status, which you would normally leave as *Active*.

Building Benefit Programs

This section discusses how to:

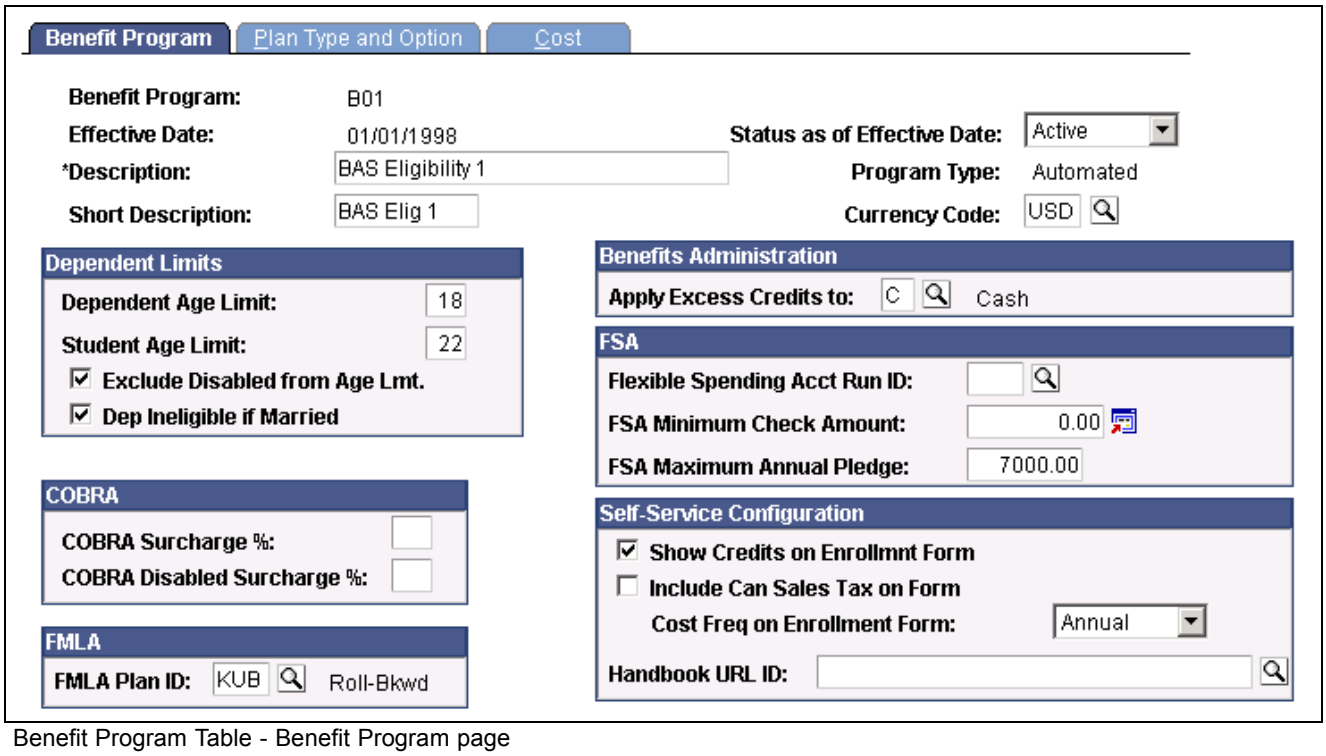
- Define basic benefit program information.
- Associate plan types with a benefit program.
- Link a benefit program and plan type to rate and calculation rules.
- Set up benefit programs that provide benefits to nonqualified dependents.

Pages Used to Build Benefit Programs

Page Name	Object Name	Navigation	Usage
Benefit Program Table - Benefit Program	BEN_PROG_DEFN1	Set Up HRMS, Product Related, Base Benefits, Program Structure, Benefit Program Table, Benefit Program	Define basic benefit program information.
Benefit Program Table - Plan Type and Option	BEN_PROG_DEFN2	Set Up HRMS, Product Related, Base Benefits, Program Structure, Benefit Program Table, Plan Type and Option	Link plan types to the benefit program and add important information about plan types.
Benefit Program Table - Cost	BEN_PROG_DEFN3	Set Up HRMS, Product Related, Base Benefits, Program Structure, Benefit Program Table, Cost	Link a benefit program and plan type to rate and calculation rules.

Defining Basic Benefit Program Information

Access the Benefit Program Table - Benefit Program page.



Benefit Program Table - Benefit Program 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.

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 activate Benefits Administration on the Installation Table, it is automatically set to *Automated.*

Currency Code This refers to the type of currency that is used for this program's benefit and deduction calculations.

Dependent Limits

This group box defines the age at which dependents are no longer eligible for health benefits.

Dependent Age Limit and **Student Age Limit** Defines the age at which a dependent is no longer considered to be a dependent or a student.

Exclude Disabled from Age Lmt. (exclude disabled from age limit) Select to exclude disabled dependents from the age limits.

Dep Ineligible if Married (dependent ineligible if married) Select to consider married dependents ineligible for health benefits, regardless of their age.

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 when an employee does not designate a rollover election during benefit enrollment.

Apply Excess Credits to The system can convert excess flexible credit amounts to:

C (Cash)

D (FSA-Dependent Care)

F (Forfeit Excess Credit)

H (FSA-Health Care)

R (FSA Retirement Counseling)

S (Savings-401(k))

FSA

For FSA (flexible spending account) Administration users. 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) For FSA Administration users. Enter the FSA Run ID that you created on the FSA Run Table.

FSA Minimum Check Amount For FSA Administration users. 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 (Consolidate Omnibus Budget Reconciliation Act) 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 USD and the COBRA surcharge *%* is 30%, the cost for medical coverage for someone on COBRA would be 130 USD.

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 Enterprise eBenefits application pages.

Show Credits on Enrollmnt Form (show credits on enrollment form) Select if you want credit amounts to appear on the enrollment form. If you do not offer flexible credits, you may not want this heading to appear on the form.

(Can) Include Can Sales Tax on Form (include Canadian sales tax on form) Select if you want Canadian sales tax information to display on the eBenefits Enrollment Summary page.

Cost Freq on Enrollment Form (cost frequency on enrollment form) This defines how the cost of the benefits will appear on the enrollment form. Choose from the following valid values: *Annual:* Displays the costs as annual amounts. *Deduction:* Displays the costs as per-pay-period amounts.

Handbook URL ID (handbook uniform resource locator identification) 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 processing under FMLA (Family Medical Leave Act).

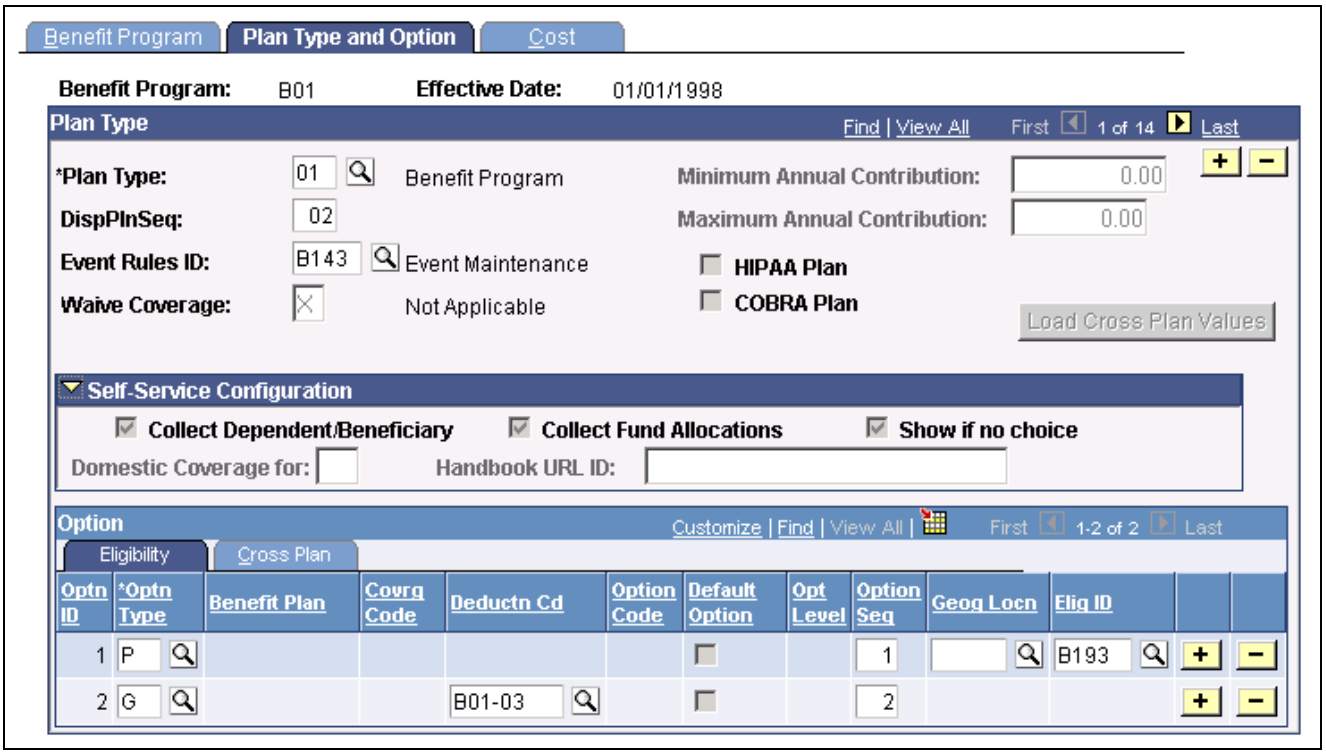
FMLA Plan ID (FMLA plan identification) Enter the FMLA Plan ID that you created on the FMLA Plan Table.

See Also

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Setting Up Flexible Credits"

Associating Plan Types With a Benefit Program

Access the Benefit Program Table - Plan Type and Option page.



Benefit Program Table - Plan Type and Option page – Eligibility tab

Plan Type Select the plan type that you want to add or display.

Minimum Annual Contribution Defines the minimum amount an employee can elect to deposit into an FSA account.

DispPlnSeq (display plan sequence) For Benefits Administration users. Indicates the order in which benefit plans appear. The default value is the plan type.

Maximum Annual Contribution 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 For Benefits Administration users. Select an event rule that you want to link to this benefit plan. Event Rules are set up on the Event Rules Table.

HIPAA Plan (Health Insurance Portability and Accountability Act plan) This field applies only to health plans. Select this check box if you want to designate that this plan be included in the HIPAA Report.

Waive Coverage For Benefits Administration users. Select the correct option that defines if and when employees are permitted to waive coverage for this plan type.

COBRA Plan Select 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, enter an option code for each of your plans. Otherwise, the Option Code field will be unavailable.

Load Cross Plan Values Click to automatically populate the cross-plan data for every option in this plan type.

For Benefit Administration users only.

Self-Service Configuration

Use this group box to define the rules for displaying enrollment and plan information on the eBenefits pages.

Collect Dependent/Beneficiary Select this check box when you want the system to collect information pertaining to dependents and benefits and display that information on the eBenefit Summary and the eBenefit Detail Information pages.

This works in conjunction with the Ignore Dep/Ben flag on the Event Rules page.

Collect Fund Allocations When this check box is selected, the system collects the information pertaining to savings plans and displays that information on the eBenefit Savings Summary and the Detail Information pages.

Show if no choice This check box controls whether a plan type appears on the enrollment when the employee has no option to choose and cannot waive out of the option. A good example is paid vacation. Employees receive the benefit, but you don't display it on the enrollment form.

If the check box is selected, the system displays the plan type in the enrollment form summary. When the check box is cleared, the system will not display the plan type.

Domestic Coverage for This applies to only health plans. This field tells the system whether to display domestic coverage information along with the employee's coverage.

Handbook URL If you have a special handbook for this plan type, you can enter the URL ID. URL IDs are set up in the URL Table.

Option – Eligibility Tab

Enter the options available to the employee for the designated plan type in this section.

Optn ID (option ID) As you define options for each of the plan types that are offered, the system automatically enters the option ID.

Optn Type (option type) Each option row needs to have an option type designation. Base Benefits enables you to select from the following list of valid values:

O: At least one option is required per plan type, except for plan type 01. Plan type 01 is used only for Benefits Administration. It is also called the "Program" level of the benefit program and is used only by programs that run in conjunction with Benefits Administration.

G: Designates that this option is a general credit and used only in Benefits Administration.

P: This is used only for plan type 01. It designates that this is a program and is required for automated benefit programs. Only one *P* row is allowed per benefit program.

W: 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. If it is something other than a health plan, provide added detail in one of the various benefit plan detail pages.

Covrg Code (coverage code) This applies only to health plan types. 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) Links the deduction code to the option.

Option Code This field is available if the COBRA Plan check box is selected, or if this is a Benefits Administration (Automated) benefit program.

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 is 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:

- Only select a default option for plan types 1x - 3x, 5x, 7x, and 8x.
- For 2x plan types, do 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) Applies to Benefits Administration. Option level refers to the level of benefits coverage provided by the option. For example, suppose 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. 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, 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 compares 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 rejects 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. Therefore, 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) Applies to Benefits Administration. Indicates the order in which benefit options appear. The default value is the Plan Type.

Geog Locn (geographic location) Applies to Benefits Administration. 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) Applies to Benefits Administration. 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.

Option – Cross Plan Tab

This tab is only for Benefit Administration users.

Optn ID (option identification) As you define options for each of the plan types that are offered, the system automatically enters the option ID.

Covrg Code (coverage code) This applies only to health plan types. 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) Links the deduction code to the option.

Option Code The system displays the information created in the Eligibility section.

Cross Plan Type If there is a cross-plan requirement for this option, enter the other plan type that must have an enrollment.

Cross Benefit Plan This field is for automated benefit programs and indicates that enrollment in this option is dependent upon enrollment in a particular benefit plan entered in Cross-Plan Type field.

Coverage Limit This field is for automated benefit programs and indicates that coverage is limited to a percentage of the employee's coverage amount in the other plan type.

Check Dependents This field is for automated benefit programs and tells the system to check the dependent's enrollment in this plan against the dependent enrollments in the other plan type.

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 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

Field	Value For Plan Type 01	Value for Plan Types 1x – 9x
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

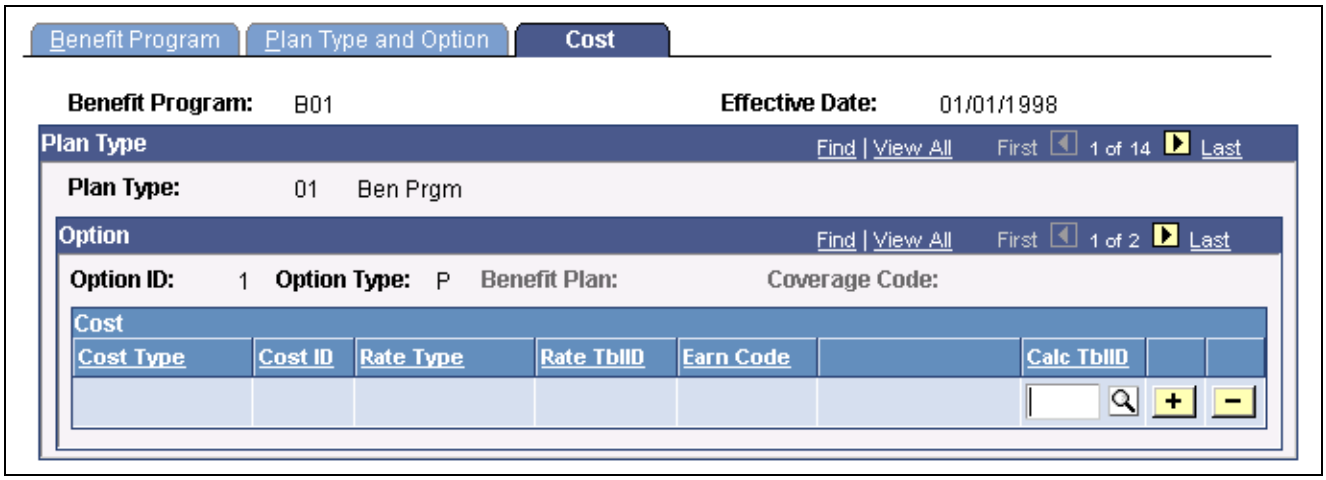
See Also

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "PeopleSoft Application Fundamentals for HRMS Reports," Manage Base Benefit Reports

Chapter 7, "Enrolling Participants," page 113

Linking a Benefit Program and Plan Type to Rate and Calculation Rules

Access the Benefit Program Table - Cost page.



Benefit Program Table - Cost page

Cost

Use this group box to identify the rate and calculation rules for each benefit program and option combination.

Cost Type Identifies the cost type for this plan type and benefit option combination. For Base Benefits, the value will always be *Price.* 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 earnings code. Use the earnings code to tell the system how to calculate the flexible credit earnings for a participant. Use a different earnings code for each benefit plan type within a benefit program. 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, this value is assigned automatically by the system and cannot be updated.

Rate Type Identifies the type of rate (flat amount, age-graded, etc.) associated with this plan type and benefit option combination.

Rate TblID (rate table identification) Identifies which specific rate table is linked with this plan type and benefit option combination. You need the identification number because you may have established multiple tables for a particular rate type. Only plan types 01 through 3X can use rates.

Earn Code Applies only to credits. Identifies the earning code that might be tied to the plan type.

Calc TblID (calculation table identification) Identifies the calculation rule linked to the plan type and benefit option combination.

Rate Availability by Plan Type

This table lists the rates types that you use for each plan type:

Plan Type	Flat Rate	Age-Graded	Service Rate	Percent of Salary
01	For Benefit Administration only.	For Benefit Administration only.	For Benefit Administration only.	For Benefit Administration only.
1X	Yes	Yes	Yes	Yes
2X	Yes	Yes	Yes	Yes
3X	Yes	Yes	Yes	Yes
4X−9X	Not Used	Not Used	Not Used	Not Used

For some plan types, you will need to specify the proper Calculation Rules Table Identification 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.

Rate and Calculation Rule Requirements by Plan Type

This table lists the rate tables and calculation rules that you can use for different plan types:

Plan Type	Rate Tables	Calculation Rules Table
01	Required	Dependent on rate type.
1x	Required	Dependent on rate type (Flat rate no calculation rules are required; Others — required.
2x	Required	Same as above.
3x	Required	Same as above.
4x	No	Required
5x	No	Required (reserved for future use), but not applied during calculations.
6x	No	Not Used
7x	No	Not Used
8x	No	Not Used
9x	No	Not Used

Calculation Rule Requirements for Rate Types

This table shows whether or not calculation rules are required for each rate type:

Rate Type	Calculation Rules
Age Graded	Required
Flat Amount	NA
Salary %	Required
Service	Required

Setting Up Benefit Programs That Provide Benefits to Nonqualified Dependents

Base Benefits enables you to offer health and life benefits to your employees' domestic partners and other nonqualified dependents. You must 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, define one or more nonqualified dependent health plans. PeopleSoft delivers the following three health plan types for nonqualified dependents:

Plan Type	Description
15	Nonqualified Medical
16	Nonqualified Dental
17	Nonqualified Vision

If you're setting up a life plan for domestic partners and other nonqualified dependents, 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. 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.

When you design a benefit program that enables employees to offer health and life benefits to domestic partners and other nonqualified dependents or beneficiaries, set up rows for nonqualified dependent health plan types that complement the medical, dental, and vision plan types that are already present in your program. Your employees must elect (in an ordinary health plan type) to provide health coverage for themselves and their qualified dependents and a complimentary nonqualified dependent health plan type to provide health coverage for their nonqualified dependents.

Note. If you are currently implementing Benefits Administration, use the 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 a nonqualified health plan type are already enrolled in a regular health plan type.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Deduction Codes, page 28

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Building Automated Benefit Programs," Setting Up Cross-Plan Validation

Cloning Benefit Programs, Eligibility Rules, or Event Rules

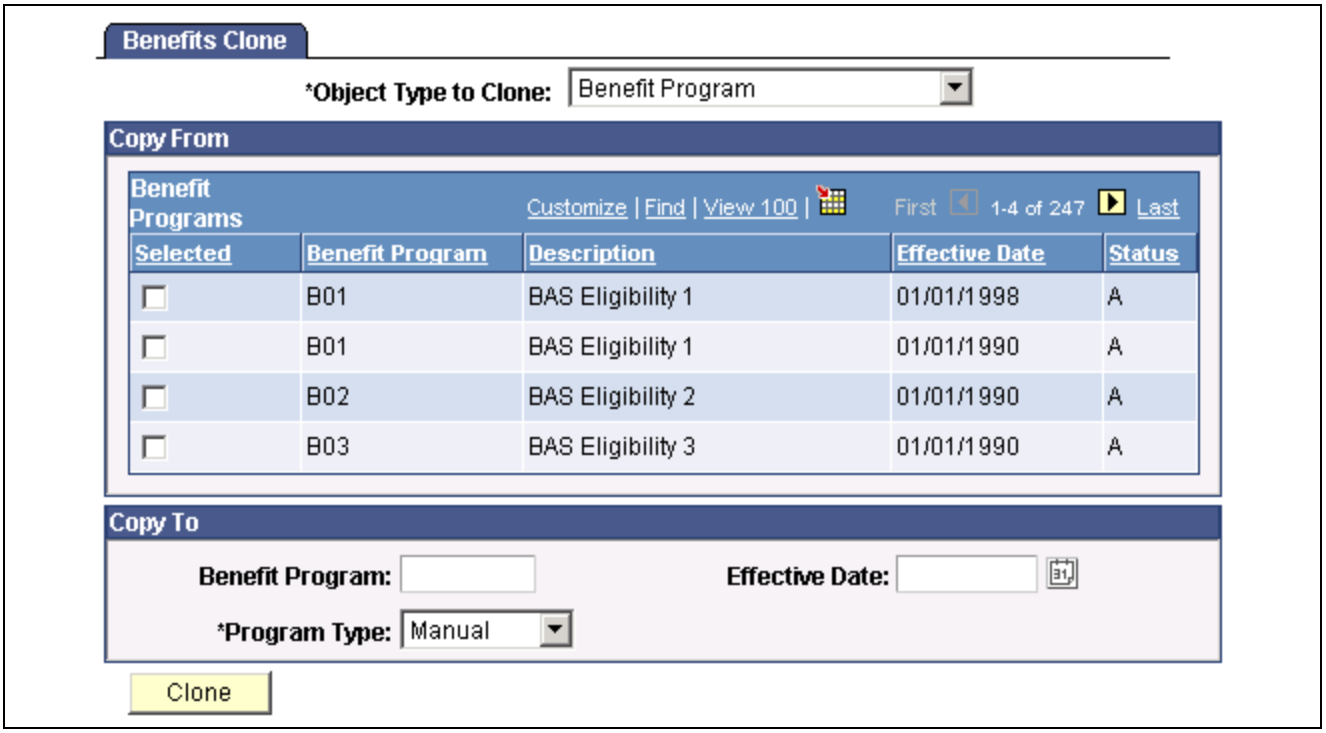
The Benefit Program Clone utility enables you to identify a benefit program and make an exact copy of that program with a different effective date. You can give the duplicate program the same name as the original or rename it.

Page Used to Clone Benefit Programs, Eligibility Rules, or Event Rules

Page Name	Object Name	Navigation	Usage
Benefits Clone	BN_CLONE	Set Up HRMS, Product Related, Base Benefits, Program Structure, Benefit Program Clone Utility, Benefits Clone	Create a copy of an existing benefit program. Give the duplicated program a new effective date and choose to give the program a new name or keep it the same. Create a copy of an existing eligibility or event rule for Benefits Administration.

Using the Cloning Utility

Access the Benefits Clone page.



Benefits Clone page

Object Type to Clone Select an option:

Benefit Program

Eligibility Rule (Benefits Administration only)

Event Rule (Benefits Administration only)

Selected Select the check box for the object, benefit program, eligibility rule or event rule that you would like to clone.

Copy To

This group box defines the name of the new object that will be created. These fields vary, depending upon the type of object you're cloning.

CHAPTER 5

Setting Up Additional Base Benefits Features

This chapter discusses how to:

- Set up Benefits Billing.
- Set up COBRA administration.
- Set up HIPAA tables.
- Setup internal administrative contact information.
- Set up multiple jobs.
- Set up retroactive benefits and deductions.

Setting Up Benefits Billing

Benefits Billing enables you to bill employees and dependents directly for benefit plan elections instead of paying through the payroll deduction process. Benefits Billing can be used for both regular and COBRA (Consolidated Omnibus Budget Reconciliation Act) benefits.

To set up Benefits Billing:

1. Set up the rules for billing on the Billing Parameter page.

   You establish only one set of billing parameters for your entire system.
2. Set up the billing cycle using the Billing Calendar page.

This section discusses how to:

- Set up billing parameters.
- Set up payment due dates.

Pages Used to Set Up Benefits Billing

Page Name	Object Name	Navigation	Usage
Billing Parameter	BILL_PARMS	Set Up HRMS, Product Related, Base Benefits, Billing, Billing Parameters	Define billing parameters.
Billing Calendar	BILL_CALENDAR	Set Up HRMS, Product Related, Base Benefits, Billing, Define Calendar, Billing Calendar	Set up begin, end, and payment due dates for individual billing periods. Also control billing statement printing and enter comments that appear on statements printed during a particular billing period.

Setting Up Billing Parameters

Access the Billing Parameter page.

Billing Frequency Indicate how often to calculate billing amounts.

Days Due Enter the number of days after the billing period begin date that the payment is due. This value is used to determine the default payment due date on the Billing Calendar page.

Note. COBRA requirements mandate at least 30 days for COBRA billing.

Days to Overdue Enter the number of days past the payment due date that qualify a payment as overdue.

Setting Up Payment Due Dates

Access the Billing Calendar page.

Billing Period When you first access the page, you must enter a billing period code that identifies the billing period that you're setting up the calendar for. The code may be any unique four-character combination. PeopleSoft recommends YYMM as an identification code for monthly calendars.

Period Begin Date and **Period End Date** The system uses the period begin date and the days due value set on the Billing Parameter page to calculate default payment due dates for regular and COBRA Benefits Billing processes.

The system uses the period end date to evaluate effective dates. The 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 begin and end dates.

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 the default dates if necessary.

Note. You cannot set a COBRA due date that is less than 30 days past the begin date.

Comment (Optional.) Enter text to appear on all of the billing statements sent out for this billing period.

Billing Calculation Run, Billing Statements Printed Indicates current processing stage for this billing calendar.

Setting Up COBRA Administration

This section explains how to set up COBRA Administration.

Understanding COBRA Administration Set Up

COBRA legislation requires employers to offer continued health coverage to employees and their dependents who loose coverage under certain conditions or events.

This section discusses how to:

- Activate COBRA.
- Link COBRA to your benefit packages.
- Identify COBRA eligible benefit plans.
- Establish coverage codes for COBRA.
- Define COBRA qualifying events.
- Identify COBRA events.
- Identify the COBRA Administrator.

Pages Used to Set Up COBRA Administration

Page Name	Object Name	Navigation	Usage
Event Rules	COBRA_EVENT_RULES1	Set Up HRMS, Product Related, Base Benefits, COBRA, Event Rules, Event Rules	Identify the events that result in the loss of health plan coverage for a qualified beneficiary.
Benef Administrative Contacts (benefit administrative contacts)	COBRA_ADMINISTRATR	Set Up HRMS, Product Related, Base Benefits, Plans and Providers, Administrative Contacts, Benef Administrative Contacts	Define the COBRA administrator's name and address. This information will print on COBRA notification, enrollment, and termination letters.

Activating COBRA

This section explains how to activate COBRA administration.

To activate COBRA:

1. Access the Installation Table - Product Specific page.
2. Select the COBRA Administration check box under the Benefits Functions group box.

Linking COBRA to Benefit Packages

To link COBRA to your benefit package, use the Benefit Program Table to identify the following:

- 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 non-disabled persons.

See Also

Chapter 4, "Building Base Benefit Programs," page 71

Identifying COBRA-Eligible Benefit Plans

To identify which benefit plans offered within a benefit program are eligible for COBRA administration, use 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 use PeopleSoft Enterprise Benefits Administration.

In general, only medical and health plan types (plan types 1x and 6x) are designated as COBRA-qualified plan types. However, PeopleSoft allows you to identify non-medical plan types as COBRA-qualified plans if your organization's policy is 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 non-core benefits such as dental and vision care benefits. If your benefits program combines core and non-core benefits, you may have to offer COBRA participants a core option that is not available to other active employees.

Currently, nonqualified medical, dental, and vision plans are not currently supported for COBRA coverage. You should not designate these plans as COBRA-qualified plans.

See Also

Chapter 4, "Building Base Benefit Programs," page 71

Establishing Coverage Codes for COBRA

Coverage codes are created on the Coverage Code page. PeopleSoft has four coverage codes that work for COBRA Administration. You can add more codes as required by your organization, however, the coverage codes for nonqualified dependents are not for use by COBRA Administration.

The COBRA Coverage Set field on the Coverage Code page is used during COBRA processing to determine the type of coverage to offer a participant. To indicate that a coverage code is to be used during COBRA processing, enter a two-digit code in the COBRA Coverage Set field.

Example:

Let's say you have the following coverage codes:

- 1 — Employee only
- 2 — Employee + spouse
- 3 — Employee + dependents
- 4 — Family
- A — Employee only
- B — Employee + spouse
- C — Employee + dependents
- D — Family

You want COBRA processing to only consider coverage codes A, B, C, and D as eligible codes and you have decided that CO will represent COBRA eligible coverage codes. You will enter *CO* in the COBRA Coverage Set field for coverage codes A, B, C, and D.

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).
- Medicare eligibility.
- 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. PeopleSoft does 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.

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:

- 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 and generally extends for 18 or 36 months following a qualifying event. If an employee is terminated on the 15th, COBRA coverage begins 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 when 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 want to provide grace periods for your employees that begin on the day following the last day of regular coverage. During these grace periods, your organization pays 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 PeopleSoft Benefits Administration processes. To provide a grace period, select the Include Alternative Coverage check box and specify when you want the COBRA period to actually begin, which will be the day after the grace period ends. The system includes 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 length of continued coverage from the qualifying event is the length of the grace period plus 18 months of COBRA continuation coverage.

The system calculates the COBRA coverage end date according to a formula derived from the parameters defined in the COBRA 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
June 30	N	NA	July 1	July 1	December 31
June 30	Y	Event Date	March 15	July 1	September 14
June 30	Y	Month After	April 1	July 1	September 30
June 30	Y	Pay Period	March 22	July 1	September 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 dependent must currently be participating in an active initial COBRA event and have 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, suppose a married employee is terminated. The employee and his spouse will receive 18 months of COBRA coverage after the termination. If 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, COBRA coverage ceases. In this case, the system adds 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 one another. For each COBRA Event Classification, it displays the Benefit Lost Level and COBRA-Qualified Beneficiaries typically associated with that event.

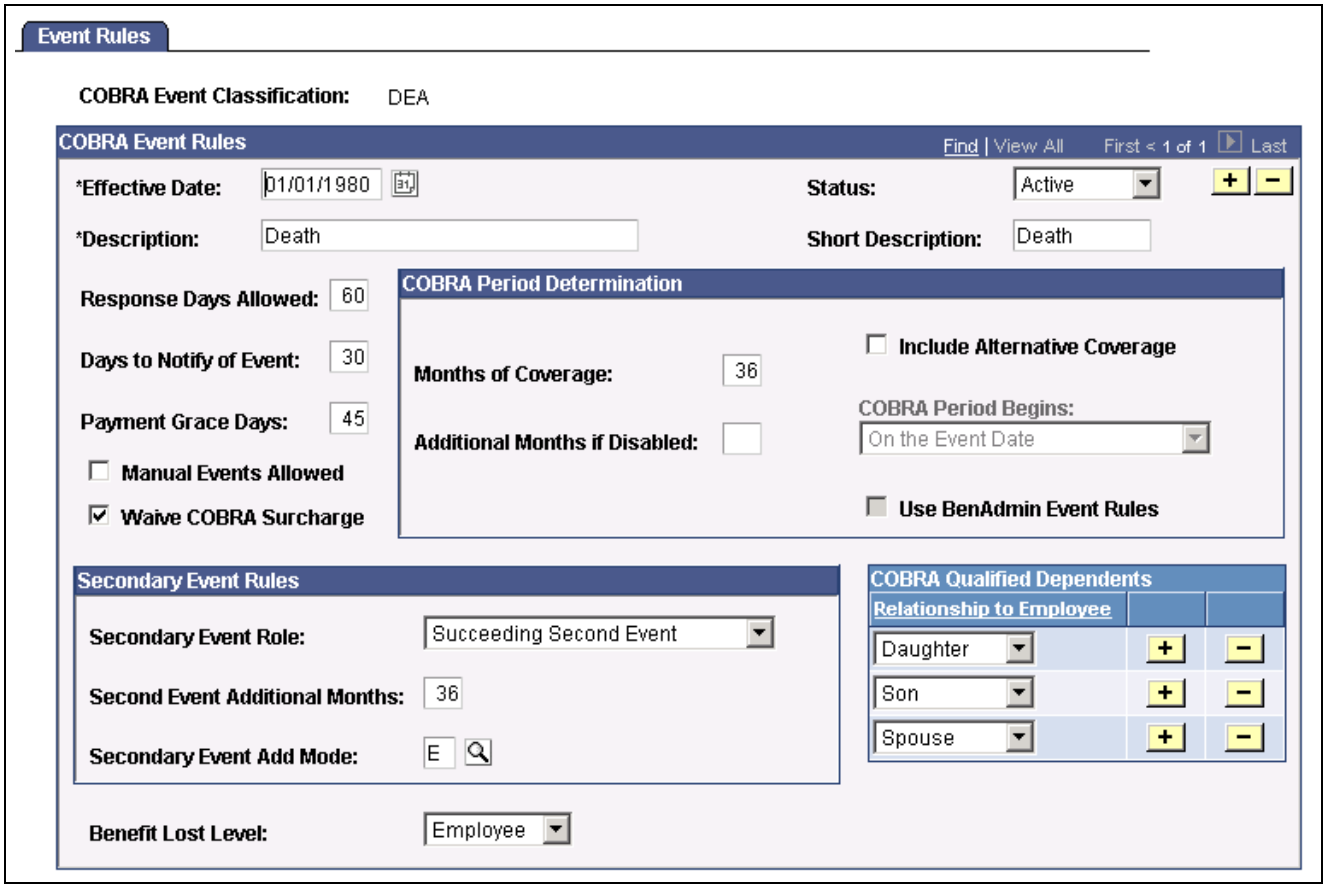
COBRA Event Classification	Benefit Lost Level	COBRA-Qualified Beneficiaries
TER, RET, RED, MIL	Employee	Employee, Spouse, Son, Daughter
DEA, MED	Employee	Spouse, Son, Daughter
OVG, DEP	Dependent	Son, Daughter
DIV	Dependent	Ex-spouse

See Also

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Creating Event Rules"

Identifying COBRA Events

Access the Event Rules page.



Event Rules page

COBRA Event Rules

Effective Date Enter or select the date on which this COBRA event goes into effect. The system always uses 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 up to 30 characters.

Short Description Enter a brief description of the COBRA event using up to 10 characters.

Response Days Allowed 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.

Days to Notify of Event Identifies the number of days an employee or dependent has to notify the organization following a qualifying COBRA event.

Payment Grace Days Enter the number of payment grace days employees will be given to submit a payment after they send in an election.

Manual Events Allowed Select this check box if you want to allow manual entry of the event.

Waive COBRA Surcharge Select this check box if, for this event classification, you want the system to disregard the COBRA surcharge percentages defined in the Benefit Program Table.

COBRA Period Determination

Months of Coverage 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 Enter the extension for disabled participants. Regulations allow an extension up to 11 months past the original 18 months for termination of employment and reduction in work hours events for disabled participants.

Include Alternate Coverage Select this check box to set up a grace period.

COBRA Period Begins Select a value to define when COBRA coverage begins. Choose from the following valid values:

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.

Secondary Event Rules

Secondary Event Role Indicates whether or not the displayed COBRA event classification can be considered a secondary event. You can choose from the following valid values:

Succeeding Second Event (S): This indicates that the COBRA event classification is a secondary event.

Preceding Initial Event (P): If this field has a value of *P,* then the other two Secondary Event Rules fields will be unavailable for data entry.

Second Event Additional Months 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 or to the COBRA event date of the secondary event.

In the event classifications that PeopleSoft delivers, the Death, Divorce, Married Dependent, and Overage Dependent events have a Second Event Add Mode value of *E* (Extended) while the Medicare Entitlement event has a Second Event Add Mode value of *A* (Added).

Note. For the *Divorce* COBRA Event Classification, the sole-defined COBRA qualified beneficiary is *X* (Ex-Spouse).

Benefit Lost Level

Define whether the COBRA event affects the employee only, the dependent only, or both. You can choose from the following valid values: *Employee, Dependent* (a COBRA-qualified beneficiary), or *neither.*

Identifying a COBRA Administrator

Identify your COBRA administrative personnel using the Benefits Administrative Contacts page. Once you have entered this information, you can reference these COBRA administrators within each benefit program. This is the contact information (name and address) which will be included in printed COBRA notification letters.

Setting Up HIPAA Tables

This section discusses how to:

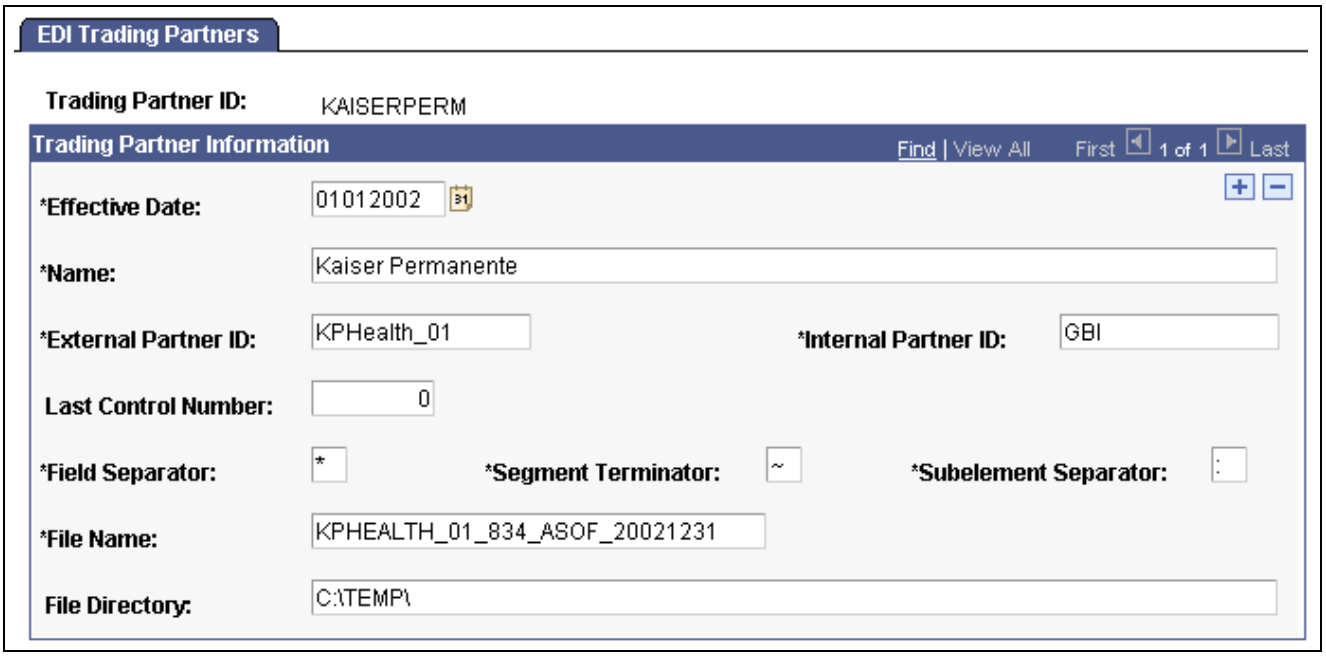
- Define EDI trading partners.
- Create transaction map tables.

Pages Used to Set Up HIPAA Tables

Page Name	Object Name	Navigation	Usage
EDI Trading Partners	BN_EDI_PARTNERS	Set UP HRMS, Product Related, Base Benefits, EDI Trading Partners, EDI Trading Partners	Define the information needed for the EDI Interchange Control segments for each partner receiving 834 transaction transmissions
EDI 834 Transaction Map Table	BN_834_MAP_TBL	Set Up HRMS, Product Related, Base Benefits, EDI 834 Transaction Map Table, EDI 834 Transaction Map Table	View the delivered code maps or set up new code maps for any new codes you have added to the system.

Defining EDI Trading Partners

Access the EDI Trading Partners page.



EDI Trading Partners page

Name Enter the name of the EDI trading partner.

A trading partner can be one of your health care providers but doesn't have to be.

External Partner ID Identify the receiving partner.

This ID must be agreed upon by both the sender and receiver.

Internal Partner ID Identify the sending partner.

This ID must be agreed upon by both the sender and receiver.

Last Control Number The system increments this number with each transmission to the partner.

Initially the control number is set to *0*. You can manually reset the control number, if necessary.

Field Separator Enter the character used to separate fields in each segment of the EDI file.

The default value is an asterisk (*), which is the value suggested by the reporting standard.

Segment Terminator Enter the character used to mark the end of each segment of the EDI file.

The default value is a tilde (~), which is the value suggested by the standard.

Subelement Separator Enter the character used to separate component data elements within a composite data structure of the EDI file.

The default value is a colon (:), which is the value suggested by the standard.

Note. This delimiter is not used in PeopleSoft delivered 834 transaction segments.

File Name Enter the name for the EDI file.

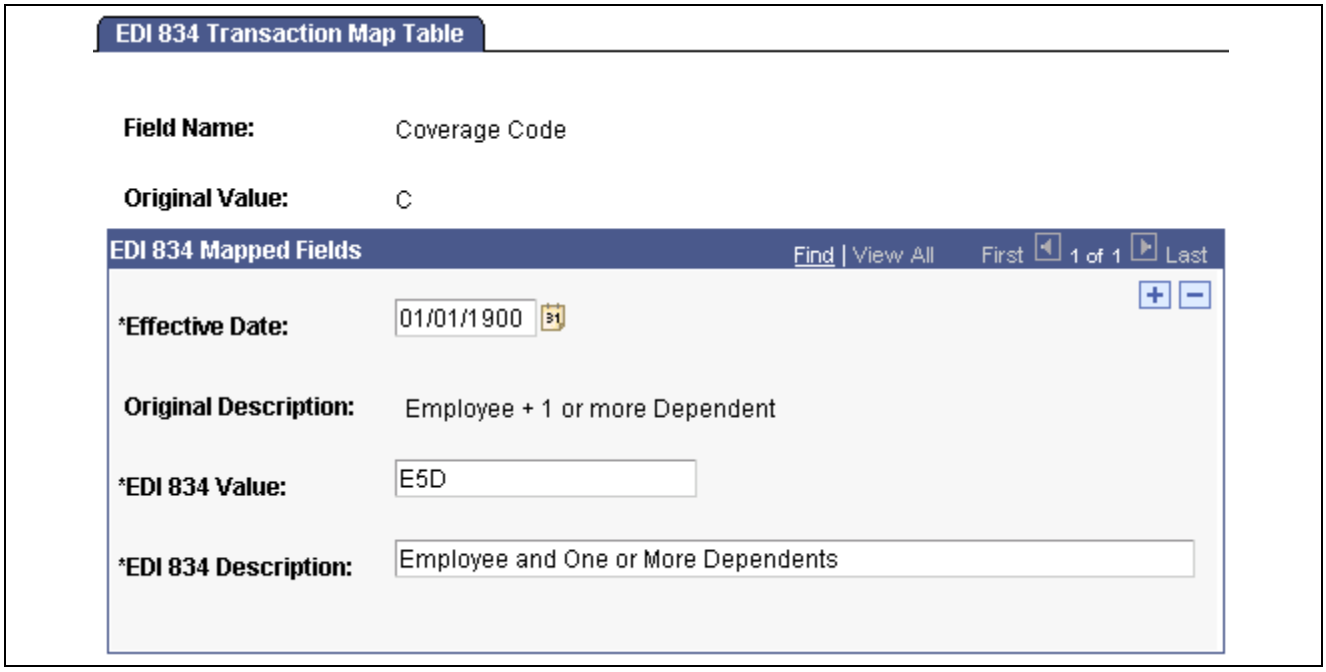
File Directory Enter the directory where the file will be created.

If this field is left blank, the file will be created in the directory PS_SERVDIR.

Creating Transaction Map Tables

Access the EDI 834 Transaction Map Table page.

Some of the codes required by the ASC X12.834 Implementation Guide need to be mapped from PeopleSoft or customer defined codes. PeopleSoft delivers the mapping for existing codes. If you add your own codes, you will need to map those codes to EDI 834 codes.



EDI 834 Transaction Map Table page

Original Description The description of the code that is being mapped.

EDI 834 Value The ASC X12.834 value corresponding to the PeopleSoft or customer defined code.

EDI 834 Description The ASC X12.834 code description.

Setting Up Internal Administrative Contact Information

This section explains how to set up internal administrative contact information.

Understanding Internal Administrative Contact Information

The internal administrative contact component is similar to the Vendor component, and is used to record internal contacts for HIPAA (Health Insurance Portability and Accountability Act) and COBRA functions. This internal contact structure enables you to identify a single contact person once, and then provides flexibility for you to reference that contact multiple times throughout the Base Benefits system.

For HIPAA, the internal administrative contact component is used to record the HIPAA Administrator that must be included on all printed HIPAA certificates. The COBRA function uses this component to populate COBRA notification letters.

The contacts that are entered on the Benefits Administrative Contacts page can then be referenced on the Benefits Plan Table page and the Benefit Program Definition page. Note that while only HIPAA and COBRA currently use these contacts, they can actually be used for all benefit plan types.

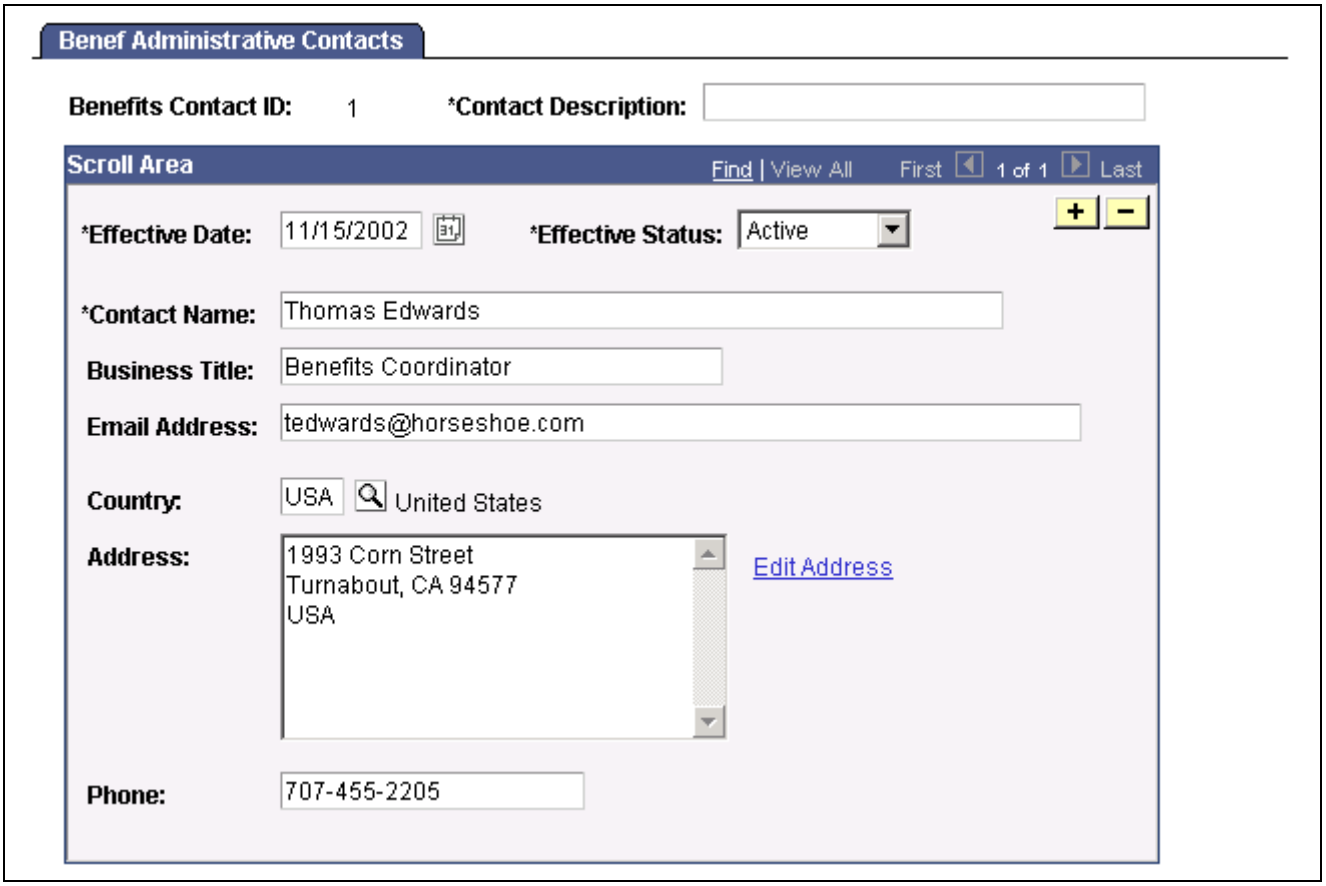
Note. HIPAA reports BEN022 and BEN023 will now expect to find a HIPAA administrative contact printed on all certificates.

Page Used to Set up Internal Administrative Contact Information

Page Name	Object Name	Navigation	Usage
Benef Administrative Contacts (benefits administrative contacts)	BENEF_ADM_CONTACTS	Set Up HRMS, Product Related, Base Benefits, Plans and Providers, Administrative Contacts, Benef Administrative Contacts	Record internal contacts for HIPAA and COBRA functions.

Setting Up Internal Administrative Contact Information

Access the Benef Administrative Contacts page.



Benef Administrative Contacts page

Benefits Contact ID Identifies the individual contact, and assigns the next available contact ID.

Contact Description This is an alternative contact search description.

Contact Name Identifies the name of the internal contact. This contact can be a person, a department, or another name. The contact name is unlimited.

Setting Up Multiple Jobs

This section explains how to set up multiple jobs.

Understanding Multiple Jobs

Many organizations have employees that work in more than one job at the same time. The system needs to know how to process these employees with more than one job. Rules need to be created to answer questions such as:

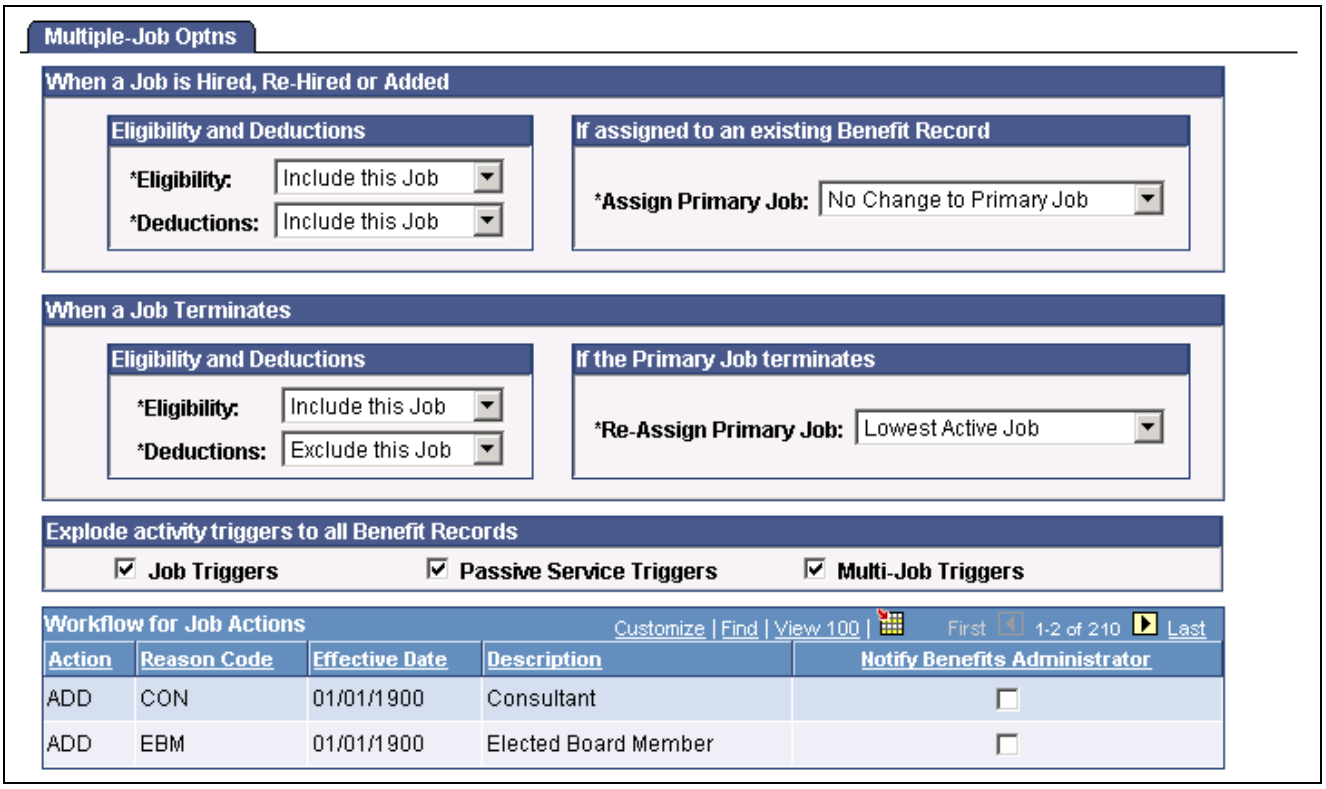
- Which jobs should contribute salary information for calculating deductions that are based on the employee's earnings?
- Which jobs should provide paygroup information, hire date, and termination date?

Page Used to Set Up Multiple Jobs

Page Name	Object Name	Navigation	Usage
Multiple-Job Optns (multiple job options)	BAS_MJ_OPTIONS	Set Up HRMS, Product Related, Base Benefits, Multiple Jobs Options, Multiple-Job Optns	Define employee-level multiple jobs options used automatically whenever a new job is entered into the system, or whenever an existing job is rehired or terminated through the Administer Workforce pages.

Setting Up Rules for Multiple Jobs

Access the Multiple-Job Optns page.



Multiple-Jobs Optns page

When a Job is Hired, Re-Hired or Added

Eligibility and Deductions Set default rules for whether new concurrent jobs are included or excluded during deduction processing and for Benefits Administration users to determine benefit eligibility.

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 if the new job should be designated as the primary job.

When a Job Terminates

Eligibility and Deductions Set default rules for whether terminated jobs should continue to contribute information during deduction processing and for Benefits Administration users to determine benefit eligibility.

If the Primary Job terminates Indicate how to reassign the primary job designation if the terminating job is the primary job.

No Change: Don't reassign the primary job designation.

Lowest Active Job: Reassign the primary job designation to the lowest active employee record number. If no jobs are active, the job with the lowest employee record number is designated as the primary job.

Highest Active Job: Reassign the primary job designation to the highest active employee record number. If no jobs are active, the job with the highest employee record number is designated as the primary job.

Explode activity triggers to all Benefit Records

Job Triggers, Passive Service Triggers and **Multi-Job Triggers** (multiple job triggers)

For Benefits Administration Users only.

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, is enrolled in two benefit programs, and has two benefit records.

If the employee experiences a job data change for one job, and eligibility rules cross benefit records, an event must be created for all benefit records. A change to a job in benefit record A might affect 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.*

Workflow for Job Actions

While the multiple jobs rules are automatically applied for hires, rehires and terminations, you can automatically notify a benefits administrator to review the situation for any job action.

For example, a change to the full-time/part-time status of a concurrent job might affect the determination of the primary job.

To configure this function:

1. Locate the action/action reason combinations that should generate a workflow notification,
2. Select the Notify Benefits Administrator check box.

   Whenever a job action is entered into the system for one of these combinations, a worklist entry is generated for the benefits administrator.

   Selecting the worklist entry accesses the Administrator to the Primary Jobs Maintenance page for that employee.

Setting Up Retroactive Benefits and Deductions

This section discusses how to:

- Activate retroactive benefits and deductions.
- Define retroactive benefit and deduction programs.
- Defining the parameters for mass retroactive benefit and deduction requests.

To set up retroactive benefits and deductions, you:

1. Activate retroactive benefits and deductions on the Installation page.
2. Define retroactive benefits and deductions programs.
3. If you are creating mass requests, define the retroactive benefit deduction selection criteria.

   The Retroactive Benefit and Deduction Mass Request feature gives 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. Changes to the following system-level pages could generate mass retroactive benefit and deduction requests:

- 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.

Note. Because the Retroactive Benefit and Deduction feature involves PeopleSoft Enterprise Payroll for North America processes in the calculation of retroactive benefits and deductions and the loading of retroactive benefit and deduction totals to payroll, it is unavailable to those users who do not currently implement Payroll for North America.

Deductions based on earnings (such as garnishments or savings plan deductions) are not included in the retroactive benefits and deductions process. They are handled as part of the Payroll for North America adjustment process.

Pages Used to Define Retroactive Benefit and Deduction Programs and Mass Requests

Page Name	Object Name	Navigation	Usage
Retroactive Ben/Ded Program (retroactive benefit/deduction program)	RETRODED_PGM_TBL	Set Up HRMS, Product Related, Payroll for North America, Retroactive Payroll, Retroactive Ben/Ded Program, Retroactive Ben/Ded Program	Define high-level information for your organization's retroactive benefit and deduction programs.
Retro Ded Mass Rqst Criteria (retroactive deduction mass request criteria)	RETRODED_MASS_RQST	Set Up HRMS, Product Related, Payroll for North America, Retroactive Payroll, Retro Ben/Ded Mass Request, Retro Ded Mass Rqst Criteria	Set up your mass retroactive benefit and deduction programs by assigning them a Mass Retro Request ID and by defining detailed information. To set up a new mass retroactive deduction and 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 and deduction requests and to calculate the retroactive benefit and deduction earnings based on those requests.

Activating Retroactive Benefits and Deductions

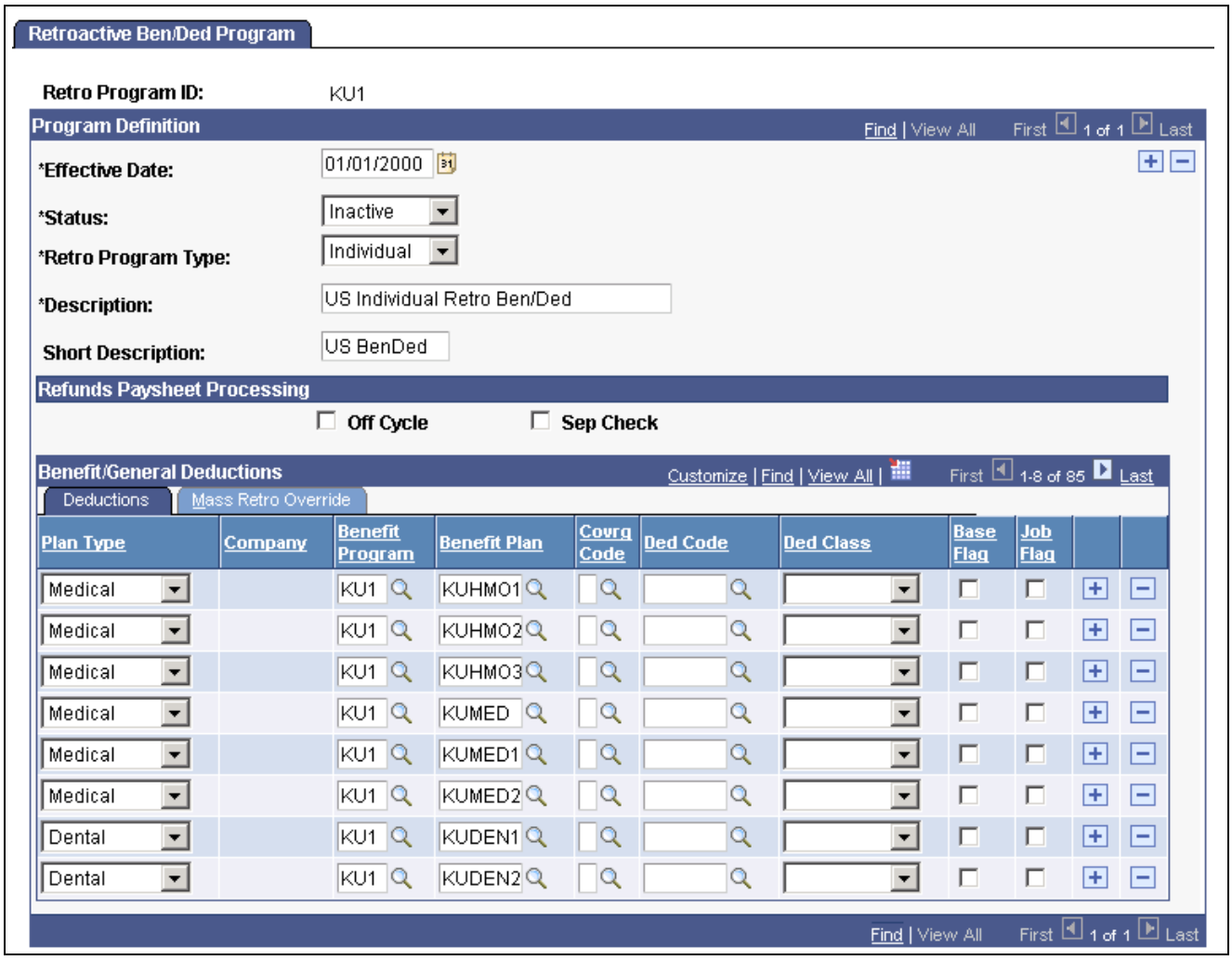
You must activate Retroactive Benefits/Deduction before using the Retroactive Benefit and Deduction facility.

To activate Retroactive Benefits and Deductions:

1. Access the Installation Table - Product Specific page.
2. Select the Retroactive Benefit and Deduction check box in the Benefits Functions group box.

Defining Retroactive Benefit and Deduction Programs

Access the Retroactive Ben/Ded Program (retroactive benefit/deduction program) page.



Retroactive Ben/Ded Program page

Program Definition

Retro Program ID(retroactive program identification)

When you first select this page from the menu, enter a new or current Retro Program ID. This ID links the retroactive benefit and deduction requests to a specific retroactive benefit and deduction program, which helps the system identify which benefits or deductions are eligible for retroactive processing.

Retro Program Type (retroactive program type)

The system assigns each retroactive benefit and deduction program a Retro Program Type of *Individual* or *Mass.*

Individual programs apply to all of the employees and companies in your database; therefore, define only one individual program for that database.

Mass programs apply to different groups of employees; therefore, you can define multiple mass programs with different Retro Program IDs for the same database.

Warning! If you change the Retro Program ID after retroactive benefit and deduction processing begins, improper retroactive benefit and deduction calculations will result.

Refunds Paysheet Processing

Off Cycle This check box enables you to manage your one-time deduction refunds. In the event of a refund, the Off-Cycle field controls whether or not the retroactive benefit and 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 generally is used only when you are processing retroactive pay in the same cycle as regular pay. If you select Off-Cycle the system treats each retroactive deduction associated with this program as an off-cycle one-time deduction refund, and delivers the refunds to your employees in separate checks from their regular paychecks.

If you do not select the Off-Cycle the system treats the retroactive deductions associated with the program as on-cycle deductions and combines 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.

Sep Check (separate check) Select to indicate 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 Select 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 Select to have the system process retroactive benefits or deductions for individual retroactive benefit and deduction programs when the request is triggered by a change in the Compensation Rate or any of its related fields.

Mass Retro Override Tab

If you are setting up a mass retroactive benefit and deduction program, 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 for the requests that are created.

Refunds Versus Deductions

The system only loads refunds to employee paysheets. In situations where the retroactive benefit and deduction process finds that employees owe additional payments, the system collects these funds through the Payroll for North America arrears adjustment process. The system drops all employee retroactive benefits and deductions into the arrears balance via arrears adjustments. If there is enough money, the system will collect the amounts during the current payroll run, according to the arrears rules that you defined for that deduction.

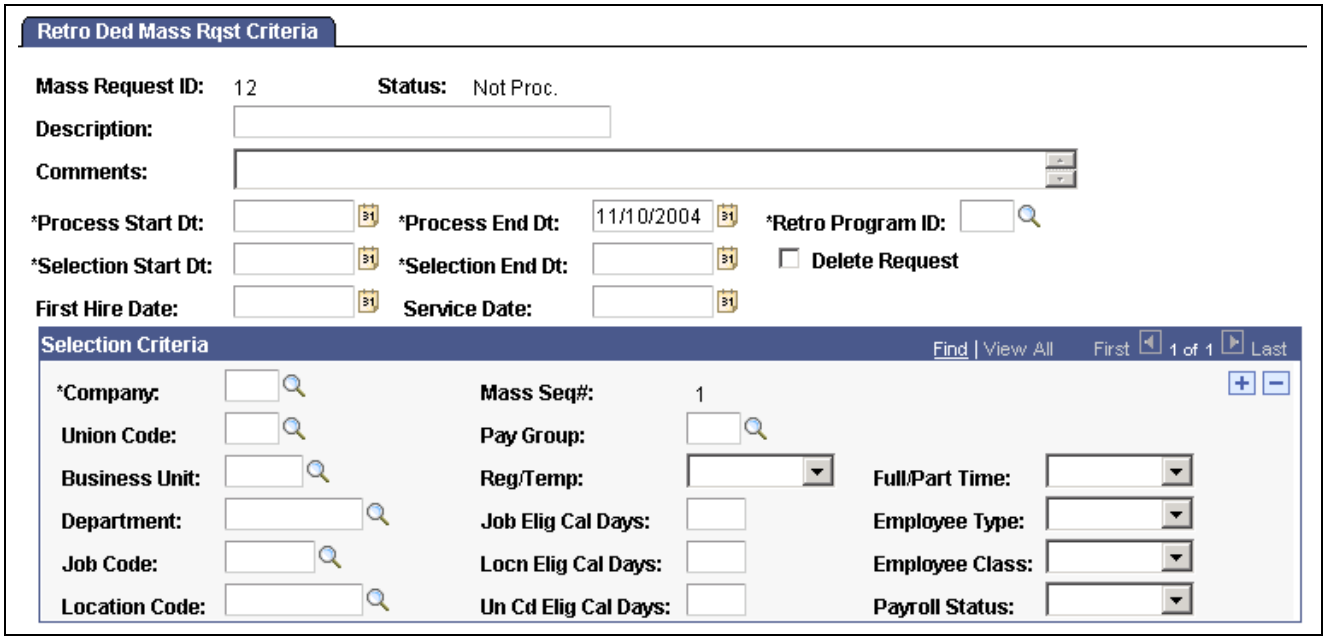
See Also

Chapter 16, "Processing Retroactive Benefits and Deductions," page 243

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Deduction Codes, page 28

Defining the Parameters for Mass Retroactive Benefit and Deduction Requests

Access the Retro Ded Mass Rqst Criteria (retroactive deduction mass request criteria) page.



Retro Ded Mass Rqst Criteria page

Description Enter a description that explains the purpose of this mass retroactive benefit and deduction ID.

Comments Describe the need for the particular mass retroactive benefit and deduction program that you are creating.

Process Start Dt (process start date) and **Process End Dt** (process end date) Define the period during which the mass request calculates retroactive benefits or deductions. The Process End Dt is automatically set to today's date when a new Mass Request ID is created. The process start date 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 is used as the effective date of the request.

Retro Program ID (retroactive benefit/deduction program ID) — Select an appropriate ID from the list. Only those retroactive benefit and deduction programs defined for *Mass* processing will appear.

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 searches employee records *active* between the Selection Start and Selection End Dates for the information specified in the Selection Criteria group box.

Delete Request — Use this check box to stop the mass retro benefit and deduction process if you have not yet run the calculation process for your Mass Retro ID. When you run the Mass Retro batch process, it deletes every Mass Request ID and related request that has this check box selected and has not yet been through the calculation process.

Hire Date — (Optional.) Use 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 creates requests for employees that have a hire date less than or equal to the Selection End Dt.

Service Date — Functions the same way as the Hire Date field except that it refers back to the Employment Table's Service Date field.

Selection Criteria

The fields in this group box define the types of employees that the Mass Retro batch process looks for. You can set up multiple rows of selection criteria for your mass retroactive benefit and deduction program to open up a new one.

Company — Use this required field to indicate the company whose employees 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.

Department, Job Code, and Location Code — These fields are linked to the Business Unit field.

Business Unit — You must define a business unit before entering Department, Job Code, and Location Code values.

Reg/Temp (regular/temporary), **Full/Part Time, Employee Type, Employee Class,** and **Employee Status** — (Optional) Specify additional selection criteria using valid values from the list boxes.

Enter the other selection criteria as necessary. Values for all selection criteria fields that are blank will be selected by the system. If you want to use more than one of the available values of a particular field in your selection request, enter an additional row.

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.

CHAPTER 6

Entering Dependent and Beneficiary Information

This chapter provides an overview of dependent and beneficiary information and discusses how to:

- Enter dependents and beneficiary information.
- Enter dependent and beneficiary comments.
- (USF) Designate beneficiaries for a final check.
- Terminate dependent enrollments or beneficiary status.
- Enter court orders and spousal waivers.

Understanding Dependent and Beneficiary Information

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:

- Simplify benefit enrollment for dependents and beneficiaries.
- Review data and print reports.

Additionally, requirements such as a Qualified Medical Child Support Order (QMCSO) and Qualified Domestic Relations Order (QDRO) mandate that employees provide benefits to dependents and beneficiaries. When you enter a court order, the system checks to see if a court order is tied to an employee record. If the system finds a court order, it checks to see if any changes are allowed to the benefit enrollments. If changes are not allowed, then a warning appears.

When you set up dependent/beneficiary data, you need an employee identification number. So you need to enter employee administration data—personal information, compensation allowances, and job data—first.

You can view basic human resources information for employees by using personnel administration components such as Personal Data and Job Data in PeopleSoft Enterprise 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 Enterprise eBenefits application pages.

See Also

Chapter 8, “Reviewing Enrollments and Benefit Calculations,” page 139

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, “Adding a Person in PeopleSoft Human Resources,” Adding a Person

PeopleSoft Enterprise eBenefits 8.9 PeopleBook, “Reviewing Benefit Information,” Reviewing Dependent and Beneficiary Information

Entering Dependent and Beneficiary Information

Dependent and beneficiary information is entered in the Dependent Data component of PeopleSoft Enterprise Human Resources Administer Workforce and is fully documented in the *PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce* .

See Also

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Entering Additional Data in Human Resources Records," Tracking Dependent and Beneficiary Data

Entering Dependent and Beneficiary Comments

Comments you make about dependents and beneficiaries are for your use only; they are not used by the system.

Page Used to Enter Dependent and Beneficiary Comments

Page Name	Object Name	Navigation	Usage
Benefit Comments	BENEFIT_COMMENTS	Benefits, Employee/Dependent Information, Record Dep/Ben Comments, Benefit Comments	Enter notes about a dependent or beneficiary.

Recording Dependent/Beneficiary Comments

Access the Benefit Comments page.

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.

(USF) Designating Beneficiaries for a Final Check

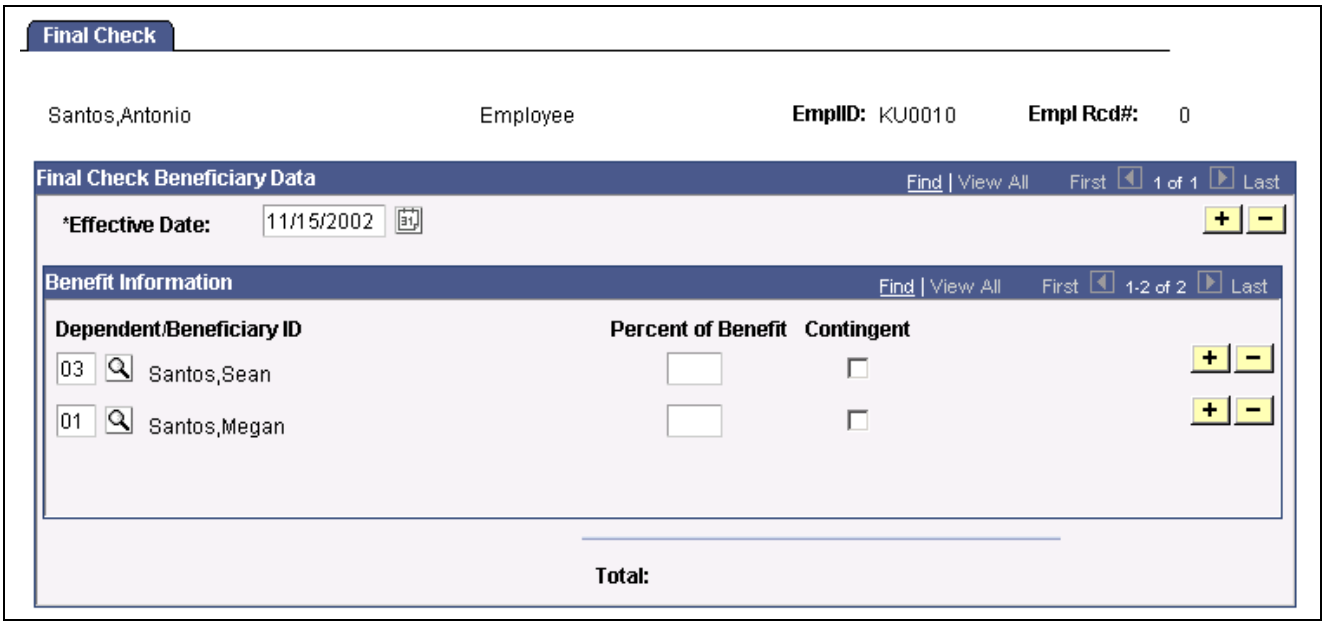
You can designate dependents or beneficiaries to receive an employee's final check in the event that the employee dies. This page is used for informational purposes only; the system does not use the data entered on this page for benefits processing.

Page Used to Designate Beneficiaries for a Final Check

Page Name	Object Name	Navigation	Usage
Final Check	GVT_FIN_CHK_BEN	Benefits, Employee/Dependent Information, Assign Final Check Beneficiary, Final Check	Specify dependents or beneficiaries to receive an employee's final check.

Specifying Beneficiaries for a Final Check

Access the Final Check page.



Final Check page

Percent of Benefit and **Flat Amount** Enter a flat amount or percentage for the beneficiary to receive from the final paycheck.

The total percentage for all beneficiaries should equal 100, unless you have contingent beneficiaries. The sum of the flat amounts cannot be greater than the paycheck.

Excess If flat amounts are used, select to designate a beneficiary to receive any excess funds.

Contingent Select if this dependent or beneficiary is not a primary beneficiary.

Amounts attributed to contingent beneficiaries must also add up to 100 percent.

Terminating 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 make these changes on the enrollment page for the benefit in question, such as Life & AD/D Benefits page. You do not make the changes in the Update Dependent/Beneficiary component.

If you try to delete dependent/beneficiary records on benefit enrollment pages that have court orders applied to them, the system informs you that the dependent or beneficiary has a court order that provides a legal right to benefit coverage.

Warning! If you delete dependent/beneficiary data using the Update Dependent/Beneficiary component, you'll destroy history. Once you change enrollment data, it won't matter that the dependent or beneficiary data is available on the Update Dependent/Beneficiary component. In fact, it must remain to provide correct historical information.

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 court-ordered benefits, print the Court Ordered Coverage Audit report.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Deduction Codes, page 28

CHAPTER 7

Enrolling Participants

This chapter describes how to:

- Review employee eligibility.
- Enroll participants in benefit programs and plans.
- (USF) Enroll employees in benefit programs and plans through PAR (personnel action request).
- (USF) Assign Federal Employee Group Life Insurance (FEGLI) benefits.
- (USF) Enroll employees in TSP (Thrift Savings Plan) Agency Automatic Contribution plan.
- Terminating dependent enrollment or beneficiary status.
- Generate

See Also

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Understanding Benefits Administration"

Reviewing Employee Eligibility

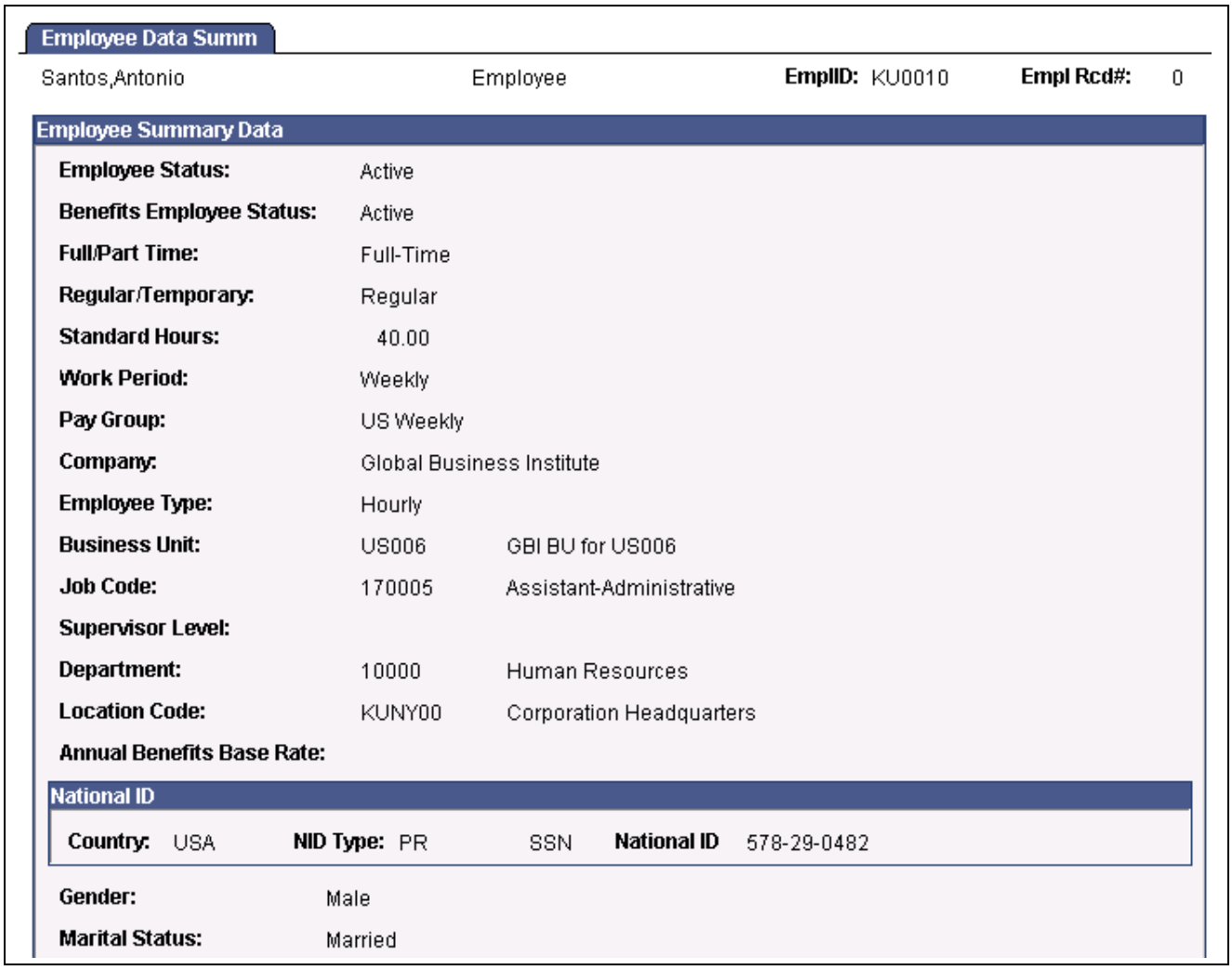
Before you can enroll a participant, your Human Resources department must set up personnel administration data: personal information, compensation allowances, and job data.

Pages Used to Review Employee Eligibility

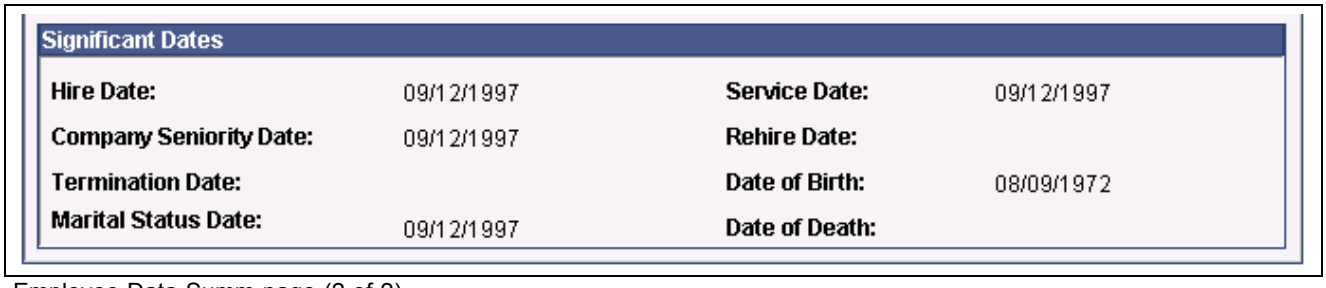
Page Name	Object Name	Navigation	Usage
Employee Data Summ (employee data summary)	EMPLOYEE_SUMMARY1	Benefits, Employee/Dependent Information, Review HR/Job/Payroll Data, Employee Data Summ	View the personnel administration data.

Viewing Personnel Administration Data

Access the Employee Data Summ page.



Employee Data Summ page (1 of 2)



Employee Data Summ page (2 of 2)

Annual Benefits Base Rate This field is blank if your organization uses a benefits base different from regular pay.

Set up the Primary annual benefits base rate in the Compensation page of the Job Data Component, in the Annual Benefits Base Rate field.

Multiple annual benefits base rates (ABBRs) are added using the Update ABBR component.

Note. The only ABBR displayed on this page is the primary ABBR entered in the Job component for the employee.

See Also

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Increasing the Workforce"

Enrolling Participants in Benefit Programs and Plans

Using the Base Benefits business process to enroll participants consists of two parts:

1. 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. 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.

2. Using individual benefit pages, 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.

Note. 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.

See Also

Chapter 3, "Setting Up Benefit Plans," page 39

PeopleSoft Enterprise Payroll Interface 8.9 PeopleBook, "Setting Up Payroll Schedules," Setting Up Pay Groups

PeopleSoft Enterprise Payroll for North America 8.9 PeopleBook, "Setting Up Pay Groups"

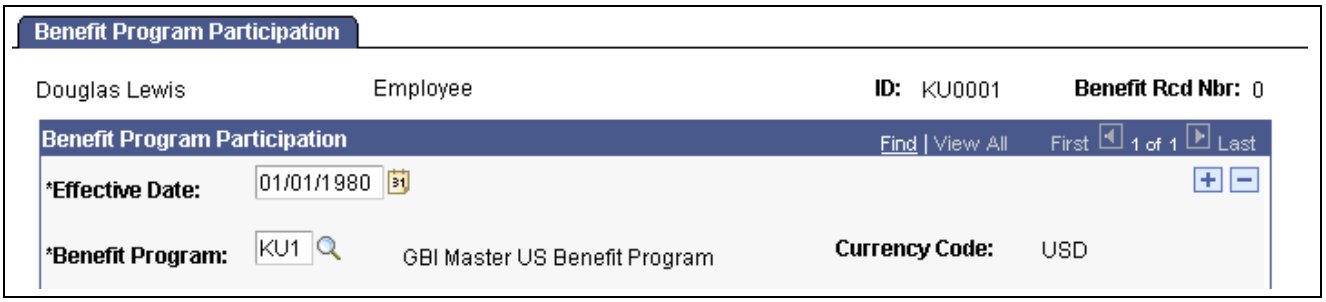
Pages Used to Enroll Participants in Benefit Programs and Plans

Page Name	Object Name	Navigation	Usage
Benefit Program Participation	BEN_PROG_PARTICPTN	Benefits, Enroll In Benefits, Assign to Benefit Program, Benefit Program Participation	Enroll the employee in the appropriate benefit program.
Health Benefit Elections	HEALTH_BENEFITS1	Benefits, Enroll In Benefits, Health Benefits, Health Benefit Elections	Enroll employees and dependents in health plan types: medical, dental, and vision.
Life/ADD Elections	LIFE_ADD_BENEF1	Benefits, Enroll In Benefits, Life and AD/D Benefits, Life/ADD Elections	Enroll participants in life plans and to assign beneficiaries those plans.

Page Name	Object Name	Navigation	Usage
Update Annual Ben Base Rates	BEN_ANNL_BENEF_BASE	Benefits, Employee/Dependent Information, Update ABBRs, Update Annual Ben Base Rates	Enter and maintain multiple ABBRs for an employee.
Disability Benefit	DISABILITY_BENEFIT	Benefits, Enroll in Benefits, Disability Benefits, Disability Benefit	Enroll employees in disability benefit plans.
Savings Plan Elections	SAVINGS_PLANS1	Benefits, Enroll In Benefits, Savings Plans, Savings Plan Elections	Enroll employees in savings benefit plans, assign beneficiaries, and identify investment elections.
Leave Plans (USA), Leave Plans	LEAVE_PLANS, LEAVE_PLANSA	• Benefits, Enroll In Benefits, Leave Plans, Leave Plans (USA) • Benefits, Enroll in Benefits, Leave Plans - CAN/INTL, Leave Plans	Enroll employees in leave plans.
FSA Benefits (USA) (flexible spending account benefits [USA]), FSA Benefits (CAN) (flexible spending account benefits [CAN])	FSA_BENEFITS	• Benefits, Enroll In Benefits, USA-FSA Benefits, FSA Benefits (USA) • Benefits, Enroll in Benefits, CAN-FSA Benefits, FSA Benefits (CAN)	Enroll employees in North American companies in FSA plans.
Retirement Plans	RTRMNT_PLANS	Benefits, Enroll In Benefits, Retirement Plans, Retirement Plans	Enroll employees in Public Employees Retirement System (PERS) benefit plans.
Pension Plan Elections	PENSION_PLAN1	• Benefits, Enroll In Benefits, CAN-Pension Plans, Pension Plan Elections • Benefits, Enroll in Benefits, USA-Pension Plans, Pension Plan Elections	Enroll employees in benefit plans.
Vacation Benefit	VACATION_BENEFIT	Benefits, Enroll In Benefits, Vacation Benefits, Vacation Benefit	Enroll employees in vacation buy and sell plans.

Enrolling Employee in a Benefit Program

Access the Benefit Program Participation page.



Benefit Program Participation page

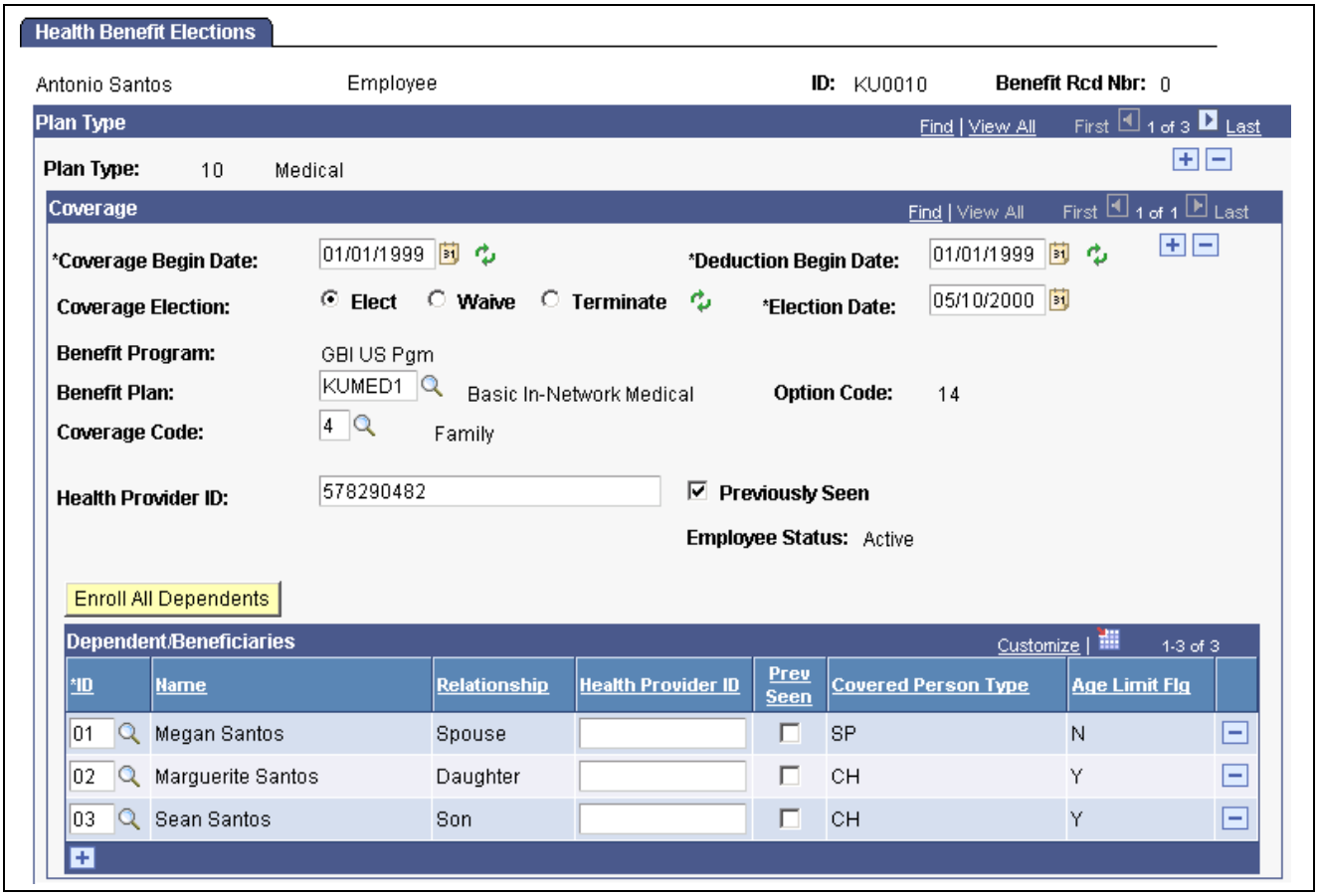
Benefit Program Enter the benefit program for the employee.

Set up a default benefit program on the Pay Group table. If you run a payroll before you enter a benefit program, payroll cannot process the employee.

You can override the default benefit programs with the correct benefit program.

Enrolling in Health Benefit Plans

Access the Health Benefit Elections page



Health Benefit Elections page

Health Provider ID Tracks the primary care physician information for the employee's health provider. You can enter the name of the employee's doctor, an ID number, or any other format the health provider may require.

Previously Seen — Select to indicate that the employee is a current patient of the indicated physician.

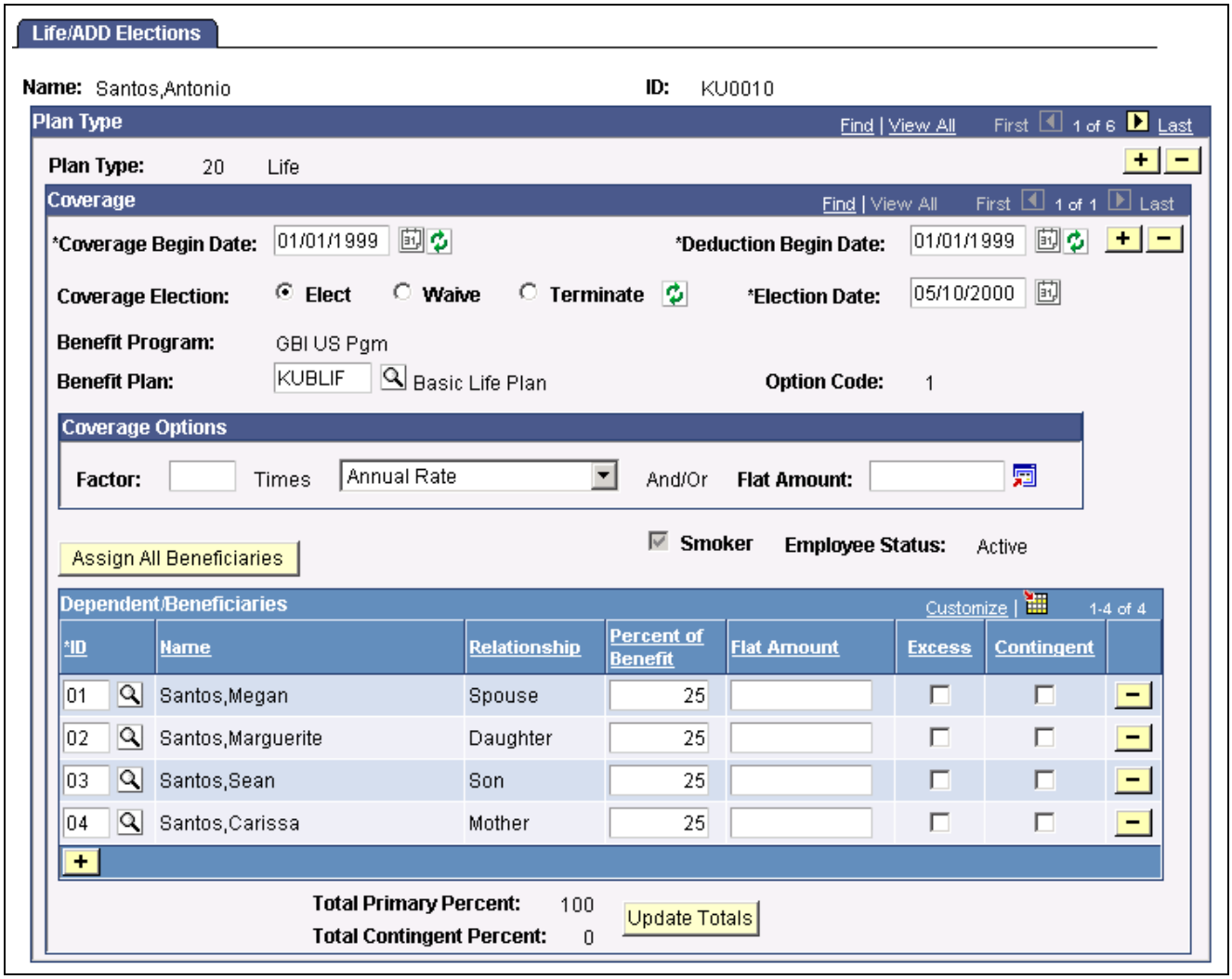
Other Covrg (other coverage) — (USF) This check box indicates the dependent has another active insurance plan.

Insurance Name — (USF) Enter the name of the other insurance plan.

FEHB Ind (Federal Employee Health Benefits indicator) — (USF) This check box indicates the dependent in enrolled in FEHB.

Enrolling in Life Plans

Access the Life/ADD Elections page.



Life/ADD Elections page

Coverage

Smoker — 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.

Coverage Options

Use these 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 page, you indicate that Coverage should be *Specified in Employee Record.*

Factor and **Flat Amount** — Define coverage as either a flat amount only or a factor times benefits base/salary + flat amount. In the latter case, enter both a flat amount and a factor.

Times — Enter 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*.

Dependent/Beneficiaries

ID — 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.

To delete a dependent enrollment, position the cursor at the line for the dependent that you want to delete and click Delete.

Percent of Benefit and **Flat Amount** — Define the distribution benefit as a percent of benefit or a flat amount. If you enter a flat amount and more than one beneficiary, select one of the beneficiaries to receive any excess funds. Select the beneficiary by selecting the Excess check box.

Contingent — (Optional) Indicate whether a beneficiary is primary or contingent (secondary to a primary beneficiary) by selecting this check box.

If you set up a primary beneficiary to receive 100 percent of the benefit, all other beneficiaries have Contingent selected.

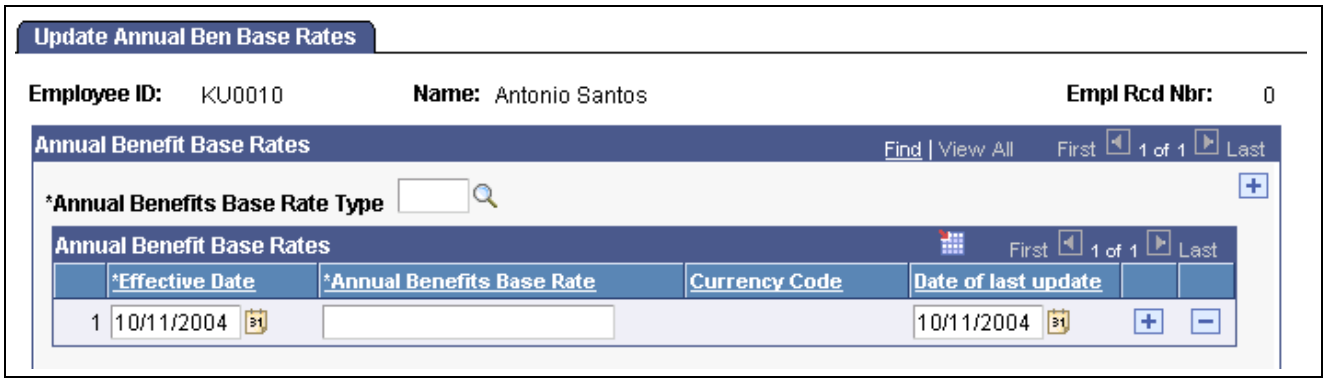
Note. If you are working with a dependent life plan, add dependent IDs for all of the dependents that will be covered by the plan. In dependent life plans, the dependents are covered by life insurance, and the *employee* is the beneficiary.

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.

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.

Entering Multiple Annual Benefits Base Rates

Access the Update Annual Ben Base Rates page.



Update Annual Ben Base Rates page

Annual Benefits Base Rate Type Select the ABBR type.

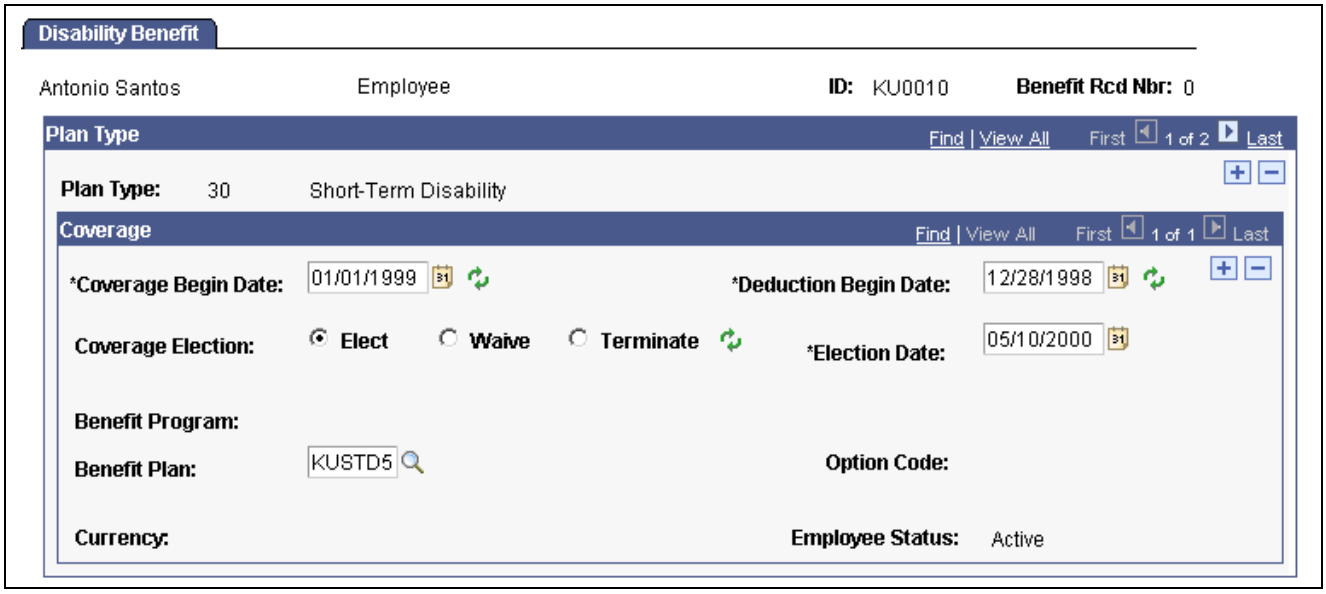
ABBR types are defined on the ABBR Type page.

Annual Benefits Base Rate Enter the amount of the ABBR.

Note. The Primary ABBR can only be set in the Job component.

Enrolling in Disability Benefit Plans

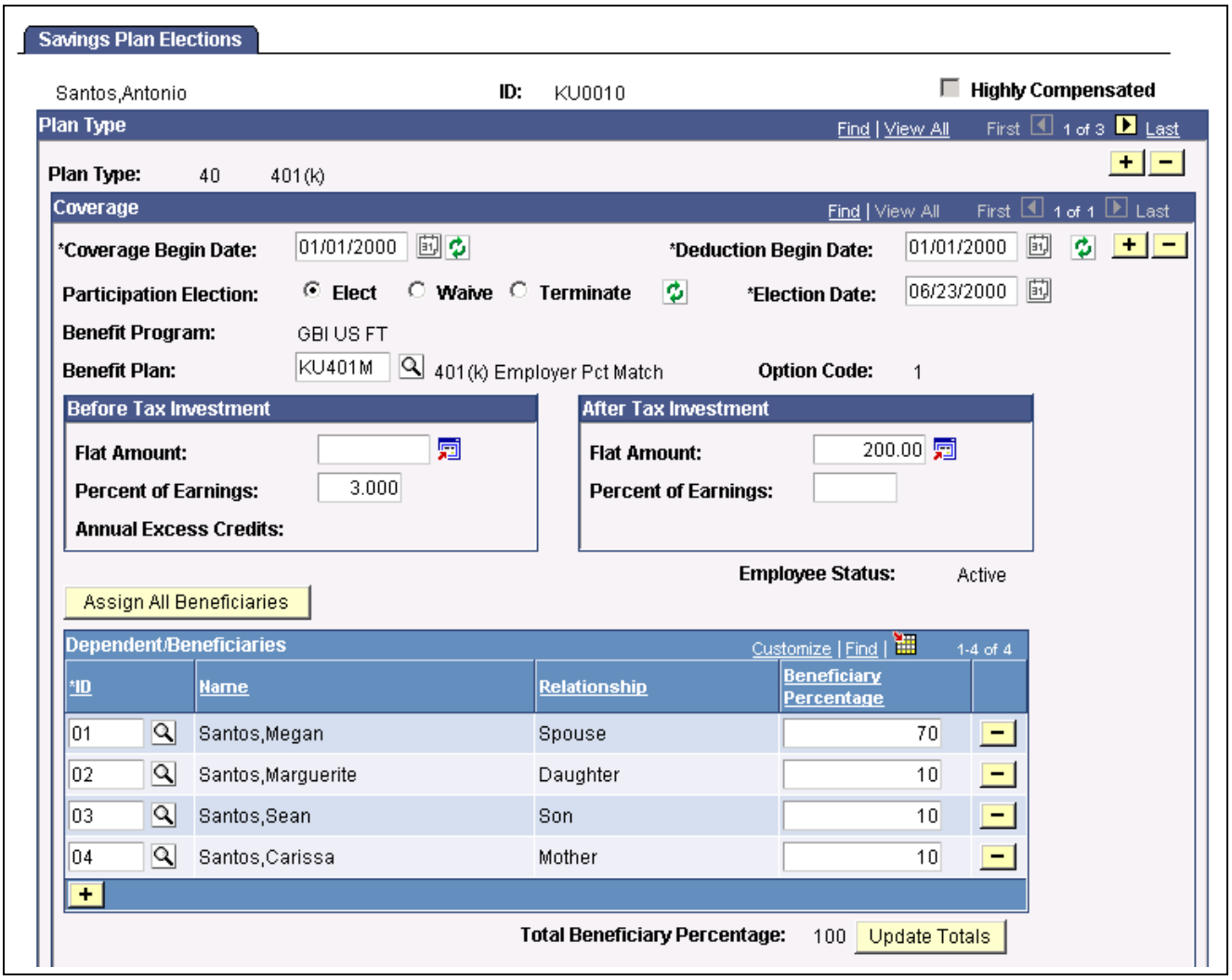
Access the Disability Benefit page.



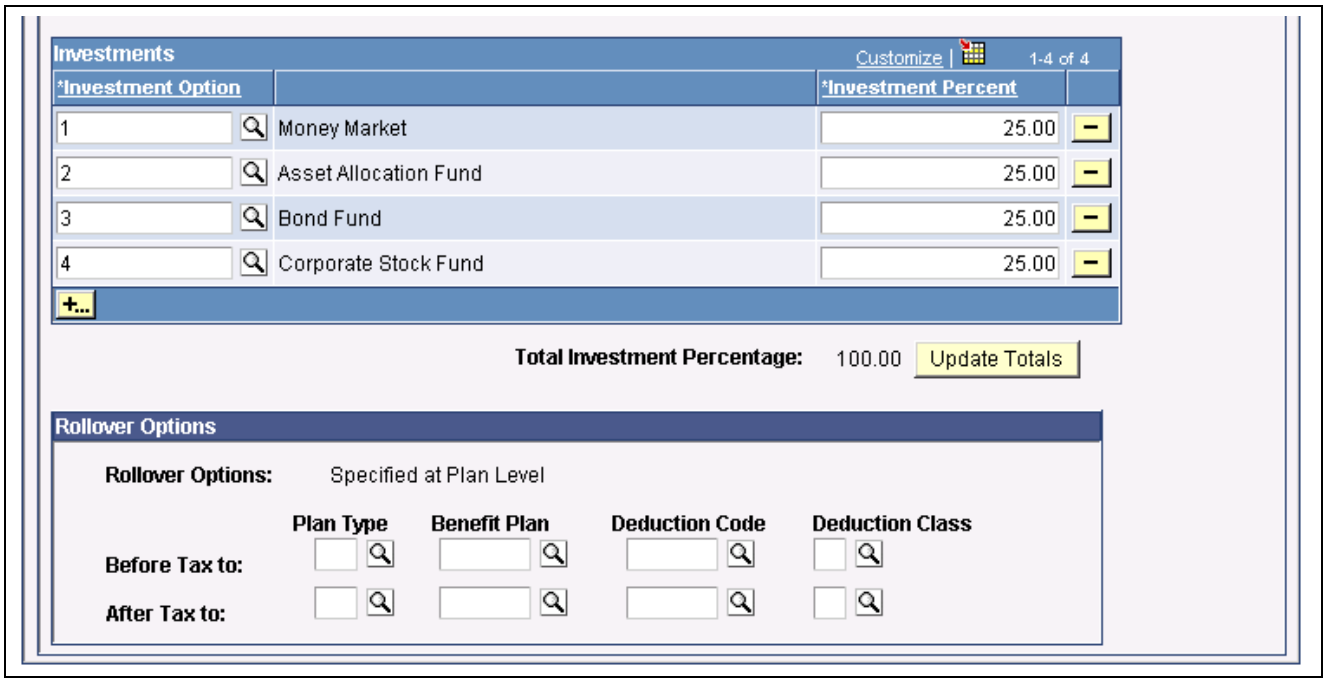
Disability Benefit page

Enrolling in Savings Plans

Access the Savings Plan Elections page.



Savings Plan Elections page (1 of 2)



Savings Plan Elections page (2 of 2)

Before Tax Investment and After Tax Investment

Flat Amount and **Percent of Earnings**

Define investment contributions as a flat amount or percent of earnings.

The system compares the Percent of Earnings 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 does not exceed the overall investment limit percentage that you defined for the savings benefit plan on Savings Plan Table.

Dependent/Beneficiaries

ID

Select the beneficiary ID. The selection list includes the beneficiaries that you set up for the employee using Dependent/Beneficiary Information component.

To delete a dependent enrollment, position the cursor at the line for the dependent that you want to delete and click the delete button.

Beneficiary Percentage

Enter the percent of benefit for each beneficiary.

Note. The total for all beneficiaries must equal 100 percent. If it does 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.

Investments

Investment Option

Select an investment option and allocate an investment percentage. Investment percentages must total 100 percent before they can be saved into the system. If there is more than one investment option associated with the chosen employee's savings plan, add more rows.

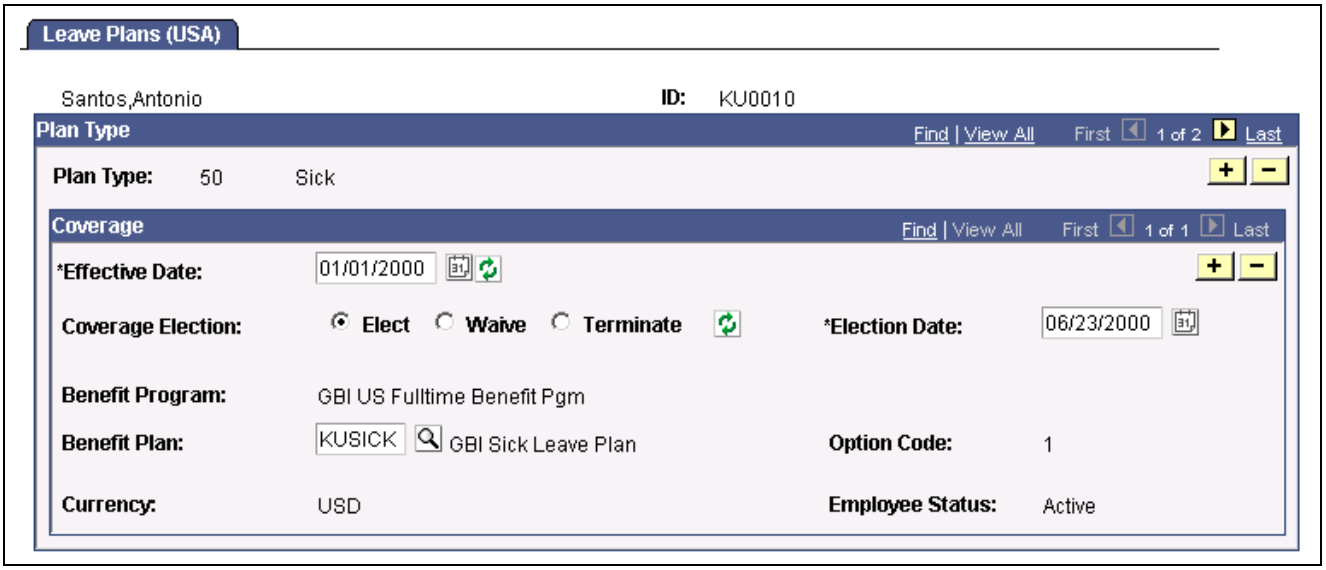
Rollover Options

You can enter rollover options only if Specified at Employee Level is selected on Savings Plan Table — Rollover of Funds page.

Enter the Before Tax to and After Tax to rollover Plan Type, Benefit Plan, Deduction, and (if applicable) Deduction Class in the appropriate fields.

Enrolling in Leave Plans

Access the Leave Plans (USA) or the Leave Plans page.

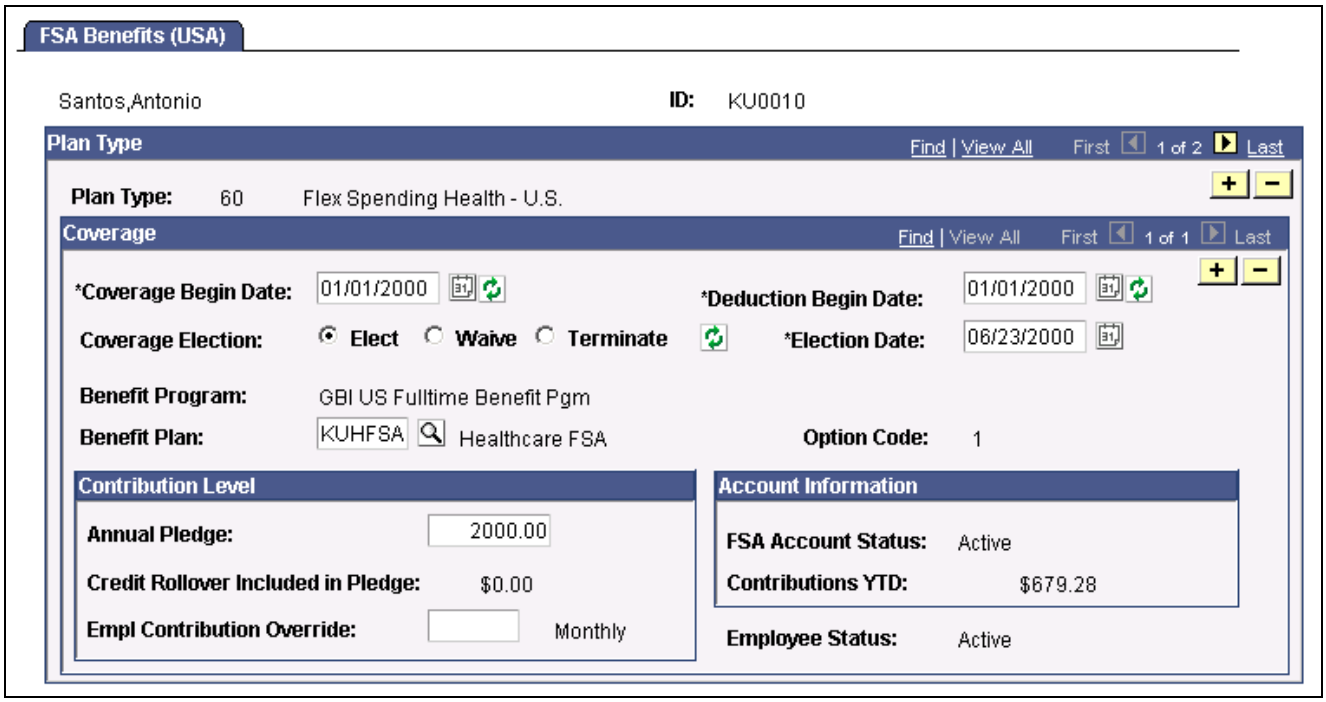


Leave Plans (USA) page

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) benefit plan type.

Enrolling in FSA Plans

Access the FSA Benefits (USA) or the FSA Benefit (CAN) page.



FSA Benefits (USA) page

Note. The FSA Benefits (CAN) page 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.

Contribution Level

Annual Pledge — Enter the employee's annual pledge amount.

Credit Rollover Included in Pledge — Used by 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.

Empl Contribution Override (employee contribution override) — If Payroll for North America or Payroll Interface is not implemented, this is optional.

Enter a value to have the system use this amount to calculate the employee's FSA contribution.

Leave the field blank to have the system use the *Annual Pledge* amount to calculate the employee's FSA contribution.

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).

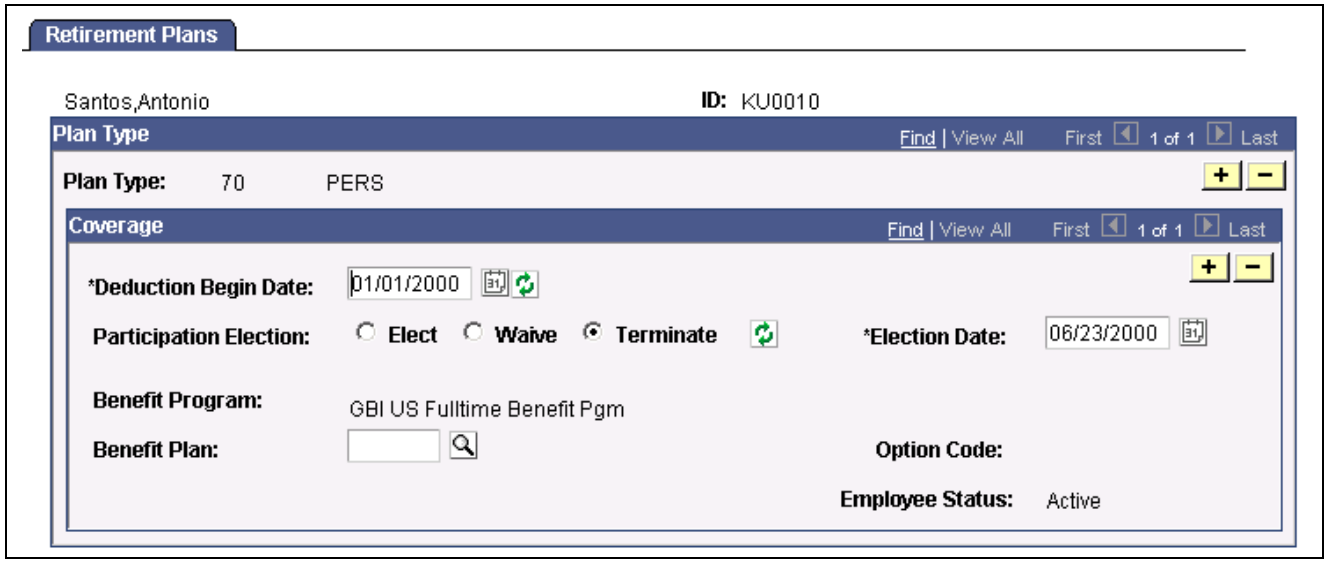
Employees cannot transfer FSA funds from one account to another. As a rule, unused funds in an account at the end of a plan year are transferred to the employer.

Carryforward

Appears for Canadian Pension Plans. This value is automatically set to the value that you entered for the Employer Carryforward Choice in the FSA Benefits Table (Canada).

Enrolling in PERS Plans

Access the Retirement Plans page.

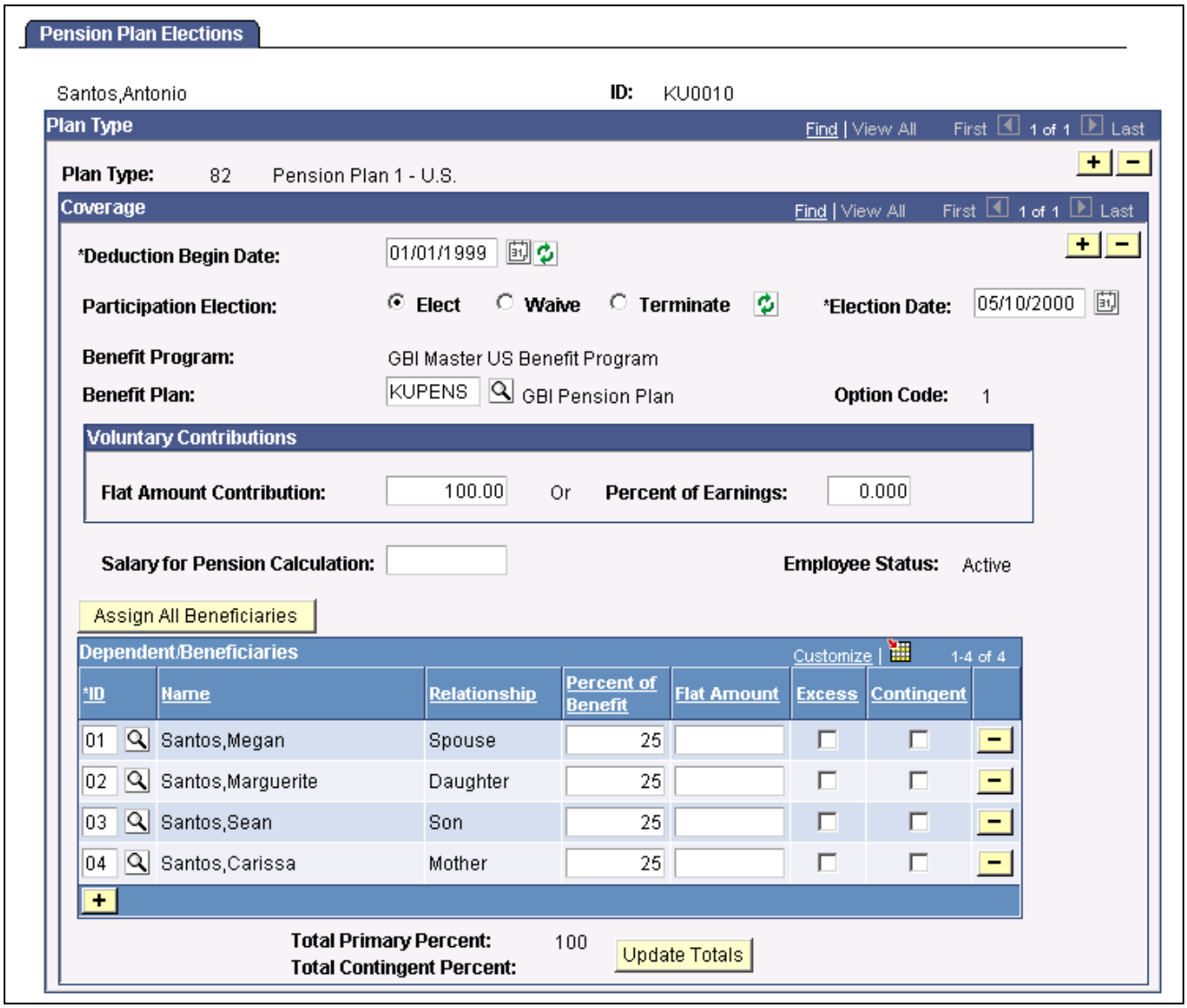


Retirement Plans page

Enrolling in Pension Plans

Access the Pension Plan Elections page.

For U.S. users the plan types are 80 or 81. For Canadian users, the plan types are 82 through 87.



Pension Plan Elections page

Salary for Pension Calculation Use to calculate the pension using a salary other than the employee pay rate.

Voluntary Contributions 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. Enter a flat amount or a percent of earnings.

Dependent/Beneficiaries

ID Select the beneficiary ID.

The selection list includes the beneficiaries that you set up for the employee using Dependent/Beneficiary Data.

To delete a dependent enrollment, position the cursor at the line for the dependent that you want to delete and click Delete.

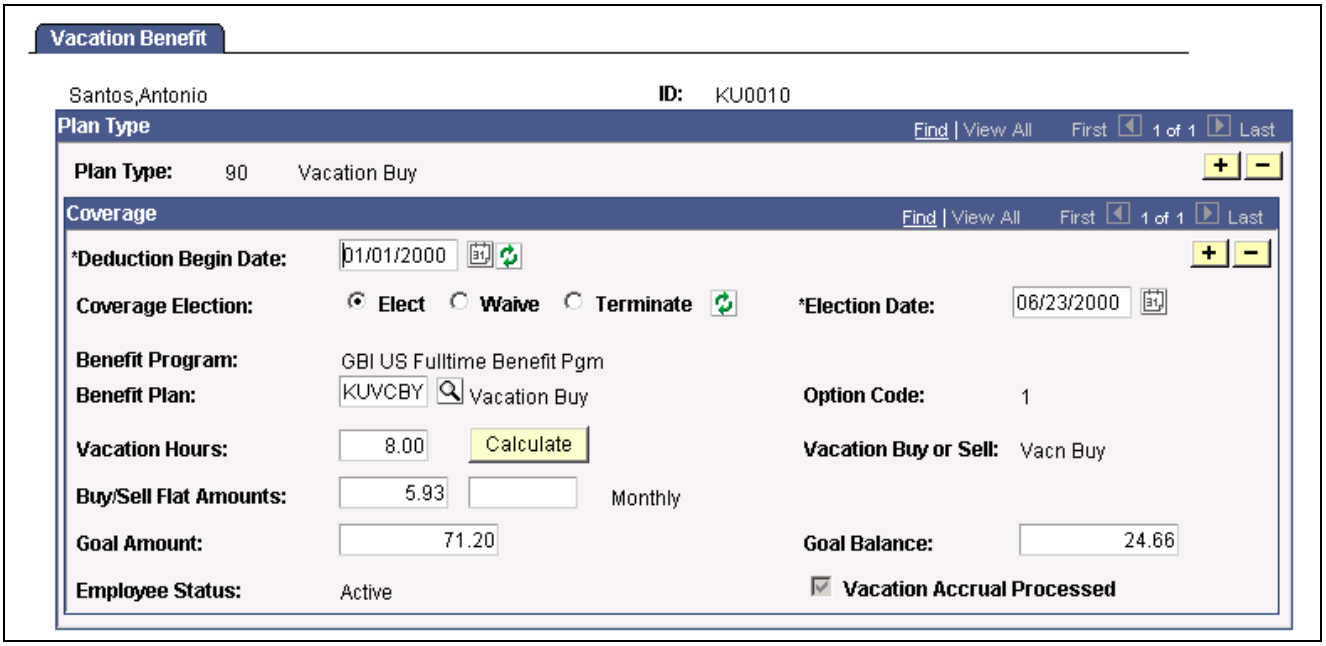
Percent of Benefit and **Flat Amount** Define the distribution benefit as a percent of benefit or a flat amount. If you enter a Flat Amount and more than one beneficiary, select one of the

beneficiaries to receive any excess funds. Select the beneficiary by selecting the Excess check box.

Note. The total for all beneficiaries must equal 100 percent. If it does 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.

Enrolling in Vacation Benefit Plans

Access the Vacation Benefit page.



Vacation Benefit page

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.

Vacation Hours

Number of hours that an employee buys or sells for the full plan year (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, they must be entered in the increment specified in the Vacation Buy/Sell Table.

Goal Balance

Updated by payroll. The system automatically stops deductions when the Current Goal Balance equals the Goal Balance.

Vacation Accrual Processed

During the first payroll processing cycle of the plan year, Payroll calculates bought and sold vacation earnings for each participant. The system automatically selects this check box.

You will not see the buy or sell transactions reflected in employee leave balances until after you perform leave accrual processing, at which time, the system clears the check box.

Note. If you change employee job data after the system performs vacation buy and sell processing, it does not update its calculations based on the new job data. For example, an employee is hired on September 1 and is paid monthly, at a rate of $20.00 per hour. The employee wants to buy 40 hours of vacation. The system assumes a 12-month period in which to spread the deduction. It calculates the Goal Amount as $800.00 (40 hours X $20 an hour), and calculated the pay period deduction as $66.67 (40 hours X $20 an hour/12 monthly periods per year). However, the company wanted the vacation amount based on the hire date. Because there were 4 months remaining in the year, September through December, the company manually calculated and entered $200, or $800 divided by 4.

(USF) Enrolling Employees in Benefit Programs and Plans

This section describes how to:

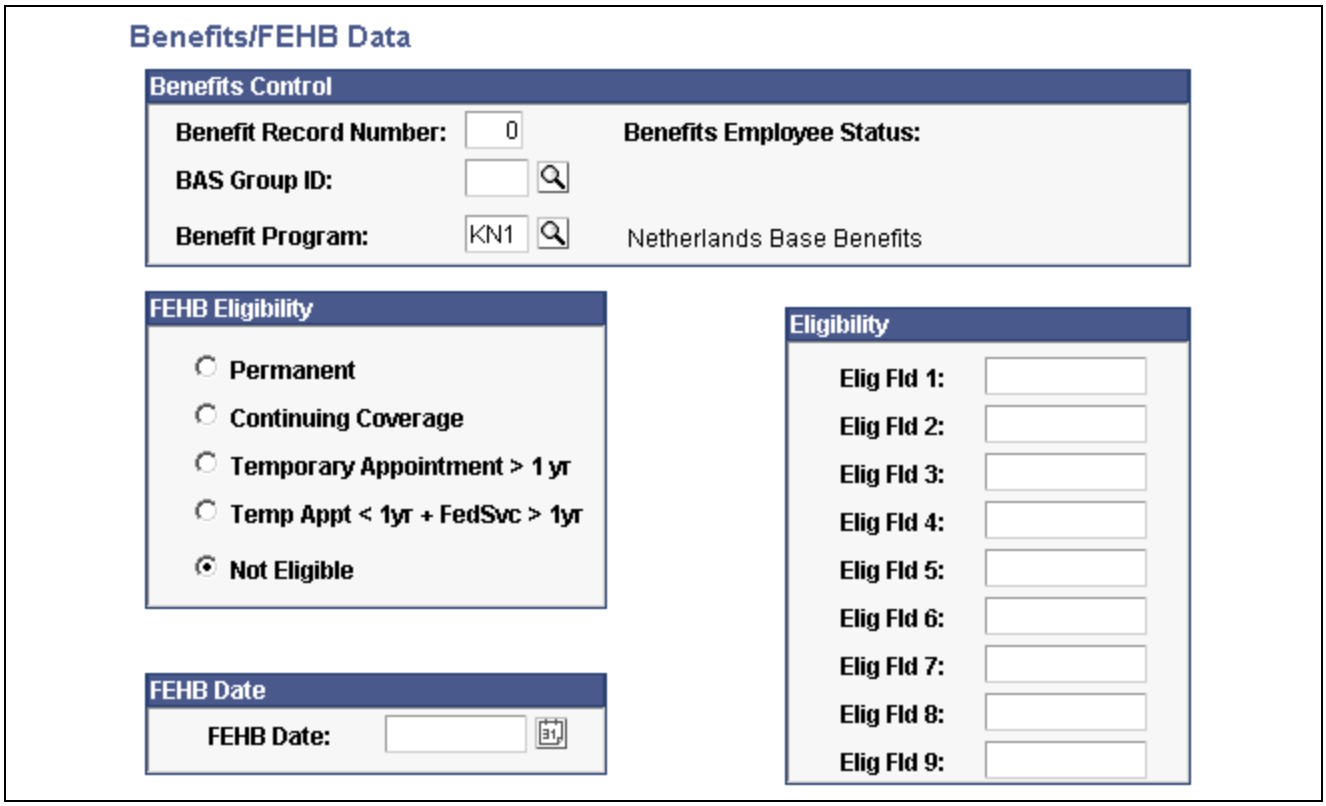
- Enroll participants into FEHB benefit programs using the Human Resources PAR process.
- Determine FEGLI Plan Coverage, Managing Retirement Coverage, and Designating FICA Status.
- Assign FEGLI benefits.
- Designate beneficiaries.
- Enroll employees in the TSP Agency automated contribution plan.

Pages Used to Enroll Employees in Benefit Programs and Plans Through the PAR

Page Name	Object Name	Navigation	Usage
Benefits/FEHB Data (benefits/federal employee health benefits data)	GVT_BENDATA_SEC	Workforce Administration, Job Information, HR Processing USF Select the Job tab. Click the Benefits/FEHB Data link.	Enroll participants into benefit programs and plans.
FEGLI/Retirement Data/FICA (federal employee government life insurance/retirement data/Federal Insurance Contributions Act)	GVT_BENDATA1_SEC	Workforce Administration, Job Information, HR Processing USF Select the Job tab. Click the FEGLI/Retirement/FICA link.	Select the participant's FEGLI plan coverage, manage the employee's retirement coverage, designate and FICA status.
FEGLI Assignments - Assignee (federal employee government life insurance - assignee)	GVT_ASSIGNEE	Benefits, Enroll in Benefits, Assign FEGLI Beneficiaries, Assignee	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.
FEGLI Assignments - Assignee Benef (federal employee government life insurance - assignee beneficiary)	GVT_ASSIGNEE_BEN	Benefits, Enroll In Benefits, Assign FEGLI Beneficiaries, Assignee Benef	Designate one or more beneficiaries. Use to assign the FEGLI benefits of U.S. federal government employees and retirees.
TSP - Agency Basic (thrift savings plan - agency basic)	GVT_TSP_AUTO	Benefits, Enroll In Benefits, TSP Agency Basic, TSP - Agency Basic	Enroll employees in the TSP Agency Automatic 1% Contribution plan.
TSP Investment Elections (thrift savings plan investment elections)	GVT_TSP_INVEST	Benefits, Enroll In Benefits, TSP Investment Allocations, TSP Investment Elections	Select investment options.

(USF) Enrolling Participants Into FEHB Benefit Programs and Plans

Access the Benefits/FEHB Data page.



Benefits/FEHB Data page

Benefits Control

This group box is used for Benefits Administration processing.

BAS Group ID (benefits administration group identification) — Applies only if your benefits system uses Benefits Administration. It is used to link the participant to a particular Benefits Administration Group for Benefits Administration processing later.

Benefit Program — Automatically set to the benefits program specified for the employee's Pay Group, which you specify in the Position Data page.

FEHB Eligibility

This group box identifies FEHB eligibility.

Permanent — Select this option for employees with a career conditional career appointment. 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 (temporary appointment greater than one year) — 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 (temporary appointment less than one year plus federal service greater than one year)	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

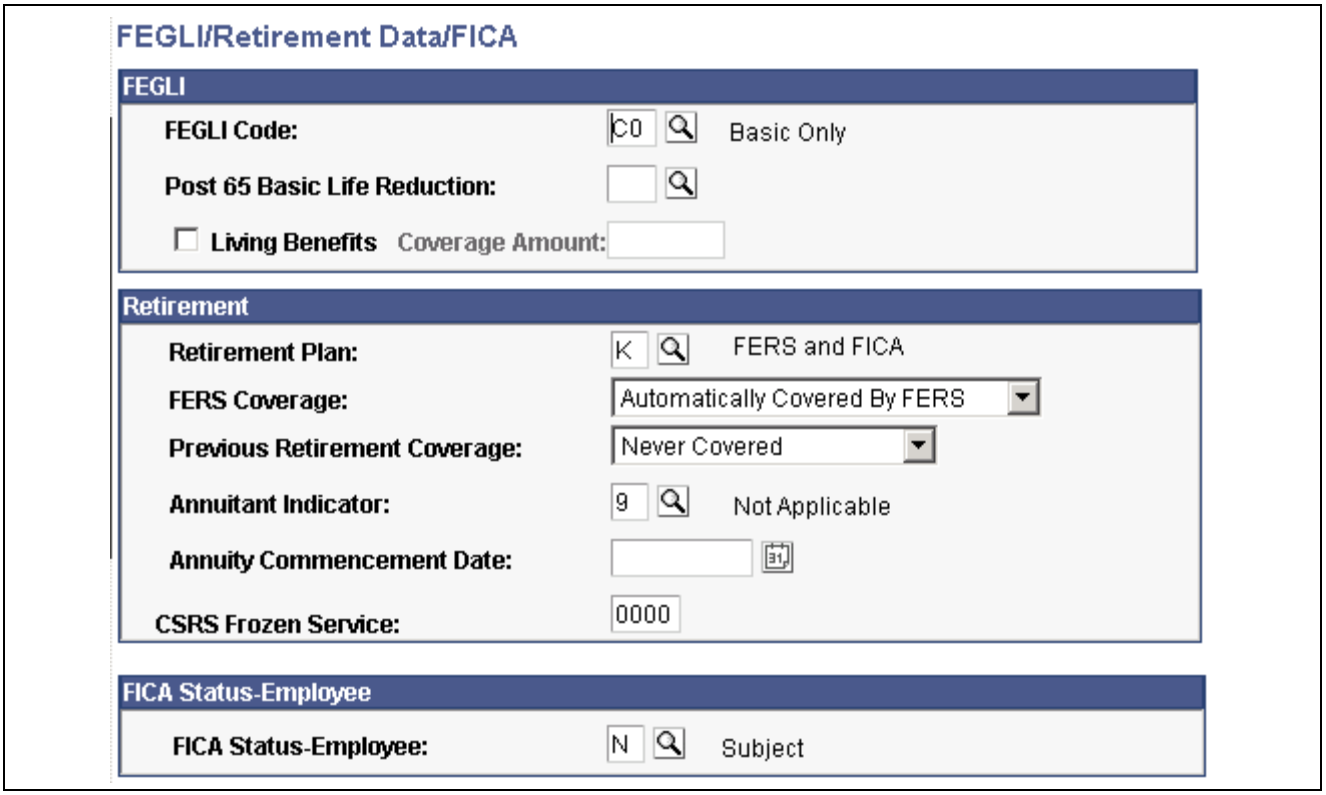
This group box is for Benefits Administration only. You enter the eligibility values that refer to the refer to eligibility configuration values in the Eligibility Rules Table.

FEHB

This group box is for Federal users. 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.

Determining FEGLI Plan Coverage, Managing Retirement Coverage, and Designating FICA Status

Access the FEGLI/Retirement Data/FICA page.



FEGLI/Retirement Data/FICA page

FEGLI

FEGLI Code

Use this field to select the participant's FEGLI plan coverage, including termination, waiving coverage, and coverage ineligibility.

Only active employees are allowed to increase their FEGLI coverage.

You can assign beneficiaries and allocate survivor benefits through the Life and AD/D Benefits - Beneficiaries page.

Note. When you have two or more FEGLI-related transactions to process for one employee that are effective on the same date, each one must be processed separately. 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 settlement company that will 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 the *Post 65 Basic Life Reduction* field, determine whether the chosen employee's life plan value will be reduced by 50%, 75%, or not at all.

Living Benefits

Select 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 or retiree.

When an employee's request for living benefits has been approved by OFEGLI, use the PAR pages to process the election. Select an NOA Code of *805* (Elect Full Living Benefit) or *806* (Elect Partial Living Benefit).

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 values available to the employee are the following: *Terminate All* and *Waive All Life Insurance.*

Coverage Amount

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

Retirement Plan

Select the employee's retirement plan coverage. You can select from entire list of available 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.

FERS Coverage

Indicate the level of FERS coverage allocated to employees who had federal retirement plan coverage prior to 1984. Employees before 1984, can select

from the following valid values: *Elected Coverage Under FERS* or *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 Employees transferring in from another agency previously covered by a federal benefit plan should select *Previously Covered.* If the employee was not covered, select *Never Covered.*

Annuitant Indicator Use 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.

Determine whether or not the retirement annuity is applicable to the employee's wages. Indicate the former employment status of the employee, whether or not the employee was a retired enlisted or military officer, and the employee's retirement plan type (CSRS or FERS).

Annuity Commencement Date 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, Payroll's Pay Calculation process prorates FEHB and FEGLI deductions according to OPM (Office of Personnel Management) rules.

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 an 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 the CSRS Frozen Service field, 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

Select the employee's FICA status. Select from the following valid values: *E − Exempt, M − Medicare only,* or *N − Subject.*

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.

Assigning FEGLI Benefits

Access the FEGLI Assignments - Assignee page.

Assignee Number Designated automatically by the system; it automatically increases by one with each new assignee that you designate for an employee.

Assignee Name, National ID, and **Assignee Share (Pct)** (assignee share percentage)

Enter the information for each assignee.

The total assignee shares for all assignees associated with an employee should equal 100.

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 BIA is assigned along with any optional insurance. This is with the exception of Option C - Family coverage.

Designating Beneficiaries

Access the FEGLI Assignments - Assignee Benef page.

Assignee Beneficiary Number

The system designates and automatically increases by one for each beneficiary added to an assignee.

Assignee Name, Relationship, and **Benef Share (Pct)** (benefit share percentage)

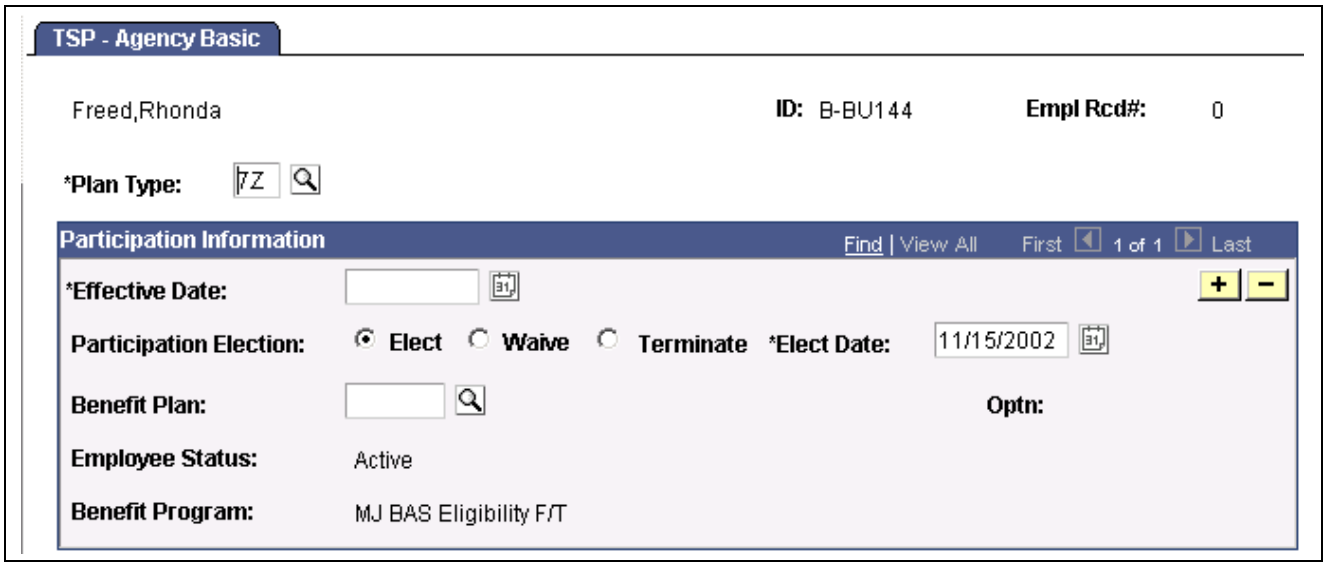
Enter the information for each assignee.

Same Address as Assignee

Select this 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 the TSP Agency Automatic Contribution Plan

Access the TSP - Agency Basic page.



TSP - Agency Basic page

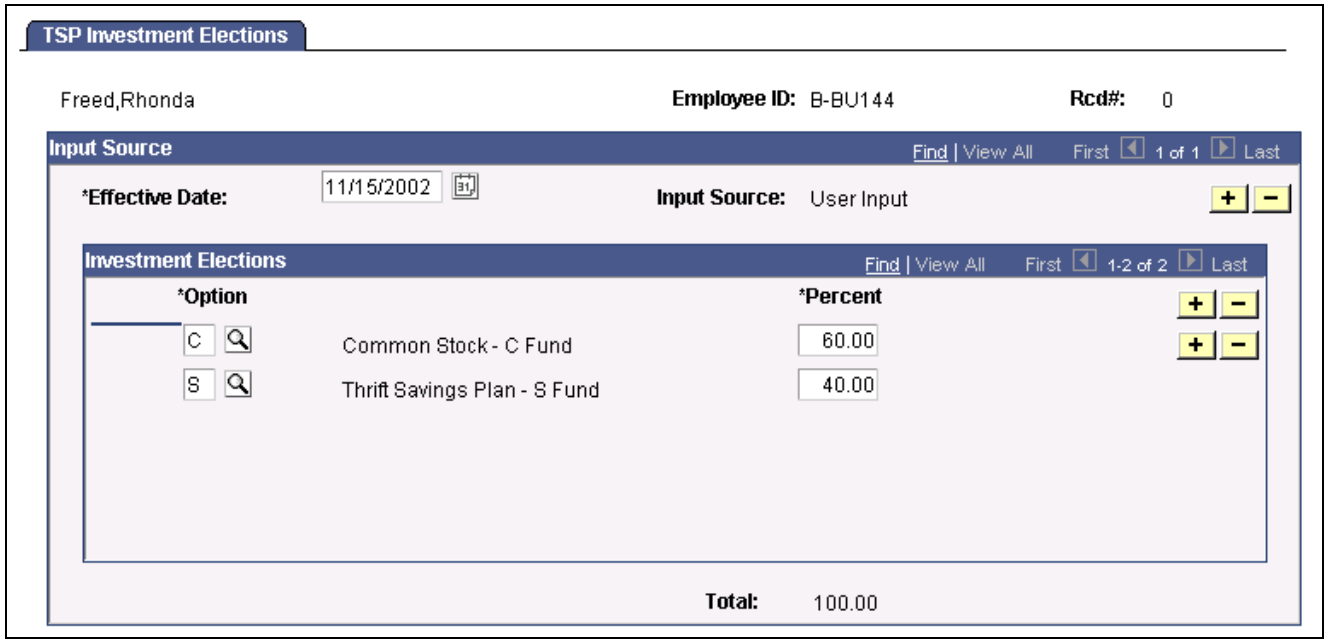
Enter the Effective Date. By default, the system sets Participation Election to Elect and the Elect Date to the system date.

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.

Selecting Investment Options for TSP Plans

Access the TSP Investment Elections page.



TSP Investment Elections page

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.

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.

Terminating 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 make these changes on the benefit enrollment page for the benefit in question, such as Life & AD/D Benefits. You do not make the changes in the Dependent/Beneficiary Information component.

If you try to delete dependent/beneficiary records on benefit election pages that have court orders applied to them, the system informs you that the dependent or beneficiary has a court order that provides a legal right to benefit coverage.

Warning! If you delete dependent/beneficiary data using the Dependent/Beneficiary Information component, you'll destroy history. Once you change enrollment data, it won't matter that the dependent or beneficiary data is available in the Dependent/Beneficiary Information component. In fact, it must remain to provide correct historical information.

Generating HIPAA Certificates

This section discusses how to:

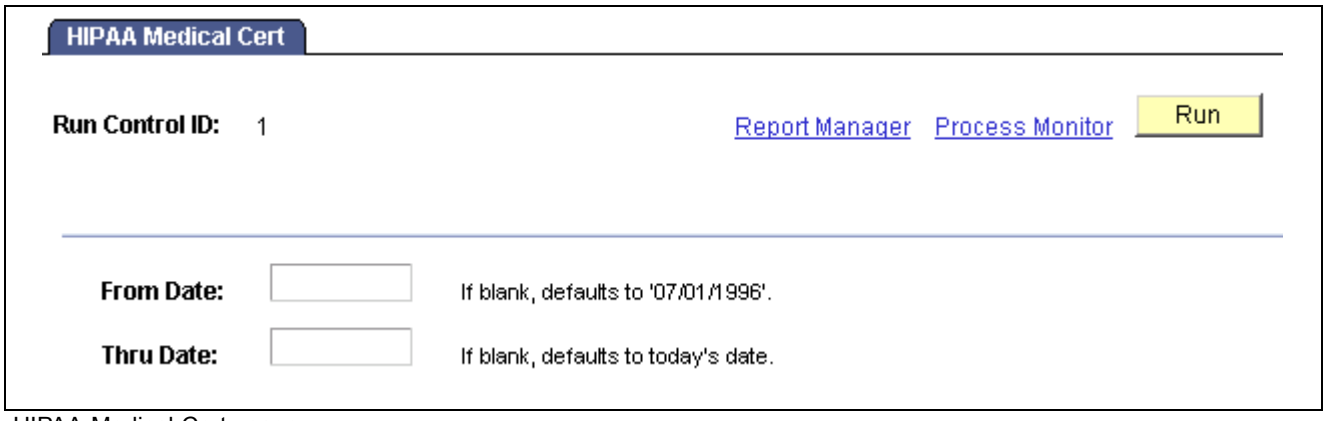
- Run the HIPAA Medical Certificate process.
- View HIPAA letter printing dates.

Pages Used to Generate HIPAA Certificates

Page Name	Object Name	Navigation	Usage
HIPAA Medical Cert	RUN_CTL_HIPAA	Benefits, Reports, Regulatory and Compliance, HIPAA, HIPAA Medical Cert	Run the report of the history of former employee's group health coverage.
Notification Letters	BENEF_LETTER_HIST	Benefits, Review Employee Benefits, Notification Letters, Notification Letters	View HIPAA certificate printing for an employee and dependents.

Generating a HIPAA Certificate

Access the HIPAA Medical Cert. page.



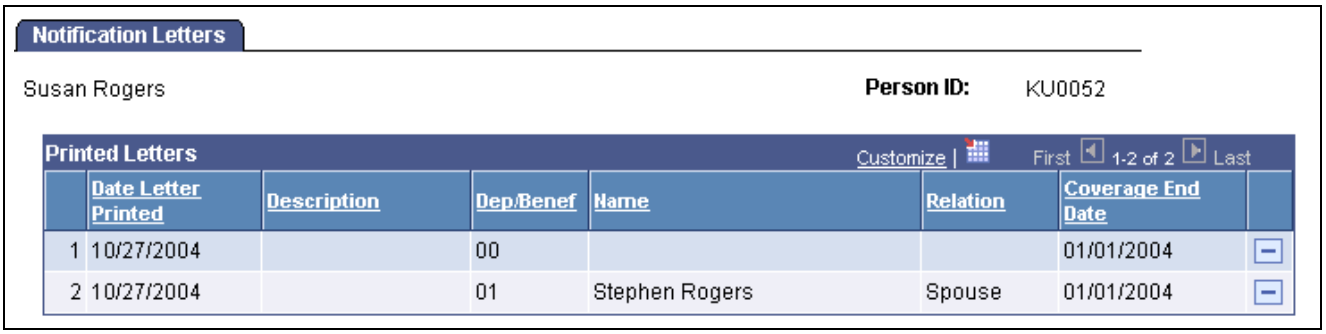
HIPAA Medical Cert. page

From Date Enter the beginning date of the time period for which you want to generate HIPAA certificates.

Thru Date Enter the ending date of the time period for which you want to generate HIPAA certificates.

Viewing HIPAA Letter Printing Dates

Access the Notification Letters page.



Notification Letters page

CHAPTER 8

Reviewing Enrollments and Benefit Calculations

This chapter discusses how to:

- Audit your benefit information.
- View benefit summary data.
- Override the frequency of benefit deductions.

Auditing Your Benefit Information

PeopleSoft uses the same set of audits for both Base Benefits and PeopleSoft Enterprise 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.

This table lists the Human Resources audits and corrective actions. Perform these audits regardless of whether you use Base Benefits or Benefits Administration to enroll participants.

Benefits Audit Functions and Corrective Actions

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 that is 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.

Benefits Audit	Audit Functions	Corrective Actions
	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.
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 perform this check, enter both national IDs in 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. The audit identifies persons who typically are not dependents.	Correct the dependent information.

Where Employee Benefits Data is Controlled: PAR Versus the Individual Benefit Plan

The following table contains a list of the plan types delivered by the Base Benefits business process 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.

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.

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). • Coverage code (elections). • Dependent ID (dependents).
FEGLI	FEGLI Coverage Living Benefits Enrollment	• FEGLI assignments (beneficiaries). • Percent of benefit allocation (beneficiaries).

Plan Type	Benefits Data Controlled in PAR	Benefits Data Controlled in Individual Plan Pages
TSP		• Coverage begin and end date (TSP employee/matching - elections). • Deduction begin and end data (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 (TXP 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).

Note. PeopleSoft provides audits for your benefit information. Some audits are specifically for the Base Benefits business process and others are for Benefits Administration. After you enroll participants, check your data using the Human Resources audits.

Viewing Benefits Summary Data

During regular payroll processing cycles, the system uses all relevant human resources, benefits, and payroll table information and employee data to process deductions and compensation.

Regardless of whether your organization uses PeopleSoft Enterprise Payroll for North America or PeopleSoft Enterprise Payroll Interface, you can view a summary of employee benefit data, including the most recent payroll deduction. You can view either:

- The general benefits summary.
- The payroll interface benefits summary.

Pages Used to View Benefits Summary Data

Page Name	Object Name	Navigation	Usage
Benefits Summary	BENEFITS_SUMMARY1	Benefits, Review Employee Benefits, Benefits Summary (w/Pay Dedns), Benefits Summary	View deduction information for all the selected employee's benefit plans.
Benefits Summary (PI DedCalc)	BENEFITS_DED_SUMM1	Benefits, Review Employee Benefits, Benefits Summary (w/PI Dedns), Benefits Summary (PI DedCalc)	View details for all an employee's benefits programs. For U.S. employees only.

Overriding the Frequency of Benefit Deductions

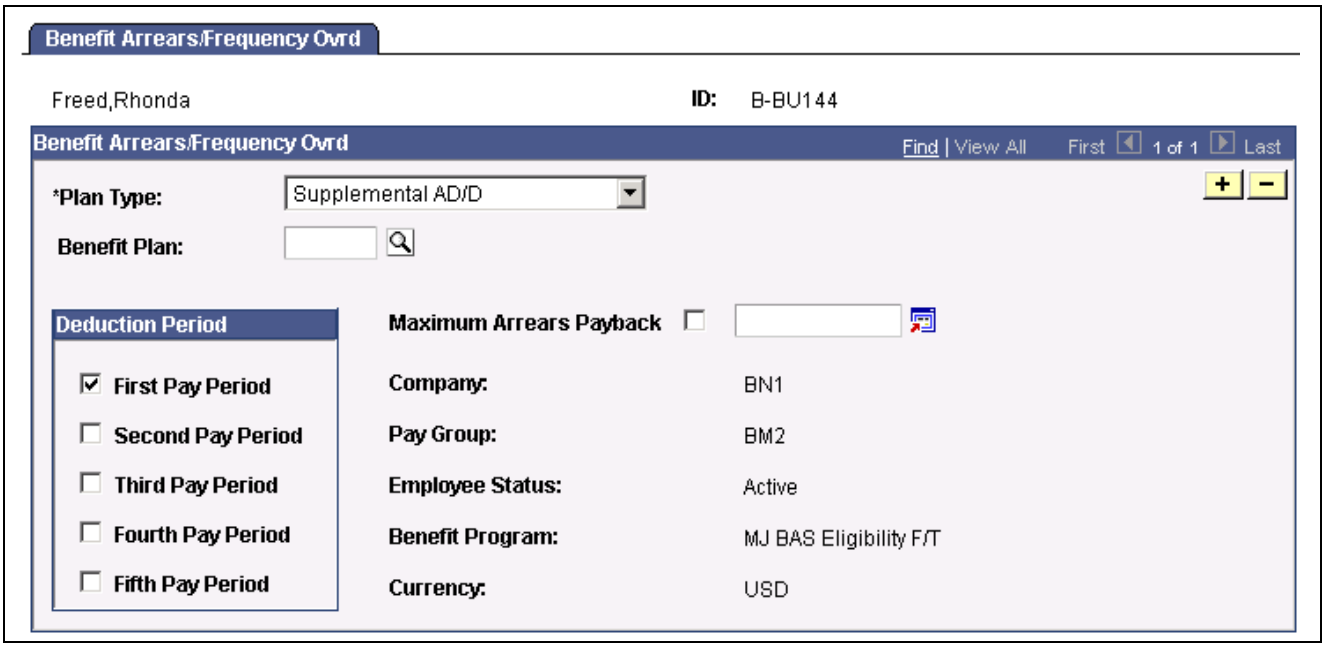
After the system has performed benefit deductions for your employees, you can override the frequency of a deduction amount for individual employees using the Benefit Arrears/Frequency Ovrd page.

Page Used to Override Deduction Frequency

Page Name	Object Name	Navigation	Usage
Benefit Arrears/Frequency Ovrd (benefit arrears/frequency override)	BENEF_DED_OVERRIDE	Benefits, Enroll In Benefits, Set Max Arrears/Frequency Ovrd, Benefit Arrears/Frequency Ovrd	Manage overrides to benefit deduction frequency and arrears processing.

Entering the Benefit Arrears Amount and Deduction Frequency Information

Access the Benefit Arrears/Frequency Ovrd page.



Benefits Arrears/Frequency Ovrd page

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 an employee's paycheck.

Deduction Period

This group box enables you to override the deduction frequency. Normally, the frequency with which a deduction is taken from an employee's paycheck is controlled through the deduction table and paygroup.

CHAPTER 9

Performing Nondiscrimination Testing

This chapter provides an overview of Section 401 and Section 129 nondiscrimination tests and discusses how to:

- Define highly compensated earnings.
- Identify highly compensated employees.
- Set up test criteria and plans.
- Define the nondiscrimination test run control.
- Run nondiscrimination tests.
- Understand nondiscrimination tests results.
- View nondiscrimination test results.
- Set limits to comply with test results.

Important! The information in this chapter regarding the basic and alternate Section 401(k) nondiscrimination tests is based on the criteria in effect at the time the template was originally designed. It is not intended to be a guide on how to comply with nondiscrimination testing or to summarize current legal regulations.

PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

Understanding Section 401 Nondiscrimination Tests

This section describes:

- Basic and Alternate Section 401(k) Tests.
- Basic and Alternate Section 401(m) Tests.
- The Aggregate Limit Test.

Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

Understanding Basic and Alternate Section 401(k) Tests

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 a certain percentage 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 a certain percentage, provided the difference between the ADP $_{HCE}$ and the ADP $_{NHCE}$ does not exceed a certain percentage point.

Understanding 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 a certain percentage 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 a certain percentage, provided the difference between the ACP $_{HCE}$ and the ACP $_{NHCE}$ does not exceed a certain percentage point.

Understanding the Aggregate Limit Test

If both the ADP and ACP Tests do not pass the basic percentage test and both pass the alternative percentage test, the system automatically runs the new Aggregate Limit Test when you run the 401(k) or 401(m) NDT report. The Aggregate Limit Test indicates that 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*: 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 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 run a nondiscrimination test, define the highly compensated earnings to be processed in the nondiscrimination test.

To define highly compensated earnings:

1. Define a special accumulator for highly compensated earnings.
2. Link that special accumulator to the appropriate earnings.

Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

See Also

PeopleSoft Enterprise Payroll for North America 8.9 PeopleBook, "Defining Earnings Codes and Earnings Programs," Establishing Earnings Programs

Identifying Highly Compensated Employees

Now that the parameters for running nondiscrimination testing are defined, you must identify employees who are highly compensated employees using the Job Data component.

A highly compensated employee is defined as someone who:

1. Was a 5 percent (or more) owner of the organization at any time during the current or preceding year; or
2. Received more than an indexed compensation amount in the preceding year; or
3. Received more than an indexed compensation amount in the preceding year, and was among the most highly paid 20 percent of employees in the 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 (or more) owner. The system will not classify employees hired during the current year as highly compensated employees unless they also are or were a 5 percent (or more) owner during the current year.

To identify employees who are 5 percent (or more) owners:

1. Access the Work Location - Employment Information: Employment Data page.
2. Select the Owns 5% (or More) of Company check box to identify an employee as a 5 percent or more owner.

See Also

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Increasing the Workforce"

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. Perform these tests according to IRS criteria that you define, for the benefit plans that you identify.

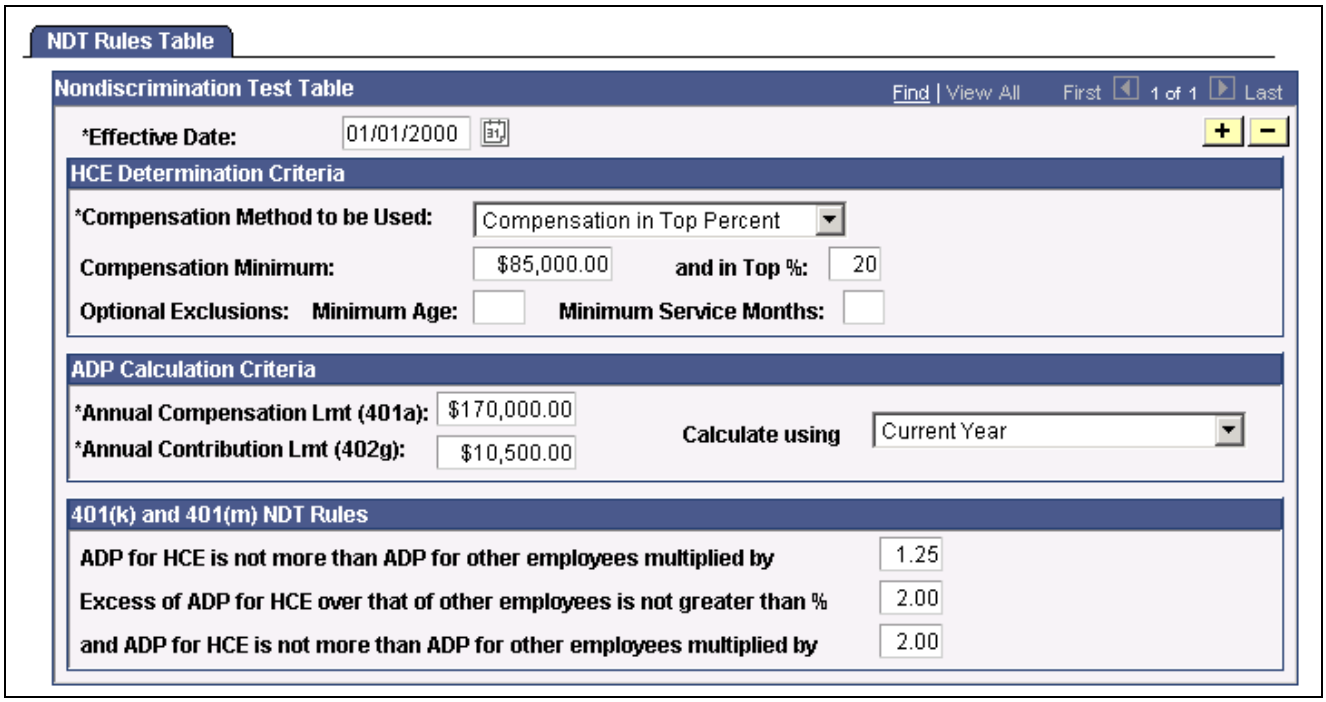
Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

Page Used to Set Up Test Criteria and Plans

Page Name	Object Name	Navigation	Usage
NDT Rules Table (Nondiscrimination Rules Table)	NDT_HCE_TABLE	Set Up HRMS, Product Related, Base Benefits, Nondiscrimination Rules, NDT Rules Table	Define the regulatory rules governing your nondiscrimination testing.

Setting Up Test Parameters

Access the NDT Rules Table page.



NDT Rules Table page

Effective Date Enter the effective date for your nondiscrimination test criteria. The effective date enables you to maintain a history of your test criteria.

HCE Determination Criteria

Compensation Minimum Set up the system to take into account all employees who have received the compensation minimum, or 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. You have the option of changing this percentage.

Minimum Age and 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. 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 Lmt (annual compensation limit) and **Annual Contribution Lmt** (annual contribution limit)

Enter the annual compensation limit and annual contribution limit for the test.

Calculate Using

Select which year's data you want the system to use to perform the ADP and ACP calculations.

The options are *Current Year* or *Previous Year.*

Note. Because the nondiscrimination testing procedure for 401(k) and 401(m) plans includes compensation data from the preceding plan year, 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 defined, 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.

Identifying Benefit Plans to Include in a Test

This section explains how you specify the benefit plans that are included in nondiscrimination testing.

To identify benefit plans to include in NDT testing:

1. Access the Benefit Plan Table page.
2. Select the Include in Nondiscrimination Testing check box.

   The test will include all of the benefit plans with this check box selected. This option is available for all savings plans.

See Also

Chapter 3, "Setting Up Benefit Plans," Defining Benefit Plans, page 43

Defining the Nondiscrimination Test Run Control

After you set up your special accumulators and their associated earnings, set up the parameters for your nondiscrimination test through run control pages.

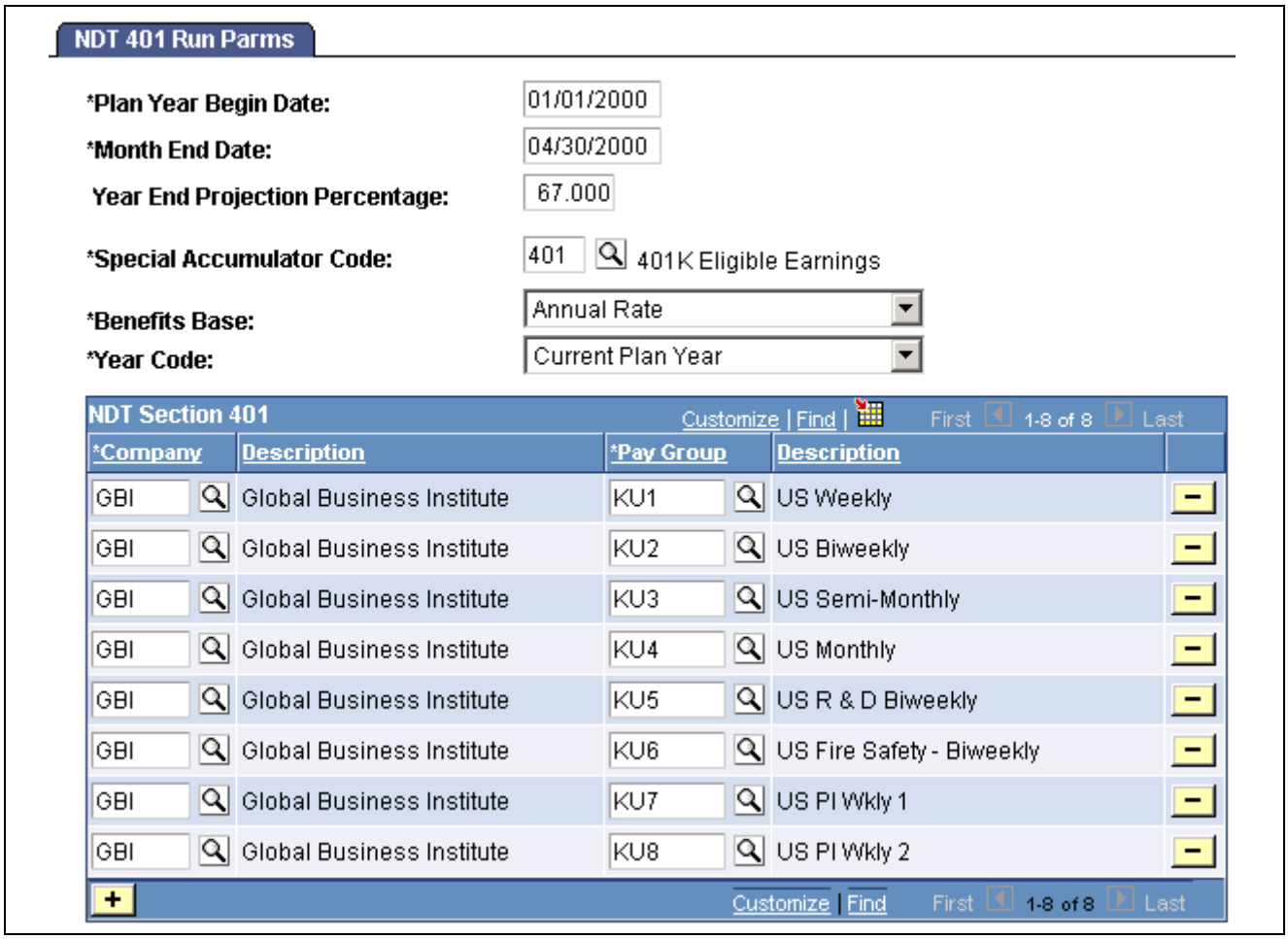
Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

Pages Used to Define the Nondiscrimination Test Run Control

Page Name	Object Name	Navigation	Usage
NDT 401 Run Parms (parameters)	RUNCTL_NDT	Benefits, Conduct Nondiscrimination Tsts, Section 401 Testing, Define Test Information, NDT 401 Run Parms	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.
Run 129 Testing	RUNCTL_129	Benefits, Conduct Nondiscrimination Tsts, Section 129 Testing, Define Test Information, Run 129 Testing	Define the information that controls nondiscrimination testing for Section 129 dependent care reimbursement accounts.

Defining Special Accumulators and Company and Pay Group Criteria

Access the NDT 401 Run Parms page.



NDT 401 Run Parms page

Plan Year Begin Date Enter the first day of 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 Enter the percentage that you want the system to use.

When testing for the current year, this field enables you to define whether you want the system to project until year-end.

Special Accumulator Code Enter the special accumulator code for the test. The system will use this accumulator to determine employee compensation for the test.

Benefits Base Enter the benefits base that you want to use, either *Annual Rate* or *Annual Benefits Base Rate.* For example, suppose you initiate a test for the current year on May 31, but you want projections until the end of the plan year, you need to project for the remaining 7 of the total 12 months, which means you enter *58.33%* as the Year End Projection Percentage.

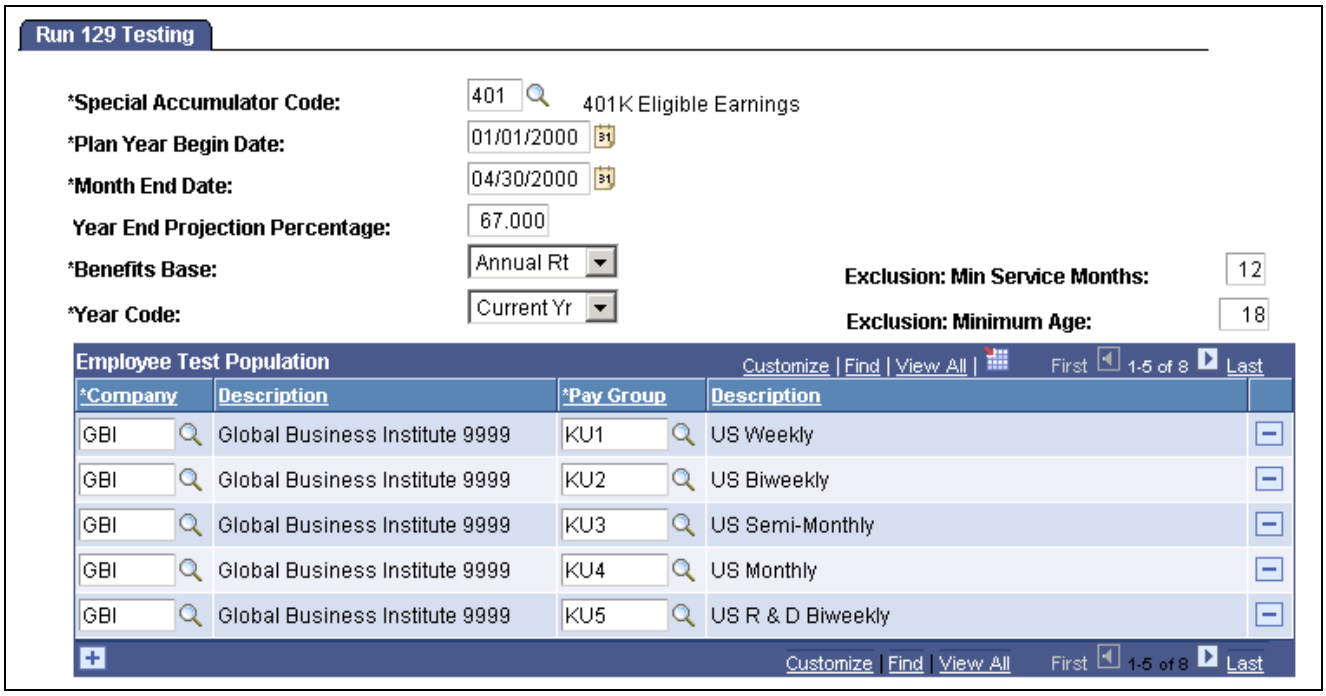
Year Code Indicate whether testing is for the *Current and Prior Plan Year,* the *Current Plan Year,* or for the *Prior Year.* Because the rules for the determination of highly compensated employees determine HCE status based primarily upon the previous year's data, the system must gather salary information for the previous year and store it. When you run a Section 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

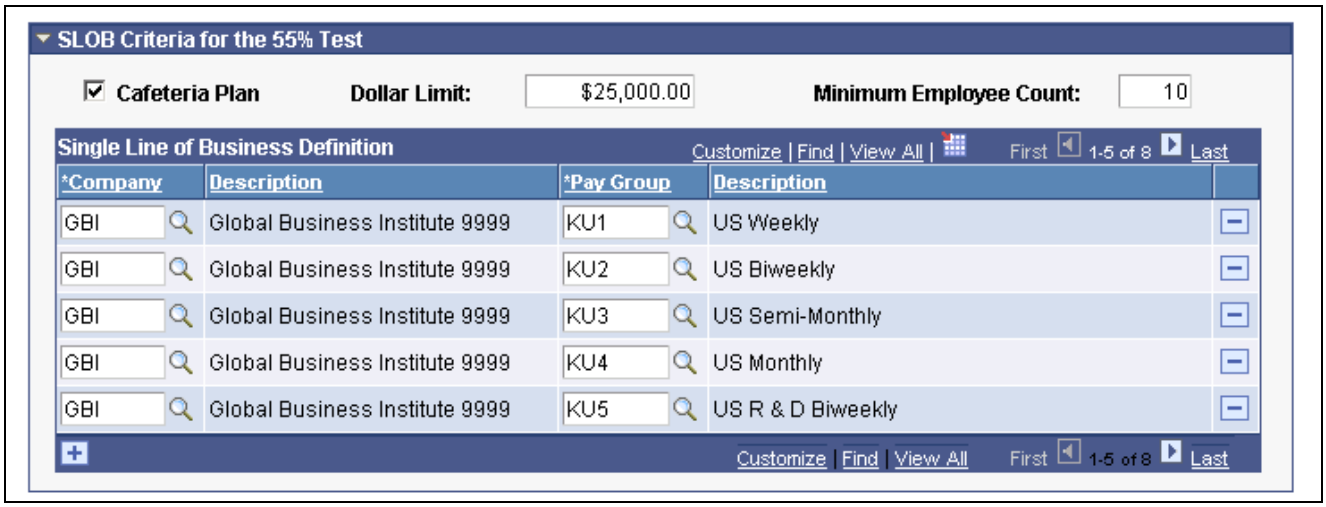
Company and **Pay Group** Identify the companies and the pay groups that you want to include in this test.

Defining Section 129 Rules

Access the Run 129 Testing page.



Run 129 Testing page (1 of 2)



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 Enter the beginning date for 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.

Exclusion: Min Service Months (exclusion: minimum service months) Enter the minimum length of service for employees included in the test.

Exclusion: Minimum Age Enter the minimum age limit for the employees included in the test.

Benefits Base Enter the benefits base—either *Annual Rt* or *Benef Base.*

Year Code 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. 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

Pay Group and **Pay Group** Identify the companies and the pay groups that you want to include in this test.

SLOB (Separate Line of Business) Criteria for the 55% Test

Cafeteria Plan Select this check box if you have a flexible benefits or cafeteria plan.

Dollar Limit Enter the earnings amount below which you want the system to exclude employees from the Section 129 test.

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 Enter the minimum number of employees for a separate line of business to be included in the test.

SLOB Criteria for the 55% Test Choose the method of restricting the test population. You can restrict the test population by company and pay group or by SLOB.

Company and **Pay Group** If you use SLOB, indicate the company and pay group associated with each separate line of business.

Running Nondiscrimination Tests

This section discusses how to:

- Determine the number of highly compensated employees.
- Run 401(k) and 401(m) testing.
- Run Section 129 nondiscrimination testing.
- Produce the 401 Nondiscrimination Testing report.
- Produce the Section 129 Nondiscrimination Testing report.

Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

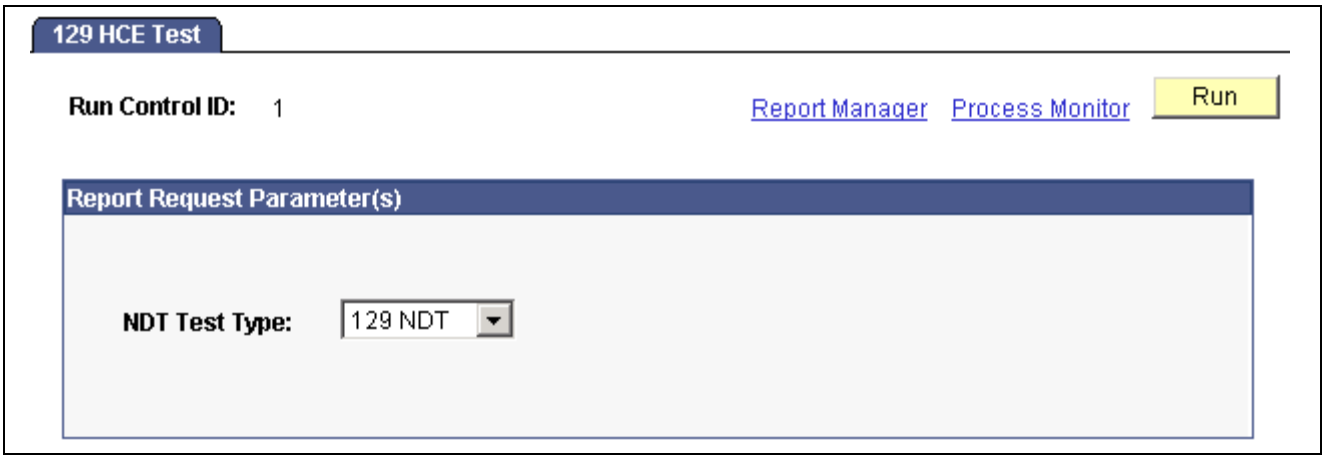
Pages Used to Run Nondiscrimination Testing

Page Name	Object Name	Navigation	Usage
129 HCE Test	RUNCTL_NDT001	Benefits, Conduct Nondiscrimination Tsts, Section 129 Testing, Identify Highly Comp Employees, 129 HCE Test	Determine the number of highly compensated employees in your organization before you perform Section 401 or Section 129 nondiscrimination tests.
NDT 401 HCE Test	RUNCTL_NDT001	Benefits, Conduct Nondiscrimination Tsts, Section 401Testing, Identify Highly Comp Employees, NDT 401 HCE Test	Determine the number of highly compensated employees in your organization before you perform Section 401 or Section 129 nondiscrimination tests.
Run Control	PRCSRUNCNTL	Benefits, Conduct Nondiscrimination Tsts, Section 401 Testing, 401(k) Nondiscrimination Test, Run Control	Initiate 401(k) testing.
NDT Section 401(m) Testing	PRCSRUNCNTL	Benefits, Conduct Nondiscrimination Tsts, Section 401 Testing, 401(m) Nondiscrimination Test	Initiate 401(m) testing.
Eligibility Cross Section Test	PRCSRUNCNTL	Benefits, Conduct Nondiscrimination Tsts, Section 129 Testing, Eligible Cross Section Test, Eligibility Cross Section Test	Initiate Section 129 nondiscrimination testing. The run control page is identical for all three tests.
55 Pct Average Benefits Tests (55 percent average benefits test)	PRCSRUNCNTL	Benefits, Conduct Nondiscrimination Tsts, Section 129 Testing, 55% Average Benefits Tests, 55 Pct Average Benefits Test	Initiate Section 129 nondiscrimination testing.
Concentration Test	PRCSRUNCNTL	Benefits, Conduct Nondiscrimination Tsts, Section 129 Testing, Concentration Test, Concentration Test	Initiate Section 129 nondiscrimination testing.

Determining the Number of Highly Compensated Employees

Access the NDT 401 HCE Test page or the 129 HCE Test page.

NDT 401 HCE Test page



129 HCE Test page

Warning! Before determining the number of highly compensated employees, first set the nondiscrimination test parameters.

NDT Test Type Choose from the following valid values: *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).

Running 401(k) and 401(m) Testing

Access the 401(k) nondiscrimination Run Control page.

Warning! Before running a nondiscrimination test using this page, you must first set the nondiscrimination test parameters in the 401 NDT Run Control page and determine the number of highly compensated employees in the NDT 401 HCE Test 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.

Running Section 129 Nondiscrimination Testing

Access the NDT 129 Eligibility Cross Section Test page.

Note. For 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.

Warning! Before running a nondiscrimination test using this page, first set the nondiscrimination test parameters in the 129 NDT Run Control page and determine the number of highly compensated employees in the 129 HCE Test 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.

Understanding Nondiscrimination Test Results

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 is 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 Plan Election page displays the highly compensated flag for the current year only. The previous year's highly compensated flag is not available online.

Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

Viewing Nondiscrimination Test Results

This section discusses how to:

- View results for an individual.
- View Section 401 test results for all employees.
- View Section 129 test results for all employees.
- Run nondiscrimination test reports.

Important! PeopleSoft provides these nondiscrimination tests for your use as a template, not to be used for actual reporting.

Pages Used to View Nondiscrimination Test Results

Page Name	Object Name	Navigation	Usage
Savings Plan Elections	SAVINGS_PLANS1	Benefits, Enroll In Benefits, Savings Plans, Savings Plan Elections	View nondiscrimination test results for an individual.
Results of 401	NDT_401_RESULTS	Benefits, Conduct Nondiscrimination Tsts, Section 401 Testing, Review Test Results, Results of 401	View the nondiscrimination test results for all employees in 401(k) and 401(m) tests.
NDT Results 129	NDT_129_RESULTS	Benefits, Conduct Nondiscrimination Tsts, Section 129 Testing, Review Test Results, NDT Results 129	View the nondiscrimination test results for all employees.

Viewing Results for an Individual

Access the Savings Plan Elections page.

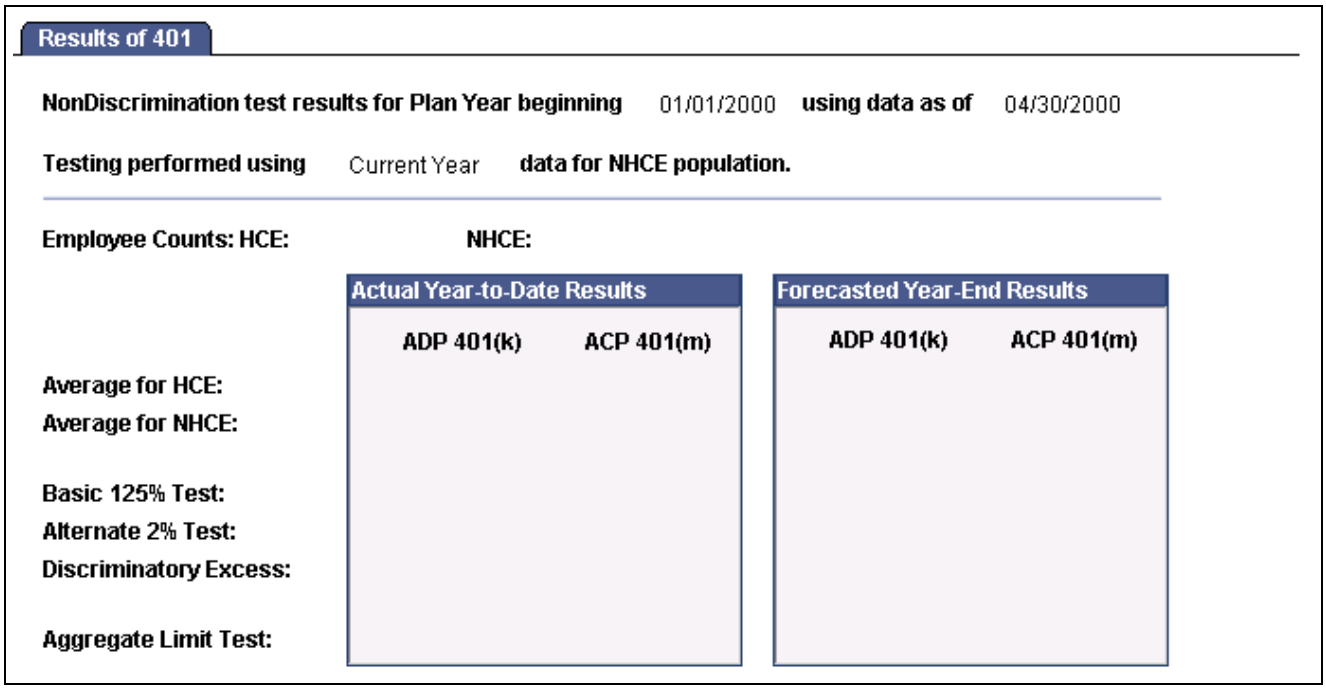
As a result of the last nondiscrimination test that you performed, the system indicates that an employee is highly compensated (based on the current year) by displaying the Highly Compensated indicator at the top of the page.

See Also

Chapter 7, “Enrolling Participants,” Enrolling Participants in Benefit Programs and Plans, page 115

Viewing Section 401 Test Results for All Employees

Access the Results of 401 page.



Results of 401 page

Average for HCE and (highly compensated employees) and **Average for NHCE** (average for non-highly compensated employees)

The system will report the average actual contribution percentage (ACP) and actual deferral percentage (ADP) for highly compensated and non-highly compensated employees.

Basic 125% Test and Alternate 2% Test

The systems will automatically indicate a *Pass* or *Fail* status.

Discriminatory Excess

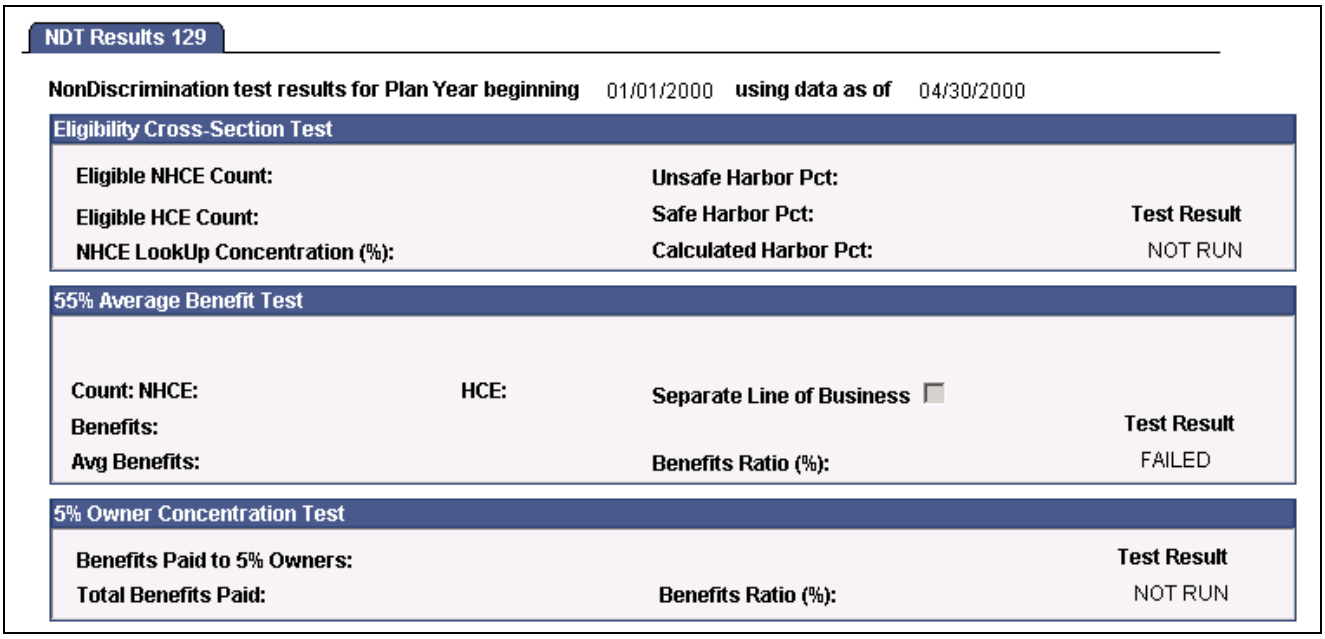
If both the Basic and the Alternate 2% Tests failed, the system displays the discriminatory excess percentage.

Aggregate Limit Test

If the system runs this test, it will automatically indicate a *Passed* or *Failed* status.

Viewing Section 129 Test Results for All Employees

Access the NDT Results 129 page.



NDT Results 129 page

This 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 produce 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.

See Also

Chapter 3, “Setting Up Benefit Plans,” Defining Benefit Plans, page 43

Setting Limits to Comply With Test Results

In order to comply with the regulations governing nondiscrimination testing, you may need to change the savings limits for a highly compensated employee for a specific benefit plan. This applies only to 401(k) and 401(m) plans.

See Also

Chapter 7, “Enrolling Participants,” Enrolling in Savings Plans, page 120

CHAPTER 10

Managing Savings Plans

This chapter discusses how to:

- Run the savings management process.
- Process and monitor the 403(b) and 457 savings plan balances.
- Manage the 402(g) and 457 limit extensions and overrides.

Running the Savings Management Process

This section provides an overview of savings management process and pages and discusses how to:

- Run the Calculate 403(b) Extensions process.
- Run the Age-50 Extension process.

Understanding the Savings Management Process

The Savings Management Balances process updates balances (year – to – date [YTD] and life – to – date [LTD]) for 403(b) and 457 plans. The process uses the prior year savings management record balances and current year payroll YTD deduction balances to update the current year's record each time the process is run. It also uses the prior year's record to update the service years' LTD field. (The first run of each year is slightly different because it clears some fields and carries over others.)

The Savings Management process will not update current year deduction balances on the Savings Management record until PeopleSoft Enterprise Payroll for North America is confirmed and the process is run.

The Savings Management Balances process creates 403(b) limit extension records for all employees in the specified company in Payroll for North America. The records produced are identified as Limit Type 402, Limit Extension Type A. If an employee has 15 or more years in a 403(b) plan, the limit extension amount (EXT_AMOUNT) will be populated by the 402(g) Annual Cap Expansion amount on the 403(b) Limit Table. If the employee has less than 15 years of service, the EXT_AMOUNT will be zero.

The Savings Management Balances process creates 457 limit extension records only if the employee had 457 balances in the previous year, or if this is the first year of enrollment in a 457 plan, after the first payroll is confirmed and the process is run. The records produced are identified as Limit Type 457, Limit Extension Type A. The EXT_AMOUNT is used in the calculation of the 3-year catch-up. It will be empty until the employee is eligible for the catch-up. You must manually populate the EXT_AMOUNT. The amount entered is the employee's underutilized amount that is applicable. (Note that PeopleSoft requires you to maintain your own records for underutilization. When an employee is enrolled in more than one 457 plan, you must determine which plan's underutilized amount will be used.)

The Age 50 process produces two types of age 50 limit extension types. The process assumes that an eligible employee has elected the age 50 extension. The election can be manually deselected on the Savings Management page.

- Select the 402(g) option for 401(k) and/or 403(b) plans. One record with Limit Type 402, Limit Extension Type B will be produced for any employee in Payroll for North America who is age 50 or more by the date specified on the run control.
- Select the 457 option for 457 plans. One record with Limit Type 457, Type B will be produced for any employee in Payroll for North America who is age 50 or more by the date specified on the run control.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Limits for Qualified Savings Plans, page 31

Understanding Savings Management Pages

The types of savings management pages available depends on the type of savings plan offered by your organization. Base Benefits provides the following potential types of savings management limit extension pages:

- 402(g) 15-year catch-up extension for 403(b) plans.
- 457 3-Yr catch-up extension for 457 eligible governmental plans.
- 402(g) Age 50 extension for 401(k) and 403(b) plans.
- 457 Age 50 extension for 457 eligible governmental plans.

The Savings Management pages are used to:

- Extend the regular 402(g) limit.
- Extend the regular 457 limit.
- Monitor the balances for 403(b) plans.
- Monitor the balances for 457 plans.
- Override the 402(g) limit and/or the 457 limit.

There are two processes used to generate the limit extension page types. The processes can be run for a company's employee population or for an individual employee. The pages can also be manually added. The processes are:

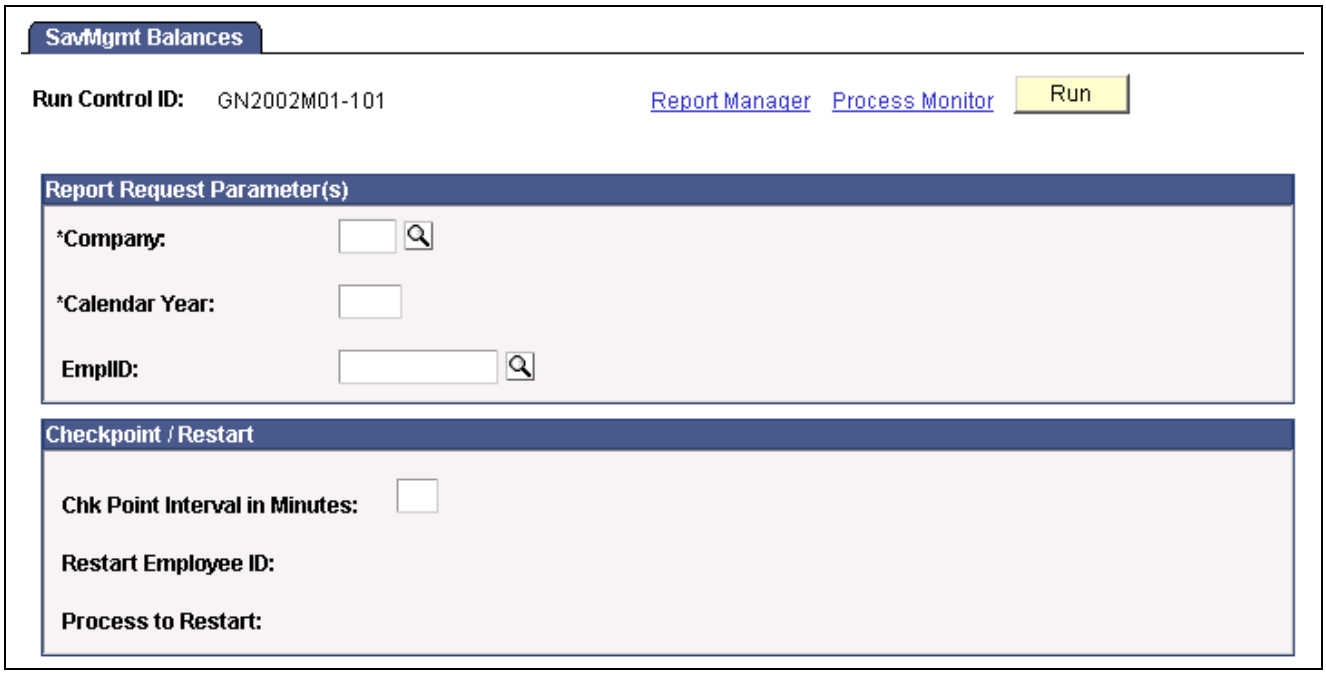
- The Calculate 403(b) Extensions process generates *both* the 402(g) catch-up records *and* the 457 catch-up records when it is run.
- The Identify Age-50 Extension process generates *either* the 402(g) age extension *or* the 457 age-50 extension.

Pages Used to Generate Savings Management Pages

Page Name	Object Name	Navigation	Usage
SavMgmt Balances (savings management balances)	RUNCTL_SV403B	Benefits, Monitor Savings Pln Extensions, Calculate 403(b) Extensions, SavMgmt Balances	Calculate the company's or an individual employee's balances service years, eligible earnings, and the projected limits for the current or next year. Employees don't need to be enrolled in the 403(b) Savings Plan to run the Balance process. This process updates the Savings Management page.
403(b) Process Messages	SV403_MESSAGES	Benefits, Monitor Savings Pln Extensions, Review 403(b) Process Messages, 403(b) Process Messages	Review any error message that occurred in the savings management process.
Bn Age50 Runctl (benefits age 50 run control)	BN_AGE50_RUNCTL	Benefits, Monitor Savings Pln Extensions, Identify Age-50 Extensions, Bn Age50 Runctl	• Identifies employees in Payroll for North America who are age 50 or more. • Creates Age-50 limit extension records that extend/increase the 402(g) and/or 457 Savings Plan limits for elective deferrals as authorized by IRS regulations. The process is run separately for each limit type. For each limit type, a single Age-50 extension record will be produced for each year for each eligible employee in Payroll for North America. the process defaults the election to *ON*.

Running the Calculate 403(b) Extensions Process

Access the SavMgmt Balances page.



SavMgmt Balances page

Chk Point Interval in Minutes (check point interval in minutes)

Because this is a long process, you can indicate how often the system should save or update information to the database during the process.

In case of unexpected system failure, this could limit the amount of reprocessing the system would have to repeat.

Restart Employee ID and **Process to Restart**

The system will enter the last successful Employee ID processed if the process did not successfully complete.

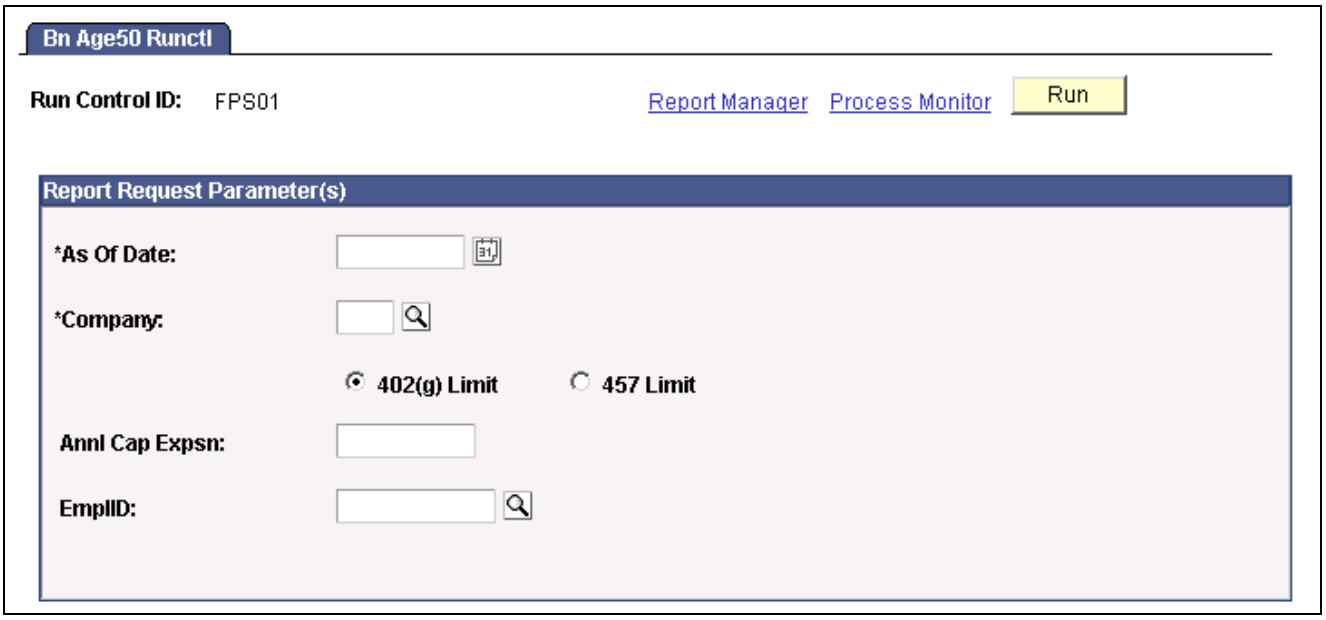
The Calculate 403(b) Extensions process clears the *Ext Election* (extension election) field on the Savings Management page. You can manually reset this value on the Savings Management page.

The 402(g) catch-up page is generated for all employees in Payroll for North America. If the employee has 15 or more years of service, the extension amount is populated with the 402(g) cap expansion from the 403(b) Limit Table. If the employee has less than 15 years of service, the extension amount will be zero.

The 457 catch-up page is produced only for employees in Payroll for North America with a 457 record in the prior year or 457 deductions in the current year.

Running the Age–50 Process

Access the Bn Age50 Runctl page.



Bn Age50 Runctl page

As Of Date Enter the last day of the calendar year for which the Age-50 extension applies.

402(g) Limit and **457 Limit** Select the limit extension you want to run.

Two separate runs are required to produce each type of the Age-50 limit extension.

Annl Cap Expsn(annual cap expansion) Enter the amount specified by the IRS.

The Identify Age-50 Extensions process:

- Identifies the employees in Payroll for North America who are age 50 or more.
- Creates Age-50 limit extension records that extend/increase the 402(g) and/or 457 Savings Plan limits for elective deferrals as authorized by IRS regulations. The limit extension records are displayed on a Savings Management page.
- Always selects the Ext Election (extend election) field on the Savings Management page. This value can be manually reset using the Savings Management page.

Age 50 records may be manually added. For employees not eligible for either a catch-up or Age-50 extension, the added record can be used to enter either of the following:

- 402(g) override amount on the Age-50 402(g) page.
- 457 override amount on the Age-50 457 page.

Monitoring the 403(b) and 457 Savings Plans Balances

This section discusses how to:

- Monitor 403(b) and 457 balances.

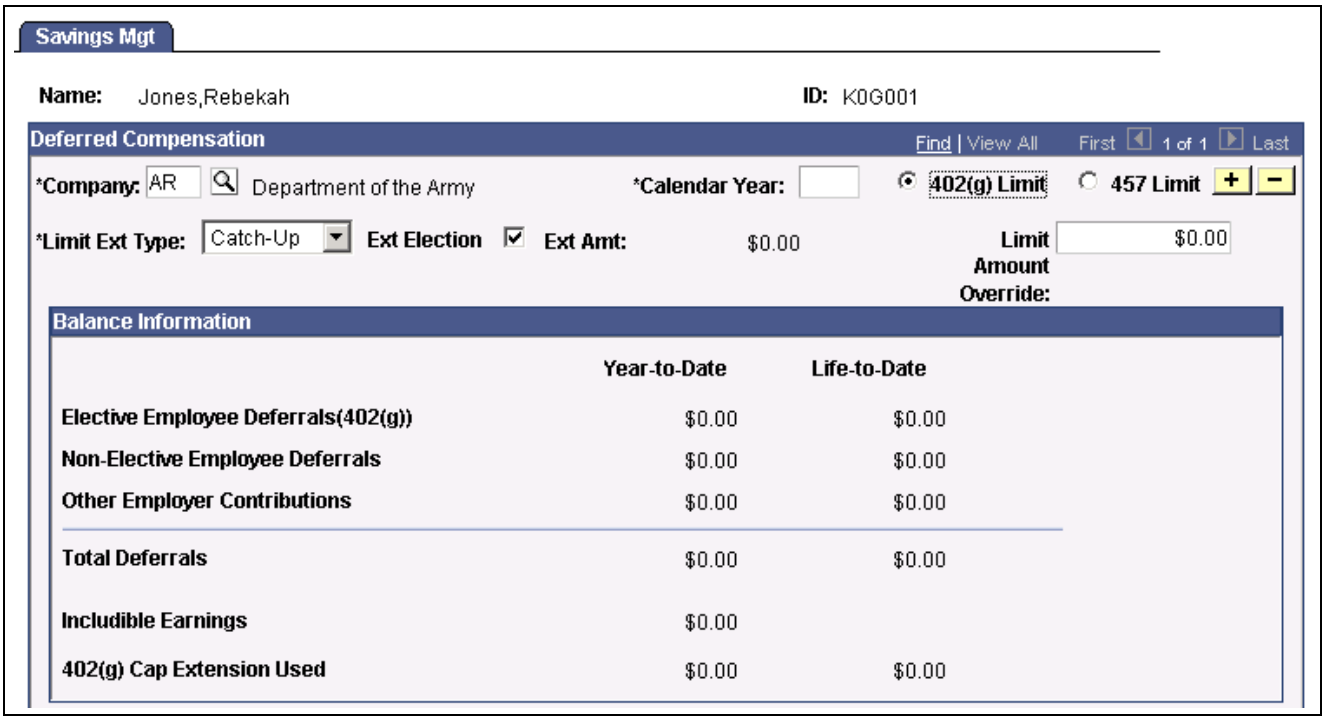
- Run the Identify Age-50 Extensions Process.

Pages Used to Monitor the 403(b) and 457 Plans Process

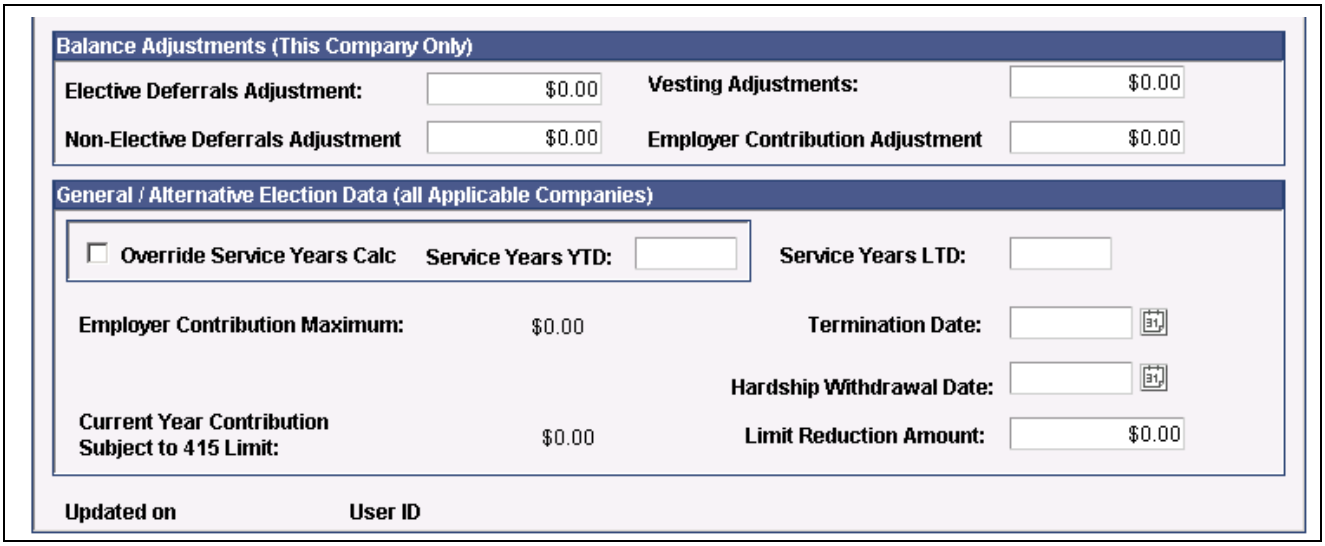
Page Name	Object Name	Navigation	Usage
Savings Mgt (savings management)	SAVINGS_MGT_EE	Benefits, Enroll in Benefits, Savings Extensions/Overrides, Savings Mgt	Manage the 402(g) and 457 limit extensions and overrides for 401(k), 403(b) and 457 Savings Plans. Review the year-to-date (YTD) and life-to-date (LTD) balances from the 403(b) process, enter contributions made at another company, and review an employee's contribution amount for each applicable limit. Monitor the Catch Up Limit extension and election for 457 plans.
403(b) Process Messages	SV403_MESSAGES	Benefits, Monitor Savings Pln Extensions, Review 403(b) Process Messages, 403(b) Process Messages	Review any error message that occurred from the 403(b) process.

Monitoring 403(b) and 457 Balances

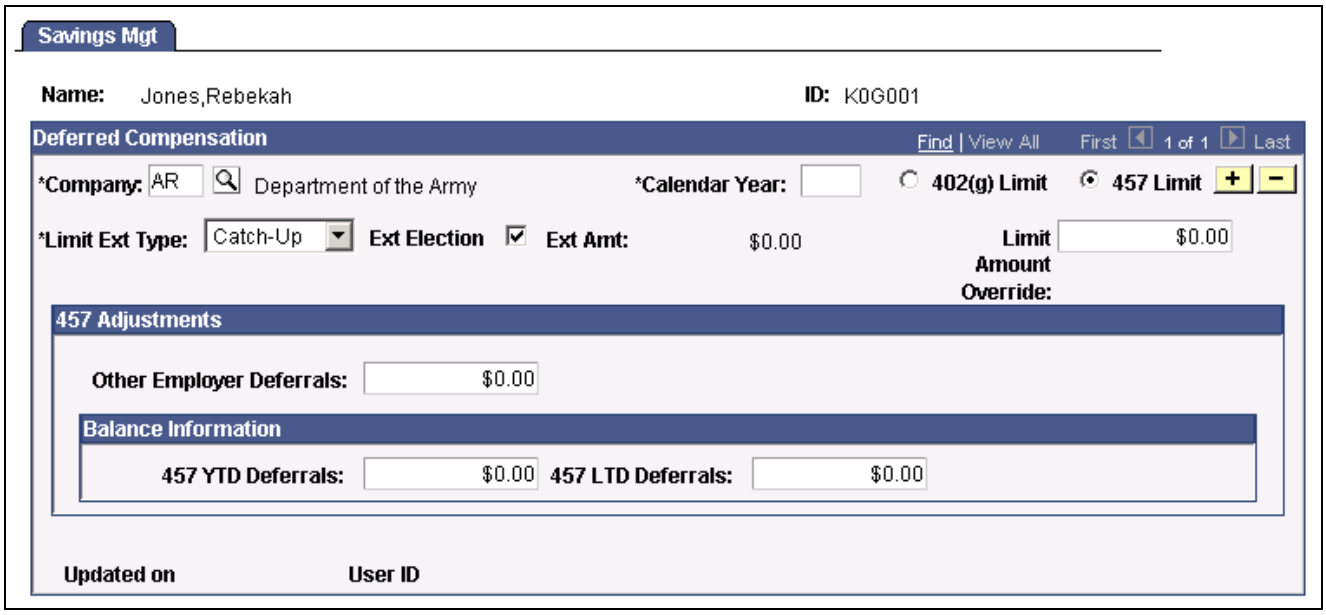
Access the Savings Mgt page.



Savings Mgt page (1 of 2)



Savings Mgt page (2 of 2)



Savings Mgt page; For Savings Plan Type 457

Deferred Compensation

Company, Calendar Year, and **Limit Extension Type**

Select the desired company, calendar year, and limit type.

Limit Ext Type (limit extension type)

Catch-Up will be displayed on the page used to monitor 403(b) balances.

402(g) Limit and **457 Limit**

Select the savings plan you want to review.

Ext Election (extension election)

If applicable, select this check box.

Ext Amt (extension amount)

For 403(b) plans, the amount displayed here represents the 15-Year catch-up extension amount as generated by the 403(b) process.

This field is used as an extension to the 402(g) limit when you select the Ext Election check box. The system uses the lesser of the following three:

1. The amount entered in the 402(g) Annual Cap Expansion field located on the 403(b) Limit Table.
2. The amount entered in the 402(g) Lifetime Cap Expansion field located on the 403(b) Limit Table minus the amount of the Life-To-Date 402(g) Cap Used displayed on the 403(b) Balances page.
3. The employee's years of service multiplied by the amount entered in 402(g) Per Year Max Average field located on the 403(b) Limit Table, then subtract the amount of the Life-To-Date Employee Elective Deferrals 402(g) displayed on the 403(b) Balances page.

Ext Amt (extension amount)

For 457 plans, the underutilized 457 plan amount for previous years is entered here. The amount represents the 3-year catch-up extension amount.

Limit Amount Override

The override amount entered here will be used instead of the 402(g) limit or extended 402(g) limit if the Ext Election is selected. It will apply to only 403(b) plans.

457 Adjustments

This group box displays if you selected 457 in the Savings Plan Type field.

Other Employer Deferrals — The amount deferred to a 457 plan with another employer during the years of service with the current employer.

457 YTD Deferrals and **457 LTD Deferrals** — 457 year-to-date and life-to-date balances will automatically be maintained as part of the 403(b) Extensions process for those employees that are enrolled in both a 457 and 403(b) plan.

Balance Information

The system displays the YTD and LTD balances calculated from the 403(b) process.

Balance Adjustments (This Company Only)

Use this group box to enter employee contributions from a previous employer. The Calculate 403(b) Extensions process will use these figures.

Elective Deferrals Adjustment, Non-Elective Deferrals Adjustment, and **Employee Contribution Adjustment** — Enter the new amounts. Both the Calculate 403(b) Extensions and the Pay Calculations processes use these fields.

Vesting Adjustments — Enter the new amount. Both the Calculate 403(b) Extensions and the Pay Calculations processes use these fields. A 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*.

General / Alternative Election Data (all Applicable Companies)

Override Service Years Calc (override service years calculation) — Select this check box if you need to override the system-calculated Service Years YTD and/or the Service Year LTD displayed on the 403(b) Projections page.

Employer Contribution Maximum — This is the amount entered in the Maximum Yearly Deduction field located on the 415(c) Limit Table.

Termination Date (403[b] expected termination date) — If applicable, enter the date.

Hardship Withdrawal Date — Enter if applicable. The 403(b) Extensions process calculates and displays the corresponding Limit Reduction Amount in the record for the year following the hardship withdrawal date.

Current Year Contribution Subject to 415 Limit — This is the year-to-date deductions that are subject to the 415(c) limit.

Limit Reduction Amount — This 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.

Monitor 403(b) Plan Balances

The Calculate 403(b) Extensions process generates the Savings Management page(s) used for monitoring the 403(b) and 457 Savings Plan year-to-date and life-to-date balances.

To monitor 403(b) and 457 plan balances:

1. Run the Calculate 403(b) Extensions process on the Savings Management Balances page (RUNCTL_SV403B) to create the initial 403(b) page. The process creates the initial Savings Mgt (management) page and is identified with a Limit Extension Type of *Catch-Up.* The 402(g) Limit will be selected.

   The Savings Mgt page for 457 plans will be identified with a Limit Ext Type of *Catch-up.* The 457 Limit will be selected.
2. Make any adjustments that should be considered during the 403(b) calculation process using the Savings Management page.
3. After each confirmed payroll period, run the Calculate 403(b) Extensions process on the Savings Management Balances page (RUNCTL_SV403B) to update balances for both the 403(b) and 457 plans.
4. Review employee contributions and deferrals on the Savings Mgt (management) page for 402(g) Catch-up Limit Extension Type.
5. Review 403(b) error messages.

This process creates a single 403(b) record for employees in Payroll for North America. If an employee has less than 15 years of service, the extension amount will be *0.* If an employee has 15 years or more of service, the extension amount will be equal to the 402(g) Annual Cap Expansion amount on the 403(b) Limit Table.

The process clears the extension election check box. If the election extension check box is selected at year-end, the process will clear it when run in the subsequent year.

Managing the 402(g) and 457 Limit Extensions and Overrides

This section discusses how use the Savings Mgt pages to manage limit extensions and overrides.

Managing Extensions and Overrides

The override capability on the Savings Management page affects only those deductions subject to the 402(g) or the 457 limits. The override function works as follows for the two limits:

- The EXT_ELECTION must be checked ON for the override to be recognized.
- When the Age-50 process or the Calculate 403(b) Extensions processes are run for a subsequent year, the override amount will be cleared.
- The override fields on the SAVINGS_MGT_EE records are used instead of the 402(g) regular/extended limit and/or the 457 regular/extended limit.

The overrides on the following records are used as follows:

SAVINGS_MGT_EE_ Record LIMIT_TYPE Value	SAVINGS_MGT_EE_ Record LIMIT_EXT_TYPE Value	Savings Plans to Which Override Applies
402	A (Catch-Up)	403(b) plans only
402	B (Age-50)	401(k) and/or 403(b) plans • If an override exists on both 402 Limit Type records, the SUM of the overrides will apply to 403(b) plans. • Only the 402 B Limit Type will apply to the 401(k) plan. • If the employee is NOT age 50, the client may manually add an Age 50 record in order to enter an override.
457	A and/or B	457 Plan • The new legislation states that the 3-year 457 catch-up and the Age-50 457 catch-up cannot be used in the same year. • The system will use the override on the limit extension for the LIMIT_EXT_TYPE record that is selected or if both 457 LIMIT_EXT_TYPE records are selected and have override entries, the system will determine the record with the higher limit and will use the override amount on ONLY that record. • If an employee is NOT eligible for either of the catch-ups, the employer may manually add an Age 50 record with only the override amount entered.

Example

The following example uses the these parameters:

- Calendar Year: 2003
- Regular 457 Limit: $12,000
- Max. Annual 457 Catch-up: $24,000
- Age-50 extension: $2,000
- Employee's Underutilized 457 Amount: $10,000

The following example illustrates limit determination when both 457 limit extension type (catch-up) records are selected. The example uses the following parameters:

1. Determination of the 3-Year Catch-up Limit

   The system will first determine the LESSER of:

   - Regular 457 Limit + Underutilized Amount (for example, $12,000 + $10,000 = $22,000) or,
   - Max. Annual 457 Catch-up ($24,000)

2. Determination of the higher of the 3-Year Catch-up Limit versus the Age 50 Catch-up Limit

   Then it will determine the HIGHER of:

   - The result from Step 1 (for example, $21,000) (This record is represented by LIMIT_TYPE 402, LIMIT_EXT_TYPE A.) or,
   - Regular 457 Limit + Age 50 extension (for example, $12,000 + $2,000 = $14,000) (This record is represented by LIMIT_TYPE 402, LIMIT_EXT_TYPE B.)

The higher record in Step 2 is the override that is used when both catch-up records are selected.

CHAPTER 11

Managing FMLA Plans

This chapter provides an overview of administering FMLA plans and discusses how to:

- Enter FMLA leave requests.
- Determine FMLA eligibility.
- Schedule FMLA leave.
- Track FMLA activity.

Understanding FMLA Plan Administration

The FMLA (Family Medical Leave Act) protects benefits and job restoration for employees who 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.

Before you can actively manage FMLA information for your workforce, you must first activate FMLA Administration and then define your organization's FMLA plans. Use the Installation Table and the FMLA Plan Table to perform these steps. You also need to associate FMLA plans with benefit programs, using the Benefit Program Table.

After setting up your plans, use their parameters to determine employee eligibility and to calculate available FMLA leave.

See Also

Chapter 3, "Setting Up Benefit Plans," Setting Up FMLA Plans, page 58

Chapter 4, "Building Base Benefit Programs," page 71

Entering FMLA Leave Requests

This section describes how to:

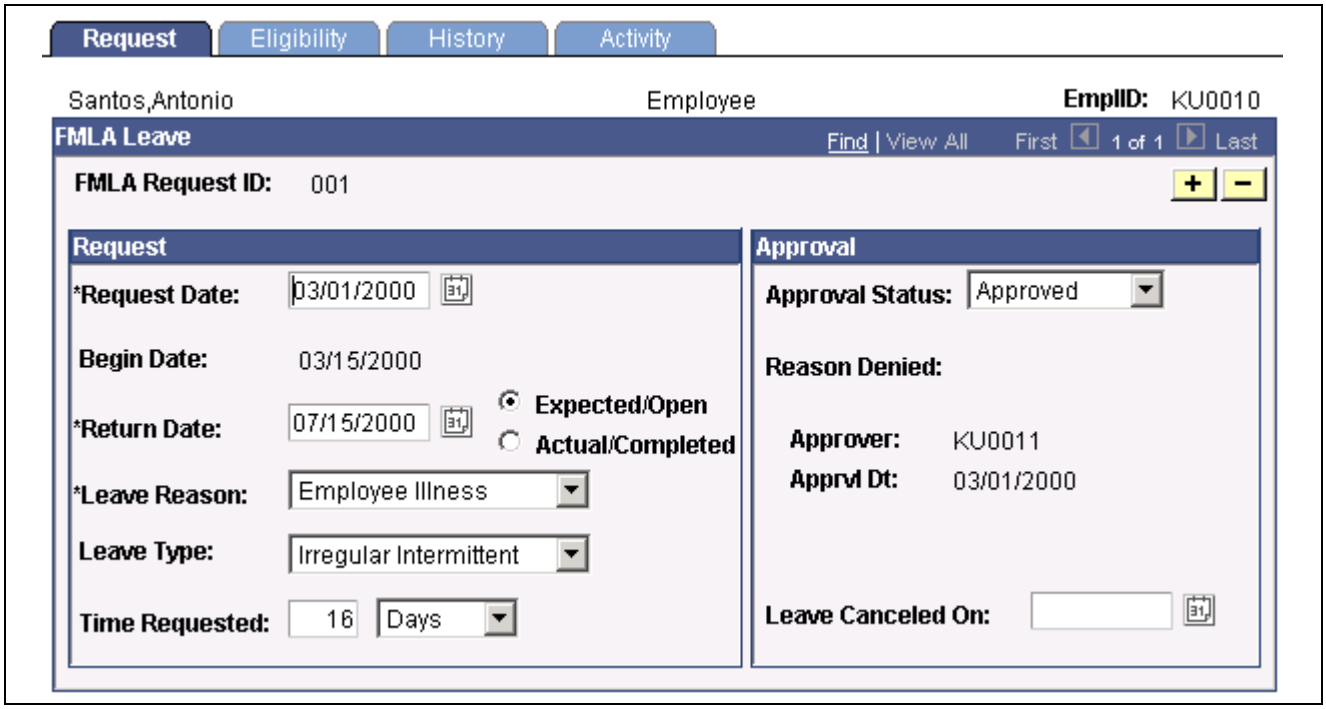
- Request employee leaves.
- Monitor leave requests.

Page Used to Enter FMLA Leave Requests

Page Name	Object Name	Navigation	Usage
Request/Authorize/Track Leave - Request	FMLA_LV_REQUEST1	Benefits, Track FMLA (Family Medical Lv), Request/Authorize/Track Leave, Request	Enter FMLA leave requests.

Requesting Employee Leaves

Access the Request/Authorize/Track Leave - Request page.



Request/Authorize/Track Leave - Request page

FMLA Request ID Displays an initial default value of *NEW*.

When the request is saved, the system assigns a unique FMLA request ID. IDs are assigned sequentially from 001 to 999 within each employee record.

Note. If you are processing employees with multiple jobs, FMLA Administration does not use the employee record number. The system tracks FMLA leave requests by individual employees rather than by job.

Request

Request Date Enter the date that the employee made the FMLA-protected leave request.

Begin Date Enter the first day of the employee's requested leave.

The system uses the begin date for any record that requires an effective date. Because eligibility and entitlement can be affected when the begin date is edited, you cannot edit it after the request's approval status changes to approved or denied, or after the request has been completed or canceled.

To change the begin date after one of these events has taken place, change the approval status back to open, edit the begin date, recalculate eligibility and entitlement with the Leave Request Eligibility page, and manually adjust the leave schedule.

Return Date Enter the date that the employee is scheduled to return from leave.

The return date is not the day of FMLA protected leave, but rather the first day of work after the leave is completed.

Select *Expected/Open* if the request is still pending or in process.

Select *Actual/Completed* when the employee actually returns from leave.

Leave Reason Select the appropriate leave reason. You can add more valid reasons through the PeopleTools Data Designer.

Leave Type Indicate the regularity of the requested leave.

- *Continuous* leave is unbroken full-day leave.
- *Irregular* leave is broken, but on a regular schedule; for example, every Thursday and Friday for eight weeks.
- *Irregular/Intermittent* leave involves unspecified times during the planned leave period.

Note. If you change this field after the leave is completed, the system displays a warning.

Time Requested For reference only.

Approval

Approval Status Specify whether the leave request is approved. 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.

Note. You can approve requests for employees determined to be ineligible for FMLA coverage.

Leave Canceled On If the employee cancels the leave request before taking any leave, enter the date of this decision.

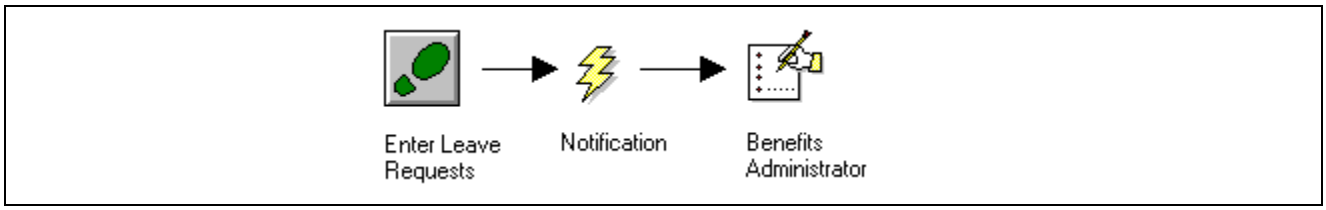
Do not use this field to indicate denial of the request or to record the employee's early return from leave.

See Also

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "Understanding Organizational Relationships, Employment Record Numbers, and Multiple Jobs"

Monitoring Leave Requests

Use the Monitor Leave Requests Workflow process to locate new requests and notify the benefits administrator through email. This flowchart illustrates the Monitor Leave Requests Workflow process:



Monitor Leave Requests Workflow

See Also

PeopleTools PeopleBook: Workflow

Determining FMLA Eligibility

The system uses data from a selected FMLA plan, the leave request, and job and payroll information to determine leave eligibility.

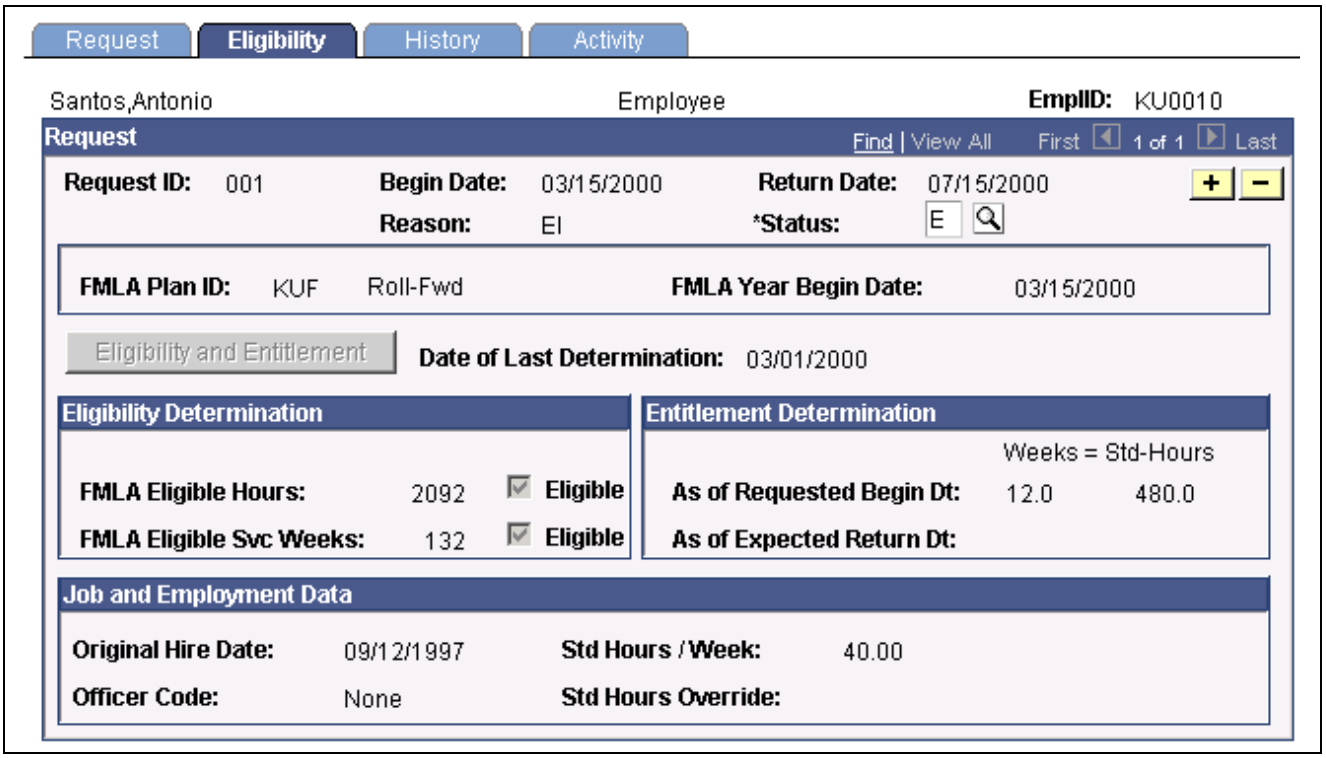
This section discusses how to determine eligibility.

Page Used to Determine FMLA Eligibility

Page Name	Object Name	Navigation	Usage
Request/Authorize/Track Leave - Eligibility	FMLA_LV_REQUEST2	Benefits, Track FMLA (Family Medical Lv), Request/Authorize/Track Leave, Eligibility	Determine FMLA leave eligibility and entitlement.

Determining Eligibility

Access the Request/Authorize/Track Leave - Eligibility page.



Request/Authorize/Track Leave - Eligibility page

FMLA Plan ID

Attach the FMLA leave request to a specific FMLA leave plan. The system uses the parameters defined for the chosen plan to calculate eligibility and entitlement values. You cannot edit the FMLA plan ID after the request has been approved, denied, completed, or cancelled.

If you change the FMLA plan ID when the approval status is open and the Eligibility and Entitlement process has been run, the system resets all fields associated with eligibility and entitlement to their default values and displays a warning informing you that eligibility and entitlement must be reexamined.

Note. This default value for this field comes from the employee's benefit program, but you can override it here.

Eligibility and Entitlement

Click to start the eligibility and entitlement processes. These processes use employee job history, the FMLA plan parameters, payroll data, and data on the Request page to populate all of the other fields on the Eligibility page with the exception of the Std Hours Override (standard hours override) field.

Note. The Eligibility and Entitlement button is not available if the prerequisite data for the leave request is not entered in the Request page. It is also unavailable if the request's status is completed, denied, or canceled.

FMLA Eligible Hours

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 on 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 Payroll data. The system selects the Eligible check box if the employee has worked enough hours to be eligible for FMLA protected leave.

Note. The Eligible check boxes are indicators of the system's determination based on the FMLA Plan rules, and are informational only. They have no effect on your ability to approve or deny the request.

FMLA Eligible Svc Weeks (FMLA eligible service weeks)
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 selects the Eligible check box if the employee has worked enough service weeks to be eligible for FMLA protected leave.

As of Requested Begin Dt (as of requested begin date)
Displays the weeks and hours of FMLA protected leave that the employee is entitled to as of the leave's begin date.

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.

As of Expected Return Dt (as of expected return date)
Displays 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. This value is used only for leaves requested under plans that use a Roll-Backward calendar year.

The Roll-Backward calendar is dynamic, such that a leave request using it might appear to demand denial based on an apparent lack of entitlement; however, the employee in question could gain the necessary entitlement during the course of the leave.

Original Hire Date,Officer Code, and **Std Hours/Week** (standard hours per week)
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.

The system enters the average number of hours that the employee works per workweek as of the leave effective date in the Std Hours/Week field.

Std Hours Override (standard hours override)
Sometimes system-computed standard hours values are not accurate. Employees often request leave well in advance of their leave's begin date, and part-time employees' weekly hours can be variable.

Enter a new value when appropriate.

Note. This field does not affect eligibility or entitlement–it is used only to more accurately convert between the display of weeks and hours.

See Also

Chapter 3, "Setting Up Benefit Plans," Setting Up FMLA Plans, page 58

Scheduling FMLA Leave

This section describes how to:

- Schedule FMLA leave manually.
- Schedule repeating weekly leaves.

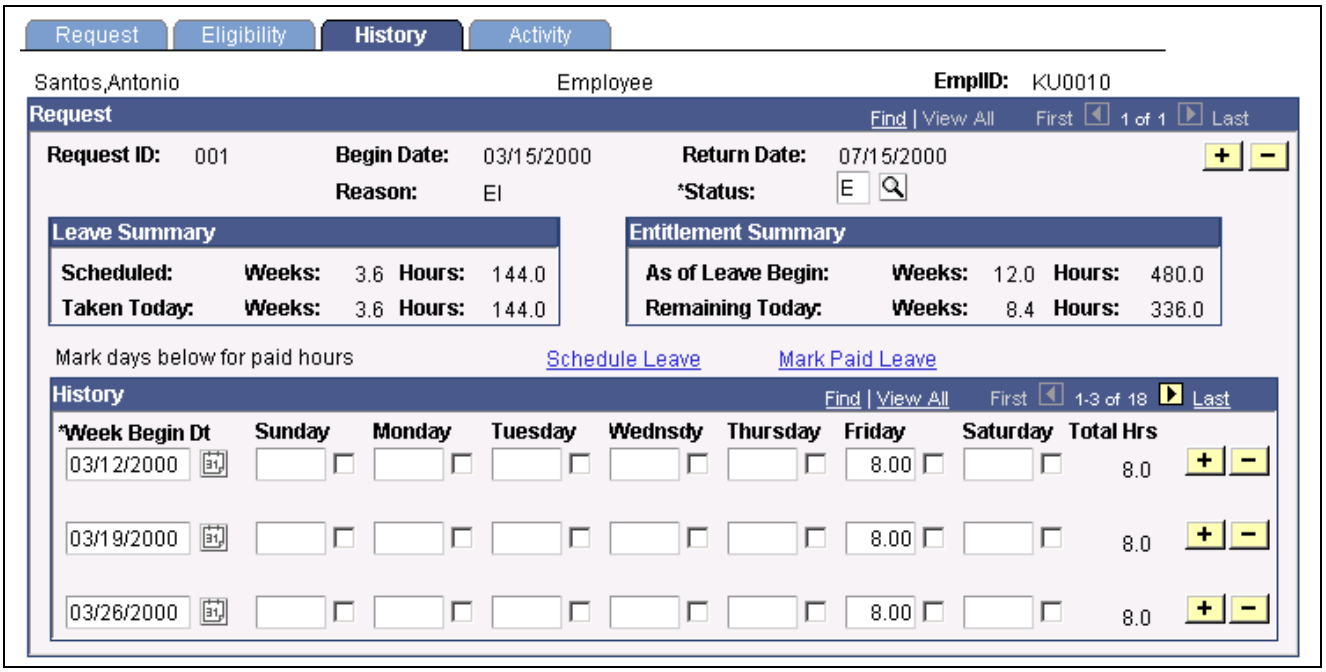
- Designate paid leave days for repeating schedules.

Pages Used to Schedule FMLA Leave

Page Name	Object Name	Navigation	Usage
Request/Authorize/Track Leave - History	FMLA_LV_HISTORY	Benefits, Track FMLA (Family Medical Lv), Request/Authorize/Track Leave, History	Schedule and track FMLA leave.
Schedule Leave Days	FMLA_LV_SCHED_DLG	Click Schedule Leave on the History page.	Create repeating weekly FMLA schedules.
Mark Paid Leave	FMLA_LV_PAID_DLG	Click Mark Paid Leave on the History page.	After creating a repeating schedule, designate specific days as paid leave.

Scheduling FMLA Leave Manually

Access the Request/Authorize/Track Leave - History page.



Request/Authorize/Track Leave - History page

Leave Summary Tracks the weeks and hours of FMLA protected leave that are scheduled and that have already been taken.

Entitlement Summary Tracks the total amount of FMLA protected leave that the employee is entitled to (for all leaves, including the current one).

Schedule Leave Click to create template schedules for repeating leave.

Mark Paid Leave Click to designate a portion of the FMLA leave as paid leave.

Week Begin Dt (week begin date) and **Sunday** through **Saturday**

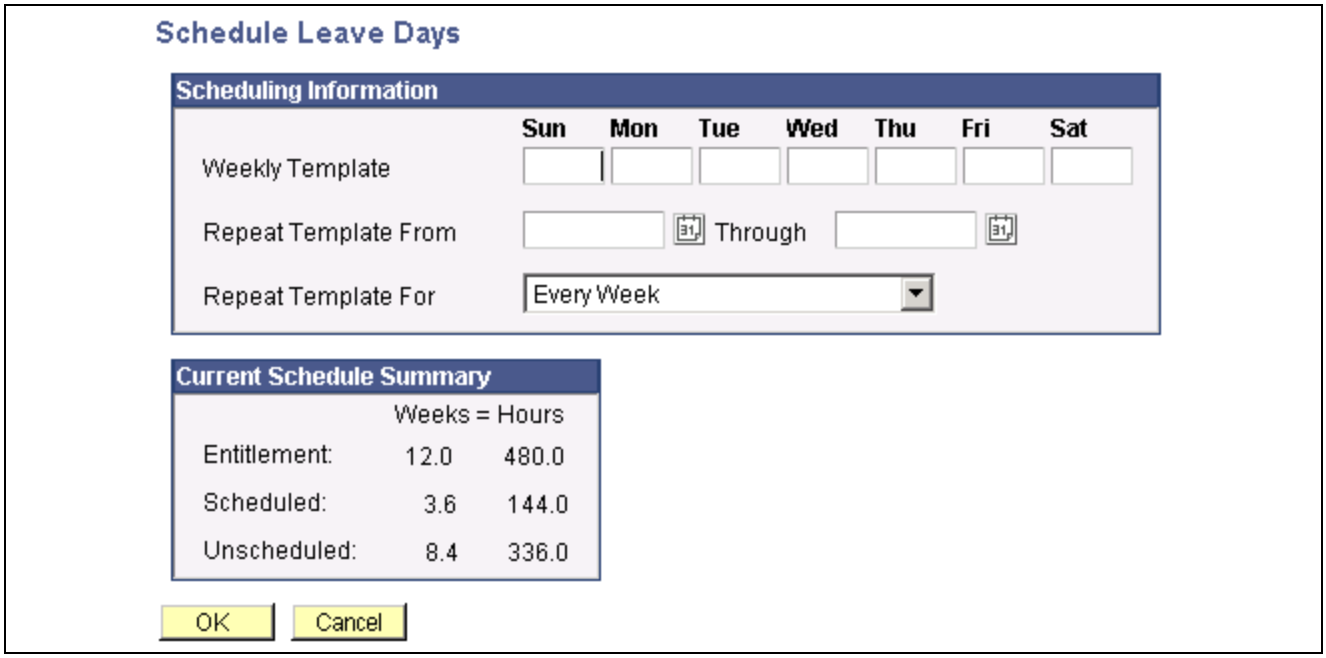
Enter the start date of each scheduled week of FMLA protected leave and the hours of leave for each leave day.

To specify certain days of leave as paid leave, select the check box for those days. (Some employers require that employees use paid leave before they can use FMLA leave.)

Note. You can use these fields to manually schedule a leave request on a day-by-day basis. You can also use it to adjust a previously scheduled leave. If you use the automatic scheduling capabilities of the Schedule Leave Days and Mark Paid Leave pages (discussed 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.

Scheduling Repeating Weekly Leaves

Access the Schedule Leave Days page.



Schedule Leave Days page

Weekly Template

Enter the number of hours for each day in the schedule.

Repeat Template From and **Through**

Enter the begin and end dates during which you want the schedule to repeat. The leave request's scheduled begin and return dates are the defaults.

Repeat Template For

Select a time period for the schedule to repeat. If you select an option other than *Every Week*, you can plan the intervening weeks with separate rounds of scheduling.

For example, if you have an employee with 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.

Entitlement

Displays the weeks and hours of FMLA leave that the employee is entitled to.

Scheduled Displays FMLA leave hours currently scheduled for the employee.

Unscheduled Displays FMLA leave weeks and hours remaining for the employee. This value can be negative if more hours are scheduled than are available to the employee.

Designating Paid Leave Days for Repeating Schedules

Access the Mark Paid Leave page.

Mark Paid Leave page

Summary of Paid Leave Accrued Displays the various leave plan types and the hours accrued by the employee.

The accrual date is current as of, and based on, the date when the employee's FMLA leave request was submitted, which means that the Hours Accrued values might be inaccurate by the begin date of the leave.

Mark first . . . scheduled days (. . . Hrs) as Paid Leave Enter the number of days to be considered as part of the employee's paid leave.

The system assumes that the paid leave days are substituted only for the beginning of the leave.

Only whole eight-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 in this field, the number of hours that they represent appear in the (Hrs) box.

When you return to the History page, days selected as paid leave days have their check boxes selected.

Tracking FMLA Activity

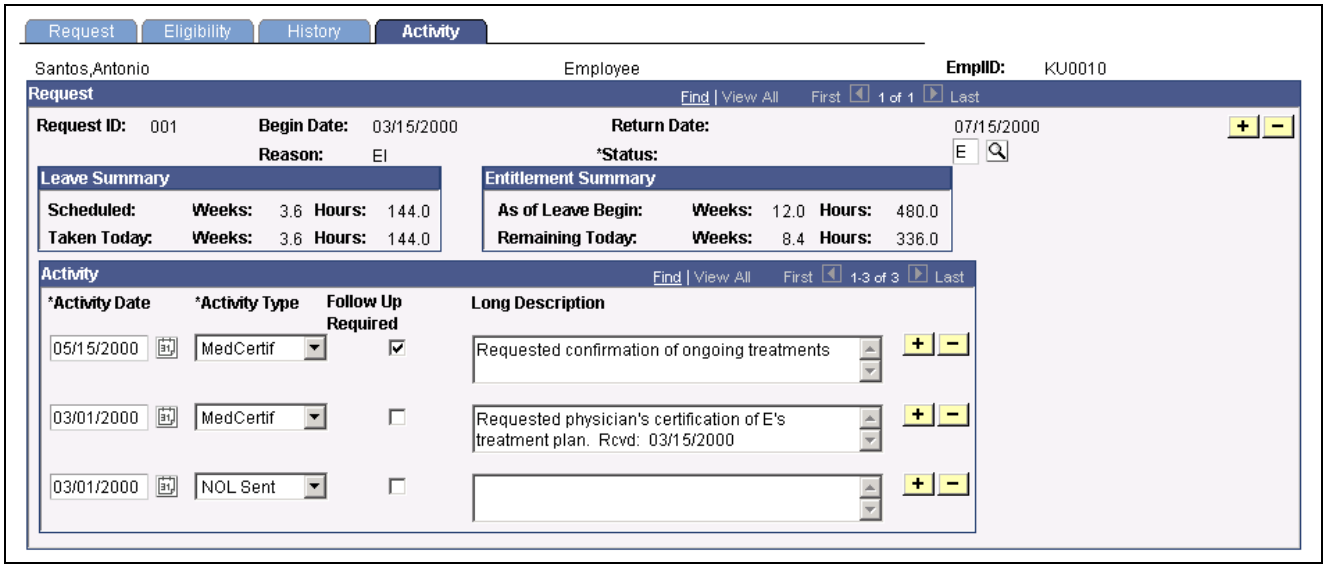
You can record significant events that affect FMLA leaves, such as employee inquiries, requests for extensions, and the sending and receiving of notices and medical documents. This information is for reference only; it does not affect processing.

Page Used to Track FMLA Activity

Page Name	Object Name	Navigation	Usage
Request/Authorize/Track Leave - Activity	FMLA_LV_ACTIVITY	Benefits, Track FMLA (Family Medical Lv), Request/Authorize/Track Leave, Activity	Log events that affect an FMLA leave.

Tracking Activity

Access the Request/Authorize/Track Leave - Activity page.



Request/Authorize/Track Leave - Activity page

Activity Date and **Activity Type**

More than one activity type can occur on the same date, but only one type can be entered per dated row.

You can add or change activity types with the PeopleTools Data Designer.

Follow Up Required

Specify whether the activity requires follow-up action (as in the case of requests for medical certification, for example).

Note. This is informational. You can create queries against this field to report upcoming events.

CHAPTER 12

Managing Leave Plans

This chapter provides an overview of the leave process and discusses how to:

- Process leave accruals.
- View employee balances.

Understanding the Leave Process

The purpose of leave accrual processing is to maintain employee leave balances. When you initiate leave accrual processing, the system calculates the leave accrual award and the resulting leave balance.

In order to properly process leave accruals, the system needs to obtain information from your payroll system, including hours taken, hours adjusted, hours bought, hours sold, and service hours for each employee involved in the process. If your organization implements PeopleSoft Enterprise Payroll for North America, the system gets this information from Payroll for North America during the normal run of the process.

The system processes leave accruals depending on how you define 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.

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. However, if you're planning to accrue leave based on service hours, your system needs to obtain data from your payroll application in order to find out how many hours a particular employee has worked.

See Also

Chapter 3, "Setting Up Benefit Plans," Setting Up Leave Plans, page 55

Chapter 13, "Managing Vacation Buy/Sell Plans," page 189

Processing Leave Accruals

To process leave accruals:

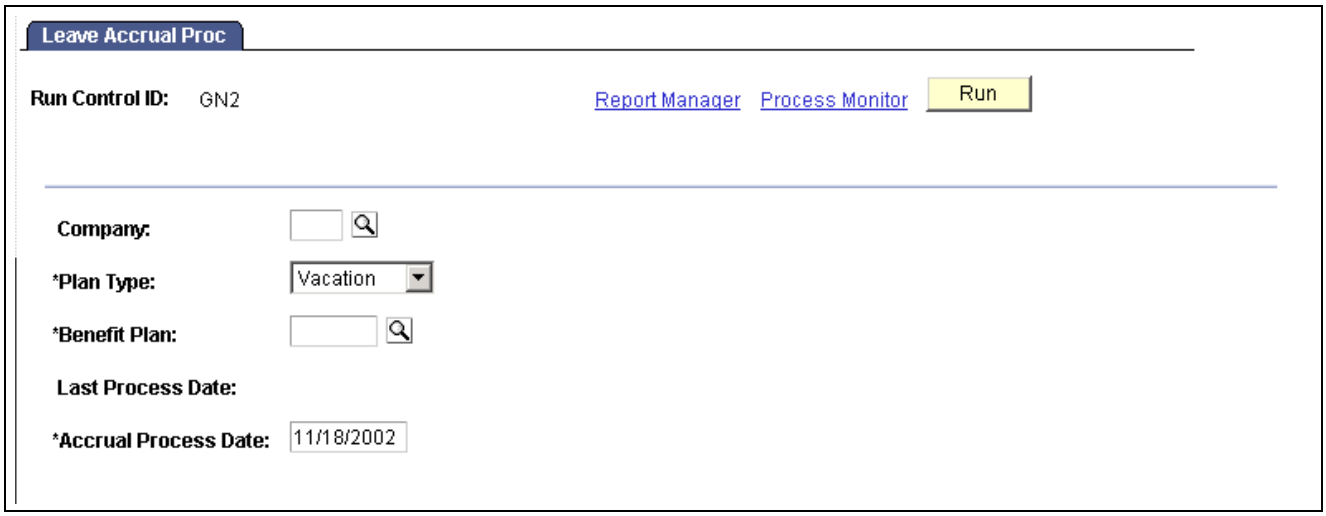
1. Set up operating parameters for an accrual cycle on the Leave Accrual Process run control page.
2. Run the Leave Accrual process with the Process Scheduler.

Pages Used to Process Leave Accruals

Page Name	Object Name	Navigation	Usage
Leave Accrual Proc (leave accrual process)	RUNCTL_ACCRUAL	Benefits, Manage Leave Accruals, Calculate Periodic Accruals, Leave Accrual Proc	Set up the operating parameters for an accrual cycle.

Setting Up Operating Parameters for an Accrual Cycle

Access the Leave Accrual Proc page.



Leave Accrual Proc page

Run Control ID The system prompts you to enter an existing ID or add a new one

.

Company Enter the company that you want to process. You may leave this field blank, which means that employees in all companies will be processed for the specified plan type and benefit plan.

Plan Type and **Benefit Plan** Enter the plan type and benefit plan that you want to process.

Last Process Date Displays the date that you last ran the Leave Accrual process for this plan type and benefit plan.

Accrual Process Date Date upon which you want the leave accrual calculations to be based. 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.

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 and benefit plan. It does not check the employment status of the employee.

For example, suppose your leave balance available is 10 hours, your unprocessed leave taken is 8 hours, your award frequency is the first run of the month, your last process date is November 1, 2003, and you run the Leave Accrual process with an accrual process date of November 15, 2003. 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.

Viewing Employee Balances

View the results of leave accrual processing for an employee using the Leave Accrual page. You have the option to print a report. Employees can also view their leave balances through PeopleSoft Enterprise ePay or the PeopleSoft Enterprise HRMS Portal Pack

See *PeopleSoft Enterprise ePay 8.9 PeopleBook*

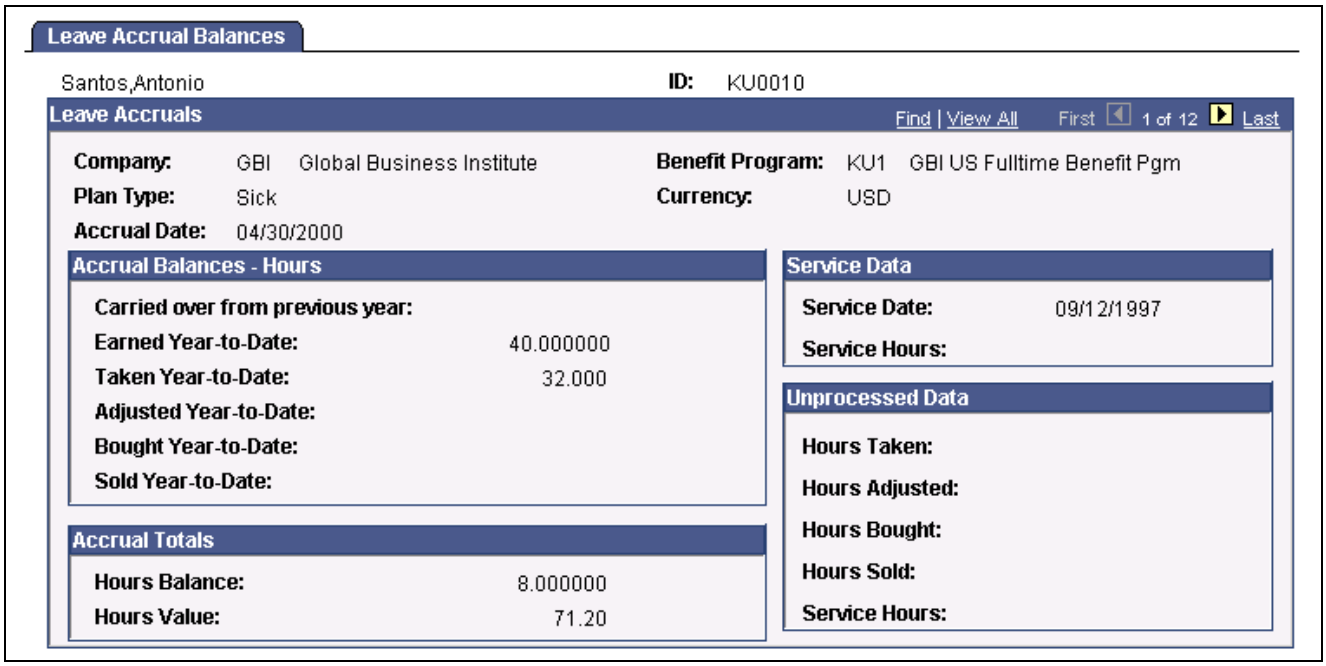
See *PeopleSoft Enterprise Portal Pack 8.9 PeopleBook*

Page Used to View Employee Balances

Page Name	Object Name	Navigation	Usage
Leave Accrual Balances	LEAVE_ACCRUALS	Benefits, Manage Leave Accruals, Review Accrual Balances, Leave Accrual Balances	View employee leave balances.

Viewing Employee Balances

Access the Leave Accrual Balances page.



Leave Accrual Balances

Accrual Date Last date that you initiated a leave accrual for this employee.

Accrual Balances - Hours

Carried over from previous year 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.

Taken Year-to-Date, Adjusted Year-to-Date, Bought Year-to-Date, and **Sold Year-to-Date** Updated each time the Leave Accrual process is run and values are moved from the corresponding *Unprocessed Data* fields.

Accrual Totals

Hours Value Current monetary value of the hours balance.

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.

Hours Balance Employee's current accrued time available.

The system calculates the Hours Balance by totalling:

(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).

Service Data

Service Date Date used for length of service calculations when the Service Unit is defined as *Months*.

Service Hours Number of hours used for length-of-service calculations when the Service Unit is defined as *Hours*.

Unprocessed Data

Displays the hours that you have not yet processed using the accrual process. These are hours passed from the Payroll Pay Confirmation process since the accrual date.

Hours Taken, Hours Adjusted, Hours Bought, and **Hours Sold** Updated each time the Pay Confirmation process is run.

Service Hours 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.

CHAPTER 13

Managing Vacation Buy/Sell Plans

This chapter provides an overview of vacation buy/sell plans and describes how to review vacation buy/sell calculation results.

Understanding the Vacation Buy/Sell Process

This section outlines the vacation buy/sell process, which enables employees to buy or sell vacation time.

To process vacation buy/sell earnings:

1. Enroll eligible employees into vacation buy/sell benefit plans using the Vacation Benefit Table and enter 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 Enterprise 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.

2. Use PeopleSoft Enterprise Payroll for North America during the first payroll cycle of the plan year to calculate the effect of the buy or sell transaction on the employee's leave balance.

3. Run the Leave Accrual process, which updates employee leave balances with the results of the buy or sell transaction.

Working With Mid-Year Buy or Sell Transactions

In Base Benefits, if an employee elects to enroll in a Vacation Buy/Sell plan at a time other than the beginning of the plan year, you will have to calculate the buy or sell amount to be deducted from or added to employee pay, spread out over the remainder of the plan year. Enter this amount in the Vacation Benefit page.

In PeopleSoft Enterprise Benefits Administration, the system calculates the per-pay-period amount based on the beginning of the plan year. If an employee buys or sells vacation at another time, you need to calculate the buy or sell amount to be deducted from or added to employee pay, spread out over the remainder of the plan year. Then override the amount calculated by the system on the Vacation Benefit page.

See Also

Chapter 3, "Setting Up Benefit Plans," Setting Up Vacation Buy/Sell Plans, page 69

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Deduction Codes, page 28

Chapter 12, "Managing Leave Plans," page 183

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Preparing for Open Enrollment and Event Maintenance"

Reviewing Vacation Buy/Sell Calculation Results

This section describes how to:

- Determine Leave Accrual processing status.
- View the number of vacation hours bought or sold.

See Also

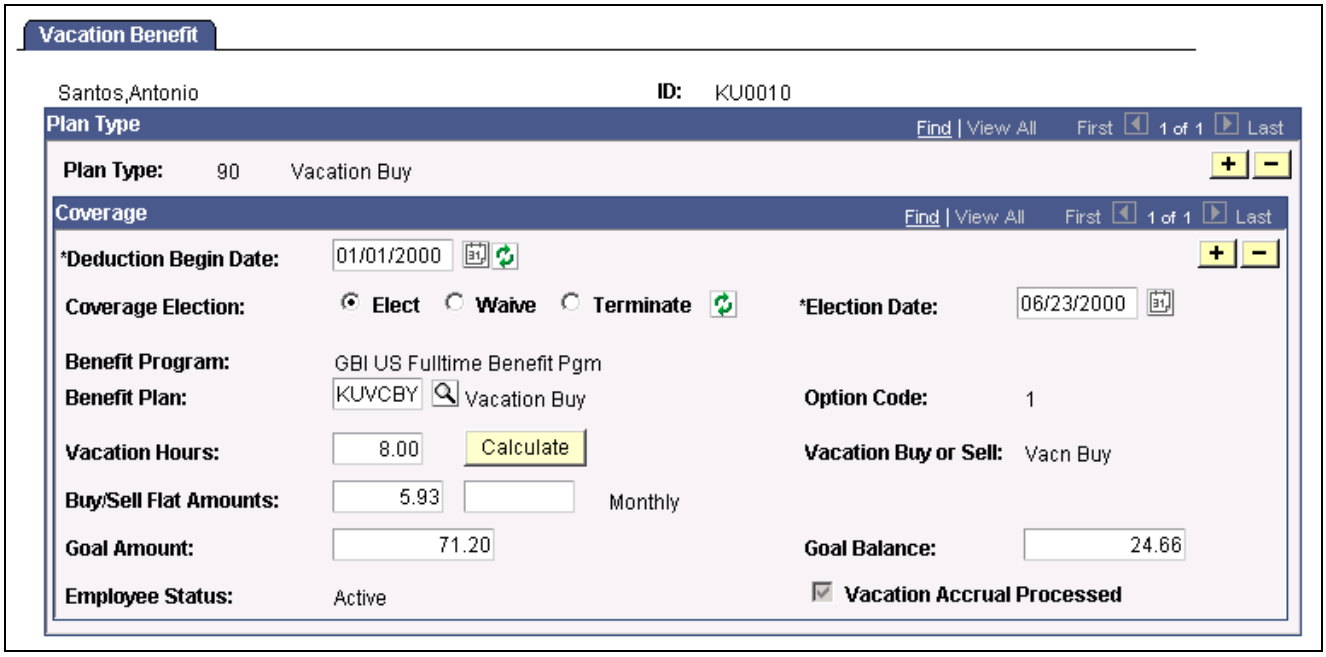
Chapter 8, "Reviewing Enrollments and Benefit Calculations," page 139

Page Used to Review Vacation Buy/Sell Calculation Results

Page Name	Object Name	Navigation	Usage
Vacation Benefit	VACATION_BENEFIT	Benefits, Enroll In Benefits, Vacation Benefits, Vacation Benefit	Review leave accrual processing status for a specific employee.

Determining Leave Accrual Processing Status

Access the Vacation Benefit page.



Vacation Benefit page

When you enroll an employee, the system clears the Vacation Accrual Processed check box. Vacation Accrual Processed becomes selected after payroll has been processed for the employee and the Leave Accrual process has been run.

Viewing the Number of Vacation Hours Bought or Sold

During the first payroll run for the employee after enrollment, Payroll for North America creates other earnings data for the total vacation bought or sold hours. This data is used for accrual purposes.

You can view the other earnings data on the employee's paysheet, in the Manage Payroll Process page. For example, if an employee sells 10 hours of vacation, Payroll for North America 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.

Note. You can also see the total number of hours bought and sold using the Benefits Summary page.

See Also

PeopleSoft Enterprise Payroll for North America 8.9 PeopleBook, "Working with Paysheets"

CHAPTER 14

Managing Benefits Billing

This chapter provides overviews of Benefits Billing and the Billing Calculation process, lists a prerequisite, and discusses how to:

- Enroll participants.
- Calculate charges.
- Review charges.
- Generate Benefits Billing statements.
- Process payments.
- Adjust charges and payments.
- Review charge and payment history.

Understanding Benefits Billing

You use Benefits Billing to process billing for employees and dependents who are charged directly for benefit plan elections instead of paying through payroll deductions. You can use Benefits Billing for either regular benefits or COBRA benefits.

Understanding the Billing Calculation Process

The Billing Calculation process creates billing charge records for a selected billing calendar. Each billing charge record contains charge information for an individual plan type and billing period combination.

The system queries the Base Benefits business process tables to determine the coverage that is 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 Deduction Calculation (DedCalc) programs. The DedCalc programs calculate the billing amount using normal rules, which the billing system then modifies based on the rate qualifier.

Rerunning the Billing Calculation Process

Just as with PeopleSoft Enterprise Payroll for North America, 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 cannot reprocess charges for a billing calendar if you have made adjustments to the charges or have applied payments.

Retroactive Processing

When retroactive processing is called for, the Billing Calculation process compares:

- Billing calendar dates.
- The date that billing begins for the plan type.
- 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.
- Do not have billing charge records.

Billing Calculation Limitations

The Billing Calculation process calculates payments based on employee enrollments in Base Benefits tables and the rates that are specified in benefit programs. The Billing Calculation process does not:

- Include any offset from credits when calculating deductions.

  You enter flat amounts into Billing Enrollment records to simulate the use of credits.
- Calculate imputed income or any other taxable or nontaxable benefit calculations.

  The process calculates before-tax and after-tax deduction classifications only.
- Bill benefit programs, leave plans, and vacation buy and sell plans (plan types 01, 5x, and 9x).
- Update any deduction or other payroll balances.

  You have to do this manually. Not making these adjustments can affect imputed income reporting, savings plan limit testing, and FSA claims processing.
- Check group limits on life and AD/D insurance plans.

The Billing Calculation process bills only flat-dollar amounts for savings plans, FSA plans, retirement plans, and pension plans (plan types 4x, 6x, 7x, and 8x).

Prerequisite

Before you begin using the Benefits Billing feature, set up the rules for benefits billing.

See Also

Chapter 5, “Setting Up Additional Base Benefits Features,” Setting Up Benefits Billing, page 87

Chapter 2, “Setting Up Base Benefits Core Tables,” page 5

Enrolling Participants

This section discusses how to:

- Locate eligible participants.

- Enroll participants automatically.
- Enroll participants manually.
- Override Benefits Billing parameters for individual enrollees.

Pages Used to Enroll Participants

Page Name	Object Name	Navigation	Usage
Benefits Billing Enrollment	BILL_ENROLL	Benefits, Benefits Billing, Manage Acc Status and Balance, Enroll in Billing, Benefits Billing Enrollment	Enroll employees manually into the Benefits Billing system and update previous enrollments.
Billing Override	BILL_EMPL_PARM	Benefits, Benefits Billing, Manage Acc Status and Balance, Request Hold/Alternate Address, Billing Override	Override Benefits Billing parameters at the individual enrollee level. Set up comments, designate an alternate address, or hold statements for an individual enrollee.

Locating Eligible Participants

A typical Benefits Billing population might include:

- Employees on leave without pay.
- Employees on reduced schedules who do not earn enough to pay for coverage.
- Retirees who continue company-sponsored coverage.
- Terminated employees who are enrolled in COBRA.
- Dependents of employees who are enrolled in COBRA.
- Survivors of deceased employees and retirees.

Note. Dependents of active 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.

Enrolling Participants Automatically

If you currently implement PeopleSoft Enterprise Benefits Administration, you can use Event Maintenance processes to locate employees and dependents who are eligible for Benefits Billing and enroll them into the Benefits Billing system.

You can also use COBRA Administration processes to locate and enroll COBRA participants who are eligible for Benefits Billing.

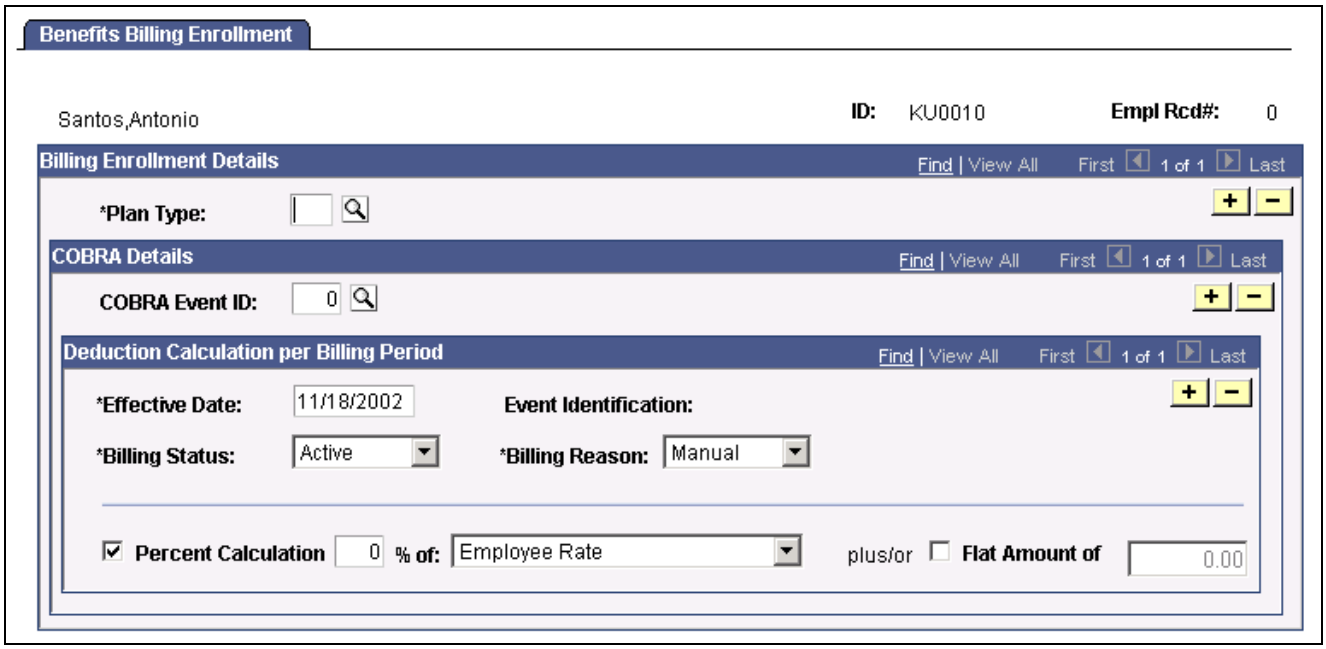
See Also

Chapter 15, “Managing COBRA,” page 213

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, “Creating Event Rules”

Enrolling Participants Manually

Access the Benefits Billing Enrollment page.



Benefits Billing Enrollment page

Employee ID

When you first enter the Benefits Billing Enrollment page, you are prompted for the ID of the employee that you want to enroll or update.

You cannot create Benefits Billing enrollment records that cover all of an employee's multiple jobs at once.

Plan Type

You can enter multiple plan types, including:

- Simultaneous active and COBRA billing enrollments.
- Multiple COBRA billing enrollments.

COBRA Event ID

Automatically assigned by the COBRA batch process, but can also be entered. The value is *0* for non-COBRA billing.

Effective Date

You can have multiple effective-dated billing records for COBRA and non-COBRA events.

Event Identification

For records created through Benefits Administration processes only. Indicates that the record was created through Event Maintenance or Open Enrollment.

Billing Status

Controls billing calculations for each plan type:

Active: You are billing the employee for this plan type.

Hold Billing: Charges are not calculated for this plan type. If you change the 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 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: You are no longer billing for this plan type.

Billing Reason Identifies the source of the billing entry and the reason that the employee is being billed; for reference only.

Manual: Indicates that you are entering the billing enrollment record manually.

Arrears: Indicates that the participant cannot gross enough to cover 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 Benefits Administration or COBRA to identify the process by which this enrollment record was entered into the system.

Percent Calculation and **Flat Amount** Determine how to modify the deduction calculation for billing purposes.

Select Percent Calculation to use the system deduction calculation routines with either the normal *Employee Rate* or the *Total Rate* to calculate the amount that is owed for each billing period. The system then multiplies the calculated value by the percentage that is entered. The percentage can be more than 100 percent.

Select Flat Amount to add a dollar amount to the amount calculated by the Percent Calculation settings. If the Percent Calculation check box is cleared, the system bills the employee the flat amount for each billing period. The amount can be a negative number.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Calculation Rules, page 21

Overriding Benefits Billing Parameters for Individual Enrollees

Access the Billing Override page.

Effective Date You can enter more than one set of override parameters per employee and order them by effective date.

Hold Billing Select to halt billing for all plan types.

When you hold billing and run the Benefits Billing calculation process, the system retroactively calculates charges that occurred during the period that the hold was in effect.

Hold Statements Select to stop printing billing statements for this employee.

Address Information Enter an alternate address to send upcoming billing statements.

The default address is on the enrollee's Personal Data record.

Comments Enter comments that are to be printed on upcoming billing statements for this employee.

Calculating Charges

This section discusses how to:

- Calculate charges automatically.

- Calculate charges manually for individual participants.

Pages Used to Calculate Charges

Page Name	Object Name	Navigation	Usage
Billing Run Ctl (billing run control)	BILL_RUNCTL	Benefits, Benefits Billing, Calculate and Review Charges, Calculate Periodic Charges, Billing Run Ctl	Calculate charges and create billing charge records for a selected billing calendar.
Manual Charge	BILL_CHRG_ADD	Benefits, Benefits Billing, Calculate and Review Charges, Enter Manual Charges, Manual Charge	Manually post new billing charge records to the system.

Calculating Charges Automatically

Access the Billing Run Ctl page.

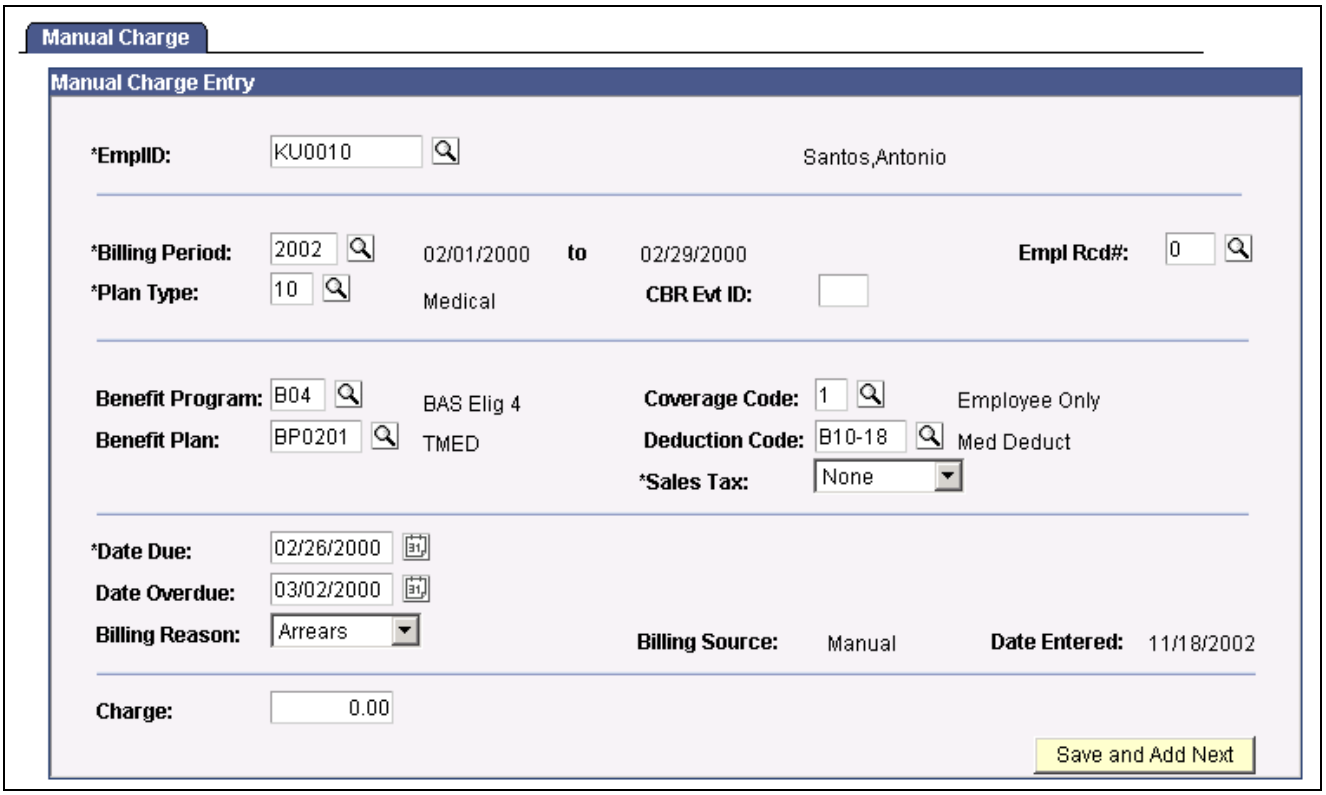
Billing Period Select the period that indicates the billing calendar for which you want to calculate benefits billing charges.

Note. You can rerun the Billing Calculation process until you run the Statement Print process for that billing period.

Payment Due and **COBRA Payment Due** Automatically populated with the dates that were defined for this billing calendar. May be modified if necessary.

Calculating Charges Manually for Individual Participants

Access the Manual Charge page.



Manual Charge page

You can 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.

If you enter a Billing Charge record 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 when the process is rerun for a particular billing period.

EmplID (employee ID) Enter the ID of the employee that is to be billed.

Billing Period Select the billing period from the Billing Calendar.

Plan Type Determine the plan type.

(CAN) Sales Tax Canadian users can enter charges that represent various Canadian sales taxes that are associated with another benefits charge.

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 here.

This field 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.

Charge Enter the total charge for this employee and billing period.

Note. After you save a charge entry record, you cannot directly change the amount of that charge. Any changes must be made through the Bill Charge Adjustment page.

Reviewing Charges

This section discusses how to:

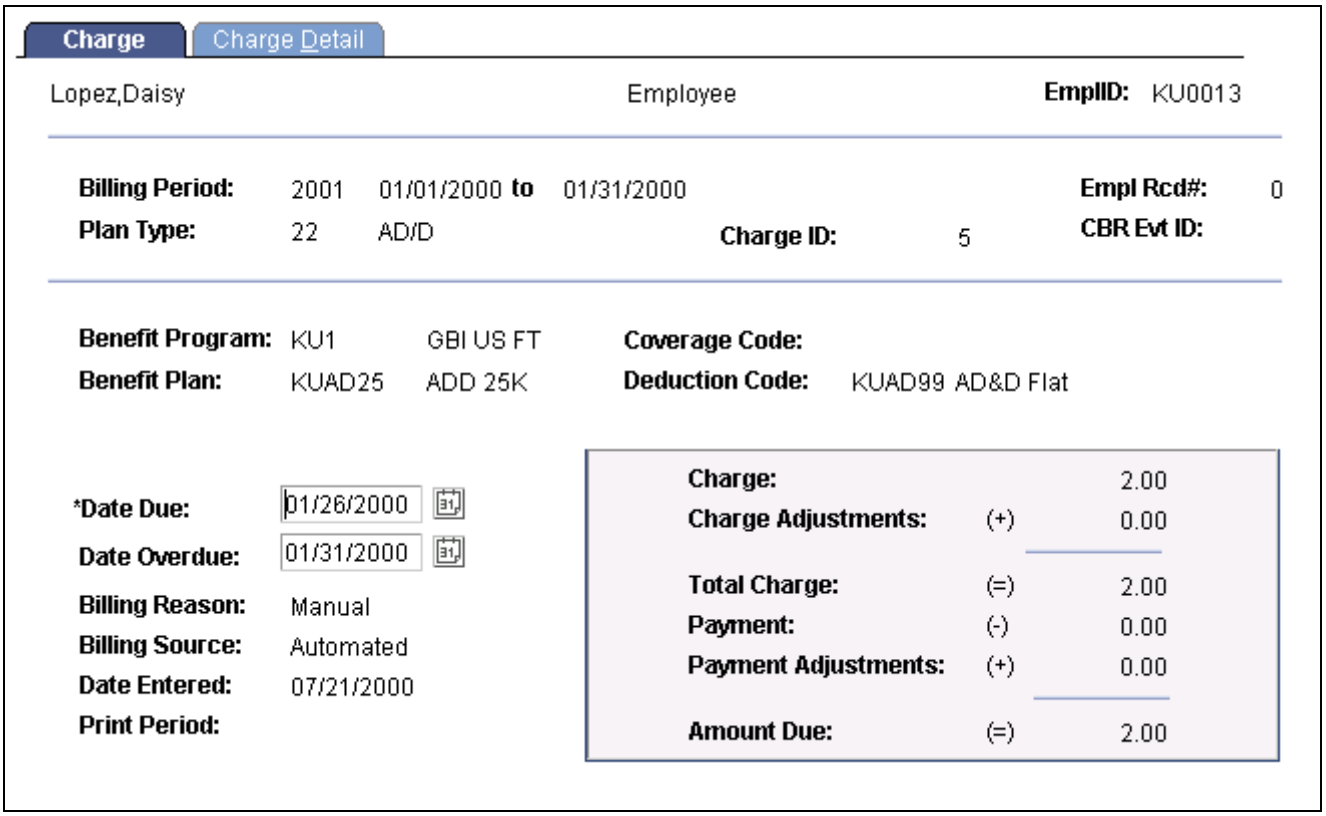
- Review individual charge records.
- Review charge details.
- Review charges by billing period.
- Review charges by plan type.

Pages Used to Review Charges

Page Name	Object Name	Navigation	Usage
Charge	BILL_CHRG_VW	Benefits, Benefits Billing, Calculate and Review Charges, Review Charge Details, Charge	See how Benefits Billing charges and payments add up for a selected employee.
Charge Detail	BILL_CHRG_DET	Benefits, Benefits Billing, Calculate and Review Charges, Review Charge Details, Charge Detail	View details of charge actions.
Charge Summary	BILL_CSUM_BY_BPER	Benefits, Benefits Billing, Calculate and Review Charges, Rvw Charge Smry by Bill Period, Charge Summary	Arranges a participant's charges by billing period.
Smmry byPlantype (summary by plan type)	BILL_CSUM_BY_PTYPE	Benefits, Benefits Billing, Calculate and Review Charges, Rvw Charge Smry by Plan Type, Smmry byPlantype	Arranges a participant's charges by plan type.

Reviewing Individual Charge Records

Access the Charge page.



Charge page

Charge ID — A system-generated number that ensures the uniqueness of Billing Charge records.

CBR Evt ID (COBRA event ID) — If this coverage is calculated under COBRA, provides a link to the COBRA event.

Benefit Program, Coverage Code, Benefit Plan, and **Deduction Code** — Obtained from the participant's Base Benefits records.

Can be used to trace back to the rate tables and calculation rules that created the charge.

(CAN) Sales Tax — Appears if the charge is for Canadian sales tax associated with another benefits charge.

Date Due and **Date Overdue** — You can modify these dates.

Print Period — Indicates the begin and end dates of the Billing Calendar during which the statement for this charge was sent.

Charge — Original charge calculated by the batch calculation process or entered in the Charge Entry page.

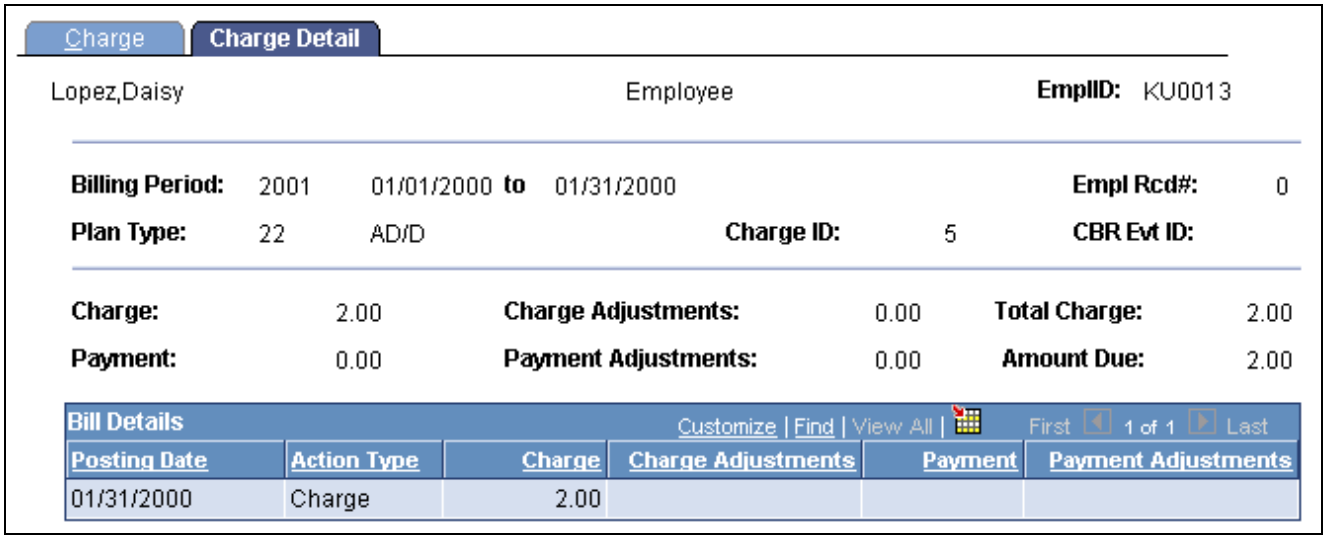
Charge Adjustments — From the Charge Adjustment page.

Payment Adjustments — From the Payment Adjustment page.

Note. Participants who are billed for more than one billing period, or who are billed for more than one plan type, employee record number, or COBRA event within a particular billing period, have multiple billing charge records.

Reviewing Charge Details

Access the Charge Detail page.



Charge Detail page

Posting Date Displays the dates that actions were entered into the system.

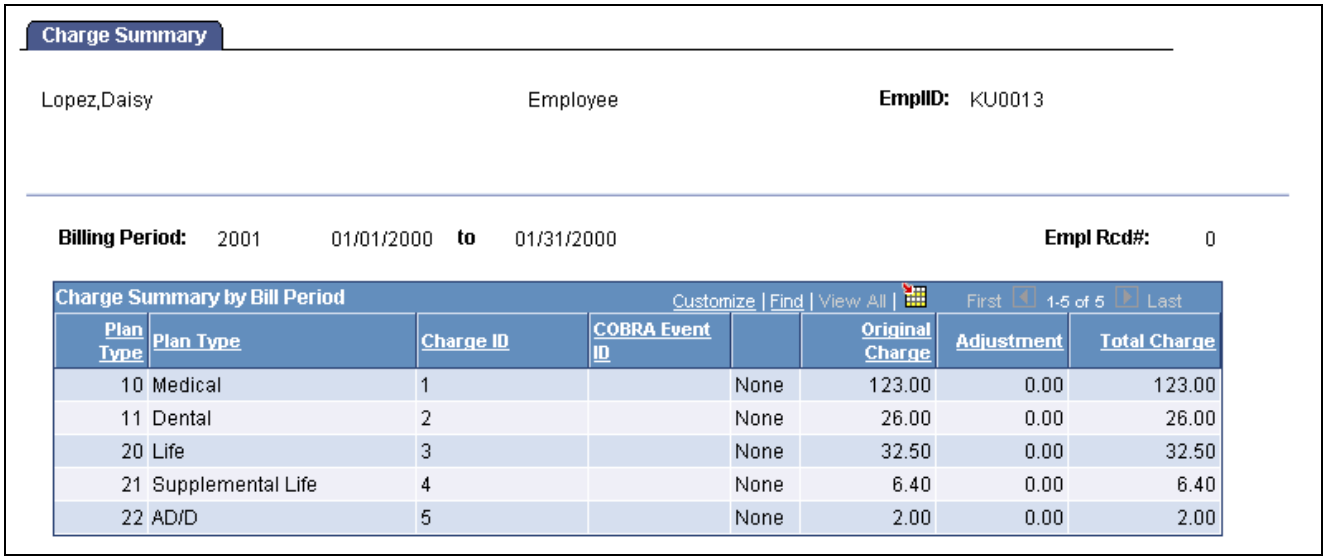
For detail records with an action type of *Charge,* the posting date is the last day of the billing cycle.

Action Type Possible actions include *Charge, Charge Adjustment, Payment,* and *Payment Adjustment.*

Charge The amount of the original charge. If the charge is associated with a Canadian sales tax, the sales tax type (GST, PST, PSTI, and so on) is indicated as well.

Reviewing Charges by Billing Period

Access the Charge Summary page.

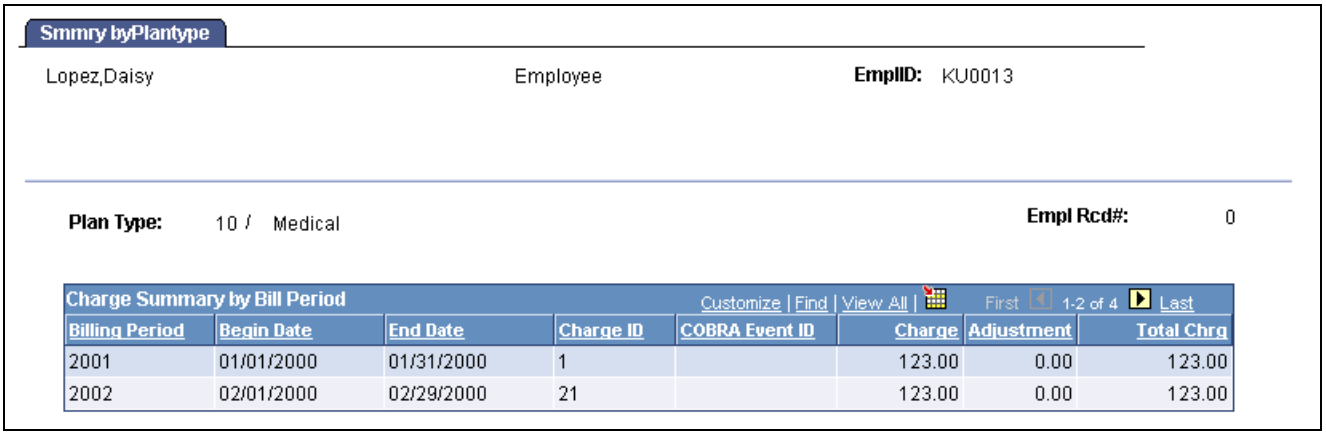


Charge Summary page

(CAN) 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.

Reviewing Charges by Plan Type

Access the Smmry byPlantype page.



Smmry byPlantype page

(CAN) 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

This section discusses how to:

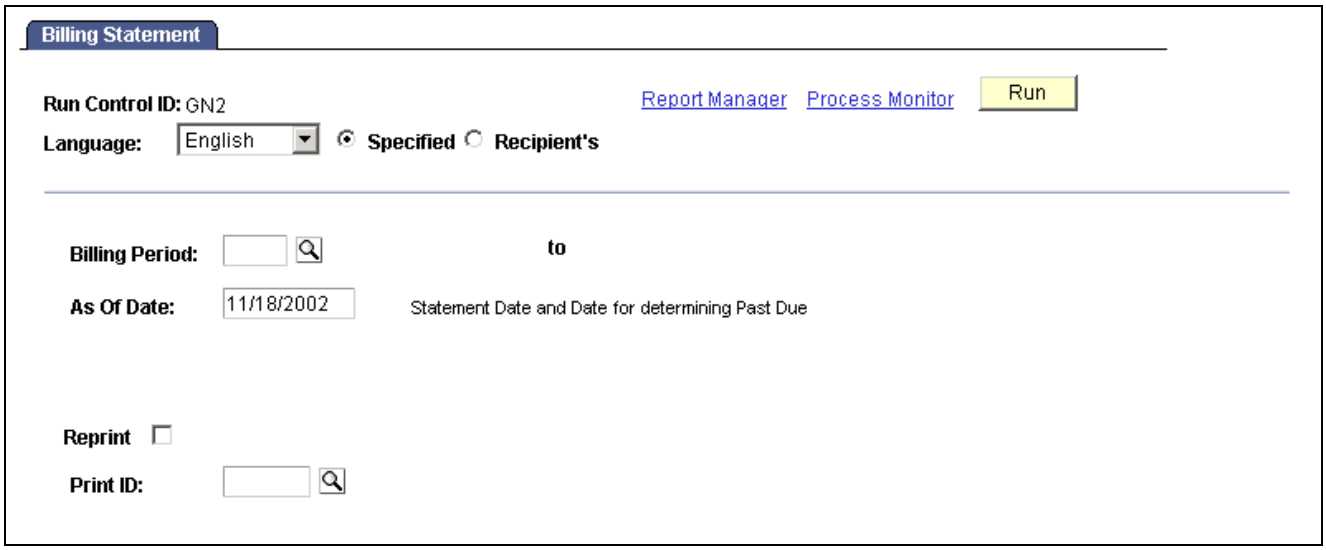
- Print and reprint billing statements.
- Establish print IDs for reprinting statements.

Pages Used to Generate Benefits Billing Statements

Page Name	Object Name	Navigation	Usage
Billing Statement	RUNCTL_BEN040	Benefits, Benefits Billing, Create Statements, Print Billing Statement, Billing Statement	Print and reprint billing statements.
Statement Print	BILL_PRINT	Benefits, Benefits Billing, Create Statements, Reprint Statement, Statement Print	Set up print IDs and select employees for reprinting billing statements.

Printing and Reprinting Billing Statements

Access the Billing Statement page.



Billing Statement page

Billing Period Select from the Billing Calendar.

As Of Date Used 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. This date has been kept separate because some organizations bill in advance for benefits.

Reprint and **Print ID** 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 is explained in the following section.

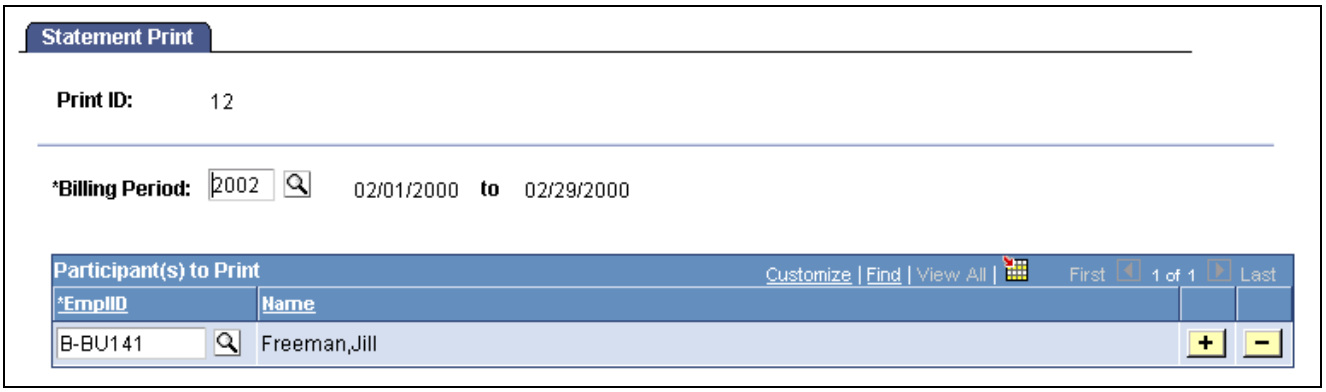
The printed statements include all plan types that are being billed. They do not differentiate between COBRA and non-COBRA charges, and they don't itemize the charges by an employee's different employee record numbers (if the employee has multiple jobs). The inclusion of a due date on each item allows 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 who are 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.

Note. The system produces only 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 that is 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.

Establishing Print IDs for Reprinting Statements

Access the Statement Print page.



Statement Print page

Billing Period Select from the Billing Calendar.

EmplID (employee ID) Select the employees for whom Billing Statements need to be reprinted.

Processing Payments

This section discusses how to:

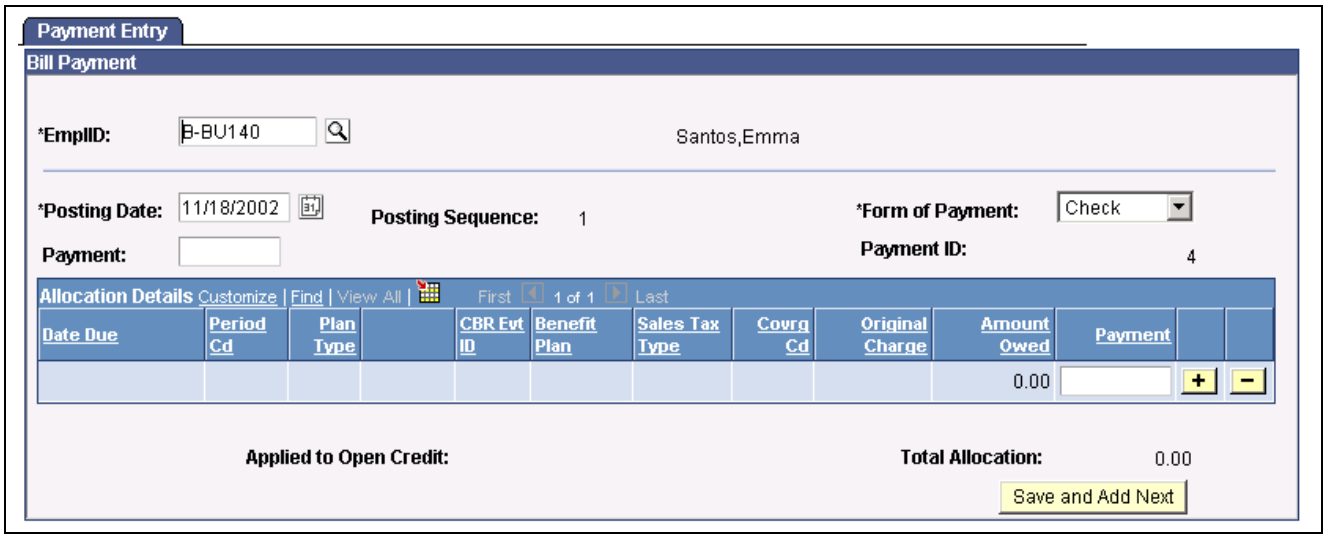
- Log payments.
- Review payment history.

Pages Used to Process Payments

Page Name	Object Name	Navigation	Usage
Payment Entry	BILL_PAYMENT	Benefits, Benefits Billing, Apply Payments, Allocate Payments to Charges, Payment Entry	Log individual payments from a participant and allocate those payments to separate charges.
Benefit Billing Payment Review	BILL_PAYMENT_VW	Benefits, Benefits Billing, Apply Payments, Review Payments/Details, Benefit Billing Payment Review	Examine charge payment history for a selected participant.
Smmry by Pst Date (summary by post date)	BILL_PSUM_BY_PTDT	Benefits, Benefits Billing, Apply Payments, Review Payments by Post Date, Smmry by Pst Sate	Review payments for a specific participant, arranged by posting date.

Logging Payments

Access the Payment Entry page.



Payment Entry page

Posting Sequence Provided by the system. Enables you to enter multiple payments on the same day.

Form of Payment You can enter either *Check* or *Cash,* but the interface value can be set automatically only by the Billing Calculation batch process.

Payment Enter the total payment that is provided by the employee. The system automatically allocates this payment to the oldest charges. You can redistribute the payment among the participant's various charges manually in the Allocations group box.

Allocation Details This group box enables you to manually distribute the payment to 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.

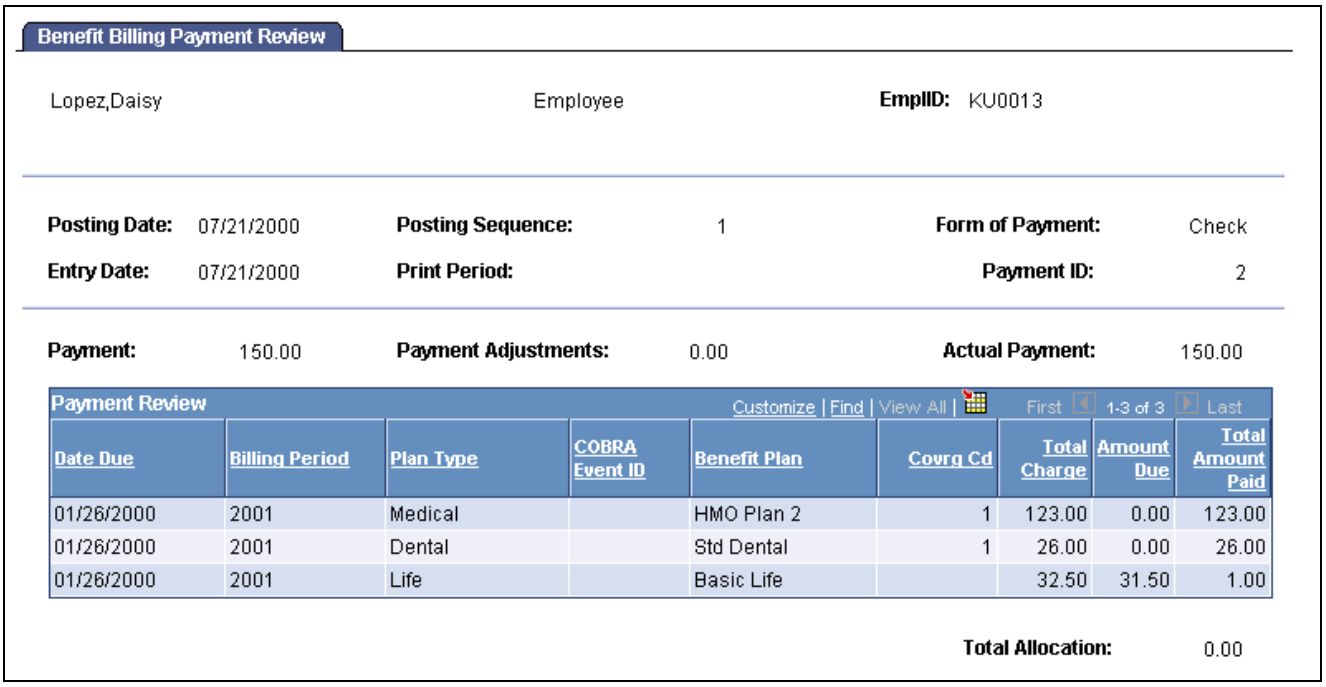
Applied to Open Credit If payment exceeds the total amount owed, the system posts the excess payment here.

Note. The system does not allow participants to have payments applied to open credit as long as they have unpaid charges.

Note. Any changes to saved payment entries must be made through the Payment Adjustments page.

Reviewing Payment History

Access the Benefit Billing Payment Review page.



Benefit Billing Payment Review page

Posting Date The date when the payment was actually applied to the charges.

Entry Date The date when you entered the payment record into the system.

Print Period The billing period during which information about this payment appeared on the participant's billing statement.

Payment The payment amount that was originally entered.

Payment Adjustments Adjustments made on the Payment Adjust page.

Actual Payment 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 in which overpayments were applied to open credit.

Adjusting Charges and Payments

This section discusses how to:

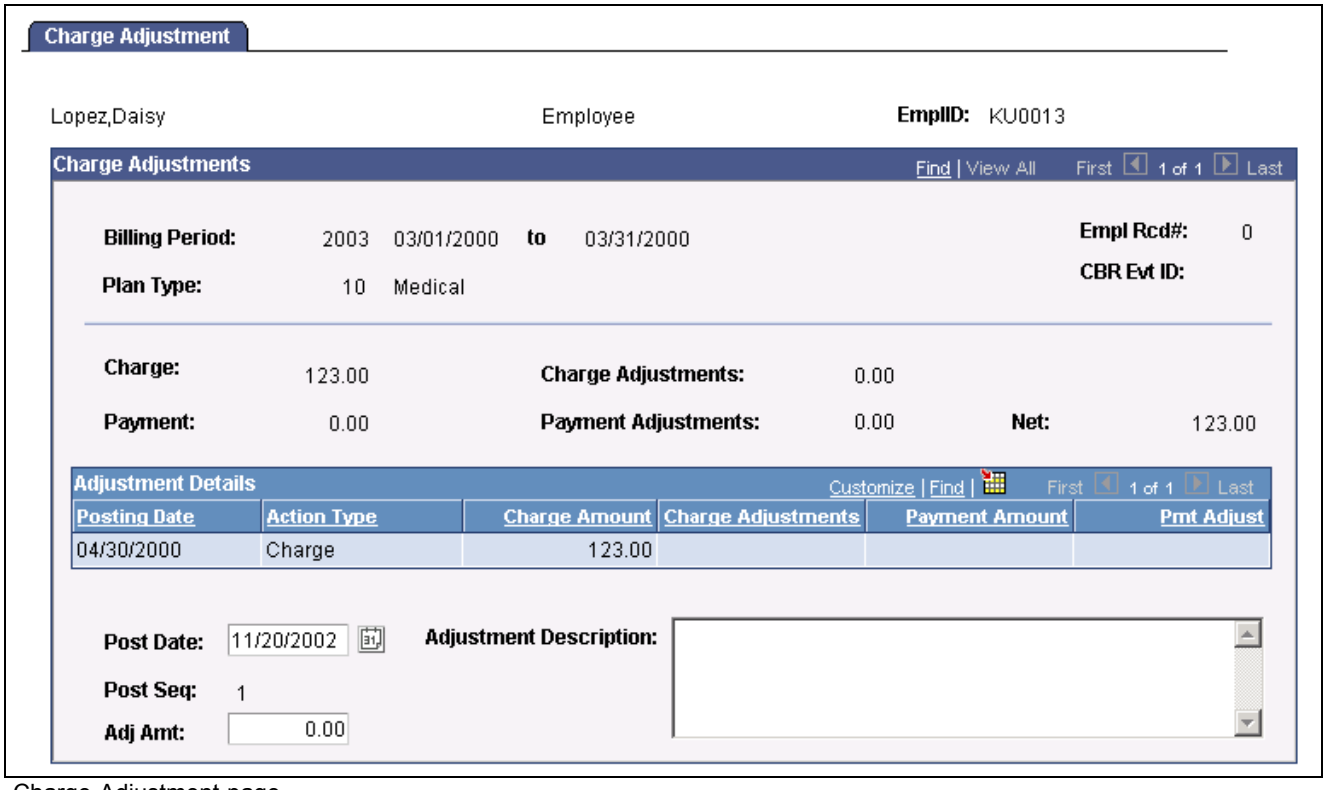
- Make adjustments to charges.
- Make adjustments to payments.

Pages Used to Adjust Charges and Payments

Page Name	Object Name	Navigation	Usage
Charge Adjustment	BILL_CHRG_ADJUST	Benefits, Benefits Billing, Make Adjustments, Adjust Charges, Charge Adjustment	Adjust charges on existing Billing Charge records.
Payment Adjust (payment adjustment)	BILL_PAY_ADJUST	Benefits, Benefits Billing, Make Adjustments, Adjust Payments, Payment Adjust	Adjust payments to existing Billing Payment records.
Adjustm. Summary (adjustment summary)	BILL_ADJ_SMRY	Benefits, Benefits Billing, Make Adjustments, Review Adjustment Summary, Adjustm. Summary	View a summary of all adjustments for a participant.

Making Adjustments to Charges

Access the Charge Adjustment page.



Charge Adjustment page

Note. You can apply only one charge adjustment at a time.

Post Date Automatically set to today's date, but you can change it.

Post Seq (post sequence) Assigned by the system. Enables you to schedule more than one charge adjustment for a particular post period.

Adj Amt (adjustment amount) Enter the amount of the adjustment.

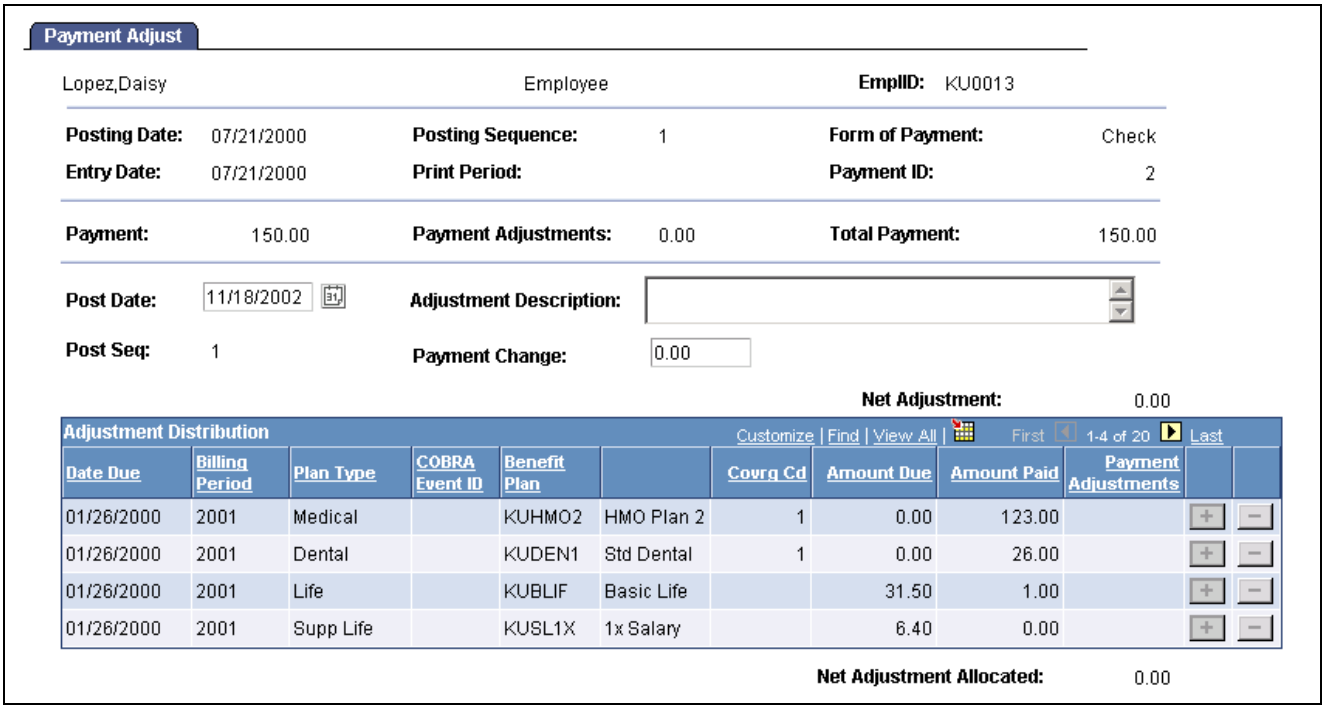
If you increase the charge, the system checks to see whether the participant has any overpayments allocated to open credits. It applies open credits to the increase in the charge, updates the charge balance, and inserts detail rows showing the allocation of the open credits to the charge.

If you reduce a charge that has already been paid, you end up with an overpayment. The system checks to see whether the employee has other open charges. If open charges exist, the system requests that you make a payment adjustment. If no open charges exist, the system selects a payment that is allocated to the charge that is 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.

Adjustment Description Enter the reason for the adjustment.

Making Adjustments to Payments

Access the Payment Adjust page.



Payment Adjust page

Payment Adjustments Distribute the total adjustment among the charges.

Post Date Automatically set to today's date, but you can change it.

Post Seq (post sequence) Assigned by the system. Enables you to schedule more than one charge adjustment for a particular post period.

Payment Change Enter the total adjustment.

Net Adjustment The net adjustment is equal to the payment change if the adjustment increases the payment or if no open credit is associated with the payment.

If the payment adjustment reduces the payment or an open credit exists, the Net Adjustment field represents the amount that is left over when the open credit has been wiped out, which then has to be subtracted from charges.

The system requires that the value in the Net Adjustment field equal the value in the Net Adjustment Allocated field, except 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.

Adjustment Distribution You can redistribute the payment to other charges through the adjustment.

Reviewing Charge and Payment History

You can view a history of all payments, charges, and remaining balances for an employee.

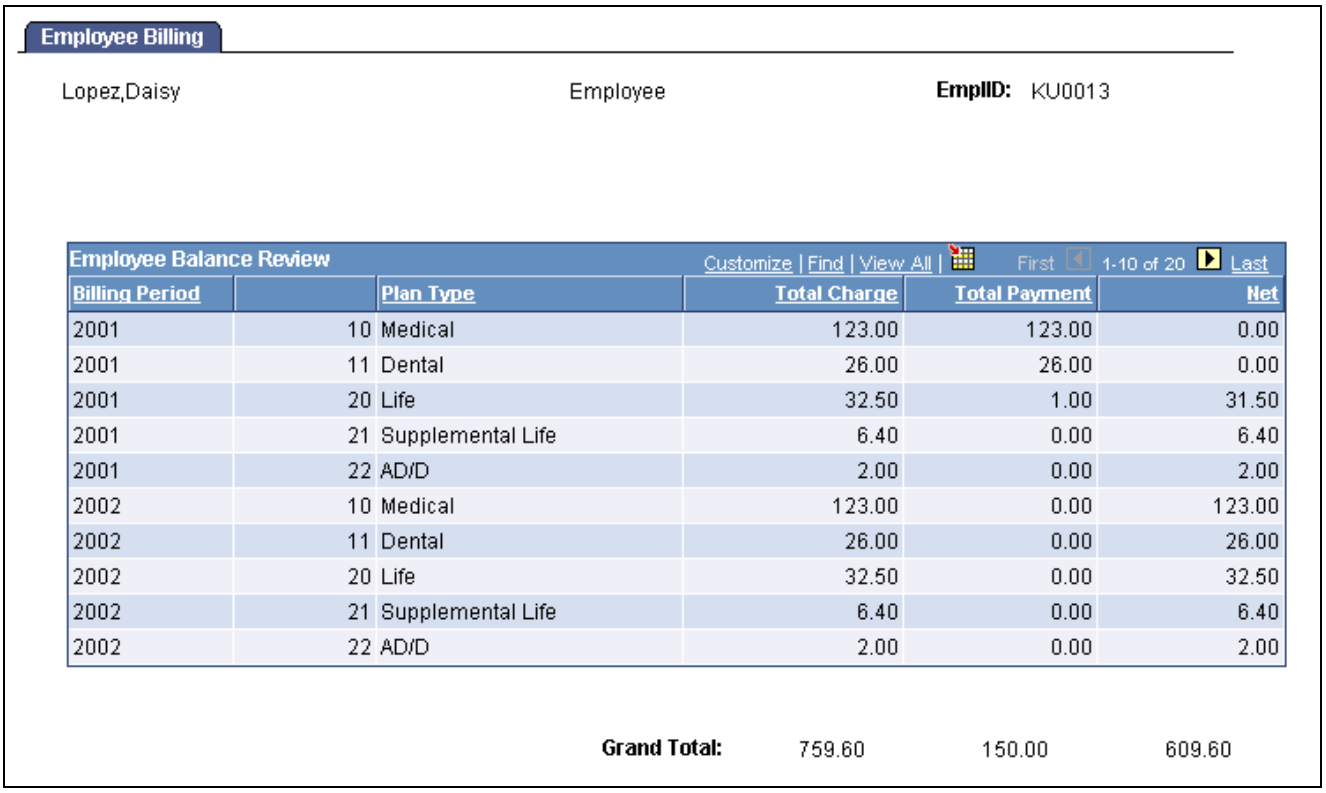
This section discusses how to review employee billing history.

Page Used to Review Charge and Payment History

Page Name	Object Name	Navigation	Usage
Employee Billing	BILL_BLNC_SMRY	Benefits, Benefits Billing, Manage Acct Status and Balance, Review Employee Balances, Employee Billing	View charges, payments, and grand totals that are associated with an individual employee.

Reviewing Employee Billing History

Access the Employee Billing page.



Employee Billing

Lopez,Daisy Employee **EmplID:** KU0013

Employee Balance Review Customize | 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 Billing page

The charge and payment values that are displayed are accounted for in all adjustments previously posted against them. The Net column displays the balance that is still outstanding for each charge and payment combination.

Note. Canadian sales tax types (GST, PST, PSTI, and so on) are displayed to the left of the charge listing when appropriate.

The Grand Total field adds the Total Charge, Total Payment, and Net columns.

CHAPTER 15

Managing COBRA

This chapter provides an overview of managing COBRA (Consolidated Omnibus Budget Reconciliation Act) and discusses how to:

- Determine qualified COBRA events.
- Run the COBRA process.
- Create notification letters.
- Enter COBRA elections and waivers.
- Process enrollments for secondary events.
- Manage COBRA events.
- Manage COBRA benefit plan and dependent information.
- Manage non-employee COBRA participants.
- Terminate COBRA coverage.
- Manually enroll participants in COBRA coverage.

Understanding COBRA Management

The system searches the database for COBRA qualifying events that you define and identifies those employees and dependents who are eligible for COBRA benefits. Once these qualified beneficiaries are identified, you can retrieve data through the COBRA pages and track the qualifying event, the calculated coverage begin and end dates, and COBRA status for each beneficiary. You can also enter health and FSA benefit elections.

To administer COBRA:

1. Perform PeopleSoft Enterprise Human Resources functions as usual.

   For example, terminate employees, retire employees, and record marital status changes. These functions trigger COBRA activity.
2. Run the COBRA process to identify qualifying events and beneficiaries.
3. Generate COBRA notification letters and enrollment forms.
4. Enter COBRA elections or coverage waivers.
5. Manage COBRA benefits for non-employee COBRA beneficiaries and their dependents.
6. Terminate COBRA enrollment for beneficiaries who lose their coverage due to lack of payment or voluntary termination.

Determining Qualified COBRA Events

This section discusses:

- COBRA events.
- How to add, change, delete, and review COBRA events.

Understanding COBRA Events

A qualified COBRA event:

- Is defined in the COBRA Event Rules Table.
- Results in a recognized loss of coverage in a health or FSA plan.

In Base Benefits, qualifying events are triggered through PeopleCode. In PeopleSoft Enterprise Benefits Administration, qualifying events are triggered after Event Maintenance has been finalized. The exception (for both Base Benefits and Benefits Administration) is overage dependent processing. Overage dependent events are identified during the COBRA batch process and are automatically adjusted.

Information about triggered events is transferred to the COBRA Activity table for further analysis during the COBRA process.

There are two types of COBRA events: initial and secondary. An initial event is the first qualifying event for an employee.

Understanding Initial COBRA Events

The following table shows 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 decrease.	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 combination is entered for the employee.	Employee and dependents
Death of employee	Employee status changes to *Deceased* or a Family Status Change/Death action/action reason combination is entered for an employee.	All dependents
Divorce	Marital status changes to *Divorced;* spouse becomes ex-spouse.	Spouse
Marriage of dependent	Dependent marital status changes to *Married.*	Individual dependent

Qualifying COBRA Event	User Action Trigger	Potential COBRA Beneficiaries
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

Note. 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. COBRA Administration does not differentiate between terminations for gross misconduct and other termination types, but you can set up action reason codes and add PeopleCode to perform this function.

Understanding Secondary COBRA Events

Secondary events extend coverage eligibility and are limited to dependents who are currently enrolled in COBRA coverage. A secondary event must meet the following requirements:

- The dependent must currently be enrolled in COBRA coverage as a result of an initial COBRA event.
- The initial COBRA event must be associated with a change to an employee's job status (such as a reduction in hours, termination, or retirement), and the secondary event must involve 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 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/action reason combination of FSC/DEA to successfully process the event.

See Also

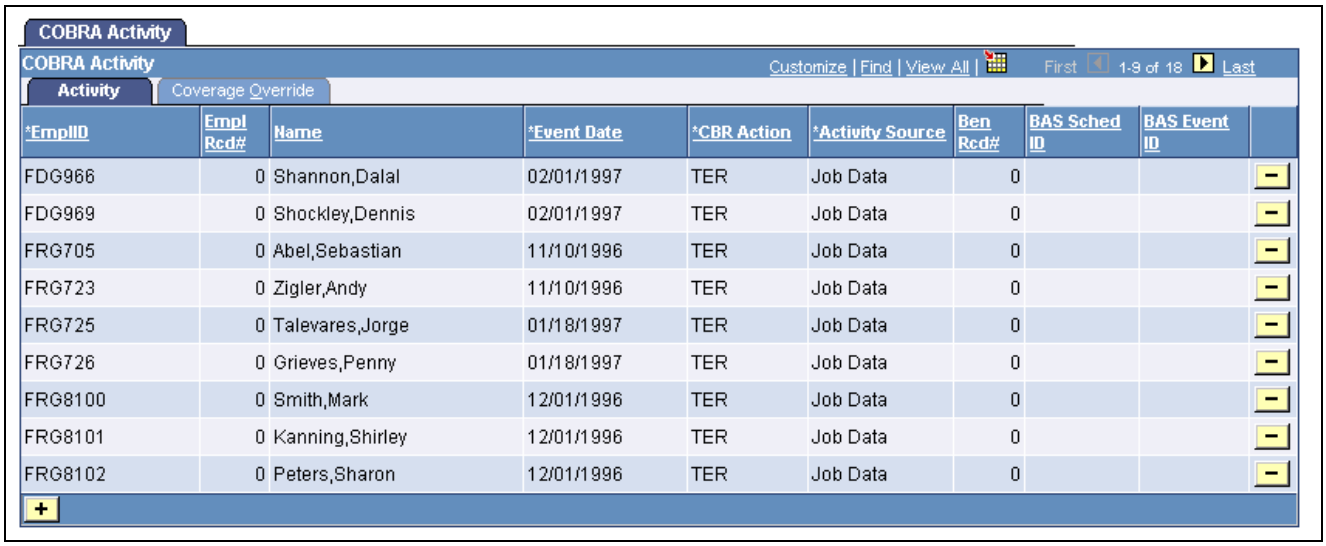
Chapter 15, "Managing COBRA," Processing Enrollments for Secondary Events, page 226

Page Used to Determine Qualified COBRA Events

Page Name	Object Name	Navigation	Usage
COBRA Activity	COBRA_ACTIVITY	Benefits, Administer COBRA Benefits, Manage Automated Participation, Review COBRA Triggers, COBRA Activity	Add, delete, and review COBRA events.

Adding, Deleting, and Reviewing COBRA Events

Access the COBRA Activity page.

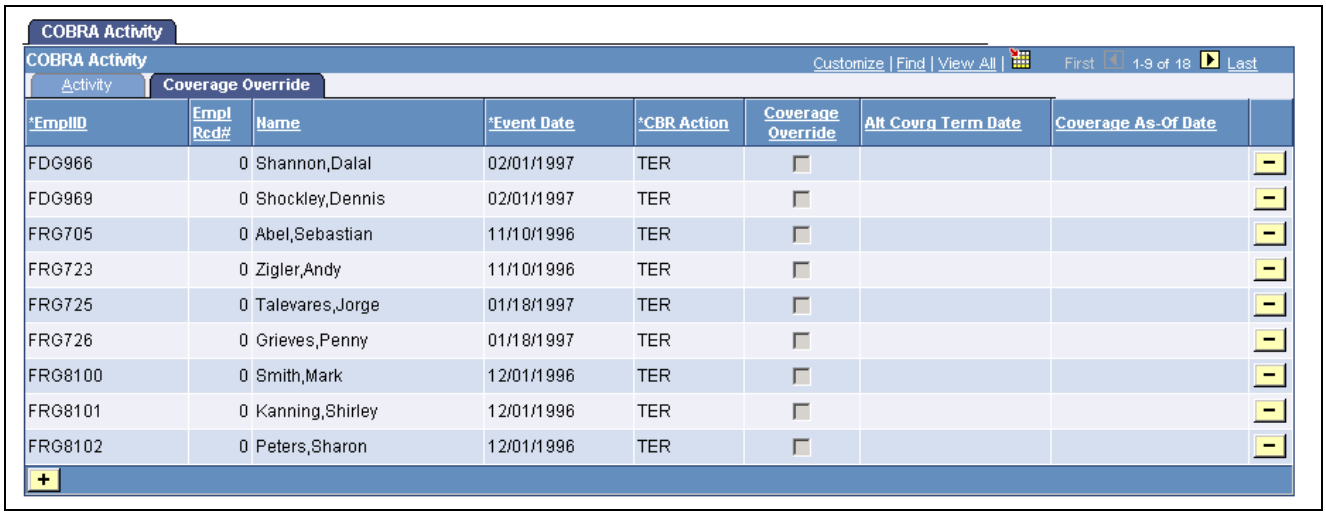

COBRA Activity

COBRA Activity Customize | Find | View All | First 1-9 of 18 Last

Activity | Coverage Override

*EmplID	Empl Rcd#	Name	*Event Date	*CBR Action	*Activity Source	Ben Rcd#	BAS Sched ID	BAS Event ID
FDG966	0	Shannon,Dalal	02/01/1997	TER	Job Data	0		
FDG969	0	Shockley,Dennis	02/01/1997	TER	Job Data	0		
FRG705	0	Abel,Sebastian	11/10/1996	TER	Job Data	0		
FRG723	0	Zigler,Andy	11/10/1996	TER	Job Data	0		
FRG725	0	Talevares,Jorge	01/18/1997	TER	Job Data	0		
FRG726	0	Grieves,Penny	01/18/1997	TER	Job Data	0		
FRG8100	0	Smith,Mark	12/01/1996	TER	Job Data	0		
FRG8101	0	Kanning,Shirley	12/01/1996	TER	Job Data	0		
FRG8102	0	Peters,Sharon	12/01/1996	TER	Job Data	0		

COBRA Activity page: Activity tab


COBRA Activity

COBRA Activity Customize | Find | View All | First 1-9 of 18 Last

Activity | Coverage Override

*EmplID	Empl Rcd#	Name	*Event Date	*CBR Action	Coverage Override	Alt Covrg Term Date	Coverage As-Of Date
FDG966	0	Shannon,Dalal	02/01/1997	TER			
FDG969	0	Shockley,Dennis	02/01/1997	TER			
FRG705	0	Abel,Sebastian	11/10/1996	TER			
FRG723	0	Zigler,Andy	11/10/1996	TER			
FRG725	0	Talevares,Jorge	01/18/1997	TER			
FRG726	0	Grieves,Penny	01/18/1997	TER			
FRG8100	0	Smith,Mark	12/01/1996	TER			
FRG8101	0	Kanning,Shirley	12/01/1996	TER			
FRG8102	0	Peters,Sharon	12/01/1996	TER			

COBRA Activity page: Coverage Override tab

Activity Tab

CBR Action (COBRA action) Describes the type of event that took place.

Activity Source Indicates who or what initiated the event.

Ben Rcd# (benefit record number) Indicates the benefit record affected by the event.

Coverage Override Tab

CBR Act Src (COBRA action source) This identifies the source of the activity record.

Coverage Override Select when an alternate coverage termination date should be used to determine qualified COBRA coverage.

Alt Covrg Term Date (alternate coverage termination date) — The date when coverage was previously terminated. Required when the coverage override flag is selected.

Covrg As-Of Date (coverage as of date) — The date that coverage should begin if the event is fully qualified. The system sets the COBRA event date if this field is left blank.

See Also

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Defining Eligibility Rules"

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Creating Event Rules"

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Running the Benefits Administration Process," Event Maintenance

Overriding Initial and Secondary COBRA Events

The system assumes that the date of the event and the date that an employee's benefits terminate are the same, which is not always 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 human resources is notified the employee is not returning, 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 order for the COBRA process to recognize these events as enabling dependents 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 new COBRA event classification to identify these specific situations. COBRA events triggered through the Base Benefits business process or Benefits Administration can be deleted on the COBRA Activity Table, but not modified. COBRA events that you enter through the COBRA Activity page can be changed.

Running the COBRA Process

This section provides an overview of the COBRA process and describes how to:

- Run the COBRA process.
- Understand COBRA event status.
- Assign qualified COBRA beneficiaries to benefit programs.
- Determine eligible plan types.
- Determine eligible options.
- Calculate COBRA cost for eligible options.
- Process secondary qualified COBRA events.
- View error messages.

Understanding the COBRA Process

The COBRA process determines employee and dependent eligibility for COBRA benefit coverage.

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 had health coverage on the day of the qualifying event and have lost coverage.

If these requirements are met, COBRA process assigns the beneficiary a benefit program and allows that person to elect COBRA health coverage.

Pages Used to Run the COBRA Process

Page Name	Object Name	Navigation	Usage
Run Control	COBRA_RUNCTL	Benefits, Administer COBRA Benefits, Manage Automated Participation, Qualify Event/Proc Enrollment, Run Control	Determine COBRA eligibility.
Process Messages	COBRA_MESSAGES	Benefits, Administer COBRA Benefits, Review Processing Results, Review Processing Message, Process Messages	View error messages for the COBRA process.

Running the COBRA Process

Access the Run Control page.

COBRA Processing Phase Displays the phase where processing begins. Possible phases are:

Ready: Ready for processing.

Overage: Processing overage dependents.

Activity: Processing COBRA activity.

Qualify: Processing qualifying events.

Participant: Processing COBRA participants.

Complete: Processing completed.

Process Overage Dependents Clear this check box to skip overage dependent processing during the batch run.

Chk Point Interval in Minutes (check point interval in minutes) Enter the number of minutes before the process commits information that's been processed so far and updates the information displayed in the Restart Position group box.

If an error occurs, the system restarts the process from the last checkpoint.

Restart Position Displays the position from which to restart the COBRA process from if a system failure occurs.

Note. On the Process Scheduler page, select the CBRNEE PS job to run the COBRA process.

Running the COBRA Non Employee Job

The CBRNEE PS job runs both the PSPCOBRA COBOL process and the CBR_NONEE application engine.

The PSPCOBRA COBOL process takes the relevant data and puts it into a temporary table. The CBR_NONEE application engine writes the data to the correct PERSON table.

Understanding COBRA Event Status

Once a COBRA event has been triggered (online or through Benefits Administration), the COBRA process determines whether any employees or dependents have lost health coverage due to the event. The system considers these people to be qualified COBRA beneficiaries.

Each person analyzed by the COBRA process receives three status values:

- Event qualification status
- Initial event status
- Secondary event status

The event qualification status identifies participants who qualify for COBRA. Values are:

- Not COBRA Qualified
- COBRA Qualify Error
- COBRA Qualified
- Qualify Pending
- Unprocessed

The initial event status tracks the process of the event in the COBRA cycle; it also marks whether participants have their options prepared and are notified of coverage. 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 values 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 to Not Qualified.

In the case of a combination event, which acts as an initial event for certain plans and as a secondary event for other plans, plans for which the combination event acts as a secondary event are set to Not Qualified. Initial event status values for plans where the combination event acts as an initial event are set to appropriate levels for the current stage of processing.

Status values for initial and secondary events are updated as participants move through the COBRA process.

See Also

Chapter 15, "Managing COBRA," Processing Enrollments for Secondary Events, page 226

Assigning Qualified COBRA Beneficiaries to Benefit Programs

Benefit program assignment differs for COBRA events initiated by the Base Benefits business process and Benefits Administration.

If a COBRA event is initiated by Base Benefits, the system assigns each qualified beneficiary to the benefit program that the employee was enrolled in on the day prior to the COBRA event date.

If the event is processed through Benefits Administration, then the system determines benefit program eligibility for each qualified COBRA beneficiary, using the eligibility parameters from the latest run of Benefits Administration and the qualified beneficiary's ZIP code. If no benefit programs satisfy this eligibility criteria, then the participant is assigned to the benefit program enrolled in on the day prior to the COBRA event date.

Note. This process only occurs for qualified participants who have a COBRA process status of Open For Processing (as opposed to Closed or Void).

See Also

Chapter 15, "Managing COBRA," Adjusting and Reprocessing COBRA Events, page 229

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Running the Benefits Administration Process," Event Maintenance

Determining Eligible Plan Types

Beneficiaries are eligible for all COBRA-qualified group health plan types they were enrolled in prior to the COBRA event. This includes all Health (1x) plan types and the Health FSA (60) plan type.

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 Plan Type and Option page of the Benefit/Deduction Program component.

Determining Eligible Options

Eligible options are determined for each qualified plan type.

For employees, spouses, and ex-spouses, eligible options must 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 has the COBRA Coverage Set field selected and 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 (Spouse Only Coverage Codes).

For all dependents besides spouses and ex-spouses, eligible options must 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 (Dependent Only Coverage).

Benefits Administration uses a different method to determine option eligibility.

See Also

PeopleSoft Enterprise Benefits Administration 8.9 PeopleBook, "Running the Benefits Administration Process," Event Maintenance

Calculating COBRA Costs for Eligible Options

This section describes how to calculate COBRA costs.

To calculate COBRA cost:

1. Access the Benefit Program page.
2. Enter the COBRA percentage amount.

   The COBRA process calculates a charge for each option using the sum of the total coverage costs (employee plus employer) multiplied by the surcharge defined here.
3. Enter the COBRA disabled surcharge percentage.

   If the COBRA participant is disabled, the COBRA cost for months 19-29 is multiplied by this surcharge.

When you select Waive COBRA Surcharge on the COBRA Event Rules Table page for a specific COBRA event classification, the system does not add the COBRA surcharge or disabled surcharge.

COBRA charges are sent to the COBRA beneficiary through Benefits Billing processes, as long as Benefits Billing is selected in the Products page of the Installation table.

See Also

Chapter 14, "Managing Benefits Billing," page 193

Processing Secondary COBRA Qualifying Events

Although COBRA governmental regulations describe how secondary COBRA qualifying events should be processed, PeopleSoft event rules allow for a different implementation of secondary event processing.

Three fields defined on the Event Rules page are used to process secondary events.

Secondary Event Role	Identifies whether the event can be considered a secondary event.
Second Event Additional Months	Defines by 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.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up COBRA Administration, page 89

Chapter 15, "Managing COBRA," Processing Enrollments for Secondary Events, page 226

Viewing Error Messages

Access the Process Messages page.

Benefit Rcd# (benefit record number) The employee benefit record number that was affected by the COBRA event.

CBR Evt ID (COBRA event identification) The identification number assigned to the event by the COBRA process.

Dep/Benef (dependents/beneficiaries) Any relevant dependents or beneficiaries.

Creating Notification Letters

This section describes how to:

- Determine notification recipients.
- Print notification letters for initial events.
- Print notification letters for secondary events.
- Reprint notification letters.

See Also

Chapter 15, "Managing COBRA," Processing Enrollments for Secondary Events, page 226

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "PeopleSoft Application Fundamentals for HRMS Reports," Manage Base Benefit Reports

Pages Used to Print Notification Letters

Page Name	Object Name	Navigation	Usage
COBRA Qualify Ltr (COBRA qualify letter)	RUNCTL_CBR001	Benefits, Administer COBRA Benefits, Manage Automated Participation, Create Initial Letter, COBRA Qualify Ltr	Print notification letters for initial COBRA events.
Secondary Evt Ltr (secondary event letter)	RUNCTL_CBR002	Benefits, Administer COBRA Benefits, Manage Automated Participation, Create Secondary Letter, Secondary Evt Ltr	Print notification letters for secondary COBRA events.
Letter Reprinting	CBR_PRT	Benefits, Administer COBRA Benefits, Manage Automated Participation, Reprint Selected Letters, Letter Reprinting	Select parameters for reprinting notification letters.

Determining Notification Recipients

The qualifying event determines recipients.

- For termination, reduction in hours, and retirement events, the employee and each covered dependent are notified.
- When Medicare entitlement or death of employee events occur, each dependent is notified.
- When divorce or loss of dependent status events occur, the spouse or dependent is notified.

Printing Notification Letters for Initial Events

Access the COBRA Qualify Ltr page.

The Initial Notification Letter process generates letters for COBRA participants with an initial event status of *Options Prepared* and an event status of *Open For Processing*. Letters include:

- 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 for employees to record their elections.

Once an initial notification letter is generated for a qualified COBRA participant, the 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 notification letter) or the loss of coverage.

As of Date Enter the date for the time period that you want the 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.

Printing Notification Letters for Secondary Events

Access the Secondary Evt Ltr page.

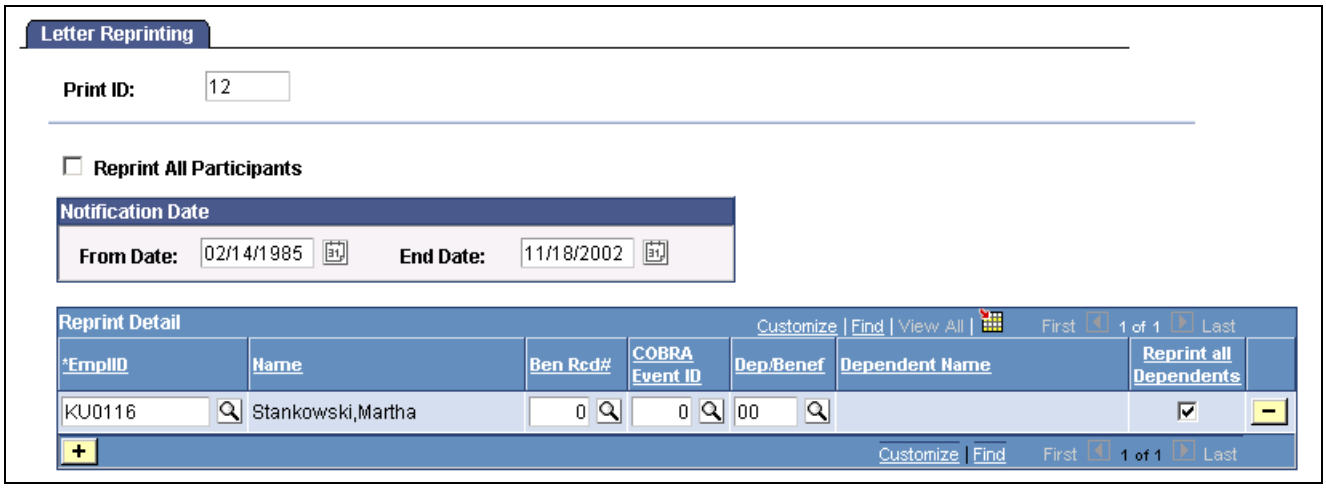
The process for printing notification letters for secondary events is identical to that for initial events.

The secondary notification letter includes information on how long COBRA coverage is to be extended.

Recipients have their secondary event status changed to *Notified* and their process status changed to *Closed for Processing*.

Reprinting Notification Letters

Access the Letter Reprinting page.



Letter Reprinting page

This 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.

Entering COBRA Elections and Waivers

This section provides an overview of COBRA elections and describes how to:

- Record COBRA elections and waivers.
- Validate and enroll elections.

Understanding COBRA Elections

Qualified COBRA beneficiaries can:

- Select COBRA for one or more plan types.

- Waive COBRA for all plan types.
- Revoke a waiver for one or more plan types.

Unlike Benefits Administration, COBRA participants can make enrollment decisions at the plan type level.

Employees and dependents are individually qualified for COBRA coverage, and they can choose to be covered as individuals.

For example, suppose that an employee with Employee plus Spouse coverage terminates employment and loses all regular health coverage. The employee and the spouse both qualify for COBRA coverage. The spouse can select either to be covered individually as a non-employee (even if the employee doesn't elect coverage), she can continue to be covered under the employee as a dependent, or the spouse may elect Spouse Only coverage (if the terminated employee coverage code is set to *Spouse Allowed*).

When you enter elections for qualified COBRA participants, the system sets their Initial Event Status to *Election Entered.*

See Also

Chapter 15, "Managing COBRA," Managing Non-Employee COBRA Participants, page 235

Page Used to Enter COBRA Elections and Waivers

Page Name	Object Name	Navigation	Usage
Participant Data	COBRA_PARTIC_ENT1	Benefits, Administer COBRA Benefits, Manage Automated Participation, Participant Elections, Participant Data	Record elections or waivers for COBRA coverage.

Recording COBRA Elections and Waivers

Access the Participant Data page.

COBRA Election Indicate whether to elect or waive COBRA coverage.

To revoke a waiver of coverage, change the selection from *Waive* to *Elect.* Waivers cannot be revoked after the election end date.

The current date is automatically set as the election, waive, or revoke date, although you can override that value for elections.

Participant Enrollment

Plan Type Enter the elected option choices.

Covrg Begin (coverage begin), **Covrg End** (coverage end) and, **Election End** Predetermined by the COBRA process.

COBRA Election Elect or waive each plan type.

The election or waive date is automatically set, although you can override the election date.

Provider ID	For health plan types. Enter the name of the employee's doctor, an ID number, or any other format that the health provider requires.
Previously Seen	Select to indicate that the employee is a current patient of the indicated physician.

Once an election has been entered, validated and enrolled, the election cannot be changed without COBRA reprocessing. After reprocessing, you can add new elections or make election changes if the coverage election date is on or before the coverage election end date and if the elections have not been entered.

Validating and Enrolling Elections

The system reviews plan type, option code, and dependent/beneficiary elections made for qualified COBRA participants as their elections are saved. If all of the plan types for which the participant is eligible reflect either an enrollment election or waiver, 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 becomes *Election Error.*

Enrollment in Health or FSA Plans

If the initial election status is Enrollment Completed or Enrolled, you can access health and/or FSA plan information in the Health Benefits and FSA Benefits pages.

Creation of Non-Employee Status

If a dependent elects individual COBRA coverage or has a qualifying second event, then that non-employee participant receives a system-generated employee ID.

Notification to Billing System

If Benefits Billing is selected in the Installation Table, validated and enrolled COBRA participants are enrolled in the Benefits Billing system for elected plan types. COBRA surcharges and coverage start and end dates are also sent to Benefits Billing.

Validation and Enrollment Error Messages

Error messages generated during validation and enrollment can be viewed either by using the Process Messages page or by running the COBRA Error report. Each time the COBRA validation and enrollment process is run, error messages from the previous run are deleted.

See Also

Chapter 15, "Managing COBRA," Managing Non-Employee COBRA Participants, page 235

Chapter 15, "Managing COBRA," Viewing Error Messages, page 222

Chapter 14, "Managing Benefits Billing," page 193

Processing Enrollments for Secondary Events

This section describes issues regarding:

- Initial event status and secondary events.

- Differences in individual and dependent coverage processing.
- Combination events.

Initial Event Status and Secondary Events

When a secondary event is processed, the system reviews the initial event to determine if its event status is *Closed to Processing* (indicating that the participant has made an election or waived COBRA coverage). If the initial event is not closed, the secondary event's status becomes *Qualified Pending.* The secondary event needs to be reprocessed after the initial event is closed.

This can happen if dependents are covered under an employee's coverage instead of electing independent coverage.

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.* But the dependents' records remain *Open for Processing,* because they have not independently elected or waived coverage.

To close an initial event and reprocess a secondary event:

1. A secondary event, such as a divorce or dependent marriage, occurs.

   The Human Resources system processes the personnel action.

   The COBRA process evaluates the secondary event and returns a status of *Qualified Pending*.
2. Determine that the initial event is still *Open for Processing* because the dependent records were not waived or enrolled.
3. Waive or elect options for the dependents and run the COBRA process to close the initial event.
4. 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.*

See Also

Chapter 15, "Managing COBRA," Adjusting and Reprocessing COBRA Events, page 229

Differences in Individual and Dependent Coverage Processing

When secondary events occur, COBRA participants with individual coverage are processed differently than those with dependent coverage.

For participants with individual coverage, a secondary event extends 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.*

Participants with dependent coverage are switched to individual COBRA participants, 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 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

A COBRA event can be an initial event for one plan type and a secondary event for another 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; they are eligible for 18 months of COBRA coverage for these types, and they elect this coverage.

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); the ex-spouse is qualified for 36 months of COBRA coverage under that plan. The divorce is also a secondary event for plan types 11 and 14; 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 types 11 and 14—progress through the COBRA system independently in terms of notification letters and ongoing status indicators.

Managing COBRA Events

This section describes how to:

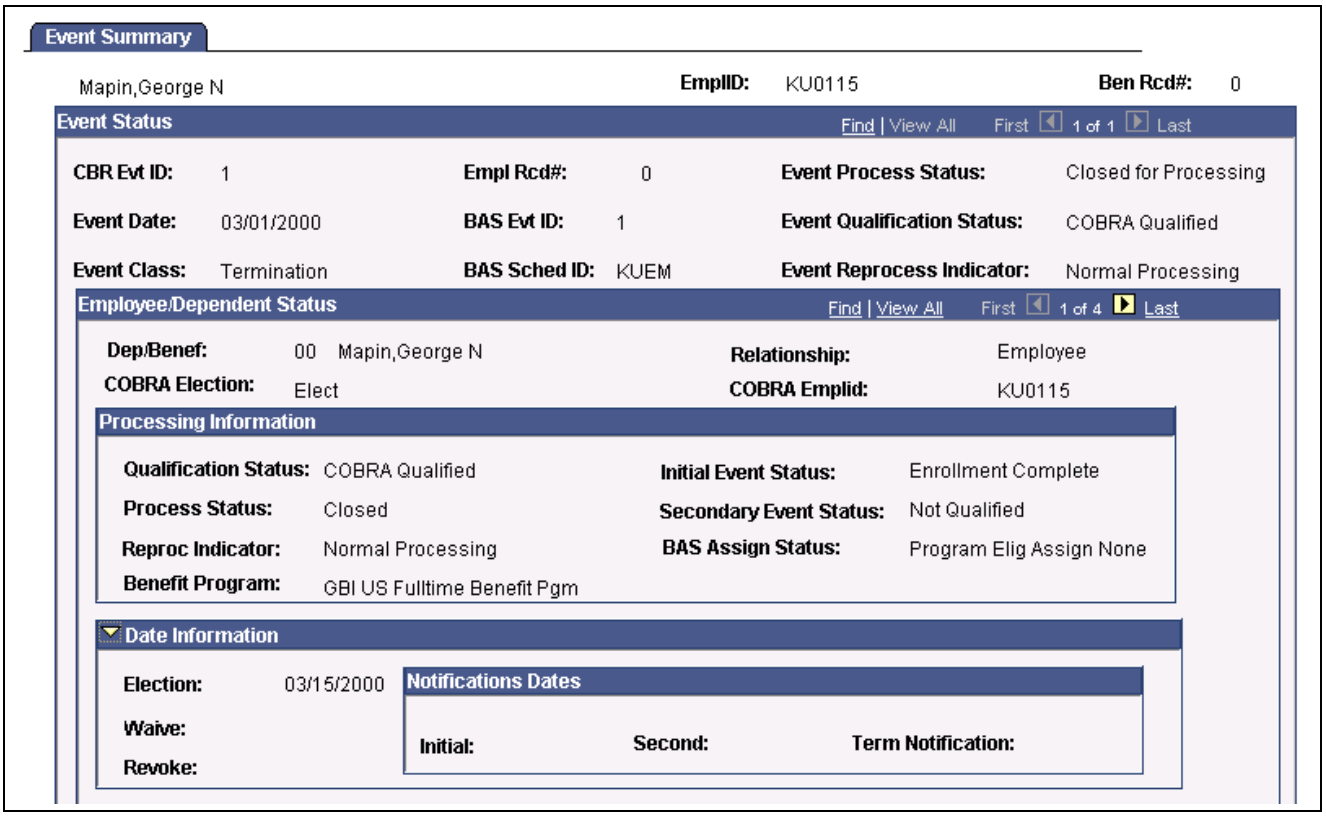
- Review COBRA event summaries.
- Adjust and reprocess COBRA events.

Pages Used to Manage COBRA Events

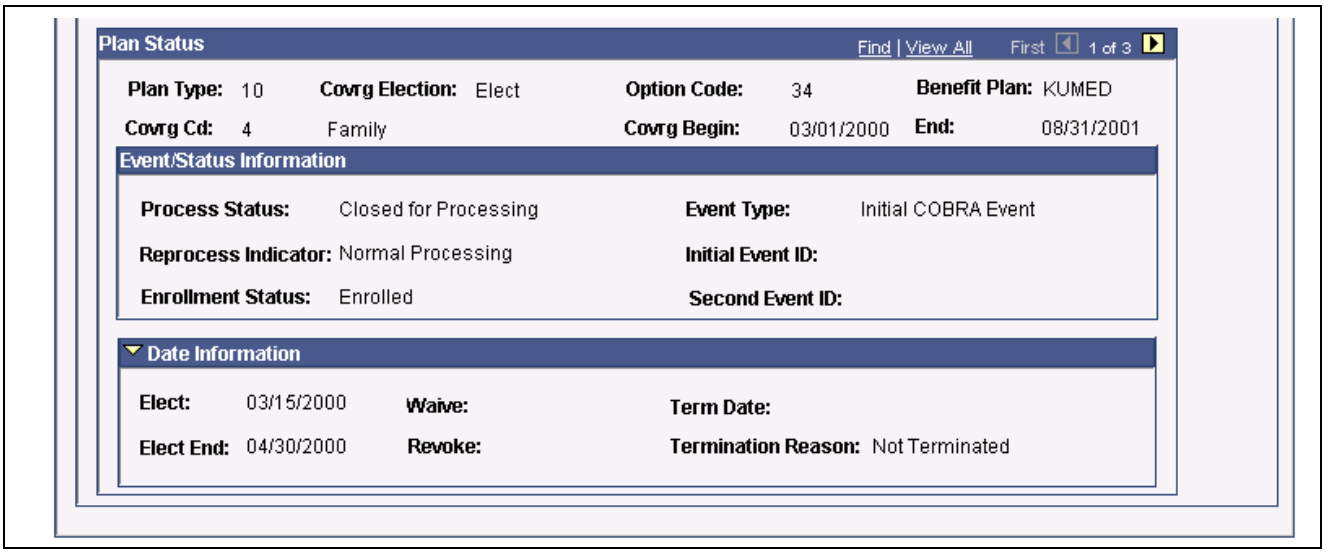
Page Name	Object Name	Navigation	Usage
Event Summary	COBRA_EVENT_INQ1	Benefits, Administer COBRA Benefits, Review Processing Results, Review Event Summary, Event Summary	Review information about COBRA events and associated beneficiaries.
Event Status	COBRA_STATUS1	Benefits, Administer COBRA Benefits, Manage Automated Participation, Update Event Status, Event Status	Adjust, reprocess, and void COBRA events.

Reviewing COBRA Event Summaries

Access the Event Summary page.



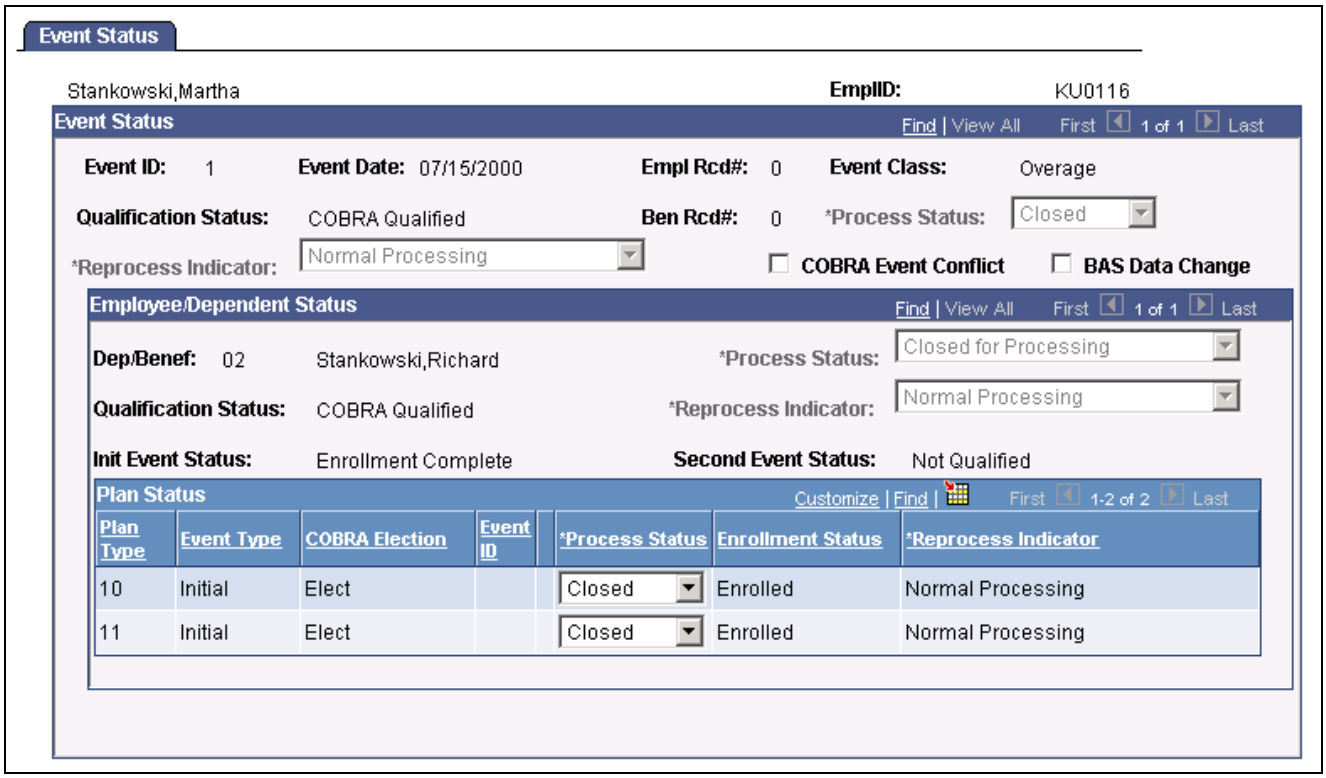
Event Summary page (1 of 2)



Event Summary page (2 of 2)

Adjusting and Reprocessing COBRA Events

Access the Event Status page.



Event Status page

Reprocess Indicator

Set to reprocess a COBRA phase for events, participants, or plan types.

To reprocess any level, the process status for that level and any above it must be *Open for Processing*.

You cannot reprocess initial events that have secondary events dependent on them.

At the event level, you can only reprocess to *Prepare Options* if the *Option Prepare* phase has already been completed.

At the participant plan type level, you can only select *Elect Options* when the plan type is Enrolled and the associated event is an initial event.

After choosing a value, run the COBRA process again to reprocess to the selected status.

COBRA Event Conflict

Selected if the system determines that two or more events 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.

The system sends a message to the COBRA administrator to analyze the conflicting events and take any appropriate actions.

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. All COBRA participants and participant plans are voided, and all enrolled COBRA benefits are deleted. Notification is sent to the Benefits Billing system to terminate billing for voided participants.

When you enter *Void Event* in the Reprocess Indicator at the COBRA participant level, the result is similar to voiding a COBRA event. The COBRA participant record and all COBRA benefit plan records associated with that participant are deleted. Benefits Billing is notified to terminate billing.

Voiding a COBRA benefit plan associated with an initial event deletes all enrolled COBRA benefit records associated with that plan; Benefits Billing is notified to terminate billing. Voiding a COBRA benefit plan associated with a secondary event readjusts termination dates back to those associated with the initial plan; Benefits Billing is notified 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 are ignored. All enrolled COBRA benefits are deleted.

Preparing and Electing Options

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 deletes all of the plan, option, and dependent records associated with that event. Benefits Billing is notified to terminate billing.

See Also

Chapter 15, “Managing COBRA,” Running the COBRA Process, page 217

Managing COBRA Benefit Plan and Dependent Information

This section describes how to:

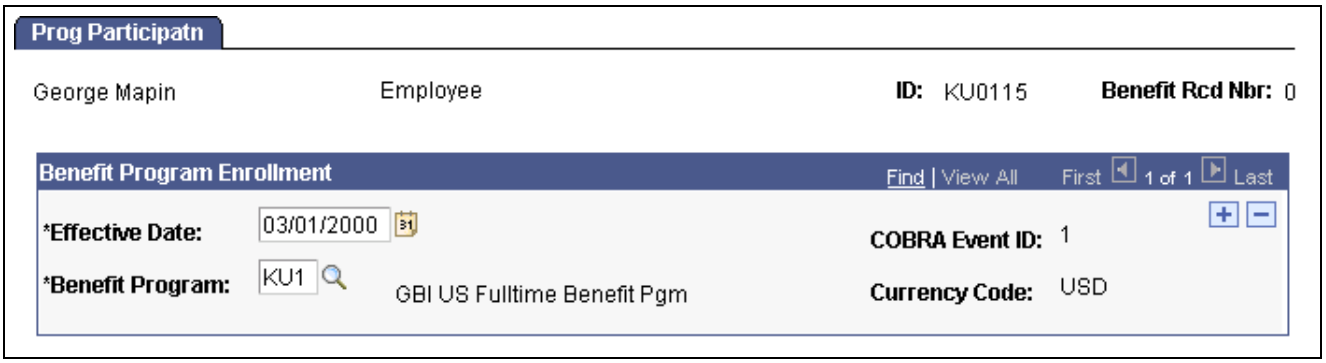
- Change benefit programs.
- View and update health plan elections.
- Enroll dependents in health plans.
- View and update FSA enrollments.
- Add new dependents.

Pages Used to Manage COBRA Benefit Plan and Dependent Information

Page Name	Object Name	Navigation	Usage
Prog Participatn (program participation)	COBRA_PROG_PARTIC1	Benefits, Administer COBRA Benefits, Enroll in Benefits, Assign to Benefit Program, Prog Participatn	Change benefit program participation for Open Enrollment and Family Status Change events.
Election	COBRA_HEALTH1	Benefits, Administer COBRA Benefits, Enroll in Benefits, Health Benefits, Election	View or update health plan elections.
Dependents	COBRA_HEALTH2	Benefits, Administer COBRA Benefits, Enroll in Benefits, Health Benefits, Dependents	Enroll dependents in health plans.
FSA Benefit Enrol (flexible spending account benefit enrollment)	COBRA_FSA	Benefits, Administer COBRA Benefits, Enroll in Benefits, FSA Benefits, FSA Benefit Enrol	View or update FSA enrollments.
Name	COBRA_DEP_BENEF1	Benefits, Administer COBRA Benefits, Maintain COBRA Non-Employees, Modify Dependent/Beneficiaries, Name	Add or Update COBRA dependent/beneficiary information.
Address	COBRA_DEP_ADDR	Benefits, Administer COBRA Benefits, Maintain COBRA Non-Employees, Modify Dependent/Beneficiaries, Address	Enter or update COBRA dependent address information.
Personal Profile	COBRA_DEP_BENEF2	Benefits, Administer COBRA Benefits, Maintain COBRA Non-Employees, Modify Dependent/Beneficiaries, Personal Profile	Enter or update COBRA dependent details.

Changing Benefit Programs

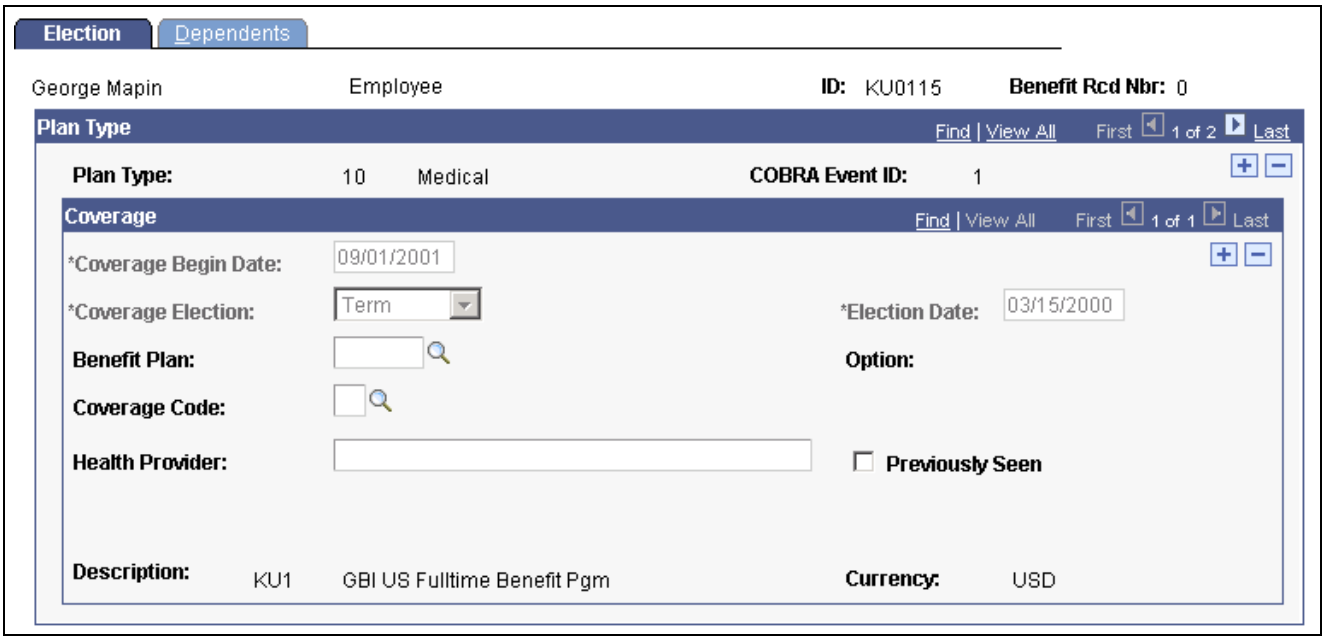
Access the Prog Participatn page.



Prog Participatn (program participation) page

Viewing and Updating Health Plan Elections

Access the Election page.



Election page

Coverage Begin Date Automatically set to the date in the Event Summary 2 page.

Coverage Election Displays whether the COBRA health benefit record in view is currently elected or terminated.

Coverage Code When you exit this field, the system calculates the monthly cost of the benefit.

Health Provider Enter the name of the employee's doctor, an ID number, or any other format that the health provider may require.

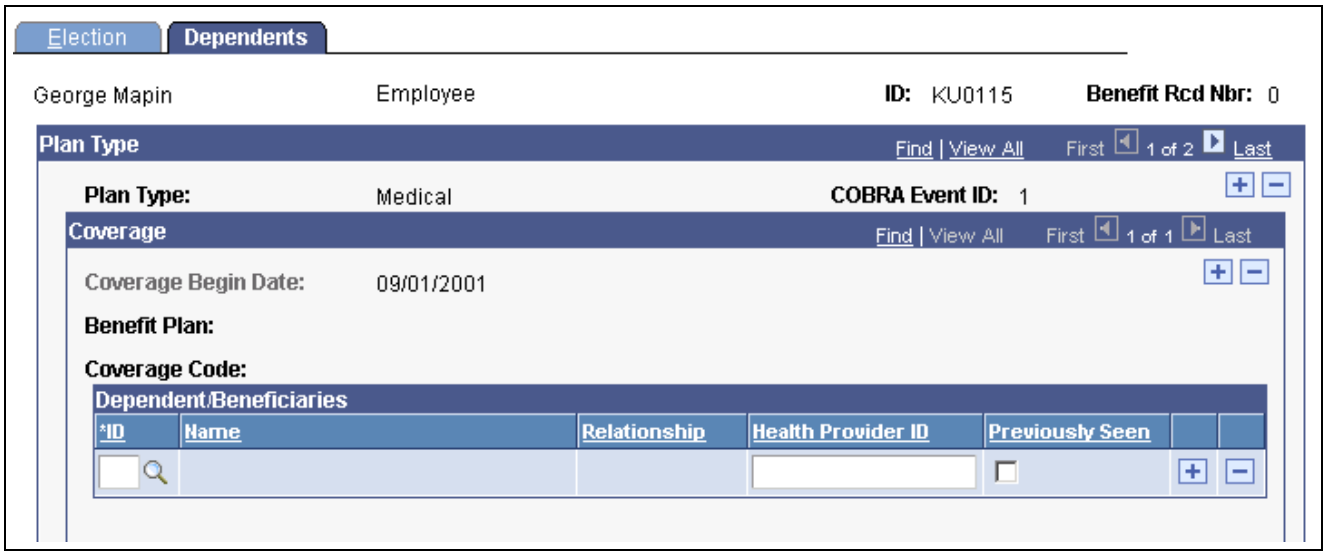
Previously Seen Indicate that the employee is a current patient of the indicated physician. Becomes available when a health provider ID is entered.

HIPAA Report Date (Emp) (Health Insurance Portability and Accountability Act report date [employee]) Displays the date that the employee's certificate of creditable health coverage was printed, if health coverage was terminated. These certificates are guaranteed to employees by HIPAA of 1996; 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 18 month period prior to the date coverage ended.

Enrolling Dependents in Health Plans

Access the Dependents page.



Dependents page

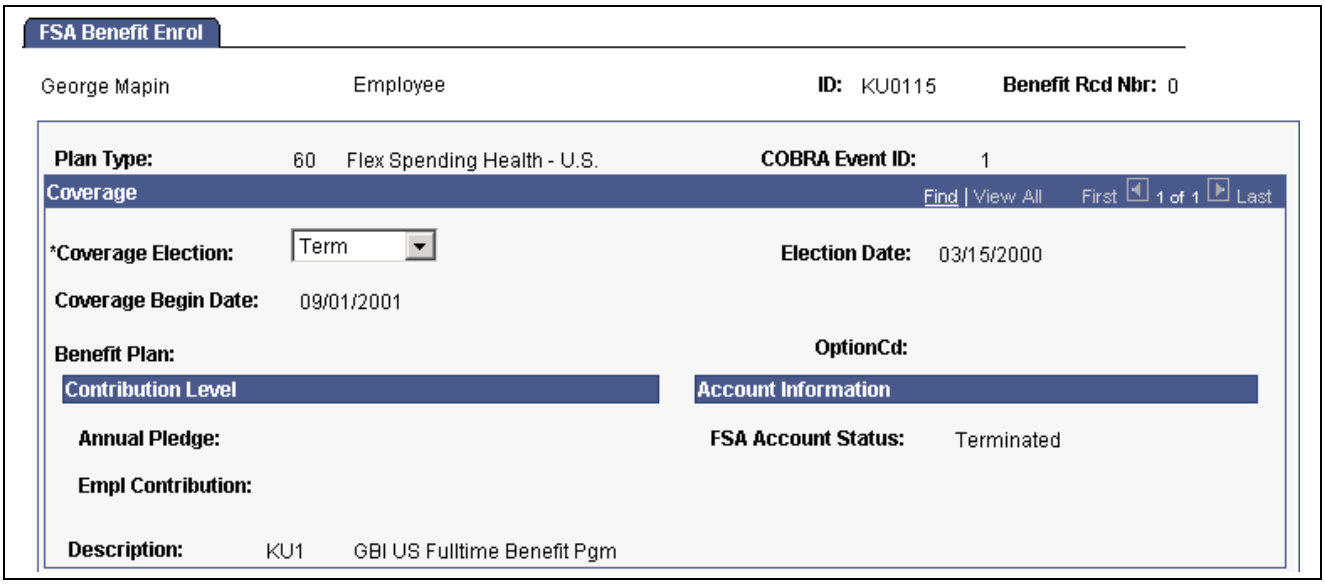
ID Select a dependent ID to add available beneficiaries to the selected COBRA plan.

Health Provider ID Enter the name of the dependent's doctor, an ID number, or any other format that the health provider may require.

Previously Seen Select to indicate that the dependent is a current patient of the indicated physician. Becomes available when a health provider ID is entered.

Viewing and Updating FSA Enrollments

Access the FSA Benefit Enrol page.

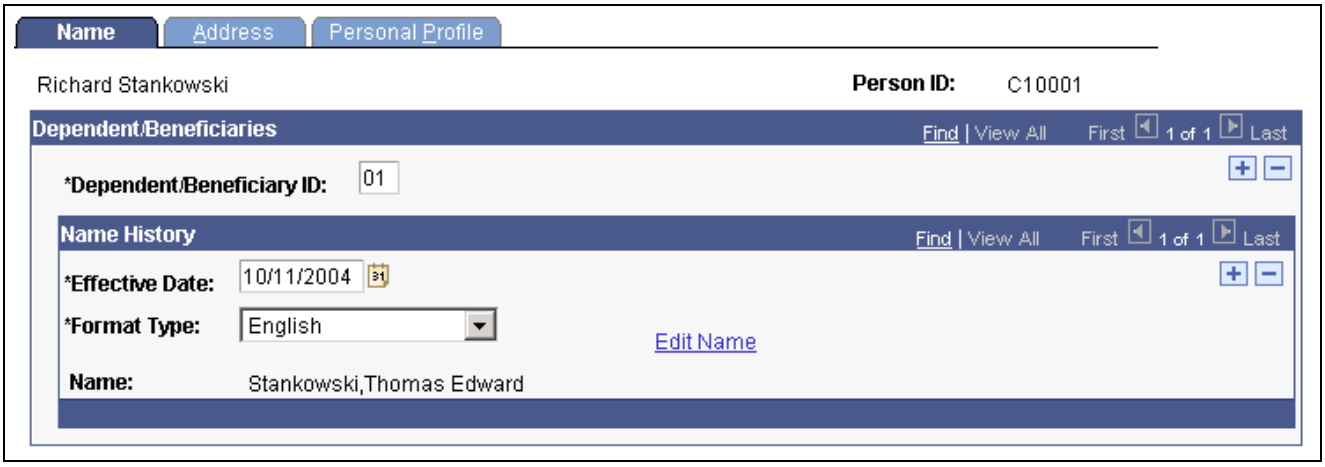


FSA Benefit Enrol (flexible spending account benefit enrollment) page

Use the Coverage Election field to view and change whether the displayed COBRA FSA plan is elected or terminated.

Adding Dependents

Access the Name page



Name page

Managing 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 can declare their own dependents and change benefit programs and plans.

This section describes how to:

- Maintain non-employee identity and department security information.

- Convert non-employee individual coverage to dependent coverage.

Note. When you add a non-employee through COBRA, the non-employee record may not show in other PeopleSoft Human Resources processes until the Refresh Personal Data process is run.

See Also

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Adding a Person in PeopleSoft Human Resources"

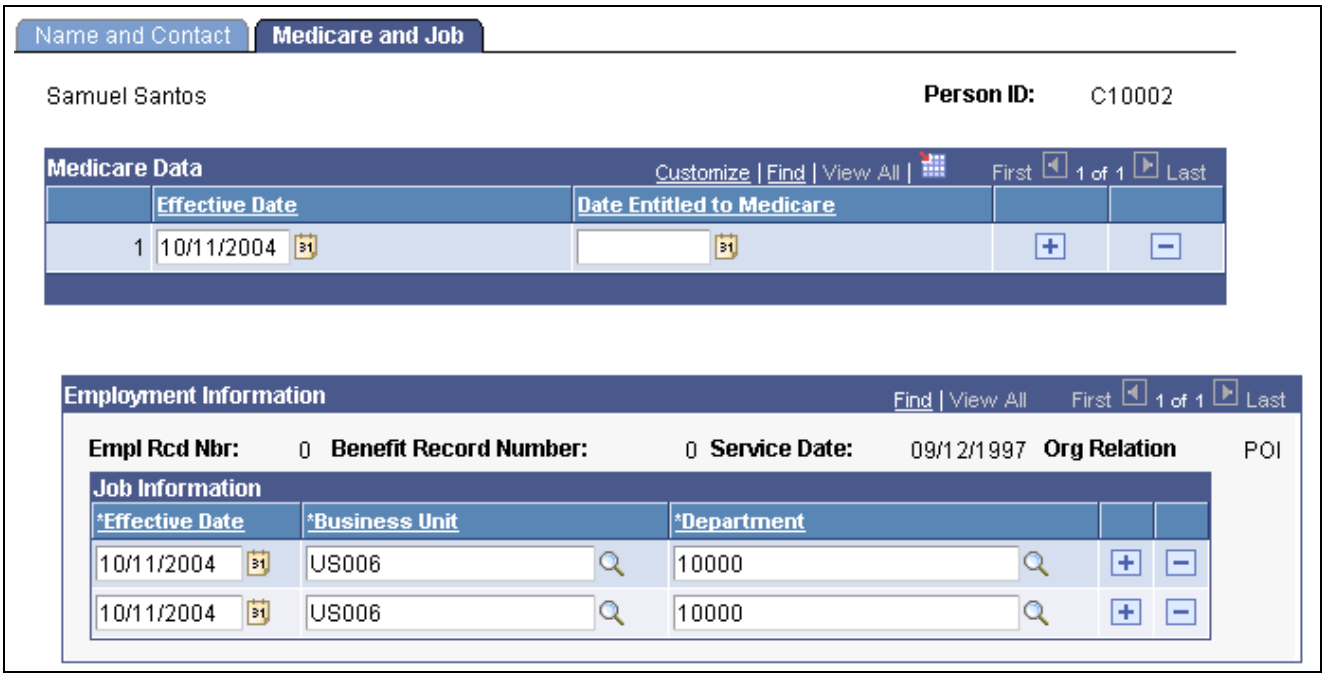
PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Increasing the Workforce"

Pages Used to Manage Non-Employee COBRA Participants

Page Name	Object Name	Navigation	Usage
Name and Contact	PERSONAL_DATA1	Benefits, Administer COBRA Benefits, Maintain COBRA Non-Employees, Modify Personal Information, Name and Contact	Update COBRA-qualified dependent name and biographical information.
Medicare and Job	CBR_PERSONAL_DATA3	Benefits, Administer COBRA Benefits, Maintain COBRA Non-Employees, Modify Personal Information, Medicare and Job	Maintain department security information for non-employee COBRA participants.

Maintaining Non-Employee Identity and Department Security Information

Access the Medicare and Job page.



Medicare and Job page

Employment Information During the COBRA processing, automatically populates with the original data of the employee that experienced the COBRA event.

Job Information Review and update a historical record of the non-employee participant's business unit and department affiliations.

Converting Non-Employee Individual Coverage to Dependent Coverage

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.

All non-employee participants are assigned a unique system-generated employee ID, for which the numbering convention is established in the Installation Table. All dependents of the non-employee participant also have this new COBRA employee ID, along with their original dependent/beneficiary ID.

When a secondary event occurs, however, all of an employee's dependents become independently covered. For example, a former employee elects COBRA coverage for himself, his spouse, his son, and his daughter. He later dies, which qualifies as a secondary event for the dependents. The spouse, son, and daughter all become non-employee participants, and are assigned IDs as shown in the following table.

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

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.

However, the spouse can also enroll the children as dependents under her coverage. To change from independent coverage for non-employees to dependent coverage, follow the steps below.

To convert non-employee independent coverage to non-employee dependent coverage:

1. Access the COBRA health benefit record for the non-employee who's remaining independently covered.
2. Change the coverage code to an appropriate coverage code for dependent coverage for the plan types affected and add the dependent IDs to cover.
3. 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 dependent coverage begins.

See Also

Chapter 15, "Managing COBRA," Managing COBRA Benefit Plan and Dependent Information, page 231

Terminating COBRA Coverage

COBRA can be terminated:

- Automatically, when the COBRA coverage end date is reached.
- Manually, when the COBRA participant fails to pay bills or requests to terminate coverage ahead of the scheduled end date.

This section describes how to:

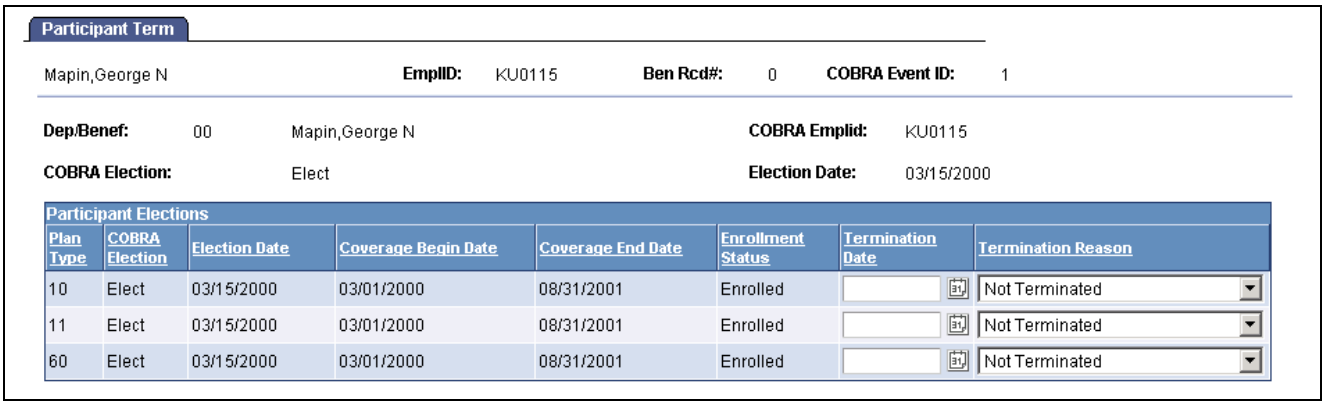
- Manually terminate COBRA coverage.
- Send termination letters.

Pages Used to Terminate COBRA Coverage

Page Name	Object Name	Navigation	Usage
Participant Term (participant terminate)	COBRA_PARTIC_TERM	Benefits, Administer COBRA Benefits, Terminate COBRA Coverage, Terminate Participant, Participant Term	Manually terminate COBRA coverage if bills are unpaid or on participant's request.
Termination Ltr (termination letter)	RUNCTL_CBR003	Benefits, Administer COBRA Benefits, Terminate COBRA Coverage, Create Termination Letter, Termination Ltr	Send letters to COBRA participants with plans about to expire.

Manually Terminating COBRA Coverage

Access the Participant Term page.



Participant Term page

For each plan type to terminate, enter the Termination Date and Reason.

When you save this page, the Coverage End Date of the enrolled plan type is adjusted to the termination date.

Sending Termination Letters

Access the Termination Ltr page.

Termination Ltr page

Termination letters are printed for employees whose coverage ends during the period between the start and end dates.

See Also

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "Setting Up and Generating Form Letters"

PeopleSoft Enterprise HRMS 8.9 Application Fundamentals PeopleBook, "PeopleSoft Application Fundamentals for HRMS Reports," Manage Base Benefit Reports

Enrolling Participants in COBRA Coverage Manually

You can bypass the automated COBRA Administration batch process and force the system to enroll employees and dependents into COBRA health benefits.

When you bypass the batch process, participants do not require COBRA-qualifying events 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. When you manually enroll an employee or dependent in COBRA coverage, subsequent COBRA processing, such as secondary event processing, is not aware of the manually enrolled COBRA coverage. When you add a non-employee through COBRA, the non-employee record may not show in other Human Resources processes until the Refresh Personal Data process is run.

Warning! Because these pages ignore the processing rules that regulate COBRA coverage eligibility, manually process COBRA coverage only after careful consideration.

This section describes how to:

- Manually change employee dependents to non-employees.
- Manually assign participants to benefit programs.
- Manually enroll participants in benefit plans.
- Manually enroll dependents in benefit plans.

See Also

Chapter 15, "Managing COBRA," Managing COBRA Benefit Plan and Dependent Information, page 231

Chapter 15, "Managing COBRA," Managing Non-Employee COBRA Participants, page 235

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Adding a Person in PeopleSoft Human Resources," Adding a Person

Pages Used to Enroll Participants in COBRA Coverage Manually

Page Name	Object Name	Navigation	Usage
Non-Employee	CBR_MANUAL_ENT1	Benefits, Administer COBRA Benefits, Maintain COBRA Non-Employees, Create COBRA Non-Employee, Non-Employee	Manually establish an employee dependent as a non-employee, in preparation for manually enrolling the dependent into COBRA coverage.
Program Partic (program participation)	CBR_MANUAL_PARTIC1	Benefits, Administer COBRA Benefits, Enroll Manually, Assign Benefit Program, Program Partic	Manually assign an employee or COBRA non-employee to a benefit program or make changes to that manual assignment over time.
Elections	CBR_MANUAL_HEALTH1	Benefits, Administer COBRA Benefits, Enroll Manually, Select Health Benefits, Elections	Manually enroll participants in COBRA health benefits.
Dependents	CBR_MANUAL_HEALTH2	Benefits, Administer COBRA Benefits, Enroll Manually, Select Health Benefits, Dependents	Manually enroll dependents in COBRA health benefits.

Changing Employee Dependents to Non-Employees Manually

Access the Non-Employee page.

EmplID (employee ID) and **Empl Rcd#** (employee record number) — Enter the ID and employee record number for the employee that the non-employee participant is a dependent or beneficiary of.

Dep/Benef (dependent/beneficiary) — Enter the dependent or beneficiary number.

COBRA Event Date — Enter the event date for the non-employee participant's COBRA enrollment.

Save and Add Next — Click 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.

Assigning Participants to Benefit Programs Manually

Access the Program Partic page.

The benefit program is assigned a COBRA event ID of *900*.

Enrolling Participants in Benefit Plans Manually

Access the Elections page.

The health benefit record of the selected participant receives a COBRA Event ID of *900*.

Coverage Begin Date Automatically set to the current date.

Coverage Election Elect or terminate a benefit plan.

Option The system displays the COBRA option that goes with the selected benefit plan.

Health Provider ID Enter the name of the employee's doctor, an ID number, or any other format that the health provider may require.

Previously Seen Select to indicate that the employee is a current patient of the indicated physician. Becomes available when you enter a health provider ID.

HIPAA Report Date (Emp) Displays the date that the employee's certificate of creditable health coverage was printed, if health coverage was terminated. These certificates are guaranteed to employees by the Health Insurance and Accountability Act 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 12 month period prior to the date that coverage ended.

Enrolling Dependents in Benefit Plans Manually

Access the Dependents page.

Relationship Identifies the dependent's 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 Enter the name of the employee's doctor, an ID number, or any other format that the health provider may require.

Previously Seen Select to indicate that the employee is a current patient of the indicated physician. Becomes available when you enter a health provider ID.

CHAPTER 16

Processing Retroactive Benefits and Deductions

This chapter provides an overview of retroactive benefits and deductions and discusses how to:

- Trigger individual retroactive benefit/deduction requests.
- Trigger mass retroactive benefit/deduction requests.
- Handle duplicate requests.
- View retroactive benefit/deduction requests.
- Calculate retroactive benefits and deductions.
- Review and update calculated retroactive benefits and deductions.
- Load calculations into PeopleSoft Enterprise Payroll for North America.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Retroactive Benefits and Deductions, page 102

Understanding Retroactive Benefits and Deductions

A retroactive change to employee or benefit-related data has an effective date prior to the last confirmed pay end date of the employee's pay group. Retroactive changes to benefits and deductions might become necessary for a variety of reasons: late paperwork, data-entry errors, modified union contracts, and changes to employment laws, for example.

Base Benefits retroactive benefits and deduction features flag these events internally and create retroactive benefit/deduction requests that you can view by employee.

Triggers for individual events and mass events are defined differently. The system identifies individual events without any user intervention, while mass event processing occurs only by user request.

Note. Retroactive benefits and deductions features are available only if you also use Payroll for North America. Payroll for North America processes are used to calculate retroactive benefits and deductions and load retroactive benefit/deduction totals to payroll.

Triggering Individual Retroactive Benefit/Deduction Requests

Retroactive changes to the following pages and fields trigger PeopleCode to automatically generate an individual retroactive benefit/deduction request:

Application Component	Page	Trigger Fields
Employee Pay Data	General Deduction Data	All fields
Enroll in Benefits	Health Benefit Elections	All fields
	Life AD/D Elections	All fields
	Disability Benefit	All fields
	Vacation Benefit	All fields
	Benefit Program Participation	All fields
Job Data	Work Location	Effective Date
	Compensation	Compensation Rate Frequency Change Amount Change Percent
	Benefit Program Participation	All fields

Note. With PeopleSoft Enterprise Benefits Administration, retroactive changes can be made to the preceding pages and fields as a result of open enrollment or event maintenance. System requests for retroactive benefits and deductions are created exactly as if you had made these changes manually.

(USF) Pages That Trigger Individual Retroactive Benefit and Deduction Requests

Application Component	Page	Trigger Fields
Employee Pay Data (USF)	General Deduction Data	All fields
Enroll in Benefits	Health Benefit Elections	All fields
	FEGLI Benefits	All fields
	Benefit Program Participation	All fields
HR Processing USF	Data Control	Effective Date
	Compensation	Pay Rate Determinant Pay Basis Base Pay FEGLI Base

Application Component	Page	Trigger Fields
Current Job	Compensation	Compensation Rate Frequency Change Amount Change Percent
	Benefit Program Participation	All fields

Triggering Mass Retroactive Benefit/Deduction Requests

This section discusses how to:

- Create a mass retroactive benefit/deduction program and define the request.
- Run the Mass Retro Request (mass retroactive request) process.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Retroactive Benefits and Deductions, page 102

Page Used to Trigger Mass Retroactive Benefit /Deduction Requests

Page Name	Object Name	Navigation	Usage
Retro Benefit/Ded Mass Request (retroactive benefit/deduction mass request)	RUNCTL_RTRODEDMASS	Payroll for North America, Retroactive Payroll, Benefits/Deductions, Process Mass Retro Deductions, Retro Benefit/Ded Mass Request	Generates mass retroactive benefit/deduction requests.

Creating a Mass Retroactive Benefit/Deduction Program and Defining the Request

Use the Retro Ded Mass Rqst Criteria page to set up:

- A mass retroactive benefit/deduction program.
- A mass retroactive benefit/deduction request with selection criteria that involve the benefit program changes.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Retroactive Benefits and Deductions, page 102

Running the Mass Retro Request Process

Access the Retro Benefit/Ded Mass Request page.

Pay Calendar Validation Select to validate that the selected employees are hired into a confirmed pay calendar before generating a request for them.

Clear to select employees who have been placed in a special pay group that does not yet have a confirmed pay calendar.

Handling Duplicate Requests

A request that affects the same retroactive benefit/deduction information as a previous request is considered a duplicate request.

The duplicate resolution process differs, depending upon the types of request that are involved (individual or mass) and the status of the initial request.

Individual Requests

When the system encounters duplicate individual requests with different effective dates, it attempts to use the earlier date for processing.

When a duplicate individual request is triggered and the initial individual request is not processed, the system compares the effective dates of the two requests, keeps the request with the earlier effective date, and deletes the request with the later effective date.

If the initial request is calculated, the system compares the effective dates of the two requests, marks the previously calculated request *Not OK to Process,* sets the status to *Invalidated,* sets the Duplicate Flag to *Y* (yes), and gives the new request the earlier of the two effective dates.

Mass Requests

For duplicate mass requests, the system checks the status of the initial request. If it is *Not Processed* or *Calculated,* the system marks both requests *Not OK To Process.* You'll have to examine both requests and decide which one to run.

This process is also followed when one of the duplicate requests (either the original or the duplicate) is an individual request, while the other is a mass request.

See Also

Chapter 16, "Processing Retroactive Benefits and Deductions," Reviewing and Updating Calculated Retroactive Benefits and Deductions, page 250

Viewing Retroactive Benefit/Deduction Requests

This section discusses how to view retroactive requests.

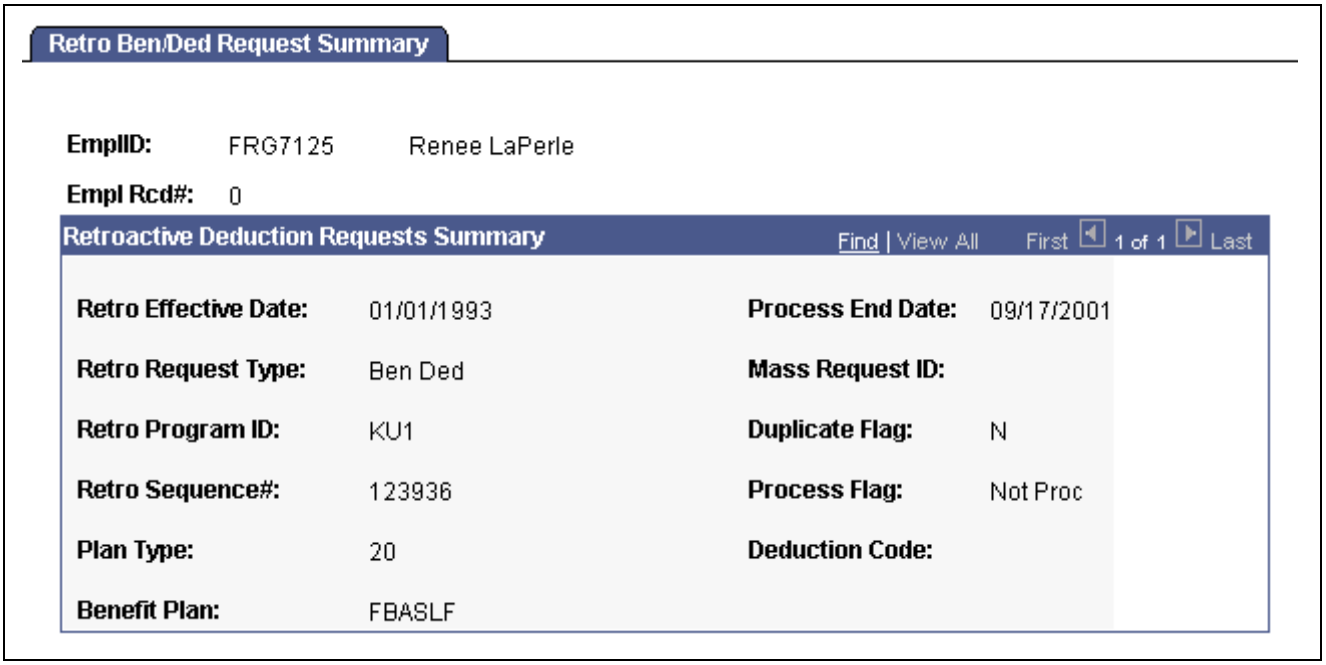
You can view requests by employee, mass retroactive request ID, effective date, or process status.

Page Used to View Retroactive Benefit/Deduction Requests

Page Name	Object Name	Navigation	Usage
Retro Ben/Ded Request Summary (retroactive benefit/deduction request summary)	RETRODED_RQST_SUMM	Payroll for North America, Retroactive Payroll, Change Status/Review Info, Retro Ben/Ded Request Summary, Retro Ben/Ded Request Summary	View retroactive benefit/deduction requests by employee, mass retro request ID, effective date, or process status.

Viewing Retroactive Requests

Access the Retro Ben/Ded Request Summary (retroactive benefit/deduction request summary) page.



Retro Ben/Ded Request Summary page

Retro Effective Date (retroactive effective date) and **Process End Date**

Displays the date range for which retroactive benefits and deductions will be calculated.

Retro Request Type(retroactive request type)

Displays the action that generated the request. Possible types include:

- *Benefit Deduction*
- *General Deduction*
- *Job Change*
- *Mass Request*

Retro Program ID(retroactive program ID)

The retroactive benefit/deduction program that the request is validated against.

Only one retroactive program ID is defined for individual requests, which are generated online. If the employee was selected through a mass request, the mass request's mass request ID is displayed.

Duplicate Flag

Automatically set to *Y* when a duplicate request is identified.

Retro Sequence # (retroactive sequence number) — A system-assigned sequence number that links retroactive benefit/deduction requests with actual retroactive benefits and deductions.

Process Flag — Indicates the processing status of the request. Values include:

- *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:*
- *Invalidated:* The request is a duplicate individual request.
- *Rejected:* The request cannot be processed because it contains incorrect data.

Plan Type — Appears only for requests that involve changes to general deduction and benefit plan information

Deduction Code — Appears only for requests that involve changes to general deduction information.

Benefit Plan — Appears only for benefit plan-related requests.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Retroactive Benefits and Deductions, page 102

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 original benefit and deduction amounts.
- The retroactive benefit and deduction amounts.

This section discusses how to:

- Run the Retroactive Benefits and Deductions process.
- View error messages.

Pages Used to Calculate Retroactive Benefits and Deductions

Page Name	Object Name	Navigation	Usage
Retro Ben/Ded Calculation (retroactive benefit/deduction calculation)	RUNCTL_RTRODEDCALC	Payroll for North America, Retroactive Payroll, Benefits/Deductions, Calculate Retroactive Ben/Deds, Retro Ben/Ded Calculation	Set up calculation processes for individual and mass retroactive benefit/deduction requests.
Retro Ben/Ded Proc (retroactive benefit/deduction process)	RETRODED_MESSAGES	Payroll for North America, Retroactive Payroll, Change Status/Review Info, Retro Benefit/Ded Messages, Retro Benefit/Ded Messages	View error messages for the calculation process.

Running the Retroactive Benefits and Deductions Process

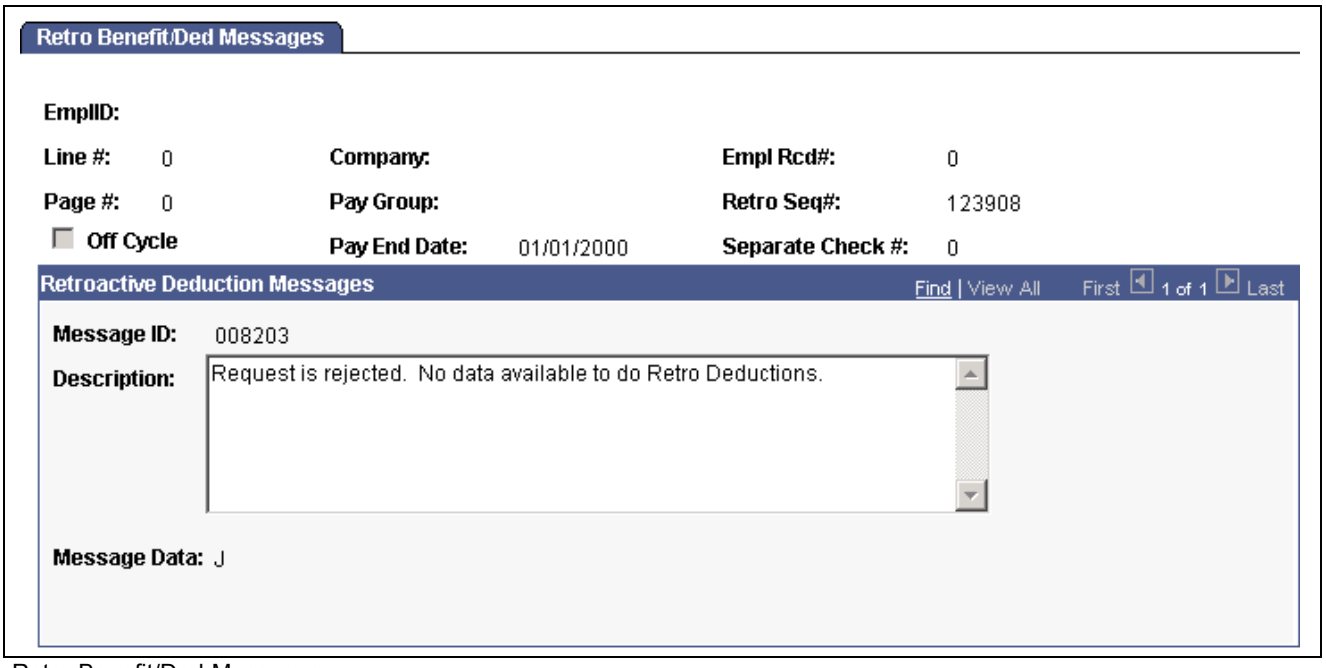
Access the Retro Ben/Ded Calculation page.

Individual and **Mass** Select to run an individual or a mass request. You can run all requests or a request that is associated with a specific ID.

To process several individual employees, you need to set up multiple run controls for each, and then run the process several times.

Viewing Error Messages

Access the Retro Benefit/Ded Messages page.



Retro Benefit/Ded Messages

You can select specific sets of error messages on this page. The system prompts you to search for error messages based on aspects of the retroactive benefit/deduction requests involved. For example, you can select error messages for retroactive benefit/deduction requests that have a specific company, pay group, and pay end date combination.

Reviewing and Updating Calculated Retroactive Benefits and Deductions

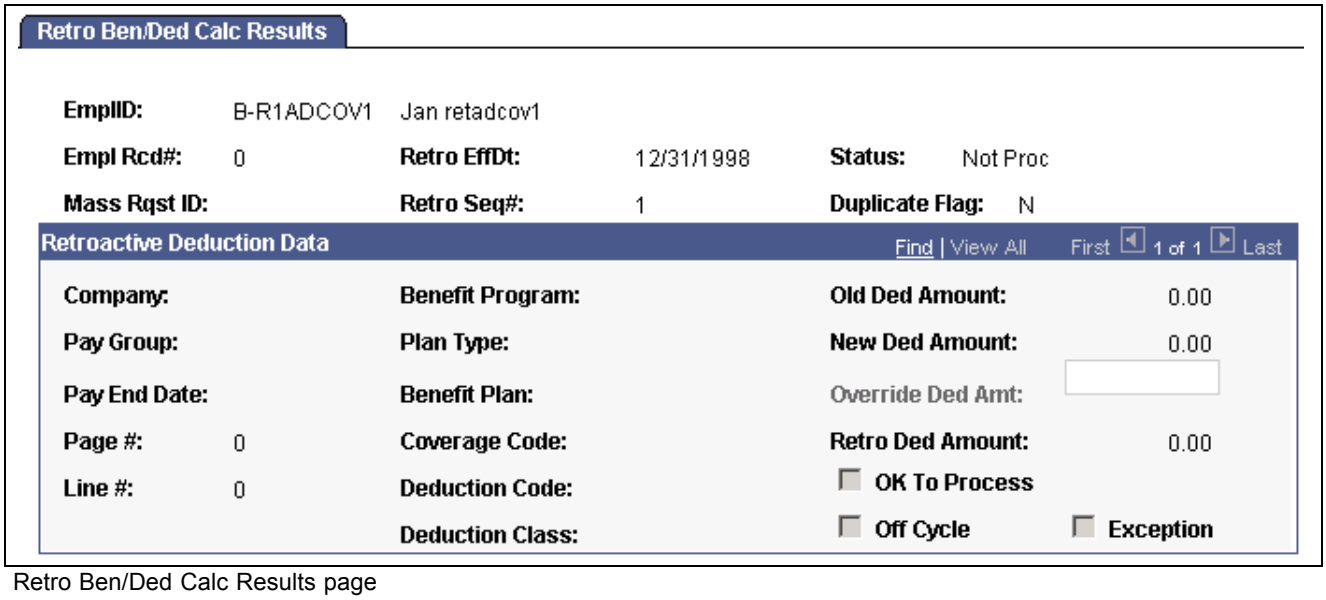
This section discusses how to review calculation details and override deduction totals.

Pages Used to Review and Update Calculated Retroactive Benefits and Deductions

Page Name	Object Name	Navigation	Usage
Retro Ben/Ded Calc Results (retroactive benefit/deduction calculation results)	RETRODED_DEDS	Payroll for North America, Retroactive Payroll, Benefits/Deductions, Update Retro Ded Calc Results, Retro Ben/Ded Calc Results	Review individual line items for each pay end date and override deduction amounts.
Retro Benefit/Ded Calc Summary (retroactive benefit/deduction calculation summary)	RETRODED_SUMMARY	Payroll for North America, Retroactive Payroll, Change Status/Review Info, Retro Benefit/Ded Calc Summary, Retro Benefit/Ded Calc Summary	View summaries of calculation totals.

Reviewing Calculation Details and Overriding Deduction Totals

Access the Retro Ben/Ded Calc Results page.



Retro Ben/Ded Calc Results page

Retroactive Deduction Data	Results are broken up by pay end date and then further by deduction code and deduction classification. Use the scroll arrow to see calculations for each available combination.
Pay End Date	Derived from the employee's actual pay history, unless none exists. This can happen if the employee is a retroactive hire, for example. In these cases, the pay end date from the appropriate pay calendar is used.
Company,Pay Group,Benefit Program,Plan Type,Benefit Plan,Coverage Code,Deduction Code,Page # (page number), **Line #** (line number), and **Off Cycle**	Populated 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. The page number and line number are set to zero, and the Off Cycle box is cleared.
Old Ded Amount (old deduction amount)	Shows the actual amount that was calculated in the displayed pay period for the displayed deduction code and deduction class.
New Ded Amount (new deduction amount)	Shows the amount that should have been deducted, according to the current data.
Override Ded Amount (override deduction amount)	Enter a new amount to override the value in the New Ded Amount field. **Note.** For you to enter a new amount, the request must have reached *Calculation* status, but cannot have reached *Loaded* status.
Retro Ded Amount(retroactive deduction amount)	Displays the difference between the new and old deductions.
Exception	Selected for duplicate requests.
OK To Process	Selected for all requests that aren't duplicates.

Note. Use the scroll arrow to see calculation amounts for each deduction code/deduction classification combination.

See Also

Chapter 16, "Processing Retroactive Benefits and Deductions," Handling Duplicate Requests, page 246

Loading Calculations into PeopleSoft Enterprise Payroll for North America

This section discusses how to:

- Run the payroll load process.
- Process payroll for retroactive benefits and deductions.

Page Used to Load Calculations into Payroll for North America

Page Name	Object Name	Navigation	Usage
Retro Ben/Ded Paysheet Load (retroactive benefit/deduction paysheet load)	RUNCTL_RTRODEDPSHT	Payroll for North America, Retroactive Payroll, Benefits/Deductions, Load Retro Deds to Paysheets, Retro Ben/Ded Paysheet Load	Load retroactive benefit/deduction calculations into payroll.

Running the Payroll Load Process

Access the Retro Ben/Ded Paysheet Load page.

Warning! Before loading retroactive benefits and deductions to payroll, you must run Paysheet Creation to create paysheets with normal pay for this period.

You can load employee retroactive benefit calculations by 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 that are received by employees. You should process off-cycle retroactive benefits and deductions in conjunction with off-cycle retroactive pay processing. When you load benefits or deductions for a particular retroactive benefit/deduction program to Payroll for North America, the on- or off-cycle selection here must match the selection for the same program on the Retroactive Benefit/Deduction Table.

Use the same pay run ID that you set up in your regular on-cycle or off-cycle pay run. 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 Retro Ben/Ded Calc page.

For the company, pay group, or pay end date method, if you leave a field empty, the system processes all appropriate values for that field during the load.

Select Process Terminated Employees to have paysheets created for employees who are receiving refunds and have been retroactively terminated.

See Also

Chapter 5, “Setting Up Additional Base Benefits Features,” Setting Up Retroactive Benefits and Deductions, page 102

PeopleSoft Enterprise Payroll for North America 8.9 PeopleBook

PeopleTools PeopleBook: Process Scheduler

Processing Payroll for Retroactive Benefits and Deductions

After calculations are loaded, Payroll for North America processes the retroactive benefits and deductions in the next payroll cycle. Retroactive benefits and deductions owed to the employer are collected by way of arrears processing. You can use the arrears processing pages to control how much money is deducted from employee paychecks.

For on-cycle processing, retroactive benefits that are owed to the employee are reimbursed in the next paycheck. If you've used off-cycle processing, refunds are delivered in a separate check.

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 is *Loaded to Payroll.*

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Retroactive Benefits and Deductions, page 102

CHAPTER 17

Managing Multiple Jobs

This chapter provides an overview of multiple jobs and discusses how to:

- Change primary job data.
- Automatically build primary job data for multiple employees.

Understanding Multiple Jobs

Many organizations have employees that work in more than one job at the same time. Calculating benefit deductions and determining benefit eligibility requires special considerations. When an employee is hired into another position, use the Add New Assignment page in PeopleSoft Enterprise Human Resources Administer Workforce. Each job is assigned an employee record number and a benefit record number.

A benefit record number is used to group several jobs together for benefit purposes. Each employee record number is unique. However, a benefit record number can be assigned to multiple employee record numbers.

- If the new job entitles the employee to a new set of concurrent benefits, use a new benefit record number.
- If the job does not entitle the employee to new benefits, use an existing benefit record number.

Each benefit record number must have a designated *primary job.* The primary job is used to process benefit information.

- Service and termination dates are pulled from the primary job and used by the deduction processes.
- During deduction processing, the primary job determines when a deduction should be taken from an employee's check.

Warning! Do not confuse the Benefits-related Primary Job with the Primary/Secondary Job Indicator found on the Job Data pages. These are separate fields with very different functionality.

For PeopleSoft Enterprise Benefits Administration, the primary job is used to:

- Supply company and BAS (Benefits Administration) 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.
- Determine how credits (additional pay) for benefits are paid.

You need to determine how to group jobs for calculating benefit deductions or determining benefit eligibility. For example, suppose a professor has three jobs:

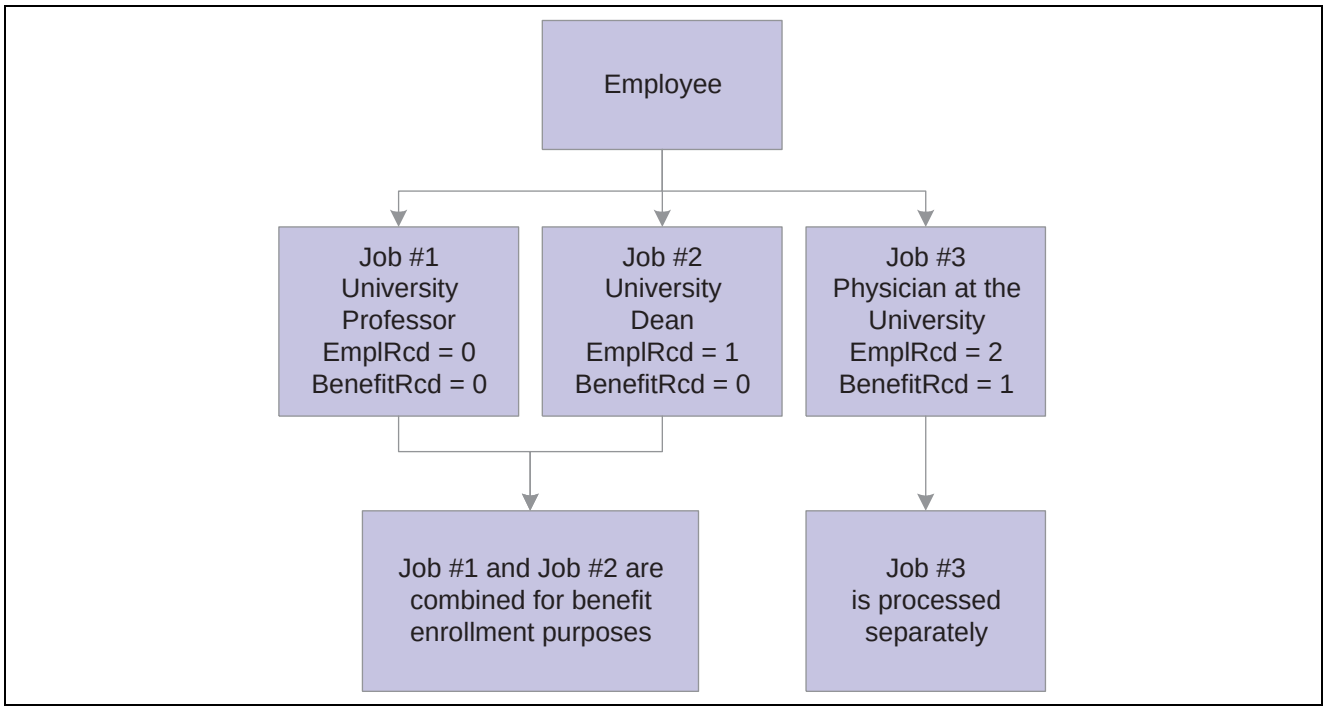
- A dean at a college.
- A faculty member at the college.

- A physician at a hospital associated with the college.

When the professor's job data is entered in Administer Workforce, the system updates the Primary Jobs Table with information regarding the relationships between jobs and their benefit groups. For example, the following attributes might result:

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

The following diagram shows the employee's three jobs and two benefit records. Each benefit record corresponds to a set of benefits enrollments.



An employee with three jobs and two benefit records

You can set default rules on the Multiple Jobs Options page to determine the setting and management of these options automatically for hires, rehires, and terminations.

See Also

PeopleSoft Enterprise Human Resources 8.9 PeopleBook: Administer Workforce, "Increasing the Workforce"

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up Multiple Jobs, page 100

Changing Benefit Record Numbers

It is best not to change the benefit record number of an existing job. Doing so invalidates primary job indicators on the effective-dated Primary Jobs Table and can result in erroneous processing within Benefits Administration and PeopleSoft Enterprise Payroll for North America, which may lead to abnormal termination of some processes.

Whenever changes are made through the Job Data, Assign Additional Jobs, 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 primary job or multiple primary jobs, a worklist entry tells the benefits administrator to run the Primary Jobs Audit Report.

See Also

Chapter 5, “Setting Up Additional Base Benefits Features,” Setting Up Multiple Jobs, page 100

Understanding Multiple Jobs Data and Calculating Deductions

To calculate deductions for multiple jobs, the system needs to know the job or jobs that contribute salary information for calculating the deduction or coverage amount for salary-based plans.

To keep track of this information, the system uses the:

- Primary Jobs Table, which is automatically maintained whenever a job is added using the Add New Assignment page or whenever a job is terminated or rehired. This table indicates whether a job is:
  - Included for Benefits Administration eligibility processing.
  - Included in the deduction calculation.
  - The primary job.
- Multiple Jobs Options Table, which holds the rules that are used to automatically set the flags in the Primary Jobs Table in response to a hire, rehire, or termination. You can override these flags on the Primary Jobs Maintenance page.
- Calculation rules, which specify how to add 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; you then have a base of primary job data if you later decide to enable multiple jobs.

Understanding Calculation Rules

The calculation rules specify how to group jobs when calculating deductions based on an employee’s salary. The following fields determine deduction or coverage amounts for salary-based plans:

- Combine Salaries check box on the Calculation Rules Table.
- Grouping Method on the Calculation Rules Table.
- Deductions check box on the Primary Jobs Table.

The primary job indicator controls the frequency of benefit deductions. Nonearnings-based benefit deductions (for example, rate-based deductions) are taken only when the primary job for the enrollment’s benefit record is part of the payroll calculation. Benefit deductions that are based upon actual employee earnings, such as savings, retirement, or pension plans, are taken according to how 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, the deduction is taken 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, the deduction is taken only when the primary job for the enrollment benefit record is paid.

Summary of Calculating Deductions by Plan Type

Here's how these fields are used to calculate coverage and deductions for each plan type series:

Plan Type	Basis/Type	Usage
Health (1x)	Flat amount or compensation rate based	To calculate the premium 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 Table.
Life/AD&D (2x)	Flat amount or compensation rate 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 Table. 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 compensation rate based	To determine coverage, salaries are combined using the Include flag for each job along with the combination parameters on the Calculation Rule Table. To calculate the premium 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 Table.

Plan Type	Basis/Type	Usage
Savings (4x)	Flat amount or earnings-based	The combination parameters on the Calculation Rules Table, as well as the Include for Deductions flag, are ignored: 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, without regard to the setting of the Include flag for each job. 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 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 combination parameters on the Calculation Rules Table, as well as the Include for Deductions flag, are ignored: 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.

Plan Type	Basis/Type	Usage
Pension (8x)	Earnings-based	The combination parameters on the Calculation Rules Table, as well as the Include for Deductions flag, are ignored: 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 adding compensation rates across all active jobs in the enrollment's benefit record number.

See Also

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Rates and Premium Limits, page 15

Chapter 2, "Setting Up Base Benefits Core Tables," Setting Up Calculation Rules, page 21

Changing Primary Job Data

Changing an employee's Primary Job Indicator, Include for Eligibility flag, or Include for Deductions flag can affect deduction calculation and processing, and benefit eligibility in Benefits Administration. This section describes how to:

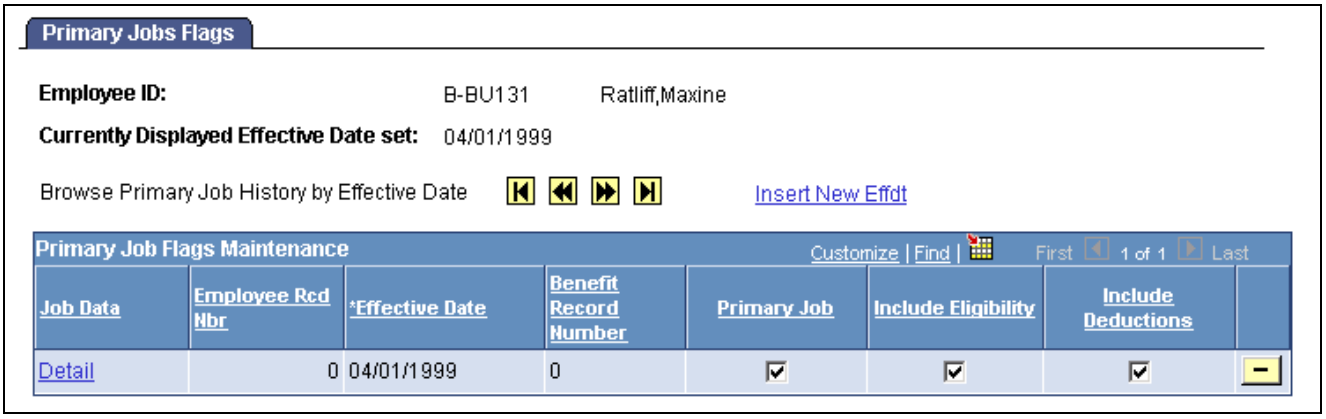
- Change primary job data.
- View job details.

Pages Used to Maintain Primary Job Data

Page Name	Object Name	Navigation	Usage
Primary Jobs Flags	BN_PRIJOBS_MAINT	Benefits, Maintain Primary Jobs, Maintain Flags, Primary Job Flags	Manually change an employee's Primary Job Indicator, the Include for Eligibility flag, and the Include for Deductions flag.
Job Data	BN_ADDL_DATA_INQ	Click the Details link on the Primary Jobs Flags page.	View job details.

Changing Primary Job Data

Access the Primary Jobs Flags page.



Primary Jobs Flags page

Because the settings on this page are critical to the proper operation of Benefits Administration and Payroll for North America, PeopleCode handles most of the data manipulation in the database.

Use the forward and reverse buttons to navigate through the different effective dates where changes to the primary jobs data have occurred. Add a new row to change the primary job designation. When you save the page, PeopleCode turns off the primary job designation of the previously designated job and ensures that all of the rules for data integrity are maintained.

Job Data and **Detail** — Click Detail to view additional job information in the Job Data page.

Primary Job — Select this check box if you want this job to be flagged as the primary job for this benefit record number.

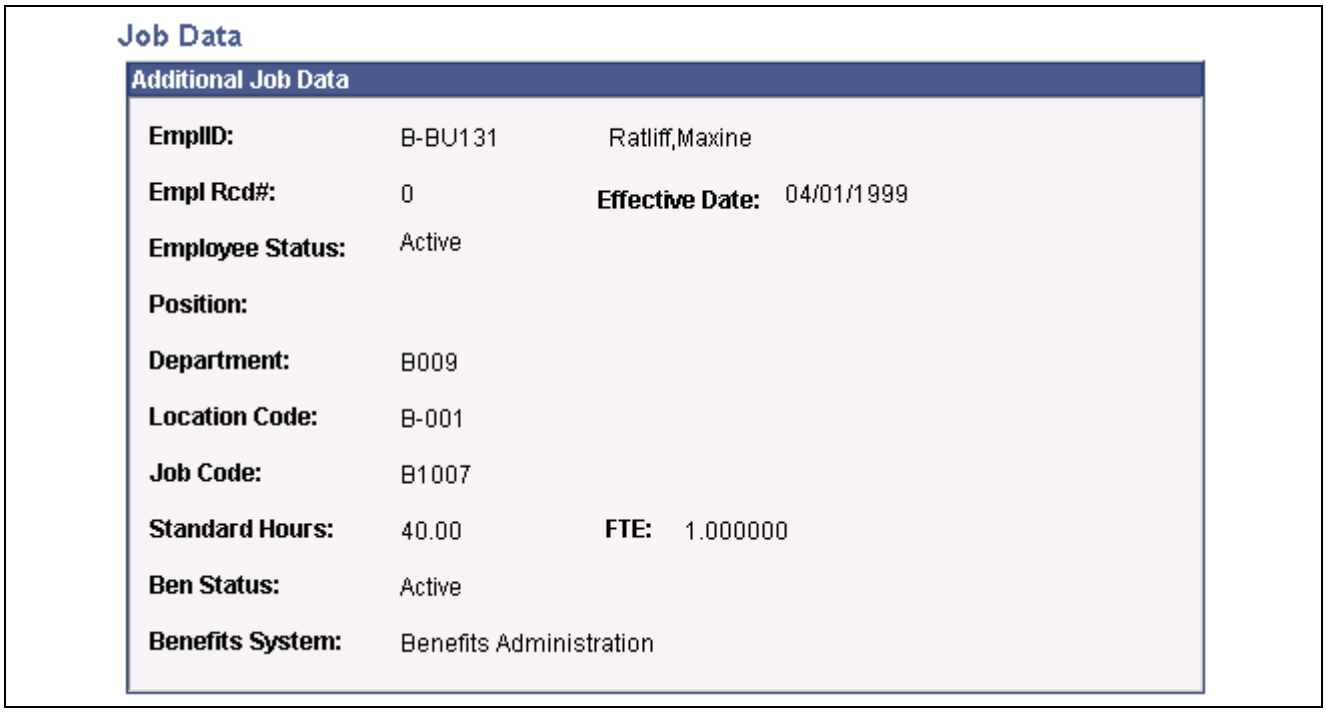
Include Eligibility — For Benefits Administration only. Select this check box if you want this job to be included by the system when determining the employee's benefit eligibility.

Include Deductions — Select this check box if you want this job to be included when the system calculates the employee's benefit deduction and coverage.

Note. 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.

Viewing Job Details

Access the Job Data page.



Job Data page

The system displays the job information in effect as of the effective date of the selected Primary Jobs entry.

Automatically Building Primary Job Data for Multiple Employees

Once you've established your employee population in the database (Personal Data, Employment, and Job tables have been loaded), use the 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).

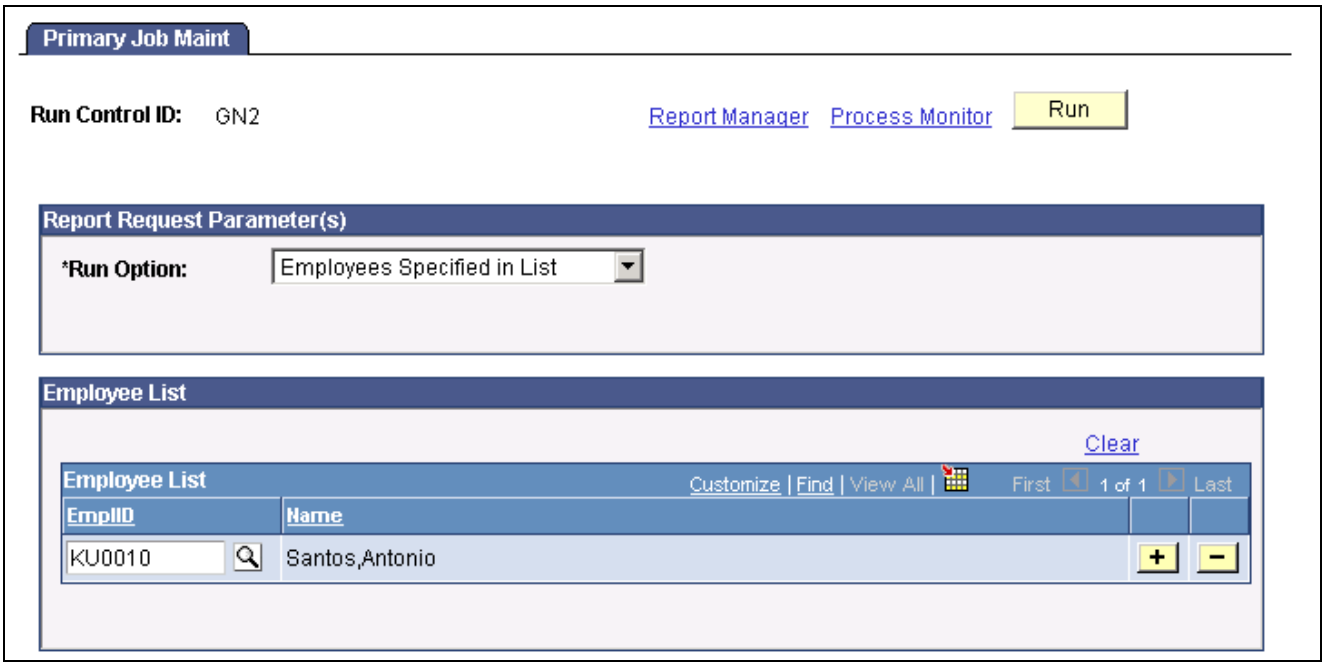
Note. When you upgrade your PeopleSoft database from a previous release, the Primary Jobs information is automatically built as part of the upgrade process. There is no need to run this utility after an upgrade unless you've added more employees to the database through an external interface after performing the upgrade.

Page Used to Automatically Build Primary Job Data for Multiple Employees

Page Name	Object Name	Navigation	Usage
Primary Job Maint (primary job maintenance)	RUNCTL_BEN500	Benefits, Maintain Primary Jobs, Rebuild Primary Job Flags, Primary Job Maint	Automatically build primary job information for multiple employees.

Running the Primary Job Utility

Access the Primary Job Maint (primary job maintenance) page.



Primary Job Maint page

When the utility runs, all existing data for the indicated employee population (if any) in the Primary Jobs Table is deleted. For each employee, a new effective-dated entry is made, assigning the primary job designation to the lowest active 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, the job with the lowest employee record is designated as the primary job.

Warning! All manual changes made through the Primary Jobs Flags page for the selected employee population are lost, because the complete Primary Job history is rebuilt for each employee.

Run Option

Specify which employees to process:

Employees Specified in List: Enter one or more employee IDs in the Employee List group box.

All Employees in the Database: All employees in the Personal Data Table are processed.

Employees in a PS Table: Enter the name of any PeopleSoft table that is defined in the Application Designer and contains an Employee ID field.

Employees in a non-PS Table: Enter a non-PeopleSoft table name that contains an Employee ID field.

CHAPTER 18

Sending Benefit Information

This chapter provides an overview of extracting benefit data and discusses how to:

- Specify the data to extract.
- Run the Enrollment Reporting Snapshot process.
- Send data to benefit providers.
- Send HIPAA data to providers.
- (USF) Send FEHB data to the OPM.

Understanding Benefit Data Extraction

Just as you provide information to employees regarding provider benefit plans, you also provide information to benefit providers about employee changes to plan elections.

Similarly, federal agencies send changes in health plan elections to the OPM.

To send benefits data to providers:

1. Specify the information to extract from your HRMS database.
2. Run the Enrollment Reporting Snapshot program to extract the data and write it to the snapshot tables: BN_SNAP_PER, BN_SNAP_JOB, and BN_SNAP_PLAN.

   Run this step only once per reporting period and generate all of your extracts from a single snapshot.
3. Create carrier extract files for your benefit providers.
4. Review the data in the snapshot tables or review a log that contains the date and time that the Enrollment Reporting Snapshot, Carrier Extract, and Carrier Interface Supplier Integration processes were run.

Specifying Data to Extract

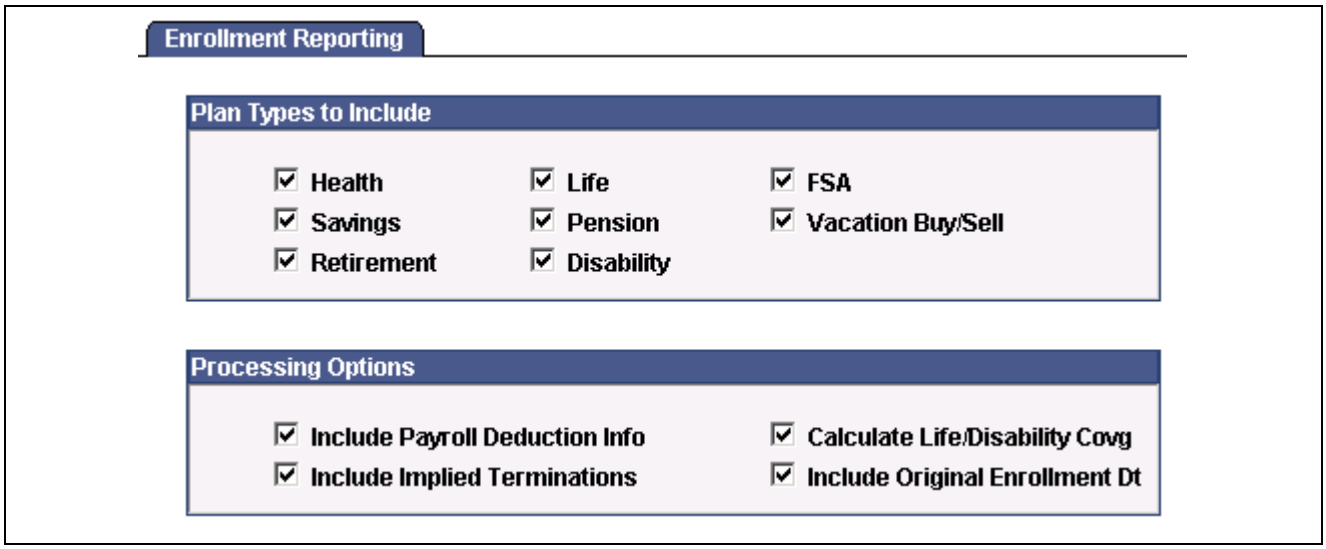
You can extract benefit plan types and other benefit-related information, such as deduction amounts, life and disability coverages, implied terminations, and the original enrollment date.

Page Used to Specify Data to Extract

Page Name	Object Name	Navigation	Usage
Enrollment Reporting	BN_SNAP_CONFIG	Set Up HRMS, Product Related, Base Benefits, Enroll Snapshot Options, Enrollment Reporting	Define data to extract from the HRMS database.

Defining Data to Extract

Access the Enrollment Reporting page.



Enrollment Reporting page

Plan Types to Include Select only the plan types for which you will create a carrier interface extract or transmit data to through the Carrier Interface Supplier Integration process in eBenefits.

Note. If you are running the snapshot process to only create a HIPAA EDI 834 file, check only the Health plan type to reduce the time necessary to populate the Snapshot tables.

Include Payroll Deduction Info (include payroll deduction information) Select to include the last deduction taken and the pay end date for each enrollment.

Calculate Life/Disability Covg (calculate life/disability coverage) Select to have the Enrollment Reporting Snapshot process calculate coverage for life and disability plans using the plan definitions, calculation rules, and the employee's compensation rate or annual benefits base rate.

Include Implied Terminations Select to include enrollments that are no longer valid because the participant has enrolled in another plan type, waived coverage, or transitioned to COBRA coverage.

Note. This option is used whenever a carrier requires a positive notification of a termination or plan change (some carriers can detect these events simply by noticing a previous enrollment record).

Include Original Enrollment Dt (include original enrollment date) Select to include an employee's earliest continuous enrollment date in the current, active plan. This applies only to employee-level enrollments and allocations. Changes to coverage codes in health plans, employee-specified coverage amounts in life and disability plans, or employee contribution amounts do not constitute a change in plan.

Running the Enrollment Reporting Snapshot Process

The Enrollment Reporting Snapshot process extracts data you specified on the Enrollment Reporting page from the HRMS database and writes it to the BN_SNAP_PER, BN_SNAP_JOB, and BN_SNAP_PLAN tables. Each time that you run the Enrollment Reporting Snapshot process, the data in the snapshot tables is cleared and new information is written.

Every time that the Enrollment Reporting Snapshot, or Carrier Report processes are run, a record is written to the BN_SNAP_HIST table. You can review this log using the Run History page.

This section provides an overview of database record layout details and discusses how to run the Enrollment Reporting Snapshot process.

Understanding Database Record Layout Details

The following tables are populated by the Enrollment Reporting Snapshot process and used by the Carrier Interface Extract and Carrier Interface Supplier Integration processes. You need this information when creating a provider-specific SQR extract.

BN_SNAP_PER

This table includes one row per participant (employee, dependent/beneficiary, and so on).

COLUMN	KEY	NOTES
EMPLID	Yes	
DEPENDENT_BENEF	Yes	Blank for employees. Populated for dependents and beneficiaries.
EFFDT	No	The as of date specified by the user on the run control page. The value is the same for every row. Simplifies finding related displays and descriptions.
NAME		
LAST_NAME	Alt	
FIRST_NAME		

COLUMN	KEY	NOTES
NAME_PREFIX		
NATIONAL_ID		Primary national ID. If the employee, dependent, or beneficiary has not been assigned a primary ID, the field is blank.
BIRTHDATE		
SEX		
RELATIONSHIP		Blank for employees.
SMOKER		Y/N
STUDENT		Y/N; Applies only to dependents and beneficiaries.
STUDENT_STATUS_DT		Applies only to dependents and beneficiaries.
DISABLED		Applies only to dependents and beneficiaries.
COUNTRY		
ADDRESS1		
ADDRESS2		
ADDRESS3		
ADDRESS4		
CITY		
NUM1		
NUM2		
HOUSE_TYPE		
ADDR_FIELD1		
ADDR_FIELD2		
ADDR_FIELD3		
COUNTY		
STATE		
POSTAL		

COLUMN	KEY	NOTES
GEO_CODE		
IN_CITY_LIMIT		
HOME_PHONE		

BN_SNAP_JOB

There is one row per employee/benefit record/COBRA event; there are no rows for dependents and beneficiaries. For an employee with multiple jobs, all job-related information is taken from the employee's primary job for the indicated benefit record.

COLUMN	KEY	NOTES
EMPLID	Yes	
BENEFIT_RCD_NBR	Yes	
COBRA_EVENT_ID	Yes	Non-zero indicates a COBRA enrollment event for this employee ID/benefit record number.
EMPL_RCD		Primary job as of the date entered on the run control page.
JOB_EFFDT		Effective date of the primary job on the Job table.
JOB_EFFSEQ		Effective sequence of the primary job on the Job table.
EFFDT	No	The as of date entered on the run control page. The value is the same for every row. Simplifies finding related displays and descriptions.
SERVICE_DT		Primary job.
BENEFIT_PROGRAM		
COMPANY		Primary job.
PAYGROUP		Primary job.
CURRENCY_CD		Currency code for the benefit program.
PAY_SYSTEM_FLG		Primary job.

BN_SNAP_PLAN

This table includes one row per employee-level enrollment and one row per dependent/beneficiary attachment to an enrollment.

Column	Key	Notes
EMPLID	Yes	
DEPENDENT_BENEF	Yes	A blank entry indicates an employee level enrollment. A populated entry indicates a dependent enrollment or beneficiary allocation.
BENEFIT_RCD_NBR	Yes	This is the EMPL_RCD field from the enrollment pages.
COBRA_EVENT_ID	Yes	A non-zero entry indicates a COBRA event for this employee ID/benefit record number.
PLAN_TYPE	Yes	
COVERAGE_ELECT	Yes	Must be a key to allow for implied terminations.
EFFDT	No	The as of date specified by the user on the run control page. The value is the same for every row. Simplifies finding related displays and descriptions.
BENEFIT_PLAN		Coverage_Elect = *E* indicates an enrollment. Coverage_Elect = *T* indicates that the plan is being terminated. If the field is blank and Coverage_ Elect = *T* or *W,* this indicates that there was no prior enrollment.
SETID		Comes from the benefit plan definition. It is blank for 7x plans.
VENDOR_ID		Blank for 7x plans.
GROUP_NBR		Blank for 7x plans.
COVRG_CD		Applies only to 1x plan types.
LIFE_ADD_COVRG		Applies only to 2x plan types. This is the code from the plan definition, not an employee enrollment.
COVERAGE_BEGIN_DT		For enrollments, indicates the first day of coverage. For terminations, indicates the first day that coverage is no longer in effect.
COVERAGE_ELECT_DT		Indicates the date that this enrollment/termination was entered into the system.

Column	Key	Notes
DEDUCTION_BEGIN_DT		For enrollments, indicates the first day that deductions and credits are in effect. For terminations, it indicates the first day deductions and credits should stop.
ENROLLMENT_DT		Original enrollment date (coverage begin date) for this plan. This is the earliest continuous coverage begin date for this same benefit plan, ignoring change of coverage code (1x) and coverage amount (2x). Populated only if the INCLUDE_ORIG option is selected, and only for employee-level rows where COVERAGE_ELECT = *E*.
ANNUAL_PLEDGE		Applies only to 6x plan types.
FLAT_DED_AMT		Applies only to 4x plan types. Zero if employee is not contributing on a before-tax basis or contributing a percent of earnings.
PCT_GROSS		Applies only to 4x plan types. Zero if employee is not contributing on a before-tax basis or contributing a flat amount.
FLAT_DED_AMT_ATAX		Applies only to 4x plan types. Zero if employee is not contributing on an after-tax basis or contributing a percent of earnings.
PCT_GROSS_ATAX		Applies only to 4x plan types. Zero if employee is not contributing on an after-tax basis or contributing a flat amount.
VOLUNTARY_AMT		Applies only to 8x plan types. Zero if employee is not contributing a voluntary flat amount or is contributing a voluntary percentage of earnings.
VOLUNTARY_PCT		Applies only to 8x plan types. Zero if employee is not contributing a voluntary percentage of earnings or is contributing a voluntary flat amount.
VACN_HOURS		Applies only to 9x plan types.
VACN_BUY_FLAT_AMT		Applies only to 9x plan types.

Column	Key	Notes
VACN_SELL_FLAT_AMT		Applies only to 9x plan types.
BENEF_PCT		Applies only to beneficiary records in plan types 2x, 4x, or 8x. Zero if the beneficiary allocation is a flat amount.
FLAT_AMOUNT		See the Flat Amount Field section following this table.
FACTOR_XSALARY		Applies only to employee records for 2x plan types. This field contains the salary factor coverage defined at either the plan level or employee level.
EXCESS		Applies only to 2x, non-dependent plans and 8x dependent records. A *Y* in the field indicates that this beneficiary is to receive any excess benefit distribution.
CONTINGENT		Applies only to 2x, non-dependent plans and 8x dependent records. A *Y* in the field indicates that this beneficiary is a contingent beneficiary.
DED_CUR		The amount of the last payroll deduction calculated for this enrollment. This field is populated only if INCLUDE_DED is selected.
PAY_END_DT		The pay end date of the last payroll deduction calculated for this enrollment. This field is populated only if INCLUDE_DED is selected.
CALCULATED_BASE		Applies only to 2x and 3x plans and only if Calculate Life/Disability Covg is selected on the Enrollment Reporting page. This field is zero for dependents and beneficiaries and for employees with Sum of Dependent Coverage elections for Dependent Life/AD&D plans. This field indicates the calculated benefit amount with respect to coverage minimum/maximum, multiple jobs, and rounding rules, for coverage purposes.

Column	Key	Notes
PREMIUM_BASE		Applies only to 2x and 3x plans and only if Calculate Life/Disability Covg is selected on the Enrollment Reporting page. This field is zero for dependents and beneficiaries and for employees with Sum of Dependent Coverage elections for dependent life/AD&D plans. This field indicates the calculated benefit amount with respect to coverage minimum/maximum, multiple jobs, and rounding rules, for premium purposes.
HLTH_PROVIDER_ID		Applies only to 1x plan types. This field indicates the primary care physician.
PREVIOUSLY_SEEN		Applies only to 1x plan types.
DEPBEN_RIDER_FLG		Applies only to dependents and beneficiaries. *Y* indicates that this coverage or allocation is court-ordered.
CALC_RULES_ID		Applies only to 2x and 3x plans and only if Calculate Life/Disability/Covg is selected on the Enrollment Reporting page. Identifies the calculation rule to use when calculating CALCULATED_BASE and PREMIUM_BASE.

Understanding the Flat Amount Field

This field has different meanings depending upon the plan type and the plan context. In general, this field represents a flat amount of Life/AD&D coverage defined at either the plan level or the employee level; the amount may be in addition to a factor of salary coverage. For dependent life and dependent AD&D plans, it may represent the amount of coverage elected for a particular dependent. For non-dependent Life/AD&D plans and pension plans, it may represent a flat amount beneficiary allocation.

The following tables exhibit how this field is used in each context.

Non-Dependent Life/AD&D Plan Types

This table shows how the Flat Amount field is used with non-dependent Life and ADD plan types. Each column represents the value of LIFE_ADD_COVRG, which defines how the coverage is calculated for a plan.

Participant	Flat Amount	Flat + Factor	EE-Specified	Special Calc	Sum of Dependents
Employee	Flat amount of coverage	Flat amount portion of total coverage	Flat amount, or flat amount portion of total coverage	Zero (not applicable)	Zero (not applicable)
Dependent /Beneficiary	Beneficiary allocation (if flat amount)	Beneficiary allocation (if flat amount)	Beneficiary allocation (if flat amount)	Beneficiary allocation (if flat amount)	Zero (not applicable)

Dependent Life and Dependent AD&D

This table shows how the Flat Amount field is used with dependent Life and ADD plan types:

Participant	Flat Amount	Flat + Factor	EE-Specified	Special Calc	Sum of Dependents
Employee	Flat amount of coverage for each dependent	Flat amount portion of total coverage for each dependent	Flat amount, or flat amount portion of total coverage for each dependent	Zero (not applicable)	Zero
Dependent /Beneficiary	Zero (not applicable)	Zero (not applicable)	Zero (not applicable)	Zero (not applicable)	This dependent's coverage

Pension Plans

This table shows how the Flat Amount field is used with pension plan types:

Participant	Description
Employee	Zero (not applicable)
Dependent/Beneficiary	Beneficiary allocation (if flat amount allocation is elected)

Running the Enrollment Reporting Snapshot Process

This section discusses how to run the Enrollment Reporting Snapshot Process.

Page Used to Run the Enrollment Reporting Snapshot Process

Page Name	Object Name	Navigation	Usage
Run Snapshot	RUN_BEN100A	Benefits, Interface with Providers, Refresh Benefits Snapshot, Run Snapshot	Extract information from Base Benefits tables into the BN_SNAP_PER, BN_SNAP_JOB, and BN_SNAP_PLAN tables.
Run History	BN_SNAP_HIST	Benefits, Interface with Provides, Review Interface Run History, Run History	Review a history of when the Enrollment Reporting Snapshot, the Carrier Interface Extract, and the Carrier Interface Supplier Integration processes were run.
Snapshot History Detail	BN_SNAP_HIST_DTL	Click Detail on the Run History page.	Review additional information about the history record.
Enroll Snapshot	BN_SNAP_PLAN	Benefits, Interface with Provides, Review Snapshot Information, Enroll Snapshot	Review the information extracted by the Enrollment Reporting Snapshot process.
Enrollment Snapshot Detail	BN_SNAP_PLAN_DTL	Click Detail on the Enroll Snapshot page.	View additional information regarding the selected enrollment or allocation record.

Sending Data to Benefit Providers

After the Enrollment Reporting Snapshot process runs, you are ready to send enrollment data to your plan providers. There are two ways to send this information:

- Run the appropriate SQR Provider Extract process to create a provider extract file.
- Use PeopleSoft's Carrier Reporting process in eBenefits.

See Also

PeopleSoft Enterprise eBenefits 8.9 PeopleBook, "Working with Suppliers," Integrating with eBenX

Creating SQR Provider Extracts

Provider requirements for enrollment data are seldom the same. Base Benefits business process includes a set of sample extract SQR programs that you can modify for your providers. Each sample SQR program:

- Includes a realistic set of data fields for the associated plan types.
- Records a history of each execution.
- Sends an enrollment termination to a provider only once.

After determining file layout requirements for your providers, clone the appropriate sample SQR program for each file layout you need and make any necessary changes using the database record layout information for BN_SNAP_PER, BN_SNAP_JOB, and BN_SNAP_PLAN.

There are four sample SQRs and two library files:

- BEN102.SQR: sample file extract for health (1x) plans.
- BEN103.SQR: sample file extract for life/AD&D (2x) plans.
- BEN104.SQR: sample file extract for disability (3x) plans.
- BEN105.SQR: sample file extract for savings (4x) plans.
- BENCRFNC.SQC: library of useful functions for developing provider extracts.
- BENCRTBL.SQC: library of internal cache tables.

Running Carrier Extracts

Create a flat file that can be sent to your plan providers. Use the Health, Life/ADD, Disability, Savings Extract, or your own provider-specific pages to do this.

If you rerun an extract because of a problem and have set up the extract to send terminations only once, delete the run history record for this extract on the Run History page before running the extract again.

Sending HIPAA Data to Providers

The Health Insurance and Portability and Accountability Act of 1966 (HIPAA) requires a standard electronic exchange of administrative and financial health care transactions between health care providers and plans. The PeopleSoft HIPAA EDI File Create process enables you to send these HIPAA 843 transactions.

Before you can send HIPAA data to providers you must:

1. Identify the providers on the Benefits EDI Trading Partners page who will be receiving the transaction transmission.
2. Use the Benefits EDI 834 Transaction Map Table page to convert PeopleSoft code values to the values required by the reporting standard
3. Run the Refresh Benefit Snapshot process to populate the Benefit Snapshot extract tables with the health plan data required to create the 834 transactions.

See Chapter 5, “Setting Up Additional Base Benefits Features,” Setting Up HIPAA Tables, page 96.

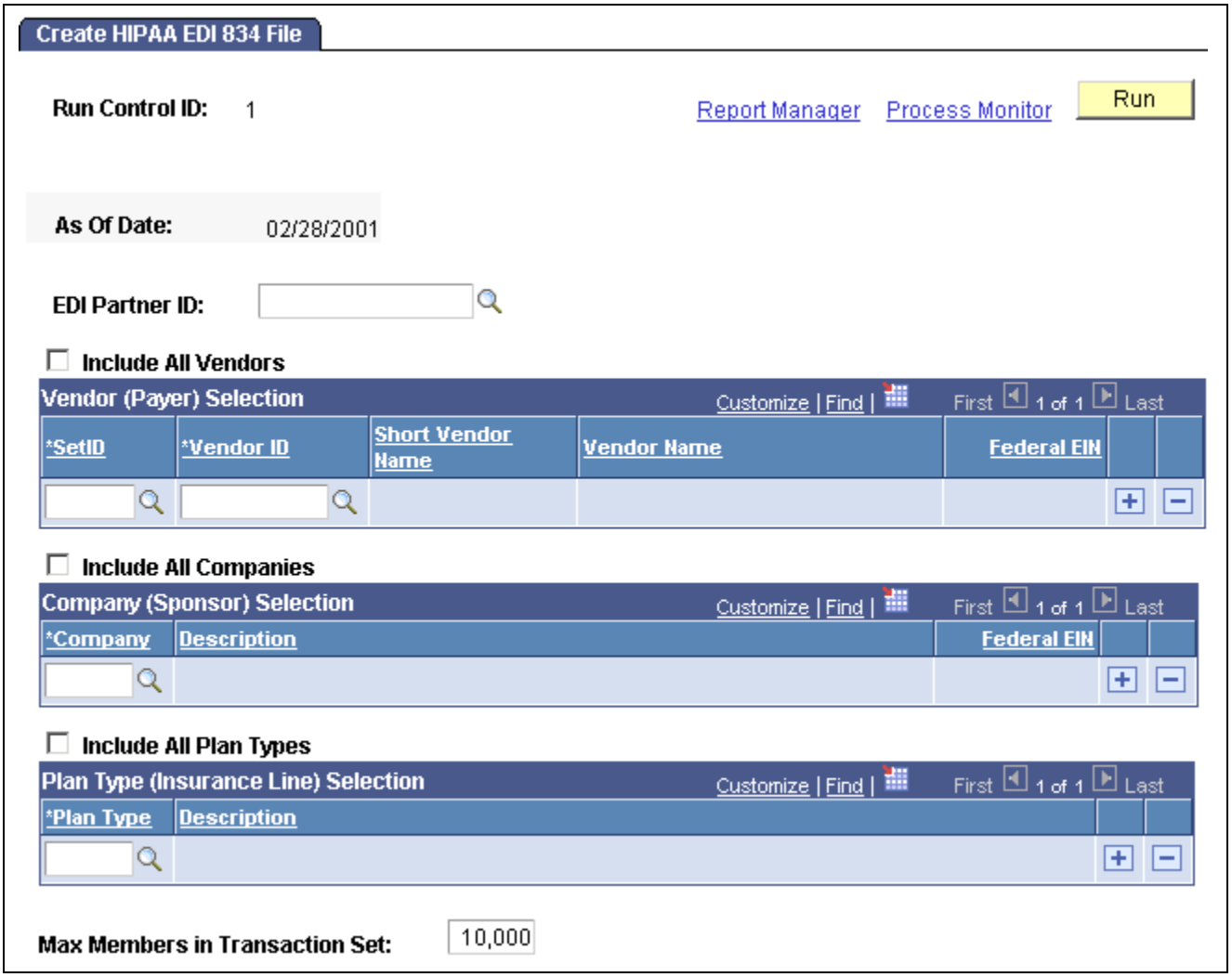
Page Used to Create the HIPAA EDI 834 File

Page Name	Object Name	Navigation	Usage
Create HIPAA EDI 834 File	RUNCTL_BEN834	Benefits, Interface with Providers, Create HIPAA EDI 834 File, Create HIPAA EDI 834 File	Identify the EDI trading partner, vendors, plan types, and companies to include in the transmission and run the process to create the 834 transactions.

Creating the HIPAA EDI 834 File

Access the Create HIPAA EDI 834 File page.

To run the Create HIPAA EDI 834 File process, you must enter an EDI Partner ID and at least one vendor, company, and plan type.



Create HIPAA EDI 834 File page

As Of Date Displays the last date the Enrollment Reporting Snapshot was run.

EDI Partner ID Enter the trading partner for the transmission.

EDI Partner IDs are defined on the EDI Transaction Partner table.

Include All Vendors Select to include all vendors who are classified as providers on the Provider/Vendor table and also appear on the Snapshot Plan table.

Vendor ID Enter the vendor to be included in the transmission.

Valid values are only those vendors who are classified as providers on the Provider/Vendor table and also appear on the Snapshot Plan table.

Note. The providers selected for the 834 transaction must have a valid Federal Employer Identification Number (FEIN) entered on the Provider/Vendor table. The system will generate a warning message if the FEIN is missing for one or more providers.

Include All Companies Select to include all companies who appear both on the Company table and on the Snapshot Plan table.

Company Enter the company (employer) to be included in the transmission.

Valid values are only those vendors who appear both on the Company table and on the Snapshot Plan table.

Note. The companies selected for the 834 transaction must have a valid FEIN entered on the Company table. The system will generate a warning message if the FEIN is missing for one or more companies.

Include All Plan Types Select to include all plan types that appear on the Snapshot Plan table.

Plan Type Enter the plan type to be included in the transmission.

Valid values are only those plan types that appear on the Snapshot Plan table.

Max Members in Transaction Set(maximum members in transaction set) Specify the maximum number of members to be included in each transaction set of the transmission.

The default value is 10,000 which is the maximum allowed by the reporting standard, but you can set a lower number not less than 100.

See Also

Chapter 5, "Setting Up Additional Base Benefits Features," Setting Up HIPAA Tables, page 96

(USF) Sending FEHB Data to the OPM

Federal agencies must send quarterly reports to major FEHB providers. These reports enable the provider to compare their enrollment records with the agency's records.

To send FEHB data to the OPM:

1. Identify the employees and dependents who are enrolled in Medicare A, Medicare B, and Champus plans using the Benefits Person Data and the Federal Medicare Flags pages.
2. Run the FEHB Carrier Interface process to extract the data and write it to the extract file.

   Note. The run control ID cannot be more than 8 characters.

   Note. You must specify at least one plan or select the All Plans check in this box.
3. Send the data by running the Run Carrier Reporting Schedule.

4. Review the data using the Gvt Int Hist (Government Interface History) page or the FEHB Reconciliation report.

See Also

Chapter 7, “Enrolling Participants,” (USF) Enrolling Participants Into FEHB Benefit Programs and Plans, page 129

Pages Used Send FEHB Data to the OPM

Page Name	Object Name	Navigation	Usage
Run FEHB Interface	GVT_RUN_FGBN001	Benefits, Interface with Providers, FEHB Carrier Interface, Run FEHB Interface	Extract data to send to the OPM.
Run Carrier Reporting Schedule	BN_M_RUN_CNTL	Benefits, Interface with Providers, Transmit Enrollments to eBenX, Run Carrier Reporting Schedule	Sends data to the OPM.
Gvt Int Hist (government interface history)	GVT_INT_HIST	Benefits, Interface with Providers, Review FEHB Interface History, Gvt Int Hist	Review data in the extract file.

Glossary of PeopleSoft Terms

absence entitlement This element defines rules for granting paid time off for valid absences, such as sick time, vacation, and maternity leave. An absence entitlement element defines the entitlement amount, frequency, and entitlement period.

absence take This element defines the conditions that must be met before a payee is entitled to take paid time off.

academic career In PeopleSoft Enterprise Campus Solutions, all course work that a student undertakes at an academic institution and that is grouped in a single student record. For example, a university that has an undergraduate school, a graduate school, and various professional schools might define several academic careers—an undergraduate career, a graduate career, and separate careers for each professional school (law school, medical school, dental school, and so on).

academic institution In PeopleSoft Enterprise Campus Solutions, an entity (such as a university or college) that is independent of other similar entities and that has its own set of rules and business processes.

academic organization In PeopleSoft Enterprise Campus Solutions, an entity that is part of the administrative structure within an academic institution. At the lowest level, an academic organization might be an academic department. At the highest level, an academic organization can represent a division.

academic plan In PeopleSoft Enterprise Campus Solutions, an area of study—such as a major, minor, or specialization—that exists within an academic program or academic career.

academic program In PeopleSoft Enterprise Campus Solutions, the entity to which a student applies and is admitted and from which the student graduates.

accounting class In PeopleSoft Enterprise Performance Management, the accounting class defines how a resource is treated for generally accepted accounting practices. The Inventory class indicates whether a resource becomes part of a balance sheet account, such as inventory or fixed assets, while the Non-inventory class indicates that the resource is treated as an expense of the period during which it occurs.

accounting date The accounting date indicates when a transaction is recognized, as opposed to the date the transaction actually occurred. The accounting date and transaction date can be the same. The accounting date determines the period in the general ledger to which the transaction is to be posted. You can only select an accounting date that falls within an open period in the ledger to which you are posting. The accounting date for an item is normally the invoice date.

accounting split The accounting split method indicates how expenses are allocated or divided among one or more sets of accounting ChartFields.

accumulator You use an accumulator to store cumulative values of defined items as they are processed. You can accumulate a single value over time or multiple values over time. For example, an accumulator could consist of all voluntary deductions, or all company deductions, enabling you to accumulate amounts. It allows total flexibility for time periods and values accumulated.

action reason The reason an employee's job or employment information is updated. The action reason is entered in two parts: a personnel action, such as a promotion, termination, or change from one pay group to another—and a reason for that action. Action reasons are used by PeopleSoft Human Resources, PeopleSoft Benefits Administration,

PeopleSoft Stock Administration, and the COBRA Administration feature of the Base Benefits business process.

action template In PeopleSoft Receivables, outlines a set of escalating actions that the system or user performs based on the period of time that a customer or item has been in an action plan for a specific condition.

activity In PeopleSoft Enterprise Learning Management, an instance of a catalog item (sometimes called a class) that is available for enrollment. The activity defines such things as the costs that are associated with the offering, enrollment limits and deadlines, and waitlisting capacities.

In PeopleSoft Enterprise Performance Management, the work of an organization and the aggregation of actions that are used for activity-based costing.

In PeopleSoft Project Costing, the unit of work that provides a further breakdown of projects—usually into specific tasks.

In PeopleSoft Workflow, a specific transaction that you might need to perform in a business process. Because it consists of the steps that are used to perform a transaction, it is also known as a step map.

address usage In PeopleSoft Enterprise Campus Solutions, a grouping of address types defining the order in which the address types are used. For example, you might define an address usage code to process addresses in the following order: billing address, dormitory address, home address, and then work address.

adjustment calendar In PeopleSoft Enterprise Campus Solutions, the adjustment calendar controls how a particular charge is adjusted on a student's account when the student drops classes or withdraws from a term. The charge adjustment is based on how much time has elapsed from a predetermined date, and it is determined as a percentage of the original charge amount.

administrative function In PeopleSoft Enterprise Campus Solutions, a particular functional area that processes checklists, communication, and comments. The administrative function identifies which variable data is added to a person's checklist or communication record when a specific checklist code, communication category, or comment is assigned to the student. This key data enables you to trace that checklist, communication, or comment back to a specific processing event in a functional area.

admit type In PeopleSoft Enterprise Campus Solutions, a designation used to distinguish first-year applications from transfer applications.

agreement In PeopleSoft eSettlements, provides a way to group and specify processing options, such as payment terms, pay from a bank, and notifications by a buyer and supplier location combination.

allocation rule In PeopleSoft Enterprise Incentive Management, an expression within compensation plans that enables the system to assign transactions to nodes and participants. During transaction allocation, the allocation engine traverses the compensation structure from the current node to the root node, checking each node for plans that contain allocation rules.

alternate account A feature in PeopleSoft General Ledger that enables you to create a statutory chart of accounts and enter statutory account transactions at the detail transaction level, as required for recording and reporting by some national governments.

analysis database In PeopleSoft Enterprise Campus Solutions, database tables that store large amounts of student information that may not appear in standard report formats. The analysis database tables contain keys for all objects in a report that an application program can use to reference other student-record objects that are not contained in the printed report. For instance, the analysis database contains data on courses that are considered for satisfying a requirement but that are rejected. It also contains information on

courses captured by global limits. An analysis database is used in PeopleSoft Enterprise Academic Advisement.

Application Messaging PeopleSoft Application Messaging enables applications within the PeopleSoft Enterprise product family to communicate synchronously or asynchronously with other PeopleSoft and third-party applications. An application message defines the records and fields to be published or subscribed to.

AR specialist Abbreviation for *receivables specialist.* In PeopleSoft Receivables, an individual in who tracks and resolves deductions and disputed items.

arbitration plan In PeopleSoft Enterprise Pricer, defines how price rules are to be applied to the base price when the transaction is priced.

assessment rule In PeopleSoft Receivables, a user-defined rule that the system uses to evaluate the condition of a customer's account or of individual items to determine whether to generate a follow-up action.

asset class An asset group used for reporting purposes. It can be used in conjunction with the asset category to refine asset classification.

attribute/value pair In PeopleSoft Directory Interface, relates the data that makes up an entry in the directory information tree.

audience In PeopleSoft Enterprise Campus Solutions, a segment of the database that relates to an initiative, or a membership organization that is based on constituent attributes rather than a dues-paying structure. Examples of audiences include the Class of '65 and Undergraduate Arts & Sciences.

authentication server A server that is set up to verify users of the system.

base time period In PeopleSoft Business Planning, the lowest level time period in a calendar.

benchmark job In PeopleSoft Workforce Analytics, a benchmark job is a job code for which there is corresponding salary survey data from published, third-party sources.

billing career In PeopleSoft Enterprise Campus Solutions, the one career under which other careers are grouped for billing purposes if a student is active simultaneously in multiple careers.

bio bit or bio brief In PeopleSoft Enterprise Campus Solutions, a report that summarizes information stored in the system about a particular constituent. You can generate standard or specialized reports.

book In PeopleSoft Asset Management, used for storing financial and tax information, such as costs, depreciation attributes, and retirement information on assets.

branch A tree node that rolls up to nodes above it in the hierarchy, as defined in PeopleSoft Tree Manager.

budgetary account only An account used by the system only and not by users; this type of account does not accept transactions. You can only budget with this account. Formerly called "system-maintained account."

budget check In commitment control, the processing of source transactions against control budget ledgers, to see if they pass, fail, or pass with a warning.

budget control In commitment control, budget control ensures that commitments and expenditures don't exceed budgets. It enables you to track transactions against corresponding budgets and terminate a document's cycle if the defined budget conditions are not met. For example, you can prevent a purchase order from being dispatched to a vendor if there are insufficient funds in the related budget to support it.

budget period The interval of time (such as 12 months or 4 quarters) into which a period is divided for budgetary and reporting purposes. The ChartField allows maximum flexibility to define operational accounting time periods without restriction to only one calendar.

business activity The name of a subset of a detailed business process. This might be a specific transaction, task, or action that you perform in a business process.

business event In PeopleSoft Receivables, defines the processing characteristics for the Receivable Update process for a draft activity.

In PeopleSoft Sales Incentive Management, an original business transaction or activity that may justify the creation of a PeopleSoft Enterprise Incentive Management event (a sale, for example).

business process A standard set of 17 business processes are defined and maintained by the PeopleSoft product families and are supported by Business Process Engineering group at PeopleSoft. An example of a business process is Order Fulfillment, which is a business process that manages sales orders and contracts, inventory, billing, and so forth.

See also *detailed business process.*

business task The name of the specific function depicted in one of the business processes.

business unit A corporation or a subset of a corporation that is independent with regard to one or more operational or accounting functions.

buyer In PeopleSoft eSettlements, an organization (or business unit, as opposed to an individual) that transacts with suppliers (vendors) within the system. A buyer creates payments for purchases that are made in the system.

campus In PeopleSoft Enterprise Campus Solutions, an entity that is usually associated with a distinct physical administrative unit, that belongs to a single academic institution, that uses a unique course catalog, and that produces a common transcript for students within the same academic career.

catalog item In PeopleSoft Enterprise Learning Management, a specific topic that a learner can study and have tracked. For example, “Introduction to Microsoft Word.” A catalog item contains general information about the topic and includes a course code, description, categorization, keywords, and delivery methods. A catalog item can have one or more learning activities.

catalog map In PeopleSoft Catalog Management, translates values from the catalog source data to the format of the company’s catalog.

catalog partner In PeopleSoft Catalog Management, shares responsibility with the enterprise catalog manager for maintaining catalog content.

categorization Associates partner offerings with catalog offerings and groups them into enterprise catalog categories.

category In PeopleSoft Enterprise Campus Solutions, a broad grouping to which specific comments or communications (contexts) are assigned. Category codes are also linked to 3C access groups so that you can assign data-entry or view-only privileges across functions.

channel In PeopleSoft MultiChannel Framework, email, chat, voice (computer telephone integration [CTI]), or a generic event.

ChartField A field that stores a chart of accounts, resources, and so on, depending on the PeopleSoft application. ChartField values represent individual account numbers, department codes, and so forth.

ChartField balancing You can require specific ChartFields to match up (balance) on the debit and the credit side of a transaction.

ChartField combination edit The process of editing journal lines for valid ChartField combinations based on user-defined rules.

ChartKey One or more fields that uniquely identify each row in a table. Some tables contain only one field as the key, while others require a combination.

checkbook In PeopleSoft Promotions Management, enables you to view financial data (such as planned, incurred, and actual amounts) that is related to funds and trade promotions.

checklist code In PeopleSoft Enterprise Campus Solutions, a code that represents a list of planned or completed action items that can be assigned to a staff member, volunteer, or unit. Checklists enable you to view all action assignments on one page.

class In PeopleSoft Enterprise Campus Solutions, a specific offering of a course component within an academic term.

See also *course.*

Class ChartField A ChartField value that identifies a unique appropriation budget key when you combine it with a fund, department ID, and program code, as well as a budget period. Formerly called *sub-classification.*

clearance In PeopleSoft Enterprise Campus Solutions, the period of time during which a constituent in PeopleSoft Contributor Relations is approved for involvement in an initiative or an action. Clearances are used to prevent development officers from making multiple requests to a constituent during the same time period.

clone In PeopleCode, to make a unique copy. In contrast, to *copy* may mean making a new reference to an object, so if the underlying object is changed, both the copy and the original change.

cohort In PeopleSoft Enterprise Campus Solutions, the highest level of the three-level classification structure that you define for enrollment management. You can define a cohort level, link it to other levels, and set enrollment target numbers for it.

See also *population* and *division*.

collection To make a set of documents available for searching in Verity, you must first create at least one collection. A collection is set of directories and files that allow search application users to use the Verity search engine to quickly find and display source documents that match search criteria. A collection is a set of statistics and pointers to the source documents, stored in a proprietary format on a file server. Because a collection can only store information for a single location, PeopleSoft maintains a set of collections (one per language code) for each search index object.

collection rule In PeopleSoft Receivables, a user-defined rule that defines actions to take for a customer based on both the amount and the number of days past due for outstanding balances.

comm key See *communication key.*

communication key In PeopleSoft Enterprise Campus Solutions, a single code for entering a combination of communication category, communication context, communication method, communication direction, and standard letter code. Communication keys (also called *comm keys* or *speed keys*) can be created for background processes as well as for specific users.

compensation object In PeopleSoft Enterprise Incentive Management, a node within a compensation structure. Compensation objects are the building blocks that make up a compensation structure's hierarchical representation.

compensation structure In PeopleSoft Enterprise Incentive Management, a hierarchical relationship of compensation objects that represents the compensation-related relationship between the objects.

component interface A component interface is a set of application programming interfaces (APIs) that you can use to access and modify PeopleSoft database information using a program instead of the PeopleSoft client.

condition In PeopleSoft Receivables, occurs when there is a change of status for a customer's account, such as reaching a credit limit or exceeding a user-defined balance due.

configuration parameter catalog Used to configure an external system with PeopleSoft. For example, a configuration parameter catalog might set up configuration and communication parameters for an external server.

configuration plan In PeopleSoft Enterprise Incentive Management, configuration plans hold allocation information for common variables (not incentive rules) and are attached to a node without a participant. Configuration plans are not processed by transactions.

constituents In PeopleSoft Enterprise Campus Solutions, friends, alumni, organizations, foundations, or other entities affiliated with the institution, and about which the institution maintains information. The constituent types delivered with PeopleSoft Enterprise Contributor Relations Solutions are based on those defined by the Council for the Advancement and Support of Education (CASE).

content reference Content references are pointers to content registered in the portal registry. These are typically either URLs or iScripts. Content references fall into three categories: target content, templates, and template pagelets.

context In PeopleCode, determines which buffer fields can be contextually referenced and which is the current row of data on each scroll level when a PeopleCode program is running.

In PeopleSoft Enterprise Campus Solutions, a specific instance of a comment or communication. One or more contexts are assigned to a category, which you link to 3C access groups so that you can assign data-entry or view-only privileges across functions.

In PeopleSoft Enterprise Incentive Management, a mechanism that is used to determine the scope of a processing run. PeopleSoft Enterprise Incentive Management uses three types of context: plan, period, and run-level.

control table Stores information that controls the processing of an application. This type of processing might be consistent throughout an organization, or it might be used only by portions of the organization for more limited sharing of data.

cost profile A combination of a receipt cost method, a cost flow, and a deplete cost method. A profile is associated with a cost book and determines how items in that book are valued, as well as how the material movement of the item is valued for the book.

cost row A cost transaction and amount for a set of ChartFields.

course In PeopleSoft Enterprise Campus Solutions, a course that is offered by a school and that is typically described in a course catalog. A course has a standard syllabus and credit level; however, these may be modified at the class level. Courses can contain multiple components such as lecture, discussion, and lab.

See also *class*.

course share set In PeopleSoft Enterprise Campus Solutions, a tag that defines a set of requirement groups that can share courses. Course share sets are used in PeopleSoft Enterprise Academic Advisement.

current learning In PeopleSoft Enterprise Learning Management, a self-service repository for all of a learner's in-progress learning activities and programs.

data acquisition In PeopleSoft Enterprise Incentive Management, the process during which raw business transactions are acquired from external source systems and fed into the operational data store (ODS).

data cube In PeopleSoft Analytic Calculation Engine, a data cube is a container for one kind of data (such as Sales data) and works with in tandem with one or more dimensions. Dimensions and data cubes in PeopleSoft Analytic Calculation Engine are unrelated to dimensions and online analytical processing (OLAP) cubes in PeopleSoft Cube Manager.

data elements Data elements, at their simplest level, define a subset of data and the rules by which to group them.

For Workforce Analytics, data elements are rules that tell the system what measures to retrieve about your workforce groups.

dataset A data grouping that enables role-based filtering and distribution of data. You can limit the range and quantity of data that is displayed for a user by associating dataset rules with user roles. The result of dataset rules is a set of data that is appropriate for the user's roles.

delivery method In PeopleSoft Enterprise Learning Management, identifies the primary type of delivery method in which a particular learning activity is offered. Also provides default values for the learning activity, such as cost and language. This is primarily used to help learners search the catalog for the type of delivery from which they learn best. Because PeopleSoft Enterprise Learning Management is a blended learning system, it does not enforce the delivery method.

In PeopleSoft Supply Chain Management, identifies the method by which goods are shipped to their destinations (such as truck, air, rail, and so on). The delivery method is specified when creating shipment schedules.

delivery method type In PeopleSoft Enterprise Learning Management, identifies how learning activities can be delivered—for example, through online learning, classroom instruction, seminars, books, and so forth—in an organization. The type determines whether the delivery method includes scheduled components.

detailed business process A subset of the business process. For example, the detailed business process named Determine Cash Position is a subset of the business process called Cash Management.

dimension In PeopleSoft Analytic Calculation Engine, a dimension contains a list of one kind of data that can span various contexts, and it is a basic component of an analytic model. Within the analytic model, a dimension is attached to one or more data cubes. In PeopleSoft Cube Manager, a dimension is the most basic component of an OLAP cube and specifies the PeopleSoft metadata to be used to create the dimension's rollup structure. Dimensions and data cubes in PeopleSoft Analytic Calculation Engine are unrelated to dimensions and OLAP cubes in PeopleSoft Cube Manager.

directory information tree In PeopleSoft Directory Interface, the representation of a directory's hierarchical structure.

division In PeopleSoft Enterprise Campus Solutions, the lowest level of the three-level classification structure that you define in PeopleSoft Enterprise Recruiting and Admissions for enrollment management. You can define a division level, link it to other levels, and set enrollment target numbers for it.

See also *population* and *cohort*.

document sequencing A flexible method that sequentially numbers the financial transactions (for example, bills, purchase orders, invoices, and payments) in the system for statutory reporting and for tracking commercial transaction activity.

dynamic detail tree A tree that takes its detail values—dynamic details—directly from a table in the database, rather than from a range of values that are entered by the user.

edit table A table in the database that has its own record definition, such as the Department table. As fields are entered into a PeopleSoft application, they can be validated against an edit table to ensure data integrity throughout the system.

effective date A method of dating information in PeopleSoft applications. You can predate information to add historical data to your system, or postdate information in order to enter it before it actually goes into effect. By using effective dates, you don't delete values; you enter a new value with a current effective date.

EIM ledger Abbreviation for *Enterprise Incentive Management ledger.* In PeopleSoft Enterprise Incentive Management, an object to handle incremental result gathering within the scope of a participant. The ledger captures a result set with all of the appropriate traces to the data origin and to the processing steps of which it is a result.

elimination set In PeopleSoft General Ledger, a related group of intercompany accounts that is processed during consolidations.

entry event In PeopleSoft General Ledger, Receivables, Payables, Purchasing, and Billing, a business process that generates multiple debits and credits resulting from single transactions to produce standard, supplemental accounting entries.

equitization In PeopleSoft General Ledger, a business process that enables parent companies to calculate the net income of subsidiaries on a monthly basis and adjust that amount to increase the investment amount and equity income amount before performing consolidations.

equity item limit In PeopleSoft Enterprise Campus Solutions, the amounts of funds set by the institution to be awarded with discretionary or gift funds. The limit could be reduced by amounts equal to such things as expected family contribution (EFC) or parent contribution. Students are packaged by Equity Item Type Groups and Related Equity Item Types. This limit can be used to assure that similar student populations are packaged equally.

event A predefined point either in the Component Processor flow or in the program flow. As each point is encountered, the event activates each component, triggering any PeopleCode program that is associated with that component and that event. Examples of events are FieldChange, SavePreChange, and RowDelete.

In PeopleSoft Human Resources, also refers to an incident that affects benefits eligibility.

event propagation process In PeopleSoft Sales Incentive Management, a process that determines, through logic, the propagation of an original PeopleSoft Enterprise Incentive Management event and creates a derivative (duplicate) of the original event to be processed by other objects. Sales Incentive Management uses this mechanism to implement splits, roll-ups, and so on. Event propagation determines who receives the credit.

exception In PeopleSoft Receivables, an item that either is a deduction or is in dispute.

exclusive pricing In PeopleSoft Order Management, a type of arbitration plan that is associated with a price rule. Exclusive pricing is used to price sales order transactions.

fact In PeopleSoft applications, facts are numeric data values from fields from a source database as well as an analytic application. A fact can be anything you want to measure your business by, for example, revenue, actual, budget data, or sales numbers. A fact is stored on a fact table.

financial aid term In PeopleSoft Enterprise Campus Solutions, a combination of a period of time that the school determines as an instructional accounting period and an academic career. It is created and defined during the setup process. Only terms eligible for financial aid are set up for each financial aid career.

forecast item A logical entity with a unique set of descriptive demand and forecast data that is used as the basis to forecast demand. You create forecast items for a wide range of uses, but they ultimately represent things that you buy, sell, or use in your organization and for which you require a predictable usage.

fund In PeopleSoft Promotions Management, a budget that can be used to fund promotional activity. There are four funding methods: top down, fixed accrual, rolling accrual, and zero-based accrual.

gap In PeopleSoft Enterprise Campus Solutions, an artificial figure that sets aside an amount of unmet financial aid need that is not funded with Title IV funds. A gap can be used to prevent fully funding any student to conserve funds, or it can be used to preserve unmet financial aid need so that institutional funds can be awarded.

generic process type In PeopleSoft Process Scheduler, process types are identified by a generic process type. For example, the generic process type SQR includes all SQR process types, such as SQR process and SQR report.

gift table In PeopleSoft Enterprise Campus Solutions, a table or so-called *donor pyramid* describing the number and size of gifts that you expect will be needed to successfully complete the campaign in PeopleSoft Contributor Relations. The gift table enables you to estimate the number of donors and prospects that you need at each gift level to reach the campaign goal.

GL business unit Abbreviation for *general ledger business unit.* A unit in an organization that is an independent entity for accounting purposes. It maintains its own set of accounting books.

See also *business unit*.

GL entry template Abbreviation for *general ledger entry template.* In PeopleSoft Enterprise Campus Solutions, a template that defines how a particular item is sent to the general ledger. An item-type maps to the general ledger, and the GL entry template can involve multiple general ledger accounts. The entry to the general ledger is further controlled by high-level flags that control the summarization and the type of accounting—that is, accrual or cash.

GL Interface process Abbreviation for *General Ledger Interface process.* In PeopleSoft Enterprise Campus Solutions, a process that is used to send transactions from PeopleSoft Enterprise Student Financials to the general ledger. Item types are mapped to specific general ledger accounts, enabling transactions to move to the general ledger when the GL Interface process is run.

group In PeopleSoft Billing and Receivables, a posting entity that comprises one or more transactions (items, deposits, payments, transfers, matches, or write-offs).

In PeopleSoft Human Resources Management and Supply Chain Management, any set of records that are associated under a single name or variable to run calculations in PeopleSoft business processes. In PeopleSoft Time and Labor, for example, employees are placed in groups for time reporting purposes.

incentive object In PeopleSoft Enterprise Incentive Management, the incentive-related objects that define and support the PeopleSoft Enterprise Incentive Management calculation process and results, such as plan templates, plans, results data, user interaction objects, and so on.

incentive rule In PeopleSoft Sales Incentive Management, the commands that act on transactions and turn them into compensation. A rule is one part in the process of turning a transaction into compensation.

incur In PeopleSoft Promotions Management, to become liable for a promotional payment. In other words, you owe that amount to a customer for promotional activities.

initiative In PeopleSoft Enterprise Campus Solutions, the basis from which all advancement plans are executed. It is an organized effort targeting a specific constituency, and it can occur over a specified period of time with specific purposes and goals. An initiative can be a campaign, an event, an organized volunteer effort, a membership drive, or any other type of effort defined by the institution. Initiatives can be multipart, and they can be related to other initiatives. This enables you to track individual parts of an initiative, as well as entire initiatives.

inquiry access In PeopleSoft Enterprise Campus Solutions, a type of security access that permits the user only to view data.

See also *update access.*

institution In PeopleSoft Enterprise Campus Solutions, an entity (such as a university or college) that is independent of other similar entities and that has its own set of rules and business processes.

integration A relationship between two compatible integration points that enables communication to take place between systems. Integrations enable PeopleSoft applications to work seamlessly with other PeopleSoft applications or with third-party systems or software.

integration point An interface that a system uses to communicate with another PeopleSoft application or an external application.

integration set A logical grouping of integrations that applications use for the same business purpose. For example, the integration set ADVANCED_SHIPPING_ORDER contains all of the integrations that notify a customer that an order has shipped.

item In PeopleSoft Inventory, a tangible commodity that is stored in a business unit (shipped from a warehouse).

In PeopleSoft Demand Planning, Inventory Policy Planning, and Supply Planning, a noninventory item that is designated as being used for planning purposes only. It can represent a family or group of inventory items. It can have a planning bill of material (BOM) or planning routing, and it can exist as a component on a planning BOM. A planning item cannot be specified on a production or engineering BOM or routing, and it cannot be used as a component in a production. The quantity on hand will never be maintained.

In PeopleSoft Receivables, an individual receivable. An item can be an invoice, a credit memo, a debit memo, a write-off, or an adjustment.

item shuffle In PeopleSoft Enterprise Campus Solutions, a process that enables you to change a payment allocation without having to reverse the payment.

joint communication In PeopleSoft Enterprise Campus Solutions, one letter that is addressed jointly to two people. For example, a letter might be addressed to both Mr. Sudhir Awat and Ms. Samantha Mortelli. A relationship must be established between the two individuals in the database, and at least one of the individuals must have an ID in the database.

keyword In PeopleSoft Enterprise Campus Solutions, a term that you link to particular elements within PeopleSoft Student Financials, Financial Aid, and Contributor Relations. You can use keywords as search criteria that enable you to locate specific records in a search dialog box.

KPI An abbreviation for *key performance indicator.* A high-level measurement of how well an organization is doing in achieving critical success factors. This defines the data value or calculation upon which an assessment is determined.

LDIF file Abbreviation for *Lightweight Directory Access Protocol (LDAP) Data Interchange Format file.* Contains discrepancies between PeopleSoft data and directory data.

learner group In PeopleSoft Enterprise Learning Management, a group of learners who are linked to the same learning environment. Members of the learner group can share the same attributes, such as the same department or job code. Learner groups are used to control access to and enrollment in learning activities and programs. They are also used to perform group enrollments and mass enrollments in the back office.

learning components In PeopleSoft Enterprise Learning Management, the foundational building blocks of learning activities. PeopleSoft Enterprise Learning Management supports six basic types of learning components: web-based, session, webcast, test, survey, and assignment. One or more of these learning component types compose a single learning activity.

learning environment In PeopleSoft Enterprise Learning Management, identifies a set of categories and catalog items that can be made available to learner groups. Also defines the default values that are assigned to the learning activities and programs that are created within a particular learning environment. Learning environments provide a way to partition the catalog so that learners see only those items that are relevant to them.

learning history In PeopleSoft Enterprise Learning Management, a self-service repository for all of a learner's completed learning activities and programs.

ledger mapping You use ledger mapping to relate expense data from general ledger accounts to resource objects. Multiple ledger line items can be mapped to one or more resource IDs. You can also use ledger mapping to map dollar amounts (referred to as *rates*) to business units. You can map the amounts in two different ways: an actual amount that represents actual costs of the accounting period, or a budgeted amount that can be used to calculate the capacity rates as well as budgeted model results. In PeopleSoft Enterprise Warehouse, you can map general ledger accounts to the EW Ledger table.

library section In PeopleSoft Enterprise Incentive Management, a section that is defined in a plan (or template) and that is available for other plans to share. Changes to a library section are reflected in all plans that use it.

linked section In PeopleSoft Enterprise Incentive Management, a section that is defined in a plan template but appears in a plan. Changes to linked sections propagate to plans using that section.

linked variable In PeopleSoft Enterprise Incentive Management, a variable that is defined and maintained in a plan template and that also appears in a plan. Changes to linked variables propagate to plans using that variable.

LMS Abbreviation for *learning management system.* In PeopleSoft Enterprise Campus Solutions, LMS is a PeopleSoft Student Records feature that provides a common set of interoperability standards that enable the sharing of instructional content and data between learning and administrative environments.

load In PeopleSoft Inventory, identifies a group of goods that are shipped together. Load management is a feature of PeopleSoft Inventory that is used to track the weight, the volume, and the destination of a shipment.

local functionality In PeopleSoft HRMS, the set of information that is available for a specific country. You can access this information when you click the appropriate country flag in the global window, or when you access it by a local country menu.

location Locations enable you to indicate the different types of addresses—for a company, for example, one address to receive bills, another for shipping, a third for postal deliveries, and a separate street address. Each address has a different location number. The primary location—indicated by a *1*—is the address you use most often and may be different from the main address.

logistical task In PeopleSoft Services Procurement, an administrative task that is related to hiring a service provider. Logistical tasks are linked to the service type on the work order so that different types of services can have different logistical tasks. Logistical tasks include both preapproval tasks (such as assigning a new badge or ordering a new laptop) and postapproval tasks (such as scheduling orientation or setting up the service provider email). The logistical tasks can be mandatory or optional. Mandatory preapproval tasks must be completed before the work order is approved. Mandatory postapproval tasks, on the other hand, must be completed before a work order is released to a service provider.

market template In PeopleSoft Enterprise Incentive Management, additional functionality that is specific to a given market or industry and is built on top of a product category.

mass change In PeopleSoft Enterprise Campus Solutions, mass change is a SQL generator that can be used to create specialized functionality. Using mass change, you can set up a series of Insert, Update, or Delete SQL statements to perform business functions that are specific to the institution.

See also *3C engine*.

match group In PeopleSoft Receivables, a group of receivables items and matching offset items. The system creates match groups by using user-defined matching criteria for selected field values.

MCF server Abbreviation for *PeopleSoft MultiChannel Framework server.* Comprises the universal queue server and the MCF log server. Both processes are started when *MCF Servers* is selected in an application server domain configuration.

merchandising activity In PeopleSoft Promotions Management, a specific discount type that is associated with a trade promotion (such as off-invoice, billback or rebate, or lump-sum payment) that defines the performance that is required to receive the discount. In the industry, you may know this as an offer, a discount, a merchandising event, an event, or a tactic.

meta-SQL Meta-SQL constructs expand into platform-specific Structured Query Language (SQL) substrings. They are used in functions that pass SQL strings, such as in SQL objects, the SQLExec function, and PeopleSoft Application Engine programs.

metastring Metastrings are special expressions included in SQL string literals. The metastrings, prefixed with a percent (%) symbol, are included directly in the string literals. They expand at run time into an appropriate substring for the current database platform.

multibook In PeopleSoft General Ledger, multiple ledgers having multiple-base currencies that are defined for a business unit, with the option to post a single transaction to all base currencies (all ledgers) or to only one of those base currencies (ledgers).

multicurrency The ability to process transactions in a currency other than the business unit's base currency.

national allowance In PeopleSoft Promotions Management, a promotion at the corporate level that is funded by nondiscretionary dollars. In the industry, you may know this as a national promotion, a corporate promotion, or a corporate discount.

need In PeopleSoft Enterprise Campus Solutions, the difference between the cost of attendance (COA) and the expected family contribution (EFC). It is the gap between the cost of attending the school and the student's resources. The financial aid package

	is based on the amount of financial need. The process of determining a student's need is called *need analysis.*
node-oriented tree	A tree that is based on a detail structure, but the detail values are not used.
pagelet	Each block of content on the home page is called a pagelet. These pagelets display summary information within a small rectangular area on the page. The pagelet provide users with a snapshot of their most relevant PeopleSoft and non-PeopleSoft content.
participant	In PeopleSoft Enterprise Incentive Management, participants are recipients of the incentive compensation calculation process.
participant object	Each participant object may be related to one or more compensation objects. See also *compensation object.*
partner	A company that supplies products or services that are resold or purchased by the enterprise.
pay cycle	In PeopleSoft Payables, a set of rules that define the criteria by which it should select scheduled payments for payment creation.
payment shuffle	In PeopleSoft Enterprise Campus Solutions, a process allowing payments that have been previously posted to a student's account to be automatically reapplied when a higher priority payment is posted or the payment allocation definition is changed.
pending item	In PeopleSoft Receivables, an individual receivable (such as an invoice, a credit memo, or a write-off) that has been entered in or created by the system, but hasn't been posted.
PeopleCode	PeopleCode is a proprietary language, executed by the PeopleSoft component processor. PeopleCode generates results based on existing data or user actions. By using various tools provided with PeopleTools, external services are available to all PeopleSoft applications wherever PeopleCode can be executed.
PeopleCode event	See *event.*
PeopleSoft Pure Internet Architecture	The fundamental architecture on which PeopleSoft 8 applications are constructed, consisting of a relational database management system (RDBMS), an application server, a web server, and a browser.
performance measurement	In PeopleSoft Enterprise Incentive Management, a variable used to store data (similar to an aggregator, but without a predefined formula) within the scope of an incentive plan. Performance measures are associated with a plan calendar, territory, and participant. Performance measurements are used for quota calculation and reporting.
period context	In PeopleSoft Enterprise Incentive Management, because a participant typically uses the same compensation plan for multiple periods, the period context associates a plan context with a specific calendar period and fiscal year. The period context references the associated plan context, thus forming a chain. Each plan context has a corresponding set of period contexts.
person of interest	A person about whom the organization maintains information but who is not part of the workforce.
personal portfolio	In PeopleSoft Enterprise Campus Solutions, the user-accessible menu item that contains an individual's name, address, telephone number, and other personal information.
plan	In PeopleSoft Sales Incentive Management, a collection of allocation rules, variables, steps, sections, and incentive rules that instruct the PeopleSoft Enterprise Incentive Management engine in how to process transactions.

plan context In PeopleSoft Enterprise Incentive Management, correlates a participant with the compensation plan and node to which the participant is assigned, enabling the PeopleSoft Enterprise Incentive Management system to find anything that is associated with the node and that is required to perform compensation processing. Each participant, node, and plan combination represents a unique plan context—if three participants are on a compensation structure, each has a different plan context. Configuration plans are identified by plan contexts and are associated with the participants that refer to them.

plan template In PeopleSoft Enterprise Incentive Management, the base from which a plan is created. A plan template contains common sections and variables that are inherited by all plans that are created from the template. A template may contain steps and sections that are not visible in the plan definition.

planned learning In PeopleSoft Enterprise Learning Management, a self-service repository for all of a learner's planned learning activities and programs.

planning instance In PeopleSoft Supply Planning, a set of data (business units, items, supplies, and demands) constituting the inputs and outputs of a supply plan.

population In PeopleSoft Enterprise Campus Solutions, the middle level of the three-level classification structure that you define in PeopleSoft Enterprise Recruiting and Admissions for enrollment management. You can define a population level, link it to other levels, and set enrollment target numbers for it.

See also *division* and *cohort*.

portal registry In PeopleSoft applications, the portal registry is a tree-like structure in which content references are organized, classified, and registered. It is a central repository that defines both the structure and content of a portal through a hierarchical, tree-like structure of folders useful for organizing and securing content references.

price list In PeopleSoft Enterprise Pricer, enables you to select products and conditions for which the price list applies to a transaction. During a transaction, the system either determines the product price based on the predefined search hierarchy for the transaction or uses the product's lowest price on any associated, active price lists. This price is used as the basis for any further discounts and surcharges.

price rule In PeopleSoft Enterprise Pricer, defines the conditions that must be met for adjustments to be applied to the base price. Multiple rules can apply when conditions of each rule are met.

price rule condition In PeopleSoft Enterprise Pricer, selects the price-by fields, the values for the price-by fields, and the operator that determines how the price-by fields are related to the transaction.

price rule key In PeopleSoft Enterprise Pricer, defines the fields that are available to define price rule conditions (which are used to match a transaction) on the price rule.

primacy number In PeopleSoft Enterprise Campus Solutions, a number that the system uses to prioritize financial aid applications when students are enrolled in multiple academic careers and academic programs at the same time. The Consolidate Academic Statistics process uses the primacy number indicated for both the career and program at the institutional level to determine a student's primary career and program. The system also uses the number to determine the primary student attribute value that is used when you extract data to report on cohorts. The lowest number takes precedence.

primary name type In PeopleSoft Enterprise Campus Solutions, the name type that is used to link the name stored at the highest level within the system to the lower-level set of names that an individual provides.

process category In PeopleSoft Process Scheduler, processes that are grouped for server load balancing and prioritization.

process group In PeopleSoft Financials, a group of application processes (performed in a defined order) that users can initiate in real time, directly from a transaction entry page.

process definition Process definitions define each run request.

process instance A unique number that identifies each process request. This value is automatically incremented and assigned to each requested process when the process is submitted to run.

process job You can link process definitions into a job request and process each request serially or in parallel. You can also initiate subsequent processes based on the return code from each prior request.

process request A single run request, such as a Structured Query Report (SQR), a COBOL or Application Engine program, or a Crystal report that you run through PeopleSoft Process Scheduler.

process run control A PeopleTools variable used to retain PeopleSoft Process Scheduler values needed at runtime for all requests that reference a run control ID. Do not confuse these with application run controls, which may be defined with the same run control ID, but only contain information specific to a given application process request.

product A PeopleSoft or third-party product. PeopleSoft organizes its software products into product families and product lines. Interactive Services Repository contains information about every release of every product that PeopleSoft sells, as well as products from certified third-party companies. These products are displayed with the product name and release number.

product category In PeopleSoft Enterprise Incentive Management, indicates an application in the Enterprise Incentive Management suite of products. Each transaction in the PeopleSoft Enterprise Incentive Management system is associated with a product category.

product family A group of products that are related by common functionality. The family names that can be searched using Interactive Service Repository are PeopleSoft Enterprise, PeopleSoft EnterpriseOne, PeopleSoft World, and third-party, certified PeopleSoft partners.

product line The name of a PeopleSoft product line or the company name of a third-party certified partner. Integration Services Repository enables you to search for integration points by product line.

programs In PeopleSoft Enterprise Learning Management, a high-level grouping that guides the learner along a specific learning path through sections of catalog items. PeopleSoft Enterprise Learning Systems provides two types of programs—curricula and certifications.

progress log In PeopleSoft Services Procurement, tracks deliverable-based projects. This is similar to the time sheet in function and process. The service provider contact uses the progress log to record and submit progress on deliverables. The progress can be logged by the activity that is performed, by the percentage of work that is completed, or by the completion of milestone activities that are defined for the project.

project transaction In PeopleSoft Project Costing, an individual transaction line that represents a cost, time, budget, or other transaction row.

promotion In PeopleSoft Promotions Management, a trade promotion, which is typically funded from trade dollars and used by consumer products manufacturers to increase sales volume.

prospects

In PeopleSoft Enterprise Campus Solutions, students who are interested in applying to the institution.

In PeopleSoft Enterprise Contributor Relations, individuals and organizations that are most likely to make substantial financial commitments or other types of commitments to the institution.

publishing

In PeopleSoft Enterprise Incentive Management, a stage in processing that makes incentive-related results available to participants.

rating components

In PeopleSoft Enterprise Campus Solutions, variables used with the Equation Editor to retrieve specified populations.

record group

A set of logically and functionally related control tables and views. Record groups help enable TableSet sharing, which eliminates redundant data entry. Record groups ensure that TableSet sharing is applied consistently across all related tables and views.

record input VAT flag

Abbreviation for *record input value-added tax flag.* Within PeopleSoft Purchasing, Payables, and General Ledger, this flag indicates that you are recording input VAT on the transaction. This flag, in conjunction with the record output VAT flag, is used to determine the accounting entries created for a transaction and to determine how a transaction is reported on the VAT return. For all cases within Purchasing and Payables where VAT information is tracked on a transaction, this flag is set to Yes. This flag is not used in PeopleSoft Order Management, Billing, or Receivables, where it is assumed that you are always recording only output VAT, or in PeopleSoft Expenses, where it is assumed that you are always recording only input VAT.

record output VAT flag

Abbreviation for *record output value-added tax flag.*

See *record input VAT flag.*

recname

The name of a record that is used to determine the associated field to match a value or set of values.

recognition

In PeopleSoft Enterprise Campus Solutions, the recognition type indicates whether the PeopleSoft Enterprise Contributor Relations donor is the primary donor of a commitment or shares the credit for a donation. Primary donors receive hard credit that must total 100 percent. Donors that share the credit are given soft credit. Institutions can also define other share recognition-type values such as memo credit or vehicle credit.

reference data

In PeopleSoft Sales Incentive Management, system objects that represent the sales organization, such as territories, participants, products, customers, channels, and so on.

reference object

In PeopleSoft Enterprise Incentive Management, this dimension-type object further defines the business. Reference objects can have their own hierarchy (for example, product tree, customer tree, industry tree, and geography tree).

reference transaction

In commitment control, a reference transaction is a source transaction that is referenced by a higher-level (and usually later) source transaction, in order to automatically reverse all or part of the referenced transaction's budget-checked amount. This avoids duplicate postings during the sequential entry of the transaction at different commitment levels. For example, the amount of an encumbrance transaction (such as a purchase order) will, when checked and recorded against a budget, cause the system to concurrently reference and relieve all or part of the amount of a corresponding pre-encumbrance transaction, such as a purchase requisition.

regional sourcing

In PeopleSoft Purchasing, provides the infrastructure to maintain, display, and select an appropriate vendor and vendor pricing structure that is based on a regional sourcing model where the multiple ship to locations are grouped. Sourcing may occur at a level higher than the ship to location.

relationship object In PeopleSoft Enterprise Incentive Management, these objects further define a compensation structure to resolve transactions by establishing associations between compensation objects and business objects.

remote data source data Data that is extracted from a separate database and migrated into the local database.

REN server Abbreviation for *real-time event notification server* in PeopleSoft MultiChannel Framework.

requester In PeopleSoft eSettlements, an individual who requests goods or services and whose ID appears on the various procurement pages that reference purchase orders.

reversal indicator In PeopleSoft Enterprise Campus Solutions, an indicator that denotes when a particular payment has been reversed, usually because of insufficient funds.

role Describes how people fit into PeopleSoft Workflow. A role is a class of users who perform the same type of work, such as clerks or managers. Your business rules typically specify what user role needs to do an activity.

role user A PeopleSoft Workflow user. A person's role user ID serves much the same purpose as a user ID does in other parts of the system. PeopleSoft Workflow uses role user IDs to determine how to route worklist items to users (through an email address, for example) and to track the roles that users play in the workflow. Role users do not need PeopleSoft user IDs.

roll up In a tree, to roll up is to total sums based on the information hierarchy.

run control A run control is a type of online page that is used to begin a process, such as the batch processing of a payroll run. Run control pages generally start a program that manipulates data.

run control ID A unique ID to associate each user with his or her own run control table entries.

run-level context In PeopleSoft Enterprise Incentive Management, associates a particular run (and batch ID) with a period context and plan context. Every plan context that participates in a run has a separate run-level context. Because a run cannot span periods, only one run-level context is associated with each plan context.

SCP SCBM XML message Abbreviation for *Supply Chain Planning Supply Chain Business Modeler Extensible Markup Language message.* PeopleSoft EnterpriseOne Supply Chain Business Modeler uses XML as the format for all data that it imports and exports.

search query You use this set of objects to pass a query string and operators to the search engine. The search index returns a set of matching results with keys to the source documents.

search/match In PeopleSoft Enterprise Campus Solutions and PeopleSoft Enterprise Human Resources Management Solutions, a feature that enables you to search for and identify duplicate records in the database.

seasonal address In PeopleSoft Enterprise Campus Solutions, an address that recurs for the same length of time at the same time of year each year until adjusted or deleted.

section In PeopleSoft Enterprise Incentive Management, a collection of incentive rules that operate on transactions of a specific type. Sections enable plans to be segmented to process logical events in different sections.

security event In commitment control, security events trigger security authorization checking, such as budget entries, transfers, and adjustments; exception overrides and notifications; and inquiries.

serial genealogy In PeopleSoft Manufacturing, the ability to track the composition of a specific, serial-controlled item.

serial in production In PeopleSoft Manufacturing, enables the tracing of serial information for manufactured items. This is maintained in the Item Master record.

service impact In PeopleSoft Enterprise Campus Solutions, the resulting action triggered by a service indicator. For example, a service indicator that reflects nonpayment of account balances by a student might result in a service impact that prohibits registration for classes.

service indicator In PeopleSoft Enterprise Campus Solutions, indicates services that may be either withheld or provided to an individual. Negative service indicators indicate holds that prevent the individual from receiving specified services, such as check-cashing privileges or registration for classes. Positive service indicators designate special services that are provided to the individual, such as front-of-line service or special services for disabled students.

session In PeopleSoft Enterprise Campus Solutions, time elements that subdivide a term into multiple time periods during which classes are offered. In PeopleSoft Contributor Relations, a session is the means of validating gift, pledge, membership, or adjustment data entry . It controls access to the data entered by a specific user ID. Sessions are balanced, queued, and then posted to the institution's financial system. Sessions must be posted to enter a matching gift or pledge payment, to make an adjustment, or to process giving clubs or acknowledgements.

In PeopleSoft Enterprise Learning Management, a single meeting day of an activity (that is, the period of time between start and finish times within a day). The session stores the specific date, location, meeting time, and instructor. Sessions are used for scheduled training.

session template In PeopleSoft Enterprise Learning Management, enables you to set up common activity characteristics that may be reused while scheduling a PeopleSoft Enterprise Learning Management activity—characteristics such as days of the week, start and end times, facility and room assignments, instructors, and equipment. A session pattern template can be attached to an activity that is being scheduled. Attaching a template to an activity causes all of the default template information to populate the activity session pattern.

setup relationship In PeopleSoft Enterprise Incentive Management, a relationship object type that associates a configuration plan with any structure node.

share driver expression In PeopleSoft Business Planning, a named planning method similar to a driver expression, but which you can set up globally for shared use within a single planning application or to be shared between multiple planning applications through PeopleSoft Enterprise Warehouse.

single signon With single signon, users can, after being authenticated by a PeopleSoft application server, access a second PeopleSoft application server without entering a user ID or password.

source key process In PeopleSoft Enterprise Campus Solutions, a process that relates a particular transaction to the source of the charge or financial aid. On selected pages, you can drill down into particular charges.

source transaction In commitment control, any transaction generated in a PeopleSoft or third-party application that is integrated with commitment control and which can be checked against commitment control budgets. For example, a pre-encumbrance, encumbrance, expenditure, recognized revenue, or collected revenue transaction.

speed key See *communication key.*

SpeedChart A user-defined shorthand key that designates several ChartKeys to be used for voucher entry. Percentages can optionally be related to each ChartKey in a SpeedChart definition.

SpeedType A code representing a combination of ChartField values. SpeedTypes simplify the entry of ChartFields commonly used together.

staging A method of consolidating selected partner offerings with the offerings from the enterprise's other partners.

standard letter code In PeopleSoft Enterprise Campus Solutions, a standard letter code used to identify each letter template available for use in mail merge functions. Every letter generated in the system must have a standard letter code identification.

statutory account Account required by a regulatory authority for recording and reporting financial results. In PeopleSoft, this is equivalent to the Alternate Account (ALTACCT) ChartField.

step In PeopleSoft Sales Incentive Management, a collection of sections in a plan. Each step corresponds to a step in the job run.

storage level In PeopleSoft Inventory, identifies the level of a material storage location. Material storage locations are made up of a business unit, a storage area, and a storage level. You can set up to four storage levels.

subcustomer qualifier A value that groups customers into a division for which you can generate detailed history, aging, events, and profiles.

Summary ChartField You use summary ChartFields to create summary ledgers that roll up detail amounts based on specific detail values or on selected tree nodes. When detail values are summarized using tree nodes, summary ChartFields must be used in the summary ledger data record to accommodate the maximum length of a node name (20 characters).

summary ledger An accounting feature used primarily in allocations, inquiries, and PS/nVision reporting to store combined account balances from detail ledgers. Summary ledgers increase speed and efficiency of reporting by eliminating the need to summarize detail ledger balances each time a report is requested. Instead, detail balances are summarized in a background process according to user-specified criteria and stored on summary ledgers. The summary ledgers are then accessed directly for reporting.

summary time period In PeopleSoft Business Planning, any time period (other than a base time period) that is an aggregate of other time periods, including other summary time periods and base time periods, such as quarter and year total.

summary tree A tree used to roll up accounts for each type of report in summary ledgers. Summary trees enable you to define trees on trees. In a summary tree, the detail values are really nodes on a detail tree or another summary tree (known as the *basis* tree). A summary tree structure specifies the details on which the summary trees are to be built.

syndicate To distribute a production version of the enterprise catalog to partners.

system function In PeopleSoft Receivables, an activity that defines how the system generates accounting entries for the general ledger.

TableSet A means of sharing similar sets of values in control tables, where the actual data values are different but the structure of the tables is the same.

TableSet sharing Shared data that is stored in many tables that are based on the same TableSets. Tables that use TableSet sharing contain the SETID field as an additional key or unique identifier.

target currency The value of the entry currency or currencies converted to a single currency for budget viewing and inquiry purposes.

tax authority In PeopleSoft Enterprise Campus Solutions, a user-defined element that combines a description and percentage of a tax with an account type, an item type, and a service impact.

template A template is HTML code associated with a web page. It defines the layout of the page and also where to get HTML for each part of the page. In PeopleSoft, you use templates to build a page by combining HTML from a number of sources. For a PeopleSoft portal, all templates must be registered in the portal registry, and each content reference must be assigned a template.

territory In PeopleSoft Sales Incentive Management, hierarchical relationships of business objects, including regions, products, customers, industries, and participants.

third party A company or vendor that has extensive PeopleSoft product knowledge and whose products and integrations have been certified and are compatible with PeopleSoft applications.

3C engine Abbreviation for *Communications, Checklists, and Comments engine.* In PeopleSoft Enterprise Campus Solutions, the 3C engine enables you to automate business processes that involve additions, deletions, and updates to communications, checklists, and comments. You define events and triggers to engage the engine, which runs the mass change and processes the 3C records (for individuals or organizations) immediately and automatically from within business processes.

3C group Abbreviation for *Communications, Checklists, and Comments group.* In PeopleSoft Enterprise Campus Solutions, a method of assigning or restricting access privileges. A 3C group enables you to group specific communication categories, checklist codes, and comment categories. You can then assign the group inquiry-only access or update access, as appropriate.

TimeSpan A relative period, such as year-to-date or current period, that can be used in various PeopleSoft General Ledger functions and reports when a rolling time frame, rather than a specific date, is required. TimeSpans can also be used with flexible formulas in PeopleSoft Projects.

trace usage In PeopleSoft Manufacturing, enables the control of which components will be traced during the manufacturing process. Serial- and lot-controlled components can be traced. This is maintained in the Item Master record.

transaction allocation In PeopleSoft Enterprise Incentive Management, the process of identifying the owner of a transaction. When a raw transaction from a batch is allocated to a plan context, the transaction is duplicated in the PeopleSoft Enterprise Incentive Management transaction tables.

transaction state In PeopleSoft Enterprise Incentive Management, a value assigned by an incentive rule to a transaction. Transaction states enable sections to process only transactions that are at a specific stage in system processing. After being successfully processed, transactions may be promoted to the next transaction state and "picked up" by a different section for further processing.

Translate table A system edit table that stores codes and translate values for the miscellaneous fields in the database that do not warrant individual edit tables of their own.

tree The graphical hierarchy in PeopleSoft systems that displays the relationship between all accounting units (for example, corporate divisions, projects, reporting groups, account numbers) and determines roll-up hierarchies.

tuition lock In PeopleSoft Enterprise Campus Solutions, a feature in the Tuition Calculation process that enables you to specify a point in a term after which students are charged a minimum (or *locked*) fee amount. Students are charged the locked fee amount even if they later drop classes and take less than the normal load level for that tuition charge.

unclaimed transaction In PeopleSoft Enterprise Incentive Management, a transaction that is not claimed by a node or participant after the allocation process has completed, usually due to missing or incomplete data. Unclaimed transactions may be manually assigned to the appropriate node or participant by a compensation administrator.

universal navigation header Every PeopleSoft portal includes the universal navigation header, intended to appear at the top of every page as long as the user is signed on to the portal. In addition to providing access to the standard navigation buttons (like Home, Favorites, and signoff) the universal navigation header can also display a welcome message for each user.

update access In PeopleSoft Enterprise Campus Solutions, a type of security access that permits the user to edit and update data.

See also *inquiry access.*

user interaction object In PeopleSoft Sales Incentive Management, used to define the reporting components and reports that a participant can access in his or her context. All Sales Incentive Management user interface objects and reports are registered as user interaction objects. User interaction objects can be linked to a compensation structure node through a compensation relationship object (individually or as groups).

variable In PeopleSoft Sales Incentive Management, the intermediate results of calculations. Variables hold the calculation results and are then inputs to other calculations. Variables can be plan variables that persist beyond the run of an engine or local variables that exist only during the processing of a section.

VAT exception Abbreviation for *value-added tax exception.* A temporary or permanent exemption from paying VAT that is granted to an organization. This terms refers to both VAT exoneration and VAT suspension.

VAT exempt Abbreviation for *value-added tax exempt.* Describes goods and services that are not subject to VAT. Organizations that supply exempt goods or services are unable to recover the related input VAT. This is also referred to as exempt without recovery.

VAT exoneration Abbreviation for *value-added tax exoneration.* An organization that has been granted a permanent exemption from paying VAT due to the nature of that organization.

VAT suspension Abbreviation for *value-added tax suspension.* An organization that has been granted a temporary exemption from paying VAT.

warehouse A PeopleSoft data warehouse that consists of predefined ETL maps, data warehouse tools, and DataMart definitions.

work order In PeopleSoft Services Procurement, enables an enterprise to create resource-based and deliverable-based transactions that specify the basic terms and conditions for hiring a specific service provider. When a service provider is hired, the service provider logs time or progress against the work order.

worker A person who is part of the workforce; an employee or a contingent worker.

workset A group of people and organizations that are linked together as a set. You can use worksets to simultaneously retrieve the data for a group of people and organizations and work with the information on a single page.

worksheet A way of presenting data through a PeopleSoft Business Analysis Modeler interface that enables users to do in-depth analysis using pivoting tables, charts, notes, and history information.

worklist The automated to-do list that PeopleSoft Workflow creates. From the worklist, you can directly access the pages you need to perform the next action, and then return to the worklist for another item.

XML link The XML Linking language enables you to insert elements into XML documents to create a links between resources.

XML schema An XML definition that standardizes the representation of application messages, component interfaces, or business interlinks.

XPI Abbreviation for *eXtended Process Integrator.* PeopleSoft XPI is the integration infrastructure that enables both real-time and batch communication with EnterpriseOne applications.

yield by operation In PeopleSoft Manufacturing, the ability to plan the loss of a manufactured item on an operation-by-operation basis.

zero-rated VAT Abbreviation for *zero-rated value-added tax.* A VAT transaction with a VAT code that has a tax percent of zero. Used to track taxable VAT activity where no actual VAT amount is charged. Organizations that supply zero-rated goods and services can still recover the related input VAT. This is also referred to as exempt with recovery.

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