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Understanding Benefits Assistant

Setting Up Benefits Assistant

Communicating with Benefits Assistant
Preface

Understanding the PeopleSoft Online Help and PeopleBooks

The PeopleSoft Online Help is a website that enables you to view all help content for PeopleSoft applications and PeopleTools. The help provides standard navigation and full-text searching, as well as context-sensitive online help for PeopleSoft users.

Hosted PeopleSoft Online Help

You can access the hosted PeopleSoft Online Help on the Oracle Help Center. The hosted PeopleSoft Online Help is updated on a regular schedule, ensuring that you have access to the most current documentation. This reduces the need to view separate documentation posts for application maintenance on My Oracle Support. The hosted PeopleSoft Online Help is available in English only.

To configure the context-sensitive help for your PeopleSoft applications to use the Oracle Help Center, see Configuring Context-Sensitive Help Using the Hosted Online Help Website.

Locally Installed Help

If you're setting up an on-premise PeopleSoft environment, and your organization has firewall restrictions that prevent you from using the hosted PeopleSoft Online Help, you can install the online help locally. See Configuring Context-Sensitive Help Using a Locally Installed Online Help Website.

Downloadable PeopleBook PDF Files

You can access downloadable PDF versions of the help content in the traditional PeopleBook format on the Oracle Help Center. The content in the PeopleBook PDFs is the same as the content in the PeopleSoft Online Help, but it has a different structure and it does not include the interactive navigation features that are available in the online help.

Common Help Documentation

Common help documentation contains information that applies to multiple applications. The two main types of common help are:

- Application Fundamentals
- Using PeopleSoft Applications

Most product families provide a set of application fundamentals help topics that discuss essential information about the setup and design of your system. This information applies to many or all applications in the PeopleSoft product family. Whether you are implementing a single application, some combination of applications within the product family, or the entire product family, you should be familiar with the contents of the appropriate application fundamentals help. They provide the starting points for fundamental implementation tasks.
In addition, the *PeopleTools: Applications User's Guide* introduces you to the various elements of the PeopleSoft Pure Internet Architecture. It also explains how to use the navigational hierarchy, components, and pages to perform basic functions as you navigate through the system. While your application or implementation may differ, the topics in this user’s guide provide general information about using PeopleSoft applications.

**Field and Control Definitions**

PeopleSoft documentation includes definitions for most fields and controls that appear on application pages. These definitions describe how to use a field or control, where populated values come from, the effects of selecting certain values, and so on. If a field or control is not defined, then it either requires no additional explanation or is documented in a common elements section earlier in the documentation. For example, the Date field rarely requires additional explanation and may not be defined in the documentation for some pages.

**Typographical Conventions**

The following table describes the typographical conventions that are used in the online help.

<table>
<thead>
<tr>
<th><strong>Typographical Convention</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Key+Key</td>
<td>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.</td>
</tr>
<tr>
<td>. . . (ellipses)</td>
<td>Indicate that the preceding item or series can be repeated any number of times in PeopleCode syntax.</td>
</tr>
<tr>
<td>{ } (curly braces)</td>
<td>Indicate a choice between two options in PeopleCode syntax. Options are separated by a pipe (</td>
</tr>
<tr>
<td>[ ] (square brackets)</td>
<td>Indicate optional items in PeopleCode syntax.</td>
</tr>
<tr>
<td>&amp; (ampersand)</td>
<td>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.</td>
</tr>
<tr>
<td>⇒</td>
<td>This continuation character has been inserted at the end of a line of code that has been wrapped at the page margin. The code should be viewed or entered as a single, continuous line of code without the continuation character.</td>
</tr>
</tbody>
</table>

**ISO Country and Currency Codes**

PeopleSoft Online Help topics use International Organization for Standardization (ISO) country and currency codes to identify country-specific information and monetary amounts.

ISO country codes may appear as country identifiers, and ISO currency codes may appear as currency identifiers in your PeopleSoft documentation. Reference to an ISO country code in your documentation
does not imply that your application includes every ISO country code. The following example is a
country-specific heading: "(FRA) Hiring an Employee."

The PeopleSoft Currency Code table (CURRENCY_CD_TBL) contains sample currency code data. The
Currency Code table is based on ISO Standard 4217, "Codes for the representation of currencies," and
also relies on ISO country codes in the Country table (COUNTRY_TBL). The navigation to the pages
where you maintain currency code and country information depends on which PeopleSoft applications
you are using. To access the pages for maintaining the Currency Code and Country tables, consult the
online help for your applications for more information.

Region and Industry Identifiers

Information that applies only to a specific 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 region-specific heading: "(Latin America) Setting Up Depreciation"

Region Identifiers

Regions are identified by the region name. The following region identifiers may appear in the PeopleSoft
Online Help:

- 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 the PeopleSoft Online Help:

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

Translations and Embedded Help

PeopleSoft 9.2 software applications include translated embedded help. With the 9.2 release, PeopleSoft
aligns with the other Oracle applications by focusing our translation efforts on embedded help. We
are not planning to translate our traditional online help and PeopleBooks documentation. Instead we
offer very direct translated help at crucial spots within our application through our embedded help
widgets. Additionally, we have a one-to-one mapping of application and help translations, meaning that
the software and embedded help translation footprint is identical—something we were never able to
accomplish in the past.
Using and Managing the PeopleSoft Online Help

Select About This Help in the left navigation panel on any page in the PeopleSoft Online Help to see information on the following topics:

- Using the PeopleSoft Online Help
- Managing Hosted online help
- Managing locally installed PeopleSoft Online Help

Related Links for PeopleSoft HCM

Oracle Help Center
PeopleSoft Information Portal
My Oracle Support
PeopleSoft Training from Oracle University
PeopleSoft Video Feature Overviews on YouTube
PeopleSoft Business Process Maps (Microsoft Visio format)
PeopleSoft Spotlight Series

Contact Us

Send your suggestions to psoft-infodev_us@oracle.com. Please include the applications update image or PeopleTools release that you’re using.

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PeopleSoft Manage Base Benefits Overview

The PeopleSoft Manage Base Benefits business process provides you with the tools that 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 PeopleSoft Manage Base Benefits business process, you can:

• Define the tables that 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).

Related Links
"PeopleSoft Benefits Administration Overview" (PeopleSoft HCM 9.2 Benefits Administration)

PeopleSoft Manage Base Benefits Business Process

The PeopleSoft Manage Base Benefits business process includes four core phases of operation:
1. Setting up supporting tables and benefit plans.

2. Building benefit programs.

3. Assigning 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 HR PAR process.


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

**Image: Building blocks for benefit programs**

The following diagram illustrates the four core phases of operation that make up the structure upon which benefit programs are built:

---

**PeopleSoft Manage Base Benefits Integrations**

The PeopleSoft Manage Base Benefits business process integrates with the following PeopleSoft applications:

- HR Administer Workforce.
• HR Report Total Compensation.
• HR Company Cars.
• Payroll for North America.
• Benefits Administration.
• FSA Administration.
• Stock Administration.
• Pension Administration.
• Payroll Interface.

Image: PeopleSoft Manage Base Benefits integration flow with other PeopleSoft applications

This diagram illustrates the PeopleSoft Manage Base Benefits integration flow with other PeopleSoft applications.

Related Links
"Identifying Integrations for Your Implementation" (PeopleSoft HCM 9.2: Application Fundamentals)

PeopleSoft Manage 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.

Refer to the PeopleSoft HCM 9.2 - Reorganization of Component Interface Permissions (Doc ID 2342162.1) MOS posting for a list of system-delivered CIs and their usage, the mapping of CIs and associated permission lists, and the mapping of CI permission lists and user roles.

Related Links

See product documentation for:

*PeopleTools: Setup Manager*

*PeopleTools: Component Interfaces*
Chapter 2

Setting Up the Installation Table for Base Benefits

Defining the Installation Settings for Base Benefits

To set up implementation defaults for Base Benefits, use the Benefits Installation (INSTALLATION_BN) component.

This topic describes the Benefits installation component. Other system-wide implementation defaults are set on the installation (INSTALLATION_TBL) component for Human Resources. See "Setting Up Implementation Defaults" (PeopleSoft HCM 9.2: Application Fundamentals) in your PeopleSoft HCM Application Fundamentals product documentation. Also consult your PeopleSoft Human Resources installation product documentation.

Pages Used to Define Benefits Installation Settings

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Installation Page</td>
<td>INSTALLATION_BN</td>
<td>Defines system-wide Benefits installation settings.</td>
</tr>
</tbody>
</table>

Note: The settings given here are in addition to the settings on pages in the Installation (INSTALLATION_TBL) component for HR.

Benefits Installation Page

Use the Benefits Installation page (INSTALLATION_BN) to define system-wide Benefits settings.

Note: The settings given here are in addition to the settings on the pages in the Installation (INSTALLATION_TBL) component for HR.

Navigation

Set Up HCM, >Install, >Product Specific, >Benefits Installation
**Image: Benefits Installation Page**

This example illustrates the fields and controls on the Benefits Installation page.

<table>
<thead>
<tr>
<th>Benefits Installation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last ID Assigned</td>
</tr>
<tr>
<td>Last COBRA EmpId Assigned</td>
</tr>
<tr>
<td>Last FSA Claim Nbr Assigned</td>
</tr>
<tr>
<td>Last Cdm FSA CryFwd Claim Nbr</td>
</tr>
<tr>
<td>Last Retro Ded Request Seq Nbr</td>
</tr>
</tbody>
</table>

**Related Links**

"Setting Up Implementation Defaults" (PeopleSoft HCM 9.2: Application Fundamentals)
Setting Up Base Benefits Core Tables

Understanding the Core Tables for PeopleSoft Manage Base Benefits

Before you can begin building your benefit programs and entering your benefit plan information, some core tables must be set. These topics discuss setting up these tables.

Setting Up Benefit Providers

A benefit provider is a vendor. It 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 component (PROVIDER_TABLE) to set up an ID for each vendor.

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 Payroll for North America or PeopleSoft Payroll Interface to pay a benefit vendor, add the vendor using the Payables Vendor table, not the Base Benefits Provider/Vendor table.

Related Links
"Understanding Vendor Tables" (PeopleSoft HCM 9.2: Application Fundamentals)
"Using PeopleSoft eBenefits Pages" (PeopleSoft HCM 9.2: eBenefits)

Setting Up Dependent Relationships

Use the Dependent Relationships Table (DEPBEN_TYPE_TBL) component to define dependent relationships.

This section provides an overview of dependent relationships and discusses how to define dependent relationships.

Setting Up Base Benefits Core Tables

Chapter 3

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

Page Used to Set Up Dependent Relationships

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Relationships Table Page</td>
<td>DEPBEN_TYPE_TBL</td>
<td>Define dependent relationships.</td>
</tr>
<tr>
<td>Coverage Code Tbl (Coverage Code Table) Page</td>
<td>COVRG_CD_TBL</td>
<td>Create new coverage codes for your benefit programs. We recommend that you give the coverage code a numeric value of one through seven. Coverage codes should be ordered according to their complexity, with Employee being first</td>
</tr>
<tr>
<td>Personal Profile Page</td>
<td>DEPEND_BENEF2</td>
<td>Enter or update information about a dependent.</td>
</tr>
</tbody>
</table>

Understanding Dependent Relationships

You define the relationships—for example, child, grandparent (grandmother or grandfather), nephew, or niece (other relative)—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 child as an allowable dependent type, you couldn't enter an employee's son as a dependent. The characteristics that you apply to the relationship will be used later by the system to validate the relationship.

Dependent Relationships Table Page

Use the Dependent Relationships Table (dependent relationship) page (DEPBEN_TYPE_TBL) to define dependent relationships.

Navigation

Set Up HCM > Product Related > Base Benefits > Dependent Relationships Table > Dependent Relationships Table

Image: Dependent Relationships Table page

This example illustrates the fields and controls on the Dependent Relationships Table page. You can find definitions for the fields and controls later on this page.

Relationship to Employee

Displays the relationship that you selected to access the page.
Effective Date
Enter the date on which the dependent 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 values are:
- *Employee*
- *Spouse*
- *Child* (child, grandchild, domestic partner child, other child, step child, foster child)
- *Adult Child* (children who are eligible to be enrolled in their parents’ health plan until they attain age 26.)
- *Other Qualified Dependent*
- *Domestic Partner*
- *Non-qualified Dependent*
- *ExSpouse*

Age Limit Flag
When the COBRA process for overage dependents runs, the system uses this check box to indicate which dependent roles should have the overage rules applied.

Certificate ID
Select to define a certification form for a relationship. The certificate ID defined here appear in the Oracle's PeopleSoft eBenefits Self-Service application.

Mutually Exclusive
Select to limit each participant to one dependent with a relationship that has been flagged as mutually exclusive at one time. The system allows the participant to save more than one mutually exclusive dependent in eBenefits, but makes the dependent a beneficiary. An informational message appears to the employee.

Gender Validation
Values include:
- *No Gender Validation*: Select for no gender validation to occur.
- *Opposite Sex Only*: Select to ensure that when a dependent is added or a relationship changes, that person is the opposite sex from the participant.
• **Same Sex Only**: Select to ensure that when a dependent is added or a relationship changes, that person is the same gender as the participant.

**Note**: Certificate ID and gender validation can affect benefits certification.

**Related Links**
- Setting Up Benefits Certifications

**Setting Up Coverage Codes**

To set up the coverage code that defines who can be covered by a benefit, use the Health Coverage Codes (COVERAGE_CODES) component.

This section provides an overview of coverage codes and discusses how to define coverage codes.

**Page Used to Set Up Coverage Codes**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coverage Codes Page</td>
<td>COVRG_CD_TBL</td>
<td>Define coverage codes.</td>
</tr>
</tbody>
</table>

**Understanding Coverage Codes**

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

PeopleSoft Manage Base Benefits delivers nine 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:

You should create a new Coverage Code or modify your existing Coverage codes as appropriate to include the Covered Person type of Adult Child.

<table>
<thead>
<tr>
<th>Delivered Coverage Code</th>
<th>Employee Minimum / Maximum</th>
<th>Spouse Minimum / Maximum</th>
<th>Domestic Partner Minimum / Maximum</th>
<th>Other Qualified Dependent or Child Minimum / Maximum</th>
<th>Other Nonqualified Dependent Minimum / Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
</tr>
<tr>
<td>Employee Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1 / 1</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivered Coverage Code</td>
<td>Employee Minimum / Maximum</td>
<td>Spouse Minimum / Maximum</td>
<td>Domestic Partner Minimum / Maximum</td>
<td>Other Qualified Dependent or Child Minimum / Maximum</td>
<td>Other Nonqualified Dependent Minimum / Maximum</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>not allowed</td>
<td>1 / 99</td>
<td>not allowed</td>
</tr>
<tr>
<td>Employee + Dependents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1 / 1</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>1 / 99</td>
<td>not allowed</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>not allowed</td>
<td>not allowed</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>not allowed</td>
</tr>
<tr>
<td>Domestic Partner Adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
<td>1 / 99</td>
</tr>
<tr>
<td>Domestic Partner Child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>not allowed</td>
<td>not allowed</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>1 / 99</td>
</tr>
<tr>
<td>Domestic Partner Adult + Child(ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>not allowed</td>
</tr>
<tr>
<td>EE + Domestic Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>1 / 1</td>
<td>1 / 99</td>
<td>not allowed</td>
</tr>
<tr>
<td>EE + Domestic Partner + Child (ren)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>1 / 1</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>not allowed</td>
<td>not allowed</td>
</tr>
<tr>
<td>Employee + Same-Sex Spouse</td>
<td></td>
<td>(US Same-Sex Spouse)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>1 / 1</td>
<td>1 / 1</td>
<td>not allowed</td>
<td>1 / 99</td>
<td>not allowed</td>
</tr>
<tr>
<td>Family (with Same-Sex Spouse)</td>
<td></td>
<td>(US Same-Sex Spouse)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90</td>
<td>1/1</td>
<td>0/1</td>
<td>0/1</td>
<td>0/99</td>
<td>0/9</td>
</tr>
<tr>
<td>Covered Person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Coverage Code 90 is used to coordinate with the rate structure where you combine a qualified and a non-qualified person under one rate, for example, employee and domestic partner. It looks at “who” is covered rather than how many persons are covered.

Health Coverage Codes Page

Use the Health Coverage Codes page (COVRG_CD_TBL) to define coverage codes.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Health Coverage Codes

Image: Health Coverage Codes page

This example illustrates the fields and controls on the Health Coverage Codes page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Coverage Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>COBRA Coverage Set</td>
</tr>
<tr>
<td>*Effective Date 01/01/2002</td>
</tr>
<tr>
<td>*Description Self-Family-High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allowed Covered Person Types</th>
<th>Minimum Covered</th>
<th>Maximum Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>Employee</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Spouse</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

COBRA Coverage Set

A 2-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 can 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 to activate the total covered person types functionality for this coverage code.
**Total Minimum Covered and Total Maximum Covered**

These fields are visible only 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 from the following values to define the relationship you have to the dependent.

*Child, Adult Child, Domestic Partner, Employee, ExSpouse, Non-Qualified Dependent, Other Qualified Dependent, Spouse, and US Same-Sex Spouse.*

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

See "Event Rules Table- Event Rules Page" (PeopleSoft HCM 9.2 Benefits Administration).

**Minimum Covered**

Enter the minimum number of covered persons allowed.

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

**Maximum Covered**

Enter the maximum number of covered persons allowed.

If no limit applies to the number for this coverage code, enter 99.

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

---

**Setting Up Coverage Group Codes**

To set up coverage group codes, use the Life and AD/D Coverage Groups (COVERAGE_GROUP_TBL) component.

This section provides an overview of coverage group codes and discusses how to enter coverage group code information.

**Page Used to Set Up Coverage Group Codes**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life and AD/D Coverage Groups Page</td>
<td>COVERAGE_GROUP_TBL</td>
<td>Enter the coverage group code information that sets the maximum total life and AD/D coverage for a group of life and AD/D benefit plans.</td>
</tr>
</tbody>
</table>
Understanding 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 reduces the total coverage to meet the coverage maximum. When the system processes the deduction, 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, and if more than one plan has the same priority, it processes in increasing plan type order.

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

Life and AD/D Coverage Groups Page

Use the Life and AD/D Coverage Groups page (COVERAGE_GROUP_TBL) to enter the coverage group code information that sets the maximum total life and AD/D coverage for a group of life and AD/D benefit plans.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Life and AD/D Coverage Groups > Life and AD/D Coverage Groups

Image: Life and AD/D Coverage Groups page

This example illustrates the fields and controls on the Life and AD/D Coverage Groups page. You can find definitions for the fields and controls later on this 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**

To set up Federal Employee Group Life Insurance (FEGLI) codes, use the FEGLI Code Table (GVT_FEGLI_TBL) component.

This section discusses how to enter FEGLI code information.

**Page Used to Set Up FEGLI Codes**

<table>
<thead>
<tr>
<th><strong>Page Name</strong></th>
<th><strong>Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>FEGLI Code Table Page</td>
<td>GVT_FEGLI_TBL</td>
<td>Enter FEGLI code information.</td>
</tr>
</tbody>
</table>

**FEGLI Code Table Page**

Use the FEGLI Code Table page (GVT_FEGLI_TBL) to enter FEGLI code information.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plan Attributes > FEGLI Code Table > FEGLI Code Table

**Image: FEGLI Code Table page**

This example illustrates the fields and controls on the FEGLI Code Table page. You can find definitions for the fields and controls later on this page.
Setting Up the Service Step Table

To set up the service step table, use the Service Step Table (SERVICE_STEP_TABLE) component.

This section provides an overview of the service step table and discusses how to enter service step table information.

Page Used to Set Up the Service Step Table

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Step Table Page</td>
<td>SERVICE_STEP_TABLE</td>
<td>Enter service step table information that links the rate of employer matching contributions to an employee's length of service.</td>
</tr>
</tbody>
</table>

Understanding 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 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.

Service Step Table Page

Use the Service Step Table page (SERVICE_STEP_TABLE) to enter service step table information that links the rate of employer matching contributions to an employee's length of service.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Service Step Table > Service Step Table
Image: Service Step Table page

This example illustrates the fields and controls on the Service Step Table page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Service Step Table ID</th>
<th>BSTP02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>01/01/1990</td>
</tr>
<tr>
<td>Description</td>
<td>BSTP02</td>
</tr>
</tbody>
</table>

### 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 Earnings (up to percent of employee 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-Tax and After-Tax Matching

Assume 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:
### Setting Up Base Benefits Core Tables

#### Chapter 3

<table>
<thead>
<tr>
<th>Deduction Class</th>
<th>Up to % of Employee Earnings</th>
<th>% of Employee Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>Before</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>After</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>After</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>After</td>
<td>6</td>
<td>100</td>
</tr>
</tbody>
</table>

### Setting Up the Service Step Table for Thrift Savings Plan (TSP) Employer Match Calculation for Federal Benefits

For Thrift Savings Plan (TSP) Employer Match Calculation, set up the Service Step Table as follows:

1. The first 3% of contribution is 100% Employer Match.
2. The remaining contribution is 50% Employer Match.
3. Total contribution for matching cannot exceed 5%.

**Image: Service Step Table for Thrift Savings Plan (TSP) Employer Match Calculation**

This image shows the Service Step Table for Thrift Savings Plan (TSP) employer match calculation for federal benefits.

### 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.
### Setting Up Benefit Rates

To set up benefit rates, use the Benefit Rate Types (BN_RATE_TYPE) and Benefit Rates (BN_RATE_TABLE) components.

This section provides overviews of benefit rates and percent of gross limits.

#### Pages Used to Define Benefit Rates

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Rate Types Page</td>
<td>BN_RATE_TYPE</td>
<td>Define benefit rate types.</td>
</tr>
<tr>
<td>Benefit Rates Page</td>
<td>BN_RATE_TABLE</td>
<td>Enter benefit rate information.</td>
</tr>
<tr>
<td>Amount Subject to Limit Page</td>
<td>BN_RATE_LMT_SEC</td>
<td>Define the percent-of-gross limits.</td>
</tr>
</tbody>
</table>

#### Understanding Benefit Rates

Benefit rates are used by plan types AX (Simple Benefits), 1X (Health Benefits), 2X (Life and Accidental Death), and 3X (Disability). The Benefit Rate table defines rates in terms of flat amounts, percentages of compensation base, or rates per-unit-of-coverage. It also defines the criteria to use to select an individual rate from the table, such as age, gender, coverage code, benefit plan, or compensation range. The structure of a set of benefit rates (the rate terms and the selection criteria) is defined in the Benefit Rate Types page, while the rate data is entered in the Benefit Rates page. Benefit rate types enable you to mix and match criteria and rate terms to create benefit rates that best fit your business needs.
Understanding Percent of Gross Limits

Some states set a limit on the amount an employee pays for certain benefits, especially health insurance. This limit is based on a percentage of the employee's gross pay, and the percentage is defined on the Calculation Rules Table. However, this limit applies only to the portion of a benefit cost that represents coverage for the employee—the cost to cover a spouse or other family members is not subject to the limit. In general, the benefits rates do not break out costs per person. Therefore, the Benefit Rate table has a special entry area for defining what portion of the overall employee rate is subject to this optional limit.

If the percent-of-gross limit is, in fact, defined, then the system applies this limit by calculating benefit costs like this:

Lesser of \((\text{EE Premium Amount Subject to Limit}) \text{ or } (\text{Gross Pay} \times \text{Limit \%})\) plus \((\text{Total EE Premium Amount} - \text{EE Premium Amount Subject to Limit})\)

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:

\[
\begin{align*}
\text{Deduction} = & \quad \text{Lesser of } [125 \text{ or } (10,000 \times 0.01)] + (300 - 125) \\
= & \quad \text{Lesser of } (125 \text{ or } 100) + 175 \\
= & \quad 100 + 175 \\
= & \quad 275 USD
\end{align*}
\]

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, assume that this is 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:

\[
\begin{align*}
\text{Deduction} = & \quad \text{Lesser of } [(300 \times 0.30) \text{ or } (10,000 \times 0.01)] + (300 - 125) \\
= & \quad \text{Lesser of } (90 \text{ or } 100) + 175 \\
= & \quad 90 + 175 \\
= & \quad 275 USD
\end{align*}
\]

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(90) + (175)

= 265 USD

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

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 that 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 occurs.

**Benefit Rate Types Page**

Use the Benefit Rate Types page (BN_RATE_TYPE) to define benefit rate types.

**Navigation**

Set Up HCM > Product-Related > Base Benefits > Rates and Rules > Benefit Rate Types

**Image: Benefit Rate Types page**

This example illustrates the fields and controls on the Benefit Rate Types page. You can find definitions for the fields and controls later on this page.

**Rate or Percent**

Select *Rate* if you are specifying either flat amounts or rates per-unit-of-coverage, or *Percent* if the rate is calculated as a percentage of compensation.
**Uses Compensation**  
This field is automatically selected if either the rate type is *Percent* or any of the key fields that are used will use the employee's compensation data to determine the rate.

**Uses Demographics**  
This field is automatically selected if any of the key fields that are used will use demographic data to determine the rate.

### Rate Keys

#### Key Nbr (key number)

The key number controls the order in which the keys appear when you create a rate table.

#### Field Name

The application field to use as a key in the Benefit Rate table. This list of available fields is fixed and limited to:

**Note:** The source of any biographical information is determined by the Source of Demographics field on the Calculation Rules Table page.

- *Age* (in years): The covered person's (employee, spouse, or other dependent) age, calculated using their birth date and the Age-As-Of field on the Calculation Rules Table.

- *Benefit Base:* The employee's compensation base, calculated using the several benefit base-related attributes in the Calculation Rules Table.

- *Benefit Plan:* The employee's enrolled benefit plan.

- *Coverage Code:* The employee's enrolled coverage code.

- *Covered Person Type:* The covered person type (Employee, Spouse, Domestic Partner, Child, and so on) of the individual whose rate component is being calculated.

- *Gender:* The covered person's gender.

- *Months of Service:* The employee's length of service, calculated using his or her service date and the Service-As-Of attribute in the Calculation Rules Table.

**Note:** The service calculation is frozen as of a termination date.

- *Smoker Status:* The covered person's smoker status.

### Matching Operator

Specify the type of comparison operation the system uses when attempting to match a value with the keys of a benefits rate table. Use this field to resolve each key ("=", "=" for discrete keys such as codes, and ">", ">=", ", <", and ", <=" for numeric brackets.)
Delivered Benefit Rate Types

Benefit rate types delivered with your system are:

- **Age–Graded. (By Gender, Smoker):** Defines rates, flat amounts, or per unit of coverage for the insured based on gender and smoker status within specific age brackets.

- **Flat Rate:** Defines rates that are based on a specific monetary amount.

- **Percent of Base:** Defines rates as simple fixed percentages of an employee's compensation base.

- **Length of Service (Months):** Defines rates (flat amounts or per unit of coverage) based on length-of-service brackets.

- **Compensation Bands:** Defines rates (flat amounts or per unit of coverage) based on compensation brackets.

- **Covered Person Type:** Defines rates (flat amounts or per unit of coverage) individually for each covered person type. This rate type is applicable only to Health plans because they are the only plan type that supports coverage codes.

  This rate type allows qualified and nonqualified persons to be assigned to different rates and results in a rate being calculated *per covered person* on the enrollment.

- **Benefit Plan and Coverage Code:** Defines rates, flat amounts, or per unit of coverage based on the benefit plan and coverage code enrollment. This rate type is useful for consolidating all rates for a given health provider into a single table.

Benefit Rates Page

Use the Benefit Rates page (BN_RATE_TABLE) to enter benefit rate information.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Benefit Rates > Benefit Rates
Image: Benefit Rates page

This example illustrates the fields and controls on the Benefit Rates page. You can find definitions for the fields and controls later on this page.

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

**Benefit Rate Table**

Use the Benefit Rate Table group box to define the structure of the rate table.

**Benefit Rate Type**

Select from one of the system-delivered or custom rate types.

This controls the overall structure of this rate table, especially the keys in the Rate Data section.

**Premium 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*.

**Currency Code**

(Optional) Select a currency code to indicate the currency in which the rate data is specified. This is for informational purposes only—the system does not perform any currency conversion during deduction or cost calculations. However, the
system does use this information when you are in the Benefit Program Table pages to match available benefit rates against the currency code associated with the benefit program.

**Specify Optional Limit**

Click to access the Amount Subject to Limit page.

See Amount Subject to Limit Page.

---

**Rate Data**

Use this group box to enter composite rates, detail rates, or tax adjustments. Composite rates are based on a specific dollar amount. Composite rates define rates as either Employee or Employer without defining a tax class. The actual tax class used is determined dynamically during processing based on the tax classes defined within the applicable deduction code. Tax classes $A$ and $B$ (after-tax and before-tax) are employee classes, and classes $T$ and $N$ (taxable and nontaxable) are employer classes. The deduction code cannot define more than one employee tax class or employer tax class unless a GTL (group term life) or DPL (dependent life) effect is involved, in which case both $N$ and $T$ are allowed because the $T$ class will be managed by the imputed income processing.

You can enter rates using either the Composite method or the Detail method, but not both.

**Composite Rates**

Enter the rates that are based on a specific dollar amount. The appearance of the grid is based on the benefit rate type.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (&gt;)</strong></td>
<td>You can enter the keys based on your criteria from the benefit rate type.</td>
</tr>
<tr>
<td><strong>Total Rate</strong></td>
<td>Enter the total cost of the coverage. Include any administrative fee that you may charge.</td>
</tr>
<tr>
<td><strong>Employee Rate</strong></td>
<td>Enter the rate charged to the employee and deducted through the paycheck. This is either after-tax or before-tax, depending on the deduction code definition.</td>
</tr>
<tr>
<td><strong>Employer Rate</strong></td>
<td>Enter the rate the employer pays to subsidize the cost of a benefit. This is either taxable or nontaxable, depending on the deduction code definition.</td>
</tr>
<tr>
<td><strong>Employee Percent</strong></td>
<td>Enter the employee's portion of contribution. If you've specified a percent, this represents the percentage of base that the employee pays for the benefit.</td>
</tr>
<tr>
<td><strong>Employer Percent</strong></td>
<td>Enter the percentage of base that the employer contributes towards the benefits.</td>
</tr>
</tbody>
</table>

**Note:** The fields that appear in the Rate Data group box depend upon the rate type that you select.

**Detail Rates**

Access the Detail Rates tab on the Benefit Rates page.
Image: Benefit Rates page: Detail Rates tab

This example illustrates the fields and controls on the Benefit Rates page: Detail Rates tab. You can find definitions for the fields and controls later on this page.

Use the Detail Rates grid to split employee premiums across Before and After Tax, or to split employer premiums across taxable and nontaxable.

An example is premiums for domestic partner health coverage in the US, where the cost for qualified individuals can be Before Tax, but non-qualified individuals are After Tax.

**Before-Tax Rates, After-Tax Rate, Non-Taxable Rate, and Taxable Rate**

Allocate the total rate across the tax classes as desired. The classes here have the same meaning and impact as those specified in the deduction code. Any given tax class rate will be taken only if the deduction code being processed also has that tax class defined. You should not specify a taxable rate component for use in plans that are subject to imputed income. The system expects to generate the taxable cost for these plans.

**Before-Tax Percent, After-Tax Percent, Non-Taxable Percent, and Taxable Percent**

Allocate the percentages across the tax classes as desired.

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

**Tax Adjustment**

Access the Tax Adjustment tab on the Benefit Rates page.
Image: Benefit Rates page, Tax Adjustment tab

This example illustrates the fields and controls on the Benefit Rates page, Tax Adjustment tab. You can find definitions for the fields and controls later on this page.

The tab displays a column for the Non-Taxable Before-Tax benefit deduction class (labeled Tax Adjustment). Define the rates applicable to adult children here. For the Percent of Base rate type, the column label is Adjustment Percent.

The Tax Adjustment tab has the same attributes as the rate columns on the existing tabs:

- Default zero amount, numeric 5 decimals, etc., for amount rates.
- Percent of Base Rate Type Adjustment Percent field attributes have the same attributes as the other percentage rate fields on the page.
- The Total Rate column formulae on the two existing tabs does not include the rate on the tax adjustment tab.

The functionality is targeted at the two rate types that are most suited to health care deductions:

- Benefit Plan and Coverage Code
- Covered Person Type
In addition, the Percentage of Base type is included.

**Amount Subject to Limit Page**

Use the Amount Subject to Limit page (BN_RATE_LMT_SEC) to define the percent-of-gross limits.

**Navigation**

Click the Specify Optional Limit link on the Benefit Rates page.

**Image: Amount Subject to Limit page**

This example illustrates the fields and controls on the Amount Subject to Limit page. You can find definitions for the fields and controls later on this page.

Specify the portion of the benefit rate to be subject to the percent-of-gross limit defined in the Calculation Rules Table page.

**Amount Subject to Limit**

Select whether the limit amounts is:

- *Entire Rate Amount*
- *Flat Amount Limit*
- *Not Applicable*
- *Percent of Rate*

**Flat Amount Limit**

This field is available if you selected *Entire Rate Amount* in the Amount Subject to Limit field.

Enter the amount that is subject to the limit.

**Percent of Rate Limit**

This field is available if you selected *Percent of Rate* in the Amount Subject to Limit field.

Enter the percentage amount of the employee rate that is subject to the limit.
Setting Up Annual Benefits Base Rates

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

To set up annual benefits base rates, use the Annl Benef Base Rt Type Table (ABBR_TYPE_TBL) component.

This section provides an overview of Annual Benefits Base Rates (ABBR) and discusses how to define annual benefits base rates.

Page Used to Set Up ABBR Types

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annl Benef Base Rt Type Tbl Page</td>
<td>ABBR_TYPE</td>
<td>Define annual benefits base rates.</td>
</tr>
</tbody>
</table>

Annl Benef Base Rt Type Tbl Page

Use the Annl Benef Base Rt Type Tbl (annual benefits base rates table) page (ABBR_TYPE) to define annual benefits base rates.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Annl Benef Base Rt Type Tbl > Annl Benef Base Rt Type Tbl

Image: Annl Benef Base Rt Type Tbl page

This example illustrates the fields and controls on the Annl Benef Base Rt Type Tbl page. You can find definitions for the fields and controls later on this page.

Setting Up Calculation Rules

To set up calculation rules, use the Calculation Rules Table (CALC_RULES_TABLE) component.

This section provides an overview of calculation rules and discusses how to define calculation rules.
Page Used to Set Up Calculation Rules

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculation Rules Table Page</td>
<td>CALC_RULES_TABLE</td>
<td>Define calculation rules by specifying salary, age, and service as of dates, as well as coverage, calculation, and rounding options for the rule.</td>
</tr>
</tbody>
</table>

Understanding Calculation Rules

You use calculation rules to define how deductions are calculated for each benefit plan. Calculation rules relate only to rate-based plans or plans that require a compensation base, not a coverage base. When determining calculation rules, you need to understand:

- Compensation base versus annual benefits base rate.
- (USF) Compensation base.
- As-of dates.

Compensation Base Versus Annual Benefits Base Rate

Calculation rules use an employee's compensation as part of the definitions. If you are going to base the employee's compensation on an amount other than the employee's regular compensation rate, you can enter an amount in the Annual Benefits Base Rate field on the Compensation page of the Job Data component.

The term Base Benefits is a generic reference to the compensation to be used, whether it is the annual compensation rate on the employee's job record or an alternate annual benefit base rate, and whether it is a single rate from a single job record or an aggregate across multiple jobs.

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

See "Understanding Job Data" (PeopleSoft HCM 9.2: Human Resources Administer Workforce).

(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 is the base pay for the employee's compensation frequency with locality or LEO (law enforcement officer) 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.

As-Of Dates

The Calculation Rules Table has several as-of-date rules that you can define to control the calculation of age, service, and benefits base. These rules give flexibility in defining the reference date the system uses for interval calculations, such as age and service, or flexibility in the determination of the effective date when retrieving the base compensation data. The following rules are available:

- As of the current pay run's pay-end date (or as of the current processing date for those applications that are not based on pay runs.)
- As of the current pay run's check issue date.
- As of a specific month and day for the current year. This is often used to freeze compensation at the point of open enrollment, typically 01/01 of the year, or to prevent unexpected midyear changes due to temporal events.
- As of a specific month and day for the previous year.

The Age As-Of rule has the following additional options:

- As of the next pay run's pay end date. This is mainly used by USF users to protect age from changing mid pay-period.
- As of date of the original enrollment in a benefit plan, date of first uninterrupted enrollment. This is mainly used by long-term care plans, for which costs are fixed at the point of enrollment.

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

Calculation Rules Table Page

Use the Calculation Rules Table page (CALC RULES TABLE) to define calculation rules by specifying salary, age, and service as of dates, as well as coverage, calculation, and rounding options for the rule.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Calculation Rules Table > Calculation Rules Table
Image: Calculation Rules Table page

This example illustrates the fields and controls on the Calculation Rules Table page. You can find definitions for the fields and controls later on this page.

**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.

**Demographics**

**Use Age As Of**

Used to calculate rates for life plans that you associate with age-graded rates.

**Use Service As Of**

Used to calculate rates for plans that you base on months of service.

**Source for Demographics**

Designate whose personal information to use. Values are:

- **Covered Dependent**: This is useful for dependent life plans defined as sum of dependent coverage because each covered dependent has an independent coverage amount, and the premium is typically based on that individual's age, gender, and smoker status.
• **Employee**

• **Spouse/Partner**: This is useful for spousal life plans.

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.

### Benefit Base

**Use Benefits Base As Of**

Enter the date to use when retrieving the employee's salary if the system needs to use an employee's salary to determine a rate (for example, a compensation-banded rate table or a percent-of-salary rate table).

### Source

**Annual Rate**

Select to make calculations using the regular compensation base entered on the Job Data - Compensation page.

**Annual Benefits Base Rate**

Select to make calculations using an annual benefit base rate (ABBR.)

The ABBR selected can be either the primary ABBR found on the Job Data - Benefit Program Participation page or any alternate ABBR from the ABBR Update page.

**Note:** Set a maximum benefits base rate by assigning each employee an ABBR that is not higher than the desired maximum.

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

### Multiple Jobs

**Combine Base for Multiple Jobs**

Select if you want to aggregate salary from multiple jobs as a basis for a rate determination. Selecting this rule activates the Group Method options.

**Group Method**

If you selected Combine Base for Multi Jobs, select the group method to use for selecting jobs to contribute to the total benefit base. Choose from:

• **All Flagged Jobs**: All flagged jobs, regardless of benefit record number, are included in the calculation.
Note: This means that the job has the Include in Deductions check box selected on the Maintain Primary Jobs Flags page.

- **Flagged Jobs in Benefit Record:** All flagged jobs within the current benefit record number are included in the calculation.
- **Primary Job in Benefit Record:** Only the primary job within the current benefit record number is included in the calculation.

### Consider Active Jobs Only

If you selected Combine Salary for Multi Jobs, select this option to have the system look only at jobs with a status of *Active* in the Job Data components.

### Optional Rate Limit

**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:

\[
\text{Deduction} = \left( \frac{\text{Max Percent of Gross Pay} \times (\text{Federal Taxable Gross Pay})}{100} \right)
\]

The smaller deduction appears on the paycheck.
Setting Up Deduction Codes

To set up deduction codes, use the Deduction Table (DEDUCTION_TABLE) component.

This section provides an overview of deduction codes and discusses how to create deduction codes.

Page Used to Set Up Deduction Codes

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deduction Table - Setup Page</td>
<td>DEDUCTION_TABLE1</td>
<td>Create deduction codes.</td>
</tr>
</tbody>
</table>

Understanding Deduction Codes

The Manage Base Benefits business process in PeopleSoft HR is designed to work with PeopleSoft Payroll for North America and PeopleSoft 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.


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

  See Defining Benefit Plans.

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

  See Building Benefit Programs.

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 to use 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 PeopleSoft Payroll for North America or PeopleSoft 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 PeopleSoft HR.
**Designing a Deduction Strategy**

When setting up deductions, 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:

<table>
<thead>
<tr>
<th>You Want to Report</th>
<th>Do This</th>
<th>Result on Pay Stubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount for each benefit plan.</td>
<td>Define a deduction code for each benefit plan.</td>
<td>Itemized descriptions and deduction amounts appear for each chosen plan type.</td>
</tr>
<tr>
<td>One total for a plan type.</td>
<td>Define a deduction code for a specific plan type.</td>
<td>The total deduction of a plan type appears.</td>
</tr>
<tr>
<td>One total for all deductions.</td>
<td>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, such as 401(k). You must modify your system because you can't automatically roll up to a higher level than plan type.</td>
<td>The total deduction of all plan types you modify appears.</td>
</tr>
</tbody>
</table>

**Deduction Table - Setup Page**

Use the Deduction Table - Setup page (DEDUCTION_TABLE1) to create deduction codes.

**Navigation**

- Set Up HCM > Product Related > Payroll for North America > Deductions > Deduction Table
- Set Up HCM > Product Related > Payroll Interface > Deductions > Deduction Table
Image: Deduction Table - Setup page

This example illustrates the fields and controls on the Deduction Table - Setup page. You can find definitions for the fields and controls later on this page.

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

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


---

### Setting Up Special Accumulators

To set up special accumulators, use the Special Accumulator Table (SPCL_EARNS_TABLE) component.

This section provides an overview of special accumulators and discusses how to enter special accumulator information.

---

**Page Used to Set Up Special Accumulators**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Accumulator Table Page</td>
<td>SPCL_EARNS_TABLE</td>
<td>Enter special accumulator information.</td>
</tr>
</tbody>
</table>
Understanding Special Accumulators

Sometimes you need 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 that 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.

Special Accumulator Table Page

Use the Special Accumulator Table page (SPCL_EARNS_TABLE) to enter special accumulator information.

Navigation

Set Up HCM > Product Related > Payroll for North America > Compensation and Earnings > Special Accumulator Table > Special Accumulator Table

Image: Special Accumulator Table page

This example illustrates the fields and controls on the Special Accumulator Table page. You can find definitions for the fields and controls later on this page.

Setting Up Limits for Qualified Savings Plans

To set up limits for qualified savings plans, use the Limit Table (LIMIT_TBL) component.

This section provides overviews of limits, lists common elements used in this section, and discusses how to set up limits.
Page Used to Set Up Limits for Qualified Savings Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit Table</td>
<td>LIMIT_TBL1</td>
<td>Identify the rules that apply to the 401, 402, 403, 415, and 457 limits, using the:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page for 401(a) Limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page for 402(g) Limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page for 403(b) Limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page for 415 Limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page to Set Up 415(c) Limits for 403(b) Plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page for 457 Limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit Table Page for User Defined Limits</td>
</tr>
</tbody>
</table>

Understanding Limits

Certain qualified benefit savings plans may be subject to government regulations. Limits are tied to deduction codes. When your payroll department runs the pay calculation process, the system checks 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 that 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 system applies the 401 limit 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 as well as an employer 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 of the following amounts:

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

If, for a given payroll, the employee's and employer's contribution exceeds the limits, the contribution must be reduced to fall within the limits. Use an other common ID when you need to keep your companies separate for tax purposes but need to maintain accurate current employee balances across companies for calculating Section 415 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 for which, in general, the sum of the limit table amount and the extension amount is 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, a 403(b) plan, or both.
- 457 - Age 50, for employees age 50 or more in a 457 eligible governmental plan.
• 401(a) - Adjust Eligible Earnings for 401(k), 403(b), and 457 plans.

**Related Links**
*Understanding Savings Plan Management*

### Common Elements Used to Define Limits

**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 can be specified.

To associate a limit with 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 pretax benefit classifications for a single 401(k) plan.

**Note:** 401(a) limit processing is supported on savings plan deductions only. A general deduction will not enforce 401(a) limits.

**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 can 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 that 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 that 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.

**Maximum Benefit Base**
The amount that 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.
Max Percent of Accumulator (maximum percentage of accumulator) Enter the percentage amount to use when the system calculates the maximum amount that the employee can contribute.

Maximum Yearly Deduction Enter the flat cap on yearly contributions.

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.

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

Limit Table Page for 401(a) Limits

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to the 401(a) limits.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table

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

Image: Limit Table page for 401(a) limits

This example illustrates the fields and controls on the Limit Table page for 401(a) limits. You can find definitions for the fields and controls later on this page.

Limit Table Page for 402(g) Limits

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to the 402(g) limits.
Chapter 3 Setting Up Base Benefits Core Tables

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table

Access the Limit Table page for 402(g) limits

**Image: Limit Table page for 402(g) limits**

This example illustrates the fields and controls on the Limit Table page for 402(g) limits. You can find definitions for the fields and controls later on this page.

Limit Table Page for 403(b) Limits

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to the 403(b) limits.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table

Access the Limit Table page for 403(b) limits
Image: Limit Table page for 403(b) limits (1 of 4)

This example illustrates the fields and controls on the Limit Table page for 403(b) limits (1 of 4). You can find definitions for the fields and controls later on this page.

Image: Limit Table page for 403(b) limits (2 of 4)

This example illustrates the fields and controls on the Limit Table page for 403(b) limits (2 of 4). You can find definitions for the fields and controls later on this page.

Image: Limit Table page for 403(b) limits (3 of 4)

This example illustrates the fields and controls on the Limit Table page for 403(b) limits (3 of 4). You can find definitions for the fields and controls later on this page.
Image: Limit Table page for 403(b) limits (4 of 4)

This example illustrates the fields and controls on the Limit Table page for 403(b) limits (4 of 4). You can find definitions for the fields and controls later on this 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.

### Elect 402(g) Cap Expansion

Select either *Automatic Election*, *No*, or *Yes*.

### 402(g) Per Year Max Average, 402(g) Annual Cap Expansion, and 402(g) Lifetime Cap Expansions

All of these fields are determined by IRS regulations. Enter the current approved standards.

## Limit Table Page for 415 Limits

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to the 415 limits.

### Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table

Access the Limit Table page for 415 limits.
Limit Table Page to Set Up 415(c) Limits for 403(b) Plans

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to the 415(c) Limits for 403(b) plans.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table
Access the Limit Table page for 415(c) Limits for 403(b).

**Image: Limit Table page for 415(c) Limits for 403(b) (1 of 3)**

This example illustrates the fields and controls on the Limit Table page for 415(c) Limits for 403(b) (1 of 3). You can find definitions for the fields and controls later on this page.

**Image: Limit Table page for 415(c) Limits for 403(b) (2 of 3)**

This example illustrates the fields and controls on the Limit Table page for 415(c) Limits for 403(b) (2 of 3). You can find definitions for the fields and controls later on this page.

**Image: Limit Table page for 415(c) Limits for 403(b) (3 of 3)**

This example illustrates the fields and controls on the Limit Table page for 415(c) Limits for 403(b) (3 of 3). You can find definitions for the fields and controls later on this page.

**Setting Up Deduction Class Order for 415 Limit Tables**

If you are setting up the 415 Limit Table, access the Installation Table to set the deduction class order.

Access the Installation Table (Set Up HCM > Install > Installation Table).
Navigate to the Product Specific tab.

**Image: Installation Table - Product Specific page**

This example illustrates the fields and controls on the Installation Table - Product Specific page. You can find definitions for the fields and controls later on this page.

---

**Benefits Deduction Class Order**

- **EE After Tax Then PTax Benefit**: When applying the 415(c) limit, the system applies the reduction first to the employer before tax contribution, then to the employee after tax contribution.

- **PTax Benefit Then EE After Tax**: When applying the 415(c) limit, the system applies the reduction first to the employee after tax contribution, then to the employer before tax contribution.

**Limit Table Page for 457 Limits**

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to the 457 limits.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table

Access the Limit Table page for 457 limits.
Chapter 3 Setting Up Base Benefits Core Tables

Image: Limit Table page for 457 limits (1 of 3)

This example illustrates the fields and controls on the Limit Table page for 457 limits (1 of 3). You can find definitions for the fields and controls later on this page.

Image: Limit Table page for 457 limits (2 of 3)

This example illustrates the fields and controls on the Limit Table page for 457 limits (2 of 3). You can find definitions for the fields and controls later on this page.

Image: Limit Table page for 457 limits (3 of 3)

This example illustrates the fields and controls on the Limit Table page for 457 limits (3 of 3). You can find definitions for the fields and controls later on this 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 can increase the amount contributed to the savings plan. This field is determined by IRS regulations.

Limit Table Page for User Defined Limits

Use the Limit Table page (LIMIT_TBL1) to identify the rules that apply to User Defined limits.

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Limit Table > Limit Table

Access the Limit Table page for User Defined limits.

Image: Limit Table page for User Defined limits page

This example illustrates the fields and controls on the Limit Table page for User Defined limits page. You can find definitions for the fields and controls later on this page.

User Defined Per Check Limit can be used to limit a deduction across two plans. For example, the table can be set up to limit the employer contribution across two plans.

Note: Unlike the other limits, User Defined Per Check Limit is set to limit in one pay check period. The others are set to limit plan balances.

Setting Up Dependent Rules for Health Plans

To set up dependent rules for health plans, use the Dependent Rules Table (DEP_RULE_TBL) component.

This section provides an overview of dependent rules and discusses how to enter dependent rules.
Understanding Dependent Rules

Dependent rules are used by health benefit plans (1X plan types) to establish age-related limits on dependent eligibility for health plan coverage. You can establish general age limits and a separate age limit for dependents who are students. Additionally, you can make disabled dependents eligible regardless of age, and you can make married dependents ineligible regardless of age.

Dependent rules are associated with specific plan types within a benefit program. For example, a particular benefit program must use one dependent rule for all of its medical plans (plan type 10), but you can use a different dependent rule for the dental plans (plan type 11) in that program, and you can use different limits for a different program.

Default Dependent Rules

Within a benefit program, plan types are not assigned a dependent rule use these default rules:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Default Limit for Plan Types With No Dependent Rule ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Age Limit</td>
<td>99</td>
</tr>
<tr>
<td>Student Age Limit</td>
<td>99</td>
</tr>
<tr>
<td>Exclude Disabled from Age Limit</td>
<td>Yes (check box selected): disabled dependents are eligible for coverage regardless of age.</td>
</tr>
<tr>
<td>Dependent Ineligible if Married</td>
<td>No (check box not selected): married dependents are not disqualified from coverage.</td>
</tr>
</tbody>
</table>

COBRA Processing

To generate COBRA event triggers during COBRA overage processing, the system uses the most restrictive settings from the dependent rules used by all of the 1X plan types under the benefit program, as described in the following table:

<table>
<thead>
<tr>
<th>Setting</th>
<th>Value Used for COBRA Overage Processing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Age Limit</td>
<td>Lowest value in use in the benefit program.</td>
</tr>
<tr>
<td>Student Age Limit</td>
<td>Lowest value in use in the benefit program.</td>
</tr>
<tr>
<td>Exclude Disabled from Age Limit</td>
<td>No (check box not selected) as long as at least one plan type in the benefit program has this value. Otherwise, Yes (check box selected).</td>
</tr>
<tr>
<td>Dependent Ineligible if Married</td>
<td>Yes (check box selected) as long as at least one plan type in the benefit program has this value. Otherwise, No (check box not selected).</td>
</tr>
</tbody>
</table>
The system uses these settings only when creating the initial COBRA event triggers. When the system processes the triggers to generate COBRA enrollments, it correctly applies the rules for specific plan types.

**Dependent Rules Table Page**

Use the Dependent Rules Table page (DEP_RULE_TBL) to define the rules that control dependent age limits for health plans.

**Navigation**

Set Up HCM, Product Related, Base Benefits, Rates and Rules, Dependent Rules Table, Dependent Rules Table

**Image: Dependent Rules Table page**

This example illustrates the fields and controls on the Dependent Rules Table page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Dependent Rules Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Rules ID: PPAC1</td>
</tr>
</tbody>
</table>

**Dependent Limits**

<table>
<thead>
<tr>
<th><em>Effective Date</em></th>
<th>01/14/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Description</em></td>
<td>Patient Protection AC Rule 1</td>
</tr>
<tr>
<td>Short Description</td>
<td>Patient Pr</td>
</tr>
<tr>
<td><em>COBRA Overage Period Begins</em></td>
<td>On the Event Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Age Limit: 26</td>
</tr>
<tr>
<td>Student Age Limit: 26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Age Limit</th>
<th>Enter the age at which a dependent is no longer eligible for coverage. This limit applies to dependents who are not students.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Age Limit</td>
<td>Enter the age at which a student dependent is no longer eligible for coverage. If there are no special rules for student dependents, enter the same age that you entered in the Dependent Age Limit field.</td>
</tr>
<tr>
<td>Exclude Disabled from Age Lmt</td>
<td>Select to exclude disabled dependents from the age limits.</td>
</tr>
<tr>
<td>Dep Ineligible if Married</td>
<td>Select to make married dependents ineligible for health benefits, regardless of their age.</td>
</tr>
</tbody>
</table>
Setting Up Earnings for Leave and Vacation Buy/Sell Plans

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 PeopleSoft Payroll for North America. If your organization uses another payroll accounting system, you'll need to ensure that the proper information is provided to the system for the correct processing of leave accruals. 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 are 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 accumulator.

   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.

Related Links
Understanding the Leave Process

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, deductions, 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.

**Related Links**
Understanding the Vacation Buy/Sell Process

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### Setting Up Benefits Certifications

To create a benefits certification, use the Certification Definition (BN_CERTIF_SETUP) component.

This section provides an overview of benefits certification and discusses how to define benefit certification forms.

**Page Used to Create Benefit Certification Forms**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Definition Page</td>
<td>BN_CERTIF_SETUP</td>
<td>Define benefits certifications.</td>
</tr>
</tbody>
</table>

### Understanding Benefits Certification

The Benefits Certification contains a series of statements that you, as the administrator, need to define for a participant to answer.

You can present three types of questions, or statements, to the participant in the Benefits Certification display:

- Yes/No
- Rating
- Multiple choice

#### The Yes/No Question

Each Yes/No statement appears as a single statement with a radio button displayed next to it. The default display value for each response is left blank. For each statement, the resulting answer is whatever value the administrator enters as a response value multiplied by the weight value, if any.

#### The Rating Question

Each rating statement appears as a single statement with a set of radio buttons. This form appears similar to a typical polling statement. The default display for each response in the set is Not Selected. When evaluating each of the responses, you must select one radio button. Each radio button in each statement can have a predefined numeric value. The following example results in answers of 5, 4, 2, and 3 (assuming that they are in a sequence of 5–1).
The Multiple Choice Question

Each multiple choice statement appears as a single statement with a check box that has a designated value or rank. The default display for each response in the set of options is Not Selected. You can select one or more of the options in each statement. In the subsequent example, the statement results in an answer of 6 (assuming that they are in a sequence of 1–5).

Reviewing the Certification

When you have created your benefits certification, you can preview it by clicking the Test Certificate button on the Certification Definition page. This certificate, if assigned to a particular benefit plan or dependent relationship, will appear in eBenefit self-service to the participant.

Related Links

Setting Up Dependent Relationships
"Using PeopleSoft eBenefits Pages" (PeopleSoft HCM 9.2: eBenefits)

Certification Definition Page

Use the Certification Definition page () to define benefits certifications.

Navigation

Set Up HCM > Product Related > Base Benefits > Certification Definition > Certification Definition
Image: Certification Definition page

This example illustrates the fields and controls on the Certification Definition page. You can find definitions for the fields and controls later on this page.

**Passing Value**
Enter a minimum value for the certification to pass.

**Apply Weighting**
Select to control the display of the Weight field in the Questions group box below.

Values are:

- *None* (the default)
- *Multiply*: Because the answers to the questions are weighted, or have values, the system multiplies these values by a multiplier (defined here) to enable the administrator to assign more weight or importance to various questions. The Weight field is required when you select *Multiply*.

**Test Certificate**
Select to display the Certification Definition page, which appears to the participant in the eBenefits self-service application when enrolling in benefit plans. You can also test
the certificate to verify that the values of the answers and the certificate are calculating properly.

**Instructions**

Enter instructional text to display to the participant. This is optional.

**Agreement**

Type

Select from *Accept*, *Agree*, and *N/A*. The agreement text box can be left blank, but the type needs to be defined.

**Questions**

Type

Select from the following values to determine the display of the Available Responses group box.

- *Yes / No*: Single statements are displayed.
- *Rating*: Statements with several options appear. The sequence number needs to be specified and must be unique. This type allows one or more response rows to be created; they will appear as radio buttons on the certificate. Only one answer is allowed.
- *Multiple (choice)*: Select from one or more statements. The sequence number needs to be specified and must be unique. This type allows one or more response rows to be created and they will appear with check boxes, so multiple responses can be selected.

**Sequence Number**

Enter the number next to the entry that specifies the order in which it will appear to the participant.

**Weight**

Enter a number that the system uses when applying weighting. The system multiplies the response by 1.

**Question Text**

Enter a statement for the participant to respond to.

**Available Responses**

The system automatically displays either:

- Sequence Number: The system enters the sequence number.
- Label text: Yes, No, or anything within the field size limit.
Chapter 4

Setting Up Benefit Plans

Defining Benefit Plans

To define benefit plans, use the Benefit Plan Table (BENEFIT_PLAN_TABLE) component. This section provides an overview of benefit plans and discusses how to enter benefit plan information.

Page Used to Define Benefit Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Plan Table Page</td>
<td>BENEFIT_PLAN_TABLE</td>
<td>Enter benefit plan information.</td>
</tr>
</tbody>
</table>

Understanding Benefit Plans

Benefit plans are the benefits you want to offer to your employees. Benefit plans can be broken down into categories. A 2-character alphanumeric numbering scheme is used to identify the different categories. Nine categories are already set up in the Manage Base Benefits business process.

<table>
<thead>
<tr>
<th>Category</th>
<th>Numbering Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Benefits</td>
<td>A0 – A9, AA – AZ</td>
</tr>
<tr>
<td>Health</td>
<td>10 – 19, 1A – 1Z</td>
</tr>
<tr>
<td>Life and Accidental Death</td>
<td>20 – 29, 2A – 2Z</td>
</tr>
<tr>
<td>Disability</td>
<td>30 – 39, 3A – 3Z</td>
</tr>
<tr>
<td>Savings</td>
<td>40 – 49, 4A – 4Z</td>
</tr>
<tr>
<td>Leave</td>
<td>50 – 59, 5A – 5Z</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>60 – 69, 6A – 6Z</td>
</tr>
<tr>
<td>Retirement</td>
<td>70 – 79, 7A – 7Z</td>
</tr>
<tr>
<td>Pension</td>
<td>80 – 89, 8A– 8Z</td>
</tr>
<tr>
<td>Vacation Buy/Sell</td>
<td>90 – 99, 9A – 9Z</td>
</tr>
</tbody>
</table>

Within each category, a set of predefined benefit plan types help the system identify the type of benefit plan. The following table lists the delivered benefit plan types.
<table>
<thead>
<tr>
<th>Benefit Plan Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0</td>
<td>Long-Term Care</td>
</tr>
<tr>
<td>A1</td>
<td>Legal Services</td>
</tr>
<tr>
<td>A2</td>
<td>Wellness Credit</td>
</tr>
<tr>
<td>10</td>
<td>Medical (USF) FEHB (federal employees health benefits)</td>
</tr>
<tr>
<td>11</td>
<td>Dental</td>
</tr>
<tr>
<td>12</td>
<td>Medical and Dental</td>
</tr>
<tr>
<td>13</td>
<td>Major Medical</td>
</tr>
<tr>
<td>14</td>
<td>Vision</td>
</tr>
<tr>
<td>15</td>
<td>Nonqualified Medical</td>
</tr>
<tr>
<td>16</td>
<td>Nonqualified Dental</td>
</tr>
<tr>
<td>17</td>
<td>Nonqualified Vision</td>
</tr>
<tr>
<td>20</td>
<td>Basic Life (USF) FEGLI (federal employees' group life insurance)</td>
</tr>
<tr>
<td>21</td>
<td>Supplemental Life Additional (USF) Option B – Additional</td>
</tr>
<tr>
<td>22</td>
<td>AD/D (life and accidental death and dismemberment)</td>
</tr>
<tr>
<td>23</td>
<td>Life and AD/D</td>
</tr>
<tr>
<td>24</td>
<td>Dependent AD/D</td>
</tr>
<tr>
<td>25</td>
<td>Dependent Life (USF) Option C – Family</td>
</tr>
<tr>
<td>26</td>
<td>Survivor Income</td>
</tr>
<tr>
<td>27</td>
<td>Supplemental AD/D</td>
</tr>
<tr>
<td>2Y</td>
<td>(USF) FEGLI Living Benefits</td>
</tr>
<tr>
<td>2Z</td>
<td>(USF) Option A – Standard</td>
</tr>
<tr>
<td>30</td>
<td>Short Term Disability</td>
</tr>
<tr>
<td>31</td>
<td>Long Term Disability</td>
</tr>
<tr>
<td>Benefit Plan Type</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>40</td>
<td>401(k)</td>
</tr>
<tr>
<td>41</td>
<td>Profit Sharing</td>
</tr>
<tr>
<td>42</td>
<td>Thrift (including Roth 401(k))</td>
</tr>
<tr>
<td>43</td>
<td>IRA (individual retirement account)</td>
</tr>
<tr>
<td>44</td>
<td>Capital Accumulation</td>
</tr>
<tr>
<td>45</td>
<td>US Savings Bonds</td>
</tr>
<tr>
<td>46</td>
<td>Elective 403(b)</td>
</tr>
<tr>
<td>47</td>
<td>Non-Elective 403(b)</td>
</tr>
<tr>
<td>48</td>
<td>Employer Only 403(b)</td>
</tr>
<tr>
<td>49</td>
<td>457(b)</td>
</tr>
<tr>
<td>4A</td>
<td>Stock Purchase (Stock Purchase Administration only)</td>
</tr>
<tr>
<td>50</td>
<td>Sick Leave</td>
</tr>
<tr>
<td>51</td>
<td>Vacation Leave</td>
</tr>
<tr>
<td></td>
<td>Annual Leave</td>
</tr>
<tr>
<td>52</td>
<td>Personal Leave</td>
</tr>
<tr>
<td>53</td>
<td>FMLA Leave (Obsolete)</td>
</tr>
<tr>
<td>5A</td>
<td>Company Car (global users only)</td>
</tr>
<tr>
<td>60</td>
<td>Flexible Spending Health Care</td>
</tr>
<tr>
<td>61</td>
<td>Flexible Spending Dependent Care</td>
</tr>
<tr>
<td>65</td>
<td>Flexible Spending Canadian Health Care</td>
</tr>
<tr>
<td>66</td>
<td>Flexible Spending Canadian Retirement Counseling</td>
</tr>
<tr>
<td>67</td>
<td>Health Savings Account (health care for U.S. companies)</td>
</tr>
<tr>
<td>70</td>
<td>PERS (public employees' retirement system)</td>
</tr>
<tr>
<td></td>
<td>Retirement</td>
</tr>
<tr>
<td>7Z</td>
<td>(USF) TSP 1% Agency Contribution (thrift saving plan 1 percent agency contribution)</td>
</tr>
<tr>
<td>80</td>
<td>(CAN) Standard Pension</td>
</tr>
</tbody>
</table>
Setting Up Benefit Plans

<table>
<thead>
<tr>
<th>Benefit Plan Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>(CAN) Supplementary Pension</td>
</tr>
<tr>
<td>82</td>
<td>(USA) Pension Plan 1</td>
</tr>
<tr>
<td>83</td>
<td>(USA) Pension Plan 2</td>
</tr>
<tr>
<td>84</td>
<td>(USA) Pension Plan 3</td>
</tr>
<tr>
<td>85</td>
<td>(USA) Pension Plan 4</td>
</tr>
<tr>
<td>86</td>
<td>(USA) Pension Plan 5</td>
</tr>
<tr>
<td>87</td>
<td>(USA) Pension Plan 6</td>
</tr>
<tr>
<td>90</td>
<td>Vacation Buy</td>
</tr>
<tr>
<td>91</td>
<td>Vacation Sell</td>
</tr>
</tbody>
</table>

You can add additional benefit plan types. However, you need 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 Oracle's PeopleSoft application adds plan types starting from the beginning of the alphabet, Oracle recommends that you start with Z and work backward to A. Oracle also recommends that you 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.

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 that you will offer to your employees.

**Benefit Plan Table Page**

Use the Benefit Plan Table page (BENEFIT_PLAN_TABLE) to enter benefit plan information.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plans and Providers > Benefit Plan Table > Benefit Plan Table
Image: Benefit Plan Table page

This example illustrates the fields and controls on the Benefit Plan Table page. You can find definitions for the fields and controls later on this page.

Set ID
- Select a set ID for the vendor to be used.

Include in Health Pagelet
- This check box is visible only for health plans (plan types 1x).
- Select this check box to include the plan in the Health Benefits Pagelet, which shows overall enrollment statistics for health plans.

Vendor ID
- Enter the provider ID.
- Define vendor IDs on the Provider/Vendor Table page.

SPD URL ID (summary plan description uniform resource locator identifier)
- Enter the URL ID for the provider.
- This URL is used with the PeopleSoft Benefits Self Service application to provide access to the summary plan description.

Group Number
- Enter the group number.
- Group numbers are defined on the Provider Policy Table page.

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 Program Table.
Deduction codes are created on the Deduction 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 for the system to enforce or monitor compliance with this beneficiary right.

**Include in Nondiscrimination**

Check to include in nondiscrimination testing. Available only to plan types in the 40-series (savings plans).

**Pay Mode**

Complete if you are using PeopleSoft Payroll for North America with PeopleSoft 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*.

**EDI Plan Coverage Description**

(Optional) Enter a value that is included in the HIPAA (Health Insurance Portability and Accountability Act of 1996) file.

**EDI Insurance Line Code** (electronic data interchange insurance line code)

Select a value from the drop-down menu.

**Self-Service Plan Description**

Enter text describing the benefit plan to appear on all fluid Benefits Self Service plan enrollment pages.

In Classic Self Service, this field is used only for health (1x), disability (3x), leave (5x), and retirement (7x) plans.

**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.

**Related Links**

Setting Up Internal Administrative Contact Information
Setting Up Health Plans

To set up health plans, use the Health Plan Table (HEALTH_PLAN_TABLE) component.

This section discusses how to enter health plan details.

Page Used to Set Up Health Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan Table Page</td>
<td>HEALTH_PLAN_TABLE</td>
<td>Enter health plan details.</td>
</tr>
</tbody>
</table>

Health Plan Table Page

Use the Health Plan Table page (HEALTH_PLAN_TABLE) to enter health plan details.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Health Plan Table > Health Plan Table

Image: Health Plan Table page

This example illustrates the fields and controls on the Health Plan Table page. You can find definitions for the fields and controls later on this page.

Health Provider Required

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

Wait Period Days

Enter the number of days an employee must wait to be eligible for the plan.

Self-Insured Plan

Select this check box if the health plan is employer-sponsored self-insured health coverage.
Setting Up Simple Rate Plans

To set up benefit plans, use the Simple Plan Table (SIMPLE_PLAN_TABLE) component.

This section provides an overview of simple rate plans and discusses how to enter simple benefits plan details.

Page Used to Set Up Simple Rate Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Plan Table Page</td>
<td>SIMPLE_PLAN_TABLE</td>
<td>Define simple benefits that have no participation attributes and are rate-driven.</td>
</tr>
</tbody>
</table>

Understanding Simple Rate Plans

Simple rate plans, also called simple benefits plans, are a generic plan type for benefits that have no additional participation attributes other than their election. The costs for these plans are calculated from the benefit rate tables.

While these plans do not have any participation attributes, they can be extended by establishing a link to other components, both delivered and custom. From these other components, additional information can be maintained manually.

Simple Plan Table Page

Use the Simple Plan Table page (SIMPLE_PLAN_TABLE) to define simple benefits that have no participation attributes and are rate-driven.

Navigation

Setup HCM > Product-Related > Base Benefits > Plan Attributes > Simple Plan Table > Simple Plan Table
Image: Simple Plan Table page

This example illustrates the fields and controls on the Simple Plan Table page. You can find definitions for the fields and controls later on this page.

Extended Attributes Management

Complete this group box if you want to collect optional extended information about enrollments in this plan. Select a menu name and component name.

If you want to override the label that is supplied by default from the component definition, enter an optional link label.

If you define an extended attributes component, the component link appears on the Base Benefits enrollment page. This enables you to navigate to the component and enter additional information for the employee.

Setting Up Life Insurance and Accidental Death Plans

To set up life and accidental death plans, use the Coverage Formula Table (BN_FORMULA) and Life and AD/D Plan Table (LIFE_ADD_TABLE) components.

This section provides an overview of coverage calculation formulas.

Understanding Coverage Calculation Formulas

You can create simple formulas to define how coverage should be calculated. These formulas are used by both life and disability insurance plans. You can specify how the benefits compensation base is determined, a formula to apply against that base to derive a coverage amount, and limits on the coverage amount. You can also define whether the coverage is subject to reduction based on attained age. The examples illustrate calculation possibilities with as of rates:

Example: 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.
Setting Up Benefit Plans  

<table>
<thead>
<tr>
<th>Employee</th>
<th>Effective Date</th>
<th>Salary</th>
<th>Benefit Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Jeffrey</td>
<td>January 1, 2008</td>
<td>10,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Ann Jeffrey</td>
<td>April 1, 2008</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Ann Jeffrey</td>
<td>January 1, 2009</td>
<td>17,500</td>
<td>18,000</td>
</tr>
</tbody>
</table>

**Table**

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Rate</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life (employee)</td>
<td>January 1, 2008</td>
<td>1.00</td>
</tr>
<tr>
<td>Life (employer)</td>
<td>January 1, 2008</td>
<td>2.00</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Pay End Date</th>
<th>Coverage</th>
<th>Employee Amount</th>
<th>Employer amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 31, 2008</td>
<td>12,000</td>
<td>12.00</td>
<td>24.00</td>
</tr>
<tr>
<td>February 28, 2008</td>
<td>12,000</td>
<td>12.00</td>
<td>24.00</td>
</tr>
<tr>
<td>March 31, 2008</td>
<td>12,000</td>
<td>12.00</td>
<td>24.00</td>
</tr>
<tr>
<td>April 30, 2008</td>
<td>15,000</td>
<td>12.00</td>
<td>33.00</td>
</tr>
<tr>
<td>May 31, 2008</td>
<td>15,000</td>
<td>12.00</td>
<td>33.00</td>
</tr>
</tbody>
</table>

**Example: 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.

<table>
<thead>
<tr>
<th>Employee</th>
<th>Effective Date</th>
<th>Salary</th>
<th>Benefit Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Henry</td>
<td>January 1, 2008</td>
<td>10,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Jim Henry</td>
<td>April 1, 2008</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Jim Henry</td>
<td>January 1, 2009</td>
<td>17,500</td>
<td>18,000</td>
</tr>
</tbody>
</table>

**Table**

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Rate</th>
<th>Per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life (employee)</td>
<td>January 1, 2008</td>
<td>1.00</td>
</tr>
<tr>
<td>Life (employer)</td>
<td>January 1, 2008</td>
<td>2.00</td>
</tr>
</tbody>
</table>
No change is made in Jim Henry's coverage or premium until the new year.

<table>
<thead>
<tr>
<th>Pay End Date</th>
<th>Coverage</th>
<th>Employee Amount</th>
<th>Employer Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 31, 2008</td>
<td>12,000</td>
<td>12.00</td>
<td>24,00</td>
</tr>
<tr>
<td>February 28, 2008</td>
<td>12,000</td>
<td>12.00</td>
<td>24,00</td>
</tr>
<tr>
<td>March 31, 2008</td>
<td>12,000</td>
<td>12.00</td>
<td>24,00</td>
</tr>
<tr>
<td>April 30, 2008</td>
<td>15,000</td>
<td>12.00</td>
<td>24,00</td>
</tr>
<tr>
<td>May 31, 2008</td>
<td>15,000</td>
<td>12.00</td>
<td>24,00</td>
</tr>
</tbody>
</table>

**Coverage Formula Table Page**

Use the Coverage Formula Table page (BN_FORMULA) to create coverage calculation formulas.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Coverage Formula Table > Coverage Formula Table

You can select from existing formulas to calculate life insurance coverage or create your own coverage calculation formulas, both from the Coverage Formula Table page.
Image: Coverage Formula Table page

This example illustrates the fields and controls on the Coverage Formula Table page. You can find definitions for the fields and controls later on this page.

Benefit Base

Coverage Base As Of

Select the employee's salary that the system will use for coverage calculation. Values are:

- Check Date
Chapter 4 Setting Up Benefit Plans

The date of the pay check is used to calculate the coverage amounts.

- *Last Year On*
  
  A specific date is used to calculate the coverage amounts. You must enter the month and day.

- *Pay End Date*
  
  The pay end date is used to calculate the coverage amounts.

- *This Year On*
  
  A specific date is used to calculate the coverage amounts. You must enter the month and day.

**Premium Base As Of**

Select the employee's salary that the system will use for premium calculation. The options are:

- *Check Date*
  
  The date of the pay check is used to calculate the coverage amounts.

- *Pay End Date*
  
  The pay end date is used to calculate the coverage amounts.

- *Last Year On*
  
  A specific date is used to calculate the coverage amounts. You must enter the month and day.

- *Pay End Date*
  
  The pay end date is used to calculate the coverage amounts.

- *This Year On*
  
  A specific date is used to calculate the coverage amounts. You must enter the month and day.

**Source**

- **Annual Rate**
  
  Select this field for the system to use the regular compensation base entered on the Job Data - Compensation page in Workforce Administration.

- **Annual Benefits Base Rate**
  
  Enter a rate from the drop-down menu. The system uses the rates defined in the Annl Benef Base Rt Type Tbl page.
Multiple Job Rules

Combine Base for Multiple Jobs
Select this option if you want to aggregate salary from multiple jobs as a basis for a coverage determination.

Group Method
This field is available if you selected the Combine Base for Multiple Jobs option.

Select the grouping method for the system to use when selecting jobs to contribute to the total benefit base. Values are:

- **All Flagged Jobs**
  All flagged jobs are included in the calculation regardless of the benefit record number.

- **Flagged Jobs in Benefit Record**
  All flagged jobs within the current record number are included in the calculation.

- **Primary Job in Benefit Record**
  Only the primary job within the current benefit record number is included in the calculation.

Consider Active Jobs Only
Select to have the system consider only jobs with an active status.

Maximum Benefit Base
Enter the maximum amount of benefit base that can be used in the coverage formula calculation.

Note: This is most often used in disability plans to limit the amount of salary subject to replacement.

Coverage Minimum and Maximum

Coverage Minimum
Enter the minimum amount of coverage that an employee can receive. If the calculated coverage falls below this amount, this amount will be covered as a default.

Coverage Maximum
Enter the maximum amount of coverage that an employee can receive. If the calculated coverage exceeds this amount the coverage is capped.

Coverage Formula

Coverage Formula
Displays the formula in an algebraic format.

Show Formula
Click to refresh the Coverage Formula field.
Formula
Operand
Select from these mathematical options to build your formula.
Entry Type
Select an entry type. Values are:
- **Constant**
  Select if the value is a constant.
- **Base**
  Select if the base salary may change.
Numeric Value
This field is available if you select *Constant* in the Entry Type field.
Enter a numeric value.
Round to Multiple of
Enter a numeric value to designate the precision of the rounded number. Typical multiples are 100 and 1000.
Round Up Amount
Enter a numeric value to designate when a number gets rounded.

Age Coverage Reduction
Age
Enter the age of employee. The system determines the age by the pay period end date.
Percent
Enter a percentage that the system will deduct from the employee's coverage.

An Example for Creating a Formula
Here is an example for setting up the formula for \((2 \times BASE) \ ROUND + 1000\)) \ ROUND
1. For Seq No field 10, select the ( symbol in the Operand field.
2. Add a row.
3. For Seq No field 20, select the ( symbol in the Operand field.
4. Add a row.
5. For Seq No field 30, select *Constant* in the Entry Type field and enter 2 in the Numeric Value field.
6. Add a row.
7. For Seq No field 40, select the * symbol in the Operand field and select *Base* in the Entry Type field.
8. Add a row.
9. For Seq No field 50, select the ) symbol in the Operand field.
10. Add a row.
11. For Seq No field 60, select *Round* in the Operand field, enter 1000 in the Round to Multiple of field, and enter 500.00 in the Round Up Amount field.

12. Add a row.

13. For Seq No field 70, select + in the Operand field, select *Constant* in the Entry Type field, and enter 1000.00 in the Numeric field.


15. For Seq No field 80, select the ) symbol in the Operand field.

16. Add a row.

17. For Seq No field 90, select the ) symbol in the Operand field.

18. Add a row.

19. For Seq No field 100, select *Round* in the Operand field, enter 500.00 in the Round to Multiple of field, and enter 1000 in the Round Up Amount field.

The formula creation area should look like this:

**Image: Formula creation area**

This example illustrates the fields and controls on the Formula creation area. You can find definitions for the fields and controls later on this page.

When you are done and have clicked Save Formula or Save, the formula that you created appears in the Coverage Formula Scroll area.
**Image: Completed customized formula**

This example illustrates the fields and controls on the Completed customized formula. You can find definitions for the fields and controls later on this page.

Other examples of formulas you may want to create are:

- Flat Amount
- 2 x Base
- (2 x Base) Round
- (2 x Base) Round + Flat Amount
- ((2 x Base) + Flat Amount) Round
- (Base + Flat Amount) Round
- ((2 x Base) Round + Flat Amount) Round

**Life and AD/D Plan Table Page**

Use the Life and AD/D Plan Table page (LIFE_ADD_TABLE) to enter life or AD/D plan details.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Life and AD/D Plan Table > Life and AD/D Plan Table

**Image: Life and AD/D Plan Table page**

This example illustrates the fields and controls on the Life and AD/D Plan Table page. You can find definitions for the fields and controls later on this page.
Life/ADD Plans

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 Life and AD/D Coverage Groups 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.

Discriminatory Life Select this field for the system not to deduct any coverage amounts from the U.S. imputed income calculation.

Coverage Type

Plan Level Select to indicate that coverage for this plan is determined by a specific formula ID.

Employee Level Select to indicate that coverage for this plan is specified by the flat amount on the enrollment page.

Formula ID Select from the available coverage formula IDs.

Insured Person Type

Employee Select to indicate that the person insured by this plan is the employee.

On the enrollment page, this directs the system to collect beneficiary allocations.

Dependents Select to indicate that the persons insured by this plan are the employee's dependents and not the employee.

On the enrollment page, this directs the system to collect a list of covered individuals.

Dependent Specific Coverages? Select to indicate that each covered dependent will have an individual coverage amount entered for him or her on the enrollment page.

If this option is not selected, then a single coverage amount is specified and each covered person receives this same amount of coverage.

Restricting Insurance Coverage

You can associate coverage formulas that include coverage minimum and maximum amounts with a life benefit program and benefit plan combination. When you do this, 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. This enables you to restrict the amount of coverage for an individual life plan.

You can use the Coverage Group Code page to also restrict the amount of coverage across all life insurance plans in which the employee enrolls. 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. When 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 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 \textit{OPTA}.

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

---

**Setting Up Disability Plans**

To set up disability plans, use the Disability Plan Table (\texttt{DISABILITY\_PLN\_TBL}) component.

This section lists prerequisites and discusses how to enter disability plans details.

**Page Used to Set Up Disability Plans**

<table>
<thead>
<tr>
<th>\textit{Page Name}</th>
<th>\textit{Definition Name}</th>
<th>\textit{Usage}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Plan Table Page</td>
<td>\texttt{DISABILITY_PLN_TBL}</td>
<td>Define details for disability benefit plans.</td>
</tr>
</tbody>
</table>

**Prerequisites**

Insurance companies typically quote disability benefits in monthly terms (as opposed to life insurance benefits, which are quoted in annual terms). Define the amount of covered salary that forms the basis for a disability plan on the Coverage Formula Table page.

See Coverage Formula Table page
Disability Plan Table Page

Use the Disability Plan Table page (DISABILITY_PLN_TBL) to define details for disability benefit plans.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Disability Plan Table > Disability Plan Table

Image: Disability Plan Table page

This example illustrates the fields and controls on the Disability Plan Table page. You can find definitions for the fields and controls later on this page.

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

Use as Base for Premium Calc (use as base for premium calculation) Select for the system to use the employee covered salaries to calculate disability plan premiums. When this option is selected, disability plan premium calculations are based on the salary replacement percentage of the employee's disability benefit rather than the employee's covered salary. This amount is still limited to the specified maximum monthly benefit.

Calculation of Disability Plan Coverage

Similar to life insurance, disability plans use a coverage formula to determine the covered salary against which the premium rate is applied. Whereas life insurance plans typically calculate coverage in annual terms, disability plans typically calculate salary replacement coverage in monthly terms. You typically create a very simple formula for disability plans:

Base/12

You may want to round the base salary or final result. You could use the maximum benefit base to cap the employee's covered annual salary before the calculation, or you could use the coverage maximums to cap the resulting covered monthly salary.

The final monthly salary could be subject to either a percent-of-base type rate or a rate-per-unit type rate. Unless Use Salary Replacement as Base is selected, the rate takes into account the salary replacement percentage. This means that you would have a different rate for 50% replacement than you do for 66% replacement because the base represents only the covered salary and not the actual replace salary.
However, if Use Salary Replacement as Base is selected, then the coverage base already accounts for the replacement percentage and a single set of rate would probably be used. The treatment and presentation of this plan is determined by your own business practice.

## Setting Up Savings Plans

This section discusses how to set up savings plans using the Savings Plan Table (SAVINGS_PLAN_TBL) component.

### Pages Used to Set Up Savings Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Limit on Investments Page</td>
<td>SAVINGS_PLAN_TBL1</td>
<td>Define employee investment limits.</td>
</tr>
<tr>
<td>Employer Contribution/Match Page</td>
<td>SAVINGS_PLAN_TBL2</td>
<td>Define employer contributions.</td>
</tr>
<tr>
<td>Rollover of Funds Page</td>
<td>SAVINGS_PLAN_TBL5</td>
<td>Set up employee rollover options.</td>
</tr>
</tbody>
</table>

### Employee Limit on Investments Page

Use the Employee Limit on Investments page (SAVINGS_PLAN_TBL1) to define employee investment limits.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Savings Plan Table
Image: Employee Limit on Investments page

This example illustrates the fields and controls on the Employee Limit on Investments page. You can find definitions for the fields and controls later on this 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. You might also use it 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]): You could use this to establish an employer-funded savings benefit.

Limits on Employee Investments

**Employee IT'D Earning Threshold** (employee year-to-date earning threshold)

This amount is used to determine when the over-threshold limit applies. If this amount is left at zero, the up-to-threshold limits apply to all levels of earnings.
Chapter 4 Setting Up Benefit Plans

Up-To-Threshold Limit (Percent of Earnings)

Enter the before-tax, after-tax, and total percentage of earnings that an employee can invest, as long as the employee year-to-date (IT'D) earnings threshold has not been met.

Over-Threshold Limit (Percent of Earnings)

Enter the before-tax, after-tax, and total percentage amounts that an employee can invest after the IT'D earnings threshold has been met.

Rules for Highly Compensated Employee 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) to comply with regulations. Enter the before-tax, after-tax, and total investment amounts that an employee can invest.

For example, you could set a lower 8% before-tax contribution cap on HCEs or set up a 2% reduction on elected contribution of each HCE to bring deferrals into compliance. Depending on the results of the nondiscrimination testing, you can adjust the limits throughout the year.

Investments

Enter a numerical identifier for each investment option and a description.

Note: U.S. federal government users enter an alphabetical identifier.

Employer Contribution/Match Page

Use the Employer Contribution/Match page (SAVINGS_PLAN_TBL2) to define employer contributions.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Savings Plan Table > Employer Contribution/Match
Setting Up Benefit Plans

Chapter 4

Image: Employer Contribution/Match page

This example illustrates the fields and controls on the Employer Contribution/Match page. You can find definitions for the fields and controls later on this page.

**Employee IT'D Earning Threshold** (employee year-to-date earning threshold)

Displays the value enter on the Employee Limit on Investments page for this field.

**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 option in the Before Tax Employer Contribution and After Tax Employer Contribution group boxes.

**Before and After Tax Employer Contribution**

Employer contribution refers to amount employer contributes towards employee's savings plan, either on a matching or nonmatching basis.

In a matching contribution, the employer's contribution is dependent or limited by employee's contribution in the savings plan.

**Pct of Employee Investment** (percent of employee investment)

Select to enter the percentage the organization will match of an employee contribution in the Percent Match field. For example, if an organization matches 25% of an employee's contribution, the system will generate an employer match of 25 U.S. dollars (USD) for an employee with a 401k contribution of 100 USD.

**Service Step Table**

Select to use a service step table that defines different levels of percent match of employee's earnings per length of service and...
In a nonmatching contribution, the employer's contribution is independent of employee's contribution and sets the contribution using the following options:

**Flat Amount Per Pay Period**
Select and enter the dollar amount that the employer will contribute per pay period regardless of the amount an employee contributes in the Flat Amount field.

**Pct of Special Accumulator (percent of special accumulator)**
Select and enter a percentage of an employer contribution in the Under Threshold field. A special accumulator is predefined total of certain earnings, a percentage of which is what employer will contribute.

You can also identify other options or enter additional information, such as contribution percentages and amounts, for employer matching and contribution.

**Special Calculation Routine**
Select to have the system use a custom routine that is not supported by the standard PeopleSoft system. You must modify your COBOL programs.

**Percent Matching**
Enter the percentage the organization will match of an employee contribution. This field appears when the Pct of Employee Investment option is selected.

**Flat Amount**
Enter the dollar amount that the employer will contribute per pay period regardless of the amount an employee contributes. This field appears when the Flat Amount Per Pay Period option is selected.

**Under Threshold**
Enter a percentage of an employer contribution. This field appears when the Pct of Special Accumulator option is selected.

**Allow Negative Employer Match/Contribution**
Select to enable negative earnings to result in an employer match when the employee's contribution is negative. The system will not make a positive contribution when there are negative earnings present, this includes rollovers, flat dollar contribution amounts, and excess credits. The earnings are used in the calculation, but only to generate running employer totals—the earnings do not interfere with the match-tier processing. The negative employer match/contribution resets to zero if not allowed.
### Employer Limits on Non-Matching Contribution or Employee's Contribution Subject to Employer Match

**Before Tax % of Earnings Limit, After Tax % of Earnings Limit, and Combined % of Earnings Limit**

Enter a percentage of before, after, or combined earnings that will be matched by the employer contribution.

For example, if the Before Tax % of Earnings Limit field had 6%, then the employer would match contributions up to 6% of the employee's rate of contribution. If the employee only contributed 5%, only 5% would be matched.

**Amount Per Pay Period Limit**

Select a dollar amount upon which to apply the employer contribution.

**Limit Employee Match**

Select a method for calculating an employer's savings plan match. This can be done in two different ways: one limits the employee's contributions subject to matching after the employer match calculation and the other limits the employee contributions prior to calculating the employer match. Options are **After Employer Match** and **Before Employer Match**.

You can define the maximum amount that the employer contributes to a savings plan, on either a matching or nonmatching basis.

- **When you are defining a nonmatching contribution plan**, this data defines the actual amount an employer contributes.
  
  For example, your organization might fund savings plans with after-tax dollars at 3% of the employee's earnings, up to 500 USD per pay period. You would enter 3% in the After-Tax % of Earnings Limit field and 500 in the Amount Per Pay Period Limit field.

- **When you are defining a plan that has an employer match**, this data defines the maximum amount of employee funds eligible for matching, rather than defining the amount of the employer match.
  
  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. In this example, you would enter 6% in the Before-Tax % of Earnings Limit field and 1,000 in the Amount per Pay Period Limit field.

- **Use the Combined % of Earnings Limit field** to combine the limits for both before-tax and after-tax employer match.

- **Use the Limit Employee Match field** to specify whether the limit or reduction is applied before or after the employer match is calculated as described in the examples below.

  This feature applies only for employer match calculations that use the Service Step Table.

### Example: Limiting Employee Match Before or After Employer Match When Using the Service Step Table

This example uses the following data:

- Savings plan limit for employer contribution: 4.5%
- Service Step table:
• Up to 3% of employee earnings: 100% match.
• Up to 6% of employee earnings: 50% match.

• Employee enrollment:
  • Before-tax: 1%
  • After-tax: 6%

• Earnings: $5225
• Before-tax deduction: 52.25
• After-tax deduction: $315.50

**After Employer Matching**

The reduction (limit) of the employee contributions that are subject to matching *after* the match calculation is calculated like this:

• Before-tax employer match: $52.25
  (1% earnings x 100% match)
• Non-taxable Employer match: $182.88
  
  \[(3\% \times 100\% \text{ match} = 156.75) + (3\% \times 50\% \text{ match} = 78.38)] = (4.5\% \times 5225) = 235.13 \text{ match}

  \$235.13 – \$52.25 = \$182.88

**Before Employer Matching**

The reduction (limit) of the employee contributions subject to matching *before* the match calculation is calculated like this:

• Before-tax employer match: $52.25
  (1% earnings x 100% match)
• Non-taxable Employer match: $169.82
  
  \[(4.5\% \text{ limit} – 1\% \text{ earnings used for before-tax} = 3.5\%) (3\% \times 100\% \text{ match} = 156.75) + (.5\% \times 50\% =13.06) = \$169.82

**Calculating Thrift Savings Plan (TSP) Employer Match for Federal Benefits**

This section contains information about employer match per employee contribution before-tax and after-tax calculation for Thrift Savings Plans including Roth 401(k).

*Note:* Use this TSP employer match calculation logic only if the deduction is for TSP EE Contrib-Agency Match, i.e., Reporting Code = ‘TSP EE Contrib – Agency Match’.
To calculate the employer match using the Agency Matching Contribution formula, use the total of TSP and Roth 401(k) employee contribution amounts to determine the percentage of pay contributed. To calculate the employer match, the following rules apply:

1. The first 3% of contribution is 100% Employer Match.
2. The remaining contribution is 50% Employer Match.
3. Total contribution for matching cannot exceed 5%.

Set up the service step table to define before-tax and after-tax values. For more information, see *Setting Up Service Step Table*.

**Thrift Savings Plan (TSP) Employer Match Calculation Example**

In this example, the employee earnings is $4000.

- Before-tax Employee Contribution = $4000 x 2% = $80
- After-tax Employee Contribution = $4000 x 4% = $160
- Non-taxable Before-tax Employer Match = $4000 x 2% x 100% = $80
- Non-taxable Employer Match = $4000 x 1% x 100% + $4000 x 2% x 50% = $80

**Rollover of Funds Page**

Use the Rollover of Funds page (SAVINGS_PLAN_TBL5) to set up employee rollover options.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Savings Plan Table > Rollover of Funds
**Image: Rollover of Funds page**

This example illustrates the fields and controls on the Rollover of Funds page. You can find definitions for the fields and controls later on this 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.

Refund Excess Over Limit: Use with 403(b) plans, for which the limiting of employee contributions is more dynamic. In certain situations, an employee's contributions are not limited as quickly as they should be. On subsequent pay runs, the system may determine that 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.

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 before-tax, after-tax, or both are made on employee enrollment records.

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 before-tax, after-tax, or both.
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.

**Before Tax Rollover** and **After Tax Rollover**

Enter the plan type, benefit plan, deduction code, and class for the rollover options.

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

Select to enable PeopleSoft 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 PeopleSoft Payroll Interface, are not necessarily the same. Also, no year-to-date accumulators are available to apply regulatory limits.

With the exception of savings plan deductions, PeopleSoft 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 Payroll for North America or an appropriate interface with another payroll system.

### Setting Up Thrift Savings Plans (TSP)

This topic contains set up specifications for Thrift Savings Plans (TSP) (Plan Type - 42) that includes the Roth 401(k) plan for federal employees.

For more information about Thrift Savings Plan (TSP) including Roth 401(k), see product documentation for PeopleSoft HCM: Payroll for North America.

### Setting Up TSP Employer Match - FERS Plan

The following table contains the fields and values to set up the TSP Employer Match - FERS Plan:

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Section</th>
<th>Field Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Limit on Investments</td>
<td>Limits on Employee Investments &gt;Up To Threshold Limit (Percent of Earnings)</td>
<td>After-Tax</td>
<td>Enter the percentage of earnings which is the limit for contributing to Roth 401(k) plan.</td>
</tr>
</tbody>
</table>
Setting Up TSP No Match - CSRS Plan

The following table contains the fields and values to set up the TSP No Match - CSRS Plan:

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Section</th>
<th>Field Name</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Limit on</td>
<td>Limits on Employee Investments &gt; Up To Threshold Limit (Percent of</td>
<td>After-Tax</td>
<td>Enter the percentage of earnings.</td>
</tr>
<tr>
<td>Investments</td>
<td>Earnings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Contribution/</td>
<td>Employer Limits on Non-Matching Contribution or Employee's Contribution</td>
<td>Combined % Earnings Limit</td>
<td>Leave this field empty as there is no employer match associated with</td>
</tr>
<tr>
<td>Match</td>
<td>Subject to Employer Match</td>
<td></td>
<td>this plan.</td>
</tr>
<tr>
<td>Savings Plan Information</td>
<td>Service Step Table ID</td>
<td></td>
<td>Leave this field empty as there is no employer match associated with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>this plan.</td>
</tr>
</tbody>
</table>

Setting Up Leave Plans

To set up leave plans, use the Leave Plan Table (LEAVE_PLN_TBL) component.

This section discusses how to enter leave plan details.

**Note:** Before you begin, make sure that you have created earnings codes for the leave plans. The payroll tables summarized in this section are from PeopleSoft Payroll for North America. If your organization does not implement PeopleSoft Payroll for North America, work with your payroll department to ensure that the system can access the proper data for leave accrual processing.
Page Used to Set Up Leave Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave Plan Table Page</td>
<td>LEAVE_PLAN_TABLE</td>
<td>Enter leave plan details.</td>
</tr>
</tbody>
</table>

Related Links
Setting Up Calculation Rules

Leave Plan Table Page

Use the Leave Plan Table page (LEAVE_PLAN_TABLE) to enter leave plan details.

Navigation
Set Up HCM > Product Related > Base Benefits > Plan Attributes > Leave Plan Table > Leave Plan Table

Image: Leave Plan Table page (1 of 2)

This example illustrates the fields and controls on the Leave Plan Table page (1 of 2). You can find definitions for the fields and controls later on this page.
This example illustrates the fields and controls on the Leave Plan Table page (2 of 2). You can find definitions for the fields and controls later on this page.

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

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

**Accrual Process Date**

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 Payroll for North America.

**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. This is 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 that 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 that an employee can accrue. If no maximum exists, enter 9999.

Max Leave Carryover (maximum leave carryover): defines the maximum number of hours that an employee can carry from one calendar year to the next. If no maximum exists, 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 that employment begins. This is available only 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. This is tied directly 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**

To set up Family Medical Leave Act (FMLA) Plans, use the FMLA Plan Table (FMLA_PLAN_TBL) component.

This section lists prerequisites and discusses how to enter FMLA plan details.
Page Used to Set Up FMLA Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMLA Plan Table Page</td>
<td>FMLA_PLAN_TBL</td>
<td>Enter FMLA plan details.</td>
</tr>
</tbody>
</table>

Related Links
Understanding FMLA Plan Administration

Prerequisites
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. Before you can set up FMLA plans, you must 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.

Related Links
"Product Specific Page" (PeopleSoft HCM 9.2: Application Fundamentals)

FMLA Plan Table Page
Use the FMLA Plan Table page (FMLA_PLAN_TBL) to enter FMLA plan details.

Navigation
Set Up HCM > Product Related > Base Benefits > FMLA (Family Medical LV) > FMLA Plan Table > FMLA Plan Table
Image: FMLA Plan Table page

This example illustrates the fields and controls on the FMLA Plan Table page. You can find definitions for the fields and controls later on this page.

### Calendar Type

Employees who are eligible for FMLA-protected leave are entitled to at least 12 weeks of leave during each 12–month FMLA year. Three different ways are available 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 that 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.
Chapter 4 Setting Up Benefit Plans

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 who are 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 to qualify for FMLA coverage.

Use Standard or Payroll Hours

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

Related Links

Setting Up Special Accumulators

Setting Up FSA Plans

To set up FSA plans, use the FSA Benefits Table (FSA_BENEFITS_TABLE) and HSA Excluded Coverages (HSA_EXCLUDED_CVRGS) components.

This section provides an overview of FSA plans.
Pages Used to Set Up FSA Plans and HSA Excluded Coverages

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending Accounts Page</td>
<td>FSA_BENEFITS_TABLE</td>
<td>Define spending account plan details for US and Canada</td>
</tr>
<tr>
<td>HSA Contribution Limits Page</td>
<td>HSA_CONTRIB_LIMITS</td>
<td>Define the contribution limits for HSA plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: This page is available for Benefits Administration only.</td>
</tr>
<tr>
<td>FSA Admin Config Page</td>
<td>FSA_ADMIN_CONFIG</td>
<td>Define the FSA Admin Configuration.</td>
</tr>
<tr>
<td>HSA Excluded Coverages Page</td>
<td>HSA_EXCLUDED_CVRGS</td>
<td>Define specific plans that will be excluded from coverage when one selects an HSA.</td>
</tr>
</tbody>
</table>

Understanding FSA Plans

The PeopleSoft system enables you to manage two types of spending accounts: Flexible spending accounts (FSAs) and Health savings accounts (HSAs).

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

HSAs are tax-advantaged accounts that enable eligible people to save money and subsequently use that money and any earnings from that money to pay for medical expenses tax-free. People are eligible to contribute to an HSA if they are covered under a high deductible health plan (HDHP).

The PeopleSoft system delivers the plan type 67 to use for HSAs, however any 6x plan type can be used. However, PeopleSoft does not recommend using 60, 61, 65 and 66, as these are delivered plan types for FSA Health and Dependent care for US and Canada.

Spending Accounts Page

Use the Spending Accounts page (FSA_BENEFITS_TABLE) to define spending account plan details for US and Canada.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > FSA Benefits Table > Spending Accounts
This example illustrates the fields and controls on the Spending Accounts page. You can find definitions for the fields and controls later on this page.

**Image: Spending Accounts page**

**Employer Carryforward Choice**
- Carry forward credit or claim amounts from one plan year to the next.

**Future Borrowing**
- Select to allow plan enrollees to spend FSA credits prior to their inclusion within the plan year.

### Plan Management

#### Type of Account
- Select whether the spending account is a Flexible Spending Account or a Health Savings Account.

- If you are using PeopleSoft Benefits Administration, the system shows the HSA Contribution Limits page when you select *Health Savings Account*.

#### Plan Contribution
- Indicate whether employees are expected to contribute to the plan by selecting one of the following options:
  - *EE Contribution Optional*
  - *EE Contribution Required*
  - *Employer Only (No EE)*

#### Contribution Frequency
- Select a frequency to define how you quote amounts for this spending account plan.

- If, when you are entering an employee's election, an employee contribution percentage is specified in addition to an annual pledge, then it is specified in terms of this contribution frequency.
**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 deductions.

**Employee Contribution**

**Minimum Annual Contribution**

Enter the minimum contribution employees can make annually.

**Maximum Annual Contribution**

Enter the maximum contribution employees can make annually either here or on the HSA Contribution Limits page.

See Entering HSA Contribution Limits.

**Catch-up Extension Amount**

Enter the annual HSA catch-up extension amount as defined by the IRS.

**Catch-up Contribution Age**

Enter the age as of which employees can contribute the additional catch-up amount.

**Employer Contribution**

**Employer Contribution**

Indicate whether and how an employer matches contributions to this plan:

- None: No employer match is contributed.
- Flat Amount: Matches the employee contribution with a flat amount that you enter, up to a chosen percentage.
- 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.

*Note:* HSA plans only use the None and Flat Amount options.

**Flat Contribution Amount**

If you are using Benefits Administration, enter the employer contribution on the HSA Contribution Limits page only if the plan is an HSA plan. If the plan is an FSA, then enter the contribution amount on this page.

See Entering HSA Contribution Limits.

**HSA Contribution Limits Page**

Use the HSA Contribution Limits page (HSA_CONTRIB_LIMITS) to define the contribution limits for HSA plans.

*Note:* This page is only available when using Benefits Administration.
Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > FSA Benefits Table > HSA Contribution Limits

Image: HSA Contribution Limits page

This example illustrates the fields and controls on the HSA Contribution Limits page. You can find definitions for the fields and controls later on this page.

Employees can contribute to an HSA only if they are covered by an HDHP. Their contributions to an HSA are determined by the HDHP and the coverage code. For each controlling plan you enter, make sure that you include a row for each coverage code.

Contribution Controls

**Controlling Plan Type**
Select the benefit plan type whose membership controls eligibility for this plan.

**Controlling Benefit Plan**
Select the HDHP benefit plan whose membership controls eligibility for this plan.

**Coverage Code**
Select the plan's coverage code.

**Maximum Annual Contribution**
Enter the maximum annual amount that can be contributed to the HSA when an employee is covered by this plan and coverage code. This maximum is the total limit for both employee and employer contributions combined.

**Employer Contribution Amount**
Enter the amount that employers will contribute based on the Employer Contribution Frequency to the HSA for employees covered by this plan and coverage code.

**Limit to %** (limit to percent)
Leave blank because employer contributions must be nondiscriminatory.
FSA Admin Config Page

Use the FSA Admin Config page (FSA_ADMIN_CONFIG) to define the FSA Admin Configuration.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > FSA Benefits Table > FSA Admin Config

Image: FSA Admin Config page

This example illustrates the fields and controls on the FSA Admin Config page. You can find definitions for the fields and controls later on this page.

Use the following fields to determine the service dates that are valid for submitted claims:

**FSA Service From Date**

This field by default displays the effective date of the plan and must be within the service date range to be paid under the plan.

This value can also be longer than 12 months and overlap the service dates of other plans that the employer offers and in which the employee is enrolled.

**Through**

This field by default displays the date that is 12 months after the effective date of the plan.

**FSA Plan Year**

Select the year pertaining to this plan.

**FSA Minimum Check Amount**

Enter a cost below which the system does not pay out any claims.

**(flexible spending account check amount**

**Ignore Min Check Amt at Close**

Select to close out the plan and process and pay out any approved, pending claims below the minimum amount. All claims are paid when the system runs the closure process for the benefit plan.
Chapter 4 Setting Up Benefit Plans

**Note:** If this option is not selected, all claims below the minimum amount remain unpaid. If the pending claim has a service date that overlaps two FSA plans in which an employee is enrolled, the system moves the claims to the second FSA plan until enough claims exist to meet the minimum check amount of the second FSA plan.

### Carryover limit

Define the maximum FSA carryover limit.

**Note:** The maximum carryover amount should not exceed $500.

For more information on setting the FSA carryover, see Understanding U.S. Health FSA Carryover

**HSA Excluded Coverages Page**

Use the HSA Excluded Coverages page (HSA_EXCLUDED_CVRGS) to define specific plans that will be excluded from coverage when one selects an HSA.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Program Structure > HSA Excluded Coverages

If an employee enrolls in an HSA, he or she cannot enroll in some plans. These nonpermitted plans are defined in an HSA Excluded Coverages table by plan type and plan. This table validates all HSA enrollments through eBenefits and Benefits Administration.

**Image: HSA Excluded Coverages page**

This example illustrates the fields and controls on the HSA Excluded Coverages page. You can find definitions for the fields and controls later on this page.
Setting Up Retirement Plans

To set up a retirement plan for PERS (the California Public Employees Retirement System) or the U.S. federal government, use the Retirement Plan Table (RTRMNT_PLAN_TABLE) component.

This section discusses how to enter retirement plan details.

Page Used to Set Up Retirement Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement Plan Page</td>
<td>RTRMNT_PLAN_TABLE</td>
<td>Set up California PERS or U.S. federal government retirement plans.</td>
</tr>
</tbody>
</table>

Retirement Plan Page

Use the Retirement Plan Table page (RTRMNT_PLAN_TABLE) to set up California PERS or U.S. federal government retirement plans.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Retirement Plan Table > Retirement Plan Table

Image: Retirement Plan Table page

This example illustrates the fields and controls on the Retirement Plan Table page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Employer Contribution to Employee % (employer contribution to employee percentage)</th>
<th>Define how much the employer contributes to the employee's total contribution percentage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Special Accumulator Instead of Gross</td>
<td>To have the system use a special accumulator instead of the total gross, enter the desired accumulator code here.</td>
</tr>
<tr>
<td></td>
<td>To use a special accumulator, work with your payroll department to define the code and its detail. You can set up</td>
</tr>
</tbody>
</table>
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 (Thrift Savings Plan) 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 regardless of whether they contribute their own money to their TSP accounts.

Select OASDI Offset 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 and the following pre-tax deductions (Medical (plan type 10), Dental (plan type 11), Vision (plan type 14), Flex Spending Health - U.S. (plan type 60), Flex Spending Dependent Care (plan type 61) and Health Savings Account (plan type 67)) until the maximum OASDI/FICA contribution level is reached.

You must define a special accumulator for the system to track the Basic Pay Wages that are used in the retirement deduction calculation.

Related Links
Setting Up Special Accumulators
TSP Agency Basic Page

Setting Up Pension Plans

To set up pension plans, use the Pension Plan Table (PENS_PLAN_TABLE_US) component.

This section discusses how to enter US and Canadian pension plan details.

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

Pages Used to Set Up Pension Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension Plan Table Page (USA)</td>
<td>PENS_PLAN_TABLE_US</td>
<td>Enter details for U.S.-defined pension plans.</td>
</tr>
<tr>
<td>Pension Plan Table CAN Page</td>
<td>PENSION_PLAN_TABLE</td>
<td>Enter details for Canadian-defined pension plans.</td>
</tr>
</tbody>
</table>
Pension Plan Table Page (USA)

Use the Pension Plan Table page (PENS_PLAN_TABLE_US) to enter details for U.S.-defined pension plans.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Pension Plan Table > Pension Plan Table

Image: Pension Plan Table page

This example illustrates the fields and controls on the Pension Plan Table page. You can find definitions for the fields and controls later on this page.

Pension Type

Select the type of pension plan. Valid values for U.S. pension plans are Qualified and Non Qualified.

Do not select Defined Benefit or Money Purchase, as these are valid only for Canadian pension plans.

Allow Contingent Beneficiaries

Select if the plan allows nonspouse beneficiaries. (If selected, the MDIB group box appears.)

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, assume 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.
**MDIB Rule Should Apply** (minimum distribution incidental benefit rule should apply)

Select if the MDIB rule applies.

**MDIB Age Difference** (minimum distribution incidental benefit age difference)

Enter an age difference.

**Contributory Plans**

You can incorporate U.S. pension plans (plan types 82 to 87) into a manual or automated benefit program only if the plan is defined as a contributory plan in which the employee contributes some portion of earnings to the plan.

*Note:* The system does not determine whether the rules that you set up meet Internal Revenue Code qualification standards. Such compliance is your responsibility.

**Voluntary Contributions Allowed**

No parameters exist 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.

### Pension Plan Table CAN Page

Use the Pension Plan Table CAN page (PENSION_PLAN_TABLE) to enter details for Canadian-defined pension plans.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Pension Plan Table CAN > Pension Plan Table CAN
**Image: Pension Plan Table CAN**

This example illustrates the fields and controls on the Pension Plan Table CAN. You can find definitions for the fields and controls later on this page.

**Use Special Accumulator Instead of Gross**

Enter the special accumulator code that 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 IT'D (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 takes the special...
accumulator earnings for the current pay period and annualizes them based on the number of pay periods in the year.

**Pension Plan Type**

Select the type of pension plan. Valid values for Canadian pension plans are *Defined Benefit* and *Money Purchase*. Do not select either *Qualified* or *Non Qualified*, as these are valid only for U.S. pension plans.

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 Contributions Allowed**

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

**Coordinate with CCP**

Select to have the system 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 Nbr**

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 that 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 to use to process the employee and employer contributions. This is based on IT'D earnings and should not be selected even if a special accumulator is used. If more than one set of rates apply, Oracle recommends 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 to use 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 is 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 enter three sets of rates and you enter limits of $20,000, $60,000, and $80,000 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.

Here is an example for fixed rates: An 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.

Here is 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 uses the rates associated with the $80,000 earnings limit.

**Defined Benefit PA Factors**

If you want to use the SQR (Structured Query Report) 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 applies the employee's standard work hours from the Job Data - Job Information page 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, 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. When the information is calculated, you must import it into the PeopleSoft system.

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**Setting Up Vacation Buy/Sell Plans**

To set up vacation buy/sell plans, use the Vacation Buy/Sell Table (VACATION_TABLE) component.

This section discusses how to enter vacation buy/sell plan details.

**Page Used to Set Up Vacation Buy/Sell Plans**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation Buy/Sell Table Page</td>
<td>VACATION_TABLE</td>
<td>Enter details for vacation buy/sell plans.</td>
</tr>
</tbody>
</table>

**Vacation Buy/Sell Table Page**

Use the Vacation Buy/Sell Table page (VACATION_TABLE) to enter details for vacation buy/sell plans.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Vacation Buy/Sell Table > Vacation Buy/Sell Table
This example illustrates the fields and controls on the Vacation Buy/Sell Table page. You can find definitions for the fields and controls later on this page.

**Vacation Buy/Sell Table**

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

**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 PeopleSoft 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 that 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, PeopleSoft 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.

**Related Links**
- Understanding the Leave Process
- Understanding the Vacation Buy/Sell Process
Understanding Benefit Programs

This section provides an overview of:

- Benefit programs.
- Plan types.
- Plans.
- Effective dates.

Related Links
Defining Benefit Plans
"Building Benefit Programs with the Benefit Program Table" (PeopleSoft HCM 9.2 Benefits Administration)

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 and benefit plans to it, and associate a variety of rules, such as rates, calculation rules, and dependent 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 Benefits Administration automated enrollment.
Understanding Plan Types

Plan types are essential in a benefit program. They group individual plans or options that can 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 can 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, with 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 any date could possibly 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

To define benefit programs, use the Benefit Program Table (BEN_PROG_DEFN) component.

This section discusses how to define benefit programs and associate plan types with a benefit program.

Pages Used to Build Benefit Programs

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Program Table - Benefit Program Page</td>
<td>BEN_PROG_DEFN1</td>
<td>Define basic benefit program information.</td>
</tr>
<tr>
<td>Benefit Program Table - Plan Type and Option Page</td>
<td>BEN_PROG_DEFN2</td>
<td>Link plan types to the benefit program and add important information about plan types.</td>
</tr>
<tr>
<td>Benefit Program Table - Cost Page</td>
<td>BEN_PROG_DEFN3</td>
<td>Link a benefit program and plan type to rate and calculation rules.</td>
</tr>
</tbody>
</table>
Benefit Program Table - Benefit Program Page

Use the Benefit Program Table - Benefit Program page (BEN_PROG_DEFN1) to define basic benefit program information.

Navigation

Set Up HCM > Product Related > Base Benefits > Program Structure > Benefit Program Table > Benefit Program

Image: Benefit Program Table - Benefit Program page

This example illustrates the fields and controls on the Benefit Program Table - Benefit Program page. You can find definitions for the fields and controls later on this page.

### Effective Date

The 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 the Manage Base Benefits business process, this option is automatically set to Manual. If you activate Benefits Administration on the Installation Table, it is automatically set to Automated.

### Currency Code

The type of currency that is used for this program's benefit and deduction calculations.
**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. |

**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 Maximum Annual Pledge** | Enter the maximum amount that an employee can contribute across all flexible spending accounts within the Benefit Program for a plan year. |

**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. |

**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) |
Building Base Benefit Programs

Chapter 5

Self-Service Configuration

Use this group box to define the rules for displaying and processing the PeopleSoft eBenefits application pages.

**Show Credits on Enrollmnt Form**  
(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.

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

**Show Employer Costs on Form**  
Select to display the employer's contributions (costs) on the enrollment form.

**Alert to Tax Impacts on Form**  
Select to alert the employee to any potential tax impacts (due to the employer's contributions) on the enrollment form. Most typically, this would be if a T-Tax (imputed income) component existed.

**Cost Freq on Enrollment Form**  
(cost frequency on enrollment form)  
This defines how the cost of the benefits appears on the enrollment form. Values are

- **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 IDs are set up in the URL Table.

**Related Links**

"Understanding Flexible Credits" (PeopleSoft HCM 9.2 Benefits Administration)

**Benefit Program Table - Plan Type and Option Page**

Use the Benefit Program Table - Plan Type and Option page (BEN_PROG_DEFN2) to link plan types to the benefit program and add important information about plan types.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Program Structure > Benefit Program Table > Plan Type and Option
Chapter 5 Building Base Benefit Programs

Image: Benefit Program Table - Plan Type and Option page

This example illustrates the fields and controls on the Benefit Program Table - Plan Type and Option page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Employee Self Service</th>
<th>Benefit Program Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Program</td>
<td>Plan Type and Option</td>
</tr>
<tr>
<td></td>
<td>Option</td>
</tr>
</tbody>
</table>

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

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

**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.

**Dependent Rules ID**
Select the dependent rule to be used when determining dependent age limits for this plan type. This field appears only for 1X (health) plan types.

If you leave this field blank, the system uses the least restrictive options as the default limits:

- Dependent Age Limit: 99
• Student Age Limit: 99
• Exclude Disabled from Age Limit: Selected
• Dependent Ineligible if Married: Deselected

Note: To generate COBRA event triggers during COBRA overage processing, the system uses the most restrictive settings from the dependent rules used by all of the 1X plan types under the benefit program (for example, the lowest age limits). The system uses these settings only when creating the initial COBRA event triggers. When the system processes the triggers to generate COBRA enrollments, it correctly applies the rules for specific plan types.

<table>
<thead>
<tr>
<th>HIPAA Plan (Health Insurance Portability and Accountability Act plan)</th>
<th>This check box applies only to health plans. Select this check box if you want to designate that this plan be included in the HIPAA Report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waive Coverage</td>
<td>For Benefits Administration users. Select the option that defines whether and when employees are permitted to waive coverage for this plan type.</td>
</tr>
<tr>
<td>COBRA Plan</td>
<td>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.</td>
</tr>
<tr>
<td>Load Cross Plan Values</td>
<td>Click to automatically supply the cross-plan data for every option in this plan type. For Benefit Administration users only.</td>
</tr>
</tbody>
</table>

**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 Edits check box 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 deselected, the system will not display the plan type.

This setting is not relevant to 6x plans (flexible spending accounts) and 9x plans (vacation buy/sell), which are always shown in self-service.

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.

**Additional Summary Configuration**

Use this group box to define the rules for displaying information on the fluid Benefit plan pages within Benefits Summary.

**Update Dependent Information** check box  This check box controls if updating dependent information is allowed or not.

**Update Beneficiary Designation** check box  This check box controls if changing the beneficiary allocations is allowed or not.

**Update Fund Allocations** check box  This check box controls if changing the fund allocations on 4X plans are allowed or not.

**Show Latest Deductions** check box  This check box controls if the latest deductions section (displaying deduction data from North America Payroll) should be shown or not.

**Update Beneficiary Information** check box  This check box controls if updating and adding beneficiary information is allowed or not.

**Update Savings Contributions** check box  This check box controls if changing the savings allocations on 4X plans are allowed or not.

**Show Plan Details** check box  This check box controls if drill down is available to show more details of a plan type or not.

**Option – Eligibility Tab**

Enter the options that are 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. The Manage Base Benefits business process enables you to select from the following list of values:
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 benefits 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. This 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:

• Select a default option only 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 enable employees 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 prevents employees from changing their coverage more than two option levels in either direction. Therefore, an employee with coverage equal to 1 times her annual salary would not be allowed to select coverage equal to 4 times her 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**

Displays the information created in the Eligibility section.

**Cross Plan Type**

If a cross-plan requirement exists 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 depends upon enrollment in a particular benefit plan entered in the 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:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value for Plan Type 01</th>
<th>Value for Plan Types 1x–9x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>01 (Plan type 01 not allowed within Base Benefits)</td>
<td>1x–9x</td>
</tr>
<tr>
<td>Display Plan Sequence</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
<tr>
<td>Event Rules ID</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
<tr>
<td>Waive Coverage</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
<tr>
<td>COBRA Plan</td>
<td>NA</td>
<td>Allowed for plan types 1x and 6x</td>
</tr>
<tr>
<td>HIPAA Plan</td>
<td>NA</td>
<td>Allowed for 1x plan types</td>
</tr>
<tr>
<td>Option Type</td>
<td>NA</td>
<td>O - Only option type allowed for plan types 1x–9x</td>
</tr>
<tr>
<td>Benefit Plan</td>
<td>NA</td>
<td>Required</td>
</tr>
<tr>
<td>Coverage Code</td>
<td>NA</td>
<td>Required for plan type 1x,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not allowed for plan types 2x–9x</td>
</tr>
<tr>
<td>Default Option Indicator</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
<tr>
<td>Deduction Code</td>
<td>NA</td>
<td>Required</td>
</tr>
<tr>
<td>Option Sequence</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
<tr>
<td>Option Code</td>
<td>NA</td>
<td>Not allowed, unless plan type 1x or 60 has been designated as a COBRA plan, in which case the option code is required.</td>
</tr>
<tr>
<td>Option Level</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
<tr>
<td>Geographic Location Table ID</td>
<td>NA</td>
<td>Not allowed</td>
</tr>
</tbody>
</table>
### Field | Value for Plan Type 01 | Value for Plan Types 1x–9x
--- | --- | ---
Eligibility Rules ID | NA | Not allowed
Cross-PlanType | NA | Not allowed
Cross-Plan | NA | Not allowed
Cross-Plan Limit Percentage | NA | Not allowed
Cross-Plan Dependent | NA | Not allowed

**Note:** NA stands for "not applicable".

**Related Links**

"Manage Base Benefit Reports" (PeopleSoft HCM 9.2: Application Fundamentals)

Enrolling Participants in Benefit Programs and Plans

**Benefit Program Table - Cost Page**

Use the Benefit Program Table - Cost page (BEN_PROG_DEFN3) to link a benefit program and plan type to rate and calculation rules.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Program Structure > Benefit Program Table > Cost

**Image: Benefit Program Table - Cost page**

This example illustrates the fields and controls on the Benefit Program Table - Cost page. You can find definitions for the fields and controls later on this 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 is always 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.

Benefit Rate Type

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

Rate ID (rate 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.

Earnings 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:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Flat Rate</th>
<th>Age-Graded</th>
<th>Service Rate</th>
<th>Percent of Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>For Benefit Administration only.</td>
<td>For Benefit Administration only.</td>
<td>For Benefit Administration only.</td>
<td>For Benefit Administration only.</td>
</tr>
<tr>
<td>1X</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2X</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3X</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Plan Type | Flat Rate | Age-Graded | Service Rate | Percent of Salary |
--- | --- | --- | --- | --- |
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:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Rate Tables</th>
<th>Calculation Rules Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Required</td>
<td>Dependent on rate type.</td>
</tr>
<tr>
<td>1x</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>2x</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>3x</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>4x</td>
<td>No</td>
<td>Required</td>
</tr>
<tr>
<td>5x</td>
<td>No</td>
<td>Required (reserved for future use), but not applied during calculations.</td>
</tr>
<tr>
<td>6x</td>
<td>No</td>
<td>Not Used</td>
</tr>
<tr>
<td>7x</td>
<td>No</td>
<td>Not Used</td>
</tr>
<tr>
<td>8x</td>
<td>No</td>
<td>Not Used</td>
</tr>
<tr>
<td>9x</td>
<td>No</td>
<td>Not Used</td>
</tr>
</tbody>
</table>

**Calculation Rule Requirements for Rate Types**

Calculation rules are required for age-graded, flat-amount, salary-percentage, and service rate types.

---

**Cloning Benefit Programs, Coverage Formulas, Eligibility Rules, Event Rules, or Life Event Templates**

Use the Benefit Clone Utility (BN_CLONE) component to clone a benefit program, coverage formula, eligibility rule, event rule, or life event template.
## Page Used to Clone Benefit Programs, Coverage Formulas, Eligibility Rules, Event Rules, or Life Event Templates

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Clone Utility Page</td>
<td>BN_CLONE</td>
<td>• Clone a benefit program. Create a copy of an existing benefit program. Give the duplicated program a new effective date and choose whether to give the program a new name.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clone a coverage formula. Create a copy of an existing coverage formula and give the duplicated formula a new name and effective date.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Create a copy of an existing eligibility or event rule for Benefits Administration.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clone an existing life event template for eBenefits. Create a copy of an existing life event template. Give the duplicated life event template a new name and effective date and indicate whether the life event template is currently active.</td>
</tr>
</tbody>
</table>

## Benefit Clone Utility Page

Use the Benefit Clone Utility (BN_CLONE) component to clone a benefit program, coverage formula, eligibility rule, event rule, or life event template.

### Navigation

Image: Benefit Clone Utility page

This example illustrates the fields and controls on the Benefit Clone Utility page. You can find definitions for the fields and controls later on this page.

Object Type to Clone

Select a value:

- Benefit Program
- Coverage Formula
- Eligibility Rule (Benefits Administration only)
- Event Rule (Benefits Administration only)
- Life Event Template (eBenefits)

Copy From

Selected

Select the check box for the object (benefit program, coverage formula, eligibility rule, event rule, or life event template) that you want to clone.
This group box enables you to define the name of the new object being created. The fields in this group box vary depending on the type of object you are cloning. You can specify the effective date for a benefit program, coverage formula, eligibility rule, or event rule. Additionally, for a benefit program object, you can specify whether the program type is automated or manual. For a life event template, you can select the life event type and specify whether the template is currently active.
Setting Up Benefits Billing

To set up benefits billing, use the Billing Parameters (BILLING_PARAMETERS) and Billing Calendar (BILLINGCALENDAR) components.

This section provides an overview of setting up Benefits Billing and discusses how to set up billing parameters and payment due dates.

### Pages Used to Set Up Benefits Billing

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Parameters Page</td>
<td>BILL_PARMS</td>
<td>Set up billing parameters.</td>
</tr>
<tr>
<td>Define Calendar Page</td>
<td>BILLCALENDAR</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Understanding Benefits Billing Set Up

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 Define Calendar page.

### Billing Parameters Page

Use the Billing Parameter page (BILL_PARMS) to set up billing parameters.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Billing > Billing Parameters > Billing Parameters
Image: Billing Parameter page

This example illustrates the fields and controls on the Billing Parameter page. You can find definitions for the fields and controls later on this 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 Define 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.

### Define Calendar Page
Use the Define Calendar page (BILL.Calendar) to 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.

### Navigation
Set Up HCM > Product Related > Base Benefits > Billing > Define Calendar > Define Calendar
Image: Define Calendar page

This example illustrates the fields and controls on the Define Calendar page. You can find definitions for the fields and controls later on this 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 can be any unique four-character combination. Oracle recommends the format 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 and 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 fewer 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 and Billing Statements Printed

Indicates the current processing stage for this billing calendar.
Setting Up Internal Administrative Contact Information

To set up internal administrative contact information, use the Administrative Contacts (BENEF_ADM_CONTACTS) component.

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

Page Used to Set Up Internal Administrative Contact Information

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Contacts Page</td>
<td>BENEF_ADM_CONTACTS</td>
<td>Record internal contacts for HIPAA and COBRA functions.</td>
</tr>
</tbody>
</table>

Understanding Internal Administrative Contact Information

The Administrative Contacts component is similar to the Vendor component. It 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 to reference that contact multiple times throughout the Manage Base Benefits business process.

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 be used for all benefit plan types.

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

Administrative Contacts Page

Use the Administrative Contacts page (BENEF_ADM_CONTACTS) to record internal contacts for HIPAA and COBRA functions.

Navigation

Set Up HCM > Product Related > Base Benefits > Plans and Providers > Administrative Contacts > Administrative Contacts
Image: Administrative Contacts page

This example illustrates the fields and controls on the Administrative Contacts page. You can find definitions for the fields and controls later on this 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.

**Child Support Indicator**
Indicate whether an employee is required by court order to provide benefits to dependents and/or beneficiaries. If so, indicate whether the employee is the primary or secondary provider.

---

**Setting Up COBRA Administration**

To set up COBRA administration, use the COBRA Event Rules (CBR_EVENT_RULES) component.

This section lists prerequisites and discusses how to set up COBRA Administration.
Pages Used to Set Up COBRA Administration

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Rules Page</td>
<td>COBRA_EVENT_RULES1</td>
<td>Identify the events that result in the loss of health plan coverage for a qualified beneficiary.</td>
</tr>
<tr>
<td>Administrative Contacts (benefit</td>
<td>BENEF_ADM_CONTACTS</td>
<td>Define the COBRA administrator's name and address. This information will print on COBRA notification, enrollment, and termination letters.</td>
</tr>
<tr>
<td>administrative contacts)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prerequisites

Before you can set up COBRA Administration, complete the following steps.

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

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

Linking COBRA to Benefit Packages

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

- The age at which a dependent is no longer considered a dependent.
- The age at which a dependent is no longer considered a student.
- Whether a disabled person is excluded from the age limits.
- Whether dependents are ineligible for regular benefits, if married.

Also identify any extra charges that you want added to the cost of the benefits for both disabled and nondisabled persons.

Related Links

Building Benefit Programs

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) (flexible spending account) 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 applies only if you do not use PeopleSoft Benefits Administration.

In general, only medical and health plan types (plan types 1x and 6x) are designated as COBRA-qualified plan types. However, the PeopleSoft application allows you to identify nonmedical 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) and 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.

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

**Related Links**

- Building Benefit Programs

**Establishing Coverage Codes for COBRA**

Coverage codes are created on the Coverage Code page. PeopleSoft software 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:**

Assume 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 consider only 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

Oracle's PeopleSoft application 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. The PeopleSoft application 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 depends on several factors. The first factor is whether 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 the Manage Base Benefits business process 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. The calculation of the COBRA coverage end date depends 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**

Situations may occur when 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 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 and has a pay period on March 22, whose last day of active coverage is on June 30, and who is allowed 18 months of COBRA coverage.

<table>
<thead>
<tr>
<th>Last Day of Active Coverage</th>
<th>Include Alternative Coverage</th>
<th>COBRA Period Begins Code</th>
<th>COBRA Period Begin Date</th>
<th>COBRA Coverage Begin Date</th>
<th>COBRA Coverage End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 30</td>
<td>N</td>
<td>NA</td>
<td>July 1</td>
<td>July 1</td>
<td>December 31</td>
</tr>
<tr>
<td>June 30</td>
<td>Y</td>
<td>Event Date</td>
<td>March 15</td>
<td>July 1</td>
<td>September 14</td>
</tr>
<tr>
<td>June 30</td>
<td>Y</td>
<td>Month After</td>
<td>April 1</td>
<td>July 1</td>
<td>September 30</td>
</tr>
<tr>
<td>June 30</td>
<td>Y</td>
<td>Pay Period</td>
<td>March 22</td>
<td>July 1</td>
<td>September 21</td>
</tr>
</tbody>
</table>
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 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 in which 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.

<table>
<thead>
<tr>
<th>COBRA Event Classification</th>
<th>Benefit Lost Level</th>
<th>COBRA-Qualified Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>TER, RET, RED, MIL</td>
<td>Employee</td>
<td>Employee, Spouse, Child</td>
</tr>
<tr>
<td>DEA, MED</td>
<td>Employee</td>
<td>Spouse, Child</td>
</tr>
</tbody>
</table>
### Related Links

"Defining Event Rules" (PeopleSoft HCM 9.2 Benefits Administration)

### Event Rules Page

Use the Event Rules page (COBRA_EVENT_RULES1) to identify the events that result in the loss of health plan coverage for a qualified beneficiary.

**Navigation**

Set Up HCM > Product Related > Base Benefits > COBRA > Event Rules > Event Rules

**Image: Event Rules page**

This example illustrates the fields and controls on the Event Rules page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>COBRA Event Classification</th>
<th>Benefit Lost Level</th>
<th>COBRA-Qualified Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVG, DEP</td>
<td>Dependent</td>
<td>Child</td>
</tr>
<tr>
<td>DIV</td>
<td>Dependent</td>
<td>Ex-spouse</td>
</tr>
</tbody>
</table>

#### 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**.
<table>
<thead>
<tr>
<th><strong>Setting Up Additional Manage Base Benefits Features</strong> Chapter 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong> Enter a description of the COBRA event using up to 30 characters.</td>
</tr>
<tr>
<td><strong>Short Description</strong> Enter a brief description of the COBRA event using up to 10 characters.</td>
</tr>
<tr>
<td><strong>Response Days Allowed</strong> 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.</td>
</tr>
<tr>
<td><strong>Days to Notify of Event</strong> Identifies the number of days an employee or dependent has to notify the organization following a qualifying COBRA event.</td>
</tr>
<tr>
<td><strong>Payment Grace Days</strong> Enter the number of payment grace days employees will be given to submit a payment after they send in an election.</td>
</tr>
<tr>
<td><strong>Manual Events Allowed</strong> Select if you want to allow manual entry of the event.</td>
</tr>
<tr>
<td><strong>Waive COBRA Surcharge</strong> Select if, for this event classification, you want the system to disregard the COBRA surcharge percentages defined in the Benefit Program Table.</td>
</tr>
<tr>
<td><strong>Benefit Lost Level</strong> Define whether the COBRA event affects the employee only, the dependent only, or both. Values are <em>Employee</em>, <em>Dependent</em> (a COBRA-qualified beneficiary), and <em>neither</em>.</td>
</tr>
</tbody>
</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 to set up a grace period. |
| **COBRA Period Begins** Select a value to define when COBRA coverage begins. Values are:

- *On the Event Date*: The COBRA period begin date is 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 the displayed COBRA event classification can be considered a secondary event. Values are:

*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 that 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 the PeopleSoft application 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).

---

COBRA Qualified Dependents

Covered Person Type
Select from the following values to define the relationship you have to the dependent.

*Child, Domestic Partner, Employee, ExSpouse, Non-Qualified Dependent, Other Qualified Dependent, Spouse.*

---

Setting Up HIPAA Tables

Note: With the Affordable Care Act, HIPAA Certificates have become obsolete, and effective 1/1/2015, they are no longer required.

This section discusses how to set up HIPAA using the EDI Trading Partners (BN_EDI_PARTNERS) and EDI 834 Transaction Map Table (BN_834_MAP_TBL) components.
Pages Used to Set Up HIPAA Tables

<table>
<thead>
<tr>
<th><strong>Page Name</strong></th>
<th><strong>Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>EDI Trading Partners Page</td>
<td>BN_EDI_PARTNERS</td>
<td>Define the information needed for the EDI Interchange Control segments for each partner receiving 834 transaction transmissions.</td>
</tr>
<tr>
<td>EDI 834 Transaction Map Table Page</td>
<td>BN_834_MAP_TBL</td>
<td>View the delivered code maps or set up new code maps for any new codes you have added to the system.</td>
</tr>
</tbody>
</table>

EDI Trading Partners Page

Use the EDI Trading Partners page (BN_EDI_PARTNERS) to define the information needed for the EDI Interchange Control segments for each partner receiving 834 transaction transmissions.

Navigation

Set UP HCM > Product Related > Base Benefits > EDI Trading Partners > EDI Trading Partners

Image: EDI Trading Partners page

This example illustrates the fields and controls on the EDI Trading Partners page. You can find definitions for the fields and controls later on this 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.

**Application Receiver's Code**
Enter a value.

**Application Sender's Code**
Enter a value.

**Use Alternate Group Number for Trans Set Identifier Code**
Select to enter a value in the Alternate Group Number field.

**Alternate Group Number**
If you selected the Use Alternate Group Number for Trans Set Identifier Code field, then you must enter a value. The system uses the alternate group number in place of the external partner ID when creating the concatenated transaction set identifier code.

**Security Password Required**
Select to enter a value in the Password field. This indicates there is security information associated with the HIPAA file.

**Password**
If you selected the Security Password Required field, then you must enter a 10-character password. The systems sets the ISA03 value to 01 in the ISA segment and then sends the password value in position ISA04.

**Master Policy Number**
Enter a value.
In the header of the HIPAA file, the system includes a new REF segment (Transaction Set Policy Number) with a reference ID qualifier of 38 along with the master policy number that you entered in this field.

**Subscriber Number**
Select from the following values:

- **EmplID:** The HIPAA process uses the emplID of the subscriber as the REF02 value in the REF*0F segment in loop 2000.

- **SSN:** The HIPAA process uses the social security or national ID number of the subscriber instead of the emplID. The records for dependents also use the subscriber's ID number for the REF02 value.

**Note:** If you select SSN and the subscriber does not have a social security number, the file uses the emplID for that subscriber and his or her members' records.

**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 to use to separate fields in each segment of the EDI file.
Setting Up Additional Manage Base Benefits Features

Chapter 6

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

**Segment Terminator**

Enter the character to use 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 to use 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.

**Repetition Separator**

Enter the character to use to separate repeated data in the EDI file.

The default value is a carat (^). You can change this, but you must not enter any character used as a delimiter or terminator by another field.

**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.

---

**EDI 834 Transaction Map Table Page**

Use the EDI 834 Transaction Map Table page (BN_834_MAP_TBL) to view the delivered code maps or set up new code maps for any new codes you have added to the system.

**Navigation**

Set Up HCM > Product Related > Base Benefits > EDI 834 Transaction Map Table > EDI 834 Transaction Map Table

Some of the codes required by the ASC X12.834 Implementation Guide need to be mapped from PeopleSoft codes or customer-defined codes. Oracle delivers the mapping for existing PeopleSoft codes. If you add your own codes, you need to map those codes to EDI 834 codes.
Image: EDI 834 Transaction Map Table page

This example illustrates the fields and controls on the EDI 834 Transaction Map Table page. You can find definitions for the fields and controls later on this page.

**Default EDI Code** (default electronic data interchange code)

Each plan type has one default EDI code used in the HIPAA file, for example, HLT for Plan Type 10.

**Note:** If you do not enter a value in the EDI Insurance Line Code field on the Benefit Plan Table page, the system uses the mapped value for the plan type as the Default EDI Code value in the HIPAA file.

**Original Description**

The description of the code that is being mapped.

**EDI 834 Value**

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

**EDI 834 Description**

The ASC X12.834 code description.

---

**Setting Up Multiple Jobs**

To set up multiple job features, use the Multiple Job Options (BAS_MJ_OPTIONS_PGP) component.

This section provides an overview of multiple jobs and discusses how to set up rules for multiple jobs.
Page Used to Set Up Multiple Jobs

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Jobs Options Page</td>
<td>BAS_MJ_OPTIONS</td>
<td>Define employee-level multiple jobs options to use automatically whenever a new job is entered into the system, or whenever an existing job is rehired or terminated through the Administer Workforce pages.</td>
</tr>
</tbody>
</table>

Understanding Multiple Jobs

Many organizations have employees who 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 pay group information, hire date, and termination date?

Multiple Jobs Options Page

Use the Multiple Jobs Options page (BAS_MJ_OPTIONS) to define employee-level multiple jobs options to use automatically whenever a new job is entered into the system, or whenever an existing job is rehired or terminated through the Administer Workforce pages.

Navigation

Set Up HCM > Product Related > Base Benefits > Multiple Jobs Options > Multiple Jobs Options
Image: Multiple Jobs Options page

This example illustrates the fields and controls on the Multiple Jobs Options page. You can find definitions for the fields and controls later on this 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 whether 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. Values are:

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*.

---

**Setting Up Retroactive Benefits and Deductions**

This section lists prerequisites and discusses how to set up retroactive benefits and deductions using the Retro Ben/Ded Program (RETRO_DED_TABLE) and Retro Ben/Ded Mass Request (RETRODED_MASS_RQST) components.

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 enables you to create a large number of requests using 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 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 Set Up Retroactive Benefit and Deduction Programs and Mass Requests

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retro Ben/Ded Program Page</td>
<td>RETRODED_PGM_TBL</td>
<td>Define high-level information for your organization's retroactive benefit and deduction programs.</td>
</tr>
<tr>
<td>Retro Ben/Ded Mass Request Page</td>
<td>RETRODED_MASS_RQST</td>
<td>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.</td>
</tr>
</tbody>
</table>

Prerequisites

Before you can define retroactive benefits and deduction programs, you must:

2. Set up core tables and benefit plans.

See Understanding the Core Tables for PeopleSoft Manage Base Benefits.
See Defining Benefit Plans.

Retro Ben/Ded Program Page

Use the Retro Ben/Ded Program (retroactive benefit/deduction program) page (RETRODED_PGM_TBL) to define high-level information for your organization's retroactive benefit and deduction programs.

Navigation

Image: Retro Ben/Ded Program page

This example illustrates the fields and controls on the Retro Ben/Ded Program page. You can find definitions for the fields and controls later on this 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 onetime deduction refunds. In the event of a refund, the Off-Cycle field controls whether the retroactive benefit and deduction calculation program will create new onetime deduction refunds as an off-cycle deduction or an on-cycle deduction.
Generally, use off-cycle or separate check processing of retroactive benefits and deductions 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 onetime deduction refund, and delivers the refunds to your employees in checks that are separate from their regular paychecks.

If you do not select 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-Cycle or Off-Cycle selection for the Retro Ben/Ded Payroll Load run control must match the On-Cycle or Off-Cycle selection for this field.

<table>
<thead>
<tr>
<th>Sep Check  (separate check)</th>
<th>Select to indicate that the onetime deduction refund records associated with the retroactive benefit or deduction will be loaded to a separate check on the employee paysheets.</th>
</tr>
</thead>
</table>

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

**Related Links**

Understanding Retroactive Benefits and Deductions
Setting Up Deduction Codes
Setting Up Additional Manage Base Benefits Features

Chapter 6

Retro Ben/Ded Mass Request Page

Use the Retro Ben/Ded Mass Request (retroactive benefit/deduction mass request) page (RETRODED_MASS_RQST) to 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.

Navigation


Image: Retro Ben/Ded Mass Request

This example illustrates the fields and controls on the Retro Ben/Ded Mass Request. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter a description that explains the purpose of this mass retroactive benefit and deduction ID.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retro Ded Program ID (retroactive deduction benefit/deduction program ID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select an appropriate ID from the list. Only those retroactive benefit and deduction programs defined for Mass processing appear.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Start Date and Process End Dt (process end date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the period during which the mass request calculates retroactive benefits or deductions. The process end date 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 in which 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selection Start Date and Selection End Dt (selection end date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the processing period set up by the process start and end dates, the system searches employee records that are active</td>
</tr>
</tbody>
</table>
between the selection start and selection end dates for the information specified in the Selection Criteria group box.

**First Hire Date**
(Optional) Use to select employees who have a hire date on the Employment Table that is before or equal to this date. If this field is blank, the system creates requests for employees who have a hire date before or equal to the selection end date.

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

**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.

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

### 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 Sequence Number**
Each time that you enter a new row of selection criteria, the mass sequence number will be incremented by one.

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

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

**Reg/Temp (regular/temporary), Full/Part Time, Employee Type, Employee Class, and Pay 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 looks at the effective date of the selected job record.
Chapter 7

Entering Dependent and Beneficiary Information

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 and beneficiary information, 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 whether a court order is tied to an employee record. If the system finds a court order, it checks whether any changes are allowed to the benefit enrollments. If changes are not allowed, then a warning appears.

When you set up dependent and beneficiary information, 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 HR or by viewing the Review HR/Job/Payroll Data page in the Manage Base Benefits business process. Employees can review, update, and add their own dependent and beneficiary information using the PeopleSoft eBenefits application pages.

Related Links

Auditing Your Benefit Information
"Adding a Person" (PeopleSoft HCM 9.2: Human Resources Administer Workforce)
"Reviewing Dependent and Beneficiary Information" (PeopleSoft HCM 9.2: eBenefits)

Entering Dependent and Beneficiary Information

You enter dependent and beneficiary information in the Dependent Information (DEPEND_BENEF) component of PeopleSoft HR Administer Workforce and is fully documented in the *PeopleSoft HCM: Human Resources Administer Workforce* documentation.
Related Links
"Tracking Dependent and Beneficiary Data" (PeopleSoft HCM 9.2: Human Resources Administer Workforce)

Entering Dependent and Beneficiary Comments

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

Page Used to Enter Dependent and Beneficiary Comments

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record Dep/Ben Comments Page</td>
<td>BENEFIT_COMMENTS</td>
<td>Enter notes about a dependent or beneficiary.</td>
</tr>
</tbody>
</table>

Record Dep/Ben Comments Page

Use the Record Dep/Ben Comments page (BENEFIT_COMMENTS) to enter notes about a dependent or beneficiary.

Navigation

Benefits > Employee/Dependent Information > Record Dep/Ben Comments > Record Dep/Ben Comments

<table>
<thead>
<tr>
<th>Action Date</th>
<th>Enter the date on which the comment becomes or became effective.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments By</td>
<td>Enter your name or the name of the person providing the information.</td>
</tr>
</tbody>
</table>

Updating Benefits Certifications

This section discusses how to update employee benefit certifications.

Page Used to Edit Benefits Certifications

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Certifications Page</td>
<td>BN_CERTIF_PARTC</td>
<td>Updating employee benefit certifications.</td>
</tr>
</tbody>
</table>

Maintain Certifications Page

Use the Maintain Certifications page (BN_CERTIF_PARTC) to updating employee benefit certifications.
Chapter 7 Entering Dependent and Beneficiary Information

Navigation

Benefits > Employee/Dependent Information > Maintain Certifications > Maintain Certifications

Image: Maintain Certifications page

This example illustrates the fields and controls on the Maintain Certifications page. You can find definitions for the fields and controls later on this page.

Certificate ID
Enter the ID that represents a certificate created in the Certification Definition page.

Status
Select Active or Inactive.

Plan Type
Select from all available plan types for a participant's assigned benefit program with an associated certificate.

Effective Date
A date the system uses to calculate the length of time from this initial start date of a certificate.

Expiration Date
An informational field that you can use to enter the expiration date of the certificate.

Value
Enter the minimum value to allow to consider the certificate as complete or valid.

Certificate Maximum Value
Displays the maximum value of the certificate as defined in the Certificate Definition.

Dependent/Beneficiary ID
Select from all available dependents or beneficiaries for the participant.

(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 for informational purposes only; the system does not use the data entered on this page for benefits processing.

This section discusses how to specify beneficiaries for a final check.
### Assign Final Check Beneficiary Page

Use the Assign Final Check Beneficiary page (GVT_FIN_CHK_BEN) to specify dependents or beneficiaries to receive an employee's final check.

#### Navigation

Benefits > Employee/Dependent Information > Assign Final Check Beneficiary > Assign Final Check Beneficiary

#### Image: Assign Final Check Beneficiary page

This example illustrates the fields and controls on the Assign Final Check Beneficiary page. You can find definitions for the fields and controls later on this 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 the 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 and beneficiary data using the Update Dependent/Beneficiary component, you'll destroy history. After you change enrollment data, the fact that the dependent or beneficiary data is available on the Update Dependent/Beneficiary component won't matter. 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.

You enter court orders on the Dependent/Beneficiary Riders page, and minimal spousal amounts on the Benefit Plan Table.

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

**Related Links**
- Setting Up Deduction Codes
Chapter 8

Enrolling Participants

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.

This section discusses how to view personnel administration data.

Page Used to Review Employee Eligibility

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review HR/Job/Payroll Data Page</td>
<td>EMPLOYEE_SUMMARY1</td>
<td>View personnel administration data.</td>
</tr>
</tbody>
</table>

Review HR/Job/Payroll Data Page

Use the Review HR/Job/Payroll Data page (EMPLOYEE_SUMMARY1) to view personnel administration data.

Navigation

Benefits > Employee/Dependent Information > Review HR/Job/Payroll Data > Review HR/Job/Payroll Data
Image: Review HR/Job/Payroll Data page

This example illustrates the fields and controls on the Review HR/Job/Payroll Data page. You can find definitions for the fields and controls later on this page.

Annual Benefits Base Rate

This field is blank if your organization uses a benefits base that is different from regular pay.

Set up the primary annual benefits base rate in the Annual Benefits Base Rate field on the Compensation page of the Job Data (JOB_DATA) component.

Add multiple annual benefits base rates (ABBRs) 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.
Enrolling Participants in Benefit Programs and Plans

This section provides an overview of enrolling participants in Base Benefits and discusses how to enroll an employee in a benefit program and benefit plans.

Pages Used to Enroll Participants in Benefit Programs and Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign to Benefit Program Page</td>
<td>BEN_PROG_PARTICPTN</td>
<td>Enroll the employee in the appropriate benefit program.</td>
</tr>
<tr>
<td>Health Benefits Page</td>
<td>HEALTH_BENEFITS1</td>
<td>Enroll employees and dependents in health plan types: medical, dental, and vision.</td>
</tr>
<tr>
<td>Life and AD/D Benefits Page</td>
<td>LIFE_ADD_BENEF1</td>
<td>Enroll participants in life plans and assign beneficiaries to those plans.</td>
</tr>
<tr>
<td>Benefits Personal Data page</td>
<td>BN_PERSON_EFFDT</td>
<td>Enter Medicare information.</td>
</tr>
<tr>
<td>Update ABBRs Page</td>
<td>BN_ANNL_BENEF_BASE</td>
<td>Enter and maintain multiple ABBRs for an employee.</td>
</tr>
<tr>
<td>Review ABBRs (review annual base benefit base rates)</td>
<td>BN_ANN_BENBASE_INQ</td>
<td>Review annual benefit base rate.</td>
</tr>
<tr>
<td>Disability Benefits Page</td>
<td>DISABILITY_BENEFIT</td>
<td>Enroll employees in disability benefit plans.</td>
</tr>
<tr>
<td>Savings Plans Page</td>
<td>SAVINGS_PLANS1</td>
<td>Enroll employees in savings benefit plans, assign beneficiaries, and identify investment elections.</td>
</tr>
<tr>
<td>Leave Plans Page</td>
<td>LEAVE_PLANS</td>
<td>Enroll employees in leave plans.</td>
</tr>
<tr>
<td>Spending Accounts Page</td>
<td>FSA_BENEFITS</td>
<td>Enroll employees in FSA plans.</td>
</tr>
<tr>
<td>Retirement Plans Page</td>
<td>RTRMNT_PLANS</td>
<td>Enroll employees in Public Employees Retirement System (PERS) benefit plans.</td>
</tr>
<tr>
<td>USA-Pension Plans Page</td>
<td>PENSION_PLAN1</td>
<td>Enroll employees in benefit plans.</td>
</tr>
<tr>
<td>CAN-Pension Plans Page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacation Benefits Page</td>
<td>VACATION_BENEFIT</td>
<td>Enroll employees in vacation buy and sell plans.</td>
</tr>
<tr>
<td>Simple Benefits Page</td>
<td>SIMPLE_BENEFIT</td>
<td>Maintain employee enrollment in simple benefit plans.</td>
</tr>
</tbody>
</table>
Understanding Enrolling Participants in Base Benefits

Using the Manage 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 enroll participants only 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 (flexible spending account), 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.

Related Links

Defining Benefit Plans

"Setting Up Pay Groups" (PeopleSoft HCM 9.2: Payroll Interface)

"Defining Pay Groups" (PeopleSoft HCM 9.2: Payroll for North America)

Assign to Benefit Program Page

Use the Assign to Benefit Program page (BEN_PROG_PARTICPTN) to enroll the employee in the appropriate benefit program.

**Navigation**

Benefits > Enroll In Benefits > Assign to Benefit Program > Assign to Benefit Program
This example illustrates the fields and controls on the Assign to Benefit Program page. You can find definitions for the fields and controls later on this 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.

**Health Benefits Page**

Use the Health Benefits page (HEALTH_BENEFITS1) to enroll employees and dependents in health plan types: medical, dental, and vision.

**Navigation**

Benefits > Enroll In Benefits > Health Benefits > Health Benefits
**Image: Health Benefits page**

This example illustrates the fields and controls on the Health Benefits page. You can find definitions for the fields and controls later on this page.

**Health Provider ID**
Tracks the primary care physician information for the employee's health provider. 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 whether 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 whether the dependent is enrolled in FEHB.

**Life and AD/D Benefits Page**
Use the Life and AD/D Benefits page (LIFE_ADD_BENEF1) to enroll participants in life plans and assign beneficiaries to those plans.

**Navigation**
Benefits > Enroll In Benefits > Life and AD/D Benefits > Life and AD/D Benefits
This example illustrates the fields and controls on the Life and AD/D Benefits page. You can find definitions for the fields and controls later on this 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*.

**Flat Amount**

Enter an amount.
Image: Flat Amount field opens to a Display in Other Currency page for the option of converting currency.

This example illustrates the fields and controls on the Flat Amount field opens to a Display in Other Currency page for the option of converting currency. You can find definitions for the fields and controls later on this page.

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) Select to Indicate whether a beneficiary is primary or contingent (secondary to a primary beneficiary).

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.
Benefits Personal Data page

Use the Benefits Personal Data page (BN_PERSON_EFFDT) to enter Medicare information.

Navigation

Benefits > Employee/Dependent Information > Benefits Personal Data > Benefits Personal Data

Image: Benefits Personal Data page

This example illustrates the fields and controls on the Benefits Personal Data page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Medicare Number</th>
<th>Enter the medicare number, for example Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Medicare Number</td>
<td>Enter the alternate medicare number.</td>
</tr>
<tr>
<td>Medicare A Indicator</td>
<td>Select to indicate Enrollment in Medicare A.</td>
</tr>
<tr>
<td>Medicare Reason A</td>
<td>The administrator enters a description.</td>
</tr>
<tr>
<td>Medicare B Indicator</td>
<td>Select to indicate supplemental governmental insurance other than hospitalization costs.</td>
</tr>
<tr>
<td>Medicare Reason B</td>
<td>The administrator enters a description.</td>
</tr>
<tr>
<td>Medicare D Indicator</td>
<td>Select to indicate enrollment in the Medicare D prescription drug plan.</td>
</tr>
<tr>
<td>Medicare Reason D</td>
<td>The administrator enters a description.</td>
</tr>
<tr>
<td>HIPAA Medicare Elig Reason</td>
<td>Select the reason for a qualifying employee’s or dependent’s Medicare eligibility. Available values include: Age, Disability, and End Stage Renal Disease.</td>
</tr>
</tbody>
</table>

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This field is *Situational*. No eligibility code is generated in the HIPAA EDI 834 file if the HIPAA Medicare Eligibility Reason field is not entered for the Person ID here, and on the Dependent/Beneficiary - Personal Profile page. For information about *Situational* fields, see Sending HIPAA Data to Providers.

**Related Links**
"Setting Up Eligibility Rules" (PeopleSoft HCM 9.2 Benefits Administration)

**Update ABBRs Page**

Use the Update ABBRs (update annual benefit base rates) page (BN_ANNL_BENEF_BASE) to enter and maintain multiple ABBRs for an employee.

**Navigation**
Benefits > Employee/Dependent Information > Update ABBRs > Update ABBRs

**Image: Update ABBRs page**

This example illustrates the fields and controls on the Update ABBRs page. You can find definitions for the fields and controls later on this page.

**Annual Benefits Base Rate Type**
Select the ABBR type.

ABBR types are defined on the Annl Benef Base Rt Type Tbl page.

**Annual Benefits Base Rate**
Enter the amount of the ABBR.

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

**Disability Benefits Page**

Use the Disability Benefits page (DISABILITY_BENEFIT) to enroll employees in disability benefit plans.

**Navigation**
Benefits > Enroll in Benefits > Disability Benefits > Disability Benefits
Image: Disability Benefits page

This example illustrates the fields and controls on the Disability Benefits page. You can find definitions for the fields and controls later on this page.

Savings Plans Page

Use the Savings Plans page (SAVINGS_PLANS1) to enroll employees in savings benefit plans, assign beneficiaries, and identify investment elections.

Navigation

Benefits > Enroll In Benefits > Savings Plans > Savings Plans
Image: Savings Plans page

This example illustrates the fields and controls on the Savings Plans page. You can find definitions for the fields and controls later on this page.

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-tax and after-tax investment.
values. The system also verifies that the sum of the before-tax and after-tax investment values does not exceed the overall investment limit percentage that you defined for the savings benefit plan on the Savings Plan Table.

**Dependent/Beneficiaries**

**ID**

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

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

**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 the total equals 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 in the system. If more than one investment option is 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 the Savings Plan Table - Rollover of Funds page.

Enter the plan type, benefit plan, deduction, and deduction class values for before tax and after tax rollovers.

**Leave Plans Page**

Use the Leave Plans page (LEAVE_PLANS) to enroll employees in leave plans.

**Navigation**

Benefits > Enroll In Benefits > Leave Plans > Leave Plans
Image: Leave Plans page

This example illustrates the fields and controls on the Leave Plans page. You can find definitions for the fields and controls later on this page.

Spending Accounts Page

Use the Spending Accounts page (FSA_Benefits) to enroll employees in FSA plans.

Navigation

Benefits > Enroll In Benefits > Spending Accounts > Spending Accounts

Image: Spending Accounts page

This example illustrates the fields and controls on the Spending Accounts page. You can find definitions for the fields and controls later on this 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.
Chapter 8

Contribution Level

Annual Pledge
Enter the employee's annual pledge amount.

Credit Rollover Included in Pledge
(Used by Benefits Administration) Displays the amount of the excess benefits credits that have been assigned to an FSA plan at the end of a plan year. The PeopleSoft 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 you do not implement PeopleSoft Payroll for North America or Payroll Interface, this is optional.

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

Leave the field blank to have the system use the annual pledge amount to calculate the employee's spending account contribution.

Account Information

The system reflects the FSA account status of the employee's FSA plan, as well as the employee's FSA contributions IT'D (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

This value appears for Canadian pension plans and is automatically set to the value that you entered for the employer carryforward choice in the FSA Benefits Table (Canada).

Retirement Plans Page

Use the Retirement Plans page (RTRMNT_PLANS) to enroll employees in Public Employees Retirement System (PERS) benefit plans.

Navigation

Benefits > Enroll In Benefits > Retirement Plans > Retirement Plans
Image: Retirement Plans page

This example illustrates the fields and controls on the Retirement Plans page. You can find definitions for the fields and controls later on this page.

USA-Pension Plans Page

Use the USA-Pension Plans page (PENSION_PLAN1) to enroll employees in benefit plans.

Navigation

- Benefits > Enroll In Benefits > USA-Pension Plans > USA-Pension Plans
- Benefits > Enroll in Benefits > CAN-Pension Plans > CAN-Pension Plans

For Canadian users, the plan types are 80 and 81. For U.S. users, the plan types are 82 through 87.
Image: USA Pension Plans page

This example illustrates the fields and controls on the USA Pension Plans page. You can find definitions for the fields and controls later on this page.

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.

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

Dependent/Beneficiaries

ID
Select the beneficiary ID.

The selection list includes the beneficiaries that you set up for the employee using the dependent and beneficiary data pages.

To delete a beneficiary, position the cursor at the line for the beneficiary 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 the total equals 100 percent.

---

### Vacation Benefits Page

Use the Vacation Benefits page (VACATION_BENEFIT) to enroll employees in vacation buy and sell plans.

#### Navigation

Benefits > Enroll In Benefits > Vacation Benefits > Vacation Benefits

#### Image: Vacation Benefits page

This example illustrates the fields and controls on the Vacation Benefits page. You can find definitions for the fields and controls later on this page.

![Vacation Benefits Page](image)

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**

The 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, PeopleSoft 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 deselects 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 × $20 an hour), and calculated the pay period deduction as $66.67 (40 hours × $20 an hour/12 monthly periods per year). However, the company wanted the vacation amount based on the hire date. Because 4 months remained in the year, September through December, the company manually calculated and entered $200, or $800 divided by 4.

---

**Simple Benefits Page**

Use the Simple Benefits page (SIMPLE_BENEFIT) to maintain employee enrollment in simple benefit plans.

**Navigation**

Benefits > Enroll in Benefits > Simple Benefits > Simple Benefits

**Image: Simple Benefits page**

This example illustrates the fields and controls on the Simple Benefits page. You can find definitions for the fields and controls later on this page.

![Simple Benefits page](image)

No attributes are required for creating a simple benefit plan and costs are calculated from the Benefit Rate table.
(USF) Enrolling Employees in Benefit Programs and Plans

This section describes how to enroll employees in benefit programs and plans.

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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits/FEHB Data Page</td>
<td>GVT_BENDATA_SEC</td>
<td>Enroll participants into benefit programs and plans.</td>
</tr>
<tr>
<td>FEGLI/Retirement Data/FICA Page</td>
<td>GVT_BENDATA1_SEC</td>
<td>Select the participant's FEGLI plan coverage, manage the employee's retirement coverage, and designate FICA status.</td>
</tr>
<tr>
<td>FEGLI Assignments - Assignee Page</td>
<td>GVT_ASSIGNEE</td>
<td>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.</td>
</tr>
<tr>
<td>FEGLI Assignments - Assignee Benef Page</td>
<td>GVT_ASSIGNEE_BEN</td>
<td>Designate one or more beneficiaries. Use to assign the FEGLI benefits of U.S. federal government employees and retirees.</td>
</tr>
<tr>
<td>TSP Agency Basic Page</td>
<td>GVT_TSP_AUTO</td>
<td>Enroll employees in the TSP Agency Automatic 1% Contribution plan.</td>
</tr>
<tr>
<td>TSP Investment Allocations Page</td>
<td>GVT_TSP_INVEST</td>
<td>Select investment options.</td>
</tr>
</tbody>
</table>

Benefits/FEHB Data Page

Use the Benefits/FEHB Data (benefits/federal employee health benefits data) page (GVT_BENDATA_SEC) to enroll participants into benefit programs and plans.

Navigation

Workforce Administration > Job Information > HR Processing USF

Select the Job Data tab.

Click the Benefits/FEHB Data link.
Image: Benefits/FEHB Data page

This example illustrates the fields and controls on the Benefits/FEHB Data page. You can find definitions for the fields and controls later on this 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. Use it 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 fewer 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 who are ineligible for FEHB plan coverage. This option is 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 eligibility configuration values in the Eligibility Rules Table.

**FEHB Date**

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.

**Benefits System**

Benefits System

Select the appropriate benefits system. Select Not Managed in PeopleSoft (benefits managed by a system other than PeopleSoft) to filter out persons who have insufficient employment and job information to support benefit enrollment.

**FEGLI/Retirement Data/FICA Page**

Use the FEGLI/Retirement Data/FICA (federal employee government life insurance/retirement data/ Federal Insurance Contributions Act) page (GVT_BENDATA1_SEC) to select the participant's FEGLI plan coverage, manage the employee's retirement coverage, and designate FICA status.

**Navigation**

Workforce Administration > Job Information > HR Processing USF

Select the Job Data tab.

Click the FEGLI/Retirement/FICA link.
Chapter 8 Enrolling Participants

Image: FEGLI/Retirement Data/FICA page

This example illustrates the fields and controls on the FEGLI/Retirement Data/FICA page. You can find definitions for the fields and controls later on this page.

FEGLI/Retirement Data/FICA

**FEGLI**

**FEGLI Code**

Use this field to select the participant's FEGLI (Federal Employees' Group Life Insurance) 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 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 *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 an entire list of available U.S. federal government retirement programs that may be available to your employees. Whether your agency actually offers all of these programs depends upon whether you have set them up in the Retirement Plan Table and have associated them with the benefit programs that your agency offers.

**FERS Coverage** (federal employees retirement system coverage)

Indicate the level of FERS coverage allocated to employees who had federal retirement plan coverage prior to 1984. Employees who had this coverage before 1984 can select from the following 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 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, his or her pay may be offset by that annuity amount.

Determine whether the retirement annuity is applicable to the employee's wages. Indicate the former employment status of
the employee, regardless of whether the employee was a retired enlisted or military officer, and the employee's retirement plan type (CSRS or FERS).

**Annuity Commencement Date**

The date when retirement annuities for a retired or soon-to-be-retired employee began or will begin. The system uses this date when determining how to calculate agency contributions and employee deductions for FEHB and FEGLI during the employee's last pay period.

*Note:* When an employee has worked less than a full pay period, the PeopleSoft Payroll Pay Calculation process prorates FEHB and FEGLI deductions according to OPM (Office of Personnel Management) rules.

**CSRS Frozen Service** *(civil service retirement system 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 became 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 five years and three months would be entered in CSRS Frozen Service as 0503.

**FICA Status - Employee**

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

After you set up an employee's initial benefit program and plan enrollments through the PAR, you can proceed 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.

**FEGLI Assignments - Assignee Page**

Use the FEGLI Assignments - Assignee (federal employee government life insurance - assignee) page (GVT_ASSIGNEE) to designate one or more assignees for an employee's FEGLI benefits coverage.

Each assignee is given a share of the total coverage being assigned. The total of these percentages must be 100.

**Navigation**

Benefits > Enroll in Benefits > Assign FEGLI Beneficiaries > Assignee
Assignee Number

This number is 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.

After 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.

FEGLI Assignments - Assignee Benef Page

Use the FEGLI Assignments - Assignee Benef (federal employee government life insurance - assignee beneficiary) page (GVT_ASSIGNEE_BEN) to designate one or more beneficiaries.

Use to assign the FEGLI benefits of U.S. federal government employees and retirees.

Navigation

Benefits > Enroll In Benefits > Assign FEGLI Beneficiaries > Assignee Benef

Assignee Beneficiary Number

The system designates and automatically increases this number 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.

TSP Agency Basic Page

Use the TSP Agency Basic (thrift savings plan - agency basic) page (GVT_TSP_AUTO) to enroll employees in the TSP Agency Automatic 1% Contribution plan.

Navigation

Benefits > Enroll In Benefits > TSP Agency Basic > TSP Agency Basic
Image: TSP Agency Basic page

This example illustrates the fields and controls on the TSP Agency Basic page. You can find definitions for the fields and controls later on this 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.

TSP Investment Allocations Page

Use the TSP Investment Allocations (thrift savings plan investment allocations) page (GVT_TSP_INVEST) to select investment options.

Navigation

Benefits > Enroll In Benefits > TSP Investment Allocations > TSP Investment Allocations
Enrolling Participants

Image: TSP Investment Allocations page

This example illustrates the fields and controls on the TSP Investment Allocations page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Option</th>
<th>Enter the type of investment in which you are allocating an investment percentage. If more than one investment option is associated with the chosen employee's savings plan, you can add more rows.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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 will destroy history. After you change enrollment data, the fact that the dependent or beneficiary data is available in the Dependent/Beneficiary Information component won't matter. In fact, it must remain to provide correct historical information.
Generating HIPAA Certificates

Note: With the Affordable Care Act, HIPAA Certificates have become obsolete, and effective 1/1/2015, they are no longer required.

This section discusses how to generate a HIPAA Certificate and view HIPAA letter printing dates.

Pages Used to Generate HIPAA Certificates

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA Page</td>
<td>RUN_CTL_HIPAA</td>
<td>Run the report of the history of a former employee's group health coverage.</td>
</tr>
<tr>
<td>Notification Letters Page</td>
<td>BENEFLETTER_HIST</td>
<td>View HIPAA certificate printing for an employee and dependents.</td>
</tr>
</tbody>
</table>

HIPAA Page

Use the HIPAA page (RUN_CTL_HIPAA) to run the report of the history of a former employee's group health coverage.

Navigation

Benefits > Reports > Regulatory and Compliance > HIPAA > HIPAA

Image: HIPAA page

This example illustrates the fields and controls on the HIPAA page. You can find definitions for the fields and controls later on this 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.
Notification Letters Page

Use the Notification Letters page (BENEF.LETTER.HIST) to view HIPAA certificate printing for an employee and dependents.

Navigation

Benefits > Review Employee Benefits > Notification Letters > Notification Letters

Image: Notification Letters page

This example illustrates the fields and controls on the Notification Letters page. You can find definitions for the fields and controls later on this page.
Chapter 9

Reviewing Enrollments and Benefit Calculations

Auditing Your Benefit Information

PeopleSoft software uses the same set of audits for both the Manage Base Benefits business process and PeopleSoft Benefits Administration.

Audits identify errors that would occur when you try to process enrollments or changes. Some of these audits can be used at any time and others are for a specific purpose, such as eligibility analysis or enrollment.

If you review the audits, you see the importance of auditing your data and making corrections before you process enrollments.

These tables list the PeopleSoft HR audits and corrective actions. Perform these audits regardless of whether you use the PeopleSoft Manage Base Benefits business process or PeopleSoft Benefits Administration to enroll participants.

- Benefit Tables audit functions and corrective actions:

<table>
<thead>
<tr>
<th>Audit Functions</th>
<th>Corrective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies vacation plans in the Benefit Program Table with an associated Calculation Rules code for which rounding rules are defined in the Calculation Rules Table.</td>
<td>Set up the Calculation Rules Table information without rounding rules.</td>
</tr>
<tr>
<td>Identifies health plans in the Benefit Program Table with a rate unit that is not set to None in the Rate Schedule Table.</td>
<td>Correct the information in the Rate Schedule Table.</td>
</tr>
</tbody>
</table>

- Employee Data audit functions and corrective actions:

<table>
<thead>
<tr>
<th>Audit Functions</th>
<th>Corrective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies employees with personal data but no employment data.</td>
<td>Enter employee employment data.</td>
</tr>
<tr>
<td>Identifies employees with personal and employment data but no job data.</td>
<td>Enter employee job data.</td>
</tr>
<tr>
<td>Identifies employees with birth dates fewer than or equal to 16 years from the current date.</td>
<td>Verify that the employee should be 16 years old or less or correct the error.</td>
</tr>
</tbody>
</table>

- Enrollment Data audit functions and corrective actions:
**Audit Functions**

<table>
<thead>
<tr>
<th>Audit Functions</th>
<th>Corrective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies participants with a nonstandard dependent—not a spouse, child, parent—enrolled in health benefits.</td>
<td>Verify that the person should be a dependent or correct the error.</td>
</tr>
<tr>
<td>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 dependent data.</td>
<td>Verify that the enrollments are correct or correct the error.</td>
</tr>
<tr>
<td>Identifies participants with dependents enrolled in health benefits who are 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.</td>
<td>Correct the dependent information.</td>
</tr>
</tbody>
</table>

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

The following table lists the plan types delivered with the Manage Base Benefits business process for the U.S. federal government and describes 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.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Benefits Data Controlled in PAR</th>
<th>Benefits Data Controlled in Individual Plan Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEHB</td>
<td>FEHB Eligibility</td>
<td>• Coverage begin and end date (elections).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Deduction begin and end date (elections).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plan type (FEHB election).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Coverage code (elections).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dependent ID (dependents).</td>
</tr>
<tr>
<td>FEGLI</td>
<td>FEGLI Coverage Living Benefits Enrollment</td>
<td>• FEGLI assignments (beneficiaries).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Percent of benefit allocation (beneficiaries).</td>
</tr>
</tbody>
</table>
### 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 IndicatorPrevious Retirement Coverage CSRS Annuity Offset Amount | TSP 1% Agency Contribution (TSP Agency Basic).

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

### Viewing Current 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 Payroll for North America or PeopleSoft Payroll Interface, you can view a summary of employee benefit data, including the most recent payroll deduction. You can view the Benefits Summary page.
This section provides an overview of benefits deduction calculations and lists the pages used to view benefits summary data.

**Warning!** The Benefits Summary USA (GPUS_BEN_SMRY) component is for use with GP-US only.

### Pages Used to View Benefits Summary Data

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Enrollment Summary Page</td>
<td>BN_ENRL_SUMMARY</td>
<td>View benefit enrollment summaries for employees.</td>
</tr>
<tr>
<td>Benefit Deduction Summary Page</td>
<td>BN_DEDN_SUMMARY</td>
<td>Display any deductions taken against those enrollments on the last run of either PeopleSoft North American Payroll or PeopleSoft Payroll Interface, as applicable to the employee.</td>
</tr>
<tr>
<td>Benefits Summary USA</td>
<td>GPUS_BEN_SMRY</td>
<td>View GP-USA employee benefit summary information for a specified time period.</td>
</tr>
</tbody>
</table>

### Benefits Deduction Calculations

As a general rule, each phase of deduction calculation (for example, maximum limit rules, annualize and deannualize, rate rules, and so forth) resolve to a precision of 2 decimals to represent cents.

For example, a monthly employee rate of 203.3692 will result in weekly deduction of 46.93 and a semi-monthly deduction of 101.69.

Employer Rate to use: 203.3692 is rounded to 2 decimal places to reflect the base dollar amount to calculate deduction, giving $203.37.

This monthly rate of $203.37 is annualized to $2,440.44 (203.37 × 12 = 2,440.44).

$2,440.44 is deannualized by dividing by 24 (2,440.44 / 24 = 101.685).

$101.685 is then rounded to 2 decimal places, equaling $101.69.

### Benefit Enrollment Summary Page

Use the Benefit Enrollment Summary page (BN_ENRL_SUMMARY) to view benefit enrollment summaries for employees.

**Navigation**

Benefits > Review Employee Benefits > Current Benefits Summary > Benefit Enrollment Summary
**Image: Benefit Enrollment Summary page**

This example illustrates the fields and controls on the Benefit Enrollment Summary page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Current Enrollments</th>
<th>Coverage Election</th>
<th>Benefit Plan</th>
<th>Description</th>
<th>Coverage or Participation</th>
<th>Coverage Begin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Elect</td>
<td>BUHDHP</td>
<td>HDHP</td>
<td>Employee Only</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Dental</td>
<td>Elect</td>
<td>BCNVPR</td>
<td>US Dental</td>
<td>Employee Only</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Vision</td>
<td>Elect</td>
<td>BP0070</td>
<td>CVIS1</td>
<td>Employee Only</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Life</td>
<td>Elect</td>
<td>BP0020</td>
<td>Basic</td>
<td>Salary</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>Elect</td>
<td>BU3X</td>
<td>BenData S</td>
<td>$3 X Salary</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>AD and D</td>
<td>Elect</td>
<td>BUADD</td>
<td>EE Level</td>
<td>$100000</td>
<td>01/01/2005</td>
</tr>
<tr>
<td>Spousal Life</td>
<td>Elect</td>
<td>BUSPL</td>
<td>SpLifeNo</td>
<td>$1000000</td>
<td>01/01/2005</td>
</tr>
<tr>
<td>401(k)</td>
<td>Elect</td>
<td>BD401K</td>
<td>Ben401k</td>
<td>10% Before Tax</td>
<td>01/01/2005</td>
</tr>
<tr>
<td>Flex Spending Health - U.S.</td>
<td>Elect</td>
<td>BNFS4A1</td>
<td>BNFS4A1</td>
<td>$2000 Pledge</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Flex Spending Dependent Care</td>
<td>Elect</td>
<td>BDIFS42</td>
<td>BDIFS42</td>
<td>$2000 Pledge</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>Elect</td>
<td>BNHSA</td>
<td>BNHSA</td>
<td>$2000 Pledge</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>Elect</td>
<td>BULTC</td>
<td>PruLTC</td>
<td></td>
<td>01/01/2005</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Elect</td>
<td>BULGL</td>
<td>Legal</td>
<td></td>
<td>01/01/2005</td>
</tr>
</tbody>
</table>

**Benefit Deduction Summary Page**

Use the Benefit Deduction Summary page (BN_DEDN_SUMMARY) to display any deductions taken against those enrollments on the last run of either PeopleSoft North American Payroll or PeopleSoft Payroll Interface, as applicable to the employee.

**Navigation**

Benefits > Review Employee Benefits > Current Benefits Summary > Benefit Deduction Summary
**Image: Benefit Deduction Summary page**

This example illustrates the fields and controls on the Benefit Deduction Summary page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Benefit Plan</th>
<th>Dedn Code</th>
<th>Description</th>
<th>Class</th>
<th>Coverage Base</th>
<th>Last Deduction</th>
<th>Pay Period End</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>BUHLT2</td>
<td>BU10</td>
<td>Medical</td>
<td>Before-T</td>
<td>138.46</td>
<td>01/19/2005</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>BUVIS</td>
<td>BU14</td>
<td>Vision</td>
<td>Nontaxat</td>
<td>23.08</td>
<td>01/19/2005</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>BUBLIF</td>
<td>BUBL</td>
<td>Basic Life</td>
<td>Nontaxat</td>
<td>5.78</td>
<td>01/19/2005</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>BUSL</td>
<td>BUSL</td>
<td>SuppLife</td>
<td>Nontaxat</td>
<td>114.87</td>
<td>01/19/2005</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>BUADD</td>
<td>BUADD</td>
<td>AD&amp;D</td>
<td>Nontaxat</td>
<td>10.00</td>
<td>01/19/2005</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>BUSPL</td>
<td>BUSPL</td>
<td>SpLife</td>
<td>Before-T</td>
<td>17.22</td>
<td>01/19/2005</td>
<td></td>
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<tr>
<td>40</td>
<td>BD401K</td>
<td>BD401</td>
<td>401K</td>
<td>Before-T</td>
<td>682.31</td>
<td>01/19/2005</td>
<td></td>
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<tr>
<td>A0</td>
<td>BULTC</td>
<td>BULTC</td>
<td>LTC</td>
<td>Before-T</td>
<td>115.41</td>
<td>01/19/2005</td>
<td></td>
</tr>
<tr>
<td>A1</td>
<td>BULGL</td>
<td>BULGL</td>
<td>Legal Plan</td>
<td>Before-T</td>
<td>115.41</td>
<td>01/19/2005</td>
<td></td>
</tr>
</tbody>
</table>

**Viewing Enrollment Statistics Using the Health Benefits Pagelet**

The Health Benefits pagelet displays overall enrollment statistics for specified health plans. As delivered, this pagelet is not available for users to add to their home page, but this topic provides instructions for making the pagelet available.

Use the Include in Health Pagelet check box on the Benefit Plan Table Page to choose which health plans to include on the Health Benefits pagelet. Note that plan selection is a system-wide setting, so individual users cannot personalize the pagelet with a different group of plans.
Pages Used to View Enrollment Statistics Using the Health Benefits Pagelet

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Benefits Pagelet</td>
<td>HC_BN_HEALTH_BENEFITS_HMPG</td>
<td>View summary statistics about the number of employees enrolled in your health plans</td>
</tr>
<tr>
<td>HEALTH_BENEFITS- Health Benefits Page</td>
<td></td>
<td>View enrollment counts for included health plans, and to export that data in various formats.</td>
</tr>
</tbody>
</table>

Making the Health Benefits Pagelet Available to Users

*Note:* An administrator must perform this task.

To make the Health Benefits pagelet available to users:

1. Select PeopleTools >Portal >Structure and Content
2. Click the Portal Objects link (the name, not the Edit link) in the Folders grid.
3. Click the Homepage link in the Folders grid.
4. Click the Tabs link in the Folders grid.
5. Click the Edit link for the My Page row in the Content References grid.
6. Access the Tab Content page.
7. Locate the Benefits group box, and select the Health Benefits check box.
8. In the drop-down list box for the pagelet, indicate whether home pages show the pagelet by default and which personalization options are allowed.

The pagelet is visible only to users with the proper security access, regardless of the option you choose. The available options are:

- **Opt-Dflt (Optional - Default):** The pagelet is shown on users’ home pages by default, but users can remove it through personalization.
- **Optional:** The pagelet is not shown on user’s home pages by default, but users can add it through personalization.
- **Req-Fix (Required - Fixed):** The pagelet is always shown on users’ home pages, and users cannot change the position of the pagelet.
- **Required:** The pagelet is always shown on users’ home pages, but users can change the position of the pagelet through personalization.

9. Save the page.
Health Benefits Pagelet

Use the Health Benefits pagelet (HC_BN_HEALTH_BENEFITS_HMPG) to view summary statistics about the number of employees enrolled in your health plans.

Image: Health Benefits pagelet

This example illustrates the Health Benefits pagelet.

The pagelet displays a pie chart that illustrates the enrollment volume for each included health plan. To view the source data in a grid format (including the exact enrolment count for each plan), click the Health Enrollment Details link.

HEALTH_BENEFITS- Health Benefits Page

Use the HEALTH_BENEFITS- Health Benefits page to view enrollment counts for included health plans, and to export that data in various formats.

Image: HEALTH_BENEFITS- Health Benefits Page

This example illustrates the HEALTH_BENEFITS- Health Benefits page.
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 Set Max Arrears/Frequency Ovrd page.

Page Used to Override the Frequency of Benefit Deductions

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set Max Arrears/Frequency Ovrd Page</td>
<td>BENEF_DED_OVERRIDE</td>
<td>Manage overrides to benefit deduction frequency and arrears processing.</td>
</tr>
</tbody>
</table>

Set Max Arrears/Frequency Ovrd Page

Use the Set Max Arrears/Frequency Ovrd (set maximum benefit arrears/frequency override) page (BENEF_DED_OVERRIDE) to manage overrides to benefit deduction frequency and arrears processing.

Navigation

Benefits > Enroll In Benefits > Set Max Arrears/Frequency Ovrd > Set Max Arrears/Frequency Ovrd

Image: Set Max Arrears/Frequency Ovrd page

This example illustrates the fields and controls on the Set Max Arrears/Frequency Ovrd page. You can find definitions for the fields and controls later on this page.
Maximum Payback Amount and Maximum Arrears Payback

When employee net pay is insufficient to cover a deduction and deducting all appropriate amounts is not possible, the employee is in arrears. That is, the employee owes the employer for a deduction that could not be made.

Use these fields, to 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 10

Performing Nondiscrimination Testing

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

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\textsubscript{HCE}) cannot be more than a certain percentage of the average ADP for employees who are not highly compensated (ADP\textsubscript{NHCE}).

- The alternate ADP test requires that the ADP\textsubscript{HCE} cannot exceed the ADP\textsubscript{NHCE} by more than a certain percentage, provided that the difference between the ADP\textsubscript{HCE} and the ADP\textsubscript{NHCE} does not exceed a certain percentage point.

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\textsubscript{HCE}) cannot be more than a certain percentage of the average ACP for employees who are not highly compensated (ACP\textsubscript{NHCE}).

According to the alternate 401(m) test, the ACP\textsubscript{HCE} cannot exceed the ACP\textsubscript{NHCE} by more than a certain percentage, provided that the difference between the ACP\textsubscript{HCE} and the ACP\textsubscript{NHCE} does not exceed a certain percentage point.

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

---

**Related Links**

"Establishing Earnings Programs" (PeopleSoft HCM 9.2: Payroll for North America)

---

**Identifying Highly Compensated Employees**

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

A highly compensated employee is defined as someone who meets one of the following criteria:

- Was a 5 percent (or more) owner of the organization at any time during the current or preceding year.

- Received more than an indexed compensation amount in the preceding year.

- 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 does 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:

2. Select the Owns 5% (or More) of Company check box to identify an employee as a 5 percent or more owner.

For additional information, see "Understanding Job Data" (PeopleSoft HCM 9.2: Human Resources Administer Workforce).

---

### Setting Up Test Criteria and Plans

To set up nondiscrimination testing, use the nondiscrimination testing (NDT_HCE_TABLE_GBL) component.

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

---

### Page Used to Set Up Test Criteria and Plans

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nondiscrimination Rules Page</td>
<td>NDT_HCE_TABLE</td>
<td>Define the regulatory rules governing your nondiscrimination testing.</td>
</tr>
</tbody>
</table>

---

### Nondiscrimination Rules Page

Use the Nondiscrimination Rules page (NDT_HCE_TABLE) to define the regulatory rules governing your nondiscrimination testing.

**Navigation**

Set Up HCM > Product Related > Base Benefits > Nondiscrimination Rules > Nondiscrimination Rules
Image: Nondiscrimination Rules page

This example illustrates the fields and controls on the Nondiscrimination Rules page. You can find definitions for the fields and controls later on this 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 account for 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 can change 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 to use to perform the ADP and ACP calculations.

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

---

**Note:** Because the nondiscrimination testing procedure for 401(k) and 401(m) plans includes compensation data from the preceding plan year, you should 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 nonhighly 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, you do not need to perform NHCE forecasting; you need to forecast only HCE data and compare it to the previous year's data. You can still elect to test based on the current year's data, however, and use the forecasting feature to help monitor your plan's nondiscrimination status throughout the year.

---

**Identifying Benefit Plans to Include in a Test**

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.

**Related Links**

Defining Benefit Plans

---

**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 software provides these nondiscrimination tests for your use as a template, not to use for actual reporting.

This section discusses how to define the nondiscrimination test run control.
### Pages Used to Define the Nondiscrimination Test Run Control

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define Test Information (Section 401 Testing) Page</td>
<td>RUNCTL_NDT</td>
<td>Define the special accumulator that you want the system to use, and identify the company and pay group combinations that you want to include in your test.</td>
</tr>
<tr>
<td>Define Test Information (Section 129 Testing) Page</td>
<td>RUNCTL_129</td>
<td>Define Section 129 rules to specify information that controls nondiscrimination testing for Section 129 dependent care reimbursement accounts.</td>
</tr>
</tbody>
</table>

### Define Test Information (Section 401 Testing) Page

Use the Define Test Information (Section 401 Testing) page (RUNCTL_NDT) to define the special accumulator that you want the system to use, and identify the company and pay group combinations that you want to include in your test.

**Navigation**

Benefits > Conduct Nondiscrimination Tsts > Section 401 Testing > Define Test Information > Define Test Information
This example illustrates the fields and controls on the Define Test Information page for Section 401 testing. You can find definitions for the fields and controls later on this page.

**Plan Year Begin Date**
Enter the first day of the plan year 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 the system projects until year-end.

**Special Accumulator Code**
Enter the special accumulator code for the test. The system uses 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 that 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 that 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 the *Prior Year*. Because the rules for the determination of highly compensated employees determines 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.

**Define Test Information (Section 129 Testing) Page**

Use the Define Test Information (Section 129 Testing) page (RUNCTL_129) to define Section 129 rules to specify information that controls nondiscrimination testing for Section 129 dependent care reimbursement accounts.

**Navigation**

Benefits > Conduct Nondiscrimination Tsts > Section 129 Testing > Define Test Information > Define Test Information
**Chapter 10 Performing Nondiscrimination Testing**

**Image: Define Test Information page for Section 129 testing**

This example illustrates the fields and controls on the Define Test Information page for Section 129 testing. You can find definitions for the fields and controls later on this page.

**Special Accumulator Code**

Enter the special accumulator code for the test. The system uses 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.

**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 Define Test Information page. In subsequent testing throughout that year, you can select *Current Yr*.
Performing Nondiscrimination Testing

Chapter 10

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.

### 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.

### Employee Test Population

**Company 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

Select the method of restricting the test population. You can restrict the test population by company and pay group or by SLOB.

**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.

**Company and Pay Group**

If you use SLOB, indicate the company and pay group that are associated with each separate line of business.

### Running Nondiscrimination Tests

This section discusses how to run nondiscrimination tests.

**Important!** PeopleSoft software provides these nondiscrimination tests for your use as a template, not to use for actual reporting.
# Pages Used to Run Nondiscrimination Tests

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Highly Comp Employees Page</td>
<td>RUNCTL_NDT001</td>
<td>Determine the number of highly compensated employees in your organization before you perform Section 401 or Section 129 nondiscrimination tests.</td>
</tr>
<tr>
<td>401(k) Nondiscrimination Test - Run Control Page and NDT Section 401(m) Testing Page</td>
<td>PRCSRUNCNTL</td>
<td>Initiate 401(k) testing.</td>
</tr>
<tr>
<td>NDT Section 401(m) Testing</td>
<td>PRCSRUNCNTL</td>
<td>Run 401(m) testing.</td>
</tr>
<tr>
<td>Eligibility Cross Section Test</td>
<td>PRCSRUNCNTL</td>
<td>Run Section 129 nondiscrimination eligibility cross section testing.</td>
</tr>
<tr>
<td>55 Pct Average Benefits Test (55 percent average benefits test)</td>
<td>PRCSRUNCNTL</td>
<td>Run Section 129 nondiscrimination 55% average benefits testing.</td>
</tr>
<tr>
<td>Concentration Test</td>
<td>PRCSRUNCNTL</td>
<td>Run Section 129 nondiscrimination concentration testing.</td>
</tr>
</tbody>
</table>

## Identify Highly Comp Employees Page

Use the Identify Highly Comp Employees page (RUNCTL_NDT001) to determine the number of highly compensated employees in your organization before you perform Section 401 or Section 129 nondiscrimination tests.

**Navigation**

- Benefits > Conduct Nondiscrimination Tsts > Section 129 Testing > Identify Highly Comp Employees > Identify Highly Comp Employees
- Benefits > Conduct Nondiscrimination Tsts > Section 401 Testing > Identify Highly Comp Employees > Identify Highly Comp Employees
Image: Identify Highly Comp Employees page

This example illustrates the fields and controls on the Identify Highly Comp Employees page. You can find definitions for the fields and controls later on this page.

**Warning!** Before determining the number of highly compensated employees, first set the nondiscrimination test parameters.

| NDT Test Type | Choose from the following 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). |

401(k) Nondiscrimination Test - Run Control Page and NDT Section 401(m) Testing Page

Use the 401(k) Nondiscrimination Test - Run Control page (PRCSRUNCNTL) to initiate 401(k) testing.

**Navigation**

Benefits > Conduct Nondiscrimination Tests > Section 401 Testing > 401(k) Nondiscrimination Test > Run Control

Use the NDT Section 401(m) Testing page (PRCSRUNCNTL) to run 401(m) testing.

**Navigation**

Benefits > Conduct Nondiscrimination Tests > Section 401 Testing > 401(m) Nondiscrimination Test > NDT Section 401(m) Testing

**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 appropriate Section 129 NDT page.

**Note:** For SLOB users, the SLOB rules apply only 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. Rerun 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 Define Test Information page and determine the number of highly compensated employees in the 129 Identify Highly Comp Employees 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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Indicates that an employee is not eligible for the plan.</td>
</tr>
<tr>
<td>E</td>
<td>Indicates a highly compensated employee who is not a 5 percent owner.</td>
</tr>
<tr>
<td>H</td>
<td>Indicates a highly compensated employee (who may be a 5 percent owner).</td>
</tr>
</tbody>
</table>

The Savings Plan election page displays the Highly Compensated check box for the current year only. The previous year's highly compensated flag is not available online.
Important! PeopleSoft software provides these nondiscrimination tests for your use as a template, not to use for actual reporting.

Viewing Nondiscrimination Test Results

This section discusses how to view nondiscrimination test results.

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

Pages Used to View Nondiscrimination Test Results

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Plan Page</td>
<td>SAVINGS_PLANS1</td>
<td>View nondiscrimination test results for an individual.</td>
</tr>
<tr>
<td>Review Test Results (for 401(k)) Page</td>
<td>NDT_401_RESULTS</td>
<td>View the nondiscrimination test results for all employees in 401(k) and 401(m) tests.</td>
</tr>
<tr>
<td>Review Test Results (for 129) Page</td>
<td>NDT_129_RESULTS</td>
<td>View the nondiscrimination test results for all employees.</td>
</tr>
</tbody>
</table>

Savings Plan Page

Use the Savings Plans page (SAVINGS_PLANS1) to view nondiscrimination test results for an individual.

Navigation

Benefits > Enroll In Benefits > Savings Plans > Savings Plans

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.

Related Links

Enrolling Participants in Benefit Programs and Plans

Review Test Results (for 401(k)) Page

Use the Review Test Results (for 401(k)) page (NDT_401_RESULTS) to view the nondiscrimination test results for all employees in 401(k) and 401(m) tests.

Navigation

Benefits > Conduct Nondiscrimination Tsts > Section 401 Testing > Review Test Results > Review Test Results
Chapter 10 Performing Nondiscrimination Testing

Image: Review Test Results page for 401(k)

This example illustrates the fields and controls on the Review Test Results page for 401(k). You can find definitions for the fields and controls later on this page.

### Review Test Results

<table>
<thead>
<tr>
<th>NonDiscrimination test results for Plan Year beginning 01/01/2000</th>
<th>using data as of 04/30/2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing performed using</td>
<td></td>
</tr>
<tr>
<td>Current Year</td>
<td></td>
</tr>
<tr>
<td>data for NHCE population.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Counts: HCE</th>
<th>NHCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average for HCE (average for highly compensated employees)</th>
<th>Average for NHCE (average for nonhighly compensated employees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The system reports the average actual contribution percentage (ACP) and actual deferral percentage (ADP) for highly compensated and nonhighly compensated employees.</td>
<td></td>
</tr>
</tbody>
</table>

**Basic 125% Test and Alternate 2% Test**

The systems automatically indicate a *Pass* or *Fail* status.

**Discriminatory Excess**

If both the Basic and Alternate 2% tests failed, the system displays the discriminatory excess percentage.

**Aggregate Limit Test**

If the system runs this test, it automatically indicates a *Passed* or *Failed* status.

### Review Test Results (for 129) Page

Use the Review Test Results (for 129) page (NDT_129_RESULTS) to view the nondiscrimination test results for all employees.

### Navigation

Benefits > Conduct Nondiscrimination Tsts > Section 129 Testing > Review Test Results > Review Test Results
Performing Nondiscrimination Testing Chapter 10

Image: Review Test Results page for 129

This example illustrates the fields and controls on the Review Test Results page for 129. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Review Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility Cross-Section Test</strong></td>
</tr>
<tr>
<td>Count: NHCE</td>
</tr>
<tr>
<td>Benefits</td>
</tr>
<tr>
<td>Eligible NHCE Count</td>
</tr>
</tbody>
</table>

| **55% Average Benefit Test** |
| Count: NHCE | HCE | Test Result |
| Benefits | Benefits | Benefits | Ratio (%) |
| Avg Benefits | Benefits Ratio (%) | FAILED |

| **5% Owner Concentration Test** |
| Benefits Paid to 5% Owners | Total Benefits Paid | Test Result |
| Benefits | Benefits Ratio (%) | NOT RUN |

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 is 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 nonhighly compensated employee groups) as well as a display of the calculations involved in the test.

401 Nondiscrimination Testing reports also show the results of the Aggregate Limit test if test result conditions require this test to be performed.

Related Links
Defining Benefit Plans

Setting Limits to Comply with Test Results

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.

Related Links
Savings Plans Page
Chapter 11

Managing Life Events

Understanding Life Events

Life Events transactions can streamline the life event process for employees by enabling them to update personal data and then change their benefit enrollments, all from one self-service transaction. PeopleSoft eBenefits, by default, delivers four major life event transactions that have immediate impact on benefits enrollment of an employee:

- Getting married
- Giving birth to a child
- Adopting a child
- Getting divorced

Oracle’s PeopleSoft eBenefits has two user interfaces:

- PeopleSoft Classic User Interface, which was designed to be used on a laptop and desktop.
- PeopleSoft Fluid User Interface, which was designed to be used on mobile devices, but can also be used on a laptop and desktop.

Image: Defining Life Events varies slightly between classic and fluid users

While most of the setup tables are located within the Life Event menu category (Set Up HCM >Product Specific >eBenefits >Life Events) you will used different pages within the components to set up Life Events for classic versus Life Events for fluid. Regardless of the interface you choose to use, you will start by defining rules in the Life Event Rules table. If you are setting up life events for fluid, you will use the Activity Guide Composer pages (to set up your templates and steps. Next, you will access the Template component to identify the template as a Life Event template. This component consists of two pages: one for classic setup and one for fluid setup. To define the steps for classic life events, use the Action Item pages. Finally, use the Event Category pages to set up life event categories for the employee self service Life Event selection menu landing page.

In addition to the out-of-the-box life events, benefits administrators can create other life events based on the requirements of their organization. To create a life event, benefits administrators can:
• Define and maintain life event templates and then create action items or steps that form part of the template.

• Clone an existing life event to create a new life event with similar requirements.

Defining Life Event Rules

These topics provide overview and setup information for life event rules.

Use the Life Event Rules (W3EB_LE_RULES) component to set up life event rules.

Page Used to Define Life Event Rules

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Event Rules Page</td>
<td>W3EB_LE_RULES</td>
<td>Set up rules that control how data and information is processed for life events such as changes in marital status, birth, or adoption.</td>
</tr>
</tbody>
</table>

Understanding Life Event Rules

Life Event Rules enable organizations to control what an employee can perform on a life event. By default, PeopleSoft eBenefits supports four Life Event Types: Marriage, Birth, Adoption, and Divorce. Customers can add new life event types and define a set of rules for each life event type according to the practices established by the organization.

Life event rules enable organizations to control whether an employee can automatically update the HR database while processing a life event, based on the practices established by the organization.

The following table summarizes how the HR database is updated using the life event rules that are defined on the Life Events Rules page, what applications are selected on the Installation table, and other flags that are set in the HR database.

<table>
<thead>
<tr>
<th>Update to HR Database</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create BAS_ACTIVITY trigger</td>
<td>• Benefits Administration is selected on the Installation Table.</td>
</tr>
<tr>
<td></td>
<td>• The employee has at least one job managed by PeopleSoft Benefits Administration as of the life event effective date.</td>
</tr>
<tr>
<td></td>
<td>• Allow Event Creation is selected on the Life Event Rules page.</td>
</tr>
<tr>
<td></td>
<td>• The employee enters the transaction within the period described by the Maximum Days to Notify parameter.</td>
</tr>
</tbody>
</table>
### Chapter 11 Managing Life Events

#### Update to HR Database

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create COBRA_ACTIVITY trigger</td>
<td>If an employee is managed by PeopleSoft Base Benefits, a COBRA activity is triggered when:</td>
</tr>
</tbody>
</table>
|  • COBRA Administration is selected on the Installation Table.  
  • Benefits Administration is not selected on the Installation Table.  
  • Proof Required is not selected on the Life Events Rules page. |  
|  If the employee is managed by PeopleSoft Benefits Administration, a COBRA Activity is triggered when:  
  • Benefits Administration is selected on the Installation page.  
  • The employee has at least one job managed by PeopleSoft Benefits Administration as of the Life Event effective date.  
  • Proof Required is not selected on the Life Event Rules page.  
  • Allow Event Creation is selected on the Life Event Rules page.  
  • A COBRA action code is entered on the Life Event Rules page.  
  • The Benefits Administration event finalizes. |  
| Employee's marital status is updated in the PERS_DATA_EFFDT table |  
|  • For marital status change only.  
  • Proof Required is not selected on the Life Event Rules page. |  
| Current spouse's marital status is changed to Divorced and relationship is changed to Ex Spouse in the DEPENDENT_BENEF table |  
|  • The Life Event Type is Divorce.  
  • Proof Required is not selected on the Life Event Rules page. |

#### Note:
If you have purchased PeopleSoft eProfile or PeopleSoft eProfile Manager Desktop and have set up the Workflow Configuration for self-service transactions, setting these life event rules will override the rules that you set for the marital status transaction on the Workflow Configuration page.

#### Life Event Rules Page

Use the Life Event Rules page (W3EB_LE_RULES) to set up life event rules that affect how data and information is processed for changes in marital status, birth, or adoption.

#### Navigation

Set Up HCM > Product Related > eBenefits > Life Event > Life Event Rules > Life Event Rules
Image: Life Event Rules page

This example illustrates the fields and controls on the Life Event Rules page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Life Event Type</th>
<th>Description</th>
<th>Maximum Days To Notify</th>
<th>Notify Administrator</th>
<th>Proof Required</th>
<th>Approve Document(s)</th>
<th>Allow Event Creation</th>
<th>BAS Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Adoption</td>
<td></td>
<td>31</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□ Manual Event</td>
<td>FSC</td>
</tr>
<tr>
<td>B Birth</td>
<td></td>
<td>31</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□ Manual Event</td>
<td>Div</td>
</tr>
<tr>
<td>D Divorce</td>
<td></td>
<td>31</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□ Manual Event</td>
<td>FSC</td>
</tr>
<tr>
<td>M Marriage</td>
<td></td>
<td>31</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□ Manual Event</td>
<td>FSC</td>
</tr>
</tbody>
</table>

**Life Event Type**

Specify the life event type. Four different types of life events are available by default - Adoption, Birth, Divorce, and Marriage. You can modify existing life event types or define new life event types according to your organization’s needs.

**Maximum Days To Notify**

Specify the maximum number of days that can elapse between the date of the event and the date that the transaction is entered by the employee through the self-service transaction. Exceeding this time period does not prevent the employee from entering basic information, but a BAS Activity trigger will not be created even if Allow Event Creation is selected. If the employee enters the event after the maximum days allowed, the system displays a message on a self-service page notifying the employee that his or her benefit elections cannot be changed.

**Notify Administrator**

Select to send an e-mail to the benefits administrator when this type of life event occurs informing him or her of the event.

Additionally, if Proof Required is selected for an event, the administrator is automatically notified of the event regardless of the setting of Notify Administrator.

**Proof Required**

Select to indicate whether this type of life event requires proof before it is processed. If this field is selected, the HR database is not updated, BAS Activity and Cobra Activity triggers are not generated, and the administrator is notified of the event by e-mail.

**Approve Document(s)**

Select to enable the benefits administrator to approve, deny, or push back the uploaded life event documents. The employee can proceed to benefits enrollment only after the benefits administrator approves the document.

**Allow Event Creation**

This field is available if Benefits Administration is selected on the Installation table and Proof Required is not selected. A BAS Activity trigger is created only if the employee has at least one job managed by Benefits Administration as of the life event effective date.
Chapter 11 Managing Life Events

Selecting this field indicates that you want the system to trigger a BAS Activity for this type of life event and allows the employee to change benefit election through the eBenefit election pages.

**Source of Action**

This field is available and is required if Benefits Administration is selected on the Installation table and Allow Event Creation is selected. For a BAS Activity trigger to be created, you must enter Manual in the field.

**BAS Action**

This field is available and required if Benefits Administration is selected on the Installation table and Allow Event Creation is selected. Enter a BAS action code that is appropriate for this life event. Typically, this is FSC - Family Status Change.

**COBRA Action**

This field is available if both COBRA Administration and Benefits Administration are selected on the Installation table. This field is used only when the life event is for an employee managed by PeopleSoft Benefits Administration, Create Event is selected, and the resulting Benefits Administration event should create a COBRA Activity trigger when it finalizes.

---

**Configuring A Life Event**

Configuring a life event includes setting up templates and steps for a template. How you go about setting up templates and steps varies slightly based on whether end users will use the classic or fluid pages to enter life event changes:

- For classic life events:

  1. Use the Template (W3EB_LE_LIST) component to identify life event templates for classic users.

  2. After setting up templates, use the Action Item (W3EB_LE_ITEM02) component to set up life event action items for classic life events.

- For fluid life events:

  1. Set up the Activity Guide Composer Categories and Templates components to define the respective life event templates and steps. See the "Understanding the Activity Guide Composer" (PeopleSoft 9.2: Enterprise Components) documentation for the setup of these components.

  2. Use the Template (W3EB_LE_LIST) component to identify life event templates for fluid users.

  **Note:** Fluid life events does not use action items as described in these topics. Instead it uses the Activity Guide Composer Template to identify steps.

These topics provide an overview of life event templates and discusses the Life Events configuration pages in Benefits.
Pages Used to Configure Life Event Templates and Action Items in Benefits

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic Templates Page</td>
<td>W3EB_LE_LIST</td>
<td>Define life event templates for the classic Life Event pages.</td>
</tr>
<tr>
<td>Fluid Templates Page</td>
<td>W3EB_LE_FLU_LIST</td>
<td>Associate an Activity Guide Composer template with the Benefits Life Event template for the fluid Life Event pages.</td>
</tr>
<tr>
<td>Action Item Page</td>
<td>W3EB_LE_ITEM02</td>
<td>Create action items that define the steps an employee will perform to record and complete a life event using the classic Life Events pages.</td>
</tr>
<tr>
<td>Child Action Item Page</td>
<td>W3EB_LE_ITEM_SEC</td>
<td>Create sub-steps for a life event action item using the classic Life Events pages.</td>
</tr>
<tr>
<td>Dependent Action Item Page</td>
<td>W3EB_LE_DEPEND_SEC</td>
<td>Specify which life event action items must be completed by the employee prior to completing this action item when using the classic Life Events pages.</td>
</tr>
</tbody>
</table>

Understanding Life Event Templates (Including Action Items / Steps)

A template corresponds to a life event category type, such as a birth, death, marriage, or divorce. You can define a life event template and then specify action items or steps that form part of the template, based on your business requirements. For example, you can define an Adoption Event template and specify action items or steps that need to be processed to complete the adoption life event. Employees can then use the available life event template to process their life events.

The PeopleSoft application delivers the Adoption Event, Birth Event, Divorce Event, and Marriage Event templates for both classic and fluid users.

Action items or steps constitute the individual tasks that an employee needs to perform in order to complete a life event. When using classic Life Events, you will create action items. When using fluid Life Events, you will assign steps to your templates. Customers can define and group action items or steps to configure a life event based on their business needs. You can assign the order these should appear within a life event, indicate whether a task is required or not, define parent and child (subsidiary) relationships, and specify a dependent relationship to indicate if an action item or step can be started only after completing another item.
**Note:** In addition to defining a life event template and creating action items or steps for the template manually, you can also duplicate an existing life event with similar action items by cloning a life event.

– (Classic) Use the Benefit Cloning Utility in Benefits. Select the *Life Event Template* type to clone, and then modify the cloned life event to suit the business needs. For more information, see "Cloning Benefit Programs, Coverage Formulas, Eligibility Rules, Event Rules, or Life Event Templates" (PeopleSoft HCM 9.2: Human Resources Manage Base Benefits).

– (Fluid) Use the "Clone Template Page" (PeopleSoft 9.2: Enterprise Components) in the Activity Guide Composer. Click the Clone Template button for a template, enter the new template ID (following the naming format guidelines for life events), a description, and the effective date. The system will take you to the Activity Guide Composer Template pages to make modifications. For more information, see "Managing Activity Guide Templates" (PeopleSoft 9.2: Enterprise Components).

The setup steps for templates are different based on whether you are a classic or fluid user. Use the following information to set up templates and action items or steps for your life events.

### Classic Setup Steps

Follow these steps to create templates and action items for a classic life event:

1. Define a life event template on the *Classic Templates Page* from the eBenefits, Life Event setup menu.

2. Create action items that form the steps of the template using the *Action Item Page* within the eBenefits, Life Event setup menu.

**Note:** You cannot delete or modify the delivered Life Event templates or action items. To make changes to a delivered template and its action items, copy the delivered templates by using the "Benefit Clone Utility Page" (PeopleSoft HCM 9.2: Human Resources Manage Base Benefits) to copy and update the template. You can also create your own Life Event templates for classic.

### Fluid Setup Steps

Follow these steps to create templates and steps for a fluid life event:

1. Create Activity Guide Composer categories using the Categories component (see "Setting Up Activity Guide Categories" (PeopleSoft 9.2: Enterprise Components)).

   Categories contain the technical components that are utilized to define an activity guide template. This also means the category definition contains the steps that can be included as steps to define a Life Event template (activity guide).

   The PeopleSoft application delivers the *LIFEEVENT* Activity Guide Category. You can use this category for your Life Events template needs, update it through new effective dated rows, clone a category using the Activity Guide Composer "Clone Category Page" (PeopleSoft 9.2: Enterprise Components), or create your own categories. To modify the delivered system data, you will need to insert a new effective dated record of the Life Event category or clone a category, and make the changes. You cannot modify the initial row of the system delivered data.
Important! When you include a change like adding additional steps in a category, you will need to clone or insert a new effective dated row in the templates that use this category with an effective date equal to or greater than the effective date of the category to utilize the new step in your templates. The system will not automatically insert steps into the template. By inserting a new effective dated row that is equal to or greater than that of the category, you can now opt to include the new steps into the template.

The following table lists the delivered steps for the LIFEEVENT category:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>Home and Mailing Address</td>
</tr>
<tr>
<td>BENEFIT ENROLL</td>
<td>Benefit Enrollment</td>
</tr>
<tr>
<td>BENEFIT SUMMARY</td>
<td>Benefit Summary</td>
</tr>
<tr>
<td>BIRTH DATE</td>
<td>Birth/adoption Date</td>
</tr>
<tr>
<td>CONTACT INFO</td>
<td>Contact Information</td>
</tr>
<tr>
<td>DEPBENE SUMMARY</td>
<td>Dependent/Beneficiary Coverage</td>
</tr>
<tr>
<td>DEPENDENTBENEF</td>
<td>Dependent and Beneficiary</td>
</tr>
<tr>
<td>DIRECT DEPOSIT</td>
<td>Direct Deposit</td>
</tr>
<tr>
<td>DOCUMENT UPLOAD</td>
<td>Document Upload</td>
</tr>
<tr>
<td>ELECTION REVIEW</td>
<td>Benefit Election Review</td>
</tr>
<tr>
<td>EMERGCONTACT</td>
<td>Emergency Contact</td>
</tr>
<tr>
<td>MARITAL STATUS</td>
<td>Marital/Divorce Status</td>
</tr>
<tr>
<td>NAME</td>
<td>Name</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>Summary</td>
</tr>
<tr>
<td>TAX WITHHOLDING</td>
<td>Tax Withholding</td>
</tr>
<tr>
<td>WELCOME</td>
<td>Welcome</td>
</tr>
</tbody>
</table>


This process has you identify the layout of the activity guide, security roles to access the template, and determine the exact steps and their order within the template. The PeopleSoft application delivers the following Life Event templates and documentation that list the delivered steps for the Life Event templates:
- **Life Event: Adoption Event** (Processing the Adoption Event)
- **Life Event: Birth Event** (Processing the Child Birth Event)
- **Life Event: Divorce Event** (Processing the Divorce Event)
- **Life Event: Marriage Event** (Processing the Marriage Event)

**Note:** You cannot delete or modify the delivered Life Event activity guide templates. To make changes to a delivered template, insert a new effective dated row or use the cloning option through the Activity Guide Composer to copy and update the template. You can also create your own Life Event templates for fluid.

**Important!** Life events *must* use the following seven (7) character template ID naming convention to ensure that Life Event activity guides are processed correctly:

EF_x (where x equals either A for adoption, B for birth, D for divorce, or M for marriage) followed by three additional numbers or characters to uniquely identify the template.

The first four characters of the template ID are used during processing of Life Event activity guides and you can use the remain three characters for your own tracking purposes.

When creating classic Life Event templates in the Benefits application, the system automatically generates a unique template ID base on the template type (A, B, D or M). For example, a classic Life Event template ID could be EF_M5LLLLL - where EF_M specifies it to be a Marriage life event, 5 is an incremental number, and the system pads it with LLLLL. Fluid Life Event templates are created and cloned using the Activity Guide Composer, where the administrator defines the template ID.

However, this same formatting must be used to correctly process the life event.

For example, the template administrator may create the Activity Guide composer template ID EF_B100 for a birth, or EF_D200 for a divorce life event. This naming convention, with the first 4 characters starting as such, *must* be followed to ensure that the Life Event templates are processed correctly.

3. Identify the template as a fluid Life Event template in Benefits on the **Fluid Templates Page** in the eBenefits, Life Event setup pages.

**Note:** If you create your own Activity Guide Composer Life Event templates, it is recommend that you do not opt to display the templates on the "My Processes Page" (PeopleSoft 9.2: Enterprise Components), which is a centralized location where you can deploy various activity guide templates to your users. Instead, have your users access it only through the Benefit Details Tile.

### Classic Templates Page

Use the Classic Templates page (W3EB_LE_LIST) to define a life event template for the classic Life Event pages.

**Navigation**

Set Up HCM >Product Related >eBenefits >Life Event >Template >Classic Templates
**Image: Classic Templates page**

This example illustrates the fields and controls on the Classic Templates page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Template Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Template Title</td>
<td>Enter a description for the life event template. The template title is the high level key you will use to create action items for a life event. Action items define the transactions a user may need to process to record a life event change, such as updating marital status, changing benefits enrollment, or uploading a life event document. The template title will also be displayed as the header of the Life Event component.</td>
</tr>
<tr>
<td>Welcome Text ID</td>
<td>Specify the text to be displayed on the Welcome page of the Life Event component. Text IDs and the corresponding text are maintained in the Text Catalog.</td>
</tr>
<tr>
<td>Print Text ID</td>
<td>Specify the text to be displayed on the completion and exit page of the Life Event component.</td>
</tr>
<tr>
<td>Life Event Type</td>
<td>Specify a life event type for each template. The HCM application provides Marriage, Birth, Adoption, and Divorce life events by default. In addition, you can create other life events specific to your organization using the Life Event Rules table.</td>
</tr>
<tr>
<td>Description</td>
<td>Displays the description for the selected life event type.</td>
</tr>
<tr>
<td>Active</td>
<td>Select whether this template is active or inactive. Only active templates will be available for selection on the Event Category - Classic Category Page, and therefore eligible to be included in the life event selection menu for the end user. For more information, see: Setting Up the Life Event Selection Menu</td>
</tr>
<tr>
<td>Action Item(s)</td>
<td>Select this link to access the Action Item component to create a list of transaction pages that should be part of the life event</td>
</tr>
</tbody>
</table>
template. Action items are the various tasks a user may need to complete to record a life event change.

**Fluid Templates Page**

Use the Fluid Templates page (W3EB_LE_FLU_LIST) to associate an Activity Guide Composer template with the Benefits Life Event template for the fluid Life Event pages.

**Navigation**

Set Up HCM >Product Related >eBenefits >Life Event >Template >Fluid Templates

**Image: Fluid Templates page**

This example illustrates the fields and controls on the Fluid Templates page. You can find definitions for the fields and controls later on this page.

The page will display the delivered life event templates and any templates you have added. To add additional templates click the Add (+) button at the end of a row.

**Template Title**

Note: Life event templates for fluid must first be created using the Activity Guide Composer (AGC).

Select from a list of active life event template descriptions. Only active Activity Guide Templates are available for selection. The PeopleSoft application delivers the following life event templates for fluid:

- *Adoption Event*
- *Birth Event*
- *Divorce Event*
- *Marriage Event*

To create, update, delete, or clone an existing template, use the "Activity Guide Templates Page" (PeopleSoft 9.2: Enterprise Components).
Important! Strict template ID formatting must be used to ensure that the life event templates are processed correctly in Benefits. See the Important note under the Fluid Setup Steps section of Understanding Life Event Templates (Including Action Items / Steps) for more information.

The template contains activity guide steps for a life event. Activity guide steps define the transactions a user may need to update to record a life event change, such as update marital status, change benefit enrollments, or have the ability to upload a document. This title will also appear in the header of the fluid Life Events pages.

Life Event Type
Specify a life event type for each template. The PeopleSoft HCM application delivers the Marriage, Birth, Adoption, and Divorce life events, but you can create other life events specific to your organization using the Life Event Rules table.

Description
Displays the description for the selected life event type.

Active
Select whether this template is active or inactive. Only active templates will be available for selection on the Event Category - Fluid Category Page, and therefore eligible to be included in the life event selection menu for the end user. Likewise, you cannot inactivate a template that is already assigned on the Fluid Category Page. For more information on event categories, see: Setting Up the Life Event Selection Menu.

Note: Inactivating a fluid life event template from this page does not inactivate the template in the Activity Guide Composer, just as an option from Event Categories. To inactivate an actual template, click the Template Composer link to access the Activity Guide Composer - Templates component and change the status. You cannot inactivate the delivered life event templates within the Activity Guide Composer.

Template Composer
Select this link to access the Activity Guide Composer - Templates pages for this template to view or modify aspects of the template, such as steps. Steps are the various tasks a user should complete to record a life event change.

Action Item Page
Use the Action Item page (W3EB_LE_ITEM02) to create action items that define the steps an employee will perform to record and complete a life event using the classic Life Events pages.

Important! This page is for classic life events. Do not use this page if you are creating templates and steps for fluid Life Events. Use the "Activity Guide Composer - Select Steps Page" (PeopleSoft 9.2: Enterprise Components) to add steps to a fluid template.
Navigation

- Set Up HCM > Product Related > eBenefits > Life Event > Action Item > Action Item
- Click the Action Item(s) link from the Classic Templates Page.

Image: Action Item page

This example illustrates the fields and controls on the Action Item page. You can find definitions for the fields and controls later on this page.

Copy Existing Item

Copy an existing action item for reuse. To copy, select the action item from a list of all action items that have been created for other templates. This will copy all the fields from the selected action item with the exception of the Depend Action Exist and the Depend Action Item fields.

The Copy Existing Item field is available only when you are managing a template created by your organization.

Sequence Number

Enter the order in which the list of action items, or pagelets, should appear in the Life Event component navigation in self service. The action items are listed in the increasing order of sequence number. When an action item is identified as a parent action item and has child action items associated with it, the sequence number of the parent action item must be lesser than that of the child action items.

Action Item Title

Enter the name of the action item. These titles will appear as links on the left-hand side navigation tree in the employee self service home page for this life event type.

Required Action Item

Select to indicate that the user is required to complete this transaction in order to save and complete the life event. If not selected, the user may complete the action item, but completing it is not mandatory in order to complete the life event.

Parent Action Item

Select to indicate that this action item has sub-steps. The parent action item serves as a heading that groups the child items. When you select this check box, the Transaction Page field is no longer available for the parent action item.

Child Action Item

Select this link when the Parent Action Item check box has been selected to open the Child Action Item page and enter the sequence numbers and transaction page information for each child item. Child items appear as subset items of a parent item.
Child action item sequence numbers must be greater than that of the parent item.

**Depend Action Exist**

Select this check box to indicate that the user must complete another task prior to the current task. For example, an employee may need to enter a child's birth date before being eligible to change benefit elections. This check box is not available until at least one other action item has been defined for this template.

**Depend Action item**

Select this link to open the Dependent Action Item page and select from a list of other action items you have identified for this template. The link and valid options are not available until at least one other action item has been defined for this template with a sequence number lower than this action item. The dependency item you select here must be completed by the user prior to completing this action item.

**Transaction Page**

Enter the transaction page that the user will access to perform this action item.

For more information about transaction/application pages and related content, see: *PeopleTools: Applications User's Guide*

For more information about developing and deploying action items, see: *PeopleTools: Portal Technology*

### Child Action Item Page

Use the Child Action Item page (W3EB_LE_ITEM_SEC) to define sub-steps of a life event action item when using the classic Life Events pages. Child item sequence numbers should have a number greater than the parent item.

**Note:** This page is for classic life events. Do not use this page if you are creating templates and steps for fluid Life Events. Use the "Activity Guide Templates Page" (PeopleSoft 9.2: Enterprise Components) to create fluid life event templates. Use the "Activity Guide Composer - Organize and Configure Steps Page" (PeopleSoft 9.2: Enterprise Components) to manage steps for fluid.

**Navigation**

Select the Child Action Item link on the Action Item page.
Image: Child Action Item page

This example illustrates the fields and controls on the Child Action Item page.

Sequence Number
Enter the order in which the child action items should be listed within the action item. The sequence number of the child action items must be greater than that of the parent action item.

Action Item Title
Enter the name of the action item. These titles will appear as pagelet links on the left-hand side navigation tree in the employee self service home page for this life event type.

Required Action Item
Select to indicate that the user is required to complete this transaction in order to save and complete the life event. When deselected, the user has the option to complete this task but does not need to in order to complete the event.

Transaction Page
Specify the transaction pagelet that the user will access to perform this action item.

Dependent Action Item Page

Use the Dependent Action Item page (W3EB_LE_DEPEND_SEC) to indicate if another action item must be completed by the user prior to processing this action item when using the classic Life Events pages. The action item can be processed only after completing the action item on which it is dependent.

Note: This page if for classic life events. Do not use this page if you are creating templates and steps for fluid Life Events. Use the "Activity Guide Templates Page" (PeopleSoft 9.2: Enterprise Components) to create fluid life event templates. Use the "Activity Guide Composer - Organize and Configure Steps Page" (PeopleSoft 9.2: Enterprise Components) to manage steps for fluid.
Navigation

Select the Depend Action Item link on the Action Item page.

Image: Dependent Action Item page

This example illustrates the fields and controls on the Dependent Action Item page. In this example, the Marital Status action item must be completed before starting Benefit Enrollment.

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
</tbody>
</table>

Configuring Fluid Life Event Document Upload

Use the PeopleSoft Fluid Attachment Framework to configure life event document upload for fluid interface.

Pages Used to Configure Fluid Life Event Documents Upload

Note: Refer the documentation for "Configuring Attachments in Fluid Framework" (PeopleSoft HCM 9.2: Application Fundamentals) for detailed information on configuring the common attachment framework.

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Define Attachments Page&quot; (PeopleSoft HCM 9.2: Application Fundamentals)</td>
<td>HR_ATT_CNFG</td>
<td>Create configuration ID based on the required attachment type.</td>
</tr>
</tbody>
</table>
### Chapter 11 Managing Life Events

#### Maintain Definitions Page

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Definitions Page</td>
<td>HR_ATT_DEFN</td>
<td>Associate the configuration ID to a specific Life Event. You can also specify upload and approval requirements for each configuration ID.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note:</strong> To configure life event attachments, access this page for the HBN owner ID.</td>
</tr>
</tbody>
</table>

#### Review Benefits Attachment Page

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Benefits Attachment Page</td>
<td>BEN_ATTACHMENT_EVT_FL</td>
<td>View the documents attached by the employees.</td>
</tr>
<tr>
<td></td>
<td>BEN_ATTACHMENT_IDE_FL</td>
<td></td>
</tr>
</tbody>
</table>

### Understanding Fluid Life Event Document Upload

Employees are required to upload life event documents like, certificates of marriage, adoption, divorce etc when processing their life events. As an administrator, you can:

- Define categories for document upload based on each life event type.
- Specify if the document upload is mandatory for a specific life event type
- Specify if approval is required for a specific life event type.
- Access the uploaded document

**Note:** The Fluid Review Benefits Attachment component can be accessed by administrator through the Benefits WorkCenter Tile if the employee has granted ‘Benefits Administrator Fl WC’ role.

### Roles and Permission List

<table>
<thead>
<tr>
<th>Roles</th>
<th>Permission List</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Benefits Fluid</td>
<td>HCCPSS1021</td>
</tr>
<tr>
<td>This role is necessary for employees accessing the Benefits Attachment in Benefits Details tile.</td>
<td></td>
</tr>
<tr>
<td>My Benefits Fluid</td>
<td>HCCPSS1022</td>
</tr>
<tr>
<td>This permission list is necessary for employees to use the Benefits Details Dashboard Tile.</td>
<td></td>
</tr>
<tr>
<td>Benefits Administrator Fluid</td>
<td>HCCPBN1020</td>
</tr>
<tr>
<td>This role is necessary for administrator accessing the Review Benefits Attachment in Benefits Administrator tile.</td>
<td></td>
</tr>
</tbody>
</table>
### Maintain Definitions Page

Use the Maintain Definitions page (HR_ATT_DEFN) to link the configuration ID to a specific life event. You can indicate the upload requirement and approval requirement for each configuration ID.

Establish the contexts in which the defined attachment types are to be available and associate specific attachments with each context.

**Navigation**

Set Up HCM > Common Definitions > Attachments > Maintain Definitions > Maintain Definitions

**Image: Maintain Definitions Page**

This example shows the fields and controls on the Maintain Definitions page when Object Owner ID is selected as HBN and Sub Id is selected as LE. This is specific to Life Event.

In the Key Value field, select the required life event type. Here, in this example ‘M’ – Marriage is selected as the Life Event Type.
Attachments

Configuration ID
Select the required configuration ID. This indicates the documentation type.

Upload Requirement
Select the option to indicate the requirement for document upload under this category. Available options are:

- If the status is ‘Required’, it is mandatory to upload a document under this category for the selected life event.
- If the status is ‘Optional’, it is optional to upload a document under this category for the selected life event.
- If the status is ‘Required at least one’, it is mandatory to upload at least one document under this category for the selected life event.

Approval Required
Specify if this document requires approval. If selected, the document will be sent to the approver(s) based on the configured approval framework. The system marks the Upload Document step as complete only if all the documents that are required to upload are uploaded and all the documents that require approval are approved.

For more information on other fields and controls, see "Maintain Definitions Page" (PeopleSoft HCM 9.2: Application Fundamentals)

Review Benefits Attachment Page

Use the Review Benefits Attachment page to view the documents uploaded by the employees.

Note: To activate the Review Benefits Attachment component on the Benefits WorkCenter, activate the Link section.
Go to Enterprise Component > WorkCenter/Dashboards > Configure Pagelets
Configuration ID = BEN_FL Table

Navigation

- Benefits WorkCenter >Links >Employee Dependent Information >Review Benefits Attachment
- Workforce Administrator >Benefits Administrator >Review Benefits Attachment

Administrator can search for the required employee.
Image: Review Benefits Attachment_Search Page

This example illustrates the Review Benefits Attachment page.

Attachment details of the selected employee is displayed.

Image: Review Benefits Attachment Page

This example illustrates the Review Benefits Attachment page.

Click the row to open the Transaction Details page.

Image: Transaction Details page

This example illustrates the Transaction Details page

This page lists the documents uploaded by the employee with details like document type, category and status. Click the document to open the attachment.

Setting Up the Life Event Selection Menu

This topic discusses how to set up the Employee Self Service Life Event Selection menu.

The Employee Self Service Life Event Selection menu is the menu available to employees on the Life Event main page. You can define life event categories and link life event templates to each category, to set
up the employee self service life event selection menu. The life event categories define the menu groups and the templates linked to them define the menu items. Employees can then select which life event to process from the available menu.

PeopleSoft eBenefits provides one category *EMPL* (Employee) by default, but you can define other categories relevant to your organization.

To set up the life event selection menu, use the Event Category (W3EB_LE_EVT_CAT) page.

### Page Used to Define the Life Event Selection Menu

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic Category Page</td>
<td>W3EB_LE_EVT_CAT</td>
<td>Set up life event categories for the classic employee self service Life Event selection menu.</td>
</tr>
<tr>
<td>Fluid Category Page</td>
<td>W3EB_LE_FLU_CAT</td>
<td>Set up life event categories for the fluid employee self service Life Event selection menu.</td>
</tr>
</tbody>
</table>

### Classic Category Page

Use the Classic Category page (W3EB_LE_EVT_CAT) to set up life event categories for the classic employee self service Life Event selection menu.

**Note:** This page is for classic setup. If you want to set up categories for fluid Life Events, use the Fluid Category Page.

### Navigation

Set Up HCM > Product Related > eBenefits > Life Event > Event Category > Classic Category

### Image: Classic Category page

This example illustrates the fields and controls on the Classic Category page.
Use this page to set up the templates that should appear for this category on the classic life event self-service home page.

**Category Sequence**

Enter the order in which the event categories should appear on the classic employee self service life event home page. The categories will be displayed on the home page based on the increasing order of the sequence number.

**SeqNum**

Enter a number to determine the order in which a life event should be displayed within the category, in the self service selection menu.

**Description**

Enter a description for the life event change that the user needs to perform. The class life event home page displays these descriptions as radio buttons from which a user selects the required life event.

**Template Title**

Select from a list of active life event templates defined on the Classic Templates Page that have action items defined.

*Note:* A template associated with an event category cannot be modified or made inactive.

The same template may be used for multiple life event descriptions.

**Fluid Category Page**

Use the Fluid Category page (W3EB_LE_FLU_CAT) to set up life event categories for the fluid employee self service Life Event selection menu.

*Note:* This page is for fluid setup. If you want to set up categories for classic Life Events, use the Classic Category Page.

**Navigation**

Set Up HCM > Product Related > eBenefits >Life Event > Event Category > Fluid Category
Image: Fluid Category page

This example illustrates the fields and controls on the Fluid Category page.

Use this page to create fluid self service event categories and link templates to the category. The Life Events landing page in fluid displays the life event template descriptions you associate with this category.

**Category Sequence**

Enter the order in which the event categories should appear on the Employee Self Service, Life Events landing page in fluid. The categories will appear on the landing page based on the increasing order of the sequence number.

**SeqNum**

Enter a number to determine the order in which a life event should appear within the category. The page displays the life events with the lowest numbers first.

**Description**

Enter a description for the life event change that the user may need to perform. The fluid Life Events home page displays these descriptions as radio buttons from which a user selects the required life event. For example, for a birth event you can enter the text, 'I had a baby'.

**Template Title**

Select from a list of active templates that have activity guide steps defined. Template titles are defined using the "Activity Guide Templates Page" (PeopleSoft 9.2: Enterprise Components).

**Template ID**

Displays the ID that was used when creating the template in the Activity Guide Composer.

---

**Note:** A template associated with an event category cannot be modified or made inactive on the Fluid Templates Page.

The same template may be used for multiple life event descriptions.
Managing Life Events

Chapter 11

Important! Strict template ID formatting must be used to ensure that the life event templates are processed correctly in Benefits. All fluid Life Event template IDs must start with the following four characters: EF_, x (where x equals A for adoption, B for birth, D for divorce, or M for marriage). For example, an organization may create the template ID EF_B100 for a birth, or EF_D200 for a divorce life event. This naming convention, with the first 4 characters starting as such, must be followed to ensure that the Life Event templates are processed correctly. Activity Guide Composer template IDs must be seven characters in length so you can use the remain three characters for your own purposes.

Related Links
"Managing Activity Guide Templates" (PeopleSoft 9.2: Enterprise Components)

Creating Life Event Descriptive Pages

These topics describe how to create life event descriptive pages.

Understanding Life Event Descriptive Pages

Create life event descriptive pages to guide employees through the action items (pages) that they will need to complete for a self-service life event. After selecting a life event on the Life Event main page, the employee needs to follow a vertical pagelet containing action items to process the event. You can create descriptive Life Event pages such as a Welcome page to include a greeting, a brief description of the steps involved in this event, and any additional information the employee may want to read before proceeding to the actual event, or a custom Exit page to conclude the life event.

Page Used to Create Life Event Descriptive Pages

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Text Catalog Page</td>
<td>HR_SSTEXT_TEXT</td>
<td>Create life event descriptive pages.</td>
</tr>
</tbody>
</table>

Maintain Text Catalog Page

Use the Maintain Text Catalog page (HR_SSTEXT_TEXT) to create the descriptive pages. The Maintain Text Catalog page provides the flexibility to present custom instructions to the employees.

Navigation

Set Up HCM >Product Related >eBenefits >Maintain Text Catalog >Maintain Text Catalog
Image: Maintain Text Catalog Page

This example illustrates the fields and controls on the Maintain Text Catalog page. You can find definitions for the fields and controls later on this page.

Field and Control Definitions

**Field and Control Definitions**

**Description**

Enter the description for the text ID displayed on the life event descriptive page.

The text ID identifies a life event descriptive page. Different text IDs can be created for different life events. For example, you can set up a custom welcome text ID for Marriage and a different welcome text ID for Birth. Additionally, you can modify the default text IDs for the welcome page (Welcome) and the exit page (Print).

**Effective Date**

Select a date from which the descriptive page is active.

**Context Keys and Text**

**Life Event Type**

Select the life event type for which the descriptive page is being created. If the life event type is left blank, the text that you enter will be applicable to all life event types.

In the descriptive text box, enter the custom text to be displayed to the employee on the life event page.

For more information about Text Catalog, see: "Establishing Text Catalog Data" (PeopleSoft HCM 9.2: eBenefits)
Configuring the Employee Enrollment Summary Statement

These topics describe how to configure the Employee Enrollment Summary Statement.

Understanding the Enrollment Summary Statement

After an employee completes a life event, a new Benefit Preliminary Enrollment Summary Statement report will be generated.

This report provides a summary of the employee’s benefit election data and enables the employee to view the new elections after a life event change. The enrollment statement displays four main sections - the personal information, dependent information, investment, and dependent/beneficiary sections. You can configure the report to display or hide any of the four sections using the Enrollment Statement Controls setup page. The Enrollment Statement Controls setup page enables you to display or hide sections based on the life event type.

Page Used to Configure the Employee Enrollment Summary Statement

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Statement Controls Page</td>
<td>W3EB_SMRY_CNTRL</td>
<td>Configure the preliminary benefit enrollment summary statement.</td>
</tr>
</tbody>
</table>

Enrollment Statement Controls Page

Use the Enrollment Statement Controls page (W3EB_SMRY_CNTRL) to configure the Benefit Preliminary Enrollment Summary Statement.

Navigation

Set Up HCM >Product Related >eBenefits >Enrollment Statement Controls >Enrollment Statement Controls
**Image: Enrollment Statement Controls Page**

This example illustrates the fields and controls on the Enrollment Statement Controls page. You can find definitions for the fields and controls later on this page.

### Enrollment Statement Controls

**Effective Date**  
Select the effective date from which the enrollment statement controls take effect.

**Personal Information Section**  
Select to always display or always hide this section in all reports.

**Dependent Information**  
Select to always display this section, hide this section in all reports, or hide this section only when the employee does not have dependent or beneficiary information recorded in the system.

**Investment Section**  
Select to always display this section or to hide this section when no investment allocations have been specified.

**Dependent/Beneficiary Section**  
Select to always display this section or to hide this section when there are no dependents or beneficiaries enrolled under this employee’s benefit package.

### Plan Type Controls

**Plan Type**  
Select a specific benefit plan type to be excluded from the Enrollment Summary Statement when an employee has opted to waive coverage.

**Hide Waived**  
Select to exclude the plan from the Enrollment Summary report when coverage is waived.
Understanding Life Event Processing

Employees process a self service life event when there is a change in their benefits enrollment as a result of a life event, for example, change in marital status, child birth or adoption. An employee will access the Life Events pages differently based on the interface they are using:

- **Classic Life Events**
  
  To access the classic Life Events pages, select the NavBar Navigator to select Employee Self Service, eBenefits, Life Events (see "Using PeopleSoft eBenefits Pages" (PeopleSoft HCM 9.2: eBenefits)).

- **Fluid Life Events**
  
  To access the fluid Life Events pages, from the fluid Employee Self Service landing page (or the landing page where you have placed the tile), select the **Benefit Details Tile**, and then select the Life Events option.

To process a life event, select your life event from the list of available life event on the selection page. An activity guide process guides you through the required sub-steps or action items to complete the life event. An activity guide page lists all the steps, or action items, within the life event. The status of each action item in the activity guide page changes as you navigate through the activity guide. The system provides easy navigation through the activity guide steps. You can stop processing a life event temporarily and continue at a later point, or you can completely cancel (delete) the life event instance. When you complete a life event, the activity guide provides a visual indication that all the action items and steps are complete.

You can perform the following activities while processing a life event:

- **Upload documents required to process the life event.** Based on the type of the employee life event being processed, the system displays the required document type(s) to be uploaded.

- **Change benefits enrollment.**

- **Review your benefits election and go back to previous steps to make additional changes if necessary.**

**Note:** At any given time, you can execute only one instance of a life event at a time (in either classic or fluid).

These topics describe how to process the following out-of-the-box life events:

- **Marriage**

- **Child birth**

- **Adoption**

- **Divorce**

**Note:** By default, four life events — Marriage, Child birth, Adoption, and Divorce are available out-of-the-box. Life events available to you will vary depending on the life events defined by your organization based on your business needs. Additionally, the action items within each life event may also vary depending on the modifications made to them by your organization.
**Processing the Marriage Event**

Employees begin the Marriage life event process by navigating to the Life Events page and then selecting the marriage transaction.

After the employee accesses the transaction, the system displays the Change Status Date page on which the employee needs to enter the date of the marital status change. The Change Status Date page indicates the maximum number of days after the life event within which the employee needs to complete the self service life event. A series of pages that direct the employee through the life event process will be displayed. Rules that are set on the Life Event Rules page and the Action Items for the marital status change transaction determine which pages will be displayed by the system.

**Pages Used to Process the Marriage Event**

<table>
<thead>
<tr>
<th>Classic Page Name</th>
<th>Classic Definition Name</th>
<th>Fluid Page Name</th>
<th>Fluid Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Page</td>
<td>W3EB_LE_WELCOME</td>
<td>Welcome Page</td>
<td>AGC_INFO_FL</td>
<td>Read the instructions on the Welcome page to initiate your Marriage life event. This page contains custom information about the life event.</td>
</tr>
<tr>
<td>Marital Status Change Page</td>
<td>HR_EE_MAR_STATUS</td>
<td>Marital Status Page (Marital Status or Divorce Status Page)</td>
<td>HR_EE_MARITAL_FL</td>
<td>Enter changes for a marital status and submit the changes.</td>
</tr>
<tr>
<td>Life Events — Document Upload Page</td>
<td>HR_ATT_DD_HDR</td>
<td>&quot;Life Events - Document Upload Page&quot; (PeopleSoft HCM 9.2: eBenefits)</td>
<td>HR_ATT_DD_HDR</td>
<td>Upload a proof document, for example, marriage certificate for the life event, or enter a note relevant to the marriage event.</td>
</tr>
<tr>
<td>Name Change Page</td>
<td>HR_EE_NAME</td>
<td>Personal Information - &quot;Name (Summary) Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_EE_NAME_FL</td>
<td>Enter name change information.</td>
</tr>
<tr>
<td>Home and Mailing Address Page</td>
<td>HR_HOME_MAILING</td>
<td>Personal Information - Home and mailing Addresses Page (see &quot;Addresses (Summary) Page&quot; (PeopleSoft HCM 9.2: eProfile))</td>
<td>HR_EE_ADDR_FL</td>
<td>Enter valid home and mailing addresses.</td>
</tr>
<tr>
<td>Classic Page Name</td>
<td>Classic Definition Name</td>
<td>Fluid Page Name</td>
<td>Fluid Definition Name</td>
<td>Usage</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------</td>
<td>-----------------</td>
<td>-----------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Phone Numbers Page</td>
<td>HR_PERSONAL_PHONE</td>
<td>Personal Information - Contact Information Page (see “Contact Details Page” (PeopleSoft HCM 9.2: eProfile))</td>
<td>HR_EE_CONTACTS_FL</td>
<td>Enter valid phone numbers.</td>
</tr>
<tr>
<td>Emergency Contacts Page</td>
<td>HR_EMERGENCY_CNTCT</td>
<td>Personal Information - &quot;Emergency Contacts (Summary) Page&quot; (PeopleSoft HCM 9.2: eProfile))</td>
<td>HR_EMERG_CNTCT_FL</td>
<td>Enter emergency contact information.</td>
</tr>
<tr>
<td>Add/Review Dependent/Beneficiary Page</td>
<td>W3EB_DEPBEN_RVW</td>
<td>Dependent/Beneficiary Info Page</td>
<td>W3EB_DEPBNSMRY_FL</td>
<td>Update dependent/beneficiary information.</td>
</tr>
<tr>
<td>Direct Deposit Page</td>
<td>PY_IC_DD_LIST</td>
<td>Pay and Compensation - Direct Deposit Page</td>
<td>PY_IC_DIR_DEP_FL</td>
<td>Review direct deposit information.</td>
</tr>
<tr>
<td>Benefit Enrollment Page</td>
<td>W3EB_LE_ENROLL</td>
<td>Benefits Enrollment Page</td>
<td>BNE_LE_ENROLL1_FL</td>
<td>Start benefits enrollment and enroll for available benefits.</td>
</tr>
</tbody>
</table>

**Note:** A dependency relationship is defined on the Marital Status Change action item and benefit enrollment. Hence, benefits enrollment will be available only if you have updated and submitted the marital status.
### Processing the Child Birth Event

Employees begin the Child Birth transaction by navigating to Life Events and then selecting the I had a baby radio button. The system displays the Change Status Date page on which the employee needs to enter the date of child birth.

**Note:** An employee can also add a new spouse and other dependents from the life event for Marriage.
After the employee accesses the transaction, the system displays a series of pages that direct the employee through the life event process. The system determines which pages will be displayed according to the rules that are set for the Child Birth transaction on the Life Event Rules Page and:

- (Classic) Action Item Page.

**Pages Used to Process the Child Birth Event**

<table>
<thead>
<tr>
<th>Classic Page Name</th>
<th>Classic Definition Name</th>
<th>Fluid Page Name</th>
<th>Fluid Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Page</td>
<td>W3EB_LE_WELCOME</td>
<td>Welcome Page</td>
<td>AGC_INFO_FL</td>
<td>Read the instructions on the Welcome page to initiate your child birth event. This page contains custom information about the life event.</td>
</tr>
<tr>
<td>Birth Date Page</td>
<td>W3EB_BRTH_ADPT_DT</td>
<td>Birth Date Page</td>
<td>W3EB_BR_ADPT_FL</td>
<td>Enter the date of child birth and submit.</td>
</tr>
<tr>
<td>Life Events — Document Upload Page</td>
<td>HR_ATT_DD_HDR</td>
<td>&quot;Life Events - Document Upload Page&quot; (PeopleSoft HCM 9.2: eBenefits)</td>
<td>HR_ATT_DD_HDR</td>
<td>Upload a proof document, for example, birth certificate for the life event, or enter a note relevant to the event.</td>
</tr>
<tr>
<td>Dependent and Beneficiary Coverage Summary Page</td>
<td>W3EB_DEPBEN_SUM</td>
<td>Dependent and Beneficiary Coverage Summary Page</td>
<td>W3EB_DEPBEN_SUM</td>
<td>Review summary information about dependent/beneficiary benefits.</td>
</tr>
<tr>
<td>Add/Review Dependent/Beneficiary Page</td>
<td>W3EB_DEPBEN_RVW</td>
<td>Dependent/Beneficiary Info Page</td>
<td>W3EB_DEPBNSMRY_FL</td>
<td>Update dependent/beneficiary information.</td>
</tr>
<tr>
<td>Direct Deposit Page</td>
<td>PY_IC_DD_LIST</td>
<td>Pay and Compensation - Direct Deposit Page</td>
<td>PY_IC_DIR_DEP_FL</td>
<td>Review and change direct deposit information.</td>
</tr>
<tr>
<td>Classic Page Name</td>
<td>Classic Definition Name</td>
<td>Fluid Page Name</td>
<td>Fluid Definition Name</td>
<td>Usage</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------</td>
<td>------------------------</td>
<td>-----------------------</td>
<td>-------</td>
</tr>
</tbody>
</table>
| Benefit Enrollment Page        | W3EB_LE_ENROLL          | Benefits Enrollment Page | BNE_LE_ENROLL1_FL     | Start benefits enrollment and enroll for available benefits. 

Note: A dependency relationship is defined on the Birth Date action item and benefit enrollment. Hence, benefits enrollment will be available only if you have updated and submitted the birth date. |
| Benefits Election Review Page  | W3EB_LE_CONFIRM         | Benefits Statement Page | BAS_STATMNTS_FL       | Review benefits election. Click Print to generate a preliminary Benefits Enrollment Summary Statement containing your personal information and information about dependent/beneficiary enrollment, benefits elections, and investment choices. 

Go back to any previous steps and make additional changes before completing the benefits enrollment. |
| Event Completion and Exit Page | W3EB_LE_PRINT           | Summary Page           | AGC_SUMMARY_FL        | View confirmation of the child birth event completion. Additionally, view custom information about any additional tasks that you need to do related to this life event. 

When you click Complete, the system verifies whether all the required action items have been completed and displays an error message if any are incomplete. |
Processing the Adoption Event

Employees begin the Adoption transaction by navigating to Life Events and then selecting the I adopted or gained legal custody/guardianship of a child radio button. The system displays the Change Status Date page on which the employee needs to enter the date of adoption.

After the employee accesses the transaction, the system displays a series of pages that direct the employee through the adoption process. Rules that are set on the Life Event Rules page and the Action Items for the Adoption transaction determine which pages will be displayed by the system.

Pages Used to Process the Adoption Event

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Fluid Page Name</th>
<th>Fluid Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Page</td>
<td>W3EB_LE_WELCOME</td>
<td>Welcome to</td>
<td>AGC_INFO_FL</td>
<td>Read the instructions on the Welcome page to initiate the adoption event. This page contains custom information about the life event.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&lt;Transaction Name&gt; Event Page</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Date Page</td>
<td>W3EB_BRTH_ADPT_DT</td>
<td>Adoption Date Page (Birth Date or Adoption Date Page)</td>
<td>W3EB_BR_ADPT_FL</td>
<td>Enter the date of adoption and submit.</td>
</tr>
<tr>
<td>Life Events — Document Upload Page</td>
<td>HR_ATT_DD_HDR</td>
<td>&quot;Life Events - Document Upload Page&quot; (PeopleSoft HCM 9.2: eBenefits)</td>
<td>HR_ATT_DD_HDR</td>
<td>Upload a proof document, for example, adoption certificate, or enter a note relevant to the event. When you upload a document, a notification is sent to the Benefits Administrator to approve the document. After the document is approved, you will receive an e-mail notification to return to the Adoption event to continue benefits enrollment.</td>
</tr>
<tr>
<td>Dependent and Beneficiary Coverage Summary Page</td>
<td>W3EB_DEPBEN_SUM</td>
<td>Dependent and Beneficiary Coverage Summary Page</td>
<td>W3EB_DEPBEN_SUM</td>
<td>Review summary information about dependent/beneficiary benefits.</td>
</tr>
<tr>
<td>Page Name</td>
<td>Definition Name</td>
<td>Fluid Page Name</td>
<td>Fluid Definition Name</td>
<td>Usage</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Add/Review Dependent/Beneficiary Page</td>
<td>W3EB_DEPBEN_RVW</td>
<td>Dependent/Beneficiary Info Page</td>
<td>W3EB_DEPBNSMRY_FL</td>
<td>Update dependent/beneficiary information.</td>
</tr>
<tr>
<td>Direct Deposit Page</td>
<td>PY_IC_DD_LIST</td>
<td>Pay and Compensation - Direct Deposit Page</td>
<td>PY_IC_DIR_DEP_FL</td>
<td>Review and change direct deposit information.</td>
</tr>
<tr>
<td>Benefit Enrollment Page</td>
<td>W3EB_LE_ENROLL</td>
<td>Benefits Enrollment Page</td>
<td>BNE_LE_ENROLL1_FL</td>
<td>Start benefits enrollment and enroll for available benefits.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Note: A dependency relationship exists between the Adoption Date action item and benefit enrollment. Hence, benefits enrollment will be available only if you have updated and submitted the adoption date.</td>
</tr>
<tr>
<td>Benefits Election Review Page</td>
<td>W3EB_LE_CONFIRM</td>
<td>Benefits Statement Page</td>
<td>BAS_STATMNTS_FL</td>
<td>Review benefits election. Click Print to generate a preliminary Benefits Enrollment Summary Statement containing your personal information and information about dependent/beneficiary enrollment, benefits elections, and investment choices. Go back to any previous steps and make additional changes before completing the benefits enrollment.</td>
</tr>
</tbody>
</table>
Processing the Divorce Event

Employees begin the Divorce transaction by navigating to Life Events and then selecting the I got divorced/legally separated radio button. The system displays the Change Status Date page on which the employee needs to enter the date of divorce.

After the employee accesses the divorce transaction, the system displays a series of pages that direct the employee through the life event process. Rules that are set on the Life Event Rules page and the Action Items for the Divorce transaction determine which pages will be displayed by the system.

Pages Used to Process the Divorce Event

<table>
<thead>
<tr>
<th>Classic Page Name</th>
<th>Classic Definition Name</th>
<th>Fluid Page Name</th>
<th>Fluid Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Page</td>
<td>W3EB_LE_WELCOME</td>
<td>Welcome to &lt;Transaction Name&gt; Event Page</td>
<td>AGC_INFO_FL</td>
<td>Read the instructions on the Welcome page to initiate the divorce event. This page contains custom information about the life event.</td>
</tr>
<tr>
<td>Marital Status Change Page</td>
<td>HR_EE_MAR_STATUS</td>
<td>Divorce Status Page (Marital Status or Divorce Status Page)</td>
<td>HR_EE_MARITAL_FL</td>
<td>Enter the date of divorce and the changed marital status.</td>
</tr>
<tr>
<td>Life Events — Document Upload Page</td>
<td>HR_ATT_DD_HDR</td>
<td>&quot;Life Events - Document Upload Page&quot; (PeopleSoft HCM 9.2: eBenefits)</td>
<td>HR_ATT_DD_HDR</td>
<td>Upload a proof document for the life event, or enter a note relevant to the event.</td>
</tr>
<tr>
<td>Classic Page Name</td>
<td>Classic Definition Name</td>
<td>Fluid Page Name</td>
<td>Fluid Definition Name</td>
<td>Usage</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Name Change Page</td>
<td>HR_EE_NAME</td>
<td>Personal Information</td>
<td>HR_EE_NAME_FL</td>
<td>Enter name change information.</td>
</tr>
<tr>
<td>Home and Mailing Address Page</td>
<td>HR_HOME_MAILING</td>
<td>Personal Information</td>
<td>HR_EE_ADDR_FL</td>
<td>Enter home and mailing address changes.</td>
</tr>
<tr>
<td>Phone Numbers Page</td>
<td>HR_PERSONAL_PHONE</td>
<td>Personal Information</td>
<td>HR_EE_CONTACTS_FL</td>
<td>Enter valid phone numbers.</td>
</tr>
<tr>
<td>Emergency Contacts Page</td>
<td>HR_EMERGENCY_CNTCT</td>
<td>Personal Information</td>
<td>HR_EMERG_CNTCT_FL</td>
<td>Enter emergency contact information.</td>
</tr>
<tr>
<td>Add/Review Dependent/Beneficiary Page</td>
<td>W3EB_DEPBEN_RVW</td>
<td>Dependent/Beneficiary Info Page</td>
<td>W3EB_DEPBNSMRY_FL</td>
<td>Update dependent/beneficiary information.</td>
</tr>
<tr>
<td>Direct Deposit Page</td>
<td>PY_IC_DD_LIST</td>
<td>Pay and Compensation</td>
<td>PY_IC_DIR_DEP_FL</td>
<td>Review and change direct deposit information.</td>
</tr>
<tr>
<td>Benefit Enrollment Page</td>
<td>W3EB_LE_ENROLL</td>
<td>Benefits Enrollment Page</td>
<td>BNE_LE_ENROLL1_FL</td>
<td>Start benefits enrollment and enroll for available benefits.</td>
</tr>
</tbody>
</table>

Note: A dependency relationship is defined on the Marital Status Change action item and benefits enrollment. Hence, benefits enrollment will be available only if you have updated and submitted the marital status.
<table>
<thead>
<tr>
<th><strong>Classic Page Name</strong></th>
<th><strong>Classic Definition Name</strong></th>
<th><strong>Fluid Page Name</strong></th>
<th><strong>Fluid Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Election Review Page</td>
<td>W3EB_LE_CONFIRM</td>
<td>Benefits Statement Page</td>
<td>BAS_STATMNTS_FL</td>
<td>Review benefits election. Click Print to generate a preliminary Benefits Enrollment Summary Statement containing your personal information and information about dependent/beneficiary enrollment, benefits elections, and investment choices. Go back to any previous steps and make additional changes before completing the benefits enrollment.</td>
</tr>
<tr>
<td>Event Completion and Exit Page</td>
<td>W3EB_LE_PRINT</td>
<td>Summary Page</td>
<td>AGC_SUMMARY_FL</td>
<td>View confirmation of the divorce event completion. When you click Complete, the system verifies whether all the required action items have been completed and displays an error message if any are incomplete.</td>
</tr>
</tbody>
</table>

**Using the PeopleSoft Fluid User Interface to Enter Life Events**

This topic discusses how employees use the PeopleSoft Fluid User Interface to enter life event changes.

For general information about Fluid pages in PeopleSoft HCM, see "Understanding PeopleSoft Fluid User Interface Home Pages" (PeopleSoft HCM 9.2: Application Fundamentals)

![PeopleSoft Fluid User Interface Experience in HCM](image)

**Pages Used to Enter Life Events Using the PeopleSoft Fluid User Interface**

These pages are available for all life event transactions unless otherwise noted.
<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Details Tile</td>
<td>HC_EBEN_SS_NAVCOLL_FL (cref for the tile)</td>
<td>Access benefits-related self-service transactions.</td>
</tr>
<tr>
<td></td>
<td>W3EB_ENR_TILE_FLU (page for dynamic data)</td>
<td></td>
</tr>
<tr>
<td>Life Events Page</td>
<td>W3EB_SEL_EVNT_FLU</td>
<td>Initiate processing for a life event that affects benefits.</td>
</tr>
<tr>
<td>The Activity Guide Composer Framework for Life Events</td>
<td>N/A</td>
<td>In the Life Events fluid pages, the application appears within the context of the Activity Guide Composer framework. The Activity Guide Composer shows the steps in the Life Events transactional process and provides navigation buttons for proceeding through the steps.</td>
</tr>
<tr>
<td>Marital Status or Divorce Status Page</td>
<td>HR_EE_MARITAL_FL</td>
<td>(Marriage and Divorce events) Enter the new marital status and as of date.</td>
</tr>
<tr>
<td>Birth Date or Adoption Date Page</td>
<td>W3EB_BR_ADPT_FL</td>
<td>(Birth and Adoption events) Enter the date of child birth or the date of adoption and submit.</td>
</tr>
<tr>
<td>Document Upload Page</td>
<td>BEN_ATTACH_FL</td>
<td>Upload a proof document, for example, marriage certificate for the life event, or enter a note relevant to the event. When document approval is required, the system uses the Fluid Approval framework to notify the appropriate parties that you have uploaded a document. For more information, see Approving Life Event Documents Using Fluid Approvals.</td>
</tr>
<tr>
<td>Benefits Summary Page</td>
<td>BEN_SUMM_GRID_FL</td>
<td>Review current benefit enrollments.</td>
</tr>
<tr>
<td>Personal Information - &quot;Name (Summary) Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_EE_NAME_FL</td>
<td>(Marriage and Divorce events) View your current name, any pending name change submissions, and initiate a name change.</td>
</tr>
<tr>
<td>&quot;Name (Detail) Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>NAME_EDIT_SCF</td>
<td>(Marriage and Divorce events) Enter name change information.</td>
</tr>
<tr>
<td>Personal Information - Home and mailing Addresses Page (see &quot;Addresses (Summary) Page&quot; (PeopleSoft HCM 9.2: eProfile))</td>
<td>HR_EE_ADDR_FL</td>
<td>(Marriage and Divorce events) View your home address and mailing address, or initiate updates to an address.</td>
</tr>
<tr>
<td>&quot;Address (Detail) Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>ADDRESS_DFT_SCF</td>
<td>(Marriage and Divorce events) Update address information.</td>
</tr>
<tr>
<td><strong>Page Name</strong></td>
<td><strong>Definition Name</strong></td>
<td><strong>Usage</strong></td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Personal Information - Contact Information page (see &quot;Contact Details Page&quot; (PeopleSoft HCM 9.2: eProfile))</td>
<td>HR_EE_CONTACTS_FL</td>
<td>(Marriage and Divorce events) Review your phone numbers, email addresses, and instant messaging IDs and initiate a change to your contact information.</td>
</tr>
<tr>
<td>&quot;Phone Number Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_CNCT_PHONE_SCF</td>
<td>(Marriage and Divorce events) Add, update, or delete a phone number.</td>
</tr>
<tr>
<td>&quot;Email Address Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_EMAIL_ADDRS_SCF</td>
<td>(Marriage and Divorce events) Add, update, or delete an email address.</td>
</tr>
<tr>
<td>&quot;Instant Message Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_IM_CHAT_SCF</td>
<td>(Marriage and Divorce events) Add, update, or delete an instant messaging ID.</td>
</tr>
<tr>
<td>Personal Information - &quot;Emergency Contacts (Summary) Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_EMERG_CNTCT_FL</td>
<td>(Marriage and Divorce events) View a list of your emergency contacts.</td>
</tr>
<tr>
<td>&quot;Emergency Contact (Detail) Page&quot; (PeopleSoft HCM 9.2: eProfile)</td>
<td>HR_EMERG_CNTCT_SCF</td>
<td>(Marriage and Divorce events) Add, update, or delete an emergency contact.</td>
</tr>
<tr>
<td>Dependent and Beneficiary Coverage Summary Page</td>
<td>W3EB_DEPBEN_SUM</td>
<td>(Birth and Adoption events) Review dependent/beneficiary summary coverage information.</td>
</tr>
<tr>
<td>Dependent/Beneficiary Info Page</td>
<td>W3EB_DEPBNSMRY_FL</td>
<td>Review a summary of dependent/beneficiary information or add new dependents or beneficiaries.</td>
</tr>
<tr>
<td>Add Individual Dependent/Beneficiary Information Page</td>
<td>W3EB_DEPBEN_DTL_FL</td>
<td>Review and update detailed dependent and beneficiary personal information.</td>
</tr>
<tr>
<td>Pay and Compensation - &quot;Tax Withholding Page&quot; (PeopleSoft HCM 9.2: ePay)</td>
<td>PY_W4_MAIN_FL</td>
<td>Review and change tax information. View a list of the tax withholding information and access their Tax Withholding Forms page for a jurisdiction.</td>
</tr>
<tr>
<td>&quot;Federal Tax Withholding Forms Page&quot; (PeopleSoft HCM 9.2: ePay)</td>
<td>PY_W4_MAIN_FED_SCF</td>
<td>View a list of updateable federal tax forms and additional agency links, if any, and access the form or URL.</td>
</tr>
<tr>
<td>&quot;State Tax Withholding Forms Page&quot; (PeopleSoft HCM 9.2: ePay)</td>
<td>PY_W4_MAIN_ST_SCF</td>
<td>View a list of updateable state tax forms for that jurisdiction and additional agency links, if any, and access the form or URL.</td>
</tr>
<tr>
<td>Pay and Compensation - Direct Deposit Page</td>
<td>PY_IC_DIR_DEP_FL</td>
<td>Review and update direct deposit information.</td>
</tr>
</tbody>
</table>
### Page Name | Definition Name | Usage
--- | --- | ---
Benefits Enrollment Page | BNE_CARD_SUMM_FL | Start the benefits enrollment process and enroll for available benefits.

**Note:** A dependency relationship exists between either the marital status, adoption date, or birth date and the benefit enrollment, depending upon the transaction you are performing. Hence, Benefit Enrollment will be available only if you have updated and submitted the marital status, adoption or birth date for the life event you are entering.

Benefits Statement Page | BAS_STMT_LIST_FL | View a list of benefits enrollment previews, submitted enrollments and confirmation statements.

Summary Page | AGC_SUMMARY_FL | Complete and exit the life event.

See product documentation for *PeopleTools: Workflow Technology* for related information.

## The Activity Guide Composer Framework for Life Events

In the Life Events fluid pages, the application appears within the context of an Activity Guide Composer framework to display the steps a user has to perform.

The Activity Guide Composer framework shows a list of application steps in the left panel and the page that corresponds to the current step in the right panel. The Activity Guide also provides navigation buttons in the page banner.

To set up templates using the Activity Guide Composer, see the "Understanding the Activity Guide Composer" (PeopleSoft 9.2: Enterprise Components) documentation.
Image: (Tablet) Life Events Page Layout

This example illustrates the layout of the Life Events pages for a large form factor device.
Image: (Smartphone) Life Events Page Layout

This example illustrates the layout for the Life Events page on a small form factor device. In the first image, the left panel is hidden. In the second image, the left panel is exposed.

Note: Throughout this topic, the page illustrations show the page sections of the Life Events process without the context of the Activity Guide Composer step list. Even though the Activity Guide Composer framework is not illustrated, remember that all steps appear within that framework.

Page Banner

The top of PeopleSoft pages is called the page banner. In other PeopleSoft applications, the banner displays several standard icon buttons. The banner will display the name of the life event transaction you are performing.

On most pages, users see the standard set of banner icon buttons.

Click this button to exit the Life Events data entry and summary pages. If you have not clicked the Complete button on the Summary page before exiting, you can resume this life event data entry at a later time. You cannot start another life event transaction until you have either completed this life event.
transaction or cancelled this transaction by selecting the Cancel menu list option from the Actions Menu, which will delete this enter life events transaction and everything you have entered.

Click this button to save changes to the current step and navigate to the previous step or substep. The button is not visible on the first step in the request.

Click this button to save changes to a current step or substep and navigate to the next step or substep.

On the last step of the request (the Summary step), the Next button does not appear. The page displays a Complete button on the Summary page to complete and submit the life event transaction request.

This button appears only on the Summary step page. This button will not appear until all required steps are completed.

Click this button to submit the life event details to Benefits. You cannot make any further changes to a life event that has been submitted.

Select the Cancel menu item to delete all items you have entered on these pages thus far and cancel this life event transaction.

List of Steps

The Activity Guide Composer framework includes a left panel that lists the steps in the life event process. This panel appears on the left of larger devices. On a small form factor such as phone, the panel is initially hidden. Click the Item/Sub-Item Section tab to expand and view the steps and navigate to other step pages.

The left panel has individual steps that are labeled. The delivered life event templates do not require a sequential order to complete steps, however, your organization may define life event templates that require the user to follow a prescribed order. In this case, the steps are numbered and labeled. To define sequential or non-sequential steps, see the "Activity Guide Composer - Activity Guide Type Page" (PeopleSoft 9.2: Enterprise Components) documentation.

Some steps will have substeps. Steps with substeps are indicated by an expand/collapse icon before the step name. The step is automatically expanded when you reach it. You can also click
Chapter 11 Managing Life Events

the parent step at any time to expand or collapse it. The page will highlight the current step or substep.

When a step is grayed out and unavailable for selection, you need to complete a required step prior to accessing this step page. Click the step to receive a message stating the required step or steps you need to complete first to access this page.

This icon represents that the step is required. You cannot complete and submit a life event transaction until all required steps are completed.

Each step and substep has a status. These statuses include:

- **Not Started**: These are unvisited steps.
- **Visited**: When you first reach a step, the status changes to this.
- **Complete**: In some instances, the system will automatically mark the step as Complete where the system can correctly infer that the task for the step is done. If it is uncertain whether a step is complete, the system will mark it as Visited.
- **In Progress**: This status appears for required steps that you have visited, but you have not entered the required data and saved.

Users can return to steps and substeps by clicking the step.

For more information on how to display steps and selecting and organizing steps, see the "Activity Guide Composer - Activity Guide Type Page" (PeopleSoft 9.2: Enterprise Components), "Activity Guide Composer - Select Steps Page" (PeopleSoft 9.2: Enterprise Components), and "Activity Guide Composer - Organize and Configure Steps Page" (PeopleSoft 9.2: Enterprise Components).

**<Transaction Name> Pages**

Within the Activity Guide Composer framework, the right main panel displays the page for the current step in the life event transaction.

**<Title Text>**

Displays a page title that includes the step name.

For substeps, the page title includes both the step and substep name, separated by a hyphen. For example, **Pay and Compensation - Direct Deposit** indicates that the step title is Pay and Compensation and the substep title is Direct Deposit.

**Welcome to <Transaction Name> Event Page**

Use the Welcome to <Transaction Name> Event page (AGC_INFO_FL) to read the instructions on the Welcome page to initiate your life event.
Navigation

- Click the Benefit Details Tile from the Employee Self Service home page in fluid. Select the Life Events tab category from the left panel of the Benefits Details page. Then select the appropriate life event, enter an as of date, and click Continue Life Event.

- From the <Transaction Name> Event pages, click the Welcome to <Transaction Name> Event step from the left panel, or use the Previous button, as needed.

**Image: Welcome to <Transaction Name> Event page**

This example illustrates the Welcome to <Transaction Name> Event page.

**Welcome to Marital Event**

Betty Locherty

A marital status change is a good time to reconsider your health care coverage, tax withholdings, and other important information.

This guide will take you through all the steps necessary to ensure that your personal profile, benefits, and payroll information are updated to reflect this event in your life.

This page contains custom information about the specific life event.

**Marital Status or Divorce Status Page**

Use the Marital Status page (HR_EE_MARITAL_FL) to enter the new marital status and as of date.

**Note:** The delivered marital and Divorce events display this step.

**Navigation**

Select the Marital Status or Divorce Status step from the left panel or use the Next and Previous buttons to navigate to the page.

**Image: Marital Status Page**

This example illustrates the Marital Status page.
**Note:** The Marital Status and Divorce Status pages display the same information. The Marital Status page is depicted in the previous example.

<table>
<thead>
<tr>
<th><strong>New Status</strong></th>
<th>Enter marital status change information, such as married or divorced, and submit the changes directly from this page.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>As Of</strong></td>
<td>Enter the event date in the As Of field and click the Save button. If another step is contingent only upon this step, when you save this page that step will become available.</td>
</tr>
<tr>
<td><strong>Save</strong></td>
<td>Click this button to submit your new marital status.</td>
</tr>
</tbody>
</table>

**Note:** By clicking the Save button on this page, you are updating your marital status in the system, even if you do not submit this life event transaction.

For information about the pages used for the two delivered marital status change events, see the following topics:

- [Processing the Marriage Event](#)
- [Processing the Divorce Event](#)

**Birth Date or Adoption Date Page**

Use the Birth Date or Adoption Date page (W3EB_BR_ADPT_FL) to enter the date of child birth or the date of adoption and submit.

**Note:** The delivered Birth and Adoption events will display this step.

**Navigation**

Select the Birth Date or Adoption Date step from the left panel or use the Next and Previous buttons to navigate to the page.

**Image: Birth Date page**

This example illustrates the Birth Date page.
Image: Adoption Date page

This example illustrates the Adoption Date page.

![Adoption Date](image)

Enter the event date, such as the birth date of your child or the date the child was placed in your home for adoption, in the date field and click the Submit button.

**Note:** If your organization’s Life Events Rules setting has the Notify Administrator checkbox selected, then when an employee enters the Birth or Adoption date and submits the date, the Benefits Administrator receives an alert in the Notifications area of the top banner and an email notification. If your organization’s Life Events Rules setting has the Proof Required checkbox selected, then when an employee enters the Birth or Adoption date and submits the date, the Benefits Administrator receives an action notification, as well as an email notification.

Image: Alert

This example illustrates the alert displayed when the Benefits Administrator clicks the Notification icon.

![Alert](image)

Image: Action notification

This example illustrates the action notification displayed when the Benefits Administrator clicks the Notification icon.

![Action notification](image)

For information about the pages used for the two delivered marital status change events, see the following topics:
Chapter 11 Managing Life Events

- Processing the Adoption Event
- Processing the Child Birth Event

Dependent and Beneficiary Coverage Summary Page

Use the Dependent and Beneficiary Coverage Summary page (W3EB_DEPBEN_SUM) to review dependent/beneficiary summary coverage information.

**Note:** The delivered Adoption and Birth events display this step.

**Navigation**

Select the Dependent and Beneficiary Coverage Summary step from the left panel, or use the Next and Previous buttons to navigate to the page.

**Image: Dependent and Beneficiary Coverage Summary page**

This example illustrates the Dependent and Beneficiary Coverage Summary page.

![Dependent and Beneficiary Coverage Summary](image)

**As Of Date**

Initially, the page displays benefits as of the current date. To view dependent and beneficiary coverage as of a different date, choose a new as of date and click the Go button.

The grid that summarizes the employee’s dependent and beneficiary benefit coverage shows the type of benefit and a description of the benefit.

Click an existing dependent or beneficiary name link to access the Add Individual Dependent/Beneficiary Information Page and view and update the person’s information.

To add a dependent or beneficiary, access the Dependent/Beneficiary Info Page step.
Add Individual Dependent/Beneficiary Information Page

Use the Add Individual Dependent/Beneficiary Information page (W3EB_DEPBEN_DTL_FL) to review and update detailed dependent and beneficiary personal information.

Navigation

- Select a name row or click the Add Individual button from the Dependent/Beneficiary Info Page.
- Select a name link from the Dependent and Beneficiary Coverage Summary Page.

Image: Add Individual Dependent/Beneficiary Information page

This example illustrates the Add Individual Dependent/Beneficiary Information page.

Use this page to enter personal details, status information, and contact information for a dependent or beneficiary.
Pay and Compensation - Direct Deposit Page

Use the Pay and Compensation - Direct Deposit page (PY_IC_DIR_DEP_FL) to view current direct deposit information.

**Navigation**

Select the Pay and Compensation step, then the Direct Deposit substep from the left panel, or use the Next and Previous buttons to navigate to the page.

**Image: Pay and Compensation - Direct Deposit page**

This example illustrates the Pay and Compensation - Direct Deposit page.

Use this page to view your direct deposit elections or add new direct deposit information.

Select the account row to access the Edit Account Page and view details about each item. Select the Edit (pencil) icon to update information for an existing entry.

Click the + (Add Account) button to add a new direct deposit.

**Note:** Multiple direct deposit changes are not allowed in the same day.

Select ‘Yes’ in the Print Option for a paper copy of the direct deposit pay statement.

**Summary Page**

Use the Summary page (AGC_SUMMARY_FL) to complete and exit the life event.

**Navigation**

Select the Summary step from the left panel, or use the Next button to navigate to the page.
Image: Summary page

This example illustrates the Summary page.

View confirmation of the life event process completion. Additionally, view custom information about any additional tasks that you need to do related to this life event.

Use the Steps section to view a summary of the statuses of each step in this life event process and what is required and when.

**Mark Complete**
When available, click this button to indicate that a step is complete.

**Go to Step**
Easily navigate back to a step by clicking this button. If you select to go to a step that’s due date has passed, the system will issue the message that the task is overdue.

**Complete**
When you click this button, the system verifies whether all the required action items have been completed and displays a message if any are incomplete. This closes the life event transaction.
Uploading Fluid Life Event Documents

As an employee, while creating a life event, you can attach multiple documents at the same time based on customized classification. You can also view the uploaded documents and status using the Benefits Attachment Page.

This topic discusses how employees upload life event documents using fluid interface.

Page Used to Upload Fluid Life Event Documents

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Upload Page</td>
<td>HR_ATT_CNFG</td>
<td>Define attachment types as configuration ID.</td>
</tr>
</tbody>
</table>

Document Upload Page

Use the Document Upload page (BEN_ATTACHMENT_FL) to upload attachments required to support the life event you are creating. You can attach multiple documents at the same time based on different available classifications.

Navigation

Employee Self Service > Benefit Details > Life Events > Document Upload

Image: Document Upload Page

This example illustrates the Document Upload page.

Qualifying Period

Qualifying Period indicates the enrollment period begin date and enrollment period end date. Event Date is the enrollment period begin date. Enrollment period end date is calculated by adding the number of qualifying days to the event date.
By default, the number of qualifying days is 31. This value is defined using the ‘Maximum Days to Notify’ field on the Life Event Rules Page.

**Document List**

This section lists the type of documents required to support the selected life event. Administrators can customize the document types to be listed here.

<table>
<thead>
<tr>
<th>Document</th>
<th>Indicates the documentation type.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upload Requirement</strong></td>
<td>Indicate the requirement for document upload under this category.</td>
</tr>
<tr>
<td>• If the status is ‘Required’, it is mandatory to upload a document under this category for the selected life event.</td>
<td></td>
</tr>
<tr>
<td>• If the status is ‘Optional’, it is optional to upload a document under this category for the selected life event.</td>
<td></td>
</tr>
<tr>
<td>• If the status is ‘Require at least one’, it is mandatory to upload at least one document under this category for the selected life event.</td>
<td></td>
</tr>
</tbody>
</table>

**Approval Required**

Indicates if this document requires approval. The document uploaded for this type, will be sent to the approver(s) based on the configured approval framework.

**Note:** The system marks the Upload Document step as complete only when all the required documents are uploaded and all the documents that require approval are approved.

**Document**

<table>
<thead>
<tr>
<th><strong>Type</strong></th>
<th>You can select the category to which your document belongs. Options are displayed based on the configuration done at the definition level.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td>You can select the sub category to which the documents belong. For example, here, when we select ‘Miscellaneous Document’ as the Type, the field ‘Category’ is displayed. You can select one of the options to specify the type of the document.</td>
</tr>
</tbody>
</table>

**Note:** Options are displayed based on the configuration done at the definition level.

**Add Attachment**

Use this button to open the File Attachment page. You can attach the document here.
Image: File Attachment Modal

This example illustrates the File Attachment modal.

Add Note

Use this button to open the Note modal window and add additional information regarding the attached file.

Image: Note Modal

This example illustrates the Note modal.

View Document

View All

Indicates whether you need to see all the attached documents or only the documents that belong to a specific type.

- If you select ‘Yes’, all the documents attached for the life event will be displayed.
- If you select No, only the documents that belong to the attachment type selected in ‘Type’ field will be displayed.

Based on the value in the ‘View All’ field, the documents are listed with details like description, Type, Attached By, Attached date, and Status of the approval.
**Note:** If at least one of the attached document is in ‘Pending’ for approval status, the ‘Document Upload’ step shows ‘Visited’ status. The system automatically marks the step as Complete, when the document is approved.

To view more details on each attached document, click the corresponding row.

**Alert**

**Image: Alert Message**

This example illustrates the Alert message when the Life Event Document is approved.

Click the link to open the Transaction Details page directly from the notification link.

**Image: Transaction Details Page**

This example illustrates the Transaction Details page.

**Benefits Attachment Page**

As an employee, you can use the Benefits Attachment page to review the uploaded documents and status.
Navigation

Open the Benefits Attachment tile from Benefit Details Dashboard or Benefits Details Navigation collection.

Image: Benefit Details Dashboard with Benefits Attachment Tile

This example illustrates the Benefit Details Dashboard with Benefit Attachment Tile

Image: Benefits Attachment Page

This example illustrates the Benefits Attachment page.

Approving Life Event Documents

These topics describe how to approve or reject life event documents uploaded by employees.
Understanding Document Approval

Employees upload required life event documents when processing their life events. During life event setup, if Approve Document(s) is marked as required on the Life Event Rules table, then the Benefits Administrator will be notified when an employee uploads a document for this event. The document has to be approved before the employee proceeds to enroll benefits. The Approve Document Upload page enables the Benefits Administrator to approve life event documents. The page lists all life event documents that require approval. The Benefits Administrator can review and then approve or deny the documents.

Page Used to Approve Life Event Documents

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve Document Upload</td>
<td>W3EB_APPR_SUMMARY</td>
<td>Approve or reject life event documents uploaded by employees.</td>
</tr>
</tbody>
</table>

Approve Document Upload Page

Use the Approve Document Upload page (W3EB_APPR_SUMMARY) to approve required life event documents uploaded by employees.

Navigation

Benefits >Approve Document Upload >Approve Document Upload

Image: Approve Document Upload page

This page enables the Benefits Administrator to approve required life event documents uploaded by employees.
Field and Control Definitions

Document Filing(s) - Needs Approval

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Select the documents to be processed from the list.</td>
</tr>
<tr>
<td>Name</td>
<td>This field displays the name of the employee.</td>
</tr>
<tr>
<td>Employee ID</td>
<td>This field displays the employee ID.</td>
</tr>
<tr>
<td>Life Event Type</td>
<td>This field indicates the life event type.</td>
</tr>
<tr>
<td>Description</td>
<td>This field contains the description for the life event.</td>
</tr>
<tr>
<td>Document</td>
<td>Click the link to review the life event document.</td>
</tr>
</tbody>
</table>

Approval

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select All</td>
<td>Select all documents pending approval.</td>
</tr>
<tr>
<td>Deselect All</td>
<td>Deselect all documents pending approval.</td>
</tr>
<tr>
<td>Approve</td>
<td>Approve selected documents.</td>
</tr>
<tr>
<td>Deny</td>
<td>Deny selected documents.</td>
</tr>
<tr>
<td>Push Back</td>
<td>If more than one approver need to approve a document, click this button to push it back to the previous approver to review again.</td>
</tr>
</tbody>
</table>

Approving Life Event Documents Using Fluid Approvals

This topic describes how to approve Life Event documents like, certificates of marriage, adoption, divorce etc using Fluid Approvals.

See also "Using PeopleSoft Fluid User Interface Self-Service Approval Transactions" (PeopleSoft HCM 9.2: Application Fundamentals)
Pages Used to Approve Life Event Documents Using Fluid Approvals

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
</table>

Pending Approvals — Benefits Document Filing Page

Use Pending Approvals — Benefits Document Filing page (EOAWMA_TXNHDTL_FL ) to approve a life event document uploaded through fluid life events page.

Navigation

On the Workforce Administrator home page, click the Approvals tile to access the Pending Approvals page. From the left panel, click Benefits Document Filing.

Note: Approver(s) get notification as alerts and can directly click the link to open the Benefits Document Filing Page to approve or deny the document upload.

Image: Pending Approvals-Benefits Document Filing Page

This example illustrates the Pending Approvals- Benefits Document Filing page.

The approval options on this page are common to all fluid approval transactions, as described in the documentation for the"Using PeopleSoft Fluid User Interface Self-Service Approval Transactions" (PeopleSoft HCM 9.2: Application Fundamentals).

Note: You can also take action (for e.g. approve or deny) on multiple approval requests at the same time by selecting the check box before each item then tapping the appropriate action button on the page. Select or deselect all check boxes at once by tapping the top check box in the gray header.

To view details for each request, tap a row and access the Benefits Document Filing Page.
Chapter 11 Managing Life Events

Image: Benefits Document Filing Page

This example illustrates the Benefits Document Filing Page.

Here, you can view the attachment type, subject, created date and name of the attached file. Click a row to open the Attachment modal window, where more details of the document is displayed. You can also access the document uploaded from this Attachment modal window.

**Approve** and **Deny** buttons

Use these buttons to take action on the requested approval.

**Approver Comments**

Enter any comments related to the approval action you take.

**Approver Chain**

Click this item to open the Approval Chain page, where you can review information about all the approver(s) for the transaction.

---

### Delegating Life Events Document Approval

These topics describe how eBenefits uses delegation to enable a Benefits Administrator to authorize another person to approve Life Events documents on his/her behalf.

#### Understanding Document Approval Delegation

A Benefits Administrator can delegate the authority to approve Life Events documents uploaded by employees to another user if required. The Life Events document approval workflow integrates with the HCM Delegation Framework, thus enabling the Benefits Administrator to delegate authority of Life Events document approval. The Benefits Administrator can create a delegation request to allow a proxy to approve Life Events documents on his/her behalf. The Benefits Administrator can set a date range for the proxy to complete the delegation request. The proxy can accept or reject the delegation request, and can approve, deny, or push back the Life Events document on behalf of the delegator. The delegator can revoke or withdraw the delegated authority when required.

Email notifications will be sent to the delegator when new delegation requests are made. The proxy will in turn be notified of any pending approval requests through email.

The following terms are important to understand the delegation feature:
• **Delegation**: The act of giving the authority to approve Life Events documents to another user.

• **Delegator**: A person who delegates authority to another user.

• **Proxy**: A person who is granted the authority to act on behalf of the delegator.

• **Delegated Authority**: The rights and privileges that are given from the delegator to the proxy.

• **Delegation Request**: A request from the delegator to the proxy to take on delegated authority.

• **Delegation Period**: The time range in which the delegated authority is in effect.

• **Delegation Administrator**: The system administrator who is responsible for configuring, managing, and maintaining delegated authorities.

• **Revoke**: When a delegator withdraws delegated authority.

---

**Note**: To prevent situations of cascading or circular delegation chains, once the delegation framework passes delegated authority over an absence transaction to a proxy, the proxy cannot delegate authority over that transaction to another user. The delegation framework only passes authority over transactions from the initial delegator to the initial proxy.

---

### Reviewing Delivered Document Approval Delegation Setup

The delegation framework for Life Events document approval is delivered with the system. To review this framework:

1. Review the delegation transaction for workflow on the Workflow Transactions page.
2. Review the delegation permission list and role through PeopleTools Security components.
3. Review the delegation transaction on the Configure Delegation Transaction page.

### Reviewing the Delegation Workflow Transaction

The PeopleSoft system delivers a pre-configured transaction for the Life Events document approval delegation framework. This table lists the delivered delegation transaction:

<table>
<thead>
<tr>
<th>Transaction Name</th>
<th>Transaction Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>W3EB_APPR_SUMMARY</td>
<td>Approve</td>
<td>Delegate approval of Life Events documents.</td>
</tr>
</tbody>
</table>

Use the Approval Workflow Engine (AWE) and Delegation Transactions grid to register self-service transactions that use the AWE framework and delegation framework. The data that you enter into this grid links the transaction name and accompanying tables for HCM self-service transactions to the approval process IDs that you create for these transactions on the Register Transactions page.

### Reviewing the Permission List and Role for Delegation

PeopleSoft eBenefits delivers the permission list and role that are required for the Delegation framework as system data. This table describes the delivered permission list and role for the delegation framework:
### Reviewing the Delegation Transaction

This table lists the delegation transaction delivered for Life Events document approval:

<table>
<thead>
<tr>
<th>Transaction Name</th>
<th>Transaction Type</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage Approve Document</td>
<td>Approve</td>
<td>Delegate Manage Appr Document</td>
</tr>
</tbody>
</table>

### Steps to Set Up a Delegation Request

A delegator follows these steps to delegate Life Event document approval requests using self-service:

1. Navigate to the Manage Delegation page.
2. Click the Create Delegation Request hyperlink.
3. Enter the From Date and To Date for the delegation request, and then click the Next button.
4. Select the transaction(s) to delegate authority. For Life Event document approval delegation, select the Approve Life Event Documents transaction. Click the Next button.
5. Review the proxy list and select a proxy to whom the authority for document approval will be delegated.
6. Select the Notify Delegator check box to receive a courtesy email notification on delegation and then click Submit.
7. View the confirmation message and click OK.

### Delegating Document Approval Requests

Life Events document approval delegation enables the Benefits administrator to:

- Create a delegation request to allow a proxy to approve the document on his/her behalf.
- Review the list of transactions delegated and the proxy assigned for each transaction.
- Revoke or withdraw the delegated authority when required.

The following illustrations display the steps to delegate authority for employee Life Event document approval:

### Managing Delegations

Use the Manage Delegation page to create the delegation request.
Image: Manage Delegation page

This example illustrates the fields and controls on the Manage Delegation page.

**Manage Delegation**

Betty Locherty

Some of your self-service transactions can be delegated so that others may act on your behalf to initiate and/or approve transactions for you and/or your employees. In addition, others may have delegated responsibility for their transactions to you.

Learn More about Delegation

Select Create Delegation Request to choose transactions to delegate and proxies to act on your behalf.

Create Delegation Request

Select Review My Proxies to review the list of transactions that you have delegated and the proxy for each transaction.

Review My Proxies

**Entering Dates for the Delegation Request**

Use the Enter Dates page to select the date range for delegation.

**Image: Create Delegation Request — Enter Dates page**

This example illustrates the fields and controls on the Create Delegation Request — Enter Dates page.

**Create Delegation Request**

**Enter Dates**

Betty Locherty

Director-Finance

Enter the dates for your delegation request. Enter a From Date that is today or later. Enter a To Date that is the same as or later than your From Date. For open-ended delegation requests, leave the To Date blank.

**Delegation Dates**

<table>
<thead>
<tr>
<th>From Date</th>
<th>08/16/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Date</td>
<td>08/19/2013</td>
</tr>
</tbody>
</table>

Next  Cancel
Selecting Transactions for the Delegation Request

Use the Select Transactions page to select the transaction to be delegated authority. Select the Approve Life Event Documents transaction for Life Events document approval delegation.

Image: Create Delegation Request — Select Transactions page

This example illustrates the fields and controls on the Create Delegation Request — Select Transactions page.

Selecting Proxy by Hierarchy

Use the Select Proxy by Hierarchy page to select the proxy to whom the authority of document approval should be delegated.
Image: Create Delegation Request - Select Proxy by Hierarchy page

This example illustrates the fields and controls on the Create Delegation Request — Select Proxy by Hierarchy page.

Viewing Delegation Detail

Use the Delegation Detail page to review the transactions selected for delegation and submit or cancel the delegation request depending on whether changes are needed. Select the Notify Delegator check box to receive a courtesy email notification on delegation. On submitting the request, the system automatically sends an email notification to the proxy to review and either accept or reject the delegation.
Image: Create Delegation Request - Delegation Detail page

This example illustrates the fields and controls on the Create Delegation Request - Delegation Detail page.

<table>
<thead>
<tr>
<th>Create Delegation Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegation Detail</td>
</tr>
<tr>
<td>Betty Locherty</td>
</tr>
<tr>
<td>Director-Finance</td>
</tr>
</tbody>
</table>

Select the Notify Delegator checkbox to receive all the notifications that your proxy receives when acting on your behalf.

<table>
<thead>
<tr>
<th>Proxy</th>
<th>Diane Palmer</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Date</td>
<td>08/16/2013</td>
</tr>
<tr>
<td>To Date</td>
<td>08/19/2013</td>
</tr>
</tbody>
</table>

Transactions

Approve Life Event Documents

☑ Notify Delegator

Submit  | Previous  | Cancel

Viewing Proxies

Use the My Proxies page to view all the proxies and request status for the delegation request. Additionally, use the My Proxies page to revoke any of the delegated transactions at any point in time during the delegation period.

Image: My Proxies page

This example illustrates the fields and controls on the My Proxies page.

<table>
<thead>
<tr>
<th>My Proxies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Locherty</td>
</tr>
<tr>
<td>Director-Finance</td>
</tr>
</tbody>
</table>

This page allows you to view your proxies and the request status for each delegation request. Select a particular status and select Refresh to show the matching requests. Select the information icon to view request details. To revoke requests, select the request, then select Revoke.

Choose Delegate

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Name</th>
<th>Job Title</th>
<th>From Date</th>
<th>To Date</th>
<th>Request Status</th>
<th>Delegation Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve Promotion</td>
<td>Adland Chu</td>
<td>Client- Payroll Sr</td>
<td>03/15/2006</td>
<td></td>
<td>Submitted</td>
<td>Inactive</td>
<td></td>
</tr>
<tr>
<td>Approve Life Event Documents</td>
<td>Cynthia Adams</td>
<td>Corporate Controller</td>
<td>08/16/2013</td>
<td>08/31/2013</td>
<td>Revoked</td>
<td>Inactive</td>
<td></td>
</tr>
</tbody>
</table>

Select All  | Deselect All  | Revoke
Viewing Delegation Authorities

After the proxy receives the email notification for the delegation request, he/she can access the My Delegated Authorities page to accept or reject the request.

Use the My Delegated Authorities page to manage delegated authorities.

**Image: My Delegated Authorities page**

This example illustrates the fields and controls on the My Delegated Authorities page.

Managing Delegation Authorities

To maintain delegations and update any invalid rows, the HCM Delegation Administrator needs to run the Manage Delegated Authorities process on a daily basis.

Use the Maintain Delegation Authority page to run the Manage Delegated Authorities process.

Selecting the Role for Document Approval

When approving employee Life Event documents, use the Select Role page to determine whether to process your own employee document approval transactions or the delegated approval transactions.

**Image: Select Role page**

This example illustrates the fields and controls on the Select Role page.

Click Continue to navigate to the Approve Document Upload page to approve Life Event documents. For more information, see section “Approving Life Event Documents”.
Image: Maintain Delegation Authority page

This example illustrates the fields and controls on the Maintain Delegation Authority page.

Run the Manage Delegated Authorities process to:

- Update the request status and delegation status.
- Revoke all delegation requests that have expired as of the current date.
- Search for and update inactive proxies.
- Insert or delete delegation permissions within the proxy’s role.

## Delegating Life Events Document Approval Using Fluid Delegations

These topics describe how to use the fluid delegation framework to enable a Benefits Administrator to authorize another person to approve Life Events documents on his/her behalf.

### Related Links

"Understanding Delegation" (PeopleSoft 9.2: Enterprise Components)
"Working with Self-Service Delegation" (PeopleSoft 9.2: Enterprise Components)

### Pages Used to Delegate Life Events Document Approval Using Fluid Delegations

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Manage Delegation Page&quot; (PeopleSoft 9.2: Enterprise Components)</td>
<td>EODL_LANDING_FL</td>
<td>View the delegation activity associated with a user.</td>
</tr>
<tr>
<td>&quot;Manage Delegation - Learn More about Delegation Page&quot;</td>
<td>EODL_DLGT_INSTR_FL</td>
<td>View help for delegation. You can view an instructive description of the delegation functionality.</td>
</tr>
<tr>
<td>&quot;Create Delegation Request - Delegation Dates Page&quot;</td>
<td>EODL_DLGRQST_DT_FL</td>
<td>Enter delegation dates by specifying the From Date and To Date, which defines the delegation authority period for a transaction. You can create an open-ended delegation by not specifying a To Date.</td>
</tr>
</tbody>
</table>
### Understanding Document Approval Delegation

A Benefits Administrator can delegate the authority to approve Life Events documents uploaded by employees to another user if required. The Life Events document approval workflow integrates with the HCM Delegation Framework (Classic) and HCM Fluid Delegation Framework, thus enabling the Benefits Administrator to delegate authority of Life Events document approval. The Benefits Administrator can create a delegation request to allow a delegate to approve Life Events documents on his/her behalf. The Benefits Administrator can set a date range for the delegate to complete the delegation request. The delegate can accept or reject the delegation request, and can approve, deny, or push back the Life Events document on behalf of the delegator. The delegator can revoke or withdraw the delegated authority when required.

Email notifications will be sent to the delegator when new delegation requests are made. The delegate will in turn be notified of any pending approval requests through email.

The following terms are important to understand the delegation feature:

- **Delegation**: The act of giving the authority to approve Life Events documents to another user.
- **Delegator**: A person who delegates authority to another user.
- **Delegate/Proxy**: A person who is granted the authority to act on behalf of the delegator.
- **Delegated Authority**: The rights and privileges that are given from the delegator to the delegate.
- **Delegation Request**: A request from the delegator to the delegate to take on delegated authority.
- **Delegation Period**: The time range in which the delegated authority is in effect.
- **Delegation Administrator**: The system administrator who is responsible for configuring, managing, and maintaining delegated authorities.
- **Revoke**: When a delegator withdraws delegated authority.
Note: To prevent situations of cascading or circular delegation chains, once the delegation framework passes delegated authority over an absence transaction to a delegate, the delegate cannot delegate authority over that transaction to another user. The delegation framework only passes authority over transactions from the initial delegator to the initial delegate.

Reviewing Delivered Document Approval Delegation Setup

The delegation framework for Life Events document approval is delivered with the system. To review this framework:

1. Review the delegation transaction for workflow on the "Workflow Transactions Page" (PeopleSoft 9.2: Enterprise Components).

2. Review the delegation permission list and role through PeopleTools Security components.


Reviewing the Delegation Workflow Transaction

The PeopleSoft system delivers a pre-configured transaction for the Life Events document approval delegation framework. This table lists the delivered delegation transaction:

<table>
<thead>
<tr>
<th>Transaction Name</th>
<th>Transaction Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>W3EB_APPR_SUMMARY</td>
<td>Approve</td>
<td>Delegate approval of Life Events documents.</td>
</tr>
</tbody>
</table>

Use the Approval Workflow Engine (AWE) and Delegation Transactions grid to register self-service transactions that use the AWE framework and delegation framework. The data that you enter into this grid links the transaction name and accompanying tables for HCM self-service transactions to the approval process IDs that you create for these transactions on the Register Transactions page.

Reviewing the Permission List and Role for Delegation

PeopleSoft Enterprise Components delivers the permission list and role that are required for the Delegation framework as system data. This table describes the delivered permission list and role for the delegation framework:

<table>
<thead>
<tr>
<th>Role Name</th>
<th>Attached Permission List</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegate Manage Appr Document</td>
<td>HCCPDL2068</td>
<td>Enables a user to access the components to approve employee Life Events documents on behalf of another user when the authority is delegated.</td>
</tr>
</tbody>
</table>

Reviewing the Delegation Transaction

This table lists the delegation transaction delivered for Life Events document approval:
Steps to Set Up a Delegation Request

A delegator follows these steps to delegate Life Event document approval requests using self-service:

1. Navigate to the Manage Delegation page.
2. Click the Create Delegation Request hyperlink.
3. Enter the From Date and To Date for the delegation request, and then click the Next button.
4. Review the delegates list and select a delegate to whom the authority for document approval will be delegated.
5. Select the transaction(s) to delegate authority. For Life Event document approval delegation, select the Approve Life Event Documents transaction. Click the Next button.
6. Review the delegation details and then click Submit.
7. View the confirmation message and click OK.

Delegating Document Approval Requests

Life Events document approval delegation enables the Benefits administrator to:

- Create a delegation request to allow a delegate to approve the document on his/her behalf.
- Review the list of transactions delegated and the delegate assigned for each transaction.
- Revoke or withdraw the delegated authority when required.

The following illustrations display the steps to delegate authority for employee Life Event document approval:

Managing Delegations

Use the Manage Delegation page to create a delegation request.

Image: Manage Delegation page

This example illustrates the fields and controls on the Manage Delegation page.
Entering Dates for the Delegation Request

Use the Delegation Dates page to select the date range for delegation.

**Image: Delegation Request — Delegation Dates page**

This example illustrates the fields and controls on the Delegation Request — Delegation Dates page.

![Delegation Request — Delegation Dates page](image)

**Step 1 of 4: Delegation Dates**

- **Start Date**: 12/18/2019
- **End Date**: 12/31/2019

Leave blank for open-ended delegations

- **Comment**

Selecting Delegates

Use the Delegates page to select the delegate to whom the authority of document approval should be delegated.
Managing Life Events Chapter 11

Image: Delegation Request - Delegates page

This example illustrates the fields and controls on the Delegation Request — Delegates page.

Selecting Transactions for the Delegation Request

Use the Transactions page to select the transaction to be delegated authority. Select the Approve Life Event Documents transaction for Life Events document approval delegation.
Image: Delegation Request — Transactions page

This example illustrates the fields and controls on the Delegation Request — Transactions page.

Viewing Delegation Detail

Use the Review and Submit page to review the transactions selected for delegation and submit the delegation request. On submitting the request, the system automatically sends an email notification to the delegate to review and either accept or reject the delegation.
Image: Delegation Request - Review and Submit page

This example illustrates the fields and controls on the Delegation Request - Review and Submit page.

<table>
<thead>
<tr>
<th>Delegation Dates</th>
<th>Delegates</th>
<th>Transactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
<td>12/18/2019</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td>12/31/2019</td>
<td></td>
</tr>
<tr>
<td>Comment</td>
<td>Delegation for Life Event Document Approval.</td>
<td></td>
</tr>
<tr>
<td>Delegates</td>
<td>Cynthia Adams</td>
<td></td>
</tr>
<tr>
<td>Transactions</td>
<td>Approve Life Event Documents</td>
<td></td>
</tr>
</tbody>
</table>

Step 4 of 4: Review and Submit

**Delegation Details**

- Start Date: 12/18/2019
- End Date: 12/31/2019
- Comment: Delegation for Life Event Document Approval
- Delegates: Cynthia Adams
- Transactions: Approve Life Event Documents

Viewing Delegates

Use the My Delegates page to view all the delegates for the delegation request. Additionally, use the My Delegates page to revoke any of the delegated transactions at any point in time during the delegation period.

Image: My Delegates page

This example illustrates the fields and controls on the My Delegates page.

<table>
<thead>
<tr>
<th>My Delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
</tr>
<tr>
<td>Accepted</td>
</tr>
<tr>
<td>Ended</td>
</tr>
<tr>
<td>Rejected</td>
</tr>
<tr>
<td>Revoked</td>
</tr>
<tr>
<td>Submitted</td>
</tr>
</tbody>
</table>

Viewing Delegation Authorities

After the delegate receives the email notification for the delegation request, he/she can access the My Delegated Authorities page to accept or reject the request.

Use the My Delegated Authorities page to manage delegated authorities.
Image: My Delegated Authorities page

This example illustrates the fields and controls on the My Delegated Authorities page.

<table>
<thead>
<tr>
<th>Transactions</th>
<th>Delegator</th>
<th>Start Date / End Date</th>
<th>Request Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approve Life Event Documents</td>
<td>Rosanna Channing</td>
<td>01/03/2020</td>
<td>Submitted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01/03/2020</td>
<td></td>
</tr>
</tbody>
</table>

Selecting the Role for Document Approval

When approving employee Life Event documents, use the Select Role page to determine whether to process your own employee document approval transactions or the delegated approval transactions.

Image: Select Role page

This example illustrates the fields and controls on the Select Role page.

Select Role

Ella Smith

You have been delegated authority to process transactions for another employee(s). If you would like to process transactions for an employee other than yourself, select that employee, otherwise, select transaction.

Choose Delegate

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Department</th>
<th>Supervisor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process my own transaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosanna Channing</td>
<td>Senior Accounting Manager</td>
<td>Corporate Accounting</td>
<td>Betty Lochery</td>
</tr>
</tbody>
</table>

Click Continue to navigate to the Approve Document Upload page to approve Life Event documents. For more information, see section "Approving Life Event Documents Using Fluid Approvals" (PeopleSoft HCM 9.2: eBenefits).

Managing Delegation Authorities

To maintain delegations and update any invalid rows, the HCM Delegation Administrator needs to run the Manage Delegated Authorities process on a daily basis.

Use the Maintain Delegation Authority page to run the Manage Delegated Authorities process.
Managing Life Events

### Image: Maintain Delegation Authority page

This example illustrates the fields and controls on the Maintain Delegation Authority page.

Run the Manage Delegated Authorities process to:

- Update the request status and delegation status.
- Revoke all delegation requests that have expired as of the current date.
- Search for and update inactive delegates/proxies.
- Insert or delete delegation permissions within the delegate’s role.

#### Managing Benefits Instances

These topics describe how to manage Benefits Instances, such as Life Events and Open Enrollment activity guide instances.

#### Understanding Benefits Instances Maintenance

When an employee starts processing a life event using self-service or an Open Enrollment activity, an instance of the event is stored in the system so that the employee can continue the event later. When the event is completed, the instance is deleted. If an employee started a life event or an Open Enrollment activity unintentionally, and had not deleted or canceled the event, the Benefits Administrator can delete the event using the Manage Benefits Instances page.

**Note:** The Manage Benefits Instances page is only for the use of the Benefits Administrator for maintenance purposes. Before deleting any life event or an Open Enrollment activity using this page, ensure that the event is not required and is not in use.

#### Page Used to Manage Benefits Instances

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage Benefits Instances Page</td>
<td>W3EB_LE_INSTANCE</td>
<td>Delete benefits instances (for example, Life Events and Open Enrollment activity guide instances) that are no longer required.</td>
</tr>
</tbody>
</table>
Manage Benefits Instances Page

Use the Manage Benefits Instances page (W3EB_LE_INSTANCE) to delete benefits instances (for example, Life Events and Open Enrollment activity guide instances) that are no longer required.

Navigation

Benefits > Manage Benefits Instances > Manage Benefits Instances

Image: Manage Benefits Instances page

This page enables the Benefits Administrator to manage Benefits Instances in progress.

<table>
<thead>
<tr>
<th>Filters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Template</strong></td>
</tr>
<tr>
<td><strong>Display Instances with Items On or Older Than</strong></td>
</tr>
<tr>
<td><strong>Display Instances Created By</strong></td>
</tr>
<tr>
<td><strong>Display Instances Administered By</strong></td>
</tr>
<tr>
<td><strong>Active</strong></td>
</tr>
<tr>
<td><strong>Inactive</strong></td>
</tr>
<tr>
<td><strong>Filter</strong></td>
</tr>
<tr>
<td><strong>Reset</strong></td>
</tr>
</tbody>
</table>

Activity Guide Instances

<p>| Title | Title of the benefits instance. |</p>
<table>
<thead>
<tr>
<th><strong>Template</strong></th>
<th>Template on which the benefits instance is based.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status</strong></td>
<td>Status of the benefits instance.</td>
</tr>
<tr>
<td><strong>User ID</strong></td>
<td>User ID of the employee who created the benefits instance.</td>
</tr>
<tr>
<td><strong>Last Updated Date</strong></td>
<td>Date on which the benefits instance was last updated.</td>
</tr>
</tbody>
</table>
Managing Savings Plans

Understanding Savings Plan Management

The Savings Management (SAVINGS_PLANS) component enables the user to review, override, and extend government regulated limits for qualified savings plans. The Manage Base Benefits business process provides the following limit extensions and adjustments.

- 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.
- 401(a) eligible earnings adjustment for 401(k), 403(b), and 457 plans.
- 402(g) hardship withdrawal limit reduction.

**Image: Savings management process flow**

The following diagram illustrates the process flow for managing savings plans from calculating 403(b) and 457 extensions and identifying age-50 extensions:

For additional information, see:

- Understanding the Core Tables for PeopleSoft Manage Base Benefits
- Setting Up Limits for Qualified Savings Plans

**Calculating 403(b) and 457 Extensions**

This section provides an overview of 403(b) and 457 extensions and discusses how to run the 403(b) and 457 extensions process.
Pages Used to Calculate 403(b) and 457 Extensions

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate 403(b) Extensions Page</td>
<td>RUNCTL_SV403B</td>
<td>Calculate the company's or an individual employee's balances for service years, eligible earnings, and 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.</td>
</tr>
<tr>
<td>Review 403(b) Process Messages</td>
<td>SV403_MESSAGES</td>
<td>Review any error message that was issued during the savings management process.</td>
</tr>
</tbody>
</table>

Understanding the 403(b) and 457 Extensions

The Savings Management Balances process updates year-to-date and life-to-date balances for 403(b) and 457 plans and records them on the Savings Management Balances page. The process uses the balances on the savings management record for the prior year and current year payroll IT'D 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 year's LTD field. (The first run of each year is slightly different because it deselects some fields and carries over others.)

The Savings Management process does not update current year deduction balances on the Savings Management record until PeopleSoft 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 PeopleSoft 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) is populated by the 402(g) Annual Cap Expansion amount on the 403(b) Limit Table. If the employee has fewer than 15 years of service, the EXT_AMOUNT is 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 three-year catch-up. It is empty until the employee is eligible for the catch-up. You must manually enter the EXT_AMOUNT. The amount entered is the employee's underutilized amount that is applicable.

Note: PeopleSoft software 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 is used.

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) row. The process creates the initial row on the Savings Management page and is identified with a limit type of 402(g). The Exception Reason A — Catch Up Extend Limit is reflected.
The SavingsManagement row for 457 plans is identified with a limit type of 457. The Exception Reason A — Catch Up Extend Limit is reflected.

2. Make any adjustments that should be considered during the 403(b) calculation process using the 403(b) Adjustments 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 403(b) Adjustments 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 PeopleSoft Payroll for North America. If an employee has fewer than 15 years of service, the extension amount is 0. If an employee has 15 years or more of service, the extension amount is equal to the 402(g) Annual Cap Expansion amount on the 403(b) Limit Table.

The process deselects the Ext Election (extend election) check box. If the election extension check box is selected at year-end, the process deselects it when run in the subsequent year.

**Related Links**

*Setting Up Limits for Qualified Savings Plans*

**Calculate 403(b) Extensions Page**

Use the Calculate 403(b) Extensions page (RUNCTL_SV403B) to calculate the company's or an individual employee's balances for service years, eligible earnings, and 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.

**Navigation**

Benefits > Monitor Savings Pln Extensions > Calculate 403(b) Extensions > Calculate 403(b) Extensions
Image: Calculate 403(b) Extensions page

This example illustrates the fields and controls on the Calculate 403(b) Extensions page. You can find definitions for the fields and controls later on this 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 that the system would have to repeat.

**Restart Employee ID** and **Process to Restart**

The system enters the last successful employee ID processed if the process did not successfully finish.

The Calculate 403(b) Extensions process deselects the *Ext Election* (extension election) field on the Limit Exceptions grid. You can manually reset this value.

The 402(g) catch-up record is generated for all employees in PeopleSoft Payroll for North America. If the employee has 15 or more years of service, the extension amount is supplied with the 402(g) cap expansion from the 403(b) Limit Table. If the employee has fewer than 15 years of service, the extension amount is zero.

The 457 catch-up record is produced only for employees in PeopleSoft Payroll for North America with a 457 record in the prior year or 457 deductions in the current year.

---

**Identifying Age-50 Extensions**

This section provides an overview of the Age-50 extension and describes how to run the Age-50 process.
Page Used to Identify Age-50 Extensions

<table>
<thead>
<tr>
<th><strong>Page Name</strong></th>
<th><strong>Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Age-50 Extensions page</td>
<td>BN_AGE50_RUNCTL</td>
<td>• Identify employees in PeopleSoft Payroll for North America who are age 50 or more.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Create Age-50 limit extension records that increase the 402(g) Savings Plan limits, 457 Savings Plan limits, or both for elective deferrals as authorized by IRS regulations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You run the process separately for each limit type. For each limit type, a single Age-50 extension record is produced for each year for each eligible employee in PeopleSoft Payroll for North America. The process changes the election to ON by default.</td>
</tr>
</tbody>
</table>

Understanding Age-50 Extension

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) plans, 403(b) plans, or both. One record with Limit Type 402, Limit Extension Type B is produced for any employee in PeopleSoft 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 is produced for any employee in PeopleSoft Payroll for North America who is age 50 or more by the date specified on the run control.

The Identify Age-50 Extensions process:

• Identifies the employees in PeopleSoft Payroll for North America who are age 50 or more.

• Creates Age-50 limit extension records that increase the 402(g) Savings Plan limits, the 457 Savings Plan limits, or both for elective deferrals as authorized by IRS regulations. The limit extension records are displayed on the Limit Exceptions grid.

• Always selects the Ext Election (extend election) field on the Limit Exceptions grid. This value can be reset manually.

Age-50 records can be added manually. For employees who are not eligible for either a catch-up or Age-50 extension, the added record can be used to enter either of the following override amounts:

• 402(g) limit amount override amount on the Age-50 402(g) row.

• 457 limit amount override amount on the Age-50 457 row.
To set up the Age 50 catch-up for an employee through the Savings Management table, enter the employee ID and add the extension limit (for example, $5500). Alternatively, run the Identify Age 50 Extensions process for the appropriate annual cap expansion amount.

**Identify Age-50 Extensions page**

Use the Identify Age-50 Extensions page (BN_AGE50_RUNCTL) to run the process separately for each limit type.

For each limit type, a single Age-50 extension record is produced for each year for each eligible employee in PeopleSoft Payroll for North America. The process changes the election to ON by default.

**Navigation**

Benefits > Monitor Savings Pln Extensions > Identify Age-50 Extensions > Identify Age-50 Extensions

**Image: Identify Age-50 Extensions page**

This example illustrates the fields and controls on the Identify Age-50 Extensions page. You can find definitions for the fields and controls later on this page.

**Identify Age-50 Extensions**

- **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 that you want to run.
- **Annl Cap Expsn** (annual cap expansion): Enter the amount specified by the IRS.

---

**Managing Savings Plan Limits**

This section discusses how to Manage Savings Plan Limits.
Pages Used to Manage Savings Plan Limits

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Management Page</td>
<td>SAVINGS_MGT_EE</td>
<td>Review and update savings plan limits. Manage the 402(g), 457 and 401(a) limit extensions and overrides for 401(k), 403 (b), and 457 Savings Plans. Suspend savings plan contribution.</td>
</tr>
<tr>
<td>403(b) Adjustments Page</td>
<td>SAVINGS_MGT_EE_SP1</td>
<td>Monitor 403(b) balances. Review the year-to-date (IT'D) 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.</td>
</tr>
<tr>
<td>457 Adjustments Page</td>
<td>SAVINGS_MGT_EE_SP2</td>
<td>Monitor the 457 catch-up limit extension and election for 457 plans.</td>
</tr>
</tbody>
</table>

Understanding Managing Savings Plan Limits

Use the Savings Management page to:

- Review 402(g) and 457 limit extension amounts.
- Manually enter 402(g), 457, and 401(a) limit extension amounts.
- Override limits.
- Manage hardship withdrawals.

Review 402(g) and 457 Limit Extension Amounts

Two processes are used to automatically generate 402(g) and 457 limit extension amounts. The processes can be run for a company's employee population or for an individual employee. These are the processes:

- The Calculate 403(b) Extensions process generates both the 402(g) catch-up records and the 457 catch-up records when it runs.
- The Identify Age-50 Extension process generates either the 402(g) age extension or the 457 age-50 extension.

These system-calculated limits appear in the Limit Extensions group box on the Savings Management page.

Manually Enter 402(g), 457, and 401(a) Limit Extension Amounts

You can manually enter 401(a), 402(g), and 457 limit extension amounts by adding a row to the Limit Extensions group box on the Savings Management page. Enter the company, calendar year, limit type, and exception reason.

- If you select 401(a) as the limit type, the system automatically supplies Adjust Eligible Earnings IT'D as the exception reason and you enter the adjustment amount.
• If you select 402(g) as the limit type and A, B, or H as the exception reason, enter the adjustment amount.

**Note:** Use the 403(b) link to review and adjust data related to the catch-up limit.

• If you select 457 as the limit type and A or B as the exception reason, enter the adjustment amount.

**Note:** Use the 457 link to review and adjust data related to the catch-up limit.

**Managing Overrides**

The override capability on the Savings Management page affects only those deductions that are subject to the 402(g) or 457 limits. The override function works like this for the two limits:

• The EXT_ELECTION must be selected (ON) for the override to be recognized.

• When the Age-50 process or the Calculate 403(b) Extensions process is 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, the 457 regular/extended limit, or both.

• If the employee is *not* age 50, the client can manually add an Age-50 record to enter an override.

**Multiple Expenses**

• You cannot use the 403(b) catch-up and the Age-50 403(b) extension in the same year. If an extension exists on both 402 Limit Type records, the sum of the extensions will apply to 403(b) plans.

• You cannot use the 3-year 457 catch-up and the Age-50 457 extension in the same year. If a value is in the Extension Override, then this value is used; otherwise, the limit is calculated as the *higher* of the three-year catch-up amount and the age-50 extension amount.

**Example: Determining 3-Year Catch-Up Limit for 403(b) Plan**

The following example illustrates limit determination when both 403(b) limit extension type records are selected. The example uses the following parameters:

• Calendar Year 2006

• 403(b) 15 Year Catch up extension $3,000

• Age-50 extension $5,000

• 402(g) Maximum Yearly Deduction $15,000

The 403(b) 15 Year catch up and the Age-50 extension can be used in the same year if the employee is eligible. If an extension exists on both 402 Limit Type records, the sum of the extensions applies to 403(b) plans. If the employee qualifies for both extensions then 

\[15,000 + 5,000 + 3,000 = 23,000\]

**Example: Determining the 3-Year Catch-Up Limit for 457 Plans**

The following example illustrates limit determination when both 457 limit extension type (catch-up) records are selected. The example uses the following parameters:
• Calendar Year: 2006
• 457 Limit: $15,000
• Max. Annual 457 Catch-up: $30,000
• Age-50 extension: $5,000
• Employee's Underutilized 457 Amount: $10,000

To determine the 3-Year Catch-up Limit, the system:

1. Determines the lesser of:
   • Regular 457 Limit + Underutilized Amount (for example, $15,000 + $10,000 = $25,000)
   • Max. Annual 457 Catch-up ($30,000)

2. Determines the higher of the 3-Year Catch-up Limit versus the Age-50 Catch-up Limit:
   • The result from Step 1 (for example, $25,000) (This record is represented by LIMIT_TYPE 402, LIMIT_EXT_TYPE A.)
   • Regular 457 Limit + Age 50 extension (for example, $15,000 + $5,000 = $20,000) (This record is represented by LIMIT_TYPE 402, LIMIT_EXT_TYPE B.)

3. The higher record, $25,000, in Step 2 is the override that is used when both catch-up records are selected.

Manage Hardship Withdrawals

IRS regulations require that employee contributions be suspended for a period following a hardship withdrawal from a qualified savings plan. To set the parameters for the employee contribution's suspension due to hardship, use the Contribution Suspension group box on the Savings Management page.

Use the 402(g) limit type with the Hardship - Reduce Limit exception reason to adjust the 402(g) limit following a hardship withdrawal. Regulations require that the 402(g) dollar limit be reduced by the amount contributed to the plan by the participant prior to the hardship withdrawal.

Savings Management Page

Use the Savings Management page (SAVINGS_MGT_EE) to review and update savings plan limits.

Manage the 402(g), 457 and 401(a) limit extensions and overrides for 401(k), 403(b), and 457 Savings Plans. Suspend savings plan contribution.

Navigation

Benefits > Enroll in Benefits > Savings Management
Image: Savings Management page

This example illustrates the fields and controls on the Savings Management page. You can find definitions for the fields and controls later on this page.

Limit Exceptions

Company
Select the company.

Calendar Year
Select the calendar year.

Limit Type
Select the limit type you want to adjust. Choose from:

- 401(a)
- 402(g)
- 457

Exception Reason and Description
Select the reason for the exception. Choose from:

- A: This option is available if you select 402(g) or 457 in the Limit Type field. The Description field is automatically populated with Catch Up Extend Limit.

- B: This option is available if you select 402(g) or 457 in the Limit Type field. The Description field is automatically populated with Age 50 Extend Limit.

- E: This option automatically appears if you select 401(a) in the Limit Type field. The Description field is automatically populated with Adjust Eligible Earnings Year to Date.

To give flexibility in controlling the eligible earnings, the Limit Type 401(a) Adjust Eligible Earnings IT'D amount can be used to adjust the eligible earnings accumulated in a positive or negative amount. The special accumulators used to define eligible earnings for the purpose of measuring the
401(a) limit begin accumulating at the start of the calendar year regardless of whether the employee is contributing.

- **H**: This option is available if you select 402(g) in the Limit Type field. The Description field is automatically populated with *Hardship Reduce Limit*.

**Extension Election**

If applicable, select this check box.

**Adjustment Amount** (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 Extension Election check box. The system uses the lesser of the following three:

- The amount entered in the 402(g) Annual Cap Expansion field located on the 403(b) Limit Table.
- The amount entered in the 402(g) Lifetime Cap Expansion field located on the 403(b) Limit Table minus the amount in the Life-To-Date 402(g) Cap Used field displayed on the 403(b) Balances page.
- The employee's years of service multiplied by the amount entered in the 402(g) Per Year Max Average field located on the 403(b) Limit Table, minus the amount in the Life-To-Date Employee Elective Deferrals 402(g) field displayed on the 403(b) Balances page.

For 457 plans, the underutilized 457 plan amount for previous years is entered here. The amount represents the three-year catch-up extension amount.

**Limit Amount Override**

The override amount entered here is used instead of the 402 (g) limit or extended 402(g) limit if the Ext Election option is selected. It will apply to only 403(b) plans.

**Updated On**

The system enters a date when new information is saved.

**User ID**

The system identifies the user who updated the information. Options are:

- **SYS**, which indicates that either the Age-50, 403(b), or 457 processes created the record.
- **<user ID>**, which indicates that a user manually added the row.

**Contribution Suspension**

**Ben Record** (benefit record)  **Plan Type, and Benefit Plan**

Select the desired plan type and benefit plan for which contributions should be suspended.
Start Date and End Date
Indicate the dates through which to suspend the contributions. Indicate the tax class for which to suspend contributions.

Before Tax
Select to suspend the employee's before tax contribution.

After Tax
Select to suspend the employee's after tax contribution.

NonTaxable Btax Benefit
Select to suspend the employer before-tax contribution.

Nontaxable Benefit
Select to suspend the employer after tax contribution.

Taxable Benefit
Select to suspend the employer after-tax contribution.

403(b) Adjustments Page
Use the 403(b) Adjustments page (SAVINGS_MGT_EE_SP1) to monitor 403(b) balances.

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.

Navigation
Click the 403(b) link on the Savings Management page.
Image: 403(b) Adjustments page

This example illustrates the fields and controls on the 403(b) Adjustments page. You can find definitions for the fields and controls later on this page.

### Balance Information

The system displays the IT'D and LTD balances calculated from the 403(b) process.

### Balance Adjustments (This Company Only)

Use to enter employee contributions from a previous employer. The Calculate 403(b) Extensions process uses these figures.

- **Elective Deferrals Adjustment**, **Non-Elective Deferrals Adjustment**, and **Employee Contribution Adjustment**
  - Enter the new amounts. Both the Calculate 403(b) Extensions and Pay Calculations processes use these fields.

- **Vesting Adjustments**
  - Enter the new amount. Both the Calculate 403(b) Extensions and 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 IT'D field, the Service Year LTD field, or both 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.

Current Year Contribution Subject to 415 Limit
This is the year-to-date deductions that are subject to the 415(c) limit.

457 Adjustments Page

Use the 457 Adjustments page (SAVINGS_MGT_EE_SP2) to monitor the 457 catch-up limit extension and election for 457 plans.

Navigation
Click the 457 link on the Savings Management page.

Image: 457 Adjustments page

This example illustrates the fields and controls on the 457 Adjustments page. You can find definitions for the fields and controls later on this page.

457 Adjustments

This group box appears 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 IT'D Deferrals and 457 LTD Deferrals
457 year-to-date and life-to-date balances are automatically maintained as part of the 403(b) Extensions process for those employees who are enrolled in both a 457 and 403(b) plan.
Chapter 13

Managing FMLA Plans

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.

Related Links
Setting Up FMLA Plans
Building Benefit Programs

Entering FMLA Leave Requests

This section describes how to enter FMLA Leave Requests.

Page Used to Enter FMLA Leave Requests

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request/Authorize/Track Leave - Request Page</td>
<td>FMLA_LV_REQUEST1</td>
<td>Request employee leaves for FMLA.</td>
</tr>
</tbody>
</table>

Request/Authorize/Track Leave - Request Page

Use the Request/Authorize/Track Leave - Request page (FMLA_LV_REQUEST1) to request employee leaves for FMLA.

Navigation

Benefits > Track FMLA (Family Medical Lv) > Request/Authorize/Track Leave > Request
**Image: Request/Authorize/Track Leave - Request page**

This example illustrates the fields and controls on the Request/Authorize/Track Leave - Request page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMLA Leave</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Note:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Request</strong></td>
<td>Enter the date on which the employee made the FMLA-protected leave request.</td>
</tr>
<tr>
<td><strong>Begin Date</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Return Date</strong></td>
<td>Enter the date that the employee is scheduled to return from leave.</td>
</tr>
</tbody>
</table>
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.

**Time Requested**

For reference only.

**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.

**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.

**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:
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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request/Authorize/Track Leave -</td>
<td>FMLA_LV_REQUEST2</td>
<td>Determine FMLA leave eligibility and</td>
</tr>
<tr>
<td>Eligibility Page</td>
<td></td>
<td>entitlement.</td>
</tr>
</tbody>
</table>

Request/Authorize/Track Leave - Eligibility Page

Use the Request/Authorize/Track Leave - Eligibility page (FMLA_LV_REQUEST2) to determine FMLA leave eligibility and entitlement.

Navigation

Benefits > Track FMLA (Family Medical Lv) > Request/Authorize/Track Leave > Eligibility
Image: Request/Authorize/Track Leave - Eligibility page

This example illustrates the fields and controls on the Request/Authorize/Track Leave - Eligibility page. You can find definitions for the fields and controls later on this page.

**FMLA Plan ID (family medical leave act 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 canceled.

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:** The 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...
Managing FMLA Plans

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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.

<table>
<thead>
<tr>
<th>Field Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMLA Eligible Serv Weeks</td>
<td>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.</td>
</tr>
<tr>
<td>As of Requested Begin Dt</td>
<td>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.</td>
</tr>
<tr>
<td>As of Expected Return Date</td>
<td>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.</td>
</tr>
<tr>
<td>Original Hire Date, Officer Code, and Std Hours / Week</td>
<td>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.</td>
</tr>
<tr>
<td>Stnd Hours Override</td>
<td>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.</td>
</tr>
</tbody>
</table>
Related Links
Setting Up FMLA Plans

Scheduling FMLA Leave

This section describes how to schedule FMLA Leave.

Pages Used to Schedule FMLA Leave

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request/Authorize/Track Leave - History Page</td>
<td>FMLA_LV_HISTORY</td>
<td>Schedule and track FMLA leave.</td>
</tr>
<tr>
<td>Schedule Leave Days Page</td>
<td>FMLA_LV_SCHED_DLG</td>
<td>Create repeating weekly FMLA schedules.</td>
</tr>
<tr>
<td>Mark Paid Leave Page</td>
<td>FMLA_LV_PAID_DLG</td>
<td>After creating a repeating schedule, designate specific days as paid leave.</td>
</tr>
</tbody>
</table>

Request/Authorize/Track Leave - History Page

Use the Request/Authorize/Track Leave - History page (FMLA_LV_HISTORY) to schedule and track FMLA leave.

Navigation

Benefits > Track FMLA (Family Medical Lv) > Request/Authorize/Track Leave > History
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Image: Request/Authorize/Track Leave - History page

This example illustrates the fields and controls on the Request/Authorize/Track Leave - History page. You can find definitions for the fields and controls later on this 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 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 overwrites previously scheduled days with the template schedules that you design through these pages.

**Schedule Leave Days Page**

Use the Schedule Leave Days page (FMLA_LV_SCHED_DLG) to create repeating weekly FMLA schedules.
Chapter 13 Managing FMLA Plans

Navigation

Click Schedule Leave on the History page.

Image: Schedule Leave Days page

This example illustrates the fields and controls on the Schedule Leave Days page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Scheduling Information</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Template</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Mark Paid Leave Page

Use the Mark Paid Leave page (FMLA_LV_PAID_DLG) to after creating a repeating schedule, designate specific days as paid leave.

Navigation

Click Mark Paid Leave on the History page.

Image: Mark Paid Leave page

This example illustrates the fields and controls on the Mark Paid Leave page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Summary of Paid Leave Accrued</th>
<th>Mark First Day(s) as Paid Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>Description</td>
</tr>
<tr>
<td>50</td>
<td>Sick</td>
</tr>
</tbody>
</table>

**Mark Paid Leave**

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** (mark first [number of] scheduled days [number of hours] 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 appears in the (Hrs) box.

When you return to the History page, days that you 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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request/Authorize/Track Leave - Activity Page</td>
<td>FMLA_LV_ACTIVITY</td>
<td>Log events that affect an FMLA leave.</td>
</tr>
</tbody>
</table>

Request/Authorize/Track Leave - Activity Page

Use the Request/Authorize/Track Leave - Activity page (FMLA_LV_ACTIVITY) to log events that affect an FMLA leave.

Navigation

Benefits > Track FMLA (Family Medical Lv) > Request/Authorize/Track Leave > Activity

Image: Request/Authorize/Track Leave - Activity page

This example illustrates the fields and controls on the Request/Authorize/Track Leave - Activity page. You can find definitions for the fields and controls later on this 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.
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.

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 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 to determine how many hours a particular employee has worked.

Related Links

Setting Up Leave Plans
Understanding the Vacation Buy/Sell Process

Processing Leave Accruals

To process leave accruals:

1. Set up operating parameters for an accrual cycle on the Calculate Periodic Accrual run control page.
2. Run the Leave Accrual process with the Process Scheduler.

Page Used to Process Leave Accruals

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate Periodic Accrual</td>
<td>RUNCTL_ACCRUAL</td>
<td>Set up the operating parameters for an accrual cycle.</td>
</tr>
</tbody>
</table>
Calculate Periodic Accrual Page

Use the Calculate Periodic Accrual page (RUNCTL_ACCRUAL) to set up the operating parameters for an accrual cycle.

Navigation

Benefits > Manage Leave Accruals > Calculate Periodic Accruals > Calculate Periodic Accrual

Image: Calculate Periodic Accrual page

This example illustrates the fields and controls on the Calculate Periodic Accrual page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Run Control ID</th>
<th>The system prompts you to enter an existing ID or add a new one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company</td>
<td>Enter the company that you want to process. You can leave this field blank, which means that employees in all companies will be processed for the specified plan type and benefit plan.</td>
</tr>
<tr>
<td>Plan Type and Benefit Plan</td>
<td>Enter the plan type and benefit plan that you want to process.</td>
</tr>
<tr>
<td>Last Process Date</td>
<td>Displays the date that you last ran the Leave Accrual process for this plan type and benefit plan.</td>
</tr>
<tr>
<td>Accrual Process Date</td>
<td>Date upon which you want the leave accrual calculations to be based. The system automatically sets 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.</td>
</tr>
</tbody>
</table>

Process leave accruals for a given company, plan type, and benefit plan for a maximum of once per accrual process date and for a minimum of once per the award frequency that you've defined on the Leave Plan Table. The leave accrued is 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—takes place each time that you run the Leave Accrual process.

**Note:** The Leave Accrual process processes 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 is awarded, but the unprocessed leave taken is moved from unprocessed data to the leave accrual balances and the resulting leave balance available is 2 hours.

### Viewing Employee Balances

View the results of leave accrual processing for an employee using the Leave Accrual page. You can print a report. Employees can also view their leave balances through PeopleSoft ePay or the PeopleSoft HCM Portal Pack 9.1 PeopleBook

See PeopleSoft ePay 9.1 PeopleBook

See PeopleSoft HCM Portal Pack 9.1 PeopleBook.

### Page Used to View Employee Balances

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Accrual Balances Page</td>
<td>LEAVE_ACCRUALS</td>
<td>View employee leave balances.</td>
</tr>
</tbody>
</table>

### Review Accrual Balances Page

Use the Review Accrual Balances page (LEAVE_ACCRUALS) to view employee leave balances.

**Navigation**

Benefits > Manage Leave Accruals > Review Accrual Balances > Review Accrual Balances
Image: Review Accrual Balances page

This example illustrates the fields and controls on the Review Accrual Balances page. You can find definitions for the fields and controls later on this page.

**Accrual Date**

The last date that you initiated a leave accrual for this employee.

**Accrual Balances - Hours**

- **Carried over from previous year**: This field is updated only during the first run of the year.
- **Earned Year-to-Date**: Maintains the accrued leave awarded and is updated only once per award frequency. If you find that you need to modify the earned year-to-date balance, use the earnings code that you defined to adjust the accrual balance on Earnings Table 4.
- **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 Balance**: The employee's current accrued time available.
  
  The system calculates the Hours Balance by totalling:
  
  
  \[(\text{Carried Over from Previous Year}) + (\text{Earned Year-to-Date}) - (\text{Taken Year-to-Date}) + (\text{Adjusted Year-to-Date}) + (\text{Bought Year-to-Date}) - (\text{Sold Year-to-Date}) - (\text{Unprocessed Hours Taken}) + (\text{Unprocessed Hours Adjusted}) + (\text{Unprocessed Hours Bought}) - (\text{Unprocessed Hours Sold})\]

- **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.

### Service Data

<table>
<thead>
<tr>
<th>Service Date</th>
<th>The date used for length-of-service calculations when the service unit is defined as <em>Months</em>.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Hours</strong></td>
<td>The number of hours used for length-of-service calculations when the service unit is defined as <em>Hours</em>.</td>
</tr>
</tbody>
</table>

### Unprocessed Data

This group box 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 updates the service hours only when the employee is participating in the leave plan as of the pay end date.
Chapter 15

Managing Vacation Buy/Sell Plans

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 Benefits page 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 HR 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 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 the Manage Base Benefits business process, if an employee elects to enroll in a Vacation Buy/Sell plan at a time other than the beginning of the plan year, you 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 Benefits page.

In PeopleSoft 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 Benefits page.

Related Links

Setting Up Vacation Buy/Sell Plans
Setting Up Deduction Codes
Understanding the Leave Process
"Understanding the Benefits Administration Preparation Process" (PeopleSoft HCM 9.2 Benefits Administration)
Reviewing Vacation Buy/Sell Calculation Results

This section describes how to review vacation buy/sell calculation results.

Page Used to Review Vacation Buy/Sell Calculation Results

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation Benefits Page</td>
<td>VACATION_BENEFIT</td>
<td>Review leave accrual processing status for a specific employee.</td>
</tr>
</tbody>
</table>

Related Links

Auditing Your Benefit Information

Vacation Benefits Page

Use the Vacation Benefits page (VACATION_BENEFIT) to review leave accrual processing status for a specific employee.

Navigation

Benefits > Enroll In Benefits > Vacation Benefits > Vacation Benefits

Image: Vacation Benefits page

This example illustrates the fields and controls on the Vacation Benefits page. You can find definitions for the fields and controls later on this page.

When you enroll an employee, the system deselects the Vacation Accrual Processed check box. Vacation Accrual Processed is 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, PeopleSoft 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.

Related Links
"Understanding Compensation Rates" (PeopleSoft HCM 9.2: Payroll for North America)
Managing Benefits Billing

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.

Prerequisite

Before you begin using the Benefits Billing feature, set up the rules for benefits billing.

Related Links

Setting Up Benefits Billing
Understanding the Core Tables for PeopleSoft Manage Base 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 Manage 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 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 the Manage Base Benefits business process 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 flexible savings plan (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).

---

**Enrolling Participants**

This section discusses how to enroll participants and override Benefits Billing parameters for individual enrollees.

**Pages Used to Enroll Participants**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll in Billing Page</td>
<td>BILL_ENROLL</td>
<td>Enroll participants manually into the Benefits Billing system and update previous enrollments.</td>
</tr>
<tr>
<td>Request Hold/Alternate Address Page</td>
<td>BILL_EMPL_PARM</td>
<td>Override Benefits Billing parameters at the individual enrollee level. Set up comments, designate an alternate address, or hold statements for an individual enrollee.</td>
</tr>
</tbody>
</table>
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 nonemployee status through COBRA processing or some other means can be enrolled in Benefits Billing.

Enrolling Participants Automatically

If you currently implement PeopleSoft 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.

**Related Links**

- [Understanding COBRA Management](#)
- "Defining Event Rules" (PeopleSoft HCM 9.2 Benefits Administration)

Enroll in Billing Page

Use the Enroll in Billing page (BILL_ENROLL) to enroll participants manually into the Benefits Billing system and update previous enrollments.

**Navigation**

Benefits > Benefits Billing > Manage Acct Status and Balance > Enroll in Billing > Enroll in Billing
**Image: Enroll in Billing page**

This example illustrates the fields and controls on the Enroll in Billing page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ID</strong></td>
<td>When you first enter the Enroll in Billing page, you are prompted for the ID of the employee whom you want to enroll or update. You cannot create Benefits Billing enrollment records that cover all of an employee's multiple jobs at once.</td>
</tr>
<tr>
<td><strong>Plan Type</strong></td>
<td>You can enter multiple plan types, including:</td>
</tr>
<tr>
<td></td>
<td>• Simultaneous active and COBRA billing enrollments.</td>
</tr>
<tr>
<td></td>
<td>• Multiple COBRA billing enrollments.</td>
</tr>
<tr>
<td><strong>COBRA Event ID</strong></td>
<td>This value is automatically assigned by the COBRA batch process, but can also be entered. The value is 0 for non-COBRA billing.</td>
</tr>
<tr>
<td><strong>Effective Date</strong></td>
<td>You can have multiple effective-dated billing records for COBRA and non-COBRA events.</td>
</tr>
<tr>
<td><strong>Event Identification</strong></td>
<td>Indicates whether the record was created through Event Maintenance or Open Enrollment. This field is for records created through Benefits Administration processes only.</td>
</tr>
<tr>
<td><strong>Billing Status</strong></td>
<td>Controls billing calculations for each plan type. Values are:</td>
</tr>
<tr>
<td></td>
<td><em>Active:</em> You are billing the employee for this plan type.</td>
</tr>
<tr>
<td></td>
<td><em>Hold Billing:</em> Charges are not calculated for this plan type. If you change the status to <em>Active</em> after <em>Hold Billing</em> has been in effect, the system retroactively calculates charges the next time that you run the Benefits Billing calculation process. While <em>Hold Billing</em> is selected for a particular plan type, the system...</td>
</tr>
</tbody>
</table>
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. Values are:

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 deselected, the system bills the employee the flat amount for each billing period. The amount can be a negative number.

Related Links
Setting Up Calculation Rules

Request Hold/Alternate Address Page
Use the Request Hold/Alternate Address page (BILL_EMPL_PARM) to override Benefits Billing parameters at the individual enrollee level.

Set up comments, designate an alternate address, or hold statements for an individual enrollee.

Navigation
Benefits > Benefits Billing > Manage Acct Status and Balance > Request Hold/Alternate Address > Request Hold/Alternate Address
Image: Request Hold/Alternate Address

This example illustrates the fields and controls on the Request Hold/Alternate Address. You can find definitions for the fields and controls later on this 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.

**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, and manually for individual participants.

**Pages Used to Calculate Charges**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate Periodic Charges Page</td>
<td>BILL_RUNCTL</td>
<td>Calculate charges automatically and create billing charge records for a selected billing calendar.</td>
</tr>
<tr>
<td>Enter Manual Charges Page</td>
<td>BILL_CHRG_ADD</td>
<td>Manually post new billing charge records to the system.</td>
</tr>
</tbody>
</table>
Calculate Periodic Charges Page

Use the Calculate Periodic Charges page (BILL_RUNCTL) to calculate charges automatically and create billing charge records for a selected billing calendar.

Navigation

Benefits > Benefits Billing > Calculate and Review Charges > Calculate Periodic Charges > Calculate Periodic Charges

Image: Calculate Periodic Charges page

This example illustrates the fields and controls on the Calculate Periodic Charges page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Billing Period</th>
<th>Select the period that indicates the billing calendar for which you want to calculate benefits billing charges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note:</td>
<td>You can rerun the Billing Calculation process until you run the Statement Print process for that billing period.</td>
</tr>
</tbody>
</table>

| Payment Due and COBRA Payment Due | Automatically populated with the dates that were defined for this billing calendar. These fields can be modified if necessary. |

Enter Manual Charges Page

Use the Enter Manual Charges page (BILL_CHRG_ADD) to manually post new billing charge records to the system.

Navigation

Benefits > Benefits Billing > Calculate and Review Charges > Enter Manual Charges > Enter Manual Charges
Image: Enter Manual Charges page

This example illustrates the fields and controls on the Enter Manual Charges page. You can find definitions for the fields and controls later on this 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.

**Empl ID** (employee ID) Enter the ID of the employee who 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, because 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 Adjust Charges page.

---

### Reviewing Charges

This section discusses how to review charges.

### Pages Used to Review Charges

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Page</td>
<td>BILL_CHRG_VW</td>
<td>View how Benefits Billing charges and payments add up for a selected employee.</td>
</tr>
<tr>
<td>Charge Detail Page</td>
<td>BILL_CHRG_DET</td>
<td>View details of charge actions.</td>
</tr>
<tr>
<td>Rvw Charge Smry by Bill Period Page</td>
<td>BILL_CSUM_BY_BPER</td>
<td>Arranges a participant's charges by billing period.</td>
</tr>
<tr>
<td>Rvw Charge Smry by Plan Type Page</td>
<td>BILL_CSUM_BY_PTYPE</td>
<td>Arranges a participant's charges by plan type.</td>
</tr>
</tbody>
</table>

### Charge Page

Use the Charge page (BILL_CHRG_VW) to view how Benefits Billing charges and payments add up for a selected employee.

**Navigation**

Benefits > Benefits Billing > Calculate and Review Charges > Review Charge Details > Charge
### Image: Charge page

This example illustrates the fields and controls on the Charge page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th><strong>Charge ID</strong></th>
<th>A system-generated number that ensures the uniqueness of Billing Charge records.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CBR Evt ID (COBRA event ID)</strong></td>
<td>If this coverage is calculated under COBRA, provides a link to the COBRA event.</td>
</tr>
<tr>
<td><strong>Benefit Program, Coverage Code, Benefit Plan, and Deduction Code</strong></td>
<td>Obtained from the participant's Manage Base Benefits business process records. These fields can be used to trace back to the rate tables and calculation rules that created the charge.</td>
</tr>
<tr>
<td><strong>(CAN) Sales Tax</strong></td>
<td>Appears if the charge is for Canadian sales tax associated with another benefits charge.</td>
</tr>
<tr>
<td><strong>Date Due and Date Overdue</strong></td>
<td>You can modify these dates.</td>
</tr>
<tr>
<td><strong>Print Period</strong></td>
<td>Indicates the begin and end dates of the billing calendar during which the statement for this charge was sent.</td>
</tr>
<tr>
<td><strong>Charge</strong></td>
<td>The original charge calculated by the batch calculation process or entered in the Charge Entry page.</td>
</tr>
<tr>
<td><strong>Charge Adjustments</strong></td>
<td>From the Adjust Charges page.</td>
</tr>
<tr>
<td><strong>Payment Adjustments</strong></td>
<td>From the Adjust Payments page.</td>
</tr>
</tbody>
</table>

**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.
Charge Detail Page

Use the Charge Detail page (BILL_CHRG_DET) to view details of charge actions.

Navigation

Benefits > Benefits Billing > Calculate and Review Charges > Review Charge Details > Charge Detail

Image: Charge Detail page

This example illustrates the fields and controls on the Charge Detail page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Posting Date</th>
<th>Displays the dates on which 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Type</td>
<td>Possible actions include Charge, Charge Adjustment, Payment, and Payment Adjustment.</td>
</tr>
<tr>
<td>Charge</td>
<td>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.</td>
</tr>
</tbody>
</table>

Rvw Charge Smry by Bill Period Page

Use the Rvw Charge Smry by Bill Period page (BILL_CSUM_BY_BPER) to arrange a participant's charges by billing period.

Navigation

Benefits > Benefits Billing > Calculate and Review Charges > Rvw Charge Smry by Bill Period > Rvw Charge Smry by Bill Period
Image: Rvw Charge Smry by Bill Period page

This example illustrates the fields and controls on the Rvw Charge Smry by Bill Period page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan Type</th>
<th>Charge ID</th>
<th>COBRA Event ID</th>
<th>Sales Tax Type</th>
<th>Original Charge</th>
<th>Adjustment</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Medical</td>
<td>1</td>
<td>None</td>
<td></td>
<td></td>
<td>$123.00</td>
<td>0.00</td>
<td>$123.00</td>
</tr>
<tr>
<td>11 Dental</td>
<td>2</td>
<td>None</td>
<td></td>
<td></td>
<td>$28.00</td>
<td>0.00</td>
<td>$28.00</td>
</tr>
<tr>
<td>20 Life</td>
<td>3</td>
<td>None</td>
<td></td>
<td></td>
<td>$32.50</td>
<td>0.00</td>
<td>$32.50</td>
</tr>
<tr>
<td>21 Supplemental Life</td>
<td>4</td>
<td>None</td>
<td></td>
<td></td>
<td>$6.40</td>
<td>0.00</td>
<td>$6.40</td>
</tr>
<tr>
<td>22 AD and D</td>
<td>5</td>
<td>None</td>
<td></td>
<td></td>
<td>$2.00</td>
<td>0.00</td>
<td>$2.00</td>
</tr>
</tbody>
</table>

(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.

Image: Rvw Charge Smry by Plan Type page

This example illustrates the fields and controls on the Rvw Charge Smry by Plan Type page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan Type</th>
<th>Charge ID</th>
<th>COBRA Event ID</th>
<th>Charge</th>
<th>Adjustment</th>
<th>Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Medical</td>
<td></td>
<td>1</td>
<td></td>
<td>123.00</td>
<td>0.00</td>
<td>123.00</td>
</tr>
</tbody>
</table>

(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 generate benefits billing statements.

Pages Used to Generate Benefits Billing Statements

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Billing Statement Page</td>
<td>RUNCTL_BEN040</td>
<td>Print and reprint billing statements.</td>
</tr>
<tr>
<td>Reprint Statement Page</td>
<td>BILL_PRINT</td>
<td>Set up print IDs and select employees for reprinting billing statements.</td>
</tr>
</tbody>
</table>

Print Billing Statement Page

Use the Print Billing Statement page (RUNCTL_BEN040) to print and reprint billing statements.

Navigation

Benefits > Benefits Billing > Create Statements > Print Billing Statement > Print Billing Statement

Image: Print Billing Statement page

This example illustrates the fields and controls on the Print Billing Statement page. You can find definitions for the fields and controls later on this page.

Billing Period

Select from the billing calendar.

Statement Date and Date for determining Past Due

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 Reprint Statement 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 statements only 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.

### Reprint Statement Page

Use the Reprint Statement page (BILL_PRINT) to set up print IDs and select employees for reprinting billing statements.

**Navigation**

Benefits > Benefits Billing > Create Statements > Reprint Statement > Reprint Statement

**Image: Reprint Statement page**

This example illustrates the fields and controls on the Reprint Statement page. You can find definitions for the fields and controls later on this page.

#### Billing Period

Select from the billing calendar.

#### Empl ID (employee ID)

Select the employees for whom Billing Statements need to be reprinted.

### Processing Payments

This section discusses how to process payments.
### Pages Used to Process Payments

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocate Payments to Charges Page</td>
<td>BILL_PAYMENT</td>
<td>Log individual payments from a participant and allocate those payments to separate charges.</td>
</tr>
<tr>
<td>Review Payments/Details Page</td>
<td>BILL_PAYMENT_VW</td>
<td>Examine charge payment history for a selected participant.</td>
</tr>
<tr>
<td>Review Summary by Post Date</td>
<td>BILL_PSUM_BY_PTDT</td>
<td>Review payments for a specific participant, arranged by posting date.</td>
</tr>
</tbody>
</table>

#### Allocate Payments to Charges Page

Use the Allocate Payments to Charges page (BILL_PAYMENT) to log individual payments from a participant and allocate those payments to separate charges.

**Navigation**

Benefits > Benefits Billing > Apply Payments > Allocate Payments to Charges > Allocate Payments to Charges

**Image: Allocate Payments to Charges page**

This example illustrates the fields and controls on the Allocate Payments to Charges page. You can find definitions for the fields and controls later on this 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 the employee provides. 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 Allocate Payments to Charges 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 Adjust Payments page.

**Review Payments/Details Page**

Use the Review Payments/Details page (BILL_PAYMENT_VW) to examine charge payment history for a selected participant.

**Navigation**


**Image: Review Payments/Details page**

This example illustrates the fields and controls on the Review Payments/Details page. You can find definitions for the fields and controls later on this page.

**Posting Date**

The date when the payment was actually applied to the charges.
### Adjusting Charges and Payments

This section discusses how to adjust charges and payments.

#### Pages Used to Adjust Charges and Payments

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjust Charges Page</td>
<td>BILL_CHRG_ADJUST</td>
<td>Adjust charges on existing Billing Charge records.</td>
</tr>
<tr>
<td>Adjust Payments Page</td>
<td>BILL_PAY_ADJUST</td>
<td>Adjust payments to existing Billing Payment records.</td>
</tr>
<tr>
<td>Review Adjustment Summary</td>
<td>BILL_ADJ_SMRY</td>
<td>View a summary of all adjustments for a participant.</td>
</tr>
</tbody>
</table>

#### Adjust Charges Page

Use the Adjust Charges page (BILL_CHRG_ADJUST) to adjust charges on existing Billing Charge records.

**Navigation**

Benefits > Benefits Billing > Make Adjustments > Adjust Charges > Adjust Charges
This example illustrates the fields and controls on the Adjust Charges page. You can find definitions for the fields and controls later on this 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 determine 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 determine 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.
Adjust Payments Page

Use the Adjust Payments page (BILL_PAY_ADJUST) to adjust payments to existing Billing Payment records.

Navigation

Benefits > Benefits Billing > Make Adjustments > Adjust Payments > Adjust Payments

Image: Adjust Payments page

This example illustrates the fields and controls on the Adjust Payments page. You can find definitions for the fields and controls later on this 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 used up, 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**

<table>
<thead>
<tr>
<th><strong>Page Name</strong></th>
<th><strong>Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Employee Balances Page</td>
<td>BILL_BLNC_SMRY</td>
<td>View charges, payments, and grand totals that are associated with an individual employee.</td>
</tr>
</tbody>
</table>

**Review Employee Balances Page**

Use the Review Employee Balances page (BILL_BLNC_SMRY) to view charges, payments, and grand totals that are associated with an individual employee.

**Navigation**

Benefits > Benefits Billing > Manage Acct Status and Balance > Review Employee Balances > Review Employee Balances
Image: Review Employee Balances page

This example illustrates the fields and controls on the Review Employee Balances page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Review Employee Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daisy Lopez</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Grand Totals</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges</td>
<td>$759.60</td>
</tr>
<tr>
<td>Payments</td>
<td>$150.00</td>
</tr>
<tr>
<td>Amount Due</td>
<td>$609.60</td>
</tr>
</tbody>
</table>

The charge and payment values that appear 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) appear to the left of the charge listing when appropriate.

The Grand Total field adds the Total Charge, Total Payment, and Net columns.
Chapter 17

Managing COBRA

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. When 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 flexible spending account (FSA) benefit elections.

To administer COBRA:

1. Perform PeopleSoft HR 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 nonemployee 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 provides an overview of COBRA events and discusses how to determine qualified COBRA events.

Page Used to Determine Qualified COBRA Events

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review COBRA Triggers Page</td>
<td>COBRA_ACTIVITY</td>
<td>Add, delete, and review COBRA events.</td>
</tr>
</tbody>
</table>

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 the Manage Base Benefits business process, qualifying events are triggered through PeopleCode. In PeopleSoft Benefits Administration, qualifying events are triggered after Event Maintenance has been finalized. The exception (for both the Manage Base Benefits business process 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.

Two types of COBRA events exist: 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 software delivers, the user actions that trigger them, and the potential COBRA beneficiaries of each event.

<table>
<thead>
<tr>
<th>Qualifying COBRA Event</th>
<th>User Action Trigger</th>
<th>Potential COBRA Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of eligibility due to termination</td>
<td>Employee status changes to Terminated or Suspended.</td>
<td>Employee and dependents</td>
</tr>
<tr>
<td>Loss of eligibility due to reduction in hours</td>
<td>Employee status remains Active; standard hours decrease.</td>
<td>Employee and dependents</td>
</tr>
<tr>
<td>Loss of eligibility due to retirement</td>
<td>Employee status changes to Retired.</td>
<td>Employee and dependents</td>
</tr>
<tr>
<td>Loss of eligibility due to military leave</td>
<td>Leave of Absence/Military Leave action/ action reason combination is entered for the employee.</td>
<td>Employee and dependents</td>
</tr>
<tr>
<td>Death of employee</td>
<td>Employee status changes to Deceased or a Family Status Change/Death action/ action reason combination is entered for an employee.</td>
<td>All dependents</td>
</tr>
<tr>
<td>Divorce</td>
<td>Marital status changes to Divorced; spouse becomes ex-spouse.</td>
<td>Spouse</td>
</tr>
<tr>
<td>Marriage of dependent</td>
<td>Dependent marital status changes to Married.</td>
<td>Individual dependent</td>
</tr>
<tr>
<td>Dependent reaches coverage age limit (overage dependent)</td>
<td>No user action; current age of dependent exceeds maximum dependent age or maximum student dependent age. (The system checks whether the dependent is a student.)</td>
<td>Individual dependent</td>
</tr>
<tr>
<td>Employee becomes entitled to Medicare</td>
<td>Medicare entitlement date is entered.</td>
<td>All dependents</td>
</tr>
</tbody>
</table>
Note: According to federal government guidelines, employees who undergo voluntary or involuntary termination for gross misconduct and their spouses 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 (family status change/death) to successfully process the event.

Related Links

Processing Enrollments for Secondary Events

Review COBRA Triggers Page

Use the Review COBRA Triggers page (COBRA_ACTIVITY) to add, delete, and review COBRA events.

Navigation

Benefits > Administer COBRA Benefits > Manage Automated Participation > Review COBRA Triggers > Review COBRA Triggers
Image: Review COBRA Triggers page: Activity tab

This example illustrates the fields and controls on the Review COBRA Triggers page: Activity tab. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Empl ID</th>
<th>Empl Record</th>
<th>Name</th>
<th>Event Date</th>
<th>CBR Action</th>
<th>Activity Source</th>
<th>Ben Record</th>
<th>BAS Sched ID</th>
<th>BAS Event ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-HICO3530</td>
<td></td>
<td>John Clain</td>
<td>01/15/2006</td>
<td>MIL</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3532</td>
<td></td>
<td>Barney Rubble</td>
<td>01/15/2006</td>
<td>RET</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3533</td>
<td></td>
<td>Fred Flinstone</td>
<td>01/15/2006</td>
<td>TER</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3534</td>
<td></td>
<td>Leonardo Da Vind</td>
<td>01/15/2006</td>
<td>MED</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3535</td>
<td></td>
<td>Yogi Bear</td>
<td>01/15/2006</td>
<td>MED</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3536</td>
<td></td>
<td>Homer Simpson</td>
<td>01/15/2006</td>
<td>DEA</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3537</td>
<td></td>
<td>Gomez Addams</td>
<td>01/15/2006</td>
<td>DV</td>
<td>Manual Event</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-PERMOD101</td>
<td></td>
<td>Don Johnson</td>
<td>12/30/2002</td>
<td>TER</td>
<td>Job Data Change</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-PMS100</td>
<td></td>
<td>Carleen Torres</td>
<td>12/31/2002</td>
<td>TER</td>
<td>Benefits Admin</td>
<td>0</td>
<td>BEM109</td>
<td></td>
</tr>
</tbody>
</table>

Image: Review COBRA Triggers page: Coverage Override tab

This example illustrates the fields and controls on the Review COBRA Triggers page: Coverage Override tab. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Empl ID</th>
<th>Empl Record</th>
<th>Name</th>
<th>Event Date</th>
<th>CBR Action</th>
<th>Coverage Override</th>
<th>Alt Cvg Term Date</th>
<th>Coverage As-Of Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-HICO3530</td>
<td></td>
<td>John Clain</td>
<td>01/15/2006</td>
<td>MIL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3532</td>
<td></td>
<td>Barney Rubble</td>
<td>01/15/2006</td>
<td>RET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3533</td>
<td></td>
<td>Fred Flinstone</td>
<td>01/15/2006</td>
<td>TER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3534</td>
<td></td>
<td>Leonardo Da Vind</td>
<td>01/15/2006</td>
<td>MED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3535</td>
<td></td>
<td>Yogi Bear</td>
<td>01/15/2006</td>
<td>MED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3536</td>
<td></td>
<td>Homer Simpson</td>
<td>01/15/2006</td>
<td>DEA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-HICO3537</td>
<td></td>
<td>Gomez Addams</td>
<td>01/15/2006</td>
<td>DV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-PERMOD101</td>
<td></td>
<td>Don Johnson</td>
<td>12/30/2002</td>
<td>TER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-PMS100</td>
<td></td>
<td>Carleen Torres</td>
<td>12/31/2002</td>
<td>TER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity Tab**

**CBR Action** (COBRA action)  
Describes the type of event that took place.

**Activity Source**  
Indicates who or what initiated the event.

**Ben Record** (benefit record number)  
Indicates the benefit record affected by the event.
Coverage Override Tab

**Coverage Override**
Select when to use an alternate coverage termination date 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.

**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.

Related Links
"Understanding Eligibility Rules" (PeopleSoft HCM 9.2 Benefits Administration)
"Understanding Event Rules" (PeopleSoft HCM 9.2 Benefits Administration)
"Event Maintenance" (PeopleSoft HCM 9.2 Benefits Administration)

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 that 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.

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 Manage 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 Review COBRA Triggers page can be changed.

Running the COBRA Process

This section provides an overview of the COBRA process and describes how to run it.
Pages Used to Run the COBRA Process

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualify Event/Proc Enrollment Page</td>
<td>COBRA_RUNCTL</td>
<td>Run the COBRA process to determine eligibility.</td>
</tr>
<tr>
<td>Review Processing Messages Page</td>
<td>COBRA_MESSAGES</td>
<td>View error messages for the COBRA process.</td>
</tr>
</tbody>
</table>

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, the COBRA process assigns the beneficiary a benefit program and allows that person to elect COBRA health coverage.

Qualify Event/Proc Enrollment Page

Use the Qualify Event/Proc Enrollment page (COBRA_RUNCTL) to run the COBRA process to determine eligibility.

Navigation

Benefits > Administer COBRA Benefits > Manage Automated Participation > Qualify Event/Proc Enrollment > Qualify Event/Proc Enrollment
**Image: Qualify Event/Proc Enrollment page**

This example illustrates the fields and controls on the Qualify Event/Proc Enrollment page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Qualify Event/Proc Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run Control ID: 1 Report Manager: Process Monitor</td>
</tr>
</tbody>
</table>

**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**

Deselect 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 if a system failure occurs.

---

**Note:** On the Process Scheduler page, select COBRA Admin & Non Employee to run the COBRA process. This runs both the COBRA Administration and COBRA Non Employee processes. The COBRA Administration process takes the relevant data and puts it into a temporary table. The COBRA Non Employee process writes the data to the correct PERSON table.
Understanding COBRA Event Status

When 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. Statuses 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 for which 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.

**Related Links**
- Processing Enrollments for Secondary Events

### Assigning Qualified COBRA Beneficiaries to Benefit Programs

Benefit program assignment differs for COBRA events initiated by the Manage Base Benefits business process and Benefits Administration.

If a COBRA event is initiated by the Manage Base Benefits business process, 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 occurs only for qualified participants who have a COBRA process status of Open For Processing (as opposed to Closed or Void).

**Related Links**
- Update Event Status Page
- "Event Maintenance" (PeopleSoft HCM 9.2 Benefits Administration)

### Determining Eligible Plan Types

Beneficiaries are eligible for all COBRA-qualified group health plan types that they were enrolled in prior to the COBRA event. This includes all Health (1x) plan types and the Health FSA (60) plan type.

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 Program Table (BEN_PROG_DEFN) 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).

**Note:** The Employee Only code is used when the dependent is covered on his or her own and as a dependent of the COBRA participant. The code is used to indicate the coverage of a single person.

Benefits Administration uses a different method to determine option eligibility.

**Related Links**

"Event Maintenance" (PeopleSoft HCM 9.2 Benefits Administration)

### 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.

**Related Links**

Understanding Benefits Billing
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.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Event Role</td>
<td>Identifies whether the event can be considered a secondary event.</td>
</tr>
<tr>
<td>Second Event Additional Months</td>
<td>Defines by how many months the secondary event extends a COBRA participant's coverage.</td>
</tr>
<tr>
<td>Secondary Event Add Mode</td>
<td>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.</td>
</tr>
</tbody>
</table>

Related Links

- Setting Up COBRA Administration
- Processing Enrollments for Secondary Events

Review Processing Messages Page

Use the Review Processing Messages page (COBRA_MESSAGES) to view error messages for the COBRA process.

Navigation

Benefits > Administer COBRA Benefits > Review Processing Results > Review Processing Messages

- **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 create notification letters.

Pages Used to Create Notification Letters

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Initial Letter Page</td>
<td>RUNCTL_CBR001</td>
<td>Print notification letters for initial COBRA events.</td>
</tr>
</tbody>
</table>
### Related Links

- **Processing Enrollments for Secondary Events**
- "Manage Base Benefit Reports" (PeopleSoft HCM 9.2: Application Fundamentals)

### 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.

### Create Initial Letter Page

Use the Create Initial Letter page (RUNCTL_CBR001) to print notification letters for initial COBRA events.

**Navigation**

Benefits > Administer COBRA Benefits > Manage Automated Participation > Create Initial Letter > Create Initial Letter
Image: Create Initial Letter page

This example illustrates the fields and controls on the Create Initial Letter page. You can find definitions for the fields and controls later on this page.

Create Initial Letter

Run Control ID 1

Report Manager

Process Monitor

Run

As Of Date

Reprint Parameters

- Reprint Letter
- 'Reprint' Appears on Letters
- Reprint ID

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 his or her elections.

Along with each initial notification letter, the system prints a COBRA continuation coverage election form for employees to record their elections.

When 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 during which 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.

Create Secondary Letter Page

Use the Create Secondary Letter page (RUNCTL_CBR002) to print notification letters for secondary COBRA events.
Navigation

Benefits > Administer COBRA Benefits > Manage Automated Participation > Create Secondary Letter > Create Secondary Letter

The process for printing notification letters for secondary events is identical to that for initial events. The secondary notification letter includes information about 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*.

Reprint Selected Letters Page

Use the Reprint Selected Letters page (CBR_PRT) to select parameters for reprinting notification letters.

Navigation

Benefits > Administer COBRA Benefits > Manage Automated Participation > Reprint Selected Letters > Reprint Selected Letters

Image: Reprint Selected Letters page

This example illustrates the fields and controls on the Reprint Selected Letters page. You can find definitions for the fields and controls later on this 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 during which the reprint is to occur.

Entering COBRA Elections and Waivers

This section describes how to enter COBRA elections and waivers.
Page Used to Enter COBRA Elections and Waivers

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Elections Page</td>
<td>COBRA_PARTIC_ENT1</td>
<td>Record elections or waivers for COBRA coverage.</td>
</tr>
</tbody>
</table>

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 PeopleSoft 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 nonemployee (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.

Related Links
Managing Nonemployee COBRA Participants

Participant Elections Page

Use the Participant Elections page (COBRA_PARTIC_ENT1) to record elections or waivers for COBRA coverage.

Navigation
Benefits > Administer COBRA Benefits > Manage Automated Participation > Participant Elections > Participant Elections

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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Enter the elected option choices.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covrg Begin (coverage begin), Covrg End (coverage end), and Election End</td>
<td>Predetermined by the COBRA process.</td>
</tr>
<tr>
<td>COBRA Election</td>
<td>Elect or waive each plan type.</td>
</tr>
<tr>
<td>Provider ID</td>
<td>For health plan types. Enter the name of the employee's doctor, an ID number, or any other format that the health provider requires.</td>
</tr>
<tr>
<td>Previously Seen</td>
<td>Select to indicate that the employee is a current patient of the indicated physician.</td>
</tr>
</tbody>
</table>

When 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 when 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 plan information, FSA plan information, or both 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 nonemployee participant receives a system-generated employee ID.

### Notification to Billing System

If Benefits Billing is selected in the Installation Table, the system enrolls validated and enrolled COBRA participants in the Benefits Billing system for elected plan types. The system also sends COBRA surcharges and coverage start and end dates to Benefits Billing.
Chapter 17 Managing COBRA

Validation and Enrollment Error Messages

You can view error messages generated during validation and enrollment either by using the Process Messages page or by running the COBRA Error report. Each time the COBRA validation and enrollment process runs, it deletes error messages from the previous run.

Related Links
Managing Nonemployee COBRA Participants
Review Processing Messages Page
Understanding Benefits Billing

Processing Enrollments for Secondary Events

This section discusses:

• Initial event status and secondary events.
• How to identify differences in individual and dependent coverage processing.
• Combination events.

Understanding Initial Event Status and Secondary Events

When a secondary event is processed, the system reviews the initial event to determine whether 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 HR system processes the personnel action.

   The COBRA process evaluates the secondary event and returns a status of *Qualified Pending*.

2. Determine whether 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 Update Event Status 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*.

**Related Links**

- Update Event Status Page

**Identifying Differences in Individual and Dependent Coverage Processing**

When secondary events occur, COBRA participants with individual coverage are processed differently from 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 nonemployee 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 under which the participant was covered 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*.

**Understanding 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 manage COBRA events.
Pages Used to Manage COBRA Events

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Event Summary Page</td>
<td>COBRA_EVENT_INQ1</td>
<td>Review information about COBRA events and associated beneficiaries.</td>
</tr>
<tr>
<td>Update Event Status Page</td>
<td>COBRA_STATUS1</td>
<td>Adjust, reprocess, and void COBRA events.</td>
</tr>
</tbody>
</table>

Review Event Summary Page

Use the Review Event Summary page (COBRA_EVENT_INQ1) to review information about COBRA events and associated beneficiaries.

Navigation

Benefits > Administer COBRA Benefits > Review Processing Results > Review Event Summary > Review Event Summary

Image: Review Event Summary

This example illustrates the fields and controls on the Review Event Summary. You can find definitions for the fields and controls later on this page.
Update Event Status Page

Use the Update Event Status page (COBRA_STATUS1) to adjust, reprocess, and void COBRA events.

Navigation

Benefits > Administer COBRA Benefits > Manage Automated Participation > Update Event Status

Image: Update Event Status page

This example illustrates the fields and controls on the Update Event Status page. You can find definitions for the fields and controls later on this 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 reprocess to *Prepare Options* only if the *Option Prepare* phase has already been completed.

At the participant plan type level, you can select *Elect Options* only 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. It voids all COBRA participants and participant plans, and deletes all enrolled COBRA benefits. 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.

**Related Links**

[Running the COBRA Process](#)

---

**Managing COBRA Benefit Plan and Dependent Information**

This section describes how to manage COBRA benefit plan and dependent information.

**Pages Used to Manage COBRA Benefit Plan and Dependent Information**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign to Benefit Program Page</td>
<td>COBRA_PROG_PARTIC1</td>
<td>Change benefit program participation for Open Enrollment and Family Status Change events.</td>
</tr>
</tbody>
</table>
### Assign to Benefit Program Page

Use the Assign to Benefit Program page (COBRA_PROG_PARTIC1) to change benefit program participation for Open Enrollment and Family Status Change events.

**Navigation**

Benefits > Administer COBRA Benefits > Enroll in Benefits > Assign to Benefit Program > Assign to Benefit Program

**Image: Assign to Benefit Program page**

This example illustrates the fields and controls on the Assign to Benefit Program page. You can find definitions for the fields and controls later on this page.

### Health Benefits Page

Use the Health Benefits page (COBRA_HEALTH1) to view or update health plan elections and enroll dependents.
**Navigation**

Benefits > Administer COBRA Benefits > Enroll in Benefits > Health Benefits > Health Benefits

**Image: Health Benefits page**

This example illustrates the fields and controls on the Health Benefits page. You can find definitions for the fields and controls later on this page.

**Coverage Begin Date**
Automatically set to the date in the Review Event Summary 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 ID**
Enter the name of the employee's doctor, an ID number, or any other information that the health provider may require.

**Previously Seen**
Indicate that the employee is a current patient of the indicated physician. This field 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 on which coverage ended.
**Dependent/Beneficiaries**

**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 information that the health provider may require.

**Previously Seen**
Select to indicate that the dependent is a current patient of the indicated physician. This check box becomes available when a health provider ID is entered.

---

**FSA Benefits Page**

Use the FSA Benefits (flexible spending account benefits) page (COBRA_FSA) to view or update FSA enrollments.

**Navigation**

Benefits > Administer COBRA Benefits > Enroll in Benefits > FSA Benefits > FSA Benefits

**Image: FSA Benefits page**

This example illustrates the fields and controls on the FSA Benefits page. You can find definitions for the fields and controls later on this page.

**FSA Benefits**

George Mapin

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Use the Coverage Election field to view and change whether the displayed COBRA FSA plan is elected or terminated.

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**Name Page**

Use the Name page (COBRA_DEP_BENEF1) to add or Update COBRA dependent/beneficiary information.

**Navigation**

Benefits > Administer COBRA Benefits > Maintain COBRA Non-Employees > Modify Dependent/Beneficiaries > Name
Managing Nonemployee 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 nonemployee COBRA participant. Nonemployee COBRA participants can declare their own dependents and change benefit programs and plans.

This section describes how to manage non-employee COBRA participants.

**Note:** When you add a nonemployee through COBRA, the nonemployee record may not show in other PeopleSoft HR processes until the Refresh Personal Data process is run.

Pages Used to Manage Non-Employee COBRA Participants

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Contact</td>
<td>PERSONAL_DATA1</td>
<td>Update COBRA-qualified dependent name and biographical information.</td>
</tr>
<tr>
<td>Medicare and Job Page</td>
<td>CBR_PERSONAL_DATA3</td>
<td>Maintain department security information for nonemployee COBRA participants.</td>
</tr>
</tbody>
</table>

Related Links

"Adding a Person" (PeopleSoft HCM 9.2: Human Resources Administer Workforce)
"Understanding Job Data" (PeopleSoft HCM 9.2: Human Resources Administer Workforce)

Medicare and Job Page

Use the Medicare and Job page (CBR_PERSONAL_DATA3) to maintain department security information for nonemployee COBRA participants.
Navigation

Benefits > Administer COBRA Benefits > Maintain COBRA Non-Employees > Modify Personal Information > Medicare and Job

Image: Medicare and Job page

This example illustrates the fields and controls on the Medicare and Job page. You can find definitions for the fields and controls later on this page.

Employment Information

During the COBRA processing, automatically populated with the original data of the employee that experienced the COBRA event.

Job Information

Review and update a historical record of the nonemployee participant's business unit and department affiliations.

Converting Nonemployee Individual Coverage to Dependent Coverage

When a spouse or ex-spouse COBRA participant enrolls in individual nonemployee COBRA coverage, the child dependents of the employee are inherited as dependents for the nonemployee.

All nonemployee participants are assigned a unique system-generated employee ID for which the numbering convention is established in the Installation Table. All dependents of the nonemployee 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, and his child. He later dies, which qualifies as a secondary event for the dependents. The spouse and child become nonemployee participants, and are assigned IDs as shown in the following table.

<table>
<thead>
<tr>
<th>Person</th>
<th>Employee ID</th>
<th>Dependent/Beneficiary ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee (Deceased)</td>
<td>Z001</td>
<td>00</td>
</tr>
</tbody>
</table>
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 nonemployees to dependent coverage, follow these steps.

To convert nonemployee independent coverage to nonemployee dependent coverage:

1. Access the COBRA health benefit record for the nonemployee who is 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 who are now covered under the spouse. The termination date for each termination record should be the same date that dependent coverage begins.

**Related Links**
Managing COBRA Benefit Plan and Dependent Information

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**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 terminate COBRA coverage.

**Pages Used to Terminate COBRA Coverage**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminate Participant Page</td>
<td>COBRA_PARTIC_TERM</td>
<td>Terminate COBRA coverage manually if bills are unpaid or on participant's request.</td>
</tr>
<tr>
<td>Create Termination Letter Page</td>
<td>RUNCTL_CBR003</td>
<td>Send letters to COBRA participants with plans about to expire.</td>
</tr>
</tbody>
</table>
Terminate Participant Page

Use the Terminate Participant page (COBRA_PARTIC_TERM) to terminate COBRA coverage manually if bills are unpaid or on participant's request.

Navigation

Benefits > Administer COBRA Benefits > Terminate COBRA Coverage > Terminate Participant

Image: Terminate Participant page

This example illustrates the fields and controls on the Terminate Participant page. You can find definitions for the fields and controls later on this page.

For each plan type to terminate, enter the termination date and reason.

When you save this page, the coverage end date on the enrollment table (Health Benefits, for example) for the enrolled plan type is adjusted to the early termination date.

Create Termination Letter Page

Use the Create Termination Letter page (RUNCTL_CBR003) to send letters to COBRA participants with plans about to expire.

Navigation

Benefits > Administer COBRA Benefits > Terminate COBRA Coverage > Create Termination Letter > Create Termination Letter
Chapter 17 Managing COBRA

Image: Create Termination Letter page

This example illustrates the fields and controls on the Create Termination Letter page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Create Termination Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run Control ID</td>
</tr>
</tbody>
</table>

- **Start Date**: [ ]
- **End Date**: [ ]
- **Reprint Parameters**
  - Reprint Letter
  - "Reprint" Appears on Letters
  - Reprint ID: [ ]

Termination letters are printed for employees whose coverage ends during the period between the start and end dates.

**Related Links**
- "Generating Form Letters for PeopleSoft Human Resources" (PeopleSoft HCM 9.2: Application Fundamentals)
- "Manage Base Benefit Reports" (PeopleSoft HCM 9.2: Application Fundamentals)

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 nonemployee through COBRA, the nonemployee record may not show in other HR 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 enroll participants in COBRA coverage manually.
Pages Used to Enroll Participants in COBRA Coverage Manually

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create COBRA Non-Employee Page</td>
<td>CBR_MANUAL_ENT1</td>
<td>Manually establish an employee dependent as a nonemployee in preparation for manually enrolling the dependent into COBRA coverage.</td>
</tr>
<tr>
<td>Assign Benefit Program Page</td>
<td>CBR_MANUAL_PARTIC1</td>
<td>Manually assign an employee or COBRA nonemployee to a benefit program or make changes to that manual assignment over time.</td>
</tr>
<tr>
<td>Select Health Benefits Page</td>
<td>CBR_MANUAL.HEALTH1</td>
<td>Enroll participants in COBRA health benefits manually.</td>
</tr>
</tbody>
</table>

Related Links
Managing COBRA Benefit Plan and Dependent Information
Managing Nonemployee COBRA Participants
"Adding a Person" (PeopleSoft HCM 9.2: Human Resources Administer Workforce)

Create COBRA Non-Employee Page

Use the Create COBRA Non-Employee page (CBR_MANUAL_ENT1) to manually establish an employee dependent as a nonemployee in preparation for manually enrolling the dependent into COBRA coverage.

Navigation
Benefits > Administer COBRA Benefits > Maintain COBRA Non-Employees > Create COBRA Non-Employee

Image: Create COBRA Non-Employee page

This example illustrates the fields and controls on the Create COBRA Non-Employee page. You can find definitions for the fields and controls later on this page.

Empl ID (employee ID) and Empl Record (employee record number) Enter the ID and employee record number for the employee whom the nonemployee participant is a dependent or beneficiary of.
Assign Benefit Program Page

Use the Assign Benefit Program page (CBR_MANUAL_PARTIC1) to manually assign an employee or COBRA nonemployee to a benefit program or make changes to that manual assignment over time.

Navigation

Benefits > Administer COBRA Benefits > Enroll Manually > Assign Benefit Program > Assign Benefit Program

Image: Assign Benefit Program page

This example illustrates the fields and controls on the Assign Benefit Program page. You can find definitions for the fields and controls later on this page.

The benefit program is assigned a COBRA event ID of 900.

Select Health Benefits Page

Use the Select Health Benefits page (CBR_MANUAL_HEALTH1) to enroll participants in COBRA health benefits manually.

Navigation

Benefits > Administer COBRA Benefits > Enroll Manually > Select Health Benefits > Select Health Benefits
Managing COBRA Chapter 17

Image: Select Health Benefits page

This example illustrates the fields and controls on the Select Health Benefits page. You can find definitions for the fields and controls later on this 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 on which 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.

**Dependent/Beneficiaries**

**ID**  
Select the dependent ID to add available beneficiaries to the selected COBRA participant/plan type/benefit plan combination.
<table>
<thead>
<tr>
<th><strong>Relationship to Employee</strong></th>
<th>Identifies the dependent's relationship to the participant.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Provider ID</strong></td>
<td>Enter the name of the employee's doctor, an ID number, or any other information that the health provider may require.</td>
</tr>
<tr>
<td><strong>Previously Seen</strong></td>
<td>Select to indicate that the employee is a current patient of the indicated physician. Becomes available when you enter a health provider ID.</td>
</tr>
</tbody>
</table>
Chapter 18

Processing Retroactive Benefits and Deductions

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.

The Manage Base Benefits business process 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 PeopleSoft Payroll for North America. Payroll for North America processes are used to calculate retroactive benefits and deductions and to 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:

<table>
<thead>
<tr>
<th>Application Component</th>
<th>Page</th>
<th>Trigger Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Pay Data</td>
<td>General Deduction Data</td>
<td>All fields</td>
</tr>
<tr>
<td>Enroll in Benefits</td>
<td>Health Benefits</td>
<td>All fields</td>
</tr>
<tr>
<td>Enroll in Benefits</td>
<td>Life AD/D Elections</td>
<td>All fields</td>
</tr>
<tr>
<td>Enroll in Benefits</td>
<td>Disability Benefits</td>
<td>All fields</td>
</tr>
<tr>
<td>Enroll in Benefits</td>
<td>Vacation Benefits</td>
<td>All fields</td>
</tr>
<tr>
<td>Enroll in Benefits</td>
<td>Assign to Benefit Program</td>
<td>All fields</td>
</tr>
<tr>
<td>Job Data</td>
<td>Work Location</td>
<td>Effective Date</td>
</tr>
<tr>
<td>Application Component</td>
<td>Page</td>
<td>Trigger Fields</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Job Data</td>
<td>Compensation</td>
<td>Compensation Rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change Amount</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change Percent</td>
</tr>
<tr>
<td>Job Data</td>
<td>Benefit Program Participation</td>
<td>All fields</td>
</tr>
</tbody>
</table>

**Note:** With PeopleSoft 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

<table>
<thead>
<tr>
<th>Application Component</th>
<th>Page</th>
<th>Trigger Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Pay Data (USF)</td>
<td>General Deduction Data</td>
<td>All fields</td>
</tr>
<tr>
<td>Enroll in Benefits</td>
<td>Health Benefits</td>
<td>All fields</td>
</tr>
<tr>
<td></td>
<td>FEGLI Benefits</td>
<td>All fields</td>
</tr>
<tr>
<td></td>
<td>Assign to Benefit Program</td>
<td>All fields</td>
</tr>
<tr>
<td>HR Processing USF</td>
<td>Data Control</td>
<td>Effective Date</td>
</tr>
<tr>
<td></td>
<td>Compensation</td>
<td>Pay Rate Determinant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pay Basis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Base Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEGLI Base</td>
</tr>
<tr>
<td>Current Job</td>
<td>Compensation</td>
<td>Compensation Rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change Amount</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change Percent</td>
</tr>
<tr>
<td></td>
<td>Benefit Program Participation</td>
<td>All fields</td>
</tr>
</tbody>
</table>

### Triggering Mass Retroactive Benefit/Deduction Requests

This section discusses how to trigger mass retroactive benefit/deduction requests.
Page Used to Trigger Mass Retroactive Benefit/Deduction Requests

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
</table>

**Related Links**

Setting Up Retroactive Benefits and Deductions

Setting Up Mass Retroactive Benefit/Deduction Programs and Requests

Use the Process Mass Retro Deductions (process mass retroactive deductions) page (RUNCTL_RTRODEDMASS) to set up:

- A mass retroactive benefit/deduction program.
- A mass retroactive benefit/deduction request with selection criteria that involve the benefit program changes.

**Related Links**

Setting Up Retroactive Benefits and Deductions

Process Mass Retro Deductions Page

Use the Process Mass Retro Deductions (process mass retroactive deductions) page (RUNCTL_RTRODEDMASS) to generate mass retroactive benefit/deduction requests.

**Navigation**


**Pay Calendar Validation**

Select to validate that the selected employees are hired into a confirmed pay calendar before generating a request for them.

Deselect 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 will 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.

**Related Links**

- Reviewing and Updating Calculated Retroactive Benefits and Deductions

---

**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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retro Ben/Ded Request Summary Page</td>
<td>RETRODED_RQST_SUMM</td>
<td>View retroactive benefit/deduction requests by employee, mass retro request ID, effective date, or process status.</td>
</tr>
</tbody>
</table>

**Retro Ben/Ded Request Summary Page**

Use the Retro Ben/Ded Request Summary (retroactive benefit/deduction request summary ) page (RETRODED_RQST_SUMM) to view retroactive benefit/deduction requests by employee, mass retro request ID, effective date, or process status.

**Navigation**

Image: Retro Ben/Ded Request Summary page

This example illustrates the fields and controls on the Retro Ben/Ded Request Summary page. You can find definitions for the fields and controls later on this 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 against which the request is validated.
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 Ded Sequence Number** (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.

**Related Links**
- Setting Up Retroactive Benefits and Deductions

---

**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 calculate retroactive benefits and deductions.

**Pages Used to Calculate Retroactive Benefits and Deductions**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate Retroactive Ben/Deds Page</td>
<td>RUNCTL_RTRODEDCALC</td>
<td>Run the Retroactive Benefits and Deductions Process. Set up calculation processes for individual and mass retroactive benefit/deduction requests.</td>
</tr>
<tr>
<td>Viewing Error Messages</td>
<td>RETRODED_MESSAGES</td>
<td>View error messages for the calculation process.</td>
</tr>
</tbody>
</table>

**Calculate Retroactive Ben/Deds Page**

Use the Calculate Retroactive Ben/Deds (calculate retroactive benefit/deduction) page (RUNCTL_RTRODEDCALC) to run the Retroactive Benefits and Deductions Process.

Set up calculation processes for individual and mass retroactive benefit/deduction requests.
Navigation


Image: Retro Ben/Ded Calculation page

This example illustrates the fields and controls on the Retro Ben/Ded Calculation page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Retro Ben/Ded Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calculate Retroactive Ben/Deds</strong></td>
</tr>
<tr>
<td>Run Control ID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
</tr>
<tr>
<td>Run</td>
</tr>
<tr>
<td>All</td>
</tr>
<tr>
<td>or</td>
</tr>
<tr>
<td>Empl ID</td>
</tr>
</tbody>
</table>

**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, set up multiple run controls for each, and then run the process several times.

Viewing Error Messages

Use the Retro Benefit/Ded Messages (retroactive benefit/deduction process) page (RETRODED_MESSAGES) to view error messages for the calculation process.

Navigation

Image: Retro Benefit/Ded Messages page

This example illustrates the fields and controls on the Retro Benefit/Ded Messages page. You can find definitions for the fields and controls later on this page.

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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Retro Ded Calc Results Page</td>
<td>RETRODED_DEDS</td>
<td>Review individual line items for each pay end date and override deduction amounts.</td>
</tr>
<tr>
<td>Retro Benefit/Ded Calc Summary</td>
<td>RETRODED_SUMMARY</td>
<td>View summaries of calculation totals.</td>
</tr>
</tbody>
</table>
Update Retro Ded Calc Results Page

Use the Update Retro Ded Calc Results (update retroactive deduction calculation results) page (RETRODED_DEDS) to review individual line items for each pay end date and override deduction amounts.

Navigation

Payroll for North America > Retroactive Payroll > Retro Benefits/Deductions > Process and Review Requests > Update Retro Ded Calc Results > Update Retro Ded Calc Results

Image: Update Retro Ded Calc Results page

This example illustrates the fields and controls on the Update Retro Ded Calc Results page. You can find definitions for the fields and controls later on this 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 Number (page number), Line Number (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 that are 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 deselected.

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. |
| **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:** For you to enter a new amount, the request must have reached *Calculation* status, but cannot have reached *Loaded* status.

Loading Calculations into PeopleSoft Payroll for North America

This section discusses how to load calculations into PeopleSoft Payroll for North America.

Page Used to Load Calculations into Payroll for North America

<table>
<thead>
<tr>
<th><strong>Page Name</strong></th>
<th><strong>Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Load Retro Deds to Paysheets Page</td>
<td>RUNCTL_RTRODEDPSHT</td>
<td>Load retroactive benefit/deduction calculations into payroll.</td>
</tr>
</tbody>
</table>

Load Retro Deds to Paysheets Page

Use the Load Retro Deds to Paysheets (load retroactive deductions paysheets) page (RUNCTL_RTRODEDPSHT) to load retroactive benefit/deduction calculations into payroll.

**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 employees receive. 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-cycle 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.

For additional information, see product documentation for:

- *Setting Up Retroactive Benefits and Deductions*
- *PeopleTools: Process Scheduler*
- *PeopleSoft HCM: Global Payroll US*

### 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 have 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*.

**Related Links**

- *Setting Up Retroactive Benefits and Deductions*
Chapter 19

Managing Multiple Jobs

Understanding Multiple Jobs

Many organizations have employees who 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 HRAdminister 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 to take a deduction 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 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:

<table>
<thead>
<tr>
<th>Job Description</th>
<th>Employee Record Number</th>
<th>Benefit Record Number</th>
<th>Primary Job Indicator</th>
<th>Include for Eligibility</th>
<th>Include for Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>0</td>
<td>0</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dean</td>
<td>1</td>
<td>0</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Physician</td>
<td>2</td>
<td>1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Image: An employee with three jobs and two benefit records**

The following diagram shows the employee's three jobs and two benefit records. The first two jobs as a university professor and university dean share the same benefit record number for benefit enrollment purposes. However, the third job as a physician at the university has its own unique benefit record number and therefore the job is processed separately from the other jobs. Each benefit record corresponds to a set of benefits enrollments:

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.

**Related Links**

"Understanding Job Data" (PeopleSoft HCM 9.2: Human Resources Administer Workforce)
Setting Up Multiple Jobs

Changing Benefit Record Numbers

You should not 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 PeopleSoft Benefits Administration and PeopleSoft 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 verifies 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.

Related Links
Setting Up Multiple Jobs

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:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Basis/Type</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (1x)</td>
<td>Flat amount or compensation rate based</td>
<td>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.</td>
</tr>
<tr>
<td>Life/AD&amp;D (2x)</td>
<td>Flat amount or compensation rate based</td>
<td>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 to calculate the premium.</td>
</tr>
<tr>
<td>Disability (3x)</td>
<td>Flat amount or compensation rate based</td>
<td>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.</td>
</tr>
<tr>
<td>Plan Type</td>
<td>Basis/Type</td>
<td>Usage</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Savings (4x)</td>
<td>Flat amount or earnings-based</td>
<td>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.</td>
</tr>
<tr>
<td>Leave (5x)</td>
<td>NA</td>
<td>Not applicable. No coverage amount or deduction exists with these plans.</td>
</tr>
<tr>
<td>FSA (6x)</td>
<td>Flat amount</td>
<td>Not applicable. No coverage amount exists, and deductions are not based upon salary or earnings.</td>
</tr>
<tr>
<td>Retirement (7x)</td>
<td>Earnings-based</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Plan Type

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Basis/Type</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension (8x)</td>
<td>Earnings-based</td>
<td>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.</td>
</tr>
<tr>
<td>Vacation Buy/Sell (9x)</td>
<td>CompRate-based</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Related Links

- Setting Up Benefit Rates
- Setting Up Calculation Rules

### 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 an employee’s primary job data.

### Pages Used to Change Primary Job Data

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain Flags Page</td>
<td>BN_PRIJOBS_MAINT</td>
<td>Change primary job data. Change an employee's primary job indicator, the Include Eligibility check box, and the Include Deductions check box manually.</td>
</tr>
<tr>
<td>Job Data Page</td>
<td>BN_ADDL_DATA_INQ</td>
<td>View job details.</td>
</tr>
</tbody>
</table>

### Maintain Flags Page

Use the Maintain Flags page (BN_PRIJOBS_MAINT) to change primary job data.
Change an employee's primary job indicator, the Include Eligibility check box, and the Include Deductions check box manually.

**Navigation**

Benefits > Maintain Primary Jobs > Maintain Flags > Maintain Flags

**Image: Maintain Flags page**

This example illustrates the fields and controls on the Maintain Flags page. You can find definitions for the fields and controls later on this 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 for which 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 it is 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 or the Include Deductions check boxes and Retro Deductions is activated, the system creates a retro/deduction trigger.

**Job Data Page**

Use the Job Data page (BN_ADDL_DATA_INQ) to view job details.
Navigation

Click the Detail link on the Maintain Flags page.

Image: Job Data page

This example illustrates the fields and controls on the Job Data page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Job Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Job Data</td>
</tr>
<tr>
<td>Empl ID</td>
</tr>
<tr>
<td>Empl Record</td>
</tr>
<tr>
<td>Standard Hours</td>
</tr>
<tr>
<td>Payroll Status</td>
</tr>
<tr>
<td>Position</td>
</tr>
<tr>
<td>Department</td>
</tr>
<tr>
<td>Location Code</td>
</tr>
<tr>
<td>Job Code</td>
</tr>
<tr>
<td>Ben Status</td>
</tr>
<tr>
<td>Benefits System</td>
</tr>
<tr>
<td>Effective Date</td>
</tr>
<tr>
<td>FTE</td>
</tr>
</tbody>
</table>

The system displays the job information that is in effect as of the effective date of the selected primary jobs entry.

Automatically Building Primary Job Data for Multiple Employees

When you have 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. You do not need to run this utility after an upgrade unless you have 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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebuild Primary Job Flags Page</td>
<td>RUNCTL_BEN500</td>
<td>Automatically build primary job information for multiple employees.</td>
</tr>
</tbody>
</table>

Rebuild Primary Job Flags Page

Use the Rebuild Primary Job Flags page (RUNCTL_BEN500) to automatically build primary job information for multiple employees.

Navigation

Benefits > Maintain Primary Jobs > Rebuild Primary Job Flags > Rebuild Primary Job Flags

Image: Rebuild Primary Job Flags page

This example illustrates the fields and controls on the Rebuild Primary Job Flags page. You can find definitions for the fields and controls later on this page.

When the utility runs, it deletes all existing data for the indicated employee population (if any) in the Primary Jobs Table. For each employee, the utility makes a new effective-dated entry, 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 Maintain 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*: Select to specify that all employees in the Personal Data Table be 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 the name of a non-PeopleSoft table that contains an Employee ID field.
Chapter 20

Sending Benefit Information

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 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 the Data to Extract

To define what data to extract, use the Enrollment Snapshot Options (BN_SNAP_CONFIG) component.

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

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Snapshot Options Page</td>
<td>BN_SNAP_CONFIG</td>
<td>Define data to extract from the database.</td>
</tr>
</tbody>
</table>

Enrollment Snapshot Options Page

Use the Enrollment Snapshot Options page (BN_SNAP_CONFIG) to define data to extract from the database.
Navigation

Set Up > Product Related > Base Benefits > Enrollment Snapshot Options > Enrollment Snapshot Options

Image: Enrollment Snapshot Options page

This example illustrates the fields and controls on the Enrollment Snapshot Options page. You can find definitions for the fields and controls later on this page.

Enrollment Snapshot Options

Plan Types to Include

Select only the plan types for which you will create a carrier interface extract or transmit data to the Carrier Interface Supplier Integration process in eBenefits.

Note: If you are running the snapshot process only to 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

Select to include the last deduction taken and the pay end date for each enrollment.

Calculate Life/Disability Covg

Select to have the Enrollment Reporting Snapshot process calculate coverage for life and disability plans using the plan definitions, calculation rules, and employee's compensation rate or annual benefits base rate.

Include Implied Term

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: You use this field 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 Implied Dependent Terminations**

Select to create termination records for dependents in the snapshot and report them in the HIPPA file when a termination of an employee also terminated the dependent or when new coverage has been added for an employee and a dependent who was previously covered has been dropped from coverage.

*Note:* You must select Include Implied Employee Terminations, for Include Implied Dependent Termination to be functional.

**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.

This field applies to employees and dependents.

---

**Running the Enrollment Reporting Snapshot Process**

The Enrollment Reporting Snapshot process extracts data that you specified on the Enrollment Snapshot Options page from the 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 Review Interface Run History page.

This section provides an overview of database record layout details and lists the pages used to run the Enrollment Reporting Snapshot process.

**Pages Used to Run the Enrollment Reporting Snapshot Process**

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refresh Benefits Snapshot</td>
<td>RUN_BEN100A</td>
<td>Extract information from the Manage Base Benefits business process tables into the BN_SNAP_PER, BN_SNAP_JOB, and BN_SNAP_PLAN tables.</td>
</tr>
<tr>
<td>Review Interface Run History</td>
<td>BN_SNAP_HIST</td>
<td>Review a history of when the Enrollment Reporting Snapshot, the Carrier Interface Extract, and the Carrier Interface Supplier Integration processes were run.</td>
</tr>
<tr>
<td>Snapshot History Detail</td>
<td>BN_SNAP_HIST_DTL</td>
<td>Review additional information about the history record.</td>
</tr>
<tr>
<td>Review Snapshot Information</td>
<td>BN_SNAP_PLAN</td>
<td>Review the information extracted by the Enrollment Reporting Snapshot process.</td>
</tr>
</tbody>
</table>
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 (Structured Query Report) extract.

### BN_SNAP_PER

This table includes one row per participant (employee, dependent/beneficiary, and so on).

<table>
<thead>
<tr>
<th>COLUMN</th>
<th>KEY</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLID</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>DEPENDENT_BENEF</td>
<td>Yes</td>
<td>Blank for employees. Populated for dependents and beneficiaries.</td>
</tr>
<tr>
<td>EFFDT</td>
<td>No</td>
<td>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.</td>
</tr>
<tr>
<td>NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAST_NAME</td>
<td>Alt</td>
<td></td>
</tr>
<tr>
<td>FIRST_NAME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME_PREFIX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIONAL_ID</td>
<td></td>
<td>Primary national ID. If the employee, dependent, or beneficiary has not been assigned a primary ID, the field is blank.</td>
</tr>
<tr>
<td>BIRTHDATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELATIONSHIP</td>
<td></td>
<td>Blank for employees.</td>
</tr>
<tr>
<td>SMOKER</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>STUDENT</td>
<td>Y/N</td>
<td>Applies only to dependents and beneficiaries.</td>
</tr>
<tr>
<td>COLUMN</td>
<td>KEY</td>
<td>NOTES</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>STUDENT_STATUS_DT</td>
<td></td>
<td>Applies only to dependents and beneficiaries.</td>
</tr>
<tr>
<td>DISABLED</td>
<td></td>
<td>Applies only to dependents and beneficiaries.</td>
</tr>
<tr>
<td>COUNTRY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUM1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUM2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOUSE_TYPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDR_FIELD1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDR_FIELD2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDR_FIELD3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEO_CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN_CITY_LIMIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME_PHONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BN_SNAP_JOB**

One row exists per employee/benefit record/COBRA event; no rows exists 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

<table>
<thead>
<tr>
<th>COLUMN</th>
<th>KEY</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLID</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>BENEFIT_RCD_NBR</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>COBRA_EVENT_ID</td>
<td>Yes</td>
<td>Nonzero indicates a COBRA enrollment event for this employee ID/benefit record number.</td>
</tr>
<tr>
<td>EMPL_RCD</td>
<td></td>
<td>Primary job as of the date entered on the run control page.</td>
</tr>
<tr>
<td>JOB_EFFDT</td>
<td></td>
<td>Effective date of the primary job on the Job table.</td>
</tr>
<tr>
<td>JOB_EFFSEQ</td>
<td></td>
<td>Effective sequence of the primary job on the Job table.</td>
</tr>
<tr>
<td>EFFDT</td>
<td>No</td>
<td>The as of date entered on the run control page. The value is the same for every row. Simplifies finding related displays and descriptions.</td>
</tr>
<tr>
<td>SERVICE_DT</td>
<td></td>
<td>Primary job.</td>
</tr>
<tr>
<td>BENEFIT_PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMPANY</td>
<td></td>
<td>Primary job.</td>
</tr>
<tr>
<td>PAYGROUP</td>
<td></td>
<td>Primary job.</td>
</tr>
<tr>
<td>CURRENCY_CD</td>
<td></td>
<td>Currency code for the benefit program.</td>
</tr>
<tr>
<td>PAY_SYSTEM_FLG</td>
<td></td>
<td>Primary job.</td>
</tr>
</tbody>
</table>

### BN_SNAP_PLAN

This table includes one row per employee-level enrollment and one row per dependent/beneficiary attachment to an enrollment.

<table>
<thead>
<tr>
<th>Column</th>
<th>Key</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLID</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>DEPENDENT_BENEF</td>
<td>Yes</td>
<td>A blank entry indicates an employee-level enrollment. A populated entry indicates a dependent enrollment or beneficiary allocation.</td>
</tr>
</tbody>
</table>
### Column Information

<table>
<thead>
<tr>
<th>Column</th>
<th>Key</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFIT_RCD_NBR</td>
<td>Yes</td>
<td>This is the EMPL_RCD field from the enrollment pages.</td>
</tr>
<tr>
<td>COBRA_EVENT_ID</td>
<td>Yes</td>
<td>A nonzero entry indicates a COBRA event for this employee ID/benefit record number.</td>
</tr>
<tr>
<td>PLAN_TYPE</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>COVERAGE_ELECT</td>
<td>Yes</td>
<td>Must be a key to allow for implied terminations.</td>
</tr>
<tr>
<td>EFFDT</td>
<td>No</td>
<td>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.</td>
</tr>
<tr>
<td>BENEFIT_PLAN</td>
<td></td>
<td>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 ), no prior enrollment was made.</td>
</tr>
<tr>
<td>SETID</td>
<td></td>
<td>Comes from the benefit plan definition. It is blank for 7x plans.</td>
</tr>
<tr>
<td>VENDOR_ID</td>
<td></td>
<td>Blank for 7x plans.</td>
</tr>
<tr>
<td>GROUP_NBR</td>
<td></td>
<td>Blank for 7x plans.</td>
</tr>
<tr>
<td>COVRG_CD</td>
<td></td>
<td>Applies only to 1x plan types.</td>
</tr>
<tr>
<td>LIFE_ADD_COVRG</td>
<td></td>
<td>Applies only to 2x plan types. This is the code from the plan definition, not an employee enrollment.</td>
</tr>
<tr>
<td>COVERAGE_BEGIN_DT</td>
<td></td>
<td>For enrollments, indicates the first day of coverage. For terminations, indicates the first day that coverage is no longer in effect.</td>
</tr>
<tr>
<td>COVERAGE_ELECT_DT</td>
<td></td>
<td>Indicates the date that this enrollment/termination was entered into the system.</td>
</tr>
<tr>
<td>Column</td>
<td>Key</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DEDUCTION_BEGIN_DT</td>
<td></td>
<td>For enrollments, indicates the first day that deductions and credits are in effect. For terminations, it indicates the first day that deductions and credits should stop.</td>
</tr>
<tr>
<td>ENROLLMENT_DT</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>ANNUAL_PLEDGE</td>
<td></td>
<td>Applies only to 6x plan types.</td>
</tr>
<tr>
<td>FLAT_DED_AMT</td>
<td></td>
<td>Applies only to 4x plan types. Zero if employee is not contributing on a before-tax basis or contributing a percent of earnings.</td>
</tr>
<tr>
<td>PCT_GROSS</td>
<td></td>
<td>Applies only to 4x plan types. Zero if employee is not contributing on a before-tax basis or contributing a flat amount.</td>
</tr>
<tr>
<td>FLAT_DED_AMT_ATAX</td>
<td></td>
<td>Applies only to 4x plan types. Zero if employee is not contributing on an after-tax basis or contributing a percent of earnings.</td>
</tr>
<tr>
<td>PCT_GROSS_ATAX</td>
<td></td>
<td>Applies only to 4x plan types. Zero if employee is not contributing on an after-tax basis or contributing a flat amount.</td>
</tr>
<tr>
<td>VOLUNTARY_AMT</td>
<td></td>
<td>Applies only to 8x plan types. Zero if employee is not contributing a voluntary flat amount or is contributing a voluntary percentage of earnings.</td>
</tr>
<tr>
<td>VOLUNTARY_PCT</td>
<td></td>
<td>Applies only to 8x plan types. Zero if employee is not contributing a voluntary percentage of earnings or is contributing a voluntary flat amount.</td>
</tr>
<tr>
<td>VACN_HOURS</td>
<td></td>
<td>Applies only to 9x plan types.</td>
</tr>
<tr>
<td>VACN_BUY_FLAT_AMT</td>
<td></td>
<td>Applies only to 9x plan types.</td>
</tr>
<tr>
<td>Column</td>
<td>Key</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>VACN_SELL_FLAT_AMT</td>
<td></td>
<td>Applies only to 9x plan types.</td>
</tr>
<tr>
<td>BENEF_PCT</td>
<td></td>
<td>Applies only to beneficiary records in plan types 2x, 4x, or 8x. Zero if the beneficiary allocation is a flat amount.</td>
</tr>
<tr>
<td>FLAT_AMOUNT</td>
<td></td>
<td>See the Flat Amount Field section following this table.</td>
</tr>
<tr>
<td>FACTOR_XSALARY</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>EXCESS</td>
<td></td>
<td>Applies only to 2x, nondependent plans and 8x dependent records. A Y in the field indicates that this beneficiary is to receive any excess benefit distribution.</td>
</tr>
<tr>
<td>CONTINGENT</td>
<td></td>
<td>Applies only to 2x, nondependent plans and 8x dependent records. A Y in the field indicates that this beneficiary is a contingent beneficiary.</td>
</tr>
<tr>
<td>DED_CUR</td>
<td></td>
<td>The amount of the last payroll deduction calculated for this enrollment. This field is populated only if INCLUDE_DED is selected.</td>
</tr>
<tr>
<td>PAY_END_DT</td>
<td></td>
<td>The pay end date of the last payroll deduction calculated for this enrollment. This field is populated only if INCLUDE_DED is selected.</td>
</tr>
<tr>
<td>CALCULATED_BASE</td>
<td></td>
<td>Applies only to 2x and 3x plans and only if Calculate Life/Disability Covg is selected on the Enrollment Snapshot Options page. This field is zero for dependents and beneficiaries and for employees with Sum of Dependent Coverage elections for Dependent Life/AD&amp;D plans. This field indicates the calculated benefit amount with respect to coverage minimum/maximum, multiple jobs, and rounding rules for coverage purposes.</td>
</tr>
</tbody>
</table>
## Sending Benefit Information

Chapter 20

<table>
<thead>
<tr>
<th>Column</th>
<th>Key</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREMIUM_BASE</td>
<td>Applies only to 2x and 3x plans and only if Calculate Life/Disability Covg is selected on the Enrollment Snapshot Options page. This field is zero for dependents and beneficiaries and for employees with Sum of Dependent Coverage elections for dependent life/AD&amp;D plans. This field indicates the calculated benefit amount with respect to coverage minimum/maximum, multiple jobs, and rounding rules for premium purposes.</td>
<td></td>
</tr>
<tr>
<td>HLTH_PROVIDER_ID</td>
<td>Applies only to 1x plan types. This field indicates the primary care physician.</td>
<td></td>
</tr>
<tr>
<td>PREVIOUSLY_SEEN</td>
<td>Applies only to 1x plan types.</td>
<td></td>
</tr>
<tr>
<td>DEPBEN_RIDER_FLG</td>
<td>Applies only to dependents and beneficiaries. Y indicates that this coverage or allocation is court-ordered.</td>
<td></td>
</tr>
<tr>
<td>CALC_RULES_ID</td>
<td>Applies only to 2x and 3x plans and only if Calculate Life/Disability/Covg is selected on the Enrollment Snapshot Options page. Identifies the calculation rule the system uses when calculating CALCULATED_BASE and PREMIUM_BASE.</td>
<td></td>
</tr>
</tbody>
</table>

### 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 nondependent Life/AD&D plans and pension plans, it may represent a flat amount beneficiary allocation.

The following tables show how this field is used in each context.

#### Nondependent Life/AD&D Plan Types

This table shows how the Flat Amount field is used with nondependent Life and ADD plan types. Each column represents the value of LIFE_ADD_COVRG, which defines how the coverage is calculated for a plan.
## Sending Data to Benefit Providers

After the Enrollment Reporting Snapshot process runs, you can send enrollment data to your plan providers. Two ways are available to send this information:

- Run the appropriate SQR Provider Extract process to create a provider extract file.
- Use the PeopleSoft Carrier Reporting process in eBenefits.

This section discusses how to:

- Create SQR provider extracts.
• Run carrier extracts.

Related Links
"Integrating eBenefits with eBenX" (PeopleSoft HCM 9.2: eBenefits)

Creating SQR Provider Extracts

Provider requirements for enrollment data are seldom the same. The Manage 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 run.
• 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 that you need and make any necessary changes using the database record layout information for BN_SNAP_PER, BN_SNAP_JOB, and BN_SNAP_PLAN.

Four sample SQRs and two library files are available:

• 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.
• BENCRLFNC.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, and Savings Extract pages, 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 Review Interface Run History page before running the extract again.

Sending HIPAA Data to Providers

Note: With the Affordable Care Act, HIPAA Certificates have become obsolete, and effective 1/1/2015, they are no longer required.

The Health Insurance and Portability and Accountability Act of 1996 (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 834 transactions.

**Note:** Three types of data fields and segments exist for the HIPAA file output. They are: *Required*, *Situational*, and *Situational and under the insurance contract between the sponsor and the payer*. The PeopleSoft HIPAA EDI File Create process supports all *Required* data fields and segments. The process might or might not support *Situational* fields and segments depending on whether information is available for them in the system. Data fields and segment that are identified as *Situational, and depends upon contract* are not supported. If your contract requires that you provide any except *Required* information, you might need to customize the process to include it.

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.

**Note:** Select the Use Runtime Date on the Refresh Benefit Snapshot (RUNCTL_ASODATE_BEN) run control page for recurring processing when you schedule the Snapshot process to run at specified intervals using automated Process Scheduler Recurrence definitions. With the check box selected, the system automatically sets the As Of Date equal to the runtime date at each run without the need for user intervention.

This section discusses how to create the HIPAA EDI 834 file.

See [Setting Up HIPAA Tables](#).

### Page Used to Create the HIPAA EDI 834 File

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create HIPAA EDI 834 File Page</td>
<td>RUNCTL_BEN834</td>
<td>Create the 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.</td>
</tr>
</tbody>
</table>

### Create HIPAA EDI 834 File Page

Use the Create HIPAA EDI 834 File page (RUNCTL_BEN834) to create the 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.

**Navigation**

Benefits > Interface with Providers > Create HIPAA EDI 834 File > Create HIPAA EDI 834 File
Image: Create HIPAA EDI 834 File page, 1 of 2

This example illustrates the fields and controls on the Create HIPAA EDI 834 File page, 1 of 2. You can find definitions for the fields and controls later on this page.

Image: Create HIPAA EDI 834 File page, 2 of 2

This example illustrates the fields and controls on the Create HIPAA EDI 834 File page 2 of 2. You can find definitions for the fields and controls later on this 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.

**As Of Date**

Displays the last date that the Enrollment Reporting Snapshot was run.
Chapter 20 Sending Benefit Information

File Effective Date
Enter a value that the system sends in a DTP segment (which includes a date qualifier of 007).

File Enrollment Date
Enter a value that the system sends in a DTP segment (which includes the date qualifier of 382).

Acknowledgement Requested
Select to request an acknowledgement from the EDI trading partner.

EDI Partner ID
Enter the trading partner for the transmission.

EDI partner IDs are defined on the EDI Transaction Partner table.

File Type
Select from one of the following values in this drop-down menu:

• Full File Audit: Select this value to create a file that contains records for all employees, including terminations. This file type is the default.

• Full File Replacement: Select this value to create a file that contains current records only as of the date of the file. The system drops all terminated employees from the file. This file is typically used in conjunction with Update Only files and is sent to verify synchronization between the two systems.

• Update Only File: Select this value to create a file that contains only those records in which changes have occurred to either the employee or any of his or her dependents' records that are relevant to the vendor and can be tracked in through the use of effective dates.

Note: When you select Update Only File, the following fields appear and are required: From Date and To Date.

From Date and To Date
This date range filters the change records to include only those employee records that had changes within the date range. Benefit enrollment records use the Election Date as the date that the change was made. This allows for backdated changes in addition to future changes to be included in the file.

The system sets the to date automatically to the snapshot as of date.

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 generates a warning if the FEIN is missing for one or more providers.

### Include All Companies

Select to include all companies that appear on both 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 generates 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 include in the transmission.

Valid values are only those plan types that appear on the Snapshot Plan table.

### Include All Benefit Plans

Select to include in the 5010 version of the HIPAA file, all benefit plans that appear on the Snapshot Plan table.

**Note:** To generate the 5010 version of the HIPAA file, select the 5010 process on the Process Scheduler Request page. Oracle’s PeopleSoft does not support the 4010 version.

### Benefit Plan

Enter the benefit plan to include in the transmission of the 5010 version of the HIPAA file.

Valid values are only those benefit plans that appear on the Snapshot Plan table.

### Include All Group Numbers

Select to include in the 5010 version of the HIPAA file, all group numbers that appear on the Snapshot Plan table.

### Group Number

Enter the group number to include in the transmission in the 5010 version of the HIPAA file.
Valid values are only those group numbers that appear on the Snapshot Plan table.

**Max Members in Transaction Set**  
(maximum members in transaction set)  
Specify the maximum number of members to include 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.

### Related Links

- Setting Up HIPAA Tables

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**(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 Personal 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 box.

3. Send the data by running the Transmit Enrollments to eBenX.

4. Review the data using the Review FEHB Interface History page or the FEHB Reconciliation report.

### Pages Used Send FEHB Data to the OPM

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEHB Carrier Interface</td>
<td>GVT_RUN_FGBN001</td>
<td>Extract data to send to the OPM.</td>
</tr>
<tr>
<td>Transmit Enrollments to eBenX (transmit enrollments to electronic benefits transmission)</td>
<td>BN_M_RUN_CNTL</td>
<td>Sends data to the OPM.</td>
</tr>
<tr>
<td>Review FEHB Interface History</td>
<td>GVT_INT_HIST</td>
<td>Review data in the extract file.</td>
</tr>
</tbody>
</table>

### Related Links

- Benefits/FEHB Data Page
Chapter 21

Defining Benefit Rates for U.S. Same-Sex Spouse

Understanding the U.S. Same-Sex Spouse Relationship

This topic describes the same-sex spouse relationship as assigned by the U.S. Federal Government.

You can define health care premium and life insurance benefit rates attributed to U.S. same-sex spouse for taxation by state and local jurisdictions that do not recognize same-sex marriages.

On August 29, 2013 the IRS published IR-2013-72 stating that the U.S. Department of Treasury and the IRS ruled that same-sex couples, legally married in a jurisdiction that recognizes same-sex marriage, will be treated as married for federal purposes. The ruling applies regardless of whether the couple currently resides in a jurisdiction that recognizes same-sex marriage or in a jurisdiction that does not recognize same-sex marriage.

As per the IRS ruling, employees who purchase same-sex spouse health insurance coverage from their employers may treat the amounts paid for that coverage as pre-tax and excludable from income. This ruling affects taxation of spousal benefits including health and accident benefits (including employee pre-tax contributions under IRC Section 125 plan), health savings accounts, health reimbursement arrangements, and long-term care.

PeopleSoft HCM applications enable employers in states that do not recognize same-sex marriage to process benefits and taxes for the new same-sex spouse dependent relationship. Specifically, PeopleSoft HR Manage Base Benefits enables users to define the health care premium rates and life insurance rates attributed to same-sex spouse for states and local jurisdictions that do not recognize same-sex marriages.

Understanding Benefit Rate Enhancements for U.S. Same-Sex Spouse

This topic describes benefit rate enhancements for U.S. same-sex spouse.

The U.S. Federal Government recognizes same-sex marriage. Some states (and local jurisdictions within those states) do not.

The same-sex spouse dependent relationship affects both the before-tax spouse portion and nontaxable employer-contributed spouse portion of a benefit plan. In addition, for states that do not recognize same-sex marriage, employers must process taxable benefits differently at the state and local level than at the federal tax level.

For states that recognize same-sex marriage, the total (employee and beneficiaries) health and life insurance benefit deduction amount reduces both federal and state taxable gross for dependent spouse relationships.
For states that do not recognize same-sex marriage, taxable benefits are processed differently at the state and local level than at the federal tax level. For states that do not recognize same-sex marriage, the spouse portion of benefits is taxable. In this situation, the state taxable same-sex spouse portion of the benefit premium must be added to the federal taxable gross to determine the state taxable gross.

The employee contribution for the same-sex spouse and the employer contribution for the same-sex spouse need to be separated, to be able to impute the appropriate portion of the deduction amount according to each state and local jurisdiction. In addition, the ability to choose a deduction class to be adjusted is also required.

This is to account for the following scenarios:

- In some states, the local tax jurisdictions do not recognize before-tax Sec 125 deductions and require that such deduction amounts be added back in order to determine the employee’s local taxable wages.
- Some states do not exclude Sec 125 before-tax deductions from state unemployment taxable wages. This does not impact employee paychecks, but impacts the employer’s correct reporting of state unemployment taxable wages, and therefore state unemployment tax due.

The HR Manage Base Benefits product accounts for the above scenarios. For states/locals where tax adjustment amounts need to be separated for the before-tax spouse portion and the employer contributed spouse portion of a benefit plan, users can specify multiple tax adjustment amounts. These multiple tax adjustment amounts are defined in a new Other Rates table found in the Benefit Rate definition identified by Other Rate ID and Deduction Class.

To comply with different state tax processing requirements for states that do not recognize same-sex marriage, the Taxable Gross Component ID ‘SSP’ is used on the Taxable Gross Definition Table for each state, with the corresponding Tax Adjustment Other Rate ID and deduction class attached. For more information about the use of the Taxable Gross Component ID, Other Rate ID, and deduction class in the Taxable Gross Definition Table, see product documentation for Payroll for North America.

**Reviewing U.S. Same-Sex Spouse Benefit Rates Setup**

This topic describes the setup for U.S. same-sex spouse Benefit Rates.

- The Benefit Rates table enables additional tax adjustment rates to be defined for each row of rate data.
- The Other Rates table enables defining tax adjustment amounts that are different for the before-tax spouse portion and the employer-contributed spouse portion of a benefit plan. Users can enter different tax adjustment rates for the same-sex employee, spouse, and children.

**Page Used to Set Up Same-Sex Spouse Benefit Rates**

<table>
<thead>
<tr>
<th><strong>Page Name</strong></th>
<th><strong>Definition Name</strong></th>
<th><strong>Usage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Rates Page</td>
<td>BN_RATE_TABLE</td>
<td>Enter benefit rate information.</td>
</tr>
<tr>
<td>Other Rates Page</td>
<td>BN_OTH_RATE_SEC</td>
<td>Enter different tax adjustment rates for the Other Rate IDs Employee – SS Rate, Spouse – SS Rate and Children – SS Rate.</td>
</tr>
</tbody>
</table>
Benefit Rates Page

You can enter more than one tax adjustment amount using the Benefit Rates Table. For each row of rate data in the Benefit Rate Table, additional tax adjustment rates can be defined using the ‘Other Rates’ link. This applies to all Benefit Rate Types. The ‘Other Rate’ will only apply to Detail Rates (by Deduction Classes) and not to Composite Rates (by Employee and Employer Rate).

Navigation

Set Up HCM > Product Related > Base Benefits > Rates and Rules > Benefit Rates>Tax Adjustment

Image: Benefit Rates page

This example illustrates the fields and controls on the Benefit Rates page. You can find definitions for the fields and controls later on this page.

Tax Adjustment

The rates on this page is used for existing tax adjustments that do not require a different rate ID. If the TGCID entered on the TGCID Definition Table does not have a corresponding Other Rate ID, this amount will be used.

Other Rates

This links to the ‘Other Rates’ table where other tax adjustment rates are defined.

Other Rates Exist

This check box indicates whether other rates exist or not.

Other Rates Page

Use the Other Rates page to enter tax adjustment amounts that are different for the before-tax spouse portion and the employer-contributed spouse portion of a benefit plan.

You can enter different tax adjustment rates for the Other Rate IDs Employee – SS Rate, Spouse – SS Rate and Children – SS Rate.
Navigation

Click the *Other Rates* link in the Benefit Rates page — Tax Adjustment tab.

Image: Other Rates page

This example illustrates the fields and controls on the Other Rates page. You can find definitions for the fields and controls later on this page.

**Other Rate ID**

Select the Other Rate ID.

Other Rate IDs *Employee – SS Rate*, *Spouse – SS Rate* and *Children – SS Rate* are delivered with the system. Other Rate IDs per Deduction Class are linked to the TGCID entered on the Deduction Table and Taxable Gross Definition.

**Other Tax Rate**

Enter the tax rate for the Other Rate ID.

If the TGCID entered on the Taxable Gross Definition has an Other Rate ID and Deduction Class that matches a row in Other Rates, then this rate will be used to adjust the base gross.
Translate Values

Use the translate values Employee – SS Rate, Spouse – SS Rate and Children – SS Rate delivered with the system, for the Other Rate ID.

Image: Maintain Translate Values page

This example illustrates the fields and controls on the Maintain Translate Values page for the Other Rate ID.

Setting Up Health Insurance

For benefits rate IDs used for health benefit plans, do the following:

- Add coverage codes 22 and 24 to the benefit rates table.
- Specify Other Rates for these coverage codes. Use the Other Rates page to specify tax adjustment amounts that are different for the before-tax spouse portion and the employer-contributed spouse portion of a benefit plan. Enter different tax adjustment rates for Other Rate IDs.

Taxable Gross Component ID (TGCID) originates from Taxable Gross Definition and is a pointer to where the Gross Adjustment is calculated from. TGCID is set at Deduction Table per Deduction Class. A new TGCID ‘SSP’ is delivered to be associated with the Other Rates taxable gross adjustments for same-sex spouse rate. The current TGCID ‘SSS’ set up in the Taxable Gross Definition table remains the same without Other Rate ID and Deduction Class associated with it; tax adjustment still originates from the corresponding main Detail Rates per Deduction Class in the Benefits Rate table and not from the Other Rates table. Thus for a State or Locality, it is possible to have both TGCIDs ‘SSS’ and ‘SSP’, but a user would normally associate only one TGCID - either ‘SSS’ or ‘SSP’ per Deduction Class in the Deduction Table, to get the corresponding tax adjustment rate from one source, i.e., either from the main Benefit Rate table or Other Rates table, respectively.

Tax Adjustments defined in the Tax Adjustment tab of the Benefit Rate table is normally used as an extra tax adjustment bucket that is different from the Detail Rate. If the Tax Adjustment currently contains the same-sex tax adjustment, the user has to zero it out if new Other Rate will be used to define this adjustment.

In summary, the keys Deduction Class, Other Rate ID and TGCID link Benefit Rates/Other Rates, Deduction Table and Taxable Gross Definition to come up with Tax Gross Adjustment Rate.
whether to define other taxable gross adjustment either using the main Tax Adjustment or Other Rates to avoid duplicating rates defined in both.

For more information, refer to the document *Taxation for U.S. Same-Sex Spouse Benefits in PeopleSoft Payroll for North America* in My Oracle Support.

### Setting Up Spousal Life Insurance

This topic describes how to set up spousal life insurance for U.S. same-sex spouse.

Set up new dependent life plans and spousal life plans for U.S. same-sex spouse, to use benefit rates different from the existing spouse relationship.

1. Set up a dependent life plan. The following screenshot shows a sample dependent life plan KUDLSS.

   **Image: Benefit Plan Table page**

   This example illustrates the fields and controls on the Benefit Plan Table page.

   ![Benefit Plan Table](image)

   This plan uses a new Benefit Rate ID KUSSS in the benefit program.
Image: Option page

This example illustrates the fields and controls on the Option page.

2. Set up a spousal life plan. The following screenshot shows a sample spousal life plan KUSSL.

Image: Benefit Plan Table page

This example illustrates the fields and controls on the Benefit Plan Table page.

This plan uses a new benefit rate ID KUSSS in the benefit program.
This new Rate Table ID KUSSS is using detail rates. Specify the tax adjustment using the Other Rates link on the Benefit Rates page.

### Image: Benefit Rates page

This example illustrates the fields and controls on the Benefit Rates page.
Image: Other Rates page

This example illustrates the fields and controls on the Other Rates page.
Chapter 22

Managing U.S. Health FSA Carryover

Understanding U.S. Health FSA Carryover

This topic provides an overview of US Health Flexible Spending Accounts (FSA) carryover.

Participants in health benefit plans (Plan Type 60) can carry over up to $500 from their FSA from year to year.

A health FSA is treated as a qualified benefit, provided that the $125 cafeteria plan limits each employee’s salary reduction contributions to the health FSA to not more than $2,500 per taxable year. A participant can submit a claim for reimbursement of expenses for qualified benefits incurred during the plan year, during the run out period immediately following the end of a plan year. Additionally, a grace period rule allows an employee to use amounts remaining from the previous year (including amounts remaining in a health FSA) to pay expenses incurred for certain qualified benefits during the period of up to two months and 15 days immediately following the end of the plan year.

PeopleSoft HR Manage Base Benefits permits the use of up to $500 of unused amounts in a health FSA in the immediately following plan year. The carryover of up to $500 may be used to pay or reimburse medical expenses under the health FSA incurred during the entire plan year to which it is carried over, and thus save the unused amount from being forfeited at the end of the plan year. The carryover of up to $500 does not affect the $2,500 salary reduction limit applicable to each plan year. Although the maximum unused amount that can be carried over in any plan year is $500, plan sponsors can specify a lower amount as the permissible maximum, or not permit any carryover at all.

Plan sponsors have the option to allow employees a grace period after the end of the plan year. However, a health FSA cannot have both a carryover and a grace period at the same time. It can have only one of these options, or none.

Setting Up U.S. Health FSA Carryover

This topic describes how to set up U.S. Health FSA Carryover.

US Health FSA Carryover enables you to:

- Set up the FSA Benefits table to use either the grace period option, or the carryover option, or none.
- Set the maximum FSA carryover limit. The maximum carryover amount should not exceed $500.
- Adjust the carryover balance.

Additionally, you can:

- Review and override the FSA carryover amount during benefits enrollment.
- Review available claim amounts.
• Review the carryover amount using the Year-to-Date Activity page.

Use the FSA Benefits Table > FSA Admin Config tab to define the maximum FSA carryover limit.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > FSA Benefits Table > FSA Admin Config

Image: FSA Benefits Table page

This example illustrates the fields and controls on the FSA Benefits Table page. You can find definitions for the fields and controls later on this page.

| Validation                                                                 | Carryover Option                                           |
|                                                                           |                                                           |
| If FSA Service Through Date – FSA Service From Date is <= 12 months and Carryover Limit is blank | No carryover option is used.                               |
| If FSA Service Through Date – FSA Service From Date is > 12 months and Carryover Limit is blank | Grace Period is allowed.                                  |
| If FSA Service Through Date – FSA Service From Date is <= 12 months and Carryover Limit > 0      | Carryover Amount is used.                                  |
| If FSA Service Through Date – FSA Service From Date is > 12 months and Carryover Limit > 0      | This is an invalid entry. An error message will be displayed. |
Note: As a Benefits Administrator, ensure the following when setting up the FSA Configuration for each plan year:
A $125 cafeteria plan that allows FSA carryover cannot have an additional grace period in the plan year to which unused amounts are carried over. Accordingly, if a plan permits amounts unused in a plan year to be carried over to the following plan year, the plan cannot provide for a grace period in the plan year to which the amount is carried over. For example, a calendar year plan permitting a carryover of unused 2014 health FSA amounts to 2015 cannot have a grace period in 2015, but might have had a grace period during the first 2 ½ months of 2014.
If a plan has a grace period and is amended later to add a carryover provision, the grace period provision must be eliminated by no later than the end of the plan year from which amounts may be carried over. The ability to eliminate a grace period provision previously adopted for a plan year in which the amendment is adopted may be subject to legal constraints.

Reviewing the Carryover Amount during Benefits Enrollment

This topic describes how to review the carryover amount during benefits enrollment.

Use the Spending Accounts page for Plan Type 60 to review the FSA carryover amount during benefits enrollment. The Carryforward section displays the available carryover amount.

Navigation

Benefits > Enroll In Benefits > Spending Accounts

Image: Spending Accounts page

This example illustrates the fields and controls on the Spending Accounts page. You can find definitions for the fields and controls later on this page.

The Carryover Amount is generated as follows, depending on whether the FSA Admin installation table is used:
### Installation Table

<table>
<thead>
<tr>
<th>FSA Admin is selected</th>
<th>Spending Accounts – Carryover fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>The FSA Admin feature is in use. The carryover amount is generated by the system.</td>
<td>The Carryover Amount field is display only.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FSA Admin is not selected</th>
<th>Only Base Benefits is in use. The carryover amount is not generated by the system.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The Carryover Amount field is display only.</td>
</tr>
<tr>
<td></td>
<td>• The amount displayed is entered through carryover adjustment.</td>
</tr>
</tbody>
</table>

### Reviewing Available Claim Amounts

This topic describes how to review available claim amounts.

When creating or reviewing claim details using the Create/Modify FSA Claim pages, review the total FSA claim amount on the Amount Available field. The field displays the total of the amount available for the current claim year, and any amount that is in the carryover bucket during the run-out period. The carryover amount is also displayed in the Carryover Amount field, after the previous plan year is closed out.

**Navigation**

Benefits > Admin Flex Spending Acct US > Submit Claims > Create FSA Claims

**Image: Create FSA Claims page**

This example illustrates the fields and controls on the Create FSA Claims page.

**Navigation**

Benefits > Admin Flex Spending Acct US > Review Claim/Payment Info > FSA Claim Details
Image: FSA Claim Details page

This example illustrates the fields and controls on the FSA Claim Details page.

Reviewing Year-to-Date Activity

This topic describes how to review year-to-date activity to review the amount that is carried over to the next year during FSA closure.

Use the Year-to-Date Activity page to review the amount that is carried over to the next year during FSA closure. The page displays the carryover amount from the prior year, and the carryover adjustment IT'D. The carryover adjustment IT'D is the adjustment made to the carryover amount from the prior year, during the current plan year.

Navigation

Benefits > Admin Flex Spending Acct US > Review Claim/Payment Info > Year-to-Date Activity
Managing U.S. Health FSA Carryover

Chapter 22

Image: Year-to-Date Activity page

This example illustrates the fields and controls on the Year-to-Date Activity page.

Note: In order to allow the system to process the carryover amount correctly, ensure that you run FSA Closure for the previous FSA Plan Year.

Adjusting the FSA Carryover Amount

This topic describes how to adjust the FSA carryover amount.

The FSA carryover amount will have to be adjusted in the following scenarios:

• For Base Benefits customers who do not use FSA Administration but want to keep a record of the carryover amount.

• During the first year of an employee using FSA Administration and has a carryover amount being brought in from a third party system.

• An employee needs to transfer a carryover amount from a different plan.

• For claim adjustment for history FSA Plan Years which affects the carryover amount.

Page Used to Adjust the FSA Carryover Amount

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSA Carryover Adjustment Page</td>
<td>FSA_CARRY_ADJUST</td>
<td>Adjust the FSA carryover amount.</td>
</tr>
</tbody>
</table>

FSA Carryover Adjustment Page

Use the FSA Carryover Adjustment page to adjust FSA carryover amount.
Navigation

Benefits > Enroll in Benefits > Spending Account Adjustment US > FSA Carryover Adjustment

Image: FSA Carryover Adjustment page

This example illustrates the fields and controls on the FSA Carryover Adjustment page. You can find definitions for the fields and controls later on this page.

<table>
<thead>
<tr>
<th>Adjustment to Carryover Amount</th>
<th>Enter the FSA carryover adjustment amount.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance after Adjustment</td>
<td>View the adjusted carryover balance.</td>
</tr>
</tbody>
</table>

**Note:** FSA carryover adjustment can be done only for the earliest open plan year. The adjusted current carryover balance will be displayed on the Year-to-Date Activity page of the earliest open plan year in the Carryover Balance field, and on the Year-to-Date Activity page of the following year under the Carryover Amount from Prior Year field.
Managing U.S. Affordable Care Act Regulations

Understanding ACA Eligibility

This section provides an overview of U.S. ACA – Employer Shared Responsibility for Affordable Health Coverage.

For general information about the ACA process as handled in PeopleSoft, see Affordable Care Act.

Based on the Affordable Care Act, employers employing at least 50 full-time employees (or a combination of full-time and part-time employees that is equivalent to at least 50 full-time employees) will be subject to the Employer Shared Responsibility provisions. Under these provisions, if these employers do not offer affordable health coverage that provides a minimum level of coverage to their full-time employees, they may be subject to an Employer Shared Responsibility payment if at least one of their full-time employees receives a premium tax credit for purchasing individual coverage on one of the new Affordable Insurance Exchanges.

Note: To be subject to these Employer Shared Responsibility provisions, an employer must be an ALE (Applicable Large Employer), i.e., the employer must have at least 50 full-time employees or a combination of full-time and part-time employees that is equivalent to at least 50 full-time employees (for example, 100 half-time employees equals 50 full-time employees). A full-time employee is an individual employed on average at least 30 hours per week; a half-time employee would be 15 hours per week.

The following terminology may be of use to understand ACA Eligibility:

- Employer Shared Responsibility: Employers with 50 or more employees will be required to provide health benefits to full-time (30 or more hours per week) employees or pay a penalty per employee, depending on the situation.

- ACA Full-time: An employee defined as working, or hired and expected to work at least 30 hours per week or 130 hours per month: (52 weeks x 30 hours)/12 months = 130 hours per month.

- Standard Measurement Period: Determined by employer, and can be of duration from three to 12 consecutive months. The employer determines an employee’s average service hours based on the standard measurement period.

- Stability Period: The stability period must be at least six months and not lesser than the standard measurement period. If an employee is determined to be ACA full-time during the standard measurement period, the employee is considered full-time during a subsequent stability period, regardless of the employee’s number of hours of service during the stability period, as long as the individual remains an employee. The stability period begins after the standard measurement period and after any applicable administrative period.
Administrative Period: The time between the standard measurement period and the associated stability period when employers determine ongoing employees’ eligibility for benefits coverage. The administrative period may last up to 90 days after the standard measurement period.

Limited Non-Assessment Period: A limited non-assessment period refers to a period during which an ALE member is not subject to Employer Shared Responsibility payment under section 4980H(a) of the Internal Revenue Code, and in certain cases section 4980H(b), for a full-time employee, regardless of whether the employee is offered health coverage during that period.

Ongoing Employee: An employee who has been employed by the employer for at least one complete standard measurement period.

New Employee: An employee who has been employed by the employer for less than one complete standard measurement period.

Variable Hour Employee: An employee for whom, based on facts and circumstances on his or her start date, it cannot be determined whether the employee is expected to work on an average of at least 30 hours of service per week during the initial measurement period.

Seasonal Employee: An employee who is hired into a position for which the customary annual employment is 6 months or less. For example, retail workers or ski instructors.

---

### Setting Up ACA Eligibility Tables

This section provides an overview of multiple companies and ACA Eligibility tables and describes how to set up ACA Eligibility tables for HR Manage Base Benefits.

Note: ACA employer shared responsibility takes into account only the work performed in the United States. Employees working abroad, whether or not U.S. citizens, will not be taken into account for determining whether the employer owes an Employer Shared Responsibility payment. Therefore, include only U.S. companies in this table.

### Pages Used to Set Up ACA Eligibility Tables

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Common ID Table Page</td>
<td>ACA_TBL</td>
<td>Define ACA Common IDs to group together companies under the same ownership.</td>
</tr>
<tr>
<td>ACA Company Table Page</td>
<td>ACA_CMPY_TBL</td>
<td>Assign a company to an ACA Common ID.</td>
</tr>
</tbody>
</table>

### Understanding Multiple Companies and ACA Eligibility Tables

Based on IRS rules, companies that have a common owner or that are otherwise generally related are combined and treated as a single employer for determining whether or not they collectively employ a minimum of 50 full-time employees (or full-time equivalents). If the combined employee total meets the minimum requirement, each separate company is subject to the Employer Shared Responsibility...
provisions, including those companies that individually do not employ enough employees to meet the minimum requirement.

**Note:** The rules for combining related employers do not apply for purposes of determining whether a particular company owes an Employer Shared Responsibility payment. This will be determined separately for each related company.

For example, if three companies have common ownership and each of the three companies has only 40 employees, since the combined employee count of the three companies is greater than 49, each of the three individual companies is subject to the Employer Shared Responsibility provisions and requirements. Each company is then evaluated individually to determine whether or not that company complies with the Employer Shared Responsibility provisions and requirements. If two of the companies are found to be in compliance (i.e., all eligible employees are offered health coverage) and one company is found not to be in compliance (i.e., at least one of its employees purchased insurance on one of the state exchanges), only the non-compliant company will be subject to any applicable penalties.

To account for this scenario, group companies under the same ownership using ACA Common ID table and ACA Company table.

**ACA Common ID Table Page**

Use the ACA Common ID Table page (ACA_TBL) to define ACA Common IDs to group companies under the same ownership.

**Navigation**

Set Up HCM > Common Definitions > Affordable Care Act > ACA Common ID Table

**Image: ACA Common ID Table page**

This example illustrates the fields and controls on the ACA Common ID Table page.

<table>
<thead>
<tr>
<th>ACA Common ID</th>
<th>AC1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Affordable Care Act ID #1</td>
</tr>
<tr>
<td>Short Description</td>
<td>ID #1</td>
</tr>
</tbody>
</table>

**ACA Company Table Page**

Use the ACA Company Table page (ACA_CMPY_TBL) to associate a company to an ACA Common ID. This is effective dated; i.e., a company can be associated to different ACA Common IDs at different points in time.

**Navigation**

Set Up HCM > Common Definitions > Affordable Care Act > ACA Company Table
Recording ACA Data

This topic discusses how to record ACA data for an employee.

Page Used to Record ACA Data for an Employee

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Employee Eligibility Page</td>
<td>ACA_ELIGIBILITY</td>
<td>Enter ACA eligibility details for an employee.</td>
</tr>
</tbody>
</table>

ACA Employee Eligibility Page

Use the ACA Employee Eligibility page (ACA_ELIGIBILITY) to enter ACA eligibility information for an employee.

Navigation

- Click the ACA Eligibility Details link on the Job Data - Benefit Program Participation page.
- Benefits > Employee/Dependent Information >ACA Employee Eligibility >ACA Employee Eligibility
**Image: ACA Employee Eligibility page**

This example illustrates the fields and controls on the ACA Employee Eligibility page. You can find definitions for the fields and controls later on this page.

**Effective Date**

Enter the date on which the ACA eligibility status becomes effective.

The effective date is usually the start of a stability period, but can be different if required.

**ACA Eligibility Status**

Choose the ACA eligibility status from the following values:

- **Always Eligible**: For example, a salaried full-time employee who is always eligible for benefits.
- **Eligible**: An employee whose average hours is equal to or above the minimum hours/week or hours/month so that the employee is considered Benefits Full Time. The employee is eligible for benefits.
- **Excluded**: For example, volunteer employees, student employees, members of religious orders.
- **Ineligible**: An employee whose average hours is below the minimum hours/week or hours/month so that the employee is considered Benefits Part Time. The employee is not eligible for benefits.
- **To Be Determined**: Unable to determine whether the employee is Benefits Part-Time or Full-Time. Human Resources needs to review and determine the employee’s ACA Eligibility status.
<table>
<thead>
<tr>
<th><strong>Non-Assessment Period</strong></th>
<th>Choose whether the employee is in a non-assessment period.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On selecting the Non-Assessment Period checkbox, the Limited Non-Assessment Information section will be displayed to enter further information about the employee’s non-assessment period. The effective date represents the start of the non-assessment period.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Average Hours of Service</strong></th>
<th>Enter the average hours based on all the jobs the employee has under the same ACA Common ID.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Work Period</strong></th>
<th>Choose whether the work period for the average hours of service is <em>Weekly</em> or <em>Monthly</em>.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Calculation Method</strong></th>
<th>Choose the calculation method used to determine ACA eligibility. The values are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• <em>Monthly</em></td>
</tr>
<tr>
<td></td>
<td>• <em>Look Back</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Measurement Period</strong></th>
<th>The measurement period corresponds to the Look Back calculation method. The measurement period should be between 3 to 12 months if the work period is Monthly, and 12 to 52 weeks if the work period is Weekly.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation Period Begin Date</strong></th>
<th>Enter the start date of the Look Back period to be used to determine the employee’s average service hours.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Evaluation Period End Date</strong></th>
<th>Enter the end date of the Look Back period to be used to determine the employee’s average service hours. The evaluation period cannot be less than three months or more than 12 months.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Administration Period Begin Date</strong></th>
<th>Enter the next date after the evaluation period end date.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Administration Period End Date</strong></th>
<th>Enter a date within 90 days from the administration period begin date.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>ACA Stability Period Begin Date</strong></th>
<th>Enter the start date of the stability period in which the ACA eligibility status or average hours of service is effective.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>ACA Stability Period End Date</strong></th>
<th>Enter the minimum end date that stability period has to be provided to the employee if ACA eligibility is yes, and the maximum end date that stability period provided to the employee if ACA eligibility is no, according to the rules of the Look Back method. The date must be later than six months after the ACA stability begin date.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Non-Assessment Reason</strong></th>
<th>Enter the reason of the non-assessment period:</th>
</tr>
</thead>
</table>
• First Year as ALE Period: January through March of the first calendar year in which an employer is an ALE, but only for an employee who was not offered health coverage by the employer at any point during the prior calendar year. For example, 2015 is not the first year that an employer is an ALE, if that employer was an ALE in 2014.

• Initial Period - Hire: Variable hour employee, seasonal employee or part-time employee at the initial measurement period due to hire.

• Initial Period - Rehire: Variable hour employee, seasonal employee or part-time employee at the initial measurement period due to rehire.

• Initial Period - Status Change: The employee is reasonably expected to be a full-time employee at waiting period, and the employment status then changes to be a variable hour employee, seasonal employee or part-time employee.

• Wait Period - Hire: The employee is reasonably expected to be a full-time employee at waiting period due to hire.

• Wait Period - Rehire: The employee is reasonably expected to be a full-time employee at waiting period due to rehire.

• Wait Period - Status Change: A variable hour employee, seasonal employee or part-time employee at the initial measurement period, whose employment status then changes to a position that is reasonably expected to be a full-time employee.

Non-Assessment End Date Enter the end date of the non-assessment period. The date must be after the effective date.

Last Updated User ID/Updated On Review the timestamp to keep track of when and by whom the data was previously updated. This can be a system update, manual update by the HR Administrator, or data from template-based hire.

The ACA Calculation Hours grid lists the Total Hours for the measurement period for multiple jobs handled by the employee (e.g. Employee Record) and companies that belong to the same parent ACA Common ID.

Note: Currently, no automatic BAS Activity trigger is generated when ACA Employee Eligibility Status is updated. Hence if an ACA Eligibility Status update needs to be accounted for in Benefits Administration Event processing, as a Benefits Administrator, you need to manually enter a BAS Activity trigger. It is recommended to set the Event Date to coincide with the Stability Begin Date or when the new coverage should begin, based on ACA requirements. Here, it is assumed that the BAS Action for the trigger is attached to the Event Rule where the Coverage Begin Date is set at ‘On the Event Date’.
Using the ACA Component Interface

This topic provides an overview of how to use the ACA component interface.

If you have third-party transaction data in a Microsoft Excel spreadsheet, you can use the CI_ACA_ELIGIBILITY component interface to load the data into the ACA_PERSON, ACA_PER_ELIG, and ACA_PER_DTL records. The component interface simplifies the process of loading your data and performs the required validations during the process.

For more information, see PeopleTools documentation for PeopleSoft Component Interfaces.

Setting Up ACA Consent Processing

This section provides an overview of U.S. ACA – electronic format for Form 1095-C – employee consent processing and discusses the setting up ACA Consent Processing in PeopleSoft HR Manage Base Benefits.

Pages Used to Set Up ACA Consent Processing

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Aggregated ALE Group Page</td>
<td>ACA_ALE_GRP</td>
<td>Create an Aggregated ALE Group if ALE Member(s) need to be associated with an Aggregated ALE Group.</td>
</tr>
<tr>
<td>ACA Applicable Large Employer Table Page</td>
<td>ACA_ALE_TBL</td>
<td>Ensure that there is a valid entry for the employer. To set up the consent process, an employer must have a valid entry on the ACA Applicable Large Employer Table.</td>
</tr>
<tr>
<td>ACA Company Table Page</td>
<td>ACA_CMPY_TBL</td>
<td>Add an ALE Member to the ACA Company Table where a Company is associated to ALE Member. Multiple Companies can be associated to same ALE Member if they all share the same Employee Identification Number (EIN).</td>
</tr>
<tr>
<td>ACA Form Options Page</td>
<td>ACA_FORM_OPTS</td>
<td>Enable the electronic option for Form 1095-C.</td>
</tr>
<tr>
<td>Maintain Text Catalog Page</td>
<td>HR_SSTEXT_TEXT</td>
<td>Select the type of consent form or email text that you want to enter or update.</td>
</tr>
</tbody>
</table>

Understanding ACA Consent Processing

Under the Affordable Care Act, Applicable Large Employers (ALEs) use Forms 1094-C and 1095-C to report information about offers of health coverage and enrollment in health coverage for their employees. Form 1095-C is used to report information about an individual employee. Employers that offer employer-sponsored self-insured coverage also use Form 1095-C to report information to the Internal Revenue Service (IRS) and to employees about individuals who have minimum essential coverage under the
employer plan. Form 1094-C is used to report to the IRS summary information for each employer and to transmit Forms 1095-C to the IRS.

PeopleSoft HR Manage Base Benefits enables employers to track employee health coverage and comply with Form 1094-C and Form 1095-C reporting requirements on an annual basis.

**Note:** Employers are responsible for reviewing IRS instructions and reporting requirements to determine their specific reporting obligations under the Affordable Care Act.

Employees must affirmatively consent to receive their Form 1095-C in an electronic format instead of a paper copy. PeopleSoft HR Manage Base Benefits provides the set up to process employee consent to receive the Form 1095-C electronically.

The following terminology may be of use to understand ACA Consent Processing:

- **ACA full-time employee:** An employee defined as working, or hired and reasonably expected to work at least 30 hours per week or 130 hours per month: (52 weeks x 30 hours)/12 months = 130 hours per month.

- **Applicable Large Employer (ALE):** An ALE is, for a particular calendar year, any single employer, or group of employers treated as an Aggregated ALE Group, that employed an average of at least 50 full-time employees (including full-time equivalent employees) on business days during the preceding calendar year.

- **Aggregated ALE Group:** An Aggregated ALE Group refers to a group of ALE Members treated as a single employer under section 414(b), 414(c), 414(m), or 414(o) of the Internal Revenue Code. An ALE Member is a member of an Aggregated ALE Group for a month if it is treated as a single employer with the other members of the group on any day of the calendar month.

- **Applicable Large Employer Member (ALE Member):** An ALE Member is a single person or entity that is an ALE, or if applicable, each person or entity that is a member of an Aggregated ALE Group.

- **Designated Government Entity (DGE):** A DGE is a person or persons that are part of or related to the Government Unit that is the ALE Member and that is appropriately designated for purposes of reporting requirements.

**ACA Aggregated ALE Group Page**

Use the ACA Aggregated ALE Group page (ACA_ALE_GRP) to create an Aggregated ALE Group. To identify which ALE Members belong to an Aggregated ALE Group, an ACA Aggregated ALE Group Table is delivered.

**Navigation**

Set Up HCM > Common Definitions > Affordable Care Act > ACA Aggregated ALE Group
Image: ACA Aggregated ALE Group page

This example illustrates the fields and controls on the ACA Aggregated ALE Group page.

ACA Aggregated ALE Group

Aggregated ALE Group TQX

*Description Aggregated group for TQA,TQB,TQC

ACA Applicable Large Employer Table Page

Use the ACA Applicable Large Employer Table page (ACA_ALE_TBL) to add a Company that is identified as an ALE (Applicable Large Employer) Member. There must be a valid entry in the ACA Applicable Large Employer Table for each employer that will use the employee consent process to provide Form 1095-C electronically. An entry can be added to the ACA Applicable Large Employer Table only for a Company that is identified as an ALE Member.

Navigation

Set Up HCM >Common Definitions >Affordable Care Act >ACA ALE Member >ACA Applicable Large Employer Table
This example illustrates the fields and controls on the ACA Applicable Large Employer Table page. You can find definitions for the fields and controls later on this page.

### ALE Member
Applicable Large Employer Member is a single person or entity that is associated to Form 1094-C Reporting. Can be associated with one Company or group of Companies that share the same EIN.

### Aggregated ALE Group
If the ALE Member is a member of an Aggregated ALE Group, the Aggregated ALE Group ID will be added here. Otherwise, blank.

### Employee Contact Phone
This phone number will appear on the contact phone of Form 1095-C.

### ACA Entity Type
‘ALE’ for ALE Member information.
‘DGE’ for Designated Governmental Entity information.

Each ALE Member must have a business name, Federal EIN, address and contact information under ACA Entity Type ‘ALE’.

If a Designated Governmental Entity is filing on behalf of a Governmental Unit, the Governmental Unit is an ALE Member and the Designated Governmental Entity information is entered under ACA Entity Type ‘DGE’.

| Same as Company/Agency Table | If the Federal EIN and address of the ALE Member or Designated Governmental Entity is the same as in the Company Table, enter the Company here. The Company information from the Company Table will be populated onto the lines below and the fields will become display only. Otherwise, these fields can be entered manually. |
| Name | Employer’s name. |
| Federal EIN | 9-digits including dash. |
| Country | Look up from Country Table. |
| Address | Employer’s complete address including address, city, state, and postal code. |
| Contact Information | Contact First Name, Middle Name, Last Name, Suffix and Phone are used on the Employer Form 1094-C transmittal file. |
| Certification of Eligibility | Enter all the applicable Certifications that the ALE Member applied for. This information will be included on the Employer Form 1094-C transmittal file. |

**ACA Company Table Page**

Use the ACA Company Table page (ACA_CMPY_TBL) to associate an ALE Member to a Company. Multiple Companies can be associated to same ALE Member if they all share the same EIN.

**Navigation**

Set Up HCM >Common Definitions >Affordable Care Act >ACA Company Table
**Image: ACA Company Table page**

This example illustrates the fields and controls on the ACA Company Table page. You can find definitions for the fields and controls later on this page.

**ALE Member**  
Enter Applicable Large Employer Member that is associated with Company.

**ACA Form Options Page**

Use the ACA Form Options page (ACA_FORM_OPTS) to enable the electronic option for Form 1095-C. This step is required to enable employees to grant consent to receive electronic forms.

**Navigation**

Benefits > ACA Annual Processing > ACA Preparation > ACA Form Options

**Image: ACA Form Options page**

This example illustrates the fields and controls on the ACA Form Options page. You can find definitions for the fields and controls later on this page.

**CALENDAR YEAR**

Create a new row each tax year.

**Enable Electronic ACA Forms**  
Select this check box to enable the ALE Member to provide XMLP PDF forms in the eBenefits Self Service transaction.

If this check box is not selected, employees cannot request or withdraw consent or view Form 1095-C.
After employees have granted/withdrawn consent, an administrator can disable this option by deselecting this check box and running the Reset 1095-C Consent Status process.

**Maintain Text Catalog Page**

Use the Maintain Text Catalog page (HR_SSTEXT_TEXT) to select the type of consent form or email text that you want to enter or update.

**Navigation**

Set Up HCM > Common Definitions > Text Catalog and Notepad > Maintain Text Catalog

**Image: Maintain Text Catalog page**

This example illustrates the fields and controls on the Maintain Text Catalog page.

<table>
<thead>
<tr>
<th>Text ID</th>
<th>Usage</th>
<th>Text Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1095C</td>
<td>Page Instructions</td>
<td>Consent Agreement</td>
<td>Instructional text displayed on the Form 1095-C Consent page to request consent.</td>
</tr>
<tr>
<td>1095R</td>
<td>Page Instructions</td>
<td>Consent Agreement after Reset</td>
<td>Instructional text displayed on the Form 1095-C Consent page to request consent after the Consent has been reset by employer.</td>
</tr>
<tr>
<td>1095W</td>
<td>Page Instructions</td>
<td>Withdrawal Agreement</td>
<td>Instructional text displayed on the Form 1095-C Consent page to withdraw consent.</td>
</tr>
</tbody>
</table>
Consent Instruction Requirements

The instructional page text that you create for granting and withdrawing consent should include these details:

- Notification that a paper copy will be provided if consent is not given.
- The scope and duration of the consent.
- Post-consent requests for paper statements.
- Option to withdraw consent.
- Conditions under which the employer will no longer furnish electronic statements.
- Procedures for updating information.
- Hardware and software requirements.

For example, inform employees that Adobe Reader is required to view the forms.
Understanding ACA Safe Harbor Codes and Safe Harbor Relief Groups

PeopleSoft HR Manage Base Benefits delivers ACA Safe Harbor Codes (from Code Series 2 — Section 4980H Safe Harbor Codes and Other Relief for Employers) which provide the IRS with information used to administer the employer shared responsibility provisions of the Affordable Care Act. There are nine Safe Harbor codes (2A – 2I); four of these codes (2E, 2F, 2G, and 2H) are classified as Safe Harbor Relief Groups. The Safe Harbor Relief Groups component enables the employer to identify the employee population that belongs to each of the code 2E, 2F, 2G, and 2H groups on a monthly basis.

The following terminology may be of use to understand ACA Safe Harbors and Safe Harbor Relief Groups:

- Employer Shared Responsibility: Employers with 50 or more employees are required to provide health benefits to full-time (30 or more hours per week) employees or pay a penalty per employee, depending on the situation.

- ACA Full-time: An employee defined as working, or hired and expected to work at least 30 hours per week or 130 hours per month. (52 weeks x 30 hours)/12 months = 130 hours per month.

- Minimum Essential Coverage (MEC): MEC refers to health coverage qualified as minimum essential coverage under an eligible employer-sponsored plan.

- Minimum Value: A plan provides minimum value if the plan pays at least 60 percent of the cost of benefits.

- Limited Non-Assessment Period: A limited non-assessment period refers to a period during which an ALE member is not subject to an Employer Shared Responsibility payment under section 4980H(a) of the Internal Revenue Code, and in certain cases under section 4980H(b), for a full-time employee, regardless of whether the employee is offered health coverage during that period.

Setting Up ACA Safe Harbors Codes and Safe Harbor Relief Groups

This topic provides an overview of setting up the Safe Harbor Codes (Code Series 2) and Safe Harbor Relief Groups.
Pages Used to Set Up ACA Safe Harbors Codes and Safe Harbor Relief Groups

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Safe Harbor Codes Page</td>
<td>ACA_SFE_HB_CODE</td>
<td>View the applicable codes from Code Series 2 which provide the IRS with information to administer the employer shared responsibility provision of the Affordable Care Act.</td>
</tr>
<tr>
<td>Safe Harbor Relief Groups Page</td>
<td>ACA_SAFE_HARBOR_GP</td>
<td>Group employees who qualify under each of the four Safe Harbor Codes: 2E, 2F, 2G, and 2H.</td>
</tr>
</tbody>
</table>

**ACA Safe Harbor Codes Page**

Use the ACA Safe Harbor Codes page (ACA_SFE_HB_CODE) to view the applicable Code Series 2 – Section 4980H Safe Harbor Codes and other interim relief codes for employers.

**Navigation**

Set Up HCM > Common Definitions > Affordable Care Act > ACA Safe Harbor Codes

**Image: ACA Safe Harbor Codes page**

This example illustrates the fields and controls on the ACA Safe Harbor Codes page.

**Safe Harbor Relief Groups**

Select this check box to indicate the Safe Harbor Code is used for interim relief. For 2015, Safe Harbor Codes 2E, 2F, 2G and 2H are valid interim relief codes and can be used in the Safe Harbor Relief Groups component.

<table>
<thead>
<tr>
<th>Safe Harbor Code</th>
<th>Description</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>Not employed</td>
<td>SH Code 2A</td>
</tr>
<tr>
<td>2B</td>
<td>Not full-time &amp; not in MEC</td>
<td>SH Code 2B</td>
</tr>
<tr>
<td>Safe Harbor Code</td>
<td>Description</td>
<td>Short Description</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>2C</td>
<td>Enrolled in coverage offered</td>
<td>SH Code 2C</td>
</tr>
<tr>
<td>2D</td>
<td>Non-assessment period</td>
<td>SH Code 2D</td>
</tr>
<tr>
<td>2E</td>
<td>Multipl ER interim rule relief</td>
<td>SH Code 2E</td>
</tr>
<tr>
<td>2F</td>
<td>Affordability Form W-2</td>
<td>SH Code 2F</td>
</tr>
<tr>
<td>2G</td>
<td>Affordability Fed Poverty Line</td>
<td>SH Code 2G</td>
</tr>
<tr>
<td>2H</td>
<td>Affordability Rate of Pay</td>
<td>SH Code 2H</td>
</tr>
<tr>
<td>2I</td>
<td>None-cal year trans relief</td>
<td>SH Code 2I</td>
</tr>
</tbody>
</table>

**Safe Harbor Relief Groups Page**

Use the Safe Harbor Relief Groups page (ACA_SAFE_HARBOR_GP) to group employees who qualify under each of the four Safe Harbor Codes: 2E, 2F, 2G, and 2H. The Safe Harbor Relief Groups component enables the employer to identify the employee population that belongs to each of the codes on a monthly basis. Some employees are qualified to be part of one or more of these Safe Harbor Relief Groups.

Add a new entry for each month of a calendar year for which each of the Safe Harbor Codes is valid for the ALE.

**Navigation**

Benefits >ACA Annual Processing >ACA Preparation >Safe Harbor Relief Groups

**Image: Safe Harbor Relief Groups page**

This example illustrates the fields and controls on the Safe Harbor Relief Groups page.

---

**ACA Safe Harbor Codes**

**Safe Harbor Code 2A**

**Effective Date** 01/01/2015

**Description** Not employed

**Short Description** SH Code 2A

**Safe Harbor Relief Groups**

**As Of Date** This will always be set to the last day of the specified month.
Understanding ACA Data Extraction, Transmittal, and Form 1095-C Printing

The Affordable Care Act requires each ALE Member to file with the Internal Revenue Service Form 1094-C (Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns), and Form 1095-C (Employer-Provided Health Insurance Offer and Coverage) for each of its full-time employees.

PeopleSoft HCM HR Manage Base Benefits product supports the filing of Forms 1094-C and 1095-C. This process involves data tracking, annual data setup, data loading, reviews/updates, audit reporting, electronic transmittal and form printing. These tasks can generally be grouped into three areas:

- Data extraction
- Form filing/transmittal
- Printing Form 1095–C

Most of the data required by the Forms 1094-C and 1095-C is available in the PeopleSoft system. The data extraction process loads each employee’s 1095-C data onto a page for administrator to review and modify before the forms are finalized to be transmitted and printed. Some fields are extracted directly from the PeopleSoft data source, while some fields are derived based on rules defined in the Data Extract Definition. PeopleSoft also allows you to upload employee’s form data, if processed by a third party, using the Excel-CI Load feature.

PeopleSoft Benefits supports the ISS-UI Channel to transmit ACA data to the IRS. In the ISS-UI Channel, information returns are uploaded as XML files via the transmitter’s web browser. Two XML files are transmitted: Request file and Manifest file. Once the extracted data are reviewed and finalized, the Create XML Transmittal Process is run to generate the Request file, which contains the Form 1094-C and Form 1095-C data. The Manifest File contains the ACA business header and request manifest details. The employer must upload the Request file and the Manifest File at the same time.

PeopleSoft Benefits only supports printing of Form 1095-C. In addition to the printed paper copy, an electronic version of the PDF form for employee Self Service is also provided.
Setting Up and Managing Data Extraction for Forms 1094-C and 1095-C

This section provides an overview of the set up tables for data extraction required by Forms 1094-C and 1095-C.

Pages Used to Set Up and Manage Data Extraction

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan Table Page</td>
<td>HEALTH_PLAN_TABLE</td>
<td>Define ACA health plan attributes needed in forms, e.g. Self-Insured, Minimum Essential Coverage, and Lowest Cost Monthly Premium.</td>
</tr>
<tr>
<td>ACA Employee Eligibility Group Page</td>
<td>ACA_EMP_ELIG_GP</td>
<td>Group different ACA eligibility statuses into eligibility groupings for use in the data extraction processes.</td>
</tr>
<tr>
<td>ACA Offer of Coverage Page</td>
<td>ACA_CODE_SERIES1</td>
<td>Define eligible coverage codes for Code Series 1 and indicate whether to Report Employee Share of Lowest Cost for Self-only.</td>
</tr>
<tr>
<td>ACA Data Extract Definition Page</td>
<td>ACA_DATEXTR_DEF</td>
<td>Define a set of data extraction rules.</td>
</tr>
<tr>
<td>ACA Data Source Page</td>
<td>ACA_DATA_SOURCE</td>
<td>Define other data sources to be used in Excel-CI Load.</td>
</tr>
</tbody>
</table>

Health Plan Table Page

Use the Health Plan Table page (HEALTH_PLAN_TABLE) to enter the ACA plan details.

Navigation

Set Up HCM > Product Related > Base Benefits > Plan Attributes > Health Plan Table
**Image: Health Plan Table Page**

This example illustrates the fields and controls on the Health Plan Table page.

<table>
<thead>
<tr>
<th><strong>Health Provider Required</strong></th>
<th>Select whether an employee must declare a health provider when enrolling in this plan through self-service.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wait Period Days</strong></td>
<td>Enter the number of days an employee must wait to be eligible for the plan.</td>
</tr>
<tr>
<td><strong>Self-Insured Plan</strong></td>
<td>Select this check box if the health plan is employer-sponsored self-insured health coverage.</td>
</tr>
<tr>
<td><strong>Benefit Plan Coverage Value</strong></td>
<td>Options include MEC and Minimum Value, MEC and Not Minimum Value, and Not Minimum Essential Coverage.</td>
</tr>
<tr>
<td><strong>Lowest-Cost Monthly premium</strong></td>
<td>This cost is the employee share of the lowest-cost monthly premium for self-only minimum essential coverage providing minimum value that is offered to the employee. (This field is only used for employees using the Base Benefits product.)</td>
</tr>
</tbody>
</table>

**ACA Employee Eligibility Group Page**

Use the ACA Employee Eligibility Group page (ACA_EMP_ELIG_GP) to group different ACA eligibility statuses into eligibility groupings for use in the data extraction process. This is a system-delivered table and includes the FLTM (Full Time) and NFLT (Not Full Time) eligibility groups.

**Navigation**

Set Up HCM >Common Definitions >Affordable Care Act >ACA Employee Eligibility Group
Image: ACA Employee Eligibility Group Page

This example illustrates the fields and controls on the ACA Employee Eligibility Group page.

**Employee Eligibility Group**  
Displays the name of the eligibility group. FLTM (Full Time) and NFLT (Not Full Time) are eligibility groups delivered with the system.

**ACA Eligibility Status**  
Status: Eligible and Always Eligible are assigned to FLTM. Ineligible, To be determined, and Excluded are assigned to NFLT.

**ACA Offer of Coverage Page**

Use the ACA Offer of Coverage page (ACA_CODE_SERIES1) to define eligible coverage codes and whether to Report Lowest Cost Self-only per Code Series 1 as defined in the IRS Instructions for Forms 1094-C and 1095-C. You do not need to define these rules as this is delivered as system data. However, you can add other coverage codes as required.

**Navigation**

Set Up HCM >Common Definitions >Affordable Care Act >ACA Offer of Coverage
Image: ACA Offer of Coverage Page

This example illustrates the fields and controls on the ACA Offer of Coverage page.

**Code Series 1**

Employee Offer of Coverage Codes (Code Series 1) published in IRS Instructions for 1095-C. The valid codes are 1A – 1I for tax year 2015.

**Report Lowest-Cost Self-Only**

Select this check box to indicate that Employee Share of Lowest Cost Monthly Premium is reported for the Code Series 1. For example, if code 1B, 1C, 1D, or 1E is reported on line 14 of Form 1095-C, the lowest self-only cost will be reported on line 15 of Form 1095-C. For this reason, for codes 1B, 1C, 1D, and 1E, the checkbox is selected.

**Coverage Code**

List coverage codes that are associated with certain Code Series 1 (e.g. 1B, 1C, 1D, or 1E).

---

**ACA Data Extract Definition Page**

Use the ACA Data Extract Definition page (ACA_DATEXTR_DEF) to define a set of data extraction rules. Each set of data extraction rules has a corresponding ACA Data Extract ID.

ACA Data Extract ID 1094C1095C is delivered as system data and is defined to extract data required for generating the Form 1094-C and Form 1095-C transmittal file and for issuing employee Form 1095-C.

**Navigation**

Set Up HCM >Common Definitions >Affordable Care Act >ACA Data Extract Definition
This example illustrates the fields and controls on the ACA Data Extract Definition 1 page.

**Data Extract ID**
Assign a Data Extract ID for each set of data extract rules.

Data Extract ID 1094C1095C is system delivered for extracting employer and employee data for Forms 1094-C and 1095-C.

**Data Extract Options**

**Common As of Day in Month**
Select the common date to be used for effective date extract of all monthly data.

The options available are First Day, Specified Day, or Last Day.

**Specified As of Day**
This edit box appears only when you select Specified Day from the Common As of Day in Month drop-down menu.

Specify the day to use for each month.

**Eligible Plan Types**

**Plan Type**
Select the plan types that are eligible for this extract.

**Part III ALE Member Monthly Flags & Codes**
ALE Member Monthly Data

Valid ALE Member Monthly Data options are:

- Aggregated Group Indicator
- Minimum Essential Coverage ID
- Sec 4980H Transition Relief ID

Sequence

Specify the order of processing in the main extraction process.

Box Identifier

Enter the box number or letter used in Form 1094-C and Form 1095-C.

Monthly Value Assignments

Priority

Specify the order of processing within the monthly data type.

Assign Value

Enter the value, count, or amount according to the corresponding monthly data type.

Default

Select this check box to use the Assign Value as default.

As of Day in Month

If specified, this As of Day in Month overrides Common As of Day in Month for effective date extract of this monthly data value assignment.

The options available are First Day, Specified Day or Last Day.

SQLID Object

Enter the SQL that defines the data subject to data extraction.

Part III ALE Member Monthly Counts

ALE Member Monthly Data

Valid ALE Member Monthly Data options are:

- Full-Time Employee Count
- MEC Employee Offer Count
- Total Employee Count

Note: MEC Employee Offer Count is not reported on Form 1094-C but is needed in determining Column (a) Minimum Essential Coverage Offer Indicator (e.g. the employer offered MEC to at least 95% of full-time employees)

Monthly Count Assignments

Priority

Specify the order of processing within the monthly data type.

Assign Value

Enter the value, count, or amount according to the corresponding monthly data type.

Default

Select this check box to use the Assign Value as default.
**As of Day in Month**

If specified, this As of Day in Month overrides Common As of Day in Month for effective date extract of this monthly data value assignment.

The options available are First Day, Specified Day or Last Day.

**As of Day**

This edit box appears only when you select Specified Day from the As of Day in Month drop-down menu.

**SQLID Criteria**

Enter the SQL that defines the data subject to data extraction.

**SQLID Update**

Enter the SQL that will provide update to monthly data extraction.

---

**Note:** User defined SQL objects can be created in PeopleSoft Application Designer to provide SQLID Criteria and SQLID Update for data extraction and SQL name should start with ‘ACA’.

**Image: ACA Data Extract Definition 2 page**

This example illustrates the fields and controls on the ACA Data Extract Definition 2 page.

---

**Part II Employee Monthly Codes**
Chapter 23 Managing U.S. Affordable Care Act Regulations

Employee Monthly Data

Monthly codes to report for the employee. Valid options are:

- Offer of Coverage Code
- Safe Harbor & Other Relief Codes

Part II Employee Monthly Amounts

Employee Monthly Data

Monthly amounts to report for the employee. Valid option is Self-Only Lowest Premium Cost.

Covered Individual Monthly Flags

Monthly Dependent Data

Valid option is Months of Coverage.

ACA Data Source Page

Employee form data can be uploaded using Excel-CI Load. Use the ACA Data Source page (ACA_DATA_SOURCE) to define other data sources to be used in Excel-CI Load.

Image: ACA Data Source Page

This example illustrates the fields and controls on the ACA Data Source page.

ACA Data Source

Assign a source ID to identify the source of data loaded using Excel-CI Load.

Creating ACA Form Data for Forms 1094-C and 1095-C

This section provides an overview of ACA data extraction required to generate Forms 1094-C and 1095-C.

Pages Used to Create Data Form Extraction

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Data Extract Page</td>
<td>ACA_DTEX_RUNCTL</td>
<td>To extract, clean up, or finalize data needed for forms transmittal.</td>
</tr>
<tr>
<td>Page Name</td>
<td>Definition Name</td>
<td>Usage</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ALE Employer Transmittal Data Page</td>
<td>ACA_ALE_XMIT_PART1 (ALE Member tab)</td>
<td>To view the employer transmittal data after the data extraction process.</td>
</tr>
<tr>
<td></td>
<td>ACA_ALE_XMIT_PART2 (ALE Monthly Data tab)</td>
<td></td>
</tr>
<tr>
<td>ACA Employee Transmittal Data Page</td>
<td>ACA_EMP_XMIT_PART1 (ALE Member tab)</td>
<td>To view the employee transmittal data after the data extraction process.</td>
</tr>
<tr>
<td></td>
<td>ACA_EMP_XMIT_PART2 (Monthly Employee Data tab)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACA_EMP_XMIT_PART3 (Covered Dependent Data tab)</td>
<td></td>
</tr>
<tr>
<td>Review Employee Data Load Page</td>
<td>ACA_EMP_DATA_LOAD</td>
<td>To review/modify employee CI loaded monthly codes.</td>
</tr>
<tr>
<td>Review Employee Amount Load Page</td>
<td>ACA_EMPMDATA_LOAD</td>
<td>To review/modify employee CI loaded monthly amounts.</td>
</tr>
<tr>
<td>Review Covered Individual Load Page</td>
<td>ACA_DEP_DATA_LOAD</td>
<td>To review/modify employees or covered individual CI loaded monthly flags.</td>
</tr>
</tbody>
</table>

**ACA Data Extract Page**

Use the ACA Data Extract page (ACA_DTEX_RUNCTL) to extract, clean up, or finalize data needed for forms transmittal.

**Navigation**

Benefits > ACA Annual Processing > Create ACA Form Data > ACA Data Extract

**Image: ACA Data Extract Page**

This example illustrates the fields and controls on the ACA Data Extract page.
### Data Extract ID
Enter the Data Extract ID that defines data to be extracted.

### Applicable Large Employer
Select the ALE Member for the data extract.

### Calendar Year
Enter the tax filing year.

### Extract Option
The options available are:

- **Extract ACA Employee Data** – Extract data for selected employees only. Specify the employees in the Participant(s) grid below.

- **Extract ALE Employer Data** – Extract data for Form 1094-C only. This is used after running the Merge Process or after Employee Transmittal Data was modified manually. This process will sync up the counts.

- **Extract All Transmittal Data** – Extract data for Forms 1094-C and 1095-C.

- **Finalize for Transmittal** – Flag as Final the highest Sequence extracted data with Process Status of PeopleSoft Extracted, User Modified, or Merged with Data Load.

- **Remove Extracted Data** – Select this option to delete all extracted data where Process Status is not Finalize for Transmittal or Transmittal Created.

- **Un Finalize Extracted Data** – Reset the highest sequence extracted data with Process Status of Finalize to its previous status.

---

**Note:** If an extract has already been run for an ALE/Calendar Year, the same extract ID should be used for that calendar year. Otherwise, an error message will be generated.

---

### ALE Employer Transmittal Data Page

Use the ALE Employer Transmittal Data page (ACA_ALE_XMIT_PART1 and ACA_ALE_XMIT_PART2) to view or modify the employer transmittal data after the data extraction process.

**Navigation**

Benefits > ACA Annual Processing > Create ACA Form Data > ALE Employer Transmittal Data
Image: ALE Employer Transmittal Data Page — ALE Member tab

This example illustrates the fields and controls on the ALE Employer Transmittal Data page — ALE Member tab.

**Process Status**

Defines the status of Data Extract, such as, PeopleSoft Extracted, User Modified, Merged with Data Load, VOID, Finalized for Transmittal, and Transmittal Created. You can add a ‘User Modified’ row to modify data before creating the 1094-C transmittal file.

**Note:** Address is extracted based on the country format.
Image: ALE Employer Transmittal Data Page — ALE Monthly Data tab

This example illustrates the fields and controls on the ALE Employer Transmittal Data page — ALE Monthly Data tab.

ACA Employee Transmittal Data Page

Use the ACA Employee Transmittal Data page (ACA_EMP_XMIT_PART1, ACA_EMP_XMIT_PART2 and ACA_EMP_XMIT_PART3) to view or modify the employee transmittal data after the extraction process.

Navigation

Benefits >ACA Annual Processing >Create ACA Form Data >ACA Employee Transmittal Data
This example illustrates the fields and controls on the ACA Employee Transmittal Data page – ACA Employee tab.

**Note:** Employee Address is extracted based on the address type table order (ADDR_TYPE_TBL component) that you have set up.

**Reissue Form 1095-C**

Between the time when Form 1095-Cs is furnished to employees but the Transmittal File has not been submitted to IRS, administrator can reissue Form 1095-C to their employees. Add a user modified row with the changes required and select the Reissue check box to indicate this data row is for issuing a reissue form. Once changes are verified, set the Process Status to Finalized for Transmittal and run the Create XML File (Reissue) process.
This example illustrates the fields and controls on the ACA Employee Transmittal Data – Employee Monthly Data tab.

**Plan Start Month**

This is an optional field for 2015. The system defaults it to ‘00’.

**Box ID 15: Employee Monthly Data**

The data from the first row Self Only Lowest Premium Cost populates the corresponding box in the Form 1095-C. The Self Low Cost Base Benefits, Self Low Cost BA No Credit and Self Low Cost BA With Credit are three working rows used to calculate cost and credits.
Image: ACA Employee Transmittal Data Page – Covered Individual Data tab

This example illustrates the fields and controls on the ACA Employee Transmittal Data page – Covered Individual Data tab.

Using the ACA Component Interface

If you have third-party data in a Microsoft Excel spreadsheet, you can use the following component interfaces to load employee Form 1095-C data:

- CI_ACA_EMPDATA_SRC loads line 14 and 16 of 1095-C
- CI_ACA_EMPMDATA_SRC loads line 15 of 1095-C
- CI_ACA_DEP_DATA_SRC loads Covered Individual Data, part III of 1095-C.

The component interface simplifies the process of loading your data and performs the required validations during the process.

For more information, see PeopleTools documentation for PeopleSoft Component Interfaces.

The data thus loaded can be viewed and modified on the following pages:

- Review Employee Data Load
- Review Employee Amount Load
- Review Covered Individual Load
Chapter 23 Managing U.S. Affordable Care Act Regulations

**Review Employee Data Load Page**

Use the Review Employee Data Load page (ACA_EMP_DATA_LOAD) to review/modify employee CI loaded monthly codes.

**Navigation**

Benefits > ACA Annual Processing > Create ACA Form Data > Review Employee Data Load

**Image: Review Employee Data Load Page**

This example illustrates the fields and controls on the Review Employee Data Load page.

```
<table>
<thead>
<tr>
<th>Data Status</th>
<th>Display/modify the status of the data reviewed. The options available are Error, Initial Load, Merged, Updated, Void, and Warning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Source</td>
<td>Display/modify the source of data loaded using Excel-CI Load.</td>
</tr>
</tbody>
</table>
```

**Review Employee Amount Load Page**

Use the Review Employee Amount Load page (ACA_EMPMDATA_LOAD) to review/modify employee share of lowest cost monthly premium for self-only minimum value coverage.

**Navigation**

Benefits > ACA Annual Processing > Create ACA Form Data > Review Employee Amount Load

**Image: Review Employee Amount Load Page**

This example illustrates the fields and controls on the Review Employee Amount Load page.
Review Covered Individual Load Page

Use the Review Covered Individual Load page (ACA_DEP_DATA_LOAD) to review/modify data for employee or covered dependent enrollment to employer-sponsored self-insured health coverage.

Navigation

Benefits > ACA Annual Processing > Create ACA Form Data > Review Covered Individual Load

Image: Review Covered Individual Load Page

This example illustrates the fields and controls on the Review Covered Individual Load page.

Setting Up the Other Source Data Merge Process

There are cases where not all data required to complete Forms 1094-C and 1095-C exists in the PeopleSoft system. Some customers may use third-party providers to process retirees, union employees, or COBRA recipients. Form data from external systems can be uploaded using the Excel-CI Load. The Data Merge Process merges data loaded from other sources with PeopleSoft extracted data in order to complete the ACA-required employee forms and transmittal.

Pages Used for the Other Source Data Merge Process

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merge Other Data Sources Page</td>
<td>ACA_DTMRG_RUNCTL</td>
<td>To merge other source data to the ACA employee transmittal data.</td>
</tr>
<tr>
<td>Review Merged Messages Page</td>
<td>ACA_MESSAGES</td>
<td>To view online the error messages generated during the merge process.</td>
</tr>
<tr>
<td>Review Merged Transmittal Data Page</td>
<td>ACA_EMP_MO_CH4_MRG</td>
<td>To review the merged ACA employee transmittal data and the original CI loaded data for verification.</td>
</tr>
</tbody>
</table>

Merge Other Data Sources Page

Use the Merge Other ACA Data Sources page (ACA_DTMRG_RUNCTL) to merge other source data to the ACA employee transmittal data.

Note: Data Extract Process must be first run to generate the base data for the merge, before running the Merge Process.

Only data that is not already transmitted can be merged.
Navigation

Benefits > ACA Annual Processing > Create ACA Form Data > Merge Other Data Sources

Image: Merge Other Data Sources Page

This example illustrates the fields and controls on the Merge Other Data Sources page.

<table>
<thead>
<tr>
<th>Data Extract ID</th>
<th>Enter the Data Extract ID that defines the data to be merged.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable Large Employer</td>
<td>Select the ALE Member for the data to be merged.</td>
</tr>
<tr>
<td>Calendar Year</td>
<td>The calendar year for which data is being reported.</td>
</tr>
<tr>
<td>Processing Options</td>
<td>The options available are:</td>
</tr>
<tr>
<td></td>
<td>• Merge Data – Merge the CI loaded data to the employee extracted transmittal data for Forms 1095-C.</td>
</tr>
</tbody>
</table>
| | • Remove Merged Data – Select this option to delete all merged data which has the process status “Data Merged”.

Review Merged Messages Page

Use the Review Merged Messages page (ACA_MESSAGES) to view online the error messages generated during the merge process. You can correct these errors and rerun the merge process.

Navigation

Benefits > ACA Annual Processing > Create ACA Form Data > Review Merged Messages
Image: Review Merged Messages page

This example illustrates the fields and controls on the Review Merged Messages page.

Review Merged Transmittal Data Page

Use the Review Merged Transmittal Data page (ACA_EMP_MO_CH4_MRG) to review the merged ACA employee transmittal data and the original CI loaded data for verification. The ACA Employee Transmittal Data grid will show the merged data and the ACA Employee Other Source Data grid will show the original loaded data.

If data is not merged as expected, run Merge Other Data Sources with Process Option ‘Remove Merged Data’, correct the data from the CI load and then run again with process option ‘Merge Data’.

Navigation

BenefitsACA Annual ProcessingCreate ACA Form DataReview Merged Transmittal Data

Image: Review Merged Transmittal Data page

This example illustrates the fields and controls on the Review Merged Transmittal Data page.

Setting Up File Transmittal and Form 1095-C Printing

This section provides an overview of the set up tables for the file transmittal and Form 1095-C printing.
Pages Used for File Transmittal and Form 1095-C Printing

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Transmittal Parameters Page</td>
<td>ACA_XMIT_PARAMS</td>
<td>To define parameters required for generating the transmittal file</td>
</tr>
<tr>
<td>ACA Form Options Page</td>
<td>ACA_FORM_OPTS</td>
<td>To define the various Self Service options for Form 1095-C.</td>
</tr>
<tr>
<td>ACA Form BI Publisher Options Page</td>
<td>ACA_YE_XMLP_OPTION</td>
<td>To define the annual parameters of the Form 1095-C XML.</td>
</tr>
<tr>
<td>Create ACA XML Files Page</td>
<td>ACA_RUN_BAC020</td>
<td>To generate the ACA transmittal files and the PDF version of Form 1095-C.</td>
</tr>
<tr>
<td>View Form 1095-C Page</td>
<td>ACA_SS_YE_FORM</td>
<td>To view Form 1095-C as Administrator.</td>
</tr>
<tr>
<td>ACA Transmission History Page</td>
<td>ACA_XMIT_HIST</td>
<td>To review a history of when the Create Transmittal File processes were run and to enter the Receipt IDs received from IRS after submission.</td>
</tr>
</tbody>
</table>

ACA Transmittal Parameters Page

Use the ACA Transmittal Parameters page (ACA_XMIT_PARAMS) to define parameters required to generate the transmittal request file and manifest file.

Navigation

Benefits > ACA Annual Processing > ACA Preparation > ACA Transmittal Parameters

Image: ACA Transmittal Parameters Page

This example illustrates the fields and controls on the ACA Transmittal Parameters page.

**Calendar Year**

The calendar year for which data is being reported.

**Form Type Code**

This is a protected field; it defaults to 1094/1095C.

**Number of Records Per File**

This field defaults to 10000. Due to an IRS transmittal file size limitation, each file may not exceed 100 MB. The IRS estimates that 100MB represents about 10,000 employee records. You can
adjust this default value based on your specific business and environment.

**Default File Type**

This field defaults to AATS. The valid values are AATS and Production.

AATS stands for generating test-data submissions to the IRS. Production stands for generating real-data submissions to the IRS.

---

**ACA Form Options Page**

Use the ACA Form Options page (ACA_YE_XMLP_OPTION) to define the various Self Service options for ACA forms. An Administrator can use this page to enable the electronic option for Form 1095-C, and to release the forms for viewing and printing.

**Navigation**

Benefits > ACA Annual Processing > ACA Preparation > ACA Form Options

**Image: ACA Form Options page**

This example illustrates the fields and controls on the ACA Form Options page.

![ACA Form Options Page](image)

**Enable Electronic ACA Forms In Self Service**

Select this check box to release the ACA forms for viewing in Self Service.

**Availability Date**

Specify the date when the current ACA forms will be released for viewing through Self Service.

**Availability Notification**

Click the Availability Notification button to send notification to employees that Form 1095-C is available in Self Service. Email
notification will be sent only to employees who have consented to receive Form 1095-C electronically.

**Note:** During the reissuing of forms, when you click the Availability Notification button, email notifications are sent only to those employees who receive a Reissue form.

---

**ACA Form BI Publisher Options Page**

Each filing year, Forms 1095-C and the Instructions for Form 1095-C may change. When these change, the PeopleSoft delivered XML templates will also change correspondingly. An annual parameter setup page is required to keep track of these templates and the location of where the form data items are stored.

Use the ACA Form BI Publisher Options page (ACA_YE_XMLP_OPTION) to define the annual parameters of the Form 1095-C XML.

**Navigation**

Benefits > ACA Annual Processing > ACA Preparation > ACA Form BI Publisher Options

**Image: ACA Form BI Publisher Options Page**

This example illustrates the fields and controls on the ACA Form BI Publisher Options page.

---

**Calendar Year**

The year for which data is to be reported.

**Form ID**

The valid Form ID is 1095-C.

**XML Data Files: URL Identifier**

Define a URL address to store the filing data.

**Filing Instructions: URL Identifier**

Define a URL address to store the filing instructions that correspond to the forms for the year for which data is to be reported.
**Filing Instructions:Attached File**

Displays the filename of the filing instructions for the filing year for which data is to be reported.

**SSN Masking**

Select the SSN Masking checkbox to turn on the masking option.

On Form 1095-C statements furnished to employees, the Social Security Number can be truncated to show only the last four digits of the SSN and replace the first five digits with Xs. By default the masking option is turned on (i.e. checkbox selected).

**Report Name**

The Report Name identifies each form option for Form 1095-C. Three form options are supported for 2015 reporting:

- ACA95C15_EE – 2015 Form 1095-C cut form print copy.
- ACA95C15_SM – 2015 Form 1095-C pressure-seal print copy.

**Note:** Replace ACA95C15_EE with ACA95C15_SM if you choose to use pressure-seal form instead of cut-sheet.

**Template ID**

The Template ID is used in conjunction with Report Name; each Report Name has a corresponding Template ID:

- ACA95C15_EE_1
- ACA95C15_ES_1
- ACA95C15_SM_1

**Copy Type**

There is only one copy type: Employee Copy.

**Burst?**

Select this checkbox to indicate that the report is using the bursting feature.

**Batch Size**

Batch Size is used for printing hardcopy forms. The user can control how many employees are to be printed in each PDF file. The default is blank, meaning that forms for all employees will be generated in one PDF file.

**Note:** There is a file size limitation on BI Publisher. If the PDF file is too big, it cannot be opened up for printing. A batch size field is included on the options pages to define the size of each print file in order to group the forms into smaller batches for printing.
Create ACA XML Files Page

Use the Create ACA XML Files page (ACA_RUN_BAC020) to generate the ACA transmittal file(s) and the PDF version of Form 1095-C.

Navigation

Benefits > ACA Annual Processing > Transmittal and Forms > Create ACA XML Files

Image: Create ACA XML Files Page

This example illustrates the fields and controls on the Create ACA XML Files page.

Data Extract ID
Enter the Data Extract ID that was used to run the data extract. Data extracted using this rule will be used to generate the transmittal file(s) and the PDF forms.

Applicable Large Employer
The Applicable Large Employer for which data is being reported.

Calendar Year
The calendar year for which data is being reported.
<table>
<thead>
<tr>
<th><strong>Sort By</strong></th>
<th>First sort option of the employees being reported.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Within Sort, Order By</strong></td>
<td>Second sort option within the Sort By option, of the employees being processed.</td>
</tr>
<tr>
<td><strong>Process Type</strong></td>
<td>The options available are:</td>
</tr>
<tr>
<td></td>
<td>• Original – This is the default value.</td>
</tr>
<tr>
<td></td>
<td>• Re-Issue – Select this option to correct a Form 1095-C that was previously furnished to an employee, but not filed with the IRS. When this option is selected, the word “CORRECTED” will be printed on the new Form 1095-C to be furnished to the employee.</td>
</tr>
<tr>
<td><strong>Final Run</strong></td>
<td>Select this check box to process the final run.</td>
</tr>
<tr>
<td></td>
<td>For a preliminary run (when the Final Run checkbox is not selected), the Request file will be generated with a temporary file name. No Manifest file will be generated. Only the Benefits Administrator can view Form 1095-C records which are created in a preliminary run.</td>
</tr>
<tr>
<td></td>
<td>For the final run, the Request file will be generated with the file name specified by the IRS. The Manifest file will be generated. Form 1095-C records which are created in the final run will be available for viewing in Self Service.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Perform Final Run only when the preliminary runs have been satisfactory and results have been verified. Once Final Run is processed for selected ALE employer and ACA employee data, the same data cannot be reprocessed in a subsequent Final Run.</td>
</tr>
<tr>
<td></td>
<td>An exception to this is before the transmittal files from the Final Run have been transmitted to IRS and the reissue of Form 1095-C is required. In which case, new sequenced data can be added to prepare the employee data for reissue.</td>
</tr>
<tr>
<td><strong>File Type</strong></td>
<td>Displays the File Type selection on the ACA Transmittal Parameters page.</td>
</tr>
<tr>
<td><strong>Number of Records Per File</strong></td>
<td>Each file transmitted to the IRS must not exceed the 100MB file size limit imposed by the IRS. If the submission is larger than 100MB, it must be split into two or more separate file transmissions. The default Number of Records Per File is set at the ACA Transmittal Parameters page.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> If the generated file exceeds 100MB during preliminary runs, reduce the number of records and re-generate the files.</td>
</tr>
<tr>
<td><strong>Blank Plan Start Month</strong></td>
<td>Select to print blank Plan Start Month on Form 1095-C and to omit the data element equivalent in the transmittal file.</td>
</tr>
</tbody>
</table>
This option is only visible when Calendar Year is 2015, when reporting of Plan Start Month is optional.

**Test Scenario ID**
Enter the number of a test scenario as prescribed by IRS.

**Total Form Filed for ALE**
Enter Total Form Filed for ALE that corresponds to the Test Scenario ID selected.

**Note:** Test Scenario Parameters group box is only visible when the File Type is “AATS”.

The following files are created when the Create ACA XML Files process (Job ACA1095C) is run with the Final Run checkbox deselected:

1. PREXMIT<TCC><Date>T<TimeStamp>Z.xml,
   where <TCC> is the TCC code of the ALE Member, <Date> and <TimeStamp> are the date/time of when the file was created. This is a preliminary transmittal file that should not be submitted to IRS. The date in the file name is in the YYYYMMDD format.

2. ACA95C15_EE.pdf. The print file of 1095C PDF forms to be sent to employees.

3. ACA95C15_ES.pdf. The Self-Service 1095C PDF form for an employee that can be viewed by an employee via Self-Service who has given his/her consent on or before the Self Service Availability date of the ACA form.

The following files are created when the Create ACA XML Files process (Job ACA1095C) is run with the Final Run check box selected:

1. 1094C_Manifest_<Submission>__<TCC>_<Date>T<TimeStamp>Z.xml,
   where <Submission> is the Submission ID of the transmittal file, <TCC> is the TCC code of the ALE Member, <Date> and <TimeStamp> are the date/time of when the file was created.

2. 1094C_Request_<TCC>_<Date>T<TimeStamp>Z.xml, and PREXMIT<TCC><YYYYMMDD>T<TimeStamp>Z.xml,
   where <TCC> is the TCC code of the ALE Member, <Date> and <TimeStamp> are the date/time of when the file was created.
   The Manifest and Request files, as a set of files, can be transmitted to the IRS using the AIR UI Channel.

3. ACA95C15_EE.pdf.
   The print file of 1095C PDF forms to be sent to employees.

4. ACA95C15_ES.pdf.
   The Self-Service 1095C PDF form for an employee that can be viewed by an employee via Self-Service who has given his/her consent on or before the Self Service Availability date of the ACA form.

**View Form 1095-C Page**

Use the View Form 1095-C page (ACA_SS_YE_FORM) to view Form 1095-C. A Benefits Administrator can view all employees’ Form 1095-Cs, irrespective of whether or not they are finalized.
Navigation

Benefits > ACA Annual Processing > Transmittal and Forms > View Form 1095-C

Image: View Form 1095-C Page

This example illustrates the fields and controls on the View Form 1095-C page.

View Form 1095-C

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>ALE Member</th>
<th>Issue Date</th>
<th>Form ID</th>
<th>Form Status</th>
<th>Tax Form</th>
<th>Filing Instructions</th>
<th>Final Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>0Bi</td>
<td>10/22/2015</td>
<td>1095-C</td>
<td>Original</td>
<td>Tax Form</td>
<td>Filing Instructions</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>0Bi</td>
<td>11/23/2015</td>
<td>1095-C</td>
<td>Original</td>
<td>Tax Form</td>
<td>Filing Instructions</td>
<td></td>
</tr>
</tbody>
</table>

Tax Form

Click the Tax Form link to open a PDF version of Form 1095-C.

Filing Instructions

Click the Filing Instructions link to open a PDF document containing filing instructions.

Final Print

A selected check box is displayed to identify forms which are final and which are preliminary only.

ACA Transmission History Page

Use the ACA Transmission History page (ACA_XMIT_HIST) to review a history of when the Create Transmittal File processes were run. This page is also used for entering the Receipt IDs and the transmittal status of the files as received in the acknowledgement file from the IRS.

Navigation

Benefits > ACA Annual Processing > Transmittal and Forms > ACA Transmission History

Image: ACA Transmission History Page

This example illustrates the fields and controls on the ACA Transmission History page.

ACA Transmission History

Process Type

The Process Type field indicates whether the transmittal file is an original file, reissue file, replacement file, or correction file.

Receipt ID

Enter the Receipt ID received from the IRS on submission of the files.

Transmittal Status

Enter the Transmittal Status of the files as mentioned in the Acknowledgement file from the IRS.
The options available are: Accepted, Accepted with Error, Created in Error, Not Transmitted, Rejected. By default the Transmittal Status is displayed as Not Transmitted.

Tips for Printing PDF Files

If you encounter alignment problems printing a PDF file, investigate the following possible sources of the problem:

- Page Scaling: You may need to change this setting to “Shrink oversized pages” or “Actual size”.
- Page Size: Verify that the page size is correct (letter or legal) for the form you are printing.
- Print on Both Sides: Verify that this feature is not selected.

The following settings are suggested based on test-printing PDF files (where “xx” represents the last two digits of the tax year for which data is to be reported):

- XMLP – ACA95Cxx_EE
  Page Scaling = Shrink oversized pages
  Page Size = Letter
- XMLP – ACA95Cxx_SM
  Page Scaling = Actual size
  Page Size = Legal

Setting Up and Managing Correction/Replacement of Forms 1094-C and 1095-C

PeopleSoft Benefits generates transmission ACA data to the IRS as two XML transmittal files: Request file and Manifest file. If these files are rejected by the IRS, then the Manifest file and a Correction Request file has to be re-generated as replacement files for re-submission. If the file is accepted by the IRS but there is error to a form, then a Correction Form 1095-C will be issued to the employee, and the Correction Request file along with a Manifest file will be submitted to the IRS.

Pages Used to Set Up and Manage Correction/Replacement of Forms 1094-C and 1095-C

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Import ACA Transmission Acknowledgement Page</td>
<td>ACA_IMPORT_ACK</td>
<td>To upload the IRS Transmission Acknowledgement file.</td>
</tr>
<tr>
<td>ACA Transmission Errors Page</td>
<td>ACA_XMIT_ACK</td>
<td>To view the ACA transmittal errors.</td>
</tr>
<tr>
<td>Page Name</td>
<td>Definition Name</td>
<td>Usage</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>ACA Transmission History Page</td>
<td>ACA_XMIT_HIST</td>
<td>To review a history of when the Create Transmittal File processes were run.</td>
</tr>
<tr>
<td>ALE Employer Transmittal Data Page</td>
<td>ACA_ALE_XMIT_PART1, ACA_ALE_XMIT_PART2</td>
<td>To view or modify the employer transmittal data after the data extraction process.</td>
</tr>
<tr>
<td>ACA Employee Transmittal Data Page</td>
<td>ACA_EMP_XMIT_PART1, ACA_EMP_XMIT_PART2, ACA_EMP_XMIT_PART3</td>
<td>To view or modify the employee transmittal data after the extraction process.</td>
</tr>
<tr>
<td>Create ACA XML Files Page</td>
<td>ACA_RUN_BAC020</td>
<td>To generate the ACA transmittal files and the PDF version of Form 1095-C.</td>
</tr>
<tr>
<td>View Form 1095-C Page</td>
<td>ACA_SS_YE_FORM</td>
<td>To view Form 1095-C as Administrator.</td>
</tr>
</tbody>
</table>

### Import ACA Transmission Acknowledgement Page

Use the Import ACA Transmission Acknowledgement page (ACA_IMPORT_ACK) to upload the IRS Transmission Acknowledgement file.

**Navigation**

Benefits > ACA Annual Processing > Transmittal and Forms > Import ACA Transmission Acknowledgement

**Image: Import ACA Transmission Acknowledgement Page**

This example illustrates the fields and controls on the Import ACA Transmission Acknowledgement page.

![Import ACA Transmission Acknowledgement](image)

### ACA Transmission Errors Page

Use the ACA Transmission Errors Page (ACA_XMIT_ACK) to view the ACA transmittal errors.

**Navigation**

Benefits > ACA Annual Processing > Transmittal and Forms > ACA Transmission Errors
Image: ACA Transmission Errors page

This example illustrates the fields and controls on the ACA Transmission Errors page.

<table>
<thead>
<tr>
<th>Error</th>
<th>Description</th>
<th>Correct Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10,0001</td>
<td>Correct Data</td>
</tr>
<tr>
<td>2</td>
<td>10,0002</td>
<td>Correct Data</td>
</tr>
<tr>
<td>3</td>
<td>10,0003</td>
<td>Correct Data</td>
</tr>
</tbody>
</table>

ACA Transmission History Page

Use the ACA Transmission History page (ACA_XMIT_HIST) to review a history of when the Create Transmittal File processes were run. This page is also used for entering the Receipt IDs received from IRS after submission.

Navigation

Benefits > ACA Annual Processing > Transmittal and Forms > ACA Transmission History

Image: ACA Transmission History page

This example illustrates the fields and controls on the ACA Transmission History page.

<table>
<thead>
<tr>
<th>Process Type</th>
<th>Receipt ID</th>
<th>Transmittal Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original</td>
<td>10,0001</td>
<td>Not Transmitted</td>
</tr>
</tbody>
</table>

Process Type

The Process Type field indicates whether the transmittal file is an original file, reissue file, replacement file, or correction file.

Receipt ID

Enter the Receipt ID received from the IRS on submission of the files.

Transmittal Status

Enter the Transmittal Status of the files as mentioned in the Acknowledgement file from the IRS.

The options available are: Accepted, Accepted with Error, Created in Error, Not Transmitted, Rejected. By default the Transmittal Status is displayed as Not Transmitted.
ALE Employer Transmittal Data Page

Use the ALE Employer Transmittal Data page (ACA_ALE_XMIT_PART1 and ACA_ALE_XMIT_PART2) to view or modify the employer transmittal data after the data extraction process.

Navigation

Benefits > ACA Annual Processing > Create ACA Form Data > ALE Employer Transmittal Data

Image: ALE Employer Transmittal Data page

This example illustrates the fields and controls on the ALE Employer Transmittal Data page.

| Process Status | Defines the status of Data Extract, such as, PeopleSoft Extracted, User Modified, Merged with Data Load, Created In Error, Merge Error, Finalized for Transmittal, and Transmittal Created. You can add a ‘User Modified’ row to modify data before creating the 1094-C transmittal file. |
| Correct Form 1094-C | Select this checkbox to make a correction to the Form 1094-C. |

Note: Address is extracted based on the country format.
Image: ALE Employer Transmittal Data page – ALE Monthly Data tab

This example illustrates the fields and controls on the ALE Employer Transmittal Data page — ALE Monthly Data tab.

ACA Employee Transmittal Data Page

Use the ACA Employee Transmittal Data page (ACA_EMP_XMIT_PART1, ACA_EMP_XMIT_PART2 and ACA_EMP_XMIT_PART3) to view or modify the employee transmittal data after the extraction process.

Navigation

Benefits > ACA Annual Processing > Create ACA Form Data > ACA Employee Transmittal Data
Image: ACA Employee Transmittal Data page – ACA Employee tab

This example illustrates the fields and controls on the ACA Employee Transmittal Data page – ACA Employee tab.

### Process Status
Defines the process status of data transmittal, such as, Created in Error, Finalized for Transmittal, Merge Error, Merged with Data Load, PeopleSoft Extracted, Transmittal Created, and User Modified.

**Note:** The Created in Error option is used to remove data that were entered in error, before the form is transmitted.

### Submission ID
Represents the system assigned Submission ID in an IRS transmission file. It is generated by the Create XML File Process during the Final run.

### Record ID
Represents the system assigned Record ID within the above Submission ID, as referenced in an IRS transmission file. An IRS transmission file may contain one or more records in one submission. This is generated by the Create XML File Process during Final run.

### Form Type
The options available are:

- Original
- Reissue – Between the time when Form 1095-C are furnished to employees but the Transmittal file has not been
submitted to IRS, administrator can reissue Form 1095-C to their employees. Add a user modified row with the changes required and select the Reissue radio button to indicate that this data row is for issuing a reissue form. Once changes are verified, set the Process Status to ‘Finalized for Transmittal’ and run the Create XML File (Reissue) process.

- Correction—After the Transmittal file is submitted to the IRS, if any correction needs to be made to the Form 1095-C, the administrator can choose to run the Correction process. Add a user modified row with the corrections and select the Correction radio button to indicate that this data row is for correcting a form. Once changes are verified, set the Process Status to ‘Finalized for Transmittal’ and run the Create XML File (Correction) process.

VOID

To void a Form 1095-C, select the Reissue or Correction radio button and select the Void checkbox.

**Image: ACA Employee Transmittal Data page – Employee Monthly Data tab**

This example illustrates the fields and controls on the ACA Employee Transmittal Data page – Employee Monthly Data tab.

**Plan Start Month**

This is an optional field for 2015. The system defaults it to ‘00’.

**Box ID 15: Employee Monthly Data**

The data from the first row Self Only Lowest Premium Cost populates the corresponding box in the Form 1095-C. The Self Low Cost Base Benefits, Self Low Cost BA No Credit and Self Low Cost BA With Credit are three working rows used to calculate cost and credits.
Image: ACA Employee Transmittal Data page – Covered Individual Data tab

This example illustrates the fields and controls on the ACA Employee Transmittal Data page – Covered Individual Data tab.

Create ACA XML Files Page

Use the Create ACA XML Files page (ACA_RUN_BAC020) to generate the ACA transmittal file(s) and the PDF version of Form 1095-C.

Navigation

Benefits ACA Annual Processing Transmittal and Forms Create ACA XML Files
Image: Create ACA XML Files page

This example illustrates the fields and controls on the Create ACA XML Files page.

**Data Extract ID**

Enter the Data Extract ID that was used to run the data extract. Data extracted using this rule will be used to generate the transmittal file(s) and the PDF forms.

**Applicable Large Employer**

The Applicable Large Employer for which data is being reported.

**Calendar Year**

The calendar year for which data is being reported.

**Sort By**

First sort option of the employees being reported.

**Within Sort, Order By**

Second sort option within the Sort By option, of the employees being processed.

**Process Type**

The options available are:

- Original – This is the default value.
- Reissue – Select this option to correct a Form 1095-C that was previously furnished to an employee, but not filed with the IRS. Also use this option to correct Form 1094-C information. When this option is selected, the word “CORRECTED” will be printed on the new Form 1095-C to be furnished to the employee. The Manifest and Request
files will be re-generated for all the employees from the original file and replaced with the latest information.

- Correction – Select this option to correct an information return that was previously filed and Accepted (with or without errors) by the IRS, but contained erroneous or incorrect information.

- Replace Submission - Select this option to replace a rejected submission by the IRS.

- Replace Transmission - Select this option to replace a rejected transmission by the IRS.

**Receipt ID**

If Replace Submission or Replace Transmission is selected, select the Receipt ID of the file to be replaced.

**Final Run**

Select this check box to process the final run.

For a preliminary run (when the Final Run checkbox is not selected), the Request file will be generated with a temporary file name. No Manifest file will be generated. Only the Benefits Administrator can view Form 1095-C records which are created in a preliminary run.

For the final run, the Request file will be generated with the file name specified by the IRS. The Manifest file will be generated. Form 1095-C records which are created in the final run will be available for viewing in Self Service.

**Note:** Perform Final Run only when the preliminary runs have been satisfactory and results have been verified. Once Final Run is processed for selected ALE employer and ACA employee data, the same data cannot be reprocessed in a subsequent Final Run. An exception to this is before the transmittal files from the Final Run have been transmitted to IRS and the reissue of Form 1095-C is required. In which case, new sequenced data can be added to prepare the employee data for reissue.

**Rerun**

Select this check box to rerun an Original, Reissue, or Correction process in Final Run. The Manifest and Request files will be re-generated with identical information.

**ACA ALE Sequence**

For Rerun and Original or Correction process, select the ACA ALE Sequence to which the rerun is to be processed. The ACA ALE Sequence is located on the ACA Transmission History.

**File Type**

Displays the File Type selection on the ACA Transmittal Parameters page. Once communication test is passed and IRS moved the ALE to production, file type should be changed from AATS to Production.

**Number of Records Per File**

Each file transmitted to the IRS must not exceed the 100MB file size limit imposed by the IRS. If the submission is larger
Chapter 23 Managing U.S. Affordable Care Act Regulations

than 100MB, it must be split into two or more separate file transmissions. The default Number of Records Per File is set at the ACA Transmittal Parameters page.

**Note:** If the generated file exceeds 100MB during preliminary runs, reduce the number of records and re-generate the files.

**Blank Plan Start Month**
Select this check box to print blank Plan Start Month on Form 1095-C and to omit the data element equivalent in the transmittal file. This option is only visible when Calendar Year is 2015, when reporting of Plan Start Month is optional.

**Test Scenario ID**
Enter the number of a test scenario as prescribed by IRS. (This is only used with File Type AATS.)

**Total Form Filed for ALE**
Enter Total Form Filed for ALE that corresponds to the Test Scenario ID selected. (This is only used with File Type AATS.)

**View Form 1095-C Page**
Use the View Form 1095-C page (ACA_SS YE_FORM) to view Form 1095-C. A Benefits Administrator can view all employees’ Form 1095-Cs, irrespective of whether or not they are finalized.

**Navigation**
Benefits ACA Annual Processing Transmittal and Forms View Form 1095-C

**Image: View Form 1095-C page**
This example illustrates the fields and controls on the View Form 1095-C page.

**Form Status**
Form Status is either Original, Reissue, or Correction.

**Tax Form**
Click the Tax Form link to open a PDF version of Form 1095-C.

**Filing Instructions**
Click the Filing Instructions link to open a PDF document containing filing instructions.

**Final Print**
This check box identifies forms which are final and which are preliminary only.
Understanding Benefits Assistant

A chatbot is a computer program that maintains a conversation with a user in natural language, understands the intent of the user, and sends a response based on business rules and data of the organization. The Benefits Assistant is a PeopleSoft chatbot created for the Benefits users. This chatbot is designed to assist employees in looking up basic information about their current enrolled benefits, dependents and beneficiaries, vendor/provider information and administrator contacts. Apart from what PeopleSoft delivers, you can configure additional utterances for the chatbot based on your company’s requirements.

The Benefits Assistant is available for all Benefits users as a tile and/or as a widget at the lower right-hand corner of fluid Benefits pages. Click the tile or widget to open a chat window. The employee may begin interacting with the chatbot via a simple greeting, or start directly with a question in a conversational way. This feature is available for both desktop and mobile users.

Working with Benefits Assistant Chatbot using ODA

With the Benefits Assistant tile, Benefits users can access the Benefits Assistant Chatbot for quick answers to queries related to benefits using Oracle Digital Assistant (ODA), the Oracle chatbot technology platform. ODA allows enterprises to create and deploy digital assistants for their users. With ODA, you create:

- Digital Assistants, which are artificial intelligence (AI)-driven interfaces that help users accomplish a variety of tasks in natural language conversations. For each digital assistant, you assemble one or more skills.

- Skills, which are individual bots that are focused on specific types of tasks, such as changing your dependants/beneficiaries, tracking inventory, submitting time cards, and creating expense reports.

You can add skills to digital assistants or deploy them to a channel on their own. Intents allow your skill to understand what the user wants it to do. An intent categorizes typical user requests by the tasks and actions that your skill performs.

For details, refer Oracle Digital Assistants and Skills

For Benefits Chatbot, the Benefits Assistant skill consists of the following intents:

- EntryGreeting
- GetAdminContactInfo
- GetDependentBeneficiary
- GetLifeEventInfo
• GetMainMenu
• GetOpenEnrollmentInfo
• GetPlanCost
• GetPlanDetail
• GetPlanProvider
• UpdateBenefitSummary
• ExitAssistant
• unresolvedIntent

The entities associated with each intent are defined within the skill.

<table>
<thead>
<tr>
<th>Entities</th>
<th>Associated Intents</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFEEVENT_TYPE</td>
<td>GetLifeEventInfo</td>
</tr>
<tr>
<td>PLAN_CATEGORY</td>
<td>GetDependentBeneficiary</td>
</tr>
<tr>
<td></td>
<td>GetPlanDetail</td>
</tr>
<tr>
<td></td>
<td>GetPlanProvider</td>
</tr>
<tr>
<td>PLANTYPE</td>
<td>GetDependentBeneficiary</td>
</tr>
<tr>
<td></td>
<td>GetPlanDetail</td>
</tr>
<tr>
<td></td>
<td>GetPlanProvider</td>
</tr>
<tr>
<td></td>
<td>GetPlanDetail</td>
</tr>
<tr>
<td>SUMM_UPD_FLAG</td>
<td>UpdateBenefitSummary</td>
</tr>
<tr>
<td>SUMM_UPD_ACTION</td>
<td>UpdateBenefitSummary</td>
</tr>
</tbody>
</table>

These services can be used to call relevant application functionality as part of a query. The Chatbot Integration Framework delivers some services that can be used to help the chatbot carry out various tasks that these services allow to perform. To integrate the chatbot with the application services, you need to create a proxy user. This proxy user is used for the chatbot to communicate with the application services.

The dialog flow definition is the model for the conversation itself, one that lets you choreograph the interaction between a skill and its users.

The Services used in Benefits Assistant are:

• HCM.benefit.Services
• HCM.benefit.GetChildNode

If users need to create new service, then they can use the Application Service Framework to create custom services.

For more information please refer the documentation on Application Service Framework https://support.oracle.com/epmos/faces/DocumentDisplay?id=2557046.1

For details, refer Configure a Component Service

"Understanding Application Service for Chatbot Integration Framework" (PeopleSoft 9.2: Enterprise Components)

Benefits Assistant Interface

The Benefits Assistant helps employees with their queries on benefits-related information such as their plan details, plan costs, administrator contacts, provider/vendor contacts, life events and open enrollment dates.

**Note:** The Benefits Assistant provides answers for queries related to Open Enrollment only for organizations with the PeopleSoft Benefits Administration.

The Benefit Details Navigation Collection users can access the Benefits Assistant as a widget. The Benefit Details Tile dashboard users get the tile system delivered on the Benefit Details Tile dashboard and as a widget on all the fluid Benefits pages.

**Note:** The roles and permission lists are part of the standard PeopleTools security administration, used to grant access to components and pages. The roles and permission lists are discussed in detail in the PeopleTools: Security Administration documentation.

<table>
<thead>
<tr>
<th>Examples of Use Cases</th>
<th>Benefits component from which the chatbot retrieves information</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tell me about my life insurance.</td>
<td>Benefit Plan Detail</td>
</tr>
<tr>
<td>• I want to know about my short term disability plan.</td>
<td></td>
</tr>
<tr>
<td>• I want to know the plan detail for savings plan/ 401(K) plan/profit sharing/retirement/pension plans/vacation benefits/legal services?</td>
<td></td>
</tr>
<tr>
<td>• What is my insurance?</td>
<td>Benefit Plan Category</td>
</tr>
<tr>
<td>• What is my health plan?</td>
<td>Benefit Plan Type</td>
</tr>
<tr>
<td>• Tell me about my benefits.</td>
<td></td>
</tr>
<tr>
<td>• I want to know the benefit plans I am enrolled in.</td>
<td></td>
</tr>
<tr>
<td>• Show me my benefits summary.</td>
<td></td>
</tr>
<tr>
<td>• List my Dependents</td>
<td>Dependents/Beneficiaries</td>
</tr>
<tr>
<td>• Who all have I enrolled as beneficiaries?</td>
<td></td>
</tr>
</tbody>
</table>
### Examples of Use Cases

<table>
<thead>
<tr>
<th>Use Case</th>
<th>Benefits Component from which the chatbot retrieves information</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to know the provider for my medical plan.</td>
<td>Benefit Vendor Information</td>
</tr>
<tr>
<td>Tell me my provider details.</td>
<td></td>
</tr>
<tr>
<td>I need an Admin contact</td>
<td>Administrator Contacts</td>
</tr>
<tr>
<td>Health admin contact details</td>
<td></td>
</tr>
<tr>
<td>Ben admin</td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td></td>
</tr>
</tbody>
</table>

### Setting Up Benefits Assistant

This topic discusses how to configure the Benefits Assistant chatbot for the Benefits users.

### Pages Used to Configure Benefits Assistant Chatbot as an Administrator Using the PeopleSoft Fluid User Interface

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Ref Administration Page</td>
<td>PORTAL_CREF_ADM</td>
<td>Add the Benefits Assistant tile to the Benefit Details Tile dashboard.</td>
</tr>
<tr>
<td>Bot Definitions Page</td>
<td>EOCB_BOTSRCH_FL</td>
<td>View, edit or add a new bot definition.</td>
</tr>
<tr>
<td>&quot;Add Bot Definition Page&quot;</td>
<td>EOCB_ADDBOTDEFN_FL</td>
<td>Add a new Bot Definition.</td>
</tr>
<tr>
<td>Maintain Bot Definition page</td>
<td>EOCB_BOTDEFN_FL</td>
<td>View the existing definitions for a chatbot.</td>
</tr>
<tr>
<td>&quot;Maintain Branding Template Page&quot;</td>
<td>EOCB_BRNDTMPL_FL</td>
<td>Control the branding aspects of the bot definition.</td>
</tr>
</tbody>
</table>
### Configuring the Benefits Assistant Tile

The Benefit Details Navigation Collection users with the appropriate roles can access the Benefits Assistant as a widget.

**Note:** Roles and permission lists are part of standard PeopleTools security administration, used to grant access to components and pages. For details, refer PeopleTools: Security Administration documentation.

The Benefit Details Tile dashboard users get the tile system delivered on the Benefit Details Tile dashboard and as a widget on all the fluid Benefits pages. The Administrator has to follow the steps below to set the tile up on the dashboard for their organization:

1. Using the `BEN_CHAT_ASST` that is delivered with the system, edit and add the bot app ID from the ODA channel.
   a. Navigate to Enterprise Components > Chatbot Configurations > Bot Definitions.
   b. Click the Edit button for `BEN_CHAT_ASST` (Benefits Assistant) and enter the Bot App ID value from the ODA channel.

   Oracle delivers a default branding template for the Benefits Assistant chatbot: `PS_ORWEBSDK_DEFAULT_V1`. You can choose to use this template without making any changes.

2. Your employees need access to the Benefits fluid pages and the Benefit Details Tile dashboard, along with the Benefit Chatbot role to access the Benefits Assistant. For this, ensure all employees have the appropriate roles.

   **Note:** For details on roles and permission lists, refer PeopleTools: Security Administration documentation.

### Related Links

"Creating Bot Definitions" (PeopleSoft 9.2: Enterprise Components)  
"Understanding the Chatbot Architecture" (PeopleSoft 9.2: Enterprise Components)

### Content Ref Administration Page

Use the Content Ref Administration (PORTAL_CREF_ADM) page — Fluid Attributes tab (PORTAL_GROUPLET), to add the Benefits Assistant tile to the Benefit Details dashboard.
Navigation

PeopleTools > Portal > Structure and Content.

Then select Self Service > HR Fluid Components.

Under Content References, select Edit for the label Benefits Assistant and select Fluid Attributes tab.

For details, refer the topic: "Adding Chatbot to Application pages" (PeopleSoft 9.2: Enterprise Components).

Image: Content Ref Administration page

This example illustrates the fields and controls on the Content Ref Administration page (1 of 2).

Select the Fluid Attributes tab to open the Tile Repository section.
**Image: Fluid Attributes tab**

This example illustrates the fields and controls on the Fluid Attributes tab.

![Fluid Attributes tab](image)

Select the Dashboard checkbox under Include In Repository to enable the Benefits Assistant tile to the Benefit Details Tile dashboard.

**Bot Definitions Page**

Use the Bot Definitions (EOCB_BOTSRCH_FL) page to view the existing chatbot identifiers and newly define a chatbot.

**Navigation**

Enterprise Components > Chatbot Configurations > Bot Definition
Image: Bot Definitions Page

This example illustrates the fields and controls on the Bot Definition Page. You can find definitions for the fields and controls later on this page.

Select Add to open the Add Bot Definition page to create a new bot definition.

Maintain Bot Definition page

Use the Maintain Bot Definition page (EOCB_BOTDEFN_FL) to view the existing definitions for a chatbot.

Navigation

Enterprise Components > Chatbot Configurations > Bot Definitions
**Image: Maintain Bot Definition page**

This example illustrates the fields and controls on the Maintain Bot Definition page. You can find definitions for the fields and controls later on this page.

- **Bot Identifier**
  Displays the root package ID defined in the application server.

- **Bot Name**
  Enter the name of the chatbot.

- **Bot Channel ID**
  Specify the channel ID generated by the ODA Skill created for this chatbot. This ID links the chatbot with the skills in the ODA.

- **Bot Type**
  Choose whether to deploy the chatbot client as a tile or as a widget in a page or both. Bot types are embedded (for components) and widget (lower right-hand corner button).

- **Branding Template**
  Choose the Branding template for the bot.

- **Business Name**
  Name of the chatbot as it will appear to the users.

- **Business Icon**
  Choose the bot icon according to your business need. Refer, PeopleTools: Creating Image Definitions, for more information.

- **Role Name**
  Choose the roles that should be given access to this chatbot.

For details, refer Enterprise Components Documentation "Understanding the Chatbot Architecture" (PeopleSoft 9.2: Enterprise Components).

**Component Mapping Page**

Use the Component Mapping page (EOCB_COMPSRCH_FL) to choose the component (that is, the Benefits fluid page) on which the Benefits Assistant widget should be made available.

**Navigation**

Enterprise Components > Chatbot Configurations > Component Mapping
Image: Component Mapping Page

This example illustrates the fields and controls on the Component Mapping Page.

<table>
<thead>
<tr>
<th>Component</th>
<th>Displays the fluid components or fluid Benefits pages on which the Benefits Assistant widget can be enabled.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Click the Edit button to access the Maintain Component Mapping page and enable the Benefits Assistant chatbot on the component pages.</td>
</tr>
</tbody>
</table>

Image: Maintain Component Mapping Page

This example illustrates the fields and controls on the Maintain Component Mapping Page.

Communicating with Benefits Assistant

This topic provides an overview of how employees can interact with the Benefits Assistant chatbot.
Pages Used to Communicate with the Benefits Assistant Chatbot

<table>
<thead>
<tr>
<th>Page Name</th>
<th>Definition Name</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Assistant Tile</td>
<td>HC_HGA_CHAT_ASST_FLU (cref for the tile)</td>
<td>Launch the Benefits Assistant chatbot from the Benefit Details Tile dashboard.</td>
</tr>
<tr>
<td>Benefits Assistant Page</td>
<td>EOCB_CLIENT_FL</td>
<td>Begin the interaction with the Benefits Assistant chatbot for quick answers to queries on benefits-related information such as plan details, plan costs, administrator contacts, provider/vendor contacts, life events and open enrollment dates.</td>
</tr>
</tbody>
</table>

Benefits Assistant Tile

Use the Benefits Assistant tile (HC_HGA_CHAT_ASST_FLU - cref for the tile) to launch the Benefits Assistant chatbot from the Benefit Details Tile dashboard.

Navigation

Employee Self Service >Benefit Details Tile >Benefits Assistant Tile

Image: Benefits Assistant tile

This example illustrates the Benefits Assistant tile.

Benefits Assistant Page

Use the Benefits Assistant page (EOCB_CLIENT_FL) to ask queries on benefits-related information such as plan details, plan costs, administrator contacts, provider/vendor contacts, life events and open enrollment dates.

Note: The Benefits Assistant provides answers for queries related to Open Enrollment only for organizations with the PeopleSoft Benefits Administration.
Navigation

- Benefit Details Tile dashboard users can select the Benefits Assistant tile from the tile dashboard to access the Benefits Assistant chatbot window.

- Benefit Details Tile dashboard users can also click the Benefits Assistant widget at the lower right-hand corner of a fluid Benefits page to open the Benefits Assistant chatbot window.

**Note:** The Benefits Assistant widget is not available on the Open Enrollment page.

- Benefit Details Navigation Collection users can click the Benefits Assistant widget at the lower right-hand corner of the page to open the Benefits Assistant chatbot window.

**Image: Benefits Assistant Page**

This example illustrates the Benefits Assistant page accessed from the Benefits Details Tile dashboard.
Image: Benefits Assistant widget

This example illustrates the Benefits Assistant widget as seen in a fluid Benefits Summary page on a laptop device.
Image: Benefits Assistant widget as seen on a smartphone

This example illustrates the Benefits Assistant widget as seen on a smartphone.
Image: Benefits Assistant widget for the Navigation Collection users

This example illustrates the Benefits Assistant widget for the Navigation Collection users.

Queries on Current Enrollments

When employees ask general benefit questions, the chatbot offers guidance by displaying a list of choices which the employee can select to view additional details.
Image: A general query on benefit plans

This example illustrates a general query on benefit plans.
Image: A general query on benefit plans — Options list 1

This example illustrates a general query on benefit plans — Options list 1.
This example illustrates a general query on benefit plans — Options list 2.

Note: The options to view the latest deductions are available only for organizations with the PeopleSoft Payroll for North America.
Image: A general query on benefit plans — latest deductions

This example illustrates a general query on benefit plans — latest deductions.

Note: Once the employee has chosen an option from the list, the entire list gets grayed out. The employee cannot go back and select a different option, instead he/she can repeat the question or even ask another one.
This example illustrates a query on a plan not enrolled in.

Queries on Dependents and Beneficiaries

For queries on dependents and beneficiaries the chatbot returns the details as listed in the employee’s profile as well as options to view enrolled dependents and beneficiary designations. For queries on changing or updating beneficiary designation, the chatbot directs the employees to the Benefits Summary page from where they can complete the task.

Note: Your organization must have the PeopleSoft Benefits Administration product for access to the enrollment features.
Employees are able to change and update beneficiary designations based on the setup on the Benefits Program Table.
Image: Dependents/Beneficiaries

This example illustrates a query for Dependents/Beneficiaries.
Image: Dependents/Beneficiaries 2

This example illustrates a query for Dependents/Beneficiaries.
This example illustrates a query for Dependents/Beneficiaries.
Image: Update Beneficiary Designation

This example illustrates the query to the chatbot updating beneficiary designation.

Queries on Life Event

Employees can ask the chatbot how to start life events or how to update their dependents/beneficiaries based on recent life event changes like marriage, childbirth, adoption, divorce etc.
Image: Query on starting a life event

This example illustrates the query to the Benefits Assistant on starting a life event as seen on a smartphone.

For queries related to life event transactions, the chatbot offers two options: Take me there and Maybe later. The Take me there button directs the employee to the relevant page from where he/she can complete the task. The Maybe later button, does not direct the employee elsewhere but remains in focus for additional questions.
Image: Maybe later button

This example illustrates the Maybe later button.

Queries on Open Enrollment Periods

Employees can ask the chatbot for the Open Enrollment start or end dates and the chatbot returns the requested information. In case open enrollment is not available at the time, the chatbot offers the Benefit Administrator Contact for more information.
Image: A query on Open Enrollment

This example illustrates an answer to a query on Open Enrollment.

Note: For organizations with only the PeopleSoft Base Benefits product, the Open Enrollment information is not available in the PeopleSoft system.
Image: A query on Open Enrollment in organizations with only the PeopleSoft Base Benefits product

This example illustrates an answer to a query on Open Enrollment in organizations with only the PeopleSoft Base Benefits product.

A chevron appears at the right side of the contact information box when there are multiple administrator contacts available. Click the chevron to view details of the next administrator contact.

Queries on Benefit Plan Costs

Employees can ask the chatbot about the costs of their benefit plans. The chatbot offers different lists with options from which the employees can choose to view the desired information.

Note: The plan cost information is available only for organizations with the PeopleSoft Payroll for North America.
Image: A query on benefit plan cost

This example illustrates a query on benefit plan cost.
Image: A query on benefit plan cost — Options list 1

This example illustrates a query on benefit plan cost — Options list 1.
Image: A query on benefit plan cost — details

This example illustrates a query on benefit plan cost — details

Note: The options to view the latest deductions are available only for organizations with the PeopleSoft Payroll for North America.

Queries on Updating Savings Contributions

When an employee asks the chatbot how to update the savings contribution, the chatbot directs him/her to the Benefits Summary page from where he/she can make the updates.

Note: Employees are able to change and update their savings contributions based on the setup on the Benefits Program Table.
Image: Update Savings Contribution

This example illustrates a query to the chatbot updating savings contribution.

Note: When the employee is already on the Benefits Summary page and asks the chatbot a query on updating a benefits-related information, the chatbot simply states that the task can be completed from the Benefits Summary page instead of providing a link to the page.
Image: A query on updating a savings contribution on a smartphone

This example illustrates a query on updating a savings contribution on a smartphone, when the employee is already on the Benefits Summary page.

Queries on Benefit Vendor Information

For general provider/vendor information queries, the chatbot determines the specific benefit plan the employee is seeking and lists the details as available in the Provider/Vendor Table.
Image: A query for the medical plan provider info

This example illustrates a query for the medical plan provider info.

In this example, the Kaiser Permanente button takes the employee to a third-party website as configured in the Provider/Vendor Table ("Policy Information Page" (PeopleSoft HCM 9.2: Application Fundamentals)).

Queries for Administrator Contacts

When employees request administrator contacts, the chatbot lists the contact name, email, and phone number as available in the Administrative Contacts page. When there are multiple contacts available, a chevron appears at the right side of the contact information box. Employees can click the chevron to view details of the next contact.
**Image: Administrator Contacts**

This example illustrates the Administrator Contacts.

---

**Main Menu**

When an employee types an ambiguous query, an informal abbreviation or an incorrect spelling (for example Dnt pln or Benfit pln instead of dental plan or benefit plan), the chatbot returns the main menu with options for current enrollments, dependents/beneficiaries and Benefit Administrator contact.
Image: Main Menu

This example illustrates the Main Menu on the Benefits Assistant chatbot.
**Image: An example for a query with incorrect spelling**

This example illustrates an example for a query with incorrect spelling.