

Oracle Fusion Cloud Human Resources

Implementing Benefits

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Get Help

There are a number of ways to learn more about your product and interact with Oracle and other users.

Get Help in the Applications

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Thanks for helping us improve our user assistance!

1 Benefits Implementation Overview

Overview of Implementing Benefits

To start an implementation of benefits, you need the `ORA_ASM_APPLICATION_IMPLEMENTATION_CONSULTANT_JOB` Application Implementation Consultant role. Opt into the Compensation Management offering in the Setup and Maintenance work area. Use the Benefits functional area in that offering to view and access tasks.

Users with the Benefits Administrator job role perform each setup task.

Getting Started

Before you begin, review the following documents available in the Benefits functional area:

- Lists of setup tasks
- Descriptions of the options and features you can select when you configure the offering
- Lists of business objects and enterprise applications associated with the offering

If you already implemented Oracle Fusion Global Human Resources, which is required for Benefits processing, you completed many prerequisite tasks.

Enabling Benefits

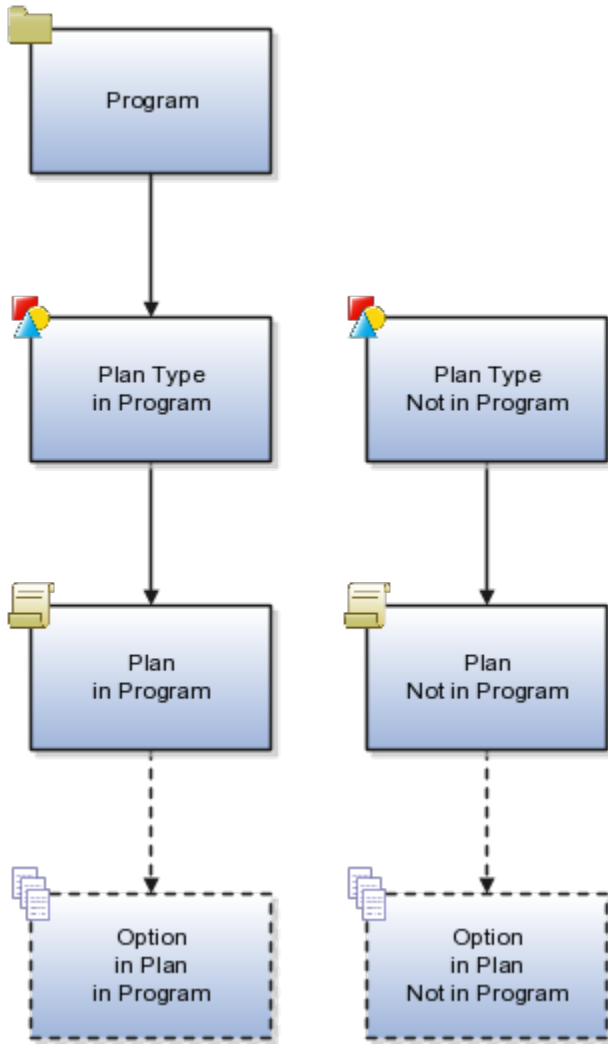
As an implementor, you enable and configure the Benefits feature for the Compensation Management offering in the Offerings work area.

Related Topics

- [Best Practices for Designing Benefits Hierarchies](#)
- [Objects to Configure Before Creating a Benefits Hierarchy](#)
- [How do I update existing setup data?](#)
- [Configure Offerings](#)

How You Implement Benefits

A benefits hierarchy organizes the objects of a benefits program, plan types, benefit plans, and options. Depending on the outcome of your planning decisions, you have the flexibility to configure most aspects of a benefits package at more than one level.



Related Topics

- [Ways to Create Programs](#)
- [Ways to Create Plans](#)
- [Overview of Managing Benefits Objects in Integrated Workbooks](#)

Setup Tasks for Implementing Benefits

Before you start implementing the Benefits application, review the setup tasks.

To implement the Benefits application, you must have the Application Implementation Consultant role (ORA_ASM_APPLICATION_IMPLEMENTATION_CONSULTANT_JOB). You need to sign in to the Compensation Management offering in the Setup and Maintenance work area with this job role. Use the Benefits functional area in that offering to view and access the tasks.

People with the Benefits Administrator job role perform each Benefits setup task. The following table describes the basic setup tasks that you must perform.

Setup Tasks for Implementing Benefits

Implementation Tasks List	Task Name	Description	Recommended Help
Define Benefits		Configure and review benefits programs, plans, and options for participants and dependents, including eligibility profiles, rates and coverages, and life events.	<ul style="list-style-type: none"> Overview of Objects in a Benefits Hierarchy Overview of Implementing Benefits How You Implement Benefits
Define General Benefits	Manage Benefit Lookups	Review and maintain lookup values for benefits, such as certification types and person factors.	Commonly Used Lookups in Benefits
	Regulations	Record and update rules, policies, or statutory requirements enacted by regulatory bodies that govern benefit plans. You can associate regulations with benefit reporting groups for reporting purposes.	Overview of Objects That Support a Benefits Implementation
	Benefit Groups	You can assign employees and other benefits participants to benefit groups for purposes of eligibility or activity rate calculation. For example, you want to provide special benefits for people who donate blood. You can assign a benefit group to people who satisfy that criteria and add the group as part of an eligibility profile.	Overview of Objects That Support a Benefits Implementation
	Benefit Reporting Groups	Create and update groups of programs and plans for administrative or regulatory reporting requirements. You can associate regulations with benefit reporting groups for reporting purposes.	Overview of Objects That Support a Benefits Implementation
	Benefit Balances	Create or edit a benefit balance to associate with a person. For example, you can use a benefit balance as a compensation amount to calculate benefit coverage levels, or reference it in a derived factor or formula calculation.	Overview of Objects That Support a Benefits Implementation
	Manage Beneficiary Organizations	Create and update records of organizations that participants can designate as beneficiaries.	Overview of Objects That Support a Benefits Implementation
	Manage Benefit Carriers	Create and update contact information of benefit carriers associated with plans or elements.	Overview of Objects That Support a Benefits Implementation

Implementation Tasks List	Task Name	Description	Recommended Help
		Benefit plan carriers are mainly third-party providers, such as your medical insurance provider.	
	Configure Default Benefits Relationships	Configure how benefits relationships are associated by default when you hire a worker or add additional assignments. Benefits relationships control the grouping of a worker's benefits.	<ul style="list-style-type: none"> • Guidelines to Configure Default Benefits Relationships • Overview of Objects That Support a Benefits Implementation
	Manage Third-Party Administrators	Create and update contact information of third-party administrator organizations that process claims or administer other aspects of the benefit plans.	Guidelines to Configure Default Benefits Relationships
	Manage Regulatory Bodies	Create and update contact information of the regulatory bodies that approve or govern plans.	<ul style="list-style-type: none"> • Overview of Objects That Support a Benefits Implementation • Manage Benefit Regulations in the Integrated Workbook
	Manage Benefit Providers	Create and update contact and tax identification information of providers of benefit coverages and services under plans and programs.	Overview of Objects That Support a Benefits Implementation
	Configure Enrollment Action Items	Review and edit beneficiary and dependent certification requirements and other enrollment actions such as primary care physician designation or date of birth certification.	<ul style="list-style-type: none"> • Overview of Objects That Support a Benefits Implementation • Objects to Configure Before Creating a Benefits Hierarchy • Can I create an enrollment action item?
	Fast Formulas	Review predefined formulas and create formulas to validate or calculate data for benefits, human resources, absences, or payroll.	<ul style="list-style-type: none"> • Overview of Benefits Formulas • Overview of Objects That Support a Benefits Implementation
Define Benefit Eligibility	Derived Factors	Create and edit derived factors to use as eligibility profile criteria for benefit plans or variable activity rates. These application-calculated factors may change over time. Examples include eligibility based on age, length of service, or compensation amount.	<ul style="list-style-type: none"> • Derived Factors • Examples of Derived Factors
	Benefit Service Areas	You can define service areas to group geographical regions and use those as eligibility criteria when the work location is not adequate. For example, in New York, you want to service area with ZIP codes from 10020 to 10029. You can	<ul style="list-style-type: none"> • Eligibility Profiles • Manage Postal Code Ranges and Service Areas in the Integrated Workbook

Implementation Tasks List	Task Name	Description	Recommended Help
		define this range as a service area and use it in the eligibility profile.	
	Eligibility Profiles	Create and update combinations of required and optional criteria to evaluate eligibility for compensation objects.	<ul style="list-style-type: none"> • How Eligibility Works With Other Objects • Eligibility Profiles
Define Benefit Life Events	Benefit Life Events	You set up life event definitions to detect specific HR changes in a person's life. For example, a child birth, an employment anniversary, or a change of address. When you configure these life events with benefits, eligible participants who experience those events can enroll in the benefits.	Overview of Benefits Life Events
Manage Benefit Programs and Plans	Year Periods and Billing Calendars	Create and update calendar year periods and fiscal year periods for managing benefit programs and plans. Optionally, create and update billing calendar years and billing periods.	<ul style="list-style-type: none"> • How You Create Year Periods • Overview of Billing in Benefits
	Benefit Plan Types	Create and update plan types to group benefit plans according to the type of benefit provided, such as medical, dental, or life insurance.	<ul style="list-style-type: none"> • Overview of Objects in a Benefits Hierarchy • Objects to Configure Before Creating a Benefits Hierarchy
	Benefit Options	Create reusable plan options, associate the allowable plan types with each option, and specify dependent and beneficiary designation requirements.	<ul style="list-style-type: none"> • How You Implement Benefits • Create and Validate Your Benefits Hierarchy
	Benefit Plans	Create and update packages of benefit plan offerings and establish administrative procedures and rules for the plans.	<ul style="list-style-type: none"> • Overview of Objects in a Benefits Hierarchy • Create and Validate Your Benefits Hierarchy • Ways to Create Plans
	Benefit Programs	Create and update packages of benefit program offerings and establish administrative procedures and rules for the programs.	<ul style="list-style-type: none"> • Overview of Objects in a Benefits Hierarchy • Create and Validate Your Benefits Hierarchy • Ways to Create Programs
Define Benefit Rates and Coverage	Elements	Review predefined earnings and deduction elements and create new ones, using a questionnaire that automatically generates the related balances, formulas, and other components.	Define Elements, Balances, and Formulas
	Benefit Rates	Create and update rules for administering a periodic fixed or variable rate amount to be	<ul style="list-style-type: none"> • Overview of Rates and Coverages

Implementation Tasks List	Task Name	Description	Recommended Help
		distributed to, or contributed by, participants.	<ul style="list-style-type: none"> • Rate Calculation Methods • Ways to Create Benefit Rates
	Coverages Across Plan Types	Create and update groups of plan types within a program to which a minimum or maximum total coverage restriction applies.	<ul style="list-style-type: none"> • Overview of Rates and Coverages • How Coverages Are Calculated • Example of Limiting Coverage Across Plan Types
	Benefit Plan Coverages	Create and update coverage amount limits for benefit plan and option combinations.	<ul style="list-style-type: none"> • Overview of Rates and Coverages • How Coverages Are Calculated
	Flex Credits Configuration	Create and update flex credit shell plans that determine which enrollments provide flex credits and how to calculate and maintain flex credits.	<ul style="list-style-type: none"> • Overview of Flex Credit Offerings • Flex Credit Shell Plan Components • Examples of Flex Credit Shell Plan Configurations • Create a Flex Credit Shell Plan
	Rate and Coverage User Values	Manage rate and coverage user values.	<ul style="list-style-type: none"> • Options to Define User Value Sets • How can I define values that participants can select during enrollment?
Define Enrollment Display	Configure Plan Type Groups	Create and update display options for online access to plans and plan types for individuals and administrators.	Configure Enrollment Display
	Enrollment Authorizations	Create and update terms and conditions that workers must read and accept before they can enroll in benefits online.	How can I create or modify enrollment authorization text?
	Benefit Self-Service Configuration	Configure self-service enrollment display and social networking to enable workers to manage their benefits online.	<ul style="list-style-type: none"> • Use Transaction Design Studio to Configure Field Displays • Displayed and Hidden Responsive Benefits Fields
Define Benefits Configuration Copy	Import Benefits Plan Configuration	Import setup between environments and between enterprises in the same environment. Review imported plan configurations.	<ul style="list-style-type: none"> • Benefit Plan Import • Export and Import Supporting Benefits Objects Using FSM
	Export Benefits Plan Configuration	Export setup between environments, and between enterprises in the same	<ul style="list-style-type: none"> • Benefit Plan Export • Export and Import Supporting Benefits Objects Using FSM

Implementation Tasks List	Task Name	Description	Recommended Help
		environment. Review exported plan configurations.	
	Import Eligibility Profile	Import an eligibility profile from one environment into other environments and to different enterprises in the same environment.	<ul style="list-style-type: none"> • Benefit Plan Import • Export and Import Supporting Benefits Objects Using FSM
	Export Eligibility Profile	Export an eligibility profile from one environment for import into other environments and to different enterprises in the same environment.	<ul style="list-style-type: none"> • Benefit Plan Export • Export and Import Supporting Benefits Objects Using FSM
	User-Defined Criteria	Create and update eligibility criteria to meet specific needs not included in the standard and derived factor criteria.	<ul style="list-style-type: none"> • User-Defined Criteria • Examples of User-Defined Criteria
Define Plan Compare	Configure Plan Comparison Values	Define the plan comparison values such as template types, categories, plan options, and feature values. You use these values when you create your plan comparison templates. You can reuse these values across various comparison templates and plans so that the participants see a consistent set of values during the comparison. Any changes you make to the values apply to the related templates and plans automatically.	<ul style="list-style-type: none"> • Overview of Benefit Plan Comparison • How You Set Up Plan Comparison • Plan Comparison Components • Set Up Plan Comparison Values
	Configure Benefit Plans for Comparison	Create a template to compare similar plans, such as medical plans. In the template, you define and organize a basic comparison structure that participants see when they compare plans.	<ul style="list-style-type: none"> • Overview of Benefit Plan Comparison • How You Set Up Plan Comparison • Plan Comparison Components • Set Up Plan Comparison Templates

Security Reference

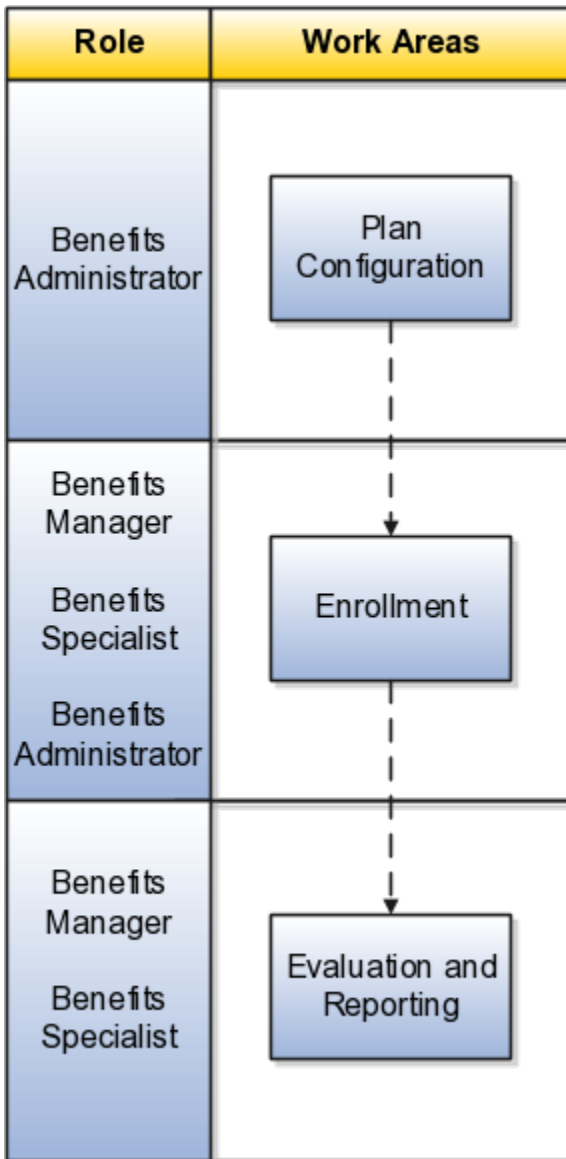
The tasks that people can do and the data that they can see depend on their roles, duties, and privileges. For information about these factors, see these two guides:

[Securing HCM](#)

[Securing Reference for HCM](#)

Benefits Work Areas

You can perform tasks in several work areas depending on your role. If you're someone who's setting up benefits, such as programs and plans, you use the Plan Configuration work area. If you're managing benefits enrollments for individual employees, use the Enrollment work area.



2 Responsive User Experience Setup

Deep Links

You can use deep links to provide easy navigation directly to a page in the HCM Cloud application.

You can also use deep links for mobile responsive pages on your intranet, custom and third-party applications, or in a document. This helps people run transactions in the HCM cloud and provides quick access to their HR information.

To access deep links:

1. Open the main menu.
2. Go to **Tools > Deep Links**.
3. Copy the URL for a deep link.
4. Paste the URL in the appropriate location.

When you open Deep Links, you find a list of all available deep links.

Search Logic Profile Options for Client List of Values

You can use the logic `<codeph>CONTAINS</codeph>` to create the client list of values. This returns results containing the characters you enter.

Optionally, for individual list of values, you could change this logic to `<codeph>STARTS WITH</codeph>`, to return results that start with the search characters you enter.

For example, when you search for a person with the name John Smith while using the logic `CONTAINS`, you can search by `'jo'` or `'sm'` or `'th'`. When you use the logic `STARTS WITH`, your search must start with `'j'`.

Use the logic `STARTS WITH` when your list contains thousands of values (more than 15,000 records) to improve the search performance. Or, if you don't partition your data by set ID.

Note: If you change the search logic for a client list of values, the logic changes in all pages where the list of values is used.

Related Topics

- [Search Logic Profile Options for Client List of Values in Global Human Resources](#)

Use Transaction Design Studio to Configure Field Displays

Use the Transaction Design Studio (TDS) to configure transactions and pages for responsive applications. TDS is available within the HCM Experience Design Studio.

You can control the visibility of attributes that are displayed either as **Delivered** or **Enabled**, and the availability of fields and sections of a transaction based on the user's role, person's business unit, or legal employer.

By default, the responsive pages display the often used attributes and hide the less often used attributes. Use Page Composer to personalize the responsive pages and display the attributes and tabs delivered within the feature.

Here's how you start HCM Experience Design Studio:

1. Sign in to the application as Human Capital Management Application Administrator with Access HCM Page Configurator (HRC_ACCESS_HCM_TRANSACTION_CONFIGURATOR_PRIV) privilege. This privilege provides you access to TDS in HCM Experience Design Studio.
2. Enable a sandbox to compose data for configuring business objects. On the Home page, click the **HCM Experience Design Studio** quick action under the **My Client Groups** tab.
3. Under **Settings and Actions**, click **Edit Pages**.
4. Select the site layer and click **OK**.

Related Topics

- [Overview of Page Modification](#)

Displayed and Hidden Responsive Benefits Fields

You can configure Benefits attributes using Transaction Design Studio.

Self-Service Enrollment: Create a New Contact

You can configure these read-only fields on the Create a New Contact page before you enroll your contacts.

Basic Information (Region Displayed)

Attribute	Displayed
Global Name attributes as defined by name style	Yes
Enter local name	No
Local Name attributes as defined by name style	No

Attribute	Displayed
Relationship	Yes
What is the start date of this relationship	Yes
Contact Effective Start Date	No
Gender	Yes
Date of Birth	Yes
This person is an emergency contact	Yes
Legislation	Conditionally
PER_PERSON_CONTACT_RELATIONSHIP_DDF	No
PER_CONTACT_RELSHIPS_DFF	No
Statutory Dependent	No
Covered by another plan	Yes
Plan	Yes
Disability Type	Yes
Disability Status	Yes
Student Status	Yes
Tobacco Use	Yes

National Identifier (Region Displayed)

Attribute	Displayed
National Identifier Type	Yes
National Identifier	Yes

Attribute	Displayed
Place of Issue	No
Issue Date	No
Expiration Date	No
PER_NATIONAL_IDENTIFIERS_DFF	No

Communication: Phones(Region Displayed)

Attribute	Displayed
Type	Yes
Country	Yes
Area Code	Yes
Number	Yes
Extension	No
Date From	No
Date To	No
Validity	No
PER_PHONES_DFF	No

Communication: Emails(Region Displayed)

Attribute	Displayed
Type	Yes
Address	Yes
Date From	No
Date To	No

Attribute	Displayed
PER_EMAIL_ADDRESSES_DFF	No

Addresses (Region Displayed)

Attribute	Displayed
Country	Yes
Type	Yes
Address attributes as defined by the address format	Yes
PER_PERSON_ADDR_USG_DFF	Yes

Passports (Region Not Displayed)

Attribute	Displayed
Country	No
Type	No
Number	No
Issuing Authority	No
Issue Date	No
Expiration Date	No
Profession	No
PER_PERSON_PASSPORT_LEG_DDF	No

Visas and Permits (Region Not Displayed)

Attribute	Displayed
Country	No
Type	No
Category	No
Number	No
Status	No
Issuing Authority	No
Issue Date	No
Expiration Date	No
Status Date	No
Entry Date	No
Current	No
Issuing Location	No
Profession	No
PER_PERSON_VISA_LEG_DDF	No
PER_VISA_PERMIT_DFF	No

Comments and Attachments (Region Not Displayed)

Attribute	Displayed
Country	No

Self-Service Benefits: Beneficiary Organizations

You can configure these read-only fields on the Add Beneficiary Organizations page before you enroll your contacts.

Attribute	Displayed
Start Date	Yes
Additional Information	Conditionally
Beneficiary Type	Yes
Trust Description	Conditionally
Trust Name	Conditionally
Trust and Executor	No
Registration	No

Benefits Service Center

You can add these attributes to Benefits Service Centre using the Design Studio. All other attributes in Benefits Service Centre are displayed out of the box.

People to Cover

Attribute	Displayed
Effective Start Date	No
Effective End Date	No
Emergency Contact	No

Benefits Relationship: Landing Page

Attribute	Displayed
Usage	No
Legal Employer	No

Evaluated Life Events

Attribute	Displayed
Usage	No
Notified Date	No
WHO Columns	No
Last Updated Date	No
Last Updated By	No
Created By	No
Creation Date	No

Potential Life Events

Attribute	Displayed
Collapsing Rule Name	No

Court Orders, Summary Page

Attribute	Displayed
Court Order Type	No
Effective Start Date	No
Effective End Date	No

Enrollment Override

Attribute	Displayed
Override Reason	No

Pending Actions, Certifications

Attribute	Displayed
Plan Option Name	No

Pending Actions, Action Items

Attribute	Displayed
Suspended	No
Due Date	No

Enrollment Results, WHO Columns

Attribute	Displayed
WHO Columns	No
Last Updated Date	No
Last Updated By	No
Created By	No
Creation Date	No

Enrollment Results, General

Attribute	Displayed
Override Reason	No
Enrollment Overridden Through Date	No
Legal Employer	No

Enrollment Results, Rates

Attributes	Displayed
Activity Type	No

Attributes	Displayed
Calculation Method	No

Enrollment Results, Action Items

Attribute	Displayed
Suspend Enrollment	No
Due Date	No

Enrollment Results, Primary Care Physician

Attribute	Displayed
Coverage Start Date	No
Coverage End Date	No

Enrollment Results, Flex Credits

Attribute	Displayed
Provider Plan Name	No
Option Name	No

Display Additional Columns in Benefits Service Center and Self-Service Benefits

You can display these additional columns in Benefits Service Center and Self-Service Benefits to improve audit capabilities:

- Created By
- Creation Date
- Last Updated Date
- Last Updated By

These pages have the additional columns:

- Benefits Relationships
- Court Orders
- Enrollment Results - Beneficiaries
- Enrollment Results - Dependents
- Person Info (Benefits Service Center, Self-Service Benefits, and Core HR)
- Benefits Balance
- Benefit Groups

Here's how you display the additional columns in Benefits Service Center and Self-Service Benefits:

1. Create a sandbox with Structure and Page Composer as tools and launch it.
2. On the Home page, click **My Client Groups, HCM Experience Design Studio**.
3. Select **Benefits Service Center** from the Action list and click **Add**.
4. Add the basic details.
5. In the Available Attributes section of the Edit Rule page, select **Benefits Relationships** as the **Data Source** and set these attributes to **Visible**:
 - a. Created By
 - b. Creation Date
 - c. Last Update Date
 - d. Last Updated By
6. Repeat step 5 by selecting these data sources:
 - a. Court Orders
 - b. Enrollment Results - Beneficiaries
 - c. Enrollment Results - Dependents
 - d. Person Info
 - e. Benefits Balance
 - f. Benefit Groups
7. Click **Save and Close**.
8. Select **Before You Enroll** from the Action list and click **Add**.
9. On the Available Attributes section of the Edit Rule page, set these attributes to **Visible**:
 - a. Created By
 - b. Creation Date
 - c. Last Update Date
 - d. Last Updated By
10. Click **Save and Close**.
11. Select **Family and Emergency Contacts** from the Action list and click **Add**.
12. On the Available Attributes section of the Edit Rule page, select **Additional Info on Edit Page** as the Data Source and set these attributes to **Visible**:
 - a. Created By
 - b. Creation Date
 - c. Last Update Date
 - d. Last Updated By
13. Click **Save and Close**.

Guided Journeys in Benefits

You can provide guidance, such as tutorials, company policies, and best practices in the context of an HCM flow using guided journey tasks.

For example, you can add your own video on how to designate dependents and beneficiaries to the Before You Enroll Page.

You can add guided journeys to the following self-service pages:

- Before You Enroll: At page-level and section-level.
- Benefits Election Overview: At page-level.

You can see the **Guide Me** icon on the pages and sections where the guided journey is enabled.

Ensure that the `ORA_PER_GUIDED_JOURNEYS_ENABLED` profile option is enabled to support the guided journey. You must be granted the Manage Journey (`PER_MANAGE_CHECKLIST_TEMPLATE_PRIV`) function privilege to work on checklist templates. Also, you must be granted the Access HCM Common Components function privilege to view guided journeys on the transaction pages.

Related Topics

- [How You Enable Guided Journey in Benefits](#)
- [How You Use Journeys](#)

How You Enable Guided Journey in Benefits

Here's how you enable guided journey in Benefits:

1. Navigate to My Client Groups and create a checklist template. You can add tasks that are relevant to the guided journey to the template. For example, you can create a template and add a video on how to configure dependent or beneficiary designations at different levels
2. Use Transaction Design Studio to link the checklist template to the Benefits pages or sections. You select the tasks that you want to display at the page header or section header region.

Related Topics

- [Create A Checklist Template](#)
- [Link the Checklist Template to Pages and Sections](#)

Create A Checklist Template

A checklist is a group of tasks that you need to complete when an action occurs.

You need to create a checklist template and add tasks to it. You can then link the template and tasks to various sections and pages. For instance, tasks that you need to perform when you configure dependent or beneficiary designations at different levels. You create and maintain checklist tasks within a template using the Checklist Templates task in Setup and Maintenance. A checklist can be automatically allocated when an action occurs, or you can allocate it manually.

Here's how you create a checklist template and add tasks to it:

1. On the Home page, click **My Client Groups, Show More**.
2. Click **Checklist Templates** under Employment.
3. Click **Create** and follow the prompts. Ensure that you select **Guided Journey** as the **Category**.
4. Select the **Status** of the checklist as **Active** in the General tab.
5. Click **Add Task** in the Tasks tab and follow the prompts. You can only use tasks of the type Analytics, Document, Embedded Learning, External URL, Manual Task, Questionnaire, Report, and Video in a guided journey.
6. Set up the title of the guided journey in the Message tab.
7. Click **Save and Close**.
8. If needed, repeat step 5 to add more tasks.
9. Use the **Preview** button to see how the task appears in the Benefits pages.

Related Topics

- [Link the Checklist Template to Pages and Sections](#)
- [How You Enable Guided Journey in Benefits](#)

Link the Checklist Template to Pages and Sections

You need to link the template to the relevant pages and sections to display the guided journey tasks.

Here's how you link the checklist template to the Benefits pages and sections:

1. Create a Sandbox with Structure and Page Composer as tools and launch it.
2. On the Home page, click **My Client Groups, HCM Experience Design Studio**.
3. Select **Before You Enroll** from the Action list and click **Add**.
4. Add the basic details.
5. On the Show or Hide Regions section of the Edit Rule page, click the edit icon next to Page-level guided journey configuration.
6. Search for the checklist template that you have set up, select the template, and click **OK**.
7. Select the checklist tasks that you want to link to the Before You Enroll page from the Task list.
8. Repeat steps 5-7 if you want to add guided journey tasks to these sections too:
 - a. People to Cover
 - b. Beneficiary Organizations
 - c. Personal Info. If the Personal Info attribute is not enabled by default, you need to make it Visible from the Available Attributes section of the Edit Rule page.
9. Click **Save and Close**.
10. Select **Benefits Election Overview** from the Action list and click **Add**.
11. Repeat steps 4-7 to set up the page-level guided journey configuration.

12. Click Save and Close.

Related Topics

- [How You Enable Guided Journey in Benefits](#)

3 Effective Dates in Benefits

Date Effectivity

Date effectivity preserves a history of changes made to the attributes of some objects. As a Professional user, you can retrieve and edit past and future versions of an object.

Many Human Capital Management (HCM) objects, including person names, assignments, benefits plans, grades, jobs, locations, payrolls, and positions are date-effective.

Logical and Physical Records

Date-effective objects include one or more physical records. Each record has effective start and end dates. One record is current and available to transactions. Others are past or take effect in the future. Together, these records constitute the logical record or object instance. For a date-effective logical row, which is a collection on contiguous temporal physical rows, each physical row CreatedBy (CREATED_BY) and CreationDate (CREATION_DATE) are the same.

This table shows changes to the department manager attribute in a department business object. Each row represents a single physical record.

Physical Record	Effective Start Date	Effective End Date	Department Manager
4	18 January, 2022		C. Woods
3	15 October, 2021	17 January, 2022	A. Chan
2	13 June, 2020	14 October, 2021	T. Romero
1	22 March, 2019	12 June, 2020	G. Martin

Note: The physical record number doesn't appear in the record.

Effective End Dates in Physical Records

Every physical record except the last has an effective end date. The update process adds this date, which is the day before the effective start date of the next record, whenever you update the object.

Object End Dates

You can enter a final effective end date for some date-effective objects. For example, terminating an assignment adds a final effective end date to the assignment. Alternatively, the **End Date** action may be available. If you end date a date-effective object, then it isn't available to transactions after that date. But the object's history is retrievable.

Status Values in Date-Effective Objects

Some date-effective objects, such as grades and jobs, have both effective dates and status values. When the object status is **Inactive**, the object isn't available to transactions, regardless of its effective dates. Setting the status to **Inactive** makes objects unavailable to transactions. If you can't enter an effective end date for an object, then changing its status has the same effect.

Future-Dated Changes

For date-effective objects, you can enter future changes. For example, you enter the worker promotion shown in this table on 25 July, 2022 to take effect on 18 October, 2022.

Physical Record	Effective Start Date	Effective End Date	Grade
2	18 October, 2022		IC2
1	14 December, 2020	17 October, 2022	IC1

Physical record two becomes current on 18 October, 2022. From 14 December, 2020 until 17 October, 2022 physical record one is current and available to transactions. If you can access the object history, you can see physical record two before it takes effect.

When future-dated changes exist, other actions may be limited. For example, to end this worker's assignment before the promotion takes effect, you must first delete the promotion.

Date-Enabled Objects

Some objects, such as work relationships, are date-enabled rather than date-effective. They have start and end dates that define when they're available, but they have no history of changes. New attribute values overwrite existing attribute values.

Related Topics

- [Examples of Correcting Date-Effective Objects](#)
- [Examples of Updating Date-Effective Objects](#)
- [How You Make Multiple Updates to Date-Effective Objects in One Day](#)
- [How You Delete Physical Records from Date-Effective Objects](#)

Examples of Correcting Date-Effective Objects

You can correct most attributes of date-effective objects, regardless of whether they occur in current, past, or future physical records.

If you correct the effective start date of an object's first physical record, then the revised date must be before the current effective start date. For the second and subsequent records, the revised date must be between the record's current effective start and end dates.

Correcting a Current Error

On 11 December, 2022 you create a location definition but enter the wrong phone. On 21 December, 2022, you search for the definition and select the **Correct** action. Before correction, the object history is as shown in this table.

Physical Record	Effective Start Date	Effective End Date	Location Phone
1	11 December, 2022		650.555.0175

After correction, the object history is as shown in this table.

Physical Record	Effective Start Date	Effective End Date	Location Phone
1	11 December, 2022		650.555.0176

Because you corrected the object, no change history exists.

Correcting a Past Error

A worker's assignment history is as shown in this table.

Physical Record	Effective Start Date	Effective End Date	Job	Working at Home
4	20 October, 2022		Line Manager	No
3	18 August, 2022	19 October, 2022	Senior Administrator	No
2	10 May, 2022	17 August, 2022	Senior Administrator	Yes
1	25 July, 2021	9 May, 2022	Administrator	Yes

You learn that the worker's job was actually Project Leader from 10 May to 19 October, 2022. As this period spans physical records 2 and 3, you must correct both.

To retrieve physical record 2, you set the effective as-of date in the person search to any date between 10 May and 17 August, 2022. You select the assignment from the search results and make the correction.

You then retrieve physical record 3 and make the same correction.

Implementation Considerations for Moving Back the Effective Start Date of Options

You can move back the effective start date of the options and options-in-plan.

If you configured a wrong effective start date for an option, the participants don't see the option during enrollment because it isn't active on that date. In such cases, you need to make the option inactive and create a new option with the correct start date for using it in the plan design. You need to consider these points before correcting the effective start date of options:

- You can move the effective start date of an option only to an earlier date on which the option was created. For example, if an option was created on 1 January, 2022, you can move the date to 31 December, 2021 or earlier.
- If the option has child objects like Plan-Type-for-Option and Allowable Dependent or Beneficiary Designees, their effective start date also changes to the new start date of the option.
- When the plan type isn't valid as of the new date, its effective start date also changes to the new option date.

Related Topics

- [Move Back the Effective Start Date of Options](#)

Move Back the Effective Start Date of Options

If you configured a wrong effective start date for an option, you can use these steps to correct it.

Note: You need to consider the impacts before correcting the effective start date of the option:

1. In the Plan Configuration work area, click **Benefit Options** to open the Benefit Options page.
2. Search for the option where you want to change the effective start date.
3. Click **Actions, Change Effective Start Date**.
4. Change the date and save your changes.

Related Topics

- [Implementation Considerations for Moving Back the Effective Start Date of Options](#)

Implementation Considerations for Moving Back the Effective Start Date of Options-in-Plan

You can move back the effective start date of the options and options-in-plan.

If you configured a wrong effective start date for an option-in-plan, the participants don't see the option-in-plan during enrollment because it isn't active on that date. In such cases, you need to make the option-in-plan inactive and create a new option-in-plan with the correct start date for using it in the plan design. You need to consider these points before correcting the effective start date of option-in-plan:

- You can move the effective start date of the option-in-plan to any date if both the plan and option are valid. For example, if the plan and option are valid till 20 December, 2021, you can move the start date of the option-in-plan till that date.
- If the effective start date of the option-in-plan and plan or option is the same, you can't move back the start date of option-in-plan.
- The date change in option doesn't affect the effective start date of option-in-plan. You need to change the date for the option-in-plan.
- If the option-in-plan has child objects like option-in-plan-in-program, its effective start date also changes to the new start date of the option-in-plan.
- When multiple date track records exist for an option in plan, the Change Effective Start Date action is allowed only on the first date track record.

Related Topics

- [Move Back the Effective Start Date of Options-in-Plan](#)

Move Back the Effective Start Date of Options-in-Plan

If you configured a wrong effective start date for an option-in-plan, you can use these steps to correct it.

Note: You need to consider the impacts before correcting the effective start date of the option-in-plan:

1. In the Plan Configuration work area, navigate to the create or edit page of plans.
2. Select the option from the Options section.
3. Click **Change Effective Start Date** in the toolbar.
4. Change the date and save your changes.

Related Topics

- [Implementation Considerations for Moving Back the Effective Start Date of Options-in-Plan](#)

FAQs for Dates in Benefits

What's the session effective date?

An effective start date that applies to all date-effective interactions in the current session.

Professional users, such as benefits administrators, can set the session effective date for all actions that they perform on date-effective objects, such as benefits plans, life events, and reporting groups, in a single session. Setting the session effective date is an efficient way of ensuring that related objects have the same effective dates. By default, the session effective date is today's date in the user's time zone.

What's the effective as-of date?

A date value that filters search results. For any date-effective object that matches the other search criteria, the search results include the physical record for the specified effective as-of date. The effective as-of date is one of the search criteria.

4 Benefits Relationships, Lookups, Regulations, and Reporting Groups

Overview of Objects That Support a Benefits Implementation

Define general benefits objects, including lookups, regulations, groups, balances, carriers, benefits relationships, regulatory bodies, and providers.

Benefits Object	Purpose	Setup Task
Lookups	Provide choice lists for fields such as Certification Type and Override Reason.	Manage Benefit Lookups
Regulations	Identify statutory requirements by regulatory body; associate with reporting groups.	Manage Regulations
Benefit groups	Assign to workers and use as eligibility criteria for benefits objects.	Manage Benefit Groups
Reporting groups	Support administrative and regulatory reporting requirements.	Manage Benefit Reporting Groups
Benefit balances	Assign to workers and enter the balance amount.	Manage Benefit Balances
Organizations	Provide contact and tax identification information for organizations that benefits participants can designate as beneficiaries.	Manage Beneficiary Organizations
Carriers	Provide contact information for external benefit carriers associated with benefits offerings.	Manage Benefit Carriers
Default benefits relationships	Configure the default assignment of benefits relationships for each legal entity.	Configure Default Benefits Relationships
Third-party administrators	Provide contact information for third-party organizations that process claims or administer other aspects of benefit plans.	Manage Third Party Administrators
Regulatory bodies	Provide contact information for regulatory bodies that approve or govern plans; associate these bodies with reporting groups.	Manage Regulatory Bodies

Benefits Object	Purpose	Setup Task
Providers	Provide contact and tax identification information for providers of benefit coverage and services under plans and programs.	Manage Benefit Providers
Enrollment action items	Configure the display name of enrollment action items required to complete enrollment in a benefits offering	Configure Enrollment Action Items
Fast formulas	Configure your plan design to the requirements of your enterprise using a flexible alternative to delivered business rules.	Manage Fast Formulas

If you intend to use any of these general benefit objects:

1. Complete the corresponding Define General Benefits tasks.
2. Complete the Manage Benefit Programs and Plans tasks.

Commonly Used Lookups in Benefits

This topic identifies the benefits lookups that are most commonly user-defined. Review these lookups, and edit them as appropriate to meet your enterprise requirements. Use the Manage Benefit Lookups task in the Setup and Maintenance work area.

Relevant benefits lookups are categorized as follows:

- Benefits relationships
- Person factors
- Process name
- Regulations
- Health care services and primary care physician
- Certification

Benefits Relationships Lookup

This table describes the benefits relationships lookup used when configuring default benefits relationships on the Configure Default Benefits Relationships page. You also use the lookup when overriding default benefits relationships on the Manage Benefits Relationship page in the Enrollment work area.

Lookup Type	Description
BEN_BENEFIT_RELATION_NAME	Name of a benefits relationship, such as default or unrestricted

Person Factors Lookups

This table describes the person factors lookups used when adding or editing contacts for benefits.

Lookup Type	Description
BEN_STUDENT_STATUS	Student type, such as full-time or part-time
REGISTERED_DISABLED	Registered disabled values, such as yes, yes-fully disabled, yes-partially disabled, or no

Process Name Lookups

This table describes the process name lookup used when running evaluation processing and reports.

Lookup Type	Description
BEN_PROCESS	Benefits process name, such as Evaluate Scheduled Event Participation or Close Enrollment

Regulations Lookups

This table describes the regulations lookups used when setting up regulations in the Manage Regulations **task**. You also use the lookups when associating regulations with benefits plan basic details.

Lookup Type	Description
BEN_REGN_ADMN	The type of regulatory administration by a governing agency, such as enforced by or issued by
BEN_REGY_PL_TYP	The type of regulatory plan, such as fringe, other, pension, or welfare
BEN_REGY_PRPS	The purpose of a regulatory body associated with a benefits object, such as audit, enforces, qualifies, or requires plan disclosure

Health Care Services and Primary Care Physician Lookups

This table describes the health care services type and primary care physician lookups used in the primary care physician step of the plan configuration process. You also use these lookups on the self-service enrollment pages.

Lookup Type	Description
BEN_PRDCT	Provider category, such as exclusive provider organization, medium, point of service, or premium
BEN_PCP_CD	Requirement or ability of participants to select a primary care physician during enrollment, such as optional

Lookup Type	Description
BEN_PCP_DSGN	Primary care physician designation status for a plan, such as none, optional, or required
BEN_PCP_SPCLTY	Primary care physician specialty, such as emergency medicine
BEN_PCP_STRT_DT	Primary care physician started date, such as first of next month, first of next month occurring after 15 days, later of enrollment start or when designated
BEN_PRMRY_CARE_PRVDR_TYP	Primary care physician type, such as dentist, general practitioner, cardiologist, or pediatrician

Certification Lookups

This table describes the certification lookups used during plan configuration, when configuring certification action items for enrollments, dependent and beneficiary designations, and benefits or coverage restrictions.

Lookup Type	Description
BEN_BNF_CTFN_TYP	Beneficiary certification type, such as adoption or birth certificate, as well as notarized spousal consent
BEN_PRTN_CTFN_TYP	Participation certification type, such as a canceled check or proof of timely payment
BEN_ENRT_CTFN_TYP	Enrollment certification type, such as domestic partner affidavit as well as proof of external coverage, good health, or other coverage
BEN_DPNT_CVG_CTFN_TYP	Dependent coverage certification type, such as adoption, birth, domestic partner, legal custody, or marriage certificate

Related Topics

- [Overview of Lookups](#)
- [Example of a Standard Lookup](#)
- [What's the difference between a lookup type and a value set?](#)

Manage Benefit Regulations in the Integrated Workbook

You can record multiple regulations, including rules, policies, and statutory requirements enacted by regulatory bodies governing benefit plans, in a single integrated Microsoft Excel workbook. Then, upload the regulations and associate them with benefit reporting groups for reporting purposes.

The basic process for managing benefit regulations using the workbook is:

1. Generate the workbook.
2. Record regulations and associate them with benefit reporting groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Regulations** to open the Manage Regulations page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating and Associating Regulations in the Workbook

The workbook columns are the same as the fields in the Create Regulations dialog boxes.

1. In the Regulation section, create rules, policies, or statutory requirements.
2. In the Regulatory Body section, associate regulations with regulatory bodies.

Uploading Edits

After you complete your edits, click **Upload** to load into the application table those rows that are marked as **Changed**.

Note: You can't edit regulations in the workbook after they upload successfully. However, you can edit regulations on the Manage Regulations page.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row.

If there are errors that require review, the process:

1. Rolls back the change in the application
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Guidelines to Configure Default Benefits Relationships

Benefits relationships group worker assignments for benefits enrollment and processing. Configure default assignment of benefits relationships to workers at the time of hire or when you add additional assignments.

Using the **Configure Default Benefits Relationships** task in the Setup and Maintenance work area, make the following choices for each combination of country or legal entity, and benefits usage:

- Default benefits relationship
- Unrestricted event processing usage
- Multiple assignment processing configuration

For example, define default values for assigning a benefits relationship for processing life events of workers who belong to the Vision US legal entity. You can also define default values at the country level, USA, to encompass all legal entities in that country.

Benefits professionals can update or modify the default relationships assigned to individual workers in the Enrollment work area.

Default Benefits Relationship

Every worker has at least one benefits relationship because of the predefined default configuration.

You can use the predefined configuration if you don't use either:

- Unrestricted processing
- Multiple assignment processing for benefits relationships

Unrestricted Event Processing Usage

If you use unrestricted event processing, then you must specify the default benefits relationship at the legal entity level or country level for both:

- Unrestricted events processing
- Life events processing

Multiple Assignment Processing Configuration

Initially, you must make one choice between two mutually exclusive options for each combination of usage and legal entity, or usage and country, within the enterprise:

- Disable multiple assignment processing for benefits processing.
- Enable and configure multiple assignment processing for benefits processing.

Disabling Multiple Assignment Processing for Benefits

If you don't enable multiple assignment processing for benefits processing, then all worker assignments are associated with the default benefits relationship that you select. In this configuration, benefits professionals can't select alternative benefits relationships because each worker has only one benefits relationship.

Enabling and Configuring Multiple Assignment Processing for Benefits

If you enable multiple assignment processing for benefits, configure the default pattern of associating the benefits relationships with additional worker assignments.

Select one default option for new assignments from among these choices:

- Include new assignments in the configured default benefits relationship.
- don't include new assignments in any benefits relationship.
- Include new assignments in the primary benefits relationship for the worker. This may be the default benefits relationship or another benefits relationship designated as primary.

If you include the new assignment in a benefits relationship, configure whether it becomes the primary assignment in that benefits relationship, replacing the current primary assignment.

Effect on the User Experience of Enabling Multiple Assignment Processing

When you enable multiple assignment processing, you can filter the worker's data by benefits relationship in the Enrollment work area pages.

Pages with this filter option include:

- Participant benefits summary
- Override enrollment
- Manage person life events
- Process open enrollment
- Process life event

Only administrators can make enrollment for participants with multiple benefits relationships using the Enrollment work area. These participants can't enroll in benefits using the self-service pages.

Related Topics

- [How Benefits Relationships Impacts Benefits Processing](#)

Configure a Default Benefits Relationship

Benefits relationships group benefits for processing based on worker assignments. Each worker must have at least one benefits relationship. You can define default benefits relationships by using the Configure Default Benefits Relationship page.

Here's how you create a default benefits relationship:

1. On the Home Page, click **Others > Setup and Maintenance**.
2. Search for and open the **Configure Default Benefits Relationships** task.
3. Click the **New** icon in the Configure Default Benefits Relationships page.
4. Select the life event or unrestricted as the Usage.
5. Select the country where you want to implement the default benefits relationship.
6. Select **Primary work relationship** as the Benefits Relationship Model.
7. Select the effective date range for the default benefits relationship.
8. Click **Save**.

Note: To view the old fields, click **View, Columns**, and toggle the old columns into view. These fields are read-only.

Manage Reporting Groups in the Integrated Workbook

You can create and upload reporting groups using the integrated Microsoft Excel workbook.

The basic process for managing reporting groups using the integrated workbook is:

1. Generate the workbook.
2. Create reporting groups and add details to existing groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Reporting Groups** to open the Manage Reporting Groups page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating Reporting Groups and Adding Details

The workbook columns and choice lists are the same as the fields and choice lists on the Edit Reporting Groups page.

- Create a reporting group.
 - a. Associate benefit programs and plans with the reporting group.
 - b. Select which regulatory bodies and regulations govern the reporting group.
- Add details to existing reporting groups. For example, associate an additional program with an existing reporting group.
 - a. Enter the name of the reporting group in the Component Program section.
 - b. Select the program.
 - c. Enter the effective start date.

Note: You can't edit existing data for a reporting group in the workbook. However, you can edit existing reporting group data on the Manage Regulations page.

Uploading Edits

After you complete your edits, click **Upload** to load into the application database those rows that are marked as **Changed**.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Global Transfer in Benefits

A global transfer indicates the movement of a person's benefits data across legal employers.

For example, you can transfer an employee from the US subsidiary of your company to the UK subsidiary, or to another legal employer in the US. During a global transfer, the application creates a work relationship and assignment under the new legal employer. The application terminates the existing work relationship and all assignments under it as of a day prior to the global transfer date. But it doesn't necessarily terminate the benefits relationship and the related benefits enrollments.

Here are the global transfer scenarios and their impact on Benefits:

Global Transfer Scenarios

Scenario	Impact
Transfer from one legal employer to another within the same country	<p>When a global transfer occurs within the same country, Benefits automatically updates the existing benefits relationship. This means that the current enrollments remain attached to the benefits relationship and there is no need to move or recreate enrollments.</p> <p>In this scenario, you need to verify that the benefits relationship gets updated with the new legal employer and the job, as of the effective date. Checking this is especially important if there are multiple assignments because you might need to modify the assignments attached to the benefit relationships.</p>

Scenario	Impact
	<p>If the global transfer is within the country where only the legal employer is changing, the benefits are not likely to change. The updates to benefits relationship should happen automatically. If the transfer went through fine on the HR side, but benefits relationship updates fail due to some data issue or other errors, then you can use the Refresh button on the Manage Benefits Relationship page in the Enrollment work area to sync up benefits relationships with the person's employment information.</p> <p>You can also sync up benefits relationships with the employment information using the Assign and Update Benefit Relationships process on the Processes tab in the Evaluation and Reporting work area.</p>
<p>Transfer from one legal employer to another within the same country with additional attribute changes</p>	<p>Global transfers to another legal employer in the same country can occur with changes to various additional attributes that impact benefits. For example, there can be changes to the manager, job, location, and organization. Some of these attributes might not affect the benefits. But if the worker also has a location change, the benefits could change because the service areas and zip codes could be different. In this case, a life event would be required to enable the worker to reselect his benefits.</p> <p>When the global transfer involves additional attributes, you must reassess the benefits to determine the impact of the underlying changes.</p> <p>For example, the transfer involves legal employer, organization, manager, and job. In this scenario, you might take different actions depending on the impact to the benefits:</p> <ul style="list-style-type: none"> • If you know that none of these attribute changes impacts the benefits, you can consider not allowing the worker access to make changes to the benefits or to reassess the benefits. • If you know that there will be an impact to the benefits, such as a change in service area, the best practice is to process a life event, such as Transfer event. This event ensures that the changes are reflected in the Benefits application, and it enables the worker to make new benefit selections.
<p>Transfer from one country to another</p>	<p>Global transfer across countries can result in changes to contracts, compensation, benefits, taxation, and possibly performance and goals. Because the countries are changing, all the current Benefits Relationships are terminated along with the HR assignments.</p> <p>If the global transfer is from one country to another:</p> <ul style="list-style-type: none"> • Benefits end dates the current benefits relationship. • A new benefits relationship is created in the new legal employer. • You need to run a Transfer event to ensure that the changes are reflected in the Benefits application and all benefits are end dated. • You must run a new event to process the employee in the new country's benefits, if applicable.

Best Practices for Global Transfer

Here are the best practices for managing benefits with global transfers:

Best Practice

Aspect	Best Practice
Benefits relationships for legal employers in the same country	Configure the default benefits relationships at the country level to accommodate all your legal employers in the country. You need to keep the Country field populated.
Employee transfer considerations	<p>No. You don't need to terminate the benefits in the prior legal employer and process the employees again as a new hire in new legal employer.</p> <p>We recommend that you process the transfer event to account for any changes to eligibility or rates. You can continue with the same benefits as before the transfer by setting appropriate enrollment and default codes in the plan configuration work area.</p> <p>When a global transfer occurs, these benefit objects are carried forward to the new legal employer:</p> <ul style="list-style-type: none"> • Enrollments. • Beneficiaries. • User-entered amounts, such as FSA or DCRA. • The Original Coverage Start Date is carried forward, if the person is continuing in the same plan and option.
Benefits relationship for individual legal entities	You don't need individual legal entities. You configure 1 benefits relationship record at the country level to accommodate all legal entities in that country.

Related Topics

- [The Assign and Update Benefits Relationships Process](#)

Closure of Life Event and Beneficiary Allocation

When you close a life event for a participant, the beneficiary allocations for various plans must add up to 100%. If they don't add up, you can't close the life event.

You need to adjust the allocations either through the employee self-service page or through the Benefits Service Center page. If there are several records, adjusting the allocation becomes a time-consuming process. In such cases, you can use the Beneficiary Enrollment HDL loader to adjust the allocation.

You can modify the allocation as required so that it adds up to 100%. You can also make the allocation of a particular beneficiary as zero, but you need to retain that record in the .dat file.

If you don't want the close enrollment process to check the beneficiary allocations, remove the beneficiary designation setup altogether from the plan's setup pages.

To find the beneficiary allocations that don't add up to 100, you need to run this SQL query:

```
select str1 from ( /* open issues : simplify first name, last name, ben relation name */
select pil.person_id personId, 1 ordr, 'MERGE|BeneficiaryEnrollment|' ||
(SELECT person_number||'|'|| ppn.last_name||'|'||ppn.first_name||'|' ||'|'||'DFLT'
FROM per_all_people_f paf,
per_person_names_f ppn
where paf.person_id = pil.person_id
and ppn.person_id = paf.person_id
and ppn.name_type='GLOBAL'
and sysdate between paf.effective_start_date and paf.effective_end_date
```

```

)
||'|'|| lf_evt_ocrd_dt ||'|'||'|' ||
(select name
from ben_ler_f ler
where ler.ler_id = pil.ler_id
and pil.lf_evt_ocrd_dt between ler.effective_start_date and ler.effective_end_date )
||'|'||lf_evt_ocrd_dt str1
from ben_per_in_ler pil
where
pil.per_in_ler_id in (SELECT unique pen1.per_in_ler_id
FROM fusion.ben_pl_bnf pbn1
,fusion.ben_prtt_enrt_rslt pen1
where pbn1.prtt_enrt_rslt_id = pen1.prtt_enrt_rslt_id
and pen1.prtt_enrt_rslt_stat_cd is null
and pen1.enrt_cvgt_thru_dt = trunc(to_date('31/12/4712', 'dd/mm/yyyy'))
group by pen1.prtt_enrt_rslt_id, pen1.per_in_ler_id, pbn1.prmry_cntngnt_cd
having sum(pbn1.pct_dsgd_num) <> 100 )
union all
select pen.person_id personId, 2 ordr,
'MERGE|DesignateBeneficiary' ||'|'|| pen.person_id ||'|'||(select pln.name from ben_pl_f pln where
pen.pl_id=pln.pl_id and rownum<2) ||'|'||
(select pgm.name from ben_pgm_f pgm where pen.pgm_id=pgm.pgm_id and rownum<2 ) ||'|'||
(select opt.name from ben_opt_f opt where pen.opt_id=opt.opt_id and rownum<2) ||'|'||
pbn.pct_dsgd_num ||'|'||'|'||'|'||pbn.prmry_cntngnt_cd ||'|'||rownum ||'|'||
(select person number
from fusion.per_all_people_f ppf
where ppf.person_id = pen.person_id
and sysdate between ppf.effective_start_date and ppf.effective_end_date and
rownum < 2 ) ||'|'||
nvl ((select last_name
from fusion.per_person_names_f ppn
where ppn.person_id = pbn.bnf_person_id
and ppn.name_type = 'GLOBAL'
and sysdate between ppn.effective_start_date and ppn.effective_end_date and
rownum < 2), (select name from hr_organization_units hou where hou.organization_id= pbn.organization_id and
rownum <2)) ||'|'||
(select first_name
from fusion.per_person_names_f ppn
where ppn.person_id = pbn.bnf_person_id
and ppn.name_type = 'GLOBAL'
and sysdate between ppn.effective_start_date and ppn.effective_end_date and
rownum < 2) str1
from fusion.ben_pl_bnf pbn
,fusion.ben_elig_per_elctbl_chc chc
,fusion.ben_prtt_enrt_rslt pen
,fusion.ben_pl_f pln
where
pbn.elig_per_elctbl_chc_id = chc.elig_per_elctbl_chc_id
and pen.prtt_enrt_rslt_id = chc.prtt_enrt_rslt_id
and pen.prtt_enrt_rslt_id in (SELECT unique pen1.prtt_enrt_rslt_id
FROM fusion.ben_pl_bnf pbn1
,fusion.ben_prtt_enrt_rslt pen1
where pbn1.prtt_enrt_rslt_id = pen1.prtt_enrt_rslt_id
and pen1.prtt_enrt_rslt_stat_cd is null
and pen1.enrt_cvgt_thru_dt = trunc(to_date('31/12/4712', 'dd/mm/yyyy'))
group by pen1.prtt_enrt_rslt_id, pen1.person_id, pbn1.prmry_cntngnt_cd
having sum(pbn1.pct_dsgd_num) <> 100
)
and pen.pl_id = pln.pl_id
and chc.pl_id = pln.pl_id
and chc.pl_id = pen.pl_id
and chc.per_in_ler_id=pen.per_in_ler_id
and sysdate between pln.effective_start_date
and pln.effective_end_date
and pbn.elig_per_elctbl_chc_id=chc.elig_per_elctbl_chc_id
and pen.prtt_enrt_rslt_stat_cd is null

```



```
and pen.prtt_enrt_rslt_id=chc.prtt_enrt_rslt_id
and pen.enrt_cvgt_thru_dt = trunc(to_date('31/12/4712', 'dd/mm/yyyy'))
)
order by personId, order
```

Related Topics

- [Can I override beneficiary details even after the life event is closed?](#)

Adjust the Beneficiary Allocations in Bulk

You may want to adjust the beneficiary allocations after you define it.

For example, when you close a life event for a participant, beneficiary allocations for various plans must add up to 100%. If there are several records for you to adjust, you can use the Beneficiary Enrollment HDL loader to adjust the allocation. Here's how you adjust the beneficiary allocations:

1. Run the Benefits Health Check diagnostic report.
2. Copy the report section named Persons with incorrect beneficiary percentages in HDL Format to a .dat file.
3. In the .dat file, adjust the allocations. For example, you can adjust the allocations to add up to 100%. You can make the allocation of a beneficiary as zero, but you need to retain that record in the .dat file.
4. Load the .dat file in HDL format with the adjusted allocations.
5. Close the life event.

Related Topics

- [Benefits Health Check Report](#)
- [How You Generate and View the Diagnostic Reports](#)
- [How Data Is Loaded Using HCM Data Loader](#)

FAQs for General Benefits

How can I create benefits lookups?

In the Setup and Maintenance work area, use the Manage Common Lookups task to create and edit benefit lookup types for benefits features and eligibility profiles.

You can use the Manage Benefit Lookups task in the Setup and Maintenance work area to edit the lookup codes for existing lookup types that start with BEN.

You cannot use this task to create new lookup types.

How can I add document types to the Benefits document category?

Use the Manage Document Types task in the Setup and Maintenance work area.

What happens to existing benefits if workers transfer to another legal entity?

Eligible workers continue to receive benefits that they elected in the previous legal entity.

Before a global transfer, administrators must ensure that default benefits relationship assignment rules for the destination legal entity or country exist on the Configure Default Benefits Relationships page.

How can I ensure that a worker's benefits relationship is accurate?

You can verify the accuracy of the benefits relationship of either a specific worker or multiple workers.

The following table lists scenarios and actions to ensure accuracy:

Scenario	Action
For a specific worker	Click Refresh on the Benefits Relationship tab of the Manage Benefits Relationship page in the Benefits Service Center page. Ensure that the default benefits relationship configuration for the worker's legal entity or country exists.
For multiple workers	Use the Assign and Update Benefits Relationship process in the Evaluation and Reporting work area.

Related Topics

- [How You Get the Latest Benefits Relationship Information for a Worker](#)
- [The Assign and Update Benefits Relationships Process](#)

Can I override beneficiary details even after the life event is closed?

You can override beneficiary details using the Override Enrollment option in the Enrollment work area.

For example, when you close a life event for a participant, the beneficiary percentage allocations for various plans must add up to 100%. If they don't add up, you can correct the beneficiary percentage allocations for the previously closed life events using the Override Enrollment option.

Here's how you correct the allocations:

1. In the Enrollments tab in Benefits Service Centre, select **Override Enrollment** on the **Actions** menu.
2. In the Override Enrollment page, scroll to the Beneficiaries section.
3. Correct the allocations for each beneficiary until you see 0% left for allocation.

Related Topics

How can I correct beneficiary percentages or beneficiary types for multiple participants in bulk?

Use the Benefits Health Check diagnostic reports to identify the allocation of beneficiary percentages and contingent beneficiaries with no primary beneficiary.

Here are the relevant sections in the report that provide you with the required data for corrective actions:

Section	Description
Persons with incorrect beneficiary percentages in HDL Format	Lists the beneficiaries whose percentage amount doesn't add up to 100 percent.
Persons with contingent beneficiary but no primary beneficiary in HDL Format	Lists the people who have a contingent beneficiary but no primary beneficiary.

You can copy the data listed in these sections to a .dat file and upload using HDL after correcting the percentages or changing contingent beneficiary to primary beneficiary.

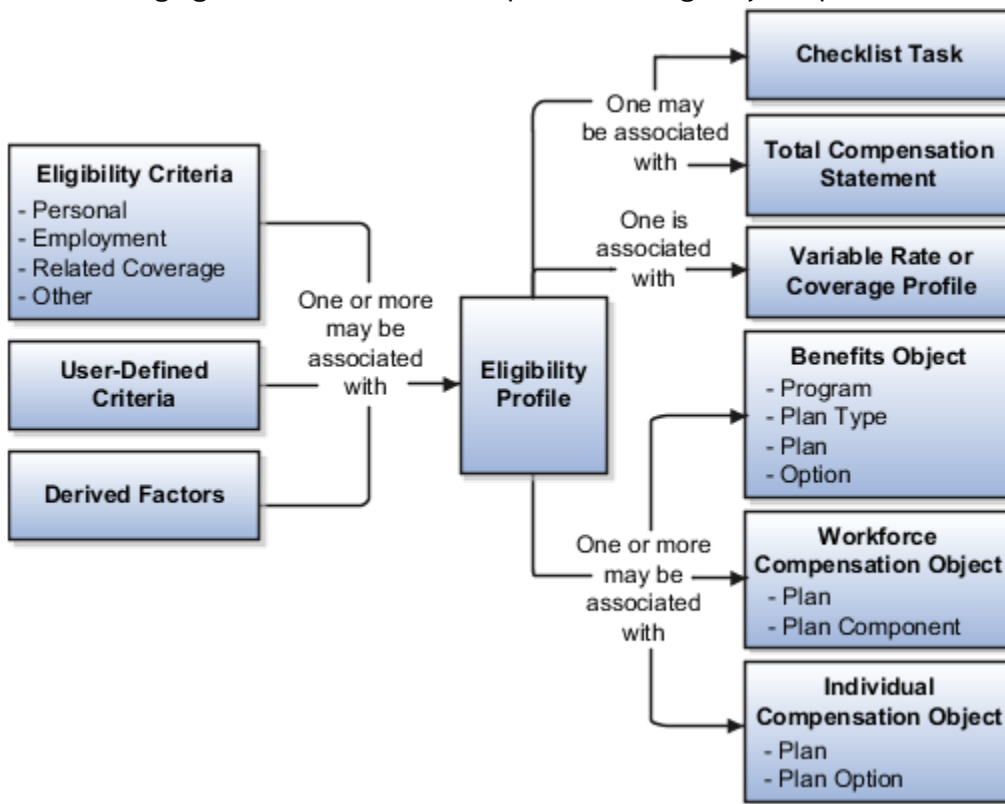
Related Topics

5 Eligibility Criteria for Benefits Eligibility Profiles

How Eligibility Works With Other Objects

You add eligibility criteria to an eligibility profile, and then associate the profile with an object that restricts eligibility.

The following figure shows the relationships between eligibility components.



Eligibility Criteria

You can add different types of eligibility criteria to an eligibility profile. For many common criteria, such as gender or employment status, you can select from a list of predefined criteria values. However, you must create user-defined criteria and derived factors before you can add them to an eligibility profile.

Eligibility Profile

When you add an eligibility criterion to a profile, you define how to use it to determine eligibility. For example, when you add gender as a criterion, you must specify a gender value (male or female) and whether to include or exclude persons who match that value.

Associating the Profile with Objects

This table describes associating eligibility profiles with different kinds of objects and whether you can attach more than one profile.

Object that Uses an Eligibility Profile	Purpose	Whether You Can Attach More Than One Profile?
Variable rate or variable coverage profile	Establish the criteria required to qualify for that rate or coverage	No
Checklist task	Control whether that task appears in an allocated checklist	No
Total compensation statement	Apply additional eligibility criteria after statement generation population parameters	No
Benefits object	Establish the eligibility criteria for specific programs, plans, and options	Yes
Compensation object	Establish the eligibility for specific plans and options	Yes
Performance documents	Establish the eligibility for performance documents	Yes
Check-in templates	Establish the eligibility to use check-in templates for creating check-in documents	Yes
Goal plans or goal mass assignments	Establish eligibility for the goal	Yes
Absence plan	Determine the workers who are eligible to record an absence that belongs to that plan	Yes

Related Topics

- [User-Defined Criteria](#)
- [Derived Factors](#)
- [Eligibility Profiles](#)

Derived Factors

Derived factors define how to calculate certain eligibility criteria that change over time, such as a person's age or length of service. You add derived factors to eligibility profiles and then associate the profiles with objects that restrict eligibility.

Derived Factor Types

Using the **Manage Derived Factors** task, you can create six different types of derived factors:

- Age
- Length of service
- A combination of age and length of service
- Compensation
- Hours worked
- Full-time equivalent

Determination Rules and Other Settings

For each factor that you create, you specify one or more rules about how eligibility is determined. The following table provides example settings for two factors.

Factor	Example Settings
Age derived	<p>Select a determination rule to specify the day on which to evaluate the person's calculated age for eligibility.</p> <p>Example: If the determination rule is set to the first of the year, then the person's age as of the first of the year is used to determine eligibility.</p>
Full-time equivalent	<p>Specify the minimum and maximum full-time equivalent percentage and whether to use the primary assignment or the sum of all assignments when evaluating eligibility.</p> <p>Example: If 90 to 100 percent is the percentage range for the sum of all assignments, then a person who works 50 percent full-time on two different assignments is considered eligible.</p>

For derived factors pertaining to time and monetary amounts, you can also set the following rules:

- Unit of measure
- Rounding rule
- Minimum and maximum time or amount

Related Topics

- [Examples of Derived Factors](#)
- [Eligibility Profiles](#)

Examples of Derived Factors

The scenarios described here illustrate how to define different types of derived factors.

Age

Benefits administrators frequently use age factors to determine:

- Dependent eligibility
- Life insurance rates

Age factors typically define a range of ages, referred to as age bands, and rules for evaluating the person's age. The following table illustrates a set of age bands that could be used to determine eligibility for life insurance rates that vary based on age.

Derived Factor Name	Greater Than or Equal To Age Value	Less Than Age Value
Age Under 25	1	25
Age 25 to 34	25	35
Age 35 to 44	35	45
Age 45 to 54	45	55
Age 55 to 64	55	65
Age 64 or Older	65	75

The determination rule and other settings for each age band can use the same values, as shown in the following table:

Field	Value
Determination Rule	First of calendar year
Age to Use	Person's
Units	Year
Rounding	None

Length of Service

You use the length of service derived factor to determine eligibility based on an employee's length of service. For example, you can create a derived factor to determine if an employee has completed 10 years of service. You can specify the start date of the length of service period using any rule in the Period Start Date Rule list:

- Adjusted service date

- Date of hire
- Original hire date
- Seniority date

If you select Seniority Date, you use the Seniority Date list to select the specific configuration rule, such as the grade seniority date, to determine the date. If you have other special requirements to calculate the length of service, you can use a formula. You indicate the end of the length of service period by using a determination rule, such as end of month, first of month, as of event date, or end of pay period. The following table shows an example of a set of length-of-service bands.

A derived factor for length of service defines a range of values and rules for calculating an employee's length of service. The following table shows an example of a set of length-of-service bands. You can use the length-of-service bands to determine eligibility for compensation objects such as bonuses or severance pay.

Derived Factor Name	Greater Than or Equal To Length of Service Value	Less Than Length of Service Value
Service Less Than 1	0	1
Service 1 to 4	1	5
Service 5 to 9	5	10
Service 10 to 14	10	15
Service 15 to 19	15	20
Service 20 to 24	20	25
Service 25 to 29	25	30
Service 30 Plus	30	999

The determination rule and other settings for each length-of-service band are the same:

Field	Value
Period Start Date Rule	Date of hire This sets the beginning of the period being measured.
Determination Rule	End of year This sets the end of the period being measured.
Age to Use	Person's

Field	Value
Units	Year
Rounding	None

Compensation

A derived factor for compensation defines a range of values and rules for calculating an employee's compensation amount. The following table shows an example of a set of compensation bands. You can use the compensation bands to determine eligibility for compensation objects such as bonuses or stock options.

Derived Factor Name	Greater Than or Equal To Compensation Value	Less Than Compensation Value
Less than 20000	0	20,000
Salary 20 to 34000	20,000	35,000
Salary 35 to 49000	35,000	50,000
Salary 50 to 75000	50,000	75,000
Salary 75 to 99000	75,000	100,000
Salary 100 to 200000	100,000	200,000
Salary 200000 Plus	200,000	999,999,999

The determination rule and other settings for each compensation band are the same:

Field	Value
Determination Rule	First of year
Unit of Measure	US Dollar
Source	Stated compensation
Rounding	Rounds to nearest hundred

Related Topics

- [Eligibility Profiles](#)
- [Derived Factors](#)

Options for Using Age to Determine Eligibility

The Age to Use value that you select for an age derived factor determines whose birth date is used to calculate the derived age. The most common value is Person's.

Use the **Manage Derived Factors** task to configure age derived factors.

Person's Age

You usually use **Person's** as the **Age to Use** setting. With this setting, each person's own birth date is used to calculate age for eligibility evaluation, as shown in the following table.

Scenario	Result
You select Person's as the Age to Use value, and associate the age derived factor with a dependent eligibility profile.	Each dependent's eligibility is evaluated based on the age calculated from his or her own birth date.

Other Age to Use

To evaluate participant or dependent eligibility or rates based on another person's age, such as a spouse or child, select a value other than Person's.

The following table provides examples.

Scenario	Result
You select Person's oldest child as the Age to Use value, and associate this derived factor with a dependent eligibility profile.	Eligibility for all dependents is based on the age of the participant's oldest child. For example, all dependents become ineligible when the oldest child reaches the maximum age of eligibility.
You select Inherited Age as the Age to Use value, and associate this derived factor with a dependent eligibility profile.	Eligibility for all dependents is based on the date of birth as defined in the person extra information flexfield.

Related Topics

- [Derived Factors](#)
- [Examples of Derived Factors](#)

Examples of User-Defined Criteria

The following scenarios illustrate how you can create different types of user-defined criteria for use in eligibility profiles associated with benefits and compensation objects.

In each example, you must:

1. Create the user-defined criteria using the Manage User-Defined Criteria task in the Plan Configuration work area.
2. Add the user-defined criteria to an eligibility profile using the Manage Eligibility Profile task.
3. Set the criteria values to use in the eligibility profile.
4. Associate the eligibility profile with the relevant benefits or compensation object.

Base Eligibility on a User-Defined Attribute

Your commercial diving company wants to offer different benefit rates to employees who dive to depths greater than 330 feet.

1. On either the create or edit page for user-defined criteria, set the following values.

Field	Value
Table	Person Attributes
Column	BEN_DIVE_DEPTH
Lookup	BEN_DIVE_DEPTH
Enable range validation one	Selected

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.
3. On the Other tab, User-Defined Criteria subtab, set the following values.
You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

Field	Value
Set 1 Meaning	330
Set 1 To Meaning	9999
Exclude	Clear

4. Associate the eligibility profile with a benefit variable rate profile.

Base Eligibility on a Formula

Your company wants to offer a spot incentive bonus to hourly employees who worked 100 percent of their scheduled shift hours in a three-month period. In the Setup and Maintenance work area, you used the Manage Fast Formula task to create the formula that calculates Scheduled Hours minus Worked Hours for each week in the previous three months. If the result of successive calculations is less than or equal to zero, then the formula returns a result of Yes.

1. On the create or edit page for user-defined criteria, enter the following values.

Field	Value
Access One Formula	Worked_Sched_Hours_Percent
Enable range validation one	Clear

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.
3. On the Other tab, User-Defined Criteria subtab, set the following values.
You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

Field	Value
Set 1 Meaning	Yes
Exclude	Clear

4. Associate the eligibility profile with the bonus compensation object.

Tip: For very complex scenarios, your organization or implementation team can write a company-defined program to evaluate eligibility.

Use Eligibility to Exclude

Your organization wants to exclude workers with a work-at-home assignment from a transportation allowance.

1. On the create or edit page for user-defined criteria, set the following values.

Field	Value
Table	Assignment
Column	Work_at_home

Field	Value
Lookup	YES_NO
Enable range validation one	Clear

- On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.
- On the Other tab, User-Defined Criteria subtab, set the following values.

You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

Field	Value
Set 1 Meaning	Yes
Exclude	Selected

- Associate the eligibility profile with the transportation allowance compensation object.

Related Topics

- [User-Defined Criteria](#)
- [Configure Your Own Criteria Based on Lookups and Flexfields](#)

User-Defined Criteria

You can define your own eligibility criteria that meet any special requirements of your organization. Associate your criteria with eligibility profiles.

This topic provides an example and discusses creating and using a user-defined criteria.

Example

Your organization wants to use work-at-home assignment as the eligibility criteria for a monthly telecommunications allowance. The table and column already exist, but the data is not available from existing eligibility criteria tabs on the Create Eligibility Profile page. Therefore, you must first create the work-at-home criteria so that you can then use it with an eligibility profile.

Creating the Criteria

Use the **Manage User-Defined Criteria** task in the Plan Configuration work area. The data for the eligibility criterion that you create must be stored in a table that is accessible to the application. The procedure varies depending on the table.

Data Table	Procedure
Person Attributes or Assignments table	<ol style="list-style-type: none"> 1. Select the table and table column from lists. You must understand the basic structure of these tables. 2. Select the lookup type to use to validate input values, including user-defined lookup types that you created for either table. For details, see the Setting Up Lookup-Based User-Defined Criteria: Worked Example topic. 3. If the field stores a numeric value or a date, specify a range of valid values.
Other tables	<ol style="list-style-type: none"> 1. Use the Manage Fast Formulas task in the Setup and Maintenance work area. 2. Select your formula on the Create User-Defined Criteria page.

Using the Criteria

You can define one or two sets of criteria on the Create User-Defined Criteria page. The participant must meet the criteria defined in either set to be considered eligible or ineligible.

After you create your user-defined criteria, you can add it to an eligibility profile on the User-Defined Criteria tab in the **Other** category.

Related Topics

- [Examples of User-Defined Criteria](#)
- [Eligibility Profiles](#)
- [Configure Your Own Criteria Based on Lookups and Flexfields](#)

Example of Using Range of Scheduled Hours

This example illustrates how to define eligibility criteria based on the number of hours a worker is scheduled to work within a specified period.

Weekly and Monthly Ranges

You want to limit eligibility for a benefits offering to workers who were scheduled to work either of the following ranges. Both ranges are as of the end of the previous quarter:

- Between 30 and 40 hours each week
- Between 130 and 160 hours each month

To do this, add two different ranges on the Range of Scheduled Hours subtab under the Employment tab of the create or edit eligibility profile pages. Set the values for the weekly range as shown in the following table:

Field	Value
Sequence	1
Minimum Hours	30
Maximum Hours	40
Scheduled Enrollment Periods	Weekly
Determination Rule	End of previous quarter

Set the values for the monthly range as shown in this table:

Field	Value
Sequence	2
Minimum Hours	130
Maximum Hours	160
Scheduled Enrollment Periods	Monthly
Determination Rule	End of previous quarter

Related Topics

- [Eligibility Profiles](#)
- [Create a Participant Eligibility Profile](#)

Configure Your Own Criteria Based on Lookups and Flexfields

This example demonstrates how you create user-defined criteria based on user-defined lookups and associate the user-defined criteria with benefits eligibility profiles.

Scenario: A commercial diving company wants to offer different benefits rates to divers who dive deeper than 330 feet.

Summary of Tasks

To create lookup-based user-defined criteria for benefits eligibility profiles, you first perform these tasks in the Setup and Maintenance work area.

1. Create the benefit lookup.
2. Create the benefit value set.
3. Create the additional global segment on the descriptive flexfield.
4. Deploy the modified descriptive flexfield.

Next, you perform these tasks in the Plan Configuration work area.

1. Create the lookup-based user-defined criteria.
2. Create the eligibility profile and associate the new user-defined criteria.

Create Benefit Lookup

While you can use the Manage Benefit Lookups task to edit existing benefits lookups, you must use the Manage Common Lookups task in the Setup and Maintenance work area to create benefits lookups.

1. Create the lookup type, as shown in this table. Start the Lookup Type value with BEN_ for easy searching. This also ensures that the lookup is available in the Manage Benefit Lookups task.

Field	Value
Lookup Type	BEN_DIVE_DEPTH
Meaning	Dive Depth
Description	Identifies whether the diver dives deeper than 330 feet
Module	Eligibility Profiles

2. Click **Save**.

You must create the lookup type before you can add lookup codes.

3. In the Lookup Codes section, add and enable the lookup codes that you want to use for the lookup, as shown in this table.

Field	Values for Code 1	Values for Code 2
Lookup Code	SHALLOW	DEEP
Display Sequence	1	2
Enabled	Select	Select

Field	Values for Code 1	Values for Code 2
Start Date	1/1/2000	1/1/2000
Meaning	Shallow	Deep
Description	Dives 330 feet or less	Dives deeper than 330 feet

4. Click **Save and Close** to return to the Overview page.

Create Benefit Value Set

Use the Manage Value Sets task of the Setup and Maintenance work area to complete this task with the default values for fields unless the steps specify other values.

1. Complete the initial fields, as shown in this table.

Field	Value
Value Set Code	BEN_DIVE_DEPTH
Module	Eligibility Profiles
Validation Type	Table
Value Data Type	Character

2. Complete the Definition fields, which appear after you select the validation type, as shown in this table.

Field	Value
FROM Clause	HCM_LOOKUPS
Value Column Name	MEANING
ID Column Name	LOOKUP_CODE
WHERE Clause	LOOKUP_TYPE='BEN_DIVE_DEPTH'

Create Global Segment

Use the Manage Descriptive Flexfields task in the Setup and Maintenance work area. Use the default values for fields unless the steps specify other values.

1. Search for the Persons Attributes descriptive flexfield. To add more attributes to the Assignments table, you search for and edit the Assignment Attributes descriptive flexfield.
2. In the Search Results section, select the **Person Attributes** row.
3. On the Search Results toolbar, click the **Edit** button.
4. On the Global Segments toolbar, click the **Create** button.
5. Complete the general fields, as shown in this table.

Field	Value
Name	Dive Depth
Code	BEN_DIVE_DEPTH

6. Complete the Column Assignment fields, as shown in this table.

Field	Value
Data Type	Character
Table Column	The next available attribute, such as ATTRIBUTE1

7. In the Validation section **Value Set** field, select **BEN_DIVE_DEPTH**.
8. In the Display Properties section **Display Type** field, select **Drop-down List**.
9. Click **Save and Close** to return to the Edit Descriptive Flexfield page.
10. Click **Save and Close** to return to the Manage Descriptive Flexfields page.

Deploy Modified Descriptive Flexfield

You deploy the edited descriptive flexfield to expose the field in the application and make it available for use when creating user-defined criteria.

1. On the Search Results toolbar, click **Deploy Flexfield**.
2. Click **Done** to return to the Overview page.

Create Lookup-Based User-Defined Criteria

Use the Plan Configuration work area to complete this task with the default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage User-Defined Criteria** to open the Manage User-Defined Criteria page.
2. On the Search Results toolbar, click **Create**.
3. Complete the User-Defined Criteria fields, as shown in this table.

Field	Value
Name	Ben Dive Depth
Short Code	BEN_DIVE_DEPTH

- Complete the Set 1 fields, as shown in this table.

Field	Value
Table	Person Attributes
Column	Attribute that you selected for your global segment, for example ATTRIBUTE1
Lookup	BEN_DIVE_DEPTH

- Click **Save and Close** to return to the Manage User-Defined Criteria page.

Create Eligibility Profile and Associate User-Defined Criteria

Use the Plan Configuration work area to complete this task with the default values for fields unless the steps specify other values.

- In the Tasks panel drawer, click **Manage Eligibility Profiles** to open the Manage Eligibility Profiles page.
- On the Search Results toolbar **Create** menu, select **Create Participant Profile**.
- In the Eligibility Profile Definition section **Name** field, enter **Ben Dive Depth**.
- In the User-Defined Criteria tab Eligibility Criteria section, add your user-defined criteria as shown in this table.

Field	Value
Sequence	1
User-Defined Criteria	Ben Dive Depth
Exclude	Clear
Set 1 Meaning	Deep

- Be sure that you select the value in the **Set 1 Meaning** field.

You might have to refresh the list before you see the choice that you want:

- a. Select another tab, such as Formula.
 - b. Select the User-Defined Criteria tab again.
6. Click **Save and Close** to return to the Manage Eligibility Profiles page.

Related Topics

- [User-Defined Criteria](#)
- [Examples of User-Defined Criteria](#)

Manage Benefits Derived Factors in the Integrated Workbook

Use the integrated Microsoft Excel workbook available in the Manage Derived Factors page to create, edit, and delete multiple derived factors simultaneously.

The workbook contains the following tabs with each tab enabling you to configure derived factors belonging to a particular type:

- Age
- Length of Service
- Age and Service
- Compensation
- Hours Worked
- Full-Time Equivalent

You perform these basic steps to configure derived factors using the workbook:

1. Generate and populate the workbook.
2. Create, edit, or delete derived factors in multiple tabs.
3. Upload edits.
4. Resolve errors if required.

Repeat these steps as many times as required to accommodate revisions.

Generating and Populating the Workbook

Perform these steps:

1. Navigate to the Plan Configuration work area, Manage Derived Factors page.
2. Click **Prepare in Workbook**.

Creating Derived Factors

For example, if you want to enter derived factors for Age:

1. Select the Age worksheet.
2. Click **Search** on the Derived Factors tab that is available as part of the Excel ribbon toolbar.

3. Insert a row at the end of the search results and enter the data for the new derived factor.
4. Click **Upload**. You can enter data in multiple workbooks.

Making Changes to Existing Derived Factors

For example, to make changes to a Compensation derived factor:

1. Select the required worksheet and enter the name of the specific derived factor you want to make changes to.
2. Click **Search**.
3. Make the required changes to the derived factors.
4. Click **Upload**.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

How You Delete Incorrect Billing Charges

You can delete incorrect billing charges that are in unpaid status from the Billing page in Benefits Service Center.

After you delete the charges, the application restores the data to how it was before.

For example, you want to waive off billing charges for some employees after the bills were generated. These billing charges are in Unpaid status, and you can delete them. When you delete the charges, they neither appear on the employee's Year to Date totals (YTD) nor appear as dues in the subsequent bills.

You can only delete the latest unpaid billing charge. For example, you have multiple billing charges that are in the Unpaid status. You need to delete those charges first before you can delete a specific unpaid billing charge.

In the following example, there are multiple billing charges that are in Unpaid status. If you want to delete the bill number 10001 or 10002, you need to first delete the bill number 10003.

Example on Deleting Billing Charges in Unpaid Status

Billing Period	Bill Number	Start and End Date	Status
Bill_Feb_2021	10003	1/2/2022-28/2/2022	UNPAID
Bill_Jan_2021	10002	1/1/2021-31/1/2021	UNPAID

Billing Period	Bill Number	Start and End Date	Status
Bill_Dec_2020	10001	1/12/2020-31/12/2020	UNPAID

In the following example, there is one billing charge that is in Open status and one in Unpaid status. If you want to delete the bill number 10004, you need to first delete the bill number 10005.

Example on Deleting Billing Charges in Unpaid and Open Status

Billing Period	Bill Number	Start and End Date	Status
Bill_Apr_2021	10005	1/4/2021-30/4/2021	OPEN
Bill_Mar_2021	10004	1/3/2021-31/3/2021	UNPAID

You can add reasons and comments on why you are deleting the billing charges. You need to extend a lookup named **Reason for Deleting the Bill Charge** (ORA_BEN_BILL_DEL_REASON) to add your business-specific reasons. Even after you delete the billing charge, you can use the **Show Deleted Unpaid Bill Charges** option in the Billing page on Benefits Service Center to view it. You can view the reasons too.

Enable Benefits Extracts to Fetch V3 Seniority Date

By default, Fusion Benefits extracts (BENXML extract file contains an empty original hire date when you are using V3 seniority date, and you need to create a fast formula to fetch the date.

Here's how you use the correct V3 seniority date:

1. In the **Setup and Maintenance** work area, search for the **Manage Administrator Profile Values** task.
2. Search for the **ORA_PER_SENIORITY_DATE_AT_ENT** profile option code.
3. Set the value of the profile option **ORA_PER_SENIORITY_DATE_AT_ENT** to Enterprise Seniority Date – Person level.
4. Click **Save and Close**.

Related Topics

- [Populate V3 Seniority Dates for Employees](#)

Populate V3 Seniority Dates for Employees

Here's how you populate the V3 seniority dates for employees.

You do this after you set up the profile options:

1. Click **Navigator > My Client Groups > Person Management**.
2. Search for the person.

3. Click **Actions > Personal and Employment > Seniority Dates**.
4. Click **Recalculate Seniority** to populate the V3 seniority dates.
5. Check and confirm the value is available for the person's enterprise seniority date.

Related Topics

- [Enable Benefits Extracts to Fetch V3 Seniority Date](#)

Home Address for Service Area Eligibility

You can use the employee's home address instead of the primary address or work address for eligibility profiles.

For example, you want the benefit rates to be based on the home postal code or service area for a remote employee.

Here are some considerations when you use home address for service area eligibility:

- Eligibility profiles use the employee's primary address by default.
- The profile option is enabled at the site level only, it can't be enabled at any other level.
- The profile option enables this feature for all eligibility profiles across modules.
- The profile option works anywhere the eligibility profiles are used such as, variable rates or variable coverages.
- The profile option only works with eligibility profiles. You can't use it elsewhere in the application.
- We don't recommend you to change the profile option back and forth.

Use Home Address for Service Area Eligibility

Here's how you enable the home address for service area eligibility:

1. In the **Setup and Maintenance** work area, search for the **Manage Administrator Profile Values** task.
2. Search for the **ORA_BEN_ELIG_ENABLE_SVC_AREA_EVALUATION_WITH_HOME_ADDRESS** profile option code.
3. In the **Site** field, select **Y** to change the profile option to site level.
4. Click **Save and Close**.

FAQs for Eligibility Criteria

What happens if I include multiple criteria in an eligibility profile?

If you define multiple values for the same criteria type, such as two postal code ranges, a person must satisfy at least one of the criteria to be considered eligible. For example, a person who resides in either postal range is eligible.

If you include multiple criteria of different types, such as gender and age, a person must meet at least one criterion defined for each criteria type.

What happens if I don't select the Required option when I add an eligibility profile to an object?

If you add only one eligibility profile to an object, then the criteria in that profile must be satisfied, even if the Required option isn't selected.

If you add multiple eligibility profiles, these rules apply:

- If all profiles are optional, then at least one of the profiles must be satisfied.
- If all profiles are required, then all of the profiles must be satisfied.
- If some but not all profiles are required, then all required profiles must be satisfied and at least one optional profile must also be satisfied.

How can I use a workbook to link participant eligibility profiles with a benefit offering?

When you create or edit programs or plans, in the Eligibility step, click Prepare in Workbook. In the spreadsheet that appears, you create a row for each participant eligibility profile that you want to associate with the offering.

You can delete existing participant eligibility profiles that are associated with an offering. Double-click the **Mark for Deletion** column of the participant eligibility profile row that you want to delete, and upload the workbook.

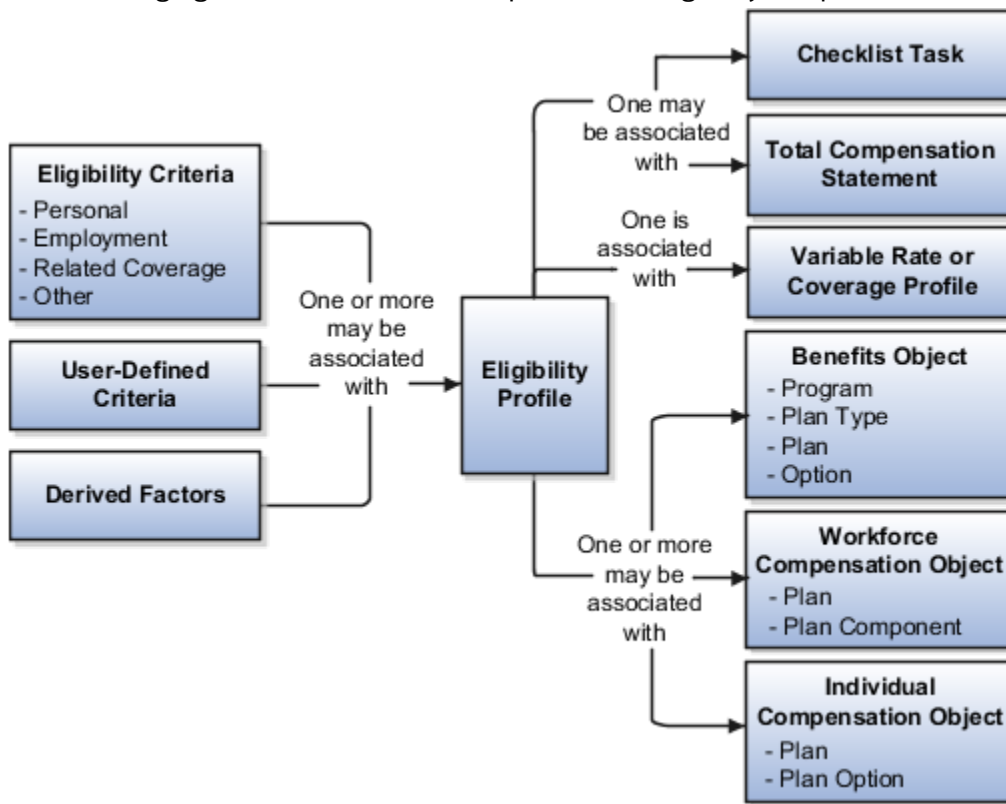
You can find all the workbook actions, such as upload, search, end date, and delete, in the **Manage Eligibility Profiles** ribbon tab on the spreadsheet toolbar.

6 Eligibility Profiles for Benefits and Other Objects

How Eligibility Works With Other Objects

You add eligibility criteria to an eligibility profile, and then associate the profile with an object that restricts eligibility.

The following figure shows the relationships between eligibility components.



Eligibility Criteria

You can add different types of eligibility criteria to an eligibility profile. For many common criteria, such as gender or employment status, you can select from a list of predefined criteria values. However, you must create user-defined criteria and derived factors before you can add them to an eligibility profile.

Eligibility Profile

When you add an eligibility criterion to a profile, you define how to use it to determine eligibility. For example, when you add gender as a criterion, you must specify a gender value (male or female) and whether to include or exclude persons who match that value.

Associating the Profile with Objects

This table describes associating eligibility profiles with different kinds of objects and whether you can attach more than one profile.

Object that Uses an Eligibility Profile	Purpose	Whether You Can Attach More Than One Profile?
Variable rate or variable coverage profile	Establish the criteria required to qualify for that rate or coverage	No
Checklist task	Control whether that task appears in an allocated checklist	No
Total compensation statement	Apply additional eligibility criteria after statement generation population parameters	No
Benefits object	Establish the eligibility criteria for specific programs, plans, and options	Yes
Compensation object	Establish the eligibility for specific plans and options	Yes
Performance documents	Establish the eligibility for performance documents	Yes
Check-in templates	Establish the eligibility to use check-in templates for creating check-in documents	Yes
Goal plans or goal mass assignments	Establish eligibility for the goal	Yes
Absence plan	Determine the workers who are eligible to record an absence that belongs to that plan	Yes

Related Topics

- [User-Defined Criteria](#)
- [Derived Factors](#)
- [Eligibility Profiles](#)

Eligibility Profiles

Create eligibility profiles to define criteria that determine whether a person qualifies for objects that you associate the profile with. You can associate eligibility profiles with objects in a variety of business processes.

The following are key aspects of working with eligibility profiles:

- Planning and prerequisites
- Specifying the profile type, usage, and assignment usage
- Defining eligibility criteria
- Excluding from eligibility
- Assigning sequence numbers
- Adding multiple criteria
- Viewing the criteria hierarchy

Planning and Prerequisites

Before you create an eligibility profile, consider the following:

- If an eligibility profile uses any of the following to establish eligibility, you must create them before you create the eligibility profile:
 - Derived factors
 - User-defined formulas
 - User-defined criteria
- Consider whether to combine criteria into one profile or create separate profiles depending on:
 - Whether the object for which you're creating eligibility accepts only one eligibility profile or more than one
 - Performance considerations
- Use names that identify the criteria being defined rather than the object with which the profile is associated, because eligibility profiles are reusable.

Example: Use Age20-25+NonSmoker rather than Supplemental Life-Minimum Rate.

Specifying Profile Type, Usage, and Assignment Usage

This table describes the basic profile attributes that you specify when you create an eligibility profile:

Setting	Description
Profile Type	Use only dependent profiles for Benefits plans or plan types when determining eligibility of participants' spouses, family members, or other individuals who qualify as dependents. All other profiles are participant profiles.
Usage	Determines the type of objects the participant profile can be associated with, such as benefits offerings and rates, compensation plans, checklist tasks, goal plans or mass goal assignments, or performance documents. Selecting Global makes the profile available to multiple business process usages.
Assignment to Use	Determines the assignment that the eligibility process evaluates for the person

Setting	Description
	<ul style="list-style-type: none"> • Select Specific assignment when the usage is Compensation or Performance. • Select a value that includes benefit relationship when the usage is Benefits. You select this value to restrict eligibility evaluation to active assignments that are associated with the benefits relationship of the person on a given date. If you select other values, then you might need to include eligibility criteria to exclude inactive assignments. • Select one of the following values for all other usages, such as total compensation statements: <ul style="list-style-type: none"> ○ Any assignment - enterprise ○ Employee assignment only - enterprise ○ Primary employee assignment only - enterprise

Defining Eligibility Criteria

Here's the list of eligibility criteria that you can use to configure benefit offerings:

Category	Description
Personal	<ul style="list-style-type: none"> • Gender • Person Type • Disabled • Uses Tobacco • Service Areas • Home Location • Postal Code Ranges • Leave of Absence • Termination Reason • Qualification • Competency • Marital Status • Religion
Employment	<ul style="list-style-type: none"> • Assignment Status • Hourly or Salaried • Assignment Category • Grade • Job • Position • Payroll • Salary Basis • Department • Legal Entities

Category	Description
	<ul style="list-style-type: none"> • Performance Rating • Quartile in Range • Work Location • Range of Scheduled Hours • People Manager • Job Function • Job Family • Hire Date • Probation Period • Business Unit
Derived factors	<ul style="list-style-type: none"> • Age • Length of Service • Compensation • Hours Worked • Full-Time Equivalent • Combined Age and Length of Service • Benefit Groups • Health Coverage Selected • Participation in Another Plan • Formula • User-Defined Criteria
Other	<ul style="list-style-type: none"> • Benefit Groups • Health Coverage Selected • Participation in Another Plan • Formula • User-Defined Criteria
Related coverage	<ul style="list-style-type: none"> • Covered by Another Plan • Covered by Another Plan in Program • Covered by Another Plan Type in Program • Covered by Another Program • Dependent Eligible for Another Plan Type in Program • Eligible for Another Plan • Eligible for Another Plan Type in Program • Enrolled in Another Option in Plan • Enrolled in Another Plan • Enrolled in Another Plan in Program • Enrolled in Another Plan Type in Program

Category	Description
	<ul style="list-style-type: none">• Enrolled in Another Program• Other Coverage
Labor Relations	<ul style="list-style-type: none">• Bargaining Unit• Labor Union Member• Union• Collective Agreement

Some criteria, such as gender, provide a fixed set of choices. The choices for other criteria, such as person type, are based on values defined in tables. You can define multiple criteria for a given criteria type.

Excluding from Eligibility

For each eligibility criterion that you add to a profile, you can indicate whether persons who meet the criterion are considered eligible or are excluded from eligibility. For example, an age factor can include persons between 20 and 25 years old or exclude persons over 65.

If you:

- Exclude certain age bands, then all age bands not explicitly excluded are automatically included.
- Include certain age bands, then all age bands not explicitly included are automatically excluded.

Assigning Sequence Numbers

You must assign a sequence number to each criterion. The sequence determines the order in which the criterion is evaluated relative to other criteria of the same type.

Adding Multiple Criteria

If you define multiple values for the same criteria type, such as two postal code ranges, a person must satisfy at least one of the criteria to be considered eligible. For example, a person who resides in either postal range is eligible.

If you include multiple criteria of different types, such as gender and age, a person must meet at least one criterion defined for each criteria type.

Viewing the Criteria Hierarchy

Select the View Hierarchy tab to see a list of all criteria that you have saved for this profile. The list is arranged by criteria type.

Related Topics

- [Examples of Eligibility Profiles](#)
- [Derived Factors](#)
- [User-Defined Criteria](#)
- [Single or Multiple Eligibility Profiles](#)
- [Create a Participant Eligibility Profile](#)

Types of Assignments You Can Use in Eligibility Profiles

When you create a participant eligibility profile, you specify which of a worker's assignments is evaluated to determine eligibility. This topic explains each value in the Assignment to Use field and helps you decide which value might work best for your product.

Each value includes the following components:

- Type of assignment
- Organizational level of the assignment

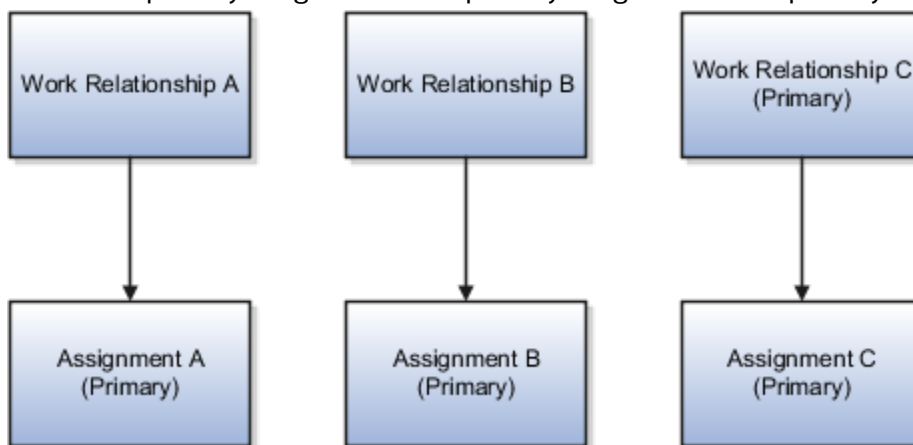
Type of Assignment

The available assignment values relate to the three types of work relationships:

- Employee
- Nonworker

All work relationships, regardless of type, have at least one assignment. When a worker has multiple assignments within a work relationship, one of them is designated as primary. When a worker has multiple work relationships, one of them is designated as a primary work relationship.

The overall primary assignment is the primary assignment in the primary work relationship, as shown in this figure.



According to the example in the figure, the overall primary assignment of the worker is Assignment C.

This table describes the type of assignment options when you select an assignment to use for an eligibility profile.

Type of Assignment	Description
Any assignment	Evaluates assignments that are associated with any of the three work relationships: employee or nonworker
Employee assignment only	Evaluates assignments that are associated with an employee work relationship only

Type of Assignment	Description
Primary employee assignment only	Evaluates only the employee work relationship assignment that is designated as primary
Benefit nonworker assignment	Evaluates assignments with nonworker work relationship only. Applies only to Benefits participant profiles. Typically used for continuation of benefits after employment terminates
Specific assignment	Evaluates only the selected assignment or the assignment ID that was passed to eligibility evaluation processing at runtime. For example, when you select a person record from the person search page, a product might pass the corresponding assignment ID to eligibility evaluation processing.

Organizational Level

Assignments to Use values also enable you to evaluate the selected type of assignment within one of these levels:

- Benefits relationship
- Legal employer
- Enterprise

This table describes the Assignment to Use values that are applicable to each organizational level.

Note: Values that include **Enterprise** or **Legal employer** also include inactive assignments in the eligibility evaluation. If you want to exclude inactive assignments, you add necessary eligibility criteria when you create or edit the eligibility profile. For example, you can use the Assignment Status eligibility criteria.

Level	Description
Benefits relationship	<p>Evaluates only active assignments that are associated with the worker's benefits relationship effective on a particular date. Select one of these values:</p> <ul style="list-style-type: none"> • Any assignment - benefit relationship • Benefit nonworker assignment - benefits relationship • Employee assignment only - benefits relationship • Primary employee assignment only - benefits relationship
Legal Employer	<p>Evaluates assignments that exist at the legal employer level. Select one of these values:</p> <ul style="list-style-type: none"> • Any assignment - legal employer • Employee assignment only - legal employer • Primary employee assignment only - legal employer <p>To use these values, ensure that a benefits relationship configuration exists at the worker's legal employer level. Ensure that that benefits relationship is currently assigned to the assignments you want to evaluate for eligibility.</p>
Enterprise	<p>Evaluates assignments that exist at the enterprise level. Select one of these values:</p> <ul style="list-style-type: none"> • Any assignment - enterprise

Level	Description
	<ul style="list-style-type: none"> Employee assignment only - enterprise Primary employee assignment only - enterprise

Recommended Assignment to Use Values

This table describes the recommended Assignment to Use values for products that use eligibility profiles.

Purpose	Description
Benefit programs, plan types, plans, options, variable rate profiles, and variable coverage profiles	<p>Select one of these values:</p> <ul style="list-style-type: none"> Any assignment - benefit relationship Benefit nonworker assignment - benefit relationship Employee assignment only - benefit relationship Primary assignment only - benefit relationship
Workforce compensation plans, individual compensation plans, and performance documents	<p>Select Specific assignment.</p> <p>Workforce compensation plans, individual compensation plans, and performance documents automatically pass a specific assignment value to eligibility evaluation processing at runtime.</p>
Absence plans, absence types, check lists, goals, total compensation statement	<p>Select one of these values:</p> <ul style="list-style-type: none"> Any assignment - enterprise Employee assignment only - enterprise Primary employee assignment only - enterprise <p>You can use other values, such as those that include Legal employer, but you must set up a benefits relationship first. If you don't want to set up a benefits relationship, you can use these values and define additional eligibility criteria to consider assignments in specified legal entities.</p>

Single or Multiple Eligibility Profiles

You can define multiple criteria in an eligibility profile or create separate profiles for individual criterion.

To determine the best approach, consider the following:

- Does the object for which you are defining eligibility allow multiple eligibility profiles?
- What is the best approach in terms of efficiency and performance?
- Are your criteria both inclusive and exclusive?

Allowable Number of Eligibility Profiles

If an object permits only one eligibility profile, you must include all criteria in a single profile.

The following table shows which objects permit only one profile and which permit more.

Only One Profile	One or More Profiles
<ul style="list-style-type: none"> • Checklist tasks • Variable rate profiles • Variable coverage profiles • Total compensation statements • Absence types 	<ul style="list-style-type: none"> • Benefits offerings • Individual and workforce compensation plans • Performance documents • Check-in templates • Goal plans or mass goal assignments • Absence plans

Efficiency and Performance in the Benefits Hierarchy

For optimum performance and efficiency, attach profiles at the highest possible level in the benefits object hierarchy and avoid duplicating criteria at lower levels. For example, to be eligible for a plan type, a person must satisfy eligibility profiles defined at the program and plan type in program levels.

The following objects inherit the eligibility criteria associated with the program:

- Plan types in program
- Plans in program
- Plans
- Options in plans that are in programs

However, it's sometimes more efficient to create more than one profile and attach the profiles at various levels in the hierarchy. The following table illustrates applying successively restrictive exclusion criteria at different levels in the hierarchy:

Level	Eligibility Profile Criteria
Program	Exclude employees who do not have an active assignment.
Plan type in program	Exclude employees who do not have a full-time assignment.
Plan	Exclude employees whose primary address is not within a defined service area.

Using Both Inclusive and Exclusive Criteria

Eligibility criteria can be used to include or exclude persons from eligibility. Sequencing of criteria is more complicated when you mix included and excluded criteria in the same profile. For ease of implementation, keep excluded criteria in a separate eligibility profile.

Related Topics

- [How Eligibility Works With Other Objects](#)
- [What happens if I include multiple criteria in an eligibility profile?](#)
- [Best Practices for Setting Up Eligibility in a Benefits Hierarchy](#)

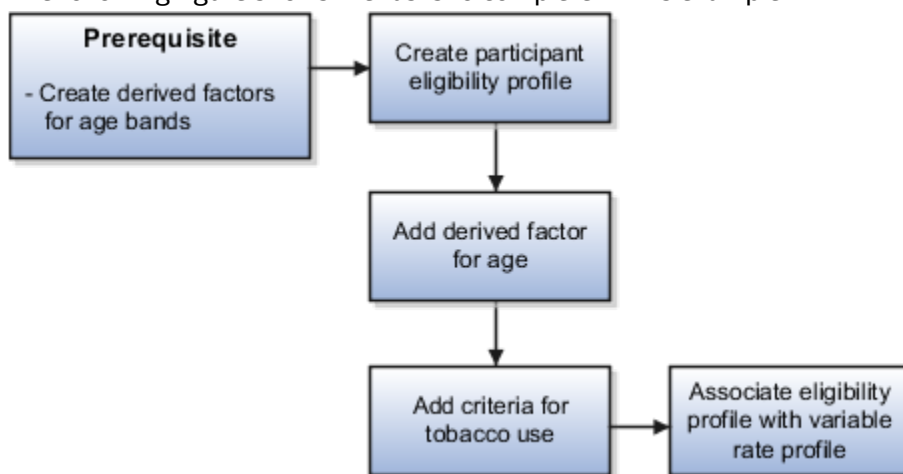
Create a Participant Eligibility Profile

This example demonstrates how to create a participant eligibility profile used to determine eligibility for variable life insurance rates. Use the Plan Configuration work area to complete these tasks.

The following table summarizes key decisions for this scenario.

Decisions to Consider	In this Example
What is the profile type?	Participant
What type of object is associated with this profile?	Variable rate for benefits offering
What types of eligibility criteria are defined in this profile?	Age derived factor (must have been previously defined) Uses Tobacco criteria
Should persons meeting these criteria be included or excluded from eligibility?	Included

The following figure shows the tasks to complete in this example:



In this example, you create one eligibility profile that defines the requirements for a single variable rate.

- Typically, you create a set of eligibility profiles, one for each variable rate.

- Create a separate profile for each additional rate by repeating the steps in this example, varying the age and tobacco use criteria.

Prerequisites

1. Create an age derived factor for ages less than 30.

Creating the Eligibility Profile

Use default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage Eligibility Profiles** to open the Manage Eligibility Profiles page.
2. On the Create menu, select **Create Participant Profile**.
3. In the Eligibility Profile Definition section, complete the fields as shown in this table.

Field	Value
Name	Age Under 30+ Non-Smoking
Profile Usage	Benefits
Status	Active
Assignment to Use	Any assignment - benefit relationship

Adding the Derived Factor for Age

Use default values for fields unless the steps specify other values.

1. In the Eligibility Criteria section, select the **Derived Factors** tab.
2. On the Age tab, click **Create**.
3. Complete the fields as shown in this table.

Field	Value
Sequence	1
Age	Select the derived factor that you previously defined for ages under 30
Exclude	Make sure that it's not selected

Adding the Criteria for Tobacco Use

Use default values for fields unless the steps specify other values.

1. Select the **Personal** tab.
2. On the Uses Tobacco tab, click **Create**.
3. Complete the fields as shown in this table.

Field	Value
Sequence	1
Tobacco Use	None
Exclude	Make sure that it's not selected

4. Click **Save and Close**.

Associating the Eligibility Profile with a Variable Rate Profile

Use default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage Benefits Rates** to open the Manage Benefits Rates page.
2. Select the **Variable Rates** tab.
3. Click **Create**.
4. In the **Eligibility Profile** field, select the eligibility profile you just created.
5. Complete other fields as appropriate for the rate.
6. Click **Save and Close**.

Related Topics

- [Examples of Eligibility Profiles](#)
- [Derived Factors](#)
- [Create a Benefit Variable Rate](#)

Examples of Eligibility Profiles

The following examples show how to use eligibility profiles to determine which workers are eligible for a plan, compensation object, and checklist task.

In each case, you:

1. Create the eligibility profile using the Manage Eligibility Profiles task, which is available in several work areas, including the Setup and Maintenance work area and the Plan Configuration work area.
2. Associate the eligibility profile with the relevant object, such as a benefit plan.

Savings Plan Eligibility

A savings plan, such as a 401k plan, is restricted to full-time employees under 65 years of age. Create an eligibility profile to associate with your plan.

The following table provides the values for the eligibility profile definition.

Field	Value
Profile Usage	Benefits
Profile Type	Participant

Criteria Type	Name	Values	Select Exclude Check Box
Employment	Assignment Category	Full-Time	No
Derived Factor	Age	Select an age derived factor for the age band of 65 and older	Yes

Bonus Eligibility

You offer a bonus to all employees who received the highest possible performance rating in all rating categories. Create an eligibility profile to associate with your Bonus compensation object.

The following table provides the values for the eligibility profile definition.

Field	Value
Profile Usage	Compensation, or Global
Profile Type	Participant
Assignment to Use	Specific Assignment

The following table provides the values for the eligibility criteria for each rating category.

Criteria Type	Name	Values	Select Exclude Check Box
Employment	Performance Rating	Select the performance template and rating name, and then select the highest rating value	No

Checklist Task Eligibility

A new hire checklist contains tasks that don't apply to employees who work in India. Create an eligibility profile to associate with each checklist task that doesn't apply to workers in India.

The following table provides the values for the eligibility profile definition.

Field	Value
Profile Usage	Checklist
Profile Type	Participant

The following table provides the values for the eligibility criteria.

Criteria Type	Name	Values	Select Exclude Check Box
Employment	Work Location	India	Yes

Related Topics

- [Eligibility Profiles](#)
- [Derived Factors](#)
- [How can I restrict benefits enrollment opportunities based on provider location?](#)
- [How to Configure Grandfathered Benefits](#)

Multiple Eligibility Profiles

For each eligibility profile that you add to an object, such as a benefit plan, there's a check box called Required that you can select.

If you select this check box, that means the participant needs to necessarily satisfy the criteria in that eligibility profile for them to be eligible for the object.

Only 1 Eligibility Profile

If you add just one eligibility profile, then all the criteria in that profile must be satisfied, even if you don't select the **Required** check box.

Multiple Eligibility Profiles, All Optional

Suppose you add multiple eligibility profiles and you don't select the **Required** check box for any of those profiles, the participant still needs to satisfy at least one of the profiles to be eligible for the object.

Multiple Eligibility Profiles, All Required

If you select the **Required** check box for all the profiles, then the participant must satisfy all of the profiles to be eligible for the object.

Multiple Eligibility Profiles, Some Optional, Some Required

Suppose you included multiple profiles for an object, and you selected the **Required** check box only for some of them. In this case, not only should the participant satisfy all the required profiles, they must satisfy at least one optional profile.

Considerations for Testing and Validating Eligibility Profiles

You can test and validate participant eligibility profiles and review the results in the Plan Configuration work area.

For example, you can test eligibility profiles against specific assignments for a person on different dates. The outcome of the test is saved to a log file for easy access. You can use the log file to identify issues and it helps you fine tune your setup.

You can evaluate:

- Any new profile that you created against an employee to figure out the correctness of the criteria within the profile.
- Employee and Non-Worker assignments only.

If the eligibility profiles use fast formulas, you need to test them separately in the fast formula tester.

The following profile criteria are not supported:

- All objects under the Related Coverage tab on the Participant Evaluation page.
- Objects in the Health Coverage Selected and Participation in Another Plan in the Other tab on the Participant Evaluation page.

Related Topics

- [Test and Validate Eligibility Profiles](#)

Test and Validate Eligibility Profiles

Here's how you test and validate eligibility profiles:

1. Click **Navigator > Benefits Administration > Plan Configuration**.
2. In the **Actions** panel, click **Evaluate Formulas and Eligibility Profiles**.
3. Select **Eligibility profile** as the setup object to evaluate.
4. Follow the prompts to test the eligibility profile.

5. Click the icon in the Results column to see the eligibility status. Download the log file to see more details.

Related Topics

- [Considerations for Testing and Validating Eligibility Profiles](#)

How to Configure Grandfathered Benefits

Configure grandfathered eligibility to enable already enrolled participants to retain eligibility for a benefit that they would otherwise not be able to elect. For example, continue a benefit for only those employees of an acquired company who were already enrolled on the acquisition date.

The following are the steps to configure grandfathered benefits eligibility:

1. Set the Grandfathered Benefit Group as the criterion for the Grandfathered Eligibility Profile.
2. Associate the Grandfathered Eligibility Profile to the associated benefit offering.
3. Assign the Grandfathered Benefit Group to the participants who are eligible for the associated benefit offering.

Creating and Assigning a Benefit Group

1. In the Plan Configuration work area Tasks panel drawer, click **Manage Benefit Groups** to open the Manage Benefits Group page.
2. Create a benefit group using a descriptive name, such as Grandfathered Eligibility with the name of the offering.
3. Use one of the following tasks to assign the benefit group to workers who qualify for the benefit:

Task	Work Area	Description
Manage Person Habits and Benefit Groups	Enrollment	Search for individuals and assign the benefit group
Manage Processes and Uploads	Evaluation and Reporting	Assign benefit groups using the Upload Person Benefit Groups integrated workbook

Creating and Using an Eligibility Profile

1. In the Plan Configuration work area, use the **Manage Eligibility Profiles** task to create an eligibility profile using these criteria:

Criteria Type	Criteria Name	Value
Other	Benefit Groups	Select the grandfathered benefit group that you created.

2. In the Plan Configuration work area, attach the eligibility profile to the benefit offering using these steps in the program or plan configuration guided process:
 - a. After searching for the program or plan, select the appropriate offering in the hierarchy table on the Eligibility step of the guided process.
 - b. In the Eligibility Profiles section, select the grandfathered eligibility profile that you created and set the **Required** value as appropriate.

Related Topics

- [Manage Person Benefit Groups in the Integrated Workbook](#)

Manage Postal Code Ranges and Service Areas in the Integrated Workbook

You can define postal code ranges and service areas for use as eligibility criteria using a single integrated Microsoft Excel workbook. Then, upload them into the application database. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing postal code ranges and services areas using the workbook is:

1. Generate the workbook.
2. Edit postal code ranges and service areas in their respective worksheets.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Service Areas** to open the Manage Benefit Service Areas page.
2. In the Search Results section of either the Postal Code Ranges or Service Areas tab, click **Prepare in Workbook**.

Editing Postal Code Ranges and Service Areas in the Workbook

The worksheet columns in each section are the same as fields in the corresponding application dialog box, as shown in this table.

Worksheet Section	Dialog Box
Postal Code Ranges	Create Postal Code Ranges
Service Areas	Create Service Area

In the respective worksheet:

1. Create the postal code ranges.

2. Upload the postal ranges if you plan to add them to service areas.
3. Create the service areas and edit existing ones.
4. Enter the postal code ranges that comprise the service area for each added service area.

You can enter multiple postal code ranges for a single service area. To do so, name the service area in the first column of the Postal Code Ranges section for each postal code row.

Note: The postal code ranges must exist in the application database before you can enter them in the worksheet rows. Upload any new postal code ranges first, before you upload your service area edits.

Uploading Edits

After you complete your edits, click **Upload**.

The process:

- Uploads to the application tables only those rows marked as changed
- Updates the Worksheet Status field only if the server or database becomes inaccessible during upload

When you upload the service area worksheet with postal code ranges that weren't successfully uploaded, the data in the Service Area section might upload successfully. However, an error status indicates invalid postal code range for any rows in the Postal Code Ranges section with values not yet uploaded.

Note: You can't edit postal code ranges in the worksheet if they uploaded successfully. To edit the postal code ranges after upload, use the Manage Postal Code Ranges and Service Areas page in the Plan Configuration work area.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

FAQs for Eligibility Profiles

How can I restrict benefits enrollment opportunities based on provider location?

Create an eligibility profile with the Employment criteria type and Work Location criteria using the Manage Eligibility Profiles task in the Plan Configuration work area.

If the work location definition doesn't correspond to the provider location:

1. Define the provider's service area by listing the relevant postal codes using the Manage Benefit Service Area task.
2. Use that service area to define an eligibility profile that uses the Service Area criteria in the Personal criteria type.

Assign the eligibility profile to the benefits offering that you want to restrict.

How can I know the person type of a participant?

Person type information, such as Participant, Employee, Ex Worker, Dependent, or Beneficiary, enables you to easily address eligibility-related and other questions from participants.

To know the the person type of a participant, open the Benefits Service Center page. On the side panel, click Person Info. On this page, you can see the participant's active person types and the validity periods. In the Person Info section, you can also see additional details, such as disability details, coverage in other plans, and student status.

7 Life Events for Enrollment Opportunities

Overview of Benefits Life Events

A life event is a change to person data or a scheduled event that can potentially result in an enrollment opportunity. For example, a change to a person’s assignment, marriage, the birth of a child, and so on. Life events determine when a participant can make or change benefits elections.

Some unrestricted events can provide virtually perpetual opportunity. Use life events to determine when a participant can make or change benefits elections.

Using Life Event Types

The following table describes the four categories of life event types with examples.

Type Category	Description	Examples
Explicit	A person's personal or work change that affects benefits participation. You configure explicit life events and their triggers during implementation.	Address change Marriage Assignment transfer
Temporal	Temporal life events occur with the passage of time and are predefined based on derived factors. Attach eligibility criteria based on the derived factors to the benefits objects associated with the event.	Age 65 Sixth month of employment
Scheduled	Scheduled life events are assigned periods of enrollment opportunity initiated by the employer organization.	Open enrollment periods Administrative event due to adding a new benefit
Unrestricted	Unrestricted life events enable participants to make enrollment changes at any time.	Savings plan enrollment and contribution changes

Creating and Editing Life Events

Life events are date effective. To avoid errors, check and adjust the session effective date before you create or update life events. Use the Manage Life Events task in the Plan Configuration work area to:

- Create explicit life events of type Work or Personal.
- Update existing and predefined life events.

You can configure these settings:

- Type. Select a type when you create a life event.
- General information, such as:
 - Name, description and short identifiers
 - Override and global indicators
- Additional information, such as:
 - Occurred date
 - Temporal detection rule
 - Timeliness period evaluation
 - Related person and self-assigned indicators

For explicit life events, configure the table and column changes that trigger the event:

- Create data changes in advance and add them as person or related person data changes.
- Create the data changes when you create or edit the life event.

Associating Scheduled and Explicit Events with Benefits Objects

You must associate scheduled and explicit life events with benefits objects and configure enrollment period, coverage, and other details. Use the Enrollment step of program or plan configuration.

Enrollment Setup Considerations

In the Enrollment step when you create or edit a benefits object, ensure that you:

- Check the session effective date before updating enrollment.
- Select the appropriate hierarchy level at the top of the enrollment step.
- Use the correct tab for the scheduled or explicit life event type.
- Select the event on the tab before configuring the enrollment period, coverages, and other details.

Processing Life Events

To determine enrollment opportunities, participation processing evaluates the life event against eligibility requirements and other configuration of the associated benefit object.

You can evaluate participation using:

- Batch processes in the Evaluation and Reporting work area
- Processing tasks for individual participants in the Enrollment work area
- Temporal processing options on the life event and in participation processing parameters

Reporting on Life Events

To view life events by status, use one of these resources:

- Participant Enrollment Results report in the Reports and Analytics work area. Click **More**.
- Configurable report on the Life Events tab in the Evaluation and Reporting work area. Search by specifying the event status and other report parameters.
- Use the Enrollment work area to view life events for individual participants.

Unrestricted Life Events

Use unrestricted life events for benefit enrollments that aren't dependent on time or data change. For example, use unrestricted event processing for savings plan enrollment, where participants can make contribution rate changes at any time.

This topic explains:

- Unrestricted event types
- Prerequisite benefits relationship configuration
- Unrestricted processing considerations
- Unrestricted processing during open enrollment period

Unrestricted Event Types

The following table describes predefined types of unrestricted life events:

Type	Description
Unrestricted	Unrestricted life events have a one day enrollment period and remain in the started status until the next unrestricted life event starts.
Unrestricted Open	You can configure the enrollment period start and end dates and when the elections become effective.

Prerequisite Benefits Relationship Configuration

To use unrestricted event processing, you must specify the default benefits relationship at the legal entity level. Use the **Configure Default Benefits Relationships** task in the Setup and Maintenance work area. If you configure the default benefits relationship for unrestricted processing, you must also configure it for life event processing.

Unrestricted Processing Considerations

Consider these points when planning to use unrestricted processing:

- Every attempt to alter the benefits enrollment:
 - Closes any previous unrestricted event
 - Starts a new unrestricted life event
 - Creates the effect of perpetual enrollment opportunity
- Processing an unrestricted life event with an effective date that's prior to existing unrestricted events backs out the later unrestricted events.
- Unrestricted processing doesn't affect other types of life events.

Unrestricted Processing During Open Enrollment Period

To enable enrollment in unrestricted plans during open enrollment, you must disable the regular unrestricted processing:

- Use the **Manage Self-Service Configuration** task in the Plan Configuration work area.
- Set unrestricted processing enablement to **Not during open enrollment**.
- Otherwise, the regular unrestricted processing backs out the unrestricted open enrollments.

Unrestricted programs and plans run on different business relationships than the life event driven programs and plans. This means that you can process an unrestricted life event on the same day that you process a regular life event.

Scheduled Life Events

Assign opportunity for elections to a defined population using predefined scheduled event types.

The following table describes the two predefined scheduled event types and provides examples.

Type	Description	Examples
Open enrollment	Scheduled period when enrollment is open to participants for reevaluation and election of benefits, typically on a recurring basis.	<ul style="list-style-type: none"> • Annual health and welfare benefits enrollment • Quarterly savings plan enrollment
Administrative	<p>Assign opportunity for elections when the terms and conditions of an offering change significantly and participants must be allowed to reevaluate their elections.</p> <p>Also helpful for initial data upload during implementation.</p>	<ul style="list-style-type: none"> • Renegotiation of contract rates • Addition of a new benefit

Temporal Life Events

A temporal event is an event that occurs with the passage of time. This is different from a life event that indicates a change of address, or a birth of a child, which actually signifies changes in data.

A temporal event is an event that occurs with the passage of time. This is different from a life event that indicates a change of address, or a birth of a child, which actually signifies changes in data. With temporal events, the only change is the passage of time. Temporal events notify the application when a person crosses the minimum or maximum boundary of a derived factor, such as length of service or age.

These events are detected even when no other life events occur for the person. You can use OTBI for reporting on temporal life event data. For example, you use temporal events in your business to include life insurance coverage reductions due to changes in age. In another example, you use temporal events to enroll a participant into benefits coverage when a probation period is reached.

You need to run the Evaluate Temporal Event Participation process to detect temporal events. That's because these type of events can't trigger on their own and can't be created using the self-service pages. You can schedule the process to run on a regular basis such as nightly or weekly, depending on your temporal event requirements.

Although the Evaluate Temporal Event Participation process can detect events, you still need to run the Evaluate Life Event Participation process too to determine eligibility, to evaluate the impact of the life event on the participant's benefit and rate information.

You can also create your own temporal life events if you have other special requirements. For example, you might need to create a temporal event report on the combination of age change, location, and becoming part time.

How You Configure Data Changes for Explicit Life Events

Create explicit life events and configure the data changes that trigger them for the person or the participant's related persons. Use the Manage Life Events task in the Plan Configuration work area.

This topic discusses:

- Explicit life event types
- Person and related person changes
- Data change definitions
- Data change associations with other life events

Explicit Life Event Types

Explicit life events use the Personal or Work life event types. Work and personal data change criteria are similar to those that define eligibility profiles.

Person and Related Person Data Changes

This table describes the types of data changes that you can associate with an explicit life event:

Type of Data Change	Description
Person change	A change to a person's personal or work data that triggers a life event for that person
Related person change	A change to the primary participant's personal or work data that might generate a life event for a person related to the primary participant

Example: You define a termination life event and associate two data changes:

- Person change to end benefits coverage for a terminated employee
- Related person change to end coverage for the dependents of the primary participant upon termination of the participant

Data Change Definitions

When you configure a data change, you select the table and column, and then define the data change that signifies occurrence of a life event.

Data column changes can include:

- A change from no value to any value. For example, when you add a contact during a Gain Dependent life event.
- Any change from any value to any other value. For example, when you change your old address to the new one during an Address Change life event.
- Specific values. For example, when you change your marital status from Married to Divorced.

You can use a formula to define more complex conditions for detecting a life event.

Data Change Associations with Life Events

When associating data changes you can:

- Link multiple data changes to a single life event
- Link a single data change to more than one life event

The following table describes the processing when you associate multiple data changes with an event:

Configuration	Processing
Changes to more than one table	Detects a life event when a data change in one of the tables meets the person change criteria.
Multiple changes to the same table	Detects a life event if the person satisfies all person change criteria associated with the table.

How You Create Life Events in Quick Create Program

To make new enrollment life events available to associate with the quick create program, click Create Life Events in the Enrollment section of the Quick Create Program page.

Attach enrollment life events to a program to trigger program enrollment opportunities when those life events occur.

You can:

- Create one user-defined life event at a time.
- Select one or more predefined life event configurations.

Creating User-Defined Life Events

In the User Defined Life Event section of the Create Life Event dialog box:

- Enter the life event name.
- Select the type.

You must use the Manage Benefit Life Events task to either:

- Associate user-defined events to already existing person or related person data changes.
- Create person or related person data changes and link the data changes to the life event.

Selecting Available Life Event Configurations

Each check box in the Available Life Event Configurations section of the Create Life Event dialog box represents a commonly used life event configuration.

Each predefined life event configuration contains:

- Triggering mechanism setup
- Ties to the tables and columns required to automatically generate that life event when corresponding personal or work data changes

You can optionally select one or more of these life events to make them available for attachment to a program.

- Selected life events appear in the enrollment life event available list with the name displayed on the check box label.
- Disabled life events are already activated in this implementation.
- A uniqueness check prevents you from creating life events that rely on an existing set of table and column designations for triggering an event. Each set of life event triggers must be unique across the same implementation.

Filtering Self-Assigned Life Events for Participants

You can use eligibility profiles to filter self-assigned life events for specific participants. For example, you want only married participants to report the divorce life event. You can add eligibility on this life event to filter out unmarried participants.

When you use the Benefit Life Events task in the Plan Configuration work area to add a life event and eligibility profile for it, ensure that you select the Self-Assigned check box. The life event page now has a new tab named Eligibility for you to add participant eligibility profiles only for the self-assigned life events. You can add only one eligibility profile per life event. Click Add Eligibility Profile and select the eligibility profile to configure eligibility for the life event. The status of the eligibility profile should be Active to evaluate the life event eligibility.

When a participant opens the Report A Life Event page in Self-Service Benefits, eligibility is evaluated for each self-assigned life event. The final list of life events appears based on the eligibility profile. In general, the participants see a life event during one of the following scenarios:

- The participant qualifies the eligibility rule for the life event.
- No life event eligibility is set up.

Such life events appear only if you've set up eligibility accordingly. The life event eligibility status needs to be active and shouldn't be starting on a future date.

Related Topics

- [Quick Create for Plans](#)
- [How You Configure Data Changes for Explicit Life Events](#)

Options to Configure Timeliness of Life Event Reporting

If participants don't report life events within a reasonable time period, your enterprise might want to prevent them from enrolling in benefits. You can use a timeliness evaluation rule to set up such a policy.

For example, you want participants to report a childbirth life event within 30 days of the event date. If they take more than 30 days to report the event, you want an administrator to investigate before deciding to process that life event for enrollment opportunities.

This topic describes the different rules you can use to set up timeliness. You configure these rules on the create or edit life event pages, in the Additional Information section.

Decide Which Rule to Apply When Events Are Reported Too Late or Too Early

If the participant doesn't report the life event within a specific time period, you can determine how the application should process the life event. Select one of these rules in the **Timeliness Evaluation** field:

Rule	What the Rule Does
Process Potential Life Event Manually	It sets the life event to Manual . Then, an administrator can investigate and decide what to do next. They might decide to void the life event or make an exception in some cases.
Void Potential Life Event	It voids the life event straightaway.

Determine When a Life Event Reporting is Timely

You have several ways to define the time period. Pick the one that suits your requirements the best.

Requirement	How to Configure
You want to set a time period for participants to report the event	<p>In the Timeliness Days field, enter the number of days.</p> <p>The value you enter indicates that participants need to report the life event within that period, for example, 30 days. If they report outside this period, the application processes the life event according to a timeliness evaluation rule you select. This time period applies even if participants report too early. For example, in case of an adoption event, if they report the event before 30 days of the actual event, the timeliness rule applies.</p> <p>If you set the timeliness days to 0, the application uses the timeliness evaluation rule straightaway to process the life event. You use this configuration in situations when you want administrators to intervene each time a participant records a life event.</p>
You don't want to set a specific time period, but you want to check that the event occurred in the current year	<p>In the Timeliness Period Rule field, select Prior to Calendar Year.</p> <p>Participants can report any life event that's occurred during the current calendar year, but not before.</p> <p>For example, if a participant moved to a new address in Dec 2017, but reported the move only in April 2018, the selected timeliness evaluation rule applies. That's because the move happened in the previous calendar year.</p>
You have other requirements	<p>If you want the application to consider other special requirements and set the status of the life event accordingly, write a formula. Then, in the Timeliness Evaluation Formula field, select that formula.</p>

Default Setting for Timeliness Evaluation

The Timeliness Days field is defaulted to 90 days for new life events.

This default setting applies for existing life events also if their current value is null. The Timeliness Evaluation and Timeliness Days fields of all life events will have values. You can choose to have life events voided automatically, or set to manual status for administrators to review and determine the best course of action.

Here are some considerations when you use the defaulted behavior for timeliness evaluation of life events:

- Plan copy import uses the timeliness evaluation and timeliness days fields when importing plan design from an environment with null values. You don't need to update these fields in the source environment before you run the export.
- When you create life events, the Timeliness Evaluation and Timeliness Days fields are set automatically. You can change the values in each of these fields to meet your business requirements.
- You either use the Timeliness Evaluation field or the Timeliness Days field along with the Timeliness Period Rule field, but not both.
- Evaluate all your existing life events to ensure that they meet your business requirements.

The Timeliness Days field uses the life event occurred date and the reported date to determine when to place the life event in Manual or in Voided status. For example, the Timeliness Days field is set to 31 days and the Timeliness

Evaluation field is set to void the life event. The life event occurred on date is December 15, 2023. If the employee reports the event as of January 31, 2024, the event will be set to Voided.

Impact on Benefits When You Change a Worker's Hire Date

By default, you can't change the hire date of a person to a date in the future when benefits enrollments exist. You will see a message that prompts you to remove the enrollments and try again.

The DELINK_BEN_DATA_ON_HD_CHG lookup, part of the ORA_BEN_SKIP_VALIDATION lookup type, lets you control what happens to benefits when an administrator changes the worker's hire date. You can configure the lookup using the Manage Common Lookups task in the Setup and Maintenance work area.

Scenario	Here's what happens
You enable the DELINK_BEN_DATA_ON_HD_CHG lookup and change the hire date to a past or future date.	The application deletes any benefit enrollments and unprocessed potential life events. You can, however, change the hire date if there are only unprocessed potential life events and no enrollments.
You don't enable the DELINK_BEN_DATA_ON_HD_CHG lookup, and you try to change the hire date to a future date.	You see a message that prevents you from changing the hire date. However, you can change the hire date to a past date; your existing enrollments will remain intact.

Configure Life Event Count Display in the Evaluation and Reporting Work Area

You can choose which life event counts you want to see by default.

1. In the Setup and Maintenance work area, search for the Manage Common Lookups task.
2. Search for the ORA_BEN_EVAL_REP_LE_STAT_COUNT lookup. Each lookup code in this lookup type indicates a life event count.
3. Select the **Enabled** check box for the life event counts that should display in the Evaluation and Reporting work area. Clear the check box for those counts that should not appear.
4. Click **Save and Close**.

Configure Unrestricted Enrollments to Process Once a Day

You can configure the application to process the enrollment just once a day even if the employee visits the enrollment flow and makes changes multiple times during the day.

Here's how you configure to restrict the enrollment processing to once a day:

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Set **Unrestricted Processing Enablement** to **Once a day**.
4. Click **Save**.

Unrestricted Processing Rule to Process Enrollments Once a Week

You can use the unrestricted processing rule called Once a Week to process the enrollment only once a week even if the employee visits the enrollment flow and makes changes multiple times during the week.

Typically, participants don't change enrollments on a daily basis. So, evaluating the unrestricted event once a week will allow you to accommodate changes to person eligibility, and so on with less processing.

The effective period for this rule is 7 days counting backward from the effective date. An error message appears if you try to run another life event when this rule is in effect.

The error message appears only in Benefits Service Center, not in self service. They can make elections if the event is in Started state. If the application determines that the unrestricted event need not be processed, though the enrollment choices appear, the evaluation doesn't happen. For batch processing, a warning is written to the log file and the next person record in the batch will be processed.

If you decide to use the Once a Week rule, you need to add an enrollment window of 7 days or more for the unrestricted life event.

For terminations and global transfer, the unrestricted event gets processed regardless of processing rule.

The rule can be evaluated in both Self-Service Benefits and Benefits Service Center that use these processes:

- Evaluate Unrestricted Event Participation process
- Evaluate Scheduled Event Participation process

Configure Unrestricted Enrollments to Process Once a Week

Here's how you configure to restrict the enrollment processing to once a week:

1. Click **Navigator > Benefits Administration > Plan Configuration**
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Set Unrestricted Processing Enablement to **Once a week**.
4. Click **Save**.

Configure Enrollment Summary Report to Show Expanded Details

Here's how you enable the expanded view of the enrollment summary report.

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select **Display enrolled plans on the Confirmation and Summary page in an expanded state**.
4. Click **Save**.

Skip Creating Life Events for Offer Assignments

The application doesn't trigger life events when a new offer is made to candidates to reduce the number of life events triggered for non-employee job offers.

You can disable this setting by adding a new lookup to the table FND_COMMON_LOOKUPS with the following values:

- Lookup type: ORA_BEN_SKIP_VALIDATION
- Lookup Value: DISABLE_OFFER_EVENTS_CHECK
- ENABLED_FLAG: Y

Temporal Event Types

You can find these predefined temporal events on the Manage Life Events page.

Name	Type
Age Changed	Derived age
Combined Age and Length of Service Changed	Derived combination of age and length of service changed
Compensation Changed	Derived compensation
Hours Worked in Period Changed	Derived hours worked in period
Length of Service Changed	Derived length of service
Total Percent Full Time Changed	Derived total percentage full time

You can also create your own temporal life events if you want to control them at a more granular level, or if you want to create a combination for special reporting requirements. For example, you want to report on the combination of age change, location change, and becoming part time.

Temporal Event Detection Rules

When you create or edit a life event, you need to decide if you want these temporal life events to be detected in all circumstances, or only in some circumstances. These options help you select an appropriate detection rule.

Detection Rule	Purpose
Do not detect past temporal events	Prevents processing any events that happened in the past. For example, a person has 10 life events processed in the last decade. Depending on when a past temporal event triggers, it might actually back out eight events. That causes a lot of reprocessing work for the benefits administrator. You can select this rule so that only the events during the current period are detected.
Do not detect past or future temporal events	Prevents temporal event detection while the application processes this life event. Use this code with the delivered open and administrative events, or any other explicit events, when you do not want to detect any temporal events. For example, you don't want to detect any temporal life events during open enrollment, as the Open enrollment process already calculates age and any other time-based criteria anyway.
Never detect this temporal life event	Prevents the automatic detection of a specific temporal event. Set this rule for any delivered temporal event, such as Age Change, or Length of Service Change, that you do not want to detect. For example, if you use this rule in the Age Changed life event, the application processes other life events, such as New Hire, Open, the Age Changed event won't be detected. The event won't be detected even if you run the temporal process. For example, assume that the current date is February 16, 2017. A temporal event occurs, such as length of service or age change, and it becomes an intervening event. A Gain Dependent life event was processed on January 15, 2017. Then, a temporal event triggered on January 14. The intervening events can back out the already-processed event, as events also need to process sequentially in time.

The difference between the **Do not detect past or future temporal events** and **Never detect this temporal life event** rules is that the former can detect the temporal life event only if its recognized on the day the process is run.

How You Initiate Temporal Event Calculations

After you set up temporal life events, you must run any of the participation evaluation processes for the required participant population.

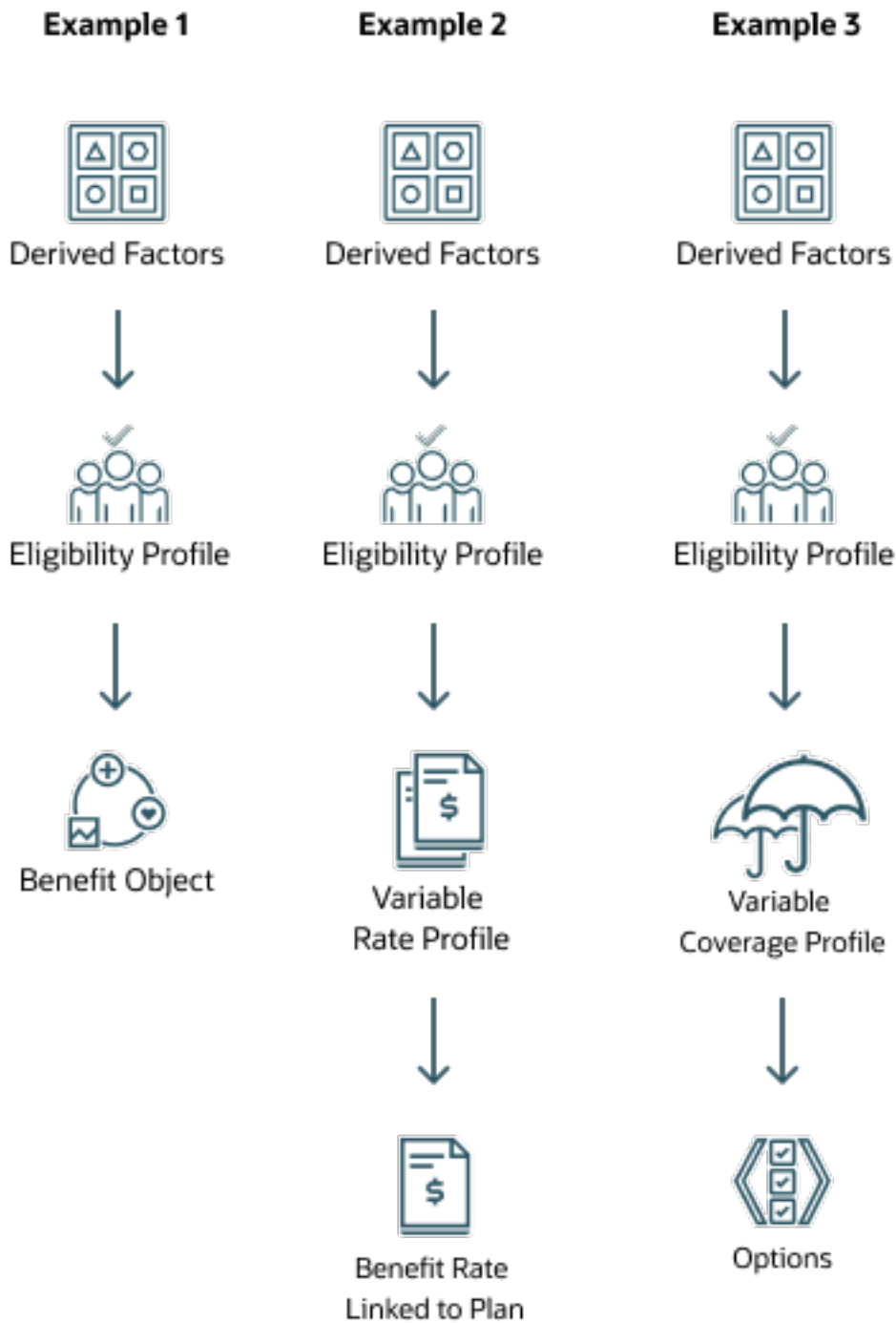
You do this to establish a temporal baseline so that the application can start detecting temporal events. This is a one-time step. After you run the process, the temporal calculations are kept up to date whenever the participation evaluation processes run.

Typical Setup Tasks for Temporal Event Processing

This table describes related implementation steps for the predefined temporal life event types.

Setup Step	Task in the Plan Configuration work area
Define derived eligibility factors	Manage Derived Factors
Use derived factors in eligibility profiles	Manage Eligibility Profiles
Attach eligibility profiles to benefits offerings, variable rates, and variable coverages.	Manage Program and Plan Configuration Details: Eligibility step Manage Variable Rate Profiles Manage Variable Coverage Profiles

Here's a diagram that illustrates typical setup configurations for temporal life events.



An eligibility profile makes an employee eligible or ineligible for a benefits offering. For example, if a person should be eligible for a benefit when they've worked for the organization for 90 days, you use a regular eligibility profile and include the appropriate derived factors.

If you want to use a temporal life event to change a rate or coverage when an age or length of service is reached, along with from an eligibility profile to determine eligibility, you need to create a variable rate or variable coverage profile too.

For example, you use a variable rate profile where the cost of life insurance increases or decreases when the participant reaches a certain age. Alternatively, you use a variable coverage profile where you want to adjust or replace the standard coverage calculation when age or length of service changes. For example, you want to reduce coverage by 0.5% when the participant reaches the age of 65.

You also need to configure the application to determine what the change to the coverage or rate is, and how to apply that change. You do this by applying a calculation method to change the rate or coverage. You also need to define a treatment rule that tells the variable coverage or variable rate amount to add to, multiply by, subtract from, or replace the coverage or rate amount.

For example, if you want to reduce coverage by 65 percent at the age of 65 for participants who elected the 2x compensation option, you need to configure the calculation method accordingly. For example, you need to specify in the calculation method that it's a plan contribution that is going to be affected. You can also specify that you want to subtract the amount from the 2x compensation coverage using a multiplier and the appropriate coverage profile to use.

How Derived Factor Boundaries Work

To trigger a life event, participation evaluation processing requires a value. For example, consider age as the value to cross a particular defined boundary like the maximum limit that you set.

For example, you want a different rate to apply for a benefit when an enrolled participant crosses the age of 65. You define the age range as part of the Age Changed derived factor. So the derived factor indicates when the event should be detected, for example, when the participant's age is greater than 65. You link this derived factor to an eligibility profile, and link the eligibility profile to a variable rate. You add the variable rate to a standard rate that you create for a benefit offering.

When you run the participation evaluation process, it checks whether the participant has crossed the required age boundary set in the derived factor. If it has, the process creates an event and recalculates the rate according to the calculation method that you defined. The boundaries are inclusive. For example, the maximum in the age range of the derived factor was the whole number 65. So the boundary is not met until the associated temporal value reaches the whole number 66. This prevents any gaps that might occur between the maximum of one derived factor and the minimum of the next.

Setup Considerations for Temporal Life Events

Here are the main things to consider before you set up temporal life events.

Decision to Consider	Recommendation
Do you want to use the delivered temporal life events or create your own?	Create your own if you want to control triggering at a more granular level than at which the delivered events provide. For example, to combine age change, location, and becoming part time.
Do you want to use temporal detection rules?	If you want to control some, or all, temporal life events, such as the suppression of automatic detection of specific temporal event or suppression of detection while the application processes a specific life event, use temporal detection rules. As a best practice, leave the detection rule blank. At the very least,

Decision to Consider	Recommendation
	use the Do not detect past temporal events rule. Otherwise, the participation processes will detect all your temporal life events, all the time.
Where do you want the temporal life event to be effective?	Overall, you set up temporal life events at the highest level. For example, at the plan level, not the option level, if you expect an employee to make changes to their elections.
At what level do you want to track ineligible people?	We recommend that you don't necessarily set it at the highest level. That's because it can result in performance issues as the process needs to work out new electable choice at all levels. Instead, we recommend that you set it at a level where the plans are effective.
Do you want to create variable profiles?	You would create a variable rate profile where the variability is controlled by age. For example, the coverage of 2x salary up to 64 years of age, thereafter reduce by 60%. You can use temporal life events to determine if a person is eligible for something. For example, the person is eligible for benefits after they've worked in the organization for 90 days. In such cases, you can create a regular eligibility profile instead and include the appropriate derived factors.

Use Person Selection Formula to Trigger Temporal Life Events

If you have special requirements to detect temporal life events, you can use a formula.

1. Write a person selection formula that will determine who has an age change or the temporal event you want to detect.
2. Select the formula as a parameter in the Assign Corrective Potential Life Event process. This process will assign an event to the person with an age change.
3. Schedule the Evaluate Life Event Participation process to run nightly. This process will pick up the events that were created and process them.

Results:

Based on your configuration, the rates or coverage will be re-calculated appropriately. But remember, this approach can assign only 1 temporal life event at a time. It can assign only events as of the date of process run.

Recommended Locations in Benefits Hierarchy To Add Temporal Events

You need to determine the most appropriate place in the plan design hierarchy where you want to define your temporal life event.

For example, you want the employee to be offered new choices, for example, as a result of a length of service change, and be expected to make changes. In this case, it's a good practice to add temporal life events at the program level.

Alternatively, an age change may reduce coverage and increase costs. In this case, as the employee cannot make any changes or does not need to review the detail in the self-service pages, you can set the temporal events at a lower level.

Overall, you need to set up the temporal life event up at the highest level if the employee is expected to be able to make changes to their electives.

Example of Setting Up a Temporal Life Event

You want to reduce the coverage amount of a life insurance benefit by 65% when a participant's age reaches 65.

Also, you want to set this up so that the temporal life event is processed only until 60 days after the life event occurred date. Here's how you achieve this scenario.

Step	
<p>Edit the delivered Age Changed life event and set a 60-day timeliness rule.</p>	<p>You can find the Age Changed life event on the Life Events page in the Plan Configuration work area. In the Edit Life Event page, Additional Information section, you provide values to these key fields:</p> <ul style="list-style-type: none"> In the Temporal Detection Rule field, select Do not detect past temporal events. You're using this rule because you don't want to prevent the life event from triggering, but at the same time, you don't want them triggering under every circumstance. In the Timeliness Evaluation field, select Process potential life events manually. In the Timeliness Days field, enter 60. That means the application will continue to process that life event until 60 days after the life event occurred date. As a best practice, you set 60 or 90 days for all events or as required by your carrier or business process.
<p>Create 2 derived factors to define these age bands:</p> <ul style="list-style-type: none"> 60 to 64 65 and over 	<p>The Manage Derived Factors task is in the Plan Configuration work area. Create an Age derived factor and provide values to these key fields:</p> <ul style="list-style-type: none"> In the Age to Use field, select Person's. In the Units field, select Years. In the fields in the Range of Value section, enter the minimum age and maximum age, which is 60 and 64 in this case, . When you create a derived factor for the 65 and beyond age band. enter the minimum age, which is 66 in this case, and leave the Less than Age field blank. In the Determination Rule field, select First of Calendar Year. This means that the application calculates the participant's age as of January 1.
<p>Create 2 eligibility profiles and add the age derived factors that you created in the previous step.</p>	<p>You create eligibility profiles on the Manage Eligibility Profiles task in the Plan Configuration work area. On the Create Participant Eligibility Profile page, click the Derived Factors tab, and then the Age tab. In the Eligibility Criteria section, select the 60 to 64 derived factor that you created in the previous step.</p> <p>Likewise, create another eligibility profile and add the 65 and beyond derived factor.</p>
<p>Create 2 variable coverage profiles for the 2 age bands that you created:</p> <ul style="list-style-type: none"> Coverage reduction for age 65 Coverage reduction for age 65 and over 	<p>In the Plan Configuration work area, on the Rates and Coverages tab, click Variable Coverage Profiles. On the Create Variable Coverage Profile page, provide values to these key fields:</p> <ul style="list-style-type: none"> In the Tax Type Rule field, select After Tax. In the Activity Type field, select Plan Contribution. In the Treatment Rule field, select Subtract because you want to deduct the amount from the coverage.

Step	
	<ul style="list-style-type: none"> • In the Defined Rate Frequency field, select Monthly. • In the Eligibility Profile field, select the profile that you created previously, for example, the one you created for the 60-64 age band. • In the Status field, select Active. • In the Calculation Method field, select Multiple of Compensation. • In the Multiplier field, enter .65. • In the Multiple of Compensation section, select Multiply by in the Operator field. • In the Compensation Factor field, select Annual Stated Compensation. • Likewise, create another variable coverage profile for the 65 and over age band.
<p>Link the life event and eligibility profiles to a life insurance plan. Enable the option to track ineligible participants.</p>	<p>Do these steps:</p> <ol style="list-style-type: none"> 1. In the Plan Configuration work area, search for the plan you created, open it, and select the Eligibility step. 2. Select the Life Event tab and add the Age Changed life event. 3. Select the Configuration tab, and select the Track ineligible persons check box. In this example, if a person's age crosses 65, then they are tracked as ineligible. Also, you recalculate the coverage to reduce it by 65%. 4. Select the Participation tab and add the eligibility profile you created.
<p>Run any of the participation processes to start processing temporal life events (one-time step)</p>	<p>After you've run this initial process, the data is kept up to date when the evaluation processes run.</p>
<p>Run the Evaluate Temporal Life Event Participation process</p>	<p>Run the process from the Processes tab on the Evaluation and Reporting work area. Ensure that you enable the audit log so that if there are issues, you can resolve them easily.</p>
<p>Run the Evaluate Life Event Participation process to determine eligibility</p>	<p>Run the process from the Processes tab on the Evaluation and Reporting work area. Select Age in the Detect Temporal Events parameter field</p> <p>Select an effective date. The effective date determines eligibility and electability. You can also use this date as a reference point to determine other dates such as start and stop dates for enrollment, coverage, and rates.</p> <p>If you select the Life Event mode, the effective date refers to the date the life event occurs. If you select the Scheduled or Selection modes, the effective date indicates the date when this person's elections should take effect.</p>

How You Troubleshoot Common Issues in Temporal Event Setup

Here are some common issues and workarounds when you set up and use temporal events.

Issue	How to Troubleshoot
Temporal events aren't detected	If this is the first time, you need to run the administrative life event process. Then run the temporal life event processes to establish a baseline for temporal calculations to start detecting temporal events.
Derived factors added or updated after go live	Some organizations don't initially have any temporal setup when they go live, but they set them up later, including derived factors. This might result in the application not detecting temporal life events. Run the Administrative life event processes to set the latest temporal event data.
Life events aren't being detected	<p>Check your life event setup, especially for any updated predefined events, or events you created. Make sure that these fields are blank:</p> <ul style="list-style-type: none"> • Temporal Detection Rule • Timeliness Period • Timeliness Period Formula <p>Also ensure that you don't select the Track ineligible check box at the program and plan level.</p>
Eligibility rules aren't working as expected	In the Benefits Service Center, on the Override Enrollment page, check the Override Through Date field to see if this person's eligibility or ineligibility for the option-in-plan remains in force for an indefinite period of time regardless of changes to this person's derivable or temporal information.

FAQs for Life Events for Enrollment Opportunities

How can I enable participants to report life events on the self-service pages?

Select the Self-assigned check box on the create or edit life event pages in the Plan Configuration work area.

When you select the **Self-assigned** check box, the **Self Service Grouping** list appears. Use this list to display the life event in a predefined category on the self-service pages.

How do I configure reporting of past events on the life event page?

The Past-Reporting Limit in Days field enables you to control how far back in the past a participant can self-report a life event. You typically use this field to minimize the possibility of backing out processed events when participants report older events.

For example, if you enter 10 in this field, participants can self-report a life event that has occurred up to 10 days before the current date. Entering a value in this field has no impact on existing life event configuration, such as the event determination date or any existing timeliness rules.

Irrespective of the value you enter in this field, participants can't self-report a life event that occurred before their hire date.

How do I handle instances when employees self-report multiple life events in a short time span?

Set up collapsing life event rules to handle such life events. Create collapsing life event rules in the Collapsing Rules tab of the Manage Life Events page in the Plan Configuration work area.

How can I compare enrollment opportunities and the actual enrollment details?

You can use the Benefits Person Electable Choice Diagnostic Test report to compare and analyze a participant's enrollment opportunities with their actual enrollment details. You can run this test for the started, processed, backed out, and voided life events.

You can analyze the following aspects:

- Program or plan electability for a specific event or across events.
- Electable choices and choice-driven data.
- Enrollments and designations.
- Rates of recent and accidentally backed out events and ongoing events.
- Automatic closure and non-closure of life events when electable choices are automatic, or when there are no electable choices.
- Eligible dependents and beneficiaries across sequential life events, or due to setup changes.
- Loss of dependents, carry forward of dependents, and beneficiaries and associated restrictions.

Here's how you run the **Benefits Person Electable Choice Diagnostic Test** report:

1. Click the logged in user's icon, and click **Run Diagnostics Tests** in the Troubleshooting section.
2. In the Diagnostic Dashboard page, search for the **Benefits Person Electable Choice Diagnostic Test** report, select it, and click **Add to Run**.
3. In the Choose Tests to Run and Supply Inputs section, click the **Input Status** icon to enter the person number.
4. Click **OK**.
5. Click **Run** in the Choose Tests to Run and Supply Inputs section.
6. In the Diagnostic Test Run Status table, click the **Refresh** button to see the latest status.
7. When the execution status reads **Complete**, click the **Report** icon to view the report.

How can I prevent accidental back out of life events?

Accidental back out causes loss of important life event data. Accidental back out of large amount of enrollment data mostly happens when the administrators process back-dated events.

Also when intervening life events occur, the application itself causes a back out. You need to set the `ORA_BEN_PREVENT_BACKOUT_ENABLED` profile option to Y at site level by default to prevent accidental back out of life events.

To avoid accidental back out, you can back out only the most recent life event at a time. If any process tries to back out more than one life event at a time, the application displays an error. For example, when the Evaluate Life Event process or the Back Out Life Events process tries to back out more than one life event at a time, you get to see the error.

Can I close life events after making elections?

You can use the Allow administrators to close life event, within enrollment flow, after making elections check box on the Self-Service Configuration page to close life events anytime within the enrollment flow from Benefits Service Center.

This check box works when the **Close Enrollment Period Date** rule is set to **When elections are made** at the program level.

When you make enrollment election through Benefits Service Center and submit it, you see a message stating that the life event will be closed. If you want to close the life event and submit the enrollment, select **Yes**. If you don't want to close the life event, select **No**, and the enrollments are just saved and not closed, as in the previous releases.

How can I configure to close life events after making elections?

You can close life events anytime within the enrollment flow from Benefits Service Center.

Here's how:

1. On the Home Page, click **Benefits Administration >Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select the check box named **Allow administrators to close life event, within enrollment flow, after making elections** under **Life Events**.
4. Click **Save**.

How can I see all the notes that I added for different participants?

You can use the Notes section on the Benefits Summary page in Benefits Service Center to record any comments or additional text that you want to store for your reference.

These notes are available in the Notes folder in the Benefits Person Information Real Time subject area in Oracle Transactional Business Intelligence (OTBI.)

Here's how you can access the Notes folder:

1. Click **Tools, Reports And Analytics**.
2. Click **Create, Analysis**.
3. In the **Select Subject Area page**, select **Benefits - Person Information Real Time**, and click **Continue**.
4. Expand the subject area and open the **Benefits Person** folder to see the **Notes** folder.

Can we process multiple benefits life events that occur on the same date?

Normally, you can process only one life event for a person on a given day within the same benefits relationship.

You can use collapsing rules to collapse them into one event for processing. If you don't use collapsing rules, you need to manually void the unwanted life events.

Related Topics

- [Collapsing Life Events](#)

8 Collapsing Life Events to Filter Enrollment Opportunities

Collapsing Life Events

Multiple life events might occur within a specified number of days. Use collapsing rules to collapse them into one event for processing. Normally, you can process only one life event for a person on a given day within the same benefits relationship.

This topic explains:

- When you typically use collapsing rules for life events
- Where you can process collapsing rules to collapse life events
- How these rules work with benefits relationships

Create collapsing rules in the Collapsing Rules tab of the Manage Life Events page in the Plan Configuration work area. You can include a maximum of 10 life events in a collapsing rule.

Example of Collapsing Rules

Define a collapsing rule to determine the winning life event out of a combination of life events.

Scenario: When an HR specialist enters information for a newly hired employee, multiple life events might occur, such as New Hire, Marriage, and Gain Dependent.

You can:

- Define a collapsing rule to collapse all those events into a resulting event called New Hire.
- Process that event for enrollment opportunities.

If you don't use a collapsing rule, you must manually void or delete all other events before you process the New Hire event. Alternatively, you can configure the New Hire event to override other events if two or more are detected on the same day. Use the Override check box when you create or edit the life event on the Manage Life Events page.

Life Event Collapsing Rule Processing

The following table lists and describes locations for processing collapsing rules:

Work Area and Task	Description
Evaluation and Reporting work area: Collapse Life Events batch process	The Collapse Life Events batch process: <ul style="list-style-type: none"> • Applies the collapsing rules on detected potential life events for multiple participants. • Collapses the life events to the winning event. • Doesn't evaluate the winning event for enrollment opportunities.

Work Area and Task	Description
Evaluation and Reporting work area: Any participation evaluation batch process Enrollment work area of a person: Process Life Event task	By default, participation evaluation processing: <ul style="list-style-type: none"> Automatically runs the Collapse Life Events process, which collapses events to one winning life event using the rules that you defined. Evaluates that winning life event for enrollment opportunities.
Enrollment work area of a person: Person Life Events task	Use the Collapse Life Events action in the Potential Life Events tab. Collapsing events for a person: <ul style="list-style-type: none"> Collapses life events to the winning event according to the rules that you defined. Doesn't evaluate the winning event for enrollment opportunities.

Benefits Relationships and Collapsing Life Events

The Collapse Life Events process doesn't collapse life events that occur across benefits relationships. Even if you set up events globally, the process collapses events within a single benefits relationship of a person at any point in time.

Collapsing Rules and Timeliness Days

If you configured life events with a timeliness rule, participation evaluation processing evaluates the timeliness rule before the collapsing rule.

Related Topics

- Examples of Collapsing Rules Using OR Operator
- Examples of Collapsing Rules Using AND Operator
- Examples of Collapsing Rules that Process Sequentially
- Example of Using Formulas to Collapse Life Events
- How Participation Processing Evaluates Collapsing Rules and Timeliness Rules

Guidelines to Select Occurred Date in a Collapsing Rule

You must select a date to assign as the occurred date of the winning life event of a collapsing rule. Select a date rule from the Life Event Occurred Date list.

You create collapsing rules using the Manage Life Events task in the Plan Configuration work area.

Effective Date of the Batch Process Run

This rule sets the occurred date of the resulting life event to the effective date on which you run the Collapse Life Events process.

Example:

- New Hire life event occurred on November 1, 2015

2. Grade Change life event occurred on November 3, 2015
3. You run the Collapsing Life Events process on November 5, 2015.
4. The process collapses these events to a New Hire life event according to the collapsing rule logic that you defined.
5. The collapsing rule sets the occurred date of the New Hire life event to November 5, 2015.

Earliest Life Event Occurred Date

Use this rule to set the occurred date of the resulting life event to the earliest occurred date of the evaluated life events.

In the previous example, if you used this rule, the process sets the occurred date of the New Hire event to November 1, 2015.

Latest Life Event Occurred Date

The collapsing process sets the occurred date of the resulting life event to the latest occurred date of the evaluated life events.

In the previous example, if you used this rule, the process sets the occurred date of the New Hire event to November 3, 2015.

Earliest Life Event Date or Resulting Event Date

If the resulting event is among the collapsing events in the rule, the collapsing process uses the same event date as the occurred date. Otherwise, the process sets the resulting event occurred date to the earliest date of the evaluated events.

Example:

1. Grade Change life event occurred on November 1, 2015
2. Address Change life event occurred on November 3, 2015
3. The Collapsing Life Events process collapses these events to a resulting life event according to the collapsing rule logic that you defined.

This table shows how the rule sets the occurred date depending on the resulting life event.

Resulting Life Event	Occurred Date
Address Change	November 3, 2015 The Address Change event, which is the resulting event, is one of the events that you selected in the collapsing rule. Therefore, the occurred date of that event applies.
Location Change (new life event)	November 1, 2015. The Location Change event isn't in the collapsing rule event list. Therefore, the occurred date of the earliest event, which is the Grade Change event in this case, applies.

Latest Life Event Date or Resulting Event Date

If the resulting event is among the collapsing events in the rule, the collapsing process uses the same event date as the occurred date. Otherwise, the process sets the resulting event occurred date to the latest date of the evaluated events.

In the previous example, if you used this rule, the following table shows the occurred date depending on the resulting event.

Resulting Life Event	Occurred Date
Address Change	November 3, 2015
Location Change (new life event)	November 3, 2015.

Formula

If you want to consider other employment information to determine the event occurred date, create a formula using the Life Event Occurred Date formula type.

For example, create a formula if you want to determine the life event occurred date depending on the location of the worker.

Related Topics

- [Collapsing Life Event Rules Formula Types](#)

Proximity Days

In a collapsing rule, you specify the number of days within which, if the selected events occur, the process must apply the collapsing rule. There's no limit to the number of days that you can specify for the tolerance.

You set proximity day values to collapsing rules using the Collapsing Rules tab of the Manage Life Events task in the Plan Configuration work area.

Examples of Proximity Days Usage

Example 1: If the Rehire event and the Transfer event occur within five days apart, you want the events to collapse to an appropriate event. In this example, you enter 5 in the Proximity Days field.

Example 2: If the Marriage event and Gain Dependent event occur on the same day, you want to collapse the events to an appropriate event. In this example, you enter 0 in the Proximity Days field.

Related Topics

- [Examples of Collapsing Rules Using OR Operator](#)
- [Examples of Collapsing Rules Using AND Operator](#)
- [Examples of Collapsing Rules that Process Sequentially](#)
- [Example of Using Formulas to Collapse Life Events](#)

Collapsing Life Event Rules Formula Types

Use formulas in collapsing life event rules if you want to define rules other than the predefined ones on the Create Collapsing Rule page. This topic lists the contexts, database items, inputs, and outputs for these formulas.

The following table shows which collapsing rule aspects on the Create Collapsing Rule page enable use of formulas:

Collapsing Rule Aspect	Formula Type to Use
Configuration Approach	Collapse Configuration
Life Event Occurred Date	Life Event Occurred Date
Handling of Losing Events	Handling of Non-Winning Events

The following contexts are available to all the formula types:

- LC_DATE_FROM: Date from when database items are available
- LC_DATE_TO: Date until when database items are available
- BUSINESS_GROUP_ID
- ASSIGNMENT_ID
- EFFECTIVE_DATE
- BENEFIT_RELATION_ID

Columns from BEN_PTNL_LER_FOR_PER and BEN_LER_F are available to all the formula types. These columns are related to the person's potential life events.

You don't need to define any input variables for any of the formula types.

The following table describes the return variables that are available for each formula type:

Formula Type	Return Variables
Collapse Configuration	<ul style="list-style-type: none"> • WINNING_LER_ID: Winning life event. • VOID_PTNL_ID1: Losing life event. For multiple losing life events, use another variable of the same name, but with a different ID value. Example: VOID_PTNL_ID2, VOID_PTNL_ID3.
Life Event Occurred Date	LIFE_EVENT_OCCURRED_DATE: Occurred date of the winning life event.
Handling of Non-Winning Events	ACTION_TO_TAKE: Contains one of these values: <ul style="list-style-type: none"> • VOID • DELETE

This sample formula collapses the Marriage event and Address Change event to a new Location Change event if the events occur 10 days apart. The sample formula applies the collapsing logic only to workers in California.

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'Default'
DEFAULT_DATA_VALUE for BEN_PPL_PTNL_LER_FOR_PER_ID_NN is 0
DEFAULT_DATA_VALUE for BEN_PPL_LER_ID_NN is 0
DEFAULT for PER_ASG_ADD_COUNTRY is 'U'
DEFAULT for PER_ASG_ADD_REGION2 IS 'C'

i=1
WINNING_LER_ID = 0
VOID_PTNL_ID1 = 0
VOID_PTNL_ID2 = 0

L_PER_PER_ADD_COUNTRY = PER_ASG_ADD_COUNTRY
L_PER_PER_ADD_REGION2 = PER_ASG_ADD_REGION2

if(L_PER_PER_ADD_COUNTRY = 'US' AND L_PER_PER_ADD_REGION2='CA') then (
  WHILE BEN_PPL_LER_NAME_TN.exists(i) loop (
    if(BEN_PPL_LER_NAME_TN[i] = 'Marriage') then (
      VOID_PTNL_ID1 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
    )
    if(BEN_PPL_LER_NAME_TN[i] = 'Address Change') then (
      VOID_PTNL_ID2 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
    )
    i=i+1
  )
  if(VOID_PTNL_ID1 != 0 AND VOID_PTNL_ID2 != 0) then (
    WINNING_LER_ID = 316
    return WINNING_LER_ID,VOID_PTNL_ID1,VOID_PTNL_ID2
  )
)
return VOID_PTNL_ID1,VOID_PTNL_ID2
```

This sample formula checks if the occurred date for a life event is later than January 1, 1999. If the condition is true, then the formula returns that date as the life event occurred date to assign to the winning event.

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'My-Default'
DEFAULT_DATA_VALUE for BEN_PPL_LF_EVT_OCRD_DT_DN is '1999/01/01 12:00:00' (date)
i=1
LIFE_EVENT_OCCURRED_DATE = to_date('1999-01-01','yyyy-mm-dd')
while BEN_PPL_LER_NAME_TN.exists(i) loop (
  if(BEN_PPL_LF_EVT_OCRD_DT_DN[i] > LIFE_EVENT_OCCURRED_DATE) then
    LIFE_EVENT_OCCURRED_DATE = BEN_PPL_LF_EVT_OCRD_DT_DN[i]
  i=i+1
)
return LIFE_EVENT_OCCURRED_DATE
```

This sample formula returns the value that was assigned to the ACTION_TO_TAKE variable for handling losing events.

```
ACTION_TO_TAKE = 'VOID'
return ACTION_TO_TAKE
```

Example of Using Formulas to Collapse Life Events

The example in this topic shows collapsing life event rules that use formulas to collapse life events.

In the Plan Configuration work area, you create:

- Formulas using the Manage Fast Formulas task
- Collapsing rules using the Collapsing Rules tab of the Manage Life Events task

Using Formulas to Create Collapsing Rules

If a Marriage event and Address Change event occur within 10 days apart, you want to collapse the events to a new Location Change event. The rule must apply only to workers in California. For workers located in the rest of the United States, these events can occur within a space of 30 days.

To achieve this scenario:

1. Create two formulas of the Collapsing Rule formula type using the Manage Fast Formulas task:
 - The first formula should contain the logic to collapse the Marriage and Address Change events to the Location Change event. The events should collapse only if the employee is located in California, as shown in the following formula text:

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'Default'  
DEFAULT_DATA_VALUE for BEN_PPL_PTNL_LER_FOR_PER_ID_NN is 0  
DEFAULT_DATA_VALUE for BEN_PPL_LER_ID_NN is 0  
DEFAULT for PER_ASG_ADD_COUNTRY is 'U'  
DEFAULT for PER_ASG_ADD_REGION2 IS 'C'  
  
i=1  
WINNING_LER_ID = 0  
VOID_PTNL_ID1 = 0  
VOID_PTNL_ID2 = 0  
  
L_PER_PER_ADD_COUNTRY = PER_ASG_ADD_COUNTRY  
L_PER_PER_ADD_REGION2 = PER_ASG_ADD_REGION2  
  
if(L_PER_PER_ADD_COUNTRY = 'US' AND L_PER_PER_ADD_REGION2='CA') then (  
  WHILE BEN_PPL_LER_NAME_TN.exists(i) loop (  
    if(BEN_PPL_LER_NAME_TN[i] = 'Marriage') then (  
      VOID_PTNL_ID1 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]  
    )  
    if(BEN_PPL_LER_NAME_TN[i] = 'Address Change') then (  
      VOID_PTNL_ID2 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]  
    )  
    i=i+1  
  )  
  if(VOID_PTNL_ID1 != 0 AND VOID_PTNL_ID2 != 0) then (  
    WINNING_LER_ID = 316  
    return WINNING_LER_ID,VOID_PTNL_ID1,VOID_PTNL_ID2  
  )  
)  
return VOID_PTNL_ID1,VOID_PTNL_ID2
```

Note: In the formula text, 316 is the ID of the Location Change life event. Replace the ID with an appropriate one that applies for your implementation.

- The second formula should contain the logic to collapse the events if the worker is located anywhere in the US:

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'Default'  
DEFAULT_DATA_VALUE for BEN_PPL_PTNL_LER_FOR_PER_ID_NN is 0
```

```

DEFAULT_DATA_VALUE for BEN_PPL_LER_ID_NN is 0
DEFAULT for PER_ASG_ADD_COUNTRY is 'U'
DEFAULT for PER_ASG_ADD_REGION2 IS 'C'
i=1

WINNING_LER_ID = 0
VOID_PTNL_ID1 = 0
VOID_PTNL_ID2 = 0

L_PER_PER_ADD_COUNTRY = PER_ASG_ADD_COUNTRY
L_PER_PER_ADD_REGION2 = PER_ASG_ADD_REGION2

WHILE BEN_PPL_LER_NAME_TN.exists(i) loop (
  if (BEN_PPL_LER_NAME_TN[i] = Marriage') then (
    VOID_PTNL_ID1 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
  )
  if (BEN_PPL_LER_NAME_TN[i] = 'Address Change') then (
    VOID_PTNL_ID2 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
  )
  i=i+1
)

if (VOID_PTNL_ID1 != 0 AND VOID_PTNL_ID2 != 0) then (
  WINNING_LER_ID = 316
  return WINNING_LER_ID,VOID_PTNL_ID1,VOID_PTNL_ID2
)
return VOID_PTNL_ID1,VOID_PTNL_ID2

```

2. Create two collapsing rules using the Create Collapsing Rule page:

- o Assign a lower sequence number to the first collapsing rule and associate with it the formula that collapses events for workers located in California. The following table shows the configuration:

Field	Value
Sequence	1
Configuration approach	Use formula for rule logic
Proximity days	10
Collapsing Formula	California Workers Collapsing Rule
Life Event Occurred Date	Effective date of the batch process run

- o Assign a higher sequence number to the second collapsing rule. Associate with this rule the formula that collapses events for workers located in the rest of the US. The following table shows the configuration:

Field	Value
Sequence	2

Field	Value
Configuration approach	Use formula for rule logic
Proximity days	30
Collapsing Formula	Rest of US Workers Collapsing Rule
Life Event Occurred Date	Effective date of the batch process run

You assign a lower sequence number to the rule that processes the California workers because you want the process to evaluate that rule first. The California workers rule is more restrictive than the rule that processes workers who reside elsewhere in the US. It is good practice to assign a higher sequence number to more restrictive rules for faster process performance.

Related Topics

- [Collapsing Life Event Rules Formula Types](#)

How Participation Processing Evaluates Collapsing Rules and Timeliness Rules

If you configured life events with a timeliness rule, participation evaluation processing evaluates the timeliness rule before the collapsing rule. This topic uses a sample configuration of a collapsing rule and a timeliness rule to explain how the participation evaluation process evaluates such events.

Collapsing Rule Events and Timeliness Evaluation Rule Event

You configured the following:

- Collapsing rule that collapses the Transfer and Location Change events to a resultant Location Change event if they occur within five days apart. You configured the occurred date of the resultant event to the date of the earliest life event
- Timeliness evaluation rule for the Marriage event. You want to set the event status to Manual if it occurs outside 90 days from the process run date

The following table uses different scenarios to show how participation evaluation processing evaluates life events.

Scenario	Events
Life event that was configured with a timeliness rule occurs before the collapsing rule life event combination	<ol style="list-style-type: none"> 1. A benefits administrator enters a Marriage event on May 1, 2015. The life event originally occurred on January 1, 2015.

Scenario	Events
	<ol style="list-style-type: none"> 2. The Transfer event occurs on January 10, 2015. 3. The Location Change event occurs on January 12, 2015. 4. The participation evaluation process runs on May 5, 2015. The process does not evaluate the Marriage event or collapse any events. This is because: <ul style="list-style-type: none"> o The Marriage event has occurred before the Transfer and Location Change events. o The process doesn't evaluate other events that occur later than the Marriage event until you decide what action to take for that event.
Life event that was configured with a timeliness rule occurs after the collapsing rule life event combination	<ol style="list-style-type: none"> 1. The Transfer event occurs on January 1, 2015. 2. The Location Change event occurs on January 3, 2015. 3. A benefits administrator enters a Marriage event on May 1, 2015. The life event originally occurred on January 10, 2015. 4. The participation evaluation process runs on May 5, 2015. The process: <ul style="list-style-type: none"> o Sets the status of the Marriage event to Manual according to the timeliness rule. o Voids the Transfer event according to the collapsing rule. o Processes the Location Change event.

Examples of Collapsing Rules Using AND Operator

The example in this topic shows you a sample configuration of a collapsing rule that uses the AND operator. The example also shows how that rule evaluates corresponding potential life events during processing.

You create collapsing rules using the Manage Life Events task in the Plan Configuration work area.

Life Event Combination Using the AND Operator

If the following events occur on the same day, you want to collapse them to the Gain Dependent event.

- Marriage
- Gain Dependent

You provide the following key information to create the collapsing rule on the Create Collapsing Rule page:

Field	Value
Selected Life Events	Select these values: <ul style="list-style-type: none"> • Marriage • Gain Dependent
Operator	AND
Resulting Event Name	Gain Dependent

Field	Value
Life Event Occurred Date	Earliest Life Event Occurred Date
Proximity Days	0
Handling of Losing Events	Void any matching life events

The following table uses different scenarios to show how participation evaluation processing evaluates the collapsing rule.

Scenario	Process Action
Scenario: <ul style="list-style-type: none"> • Marriage event occurs on August 1, 2015 • Gain Dependent event occurs on August 1, 2015 	The process: <ul style="list-style-type: none"> • Voids the Marriage event • Evaluates the Gain Dependent event and assigns its occurred date to August 1, 2015.
Scenario: <ul style="list-style-type: none"> • Marriage event occurs on August 1, 2015 • Gain Dependent event occurs on August 5, 2015 	The collapsing rule doesn't apply in this scenario as both the events don't occur on the same day. The process evaluates the Marriage event. The Gain Dependent event continues to be in Detected status.
Scenario: <ul style="list-style-type: none"> • Marriage event occurs on August 1 • Gain Dependent event doesn't occur 	The collapsing rule doesn't apply in this scenario as one of the events doesn't occur. The process evaluates the Marriage event.

Examples of Collapsing Rules Using OR Operator

The example in this topic shows you a sample configuration of a collapsing rule that uses the OR operator. The example also shows how that rule evaluates corresponding potential life events during processing.

You create collapsing rules using the Manage Life Events task in the Plan Configuration work area.

Life Event Combination Using the OR Operator

Consider this scenario:

- When an HR specialist enters information for a newly hired employee, multiple life events might occur, such as New Hire, Marriage, and Gain Dependent.

- If these events occur within 10 days apart, you want to collapse the events to the New Hire event and void the other events.
- You want to use the earliest life event date as the occurred date of the resulting event.

You provide the following key information to create the collapsing rule on the Create Collapsing Rule page:

Field	Value
Selected Life Events	Select these values: <ul style="list-style-type: none"> • New Hire • Marriage • Gain Dependent
Operator	OR
Resulting Event Name	New Hire
Life Event Occurred Date	Earliest Life Event Occurred Date
Proximity Days	10
Handling of Losing Events	Void any matching life events

The following table uses different scenarios to show how participation evaluation processing evaluates the collapsing rule.

Scenario	Process Action
Scenario: <ol style="list-style-type: none"> 1. New Hire event occurs on September 13, 2015 2. Marriage event occurs on September 16, 2015 3. Gain Dependent event occurs on September 18, 2015 4. Participation evaluation process runs on September 19, 2015 	The process: <ol style="list-style-type: none"> 1. Voids the Marriage event and the Gain Dependent event 2. Sets the occurred date of the New Hire event to September 13, 2015 3. Processes the New Hire event
Scenario: <ol style="list-style-type: none"> 1. New Hire event occurs on September 13, 2015 2. Gain Dependent event occurs on September 25, 2015 3. Marriage Event occurs on September 29, 2015 4. Participation evaluation process runs on September 30, 2015 	The process: <ol style="list-style-type: none"> 1. Sets the occurred date of the New Hire life event to September 13, 2015 2. Processes the New Hire event The collapsing rule doesn't process the following events because they didn't occur within 10 proximity days of the earliest event: <ul style="list-style-type: none"> • Gain Dependent event • Marriage event These events continue to be in the Detected status.

Scenario	Process Action
Scenario:	The process when run on September 14, 2015:
<ol style="list-style-type: none"> 1. New Hire event occurs on September 13, 2015 2. Participation evaluation process runs on September 14, 2015 3. Gain Dependent event occurs on September 16, 2015 4. Marriage event occurs on September 19, 2015 5. Participation evaluation process runs on September 20, 2015 	<ol style="list-style-type: none"> 1. Sets the occurred date of the New Hire event to September 13, 2015 2. Processes the New Hire event
	The process when run on September 20, 2015:
	<ol style="list-style-type: none"> 1. Voids the Marriage event and the Gain Dependent event 2. Creates the New Hire event and assigns its occurred date to September 16, 2015

Examples of Collapsing Rules that Process Sequentially

The example in this topic shows a sample configuration of two collapsing rules that process sequentially. The example also shows how these rules evaluate corresponding potential life events during processing.

You create collapsing rules using the Collapsing Rules tab of the Manage Life Events task in the Plan Configuration work area.

Using the Create Collapsing Rule page to Create Sequential Rules

When a Location Change event occurs, you want to delete other events that might occur on the same day, such as birthdays and employment anniversaries. You don't want to track these events as they don't provide enrollment opportunities according to your plan configuration.

To achieve this scenario:

1. Create three collapsing rules using the AND operator.
2. Use unique sequence numbers for each rule.
3. Include in each rule the winning event and a losing life event, such as the Birthday event.

The following table shows the configuration of the first rule:

Field	Value
Sequence	1
Selected Life Events	Select these values: <ul style="list-style-type: none"> • Location Change • Birthday
Operator	AND

Field	Value
Resulting Event Name	Location Change
Life Event Occurred Date	Earliest Life Event Occurred Date
Proximity Days	0
Handling of Losing Events	Delete any matching life events

For the second and third rule, follow the same configuration as the first rule. However, ensure that you enter a different sequence number and losing life event for each rule, as shown in this table:

Configuration for Rule 2	Configuration for Rule 3
Sequence: 2	Sequence: 3
Select these life events: <ul style="list-style-type: none"> • Location Change • 5 Year Anniversary 	Select these life events: <ul style="list-style-type: none"> • Location Change • 10 Year Anniversary

The following table uses different scenarios to show how participation evaluation processing evaluates the collapsing rule.

Scenario	Process Action
<p>Consider this scenario:</p> <ol style="list-style-type: none"> 1. Location Change event occurs on August 1, 2015 2. Birthday event occurs on the same day 3. 5-Year Anniversary event occurs on the same day 	<p>The process:</p> <ol style="list-style-type: none"> 1. Applies the first rule, which voids the Birthday event and collapses to the resulting Location Change event 2. Applies the second rule, which voids the 5-Year Anniversary event and collapses to the resulting Location Change event 3. Doesn't consider the third rule as the 10-Year Anniversary event doesn't occur 4. Processes the Location Change event
<p>Consider this scenario:</p> <ol style="list-style-type: none"> 1. Location Change event occurs on August 1, 2015 2. 10-Year Anniversary event occurs on the same day 	<p>The process:</p> <ol style="list-style-type: none"> 1. Doesn't consider the first collapsing rule in the sequence as the Birthday event doesn't occur 2. Doesn't consider the second collapsing rule as the anniversary event doesn't occur. 3. Applies the third rule, which voids the 10-Year Anniversary event and collapses to the resulting Location Change event. 4. Processes the Location Change event.

FAQs for Collapsing Life Events

How can I access Benefits database items?

When you create or edit formulas using the Fast Formulas page in the Payroll Calculation work area, you need to access the Benefits database items to include in your formula.

Here's how you access the Benefits database items:

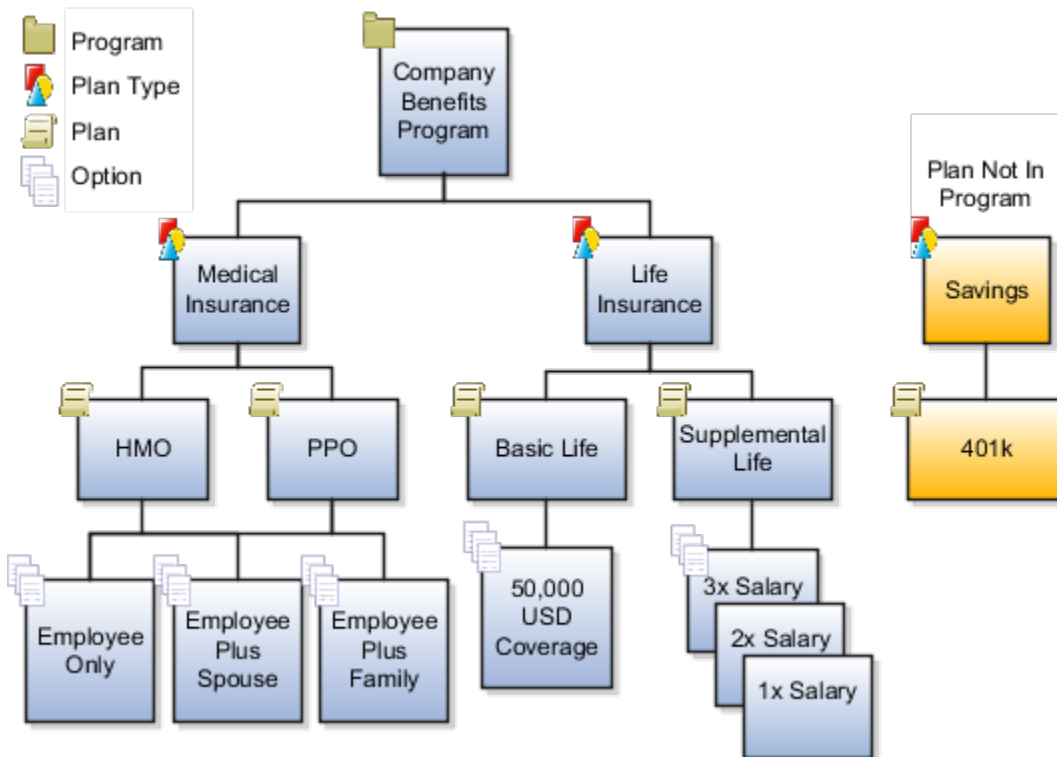
1. Click the **Database Items** tab. In the **Search** box, select **Database Items** if you haven't already selected it.
2. Enter **BEN** as the search value to get a list of all the Benefits database items. Or if you know the name of the specific benefits database item to include, enter the name.
3. Select a database item in the list and click **Add to Formula** to include it in your formula.

Related Topics

9 Benefits Hierarchy

Overview of Objects in a Benefits Hierarchy

You assemble benefit programs, plan types, plans, and options to create benefit offerings.



Program

A package of related benefits. The program level is the top level in its benefits object hierarchy and sets general boundaries that all descendant objects inherit.

Plan Type

A category, such as medical or dental insurance, that you use to group and maintain related benefit plans. The plan type level is subordinate to the program level in the benefits object hierarchy unless the plan type isn't associated with a program. Unassociated plan types form the top level of the hierarchy.

Plan

A specific offering within a plan type that's associated with a program. The plan level is subordinate to the plan type level in the benefits object hierarchy.

Plan Not In Program

A specific offering within a plan type that isn't associated with a program. The plan level is subordinate to the plan type level, which is the top level of this benefits object hierarchy.

Option

An electable choice within a plan or plan type, such as coverage for an employee or employee plus spouse. You can associate an option with one or more plans and plan types. The option level is the lowest level in the benefits object hierarchy.

Best Practices for Designing Benefits Hierarchies

Use one or more benefit object hierarchies to organize your benefits offerings and take advantage of inheritance for easier setup and maintenance. Hierarchies contain from two to four levels.

While determining trade-offs such as processing time versus ongoing maintenance effort, consider whether to control characteristics, such as eligibility requirements, costs, and coverage limits, at a:

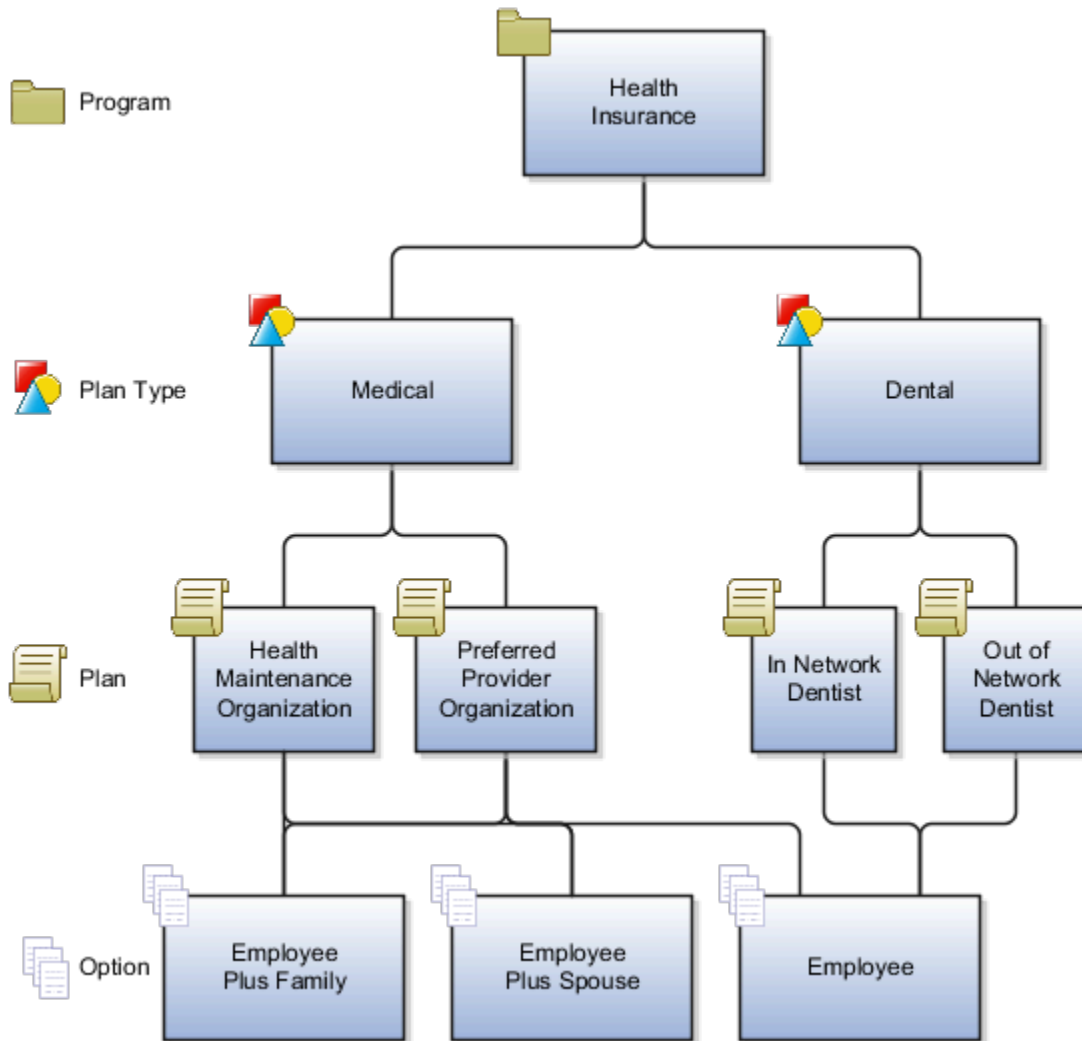
- General level
- Detailed level
- Combination of general and detailed levels

Descendant objects inherit higher-level characteristics unless you override the characteristics with more specific rules at a lower level in the hierarchy.

The icons shown in the following two figures also appear next to benefits objects on various benefits pages. The icons identify the benefits object function: program, plan type, plan, or option.

Full, Four-Level Benefits Object Hierarchy

This figure shows a benefits object hierarchy for a health insurance benefits offering that's populated at all four available levels: program, plan type, plan, and option.



The health insurance program comprises two plan types: medical and dental. Each plan type comprises two unique plans. The fourth level comprises enrollment options, which you can reuse. For example:

- Both of the medical plans include the Employee Plus Spouse option.
- All of the medical and dental plans include the Employee option.

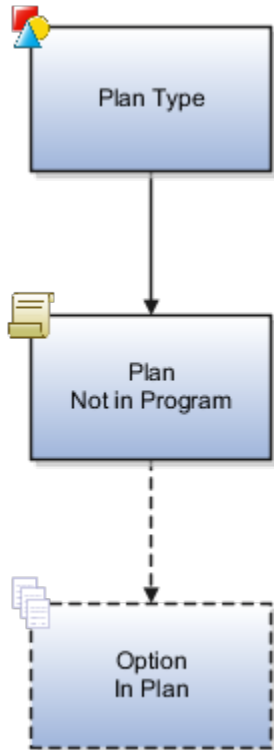
At the fourth level are options to enroll the employee plus family, employee plus spouse, or employee only. Once defined, options can be reused. For example, the Employee Plus Spouse option:

- Is associated with both the health maintenance organization and the preferred provider organization medical plans
- Isn't associated with either dental plan

The Employee option is associated with all plans in this hierarchy.

Benefits Object Hierarchy with Plan Type as Top Level

This figure shows a benefits object hierarchy with either two or three levels.



When you identify a benefits offering, such as a savings plan, as a plan not in program, the plan type comprises the top level of the hierarchy. When plans and plans not in program don't include options, the plan or plan not in program comprises the lowest level of the hierarchy.

Related Topics

- [Best Practices for Setting Up Eligibility in a Benefits Hierarchy](#)
- [Best Practices for Setting Up Enrollment Criteria in a Benefits Hierarchy](#)

Plan in Program Vs. Not in Program

When you define a benefits plan in the Plan Configuration work area, you don't have to place it in a program. However, there are advantages to associating a plan with a program.

Plans in Program

In general, associate a plan with a program when:

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

Plans Not in Program

Plans not in a program enable participants to enroll and disenroll multiple times throughout the year.

Example: A retirement savings plan not in program that allows unlimited, unrestricted enrollment changes

In general, don't associate a plan with a program when:

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

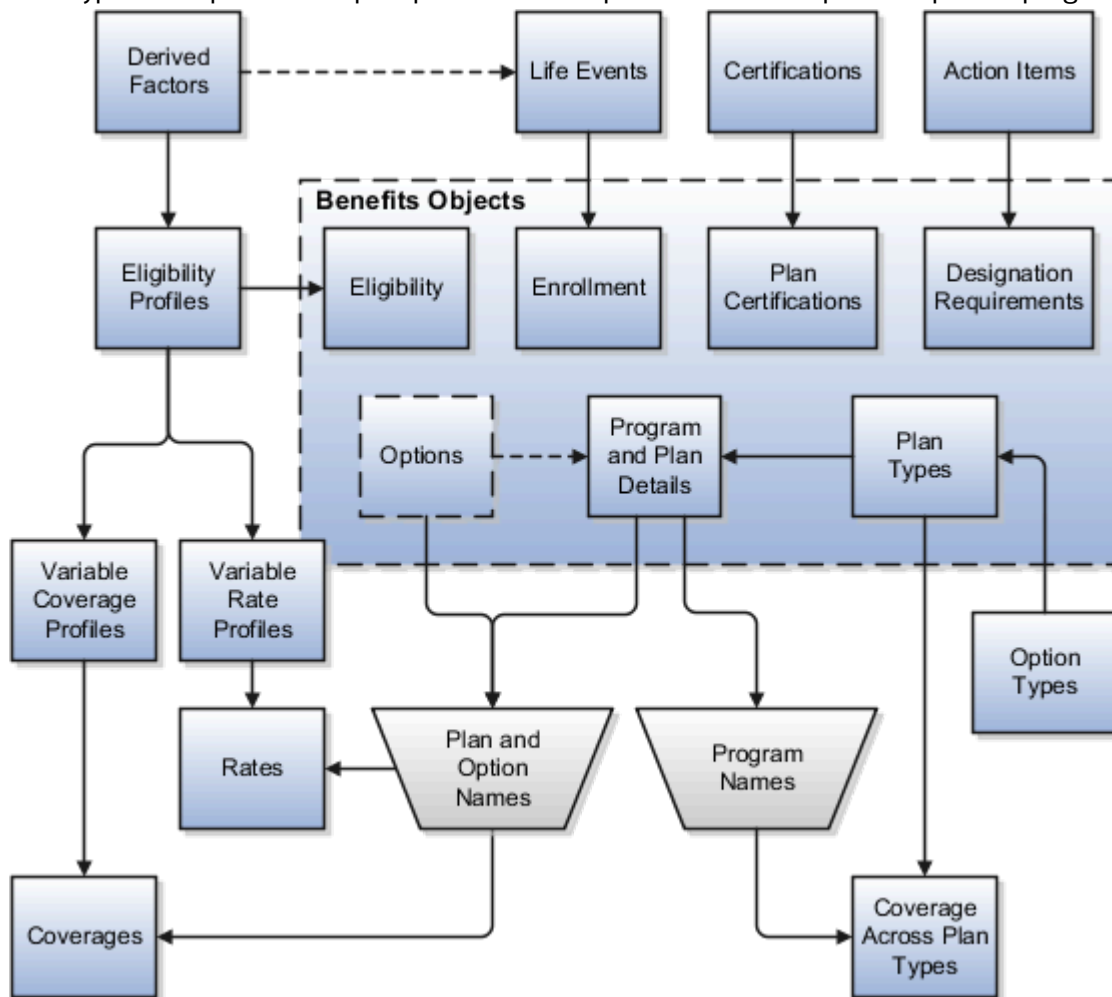
Related Topics

- [Best Practices for Designing Benefits Hierarchies](#)

Objects to Configure Before Creating a Benefits Hierarchy

You typically set up several prerequisite or optional components that you add or associate with plans or programs during implementation and maintenance. You can create these components or edit existing components at any time in the Setup and Maintenance and Plan Configuration work areas.

This figure shows a typical component setup sequence and component relationships in the plan or program



configuration.

Because you use some components while defining other components, set up preliminary components first as illustrated in this list:

1. Enrollment action items
2. Derived factors
3. Life events
4. Eligibility profiles
5. Variable rate profiles and variable coverage profiles
6. Standard rates and coverages
7. Variable rates and coverages

Enrollment Action Items

Use the Configure Enrollment Action Items task to edit the text for any of the nineteen delivered enrollment action items, as required. You can't create additional enrollment action items.

Configure enrollment action items when you define program and plan certification and designation requirements using these tasks:

- Manage Benefit Program Details
- Manage Benefit Plan Details

Derived Factors

You can use:

- Any of the available derived factors as decision criteria in participant eligibility profiles
- The Age derived factor in dependent eligibility profiles

Create and edit derived factors using the Manage Derived Factors task.

Life Events

Use the Manage Benefit Life Events task to define life events that you can use for multiple purposes, as identified and described in the following table.

Purpose	Description
Enrollment requirements	You can link qualifying life event definitions to the enrollment requirements for a benefits object. Subsequent occurrence of a life event causes participation evaluation processing to consider the person's eligibility for that object.
Enrollment coverage	You can vary the amount of coverage available for a plan based on a life event. Define the standard coverage amount for the plan or option in plan and the coverage level available for those participants who experience the life event. You can also restrict coverage level changes for enrolled participants.

Tip: You can set up life events based on derived factors.

Eligibility Profiles

Administer policies regarding who can participate in benefits offerings by attaching participant and dependent eligibility profiles at the appropriate level of the benefits object hierarchy. Create and edit eligibility profiles using the Manage Eligibility Profiles task.

- You must associate one eligibility profile with each variable rate profile and variable coverage profile.
- You can associate multiple eligibility profiles with most objects.

You can associate dependent eligibility profiles with only plan types and plans in program. You can associate only one eligibility profile with each variable rate profile and variable coverage profile.

Variable Rate Profiles and Variable Coverage Profiles

You can associate one or more variable rate profiles and variable coverage profiles with standard rates and coverage, respectively. Use the tasks described in the following table.

Task	Description
Manage Benefit Plan Coverage	Create and edit variable coverage profiles and associate them with standard coverage.

Task	Description
Manage Benefit Rates	Create and edit variable rate profiles and associate them with standard rates.

Standard Rates and Coverage

You attach standard rates to a benefits object to specify the monetary contributions and distributions that the employee and employer make.

- When a participant enrolls in a plan, participation evaluation processing enters the calculated result on a payroll element for the employee.
- Informational rates, which you typically use for additional reporting, don't use payroll elements.

Create and edit:

- Standard rates using the Manage Benefit Rates task
- Coverage using the Manage Benefit Plan Coverage task

Variable Rates and Coverage

Associate variable:

- Rate profiles with standard rates to create variable rates
- Coverage profiles with standard coverage to create variable coverage

Related Topics

- [Best Practices for Designing Benefits Hierarchies](#)
- [Derived Factors](#)
- [Examples of Eligibility Profiles](#)
- [Overview of Benefits Life Events](#)
- [Variable Rates Options](#)

Best Practices for Setting Up Eligibility in a Benefits Hierarchy

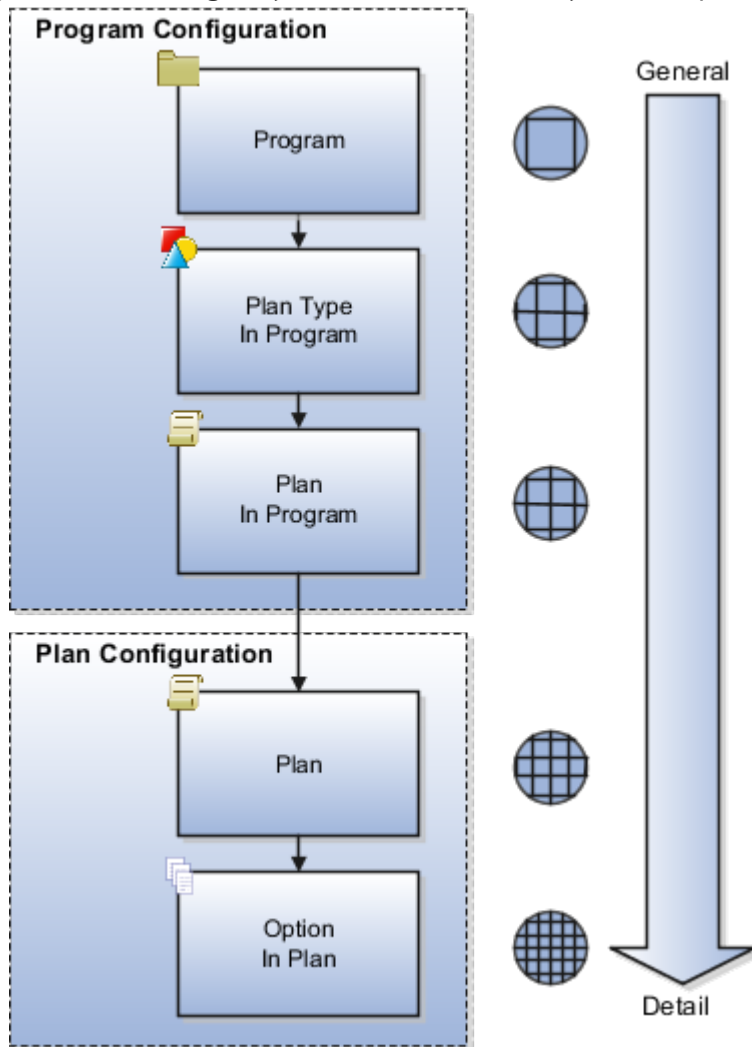
Setup effort and operating performance vary depending on where you define eligibility requirements within the benefits object hierarchy. This example illustrates best practices.

You can use the eligibility pages in the Setup and Maintenance and Plan Configuration work areas to define eligibility requirements at:

- Three levels when configuring programs: program, plan type in program, and plan in program

- Two levels when configuring plans: plan not in program and option in plan

The following figure shows the eligibility determination hierarchy with components organized from top to bottom,



general to detail.

When evaluating eligibility requirements, detail-level requirements augment general-level requirements, rather than overriding them. Therefore, you associate successively restrictive requirements as you move down the hierarchy.

Wellness Program Example Scenario

Your organization is creating a wellness program that's for current and retired employees only. The program hierarchy includes the following configuration:

- Two plan types: medical and recreational.
- Two plans within the recreational plan type:
 - A headquarters plan that provides access to an on campus recreation facility.
 - A field plan that includes options for three national franchises. One franchise restricts membership to the female workers.

You want to set up eligibility to achieve the following results:

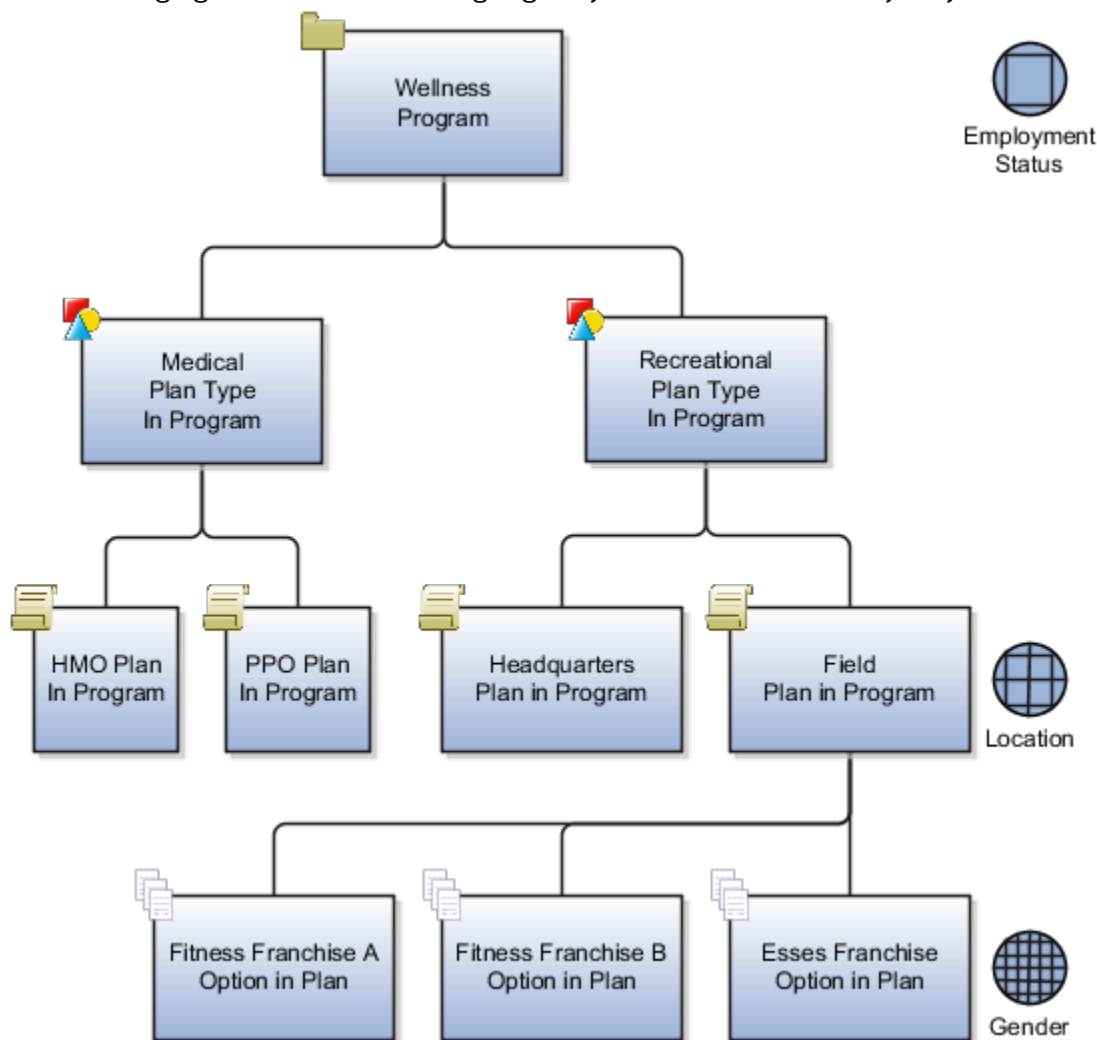
- Only retired and current workers can participate in the Wellness program.
- All retired and current workers who live near headquarters can use the on-campus fitness facilities.
- All retired workers and any current workers who don't live near headquarters can join off-campus fitness facilities.
- Only retired and current female workers who don't live near headquarters can join Fitness Franchise C.

Eligibility Requirement Setup

You create the Wellness benefit offering and attach eligibility for the program, plans, and options based on the following criteria:

- Employment status
- Location
- Gender

The following figure shows the resulting eligibility determination hierarchy for your Wellness benefit offering.



The following table identifies the specific eligibility requirements at each level in the hierarchy.

Level	Eligibility Profile Criteria
Program	Employment status that includes only current and retired workers for the Wellness program
Plan type in program	None for either plan type, Medical or Recreational
Plan in program	<ul style="list-style-type: none"> None for the HMO and PPO medical plans Location that includes persons living near headquarters for the Headquarters recreational plan Location that excludes current workers living near headquarters for the Field recreational plan Applying the location filter any higher in the hierarchy causes the criteria to affect medical plan participants, which you don't want.
Option in plan	<ul style="list-style-type: none"> None for the Fitness Franchise A and Fitness Franchise B options Gender that includes only females for the Fitness Franchise C option Positioning the gender filter at this level ensures that it affects only the Fitness Franchise C.

This strategy reduces processing time because the eligible population for consideration diminishes as eligibility evaluation proceeds down the hierarchy. While you can attach an eligibility profile to each individual plan or option, that approach is much less efficient in terms of setup and performance.

Resulting Eligibility

John is a retired worker who still lives near headquarters who meets the criteria described in the following table.

Level	Criteria	Resulting Eligibility
Program	Employment status	John can participate in the Wellness program.
Plan in program	Location on the Headquarters plan	John can use the on-campus fitness facility.
Plan in program	Location on the Field plan	John can join a national fitness franchise

John doesn't meet the option in plan level gender criteria, so he can't join Fitness Franchise C.

Related Topics

- [Best Practices for Setting Up Enrollment Criteria in a Benefits Hierarchy](#)
- [Eligibility Profiles](#)
- [Create a Participant Eligibility Profile](#)

Best Practices for Setting Up Enrollment Criteria in a Benefits Hierarchy

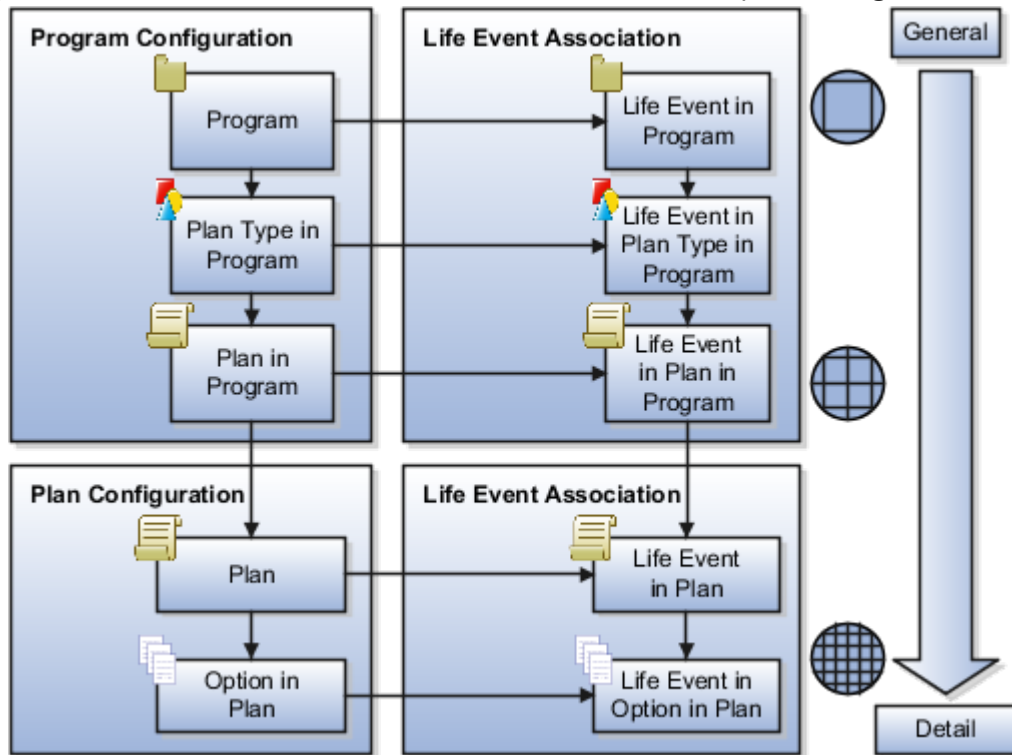
Setup effort and operating performance vary depending on where you define enrollment requirements within the benefits object hierarchy. This example illustrates best practices.

Use the enrollment step in the Plan Configuration guided process and decide at which levels you want to define the enrollment requirements.

- Three levels when configuring programs: program, plan type in program, and plan in program
- Two levels when configuring plans: plan not in program and option in plan

Use the General, Scheduled, and Life Events tabs to configure enrollment at any of the available program and plan hierarchy levels. You can associate enrollment requirements with one or more explicit life events.

The following figure shows the enrollment determination hierarchies with components organized from top to bottom,



general to detail.

When evaluating enrollment configuration, requirements at lower levels in the hierarchy override higher-level requirements. If a plan or option has specific requirements that aren't common to the levels above it, then it's appropriate to configure enrollment at that lower level. Further, life event enrollment configuration overrides corresponding general plan or program enrollment configuration. For example, life event requirements for option in plan override general enrollment requirements for option in plan.

Wellness Program Example Scenario

Your organization is creating a wellness program that's for current and retired employees only.

The program hierarchy includes:

- Two plan types: medical and recreational.
- Two plans within the medical plan type: HMO and PPO
- Three options for both medical plans: Employee Only, Employee Plus Spouse, and Employee Plus Family

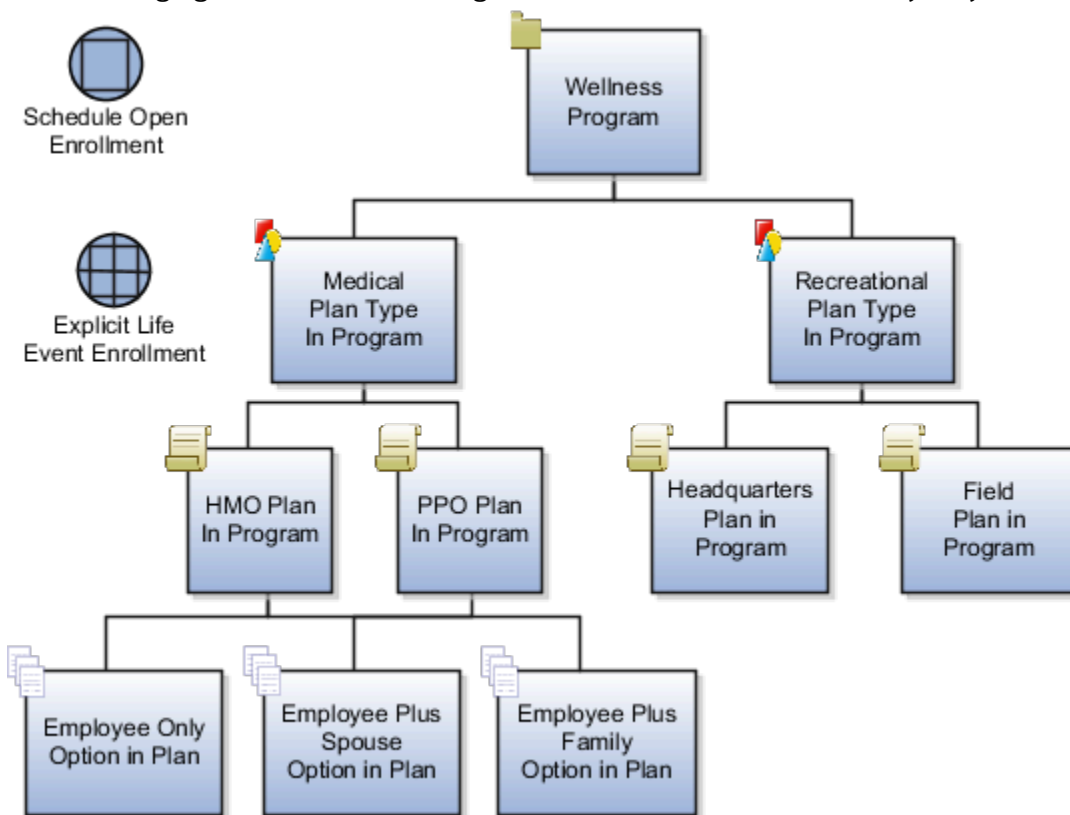
You want to set up enrollment to achieve the following results:

- Enable all eligible persons to make benefit elections within this program during a specific annual period.
- Enable participants to review and revise elections when they add a child or spouse to their families.

Enrollment Setup

You create the Wellness benefit offering and attach life events at the highest hierarchy level for open enrollment and explicit life event enrollment.

The following figure shows the resulting enrollment determination hierarchy for your Wellness benefit offering.



The following table identifies the enrollment requirements that you configure at each level in the hierarchy.

Level	Enrollment Requirement
Program	Attach the Scheduled Open event and configure the November enrollment period for the Wellness program

Level	Enrollment Requirement
Plan type in program	Attach the Add a Child life event and Marriage life event to the Medical plan type and configure the enrollment period and other settings for each event. This configuration provides medical plan enrollment opportunity at any time during the year for Wellness program participants who add a child or spouse to the family. None for the recreational plan type
Plan in program	None for any of the plans. Enrollment requirements for the Medical plan type cascade down to the plans under that plan type.
Option in plan	None for any of the options. Enrollment requirements for the Medical plan type cascade down to the options in plans under that plan type.

This strategy reduces maintenance and processing time because of the following factors:

- Program level criteria controls enrollment for all persons
- Life event in plan level criteria provides an exception for a specific life event

Resulting Enrollment

Jane is a current worker participating in the Employee Plus Spouse option of the PPO medical plan.

When Jane adopts a child into her family during June:

- She can immediately review her current PPO plan elections and switch to the Employee Plus Family option.
- She can't change her elections within the recreational plan type.

Related Topics

- [Best Practices for Setting Up Eligibility in a Benefits Hierarchy](#)

How You Define Waiting Periods for Eligibility

A waiting period enables you to determine how long a participant needs to wait before they're eligible for a benefit.

For example, you want participants to wait until they finish 500 hours at work to be eligible for a benefit. You can define a waiting period in the Waiting Period section of the Eligibility step when you create or edit a plan or program.

You can also define a maximum waiting period in the Additional Configuration step. Suppose you defined a maximum waiting period of 6 months. You already defined a waiting period of 500 hours in the Eligibility step. If the participant works for 6 months, they would still be eligible for the plan even though they might not have worked for 500 hours. That means the maximum waiting period overrides the waiting period that you set at the eligibility level.

Delete Program and Plan Hierarchy

Programs and plans have their related objects. For example, a program can have plan type, plan, and option under it. If you want to delete the program or plan hierarchy at once, you can use the Delete Program and Hierarchy option on the Overview page of the Plan Configuration work area. Once you delete the program and its hierarchy, you can't recover it. So, we recommend that you first make a copy of the plan configuration by exporting it.

If there are electable choices and enrollments associated with the program or plan that you are planning to delete, you get an error message. In such cases, you should first purge and back out them before trying the Delete Program and Hierarchy option. The Delete Program and Hierarchy option doesn't delete the business object life event because they can be reused by other programs. Also, it doesn't delete plan type, plan, or an option that is linked to another program.

Related Topics

- [Export and Import Benefits Plan Configuration](#)

FAQs for Benefits Hierarchy

How can I view current program configuration?

You can use the Plan Configuration work area to view the current program configuration.

Here's how you do it:

1. Use the Manage Benefit Program Details task to search for the program.
2. In the Search Results table row containing the program, click the **Hierarchy** button or the **Summary** button to view the corresponding page.

How can I require participants to stay enrolled in a benefit for a specific period?

You can define a period in the Required Period of Enrollment section of the Enrollment step when you create or edit a plan.

Can I create an enrollment action item?

No, but you can modify the names and descriptions of any of the action items that appear on the Configure Enrollment Action Items page.

10 Program and Plan Creation and Validation

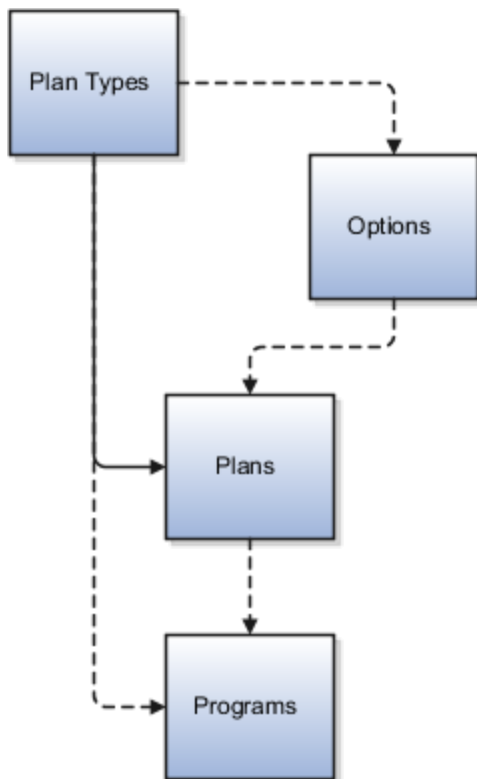
Create and Validate Your Benefits Hierarchy

The most efficient way to create benefit offerings is to create benefits plan types and options first, then plans, and finally programs. After configuring a program or plan, generate a validation report to diagnose common mistakes during setup.

You can also use the report to verify integrity after setup completion and before manual testing.

Benefits Object Creation Sequence

The following figure illustrates the most efficient sequence for creating benefits objects given how certain benefits objects reference other benefits objects. You can create benefits objects, as required.



In the Plan Configuration work area:

1. Create one or more plan types using the Manage Plan Types task.
2. Create one or more options using the Manage Benefit Options task.

You can optionally associate one or more existing plan types when you define the option. This association restricts the availability of the option to plans that belong to the specified plan types.

3. Create plans using any of the methods provided by the Manage Benefit Plan Details task.

When defining benefit plan details, you must associate the plan with one existing plan type and can associate it with existing options.

4. Create programs using any of the methods provided by the Manage Benefit Program Details task.

When defining program details, you can associate existing plan types and plans with the program.

If you create plans and programs using the Quick Create features, as part of those tasks, you can create and immediately associate:

- Plan types and options with plans
- Plan types, plans, and options with programs

Program and Plan Validation

In the Plan Configuration work area:

1. In the Tasks panel drawer, click either **Manage Benefit Program Details** or **Manage Benefit Plan Details**.
2. In the search results row for the program or plan not in program that you want to validate, click **Validate**.

The Validate button isn't present for plans that are in program.

3. Make the required selections.

- On the Program Hierarchy page, select a plan and option.
- On the Plan Hierarchy page, select an option.

If the plan not in program doesn't have associated options, the list is empty.

4. Click **Validate**.

The generated Validation Results page displays the output of the validation process.

Related Topics

- [Best Practices for Designing Benefits Hierarchies](#)
- [Program and Plan Validation Statuses](#)
- [Ways to Create Programs](#)
- [Ways to Create Plans](#)
- [Ways to Enforce Benefits Restrictions](#)

Ways to Create Plans

Create benefits plans with one of the following methods, which are available in the Plan Configuration work area using the Manage Benefit Plan Details task.

- Complete the Quick Create Plan page.
- Prepare and upload an integrated Microsoft Excel workbook.
- Complete the plan configuration process.

This method is the only one that enables you to edit plan configurations.

- Complete the Create Plan page accessed from the Quick Create Program page.
Use the Manage Benefit Program Details task to open the Quick Create Program page.

After creating a plan not in program, you can validate the completeness of the plan and options configuration.

Quick Create Plan

The Quick Create Plan page is useful when you want to set up the essential framework of a benefit plan configuration quickly.

You can associate or create and immediately associate the following in one place:

- One plan type
- Multiple options
- Rates that use the flat amount calculation method

You can quickly configure essential characteristics for a plan, in or not in program. Quick Create automatically sets several plan characteristics to commonly used values.

You can't use this method to edit any existing object.

Integrated Microsoft Excel Workbook

Use the integrated workbook method when you want to create one or more benefit plans quickly. You can't use this method to edit an existing benefit plan.

1. Enter basic plan details using the workbook.
2. Save the file locally to share the plan designs with others.
3. Upload the finalized plans to the application database.
4. Edit and add configuration details using the Plan Configuration work area tasks.

Plan Configuration Process

The plan configuration process provides the complete set of benefit plan characteristics, and therefore the greatest flexibility for setting up and maintaining plans. This method is the only way to edit an existing plan. Use it to edit plans created by any method.

If you're midway through the process and discover that you didn't completely set up an object that you require for your plan configuration, you must:

1. Leave this process.
2. Go to the relevant task for setting up the missing object.
3. Complete that auxiliary setup.
4. Return to this process and complete the plan configuration.

Create Plan Page Accessed from the Quick Create Program Page

While setting up the essential framework of a program configuration using the Quick Create Program page, use this method to create a plan in program.

1. Click **Create Plan** to open the Create Plan Basic Details dialog box.

2. Specify the essential characteristics of a plan in program, including associate the new plan with an existing plan type and multiple existing options.
3. Return to the Quick Create Program page and immediately associate the new plan with the program.

Validation of Plans Not in Program

The validation process identifies errors early in the setup process and enables you to resolve quickly any issues that might occur. Validate plans in program as part of your program validation.

1. In the Plans tab Search Results section, select a plan not in program
2. Click **Validate**.
3. On the Plan Hierarchy page, select an option.
4. Click **Validate**.

You can hover over those fields with icons to view a description of the status.

Related Topics

- [Quick Create for Plans](#)
- [Objects to Configure Before Creating a Benefits Hierarchy](#)
- [How can I create multiple program or plan designs at one time?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)

Quick Create for Plans

Quick create plan functionality defines essential configuration for benefits plans. You can quickly set up basic details of options with rates within the plan setup, saving significant time.

Consider the following aspects of quick create plan functionality while deciding whether this method is appropriate for configuring a particular benefits plan:

- Advantages of Quick Create Plan
- Automatic plan settings
- About editing saved plans

Advantages of Quick Create Plan

Click **Quick Create Plan** on the Manage Benefit Plan Details page of the Plan Configuration work area to:

- Set up essential plan configuration.
- Set up temporary plans for.
 - Testing and proof of concepts
 - Confirming understanding of plan configuration requirements
 - Supporting agile development techniques
 - Presales customer demonstrations
- Create and attach objects without exiting to other tasks, as shown in the following table.

Object	Outside Task
Plan type	Manage Plan Types
Options	Manage Plan Options
Option in plan level employee and employer standard rate flat amount	Manage Benefit Rates
Option in plan level coverage flat amount	Manage Benefit Plan Coverage

Automatic Plan Settings

The quick create plan configuration includes the following automatic settings.

Field	Default Value
Status (plan)	Pending
Status (associated options)	Active
Type (associated rates)	Standard
Type (associated coverage)	Standard
Year Periods	Range of two years before and one year after the current year
Year Period Type	Calendar
Required (associated eligibility profile)	Not selected
Enrollment Rule	Current - can keep or choose; new - can choose
Plan Function	Regular
If Usage is In program	Enable unrestricted enrollment is clear
If Usage is Not in program	Enable unrestricted enrollment is selected

Enabling unrestricted enrollment sets the following field values automatically.

Field	Default Value
Rate Start Date	Event
Coverage Start Date	Event
Previous Rate Start Date	One day before event
Previous Coverage Start Date	One day before event
Life Event (on Enrollment page)	Unrestricted
Enrollment Period Start Date	As of Event Date
Enrollment Period End Date	As of Event Date
Close Enrollment Period Date	When elections are made

The following aren't set automatically:

- Dependent or beneficiary designation
- Primary care physician designation

Edit Saved Plans

To edit existing plan configurations, use the Manage Benefit Plan Details configuration guided process. With this process, you can also add definitions that you didn't or couldn't specify during the quick create process.

After retrieving a quick create plan, you can:

- Change plan status.
- Add predefined options and change option status.
- Add plan year periods for fiscal years.
- Add or remove standard rates, and add imputed rates and variable rates.
- Add or remove standard coverages, and add variable coverages.
- Add or remove eligibility profiles.
- Configure requirements for:
 - Scheduled and life event enrollment
 - Certifications
 - Dependent and beneficiary designation
 - Primary care physician designation

Add Additional instruction Text

You can add additional instruction text for plans and options, in the Instruction Text field, when you add or edit a plan or option in the Plan Configuration work area. For example, when you group multiple plans within one plan type, it's useful for employers to have the ability to provide additional text at the plan or option level.

Ways to Create Programs

Create benefits programs by using the methods, which are available on the Manage Programs page.

Here's the list of methods:

- Complete the Quick Create Program page.
- Prepare and upload the integrated Microsoft Excel workbook.
- Complete the program configuration guided process. This method is the only way that you can edit plan configurations.

After creating a program, you can validate the completeness of the configuration.

Quick Create Program

The Quick Create Program page is useful when you want to set up the essential framework of a benefit program configuration quickly.

You can associate or create and immediately associate the following in one place:

- Plans in program
- Life events with those plans

You can quickly configure essential characteristics for a program. Several program characteristics are automatically set to commonly used values.

You can't use this method to edit any existing program.

Integrated Microsoft Excel Workbook

Use the integrated workbook method when you want to create one or more benefit programs quickly. You can't use this method to edit an existing benefit program.

1. Enter basic program details using the workbook.
2. Save the file locally to share the program designs with others.
3. Upload the finalized programs to the application database.
4. Edit and add program configuration details using the Plan Configuration work area.

Program Configuration Guided Process

The program configuration process provides the complete set of program characteristics, and therefore the greatest flexibility for setting up and maintaining benefits programs. This method is the only way to edit an existing program. Use it to edit programs created by any method.

If you're midway through the program configuration process and discover that you didn't completely set up an object required for your program configuration, you must:

1. Leave this process.
2. Open the relevant task for setting up the missing object.
3. Complete that auxiliary setup.
4. Return to this process and complete the program configuration.

Program Configuration Validation

The validation process identifies errors early in the setup process and enables you to resolve quickly any issues that might occur.

1. In the Program tab Search Results section, select the program to validate.
2. Click **Validate**.
3. On the Program Hierarchy page, select a plan and option.
4. Click **Validate** to open the Validation Results page, which displays the output of the validation process.

You can hover over those fields with icons to view a description of the status.

Related Topics

- [Quick Create for Plans](#)
- [Ways to Create Plans](#)
- [How can I create multiple program or plan designs at one time?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)

How You Create Life Events in Quick Create Program

To make new enrollment life events available to associate with the quick create program, click Create Life Events in the Enrollment section of the Quick Create Program page.

Attach enrollment life events to a program to trigger program enrollment opportunities when those life events occur.

You can:

- Create one user-defined life event at a time.
- Select one or more predefined life event configurations.

Creating User-Defined Life Events

In the User Defined Life Event section of the Create Life Event dialog box:

- Enter the life event name.
- Select the type.

You must use the Manage Benefit Life Events task to either:

- Associate user-defined events to already existing person or related person data changes.
- Create person or related person data changes and link the data changes to the life event.

Selecting Available Life Event Configurations

Each check box in the Available Life Event Configurations section of the Create Life Event dialog box represents a commonly used life event configuration.

Each predefined life event configuration contains:

- Triggering mechanism setup
- Ties to the tables and columns required to automatically generate that life event when corresponding personal or work data changes

You can optionally select one or more of these life events to make them available for attachment to a program.

- Selected life events appear in the enrollment life event available list with the name displayed on the check box label.
- Disabled life events are already activated in this implementation.
- A uniqueness check prevents you from creating life events that rely on an existing set of table and column designations for triggering an event. Each set of life event triggers must be unique across the same implementation.

Filtering Self-Assigned Life Events for Participants

You can use eligibility profiles to filter self-assigned life events for specific participants. For example, you want only married participants to report the divorce life event. You can add eligibility on this life event to filter out unmarried participants.

When you use the Benefit Life Events task in the Plan Configuration work area to add a life event and eligibility profile for it, ensure that you select the Self-Assigned check box. The life event page now has a new tab named Eligibility for you to add participant eligibility profiles only for the self-assigned life events. You can add only one eligibility profile per life event. Click Add Eligibility Profile and select the eligibility profile to configure eligibility for the life event. The status of the eligibility profile should be Active to evaluate the life event eligibility.

When a participant opens the Report A Life Event page in Self-Service Benefits, eligibility is evaluated for each self-assigned life event. The final list of life events appears based on the eligibility profile. In general, the participants see a life event during one of the following scenarios:

- The participant qualifies the eligibility rule for the life event.
- No life event eligibility is set up.

Such life events appear only if you've set up eligibility accordingly. The life event eligibility status needs to be active and shouldn't be starting on a future date.

Related Topics

- [Quick Create for Plans](#)
- [How You Configure Data Changes for Explicit Life Events](#)

Upload Plan Design Documents

You can upload up to 8 plan design documents at the program and the plan level.

For example, you can store rate sheets, summary plan descriptions, and summary of benefits and coverage. The document file format should be one of the following and the file size should not exceed 5 MB:

- Doc
- Docx
- Ppt
- Pptx
- Txt
- Pdf
- Xls
- Xlsx
- Html
- Htm
- Xml

Here's how you upload the document:

1. On the Home Page, click **Benefits Administration >Plan Configuration**.
2. Open the create or edit program or plan pages and navigate to the Additional Configuration step.
3. Select the **Documents** tab and click **Select and Add**.
4. Follow the prompts and upload the document. You need to select the language of the document. You can add a URL to point to the providers, vendors, or internal sites for more information.

Overview of Plan Dependency Rules

You can define plan dependency rules in the Plan Type Grouping page.

This ensures participants don't enroll into offerings without enrolling in relevant dependent offerings first. For example, if the employee hasn't enrolled in the dependent plan (HDHP) but tries to enroll in the HSA plan, a message warns them.

You can set up rules only for plans or options that are part of the same program and plan type grouping. You can't set up rules for plans that aren't in a program. Only active rules are evaluated during enrollment.

These rules apply only when you do elections through the self-service Benefits page. The rules don't apply when you load enrollments through HCM Data Loader (HDL) or when the batch jobs apply default or automatic enrollments.

Define Plan Dependency Rules

Here's how you define plan dependency rules:

1. On the Home page click **Benefits Administration > Plan Comparison**.
2. In the Tasks panel drawer, click **Configure Plan Type Grouping Display**.
3. Click **Create** in the Plan Dependency Rules tab and follow the prompts to define the rules. In the field named **Message**, you can define the message that should appear if the user didn't enroll in dependent plans.

Mutually Exclusive Plan Rules

You can enforce mutually exclusive plan rules in the Configure Plan Type Grouping Display page.

You can enforce mutually exclusive plan rules in the Configure Plan Type Grouping Display page. For example, your enterprise has the Health Care FSA and Health Savings Account plan where employees can enroll only in one of the plans at a time. They need to disenroll from one plan to enroll in the other plan. Participants can enroll in one mutually exclusive plan at a time by using the rules. For the mutually exclusive plan rules to work well, all such plans must be in the same plan type grouping.

To use this enhancement, you need to:

1. Create and enable a profile option.
2. Enable the profile value.
3. Set up the mutually exclusive plan rules.

Create and Enable Profile Option for Mutually Exclusive Plan Rules

Here's how you create and enable the profile option:

1. In the Setup and Maintenance work area, search for the **Manage Profile Options** task.
2. Click the **Manage Profile Options** link.
3. In the Search Results area, click **New**.
4. Enter **BEN_MUTUAL_EXCL_CHOICES** as the profile option code.
5. Enter **Benefits Mutually Exclusive Plan Rules Enabled** as the profile display name.
6. Select **Benefits** as the application.
7. Select **Benefits Plan Design Repository** as the module.
8. Enter **Benefits Mutually Exclusive Plan Rules Enabled** as the description.
9. Enter **1/1/51** as the start date.
10. Click **Save and Close**.
11. Under the Profile Option Levels, select **Enabled** and **Updatable** for the Site level.

12. Click **Save and Close**.

Create and Enable the Profile Value for Mutually Exclusive Plan Rules

Here's how you create and enable the profile value:

1. In the Setup and Maintenance work area, search for the **Manage Administrator Profile Values** task.
2. Search for the **BEN_MUTUAL_EXCL_CHOICES** profile option code.
3. In the Site field, select **Y** to change the profile option to site level.
4. Click **Save and Close**.

Enable Mutually Exclusive Plan Rules

Here's how you set up the mutually exclusive plan rules:

1. On the **Home** page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Configure Plan Type Grouping Display**.
3. Click the **Mutually Exclusive Plan Rules** tab.
4. Click **Create** and follow the prompts to set up the rules.
5. Click **Save**.

Benefits Diagnostic Reports

You use diagnostic reports to check for inaccuracies in any benefit object's configuration, such as programs, plans, benefit formulas, and eligibility.

For example, use the Benefits Health Check diagnostic report to check for discrepancies, such as duplicate beneficiary organizations, and persons with overlapping benefits relationships.

Here's a full list of benefits diagnostic reports you can use:

- Benefits Fast Formula Details
- Benefits Health Check
- Benefits Person Element Entry
- Benefits Setup
- Person Benefits

How You Generate and View the Reports

You need to have a job role, such as **Application Diagnostics Administrator** to access the diagnostic dashboard.

1. On the **Settings and Actions** menu in the global area, select **Run Diagnostic Tests**.
2. On the Diagnostic Dashboard page that appears, in the **Search for Tests** section, enter **Benefits** in the Test name field, and click **Search** to see a list of benefits diagnostic reports. Click the **Details** icon to see the description and details of each diagnostic report.
3. To run a report, select its check box, and click **Add to Run**. The diagnostic report that you select appears in the **Choose Tests to Run** section.
4. If a report requires input parameters, an alert icon appears. Click the icon to specify the parameters.
5. Click **Run**.
6. In the Diagnostic Test Run Status section, click the **Refresh** icon to get the latest status of the report.
7. When the execution status shows **Completed**, click the **Report** icon to view the report.

Program and Plan Validation Statuses

Validation results provide statuses for a range of setup objects, such as year periods, life events, action items, and rates, in the program or plan not in program hierarchy.

Examples of issues discovered during validation include:

- Programs or plans with no associated plan years
- Programs with no included plans
- Incomplete configuration where required values are missing

Validation results appear in a tabular display, with the following indicators for each setup object and each level in the specified hierarchy path.

Description of the Cell Contents	Status
Green with check mark	Required setup exists.
Green with red x	Required setup doesn't exist.
White with green check mark	Optional setup exists.
White with question mark	Optional setup doesn't exist. No error, informational.
Plain green	Optional level not configured. Setup is required if the level is added.
Plain white	Optional level not configured. Setup would be optional if the level is added.

Description of the Cell Contents	Status
Gray	Setup isn't applicable.

FAQs for Program and Plan Creation

How can I diagnose any issues with a benefit program setup?

After setting up a benefits program, you need to run the Program Information Diagnostic Test if you have access to the Diagnostic Dashboard. On the Setting and Actions menu in the global header, select Run Diagnostics Tests.

Also, you need to validate the program setup on the Manage Programs page using the **Validate** button.

Related Topics

- [Program and Plan Validation Statuses](#)

How can I diagnose any issues with delivered data required for benefits plan configuration?

To verify existing predefined data and formula compilation, you can run the Benefits Setup Diagnostic Test if you have access to the Diagnostic Dashboard. On the Setting and Actions menu in the global header, select Run Diagnostic Tests.

Related Topics

How can I diagnose any issues with a Benefits setup?

The Benefits Setup Diagnostic Test report helps you diagnose any issues with your Benefits setup. For example, it provides you the details of the alert configuration or the list of alerts that are recently failed to diagnose issues with alerts.

To view this report, click the logged in user's icon, and click **Run Diagnostics Tests** in the Troubleshooting section. Then, search for the **Benefits Setup Diagnostic Test** report.

How can I diagnose any issues with a person's benefits ?

The Person Benefits Diagnostic report helps you diagnose any issues with a person's benefits. For example, it provides you the details of the participant and dependent certification to diagnose issues with certification.

To view this report, click the logged in user's icon, and click **Run Diagnostics Tests** in the Troubleshooting section. Then, search for the **Person Benefits Diagnostic** report.

How can I create multiple program or plan designs at one time?

By using the integrated workbook, you can create multiple program or plan designs at one time.

In the Plan Configuration work area, on the program or plan Search Results section toolbar:

1. Click **Prepare in Workbook**.
2. Enter basic program or plan details using the integrated workbook.
3. Save the file locally to share the program or plan designs with others.
4. Upload the finalized programs or plans to the application database.

The default characteristics of the programs or plans that you upload from the workbook are the same as those created using the Quick Create program and plan methods.

How can I associate images with offerings in self-service?

The following table lists the locations to upload images for relevant self-service pages.

Self-Service Page that Displays Images	Upload Location in Plan Configuration Work Area
Program selection page	<p>To associate an image with a program, go to the create or edit program pages, Additional Details step, Image section</p> <p>To associate an image with a plan not in program, go to the create or edit plan pages, Additional Details step, Image section</p>

If you don't add images, blank placeholders for images appear on the self-service pages.

11 Program and Plan Basic Details

Guidelines to Select a Benefits Program Type

The program type determines whether you want the program and its offerings to work with a flex credit shell plan. You select the program type when you create a program.

Core

Select this program type if you want to create a program that is independent of a flex credit shell plan.

Flex-Credits Program Type

Select this program type if you want to associate a flex credit shell plan with the program. You can associate with this program only those plans and options that involve flex credits.

Flex-Credits-Plus-Core Program Type

Select this program type if you want to associate a flex credit shell plan with the program. However, you can also associate with this program plans and options that do not involve flex credits.

Waive Plans and Waive Options

You can provide waive plans and options so that your workers can explicitly decline enrollment opportunities for which they are otherwise eligible.

Consider the following aspects:

- Advantages of including waive plans and options in plan configurations
- Waive plan setup and use
- Waive option setup and use
- Waive plan and option configuration considerations

Advantages of Waive Plans and Options

You typically define a waive plan or option to:

- Provide clear choices and avoid misunderstandings.
 - Example: You enroll workers automatically into a basic medical insurance plan unless the workers explicitly opt out of all medical insurance plans.
 - You can quickly address any medical coverage issues arising later because it is clear that the workers explicitly waived enrollment with knowledge of available alternatives.

- Leverage reports for planning purposes.
 - You can use delivered reports to review enrollment results for workers who elect to waive plans and options.
 - Correlate demographic data with waive enrollments to help you discern benefits pricing and coverage issues with current offerings.

Waive Plan Setup and Use

Create a waive plan at the plan type level in the Plan Configuration work area using the Manage Benefit Plan Details task.

Make the selections shown in the following table:

Selection	Location
Select Waive as the plan function.	Plan Basic Details page
Select and add the waive plan to the correct plan type.	Plans and Plan Types section of the Program Basic Details page

When an eligible worker elects the waive plan, that worker declines enrollment in all plans associated with that plan type.

Waive Option Setup and Use

Create a waive option at the plan level in the Plan Configuration work area using the Manage Benefit Options task.

Make the selections shown in the following table:

Selection	Location
Select the Waive option check box.	Basic Details section
Select and add the waive option to the plan.	Options section of the Plan Basic Details page

When an eligible worker elects the waive option, that worker declines enrollment in all options within that plan.

Waive Plan and Option Configuration Considerations

If a plan type contains only one active plan, consider attaching a waive option to the plan instead of adding a waive plan to the plan type.

- Note:** Do not attach a waive plan or waive option to plan configurations where eligible workers must elect at least:
- One regular option from a group of options
 - One regular plan from a group of plans

Group Waive Options in the Self-Service Pages

You can group the waive options together in the confirmation and Benefits Summary page in the Self-service pages.

Only the plans and options with these setups are grouped in a separate section:

- The plans with Waive as the plan function.
- The options with the Waive option check box selected in the plan design setup.

Participants have waived or declined coverage by choosing the waive plans or options. By grouping these plans or options and highlighting them at the top, we can ensure they haven't chosen to waive by mistake or oversight.

Here's how you group the waive options:

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select the **Display waived enrollments on the Confirmation and Summary page in a separate section** check box.
4. Click **Save**.

What's the difference between defined rate frequency and communicated rate frequency?

Defined rate frequency is the time basis of rates used in calculations or stored for other internal use, such as monthly.

Communicated rate frequency is the time basis of rates that appear to participants, such as per pay period. When these frequencies are different, the rate communicated to participants differs from the defined rate.

How Defined Rate Frequency Works with Communicated Rate Frequency

The defined rate frequency and communicated rate frequency values establish the time basis for rate amounts that are either used internally or displayed to participants.

- The defined rate frequency determines the time basis of rates used in calculations or stored for other internal use.
- The communicated rate frequency determines the time basis of rates that appear to participants.

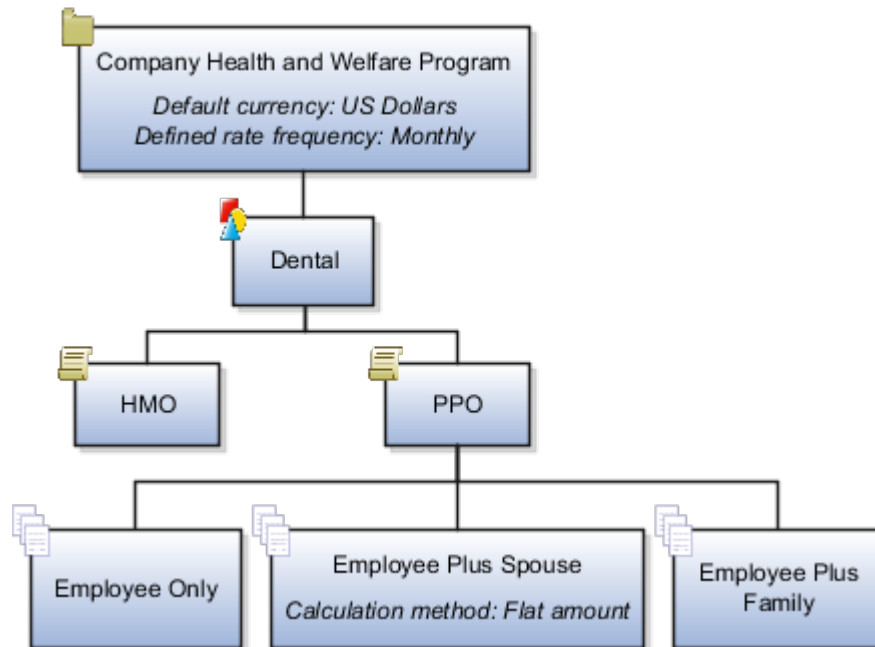
Defined rate frequency, communicated rate frequency, and program default currency are program-level attributes. An exception occurs in plan configuration. Setting the plan usage field to **Not in program** causes the defined rate frequency, communicated rate frequency, and plan default currency fields to appear. In that special case, these

attributes are required to be specified as part of the plan-not-in-program configuration. First, configure the defined rate frequency, communicated rate frequency, and currency for benefits programs or plans not in program. Then, you can use the Create Rates page to define named rates for specific objects within those hierarchies.

Defined Rate Frequency

The time basis of costs defined in the Additional Information section of the Create Rates page is always determined by the relevant defined rate frequency.

The following figure shows an example partial benefits offering. The health and welfare program includes the dental plan type. The dental plan type includes the dental preferred provider organization (PPO) plan and the dental health maintenance organization (HMO) plan. The dental PPO plan includes options for covering the employee, employee plus



spouse, and so on.

The default program currency for the health and welfare program, is set to **US Dollars**. The defined rate frequency of the health and welfare program is **Monthly**. On the calculation tab of the Create Standard Rates page for the dental PPO plan, employee plus spouse option, the calculation method is set to **Flat amount**. That flat amount value is set to **32.50**.

The rate inherits the currency defined for the programs or plans not in program with which the benefits object is associated. In this example, the currency for the health and welfare program is **US Dollars**. Therefore the defined rate is the flat amount: **32.50 USD monthly**. That defined rate is stored for use in subsequent calculations.

Communicated Rate Frequency

The communicated rate frequency determines the time basis of costs that appears to participants. The rate communicated to participants differs from the defined rate if the communicated rate frequency is different from the defined rate frequency. For example, the defined rate frequency is monthly, with 12 monthly periods in a year. The communicated rate has the frequency of the participant's payroll period, such as 26 biweekly periods in a year.

Sequence	Calculation	Explanation
1	$(32.50 \text{ US Dollars per month}) * (12 \text{ months per year}) = 390 \text{ US Dollars per year}$	To convert from the defined rate to the communicated rate, the annual cost is first calculated. This calculation is for the annual

Sequence	Calculation	Explanation
		cost for employee plus spouse participation in the dental insurance plan.
2	$(390 \text{ US Dollars per year}) / (26 \text{ payroll periods per year}) = 15.00 \text{ US Dollars per payroll period}$	<p>The communicated rate is the annual cost divided by the number of periods in a year at the communicated rate frequency.</p> <p>Dental insurance costs are deducted from participants' biweekly paychecks. The communicated rate frequency is set to Per pay period. The plan year period contains 26 payroll periods.</p>

10-Days Defined Rate Frequency

You can use the Ten Days defined rate frequency type that supports payroll frequency of 36 periods per year.

The 10-day frequency enables you calculate benefits rates on 10th, 20th, and the last calendar day of every month.

When you define or update a program, select the value named **Ten Days** from the **Defined Rate Frequency** list. The payroll frequency of a worker is passed to payroll for processing.

Options to Configure Dependent Designation Level

You define dependent designation requirements at one of the benefits object hierarchy levels on the Program Basic Details page.

Here's the list of benefits object hierarchy levels:

- Blank
- Plan type in program
- Plan

Blank

Disables the Program Designation Requirements page and you can't specify designation requirements.

Plan Type in Program

The plan types currently attached to this program appear as rows in the table of the header section on the Program Designation Requirements page.

To define designation requirements for a particular plan type in this program:

- Select the plan type row in the table.

- Configure the designation requirements in the tabbed section of the page.

Plan

Disables the Program Designation Requirements page. You must use the Plan Designation Requirements page to configure designation requirements at the plan level.

FAQs for Plan and Program Basic Details

What's an unrestricted enrollment?

An enrollment that enables participants to submit updates throughout the year, such as a savings plan. They don't require a prerequisite occurrence of a formal personal or work-related life event. Scheduled unrestricted open life events are exceptions as they do have specified enrollment windows.

You can't enable unrestricted enrollment and use life event processing in the same plan.

How can I add a flex credit shell plan to the program?

You use the Manage Flex Credit Configuration pages in the Plan Configuration work area to add the program to the flex shell plan.

12 Program and Plan Eligibility at Different Hierarchy Levels

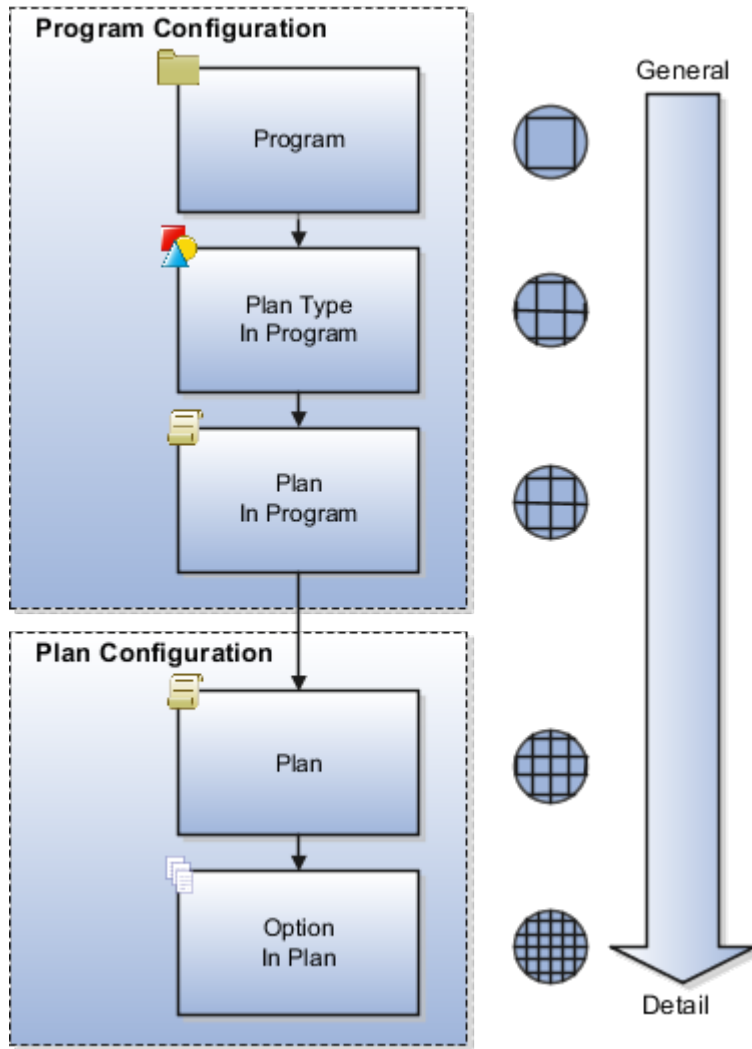
Best Practices for Setting Up Eligibility in a Benefits Hierarchy

Setup effort and operating performance vary depending on where you define eligibility requirements within the benefits object hierarchy. This example illustrates best practices.

You can use the eligibility pages in the Setup and Maintenance and Plan Configuration work areas to define eligibility requirements at:

- Three levels when configuring programs: program, plan type in program, and plan in program
- Two levels when configuring plans: plan not in program and option in plan

The following figure shows the eligibility determination hierarchy with components organized from top to bottom,



general to detail.

When evaluating eligibility requirements, detail-level requirements augment general-level requirements, rather than overriding them. Therefore, you associate successively restrictive requirements as you move down the hierarchy.

Wellness Program Example Scenario

Your organization is creating a wellness program that's for current and retired employees only. The program hierarchy includes the following configuration:

- Two plan types: medical and recreational.
- Two plans within the recreational plan type:
 - A headquarters plan that provides access to an on campus recreation facility.
 - A field plan that includes options for three national franchises. One franchise restricts membership to the female workers.

You want to set up eligibility to achieve the following results:

- Only retired and current workers can participate in the Wellness program.

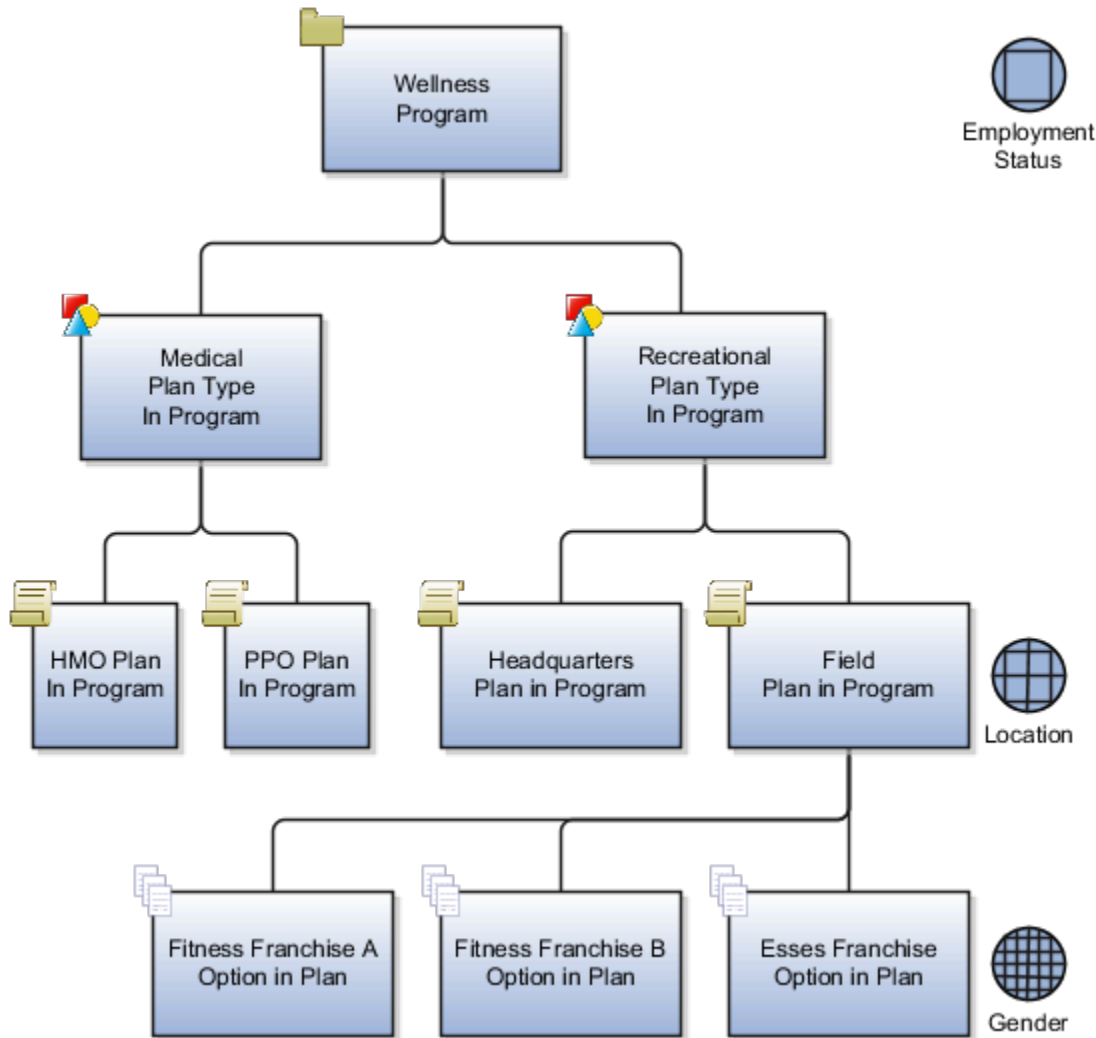
- All retired and current workers who live near headquarters can use the on-campus fitness facilities.
- All retired workers and any current workers who don't live near headquarters can join off-campus fitness facilities.
- Only retired and current female workers who don't live near headquarters can join Fitness Franchise C.

Eligibility Requirement Setup

You create the Wellness benefit offering and attach eligibility for the program, plans, and options based on the following criteria:

- Employment status
- Location
- Gender

The following figure shows the resulting eligibility determination hierarchy for your Wellness benefit offering.



The following table identifies the specific eligibility requirements at each level in the hierarchy.

Level	Eligibility Profile Criteria
Program	Employment status that includes only current and retired workers for the Wellness program
Plan type in program	None for either plan type, Medical or Recreational
Plan in program	<ul style="list-style-type: none"> None for the HMO and PPO medical plans Location that includes persons living near headquarters for the Headquarters recreational plan Location that excludes current workers living near headquarters for the Field recreational plan <p>Applying the location filter any higher in the hierarchy causes the criteria to affect medical plan participants, which you don't want.</p>
Option in plan	<ul style="list-style-type: none"> None for the Fitness Franchise A and Fitness Franchise B options Gender that includes only females for the Fitness Franchise C option <p>Positioning the gender filter at this level ensures that it affects only the Fitness Franchise C.</p>

This strategy reduces processing time because the eligible population for consideration diminishes as eligibility evaluation proceeds down the hierarchy. While you can attach an eligibility profile to each individual plan or option, that approach is much less efficient in terms of setup and performance.

Resulting Eligibility

John is a retired worker who still lives near headquarters who meets the criteria described in the following table.

Level	Criteria	Resulting Eligibility
Program	Employment status	John can participate in the Wellness program.
Plan in program	Location on the Headquarters plan	John can use the on-campus fitness facility.
Plan in program	Location on the Field plan	John can join a national fitness franchise

John doesn't meet the option in plan level gender criteria, so he can't join Fitness Franchise C.

Related Topics

- [Best Practices for Setting Up Enrollment Criteria in a Benefits Hierarchy](#)
- [Eligibility Profiles](#)
- [Create a Participant Eligibility Profile](#)

Configure Dependent and Beneficiary Designations

You can configure participant dependent or beneficiary designations at different levels.

Here's the list of levels:

- Option in plan
- Plan, if the plan doesn't have options

In the Plan Configuration work area:

1. Open the Configuring Allowable Dependent or Beneficiary Designees dialog box by clicking **Create** on one of the following locations.

Location	Task to Open
Create or edit page, Allowable Dependent or Beneficiary Designees section	Manage Benefit Options
Create or edit Plan Eligibility page, Allowable Dependent or Beneficiary Designees tab	Manage Benefit Plan Details

2. Select the group relationship that you're defining designation requirements for. For example, select **Family** when you plan to add child, parent, nephew, and domestic partner relationship types.
3. Select the designation type, **Dependent** or **Beneficiary**.

By default, benefits processing considers the following relationship types as personal relationships that you can designate as dependents.

- Adopted child
- Step child
- Child
- Domestic partner
- Foster child
- Domestic partner child
- Spouse

4. Enter the minimum and maximum number of designees that this option or plan covers.

Note: If the plan allows no designees, you enter **0** in both fields or select **No Minimum** and **No Maximum**. If you enter a minimum or maximum or both, the application ignores the Cover all eligible field even if set to Yes.

5. For options, in the **Cover All Eligible** field, select **Yes** to provide coverage to all designees who meet the eligibility profile criteria.

6. Add at least one relationship type that corresponds to the selected group relationship. For example, if you selected the group relationship Child, then you would add at least one of the following relationship types:
 - o Adopted child
 - o Step child
 - o Child
 - o Domestic partner child
 - o Foster child

You wouldn't add a relationship type of Nephew or Niece.

Related Topics

- [Example of Beneficiary Designation Requirements](#)
- [Example of Dependent Designation Requirements](#)

Display Only Eligible Offerings for Enrollment

Using settings on the plan configuration Eligibility page, you can restrict enrollment display to only the plans and options for which the participant is eligible.

Example: If a participant has no spouse or dependents:

- Show the Employee Only option
- Hide the Employee Plus Spouse and Employee Plus Family options

Selecting Eligibility Overrides

You override standard enrollment display using these two settings, which work together:

- Family Member Rule
- Participant Eligibility Verification

In the Plan Configuration work area:

1. In the Tasks panel drawer, click the **Manage Benefit Plan Details** task.
2. Search for and click the plan.
3. Open the Plan Eligibility page.
4. In the Plan and Option Eligibility section, select the plan or option.
5. In the Further Details section, select the **Configuration** tab.
6. In the **Family Member Rule** field, select the appropriate rule.

The following table explains the options.

Option	Effect on Enrollment Page
Check designation requirements	Hides the plan or option if the participant doesn't have any contacts with the relationship type specified in the allowable designees requirements.

Option	Effect on Enrollment Page
Do not check designation requirements	None
Formula	Specified in the formula, which you select in the Family Member Formula field. Before you can select the formula, you must create it using the Manage Fast Formulas task in the Setup and Maintenance work area.

7. In the **Participant Eligibility Verification** field, select the appropriate rule.

The following table explains the options.

Participant Eligibility Verification	Requirement for Participant to be Eligible	What's Ignored
Blank	Participant meets the eligibility requirements of the participant eligibility profile.	Dependent eligibility or allowable designees requirements
Dependent only	Participant's dependents meet both the eligibility and allowable designees requirements.	Participant eligibility profiles
Participant and dependent	Participant and dependents meet both the eligibility and allowable designees requirements associated with the plan or option.	Not applicable

Related Topics

- [Configure Dependent and Beneficiary Designations](#)

Use HSDL to Upload Participant Enrollments and Designations

You can use the seeded HCM Spreadsheet Data Loader (HSDL) spreadsheets to upload participant enrollments and designate dependents and beneficiaries.

These spreadsheets are available in the Data Exchange work area. Ensure that the life event for the enrollment that you are uploading is in the started status.

To use these spreadsheets, you must install the Oracle ADF Desktop Integration Add-in for Excel:

HSDL Spreadsheets to Upload Participant Enrollments and Designations

Spreadsheet Name	Supported Operations in the Spreadsheet	Business Objects and User Keys
Participant Enrollment Upload	Create and update	<ul style="list-style-type: none"> Participant Enrollment: Person Number Compensation Object: Person Number, Line Number
Designate Dependent	Create and update	<ul style="list-style-type: none"> Dependent Enrollment: Person Number Designate Dependent: Person Number, Line Number
Designate Beneficiary	Create and update	<ul style="list-style-type: none"> Beneficiary Enrollment: Person Number Designate Beneficiary: Person Number, Line Number

Related Topics

- [Download the Seeded HSDL Spreadsheets](#)

Use HSDL to Upload the ACA Person Details

You can use the seeded HCM Spreadsheet Data Loader (HSDL) spreadsheets to upload the Affordable Care Act (ACA) person details.

These spreadsheets are available in the Data Exchange work area.

To use these spreadsheets, you must install the Oracle ADF Desktop Integration Add-in for Excel:

HSDL Spreadsheets to Upload the ACA Person Details

Spreadsheet Name	Supported Operations in the Spreadsheet	User Keys
Affordable Care Act Override For Participants	Create and update	Person Number, Affordable Care Act Report Line Number, Legal Entity, Year
Affordable Care Act Override For Dependents	Create and update	Person Number, Contact First Name, Contact Last Name, Affordable Care Act, Report Line Number, Legal Entity, Year

Spreadsheet Name	Supported Operations in the Spreadsheet	User Keys
Affordable Care Act Delete For Participants	Delete	Person Number, Affordable Care Act Report Line Number, Legal Entity, Year
Affordable Care Act Delete For Dependents	Delete	Person Number, Contact First Name, Contact Last Name, Affordable Care Act Report Line Number, Legal Entity, Year

Related Topics

- [Download the Seeded HSDL Spreadsheets](#)

Download the Seeded HSDL Spreadsheets

Here’s how you download the seeded HCM Spreadsheet Data Loader (HSDL) spreadsheets:

1. Click **Navigator > My Client Groups > Data Exchange**.
2. Click **Run Spreadsheet Data Loader**.
3. Search for the spreadsheet.
4. Select the spreadsheet to download it.

FAQ for Program and Plan Eligibility

What happens if I enable participation eligibility override?

Benefits managers can override eligibility requirements for plan participation under special circumstances, such as negotiated benefits packages for new hires. All plans and options in this program inherit this setting unless you specify differently at the plan or option in plan levels.

CAUTION: Enabling participation eligibility override can affect performance. Run a trial in a test instance to monitor and benchmark performance times.

What happens if I choose to track ineligible persons?

You must track ineligible persons if you determine benefits eligibility based on length of service temporal factors. Specify this setting in the Eligibility Overrides section of the Configuration tab on the Eligibility page for the plan or option.

Tracking ineligible persons:

- Causes person eligibility records to appear in the Enrollment work area Eligibility Override page.

If you use eligibility override to make a person eligible, a corresponding electable record appears in the Benefits Status Summary section, Electable tab.

- Enables a benefits administrator to make an ineligible person eligible without the need for reprocessing.

CAUTION: Tracking ineligible persons can impact performance. Run a trial in a test instance for ineligible participants to monitor and benchmark performance times.

13 Program and Plan Enrollment Criteria, Rules, and Validation

Best Practices for Setting Up Enrollment Criteria in a Benefits Hierarchy

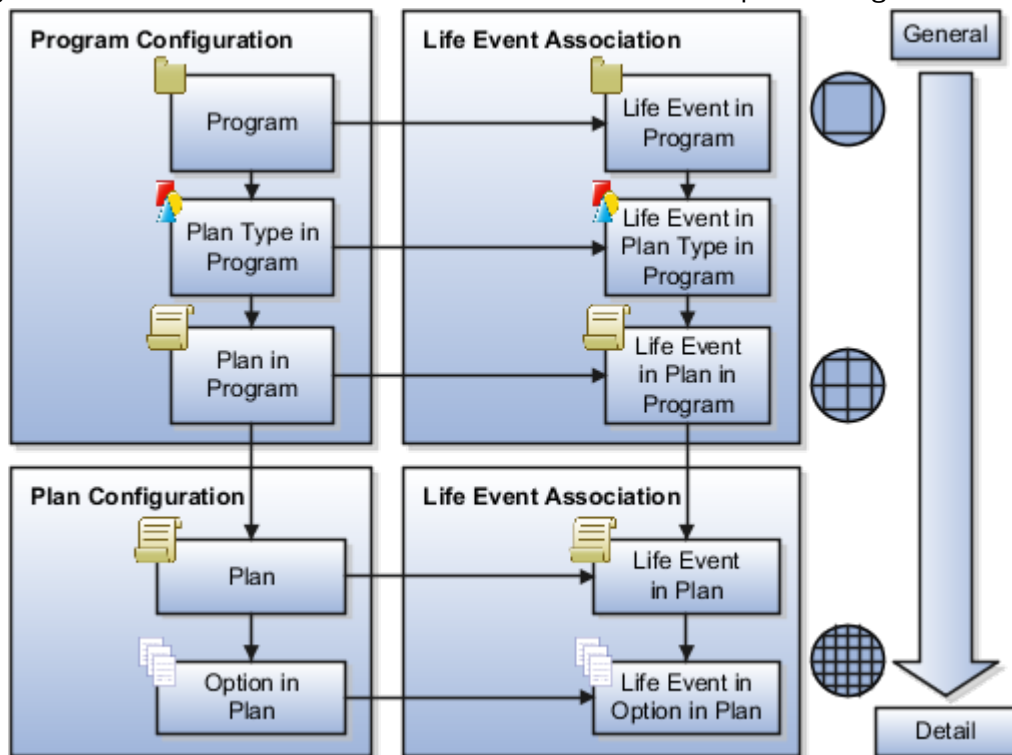
Setup effort and operating performance vary depending on where you define enrollment requirements within the benefits object hierarchy. This example illustrates best practices.

Use the enrollment step in the Plan Configuration guided process and decide at which levels you want to define the enrollment requirements.

- Three levels when configuring programs: program, plan type in program, and plan in program
- Two levels when configuring plans: plan not in program and option in plan

Use the General, Scheduled, and Life Events tabs to configure enrollment at any of the available program and plan hierarchy levels. You can associate enrollment requirements with one or more explicit life events.

The following figure shows the enrollment determination hierarchies with components organized from top to bottom,



general to detail.

When evaluating enrollment configuration, requirements at lower levels in the hierarchy override higher-level requirements. If a plan or option has specific requirements that aren't common to the levels above it, then it's appropriate to configure enrollment at that lower level. Further, life event enrollment configuration overrides

corresponding general plan or program enrollment configuration. For example, life event requirements for option in plan override general enrollment requirements for option in plan.

Wellness Program Example Scenario

Your organization is creating a wellness program that's for current and retired employees only.

The program hierarchy includes:

- Two plan types: medical and recreational.
- Two plans within the medical plan type: HMO and PPO
- Three options for both medical plans: Employee Only, Employee Plus Spouse, and Employee Plus Family

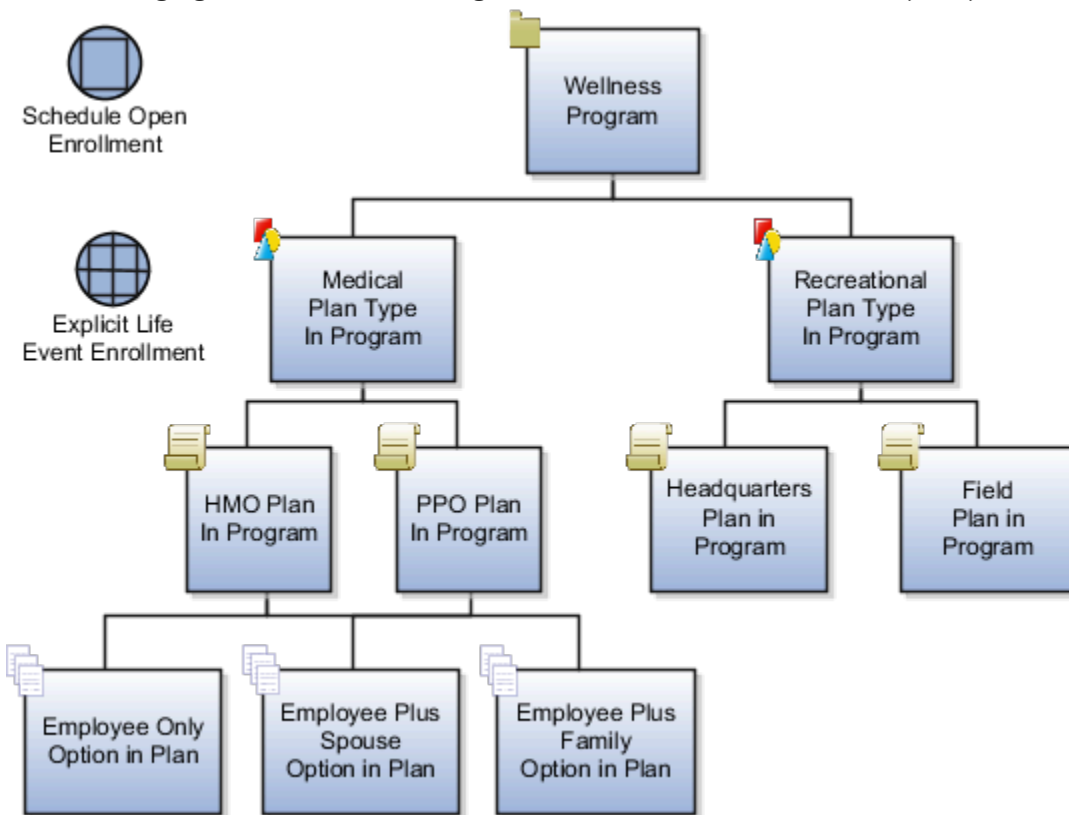
You want to set up enrollment to achieve the following results:

- Enable all eligible persons to make benefit elections within this program during a specific annual period.
- Enable participants to review and revise elections when they add a child or spouse to their families.

Enrollment Setup

You create the Wellness benefit offering and attach life events at the highest hierarchy level for open enrollment and explicit life event enrollment.

The following figure shows the resulting enrollment determination hierarchy for your Wellness benefit offering.



The following table identifies the enrollment requirements that you configure at each level in the hierarchy.

Level	Enrollment Requirement
Program	Attach the Scheduled Open event and configure the November enrollment period for the Wellness program
Plan type in program	Attach the Add a Child life event and Marriage life event to the Medical plan type and configure the enrollment period and other settings for each event. This configuration provides medical plan enrollment opportunity at any time during the year for Wellness program participants who add a child or spouse to the family. None for the recreational plan type
Plan in program	None for any of the plans. Enrollment requirements for the Medical plan type cascade down to the plans under that plan type.
Option in plan	None for any of the options. Enrollment requirements for the Medical plan type cascade down to the options in plans under that plan type.

This strategy reduces maintenance and processing time because of the following factors:

- Program level criteria controls enrollment for all persons
- Life event in plan level criteria provides an exception for a specific life event

Resulting Enrollment

Jane is a current worker participating in the Employee Plus Spouse option of the PPO medical plan.

When Jane adopts a child into her family during June:

- She can immediately review her current PPO plan elections and switch to the Employee Plus Family option.
- She can't change her elections within the recreational plan type.

Related Topics

- [Best Practices for Setting Up Eligibility in a Benefits Hierarchy](#)

Best Practices for Pairing Start and End Date Rules

To help with plan configuration and reduce processing errors due to overlapping dates, consult the following guidelines on compatibility between start and end date rules.

- General guidelines for start dates
- General guidelines for end dates
- Formulas
- Rates and coverage
- Enrollment periods

Start and end date rule pairings are recommendations only; the application doesn't enforce them.

General Guidelines for Start Dates

Benefits rules always compute start dates using the occurred on date of the life event being processed, unless the rule specifies otherwise.

Example: The rule Later of event or notified computes the start date using the later of either the life event:

- Occurred on date
- Notification date

General Guidelines for End Dates

Most end date rules are also based on the event being processed, with the exception of rules starting with 1 prior.

- 1 prior is the day before the new rate or coverage start date.
- For rates or coverage that end completely, rather than being superseded by others, the part of the rule that follows 1 prior applies.

Example: A health insurance participant voluntarily terminates employment. Although no new coverage period follows, the **1 prior, or month end** rule causes health insurance coverage to remain in effect until the end of that month.

Formulas

You can define formulas to derive any end date, as required. However, the end date returned by your formula must not overlap the corresponding start date. Start and end date rule pairings are recommendations only; the application doesn't enforce them.

Rates and Coverages

You can pair all rate and coverage start date rules, with the exception of Elections, with any previous end date rule that starts with 1 prior. A commonly used rule is 1 prior, or month end. Common practice is to:

- Extend coverage to the end of the month if no new rate or coverage starts
- End the rate with the pay period following the event

You can only use 1 prior rules when computing the start date during the Evaluate Life Event Participation process.

Start and end date pairs where the previous rates and coverage periods end one day before the new rates and coverage start are generally compatible. The following table provides examples of compatible start and end date rules:

Rate Start Date Rule	Compatible Previous Rate Period End Date Rule
Event	One day before event date
As of event	One day before event
First of month	End of month

Rate Start Date Rule	Compatible Previous Rate Period End Date Rule
First of next month	End of month
First of month after later event or notified	End of month using later of event or notified
First of month on or after event	End of month using later of event or notified
First of month after enrollment start	End of month after enrollment end
First of quarter	End of quarter

Enrollment Period

Enrollment periods are windows of time during which workers have enrollment opportunities.

- You can pair all start date rules with any one of the end date rules that specify:
 - Forty-five days after enrollment period start
 - Sixty days after enrollment period start
 - Ninety days after enrollment period start
- You must pair start date rules that start with **First of next** with an end date rule that ends with after enrollment period start or is a formula.
- You can pair the following start date rules with end date rules that specify a number of days after the later of the event date or notification date:
 - As of event date
 - First of next half year, month, pay period, year, or semi-month after later event or notified
 - Later event or notified
 - Later of thirty or sixty days before later event or notified

How Enrollment Rules Are Calculated

Enrollment rules limit enrollment elections based on current participant enrollment.

Settings That Affect Enrollment Rules

Two settings affect enrollment rules:

- The person's enrollment status
- The selected enrollment option

The following table lists and describes the enrollment statuses.

Enrollment Status	Description
Current	Participants who are enrolled in the benefits object
New	Persons who aren't currently enrolled

The following table lists and describes the enrollment options, which determine whether enrollment is possible for the next period.

Enrollment Option	Description
Can choose	Persons can make new elections.
Can keep	Participants can keep their current elections.
Can keep or choose	Participants can: <ul style="list-style-type: none"> Keep their current elections Make new elections
Keep or choose, starts new	Participants can: <ul style="list-style-type: none"> Keep their current elections <p>They must explicitly reelect coverage amounts, even if the coverage amount remains the same.</p> <ul style="list-style-type: none"> Make new elections <p>Coverage ends at the configured end date for the processed life event and restarts the next day.</p>
Choose only	Participants must make an explicit election to remain enrolled.
Keep only	Participants must keep their current elections.
Lose only	Participants must disenroll from their current elections.
Assign automatically	Enroll participants automatically. Participants can't disenroll.
Nothing	Persons can't make elections for the benefit object.
Formula	Use a formula that you defined previously to determine electability based on enrollment status. The formula must be of the type Enrollment Opportunity.

How Enrollment Rules Are Interpreted

Each enrollment rule represents a combination of options.

The following table provides two examples.

Enrollment Rule	Option Combination
Current - keep only; new - nothing	Current participants must retain their set of elections to stay enrolled. Unenrolled persons can't make elections for this benefits object.
Current - nothing; new - assign automatically	Current participants can't make elections for the benefits object. Unenrolled persons are enrolled automatically and can't disenroll.

Related Topics

- [How Default Enrollment Rules Are Calculated](#)

How Default Enrollment Rules Are Calculated

Default enrollment rules limit enrollment elections based on current participant enrollment.

Settings That Affect Default Enrollment Rules

Two settings affect default enrollment rules:

- The person's enrollment status
- The selected default enrollment option

The following table lists and describes the enrollment statuses.

Enrollment Status	Description
Current	Participants who are enrolled in the benefits object
New	Persons who aren't currently enrolled

The following table lists and describes the default enrollment options, which determine whether enrollment is possible for the next period.

Default Enrollment Option	Description
Defaults	Enroll in the default enrollment for the benefit object.

Default Enrollment Option	Description
Same enrollment and rates	Don't change enrollment or rate.
Same enrollment but default rates	Don't change enrollment but assign the default rate.
Nothing	Use a formula that you defined previously for this default treatment. The formula must be of the type Default Enrollment.

How Default Enrollment Rules Are Interpreted

Each default enrollment rule pairs each of the two enrollment statuses with a feasible enrollment option, as shown in the following table.

Example Rule	Meaning
New - nothing; current - default	<p>For persons not enrolled in a given benefit, don't make a default enrollment for those persons.</p> <p>For participants in a given benefit, automatically enroll the participants in the designated default enrollment.</p>

Related Topics

- [How Enrollment Rules Are Calculated](#)

Examples of Validating Enrollment Across Plans

This topic provides examples for setting up enrollment validation across plans when enrollment in one plan depends upon enrollment in one or more other plans.

Enrollment in One Plan Requires Enrollment in Another Plan

Scenario: You require enrollment in both a high-deductible health plan (HDHP) and a health savings account plan (HSA).

Setup: Use one of the following methods to enforce enrollment in both plans.

- If the entire worker population must enroll in HSA with HDHP, you can enforce enrollment using one of these methods:
 - Set up both plans for default enrollment upon new hire.
 - Configure the automatic enrollment method on both plans.

For either method, you must set up each plan type with a minimum plan enrollment of 1.

- Create an eligibility profile tied to one of the plans, such as the HDHP, using either method 1 or 2 values. Don't select **Exclude**.

Field	Method 1 Value	Method 2 Value
Criteria Type	Other	Related Coverage
Criteria	Participation in Another Plan Method 1 uses participation in one plan as eligibility criteria for the other plan during validation.	Covered in Another Plan
Criteria Value	Other plan, such as HSA	Other plan, such as HSA

- Create a post election coverage calculation formula that enforces coverage in both plans. On the Plan Enrollment page of the plan configuration process:
 - a. Select the plan in the plan hierarchy.
 - b. Select the post election formula in the Further Details section of the General tab.

Tip: You can also control enrollments by selecting the post election formula at the plan type or the option level of the program or plan hierarchy.

Enrollment in One Plan Excludes Enrollment in Another Plan

Scenario: You exclude enrollment in a flexible spending account plan (FSA) for participants electing the health savings account plan (HSA).

Setup:

1. Create an eligibility profile using these values:

Field	Value
Criteria Type	Other
Criteria	Participation in Another Plan
Criteria Value	FSA plan

2. Select **Exclude**.
3. Assign this eligibility profile to the HSA plan.

Enrollment in One Plan is Contingent on Enrollment in Another Plan

Scenario: You don't permit enrollment in spouse and child supplemental life insurance unless the worker is enrolled in the employee supplemental life insurance.

Setup: Use one of the following methods to enforce this requirement.

- Create a participant eligibility profile tied to the spouse and dependent plans, using the following values. Don't select **Exclude**.

Field	Value
Criteria Type	Related Coverage
Criteria	Covered in Another Plan
Criteria Value	Employee supplemental life plan

- Create a post election coverage calculation formula that enforces coverage in the employee plan.

On the Plan Enrollment page of the plan configuration process:

- a. Select the spouse and dependent plans in the plan hierarchy.
- b. Select the post election formula in the Further Details section of the General tab.

Guidelines to Configure Enrollment Suspensions

You configure plan enrollment suspension in the Plan Configuration work area using the Manage Benefit Plan Details task.

1. Select the plan or option in the Plan and Options Certifications section of the plan Certifications page.
2. Configure enrollment suspension in the Enrollment Certifications and Benefit Certifications tabs, General Configuration and Life Event subtabs.

Suspend Enrollment Check Box

If you select the **Suspend enrollment** check box for an action item, then event processing:

- Displays a suspension reminder to the participant or benefits administrator during enrollment
- Suspends enrollment in the benefit offering until the participant completes the action item
- Applies interim coverage, if any was configured on the Plan Enrollment page

Impact of Suspended Enrollments

You can't process any life events, except terminations, for the participant during enrollment suspension. If the participant doesn't complete the action item by its due date, the action item appears in the following until the participant does complete it:

- Close action item audit log
- Close enrollment audit log
- Participation evaluation error report

Configuration of Suspensions for Multiple Certifications

You can't select **Suspend enrollment** for an individual certification. You configure suspension for a certification requirement action item, which may include multiple individual certifications. If you configure suspended enrollment for a certification requirement with multiple certifications, participants must provide both of the following to avoid enrollment suspension:

- All required certifications
- At least one optional certification

Example: You create a certification requirement with two required and five optional certifications.

- The participant must provide the two required certifications and at least one of the optional ones to satisfy the certification requirement.
- If you configure this certification requirement for suspended enrollment, and the participant provides only one of the required certifications, event processing:
 - Considers the action item incomplete
 - Suspends enrollment

Related Topics

- [Options to Configure Certifications and Other Action Items](#)
- [Guidelines to Configure Unsuspend Rules](#)
- [How Action Items Are Processed](#)
- [Overview of Benefits Certifications and Other Action Items](#)
- [Examples of Configuring Certification Requirements](#)

Guidelines to Configure Unsuspend Rules

Unsuspend rules define the coverage and rate start dates to use when a suspended enrollment becomes unsuspended. Define unsuspend rules in the Enrollment step when you create or edit benefit plans in the Plan Configuration work area.

You can set up:

- One unsuspend rule for a coverage

- A different unsuspend rule for the corresponding rate

When a participant completes a required action item and there are no other incomplete action items, the relevant elections unsuspend. Use the information in the following sections to help you select the right unsuspend rules for your benefits offerings:

- Commonly Used Unsuspend Rules
- Other Predefined Unsuspend Rules
- Impact of Unsuspend Rules on Enrollment Start Date
- Interim Coverage During Suspension

Commonly Used Unsuspend Rules

The predefined rule selections are identical for **Unsuspend Enrollment Rule** and **Unsuspend Rate Rule**. The following table lists and describes the rules.

Rule Value	Description
As of completed date	Sets the enrollment coverage or rate start date equal to the effective date on which the enrollment is unsuspended.
Recalculate with completed date and enrollment start	If the computed start date is earlier than the unsuspend effective date, recompute the start date. Use the unsuspended date as the life event or notification date, depending on your life event definition. Recalculates the rate start and end dates based on the coverage start date of the unsuspended enrollment.
Use existing enrollment start date	Uses the original coverage or rate start date, even if this date is before the suspension end date.

Other Predefined Unsuspend Rules

The following are descriptions and examples of some commonly used unsuspend rules.

Unsuspend Rule	Description	Example
First of month after completed	The start date is the first day of the next month that follows the date that required action items are completed. Similar rules are predefined for start dates to occur on the first day of the next year, half year, quarter, and semi-month.	If the action completed on March 10, the start date is April 1.
First of month on or after completed	This rule is similar to the previous rule, with one exception. If the participant completes the action on the first day of the period, then the start date occurs on the same day. Similar rules are predefined for start dates to occur on the first day of the year, half year, quarter, and semi-month.	If the action completed on: <ul style="list-style-type: none">• July 1, the start date is July 1• July 2, the start date is August 1

Unsuspend Rule	Description	Example
First of pay period after completed	The start date is the first day of the next payroll period to occur after the participant completes the action.	None
First of last pay period plan year after completed	The start date is the first day of the last complete payroll period in the plan year.	<p>Scenario: A calendar year period with biweekly pay periods starting on December 6 and December 20.</p> <ul style="list-style-type: none"> • If the action completes on November 10, the start date is December 6, the first day of the last complete pay period for the plan year. • The payroll period starting on December 20 is the first pay period of the next plan year.
First of last month plan year after completed	Assuming a calendar plan year, the start date would typically be December 1 of the plan year in which the participant completes the required actions.	None
Formula	Use a formula that you define to derive an unsuspend start date when the predefined rules don't fit your requirements.	None

Impact of Unsuspend Rules on Enrollment Start Date

The unsuspend rule controls the start date of the enrollment if the unsuspend date is equal to or later than the original start date. If you don't select an unsuspend rule, the start date is the date on which the enrollment is unsuspended.

Interim Coverage During Suspension

If you assign interim coverage while an enrollment is suspended, the interim enrollment ends one day before the coverage start date of the unsuspended enrollment.

Related Topics

- [Overview of Benefits Certifications and Other Action Items](#)

Restart Coverage for Flexible Spending Accounts

This topic covers how to configure flexible spending accounts (FSA), which might have requirements to start new on a certain date. For example, FSA plans in the US, such as health care and dependent care reimbursement, typically must start new every calendar year.

FSA plans also typically require explicit entry of the enrollment amount, even if the participant:

- Enrolled in the previous year
- Plans to continue the same coverage level for the following year

The coverage of a currently enrolled participant should end on December 31 and restart on January 1.

Configure the FSA Plan

In the Plan Configuration work area:

1. On the Edit Program Enrollment page, select the FSA plan from the program hierarchy.
2. On the Scheduled tab, select the **Open** event.
3. In the **Session Effective Date** field, select the first day of the new benefit year, typically January 1.
4. In the **Enrollment Method** field, select **Explicit**.
5. In the **Enrollment Rule** field, select **Current - keep or choose, starts new; new - can choose**. This rule ensures that current participants must explicitly reelect coverage amounts, even though their coverage amounts might stay the same. The coverage ends at the configured end date for the processed life event and restarts the next day.
6. Select one of the following default enrollment rules, depending on your plan configuration.

Default Enrollment Rule	Usage Conditions
New - nothing; current - nothing	Typical default enrollment rule to force participants with current year coverage to reelect coverage for the new plan year.
New - default; current - default	If your FSA plan configuration includes a waive plan or option, select this default enrollment rule on the waive plan or option.
New - default; current - same enrollment but default rate	If the standard rate for the FSA object has a default of zero.

7. In the Reports and Analytics work area, check the setup using the Participant Enrollment Results Report.
 - a. View the report results as of one day before processing the open event. The results provide a list of current enrollees in each FSA plan, and their current elected amount.
 - b. Run the same report after the open enrollment period ends to verify that coverage was reelected, or ended, according to participant elections.

Test Procedure in a Test Instance

Follow these steps after you set up the enrollment rules in a test instance:

1. Process the open event in the Evaluation and Reporting work area as of the first day of your new plan year.
2. Search for the enrollment information of a current FSA plan participant. Select **Enrollment** under Benefits on the Navigator menu to search for and select the participant and open the Benefits Service Center page.
3. For this date, verify that the Enrollment Results page:
 - Doesn't display the existing enrollment in the FSA plan

- Does display existing enrollment in other benefit plans, which is expected
- 4. On the Enrollment page, explicitly select the FSA plan and specify the coverage amount, to enroll again for the new plan year.
- 5. Verify that the coverage start date is the first day of your plan year and the original coverage start date is as expected.
- 6. Select the first day of your new plan year as the session effective date.
- 7. Verify that the Enrollment Results page shows that coverage:
 - Ended on the last day of the previous plan year
 - Restarted on the first day of the new plan year

You can follow the same procedure to test the self-service enrollment for a worker by using this method to open the worker's self-service enrollment pages:

1. On the Manage Self-Service Enrollment Configuration page, verify that **Parameter Display** is selected.
2. Select **Benefits** under Me on the Navigator menu.
3. Search for and select the person.
4. Click **Continue**.

Configure the Display of FSA and HSA Calculators

Here's a table that lists the extensible lookups you need to configure to set the annual contribution limit for your participants for each year.

Also, you need to set the currency to USD in the user's preferences page.

Lookup Code	Meaning
ORA_BEN_HSA_SINGLE	To set annual contribution limit for HSA when HSA Plan Type is selected as Single.
ORA_BEN_HSA_FAMILY	To set annual contribution limit for HSA when HSA Plan Type is selected as Family.
ORA_BEN_DEPENDENT_CARE_FSA	To set annual contribution limit for Dependent Care FSA.
ORA_BEN_HEALTH_CARE_FSA	To set annual contribution limit for Health Care FSA.

For example, here's how you set \$2,700 as the limit for Dependent Care FSA for the year 2022:

1. Select the **Manage Common Lookups** task in the Setup and Maintenance work area.
2. Search for **ORA_BEN_DEPENDENT_CARE_FSA**.
3. Add a new row in the **Lookup Codes** section.
4. Enter 2022 as the **Lookup Code**.
5. Select the **Enabled** check box. Note that the lookup start and end dates have no effect on these calculators as you can have only one annual contribution limit per year.
6. Enter the annual limit in the **Meaning** column.
7. Click **Save**.

Make sure that you add a lookup code for the current year to get accurate estimates. Lookup codes must be unique. Every new year, depending on whether the annual contribution limit changes or remains the same, you need to decide

how to maintain the lookup. If the limit has changed for the new year, you can add a new lookup code. However, if you want to retain the old limit in the new year, you can edit the lookup and keep the new limit in the Description field and the old limit in the Meaning field. The description field value takes precedence over the value in the Meaning field. Ensure that both the Meaning and Description fields have different limit values.

For example, the limit is USD 2700 for the year 2023 and you have a lookup code for this limit. If the limit remains the same in year 2024, it's easier if you delete the lookup code for 2023 and then add a new code for 2024. If you want to keep both the records in the application, use USD 2700 in the Description field for 2024 and the Meaning value can be anything other than as that of year 2023.

How You Can Turn Off Calculator Tiles

Here's how you turn off the health savings and flexible spending account calculators tiles.

1. On the Home Page, click **Configuration > Structure**.
2. Create a sandbox with **Structure** as the tool.
3. Click **Create and Enter**.
4. Click **Tools > Structure > Me**.
5. Select the **Quick Actions** tab. Then, click **Benefits**.
6. Select the calculator tiles that you want to turn off, and select **No** in the **Visible** list.
7. Click **Save and Close**.

Reinstatement Rules

Reinstatement Rules

Use reinstatement rules to control how life event processing restores participant elections when you back out and reprocess a life event.

You select reinstatement rules on the Life Event tab of the Enrollment page when you create or edit a program or plan in the Plan Configuration work area.

Example: You back out an open enrollment event for a participant to make changes to some benefit offerings and then you reprocess the open event. Reprocessing restores the original participant elections, depending on the reinstatement rule that you configured for the open event.

Note: Reprocessing a backed out life event restores participant elections only if you backed out the life event using the Unprocessed status.

Reinstatement Rules

The following table identifies and describes each reinstatement rule as well as when to use it.

Rule	Description	When to Use
Reinstate All If No Electability Change In Life Event	<p>Restore elections if there is no change in the electable choice data between the dates when you backed out and reprocessed the life event.</p> <p>Example: If a rate value or definition changes, reprocessing doesn't restore the elections.</p>	<p>When changes in electable choices might influence the participant's election decisions and you want the participant to review and make new elections.</p> <p>Reprocessing uses this rule if you don't make a selection.</p>
Reinstate If No Change for the Backed Out Enrollment	<p>Restore elections if the participant's original elections remain the same after you reprocess the life event.</p>	<p>When participants don't have to reconsider their original election decisions because of new electable choices or changes to electable choices that they didn't choose originally.</p>
Reinstate If Electability Exists for the Backed Out Result	<p>Restore elections as long as the participant is eligible for the electable choices.</p> <p>Example: You changed the value of an activity rate that the participant originally elected. Reprocessing the life event restores those elections with the new rate, as long as the participant is eligible for that electable choice.</p> <p>CAUTION: If an activity rate increases, the participants' election automatically increases in cost and the participant might not have an opportunity to reevaluate the election.</p>	<p>When you:</p> <ul style="list-style-type: none"> • Want to apply any changes to the participant's original elections without providing an opportunity for participants to review the changes • Don't want participants to review any new electable choices
Reinstate If Electability Exists for the Backed Out Result, Else Apply Defaults	<p>This rule is similar to the Reinstate If Electability Exists for the Backed Out Result. The rule reinstates the elections if electable choices exist. If they don't exist, the participant is enrolled using the configured defaults.</p>	<p>When you want to apply any changes to the participants original elections without requiring the participant to review these changes.</p> <p>If the participant no longer has electability for some elections, you want to make the elections anyway by using the defaults instead.</p>
Never Reinstate	<p>Doesn't restore elections.</p>	<p>When you:</p> <ul style="list-style-type: none"> • Don't want to restore participant elections after reprocessing the life event • Want to use a specific life event to make adjustments or corrections to a benefit offering and you want participants to reevaluate their original elections

Related Topics

- [Examples of Reinstatement Rules](#)
- [Examples of How Intervening Life Events Impact Reinstatement Rules](#)
- [Reinstatement Rules to Restore Participant Elections with Overridden Rates](#)

Reinstatement Rules to Restore Participant Elections with Overridden Rates

Use reinstatement override rules to control how you want to restore elections with overridden rates when subsequently backing out and reprocessing the corresponding life event.

- Use the Manage Benefit Program Details and Manage Benefit Plan Details tasks in the Plan Configuration work area.
- Select the reinstatement override rules on the Life Event tab of the Enrollment page when you create or edit a program or plan.

Example:

1. You override the benefit rate value of a participant-elected offering during an open enrollment period using the Enrollment Override task in the Enrollment work area.
2. You back out the open event in the Enrollment work area.
3. You make configuration changes to the rate in the Plan Configuration work area.
4. You reprocess the open event in the Enrollment work area, which:
 - Restores the participant's elections
 - Applies the corresponding rates based on the selected reinstatement override rule

This topic describes the effects of selecting each of the following reinstatement override rules:

- Override the rates if no change
- Always use overridden rates

Restore Elections with Rates Overridden Before Reprocessing Life Event

To restore elections, you must use an override rule and the **Reinstate if electability exists for the backed out result** rule.

Override the Rates If No Change

Reinstate overridden rates only if the configuration of the rates remains the same between the dates when you backed out and reprocessed the life event.

Example: After a participant makes elections, you override the activity rate, back out the life event, and make changes to the rate configuration.

When you reprocess the life event, the rule:

- Restores the elections using the newly calculated rate, not the override value that you used for the rate
- Restores the elections with the override rate value if the rate configuration or value is unchanged

Always Use Overridden Rates

Reinstate overridden rates even if there are differences in the rate configurations between the dates when you backed out and reprocessed the life event.

Example: After a participant makes elections, you override the rate with a different value, back out the life event, and make changes to the rate configuration. When you reprocess the life event, this rule restores the elections using your override value even though the rate configuration changed.

Related Topics

- [Examples of Reinstatement Rules](#)
- [Examples of Override and Reinstatement Rules](#)

Examples of Reinstatement Rules

Use reinstatement rules to control how you want to restore participant elections when you back out and reprocess a life event. The examples in this topic show how each reinstatement rule works in different scenarios.

Main Scenario Dates and Events

The following main dates and events apply to all examples in this topic:

Date	Event
November 1 to 28, 2015	Open enrollment period for the new plan year that starts on January 1, 2016. Worker experiences the open event with the following electable choices: <ul style="list-style-type: none"> • InFusion Medical Family: 850 USD per month • InFusion Medical Employee Only: 320 USD per month • InFusion Medical Employee Plus Spouse: 600 USD per month
November 15, 2015	Worker enrolls in the InFusion Medical Employee Plus Spouse offering.
November 20, 2015	Administrator backs out and reprocesses the open event. Reprocessing restores worker elections based on the reinstatement rule and the generated electable choice data.

Reinstate All If No Electability Change for Life Event

This table shows how the reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices and rates	Reinstates elections because there is no change in the electable choices
Same electable choices, but different rates: <ul style="list-style-type: none"> • InFusion Medical Family: 900 USD per month 	Doesn't reinstate elections because the electable family and employee only choices have different rates, even though the participant didn't elect those offerings originally

Scenario After Reprocessing Open Event	Result
<ul style="list-style-type: none"> InFusion Medical Employee Only: 350 USD per month InFusion Medical Employee Plus Spouse: 620 USD per month 	
<p>Different electable choice:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only Plan B: 320 USD per month InFusion Medical Employee Plus Spouse: 600 USD per month 	Doesn't reinstate elections because the new InFusion Medical Employee Only Plan B electable choice replaced the previous electable choice, even though the participant didn't select that offering
<p>Additional electable choices:</p> <ul style="list-style-type: none"> InFusion Medical Family Premium: 900 USD per month InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 320 USD per month InFusion Medical Employee Plus Spouse: 600 USD per month 	Doesn't reinstate elections because InFusion Medical Family Premium is a new electable choice

Reinstate If No Change for the Backed Out Enrollment

This table shows how each reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
<p>New electable choices:</p> <ul style="list-style-type: none"> InFusion Medical Family Premium: 900 USD per month InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 320 USD per month InFusion Medical Employee Plus Spouse: 600 USD per month 	Reinstates elections because even though there is a new electable choice, there is no change in the electable choice that the participant elected originally
<p>Same electable choices, but different rates:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 350 USD per month InFusion Medical Employee Plus Spouse: 620 USD per month 	Doesn't reinstate elections because the electable choice, InFusion Medical Employee Plus Spouse, which the participant originally elected has a different rate value

Scenario After Reprocessing Open Event	Result
<p>Different electable choice:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only Plan B: 320 USD per month InFusion Medical Employee Plus Spouse: 600 USD per month 	Doesn't reinstate elections because the new InFusion Medical Employee Only Plan B electable choice replaced the previous electable choice, even though the participant didn't select that offering
<p>Same electable choices, but different rates:</p> <ul style="list-style-type: none"> InFusion Medical Family: 870 USD per month InFusion Medical Employee Only: 350 USD per month InFusion Medical Employee Plus Spouse: 600 USD per month 	Reinstates elections because even though some offerings have different rates, the rate of InFusion Medical Employee Plus Spouse, which the participant elected originally, is unchanged

Reinstate If Electability Exists for the Backed Out Result

This table shows how each reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
<p>Same electable choices, but different rates:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 320 USD per month InFusion Medical Employee Plus Spouse: 620 USD per month 	Reinstates elections with the changed rates for InFusion Medical Employee Plus Spouse, which the participant originally elected
<p>Different rates for existing electable choices, and a new electable choice:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 320 USD per month InFusion Medical Employee Only Premium: 370 USD per month InFusion Medical Employee Plus Spouse: 620 USD per month 	Reinstates original participant elections with the changed rate for InFusion Medical Employee Plus Spouse, even though there is also a new electable choice, InFusion Medical Employee Only Premium
<p>Fewer electable choices:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per year 	Doesn't reinstate elections because InFusion Medical Employee Plus Spouse, which the participant originally elected, is no longer an electable choice

Scenario After Reprocessing Open Event	Result
<ul style="list-style-type: none"> InFusion Medical Employee Only: 370 USD per year 	

Reinstate if Electability Exists for the Backed Out Result, Else Apply Defaults

Scenario After Reprocessing Open Event	Result
<p>Same electable choices, but different rates:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 350 USD per month InFusion Medical Employee Only: 350 USD per month 	Reinstates elections with the changed rates for InFusion Medical Employee Plus Spouse, which the participant originally elected
<p>Different rates for existing electable choices, and a new electable choice:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per month InFusion Medical Employee Only: 350 USD per month InFusion Medical Employee Only Premium: 370 USD per month InFusion Medical Employee Plus Spouse: 620 USD per month 	Reinstates original participant elections with the changed rate for InFusion Medical Employee Plus Spouse, even though there is also a new electable choice, InFusion Medical Employee Only Premium
<p>Fewer electable choices:</p> <ul style="list-style-type: none"> InFusion Medical Family: 850 USD per year InFusion Medical Employee Only: 370 USD per year 	The participant is enrolled using the defaults. That's because InFusion Medical Employee Plus Spouse, which the participant elected originally, is no longer an electable choice. Depending on how you configured the defaults, the participant will be enrolled in, for example, InFusion Medical Employee Only

Never Reinstate

This reinstatement rule ensures that reprocessing doesn't restore elections under any condition.

Related Topics

- [Reinstatement Rules](#)

Examples of How Intervening Life Events Impact Reinstatement Rules

Use reinstatement rules to control restoration of participant elections when you back out and reprocess an event.

If an intervening life event occurs that requires you to back out the original life event, later reprocessing reinstates elections:

- If the participant didn't make any new elections or change existing elections in the intervening life event
- If no action items or certifications were created

Main Scenario Dates and Events

The following main dates and events apply to all examples in this topic:

Date	Events
November 1 to 28, 2015	<p>Open enrollment period for the new plan year that starts on January 1, 2016.</p> <p>The participant experiences the open event with the following electable choices:</p> <ul style="list-style-type: none"> • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year
November 5, 2015	<p>Worker enrolls in InFusion Medical for Employee Only, which costs 5000 USD effective for the new plan year.</p>
November 20, 2015	<p>Participant experiences a marriage life event.</p> <p>Administrator backs out the open event to process the marriage life event.</p> <p>The life event provides the InFusion Medical for Employee Plus Spouse electable choice, which costs 7500 USD per year.</p>
November 21, 2015	<p>Administrator reprocesses the open event</p>

Reinstatement of Elections after Processing an Intervening Event

This table shows how each reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
<p>The participant makes no elections in the intervening life event.</p> <p>The electable choices for the open event remain unchanged.</p>	<p>Reinstates elections if you selected one of the following reinstatement rules for the open event:</p> <ul style="list-style-type: none"> • Reinstatement all if no electability change in life event • Reinstatement if no change for the backed out enrollment

Scenario After Reprocessing Open Event	Result
	<ul style="list-style-type: none"> Reinstate if electability exists for the backed out result
<p>The participant makes no elections in the intervening life event.</p> <p>New electable choices are available for the open event and the rates of some existing electable choices changed:</p> <ul style="list-style-type: none"> InFusion Medical: 5500 USD per year InFusion Medical Employee Plus Spouse: 7500 USD per year InFusion Dental: 120 USD per year InFusion Vision: 200 USD per year 	<p>Reinstates elections only if you selected the Reinstate if electability exists for the backed out result reinstatement rule for the open event</p>
<p>The participant elects to enroll in the InFusion Medical for Employee Plus Spouse offering during the intervening life event.</p> <p>New electable choices are available for the open event and the rates of some existing electable choices changed:</p> <ul style="list-style-type: none"> InFusion Medical: 5500 USD per year InFusion Medical for Employee Plus Spouse: 7500 USD per year InFusion Dental: 120 USD per year InFusion Vision: 200 USD per year 	<p>Doesn't reinstate elections even if you selected a reinstatement rule because the participant made elections in the intervening life event</p>
<p>The participant makes no elections in the intervening life event.</p> <p>The open event includes new electable choices, an action item was created, and some rates changed:</p> <ul style="list-style-type: none"> InFusion Medical: 5500 USD per year InFusion Medical for Employee Plus Spouse: 7500 USD per year InFusion Dental: 120 USD per year InFusion Vision: 200 USD per year 	<p>Doesn't reinstate elections even if you selected a reinstatement rule because the open event reprocessing created an action item</p>

Examples of Override and Reinstatement Rules

Use combinations of override and reinstatement rules to control restoration of participant elections when you back out and reprocess a life event.

The examples in this topic show how each override rule works in various scenarios when the reinstatement rule is Reinstate if electability exists for the backed out result.

Main Scenario Dates and Events

The following main dates and events apply to all examples in this topic:

Date	Event
November 1 to 28, 2015	Open enrollment period for the new plan year that starts on January 1, 2016. Worker experiences the open event with the following electable choices: <ul style="list-style-type: none"> • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year
November 15, 2015	Worker enrolls in the InFusion Medical offering
November 20, 2015	Administrator backs out and reprocesses the open event. Reprocessing restores worker elections based on the reinstatement rule and the generated electable choice data.

Override the Rates If No Change

The administrator set up this override rule along with the **Reinstate if electability exists for the backed out result** rule. Before making changes to the rate definition and reprocessing the open event, the administrator overrides the rate of the InFusion Medical offering to 5250 USD.

This table shows how the configured rule combination restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices and rates	Reinstates elections with the override value of 5250 USD for InFusion Medical because the electable choice data is unchanged
Same electable choices, but with different rates: <ul style="list-style-type: none"> • InFusion Medical: 5500 USD per year • InFusion Dental: 90 USD per year • InFusion Vision: 220 USD per year 	Reinstates elections, applying the new rate value of 5500 USD rather than the override value of 5250 USD

Always Use Overridden Rates

The administrator set up this rule along with the **Reinstate if electability exists for the backed out result** rule. Before making changes to the rate definition and reprocessing the open event, the administrator overrides the rate of the InFusion Medical offering to 5250 USD.

This table shows how the configured rule combination restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices and rates	Reinstates elections with the override value of 5250 USD for InFusion Medical
Same electable choices, but with different rates: <ul style="list-style-type: none"> • InFusion Medical: 5500 USD per year • InFusion Dental: 90 USD per year • InFusion Vision: 220 USD per year 	Reinstates elections with the override value of 5250 USD for InFusion Medical even though the rate of the benefit offering that the participant elected originally changed to 5500 USD
Fewer electable choices: <ul style="list-style-type: none"> • InFusion Dental: 90 USD per year • InFusion Vision: 220 USD per year 	Doesn't reinstate elections because InFusion Medical, the participant's original election, is no longer an electable choice

Related Topics

- [Reinstatement Rules to Restore Participant Elections with Overridden Rates](#)

FAQs for Program and Plan Enrollment

How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?

You can use the enrollment step in the program configuration process to limit the spouse and dependent insurance coverage.

Here's how you do it:

1. On the enrollment step in the program configuration process, select the program level row of the hierarchy.
2. On the General tab, enter a percentage in each of these fields:
 - Spouse Insurance Coverage Maximum
 - Dependents Insurance Coverage Maximum
3. On the enrollment step, select the appropriate insurance plan type row in the program hierarchy and scroll to the plan type further details below.
4. In the enrollment section of the General tab, select both of these check boxes:
 - Subject to dependent's insurance coverage maximum percentage
 - Subject to spouse's insurance coverage maximum percentage

14 Designation Requirements for Dependents and Beneficiaries

Options to Configure Dependent Designation Level

You define dependent designation requirements at one of the benefits object hierarchy levels on the Program Basic Details page.

Here's the list of benefits object hierarchy levels:

- Blank
- Plan type in program
- Plan

Blank

Disables the Program Designation Requirements page and you can't specify designation requirements.

Plan Type in Program

The plan types currently attached to this program appear as rows in the table of the header section on the Program Designation Requirements page.

To define designation requirements for a particular plan type in this program:

- Select the plan type row in the table.
- Configure the designation requirements in the tabbed section of the page.

Plan

Disables the Program Designation Requirements page. You must use the Plan Designation Requirements page to configure designation requirements at the plan level.

Configure Dependent and Beneficiary Designations

You can configure participant dependent or beneficiary designations at different levels.

Here's the list of levels:

- Option in plan
- Plan, if the plan doesn't have options

In the Plan Configuration work area:

1. Open the Configuring Allowable Dependent or Beneficiary Designees dialog box by clicking **Create** on one of the following locations.

Location	Task to Open
Create or edit page, Allowable Dependent or Beneficiary Designees section	Manage Benefit Options
Create or edit Plan Eligibility page, Allowable Dependent or Beneficiary Designees tab	Manage Benefit Plan Details

2. Select the group relationship that you're defining designation requirements for. For example, select **Family** when you plan to add child, parent, nephew, and domestic partner relationship types.
3. Select the designation type, **Dependent** or **Beneficiary**.

By default, benefits processing considers the following relationship types as personal relationships that you can designate as dependents.

- o Adopted child
- o Step child
- o Child
- o Domestic partner
- o Foster child
- o Domestic partner child
- o Spouse

4. Enter the minimum and maximum number of designees that this option or plan covers.

Note: If the plan allows no designees, you enter **0** in both fields or select **No Minimum** and **No Maximum**. If you enter a minimum or maximum or both, the application ignores the Cover all eligible field even if set to Yes.

5. For options, in the **Cover All Eligible** field , select **Yes** to provide coverage to all designees who meet the eligibility profile criteria.
6. Add at least one relationship type that corresponds to the selected group relationship. For example, if you selected the group relationship Child, then you would add at least one of the following relationship types:
 - o Adopted child
 - o Step child
 - o Child
 - o Domestic partner child
 - o Foster child

You wouldn't add a relationship type of Nephew or Niece.

Related Topics

- [Example of Beneficiary Designation Requirements](#)
- [Example of Dependent Designation Requirements](#)

Example of Beneficiary Designation Requirements

This example shows how to define both kinds of action items for designating beneficiaries.

- Action items that cause enrollment of the entire benefit offering to be suspended if not completed
- Action items that cause enrollment of only the beneficiary to be suspended

Scenario

A participant enrolls in a life insurance plan that requires the participant to designate a beneficiary. The participant designates a beneficiary, but doesn't provide an address.

- The participant receives a reminder about the pending action item.
- Event processing completes the participant's enrollment in the plan but suspends enrollment for the beneficiary until the participant provides an address.

Configure these plan settings in the Plan Configuration work area using the Manage Benefit Plan Details task.

1. On the Plan Designation Requirements page, create an action item for designating a beneficiary.
2. In the Beneficiaries tab Suspending Plan Enrollment section, select the **Required** and **Suspend Enrollment** options for the action item.
3. Set a due date.
4. In the Action Items for Suspending Beneficiary Enrollment section, add another action item for the beneficiary's address.
5. Select **Required** and **Suspend enrollment**.
6. Set a due date.

Related Topics

- [Examples of Configuring Certification Requirements](#)
- [Overview of Benefits Certifications and Other Action Items](#)

Example of Dependent Designation Requirements

The following example shows how to associate dependent designation requirements with benefits offerings.

Scenario

When a participant enrolls in the Employee Plus 1 option, the participant must designate a dependent and provide the relevant certificate, such as marriage or birth.

- The administrator informs the participant about the pending certificate.
- Event processing suspends the participant's enrollment in the Employee Plus 1 plan.
- Employee Only coverage is in effect until the participant provides one of the certification documents.

Configure these plan settings in the Plan Configuration work area:

1. On the Plan Designation Requirements page, create an action item that requires designating a dependent.
2. On the Dependents tab Dependent Action Items section, select the **Required** and **Suspend Enrollment** options.
3. Set a due date
4. Add a certification requirement.
5. Select the **Required** and **Suspend Enrollment** options for the certification requirement.
6. Add certifications for a marriage certificate, domestic partner affidavit, birth certificate, and adoption certificate. Don't select **Required** for the individual certifications, so that participants can satisfy the requirement by providing any one of the documents.
7. On the Edit Plan Enrollment page, define interim coverage for this plan to be the Employee Only option.

Related Topics

- [Examples of Configuring Certification Requirements](#)
- [Overview of Benefits Certifications and Other Action Items](#)

Considerations for Enforcing Dependent and Beneficiary Designation

You can set up an enforcement check on the Self Service Configuration page so that participants don't forget to designate their dependents and beneficiaries. When a participant selects an option that requires designations and they don't make any, they see an error message.

Participants will need to complete the designation before moving to the next step.

Allowable Dependent or Beneficiary Designees

This check specifically considers the designation rules you set up in the **Allowable Dependent or Beneficiary Designees** tab during plan configuration. The check applies only when the number of eligible dependents of a participant is the same as or higher than the minimum limit specified.

Ensure that you define these rules at only one level, instead of conflicting rules at multiple levels. The program considers rules set up at the lowest level first, which is typically the option-in-plan level. Then, it considers the rules set up at the option and plan-level.

Example

You have set up a plan to allow 2 or more dependents and beneficiaries and enabled the enforcement check. Here's how the check works based on how the participant designates dependents:

- If the participant designates themselves and only one child, they see a message and can't continue with the enrollment until they complete the designations.
- If the participant designates themselves, their spouse and two children, the minimum requirement is met and they can continue with the enrollment.
- If the participant has 4 children, and only 1 is eligible for enrollment, they can select that 1 child, and continue with the enrollment. No message appears. That's because the number of eligible dependents is less than the configured minimum.

Enforce Dependent and Beneficiary Designation

You can set up an enforcement check on the Self Service Configuration page so that participants don't forget to designate their dependents and beneficiaries.

Here's how you enforce dependent and beneficiary designation:

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select the **Enforce dependent and beneficiary designation during enrollment** check box. You can see the check box in the Dependent and Beneficiary Designation section. **Note:** This check applies to all the programs and plans-not-in-programs in your enterprise.
4. Click **Save**.

FAQs for Program and Plan Designation

Can I configure designation requirements for benefit plans with no options?

Yes, in the Plan Configuration work area when you create a plan or edit an existing one.

1. Select the plan in the Plan and Option Eligibility section of either the create or edit page for plan eligibility.
2. Configure which dependent or beneficiary designees are allowed to enroll in that plan, in the Further Details section.
3. Configure action items for the associated certification on the Designation Requirements page.

15 Plan Certifications and Other Action Items

Overview of Benefits Certifications and Other Action Items

Action items are tasks that participants must complete or documents that they must provide to finish enrollment in a benefits offering. Action items also include optional suspension rules when participants fail to complete the required task or provide the required documentation.

Tasks that participants must complete include designating:

- Dependents
- Beneficiaries
- Primary care providers

Documents that participant must provide, include:

- General contact information such as dependent social security numbers, and beneficiary addresses
- Certification documents, such as birth certificates, marriage certificates, proof of good health, evidence of insurability, and proof of student status

You can define certification requirements for any of the following situations using the Manage Benefit Plan Details task.

Situation	Configuration Location
General enrollment in a benefits offering	Certifications page, Enrollment Certifications tab, General Configuration subtab
Enrollment following a specific life event	Certifications page, Enrollment Certifications tab, Life Event subtab
Restrictions based on coverage or benefits selected	Certifications page, Benefit Certifications tab, General subtab
Coverage or benefits restrictions for specific life events	Certifications page, Benefit Certifications tab, Life Event tab
Designation of dependents	Designation Requirements page, Dependents tab, General, Life Event, and Eligibility subtabs
Designation of beneficiaries	Designation Requirements page, Beneficiaries tab, Requirements and Restrictions subtabs

Related Topics

- [How Action Items Are Processed](#)
- [Options to Configure Certifications and Other Action Items](#)
- [Guidelines to Configure Enrollment Suspensions](#)
- [Can I change the name of an action item?](#)

How Action Items Are Processed

The configuration of action items determines what happens during enrollment processing. For example, failure to provide required action items can result in suspended enrollment or simply cause delinquent items to appear in benefits administration reports.

Settings That Affect Action Item Processing

The following action item settings affect processing:

Setting	Description
Suspend Enrollment	When enabled, notifies participant of pending action item during enrollment and causes suspension of enrollment until the item is completed.
Determination Rule	Determines when the item is required, such as always or only for initial enrollment.
Due Date	Determines when the item starts appearing on audit and error reports generated by enrollment processing.

Interim coverage setup also affects enrollment processing, as described in the next section. You define interim coverage for a plan or option on the Plan Enrollment page using the Benefit Plan Details task in the Plan Configuration work area.

How Action Items Are Processed

If enrollment processing suspends enrollment due to incomplete action items, it then applies interim coverage, if configured. No further life event processing takes place until the participant completes the action items.

Note: Incomplete or past-due action items for one benefits relationship don't stop processing of events for another benefits relationship for the same worker.

Reporting of pending action items and certificates occurs as part of enrollment processing. Benefits administrators can use these reports to follow up as required.

Process	Reporting
Close enrollment action items	The audit log includes any: <ul style="list-style-type: none"> Past-due required action items Incomplete action items that you configured to suspend enrollment
Close enrollment	The audit log includes any: <ul style="list-style-type: none"> Past-due required action items Incomplete action items that you configured to suspend enrollment
Participation evaluation	The error report contains any incomplete action items that you configured to suspend enrollment for a participant.

The following scenarios illustrate subsequent life events processing for a participant with an open action item.

Suspension Results in No Further Life Event Processing

Scenario:

- On January 1, 2015, you process the Add a Child life event with an occurred date of January 1, 2015, and make corresponding elections.
- An action item, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment and applies the configured interim coverage.
- You process the Relocation event on January 15, 2015.

Result:

- The Relocation event can't process until you resolve the suspension for the Add a Child event.
- The action item associated with the Add a Child event appears on the audit report after action item processing.
- The participant's name appears on the error report after participation evaluation processing.
- Contact the participant and attempt to resolve the action item. After you mark the action item as complete, enrollment for the Add a Child event completes and you can process the Relocation event.

Suspension of Beneficiary Designee Only

Scenario:

- On January 1, 2015, you process the Add a Child event with an occurred date of January 1, 2015, and make corresponding elections.
- An outstanding action item for beneficiary designation, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment for the beneficiary designee.
- You process the Relocation event on January 15, 2015.

Result:

- The participation process evaluates the Relocation event for enrollment opportunities even though an outstanding action item exists. This is because the action item exists only for the beneficiary designation, not for the entire offering.
- You can process future life events for the participant.

Suspension with No Interim Coverage

Scenario:

1. On January 1, 2015, you process the Add a Child event with an occurred date of January 1, 2015, and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment, but no interim coverage exists.
3. You process the Relocation event on January 15, 2015.

Result: The Relocation event can't process until you resolve the suspension for the Add a Child event.

Subsequent Life Event Processing Causes Previous Life Event to be Backed Out

Scenario:

1. On January 10, 2015, you process the Add a Child event with an occurred date of January 10, 2015 and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment and applies the configured interim coverage.
3. On January 15, 2015, you process the Relocation event with an occurred date of January 1, 2015.

Result: Life event processing backs out the Add a Child event, along with any pending action items. It processes the Relocation event, unless the timeliness setup for the life event prevents life events from backing out in this situation.

Termination Processing After Suspension

Scenario:

1. On March 1, 2015, you process the Marriage life event and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of March 30, 2015. The participation evaluation process suspends the enrollment and applies the configured interim coverage.
3. You process the Termination event on March 20, 2015.

Result: The participation process evaluates the Termination event even though there is a pending action item from the Marriage life event.

Related Topics

- [Options to Configure Certifications and Other Action Items](#)
- [Overview of Benefits Certifications and Other Action Items](#)
- [Guidelines to Configure Enrollment Suspensions](#)

Options to Configure Certifications and Other Action Items

You can configure a certification requirement action item to include one or more required individual certifications that participants must provide to fulfill the requirement.

You define action items on the Plan Certifications and Plan Designation Requirements pages using the Manage Benefit Plan Details task in the Plan Configuration work area.

This topic explains considerations for the following:

- Determination rule
- Multiple certifications
- Required action items without certification

Determination Rule

If you select the **Required** check box when you add a certification, you also select the determination rule, which specifies the conditions in which the certification is required.

Examples of determination rule conditions requiring certifications:

- Only when a participant is enrolling for the first time
- Only if never produced in the past
- Only if a new dependent is designated
- For every life event

You can create a formula if the existing determination rules don't meet your business requirements.

Multiple Certifications

If you select multiple certifications, a participant must provide both of the following to fulfill the requirement:

- All required certifications
- At least one optional certification

Example: You require that the participant provide either a Marriage Certificate or a Domestic Partner Affidavit when designating a spouse dependent.

In this case, you:

- Select **Required** for the certification requirement action item
- Don't select **Required** for each of the individual certifications

Required Action Items Without Certifications

Selecting **Required** for other action items, such as designation of a beneficiary, dependent, or primary care physician:

- Doesn't affect processing
- Can be useful for tracking an action item in internal reports

Related Topics

- [Examples of Configuring Certification Requirements](#)
- [How Action Items Are Processed](#)
- [Example of Beneficiary Designation Requirements](#)
- [Example of Dependent Designation Requirements](#)

HDL for Close Enrollment Certification Action Items

You can use the Close Enrollment Certification Action Items HCM Data Loader (HDL) loader to update the received date or denied date for action items or certifications that will close the action item.

These action items include Evidence of Insurability (EOI) documents, such as proof of good health certificates or birth certificates.

Click **Navigator > My Client Groups > Data Exchange > Import and Load Data**

You need to consider these points while implementing this enhancement:

- Ensure that the life event is in Started status.
- Either the received or denied date should have value, but not both. Otherwise, an error appears.
- If you enter the first name and last name, but no person number, you might see an error if duplicate entries are found.
- If the HDL is loaded with person number, first name, and last name, the process uses only the person number for validation.
- Ensure that the certification date is on or after the election made date.

Guidelines to Configure Enrollment Suspensions

You configure plan enrollment suspension in the Plan Configuration work area using the Manage Benefit Plan Details task.

1. Select the plan or option in the Plan and Options Certifications section of the plan Certifications page.
2. Configure enrollment suspension in the Enrollment Certifications and Benefit Certifications tabs, General Configuration and Life Event subtabs.

Suspend Enrollment Check Box

If you select the **Suspend enrollment** check box for an action item, then event processing:

- Displays a suspension reminder to the participant or benefits administrator during enrollment
- Suspends enrollment in the benefit offering until the participant completes the action item
- Applies interim coverage, if any was configured on the Plan Enrollment page

Impact of Suspended Enrollments

You can't process any life events, except terminations, for the participant during enrollment suspension. If the participant doesn't complete the action item by its due date, the action item appears in the following until the participant does complete it:

- Close action item audit log
- Close enrollment audit log
- Participation evaluation error report

Configuration of Suspensions for Multiple Certifications

You can't select **Suspend enrollment** for an individual certification. You configure suspension for a certification requirement action item, which may include multiple individual certifications. If you configure suspended enrollment for a certification requirement with multiple certifications, participants must provide both of the following to avoid enrollment suspension:

- All required certifications
- At least one optional certification

Example: You create a certification requirement with two required and five optional certifications.

- The participant must provide the two required certifications and at least one of the optional ones to satisfy the certification requirement.
- If you configure this certification requirement for suspended enrollment, and the participant provides only one of the required certifications, event processing:
 - Considers the action item incomplete
 - Suspends enrollment

Related Topics

- [Options to Configure Certifications and Other Action Items](#)
- [Guidelines to Configure Unsuspend Rules](#)
- [How Action Items Are Processed](#)
- [Overview of Benefits Certifications and Other Action Items](#)
- [Examples of Configuring Certification Requirements](#)

Examples of Configuring Certification Requirements

The following examples illustrate how to associate enrollment and benefits-based certification requirements with benefit offerings.

General Enrollment Certification Requirement

Scenario: A life insurance plan requires participants to provide a proof of good health, which they obtain from their physicians.

- The guided enrollment process provides a reminder about the pending certification during enrollment.
- Enrollment processing immediately suspends enrollment and applies the interim coverage, if any.
- The interim coverage remains in effect until the participant provides the certification.

Setup: On the Plan Certifications page in the Plan Configuration work area:

1. On the Enrollment Certifications tab, General Configuration subtab, create a certification requirement.
2. Select the **Required** and **Suspend enrollment** check boxes.
3. Set a due date for the certification.
4. Define interim coverage for the plan, if not already defined, on the Plan Enrollments page.

Life Event Enrollment Certification Requirement

Scenario: A life insurance plan requires new hires to provide proof of good health or evidence of insurability certification. Existing participants who are updating benefits during open enrollment don't have to provide proof.

- The guided enrollment process provides a reminder about the pending certification during new hire enrollment.
- Enrollment processing immediately suspends new hire enrollment in the plan, with no interim coverage, until the new hire provides the certification.

Setup: On the Plan Certifications page in the Plan Configuration work area:

1. On the Enrollment Certifications tab, Life Event subtab, create a certification requirement for the New Hire life event.
2. Select the **Required** and **Suspend enrollment** check boxes.
3. Set a due date for the certification.

Don't define interim coverage.

Benefit Certification Requirement

Scenario: A life insurance plan exceeding 100,000 USD coverage requires proof of good health or evidence of insurability certification. Plans with coverage below that amount don't require certification.

- The guided enrollment process provides a reminder about the pending certification during enrollment in the plan with coverage exceeding 100,000 USD.
- Enrollment processing immediately suspends enrollment and applies the interim coverage, if any.
- The interim coverage remains in effect until the participant provides the certification.

Setup: On the Plan Certifications page in Plan Configuration work area:

1. On the Benefit Certifications tab, General Configuration subtab, create a certification requirement.
2. Select the **Required** and **Suspend enrollment** check boxes.
3. Set a due date for the certification.
4. Define interim coverage as a plan with coverage equal to 100,000 USD on the Plan Enrollment page.

Tip: You can also define benefits certification requirements for a particular life event using the Life Event subtab. For example, you require certification for the Gain Dependent life event if coverage exceeds 100,000 USD.

Related Topics

- [Overview of Benefits Certifications and Other Action Items](#)
- [Example of Dependent Designation Requirements](#)

Ways to Enforce Benefits Restrictions

Setup of benefits certification coverage restrictions at the plan level varies depending on whether the restriction type is Benefit amount or Plan or option sequence.

You can set up restrictions for the entire plan or for specific life events for the plan. You can't set up restrictions based on coverage calculation amounts if you set the Restriction Type to Plan or option sequence. Configure restrictions in the Plan Configuration work area using the Manage Benefit Plan Details task.

Benefit Amount

Use the Benefit Amount Restrictions section of the Plan Certifications page, Benefits Certifications tab, General Configuration subtab, for both first-time enrollments and changes in enrollments.

- For first-time enrollments, you can specify the Minimum, Maximum, and Maximum with Certification coverage amounts.
- For enrollment changes, you can also specify Maximum Increase and Maximum Increase with Certification amounts.

Elections submitted outside of these specifications trigger enrollment suspension and application of interim coverage, if configured on the Plan Enrollment page.

You can impose benefits certification restrictions in plans that have coverage with either of the following calculation methods:

- Flat range
- Flat amount

To see this method, you must first select the **Participants enter value at enrollment** check box.

Typical scenarios don't call for simultaneously setting all benefits amount restriction fields.

Plan or Option Sequence

The Plan or Option Sequence Restrictions section targets both first-time enrollments and changes in enrollments. Elections submitted outside of the following specifications trigger enrollment suspension and application of interim coverage, if configured on the Plan Enrollment page.

- For first-time enrollments, you can specify Minimum Sequence Number, Maximum Sequence Number, and Maximum Sequence Number with Certification.

- For enrollment changes, you can also specify Maximum Sequence Number Increase and Maximum Sequence Number Increase with Certification.

Plan configurations that include all of the following aspects can impose option restrictions:

- Options
- Coverages that use the Multiple of compensation calculation method

Selecting **Plan or option sequence** as the restriction type enables the **Restrictions on Changes** field. When configured, the selected restriction on changes rule limits the choices that workers see during enrollment. For example, **No restrictions** allows workers to see all available options. **Increase only** allows workers to see just those options that are greater than the current election.

Enrollment processing determines whether an option represents an increase or decrease with respect to the currently elected option based on the option sequence numbers. You set the sequence numbers in the Options section table of the Plan Basic Details page. Typical scenarios don't call for simultaneously setting all option restriction fields.

Examples of Enforcing Benefits Restrictions

Some benefits provide options for different levels of coverage, such as life insurance offerings with coverage in multiples of a participant's annual salary.

You can define sequence restrictions to limit the number of levels of increase either:

- From one enrollment period to the next
- Due to occurrence of a life event

You can also set the minimum and maximum sequence levels that workers can select with and without certification. You define sequence number restrictions on the Benefit Certifications tab, General Configuration subtab of the Plan Certifications page.

Sequence Number Increase Restriction

Scenario: A life insurance plan has options for 10k USD, 20k USD, 30k USD, 40k USD, and 50k USD, associated respectively, with sequence numbers 1 through 5. A participant with existing coverage of 10k USD can only jump:

- One level, up to 20k USD, without certification
- Two levels, to 30k USD, with certification of good health or evidence of insurability

Setup:

1. In the Restriction Type field, select **Plan or option sequence**.
2. In the Plan or Option Sequence Restriction section, set the sequence restriction values as shown in the following table:

Field	Value
Maximum Sequence Number Increase	1

Field	Value
Maximum Sequence Number Increase with Certification	2

Maximum Sequence Number Restriction

Scenario: A supplemental life insurance plan has four coverage options with sequence numbers 1 through 4. You want to restrict the highest level of coverage, sequence number 4, to only those participants who provide certification.

Setup:

1. In the Restriction Type field, select **Plan or option sequence**.
2. In the Plan or Option Sequence Restriction section, set the sequence restriction values as shown in the following table:

Field	Value
Maximum Sequence Number	3
Maximum Sequence Number with Certification	4

FAQs for Plan Certifications

Can I change the name of an action item?

Yes, you can edit the meaning of the existing certifications lookup codes in the Enrollment Action Items lookup type. This lookup type includes the lookup codes Beneficiary designation, Dependent coverage, Proof of event, and Proof of good health.

This change only modifies the display text of the certification. For example, you want to rename Proof of good health to Evidence of insurability. Use the Manage Common Lookups task in the Setup and Maintenance work area.

Can I configure designation requirements for benefit plans with no options?

Yes, in the Plan Configuration work area when you create a plan or edit an existing one.

1. Select the plan in the Plan and Option Eligibility section of either the create or edit page for plan eligibility.
2. Configure which dependent or beneficiary designees are allowed to enroll in that plan, in the Further Details section.
3. Configure action items for the associated certification on the Designation Requirements page.

16 Document Uploads

How You Enable Participants to Upload Supporting Documents

Participants can upload supporting documents from the Pending Actions page. Every document belongs to a certification type. When you set up the benefit offering, you need to map these certification types with the benefit offering to allow document uploads of only that type.

For example, if you want to enable participants to upload the Proof of Good Health document for a program, you need to map the relevant certification type to that program. You do the mapping in the **Document Uploads** step when you create a program or a plan-not-in-program.

Determine the Benefits Level to Define Certification Types

Depending on your requirements, you can map certification types at the program level or plan-not-in-program level.

If you set up the mapping at the program level, the documents that participants upload will be available to all the plans in that program. For example, if all plans in a program require a birth certificate, the participant needs to upload that document only once. The birth certificate will be available across all the plans in the program and needs to be approved only once.

Link Document Types with a Benefit Offering

1. Create or edit the program or plan-not-in-program that you want to enable for document uploads.
2. In the **Document Uploads** step, click **Select and Add** to include the certification types.
3. Save your changes.

Define a Period to Allow Document Uploads

Participants can upload the document if the life event that triggers the pending action is within the start and end dates that you specify. You specify these dates when you use the **Document Uploads** step to add a certification type to the offering.

Define a Validity Period for Documents

Determine the length of time the documents of a particular certification type are valid until, such as a specific number of days. You can even set a lifetime validity for the documents.

For example, you want the document to be valid up to 30 days after the participant uploaded the document. In the **Document Uploads** step, Select and add window, select **Number of Days** from the **Validity Rule** field, and enter **30**. If you want the documents to be valid forever, select **Lifetime**.

Upload Supporting Documents

Depending on how document uploads were configured for your enterprise, participants and administrators can upload documents from several areas to address pending actions.

If you're a participant, you can upload documents directly from the pending actions self-service page. Or you can upload using the Documents link on the landing page.

If you're an administrator, you can upload documents on behalf of a participant from the Benefits Service Center page.

1. On the dashboard, search for and select the person you want to upload the documents for.
2. On the person's benefit summary page, click the number for **Documents Pending Approval**, or scroll directly to the **Certification** section.
3. Set the filter to **All**.
4. Click the document link to open its details.
5. Click **Add Attachment** to complete uploading the required documents.
6. Save and close the page.

Note: These steps work only if there's relevant configuration in place to enable participants to upload documents from the pending actions page. If there is no configuration in place, you can always use Document Records page from the Person Management work area.

Review and Approve Documents

You review and approve documents from the Benefits Service Center page.

1. On the dashboard, click **People with documents waiting to be approved**. You can even search for a specific person.
2. Click the person link to open the person's benefits summary.
3. Click the number that you see for **Documents Pending Approval**.
4. In the Certification section, click the document link to open its details, and then click the attachment to download or open the document.
5. When you're done reviewing the document, click **Save and Close** to get back to the previous page.
6. In the **Actions** menu, select **Approved** or **Rejected**.
7. If you're approving the document, set the received date. Otherwise, set the denied date and select a reason. Enter any comments if required.
8. Click **Submit**.

Note: After you approve or reject a document, you can't change its status. If you're using a third party application to manage document approvals, you still need to set the received or denied date in the document details page.

How You Resolve Participant Queries on Document Approvals

The Benefits Service Center should help you resolve most queries you receive regarding document uploads.

For instance, if a participant wants to know why their document was rejected, you navigate to the Certification section on the Benefits Summary page. Set the filter to Rejected to see the documents that were rejected. To see more details, click the document link.

You can even use the Person Benefits diagnostic report from the diagnostic dashboard. This report, apart from other details, displays the entire list of documents that were uploaded for a person across life events. You can access these details outside an enrollment window too. You don't need to use an effective date to search for the documents.

FAQs for Document Uploads

How can I change the validity period for documents?

If you're setting up document uploads, you can set the documents validity period in the Document Uploads step when you create or edit a plan.

The validity period impacts all documents of that type and you need to reprocess the relevant life event to see this change.

You can also change the validity period of a specific document during an enrollment window. On the Benefits Summary page, in the Certifications section, click the document link and change the validity period.

Typically, you might want to extend the validity period if you know that there's an upcoming enrollment opportunity that requires the same supporting document. Set a new date in the **Valid Until** field. When you do this, you can reuse the same document authorization without requiring participants to upload the document again.

In another example, if the plan policy changes and you need to approve documents afresh, you can end the document's validity by shortening the validity period. Participants can then upload a new document so that you can review it again.

What happens if I delete a certification type mapping?

Any documents that were already uploaded will continue to be valid. Participants and administrators can still view them. However, they can't upload any new documents after you delete the mapping. You don't need to reprocess the life event.

17 Rate Creation and Calculation

Overview of Rates and Coverages

Benefits administrators and managers create and manage benefit rates and coverages using the tasks in the Plan Configuration work area.

Here's the list of tasks:

- Manage Benefit Rates
- Manage Benefit Plan Coverage

This topic covers key benefit terms related to rates and coverage:

- Rates
- Coverage
- Calculation methods
- Variable rates and coverage
- Final calculation

Rates

Rates determine costs for purchasing benefit coverage, such as life or health insurance. Rates usually determine an amount of monetary contributions paid by:

- The employee
- The employer
- A combination of both

Rates can also determine amounts distributed from the employer to the employee, such as for tuition reimbursement.

Coverage

Coverage defines monetary amounts available to enrolled participants in the event of a claim, such as for medical expenses.

Calculation Methods

You can calculate standard rates and coverage using a variety of delivered calculation methods, such as flat amount or multiple of coverage. Or, you can create a calculation formula.

Variable Rates and Coverage

To vary a rate or coverage by criteria, you can associate variable rate or coverage profiles that adjust or replace the standard rate or coverage calculation.

Example: You can adjust a rate based on criteria such as location, length of service, and participant's age.

Final Calculation

To derive the final calculation of the rate or coverage, you can apply limits and rounding rules.

Define Elements, Balances, and Formulas

The Define Elements, Balances, and Formulas task list contains the tasks required for creating payroll elements for compensation, absences, time and labor, and HR management.

You can also use this task list if you're recording earnings, deductions, and other payroll data for reporting, compensation and benefits calculations, or transferring data to a third-party payroll provider.

Note: If you're using Oracle Global Payroll, use the Define Payroll task list instead. The Define Payroll task list includes other tasks required to set up payroll processing.

Required Tasks

Your business requirements and product usage decide which required tasks you need to complete. The required tasks include:

- Elements
- Payroll Definitions, which is usually required to support elements
- Consolidation Groups, which is required for creating payroll definitions

If you use predefined Payroll Interface extracts to transfer data to a third-party payroll provider, you might need to create element subclassifications, balances, organization payment methods, and object groups. See the Global Payroll Interface documentation for more information.

Before You Begin

Before you start the Define Elements, Balances, and Formulas task list, complete the tasks these offerings contain.

Task	Use To	Why It's Important
Manage Legal Entities	Create payroll statutory units.	Ensures that hiring employees automatically creates payroll relationship records.
Manage Legal Entity HCM Information	Associate a legislative data group with each payroll statutory unit.	Ensures that hiring employees automatically creates payroll relationship records.
Manage Features by Country or Territory	Select Payroll Interface as the extension for any countries or territories where you extract HR data to send to a third-party payroll provider.	Ensures that you use the appropriate element templates to create earnings.

Configure Legislations for Human Resources

Use this task to create and edit legislative data for a country or territory that doesn't have a predefined country extension. It guides you through configuring some payroll objects and values required for creating elements, including:

- Tax year start date
- Period of service on rehire rules
- Default currency
- Element classifications
- Component groups
- Payment types

Note: Complete this task before the other tasks in this task list.

Elements

Use elements to communicate payment and distribution information to payroll applications from the source applications listed in the following table.

Source Application	Element Purpose
Compensation	<ul style="list-style-type: none"> • Earnings and deduction elements, such as bonuses, overtime earnings, and voluntary deductions. • Information elements to load user-defined data to use during a workforce compensation cycle.
Benefits	<ul style="list-style-type: none"> • Deduction elements to record activity rate calculation results, such as: <ul style="list-style-type: none"> ○ Employee contributions and employer distributions for medical options ○ Flex credits for flex benefits • Earnings elements to disburse unused credits as cash.
Time and Labor	Time card details such as salary, overtime hours, and shift unit payments.
Absence Management	Absence details such as number of hours, days absent, or accrual absence balance details.

Payroll Definitions

The payroll definition supplies the payroll period frequency and dates, which some applications use for payroll calculations. A payroll is assigned to the assignment record of an employee, it indicates the payroll frequency for the assignment such as weekly. This table shows which applications require payroll definitions.

Application	Payroll Definition Required?	Usage Conditions
Global Payroll Interface	Yes, optional	Required if you run the Calculate Gross Earnings process
Compensation	Yes, optional	Required if you capture salary with a frequency of payroll period

Application	Payroll Definition Required?	Usage Conditions
Benefits	Optional	Required to use the payroll period frequency to calculate communicated rates or values passed to payroll.
Time and Labor	Optional	N/A
Absence Management	Optional	N/A

Consolidation Groups

You must have at least one consolidation group for each legislative data group where you create elements. Payroll definitions require a consolidation group.

Other Payroll-Related Setup Tasks

Your implementation might require other tasks from My Client Groups.

Task	Requirements
Organization Payment Methods	To record personal payment methods for your employees, you need to create organization payment methods and associate them with your payroll definitions. Organization payment methods define the combination of payment type and currency to use for payments to employees or external parties.
Element Classifications	Primary element classifications are predefined. If you run the Calculate Gross Earnings process (provided with Global Payroll Interface), you might create subclassifications to feed user-defined balances.
Fast Formulas	The Elements task provides predefined payroll formulas for payroll interface users. You can also write formulas for several uses, including: <ul style="list-style-type: none"> Validating user entries into element input values Configuring compensation, benefit, and accrual plan rules Calculating periodic values for gross earnings and defining element skip rules for the Calculate Gross Earnings process (provided with Global Payroll Interface)
Balance Definitions	If you're using Global Payroll Interface, creating earnings elements creates balances automatically. You can edit these generated balance definitions. If you're using the Calculate Gross Earnings process, you might want to create other balances for extracts or reporting.
Object Groups	You can create object groups to specify subsets of elements or payroll relationships to include in a report or process, such as the Calculate Gross Earnings process.

Related Topics

- [Overview of Using Formulas](#)
- [Payroll Definitions](#)
- [Payroll Balance Definitions](#)
- [How Payroll Elements Hold Information for Multiple Features](#)

Rate Calculation Methods

Rate calculations apply a calculation method to values that you define or values that participants enter during enrollment.

The following calculation methods are available for computing rates:

Calculation Method	Description
Flat amount	Predefined or entered during enrollment.
Multiple of compensation	Calculates rate as multiple of participant's compensation amount
Multiple of coverage	Calculates rate as multiple of total coverage amount
Multiple of parent rate	For child rates only, calculates rate as multiple of the parent (primary activity) rate
Multiple of parent rate and coverage	For child rates only, calculates rate as multiple of both parent rate and coverage amount
Multiple of coverage and compensation	Calculates rate as multiple of both coverage and compensation
No standard value used	Uses rate defined in variable rate profiles
Set annual rate equal to coverage	Uses total coverage as the annual rate amount
Post enrollment calculation formula	Calculates rate based on election information entered during enrollment using a formula you define
Calculate for enrollment formula	Calculates rate on enrollment using a formula you define

The calculation method you select works with other settings to compute the final rate.

Condition	Related Configuration
Calculations using multiples	Specify the operation, such as simple multiplication, percentage, or per hundred.
Calculations based on compensation	Specify the compensation factor that defines the basis for the compensation calculation, such as weekly stated salary or stated annual salary.
If you enable participant entry	You can set valid ranges, default values, and increment values, as applicable. The default values apply if you recalculate rates and no user entered value is available.

Condition	Related Configuration
Partial month enrollment	You can define a prorated rate.
Rounding	Select a rounding rule.
Limits	Define high and low limits.
Variable rates	Attach variable rate profiles to the standard rate.

Related Topics

- [Variable Rates Options](#)
- [How Coverages Are Calculated](#)
- [Create a Benefit Variable Rate](#)

Multiple of Compensation Calculation Method Example

The calculation method and other settings defined for a rate determine how and when the rate is calculated. For example, the rate might be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Scenario

The example in this topic shows the calculation details when you use the Multiple of Compensation calculation method.

Inputs to Calculation	Calculated Rate	Calculation Details
<p>Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Stated Annual Salary)</p> <p>Multiplier: 1</p> <p>Operator: Per ten thousand</p>	2.5	$(1/10,000) * 25,000$

Multiple of Coverage Calculation Method Example

The calculation method and other settings defined for a rate determine how and when the rate is calculated. For example, the rate might be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Scenario

The example in this topic shows the calculation details when you use the Multiple of Coverage calculation method.

Inputs to Calculation	Calculated Rate	Calculation Details
Coverage Amount: 200,000 Multiplier: 1 Operator: Per ten thousand	20	$(1/10,000) * 200,000$

Multiple of Coverage and Compensation Calculation Method Example

The calculation method and other settings defined for a rate determine how and when the rate is calculated. For example, the rate might be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Scenario

The example in this topic shows the rate calculation details when you use the Multiple of Coverage and Compensation calculation method.

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 0.0001 Multiple of Compensation Operator: Multiply by Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Stated Annual Salary) Multiple of Coverage Operator: Per ten thousand Coverage Amount: 100,000	25	$[(.0001 * 25,000) / 10,000] * 100,000$

Multiple of Parent Rate Calculation Method Example

The calculation method and other settings defined for a rate determine how and when the rate is calculated. For example, the rate might be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Scenario

The example in this topic shows the rate calculation details when you use the Multiple of Parent Rate calculation method.

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 2 Parent Rate Operator: Multiply by Parent Rate: 2.5 (value derived from selected Parent Rate Name)	5	2 * 2.5

Multiple of Parent Rate and Coverage Calculation Method Example

The calculation method and other settings defined for a rate determine how and when the rate is calculated. For example, the rate might be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Scenario

The example in this topic shows the rate calculation details when you use the Multiple of Parent Rate and Coverage calculation method.

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 1 Coverage Operator: Per ten thousand Coverage Amount: 200,000 Parent Rate Operator: Multiply by Parent Rate: 2.5 (value derived from selected Parent Rate Name)	50	$[(1 * 2.5) / 10,000] * 200,000$

Ways to Create Benefit Rates

You can create and edit benefits standard rates using many methods.

Here's the list of methods:

- Create rates for plans or options during program and plan quick create.
- Create rates using the **Manage Benefit Rates** task in the Plan Configuration work area.
- Create rates in the plan configuration integrated workbook.
- Edit rates in the Edit Rates integrated workbook.
- Copy rates to additional legal employers.

Creating Rates with Quick Create Program and Plan

You can create rates that use the flat amount calculation method for plans with or without options. Enter employer and participant costs using Quick Create Program or Quick Create Plan. Click **Quick Create Program** or **Quick Create Plan** in the programs or plans Search Results section.

When you save the program or plan, the save process:

- Creates the rates based on the cost values that you entered. You can't name the rates using your own naming conventions. With the quick create methods, the save process automatically creates the rate name when it creates the rate.
- Sets the rates usage to **Standard** and the calculation method to **Flat Amount** for each cost

You can edit these new rates after searching for them on the Manage Benefit Rates page, Standard Rates tab.

Creating Rates with the Manage Benefit Rates Task

You can create standard rates based on flat amounts or other calculation methods. Calculation methods include multiple of coverage or multiple of compensation, as well as calculate for enrollment formula.

Use the **Manage Benefit Rates** task to create the standard rate and specify:

- The calculation method
- Payroll and processing information
- Extra inputs
- Partial month determination
- Annual rates

Creating Rates in the Plan Integrated Workbook

Create rates that use the flat amount calculation method when you create plans with or without options using the benefit plans integrated workbook. Upload processing is the same as when you save the quick create plan. To generate the workbook, click **Prepare in Workbook** on the plans Search Results section. Then enter plan and option details, including employer and participant costs.

Editing Rates in the Edit Rates Integrated Workbook

On the Manage Rates page, use the Edit Rates workbook to edit many existing rates at once, for example, to reflect annual changes in contribution.

- Download and edit standard rates for only one calculation method at a time.

- Edit standard rates only.
- You can't use the workbook to associate variable rate profiles with standard rates.

Copying Rates for Additional Legal Employers

Rather than creating the same rates for multiple legal employers, you can create them once, then duplicate them for use by additional legal employers.

Use the **Manage Benefit Rates** task to search for the standard rate that you want to use for additional legal employers:

1. Click the **Duplicate** button for the rate to open the Duplicate dialog box.
2. Select and add the legal employers to which you want to copy the standard rate.

Related Topics

- [How Defined Rate Frequency Works with Communicated Rate Frequency](#)
- [Manage Standard Benefit Rates in the Integrated Workbook](#)
- [Create Imputed Rates](#)
- [Overview of Rates and Coverages](#)
- [Ways to Create Benefit Variable Rates](#)

Benefits Rate Level Options

Use the Rate Level field to define the level at which you want to associate rates with your programs and plans-not-in-program.

You can define rates at the following levels:

- Legislative Data Group (LDG) level
- Legal Entity level

You can find the Rate Level field in the Create or Edit Plan or Program pages. You can also find this field in the quick create pages and integrated workbooks. Once you associate a rate level to the program or plan-not-in-program and save it, you can no longer change the rate level.

Rates at LDG Level

If you define your rates at the LDG level, the benefits offerings that span across all legal entities in that LDG use the rate that you defined. For instance, if you want to use a global rate structure for a program, you define the rate structure at the LDG level.

Rates at Legal Entity level

You create rates at legal entity level if they must apply for a particular legal entity. By default, the rate level is set to Legal entity when you create a program or plan.

Other Considerations

You cannot mix and match rates created at different levels. For instance, in programs or plans whose rate level is set to LDG, you can include rates defined at that level only. The application prevents administrators from inadvertently

including rates with different rate levels in a program, such as in the regular create or edit plan pages, quick create, and plan copy.

You can define rates at both LDG and legal entity levels for a flex shell plan or imputed shell plan. However, when you associate the plan with a program, the rates must exist at the same level.

Rate Display Configuration Options

Control the display and visibility of a rate value on the enrollment pages by configuring the display options.

You configure the following display aspects of a rate:

- Display type, defined during rate setup
- Visibility and display name configuration for self-service enrollment

Display Type

The rate display type indicates where the rate value should appear during enrollment. On the Create or Edit Rate page, select one of the display types in the following table:

Rate Display Type	Where The Rate Appears
Primary	Appears in the Primary Rate column during enrollment. Enables rate entry. Typically the employee rate.
Secondary	Appears in the Secondary rate column during enrollment, but does not enable rate entry. Typically the employer rate.
Others	<p>On the self-service pages, this rate type appears in one of these columns:</p> <ul style="list-style-type: none"> • Other 1 • Other 2 <p>Examples include pretax and after-tax.</p> <p>In the Enrollment work area, this rate type appears in the Details window when you make an enrollment.</p>

Default Display

Self-service enrollment pages display a maximum of four rate types for each plan and option. The following figure shows the default display sequence of Primary, Secondary, Other 1, and Other 2 rate types on self-service enrollment pages.

Enrollment Guided Process

Medical Dental Vision FSA Review

Plan and Option	Primary Rate	Secondary Rate	Other Rate 1	Other Rate 2
<input type="checkbox"/> Eye-care + 1	180	50	-	-
<input checked="" type="checkbox"/> Eye-care + family	480	120	-	-

Rate Visibility and Display for Self-Service Enrollment

Use the Configure Plan Type Grouping Display page to:

- Show or hide rate types in each plan grouping step on the self-service pages. You can't hide the primary rate type.
- Rename the rate types in each step on the self-service pages.

Revising column names, such as changing Other to Pretax or After-Tax, doesn't affect taxation.

Vision Rates Example

For example, you rename the primary and secondary rate types on the vision plan enrollment step to Employee Rate and Employer Rate. You also hide the other rates. This figure shows the resulting configuration on the self-service pages, with only the employee and employer rates visible for each vision plan and option.

Enrollment Guided Process

Medical Dental Vision FSA Review

Plan and Option	Select	Employee Rate	Employer Rate
Eye-care employee plus one	<input type="checkbox"/>	180	50
Eye-care employee plus family	<input checked="" type="checkbox"/>	480	120

Partial Month Determination Rule Options

The partial month determination rule calculates the contribution or distribution amount when a participant's enrollment coverage date falls within a month.

You can choose from the following options:

- All
- None
- Prorate value
- Formula
- Wash formula

All

The rule calculates the amount as if the participant were enrolled for the entire month.

None

The rule calculates the amount as if the participant wasn't enrolled at all for the entire month.

Prorate Value

The rule prorates the standard contribution or distribution based on the percentage of the month that the participant was enrolled.

If you select this option, click **Add** in the Proration Details section to define proration details, including:

- Percentage
- Rounding rule or formula for rounding the calculated prorate value
- Prorate period
- Which months the proration details apply to: for example, months with 28 days, 29 days, and so on.
- Proration formula, if applicable
- Start and stop coverage rule, if applicable

You can define more than one set of proration details if, for example, the details differ depending on the number of days in a month.

Formula

The rule uses your formula to calculate the rate. Select the formula to use. You must define the formula using the **Manage Fast Formulas** task in the Setup and Maintenance work area before you can select it here.

Wash Formula

The rule applies a wash formula to the rate to determine whether or not participants receive a contribution or distribution.

- Enter the day of the month (1-31) to use as the wash rule day.
- Participants don't receive a contribution or distribution if either is true:
 - Their start date occurs after the wash rule day
 - Their end date occurs before the wash rule day

Value Passed to Payroll Options

In the Value Passed to Payroll field on the create or edit Rates page, select the amount that you want to pass to a participant's payroll element entry on enrollment.

You can select one of the following amounts:

- Communicated
- Defined
- Estimated per-pay-period
- Per-pay-period
- Annual

Communicated amount

The amount communicated to participants as their expected contribution or distribution.

Defined amount

The amount that you defined for the rate, which may be different from the amount communicated to the participant.

Estimated per-pay-period amount

An estimate based on a fixed number of pay periods.

Example:

- A biweekly payroll might occasionally have 25 or 27 pay periods in a calendar year, depending on the setup.
- Likewise, a weekly payroll might have 51 or 53 periods.

When you select this option, the calculation uses the usual number of pay periods, which are 26 for biweekly or 52 for weekly.

Per-pay-period-amount

The actual per-pay-period amount based on defined calculations.

- If you don't select a value, the calculation uses the per-pay-period amount.
- You can prorate only per-pay-period amounts.

Annual amount

The defined amount annualized.

Rate Periodization Formula

When you use a rate periodization formula as part of the rate processing, select one of the following as your value to pass to payroll:

- Annual amount
- Defined amount
- Communicated amount

Related Topics

- [Benefits Rate Frequencies](#)

Benefits Rate Frequencies

Specify the rate communicated to participants during enrollment by configuring frequency settings in basic details of the program or plan not in program. Configure the standard rate with the payroll deduction amount. Use the Plan Configuration work area tasks.

Your configuration determines whether the communicated amount in the self-service enrollment pages and Enrollment work area is the same as the payroll amount.

Program or Plan Frequency Settings That Affect Rates

Select a value for each of the following frequencies when you configure the basic details for a program or plan not in program.

- **Defined Rate Frequency:** Time basis specified for the activity rate calculation.
Possible selections are Annually, Biweekly, Monthly, Hourly, Quarterly, Semiannually, Semimonthly, or Weekly.
- **Communicated Rate Frequency:** Time basis used to calculate the rate displayed on the self-service enrollment pages and in enrollment results in the Enrollment work area.
Possible selections are Estimated per pay period, Per month, Per pay period, Per pay period with element frequency rules, or Per year.

The following table defines the pay period values.

Frequency Value	Description
Per pay period	<p>Use the number of pay end dates derived from the payroll definition.</p> <p>Example: A weekly payroll might result in 53 end dates in the calendar year.</p>
Estimated per pay period	<p>Use the standard number of periods corresponding to the period type value selected in the payroll definition, regardless of the number of pay end dates in the calendar year.</p> <p>Example: Communicated rate calculations use the fixed number of 52 weekly periods, even for years with the nonstandard 53 weekly periods.</p>
Per pay period with element frequency rules	<p>Use the frequency rules of the payroll element associated with the standard rate to determine the number of deductions in the calendar year.</p> <p>Example: One of your benefit deductions occurs only on the first biweekly payroll in each month.</p> <p>If you use this communicated rate frequency, select Per-pay-period amount as the value passed to payroll.</p>

If you select one of the pay period choices, you must define a corresponding payroll and assign it to the relevant participants. Use the tasks in the Basic Payroll functional area in the Setup and Maintenance work area.

Standard Rate Frequency Settings That Affect Rates

Select a value for each of the following optional attributes when you configure rate details and payroll information for the standard rate.

Optional Rate Attributes	Description
Element Input Value	<p>Used to transfer the benefit rate to payroll through the element entry.</p> <p>Before you can select an element input value, you must first select a payroll element for the standard rate.</p>
Value Passed to Payroll	<p>Amount that the application passes to the element entry.</p> <p>Possible selections are Annual amount, Communicated amount, Defined amount, Estimated per-pay-period amount, or Per-pay-period amount. Leave this field blank if you do not use element entries.</p> <p>For communicated amount and payroll deduction amounts to be the same, you must coordinate the settings for the communicated rate frequency and the value passed to payroll.</p>
Rate Periodization Formula	<p>You can change the annual, defined, and communicated rate calculations for any activity rate. To do so:</p> <ol style="list-style-type: none"> 1. Create a fast formula using the Rate Periodization formula type.

Optional Rate Attributes	Description
	2. Select the formula on the Processing Information tab of the standard rate.

How Communicated Rate is Calculated

The following table identifies the possible communicated rate values, the calculation used to determine the amount, an example amount, and the example calculation.

The examples represent a family medical plan and use the following values:

- Standard rate: 4,000 USD
- Defined rate frequency: Quarterly
- Payroll period type: Biweekly
- Element frequency rules for this deduction: First pay period in the month only

Communicated Rate Frequency	Calculation Used to Derive Communicated Amount	Example Communicated Amount (USD)	Example Calculation Expression
Per year	Standard rate x Number of times defined rate frequency occurs in 1 year	16,000	4,000 x 4
Per month	Annual amount / Number of times communicated rate frequency occurs in 1 year	1,333.3333	16,000 / 12
Per pay period	Annual amount / Actual number of pay periods in 1 year based on payroll frequency Actual number example: Depending on the year, 52 or 53 for weekly and 26 or 27 for biweekly	One of these two amounts, depending on the year: • 615.3846 • 592.5926	<ul style="list-style-type: none"> • Annual amount / 26 pay periods • Annual amount / 27 pay periods
Estimated per-pay-period	Annual amount / Standard number of pay periods in 1 year based on payroll frequency Standard number examples: 52 for weekly, 26 for biweekly, and 24 for semimonthly	615.3846	16,000 / 26
Per-pay-period with element frequency rules	Annual amount / Number of times deduction is taken in 1 year	1,333.3333	16,000 / 12

How Value Passed to Payroll is Calculated

The following table identifies the possible values to pass to payroll, the calculation used to determine the amount, an example amount, and the example calculation.

The examples represent a family medical plan and use the following values:

- Standard rate: 4,000 USD
- Defined rate frequency: Quarterly
- Communicated rate frequency: Per month
- Payroll: period:
 - Period type: Biweekly
 - Alternative for illustration purposes: Element frequency rule of first pay period in a month.
 - Reminder: Different years have a different number of biweekly payrolls.

Value Passed to Payroll	Calculation Used to Derive Amount	Example Value Passed to Payroll Amount (USD)	Example Calculation Expression
Left blank	None	Not applicable	Not applicable
Defined amount	Standard rate at the specified defined rate frequency	4,000 (per quarter)	None
Annual amount	Standard rate x Number of times defined rate frequency occurs in 1 year	16,000	4,000 x 4
Communicated amount	Annual amount / Number of times communicated rate frequency occurs in 1 year	1,333.3333	16,000 / 12
Estimated per-pay-period amount	Annual amount / Standard number of pay periods in 1 year based on payroll frequency Standard number examples: 52 for weekly, 26 for biweekly, and 24 for semimonthly	615.3846	16,000 / 26
Per-pay-period amount	Annual amount / Actual number of pay periods in 1 year based on payroll frequency Actual number example: Depending on the year, 52 or 53 for weekly and 26 or 27 for biweekly If using element frequency rules: Annual amount / Number of times deduction is taken in 1 year	One of these two amounts, depending on the year: <ul style="list-style-type: none"> • 615.3846 • 592.5926 If element has frequency rule of first pay period per month: <ul style="list-style-type: none"> • 1,333.3333 	<ul style="list-style-type: none"> • 1,600 / 26 pay periods • 1,600 / 27 pay periods • 16,000 / 12

The communicated rate frequency is not coordinated with the value passed to payroll in the preceding examples, which focus on the calculation of each amount.

Related Topics

- [How can I calculate benefit rates per paycheck instead of per pay period?](#)
- [How You Avoid Rounding Discrepancies in Communicated Rates](#)
- [Define Elements, Balances, and Formulas](#)
- [How Defined Rate Frequency Works with Communicated Rate Frequency](#)

Manage Deduction Reference for Voluntary Deductions

Deduction Reference maintains voluntary deduction balances for each reference number provided.

The deduction reference is a mandatory input value that gets created under specific conditions for voluntary deductions element. This number must be entered to maintain the balances.

When an employee is enrolled into a benefits plan, an element entry is created. When there is a subsequent life event and enrollments, it end-dates the previous element entry and creates a new entry. If you want to use voluntary deductions with plan name as the deduction reference, you need to write a fast formula of type Extra Input to pass the plan name to the deduction reference input value. Then, you need to attach this fast formula to your plan. By using this fast formula, the balances will be re-initiated.

1. Create a fast formula using Extra Input as the formula type.

```
FORMULA TYPE : Extra Input
DESCRIPTION : Formula to pass the plan name to the rate element's input value.

DEFAULT FOR BEN_PLN_NAME is 'PLAN NAME'
L_SHORT_NAME = BEN_PLN_NAME
Return L_SHORT_NAME
```

2. Select the formula name in the Extra Input Formula field and associate the formula return variable name to Deduction Reference input value on the Extra Inputs tab of the Edit Rates page in the Plan Configuration Work Area.

Related Topics

- [Overview of Benefits Formulas](#)
- [Overview of Writing Formulas](#)
- [How You Define Voluntary and Pre-statutory Deductions](#)
- [Create Elements for Pension Deductions](#)
- [Overview of Deduction Reference](#)

How You Manage Benefits Standard Rates Using HDL or HSDL

You can use the HCM Data Loader (HDL) or HCM Spreadsheet Data Loader (HSDL) to manage Benefits standard rates with these objects:

- Benefits standard rate
- Extra input values
- Variable rate profile association

HDL supports all calculation methods. Only flat amounts and multiple of coverage methods are supported for HSDL. The HSDL templates support only create and update methods. The delete method is not supported by the out-of-the-box delivered HSDL template.

Using the HDL or HSDL, you can:

- Create standard rates starting from a specified date.
- Update the values of an existing standard rate from a specified effective date.
- Correct the values of an existing standard rate.
- End date a standard rate for date-effective objects. (HDL only,)
- Delete an existing standard rate. (HDL only.)

Click **Navigator > My Client Groups > Data Exchange > Import and Load Data** to use this HDL or HSDL loader.

Supported Operations	Business Objects and User Keys
Update and delete	Benefits Standard Rate(DE) – (BenefitStandardRate) : Name (Rate Name)
Update and delete	<ul style="list-style-type: none"> • Extra Input Values –(ExtralInputValues) <ul style="list-style-type: none"> ○ Name(Rate Name) ○ Input Value Name or Value Definition Base Name - ReturnVarName
Update and delete	<ul style="list-style-type: none"> • Variable Rate Profile Association(DE) –(VrpAssociation) <ul style="list-style-type: none"> ○ Name (Rate Name) ○ Variable Rate Profile Name

Related Topics

- [Download the Seeded HSDL Spreadsheets](#)

How You Manage Benefits Variable Rates Using HDL or HSDL

You can use the HCM Data Loader (HDL) or HCM Spreadsheet Data Loader (HSDL) to manage variable rate profiles.

Using the HDL or HSDL, you can:

- Create variable rate profiles starting from a specified date.
- Update the values of an existing variable rate profile from a specified effective date.
- Correct the values of existing variable rate profiles.
- End date an existing variable rate profile. (HDL only)
- Delete an existing variable rate profile. (HDL only)

HDL supports all calculation methods. Only flat amounts and multiple of coverage methods are supported for HSDL. The HSDL templates support only create and update methods. The delete method is not supported by the out-of-the-box delivered HSDL template. The HSDL templates for Flat Amount, and Multiple of Coverage, are delivered out-of-the-box.

Click **Navigator > My Client Groups > Data Exchange > Import and Load Data** to use this HDL or HSDL loader.

Examples of Rate Start Date for Flexible Spending Account Plans

This topic provides examples for these rules that you typically use to determine the rate start date for flexible spending account plan (FSA) enrollments.

Here are the rules:

- First of pay period preceding first check on or after event
- First of pay period preceding first check on or after elections
- Pay period start, before first check, on or after cover start

These date rules are available in the Rate Start Date list in the Enrollment step when you create a benefit plan.

When you select a date rule, consider the enrollment rules of your enterprise. For example, if your enterprise has a waiting period before enrolling new hires in an FSA plan, you might want the rate to start on a date no earlier than the coverage start date. You do this so that the rate element is included in the first pay period of the first check date.

The examples in this topic assume that you want to configure an FSA plan for workers on biweekly payrolls.

First of Pay Period Preceding First Check on or After Event

Example: When the worker makes the required elections for FSA, you want the FSA rate to start on the first day of the pay period that precedes the first check date. The date can be on or after the event date.

A worker makes elections on November 14. The first check date after the event date is on November 28. If you use this date rule, the rate starts November 10.

First of Pay Period Preceding First Check on or After Elections

Example: When the worker makes the required elections for FSA, you want the FSA rate to start on the first day of the pay period that precedes the check date on or after the election date. The worker can make elections throughout the month.

A worker makes elections on November 24. The first check date after the elections is December 12. If you use this date rule, the rate starts November 16.

Pay Period Start, Before First Check, on or After Cover Start

Example: Your enterprise enforces a waiting period of 30 days for enrolling new hires into the FSA plan. You want the FSA rate to start on the first day of the pay period that precedes the date of the first pay check on or after the enrollment start date.

You hire a worker on November 1. The worker makes elections on November 12. In this case, the enrollment start date is December 1. The first check date after the enrollment date is December 18. If you use this date rule, the rate starts November 30.

How You Avoid Rounding Discrepancies in Communicated Rates

This topic covers how to avoid rounding the first element entry, and therefore the communicated rate, when it's different from the remaining element entries.

For example, the rate is 592.592592 and you want the first rate to take the offset so that the subsequent rates round evenly. To avoid rounding the first element entry, use either of the following methods.

Using a Rate Periodization Formula

Follow these steps:

1. Create a fast formula of the Rate Periodization type using the **Manage Fast Formulas** task in the Setup and Maintenance work area.
2. Select the formula on the Processing Information tab of the standard rate in the Plan Configuration work area.

Using Value Passed to Payroll

Set **Value Passed to Payroll** on the standard rate to either **Annual amount**, **Communicated amount**, or **Defined amount** in the Plan Configuration work area. If you select **Estimated per-pay-period amount** or **Per-pay-period amount**, the first element entry is rounded.

Create Imputed Rates

Imputed income refers to certain forms of indirect compensation that US Internal Revenue Service Section 79 defines as fringe benefits. The IRS taxes the recipient accordingly.

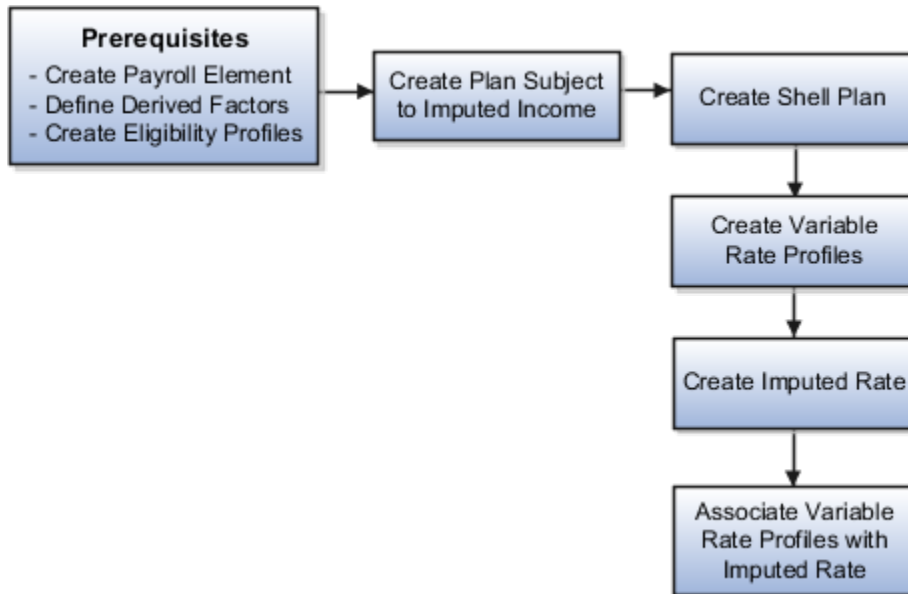
Examples include:

- Employer payment of group term life insurance premiums over a certain monetary amount
- Personal use of a company car
- Other noncash awards

If a plan is subject to imputed income:

- You must create an imputed rate, in addition to the standard rates for the plan.
- You must create a shell plan to record the imputed income calculation.
- Typically, you associate variable rate profiles with the imputed rate, because imputed income taxes vary based on a person's age.

The following figure illustrates the general steps to create imputed rates:



Prerequisites

Perform the following tasks before you create an imputed rate.

- Use the Manage Elements task in the Setup and Maintenance work area to define the payroll element for the rate.
- Define derived factors for each age band (or any other factors) where the rate varies, such as ages 20-25, 26-30, and so on. Use the Manage Derived Factors task in the Plan Configuration work area.
- Define an eligibility profile for each age band and attach the appropriate derived factors. Use the Manage Eligibility Profiles task in the Plan Configuration work area.

- Define any other objects required by the specific rate, such as formulas. To define formulas, use the Manage Fast Formulas task in the Setup and Maintenance work area.

Creating the Imputed Income Plan

Create the benefit plan that is subject to imputed income using the Manage Benefit Plan Details task in the Plan Configuration work area. Set the **Subject To Imputed Income** field to the appropriate person type for this rate, such as participant, spouse, or dependent.

Creating the Shell Plan

Create another plan to hold the results of the imputed income calculation with the following settings. Again, use the Manage Benefit Plan Details task in the Plan Configuration work area.

Field	Value
Plan Type	Imputed Shell
Plan Function	Imputed Shell
Imputed Income Calculation	The person type that is subject to the imputed income: <ul style="list-style-type: none"> • Participant • Spouse • Dependent

The imputed income calculation assumes that the employer pays 100 percent of the benefit, and doesn't subtract employee contributions from the calculation.

Creating the Variable Rate Profiles

Create variable rate profiles for each variable rate with the following settings. Use the Manage Benefit Rates task in the Plan Configuration work area.

- Set the activity type to **Imputed Benefit**.
- Select the appropriate eligibility profile for the age band.
- Set the calculation method to **Flat Amount**.
- Enter the rate amount.
- Provide additional information as applicable for the rate.

Creating the Imputed Rate

Create the imputed rate with the following settings. Again, use the Manage Benefit Rates task in the Plan Configuration work area

1. On the Standard Rates tab **Create** menu, select **Create Imputed Rate**.
2. In the **Imputed Shell Plan** field, select the shell plan you created earlier.
3. Provide additional rate information as applicable.

Associating the Variable Rate Profiles with the Imputed Rate

Select and add the variable rate profiles to the imputed rate.

Related Topics

- [Create a Benefit Variable Rate](#)

Waiting Period for Imputed Income Calculations

You can configure the application to determine when you want the imputed rate for participants to reflect imputed income calculations.

This especially applies when you have imputed plans whose coverage starts after a waiting period.

However, you need to process an extra life event on the day the coverage starts so that the correct rates are sent to payroll. Future-dated benefits coverages are not included in the imputed rate calculation.

For example, an employee joins your organization on Aug 1, 2022 and enrolls into the Basic Life insurance plan. You have configured a waiting period of 60 days on this plan. So the coverage starts on Oct 1, 2022 and the employee shouldn't be paying for this imputed income before that date. To make this configuration work, you do these steps:

1. Process the new hire life event on Aug 1, 2022.
2. On Oct 1, 2022, the day when the coverage starts after the waiting period, you need to process another life event that recalculates the imputed income. This ensures that the correct imputed income value is sent to payroll.

Related Topics

- [Guidelines for Using Waiting Periods in Imputed Income Calculation](#)
- [Rules to Determine When to Calculate Imputed Income Coverage Amount](#)

Rules to Determine When to Calculate Imputed Income Coverage Amount

Before evaluating the life event, you need to specify when to calculate the coverage amount of the imputed income.

If you specify when to calculate the coverage amount, only the coverages that are active as of the evaluated date are considered for imputed income calculation.

In the General tab of the Edit Plan Enrollment page, configure these values:

- **Imputed Income Calculation Date:** This list shows the rules to determine when to calculate the coverage amount of the imputed income. It shows these values:
 - Event
 - First of Next Month

- Formula
- **Imputed Income Calculation Date Formula:** If you have special requirements to calculate the imputed income calculation date, you can select a formula that you created from this list. You can configure this list only if you have selected **Formula** as the rule in the Imputed Income Calculation Date list. The formula uses the same formula type of Rate Start Date.

Related Topics

- [Waiting Period for Imputed Income Calculations](#)
- [Guidelines for Using Waiting Periods in Imputed Income Calculation](#)

Guidelines for Using Waiting Periods in Imputed Income Calculation

You need to know the guidelines for using waiting periods in imputed income calculation.

Tips and Considerations:

- Participants need to be eligible for enrolling in the imputed shell plan. Electable choices need to exist when you process the relevant life event.
- The imputed income calculation date is determined once, when you process the life event. If you change the setup, for example, choose a different calculation date, you need to reprocess the life event.
- There may be cases where you attach the imputed shell plan to a program, but have additional programs or plans-not-in-program. For the imputed income calculation to work accurately, every other life event you process must have electability into the primary program that contains the imputed shell plan.
- You use the imputed income calculation date only to identify when to consider the appropriate active coverage amount to calculate the imputed rate. The actual calculation of an imputed rate remains the same and follows legislative restrictions.
- When you save an enrollment into an imputed plan, the imputed income is calculated based on how you configured the Imputed Income Calculation Date field. If you haven't configured this field, the process calculates as before; all valid coverage amounts subject to imputed income are calculated, either current or future dated, and whose coverage end date is 31-Dec-4712.
- When you process a life event, the imputed income rate is calculated for automatic and default enrollments for all events. These events include life event definitions that we delivered, event definitions that you created, unrestricted events, and scheduled events.

Related Topics

- [Waiting Period for Imputed Income Calculations](#)
- [Rules to Determine When to Calculate Imputed Income Coverage Amount](#)

Manage Standard Benefit Rates in the Integrated Workbook

You can generate the integrated Microsoft Excel workbook in which you can manage standard benefit rates. Then, upload your changes into the application database. The workbook enables you to create, edit, delete, and end-date rates. You can find the workbook on the Manage Benefit Rates page in the Plan Configuration work area.

You perform these basic steps to manage benefit rates using the workbook:

1. Generate and populate the workbook.
2. Create, edit, delete, or end-date the standard rates. For example, you can edit rates to reflect annual changes in contribution.
3. Upload the workbook.
4. Resolve errors if required.

Repeat these steps as many times as required to accommodate revisions.

Generating and Populating the Workbook

You can select a value from the Range of Rows list to display the search result for the selected range.

1. On the Manage Benefit Rates page, click **Prepare in Workbook** to generate the workbook.
2. In the search section at the top of the workbook, you must select a calculation formula. This acts as a filter for the records that the download process adds as rows in the Search Results section after you click **Search**.
3. Select a plan name. You can use wildcard searches to pull rates for multiple plans together. For example, you can use Medical% to pull all plan names that start with the term Medical.
4. Use the other fields to further filter your search result records. To search for the rates that have the **Participants enter value at enrollment** check box selected during rate creation, you need to set the **Participants enter value during enrollment** field as **Yes**. You use this field only when you select the Calculation Formula as **Flat Amount** in the spreadsheet.

The search results include a column named **Copy Calculation Method Fields to all Rates** only when you specify Legal Employer or Legislative Data Group in the search criteria. You need to set the value of this to **Y** to copy the calculation methods of a rate to the rates of other legal entities of the same benefit object.

Some of the cells in the spreadsheet are purposefully locked. You shouldn't unprotect the spreadsheet and load values in such cells. The application doesn't save such values.

Managing Standard Rates

After you generate and populate the workbook, to add a rate, insert a blank row after the last populated row, and enter data. When you edit a rate, make sure you enter data only in the search results fields with a white background. The upload process ignores edits in search results fields with a nonwhite background. Edit the following objects in the Plan Configuration work area, rather than in the workbook:

- Variable rate profiles
- Variable formulas
- Extra inputs

- Partial month determination
- Annual rates

Uploading the Workbook

After you complete your edits, click **Upload** to load into the application database those rows marked as **Changed**. The process:

1. End dates the original benefit rate record
It sets the effective end date to the day before the effective as-of date that you used as part of your download filter.
2. Adds a new benefit rate record with your edits
The effective start date is the same as your effective as-of date and the effective end date is the original effective end date.
3. Moves changed rows to the bottom of the workbook.

To validate the changes, return to the Manage Benefit Rates page, Standard Rates tab and search for the changed or newly added rate.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Choose Additional Costing Choices Using Fast Formula

You can distribute costs under different assignments by using a fast formula to define the distribution across assignments.

Administrators and other benefits professionals can record costs of benefits towards the correct financial departments. This improves accuracy of financial reporting and shows the real expenditure of a department or organization.

You need to do these steps when you create or edit a standard rate to use a fast formula to define the distribution across assignments:

1. In the Plan Configuration work area, Overview page, click the **Rates and Coverages** tab.
2. On the Standard Rates subtab Create menu, select **Create Standard Rate**.
3. Select **Distribution Formula** from the dropdown list named **Costing Method** in the Processing Information tab on the Additional Information section.
4. Select the fast formula from the dropdown list named **Distribution Formula**.

Related Topics

- [Sample Cost-Distribution Formula](#)

Sample Cost-Distribution Formula

You can use a fast formula to distribute costs under different assignments. The costing distribution will be done based on the formula return values.

Here’s a sample fast formula for your reference.

Formula Details

Formula Type	Formula Contexts	Return Variables
Benefits Rate Distribution	<ul style="list-style-type: none"> • HR_RELATIONSHIP_ID • HR_TERM_ID • ENTERPRISE_ID • ELEMENT_TYPE_ID • PAYROLL_RELATIONSHIP_ID • PAYROLL_TERM_ID • LEGAL_EMPLOYER_ID • DATE_EARNED • HR_ASSIGNMENT_ID • BUSINESS_GROUP_ID • PERSON_ID • JOB_ID • EFFECTIVE_DATE • PAYROLL_ASSIGNMENT_ID • PAYROLL_ID • LEGISLATIVE_DATA_GROUP_ID • LER_ID • OPT_ID • ORGANIZATION_ID • ELIG_PER_ELCTBL_CHC_ID 	<p>Here are some points to consider:</p> <ul style="list-style-type: none"> • The return variable names must follow this format: l_asg1, l_val1.....l_asg10, l_val10 • Example: l_asg1,l_val1,l_asg2,l_val2,l_asg3, l_val3 • As in the sample formula, the return variables need to follow this convention: return l_asg1,l_val1,l_asg2,l_val2,l_asg3,l_val3 • The maximum number of assignments for allocation is 10. So, there can be up to 10 pairs. The above example has 3 pairs. • The return variable l_valx indicates the distribution percentage of the costs across assignments. The percentage value must be between 0 and 100 and the sum of the values must be 100. Also, the value can’t have more than 2 decimal places. • The assignment_ids should belong to the person being processed and also to the same payroll relationship. • If the value for the assignment_id is 0, the formula ignores the assignment_id and value set.

Formula Type	Formula Contexts	Return Variables
	<ul style="list-style-type: none"> ACTY_BASE_RT_ID BNFTS_BAL_ID PGM_ID PL_ID PL_TYP_ID BENEFIT_RELATION_ID PER_IN_LER_ID 	<ul style="list-style-type: none"> A missing set is not allowed. For example, l_asg1,l_val1,l_asg3,l_val3. Here, the set l_asg2,l_val2 is missing.

Here's a sample distribution formula to store percentage values for each person assignment in a user-defined table, and to use it for costing distribution.

User-Defined Table

Assignment	PERSON_ID	VALUE(Percentage)
Assignment_1	Person_id_1	50
Assignment_2	Person_id_1	30
Assignment_3	Person_id_1	20
Assignment_4	Person_id_2	50
Assignment_5	Person_id_2	50

Sample Formula:

```

DEFAULT DATA VALUE for PER_HIST_ASG_ASSIGNMENT_ID is 0
l_asg1=0
l_val1=0
l_asg2=0
l_val2=0
l_asg3=0
l_val3=0
i=1
j=1
l_effective_date = GET_CONTEXT(EFFECTIVE_DATE,to_date('1951/01/01 00:00:00'))
CHANGE_CONTEXTS(LEGISLATIVE_DATA_GROUP_ID = 202)

WHILE(PER_HIST_ASG_ASSIGNMENT_ID.EXISTS(i)) LOOP(
  if ((PER_HIST_ASG_ASSIGNMENT_TYPE[i]='E' or PER_HIST_ASG_ASSIGNMENT_TYPE[i]='N') and ((l_effective_date >
  PER_HIST_ASG_EFFECTIVE_START_DATE[i]) and (l_effective_date <PER_HIST_ASG_EFFECTIVE_END_DATE[i]))) then (
  l_person_id = to_number(GET_TABLE VALUE
  ('DHQA_ASG_COSTING_DISTRIBUTION', 'PERSON_ID',to_char(PER_HIST_ASG_ASSIGNMENT_ID[i]),'-999'))
  if (l_person_id = GET_CONTEXT(PERSON_ID,-9999)) then (
  if(j=1) then(
  l_asg1= PER_HIST_ASG_ASSIGNMENT_ID[i]
  l_val1 = to_number(GET_TABLE VALUE
  ('DHQA_ASG_COSTING_DISTRIBUTION', 'VALUE',to_char(PER_HIST_ASG_ASSIGNMENT_ID[i])))
  if (j=2) then (

```

```
l_asg2 = PER_HIST_ASG_ASSIGNMENT_ID[i]l_val2 = to_number(GET_TABLE_VALUE
('DHQA_ASG_COSTING_DISTRIBUTION','VALUE',to_char(PER_HIST_ASG_ASSIGNMENT_ID[i])))
if (j=3) then (
l_asg3 =PER_HIST_ASG_ASSIGNMENT_ID[i]l_val3 = to_number(GET_TABLE_VALUE
('DHQA_ASG_COSTING_DISTRIBUTION','VALUE',to_char(PER_HIST_ASG_ASSIGNMENT_ID[i])))
j=j+1
)
)
i=i+1
)

return l_asg1,l_val1,l_asg2,l_val2,l_asg3,l_val3
```

Related Topics

- [Choose Additional Costing Choices Using Fast Formula](#)

FAQs for Rates

How can I configure a rate to apply across all legal entities in an LDG?

Select Legislative Data Group from the Rate level field when you create a plan or program in the Plan Configuration work area. The field is available on the plan and program pages as well as quick create and spreadsheet loaders.

Related Topics

- [Benefits Rate Level Options](#)

How can I calculate benefit rates per paycheck instead of per pay period?

In the Communicated Rate Frequency field, select Estimated per pay period on the program basic details page. In the Value Passed to Payroll field, select Estimated per-pay-period amount on the standard rates page.

Scenario: Your payroll processes either weekly or biweekly, so some years you have 52 or 26 payroll runs and others you have 53 or 27. Regardless of the number of payroll runs, you always issue 52 or 26 paychecks per year. Also, you want to calculate the rate communicated to participants per those 52 or 26 paychecks.

What's the difference between limiters and ultimate limiters?

Limiters establish the minimum and maximum variable rate or coverage amount before it's added to, subtracted from, or multiplied by the standard rate or coverage.

Ultimate limiters establish the minimum and maximum variable rate or coverage amount after it's added to, subtracted from, or multiplied by the standard rate amount. For example, the ultimate high limit value sets the absolute maximum rate amount when you select the **Add to** treatment rule. This rule adds the variable rate calculated result to the standard rate calculation.

Can I edit multiple standard benefit rates at one time?

Yes. Use the Edit Rates in Workbook button of the Manage Standard Rates task to generate the workbook. With this workbook you can edit existing rates, not add new ones.

1. Generate the integrated Microsoft Excel workbook in which you download standard benefit rates that match your search criteria
2. Use the integrated workbook to edit those rates, for example, to reflect annual changes in contribution.
3. Upload your changes back into the application database.

How can I use existing rates for additional legal employers?

Other than these steps, you can also elect to copy the variable rates associated with the standard rate, as well as their child objects like variable rate profiles.

Follow these steps:

1. Click **Manage Standard Rates** in the Tasks panel drawer of the Plan Configuration work area.
2. On the Standard Rates tab, search for the rate that you want to use for additional legal employers.
3. On the Search Results toolbar, click the **Duplicate** button for the rate.
4. Select and add the legal employers to which you want to copy the standard rate.

What happens if I select a 1 prior rule for previous rate or coverage end?

Previous rate and coverage end rules that start with the phrase 1 prior terminate the rate or coverage period one day before the subsequent period starts.

For example, the previous coverage ends on the last day of the current month if the previous coverage end is 1 prior or quarter end and coverage start is First of next month.

If you don't specify a coverage start, or no next rate or coverage starts, then the second part of the rule goes into effect. In this case, the previous coverage would terminate at the end of the quarter. For example, the existing rate or coverage stops at the end of the quarter if a job termination life event with no associated rate start or coverage start occurs.

How can I configure costing for a benefits rate at all tiers?

Use the Costing Method list on the Create Standard Rates page, Additional Information section, Processing Information tab. Select Primary assignment 100% if you want to cost 100 percent of the rate of a benefit plan to the participant's primary assignment in payroll.

You might not want to use the costing option if you haven't set up cost accounts for employees or you only use payroll to generate element entries, but not process them further. If you don't want to use this costing option, the cost at the employment level is still set at the payroll relationship level.

How can I view costing distribution details of a benefit rate?

Open the participant's Enrollment Results page in the Enrollment work area. You can find the distribution details in the General tab, Rates section, Details window. You can also view the element entry values for a participant rate.

How can I define processing information for a rate?

You define processing details in the Additional Information section when you create or edit a rate.

From the **Processing Source** list, select an application, such as Payroll, that should process the contribution deduction or distribution payment. You can select the check box to process the rate in each pay period by default.

In the **Recurrence** list, specify the frequency of participant contribution to this benefit. If you have other special requirements to consider, you can create a formula and select it in the Rate Periodization Formula list.

How can I provide extra inputs to the rate's element?

If you have configured the rate to use elements, you typically pass the rate's amount to the element's input value. But you can pass other values too.

For example, you can pass the plan name, to the rate element's input value, depending on your requirement. You do this from the Extra Inputs tab in the Additional Information section when you create or edit a rate.

Assuming that you have already created an instance of the Extra Inputs formula type, you select the formula's return variable and then select the element's input value to make the mapping. You can even choose to update the input value only when the enrollment ends.

How can I change the effective start date of a benefit rate or coverage?

You can change the date to start in the past. You need to enter a date that's before the current effective start date of the rate or coverage.

If the date is valid, the change reflects in all of the linked variable rates and variable coverage profiles.

Here's how you can change the effective start date of a standard rate or coverage:

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. On the Overview page, select the Rates and Coverages tab.
3. Select the Standard Rates or Coverages subtab.
4. Search for and select the rate or coverage that you want to update.
5. On the Actions menu, select **Change Effective Start Date**.
6. Change the date and click **Save**.
7. Click **Save and Close** to return to the Overview page.

Related Topics

18 Variable Rate Profile Creation

Variable Rates Options

Vary standard rates with variable rate profiles that specify eligibility criteria, calculation method, and how the calculation affects the associated standard rate.

This topic discusses:

- Standard rate
- Variable rate profiles
- Multiple eligibility criteria
- Exclusion from the variable rate
- Treatment rule
- Variable formula

Standard Rate

If a rate doesn't vary based on any factors, define the rate on the standard rate page. For example, if a dental plan rate is a flat amount of 8.00 per month regardless of age or other factors, use a standard rate.

To vary the standard rate, attach variable rate profiles to it.

Variable Rate Profiles

Rates may vary based on certain factors, such as age, smoking status, and compensation amount. You can create a variable rate profile for each rate amount. You can only attach one eligibility profile to a variable rate profile.

Example: If a life insurance plan costs more for a smoker than a nonsmoker, you:

1. Create two eligibility profiles, one for smokers and another for nonsmokers.
2. Create two variable rate profiles and associate each with the corresponding eligibility profile.
3. Specify the rate calculation for each variable rate profile.

Multiple Eligibility Criteria

If a rate varies based on multiple factors, such as age and smoking status, use the same logic to create variable rate profiles and associated eligibility profiles for each set of factors affecting the rate.

This table shows an example of combining two criteria, age and smoking status.

Age	Smoking Status
less than 25	nonsmoker
less than 25	smoker

Age	Smoking Status
26 to 40	nonsmoker
26 to 40	smoker

Create the variable profiles first and then add them to the standard rate.

Exclusion From the Variable Rate

You can use the **Exclude** check box on the eligibility profile to exclude persons who meet the criteria from receiving the variable rate. Excluded persons receive the standard rate. For example, using Smoker as the criteria, exclude smokers from a nonsmoker discount on the standard rate.

Don't mix include and exclude criteria in a single eligibility profile.

Treatment Rule

The treatment rule specifies how the variable profile calculation acts upon the standard rate calculation. Select from these ways to treat the standard rate:

- Multiply by
- Add to
- Subtract from
- Replace

Variable Formulas

To base a variable rate on a complex calculation, you can:

1. Define one or more fast formulas to compute the rate.
2. Associate the formulas with the standard rate.

You can associate either variable rate profiles or variable formulas to a standard rate; you can't associate both.

Related Topics

- [Rate Calculation Methods](#)
- [Create a Benefit Variable Rate](#)

Ways to Create Benefit Variable Rates

You can create and edit variable rates using many methods.

Here's the list of methods:

- Create variable rate profiles and attach them to a standard rate.
- Create variable formulas and attach them to a standard rate.

- Use an integrated workbook to create and attach variable rate profiles.
- Copy variable rates when you duplicate the associated standard rates for additional legal employers.

Creating and Attaching Variable Rate Profiles

To create variable rates, you first create variable rate profiles and then associate them with standard rates using the **Manage Benefit Rates** task.

You can create variable rate profiles based on:

- Flat amounts
- Calculation methods, such as multiple of coverage or compensation and coverage
- Fast formula created with Calculate for Enrollment formula type.

You must also specify:

- A treatment rule to add to, multiple by, replace, or subtract from the standard rate associated with the profile
- An eligibility profile that identifies who is or is not eligible for the variable rate

Creating and Attaching Variable Formulas

Follow these steps:

1. To base a variable rate on a complex calculation: Define one or more fast formulas to compute the rate, using the **Rate Value Calculation** formula type. Use the **Manage Fast Formulas** task in the Setup and Maintenance work area.
2. Associate the formulas with the standard rate in the Variable Rates section, Variable Formulas tab.

Creating Variable Rates in the Integrated Workbook

You can use the integrated workbook on the Variable Rate Profiles page to:

- Create and upload multiple variable rate profiles at one time.
- Associate variable rate profiles with existing standard rates and upload the changes.

You must upload new variable rate profiles to the application database before you can associate them with standard rates in the workbook.

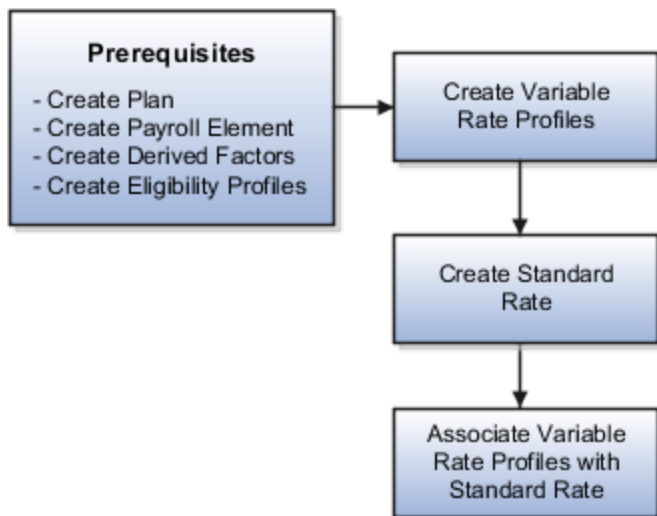
Related Topics

- [Ways to Create Benefit Rates](#)
- [Overview of Rates and Coverages](#)
- [Variable Rates Options](#)
- [Manage Variable Benefit Rates in the Integrated Workbook](#)
- [Create a Benefit Variable Rate](#)

Create a Benefit Variable Rate

This example demonstrates how to create a benefit rate for an employee payroll contribution to a life insurance plan. The rate varies depending on the participant's age, so it's associated with multiple variable rate profiles.

The following diagram shows the Plan Configuration work area tasks to complete in this example:



Follow these general steps to create variable coverage:

1. Create variable coverage profiles.
2. Create a base coverage.
3. Associate variable coverage profiles with the base coverage.

Prerequisites

1. Create the life insurance plan to which the rate applies.
2. Define a payroll element and input value to associate with the rate.
3. Create derived factors for the age bands associated with each variable rate, such as:
 - o Age_20-29
 - o Age_30-39
 - o Age_40-49
 - o Age_50-59
 - o Age_60-69
 - o Age_70-greater
4. Create the following eligibility profiles and associate each with the appropriate derived factor.
 - o Life_Age_20-29
 - o Life_Age_30-39
 - o Life_Age_40-49

- Life_Age_50-59
- Life_Age_60-69
- Life_Age_70-greater

Creating Variable Rate Profiles

Use default values for fields unless the steps specify other values.

1. Click the **Manage Benefit Rates** task.
2. On the Variable Rate Profiles tab, click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Profile Name	Life_Age_20-29
Tax Type Rule	After Tax
Activity Type	Employee Payroll Contribution
Treatment Rule	Replace
Defined Rate Frequency	Biweekly
Eligibility Profile	Select the eligibility profile for this age band.
Status	Active
Calculation Method	Flat Amount
Value	4.00

4. Click **Save and Close** to return to the Variable Rate Profiles tab.
5. Repeat steps 2 - 4 to create five additional variable rate profiles, one for each age band. Use the values in the previous table for all fields except **Profile Name** and **Value**.

Profile Name	Value
Life_Age_30-39	6.00
Life_Age_40-49	8.00

Profile Name	Value
Life_Age_50-59	10.00
Life_Age_60-69	15.00
Life_Age_70-greater	22.00

Creating a Standard Rate

Use default values for fields unless the steps specify other values.

1. Select the **Rates and Coverages** tab.
2. On the Standard Rates subtab Create menu, select **Create Standard Rate**.
3. Complete the fields, as shown in this table.

Field	Value
Rate Name	Life Rate
Legal Employer	Select your legal employer.
Plan	Select the life insurance plan you created for this rate
Activity Type	Employee payroll contribution
Tax Type Code	After Tax
Payroll Element	Select the payroll element associated with this rate
Element Input Value	Select the input value for this rate
Calculation Method	No standard values used

Associating the Variable Rate Profiles to the Standard Rate

1. In the Variable Rates section of the standard rate page, click **Select and Add** on the Variable Profile Name subtab toolbar.

2. Enter a sequence number and select the first of the six variable profiles you created earlier.
3. Click **OK** to return to the Variable Rate Profile Name subtab.
4. Repeat steps 1 and 2 to add the other five variable profiles to this rate.
5. Click **Save and Close** to return to the Rates and Coverages tab.

Related Topics

- [Rate Calculation Methods](#)
- [Variable Rates Options](#)
- [Derived Factors](#)
- [Eligibility Profiles](#)

Manage Variable Benefit Rates in the Integrated Workbook

You can create and upload variable rates by defining variable rate profiles and associating them with standard rates using the integrated Microsoft Excel workbook.

The basic process for managing variable rates using the workbook is:

1. Generate the workbook.
2. Create and edit variable rate profiles.
3. Upload edits.
4. Add variable rate profiles to standard rates.
5. Upload edits.
6. Resolve errors.

Repeat these steps as many times as required.

Prerequisites

Before you upload new or edited variable rate profiles, confirm that the following already exist in the application database:

- Any associated benefit eligibility profiles, plans, and options
- Any referenced compensation user-defined factors where **Calculation Method** is set to **Multiple of compensation**
- Any referenced fast formulas associated with variable rate profiles where **Calculation Method** is set to **Calculate for enrollment formula**

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Rates** to open the Manage Benefit Rates page.
2. On the Search Results section toolbar of the Variable Rate Profiles tab, click **Prepare in Workbook**.

Creating and Editing Variable Rate Profiles and Adding them to Standard Rates

Use the two worksheets in the workbook to:

- Create and edit your variable rate profiles in the variable rate profiles worksheet.
- Associate existing and newly uploaded variable rate profiles with standard rates in the standard Rates worksheet.

On both worksheets:

1. Select a calculation method. The calculation method for all rows must match the calculation method for the workbook, which you selected in the Search section. Mismatches result in errors when you upload your data.
2. Optionally, enter an effective as-of date. The download process uses the date as a constraint when downloading either the variable rate profiles or the standard rates. The upload process uses it to set the effective date for the new and edited profiles and edited standard rates. If you leave this field blank, the upload process sets the current date, also known as the system date, as the effective date.
3. Search for either the variable rate profiles or standard rates that match your criteria. The Search button and other integrated workbook buttons, such as Upload, Delete, and End-Date are available in the Upload Variable Rate Profiles tab.
4. Depending on the worksheet, either:
 - Create and edit the profiles, as required.
 - Associate the profiles with the relevant standard rates.
5. Upload your edits to the application database.

The variable rate profiles must already exist in the application database before you can associate them with standard rates in the workbook. Upload any new or edited variable rate profiles and associate them with standard rates.

Some of the cells in the spreadsheet are purposefully locked. You shouldn't unprotect the spreadsheet and load values in such cells. The application doesn't save such values.

Note: You must associate future-dated profiles with standard rates in the application; you can't do it in the workbook.

Uploading Edits

After you complete your edits for one of the worksheets, in the Upload Variable Rate Profiles tab, click **Upload** to load into the application tables those rows that are marked as **Changed**.

Randomly test that the upload worked as you expected by searching for one or more of the following in the application:

- New or edited variable rate profiles
- Standard rates with which you associated a variable rate profile

The upload process updates the worksheet **Status** field only if the server or database becomes inaccessible during upload.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [Set Up Desktop Integration for Excel](#)
- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)

19 Benefit Coverages

Overview of Rates and Coverages

Benefits administrators and managers create and manage benefit rates and coverages using the tasks in the Plan Configuration work area.

Here's the list of tasks:

- Manage Benefit Rates
- Manage Benefit Plan Coverage

This topic covers key benefit terms related to rates and coverage:

- Rates
- Coverage
- Calculation methods
- Variable rates and coverage
- Final calculation

Rates

Rates determine costs for purchasing benefit coverage, such as life or health insurance. Rates usually determine an amount of monetary contributions paid by:

- The employee
- The employer
- A combination of both

Rates can also determine amounts distributed from the employer to the employee, such as for tuition reimbursement.

Coverage

Coverage defines monetary amounts available to enrolled participants in the event of a claim, such as for medical expenses.

Calculation Methods

You can calculate standard rates and coverage using a variety of delivered calculation methods, such as flat amount or multiple of coverage. Or, you can create a calculation formula.

Variable Rates and Coverage

To vary a rate or coverage by criteria, you can associate variable rate or coverage profiles that adjust or replace the standard rate or coverage calculation.

Example: You can adjust a rate based on criteria such as location, length of service, and participant's age.

Final Calculation

To derive the final calculation of the rate or coverage, you can apply limits and rounding rules.

How Coverages Are Calculated

Calculate coverages by applying a calculation method to values you define and values that participants enter during enrollment.

Settings That Affect Coverage Calculations

The following determination rules are available for computing coverages:

Calculation Method	Description
Flat amount	Flat amount is predefined or entered during enrollment.
Flat range	Flat amount must be within a predefined range. Any change in the coverage value of insurance plans is treated as a change in coverage. For example, if you have coverage of \$100000 and if it changes to \$500000, it will be treated as new coverage. Although, it's the same plan-option that you may enroll in.
Flat amount plus multiple of compensation	Calculates coverage as flat amount plus multiple of compensation .
Flat amount plus multiple of compensation range	Calculates coverage as flat amount plus multiple of compensation within a predefined range.
Multiple of compensation	Calculates coverage as multiple of compensation.
Multiple of compensation plus flat range	Calculates coverage as multiple of compensation plus flat amount that's within a predefined range.
Multiple of compensation range	Multiple of compensation must be within a predefined range.
No standard value used	Uses coverage defined in variable coverage profiles.
Same as annualized elected activity rate	Uses annualized elected activity rate for coverage amount.
Post enrollment calculation formula	Calculates coverage based on election information entered during enrollment using a formula you define.

The calculation method you select works with other settings to compute the final coverage.

Condition	Related Configuration
Calculation methods using multiples	Specify the operation, such as simple multiplication, percentage, per hundred, and per thousand.
Calculations based on compensation	Specify the compensation derived factor that defines the basis for the compensation calculation.
Rounding	Select a rounding rule.
Limits	Define high and low limits.
If you enable participant entry during enrollment	You can set valid ranges and default values. The default values are used if you recalculate coverages and no user entry is available.
Variable coverage	Attach variable coverage profiles to the base coverage.

How Coverages Are Calculated

The calculation method and other settings defined for a coverage determine when and how it's calculated.

For example, the coverage may be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Example: Multiple of Compensation

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 2 Operator: Multiply by Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)	50,000	2 * 25,000

Example: Multiple of Compensation Range

Inputs to Calculation	Calculated Coverage	Calculation Details
Minimum: 2 Maximum: 6 Increment Amount: 2 Default Value: 4 Operator: Multiply by	100,000 (using default)	4 * 25,000

Inputs to Calculation	Calculated Coverage	Calculation Details
Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)		

Example: Flat Amount Plus Multiple of Compensation

Inputs to Calculation	Calculated Coverage	Calculation Details
Flat Amount: 50,000 Multiplier: 2 Operator: Multiply by Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)	100,000	$50,000 + (2 * 25,000)$

Example: Flat Amount Plus Multiple of Compensation Range

Inputs to Calculation	Calculated Coverage	Calculation Details
Flat Amount: 50,000 Minimum: 2 Maximum: 6 Increment Amount: 2 Default Value: 4 Operator: Multiply by Compensation Amount: 25,000 (value derived by applying a Compensation Factor of Annual Salary)	150,000 (using default)	$50,000 + (4 * 25,000)$

Example: Multiple of Compensation Plus Flat Range

Inputs to Calculation	Calculated Coverage	Calculation Details
Minimum: 30,000 Maximum: 50,000 Default Value: 40,000 Increment Amount: 10,000	140,000 (using default)	$40,000 + (2 * 50,000)$

Inputs to Calculation	Calculated Coverage	Calculation Details
<p>Multiplier: 2</p> <p>Operator: Multiply by</p> <p>Compensation Amount: 50,000 (value derived by applying a Compensation Factor of Annual Salary)</p>		

Related Topics

- [Variable Rates Options](#)
- [Rate Calculation Methods](#)
- [How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?](#)
- [Create a Benefit Variable Rate](#)

Example of Limiting Coverage Across Plan Types

You can limit the total amount of coverage that a participant can elect across plan types within a program. Use the Manage Coverage Across Plan Types task in the Plan Configuration work area.

Scenario

This table shows the maximum life insurance coverage for two plan types within a program.

Plan Type	Maximum Coverage (USD)
Supplemental Life Insurance	Two times earnings up to 200,000
Term Life Insurance	120,000
Combined Total	320,000

To limit the combined maximum coverage to just 300,000:

1. Name the coverage limit and list the program and plan types.
2. Enter the maximum coverage amount of 300,000. You can also enter a minimum coverage amount.

The maximum coverage limit across plan types must not be less than the lowest maximum coverage of any plan in the plan types. In this example, the maximum coverage limit must not be less than 120,000 USD.

FAQs for Coverages

How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?

You can use the enrollment step in the program configuration process to limit the spouse and dependent insurance coverage.

Here's how you do it:

1. On the enrollment step in the program configuration process, select the program level row of the hierarchy.
2. On the General tab, enter a percentage in each of these fields:
 - o Spouse Insurance Coverage Maximum
 - o Dependents Insurance Coverage Maximum
3. On the enrollment step, select the appropriate insurance plan type row in the program hierarchy and scroll to the plan type further details below.
4. In the enrollment section of the General tab, select both of these check boxes:
 - o Subject to dependent's insurance coverage maximum percentage
 - o Subject to spouse's insurance coverage maximum percentage

What happens if I select a 1 prior rule for previous rate or coverage end?

Previous rate and coverage end rules that start with the phrase 1 prior terminate the rate or coverage period one day before the subsequent period starts.

For example, the previous coverage ends on the last day of the current month if the previous coverage end is 1 prior or quarter end and coverage start is First of next month.

If you don't specify a coverage start, or no next rate or coverage starts, then the second part of the rule goes into effect. In this case, the previous coverage would terminate at the end of the quarter. For example, the existing rate or coverage stops at the end of the quarter if a job termination life event with no associated rate start or coverage start occurs.

What's the difference between limiters and ultimate limiters?

Limiters establish the minimum and maximum variable rate or coverage amount before it's added to, subtracted from, or multiplied by the standard rate or coverage.

Ultimate limiters establish the minimum and maximum variable rate or coverage amount after it's added to, subtracted from, or multiplied by the standard rate amount. For example, the ultimate high limit value sets the absolute maximum

rate amount when you select the **Add to** treatment rule. This rule adds the variable rate calculated result to the standard rate calculation.

20 Flex Credit Configuration

Overview of Flex Credit Offerings

Workers can use flex credits, which are monetary units, to offset costs of specific plan enrollments.

Consider creating flex credit offerings to implement any of the following styles of benefit offerings:

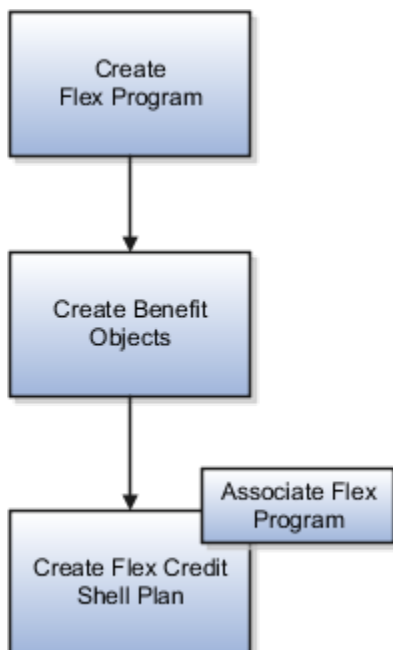
- Cafeteria plans offered in the US to comply with Section 125 of the Internal Revenue Code
- Benefit plans offered in the US to comply with the Employee Retirement Income Security Act (ERISA)
- Benefit plans offered in other countries that enable workers to buy benefits from an allowance that the employer might offer
- Benefit offerings that provide flex credits, but aren't necessarily recognized by or pursuant to a government agency

This overview introduces:

- Task sequence to set up flex credits
- Policy decisions in the flex shell plan
- Availability of flex credit offerings during enrollment

Flex Credit Setup Task Sequence

The following figure illustrates the sequence of tasks to create a flex credit offering.



Use the Plan Configuration work area to:

Sequence	Task Description	Task Name
1	Create a program of type Flex credits or Flex credits plus core	Manage Benefit Program Details
2	Create the rest of the benefit objects, such as: <ul style="list-style-type: none">Plan type, plans-in-program, options-in-plan-in-programRollover rates and elements	Various setup tasks in Plan Configuration work area
3	Create a flex credit shell plan and associate it with the flex program	Manage Flex Credits Configuration

Flex Credit Shell Plan Policies

You create a flex credit shell plan to define your flex credit policy:

- Create credit pools at specific levels in your benefit hierarchy to calculate and maintain credits.
- Define which benefit offerings participants can enroll using flex credits.
- Decide whether participants can spend beyond their flex credit budget.
- Decide the order in which you want to deal with excess credits that might remain after enrollment:
 - Pay out a percentage
 - Transfer a percentage to other offerings in compliance with corresponding contribution limits
 - Forfeit the credits

Availability of Flex Credit Offerings at Enrollment

During enrollment:

- The flex credit shell plan doesn't appear and participants can't enroll in a flex shell plan directly.
- When participants enroll in a program that's associated with a flex shell plan, the rules defined in that plan enable participants to use flex credits to enroll in specific offerings.

Related Topics

- [Flex Credit Shell Plan Components](#)
- [Create a Flex Credit Shell Plan](#)

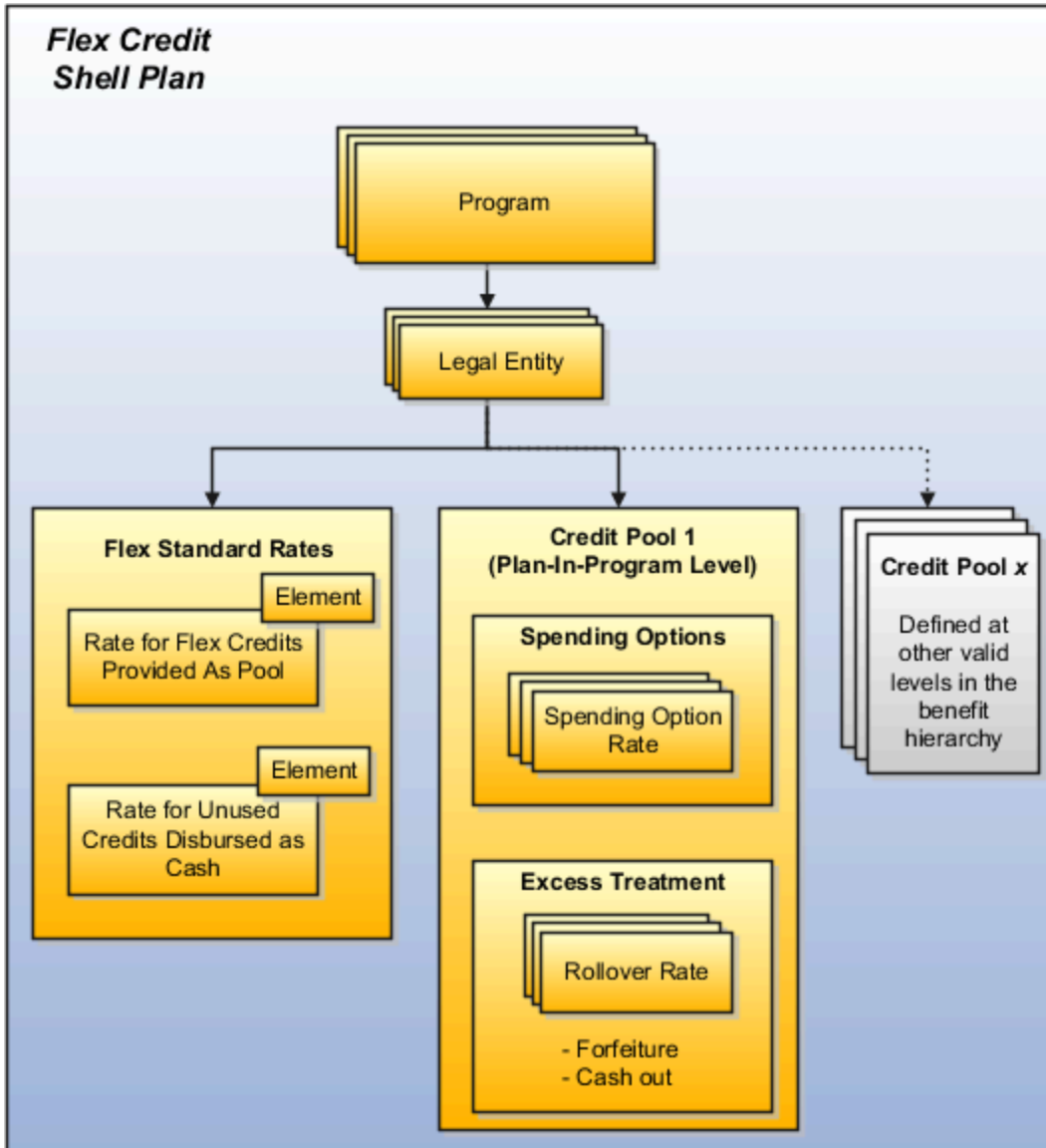
Flex Credit Shell Plan Components

Use a flex credit shell plan to configure benefit offerings with the flex credits policy of your enterprise.

Set up flex shell plans for your enterprise using these components:

- Programs
- Rates
- Credit pools

This figure illustrates how the flex credit shell plan components fit together.



Programs that you associate with a flex credit shell plan can contain multiple credit pools to maintain credits that participants can use at specific levels in the hierarchy. For each credit pool:

- Configure the method to calculate the credit value.
- Add rates of spending options that must deduct from the credit pool on enrollment.
- Define rules to handle treatment of excess credits after enrollment.

The flex credit rates that you associate with the flex plan store the total credit value offered to the participant and the excess credit amount after enrollment.

Flex Credit Shell Plan

Each enterprise can have a maximum of two shell plans:

- One for unrestricted enrollment
- One for life event enrollment

You can associate multiple programs with the same flex shell plan within the enterprise, but associate only one flex shell plan with each program.

Programs

When you create a flex shell plan, you must associate at least one program with it. Programs that you associate with the flex shell plan must belong to the **Flex credits** program type or the **Flex credits plus core** program type. Enrolling in a flex program automatically enrolls the participant in the corresponding flex credit shell plan.

Credit Pools

A credit pool maintains flex credit values that participants can use at specific levels in the benefits hierarchy. You define credit pools in the Credit Pools tab when you create a flex shell plan. Maintain credit pools at the program level, plan-in-program level, and the option-in-plan-in-program level. Use a calculation method to determine the flex credit pool value.

For each credit pool, you configure the following components:

Component	Configuration
Spending Options	<p>Define which benefit offerings participants can spend their credits on. In the Spending Options tab, you add the rates of benefit offerings that must deduct from the credit pool when participants enroll in those offerings.</p> <p>For example, if you want a medical plan to deduct from the credit pool on enrollment, then you add the standard rates for that plan's options.</p>
Excess Credits Treatment	<p>Define rules that determine how you want to deal with credits that might remain unused after enrollment.</p> <p>For example, you can select a rule that performs the following functions in a particular order:</p> <ol style="list-style-type: none"> 1. Disburse a percentage of unused credits as cash. 2. Transfer to other offerings a percentage of the credits that remain after disbursement. You must include the rates of these offerings in the Rollover Rates tab when you create a credit pool. 3. Forfeit the remaining credits.
Excess Credit Treatment Formula	<p>Include rules that do not already exist on the Manage Flex Credit Configuration pages:</p> <ol style="list-style-type: none"> 1. Create a formula that belongs to the Excess Credits Treatment formula type. 2. Select the formula as the excess treatment rule in the Excess Credits tab.

Flex-Rates

For a combination of program and legal entity, you must create the following rates within the flex shell plan:

Rate	Description
Rate for Flex Credits Provided as Pool	This rate stores in a payroll element, the total amount of flex credits that are available to the participant. The stored amount is an aggregated flex credit value from all of the credit pools that were defined at appropriate levels in the benefits hierarchy.
Rate for Unused Credits Disbursed as Cash	One of the functions in the excess credit treatment rules disburses a percentage of unused credits to the participant in cash. This rate stores in a payroll element, the total amount of unused credits that you want to disburse as cash.

You create the rates for the flex shell plan in the Rates step of the Create Flex Credit Configuration page.

Related Topics

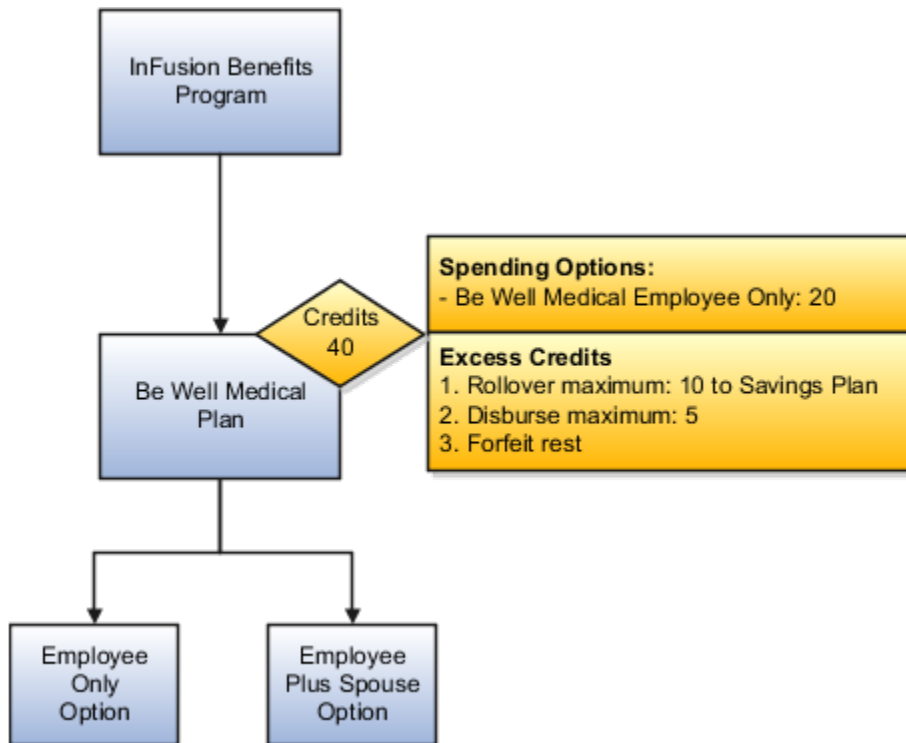
- [Examples of Flex Credit Shell Plan Configurations](#)
- [Can I edit standard rates associated with a flex shell plan?](#)
- [Can I delete a standard rate associated with a flex shell plan?](#)

Examples of Flex Credit Shell Plan Configurations

The examples in this topic show different flex credit shell plan configurations and resulting flex credits calculations. All values in these examples are in US dollars (USD)..

Plan-in-Program-Level Pool

The following figure shows a flex shell plan configuration.



This table shows the details of the credit pool, spending option, and excess credit rules.

Flex Plan Components	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Program level credit pool	None	None	None
Medical plan-level credit pool	Spending option: Employee Only option	40	20
Excess credit treatment	Use plan level rules: <ol style="list-style-type: none"> 1. Rollover maximum 10 to savings plan 2. Disburse maximum: 5 3. Forfeit remainder 	None	None

When participants enroll in the Employee Only option, this configuration calculates the credit balance as follows:

1. Credits provided by plan level pool: 40
2. Cost of Employee Only option: 20
3. Credit balance after deducting 20 from total credits: 20

The excess credit treatment rule treats the balance of 20 credits as follows:

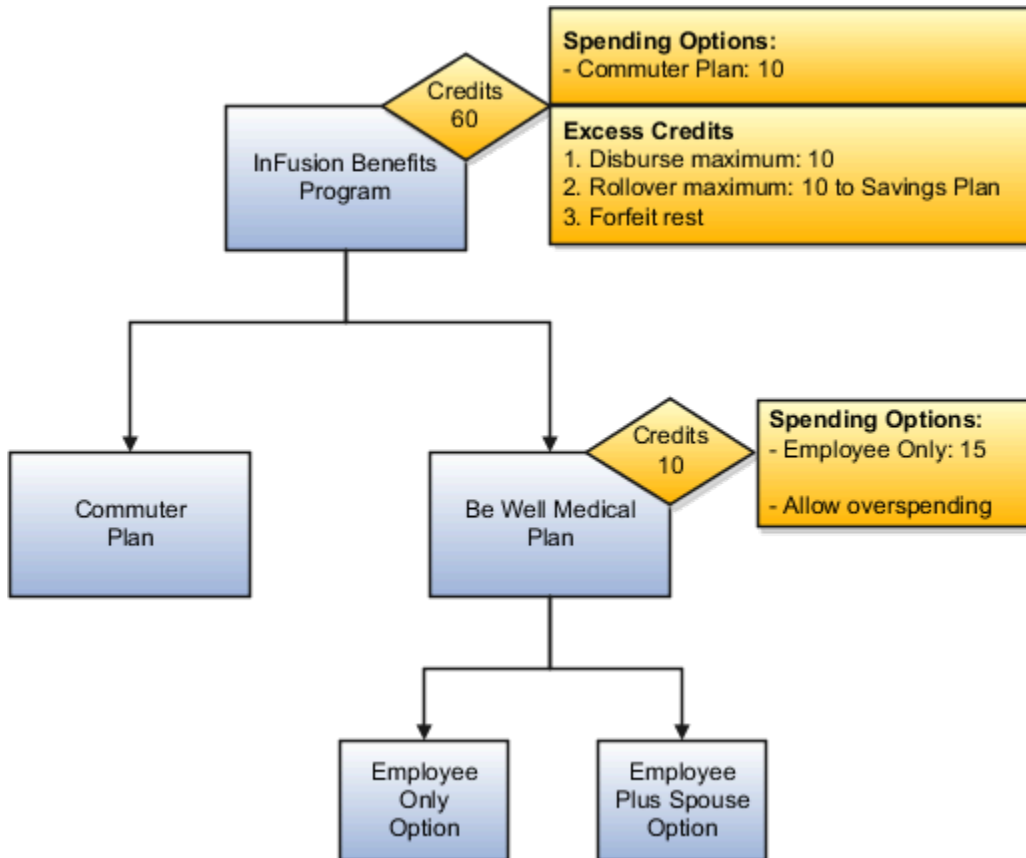
1. Credits disbursed to savings plan: 10

Balance: 10

- 2. Credits disbursed as cash: 5
Balance: 5
- 3. Credits forfeited: Remainder of 5
Balance: 0

Program-Level Pool and Plan-in-Program-Level Pool Configured to Allow Overspending

The following figure shows the flex shell plan configuration.



This table shows the details of the credit pools, spending options, and excess credit rules.

Components	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Program credit pool	Spending option: Commuter plan	60	10
Medical plan-level pool	Spending option: Medical plan Allows overspending up to 50%	10	15
Excess credit treatment	Program level rules: 1. Disburse maximum 10	None	None

Components	Details	Credits Provided to Pool	Spending Option Enrollment Cost
	<ol style="list-style-type: none"> 2. Rollover maximum 10 to savings plan 3. Forfeit remainder 		

When a participant enrolls in the medical plan Employee Only option and the commuter plan, this configuration calculates the credit balance on enrollment as follows:

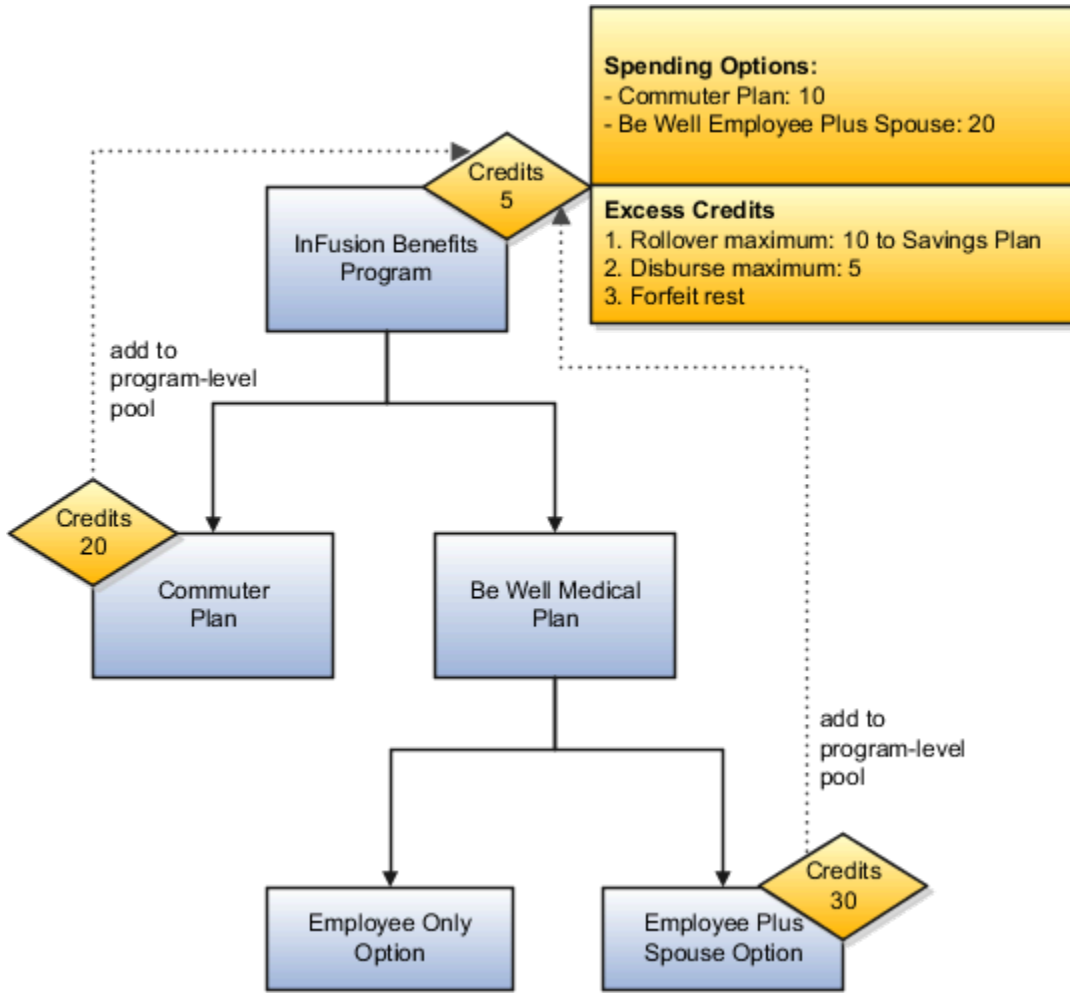
Program Pool	Plan Pool
<p>Sequence of calculations:</p> <ol style="list-style-type: none"> 1. Credits in program level pool: 60 2. Cost of Commuter plan: 10 3. Credit balance after deducting 10 from total credits: 50 	<p>Sequence of calculations:</p> <ol style="list-style-type: none"> 1. Credits in plan level pool: 10 2. Cost of Employee Only option: 15 3. Overspending: up to 50%. The participant can spend up to 15 4. Credit balance after deducting 15 from total credits: 0

The excess credit treatment rule treats the program pool's credit balance of 50 as follows:

1. Credits disbursed as cash: 10
Balance: 40
2. Credits transferred to savings plan: 10
Balance: 30
3. Credits forfeited: Remainder of 30
Balance: 0

Plan-in-Program-Level Pool and Option-in-Plan-in-Program-Level Pool Configured to Add to Program-Level Pool

The following figure shows the flex shell plan configuration.



This table shows the details of the credit pools, spending options, and excess credit rules.

Flex Plan Component	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Program Credit pool	Spending options: <ul style="list-style-type: none"> • Commuter plan • Employee Plus Spouse option 	5	Commuter Plan: 10 Employee Plus Spouse: 20
Plan-level pool adds to program-level pool	No spending options at this level. This level only provides credits.	20	None
Option-level pool adds to program-level pool	No spending options at this level. This level only provides credits.	30	None
Excess credit treatment	Use program level rules: <ol style="list-style-type: none"> 1. Rollover maximum 10 to savings plan 2. Disburse maximum 5 	None	None

Flex Plan Component	Details	Credits Provided to Pool	Spending Option Enrollment Cost
	3. Forfeit remainder		

When a participant enrolls in the medical plan Employee Plus Spouse option and the commuter plan, this configuration calculates the credit balance at enrollment as follows:

1. Credits provided by the option level pool and added to the program pool: 30
2. Credits provided by the plan level pool and added to the program pool: 20
3. Credits provided by the program pool: 5
4. Total credits at the program pool: 55
5. Enrollment cost of Commuter plan and Employee-Plus-Spouse option: 30
6. Resulting credit balance after deducting enrollment cost from total credits: 25

The excess credit treatment rule treats the credit balance of 25 as follows:

1. Credits transferred to savings plan: 10
Balance: 15
2. Credits disbursed as cash: 5
Balance: 10
3. Credits forfeited: Remainder of 10
Balance: 0

Related Topics

- [Create a Flex Credit Shell Plan](#)

Enrollment Modes for Flex Credit Shell Plans

When you create a flex credit shell plan, you must select an enrollment mode for the shell plan. The enrollment mode determines the type of programs that you can associate with the flex shell plan.

Associate Programs According to Enrollment Mode

You configure the flex credit shell plan for either unrestricted enrollment mode or life event enrollment mode.

Flex Shell Plan Enrollment Mode	Valid Programs That You Can Associate
Unrestricted	Only programs enabled for unrestricted enrollment
Life event	Only programs not enabled for unrestricted enrollment

To enable a program for unrestricted enrollment, select the **Enable unrestricted enrollment** check box on the Edit Program page.

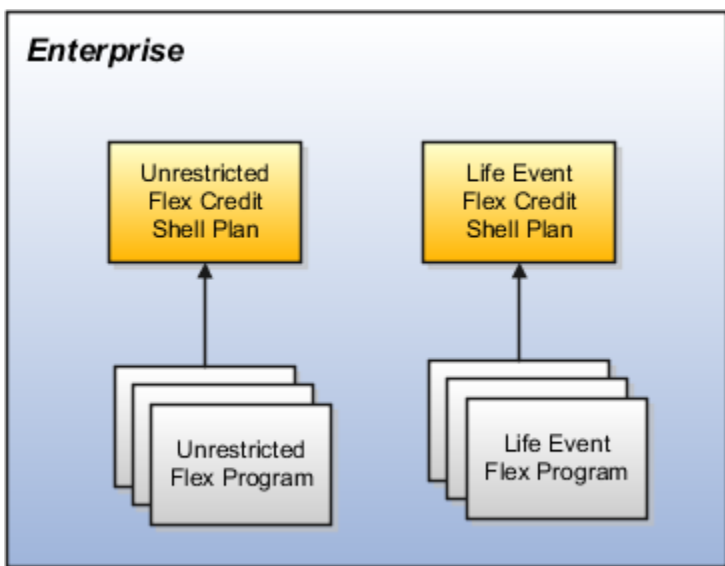
Note: After you associate a program with a flex shell plan, you can't change that program's **Enable unrestricted enrollment** check box setting on the Edit Program page.

Number of Flex Credit Shell Plans

For an enterprise, you can:

- Create only one flex shell plan for unrestricted mode
- Create only one flex shell plan for life event mode
- Associate multiple programs with each flex shell plan

This figure shows multiple compatible programs associated with one flex shell plan for each enrollment mode within the enterprise.



Related Topics

- [Create a Flex Credit Shell Plan](#)

Cash Disbursals and Rollovers of Excess Flex Credits

This topic explains the disburse-maximum and rollover-maximum components. These components are a part of the following excess credit treatment rules.

You configure them in the Excess Credits tab when you create a flex credit shell plan:

- Disburse maximum, rollover maximum, then forfeit
- Rollover maximum, disburse maximum, then forfeit

Disburse Maximum

Disburse excess flex credits as cash subject to minimum and maximum limits that you set.

- Minimum limit scenario: The minimum cash disbursement limit is 50 USD. If the excess credits are 40 USD during enrollment, then no cash is disbursed and the next component in the rule starts to process.
- Maximum limit scenario: The maximum cash disbursement limit is 80 USD. If the excess credits are 100 USD, then only 80 USD is disbursed before the next component in the rule starts to process.

Rollover Maximum

Transfer excess credits to other offerings subject to minimum and maximum limits that you set for each rollover rate associated with a flex shell plan. A rollover rate is a rate that you configure for a benefit offering to enable rollover of flex credits into that offering.

If multiple rollover rates exist for a flex shell plan:

- The excess flex credits transfer to each rollover rate in sequence depending on the sequence numbers that you associated with each rate.
- The flex credits continue to transfer as long as the excess credits that remain after each transfer are within the maximum and minimum limits set for each rollover rate.

Related Topics

- [Create a Flex Credit Shell Plan](#)

Guidelines to Select a Benefits Program Type

The program type determines whether you want the program and its offerings to work with a flex credit shell plan. You select the program type when you create a program.

Core

Select this program type if you want to create a program that is independent of a flex credit shell plan.

Flex-Credits Program Type

Select this program type if you want to associate a flex credit shell plan with the program. You can associate with this program only those plans and options that involve flex credits.

Flex-Credits-Plus-Core Program Type

Select this program type if you want to associate a flex credit shell plan with the program. However, you can also associate with this program plans and options that do not involve flex credits.

Create a Flex Credit Shell Plan

This example demonstrates how to create a flex credit shell plan to conform to the flex credits policy of an enterprise. This example is specific to flex shell plan configurations in the US. All values are in USD.

The following table summarizes key decisions for this scenario.

Decisions to Consider	In This Example
Which program must participants enroll in to receive flex credits?	InFusion Wellness program
Does the program enable unrestricted enrollment?	No
Which spending options can participants buy using the flex credits provided?	Participants can spend their flex credits on the following spending options: <ul style="list-style-type: none"> InFusion Vision, which costs 200 per year InFusion Dental, which costs 100 per year InFusion Medical, which costs 5000 per year
Include the spending options in the credit pool at which level in the offering hierarchy?	Program level
What is the amount of flex credits that you want the InFusion Wellness program to provide?	Flat amount of 150
Do you want to allow participants to overspend?	No
How do you want to deal with excess flex credits?	Excess credits must be dealt with in this order: <ul style="list-style-type: none"> Rollover 50 percent of the excess credits to the InFusion Savings Account plan. Disburse 40 percent of the remainder after the rollover as cash. Forfeit the remainder after the cash disbursement.
What rollover rates must be created?	Create a rollover rate for the InFusion Savings Account plan.
Are there any limits to the amount of contributions that participants can roll over to a rate in a calendar year?	Yes, configure the main contribution rate of the plan to which the excess flex credits must transfer so that it accepts an amount up to 300.

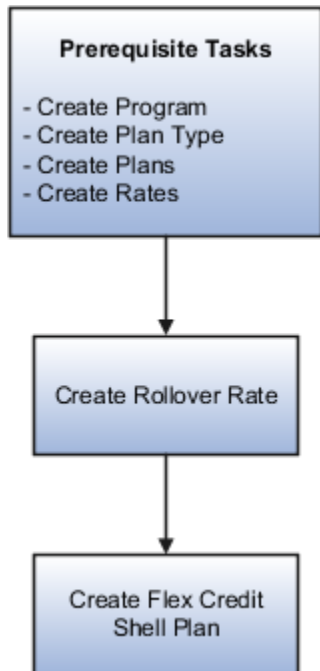
Task Summary

In the Plan Configuration work area:

1. Complete the prerequisite tasks.
2. Create a rollover rate for the Infusion Savings Account plan to which excess credits must transfer.
3. Create a flex credit shell plan.

Use default values for fields unless the steps specify other values.

The following figure shows the tasks to complete in this example.



Prerequisites

1. Create a program called InFusion Wellness using the Manage Program Details task. On the Create Program Basic Details page, ensure that you select **Flex Credits** as the program type.
2. Create a plan type called InFusion Wellness Flex Plans for the flex credit shell plan that you create in a later step. Use the Manage Plan Types task. On the Create Plan Type page, ensure that in the **Option Type** field, you select **Flex Credits**.
3. Creating the following plans using the Manage Benefit Plan Details task:
 - o InFusion Vision
 - o InFusion Dental
 - o InFusion Medical
 - o InFusion Savings Account

On the Create Plan Basic Details page for the Vision and Dental plans, ensure that in the **Usage** field, you select **In Program**.

4. Create the standard rates shown in the following table using the Manage Benefit Rates task.

Plan	Calculation Method Setup
InFusion Vision	Flat amount of 200
InFusion Dental	Flat amount of 100
InFusion Medical	Flat amount of 5000

5. Create a standard rate for the InFusion Savings Account plan using the Manage Benefit Rates task:
 - o Select **Flat amount** as the calculation method.
 - o Select the **Participants enter value during enrollment** check box.
 - o In the Ranges section, enter **0** in the **Minimum Election Value** field, and **300**, in the **Maximum Election Value** field.
 - o Select **0** as the default value. Select **1** as the increment.

Creating a Rollover Rate

1. In the Tasks panel drawer, click **Manage Benefit Rates** to open the Manage Benefit Rates page.
2. On the Standard Rates tab, select **Create - Rollover Rate**.
3. Complete the fields as shown in this table.

Field	Value
Rate Name	InFusion Savings Account Rollovers (Employee Contribution)
Plan Name	InFusion Savings Account
Legal Employer	Select your legal employer
Status	Active
Activity Type	Employer Contribution
Tax Type Code	Pretax
Rate for Limits Enforcement	Select the rate that you created for the Savings Account plan.

4. Click **Save and Close**.

Creating a Flex Credit Shell Plan

1. Configure the flex credit shell plan basic details.
 - a. Click **Manage Flex Credits Configuration**.
 - b. Click **Create**.
 - c. Complete the fields as shown in this table.

Field	Value
Plan Name	InFusion Wellness Flex Shell Plan - Life Event
Mode	Life event
Plan Type	InFusion Wellness Flex Plans

- d. In the Year Periods section, select and add year periods from January 1, 2010 to December 31, 2016. You select year periods that match that of the program that's associated with this shell plan to avoid data issues.
 - e. In the Programs section, select and add the InFusion Wellness program.
 - f. Click **Save**.
2. Configure the flex shell plan rates.
 - a. Click **Next** to open the Create Flex Credits Configuration: Rates page.
 - b. In the Rate for Flex Credits Provided as Pool section **Rate Name** field, enter **Flex Credits**.
 - c. In the Rate for Unused Credits Disbursed as Cash section **Rate Name** field, enter **Cash Disbursement**.
 - d. Click **Save**.
 3. Configure the flex shell plan credit pool.
 - a. Click **Next** to open the Create Flex Credits Configuration: Credit Pools page.
 - b. Select the InFusion Wellness program.
 - c. In the Credit Pool section, click **Add Credit Pool**, and complete the fields as shown in this table.

Field	Value
Credit Pool Name	InFusion Program Pool Note: Leave the Credit Provider Plan field and the Credit Provider Option field empty because you're creating a program-level pool.
Status	Active

- d. On the Calculation Method tab, complete the fields as shown in this table.

Field	Value
Calculation Method	Flat amount
Value	200

- e. In the Spending Options tab **Spending Options** field, select and add the rates of the following plans that you created in an earlier step:
- InFusion Vision
 - InFusion Dental
- f. On the Excess Credits tab, complete the fields as shown in this table.

Field	Value
Excess Treatment Rule	Rollover maximum, disburse maximum, then forfeit
Cash Disbursement Limit	Percentage of excess credits
Minimum	0
Maximum	40

- g. In the Rollover Rates section, click **Select and Add**.
- h. Complete the fields as shown in this table.

Field	Value
Rate	InFusion Savings Account Rollovers (Employee Contribution)
Sequence	1
Rollover Limit Rule	Percentage of excess credits
Minimum	0
Maximum	50

- i. Click **OK** to return to the Create Flex Credits Configuration: Credit Pools page.
- j. Review the information that you entered for the flex shell plan, and click **Save and Close**.

FAQs for Flex Credits

What's the difference between a flex credit shell plan and benefit plan?

The flex credit shell plan doesn't appear during enrollment.

Participants enroll in a benefit plan, not in a flex shell plan. Enrolling in a program that's associated with a flex shell plan automatically enrolls the participant in that flex shell plan.

How can I add a flex credit shell plan to the program?

You use the Manage Flex Credit Configuration pages in the Plan Configuration work area to add the program to the flex shell plan.

Can I delete a flex credit shell plan?

Yes, but before you delete the flex shell plan, you must delete the plan's child records, such as credit pools and flex rates.

Even if a single person was processed for the flex shell plan as part of a flex program that resulted in electable choice records, you cannot delete the plan.

Can I restrict rollover of excess credits to a plan according to its contribution limits?

Yes. When you create a rollover rate, you select the standard rate of the plan, in which you defined the contribution limits.

Example: Your Health Care Reimbursement Account (HCRA) plan has a maximum annual contribution limit of 5000 USD and you want to use that limit to restrict rollovers into the plan. On the Create Rollover Rate page, you select from the Rate for Limits Enforcement list the standard rate of the HCRA plan. During enrollment, any rollover of excess flex credits into the HCRA plan will be restricted to the annual contribution limit set on the rate of the plan.

Can I edit a flex credit shell plan?

Yes, but you can't edit the flex shell plan's plan type, status, associated programs, rate activity type, and tax type code.

Can I edit standard rates associated with a flex shell plan?

Yes. You can edit the rate name and the payroll element information associated with the rate on the Rates step of the Create Flex Credits Configuration page.

To edit other details, such as the tax type and activity type, you must use the Edit Standard Rates page in the Plan Configuration work area.

How can I set up a rollover rate with a flex shell plan?

You create a rollover rate using the Manage Benefit Rates task in the Plan Configuration work area.

Then, you add the rollover rate to the flex shell plan on the Excess Credits tab of the Create or Edit Flex Credit Configuration page, Credit Pools step.

Can I delete a standard rate associated with a flex shell plan?

No, but if you want to stop using the current rate and use another one instead, enter an end date, or set the status of the rate to Inactive or Closed.

What happens if I add credits to the program-level credit pool?

If you configured the flex credits to calculate at lower levels in the benefits hierarchy, such as the plan-in-program level, the credits add to the program-level's credit pool.

Also, the spending options and excess credit treatment rules defined for the program's credit pool apply.

What happens if I don't specify spending options to deduct from a flex credit pool?

The flex credits calculated for that credit pool are treated as excess.

- The excess treatment rule that you defined in the Excess Credits tab applies.

- If you haven't defined excess credit treatment rules, then the entire credit balance is forfeited.

What happens if I don't select an excess credit treatment rule for a flex credit shell plan?

The credit pool's excess flex credit amount is forfeited. Forfeiture is the default excess credit treatment rule.

Why can't I see all rates while defining limits enforcement?

To appear in the Rate for Limits Enforcement list, you must configure the rate.

Configure the rates to:

- Use the Flat Amount calculation method
- Enable participants to enter rate values during enrollment

21 Enrollment Display for Participants and Administrators

Configure Enrollment Display

You can configure how to group and display plans on each step in the self-service guided enrollment process and each administrator enrollment tab.

This topic covers how to:

1. Group plans for enrollment.
2. Configure the enrollment display.
3. Configure the rate display.

Group Plans for Enrollment

Group plan types into display categories in the Manage Plan Types task. You can group plan types together for display by assigning the same display category to multiple plan types. For each plan type, specify a category in which to display plans:

- Self-service enrollment steps
- Administrative enrollment tabs

When you create plans, you assign each to a plan type. Each plan inherits the enrollment display category of its assigned plan type.

Example Enrollment Groupings

You could group several different life insurance plan types together into a single Life Insurance display category. For a single plan type, you can select a different category for self-service display compared to the administrative display.

Configure Enrollment Display

Use the Manage Plan Grouping page to configure the visibility and display names of plan type enrollment categories.

Category	Possible Configurations
Self-service enrollment guided process steps	<ul style="list-style-type: none"> • Change the names of the plan type category groupings, which correspond to self-service enrollment step names • Control whether each step is visible • Enter a description of the plan grouping to associate with the selected enrollment display name <p>Participants see this description during self-service enrollment.</p>

You can modify only the name and visibility of plan groupings, you can't create groupings here.

Configure Rate Display

Use the Rate Column Display button to configure the name and visibility of rate columns on each step in the self-service enrollment guided process.

Related Topics

- [Rate Display Configuration Options](#)
- [Display Only Eligible Offerings for Enrollment](#)

Rate Display Configuration Options

Control the display and visibility of a rate value on the enrollment pages by configuring the display options.

You configure the following display aspects of a rate:

- Display type, defined during rate setup
- Visibility and display name configuration for self-service enrollment

Display Type

The rate display type indicates where the rate value should appear during enrollment. On the Create or Edit Rate page, select one of the display types in the following table:

Rate Display Type	Where The Rate Appears
Primary	Appears in the Primary Rate column during enrollment. Enables rate entry. Typically the employee rate.
Secondary	Appears in the Secondary rate column during enrollment, but does not enable rate entry. Typically the employer rate.
Others	<p>On the self-service pages, this rate type appears in one of these columns:</p> <ul style="list-style-type: none"> • Other 1 • Other 2 <p>Examples include pretax and after-tax.</p> <p>In the Enrollment work area, this rate type appears in the Details window when you make an enrollment.</p>

Default Display

Self-service enrollment pages display a maximum of four rate types for each plan and option. The following figure shows the default display sequence of Primary, Secondary, Other 1, and Other 2 rate types on self-service enrollment pages.

Enrollment Guided Process

Medical Dental Vision FSA Review

Plan and Option	Primary Rate	Secondary Rate	Other Rate 1	Other Rate 2
<input type="checkbox"/> Eye-care + 1	180	50	-	-
<input checked="" type="checkbox"/> Eye-care + family	480	120	-	-

Rate Visibility and Display for Self-Service Enrollment

Use the Configure Plan Type Grouping Display page to:

- Show or hide rate types in each plan grouping step on the self-service pages. You can't hide the primary rate type.
- Rename the rate types in each step on the self-service pages.

Revising column names, such as changing Other to Pretax or After-Tax, doesn't affect taxation.

Vision Rates Example

For example, you rename the primary and secondary rate types on the vision plan enrollment step to Employee Rate and Employer Rate. You also hide the other rates. This figure shows the resulting configuration on the self-service pages, with only the employee and employer rates visible for each vision plan and option.

Enrollment Guided Process

Medical Dental Vision FSA Review

Plan and Option	Select	Employee Rate	Employer Rate
Eye-care employee plus one	<input type="checkbox"/>	180	50
Eye-care employee plus family	<input checked="" type="checkbox"/>	480	120

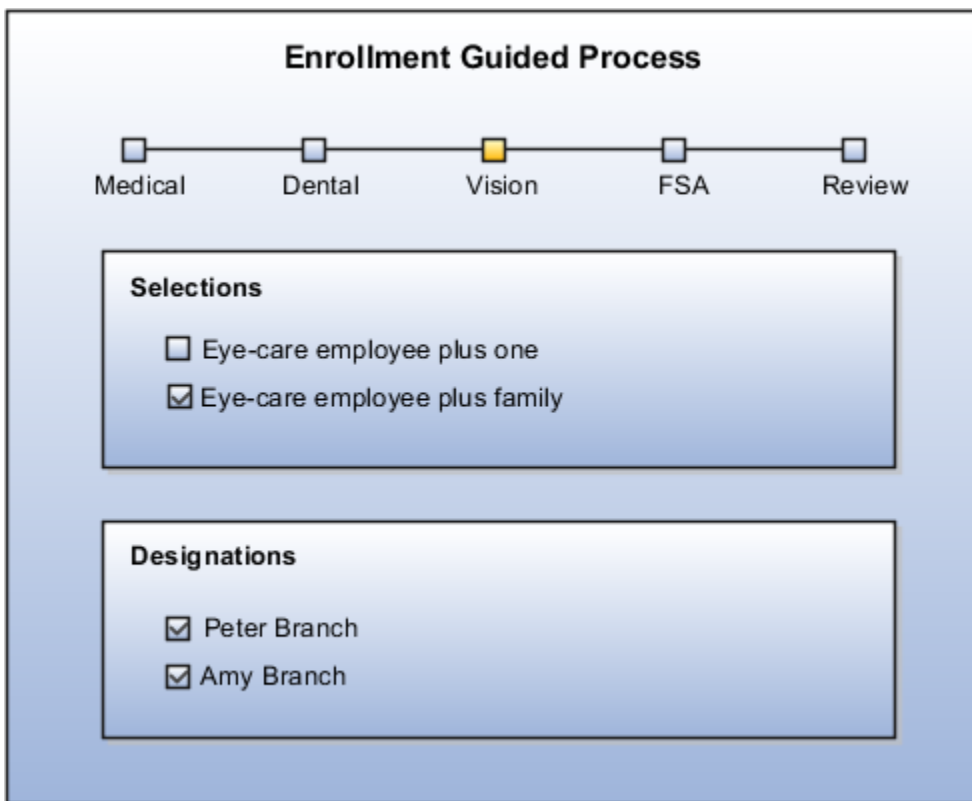
Ways to Manage Designations in Self Service Pages

You can enable participants to select dependents and beneficiaries in a separate step of the enrollment guided process. The topic explains how the guided process changes when you select or deselect the option to display a separate designations step.

Use the Manage Self Service Configuration task in the Plan Configuration work area to display a separate designations step in the enrollment guided process.

Default Method to Manage Designations

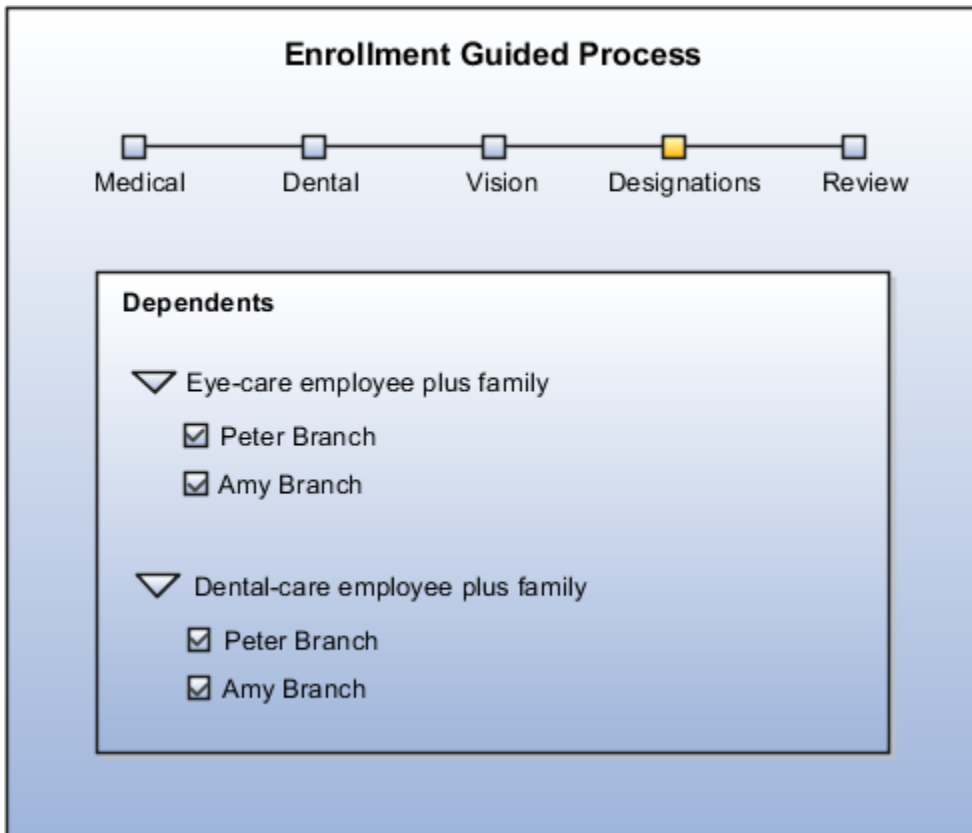
When you don't select the option to display a separate designations step, participants select a benefit offering and designees as part of the same step. The following figure shows the enrollment guided process.



Display of Separate Designations Step

When you select the option to display a separate designations step, participants make designations for all of the offerings that they select in a separate Designations step. Participants can use the Designate All as Eligible Dependents action to quickly cover all their dependents for the offerings.

The Designations step appears only if you configured designations for at least one offering in an enrollment opportunity. The following figure shows the enrollment guided process.



Displaying Only Eligible Offerings for Enrollment

Using settings on the plan configuration Eligibility page, you can restrict enrollment display to only the plans and options for which the participant is eligible.

Example: If a participant has no spouse or dependents:

- Show the Employee Only option
- Hide the Employee Plus Spouse and Employee Plus Family options

Selecting Eligibility Overrides

You override standard enrollment display using these two settings, which work together:

- Family Member Rule
- Participant Eligibility Verification

In the Plan Configuration work area:

1. In the Tasks panel drawer, click the **Manage Benefit Plan Details** task.
2. Search for and click the plan.

3. Open the Plan Eligibility page.
4. In the Plan and Option Eligibility section, select the plan or option.
5. In the Further Details section, select the **Configuration** tab.
6. In the **Family Member Rule** field, select the appropriate rule.

The following table explains the options.

Option	Effect on Enrollment Page
Check designation requirements	Hides the plan or option if the participant doesn't have any contacts with the relationship type specified in the allowable designees requirements.
Do not check designation requirements	None
Formula	Specified in the formula, which you select in the Family Member Formula field. Before you can select the formula, you must create it using the Manage Fast Formulas task in the Setup and Maintenance work area.

7. In the **Participant Eligibility Verification** field, select the appropriate rule.

The following table explains the options.

Participant Eligibility Verification	Requirement for Participant to be Eligible	What's Ignored
Blank	Participant meets the eligibility requirements of the participant eligibility profile.	Dependent eligibility or allowable designees requirements
Dependent only	Participant's dependents meet both the eligibility and allowable designees requirements.	Participant eligibility profiles
Participant and dependent	Participant and dependents meet both the eligibility and allowable designees requirements associated with the plan or option.	Not applicable

Related Topics

- [Configure Dependent and Beneficiary Designations](#)

Ways to Manage Contacts in Self Service Pages

You can enable participants to review and update their contacts as part of the enrollment guided process. The topic explains how the enrollment guided process changes when you select or deselect the option to display contacts as a separate step.

Use the Manage Self Service Configuration task in the Plan Configuration work area to display a separate contacts page before the enrollment guided process.

Default Method to Manage Contacts

When you don't select the option to display a separate contacts review step, participants manage contacts on the Benefits Overview page. They must ensure that their contacts are current before using the Change Benefit Elections action for enrollment opportunities.

Display of Separate Contacts Page

When you select the option to display a separate contacts review step, participants see the Contacts page each time they use the **Change Benefit Elections** action.

When participants use the **Change Benefit Elections** action on the Benefits Overview page, the contacts page appears first. After participants review and update their contacts, they use the **Continue** action on that page to check their enrollment opportunities.

Configure Contacts Page Security for Participants and Administrators

Standard data role and person security profile configurations typically restrict access to the Manage Contacts page to only the participant, in the self-service guided process.

This topic covers how to grant benefits administrators and specialists access to participant contacts in the Benefits Service Center page.

The administrator or specialist must have a person security profile with **Include Related Contacts** selected. Users inherit the profile through a chain of associated roles, from the parent job role through the descendant duty and data roles.

You can create or edit a data role and:

- Edit the person security profile already associated with the data role
- Edit an existing person security profile and associate it with the created or existing data role
- Create the person security profile and associate it with the created or existing data role

Note: Only application administrators with IT Security Manager privileges can complete these tasks, which they perform in the Setup and Maintenance work area.

Creating or Editing a Data Role

1. Go to the Manage Data Role and Security Profiles task.
2. Either edit an existing data role or create one.
To edit a data role:
 - a. Search for and select the data role that you want to edit.
 - b. On the Search Results toolbar, click **Assign**.
3. In the Person section of the new or existing data role, select the person security profile that you want for this data role.
4. When you are ready, click **Submit**.

Creating or Editing a Person Security Profile

1. Go to the Manage Person Security Profile task.
2. Either edit the existing profile or create one.
3. In the Basic Details section of the new or existing profile, select **Include Related Contacts**.
4. When you are ready, click **Save and Close**.

Display Person Number in the Enrollment Pages

By default, the person number doesn't appear on the Before You Enroll page. You need to enable it using HCM Experience Studio.

Here's how you configure the display of person number on the Before You Enroll page:

1. Log in as a user who has administrative privileges.
2. On the Home Page, click **Configuration > Sandboxes**.
3. Create a sandbox with **HCM Experience Design Studio** as the tool.
4. Click **Create and Enter**.
5. From the Tools menu, click **HCM Experience Design Studio**.
6. Select **Before You Enroll** from the **Action** list, and click **Add**.
7. On the Page Attributes section of the Edit Rule page, set the **Person Number** attribute to **Visible**.
8. Enter the basic details and click **Save and Close**.

Display Person Number in the Benefits Service Center Pages

By default, the person number doesn't appear on the Benefits Service Center enrollment results page. You need to enable it using HCM Experience Studio:

Here's how you configure the display of person number on the Benefits Service Center enrollment results page:

1. Log in as a user who has administrative privileges.
2. On the Home Page, click **Configuration > Sandboxes**.
3. Create a sandbox with HCM Experience Design Studio as the tool.
4. Click **Create and Enter**.
5. From the Tools menu, click **HCM Experience Design Studio**.
6. Select **Benefits Service Center** from the **Action** list, and click **Add**.
7. Enter the basic details.
8. On the Available Attributes section of the Edit Rule page, select **Benefits Summary** as the data source.
9. Set the **Person Number** attribute to **Visible**.
10. Click **Save and Close**.
11. Repeat steps 6 to 10. In step 8, you need to select these data sources:
 - a. **Enrollment Results – Beneficiaries**
 - b. **Enrollment Results – Dependents**

Track Participant Actions in Benefits Self Service Enrollment Pages

You can audit actions of participants who view their self-service enrollments, but don't make any changes. You can record page views, button clicks, and link clicks for certain actions in the enrollments flow.

1. In the Setup and Maintenance work area, search for the Manage Administrator Profile Values task, and enable the `ORA_HCM_SENSITIVE_DATA_VIEW_AUDIT_ENABLED` profile option.
2. On the Home page, click **My Client Groups**, and then click the **Sensitive Data Access Audit** quick action. You can access this page only if you log in as a user with relevant privileges. Consult the security reference manual for more information.
3. In the Sensitive Data Access Audit page, enter the name or person number of the participant for whom you want to see the tracked data.
4. Enter a date range for which you want to see the tracked data. If you leave the person, person number, and date fields empty, the audit returns all participant data within the 90-day purge period.

Note: The tracked data purges every 90 days. If you need to retain data for more than 90 days, you need to back up the data using Oracle Transactional Business Intelligence (OTBI.) You need to back up data every 2 months or at least a week before you run the purge.

Related Topics

- [Sensitive Data Access Audit](#)

Participant Actions That You Can Track in Benefits Self Service Enrollment Pages

Here's a list of participant actions that you can track, and how they appear on the Sensitive Data Access Audit page.

Action	Label in Audit Page
Click Make Changes or Start Enrollment .	Viewed Sensitive Data: Start Enrollment Viewed Page: Self-Service Landing
Go to Your Benefits page.	Viewed Sensitive Data: Your Benefits Viewed Page: Self-Service Landing
Go to the Program or Plan selection page from the Your Benefits page.	Viewed Sensitive Data: <PGM Name> program selected / <PNIP Name> plan selected Viewed Page: Program Plan Selection on Your Benefits
Click Continue on the Contacts page.	Viewed Sensitive Data: Continue to Enrollment Viewed Page: Before you Enroll
View the Overview page after you select a program.	Viewed Sensitive Data: <Program/PNIP Name> Overview Viewed Page: Election Overview
Click Submit on the enrollment confirmation page.	Viewed Sensitive Data: Submitted enrollment for <Program/PNIP Name> Viewed Page: Election Overview
Click Cancel on the enrollment page.	Viewed Sensitive Data: Cancelled enrollment for <Program/PNIP Name> Viewed Page: Election Overview

Enable Participants to Add Eligible Contacts During Self-Service Enrollment

You can enable participants to add their newly added eligible contacts during the self-service enrollment flow.

Here's how you configure:

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select the **Allow new contacts to be added as eligible dependents** check box.
4. Click **Save**.

Setup Models to Enable Participants to Add Eligible Contacts in Self Service

When a participant adds a new contact as a dependent on the self-service pages, you need to understand how both your setup and administrator actions can affect the processing that happens subsequently.

Model 1: Setup with Family Member Rules

Here's a table that outlines things you need to consider for this setup and the impact it has on processing.

Note: This setup doesn't apply for unrestricted events because those type of events evaluate participant and dependent eligibility in each run, and you can run them daily.

Aspect	Details
Plan Configuration work area	You must set up family member rules for your program or plans. You set up family member rules to review eligibility on any changes in the family profile. These rules can exist at any one level in the hierarchy.
Self-service pages	<p>You need to consider these conditions:</p> <ul style="list-style-type: none"> • The life event must be in the Started status. In other words, the enrolment window needs to be open in self-service. • The participant needs to create the new contact when the enrollment window is open. • The new contact's relationship start date needs to be valid on the life event date. • The new contact needs to be a living, personal contact of the participant. The contact shouldn't be awaiting approvals, if they were added from the Family and Emergency Contacts page. • The contact needs to satisfy any dependent eligibility criteria. • The participant needs to create the contact from the People to Cover page, not from the Family and Emergency Contacts page. • There shouldn't be any past, unprocessed potential life events that can intervene in this process, as the application will always look for the earliest life event to process. So, if there are potential life events in the past, new contacts won't be detected on the past event dates, hence the process will ignore the change in family members.
Impact on processing	<p>Here's what happens:</p> <ul style="list-style-type: none"> • The application backs out and reprocesses the started life event. It recalculates eligibility due to the new family member additions in self-service flow. • The participant may become eligible to enroll into additional plan-options that weren't available before they added the new contact. • Depending on your configuration, the newly added contact appears as an eligible dependent for the electable choices.

Model 2: Setup without Family Member Rules

Here's a table that outlines things you need to consider for this setup and the impact it has on processing. The key difference in this model is that it doesn't back out and reprocess events when new dependents are available.

Note: Like in Model 1, this model too doesn't apply for unrestricted events.

Aspect	Details
Plan Configuration work area	<p>You need to consider these rules:</p> <ul style="list-style-type: none"> Make sure that there are no family member rules for your program or plans. You must select the Allow new contacts to be added as eligible dependents check box.
Self service pages	<p>The conditions that apply for Model 1 apply here too. You need to make sure that the electable choices are configured to allow dependent designations for newly eligible dependents.</p>
Impact on processing	<p>Here's what happens:</p> <ul style="list-style-type: none"> The application doesn't back out and reprocess the started life event. No new enrolment opportunities are created. Only new eligible dependents are made available for valid enrollment opportunities. Any enrolment opportunities that were offered during the enrollment window remain unchanged.

Constraints for Enabling New Contacts as Eligible Dependents

Consider these guidelines when you enable participants to add newly added contacts as eligible dependents.

- The plan configuration shouldn't have family member rules set up.
- The life event should be in the Started status.
- The life event shouldn't be of type Unrestricted or Unrestricted Open.
- The contact should be added after the creation date of the life event.
- Contact relationship start date should be on or before the occurred date of the life event.
- When you enable this feature, evaluate the life event and when the life event is in **Started** status, you need to add new contacts. If the newly added contact is eligible, you can see the contact for designation without backing out or reprocessing the life event.

Display the Missing Tiles in Self-Service Benefits

Users with the custom employee role may not be able to see some of the self-service tiles that are secured with the data security policies.

The following self-service tiles are secured with the Access Personal Details data security policy:

- Pending Actions
- Your Benefits
- Report a Life Event
- Change Beneficiaries
- Primary Care Physicians
- Document of Records
- Review Employee Resources
- Need Help? Contact Us
- My Pensions

The Before You Enroll tile is secured with the View Person Contact Details data security policy.

Here's how you enable your users with custom employee role to view the missing tiles in Self-Service Benefits:

1. Sign in as a user with the IT Security Manager role.
2. On the Home page, click **Tools > Security Console**.
3. Search with the Custom employee role name that you created.
4. Click **Edit Role**.
5. Select **Data Security Policies**.
6. Create a data security policy with following details:
 - a. Database resource: PER_ALL_PEOPLE_F.
 - b. Data set value: Use appropriate person security profile.
 - c. Action: Access Personal Details.
 - d. Effective Start Date: Set as a past date.
7. Submit the changes.
8. In the Setup and Maintenance work area, go to the following for your offering:
 - a. Functional Area: Users and Security.
 - b. Task: Assign Security Profiles to Role.
9. On the Data Roles and Security Profiles page, enter your custom role name in the **Role** field, and click **Search**.
10. Regenerate the role. These steps automatically regenerate the role's data security policies based on the security profiles assigned to the role:
 - a. Select the role in Search Results and click **Edit**.
 - b. In Edit Data Role, select the Role page and click **Next**.
 - c. In Edit Data Role, select the Security Criteria page and click **Review**.
 - d. In Edit Data Role, select the Review page, click **Submit**.
11. Click **Next** on every train stop and submit the changes.
12. Sign out from the Benefits application.
13. Sign in again after 10 to 15 minutes.
14. Repeat the procedure and in step 6.c provide View Person Contact Details as the Action.

Display Enrollment Authorization as of Life Event Occurred Date

Here's how you enable the display of enrollment authorization text as of the life event occurred date:

1. Click **Navigator > Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select the **Display authorization text as of life event occurred date** check box.
4. If you want to display the latest text in Benefits Service Center also, select the **Display Authorization page in Benefits Service Center** check box.
5. Click **Save**.

Participants read and accept the enrollment authorization text before they get to the enrollment pages. You can display the enrollment authorization text for programs and plans not in programs as of the life event date or effective date. This text appears in the self-service pages and in Benefits Service Center based on your self-service configurations. Life events that were already processed don't reflect the text as of the life event date or effective date. In such cases, you need to back out and reprocess the event.

FAQs for Enrollment Display

How can I show or hide the authorization page in Benefits Service Center ?

The authorization page helps participants to authorize their coverage selections. You can show or hide the authorization Page in the Enrollment flow launched from Benefits Service Centre.

However, even if you set up the self-service pages to display the authorization page, you can hide it for administrators in Benefits Service Centre. Here's how you can show or hide the authorization page:

1. On the Home Page, click **Benefits Administration > Plan Configuration**.
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select or deselect the **Display Authorization page in Benefits Service Center** check box to show or hide the authorization page.
4. Click **Save**.

How can I create or modify enrollment authorization text?

In the Plan Configuration work area, use the Actions panel to navigate to the Enrollment Authorizations page. Select the program or plan that you want to create or change the enrollment authorization text for, and click Edit. Make the required changes.

You can use the toolbar to change the appearance of your text, include hyperlinks. You can even use the HTML source to modify the text. Check the effective dates to make sure the enrollment text is valid.

What's the purpose of the Employee Resources card?

You typically use the Employee Resources card to add more text, documents for policies or procedures, or instructional videos, specific to your enterprise.

You can refer to the Benefits personalization guide on My Oracle Support (ID: 2100688.1) that has more information on how you can add information to this card.

If you run out of space in the Employee Resources card, you can make use of another card called Additional Content for Benefits card, which is delivered hidden. You need to enable this card using standard personalization features before you can configure it to add your own benefits links and other information.

Related Topics

- [How can I add additional content on the questionnaire pages?](#)
- [Add a Video on a Page](#)

How can I test the benefits enrollment pages before going live?

Use the Display Parameters check box on the Self Service Configuration page only during testing. Don't forget to deselect the check box when you're ready to go live.

If you select the check box, when you open the Enrollment work area, the Test Parameters page prompts administrators for an enrollment effective date and the participant's name before displaying the benefits summary page.

How You Enable Benefits Participants to Update Their Personal Information

Here's how you can enable personal information section on the Before You Enroll page in Self-Service Benefits.

1. On the Home page, click **My Client Groups, HCM Experience Design Studio**.
2. Select **Before You Enroll** from the **Action** list, and click **Add**.
3. On the Page Attributes section of the Edit Rule page, set the **Personal Info** attribute to Visible.
4. Enter the basic details and click **Save and Close**.

How You Enable Enrolled Plans on the Confirmation Page to Appear in an Expanded State

Here's how you enable the enrolled plans on the Confirmation page to appear in an expanded state.

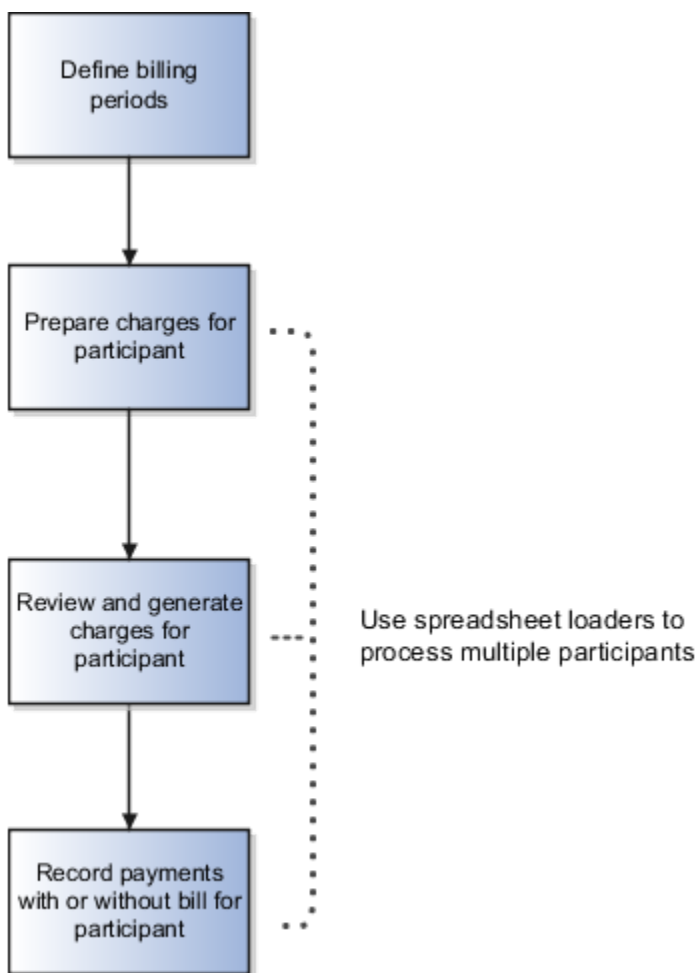
1. On the Home Page, click **Benefits Administration >Plan Configuration**
2. In the Tasks panel drawer, click **Self-Service Configuration**.
3. Select the **Display enrolled plans on the Confirmation** page in an expanded state check box.
4. Click **Save**.

22 Billing

Overview of Billing in Benefits

An enterprise providing a benefit to a participant might want to bill the participant directly instead of deducting the cost from the payroll. Such participants might include retirees or those who are on absence without pay.

The enterprise might require that the participant make payments to keep the benefit. Use the billing tasks to generate bills and record payments as shown in the following figure.



Defining Billing Periods

Use the Year Periods and Billing Calendars task available in the Plan Configuration work area. You must create a billing calendar before you generate bills for participants. Billing calendars contain monthly billing periods, payment due dates, and overdue dates, for the number of years that you specify. Typically a single billing calendar is sufficient for your billing requirements. However, depending on your enterprise policy, you might want to maintain separate calendars for different types of participants, such as retirees, and employees on unpaid leave.

Using Processes to Prepare and Generate Bills for Multiple Participants

You can prepare and generate charges for multiple participants simultaneously using the following processes that exist in the Evaluation and Reporting work area, Billing Processes section:

- Prepare Benefit Coverage Charge Data
- Generate Benefit Coverage Charges

Recording Payments for Individual Participants

When you receive payment from the participant for a bill, you use the Payments task to record the payment. You can record partial payments, complete payments, and overpayments for a generated bill. The application automatically allocates the amount you record to any open charges. The allocation is done sequentially, on the basis of cost. You can also record payments without a bill, especially when participants make payments before you generate the bill. Once you record a complete payment, the bill status changes to Fully Paid.

Recording Payments for Multiple Participants

At a high level, follow these steps to record payments for multiple participants:

1. Use the Upload Billing Payments workbook available in the Person Data Loaders tab of the Evaluation and Reporting work area. You enter your payments for multiple participants in this worksheet and upload.
2. Use the Allocate and Reconcile Payments process in the Evaluation and Reporting work area to process the payments you entered in the worksheet. If required, use the Benefit Coverage Payments task to review the payments for a specific participant.

Related Topics

- [Guidelines to Use Benefits Billing Processes](#)

Guidelines to Use Benefits Billing Processes

The benefits billing processes are available in the Evaluation and Reporting work area, Processes tab, Billing Processes section.

Consider the following points before you run the processes:

- Prerequisites to prepare and generate charges for multiple participants
- Process sequence to prepare and generate charges
- Process for allocating and reconciling payments

Prerequisites to Prepare and Generate Charges for Multiple Participants

You must create a benefits group and assign it to participants whom you want to generate charges for a billing period:

1. Create benefit groups using the Benefit Groups task in the Plan Configuration work area.
2. Use the Upload Person Benefit Groups task in the Evaluation and Reporting work area to assign that benefits group to multiple participants. When you run the processes, you select the benefits group to process all the participants in that group.

Process Sequence to Prepare and Generate Charges

You must run the processes in the following order:

1. Prepare Benefit Coverage Charge Data process
2. Generate Benefit Coverage Charges process

Before you run the Generate Benefit Coverage Charges process for a participant, you can still review the charges and make changes using the Benefit Coverage Charges task.

Process for Allocating and Reconciling Payments

After you record and upload payments or adjustments using the Upload Billing Payments workbook, you must run the Allocate and Reconcile Payments process. This process allocates and adjusts the payments appropriately for all the records that were uploaded using the workbook. You can verify the updated payment records using the Benefit Coverage Payments task.

How You Create Year Periods

Use the Year Periods and Billing Calendars task in the Plan Configuration work area. You can create a single year period to define time periods for multiple programs or plans.

You can optionally define a limitation year period to determine a yearly contribution ceiling for a benefits plan. When you create or edit a program or a plan, you can link the year periods.

If you want to create multiple calendar year periods, instead of creating one period at a time, click **Generate Multiple Calendar Year Periods** on the Year Periods and Billing Calendars page.

FAQ for Billing

What's a year period?

A year period is the fiscal or calendar period during the year when benefit programs and plans are in effect.

23 Benefit Plan Configuration for Selling Time Off

How you Configure Benefit Plans for Selling Time Off

You can configure benefit plans to enable participants to sell their vacation or sick time. You can set up these plans for open enrollment.

This topic provides setup advice on configuring these type of offerings and how you can optionally transfer to Absence Management the absence units that were sold.



Configure the Absence Plan to Integrate with Benefits

When you create or edit an absence plan in Absence Management, in the **Entries and Balances** tab, select the **Enable benefits integration** check box. You then associate the absence plan with the benefit plan in the **Basic Details** step when you create or edit a plan in the **Plan Configuration work** area.

Modifying the Plan Function or Absence Plan

If a life event is in the **Started** status, you can't change the absence plan or plan function of the corresponding benefit plan.

With this association in place, participants can see the absence balance before deciding how much to sell. Until the enrollment window is open, participants can continue to make changes to the amount of units they want to sell. If you want to transfer to Absence Management the details about the absence units that were sold, you need to use the Close Enrollments process.

Configure the Benefit Plan Function and Enrollment

When you create or edit a benefit plan, you select either the **Vacation sell** or the **Sick Time Sell** plan function. In the **Absence Plan** list that appears, you can select any of the available absence plans, active as of your session's effective date, and enabled for use with benefits.

In the **Enrollment** step, you need to select the enrollment rule **Current choose only, new can choose**. That's because you want participants to always make an explicit choice when selling their time off. The enrollments for these type of plans are only limited to the specific event that has provided an opportunity to sell time off. You can't configure these plans to carry over enrollments into subsequent events. Also, you can't configure default enrollment rules for these plans because selling the absence units is a choice that only participants need to make.

Configure User Values

In the Manage Rate and Coverage Values page, create a user value set. The user value set indicates the time units that participants can sell during enrollment. If you want participants to indicate the pay period in which they want to receive the proceeds from the sale, you create another set of user values. You also have the option of having participants select or enter user values during enrollment. You will need to associate the values with a rate, and payroll period values, with a coverage.

Configure Rates and Coverages

In the Manage Benefit Rates page, you create a rate for the plan. You associate the user value set with the rate. The rates that you create for plans configured to sell time off are set to **Primary** automatically because you want participants to select or enter a value during enrollment. You can use variable rates to vary the display of user values based on eligibility. The treatment code is automatically set to **Replace**.

On the Manage Benefit Coverage page, you create a coverage and associate with it, the user value set, if required. For example, you created a user value set to indicate the payroll periods in which participants would like to receive proceeds from the sale. You need to associate this user value set with the coverage.

How It Works for Participants and Administrators

In the Self Service pages, eligible participants can sell time during an active enrollment window. They select the relevant benefit plan that's configured for selling time off. Administrators can also sell time on behalf of participants in the Enrollment work area.

After the enrollment, as an administrator, you can run the Close Enrollment process if you want to transfer the absence balance to Absence Management. You can find the Close Enrollment process in the **Processes** tab of the **Evaluation and Reporting** work area.

Guidelines for Configuring Benefit Plans for Selling Time Off

This topic outlines configuration aspects and restrictions that you need to consider before you configure these type of benefit plans.

Absence Management

You configure an absence plan for use with Benefits only if you want to transfer to Absence Management, details of the absence units that were sold. You need to create a new plan for integrating with Absence Management, not modify existing plans that have existing rates.

You can continue to configure vacation and sick plans for selling time off in Benefits without using Absence Management.

Absence Balance

Depending on the absence type that was configured, participants can see the absence balance before deciding how much to sell during a benefits enrollment. To set up this, you need to ensure that the absence type associated with an

absence plan is configured to maintain an upfront balance. The absence balance won't appear for absence plans that don't maintain a balance.

Benefit Plan Function

As long as the plan doesn't have rates defined, and no enrollment opportunities exist, you can change the plan function. However, if the benefit plan was evaluated and enrollment opportunities created for even a single employee, you can't change the plan function.

Rates

When you create a rate for use with a vacation or sick time-off sale plan, you can't configure the **Pass to payroll** and the **Communicated amount** rules. The display type of rates for such plans is always set to **Primary** and the treatment rule is always set to **Replace**.

Enrollments and Adjustments

The enrollments for these type of plans store details of the absence units that the participant chose to sell during enrollment. The enrollment won't contain the actual hours that are paid to the participant.

If you need to make adjustments, you can make them using Absence Management, not Benefits. You can't override the enrollments in Benefits.

Other Configuration Restrictions

Due to the nature of these plans, you can't configure them for unrestricted enrollment. Also, you can't configure these plans for primary care designations, certification requirements, dependent or beneficiary designations, or action item requirements.

You can't create options for these plans. That's because only individual participants can sell their vacation or sick-time sale. If options exist, you can't change the plan's function to **Vacation Sell** or **Sick Time Sell**.

Participants can sell only absence time with these type of benefit plans, so you can't create spending options or rollover rates.

Options to Define User Value Sets

You define user values to enable participants to select or enter those values during enrollment. For example, you want participants to select the number of units of time-off they want to sell. Or you might want them to select specific answers to questions.

This topic provides ways in which you can configure user values.

You define user values in the Manage Rate and Coverage User Values page.

Participants Select Values

If you want participants to select specific values during enrollment, you define the set of values in the **User Value** section when you create or edit user values. For example, if you want users to select 8 hours or 16 hours to sell, you create each user value like this.

Column	Value
Value code , to define the number of hours to sell	8
Meaning , to define how the value appears during enrollment	8 hours
Active , to indicate that the user value is in effect	Yes

You then associate the user value set to a rate using the **User Value** calculation method when you create or edit a rate.

Participants Enter Values

If you want participants to enter a value instead of selecting from a list, you select the **Enter amount at enrollment** check box in the **General** section when you create or edit user values. Then, you define the range. For example, you want to define a range from 8 to 24, in increments of 8, so that participants can enter 8, 16, or 24. You enter these values in the **Minimum Value**, **Maximum Value**, and **Increment** fields. You can even define a decimal number range, for example, to allow participants to sell partial days, such as 0.5 or 1.25.

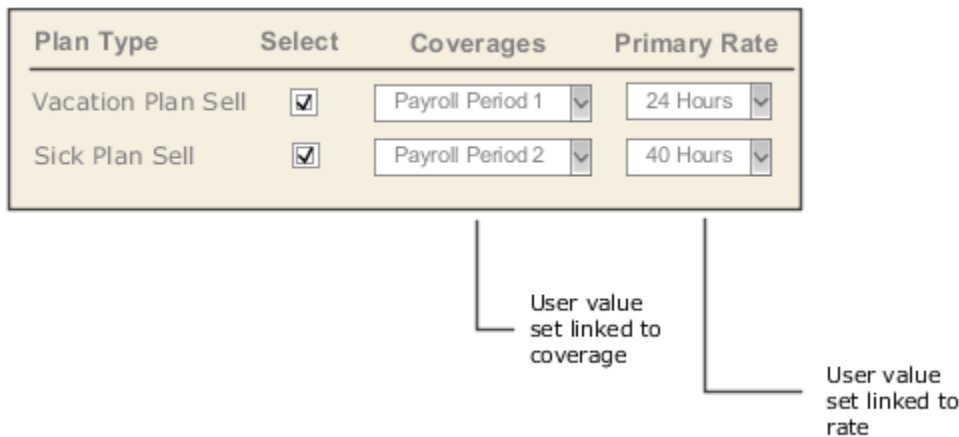
The enrollment page displays instruction text containing the range values and the increment value to guide participants.

Note: You can configure the ability for participants to enter values, only at the rate level, not coverage. During enrollment, participants can enter the units to sell, but they can only select, not enter, the pay period.

Participants Enter or Select from Two Fields

You might want participants to enter information in two fields, instead of one. For example, when they enter the amount of time to sell, you also want them to select the pay period in which they want to receive the proceeds.

Just like the way you create a user value set to enable time entry and associate it with a rate, you create another user value set, for example, Pay Period 1 and Pay Period 2. You need to associate that user value set to a coverage.



Setup Guidelines

You need to consider these things when you set up user values.

- You can configure user values to enable participants to enter, not select, a value during enrollment. That's because you can configure the ability to enter values during enrollment for a rate, not coverage.
- You need to configure the user values to either allow user entry at enrollment, or prevent user entry. You can't have a mix of both configurations.
- When you associate a variable rate profile with a rate, you need to ensure that the rate's user value configuration (to enable or disable user entry during enrollment) is the same as that of the variable rate's user value configuration.
- When you associate a variable coverage profile with a coverage, you need to ensure that the user value configuration doesn't allow user entry during enrollment. You can enable user entry during enrollment at the rate level, not coverage.
- When you associate a variable rate with a rate, you must set up both to use the **User Values** calculation method.

Configure a Benefit Plan for Selling Vacation time

This example demonstrates how to set up a benefit plan to enable participants to sell vacation time during an open enrollment window.

The following table summarizes key decisions for this scenario.

Decisions to Consider	In this Example
What type of time off do you want to enable participants to sell?	Vacation

Decisions to Consider	In this Example
When do you want to enable participants to sell time off?	Open enrollment
How many hours of time off can participants sell?	Participants can select from the following choices: <ul style="list-style-type: none"> • 5 hours • 8 hours • 12 hours
Do you want to display a pay period list in addition to the off-time hours list? The list enables participants to choose which pay period to receive payment for the time-off they sell.	Yes. participants can opt to receive payment in any of the following quarters, which they can select during enrollment: <ul style="list-style-type: none"> • Pay period 1 • Pay period 4 • Pay period 8
Do you want the application to update the absence plan balance after a sale assuming that you use Oracle Fusion Absence Management? If yes, which absence plan's balance do you want updated	Yes. The application must update the Vacation absence plan's absence.

Summary of Tasks

This worked example includes details for the following tasks you perform:

1. Create a benefit plan using the **Vacation time sell** plan function. Associate the absence plan with the benefit plan. Configure the benefit plan for open enrollment and set the **Current choose only, new can choose** enrollment rule.
2. Create user values for participants to select the amount of time off to sell and the pay period in which they want to receive payment.
3. Create a rate for the benefit plan. Use the **User Values** calculation method to select the user value set to display the amount of time to sell.
4. Create a coverage for the benefit plan. Use the **User Values** determination rule to select the user value set to display the pay periods.
5. Test your setup.

Creating a Benefit Plan

To create the benefit plan:

1. In the Plan Configuration work area, Overview page, click the Plans tab.
2. Click **Create**.
3. In the Basic Details step, complete the fields, as shown in this table:

Field	Value
Plan Name	Vacation Sell

Field	Value
Plan Type	Any
Usage	Not in program
Plan Function	Vacation time sell
Absence Plan	Vacation
Communicated Rate Frequency	Any

- In the Eligibility and Enrollment steps, set up your benefit plan for open enrollment. Ensure that you select **Current choose only, new can choose** as the enrollment rule.
- Click **Save and Close**.

Creating User Values to Display Time-Off Amounts

To create user values:

- In the **Tasks** panel of the Plan Configuration work area, select **Manage Rate and Coverage User Values**.
- Click **Create**, and complete the fields as shown in the table:

Field	Value
Name	Time
Description	User value set for participants to choose amount of time off to sell

- In the User Value section, click **Create**.
- In the row that appears, complete the fields as shown in the table:

Field	Value
Value Code	5 The value code in this case indicates the number of hours to sell.
Meaning	5 hours
Active	Yes

- Repeat step 3 to create the following user values:

Value Code	Meaning
8	8 hours
12	12 hours

- Click **Save and Close**.

Creating User Values to Display Pay Periods

- In the Manage rate and Coverage User Values page, click Create, and complete the fields as shown in this table:

Field	Value
Name	Pay Period
Description	User value set for participants to choose pay period to receive payment

- In the User Value section, click **Create**.
- In the row that appears, complete the fields as shown in the table.

Field	Value
Value Code	1
Meaning	Pay Period 1
Active	Yes

- Repeat step 2 to create the following user values:
 - Pay Period 4
 - Pay Period 8
- Click **Save and Close**.

Creating a Rate

- In the Plan Configuration work area, Overview page, click the **Rates and Coverages** tab.
- In the Standard Rates tab, click **Create, Create Standard Rate**.

3. Complete the fields, as shown in this table.

Field	Value
Rate Name	Vacation Time Select
Plan Name	Vacation Sell
Legal Employer	Any
Rate Display Type	Primary
Activity Type	Any
Tax Type Code	Any

4. In the Additional Information section, Calculation tab, select **User Values** in the Calculation Method list.
5. In the User Value Name list that appears, select **Time**.
6. Click **Save and Close**.

Creating a Coverage

1. On the Overview page, Rates and Coverages tab, click the Coverages tab, and click **Create**.
2. Complete the fields as shown in the table.

Field	Value
Coverage Name	Vacation Pay Period Select
Plan Name	Vacation Sell
Type	Time Off

3. In the Calculation Method section, select **User Values** from the Determination Rule list.
4. In the User Value Name list that appears, select **Pay Period**.
5. Click **Save and Close**.

Testing Your Setup

1. In the Enrollment work area, search for a participant, and process the Open enrollment event using the **Process Open Enrollment** task in the Tasks panel.
2. From the Tasks panel, click **Enrollment**.

3. Select the benefit plan and check whether the required lists display: pay periods in the Coverage column, and time off in the Rate column.
4. If the Absence Balance field doesn't appear, it might be hidden. In the **View** menu of the Enrollments table, **Columns** sub menu, select **Absence Balance**.
5. From the Evaluation and Reporting work area, Processes tab, Election Processes section, run the **Close enrollment** process. You run this process for the benefit plan to update the corresponding absence plan's balance.
6. In the Absences work area, check the updated balance for the absence plan.

FAQs for Selling Time Off

How can I define values that participants can select during enrollment?

Use the Manage Rate and Coverage User Values task in the Plan Configuration work area to create user values that participants can select during enrollment.

For example, you want the participant to be able to select the following amounts of vacation time to sell:

- 5 hours
- 8 hours
- 12 hours

Create a user value set that contains these values. A user value code uniquely identifies each user value. The user value code must be numeric. You associate the user value set with a rate so that the values appear for selection in the Rate column during enrollment.

In addition to selecting the amount of time participants want to sell, you can also enable them to select, for example, the pay period in which they want to receive the proceeds. In that case, you create user values for each pay period that you want participants to select. Then, you associate the user value set with a coverage so that the values appear for selection in the Coverage column during enrollment.

24 Benefits Extracts: Enrollments, Designations, Rates, and Coverages

Ways to Extract Benefits Data

You can extract benefits data using 2 ways: use benefits user entities in HCM Extracts, or use a combination of Fusion Benefits Extracts, also known as BENXML, and HCM Extracts.

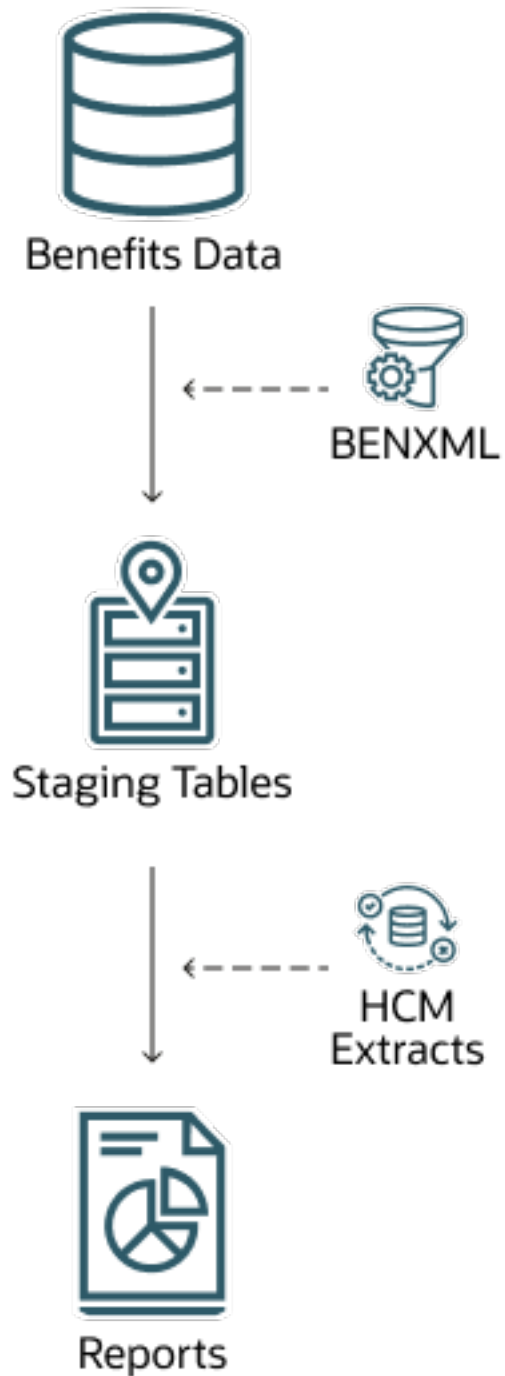
You can extract worker enrollment results, designated dependents and beneficiaries, and corresponding rates and coverage values. Here's a table that provides details on each method of extracting benefits data.

Extract Method	Details
BENXML and HCM Extracts	Use BENXML to pull the benefits data from the transaction tables into staging tables. Then, you use HCM Extracts to extract that data to generate data files or reports.
HCM Extracts	You use the Benefits user entities to extract the data from the Benefits transaction tables.

Overview of Extracting Benefits Data Using BENXML

You can use Fusion Benefits Extracts, also known as BENXML, to populate the Benefits staging tables. Then, you use HCM Extracts to pull the staged data and make it available for reporting.

Here's a diagram that summarizes the extract flow.



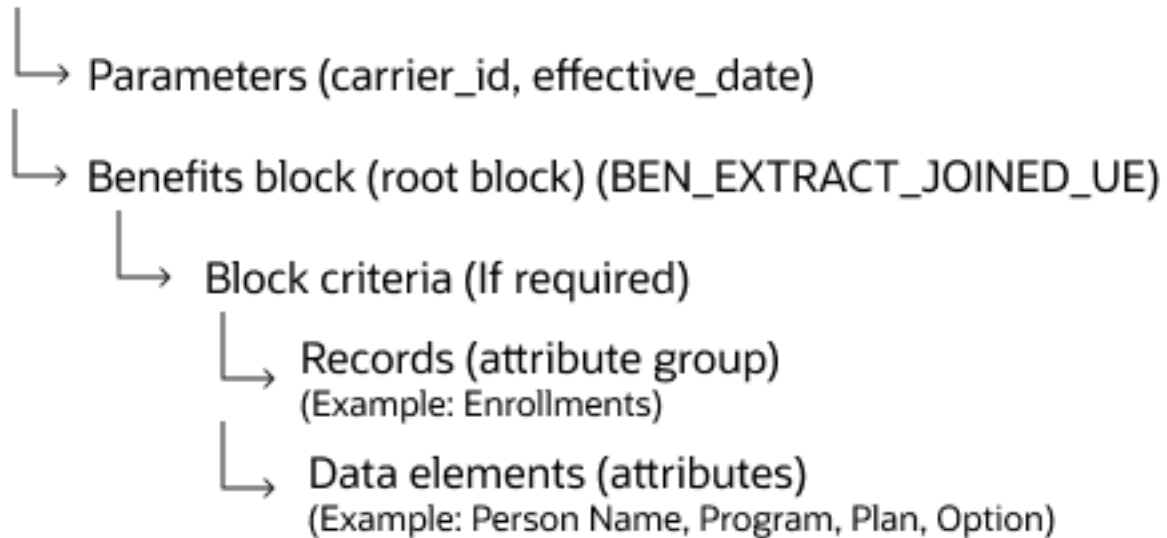
BENXML populates these staging tables with benefits data:

- BEN_EXTRACT_REQUEST
- BEN_EXTRACT_REQ_DETAILS

BENXML uses the carrier to filter benefits data before sending them to the staging tables. You configure the carrier using the Manage Plan Carriers task in the Plan Configuration work area. You then use the BEN_EXTRACT_JOINED_UE user entity in HCM Extracts to extract the staged data from the 2 tables. The BEN_EXTRACT_JOINED_UE user entity in HCM Extracts requires an additional carrier_id parameter. This is the same carrier ID that BENXML uses to filter and send benefits data to the staging tables.

Here's the structure of the extract definition that uses the BEN_EXTRACT_JOINED_UE user entity.

Extract Definition



Overview of Extracting Benefits Data Using User Entities in HCM Extracts

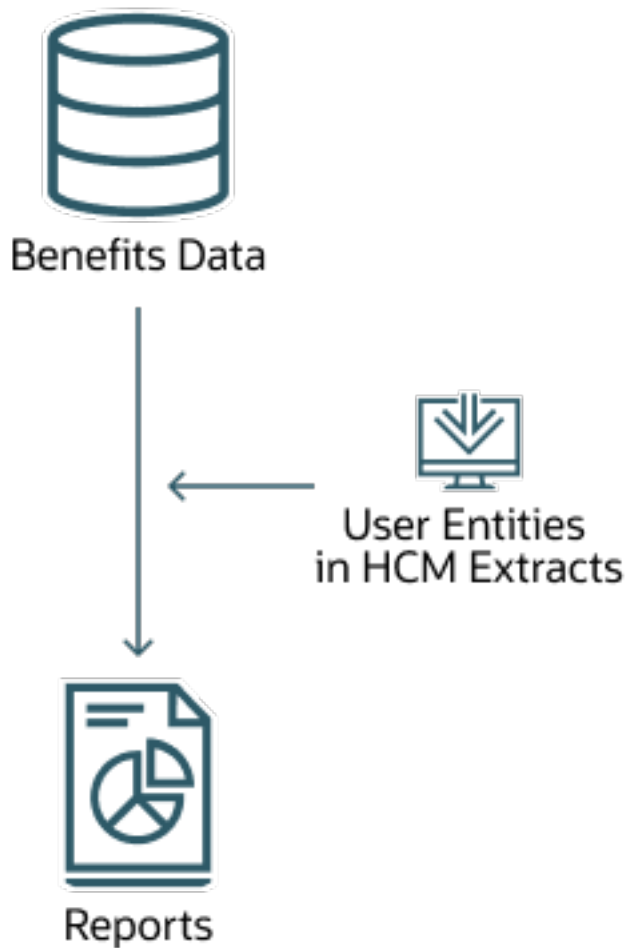
You can use benefits user entities in HCM Extracts to access benefits tables and extract data to make it available for reporting.

Here are the 4 benefits user entities that you can use in HCM extracts:

User Entity	Details
BEN_EXT_ENRT_RSLT_UE	Enrollment results
BEN_EXT_ENRT_DPNT_UE	Enrollment results and dependents
BEN_EXT_ENRT_BNF_UE	Enrollment results and beneficiaries

User Entity	Details
BEN_EXT_ENRT_RTCVG_UE	Enrollment results, rates, and coverage

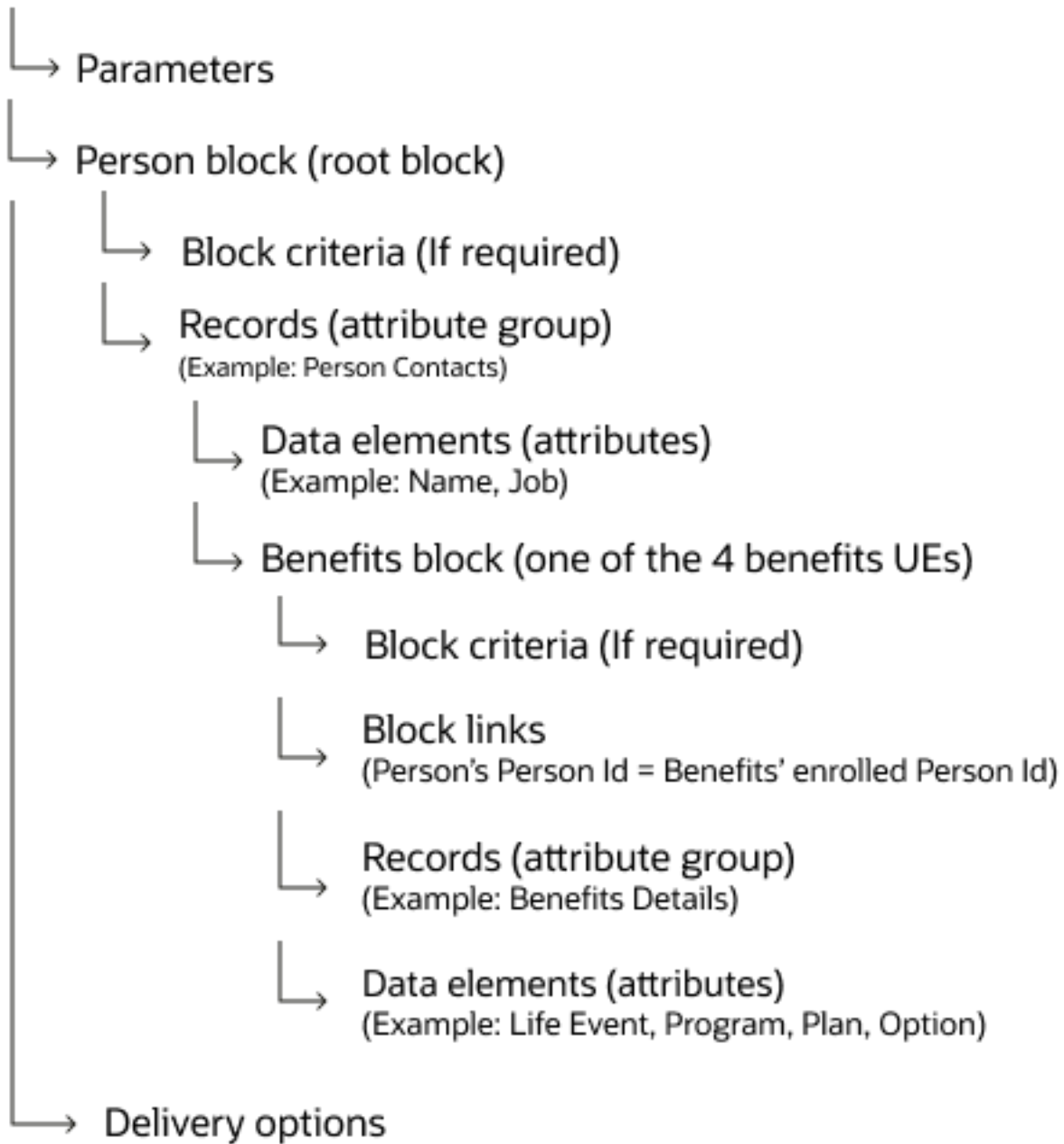
Here's a diagram that summarizes the extract flow.



These user entities query the actual benefits transaction tables to pull in data from enrollments, dependents, beneficiaries, and rates along with a few additional supporting tables. There are over 400 database items that cover almost all attributes, such as basic person details, enrollment results, person events, covered dependents, beneficiaries, person habits, participant rate and coverage. You can use other BEN database items using formulas.

To use the user entities, you need to build a new extract definition in HCM Extracts. Here's a concise version of an extract definition that uses benefits user entities.

Extract Definition



Extract Benefits Data Using BENXML

You run the Extract Benefits Data process and then use HCM Extracts to pull that data. Here are the steps at a high level.

1. *Run the Extracts Benefits Data process* from the Evaluation and Reporting work area.
2. *Create an extract for the BEN_EXTRACT_JOINED_UE user entity* in the Data Exchange work area.
3. *Create a layout template* using the BI Publisher app.
4. *Prepare the extract data and generate the report.*

Run the Extracts Benefits Data process

You submit the benefits data extract using the Extract Benefits Data process from the Evaluation and Reporting work area.

1. Click **Navigator > Benefits Administration > Evaluation and Reporting**.
2. In the Overview page, click the **Extract Benefits Data** tab.
3. Click **Submit**.
4. In the Carrier Name field, select your carrier.
5. Click **Submit**.

You can find the extract request you submitted in the Search Results section of the Extract Benefits Data page.

Create Extract Definition for the BEN_EXTRACT_JOINED_UE User Entity

Create an extract definition for the BEN_EXTRACT_JOINED_UE user entity in the Manage Extract Definitions page of the Data Exchange work area.

1. Click **Navigator > My Client Groups > Data Exchange**.
2. In the HCM Extracts section, click **Extract Definitions**.
3. In the Extract Definitions page, click **Create**.
4. In the Create Extract Definition window, complete these details. Leave the rest of the fields as is.

Field	Value
Name	A meaningful name for the extract definition, such as BEN_JOINED_EXT
Type	HR Archive
Consumer	Report

5. Click **OK**.
6. On the Define page, click **Add** in the Parameters section to create a parameter called `carrier_id`. You also need a parameter called `effective_date`, but you don't need to create it as it's already available in the

BEN_EXTRACT_JOINED_UE user entity. Make sure you provide these details when you create the `carrier_id` parameter.

Field	Value
Name	Carrier ID
Tag Name	carrier_id Note: This value is case sensitive.
Data Type	Number
Display Format	Text

7. Click **Save and Close**.
8. On the Extract Definitions page, in the extract definition row that you just created, click the **Advanced Edit** icon.
9. On the Edit Extract Definition page, in the Hierarchy pane, click **Data Group**.
10. In the Data Groups section, click **Create**. You create a data group to link it with the benefits user entity. Complete these fields.

Field	Value
Name	BEN_DG
Tag Name	BEN_DG
User Entity	BEN_EXTRACT_JOINED_UE
Root Data Group	Select

11. Click **Save**.
12. In the Records section, click **Create** to add a new record to the data group. Complete these fields.

Field	Value
Sequence	10
Name	Benefits Record
Tag Name	Benefits_Record
Type	Detail Record
Process Type	Fast Formula

13. Click **Save**.

14. In the Extract Attributes section, click **Create** to add new attributes to the record you just created. You can add as many attributes, such as plan and coverage start date, to suit your requirements. Here are sample field values that you might enter to create the Person Full Name attribute.

Field	Value
Name	Person Full Name
Tag Name	Person_Full_Name
Short Code	per_f_nm
Output Label	Person Name
Start Date	1/1/00
Data Type	Text
Type	Database Item Group
Database Item Group	Person Full Name

15. Click **Save**.
16. In the Hierarchy pane, click **Extract Execution Tree**.
17. Click **Compile All Formula**. You need to click **Refresh** to see the current status. If the compile succeeds, you can see a green check mark beside the Status column.
18. Click **Validate** to check the completeness of the extract definition you created.
19. Click **OK**. You can also download the validation report to your device if necessary.
20. Click **Export XML Schema** to download the extract definition as an XSD file that you will use later to create an RTF report template.

Create a Layout Template Using the BI Publisher App

Ensure that you've installed the Oracle BI publisher desktop app from the Oracle Analytics Publisher Downloads page on the Oracle Technology Network website. Then, create a layout template using the Publisher add-on in Microsoft Word.

1. Open a new blank document in Word, and click the **Publisher** tab.
2. Click XML Schema to import the schema that you downloaded earlier.
3. Click **All Fields**. Then, make the required changes to the template; decide which fields you want to keep and remove the rest.
4. Save the layout template as an RTF file.

Prepare and Generate a Report

You generate a report in the Business Intelligence. But before you do that, you need to prepare the data by submitting an extract in the Data Exchange work area. Then, you use BI to generate the report.

1. Click **Navigator > My Client Groups > Data Exchange**.
2. In the Data Exchange work area, click **Submit Extracts**.

3. Select the extract that you built earlier.
4. In the page that appears, complete these fields:

Field	Value
Extract Instance Name	Provide a meaningful name that you can identify the report with. You need to identify the extract name especially when you apply the extract flow and view the report later.
Effective Date	Enter a date when the extract flow should be processed. For BEN_EXTRACT_JOINED_UE, the user entity will pull the data from the staged table after the effective date.
Carrier ID	Enter the relevant carrier ID. This field appears according to how you designed the main extract definition.

5. Click **Submit**.
6. On the View Extract Results page, click **Refresh** to see the status of the extract you submitted.
7. Click **Navigator > Tools > Reports and Analytics**.
8. On the Reports and Analytics page, click **Create > Report**.
9. Click **Cancel** to close the wizard.
10. Click **Select Data Model** (the magnifying lens icon).
11. In the Select Data Model window that appears, select the **globalReportsDataModel** data model that you can find in **Shared Folders/Human Capital Management/Payroll/Data Models**.
12. Select the data model, and click **OK**.
13. Click **Upload** and select the RTF template that you created earlier. Provide other details, such as a layout name, type, and locale, and click **Upload**.
14. Click **View Report**.
15. In the **flowInstanceName** field, enter the extract instance name that you provided in an earlier step to view the report.

Extract Benefits Data Using User Entities

You can use delivered benefits user entities to extract benefits data.

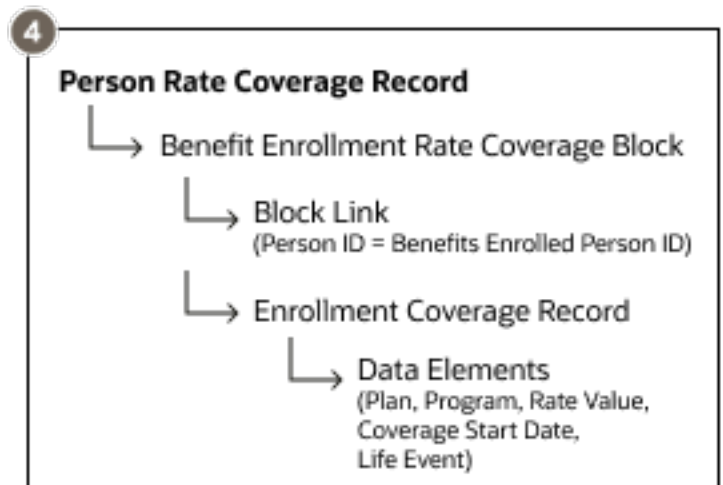
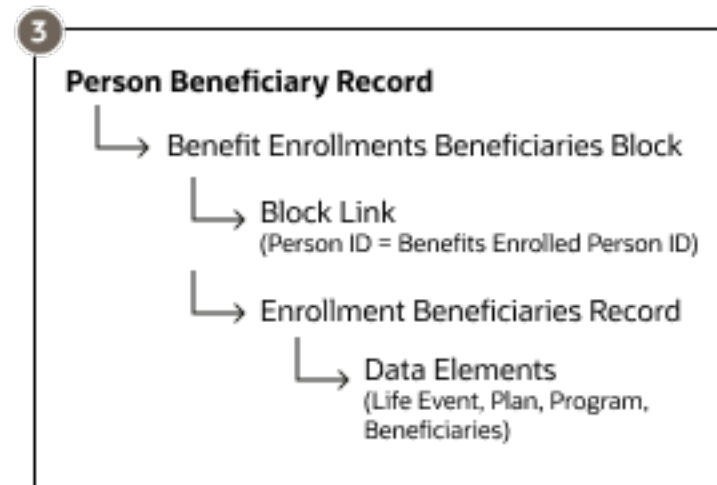
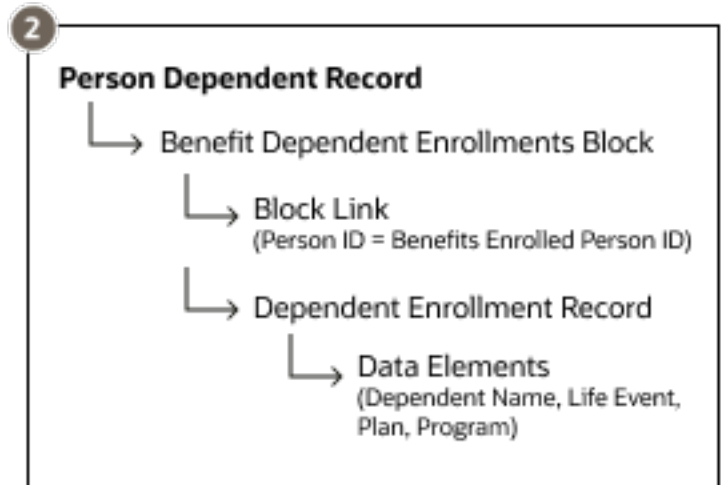
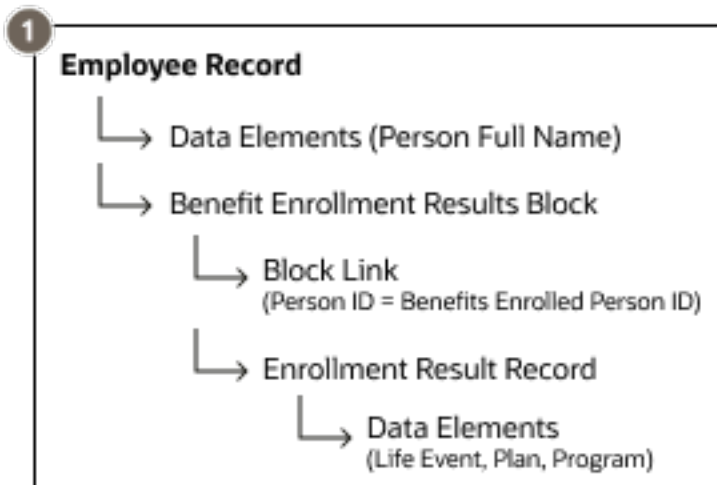
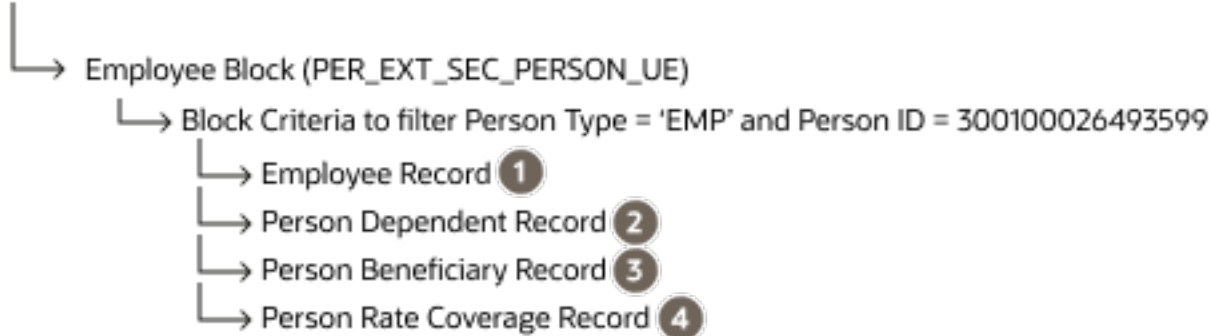
1. *Create an extract definition using benefits user entities.*
2. *Create a layout template using the BI Publisher app.*
3. *Prepare the extract data and generate the report.*

Create Extract Definition Using Benefits User Entities

You create an extract definition using these benefits user entities - BEN_EXT_ENRT_RSLT_UE, BEN_EXT_ENRT_DPNT_UE, BEN_EXT_ENRT_BNF_UE, and BEN_EXT_ENRT_RTCVG_UE.

For the purpose of this procedure, let's use a sample extract definition. Here's a figure that illustrates the hierarchy of the extract definition.

Extract Definition



Here's how you create the extract definition.

1. Click **Navigator > My Client Groups > Data Exchange**.
2. In the HCM Extracts section, click **Extract Definitions**.
3. In the Extract Definitions page, click **Create**.
4. In the Create Extract Definition window, complete these details. Leave the rest of the fields as is.

Field	Value
Name	A meaningful name for the extract definition, such as SIMPLE_BEN_EXTRACT_01
Type	HR Archive
Consumer	Report

5. Click **Save and Close**.
6. On the Extract Definitions page, in the row of the extract definition that you just created, click the **Advanced Edit** icon.
7. On the Edit Extract Definition page, in the Hierarchy pane, click **Data Group**. You create a data group to associate benefits user entities with the extract definition.
8. Create a root data group to represent the company employees; in the Data Groups section, click **Create**, and complete these fields:

Field	Value
Name	Employees
Tag Name	Employees
User Entity	PER_EXT_SEC_PERSON_UE. This is the user entity that represents employees.
Root Data Group	Select
Threading Database Item	Extract Person ID
Threading Action Type	Object actions

9. Click **Save**.
10. In the Data Group Filter Criteria section, click **Add**.
11. Click **Edit**. Use the conditions and operators to create this filter criteria:

```
Extract Person System Person Type = 'EMP' And Extract Person ID = 300100026493599
```

Note: Use the Advanced option to enter the filter criteria directly. Include the quotation marks for EMP as it's a string data type. Don't include quotation marks for the person ID as it's a number type. The person ID is just an example in this procedure.

12. Use the same steps as above to create another data group (not a root data group) called Benefits Enrollment Results. Associate this data group with the BEN_EXT_ENRT_BNF_UE user entity.
13. Click **Save and Close**.
14. On the Edit Extract Definition page, you need to connect the Benefits Enrollment Results data group to the Employees parent data group. In the Data Groups section, click **Benefits Enrollment Results**.

15. In the Connect Data Groups section, click **Add**, then select **Employees** as the parent data group.
16. In the Parent Data Group Database Item list, select **Extract Person ID**.
17. In the Database Item list, select **Person ID**.
18. Click **Save**.
19. Select the **Employees** parent data group. You need to create a record for this group.
20. In the Records section, click **Create**.

Field	Value
Next Data Group	Benefits Enrollment Results
Sequence	10
Name	Employee Record
Tag Name	Employee_Record
Type	Header Record
Process Type	Fast Formula

21. Click **Save**.
22. Use the steps in this procedure to create these additional data groups and link them to relevant user entities, as shown in this table.

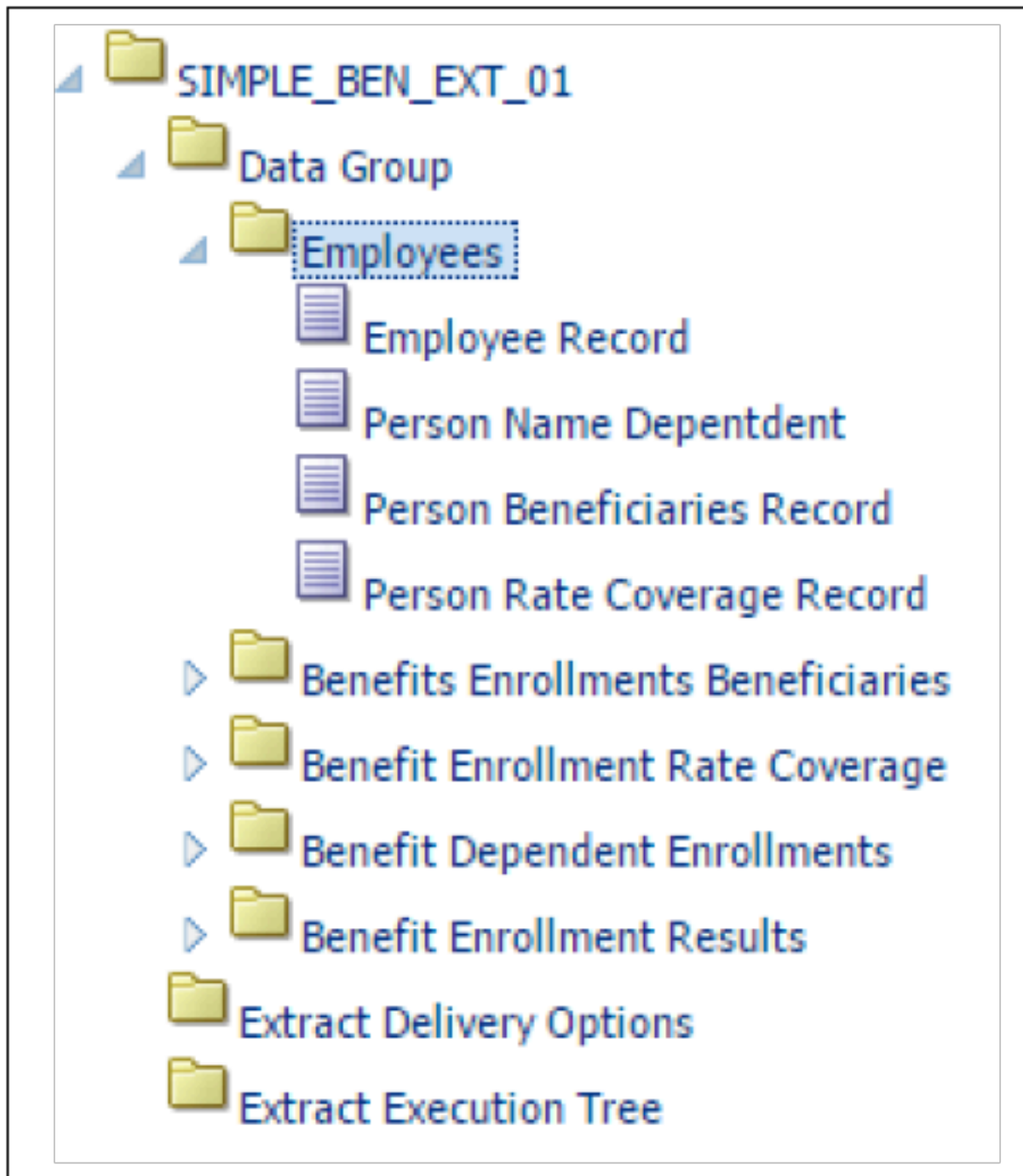
Data Group	User Entity
Benefits Enrollments Beneficiaries	BEN_EXT_ENRT_BNF_UE
Benefit Enrollment Rate Coverage	BEN_EXT_ENRT_RTCVG_UE
Benefit Dependent Enrollments	EN_EXT_ENRT_DPNT_UE

23. Use the steps in this procedure to connect the data groups you created in the previous step, with the Employees parent data group.

24. Create these additional records in the Employee data group. Ensure that you set each record's next data group to the corresponding Benefit Extract child data group.

- Person Name Dependent Record
- Person Beneficiaries Record
- Person Rate Coverage Record

Your setup so far should look similar to this diagram.



25. For the employee data group record, you need to configure the Person Full Name extract attribute. In the Hierarchy pane, expand the **Employees** data group, and select **Employee Record**.

26. In the Extract Attributes section, click **Create**. Complete these fields.

Field	Value
Name	Person Full Name
Short code	fullname
Data Type	Text
Type	Database Item Group
Database Item Group	Person Full Name
Output Label	Person Full Name
Output Column	1

27. Create a record for the Benefits Enrollment Results data group. Use this table to provide values to key fields.

Field	Value
Next Data Group	Leave empty.
Type	Detail Record
Process Type	Fast Formula

Likewise, create records for the other data groups you created.

28. Use the steps in this procedure to create relevant extract attributes for each record.

29. In the Hierarchy pane, click **Extract Execution Tree**.

30. Click **Compile All Formula**. You need to click **Refresh** to see the current status. If the compile succeeds, you can see a green check mark beside the Status column.

31. Click **Validate** to check the completeness of the extract definition you created.

32. Click **OK**. You can also download the validation report to your device if necessary.

33. Click **Export XML Schema** to download the extract definition as an XSD file that you will use later to create an RTF report template.

Related Topics

- [Overview of Extracting Benefits Data Using User Entities in HCM Extracts](#)

Get a List of Database Items for Benefits User Entities

You might need to reference delivered database items (DBI) when you extract benefits data. You can search for database items in the Fast Formulas page when you create or edit a formula.

1. On the Home page, click the **Fast Formulas** quick action under the My Client Groups tab.
2. Click **Actions > Create**.
3. Provide the necessary supporting information for the fast formula you want to create, and click **Continue**.

4. In the Database Items tab, use the following table to search for database items for a specific benefits user entity.

User Entity	Search for ...
BEN_EXTRACT_JOINED_UE	BEN_EXT_
BEN_EXT_ENRT_RSLT_UE	BEN_EXT_RSLT_
BEN_EXT_ENRT_DPNT_UE	BEN_EXT_DPNT_
BEN_EXT_ENRT_BNF_UE	BEN_EXT_BNF_
BEN_EXT_ENRT_RTCVG_UE	BEN_EXT_RTCVG_

Guidelines for Extracting Benefits Data Using HCM Extracts

Consider these key guidelines before you extract benefits data.

Aspect	Details
Extract type	When you create an extract definition, ensure that you select Benefits Carrier from the Extract Type list.
Option Type	<p>You select the option type on the Manage Plan Types page. Make sure that the option type of the plan type that you're using to create an extract definition is one of these types.</p> <ul style="list-style-type: none"> • Health Coverage • Spending Account • Life Insurance Coverage <p>Other types aren't supported at this time.</p>
Extract Plan Type Names	You need to enter the name of the extract plan type correctly when you create or edit the plan type. See the related links section in this topic for a full list of valid extract names.
Extract Option Names	You need to enter the extract option name correctly when you create or edit the option. See the related links section in this topic for a full list of valid extract names.
Benefits Extract Plan Code	You need to enter the correct plan code on the Additional Configuration step when you create or edit a plan. The plan code is an identification code provided by the carrier, such as UHCORCL001.
Lookup value mapping	Make sure that you map the required lookup values accurately in the Mapping tab on the Manage Plan Carriers page.
Extracts data for terminated employees	The data for terminated participants and their dependents won't be included in the extracts after the extract process runs for the second time after the employee's termination date.

Aspect	Details
Contacts (dependents)	You need to map the contact lookup accurately. For example, if you need to include the contact's marital status in the extract, the mapping value should be True, and shouldn't have a NULL value.
Participant or dependent address	Ensure that addresses are categorized accurately. For example, if there is no address that's marked as Home, or if there are several addresses that are marked as Home, the addresses won't be included in the extract.
Data Groups	<p>Create a PER_EXT_SEC_PERSON_UE (Person) data group and select it as the root data group. The following benefits data groups are available:</p> <ul style="list-style-type: none"> • BEN_EXT_ENRT_RSLT_UE (Enrollment Results) • BEN_EXT_ENRT_DPNT_UE (Dependents) • BEN_EXT_ENRT_BNF_UE (Beneficiaries) • BEN_EXT_ENRT_RTCVG_UE (Rates and Coverage)
Sequence of extract records	<p>After you create the data groups, ensure that you sequence the data groups to identify which data group the application processes next:</p> <ul style="list-style-type: none"> • Person • Dependents • Beneficiaries • Enrollments • Rates and coverage

Related Topics

- [Valid Extract Names](#)
- [Define Extracts](#)

Configure Benefits for Extracting Data

This topic covers how to set up benefit plan carriers and offerings so that you can then generate and transmit enrollment data extracts. You extract benefits enrollment information into a single XML file for each benefits carrier.

To configure the benefits data extract, you complete these tasks in the Plan Configuration work area:

1. Create the plan carrier and configure extract settings.
2. Add the benefits extract plan type name.
3. Add the benefits extract plan code.
4. Add the benefits extract option name.

Creating Plan Carrier

Set up carrier data and configure extract options in the Plan Configuration work area that apply whenever you run the extract for that carrier.

1. In the Tasks panel drawer, click **Manage Plan Carriers** to open the Manage Plan Carriers page. On the Mapping tab, you can view the mapping of lookup codes to the lookup value that you transmit to carriers. Edits to mapping values affect all plan carriers that use the lookup.
2. On the Search Results toolbar, click the **Create** button.
3. Enter the carrier information. In the **Active** field, select **Active**.
4. Enter the extract options.

The following table provides comments to help you with your extract field entries and selections.

Field	Comments
Extract Type	Select whether to run a full extract or extract only the changes since the previous extract. Generally, you run a full extract after an enrollment period closes and enrollments are completed. You run subsequent extracts on a periodic or scheduled basis, in either full or changes only mode.
Output File Name	Obtain the value that you enter here from the extract file recipient.
Processing Frequency	A common practice is to schedule your extracts to run after your regular payroll runs. You might want to set the processing frequency accordingly.
Processing Type	By default, all extracts have the same format, regardless of which carrier receives the extract. You can contract with Oracle's partner, BenefitsXML, to have a carrier's extract data transformed and delivered to the carrier, according to its specifications. For more information about BenefitsXML, see http://www.benefitsxml.com . If you don't use this partner, you can transform and deliver the extract data file directly to each of your plan carriers, according to their specifications.
Upload Custom Layout	This button is available if you select the Custom layout processing type. <ul style="list-style-type: none"> ○ Specify the layout for the individual carrier. For details, see the Benefits Extract: User-Defined Layout topic

5. Enter the file transfer details, which you obtained from the extract file recipient. You can transmit extract files directly to the recipient. Alternatively, you can transmit extract files to the Oracle cloud, using its file transfer details, and have your recipient download its extract from there.

Field	Comments
Host	The name of the server to which you transmit the recipient's extract files.

Field	Comments
Remote Folder	Path on the host to the location where your transmission places the extract file.
User Name	Part of the sign-in credentials required for your transmission to access the host.
Password	Part of the sign-in credentials required for your transmission to access the host.

6. Click **Save and Close** to return to the Manage Plan Carriers page.

Adding Benefits Extract Plan Type Name

Complete these steps in the Plan Configuration work area to identify each type of plan included in the extract file for the recipient.

1. In the Tasks panel drawer, click **Manage Plan Types** to open the Manage Plan Types page.
2. Search for and click the plan type, for example, Medical.
3. On the Plan Type Definition section **Actions** menu, select **Update**.
4. Enter the valid benefits extract plan type name, for example, Health.
5. Click **Save and Close** to return to the Manage Plan Types page.

See the guidelines topic for more info on the valid option types to use for the plan type that you want to include in the extract.

Adding Benefits Extract Plan Code

Complete these steps in the Plan Configuration work area to link the plan to the extract file recipient.

1. In the Tasks panel drawer, click **Manage Benefits Plan Details** to open the Manage Benefits Plan Details page.
2. Search for and click the plan that you want to link to the extract file recipient.
3. Click **Next** to open the Edit Plan Additional Configuration page.
4. On the Configuration Details section **Actions** menu, select **Update**.
5. Enter the benefits extract plan code, which the extract file recipient provided to you for this specific plan.
6. Click **Save and Close** to return to the Plans tab.

Adding Benefits Extract Option Name

Complete these steps in the Plan Configuration work area to identify each option included in the extract file for the recipient.

1. In the Tasks panel drawer, click **Manage Benefit Options** to open the Manage Benefit Options page.
2. Search for and click the participant option, for example, Participant Only.
3. On the Basic Details section **Actions** menu, select **Update**.
4. Enter the valid benefits extract option name, for example, Employee Only.
5. Click **Save and Close** to return to the Manage Benefit Options page.

Next Steps

After you complete the previous tasks, you're ready to generate and transmit the extract data. The details of this process are covered in the [Generating and Transmitting Benefits Data Extract for Plan Carriers: Procedure](#) topic.

Related Topics

- [Valid Extract Names](#)
- [Generate and Transmit Benefit Extracts](#)
- [Guidelines for Extracting Benefits Data Using HCM Extracts](#)
- [Example of a Custom Layout for Benefits Extract](#)

Valid Extract Names

Oracle partner BenefiX provides valid extract names that you can enter for benefits plan types and options. You can add values to this list, as required.

Benefit Extract Plan Type Names

Valid benefits extract names for plan types:

- 24 Care
- Dental
- Dental Capitation
- Exclusive Provider Organization
- Health
- Health Maintenance Organization
- Hearing
- Long Term Care
- Long Term Disability
- Mail Order Drug
- Major Medical
- Medicare Risk
- Mental Health
- Point of Service
- Preferred Provider Organization
- Prescription Drug
- Preventative Care
- Short Term Disability
- Utilization Review

- Vision

Benefits Extract Option Names

Valid benefits extract names for options

- Children Only
- Dependents Only
- Employee and Children
- Employee and Five or More Dependents
- Employee and Four or More Dependents
- Employee and One Dependent
- Employee and One or More Dependents
- Employee and Spouse
- Employee and Three Dependents
- Employee and Three or More Dependents
- Employee and Two Dependents
- Employee and Two or More Dependents
- Employee Only
- Family
- Individual
- Not Applicable
- Spouse and Children
- Spouse Only
- Two Party
- Employee and Domestic Partner
- Domestic Partner and Children
- Domestic Partner Only
- Employee and Spouse or Domestic Partner
- Child or Children of a Domestic Partner

Example of a Custom Layout for Benefits Extract

An implementor or developer can create a custom layout to transform the format of extracted benefits enrollment data to match the specifications of a particular carrier.

This topic provides:

- Descriptions of the tags that you require to create the custom layout
- Table aliases and a sample custom layout

The custom layout becomes the default layout for the plan carrier after you upload it to the plan carrier's extract options.

The following code shows the structure of the XML tags in the custom layout.

```
<Layout
  <Table
    Record Type
  <Field
    Name
    Source
    Width
    Padding
  <Field>
  <Table>
  <Table
  <Field
    Name
    Source
    Width
    Padding
  <Field>
  -----
  More fields
  -----
  <Table>
  <Table
  -----
  More tables
  -----
  <Table>
  </Layout>
```

The data source for a field on the custom layout can be a:

- Column on the benefits extract staging tables
- Column on one of the other tables listed in the Source tag description
- Constant into which you enter the exact value

Tip: To identify table column names, you can use the data model query builder in Oracle BI Publisher. Search for the table name and view the columns.

XML Tag Descriptions

This section describes each XML tag and lists its attributes, elements (subtags), and parent tags.

Layout

Description: Root tag.

Attributes: None

Elements (Subtags)	Parent Tag
Table	None

Table

Description: Specifies the database table from which to extract the data.

Attributes: 1. tableName: Supported values = {BEN_EXTRACT_REQ_DETAILS,BEN_EXTRACT_REQUEST,DUAL,PER_ALL_PEOPLE_F,PER_PERSONS,PER_ALL_ASSIGNMENTS_M,PER_PEOPLE_LEGISLATIVE_F,BEN_PL_F,BEN_PL_TYP_F}

Elements (Subtags)	Parent Tag
1. RecordType 2. Field: See Field tag description	Layout

Record Type

Description: Specifies how to delimit or lay out the data in the extract file.

Attributes: Supported values: FIXEDWIDTH, CSV

Note: Anything other than CSV is delimited as FIXEDWIDTH by default.

Elements (Subtags)	Parent Tag
None	Table

Field

Description: Corresponds to one column in the extracted document. Source the text in this column from a database table, an SQL function, or a constant.

Attributes: None

Elements (Subtags)	Parent Tag
1. Name 2. Source 3. Width 4. Padding	Table

Name

Description: Name of the field

Attributes: None

Elements (Subtags)	Parent Tag
None	Field

Source

Description: Specifies the source of data for the current field.

- If the source is a table, the value passed is the column name.
- If multiple tables are involved, use a fully qualified column name.

The list of allowed tables includes the table aliases.

SQL functions in place of column names: Values in this tag are treated as column names if the type is set to TABLE. The column name is used directly while constructing a query, so an SQL function can be used on a column.

- Example 1

```
<Source type="TABLE">GENDER_FLAG</Source>
```
- Example 2

```
<Source type="TABLE">DECODE (GENDER_FLAG, 'F' ,1 ,2)</Source>
```

Attributes:

1. type:
 - Supported values = {TABLE, CONSTANT}
 - TABLE specifies that the data comes from a database table.
 - CONSTANT specifies that the data is given in the value column of this tag.
2. table: Use this tag only if the intended column isn't from the table given in the tableName attribute of this Table tag. If this tag isn't used, the column is searched for in the table given in tableName.
 - Supported values:
 - {BEN_EXTRACT_REQ_DETAILS
 - PER_ALL_PEOPLE_F
 - PER_PERSONS
 - PER_ALL_ASSIGNMENTS_M
 - PER_PEOPLE_LEGISLATIVE_F
 - BEN_PL_F
 - BEN_PL_TYP_F
 - BEN_OPT_F
 - BEN_PGM_F

Elements (Subtags)	Parent Tag
None	Field

Width

Description: Specifies the intended width of this field in the extract file. The number passed is the number of character spaces on the file.

Attributes: Supported values are positive integers.

Elements (Subtags)	Parent Tag
None	Field

Padding

Description: Specifies the alignment of data in each column.

Attributes: Supported values: {LEFT, RIGHT}

Elements (Subtags)	Parent Tag
None	Field

Table Aliases

Allowed Table	Alias
BEN_EXTRACT_REQ_DETAILS	REQ
PER_ALL_PEOPLE_F	PEO
PER_PERSONS	PER
PER_ALL_ASSIGNMENTS_M	ASG
PER_PEOPLE_LEGISLATIVE_F	LEG
BEN_PL_F	PLN
BEN_PL_TYP_F	TYP
BEN_OPT_F	OPT
BEN_PGM_F	PGM

Sample XML Layout

```
<?xml version="1.0" encoding="utf-8"?>
<Layout>
<Table tableName="DUAL">
  <RecordType>FIXEDWIDTH</RecordType>
  <Field>
    <Name>"Record Type"</Name>
    <Source type="CONSTANT">001</Source>
    <Width>3</Width>
    <Padding>Left</Padding>
  </Field>
</Table>
<Table tableName="BEN_EXTRACT_REQ_DETAILS">
  <RecordType>CSV</RecordType>
  <Field>
    <Name>"Last Name"</Name>
    <Source type="TABLE">LAST_NAME</Source>
    <Width>25</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"First Name"</Name>
    <Source type="TABLE">FIRST_NAME</Source>
    <Width>50</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"Filler"</Name>
    <Source type="CONSTANT">XXXXXXXXXX</Source>
    <Width>10</Width>
    <Padding>None</Padding>
  </Field>
  <Field>
    <Name>"Plan Name"</Name>
    <Source type="TABLE">PLAN</Source>
    <Width>70</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"Coverage Start Date"</Name>
    <Source type="TABLE">COVERAGE_START_DATE</Source>
    <Width>15</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"SSN"</Name>
    <Source type="TABLE">NATIONAL_IDENTIFIER</Source>
    <Width>12</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"Gender"</Name>
    <Source type="TABLE">DECODE (GENDER_FLAG, 'F', 1, 2)</Source>
    <Width>1</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"Person Number"</Name>
    <Source type="TABLE" table="PER_ALL_PEOPLE_F">PERSON_NUMBER</Source>
    <Width>30</Width>
    <Padding>Left</Padding>
  </Field>
  <Field>
    <Name>"Country of Birth"</Name>
```

```
<Source type="TABLE" table="PER_PERSONS">COUNTRY_OF_BIRTH</Source>
<Width>30</Width>
<Padding>Left</Padding>
</Field>
<Field>
<Name>"Assignment type"</Name>
<Source type="TABLE" table="per_all_assignments_m">assignment_type</Source>
<Width>30</Width>
<Padding>Left</Padding>
</Field>
<Field>
<Name>"Legislation code"</Name>
<Source type="TABLE" table="per_people_legislative_f">LEG.LEGISLATION_CODE</Source>
<Width>30</Width>
<Padding>Left</Padding>
</Field>
<Field>
<Name>"Legislation code"</Name>
<Source type="TABLE" table="ben_pl_f">PLN.PL_ID</Source>
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</Layout>
```

How You Process Changes-Only Extracts

Changes-only extracts can be dynamic in nature. You need to consider the sequence of the tasks that you complete to extract only the changed data.

For the changes-only option to work accurately, you must have a baseline. You establish a baseline when you transmit an extract. The extract process uses the baseline from the previous extract with a transmitted status. Subsequent extracts include only changes.

When you configure plan carriers, you can select a transmission type of Manual. Manual transmission overrides any actual transmission to an FTP or SFTP site, and marks the extracted file as Transmitted. A transmit action initiates the Generate and Transmit Benefits Extract process. You can view the details of the process in the Monitor Process Request section in the Evaluation and Reporting work area. The process generates two files: a log file, and a text file that contains the actual xml that was generated using the staged data.

The effective date that you enter when you submit the extract process determines which enrollments to include. When you first run the extract process, you typically select the process type as Full. When you run the process subsequently, it

identifies and extracts the enrollments with only the changes made between the effective date of the previous process and this process.

Note: You cannot run an extract process for an effective date that's before or on the effective date of the previous process.

Generate and Transmit Benefit Extracts

You can extract benefits enrollment information into a single XML file for each benefits carrier and transmit it to the carrier. This topic covers how to generate and transmit the extract file.

Note: If a carrier provides more than one plan, the single extract contains information related to all plans provided by that carrier. Example: Four different carriers provide ten plans. You run four separate extracts, one for each carrier.

To generate and view the extract, you complete these tasks in the Evaluation and Reporting work area.

1. Submit the extract request.
2. View and transmit the extract details.

Prerequisites

You must first configure your plan carriers, or extract recipients, and add the relevant extract data to the appropriate plan types, plans, and options. The details of this process are covered in the [Configuring Benefits Data Extract for Plan Carriers: Procedure](#) topic.

Submitting Extract Request

To run and monitor extracts, in the Evaluation and Reporting work area:

1. In the Tasks panel drawer, click **Extract Benefits Data** to open the Extract Benefits Data page.
2. On the Search Results toolbar, click **Submit**.
3. Enter the extract request options.

Field	Comments
Extract Type	<p>For a particular carrier, you can select whether to run a full extract or extract only the changes since you ran the previous extract.</p> <ul style="list-style-type: none"> ○ Generally, you run a full extract after an enrollment period closes and enrollments are completed. ○ You run subsequent extracts on a periodic or scheduled basis, in either full or changes only mode. Common practice is to schedule your extracts to run after your regular payroll runs.
Transmit	<p>You can transmit the extract as part of the extract request, or after the requested extract completes and before or after you view the extract details.</p>

4. Click **Submit** to submit your process and return to the Extract Benefits Data page.

Viewing and Transmitting Extract Details

You can view, query, and download extracted records for a specific extract run after it completes. You can also transmit the extract after the requested extract completes and before or after you view the extract details.

1. In the Search Results section of the Extract Benefits Data page, click the **Request ID** for the most recent extract request for the plan carrier.
2. Review, query by example, and download to a spreadsheet the extracted data, as appropriate.
3. Click **Done** to return to the Extract Benefits Data page.
4. In the Search Results section, click the **Transmit** icon button for the most recent extract request.

Related Topics

- [Configure Benefits for Extracting Data](#)

Example of Processing Change-Only Extract Runs

Here's a high-level example of processing extracts to pick up only changes that occurred between two process runs.

1. Create a benefits carrier and associate it with the required benefits plans.
2. Hire 2 employees. Let's call them Employee 1 and Employee 2 for the purpose of this example.
3. Enroll both the employees in the benefits plans that you associated with the carrier.
4. Run a full extract process with an effective date of today.
5. After the process completes, hire another employee, Employee 3. Enroll Employee 3 in the benefit plans that you associated with the carrier.
6. Make changes to Employee 1's enrollments.
7. Wait for a day, and then run the extract process using the changes-only option, with an effective date of today.
8. Review the 2 files (the log file and the text file) to verify the extract data.

How You Can Handle SFTP Issues When Transmitting Extracts

Benefits supports the SFTP transmission type only. If you have issues with SFTP, you can try the temporary FTP workaround that's in this topic. Otherwise, you might need to log a service request (SR) with My Oracle Support to open the required ports so that the extract file can pass through.

You can select the SFTP transmission type in the File Transfer Details when you create or edit a plan carrier. If you have issues transmitting the data file through SFTP, as a temporary workaround, use FTP instead of SFTP, and port 21 instead of 22, to see if the file transmission completes successfully. Sign in details remains the same.

If the temporary work-around doesn't work, try transmitting the file to your Oracle cloud SFTP server using the account details you were provided.

Field	Value
Host	cloud.sftp.oracle.com
Port	2021
Username and password	Your company contact should have these credentials.

When you configure the plan carrier to manually transmit the XML data instead of transmitting it with FTP or SFTP, the transmission ignores the FTP or SFTP host username and password. Because these are required fields, you must still enter some sample values. If you don't use the Manual option, the file transmission has a status of transmission failed. This is because the process tries to send the file using the host credentials.

Remember, the Generate and Transmit benefits extract process generates both the log and output files. The output file holds the xml extract data. Each time the process runs, an output file is generated.

How You Can Use a Formula To Add More Data to Benefits Extracts

You can use the Benefits Extract Custom Data Rule formula type to include additional information to a benefit extract output file.

Compile and refresh the formula using the Manage Fast Formulas task. When you create or edit a benefits plan carrier, you set the formula to use in the Formula Name field in the Extract Options section. After you run the Extract Benefits Data process, check the `<UserArea>` section in the output file to confirm that the formula has returned values as you expected.

Create a Report Using Benefits Carrier Extract Data Model

You can create your own report with values based on the most recent benefits extract using the Reports and Analytics work area. Use the Benefits Carrier Extract data model, which you can find in this folder path: `shared Folders/Human Capital Management/Benefits/Enrollment/Data Model`.

These attributes in the data model correspond to the respective country names:

- BEN_EXTRACT_REQ_DETAILS.EXT_ATTRIBUTE5 as WORK_COUNTRY
- BEN_EXTRACT_REQ_DETAILS.EXT_ATTRIBUTE6 as HOME_COUNTRY

Here's how you create the report.

1. Create your report, selecting the relevant parameters and the required master attributes.
2. Add the relevant table details.
3. Save the report under the `shared Folder/Custom` folder.

4. Verify that the report opens up correctly with the parameters that you selected for the previous extract process.
5. On the Manage Plan Carriers page, update the plan carrier using these values.

Field	Value
Publishing Type	BI Publisher
Report Type	Enter the path of the report, for example: <code>/Custom/AetnaCarrierReport.xdo</code>

Note: The benefits extract process uses the value in the Output File Name field when it generates the report file. This file isn't an XML file.

6. Verify the Generate and Transmit Benefits Extract log file in the Evaluation and Reporting work area, on the Extract Benefits Data tab. You can download and open the output file or manually send it to the carrier.

Benefits Extract Processes

You extract benefits data using 2 processes:

Process	Details
Extract Benefits Data	This process loads the extract data in a staging table. The log file for this process documents any errors occurred while extracting benefits data and loading it in the staging table.
Generate and Transmit Benefits Extract	This process uses the staged data to generate an XML file. The log file for this process documents any errors occurred while the process generated the XML file.

Benefits Data Attributes in a Full Extract Output File

A full file extracts these benefits data attributes during every run.

- Plan
- Coverage Amount Approved
- Coverage Start Date
- Coverage End Date
- Plan Carrier
- Date of Death
- Base Salary
- Dependent Full Time Student
- Dependent Relationship Type

-
- Employee Post Tax Cost
 - Employee Pre Tax Cost
 - Employee Total Cost
 - Email
 - Employee ID
 - Request Identifier
 - FSA Annual Target FSA Plan Year
 - Grade
 - Job
 - Home Address Line 1
 - Home Address Line 2
 - City
 - Home Phone
 - State
 - Postal Code
 - Country
 - Level Coverage End Date
 - Level Coverage Start Date
 - Level Name
 - Marital Status Middle Name
 - National Identifier
 - Original Date of Hire
 - Parent Request ID
 - Provider ID
 - Provider Name
 - Provider Start Date
 - Provider Detail ID
 - Student Status
 - Suffix
 - Termination Date
 - Tobacco User
 - Transaction Code
 - Work Address Line One
 - Work Address Line Two
 - Work City
 - Phone

- Work State
- Work Postal Code
- Work Country
- Organization Identifier
- Marital Status Start Date
- Department Name
- Type of Coverage
- Employment Level
- Job Code
- Location Code
- Bargaining Unit
- Person Number

Examples of Benefits Extract Runs

This topic lists different ways in which you can process extracts to accommodate different benefits scenarios.

Scenario	Recommendation
Carrier requires full data extract	Submit the Extract Benefits Data process to run with the Extract Type set to Full . You set this in the Extract Benefits Data tab of the Evaluation and Reporting work area. Before you submit these type of extracts, ensure that person's enrollment in the carrier's plan isn't suspended. Also ensure that a person's enrollment designations for the carrier's plan aren't suspended.
Carrier requires only data changes in extract	Submit the Extract Benefits Data process to run with the Extract Type set to Changes Only . You set this in the Extract Benefits Data tab of the Evaluation and Reporting work area. Before you submit the process, ensure that a person's enrollment in the carrier's plan isn't in the future. Also, ensure that the changes-only extract process doesn't include future dated changes. Also ensure that a person's enrollment designations for the carrier's plan aren't suspended.
An employee was incorrectly enrolled in the wrong dental plan. You reopen the life event in the Enrollment work area. Then, you select the correct plan and review the coverage start date to ensure that the employee is enrolled with the correct past date.	Verify the participant enrollments in the Enrollment work area. Run another extract in the Evaluation and Reporting work area and verify that the output file contains the correct participant data.
Due to incorrect setup, the wrong life event ran for an employee that affected the employee's enrollment in the carrier's	At this point, the employee is no longer enrolled in the carrier's plan. Also, the next extract doesn't show any enrollments details for the employee.

Scenario	Recommendation
plan. You back out the life event in the Enrollment work area.	You can view the extract output file to confirm that the employee's benefits data doesn't exist in the file. Unprocessed life events act the same way. When the life event is set to unprocessed, the participant's enrollment ends. When you run the next benefits extract, you won't see the person's enrollment details in the output file.

25 Benefits Configuration Exports and Imports

Benefit Plan Export

You can export a program, plan not in program, or eligibility profile from one environment. You can import it into other environments and to the same or different enterprises in the same environment.

Open the Export Plan Configuration task in either the Setup and Maintenance or Plan Configuration work area.

Key aspects of exporting plan configurations are:

- Items included in the export
- Items excluded from the export
- Export and log files

Prerequisites

Before exporting your plan configuration:

- In the relevant programs or plans Search Results section, validate the program or plan not in program that you want to export.
- In the Evaluation and Reporting work area, run the Evaluate Life Event Participation process for a sample participant in the program or plan that you intend to export.

You can compare the results of this validation and evaluation with the results for the same validation and evaluation in the destination environment.

Items Included in the Export

The export process includes the descendant objects associated with the top-level object that you select.

Exported Parent Object	Included Descendant Objects
Program configuration	Associated plan types, plans, options, year periods, legal entities, reporting groups, organizations, eligibility profiles, life events, action items, formulas, rate, coverage, coverage across plan type, enrollment authorization, and dependent and beneficiary designation
Plan not in program configuration	Associated plan types, options, year periods, legal entities, reporting groups, regulations, organizations, eligibility profiles, life events, action items, formulas, rate, coverage, enrollment authorization, and dependent and beneficiary designation
Eligibility profile	Associated derived factors, service areas, and formulas

Items Excluded from the Export

Exports of standard rates exclude:

- Element input values
- Extra input values

Participant eligibility profile exports exclude the following eligibility criteria.

Eligibility Category	Criteria
Personal	Leave of absence, qualification, and competency
Employment	Performance rating
Other	Health coverage selected and participation in another plan All dependent eligibility profile exports exclude the Other - Covered in Another Plan eligibility criteria.
Related Coverage	All criteria

These eligibility criteria export exclusions apply to all exports, regardless of whether you're exporting a program, plan not in program, or eligibility profile.

Export and Log Files

You monitor the status of the Export Plan Configuration process on the Export Plan Configuration page. After the process finishes, click the corresponding **Download** button to open the File Downloaded dialog box.

In the File Downloaded dialog box, you can:

- Open or save the .zip file that contains the exported plan configuration.
- Open the log file. The log contains details:
 - About which parent or child process exported what plan configuration data, including the number of business object records
 - To help you resolve any errors encountered during the export

CAUTION: Don't edit the export file after you save it locally. The Import Plan Configuration process detects edits to an exported file and immediately ends, without importing the plan configuration in the edited file.

Related Topics

- [Program and Plan Validation Statuses](#)
- [Benefit Plan Import](#)

Benefit Plan Import

You can import a program, plan not in program, or eligibility profile exported from one environment into other environments. You can also import them to different enterprises in the same environment.

Use the Import Plan Configuration task in either the Setup and Maintenance or Plan Configuration work area.

During the import, you can:

- Create objects or reuse objects that exist in both the source and destination environments.
- Map third-party objects, such as HR and payroll objects, between environments.

Importing plans from a source environment with a newer application version than that of the destination environment is unsupported.

The basic process for importing plan configurations is:

1. Set up the destination environment.
2. Import the plan configuration using one of these methods:
 - Creating all destination named objects
 - Reusing existing destination named objects
3. Map source and destination HR, payroll, and compensation objects.
4. Review imported plan configuration.
5. Finalize imported plan configuration.
6. Validate imported plan configuration.

Setting up the Destination Environment

Before you import a plan configuration, you must set up:

- All of the relevant HR, payroll, and compensation structures and objects:
 - HR objects include legal employer, locations, jobs, and organizations
 - Payroll objects include payroll definition and payroll elements
 - Compensation objects include salary basis
- Any criteria that you used in the eligibility profiles associated with the import object. You can still import any associated eligibility profiles without criteria set up. But if the underlying criteria for an eligibility profile aren't present in the environment, the eligibility profile doesn't work.

Importing by Creating All Named Destination Objects

You can create, rather than reuse, all named objects when importing a plan configuration.

- Enter a prefix, suffix, or both that the import process adds to the start or end of all source named objects during the import.
- Ensure that the **Reuse existing named objects** check box is clear.

Importing by Reusing Existing Destination Objects

You can reuse destination named objects that match the source objects that you are importing, as long as the existing destination objects are available as of the import date.

The import process:

- Doesn't reuse existing named destination objects that match the source objects if they are available as of a future date
- Prompts you to enter a prefix or suffix if it finds future-dated destination objects

The following table identifies the existing named objects that the import process always reuses, and the condition for that reuse:

Condition	Reused Objects
When you select Reuse existing named objects	Plan, plan type, options, reporting groups, regulations, eligibility profiles, and user-defined life events
Regardless of whether you select Reuse existing named objects	Year periods, predefined life events, action items, and formulas

Mapping HR, Payroll, and Compensation Objects

You must map any source workforce structure (HR), payroll, and compensation setup objects that you are importing to corresponding destination objects.

Source objects that you must map include:

- Legal employer, organization, location, department, person type, job, assignment status, grade, position, performance rating, qualification, and competency
- Formulas, payroll definition, and salary basis

To perform mapping during the import process, you must have data access privileges for the destination objects.

Importing Only Rates

If you frequently update just the rates, you can choose to import only those changes. When you import the zip file in the Plan Configuration work area, you need to select **Rates** from the list named **Import Specific Objects** to import only the rate data. This drop-down list is visible only when you import programs and plans.

The import process fails if these dependent objects aren't present in the destination environment:

- Program
- Plan
- Option
- Compensation Level Factor
- User Value
- Formula

- Flex Shell Plan
- Eligibility Profile

Reviewing Imported Objects

On the Review Imported Plan Configuration page, use the graph to identify visually any discrepancies between the number of source and destination objects. Click the relevant bar to:

- View details about the source and destination objects
- Identify which source objects were imported

Source and destination objects that are covered in this review are: age and service factor, age factor, benefit balances, benefit groups, compensation factor, coverage across plan types, coverage, eligibility profiles, full-time equivalent factor, hours worked factor, length of service factor, life events, options, plan types, plans, regulations, reporting groups, service areas, standard rates, user-defined criteria, and variable rate profiles.

Finalizing Imported Objects

Change the status for the imported program or plan not in program from Pending to Active in preparation for validating it. The import process:

- Always reuses fast formulas if they exist in the destination environment
- Creates fast formulas that don't already exist at the global level, even though the source formula is defined at LDG level
- Creates formulas using the same names as the source formulas, ignoring any entered prefix or suffix

You must validate the logic for the imported and created formulas, and then compile them individually or in bulk. Compile formulas by running the Compile Formula process on the Submit a Process or Report page.

Validating Imported Objects

You can compare the results of the following destination validation and evaluation with the results for those of the source environment.

- On the Import Benefits Plan Configuration page, search for your import request and click the name in the Search Results section. Open the Validate Imported Plan Configuration page to validate the imported program or plan not in program.
- On the Evaluation and Reporting work area, Processes tab, run the Evaluate Life Event Participation process for a sample person.

Related Topics

- [Benefit Plan Export](#)
- [Formula Compilation Errors](#)
- [Program and Plan Validation Statuses](#)
- [When do I run the Compile Formula process?](#)

How You Can Avoid Duplication Issues During Import and Export

You can use the alternative names provided for the set-enabled objects during the import process to prevent duplication issues.

You can use these objects in export and import even if their names are duplicated:

Alternative Names

Object	Alternative Name
Job	Name, JobCode, Set
Location	Name, InternalLocationCode, Set
Position	Name, PositionCode, Business Unit
Job Family	Name, JobFamilyCode
Collective Agreement	Name, IdentificationCode

Export and Import Supporting Benefits Objects Using FSM

Use the Setup and Maintenance work area to import and export the following benefits objects: collapsing rules, default benefits relationships, and rate and coverage user values.

At a high level, you perform the following steps to export and import benefits objects:

1. In the source environment, create a configuration package using an implementation project and include the setup task related to any of the following benefit objects:
 - o Manage Benefit Life Events - for collapsing life events
 - o Configure Default Benefits Relationships - for benefits relationships
 - o Manage Rate and Coverage User Values - for user values related to sale of vacation or sick time
2. Export the configuration package and download the ZIP file.
3. In the destination environment, you can select the configuration package and import the ZIP file.

Steps to Perform in the Source Environment

Complete these steps:

1. Create an Implementation project in the Setup and Maintenance work area.
2. Add a benefits task, for example, **Manage Benefit Life Events**, to the implementation project.
3. In the Setup and Maintenance work area, use the **Manage Configuration Packages** task to create a configuration package for the implementation project you created.
4. Export the setup data.
5. When the export is complete, download the ZIP file that contains the exported benefits objects.

Steps to Perform in the Destination Environment

Complete these steps:

1. In the destination environment, open the Manage Configuration Packages task in the Setup and Maintenance work area.
2. Search for the configuration package you created in the source environment. You might want to clear the default value that appears in the field that indicates the user who created the package. You do this to retrieve the correct configuration package.
3. Upload the configuration package using the ZIP file you downloaded. The application replaces the existing implementation project with the details in the ZIP file.
4. Import the setup data.
5. When the import is complete, check the configuration page of the benefits object. For example, open the Manage Rate and Coverage User Values page to see if the data appears as expected.

You can update imported **eligibility profiles** in the target environment. If the data is already present in the target environment, then the update will take place if there is any change in non-key attributes. If a key attribute is changed in the source, then a new object will be created in the target environment.

Related Topics

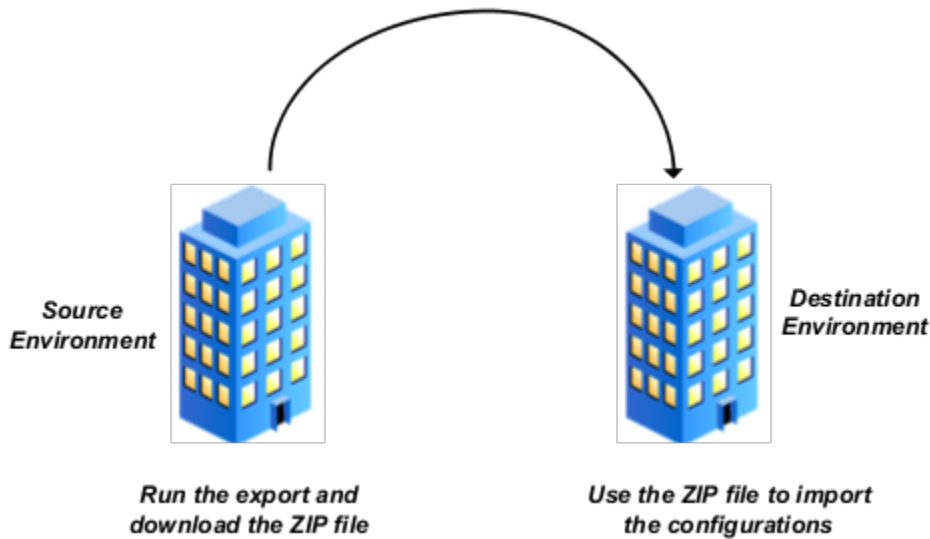
- [Key Information About Setup Data Export and Import Processes](#)
- [Export Setup Data Using Implementation Project](#)
- [Import Setup Data Using Implementation Project](#)

Export and Import Benefits Plan Configuration

You can use the export and import functionality to export programs, plans, and eligibility profiles in XML format from one environment and import it into another environment, such as development, test, or production, as well as into the same environment.

Also, you can migrate updated configurations across environments including date effective updates, error handling, and validations and use the log files to troubleshoot any import issues. You can compare each row from source and target after the import.

Here's an overview of how the export and import process works:



You access these the export and import tasks from both the Plan Configuration work area and the Setup and Maintenance work area.

How You Export Benefits Plan Configuration

Depending on the benefit object that you're exporting, here are the details of each related benefit object that the application includes in the export:

Benefit Object	Related Objects
Program	<ul style="list-style-type: none"> • Associated plan types • Plans, options • Year periods • Legal entities • Reporting groups • Organizations • Eligibility profiles • Life events • Action items • Formulas • Rate • Coverage • Coverage across plan type • Enrollment authorization • Dependent and beneficiary designation
Plan not in program	<ul style="list-style-type: none"> • Associated plan types • Options • Year periods

Benefit Object	Related Objects
	<ul style="list-style-type: none"> • Legal entities • Reporting groups • Regulations • Organizations • Eligibility profiles • Life events • Action items • Formulas • Rate • Coverage • Enrollment authorization • Dependent and beneficiary designation
Eligibility Profile	<ul style="list-style-type: none"> • Associated derived factors • Service areas, and formulas

Here are the steps to export and download the plan configuration data as a ZIP file:

1. Click **Navigator** > **Benefits Administration** > **Plan Configuration**.
2. In the Actions panel, click **Export Benefits Plan Configuration**.
3. Click **Create**.
4. Enter the required fields, and click **Submit**.
5. Back in the Search Results section, wait for the task to complete. Click **Refresh** to see the latest status.
6. When the task is complete, click the **Download** link. You can download a ZIP file and a log file. You need the ZIP file to import the configuration into your destination environment. The log file contains the results of each benefit object that was exported.

How You Import Benefits Plan Configuration

You use the ZIP that you downloaded as part of the export process to import the plan configuration into your destination environment.

Here's a list of eligibility profile criteria that you can't import:

Eligibility Profile Category	Criteria that the Import Doesn't Support
Personal	<ul style="list-style-type: none"> • Leave of absence • Qualification • Competency
Employment	<ul style="list-style-type: none"> • Performance rating info
Other	<ul style="list-style-type: none"> • Health coverage selected • Participation in another plan

Eligibility Profile Category	Criteria that the Import Doesn't Support
	<ul style="list-style-type: none"> Covered in another plan
Related Coverage	<ul style="list-style-type: none"> All criteria

When the import creates a new plan or program in the destination environment, they're in the **Pending** status. When the import updates an existing plan, the status is updated on the basis of the export file.

Here's a list of aspects related to how the import works with programs and plans:

Aspect	How the Import Works
User Values and Reporting Groups	The import doesn't add prefixes and suffixes to user values. If the name of the user value is the same in both the export ZIP file and the destination environment, it will be reused in the destination environment. If the user value name is changed at source, and you export the configuration subsequently, the import creates an object in the destination environment. Likewise, if you change the name of a reporting group at source, the import creates a new object in the destination environment.
Standard Rates and Payroll Elements	Proration details aren't included in the import. All payroll elements and input values that are exported from the source should exist in the destination.
Flex Shell Plans	The import doesn't add prefixes and suffixes to the flex shell plan and the plan type associated with it.

Here are the steps to import the plan configuration ZIP file that you exported:

1. In the Plan Configuration work area, click **Import Benefits Plan Configuration**.
2. Click **Create**.
3. In the Import Type list, select the type of benefit object to import.
4. Click **Browse** to locate the ZIP file that you exported.
5. Click **Submit**.
6. In the Task List section, wait for the process to complete. Click **Refresh** to see the latest status.
7. When the process finishes, click the **Go to Task** link in the Import Plan Configuration Data task row. Depending on the benefit object that you're importing, you can see the related mapping section on the Import Benefits Plan Configuration page. Review the mappings and make changes, if any.
8. Click **Submit** when you're done. In the Task List section, wait for the task to complete. You can click **Refresh** to see the latest status.
9. When the task is complete, click Back.
10. In the Search Results section, click the **Download** link for the import that you created to download the log file. The log file contains the results of each benefit object that was imported. See the How You Can Use the Log File to Review Imported Objects section for more information.
11. Check the configuration page of the benefits object. For example, open the Manage Rate and Coverage User Values page to see if the data appears as expected.

How You Can Use the Log File to Review Imported Objects

The import process generates a log file that provides a list of benefit objects that were imported. The log file also tells you any differences between the source and destination objects. For example, if both the source and destination objects have the same configuration, the log file says so.

If there are source objects missing in the destination, the log file will list those objects in the **Source objects missing in destination** section. This typically happens when you use prefixes and suffixes to distinguish the imported objects. The application creates these objects.

```

-----
Source objects missing in destination
-----
Object      -          key
-----
AgeFactor   -          Age factor 1
AgeFactor   -          Age factor 2
    
```

If additional objects were found in the destination, but don't exist in the source, the **Additional objects in Destination** section contains a list of such objects. This happens if you made any updates to these objects in the destination after an import, and you subsequently import another file.

```

-----
Additional objects in Destination
-----
Object      -          key
-----
AgeFactor   -          Age factor 3
AgeFactor   -          Age factor 4
    
```

You can update imported **eligibility profiles** in the target environment. If the data is already present in the target environment, then the update will take place if there is any change in non-key attributes. If a key attribute is changed in the source, then a new object will be created in the target environment.

Related Topics

- [List of Key Attributes for the FSM Import](#)

List of Key Attributes for the FSM Import

Here's the list of the key attributes for the criteria for the FSM import.

You can't change the key attribute named Name. You can change the other non-key attributes.

Eligibility Category	BUSINESS_OBJECT_NAME	DISPLAY_SEQUENCE	ATTRIBUTE_NAME
	Eligibility Profile		Name
PERSONAL	Benefit Eligibility Profile	2	Name
	Benefit Eligibility Gender Criteria	20	Sequence
		40	Gender
	Benefit Eligibility Person Type Criteria	20	Sequence
		40	Person Type
	Benefit Eligibility Disability	20	Sequence
		40	Disability Type
	Benefit Eligibility Tobacco	20	Sequence
		40	Tobacco Use
	Benefit Eligibility Religion	20	Sequence
	Benefit Eligibility Religion	40	Religion
	Benefit Eligibility Geography	20	Sequence
		40	Country
		50	State
		60	City
	Benefit Eligibility Geography No City	20	Sequence
		40	Country
		50	State
		60	City
	Benefit Eligibility Leave Of Absence	20	Sequence
	Benefit Eligibility Leave Of Absence No Reason	20	Sequence
	Benefit Eligibility Leaving Reason	20	Sequence
		40	Leaving Reason
	Benefit Eligibility Competency	20	Sequence
		40	Competency

Eligibility Category	BUSINESS_OBJECT_NAME	DISPLAY_SEQUENCE	ATTRIBUTE_NAME
	Benefit Eligibility Postal Code	20	Sequence
		40	Postal Range
	Benefit Eligibility Performance Rating	20	Sequence
		40	Template Name
		50	Most Recent
	Benefit Eligibility Qualification	20	Sequence
		40	Qualification Type
		60	Qualification Title
EMPLOYMENT	Benefit Eligibility Assignment Category	20	Sequence
		40	Full Time or Part Time
	Benefit Eligibility Assignment Status	20	Sequence
		30	Assignment Status Code
	Benefit Eligibility Grade	20	Sequence
		40	Grade Name
		50	Grade Code
	Benefit Eligibility Hire Date	20	Sequence
		40	Date Determination Rule
		50	Operator
		60	Criteria 3
	Benefit Eligibility Hourly or Salaried	20	Sequence
		40	Hourly or Salaried Code
	Benefit Eligibility Job Family	20	Sequence
		40	Eligibility Criteria Code
		50	Job Family Name
	Benefit Eligibility Job Function	20	Sequence
		40	Eligibility Criteria Code

Eligibility Category	BUSINESS_OBJECT_NAME	DISPLAY_SEQUENCE	ATTRIBUTE_NAME
		50	Criteria Character
	Benefit Eligibility Job	20	Sequence
		40	Job Name
		50	Job Code
	Benefit Eligibility Quartile in Grade	20	Sequence
		40	Quartile In Grade Code
	Benefit Eligibility Range Of Scheduled Hours	20	Sequence
		40	Determination Code
		50	Rounding Code
		60	Frequency Code
	Benefit Eligibility Organization/ Department	20	Sequence
		40	Department Name
	Benefit Eligibility Payroll	20	Sequence
		40	Payroll Name
	Benefit Eligibility Pay Basis	20	Sequence
		40	SalaryBasisName
	Benefit Eligibility People Manager	20	Sequence
		40	Criteria Character
	Benefit Eligibility Position	20	Sequence
		40	Position Code
		40	Postal Range
	Benefit Eligibility Probation Period	20	Sequence
		40	Operator
	Benefit Eligibility Work Location	20	Sequence
		40	Location Name
		50	Location Code

Eligibility Category	BUSINESS_OBJECT_NAME	DISPLAY_SEQUENCE	ATTRIBUTE_NAME
Labor Relations	Benefit Eligibility Labor Union Member	20	Sequence
		40	Labor member
	Benefit Eligibility Bargaining Unit Criteria	20	Sequence
		40	Bargaining Unit Code
	Benefit Eligibility Collective Agreement	20	Sequence
		40	Collective Agreement Name
	Benefit Eligibility Union	20	Sequence
		40	Union Name
Other	Benefit Eligibility Formula	20	Sequence
		40	Formula Name
		50	Legislative Data Group
	Benefit Eligibility Benefit Group	20	Sequence
		40	Benefit Group
	Benefit Eligibility User Defined	20	Sequence
		40	User Defined Criteria

Related Topics

- [Export and Import Benefits Plan Configuration](#)

FAQs for Benefits Export and Import

How can I resolve my plan configuration export errors?

If your export plan configuration request has a status of Completed with errors, click the Download button for that request. In the File Download dialog box, click the item that ends in .log to view the log file.

How can I fix duplicate sequencing errors during an import?

When you import a benefit object, differences in the way you map the source and destination objects during the import might result in errors. You can fix such duplicate sequencing errors.

For example, if you're importing an eligibility profile with the Employee eligibility criteria, you need to map the destination criteria to Employee in the mapping section, and not any other value. This is similar to the error you see when you create two different eligibility criteria with the same sequence number on the Create Eligibility Profile page.

How can I fix absence plan errors during an import?

Before you import a benefit object configuration that contain vacation sale absence plans or sick-time sale plans, you need to make sure that these plans exist in the destination environment. Also, you can't specify prefixes or suffixes to these plans during the import.

How can I fix payroll element errors during an import?

If the benefit object configuration you're importing contains standard rates that link to elements and input values, you need to make sure that these exist in the destination environment.

How can I fix effective date errors during an import?

You need to make sure that the effective dates for the child benefit objects fall within the effective dates of the parent object. This applies to objects in both the source and destination environments.

For example, suppose you import this configuration:

Benefit Object	Effective Start Date	Effective End Date
Program A	January 1, 2020	December 31, 2025
Plan A	January 1, 2020	December 31, 2025
Plan B	January 1, 2020	December 31, 2025

Subsequently, in the source environment, if you change the effective end date of Plan A to April 2026, the import won't succeed because the program in the destination environment ends earlier, on December 31, 2025. To resolve this,

you need to change the effective date of the plan in the destination environment to the same date as of the source environment.

26 Integrated Workbooks for Loading Data

Overview of Managing Benefits Objects in Integrated Workbooks

Use integrated Microsoft Excel workbooks to manage multiple records at one time for various Benefits objects.

Here's the list of Benefits objects that you can manage in Integrated Workbooks:

- Enrollments
- Plans and programs
- Rates and variable rates
- Derived factors
- Reporting groups
- Benefit balances
- Benefit groups
- Person habits
- Postal code ranges and service areas
- Regulations
- ACA Override Upload
- Upload Billing Payments

Examples

In the application, when managing person habits, you must enter the Benefits Service Center page for each person individually. With the integrated workbook, you can manage the person habits for multiple persons at one time and upload the data.

Rather than searching for each rate individually when preparing for your next open enrollment period, you can download them to the integrated workbook. Make your edits in the workbook and upload them back to the application.

Manage Benefit Regulations in the Integrated Workbook

You can record multiple regulations, including rules, policies, and statutory requirements enacted by regulatory bodies governing benefit plans, in a single integrated Microsoft Excel workbook. Then, upload the regulations and associate them with benefit reporting groups for reporting purposes.

The basic process for managing benefit regulations using the workbook is:

1. Generate the workbook.
2. Record regulations and associate them with benefit reporting groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Regulations** to open the Manage Regulations page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating and Associating Regulations in the Workbook

The workbook columns are the same as the fields in the Create Regulations dialog boxes.

1. In the Regulation section, create rules, policies, or statutory requirements.
2. In the Regulatory Body section, associate regulations with regulatory bodies.

Uploading Edits

After you complete your edits, click **Upload** to load into the application table those rows that are marked as **Changed**.

Note: You can't edit regulations in the workbook after they upload successfully. However, you can edit regulations on the Manage Regulations page.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row.

If there are errors that require review, the process:

1. Rolls back the change in the application
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Manage Reporting Groups in the Integrated Workbook

You can create and upload reporting groups using the integrated Microsoft Excel workbook.

The basic process for managing reporting groups using the integrated workbook is:

1. Generate the workbook.
2. Create reporting groups and add details to existing groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Reporting Groups** to open the Manage Reporting Groups page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating Reporting Groups and Adding Details

The workbook columns and choice lists are the same as the fields and choice lists on the Edit Reporting Groups page.

- Create a reporting group.
 - a. Associate benefit programs and plans with the reporting group.
 - b. Select which regulatory bodies and regulations govern the reporting group.
- Add details to existing reporting groups. For example, associate an additional program with an existing reporting group.
 - a. Enter the name of the reporting group in the Component Program section.
 - b. Select the program.
 - c. Enter the effective start date.

Note: You can't edit existing data for a reporting group in the workbook. However, you can edit existing reporting group data on the Manage Regulations page.

Uploading Edits

After you complete your edits, click **Upload** to load into the application database those rows that are marked as **Changed**.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**

3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Manage Postal Code Ranges and Service Areas in the Integrated Workbook

You can define postal code ranges and service areas for use as eligibility criteria using a single integrated Microsoft Excel workbook. Then, upload them into the application database. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing postal code ranges and services areas using the workbook is:

1. Generate the workbook.
2. Edit postal code ranges and service areas in their respective worksheets.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Service Areas** to open the Manage Benefit Service Areas page.
2. In the Search Results section of either the Postal Code Ranges or Service Areas tab, click **Prepare in Workbook**.

Editing Postal Code Ranges and Service Areas in the Workbook

The worksheet columns in each section are the same as fields in the corresponding application dialog box, as shown in this table.

Worksheet Section	Dialog Box
Postal Code Ranges	Create Postal Code Ranges
Service Areas	Create Service Area

In the respective worksheet:

1. Create the postal code ranges.
2. Upload the postal ranges if you plan to add them to service areas.
3. Create the service areas and edit existing ones.
4. Enter the postal code ranges that comprise the service area for each added service area.

You can enter multiple postal code ranges for a single service area. To do so, name the service area in the first column of the Postal Code Ranges section for each postal code row.

Note: The postal code ranges must exist in the application database before you can enter them in the worksheet rows. Upload any new postal code ranges first, before you upload your service area edits.

Uploading Edits

After you complete your edits, click **Upload**.

The process:

- Uploads to the application tables only those rows marked as changed
- Updates the Worksheet Status field only if the server or database becomes inaccessible during upload

When you upload the service area worksheet with postal code ranges that weren't successfully uploaded, the data in the Service Area section might upload successfully. However, an error status indicates invalid postal code range for any rows in the Postal Code Ranges section with values not yet uploaded.

Note: You can't edit postal code ranges in the worksheet if they uploaded successfully. To edit the postal code ranges after upload, use the Manage Postal Code Ranges and Service Areas page in the Plan Configuration work area.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Manage Benefits Derived Factors in the Integrated Workbook

Use the integrated Microsoft Excel workbook available in the Manage Derived Factors page to create, edit, and delete multiple derived factors simultaneously.

The workbook contains the following tabs with each tab enabling you to configure derived factors belonging to a particular type:

- Age
- Length of Service
- Age and Service
- Compensation
- Hours Worked
- Full-Time Equivalent

You perform these basic steps to configure derived factors using the workbook:

1. Generate and populate the workbook.
2. Create, edit, or delete derived factors in multiple tabs.
3. Upload edits.
4. Resolve errors if required.

Repeat these steps as many times as required to accommodate revisions.

Generating and Populating the Workbook

Perform these steps:

1. Navigate to the Plan Configuration work area, Manage Derived Factors page.
2. Click **Prepare in Workbook**.

Creating Derived Factors

For example, if you want to enter derived factors for Age:

1. Select the Age worksheet.
2. Click **Search** on the Derived Factors tab that is available as part of the Excel ribbon toolbar.
3. Insert a row at the end of the search results and enter the data for the new derived factor.
4. Click **Upload**. You can enter data in multiple workbooks.

Making Changes to Existing Derived Factors

For example, to make changes to a Compensation derived factor:

1. Select the required worksheet and enter the name of the specific derived factor you want to make changes to.
2. Click **Search**.
3. Make the required changes to the derived factors.

4. Click **Upload**.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Manage Standard Benefit Rates in the Integrated Workbook

You can generate the integrated Microsoft Excel workbook in which you can manage standard benefit rates. Then, upload your changes into the application database. The workbook enables you to create, edit, delete, and end-date rates. You can find the workbook on the Manage Benefit Rates page in the Plan Configuration work area.

You perform these basic steps to manage benefit rates using the workbook:

1. Generate and populate the workbook.
2. Create, edit, delete, or end-date the standard rates. For example, you can edit rates to reflect annual changes in contribution.
3. Upload the workbook.
4. Resolve errors if required.

Repeat these steps as many times as required to accommodate revisions.

Generating and Populating the Workbook

You can select a value from the Range of Rows list to display the search result for the selected range.

1. On the Manage Benefit Rates page, click **Prepare in Workbook** to generate the workbook.
2. In the search section at the top of the workbook, you must select a calculation formula. This acts as a filter for the records that the download process adds as rows in the Search Results section after you click **Search**.
3. Select a plan name. You can use wildcard searches to pull rates for multiple plans together. For example, you can use Medical% to pull all plan names that start with the term Medical.
4. Use the other fields to further filter your search result records. To search for the rates that have the **Participants enter value at enrollment** check box selected during rate creation, you need to set the **Participants enter value during enrollment** field as **Yes**. You use this field only when you select the Calculation Formula as **Flat Amount** in the spreadsheet.

The search results include a column named **Copy Calculation Method Fields to all Rates** only when you specify Legal Employer or Legislative Data Group in the search criteria. You need to set the value of this to **Y** to copy the calculation methods of a rate to the rates of other legal entities of the same benefit object.

Some of the cells in the spreadsheet are purposefully locked. You shouldn't unprotect the spreadsheet and load values in such cells. The application doesn't save such values.

Managing Standard Rates

After you generate and populate the workbook, to add a rate, insert a blank row after the last populated row, and enter data. When you edit a rate, make sure you enter data only in the search results fields with a white background. The upload process ignores edits in search results fields with a nonwhite background. Edit the following objects in the Plan Configuration work area, rather than in the workbook:

- Variable rate profiles
- Variable formulas
- Extra inputs
- Partial month determination
- Annual rates

Uploading the Workbook

After you complete your edits, click **Upload** to load into the application database those rows marked as **Changed**. The process:

1. End dates the original benefit rate record

It sets the effective end date to the day before the effective as-of date that you used as part of your download filter.

2. Adds a new benefit rate record with your edits

The effective start date is the same as your effective as-of date and the effective end date is the original effective end date.

3. Moves changed rows to the bottom of the workbook.

To validate the changes, return to the Manage Benefit Rates page, Standard Rates tab and search for the changed or newly added rate.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)
- [Set Up Desktop Integration for Excel](#)

Manage Variable Benefit Rates in the Integrated Workbook

You can create and upload variable rates by defining variable rate profiles and associating them with standard rates using the integrated Microsoft Excel workbook.

The basic process for managing variable rates using the workbook is:

1. Generate the workbook.
2. Create and edit variable rate profiles.
3. Upload edits.
4. Add variable rate profiles to standard rates.
5. Upload edits.
6. Resolve errors.

Repeat these steps as many times as required.

Prerequisites

Before you upload new or edited variable rate profiles, confirm that the following already exist in the application database:

- Any associated benefit eligibility profiles, plans, and options
- Any referenced compensation user-defined factors where **Calculation Method** is set to **Multiple of compensation**
- Any referenced fast formulas associated with variable rate profiles where **Calculation Method** is set to **Calculate for enrollment formula**

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Rates** to open the Manage Benefit Rates page.
2. On the Search Results section toolbar of the Variable Rate Profiles tab, click **Prepare in Workbook**.

Creating and Editing Variable Rate Profiles and Adding them to Standard Rates

Use the two worksheets in the workbook to:

- Create and edit your variable rate profiles in the variable rate profiles worksheet.

- Associate existing and newly uploaded variable rate profiles with standard rates in the standard Rates worksheet.

On both worksheets:

1. Select a calculation method. The calculation method for all rows must match the calculation method for the workbook, which you selected in the Search section. Mismatches result in errors when you upload your data.
2. Optionally, enter an effective as-of date. The download process uses the date as a constraint when downloading either the variable rate profiles or the standard rates. The upload process uses it to set the effective date for the new and edited profiles and edited standard rates. If you leave this field blank, the upload process sets the current date, also known as the system date, as the effective date.
3. Search for either the variable rate profiles or standard rates that match your criteria. The Search button and other integrated workbook buttons, such as Upload, Delete, and End-Date are available in the Upload Variable Rate Profiles tab.
4. Depending on the worksheet, either:
 - Create and edit the profiles, as required.
 - Associate the profiles with the relevant standard rates.
5. Upload your edits to the application database.

The variable rate profiles must already exist in the application database before you can associate them with standard rates in the workbook. Upload any new or edited variable rate profiles and associate them with standard rates.

Some of the cells in the spreadsheet are purposefully locked. You shouldn't unprotect the spreadsheet and load values in such cells. The application doesn't save such values.

Note: You must associate future-dated profiles with standard rates in the application; you can't do it in the workbook.

Uploading Edits

After you complete your edits for one of the worksheets, in the Upload Variable Rate Profiles tab, click **Upload** to load into the application tables those rows that are marked as **Changed**.

Randomly test that the upload worked as you expected by searching for one or more of the following in the application:

- New or edited variable rate profiles
- Standard rates with which you associated a variable rate profile

The upload process updates the worksheet **Status** field only if the server or database becomes inaccessible during upload.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.

2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- [Set Up Desktop Integration for Excel](#)
- [What's the difference between Export to Excel and desktop integration for Excel?](#)
- [Guidelines for Using Desktop Integrated Excel Workbooks](#)

FAQs for Integrated Workbooks

How can I copy calculation methods of a rate to rates of other legal entities?

In the Rates integrated workbook, set the value of the Copy Calculation Method Data to All Rates column to Y.

Before you upload the data, ensure that the source and destination rates follow all these conditions:

- Same benefits object
- Same display type
- same calculation method

How can I override or add missing values in the 1095-C benefits report?

Use the ACA Override Upload workbook in the Person Data Loaders tab of the Evaluation and Reporting working area.

In the spreadsheet, enter the required details, such as the person number, person name, ACA report line number, year, and override reason. Then, click **Upload** in the **ACA Override Upload** menu to upload the spreadsheet.

To delete an existing override, enter **Yes** in the **Delete** column of the required row and upload the spreadsheet.

27 Formula Creation and Error Handling for Benefits

Overview of Benefits Formulas

Use formulas to configure your plan design to the requirements of your enterprise.

They provide a flexible alternative to delivered business rules for such purposes as:

- Date calculations, such as:
 - Enrollment start and end dates
 - Rate or coverage start and end dates
 - Waiting periods and enrollment periods
 - Action item due dates
- Calculations of rate and coverage amount, minimum and maximum, or upper and lower limits
- Certification requirements
- Partial month and proration calculations
- Eligibility and participation evaluation

For example, you can write a formula to calculate benefits eligibility for those cases where the provided eligibility criteria don't accommodate your particular requirements.

A formula can return more than one value to a calling package. In Benefits, different packages which call the formula expect outputs to be returned differently. Based on the formula type, the number and data types of values to be returned are predefined. Some packages expect the predefined names for output variables; the order of a variable in the return statement does not matter. Some packages expect the return variables to be returned in a certain order; in this case the name of output variable does not matter. If predefined names are expected to be used and the formula does not use the expected names, the process would error out at run time.

Related Topics

- [Guidelines to Test Benefits Formulas](#)

Overview of Using Formulas

Oracle Fast Formula is a simple way to write formulas using English words and basic mathematical functions. You can use information from your database in formulas without learning the database structure or a programming language.

Each formula usage summarized in this topic corresponds to one or more formula types, requiring specific formula inputs and outputs.

The formulas delivered in Oracle HCM Cloud contain English language names, but you can write formulas in other languages. You can provide formula names and descriptions in any language. Formula text isn't translated, but can

handle non-English user-defined elements, input values, or balances. For example, if you define an element name in Chinese, the base element name is stored in Chinese. If you create a formula, it can have variable names or string values in other languages and character sets like Chinese.

Calculate Payrolls

You can write payroll calculations and skip rules for elements to represent earnings and deductions.

You can do these tasks using fast formulas:

- Control the repetition of a payroll flow.
- Control when elements are processed in a payroll run.
- Define a set of people for payroll processing, data entry, or reporting.
- Validate one or more element entry values. Provide a default value for an element entry value, or calculate entry values based on the user's entries in other entry values.
- Validate entries in user-defined tables.
- Proration formulas control how payroll runs prorate element entries when they encounter an event such as a mid-period change in an element entry value.
- Associate more than one payroll formula with each element to perform different processing for employee assignments with different statuses.
- Transformation formulas convert inbound data into a format that HCM Data Loader understands.
- Configure payment method preferences. For example, you can limit the number and types of payment methods.

Benefits Administration

You can use formulas to structure your benefit plans. Formulas provide a flexible alternative to the delivered business rules. Use formulas to configure:

- Date calculations, such as enrollment start and end dates, rate or coverage start and end dates, waiting periods and enrollment periods, or action item due dates
- Calculations of rate and coverage amount, minimum and maximum, or upper and lower limits
- Certification requirements
- Partial month and proration calculations
- Eligibility and participation evaluation

For example, you can write a formula to calculate benefits eligibility for those cases where the provided eligibility criterion doesn't accommodate your particular requirements.

Note: For more information, see Benefits Fast Formula Reference Guide (1456985.1) on My Oracle Support at <https://support.oracle.com>.

Define Configuration for Compensation

Here's what you can modify using formulas and add flexibility to existing compensation plan configuration:

- Start and end dates for compensation allocations under individual compensation plans

- Person selection, hierarchy determination, column default values, and currency selection for workforce compensation plans
- The source of items displayed in total compensation statements

Define Formulas to Create Rule Templates for Time and Labor

Use formulas with time repository rule templates to create rules. The formulas contain delivered combinations of rule parameters and output results. You can use one formula with multiple rule templates by varying the template configuration.

When creating a rule template, you select a formula name, and then configure the parameter type and display name of the parameters and variables. You don't have to redo the entire formula statement to determine what details to change to achieve a particular outcome.

Here's what you can use formulas to apply in Time and Labor:

- Logic for processing or calculating time
- Parameters that enable rules to pass values to the formula for use in calculations
- Output variables that the formula uses to return calculation results to the rules

For example, the Period Maximum Hours Template uses the WFM_PERIOD_MAXIMUM_TIME_ENTRY_RULE formula to compare reported time category hours to defined maximum hours.

Note: For more information, see Time and Labor Fast Formula Reference Guide (1990057.1) on My Oracle Support at <https://support.oracle.com>.

Create Benefits Formulas

Here's how you create Benefits formulas:

1. Click **Navigator > Benefits Administration > Plan Configuration**
2. In the **Actions** panel, click **Define Formula**.
3. Follow the prompts to define the formula.

Example of Writing a Fast Formula Using Formula Text

In this example, you use the text editor to create a fast formula.

Here are the key decisions when deciding on which formula to create:

Key Decisions	In This Example
Is the formula for a specific legislative data group?	No, this is a global formula that can be used by any legislative data group.

Key Decisions	In This Example
Are there any contexts used in this formula?	No
Are there any database item defaults?	Yes, PER_ASG_JOB_NAME
Are there any input value defaults?	No
What are the return values?	MIN_HOURS, MAX_HOURS, FREQUENCY

Creating a Fast Formula Using the Text Editor to Determine a Manager's Scheduled Hours

1. Search for and select **Fast Formulas** in **My Client Groups**.
2. Click **Create**.
3. Complete these fields:

Fields for the Fast Formula	Values for the Fast Formula
Formula Name	Manager Range of Scheduled Hours
Formula Type	Range of Scheduled Hours
Description	Manager's Range of Hours
Effective Start Date	1-Jan-2010

4. Click **Continue**.
5. Enter these formula details in the Formula Text section:

```

/* DATABASE ITEM DEFAULTS BEGIN */
DEFAULT FOR per_asg_job_name IS ' '
/* DATABASE ITEM DEFAULTS END */
JOB_1 = PER_ASG_JOB_NAME
IF JOB_1 = 'Manager' then
(MIN_HOURS = 25
MAX_HOURS = 40
FREQUENCY = 'H')
else
(MIN_HOURS = 20
MAX_HOURS = 35
FREQUENCY = 'H')
return MIN_HOURS, MAX_HOURS, FREQUENCY

```

6. Click **Compile**.

7. Click **Save**.

Improve Formula Performance

Use various approaches to ensure that your formulas are easy to read, use, understand, and processed efficiently.

Variable Names and Aliases

Use concise and meaningful variable names. If the names of database items are long, you can use aliases. The length of database item name doesn't impact the performance or memory usage of a formula.

Inputs Statements

Tip: The best approach is to use `INPUTS` statements rather than database items whenever possible. You don't have to access the database for input variables, which in turn speeds up your payroll run.

Here's an example of a formula without the `INPUTS` statement:

```
SALARY = SALARY_ANNUAL_SALARY / 12
RETURN SALARY
```

Here's how you can use the `INPUTS` statement efficiently:

```
INPUTS ARE ANNUAL_SALARY
SALARY = ANNUAL_SALARY / 12
RETURN SALARY
```

CHANGE_CONTEXTS Statement

Tip: The best approach is to use `CHANGE_CONTEXTS` statement only when required, because `CHANGE_CONTEXTS` can cause database item values to be fetched again from the database.

You can perform multiple context changes using a single `CHANGE_CONTEXTS` statement, instead of calling `CHANGE_CONTEXTS` from other `CHANGE_CONTEXTS` blocks.

For example, use a single `CHANGE_CONTEXTS` statement in the first formula, which is efficient than the second formula:

```
CHANGE_CONTEXTS(EFFECTIVE_DATE = l_eff_date, AREA1= 'California')
(
  /*Do something here*/
)

CHANGE_CONTEXTS(EFFECTIVE_DATE = l_eff_date)
(
  CHANGE_CONTEXTS(AREA1 = 'California')
  (
    /*Do something here*/
  )
)
```

Don't use the `CHANGE_CONTEXTS` statement to set contexts that you would reasonably expect to be already set.

For example, the `PERSON_ID` context is generally already set in a formula that processes person information. If this context isn't set, then `GET_CONTEXT` doesn't fetch any value. `GET_CONTEXT` only returns the default value of -1. This code doesn't achieve anything:

```
l_person_id = GET_CONTEXT(PERSON_ID, -1)
l_effective_date = GET_CONTEXT(EFFECTIVE_DATE, '0001-01-01 00:00:00') (DATE)

CHANGE_CONTEXTS(PERSON_ID = l_person_id, EFFECTIVE_DATE = l_effective_date)
(
  /*Do something here*/
)
```

Database Items

Tip: The best approach is to retain only the required database items in a formula. Don't refer to database items in a formula unless it's absolutely required. Sometimes a formula might contain databases that it doesn't need, which causes the formula to make unnecessary database calls. As a result, the efficiency of the formula is impacted.

In this example, the use of database items always causes a database fetch for `AGE`.

```
S = SALARY
A = AGE
IF S < 20000 THEN
IF A < 20 THEN
  TRAINING_ALLOWANCE = 30
ELSE
  TRAINING_ALLOWANCE = 0
```

In this example, the use of database items fetches `AGE` only if salary is less than 20000:

```
IF SALARY < 20000 THEN
IF AGE < 20 THEN
  TRAINING_ALLOWANCE = 30
ELSE
  TRAINING_ALLOWANCE = 0
```

Database Items for HCM Extracts

Some database items are intended only for HCM Extracts reporting. These database items return a high amount of data and retrieve it inefficiently when used in a formula.

For example, an HCM Extracts database item retrieves information for all employees on the application, or complete information of a particular employee since the start of employment. This data retrieval is fine for reporting as reports process lots of data. Formulas usually process small amount of data limited to specific cases. HCM Extracts allow extra conditions to be added to limit the data returned, but formulas don't.

With these database items, more complex formulas are required to get the right data and the performance of the formulas is extremely poor because of the large data volumes. For example, the array database item `PER_EXT_ALL_PHONE_AREA_CODE` returns all phone area codes as of an effective date. Together with `PER_EXT_ALL_PHONE_PERSON_ID`, and `PER_EXT_ALL_PHONE_TYPE`, it's possible to get a person's home phone's area code.

But for a simpler formula and better performance, you can use the `PER_PER_HOME_PHONE_AREA_CODE` database item to retrieve the home phone's area code. `PER_PER_HOME_PHONE_AREA_CODE` uses `PERSON_ID` and `EFFECTIVE_DATE` contexts to get its data. `PER_EXT_ALL_PHONE_AREA_CODE` only uses the `EFFECTIVE_DATE` context.

While Loop

Use an `EXIT` statement or a change to the loop condition to leave a `WHILE` loop immediately once you complete your task. For example, don't continue when you have already found a single item that you were looking for.

Formula Logging

Formula logging can help during implementation when developing formulas. It can also help with problem diagnosis. When investigating problems logged through a support service request, Oracle may ask for logging information.

Although logging can be very useful, the logging process may impact performance and slow down processing in general. Other processes waiting on resources utilized by the logging process, may take longer to complete or be delayed in starting.

It is advisable to remove unnecessary logging statements once the purpose is served. If there is a need to retain logging statements for diagnostic purposes then it is suggested that they are executed conditionally, for example:

```
debug = 0
if (debug = 1) then
(
/* Log statements here. */
)
```

When logging is required, set `debug = 1` and recompile the formula.

Note: Don't forget to disable logging when finished.

Formula Compilation Errors

Compilation errors are displayed in the Fast Formulas page after you compile the formula. The compiler stops the compilation process when it encounters an error. Error messages display the line number and the type of error.

Common Compilation Errors

Here's some of the common formula compilation errors.

Formula Compilation Error	Description
Syntax Error	The formula text violates the grammatical rules for the formula language. For example, if you use <code>IF1</code> instead of <code>IF</code> in an <code>IF</code> statement.
Incorrect Statement Order	<code>ALIAS</code> , <code>DEFAULT</code> , or <code>INPUT</code> statements come after other statements.
Misuse of <code>ASSIGNMENT</code> Statement	Occurs when any of these conditions exist: <ul style="list-style-type: none"> An <code>ASSIGNMENT</code> assigns a value to a database item. A context is assigned a value externally to a <code>CHANGE_CONTEXTS</code> statement. The formula assigns a value to a non-context variable within a <code>CHANGE_CONTEXTS</code> statement.

Formula Compilation Error	Description
	You can use <code>CHANGE_CONTEXTS</code> statements in a formula.
Misuse of ALIAS Statement	You can use an ALIAS statement only for a database item.
Missing DEFAULT Statement	A database item that specifies a default value must have a DEFAULT statement.
Misuse of DEFAULT Statement	You specify a DEFAULT statement for a variable other than as an input or a database item.
Uninitialized Variable	The compiler detects that a variable is uninitialized when used. The compiler can't do this in all cases. This error often occurs when the formula includes a database item that requires contexts that the formula type doesn't support. The formula treats the database item as a local variable. For example, balance database items require the <code>PAYROLL_REL_ACTION_ID</code> , <code>PAYROLL_ASSIGNMENT_ID</code> and <code>CALC_BREAKDOWN_ID</code> contexts. Typically, you use these statements in formulas of type Oracle Payroll.
Missing Function Call	The compiler doesn't recognize a function call. The combination of return type, function name, and parameter types doesn't match any available function.
Incorrect Operator Usage	An instance of a formula operator use doesn't match the permitted uses of that operator. For example, the <code>+</code> operator has two permitted uses. The operands are both of data type NUMBER , or both of data type TEXT .
Inconsistent Data Type Usage	The formula uses a formula variable of more than one data type. Or the formula uses a database item or context with the wrong data type. For example, Variable A is assigned a NUMBER value at the start of the formula, but is assigned a TEXT value later in the formula.
EXIT Statement Not Within WHILE Loop	A condition that eventually becomes false or an EXIT call for exiting the loop doesn't exist.
Misuse of Context	The formula uses a variable as a context, or a context as a variable. For example, a formula assigns a value to AREA1 as an ordinary variable, but later uses AREA1 as a context in a <code>GET_CONTEXT</code> call.

Formula Execution Errors

Fast formula execution errors occur when a problem arises while a formula is running. Typically, data-related issues cause these errors either in the formula or in the application database.

Formula Execution Errors

Here's some of the formula execution errors.

Formula Execution Error	Description
Uninitialized Variable	<p>When the formula compiler can't fully determine if a variable or context is initialized, it generates a code to test if the variable is initialized.</p> <p>When the formula runs, the code displays an error if the variable or context isn't initialized.</p>
Divide by Zero	Raised when a numeric value is divided by zero.
No Data Found	<p>Raised when a non-array type database item unexpectedly fails to return any data. If the database item can't return data, then it should provide a default value.</p> <p>You can specify a default value using a DEFAULT statement. An error in formula function code can also cause this error message.</p>
Too Many Rows	<p>Raised when a non-array type database item unexpectedly returns more than a single row of data. The cause is an incorrect assumption made about how the data is being accessed.</p> <p>An error in the formula function code can also cause this error message.</p>
NULL Data Found	<p>Raised when a database item unexpectedly returns a NULL data value. If the database item can return a NULL value, then it provides a default value.</p> <p>Note: Some database items can't return a NULL value. If the database items can return a NULL value, then you can provide a default value for that database item.</p>
Value Exceeded Allowable Range	Raised for a number of reasons, such as exceeding the maximum allowable length of a string.
Invalid Number	Raised when a formula attempts to convert a nonnumeric string to a number.
User Defined Function Error	Raised from within a formula function. The error message text is provided as part of the formula error message.
External Function Call Error	A formula function returns an error, but doesn't provide any additional information to the formula code. The function may have sent error information to the logging destination for the executing code.
Function Returned NULL Value	A formula function returns a NULL value.
Too Many Iterations	A single WHILE loop, or a combination of WHILE loops has exceeded the maximum number of permitted iterations. This error is raised to terminate loops that can never end, which indicates a programming error within the formula.
Array Data Value Not Set	The formula tries to access an array index that has no data value. This error occurs in the formula code.
Invalid Type Parameter for WSA_EXISTS	You specify an invalid data type in the WSA_EXISTS call.
Incorrect Data Type For Stored Item	When retrieving an item using WSA_GET , the actual data type doesn't match that of the stored item. This error occurs within the calling formula.

Formula Execution Error	Description
Called Formula Not Found	The called formula isn't found when attempting to call a formula from a formula. This error may occur due to an issue in the calling formula, or because of installation issues.
Recursive Formula Call	An attempt was made to call a formula from itself. The call could be made directly or indirectly from another called formula. Calling a formula in a recursive manner isn't permitted.
Input Data Has Different Types in Called and Calling Formulas	When calling a formula from a formula, the input data type within the called formula doesn't match the data type specified in the calling formula.
Output Has Different Types In Called and Calling Formulas	When calling a formula from a formula, the output data type within the called formula doesn't match the data type specified in the calling formula.
Too Many Formula Calls	When a formula calls another formula in its text, resulting in a hierarchy. The maximum depth of the hierarchy is 10.

Guidelines to Test Benefits Formulas

Use the Evaluate Formulas and Eligibility Profiles task in the Plan Configuration work area to test whether a benefits formula works as expected for a sample participant.

This topic covers the following aspects:

- Authoring formulas
- Restrictions
- Available contexts
- Formula results

Note: The formula evaluation tool does not change any data when you test a formula.

Authoring Formulas

You create formulas using the Define Formula task in the Plan Configuration work area.

Restrictions

You cannot test formulas designed to act on data that is not saved to the database yet. For example, you cannot test these formula types:

- Person Change Causes Life Event
- Post Election Edit

You cannot test formulas designed to act on input values received from a process that the formula calls at runtime. For example, you can't test the Rate Periodization formula type. You can still use this tool to test such formulas by creating a version that contains fixed input values available in the code.

Available Contexts

You must provide values to the following contexts to test any benefits formula:

- Effective date
- Person name
- Benefits relationship

You can also provide values to these contexts depending on the formula type:

- Life event name
- Program name
- Plan name
- Option name

Formula Results

The Formula tab displays the results of the last five formula submissions. The Results window displays the name of the return variable defined in the formula and its value. To view more details, you can download and view the generated log file.

FAQs for Formulas

When do I run the Compile Formula process?

When you create or update multiple fast formulas simultaneously, run the Compile Formula process on the Submit a Process or Report page.

What's the difference between a formula compilation error and an execution error?

Compilation errors occur on the Fast Formulas page when you compile the formula. An error message explains the nature of the error.

Common compilation errors are syntax errors resulting from typing mistakes. You can view error messages on the dashboard or go to the messages tab directly after the process is run.

Execution errors occur when a problem arises while a formula is running. Typically, data-related issues either in the formula or in the application database cause these errors.

28 Benefits Alerts

How You Configure and Enable Benefits Alerts

You can use the standard Alerts functionality to send automatic notifications to benefits participants for some events. You do this from the Alert Composer page.

To get to this page, click **Navigator > Tools > Alerts Composer > .**

Benefits Alerts

Benefits alert codes begin with the words BEN. If you see a long list of alerts on the Alerts page, you can display relevant results by searching for BEN in the **Search** box. To edit an alert, click **Actions**, and click **Edit**.

Alert	Type	What It Does
Open Enrollment (BEN_OPEN_NOTIFICATION)	Resource	Notifies eligible participants of an upcoming open enrollment. You need to schedule this alert using the Run Options tab that you can see when you edit the alert. For example, you can schedule the alert to send the email a couple of weeks before open enrollment starts, with a reminder a week later.
Summary of Elections at Open Enrollment (BEN_ELECTIONS_SUMMARY)	Event	Provides a link to the summary of the participant elections at open enrollment and reminds participants that they have pending actions. Participants get a notification with the summary of their elections. The notification also provides a link to the Pending Actions self-service page so that participants can quickly get to that page and complete their actions.
Open Enrollment Reminder (BEN_OPEN_REMINDER)	Resource	Reminds eligible participants on the closing date of the open enrollment. You need to schedule this alert using the Run Options tab when you edit the alert. For example, send a notification 2 weeks before open enrollment closes.
Document approved or rejected (BEN_DOCUMENT_APPROVAL)	Event	Notifies participants that their uploaded document has been approved or rejected. A notification is sent when the document is approved or rejected.
Confirmation of Dependent Added by Court Order (BEN_COURT_ORDER_DEPENDENT_CREATED)	Event	Notifies participants when a dependent is added, to be covered by a court order

Alert	Type	What It Does
Confirmation of a Self-Declared Event (BEN_REPORT_LIFE_EVENT)	Event	Notifies participants when a new self-declared event is added

How You Configure Alerts

At a high level, here's what you need to do to enable event alerts and make them available to benefits users.

1. Enable the alerts you want to use on the Alerts page.
2. Open the alert for editing, and use the Templates tab if you want to change the wording or format, or add graphics and links.
3. Use the **Run Options** tab if you want to define a schedule for event alerts and make any changes to the delivered runtime settings.

How You Modify the Alert's Template

You can find the message text as part of the template of each alert. For example, find and edit the Open Enrollment alert, and click the **Templates** tab. Then, click **Edit > Manage Recipients and Message**.

You can modify or reformat the message text. You can select options, such as font, size, and style. You can add graphics or change the links. You can even add or remove the values in parenthesis.

You can even add more templates for the same alert trigger criteria.

How You Enable the Alerts

On the Alerts page, open the benefits alert for editing, and select **Yes** in the **Enabled** list. You can either enable all the benefits notifications or enable only the ones you want.

Before You Run the Open Enrollment Resource Alert

Make sure that the following aspects are in place before you run the alert:

- You need to run the Evaluate Scheduled Event Participation process (Open mode).
- Participants need to have the Open life event in the **Started** status and should have some enrollment opportunities.
- Verify the alert filters, for example, the Life Event Occurred Date filter.
- Test this resource alert using the **Simulate Run** option before you run it.

Before You Run the Open Enrollment Reminder Resource Alert

Make sure that the following aspects are in place before you run the alert:

- You need to run the Evaluate Scheduled Event Participation process (Open mode).
- You need to run this resource alert within the open enrollment period.
- Participants need to have the Open life event in the **Started** status and should have some enrollment opportunities.
- Verify the alert filters, for example, the Life Event Occurred Date filter.
- Test this resource alert using the **Simulate Run** option before you run it.

Related Topics

- [Overview](#)

Examples of Defining Filters for Benefits Resource Alerts

You can modify the triggering criteria for the notifications by defining filters on the resource attributes if you have the required privileges to access the REST resources.

To work with filters, edit a resource alert, such as the Open Enrollment alert. You can see existing filters in the **Filters** tab. You can add new ones or modify existing filters.

Delivered Benefits Filters

Here's a list of filters that are available for both the Open Enrollment alert and the Open Enrollment Reminder alert:

Filter	What does it mean?
Life Event Type Filter: <code>\${LifeEventTypeCode} = 'SCHEDO'</code>	A filter that indicates that the life event type is Open .
Life Event Occurred Date Filter: <code>\${LifeEventOccuredDate} = to_date ('01-012020', 'dd-mm-yyyy')</code>	A filter that indicates that the life event occurred date is January 1, 2020.

Sample Filters

Here are some sample filters that you can use to build your own alert criteria.

Criteria	Filter
Notify participants that 10 days remain for the enrollment window to end.	<code>trunc(sysdate) <= \${EnrollmentPeriodEndDate} AND \${EnrollmentPeriodEndDate} - trunc(sysdate) <= 10</code>
Notify participants who haven't accepted the legal disclaimer yet.	<code>1=1 AND EXISTS (select 1 from ben_prtt_leg_discmr_actn leg, ben_pil_elctbl_chc_popl pel where pel.per_in_ler_id = leg.per_in_ler_id AND pel.pil_elctbl_chc_popl_id = \${ElectableChoicePoplId} AND leg.status <> 'A' AND nvl(\${ProgramId},-1) = nvl(leg.pgm_id,-1) AND nvl(\${PlanId},-1) = nvl(leg.pl_id,-1))</code>
Stop alerts from being sent multiple times	<code>EXISTS (select 'x' from per_email_addresses padd where padd.person_id = \${PersonId} AND padd.email_type='W1' AND padd.email_address not in (select null from fusion.hrc_alert_run_recipients hrrep where hrrep.run_message_id in (select hrmsg.run_message_id from fusion.hrc_alert_run_messages hrmsg where</code>

Criteria	Filter
	<code>hrmsg.run_id in (select hruns.run_id from fusion.hrc_alert_runs hruns where hruns.alert_id in (select distinct alert_id from fusion.hrc_alerts_tl where name like '<-- Alert Name -->'))))</code>

Sample Groovy Expressions

Here are some sample Groovy expressions that you can use in alert templates.

Criteria	Groovy Expressions
Get the participant's work email address.	<code>\${AlertUtils.person(benefitEnrollmentOpportunities.PersonId).WorkEmail}</code>
Get the participant's display name.	<code>\${AlertUtils.person(benefitEnrollmentOpportunities.PersonId).DisplayName}</code>
Get the participant's benefit representative	<code>\${AlertUtils.benRep(benefitEnrollmentOpportunities.PersonId).WorkEmail}</code>
Get the Benefits Cloud login link.	<code>\${AlertUtils.getURI('ORA_HCM_UIAPP','hcmUI/faces/FuseWelcome')}</code>
Get the Benefits Self Service Employee resource link.	<code>\${AlertUtils.getURI('ORA_HCM_UIAPP','hcmUI/faces/deepLink?objType=BEN_REVIEW_EM_PLOYEE_RESOURCES&action=NONE')}</code>

Related Topics

- [Overview](#)

FAQs for Benefits Alerts

Can I use a deep link in a Benefits alert notification?

You can modify the Benefits alert template to include the Review Contacts and Enroll deep link. Use Alerts Composer to include deep link in the template to help participants to get into the enrollment flow directly from the email.

Related Topics

29 Benefit Plan Comparison

Overview of Benefit Plan Comparison

Participants can compare benefit offerings for health, vision, and dental to decide on the best plan before they enroll. They can compare different aspects of each plan, such as the cost and plan-specific features.

To compare plans, participants navigate to Me - Benefits or Me- Show More link on the Home page. They can compare up to 3 plans at a time.

You can enable participants to compare medical, dental, and vision plans, as per your enterprise requirement. So if you want participants to compare dental plans, you need to enable the relevant tile and quick action so they appear on the home page. By default, none of the tiles and quick actions are enabled.

The number of tiles or quick actions that are available will depend on how many different types of plans you offer for comparison. You need to enable tiles and quick actions for each benefit type that you want to provide for comparison.

You need to configure several aspects before participants can start comparing plans.

You can have participants do plan comparison at anytime. You don't need to start a life event or an open enrollment event.

Related Topics

- [Plan Comparison Components](#)
- [Best Practices for Plan Comparison Setup](#)
- [How You Set Up Plan Comparison](#)

Plan Comparison Components

Here's a diagram that shows all the plan components that you can configure for comparison.

The screenshot shows a 'Health Benefits Comparison' page. At the top, there is a navigation bar with a back arrow and the title. Below the navigation bar, there are two dropdown menus: one for the current plan, 'Gold RalMed Care', and another labeled 'Select Plan to Compare'. The main content area features a plan card for 'Medium PPO Plus'. The card includes a provider logo (three blue squares), the plan name, and the estimated monthly cost of '\$368'. A callout box lists estimated costs for different options: Employee Only (\$258), Employee and Spouse (\$288), Employee and Children (\$328), and Employee and Family (\$368). The plan card also lists several features with checkmarks: Fair Low Annual Deductible, Fair Low Annual Out-of-Pocket, Free Preventive Care (with an 'X' icon), Prescription Coverage Included (with a red highlight), and Acupuncture Covered. Below the plan card, there are expandable sections for 'Cost Overview', 'Preventive Care', 'Prescription Drugs - Retail Pharmacy, 34-Day Supply', and 'Prescription Drugs - Mail Order Pharmacy, 90-Day Supply'. Red arrows and text annotations point to various elements: 'Provider logo', 'Plan name', 'Estimated cost of plan', 'Estimated costs of options', 'Indicates if a highlight is covered', 'Highlight', and 'Feature Group'.

Health Benefits Comparison

Gold RalMed Care

Select Plan to Compare

Provider logo

Plan name

Estimated cost of plan

Estimated costs of options

Indicates if a highlight is covered

Highlight

Feature Group

Medium PPO Plus

Estimated Monthly Cost

Employee Only - \$258
Employee and Spouse - \$288
Employee and Children - \$328
Employee and Family - \$368

✓ Fair Low Annual Deductible
✓ Fair Low Annual Out-of-Pocket
✗ Free Preventive Care
✓ Prescription Coverage Included
✓ Acupuncture Covered

> Cost Overview
> Preventive Care
> Prescription Drugs - Retail Pharmacy, 34-Day Supply
> Prescription Drugs - Mail Order Pharmacy, 90-Day Supply

> Prescription Drugs - Retail Pharmacy, 34-Day Supply

> Prescription Drugs - Mail Order Pharmacy, 90-Day Supply ← Feature Group

∨ Outpatient Medical Services

Feature Name → **Telehealth Visit** ⓘ

Network:	Available through American Well: General Physician \$5 copay, Nutritionist \$5 copay, Mental Health Counseling \$10 copay
Non-Network:	Not Covered [6]

Category → **General Physician Office Visit** ⓘ

Network:	\$25 copay
Non-Network:	70% of UCR after deductible [3]

Network:	◇ \$20 copay ← Category Value
Non-Network:	◇ 80% of UCR after deductible [3] ← Footnote Number

Footnotes

1. Deductible and copayment applies only when noted "after deductible" and "copay".
2. UCR refers to Usual, Customary and Reasonable charges in your geographic area.
3. If you are enrolled in one of the United Healthcare plans, you may access the Healthy Pregnancy program at the number on your id card, 1-800-411-7984 or visit www.healthy-pregnancy.com. If you are enrolled in one of the HMO plans, consult your specific HMO about any pregnancy programs they may offer.
4. United HealthCare Plan Members: Contact Reproductive Resource Services (RRS) at 1-866-774-4626 or www.myoptumhealthcomplexmedical.com.
5. In accordance with Healthcare Reform's Expanded Women's Preventive Care Services, certain contraceptives are available at no charge. Contact your medical plan to verify coverage.
6. Contact United Behavioral Health (EAP) at 1-866-728-8413 or www.liveandworkwell.com.
7. United HealthCare Plan Members Prescription drugs are categorized into three tiers each with an assigned cost (e.g. copayment). Tier 1 is the lowest cost

Here's a list of components that you can configure:

1. Plan Comparison Values

- Template Type
- Template Type Group Name
- Categories
- Category Group Name
- Options
- Option Group Name
- Feature Values
- Feature Value Group Name

2. Plan Comparison Template Value

- Country
- Template Type
- Estimated Cost Period
- Description
- Template Name
- Start and End Dates
- Use groups to organize features
- Use plan options
- Use categories and Use features
- Highlight
- Feature Groups
- Feature Title, Description
- Options
- Categories
- Footnotes, Short Name

3. Plan Value

- Plan Comparison Template
- Plan Name
- Start and End Dates
- Eligibility Profile
- Insurance Provider Logo
- Estimated Cost for Options
- Highlights
- Value
- Footnotes

Related Topics

- [Field Reference for Plan Comparison Values](#)
- [Field Reference for Plan Comparison Template Values](#)
- [Field Reference for Plan Values](#)

Best Practices for Plan Comparison Setup

You need to consider the best practices described in this topic before implementing the plan comparison feature.

Aspect	Best Practice
How many plans of the same type do you have that you want participants to compare?	We recommend that you enable the plan comparison feature only when you have 2 or more plans of the same type to compare.
Do you offer plans in more than 1 country?	You'll need to create templates and plans for all of those countries.
Do you want to use eligibility?	<p>Select an eligibility profile if you want to display only eligible plans during comparison. Even if you don't select an eligibility profile, participants will continue to see comparison plans that apply to the country that's set in the template. If you do select an eligibility profile, participants will see eligible plans, along with the plans of their country.</p> <p>The eligibility profile that you select is evaluated against the primary assignment of a person, as on the date that was set as the quick action parameter. If there's no quick action date parameter set, it's evaluated as of today's date.</p> <p>Remember, the eligibility profile attached to the main plan in the Plan Configuration work area, has no effect on plan comparison.</p>
What plan features do you want to show during comparison?	Study your plans carefully and identify the features that they offer. For example a medical plan may have coinsurance, annual deductible, and prescription drugs as the features. If you identify these features in advance, it will be easy for you to set up the plan comparison.
Do you want to group the features?	<p>Decide if the features should appear as a long list in the comparison or if they should be grouped together. If you group features, participants can expand or hide those groups based on their significance, thus increasing readability.</p> <p>If you set up groups and you have some features left that don't fit into any of the groups, you need to create a generic group to include those features. You can't have a mixture of grouped and ungrouped features.</p>
Do you want to showcase any of the features to your participants?	<p>You need to identify the main features of your plans that you want to show to your participants first.</p> <p>For example, free preventative care or prescription coverage included. You need to enter these in the Highlights section of the setup page. When your participants compare plans, these highlights appear at the top of the comparison.</p>
Do you want to display weekly costs, monthly costs, or annual costs?	We deliver an extensible lookup named Estimated Cost Period (ORA_HRC_COMP_HD_TYPE) with these values:

Aspect	Best Practice
	<ul style="list-style-type: none"> • Estimated Weekly Cost • Estimated Monthly Cost • Estimated Annual Cost <p>If you want to use a different time period, you need to extend the lookup before you start to set up your plans.</p> <p>You can locate this lookup under the Manage Common Lookups task in the Setup and Maintenance work area.</p>
Do your features have some details that need to be categorized further?	You can define categories to group additional details that belong to your feature. For example, in the US these might be network and non-network. You can set them up once so that they're included in all your features.
Do your features contain options that occur across plans?	<p>For example, you may have Employee Only option and Employee Plus Family option for your medical plans. You can set them up once so that you can easily select and include them in all your features.</p> <p>These options aren't associated with the ones that you create in the Plan Configuration work area. They are meant only for plan comparison.</p>
Do you want to display footnotes for any of your plans or features?	If required, you might want to identify the specific plans or features that you want to associate footnotes with. You can provide footnotes when you design plan comparison templates.
Do you want your participants to use 'startsWith' criteria when searching for plans to compare?	<p>When you select plans for comparison, the default search uses the 'contains' criteria.</p> <p>If you want the search to use the 'startsWith' criteria, turn on the profile option Benefits Plan Comparison List of Values Start with Search Enabled.</p>

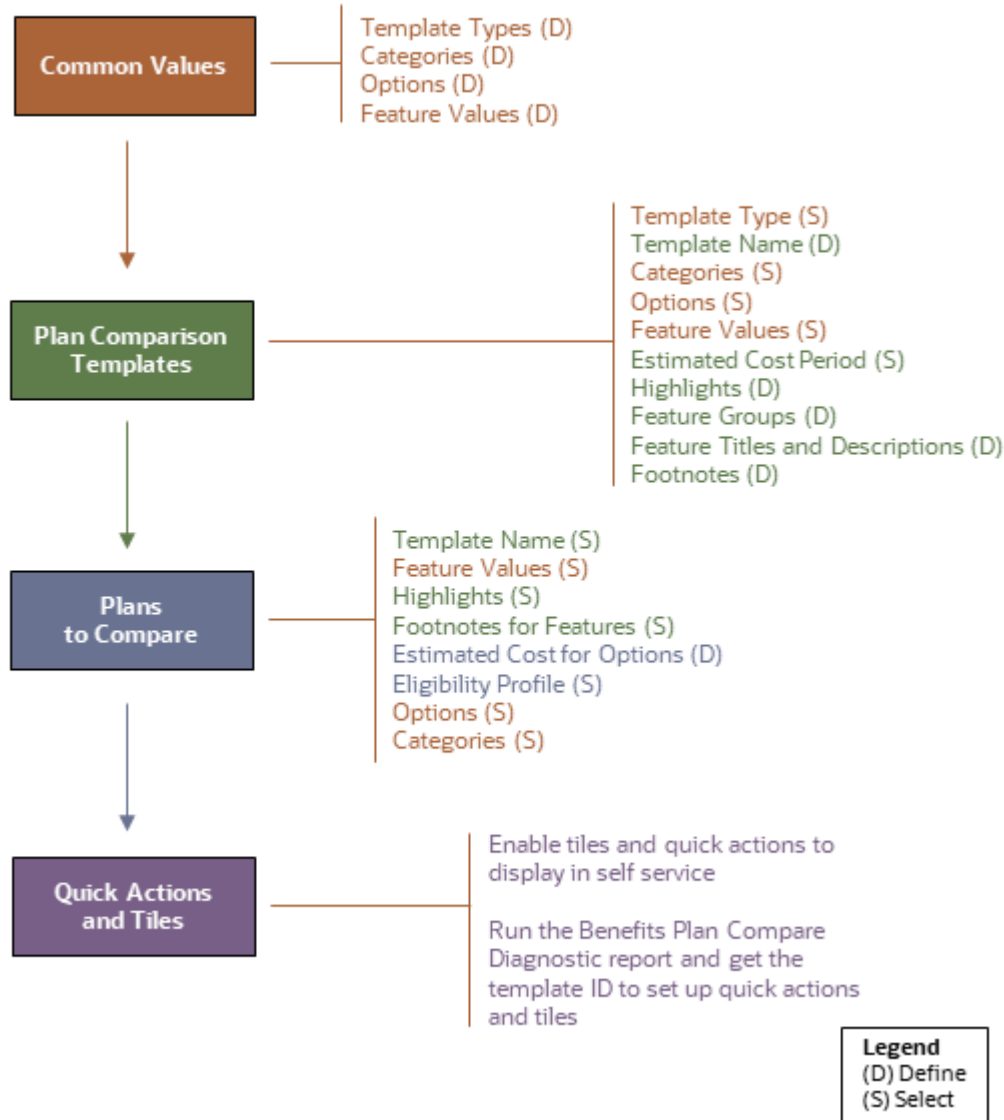
How You Set Up Plan Comparison

You can enable your participants to view and launch plan comparison from self-service landing page.

You need to do the following:

1. Set up plan comparison common values.
2. Set up templates.
3. Add plans to the templates.
4. Enable the required tiles and quick actions.

Here's a diagram that shows you the sequence in which you set up plan comparison components:



You create templates and plans just for comparison. The components like actual rates and eligibility are set up in your plan design.

Here are the detail of each of the plan comparison components:

Component	Details
Common Values	You define the plan comparison values such as template types, categories, plan options, and feature values. You use these values when you create your plan comparison templates. You can reuse these values across various comparison templates and plans so that the participants see a consistent set of values during the comparison. Subsequently, any changes you make to the values apply to the related templates and plans automatically.

Component	Details
	<p>Use the Configure Plan Comparison Values task from the Setup and Maintenance work area or from My Client Groups to define plan comparison values.</p> <p>You need to set these values up only once so that you can simply select and include them in all your features. And you can just exclude them from specific features where they're not needed. Some of these values are optional. For example, you need to create categories only if you want to include them in your plans.</p> <p>All plan comparison values that you create here are country specific. This lets you easily configure your comparison plans with accurate country-specific features so that participants see data that's applicable only for their country. Even if your organization offers plans only in one country, you need to define country-specific values and templates.</p>
Plan Comparison Template	<p>You create a template to compare similar plans, such as medical plans. In the template, you define and organize a basic comparison structure that participants see when they compare plans. You can showcase the plan highlights, decide in what sequence they need to appear, add and group features, and provide footnotes.</p> <p>To define the template, open the Configure Benefit Plans for Comparison task from the Setup and Maintenance work area or from My Client Groups.</p> <p>Except for the future-dated templates, all other templates that you created appear in the Plan Templates region. You can search for future-dated templates by changing the effective date of your template.</p>
Plans to Compare	<p>After you create a plan comparison template, you add relevant plans to it.</p> <p>Use the Configure Benefit Plans for Comparison task from the Setup and Maintenance work area or from My Client Groups to define a plan.</p>
Quick Actions and Tiles	<p>You enable plan comparison tiles and quick actions to display in self service.</p> <p>You need to get the Template Name (ID) from the Benefits Plan Compare Diagnostic test report. You can set up quick actions and tiles using the ID.</p>

Set Up Plan Comparison Values

Use the Configure Plan Comparison Values task from the Setup and Maintenance work area or from My Client Groups to define the plan comparison values.

Here's how you set up the plan comparison values:

1. On the Home Page, click **Others > Setup and Maintenance**.
2. Search for and open the **Configure Plan Comparison Values** task.
3. Click **Add**.

Field Reference for Plan Comparison Values

This topic provides you details of fields that you need to use to set up plan comparison values. This information applies to fields on the Configure Plan Comparison Values page in the Setup and Maintenance work area.

Plan Comparison Value	Details
Template Type	<p>Your organization may offer different types of plans, for example, medical, dental, and vision. For each of these plan types, you create country-specific template types.</p> <p>For example, to compare 3 plan types offered in the US, you create the following template types:</p> <ul style="list-style-type: none"> • US Medical Template • US Dental Template • US Vision Template
Template Type Group Name	<p>Template type groups group related country-specific template types.</p> <p>Here are some examples:</p> <ul style="list-style-type: none"> • United States Medical Template 2020-21 • Canada Medical Template 2020-21
Categories (Optional)	<p>A category lets you to further classify a feature, if required, so participants understand the differences. For example, the feature "General Physician Office Visit" might have two categories:</p> <ul style="list-style-type: none"> • Network • Non-Network
Category Group Name (Optional, if you don't have a category)	<p>When you set up a plan comparison template, you select the category group to automatically include its categories in that template.</p> <p>Here are some examples:</p> <ul style="list-style-type: none"> • US Categories • Canada Categories
Options	<p>Options are electable choices that are common across all plans for comparison. The options that you create here are used only for plan comparison purposes. They don't have a relation to the actual options that you create as part of plan design.</p> <p>You typically define options if you've designed your plan to offer different rates for different options, and you want to display those during plan comparison. Participants can see the estimated cost of the options by clicking on the Information icon that's next to the Estimated Cost value.</p> <p>You also define options if some features that you're offering vary by option. For example, you offer an Annual Deductible feature. You want to display Network and Non-Network rates for each option, such as Employee Only.</p> <p>Here are more examples:</p>

Plan Comparison Value	Details
	<ul style="list-style-type: none"> • Employee Only • Employee Plus Spouse • Employee Plus Family • 1 x Compensation • 2 x Compensation
Option Group Name	<p>When you set up a plan comparison template, you select the option group to automatically include its options in that template.</p> <p>Here are some examples:</p> <ul style="list-style-type: none"> • US Options • Canada Options
Feature Values	<p>During plan comparison, participants can compare different features that each plan offers. For example, if the feature name is Prescription Drugs, it can have values such as Covered and Not Covered.</p> <p>Here are more examples:</p> <ul style="list-style-type: none"> • Partial • 100% • Not Applicable • Co-pay
Feature Value Group Name	<p>When you set up a plan comparison template, you select the feature group to automatically include its features in that template.</p> <p>Here some the examples:</p> <ul style="list-style-type: none"> • US Feature Values • Canada Feature Values

Related Topics

- [Plan Comparison Components](#)
- [How You Set Up Plan Comparison](#)

Set Up Plan Comparison Templates

Here's how you set up the plan comparison template by adding the Configure Benefit Plans for Comparison task.

Here's how you set up the plan comparison template:

1. On the Home Page, click **Others > Setup and Maintenance**.
2. Search for and open the **Configure Benefit Plans for Comparison** task.
3. Click **Add**.

Field Reference for Plan Comparison Template Values

This topic provides you details of fields that you need to use to set up a plan comparison template. This information applies to fields on the Configure Benefit Plan for Comparison page in the Setup and Maintenance work area.

Plan Comparison Template Value	Details
Template Type	Based on the country that you have selected, select the template type that you previously created.
Estimated Cost Period	<p>Decide how you want to express the estimated cost during plan comparison. For example, if you want your participants to see a monthly representation of the estimated cost, select Estimated Monthly Cost from the drop-down list.</p> <p>If you want to see a new estimated cost in the drop-down list, add it to the extensible lookup Estimated Cost Period (ORA_HRC_COMP_HD_TYPE).</p>
Template Name	Give your template a meaningful name, such as US Medical 2021-2026. A meaningful name and description that includes the dates will help you identify the template later if you create several templates over the years.
Start and End Dates	<p>Define the period for which the template is valid.</p> <p>Typically, templates don't change that often. It's a good practice to create templates that span a number of years, say five years.</p> <p>If there are no significant changes to the templates and you want to continue using them, you can extend the end date of the template.</p>
Use groups to organize features	Select this check box if you want to display plan features in groups.
Use plan options	Select this check box if you want your participants to see the plan options during comparison. If you select this check box, you also need to select the relevant option group that contains the names of the options.
Use categories	Select this check box if you want your participants to see the plan categories during comparison. If you select this check box, you also need to select the relevant category group that contains the names of the categories.
Use features	Select this check box if you want your participants to see the plan features during comparison. If you select this check box, you also need to select the relevant feature group that contains the names of the features.
Create Plan Highlights section	<p>You create plan highlights if you want participants to see some key features of the plan before they examine other details. For example, free preventive health care.</p> <p>Click Add to add more highlights. You can add up to five highlights for a plan. You can reorder the highlights using the Move Up and Move Down arrows. The highlights appear in the same sequence during plan comparison.</p>

Plan Comparison Template Value	Details
Feature Groups	<p>Enter a name and description for the feature group, if you want to group the features for your participants. If you decide to use groups, you can include features only within groups, and not outside. Ensure that you have selected the Use groups to organize features check box in the Enter Basic Details tab to create the feature group.</p> <p>Participants see the description during plan comparison.</p> <p>You can reorder the feature groups using the Move Up and Move Down arrows. The feature groups appear in the same sequence during plan comparison.</p>
Feature Title, Description	<p>Create the features that your plans offer. The features depend on factors like the type of plans being offered and the country.</p> <p>For example:</p> <ul style="list-style-type: none"> • Coinsurance • Calendar Year Deductible • Deductible Type • Calendar Year Out-of-Pocket <p>The description that you enter appears when participants click Help during the comparison.</p> <p>You can reorder the features using the Move Up and Move Down arrows. The features appear in the same sequence during plan comparison.</p> <p>Also, you can hide a feature if you don't want to display it during the comparison.</p>
Options	<p>Ensure that you have selected the Use plan options check box in the Enter Basic Details tab to display the options at the feature level.</p> <p>The option names will appear when you add plans to this template using the Configure Benefit Plans for Comparison page. On that page, you can add values for the options.</p>
Categories	<p>You select the Categories check box if you want to further categorize the details of a particular feature. For example, if you create a feature for Calendar Year Deductible, and select Category, you can enter the values for those categories, such as Network and Non-Network, when you create the plans within this template.</p> <p>Ensure that you have selected the Use categories check box in the Enter Basic Details tab to display the categories at the feature level.</p> <p>You can define some features with options and the others with categories. Though this is valid, the definition of the individual feature needs to be the same across your plans for you to compare the plans.</p> <p>For example, the feature Calendar Year Deductible could have the following options:</p> <ul style="list-style-type: none"> • Employee and Family Not Covered • Employee and Spouse Not Covered • Employee only Covered <p>The feature Coinsurance could have the following options:</p> <ul style="list-style-type: none"> • Network covered • Non-network covered

Plan Comparison Template Value	Details
Footnotes, Short Name	<p>Enter footnotes to provide additional information to the participants during plan comparison. For example, you might need a footnote on a particular feature across all plans, or only one plan.</p> <p>Enter a meaningful title and short name for the footnote. You use the short name to link this footnote to the relevant feature when you add a plan.</p>

Related Topics

- [Plan Comparison Components](#)
- [How You Set Up Plan Comparison](#)

Set Up Plans to Compare

You need to add the Configure Benefit Plans for Comparison task from the Setup and Maintenance work area or from My Client Groups to set up the plans to compare.

Here's how you set up the plans to compare:

1. On the Home Page, click **Others > Setup and Maintenance**.
2. Search for and open the **Configure Benefit Plans for Comparison** task.
3. Click **Add**.

Field Reference for Plan Values

This topic provides you details of fields that you need to use to add a plan to a comparison template. This information applies to fields on the Configure Benefit Plan for Comparison page in the Setup and Maintenance work area.

Plan Value	Details
Plan Name	<p>Select the name of the plan that you want to add to the template. You can see the list of plans that are available in your regular plan design.</p> <p>The plan type inherits from the plan name you selected.</p>
Start and End Dates	<p>You can change the start and end dates, if required, but you need to keep them within the templates' dates.</p> <p>Because the plans won't change that often, we suggest you create plans that span a number of years, say 5 years.</p> <p>You are creating templates and plans just for comparison. The components like actual rates and eligibility are set up in your plan design.</p>
Eligibility Profile	<p>Select an eligibility profile if you want to display only eligible plans during comparison. Even if you don't select an eligibility profile, participants will continue to see comparison plans that apply to the</p>

Plan Value	Details
	<p>country that's set in the template. If you do select an eligibility profile, participants will see eligible plans, along with the plans of their country.</p> <p>The eligibility profile that you select is evaluated against the primary assignment of a person, as on the date that was set as the quick action parameter. If there's no quick action date parameter set, it's evaluated as of today's date.</p> <p>Remember, the eligibility profile attached to the main plan in the Plan Configuration work area, has no effect on plan comparison.</p>
Insurance Provider Logo	<p>Upload a logo of the insurance provider either in .png or in .jpeg format.</p> <p>If you already have a logo for your plan, you can select it from the list.</p>
Estimated Cost for Options	<p>Enter the estimated cost for the options in line with the estimated cost period you selected. For example, if you selected Estimated Monthly Cost as the period, you enter monthly values.</p> <p>When you click the Information icon beside the Estimated Cost Value on the plan comparison page, you can see the estimated cost for your options.</p>
Highlights	<p>When you define highlights as part of the template, every plan that you add to that template displays all the highlights. You need to select which highlight applies to the plan, and which doesn't. During plan comparison, participants can easily see the differences across plans.</p>
Feature Value	<p>For the options and categories that you set up earlier, you need to provide values. You can even link footnotes to these values to display additional information to participants.</p>

Before you save your entries and selections, click **Preview** to see how the template looks like. Also, you can select up to 3 plans and click **Preview Comparison** to see the experience of your participants while comparing the plans.

Related Topics

- [Plan Comparison Components](#)
- [How You Set Up Plan Comparison](#)

Set Up Quick Actions and Tiles for Plan Comparison

You need to get the Template Name (ID) from the Benefits Plan Compare Diagnostic test report. You use this ID to enable the quick actions and tiles.

Run Benefits Plan Compare Diagnostic Test to Get the Template ID

To set up quick actions and tiles for your participants, you need to get the Template Name (ID) from the Benefits Plan Compare Diagnostic test report. Here's how you run this diagnostic test:

1. Click the logged-in user's icon, and click **Run Diagnostics Tests** in the Troubleshooting section.
2. In the Diagnostic Dashboard page, search for **Benefits Plan Compare Diagnostic Test**, select it, and click **Add to Run**.

3. In the Choose Tests to Run and Supply Inputs section, click the **Input Status** icon to enter the details. Configure these parameters to run the report:
 - o Template Name (Required)
 - o Language Code (Required)
 - o Plan Name
 - o Remove Unused Plan Compare Images(Y/N) Default-N
 - o Remove Orphan Plan Compare Data(Y/N) Default-N
4. Click **Save** and enter Name and Display Name for the test.
5. Click **OK**
6. Click **Run** in the Choose Tests to Run and Supply Inputs section.
7. In the Diagnostic Test Run Status table, click the **Refresh** button to see the latest status.
8. When the execution status reads **Complete**, click the **Report** icon to view the report. You can note down the Template Name (ID) from the report.

Set Up Quick Actions and Tiles to Use the Benefits Plan Comparison Pages

You need to set up quick actions and tiles for each benefit type that you want to provide for plan comparison. This will help participants launch plan comparison from the self-service landing page and from the Home page. For example, if you've set up templates and plans for Medical, Dental, and Vision plans, you need to enable 3 tiles. Enabling the tile also enables the quick action to appear on the Home page. There's already a predefined tile. You can use that as a sample to create your own. You need to duplicate it, modify parameter values like template ID, and set the **Visible** property to Yes.

Here's how you duplicate the sample tile to create more tiles as per your requirement:

1. On the **Home** Page, click **Configuration > Structure**.
2. Create a Sandbox with Structure and Page Composer as tools.
3. Launch and enter into the sandbox.
4. Navigate to the Structure page from the **Tools** menu, and click **Me**.
5. Select the **Quick Actions** tab, **Benefits**.
6. Select **Benefits Comparison Plan**.
7. Click **Create Duplicate**. You need to duplicate the sample action we deliver to create each of the tile and quick action that you require. For example, you may create tiles and quick actions for Medical and Dental plans.
8. Enter or change the name of the quick action. For example, enter Medical Plan Comparison. Alternatively, enter something like Medical 2022 if you want to display the date to enable participants to compare future plans.
9. Select **Add as a quick action link** on home page.
10. Change the **Visible** property to **Yes**.
11. Select **Yes** for Mobile Enabled.
12. Update the **Templateld** value in the **Page Parameters List** with the value that you copied from the Benefits Plan Comparison Diagnostic test report. For example, Templateld=300100565517943. If you want to display the tile for a specific year, you need to mention the effective date too along with the template ID in the YYYY-MM-DD format.
13. Click **Save and Close**.
14. Repeat the steps for each tile and quick action that you want to enable.

FAQ for Benefit Plan Comparison

Why can't I see some of the templates in the Plan Templates region ?

You might have created a future-dated template. Future-dated templates are not displayed in the Plan Templates region. You can search for future-dated templates by changing the effective date of your template.

How do I set options while configuring a template ?

In the Create Comparison Template page, Enter Basic Details tab, select the Use plan options check box. Then, select the options that you want to include for a feature.

How do I set categories while configuring a template ?

In the Create Comparison Template page, Enter Basic Details tab, select the Use categories check box. Then, select the categories that you want to include for a feature.

How can I diagnose any plan comparison setup issues?

You can use the Benefits Plan Compare Diagnostic test to address issues that may arise while setting up and using the plan comparison feature.

The report can help you address issues around plan instance and instance values, definition types and values, and display or removal of unused plan comparison images.

How can I remove a tile from the benefits self-service landing page?

You need to set the tile's Visible property to No.

Here's how you duplicate the sample tile to create more tiles as per your requirement:

1. On the Home Page, click **Configuration > Structure**.
2. Create a Sandbox with Structure and Page Composer as tools.
3. Launch and enter into the sandbox.

4. Navigate to the Structure page from the **Tools** menu, and click **Me**.
5. Select the **Quick Actions** tab, **Benefits**.
6. Select the quick action for the tile that you want to remove.
7. Change the **Visible** property to **No** in the Edit Quick Actions page.
8. Click **Save and Close**.

What happens if my benefit plans change slightly every year?

You can just update the plan. For example, you can change the cost or add or delete a feature. If the changes are more significant, you can copy the plan and make your changes to the copy.

If there are changes like change in provider and the plans are different, you can create a template and add plans to it.

When can I make changes to plan details that I'm showcasing for comparison?

Making changes to plans for comparison really depends on when your open enrollment event is scheduled.

If your open enrollment is scheduled to start on November 1, you could make the changes in early October, or make the changes now, but future date them to October 2021 so that your benefits roll out from that time period. Remember that the old details will be overwritten and the participant sees only the new details for the new enrollment.

30 Benefits Diagnostic Reports

Overview of Diagnostic Reports

You can use the diagnostic reports to check for inaccuracies in any benefit object's configuration, such as programs, plans, benefit formulas, and eligibility.

For example, use the Benefits Health Check diagnostic report to check for discrepancies, such as duplicate beneficiary organizations, and persons with overlapping benefits relationships.

These are the benefits diagnostic reports that you can use:

- Benefits Batch Process Report
- Benefits Person Element Entry Report
- Delete Persons Benefits Diagnostic Report
- Person Benefits Eligibility Report
- Benefits Fast Formula Details Report
- Benefits Health Check Report
- Benefits Person Electable Choice Report
- Benefits Plan Compare Report
- Benefits Setup Diagnostic Report
- Person Benefits Diagnostic Report
- Program Information Diagnostic Report

How You Generate and View the Diagnostic Reports

You need to have a job role, such as Application Diagnostics Administrator to access the diagnostic dashboard.

Here's how you generate and view the reports:

1. On the **Settings and Actions** menu in the global area, select **Run Diagnostic Tests**.
2. On the Diagnostic Dashboard page that appears, in the **Search for Tests** section, enter the name of the report in the Test name field, and click **Search** to see a list of benefits diagnostic reports. You can use
3. Click the **Details** icon to see the description and details of each diagnostic report.
4. To run a report, select its check box, and click **Add to Run**. The diagnostic report that you select appears in the **Choose Tests to Run** section.
5. If a report requires input parameters, an alert icon appears. Click the icon to specify the parameters.
6. Click **Run**.
7. In the Diagnostic Test Run Status section, click the **Refresh** icon to get the latest status of the report.
8. When the execution status shows **Completed**, click the **Report** icon to view the report.

Benefits Batch Process Report

You can use the Benefits Batch Process Diagnostic Test report to resolve problems with submitted batch processes.

You can use this report to provide the information to Oracle support and development when the batch process shows any of these behaviors:

- Stop working
- Become slower
- Run for longer after setup changes
- Encounter unexpected delays in processing

You can use this report to determine issues if the outcomes of the batch processes are not as expected, such as the number of people expected in the results of a batch process.

In the Diagnostic Dashboard page, search for **Benefits Batch Process Diagnostic Test** report. Here are the parameters you need to configure to run this report:

- Request Id
- Compute Statistics (Y/N)

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Benefits Person Element Entry Report

This report displays the elements entries, payroll relationship, and inconsistencies between the person and their payroll and elements data.

In the Diagnostic Dashboard page, search for **Benefits Person Element Entry** report. Here are the parameters that you need to configure to run this report:

- Effective Date
- Person ID

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Delete Persons Benefits Diagnostic Report

You can use the Delete Person Benefits diagnostic report to remove incorrect data for a person in a non-production environment.

For example, incorrect setup might corrupt enrollment data and you can't clean it up. This might prevent you from modifying the data before moving to your production environment. Once you remove the data, you can't recover it. The new two-step process prevents any accidental removal of data.

The first step is to run the report in the Validation mode. Then, you run it in the Commit mode. In the Validation mode, you get a snapshot of the person's life event data before your remove it. It also generates the authorization key that you'll need in the second step. The second step is to run the report in the Commit mode by using the authorization key to remove the data.

This report is meant mainly for non-production environments. You can run it in production environments only in the Validation mode to view a person's data. Also, it doesn't provide any authorization keys to delete the data. This prevents you from accidentally deleting data in production environments.

Step 1:

Here's how you run this diagnostic test in the Validation mode to view the data:

1. Click the logged-in user's icon, and click **Run Diagnostics Tests** in the Troubleshooting section.
2. In the Diagnostic Dashboard page, search for **Delete Person Benefits Diagnostic Test**, select it, and click **Add to Run**.
3. In the Choose Tests to Run and Supply Inputs section, click the **Input Status** icon to enter the details. Configure these parameters to run the report:
 - a. Enter the **Person Number** of the person whose data you want to view.
 - b. Enter **N** in the **Commit Mode (Y/N)** field.
 - c. Leave the **Authorization Key** blank.
 - d. Enter **N** in the **Delete Benefit Relations (Y/N)** field.
4. Click **Save** and enter a name and display name for the test.
5. Click **OK**.
6. Click **Run** in the Choose Tests to Run and Supply Inputs section.
7. In the Diagnostic Test Run Status table, click **Refresh** to see the latest status.
8. When the execution status reads **Complete**, click the **Report** icon to view the report. Note down the **Authorization Key** to run the report in the Commit mode. The key is valid only for an hour.

Step 2:

Here's how you run this diagnostic test in the Commit mode to delete the data. Make sure that you have the authorization key, which was generated during the first step.

1. Click the logged-in user's icon, and click **Run Diagnostics Tests** in the Troubleshooting section.
2. In the Diagnostic Dashboard page, search for **Delete Person Benefits Diagnostic Test**, select it, and click **Add to Run**.
3. In the Choose Tests to Run and Supply Inputs section, click the **Input Status** icon to enter the details. Configure these parameters to run the report:
 - a. Enter the **Person Number** of the person whose data you want to and remove.
 - b. Enter **Y** in the **Commit Mode (Y/N)** field.
 - c. Enter the authorization key in the **Authorization Key** field.

- d. Enter **Y** in the **Delete Benefit Relations (Y/N)** field only if you want to delete the data from the benefits relationship tables too. Otherwise, keep it as **N**.
4. Click **Save** and enter a name and display name for the test.
5. Click **OK**.
6. In the Diagnostic Test Run Status table, click **Refresh** to see the latest status.
7. When the execution status reads **Complete**, click the **Report** icon to view the report. The report shows the summary of data that has been deleted.

Person Benefits Eligibility Report

You can use the Person Benefits Eligibility Test diagnostic report to show eligibility results.

You can run this report for a person for a program. The report helps determine if people are eligible for certain plans. It can tell you, for an individual, which eligibility profile caused the worker to be Ineligible. You can use this report to identify if the profile was optional, required, or whether the criteria within the profile caused ineligibility.

In the Diagnostic Dashboard page, search for **Person Benefits Eligibility Test** report. Here are the parameters you need to configure to run this report:

- Effective Date
- Person Number
- Program Name

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Benefits Fast Formula Details Report

You can use the Benefits Fast Formula Details diagnostic report to list the following:

- Formula type
- Content usage for the formula type
- Database items available for the formula type
- Fast formulas created for the formula type
- Fast formula attachments to the compensation objects

In the Diagnostic Dashboard page, search for **Benefits Fast Formula Details** report. Here are the parameters you need to configure to run this report:

- Effective Date
- Formula Type Name

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Benefits Health Check Report

Use the Benefits Health Check diagnostic reports to identify the allocation of beneficiary percentages and contingent beneficiaries with no primary beneficiary.

In the Diagnostic Dashboard page, search for **Benefits Health Check** report. You don't need to configure any parameters to run this report.

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Benefits Person Electable Choice Report

You can use the Benefits Person Electable Choice Diagnostic Test to compare and analyze a participant's enrollment opportunities with their actual enrollment details.

You can run this test for the started, processed, backed out, and voided life events.

You can analyze the following aspects:

- Program or plan electability for a specific event or across events.
- Electable choices and choice-driven data.
- Enrollments and designations.
- Rates of recent and accidentally backed out events and ongoing events.
- Automatic closure and non-closure of life events when electable choices are automatic, or when there are no electable choices.
- Eligible dependents and beneficiaries across sequential life events, or due to setup changes.
- Loss of dependents, carry forward of dependents, and beneficiaries and associated restrictions.

In the Diagnostic Dashboard page, search for **Benefits Person Electable Choice Diagnostic Test** report. You need to configure the person number to run this report.

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Benefits Plan Compare Report

You can use the Benefits Plan Compare Diagnostic test to address issues that may arise while you set up and use the plan comparison feature.

The report can help you address issues around plan instance and instance values, definition types and values, and display or removal of unused plan comparison images.

Also, you need to run this report to get the Template Name (ID) to set up quick actions and tiles for plan comparison.

In the Diagnostic Dashboard page, search for **Benefits Plan Compare Diagnostic** report. Here are the parameters you need to configure to run this report:

- Template Name (Required)
- Language Code (Required)
- Plan Name
- Remove Unused Plan Compare Images(Y/N) Default-N
- Remove Orphan Plan Compare Data(Y/N) Default-N

Related Topics

- [Set Up Quick Actions and Tiles for Plan Comparison](#)
- [How You Generate and View the Diagnostic Reports](#)

Benefits Setup Diagnostic Report

The Benefits Setup Diagnostic Test report helps you diagnose any issues with your Benefits setup.

For example, it provides you the details of the alert configuration or the list of alerts that are recently failed to diagnose issues with alerts.

In the Diagnostic Dashboard page, search for **Benefits Setup Diagnostic Test** report. You need to configure the Compute Statistics parameter as Y to run this report.

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Person Benefits Diagnostic Report

The Person Benefits Diagnostic report helps you diagnose any issues with a person's benefits.

For example, it provides you the details of the participant and dependent certification to diagnose issues with certification.

In the Diagnostic Dashboard page, search for **Person Benefits Diagnostic** report. Here are the parameters you need to configure to run this report:

- Effective Date
- Person Number

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Program Information Diagnostic Report

After setting up a benefits program, you need to run the Program Information Diagnostic Test if you have access to the Diagnostic Dashboard.

Also, you need to validate the program setup on the Manage Programs page using the Validate button.

In the Diagnostic Dashboard page, search for **Program Information Diagnostic Test** report. Here are the parameters you need to configure to run this report:

- Effective Date
- Program Name

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Benefits Open Enrollment Diagnostic Report

You can use the Benefits Open Enrollment Diagnostic Report to discover and resolve open enrollment issues.

You can run this report before the start of an upcoming open enrollment after setting up new plan, options, and rates.

You can also run the report a few times as the changes get implemented for the open enrollment. This can reduce the issues that could possibly arise when the scheduled event process runs.

This report:

- Identifies any missing or incorrect setups that are associated with the target event and general configurations on self-service. Also, the report identifies the associated outcomes or drawbacks.
- Identifies the current state of enrollment and associated transactions and action items.
- Provides alerts on completing corrective and cleanup actions before you process the target event.
- Provides alerts and recommended use of relevant product features, such as Alerts and Plan Compare, that can help you manage the event and communicate effectively with participants.

- Recommends the best practices to follow on Purge Jobs, Auditing, Profiles, Lookups, and Batch Parameters. By using the the report, you can achieve optimal performance while processing the event for the identified set of participants.

In the Diagnostic Dashboard page, search for **Benefits Open Enrollment Diagnostic Report** . Here are the parameters you need to set to run this report:

- Program Name
- Life Event (Open/Administrative/Unrestricted Open)
- Life Event Date

Related Topics

- [How You Generate and View the Diagnostic Reports](#)

Life Event Setup Diagnostic Report

You can use the Life Event Setup Diagnostic Test to see all the life event setup details in one place and troubleshoot common setup issues.

This report provides diagnostics when you notice issues with life events detecting when they are not expected or life events not getting detected when they are expected.

In the Diagnostic Dashboard page, search for Life Event Setup Diagnostic Test report. You need to configure the **Life Event** parameter to run the report. Effective Date is optional.

Related Topics

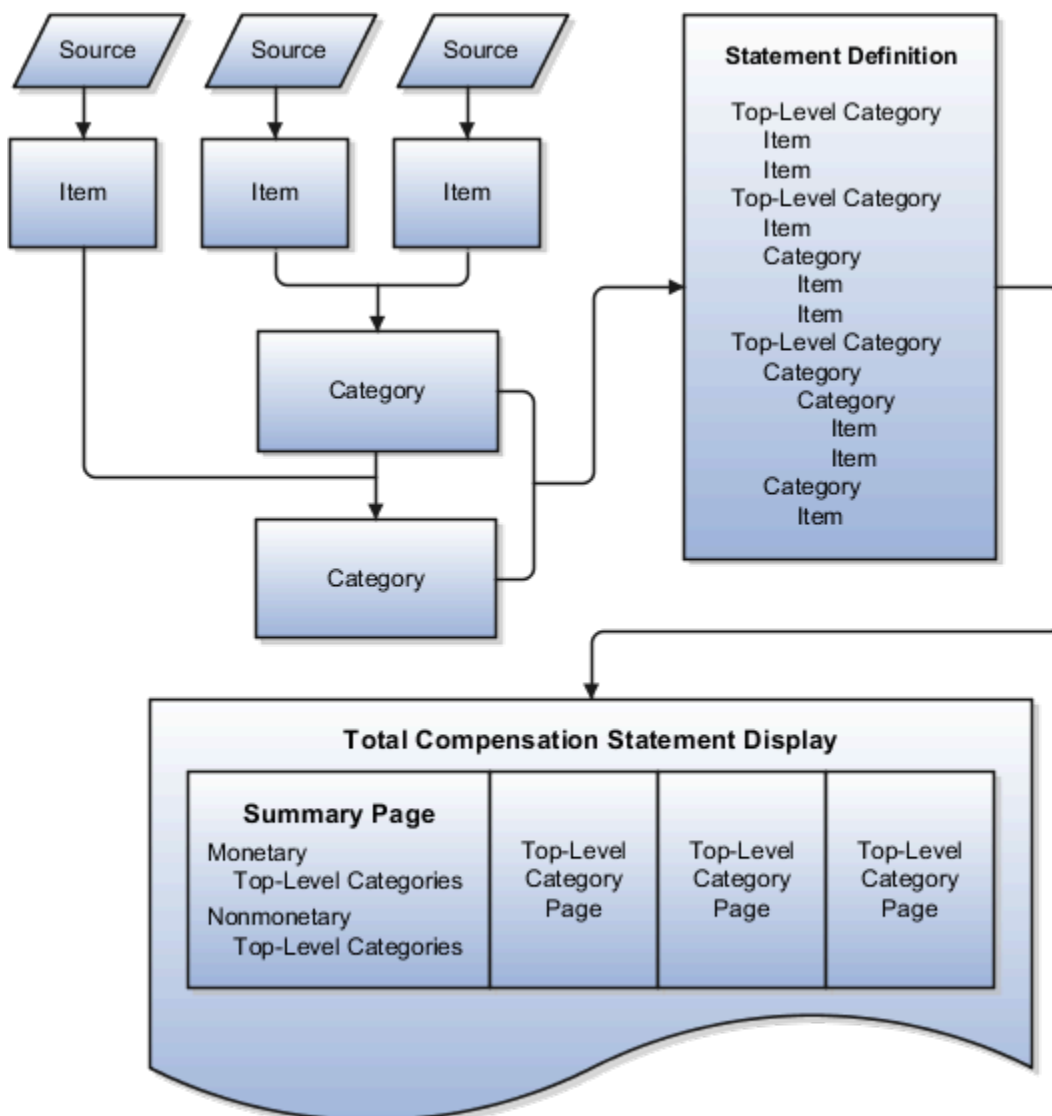
- [How You Generate and View the Diagnostic Reports](#)

31 Total Compensation Statement Overview

Overview

Configure the design, content, and delivery of a total compensation statement that includes pay such as base pay, variable compensation, fringe benefits, cost of benefits, and paid time off.

The following figure shows the construction of a total compensation statement and how it displays items and categories.



To construct a total compensation statement, application implementors and compensation administrators:

1. Define compensation items that map to sources of estimated or actual amounts paid to workers or costs incurred by the company.

2. Arrange compensation items into categories such as cash compensation, base pay, benefits, or company stock.
3. Assemble categories into statement definitions.
 - o Top-level categories in the statement definition appear in the optional summary page and as separate pages in the statement.
 - o Display category details on a single page or enable recipients to drill to details in the statement.
 - o Configure optional graphical displays of data, worker instructions, and supplemental information such as compensation policies or benefit plan details.
 - o Define periods for which statement data is valid and add an optional welcome message for each period.
4. Configure settings that control statement availability and the default stock price and currency used for estimated values.
5. Generate statements by selected population filters, including manager hierarchy, for review by compensation manager.
6. Monitor process logs.
7. Make statements available for workers to view.
8. Purge unneeded statements and monitor processes with summary and detailed online reports.
9. Enable feedback and configure ratings and questions. Feedback lets you gauge employee satisfaction with total compensation thereby improving the total compensation package.

To define total compensation statements, use the Total Compensation Statements task list in the Compensation work area.

Related Topics

- [Compensation Items and Sources](#)
- [Compensation Category Types](#)
- [Compensation Categories and Subcategories](#)
- [Guidelines to Create Total Compensation Statement Definitions](#)
- [Best Practices for Planning Statement Definitions](#)

Statement Definitions Explained

The statement definition acts as a template and determines the layout and content of the generated statement. The statement definition configures the display of compensation items added to compensation categories.

This topic explains:

- Statement definition approaches
- Reuse of statements and components
- Editing categories
- Statement display flexibility
- Iterative design process

Statement Definition Approaches

You can create statement definitions using either of the following approaches:

- Create the item and category components as you build the statement hierarchy.
- Define the item and category building block components first, and then associate them hierarchically.

The second approach promotes reuse of items and categories across multiple statements.

You can also share statement definitions across environments or with your colleagues by using the Export XML and Import XML actions. When you import you'll have objects that are in progress. If you share statement definitions with colleagues, then your sources will be different. Categories and subcategories display partially completed icons. You need to complete any unfinished items or categories. Then, generate statements using the newly imported Statement Definition.

Reuse of Statements and Components

You can:

- Include multiple legal employers, multiple countries, and multiple currencies in one statement.
- Add compensation items with sources that belong to different legal employers.
- Use the same categories in multiple statements.
- Reuse statement definitions by adding new statement periods and then modify the definition for subsequent periods.
- Duplicate a definition as the starting point for other definitions.

Editing Categories

Edits to categories affect all statement definitions that use that category (as a category or subcategory). This applies whether you make the edits from the Manage Compensation Categories page or the Manage Statement Definitions page. Exception: Compensation category display names are local to the statement definition where you create or edit the name and don't impact the compensation category.

Statement Display Flexibility

Top-level categories in the statement definition appear in the optional summary page and as separate pages in the statement.

The optional summary page:

- Provides workers with high-level view of their total compensation in graphs and tables
- Displays summed totals of top-level categories included in monetary and nonmonetary sections

Viewers can drill down to detailed category pages from the summary page or use regional area navigation links, depending on how you configure the category.

Iterative Design Process

Configuring top-level compensation categories and statement definitions is an iterative process. You generate, view, purge, and regenerate your statements multiple times while editing category and statement definition and display options.

Display Options in Statements

Statement Display Options: Overview

You have many options to control the layout and display of tables and categories in total compensation statements. Additional options control graphic displays, descriptive text, and supplemental information.

In general, you configure display options for:

- Category detail pages during category setup
- Top-level categories and the summary page during statement definition setup

The following table describes and compares the display options available when creating or editing compensation categories and compensation statement definitions.

Display Option	Category Setup	Statement Definition Setup
Hide table columns	Yes	Yes: summary page columns
Rename table columns	Yes	Yes: top-level categories only
Configure display of zero or no values	Yes	Yes: top-level categories only
Configure graph display	Yes	Yes: in summary page
Add descriptive text	Yes	Yes: in summary page
Add supplemental text	Yes	Yes: in summary page
Change vertical display order	Yes	Yes: in summary page
Hide regions for graphs or descriptions	Yes	Yes: in summary page
Exclude category from statement summary	No	Yes: top-level categories only
Hide or show estimated amount indicator	No	Yes
Include and hide statement summary page	No	Yes
Include and hide welcome message	No	Yes
Select printable statement options	No	Yes

Display Option	Category Setup	Statement Definition Setup
Display job or position, or both, in the statement header	Yes	Yes: in statement options

Related Topics

- [Best Practices for Hiding Columns in a Statement](#)
- [Options to Handle Display of Statement Categories When Zero or No Values Exist](#)
- [Options for Displaying Graphs in Total Compensation Statement](#)

Hiding Columns

You can edit the column properties to hide a column in the category or statement summary page. When you hide a column, the data that the column would display isn't included in summary or detail tables or graphs.

Hiding Columns

You can hide:

- Unused or not applicable columns, such as the worker contribution column in a cash compensation category
- Description columns

You can show a category's row in the statement even when it contains only zero values. However, you should show at least the Description column and enter an explanation, otherwise viewers see only a row of zeros. You can't hide all columns in a category if you configure the category level of details to show all details on a single category overview page.

Displaying Zero or No Contribution Values

When you design categories for a statement, you can decide how to handle display when a worker has zero or no values to display during the statement period. You design categories using the Manage Compensation Categories task.

Contribution Values

Zero or no values might occur when a worker:

- Didn't receive any stock options during the period
- Isn't participating in a compensation or benefit plan

The following table describes the zero or no value display options.

Statement Element	Display Options When All Contribution Values are Zero or No Value
Top-level categories page	Do not display category if zero values or no values exist

Statement Element	Display Options When All Contribution Values are Zero or No Value
	Display category if values are zero; hide if no value exists Always display the category page
Stock subcategory rows	Do not display row when no values exist or values are zeroes Display row if values are zeroes and allow subcategory drill Display and allow drill if historical values are over zero Always display the row and prevent drilling to subcategory Always display the row and allow drilling to subcategory
Items in categories	Do not display row when no values exist or values are zeroes Display row if values are zeroes; hide if no values exist Always display the row

If you decide to display the row or category page with zero or no values, you can optionally compose a statement message to:

- Explain the lack of values
- Call attention to missed opportunities, such as participation in a stock purchase plan

Displaying Graphs

You can display up to two graphs for each category. If you include a summary page in the statement, you can also include up to two graphs each in the Monetary and Nonmonetary sections of the summary.

For each graph that you decide to display, you must specify:

- Graph type: Pie chart or various types of bar chart
- Columns included in the graph: Worker contributions, company contributions, or both.

Graphs: Restrictions

A graph must not include columns containing:

- Text or dates
- More than one nonmonetary unit of measure
- A combination of monetary and nonmonetary values

For example, a graph that mixes shares of stock, a company car, and fitness membership doesn't provide clear information.

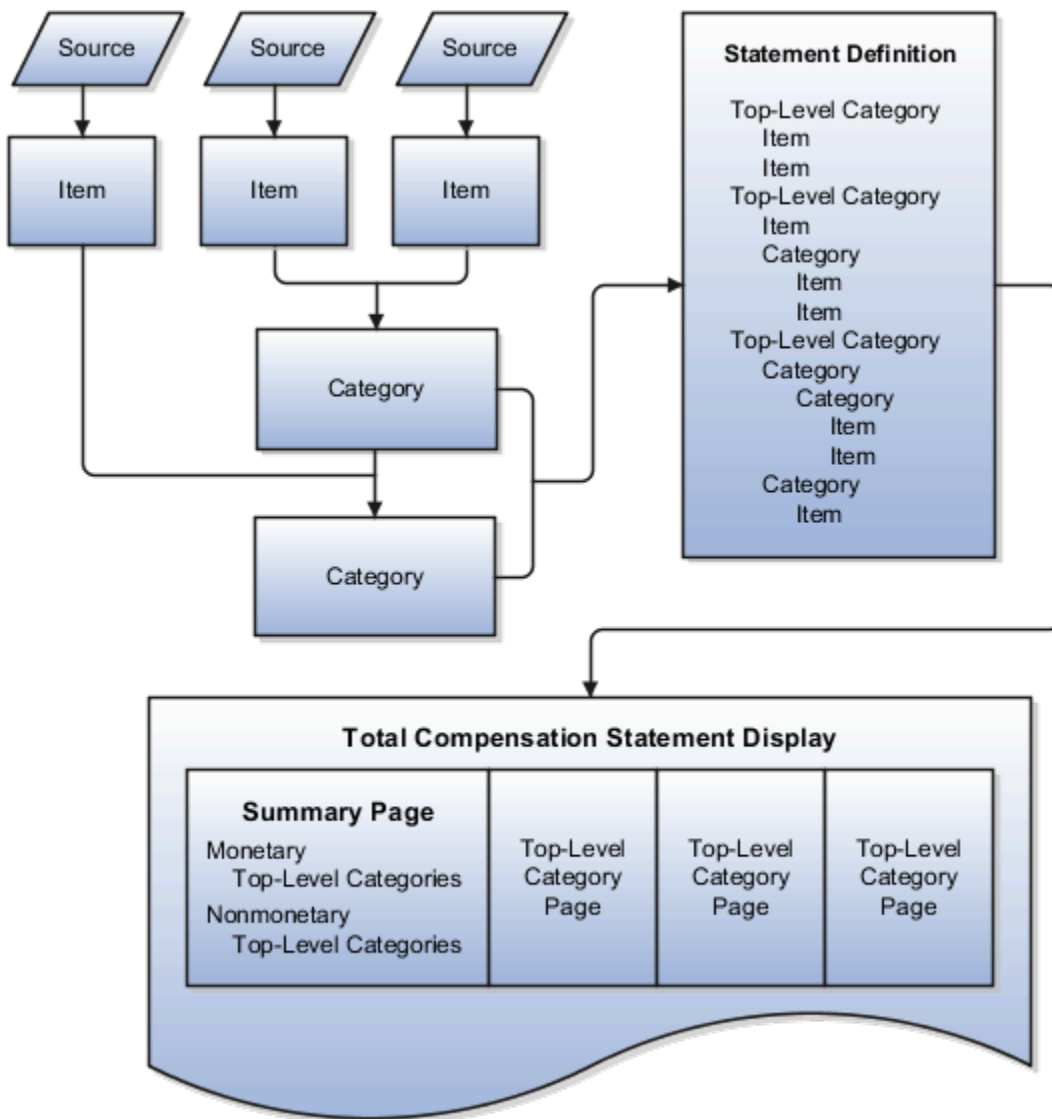
If you try mixing combinations of items that use different units of measure you get a warning. You make these configuration happen on either the category or summary. Graphs with incompatible items are hidden on the total compensation statement.

32 Total Compensation Statement Components

Overview

Configure the design, content, and delivery of a total compensation statement that includes pay such as base pay, variable compensation, fringe benefits, cost of benefits, and paid time off.

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To construct a total compensation statement, application implementors and compensation administrators:

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To define total compensation statements, use the Total Compensation Statements task list in the Compensation work area.

Related Topics

- [Compensation Items and Sources](#)
- [Compensation Category Types](#)
- [Compensation Categories and Subcategories](#)
- [Guidelines to Create Total Compensation Statement Definitions](#)
- [Best Practices for Planning Statement Definitions](#)

Items and Sources: Points to Consider

Compensation items are the lowest level of compensation detail in the total compensation statement. Map each item to the specific source from which the statement retrieves compensation information. Items can hold monetary, nonmonetary, date, or text values. You can use them across statement definitions.

This topic explains the following significant aspects of compensation items:

- Source type
- Type of compensation and unit of measure
- Estimated values
- Rounding
- Proration

- Compensation item testers
- Relationship in the statement

Source Type

Using the Manage Compensation Items task, you map compensation items to the source of the compensation to retrieve the compensation information. This table describes the source types and special data entry requirements for each.

Source Type	Description	Additional Data Entry Requirements
Benefit Balance	Compensation such as data obtained from a legacy compensation application entered as a one-time benefit balance.	Type of Compensation
Calculated Item	Create a calculation to define the value of an item and display it as descriptive text.	Item Value, Operation, Fixed Number
Element Entry	Compensation such as salary and bonus earnings retrieved from element entry whose pay period end dates fall within the statement period.	Legislative Data Group, Payroll Element, and Input Value
External Data	Compensation such as data internal to the organization from another system, or data from a third party supplier.	Record Type, Column, and Type of Compensation.
Formula	Create a formula to retrieve compensation information that isn't stored in the other predefined source types.	Type of Compensation, nonmonetary Unit of Measure, Rounding Rule, and Currency. (Formula unit or currency overrides item definition)
Payroll Balance	Compensation such as commissions or company-paid taxes retrieved from payroll balance records. We support these payroll balance dimensions: <ul style="list-style-type: none"> • Relationship Period to Date • Relationship Year to Date • Term Period to Date • Term Year to Date • Assignment Period to Date • Assignment Year to Date • Fiscal Year to Date • Inception to Date • Rolling 12 Months 	Legislative Data Group
Salary	Compensation such as overall salaries.	Salary Basis , or all Salary Basis from a particular Legislative Data Group , or All Salaries

Source Type	Description	Additional Data Entry Requirements
Salary Rates	Salary amount based on incremental components	Base Salary or Allowances or Other
Salary Simple Components	Salary amount based on standard components	Base Salary or Allowances or Other

Compensation Type and Unit of Measure

The compensation item inherits from the source:

- Default type of compensation, such as monetary or nonmonetary
- Monetary currency
- Nonmonetary unit of measure (UOM)

In some cases you can override the default compensation type and nonmonetary UOM when defining the item.

- If a formula that retrieves compensation also specifies currency or nonmonetary unit of measure, the formula configuration overrides the currency or unit selections in the item definition.
- The currency defined in the benefit balance overrides the currency on the item definition.

Estimated Values

For each item, you can select the Estimated amount option to indicate that this compensation isn't the actual amount paid. In the statement definition, you can specify whether to display the estimated amount indicator for amounts designated as estimated.

Rounding

You can specify how to round nonmonetary amounts.

Proration

You can control whether proration occurs for element entry style compensation items. You can enable proration or not for salary, and also enable it for other element entries. Use the **Allow Proration** radio buttons on the compensation item when the source type is Element Entry and Type of Compensation is Monetary. We recommend that you always select **Yes** for any element entries linked to a salary basis.

Compensation Item Testers

Use the Test buttons to verify that the results are what you expect before you generate the statements.

Items in the Statement Hierarchy

You can't add items to statement definitions directly. To include them on statements, you must add items to a compensation category.

Related Topics

- [Overview of Using Formulas](#)

Item Formula Type

The Total Compensation Item formula determines compensation information that isn't stored in the other predefined item source types.

You select the formula when you manage compensation items on the Create or Edit Compensation Items page. Click the Validate button to validate your expectations for compensation items before you generate the statements.

The following contexts are available to formulas of this type:

- DATE_EARNED
- EFFECTIVE_DATE
- END_DATE
- START_DATE
- HR_ASSIGNMENT_ID
- HR_TERM_ID
- JOB_ID
- LEGISLATIVE_DATA_GROUP_ID
- COMPENSATION_RECORD_TYPE
- ORGANIZATION_ID
- PAYROLL_ASSIGNMENT_ID
- PAYROLL_RELATIONSHIP_ID
- PAYROLL_TERM_ID
- PERSON_ID

Database items related to Person, Assignment, Salary, Element Entries, Compensation Record, and From and End Dates are available to formulas of this type.

The following input variables are available to formula of this type.

Input Value	Data Type	Required	Description
CMP_IV_PERIOD_ID	Char	Y	Period ID
CMP_IV_PERIOD_START_DATE	Date	Y	Statement Period Start Date
CMP_IV_PERIOD_END_DATE	Date	Y	Statement Period End Date

The following return variables are available to formula of this type.

Return Value	Data Type	Required	Description
COMPENSATION_DATES	Date	Y	One to 15 transaction dates delimited by semicolon, maximum 250 characters.
VALUES	Char	Y	One to 15 transaction values delimited by semicolon, maximum 250 characters. Must be the same number of values as dates.
ASSIGNMENTS	Char	N	One to 15 transaction assignments delimited by semicolon, maximum 250 characters. Must be the same number of assignments as dates. Can return an empty space with a delimiter (; ;).
LEGALEMPLOYERS	Char	N	One to 15 legal employer IDs delimited by semicolon, maximum 250 characters. Must be the same number of assignments as dates. Can return an empty space with a delimiter (; ;).
UNIT	Char	N	4 optional variables for every value and every variable can have more than one value delimited by “;”. Can return currency code from monetary units.
COMPENSATION_DATES1	Date	Y	Second variable for transaction dates from 16 to 30 if limit of 250 characters is exceeded.
VALUES1	Char	Y	Second variable for transaction values from 16 to 30 if limit of 250 characters is exceeded.
ASSIGNMENTS1	Char	N	Second variable for transaction assignments from 16 to 30 if limit of 250 characters is exceeded.
LEGALEMPLOYERS1	Char	N	Second variable for legal employer IDs from 16 to 30 if limit of 250 characters is exceeded.
UNIT1	Char	N	4 optional variables for every value and every variable can have more than one value delimited by “;”. Can return currency code from monetary units.
COMPENSATION_DATES2	Date	Y	Transaction dates from 31 to 45.

Return Value	Data Type	Required	Description
VALUES2	Char	Y	Transaction values from 31 to 45.
ASSIGNMENTS2	Char	N	Transaction assignments from 31 to 45.
LEGALEMPLOYERS2	Char	N	Legal employers from 31 to 45.
UNIT2	Char	N	4 optional variables for every value and every variable can have more than one value delimited by “;”. Can return currency code from monetary units.
COMPENSATION_DATES3	Dates	Y	Transaction dates from 46 to 60.
VALUES3	Char	Y	Transaction values from 46 to 60.
ASSIGNMENTS3	Char	N	Transaction assignments from 46 to 60.
LEGALEMPLOYERS3	Char	N	Legal employers from 46 to 60.
UNIT3	Char	N	4 optional variables for every value and every variable can have more than one value delimited by “;”. Can return currency code from monetary units.

This sample formula returns one date and one value based on the worker ID.

```

/*****
FORMULA NAME : Total Compensation Simple Item Formula
FORMULA TYPE : Total Compensation Item
DESCRIPTION : Returns one date and one value.
*****/

/*===== INPUT VALUES DEFAULTS BEGIN =====*/
INPUTS ARE CMP_IV_PERSON_ID (text), CMP_IV_PERIOD_START_DATE (date), CMP_IV_PERIOD_END_DATE (date)
DEFAULT FOR CMP_IV_PERSON_ID IS '-1'
DEFAULT FOR CMP_IV_PERIOD_START_DATE IS '4712/12/31' (date)
DEFAULT FOR CMP_IV_PERIOD_END_DATE IS '4712/12/31' (date)
/*===== INPUT VALUES DEFAULTS ENDS =====*/

/*===== FORMULA SECTION BEGIN =====*/
COMPENSATION_DATES = '2005/01/01'
VALUES = '500.00'

ASSIGNMENTS = to_char(get_context(HR_ASSIGNMENT_ID,-1))

RETURN COMPENSATION_DATES, VALUES, ASSIGNMENTS

/*===== FORMULA SECTION END =====*/

```

This sample formula returns multiple variables.

```

/*****
FORMULA NAME : Total Compensation Multi Item Formula
FORMULA TYPE : Total Compensation Item
DESCRIPTION : Returns multiple variables.
*****/

/*===== INPUT VALUES DEFAULTS BEGIN =====*/
INPUTS ARE CMP_IV_PERSON_ID (text), CMP_IV_PERIOD_START_DATE (date) , CMP_IV_PERIOD_END_DATE (date)
/*===== INPUT VALUES DEFAULTS ENDS =====*/

/*===== FORMULA SECTION BEGIN =====*/

COMPENSATION_DATES = '2009/01/01;2009/02/01;2009/03/01'
COMPENSATION_DATES1 = '2009/07/01;2009/08/01;2009/09/01'
COMPENSATION_DATES2 = '2009/10/01;2009/11/01;2009/12/01'
COMPENSATION_DATES3 = '2009/10/01;2009/11/01;2009/12/01'

VALUES = '200.00;200.00;300.00'
VALUES1 = '300.00;500.00;500.00'
VALUES2 = '500.00;500.00;600.00'
VALUES3 = '600.00;600.00;700.00'

/* Returns only first two assignment */
ASSIGNMENTS = ';1234567890;1234567890'
ASSIGNMENTS1 = '1234567890;1234567890;1234567890'

/* Returns last two assignments */
ASSIGNMENTS2 = ';1234567890;1234567890'
/* Returns first and last assignments */
ASSIGNMENTS3 = '1234567890;;1234567890'

LEGALEMPLOYERS = '0123456789;;0123456789'
LEGALEMPLOYERS1 = '0123456789;0123456789;0123456789'
LEGALEMPLOYERS2 = '0123456789;0123456789;0123456789'
LEGALEMPLOYERS3 = '0123456789;0123456789'

UNIT = 'USD'
UNIT1 = 'EUR'
UNIT2 = 'AUD'
UNIT3 = 'CAD'
RETURN
COMPENSATION_DATES,VALUES,COMPENSATION_DATES1,VALUES1,COMPENSATION_DATES2,VALUES2,COMPENSATION_DATES3,VALUES3,ASSIG
GALEMPLOYERS,LEGALEMPLOYERS1,LEGALEMPLOYERS2,LEGALEMPLOYERS3,UNIT,UNIT1,UNIT2,UNIT3

/*===== FORMULA SECTION END =====*/

```

Related Topics

- [Formula Compilation Errors](#)
- [Formula Execution Errors](#)
- [When do I run the Compile Formula process?](#)
- [Example of Writing a Fast Formula Using Formula Text](#)

Category Types: Explained

The compensation category type determines the table columns and general layout of the category page in the total compensation statement, as well as whether the category can include subcategories. This topic explains the category types and provides an example of a user-defined category.

Types

The following table shows the category types with default column and configuration details.

Category Type	Default Columns	Configurable
<ul style="list-style-type: none"> Benefits Cash Compensation Savings Retirement 	<ul style="list-style-type: none"> Worker contributions Employer contributions Description 	<ul style="list-style-type: none"> Add compensation items Nest categories within the category as subcategories Hide columns that don't apply
Time Off	<ul style="list-style-type: none"> Type of time off Monetary value of the time off Accrued balance 	<ul style="list-style-type: none"> Edit column labels Configure category table row names as links to more information Can't nest categories as subcategories
Stock History	Select columns of data from the database table that stores workers' stock details	<ul style="list-style-type: none"> Select which types of stock to include in the category Alter which columns are hidden or only available optionally in statement view menu Edit column labels Can't nest categories as subcategories
Other	Same basic structure as the Cash Compensation or Benefits category type	You can use it for any type of compensation
User-Defined	Specify the number of columns, up to five, that you want to include in the category	<ul style="list-style-type: none"> Configure column labels Select compensation items for the table rows Can't nest categories as subcategories

User-Defined Category Example

You might use the user-defined category type to display information about commissions by including columns, such as:

- Sales target
- Units sold

- Percentage over target
- Percentage under target
- Commission amount

Related Topics

Categories and Subcategories: Points to Consider

Compensation categories display information in tables. Use categories to group similar or related compensation items, such as Cash Compensation, Benefits, Time Off, or Stock History. You can use the same categories in multiple statements. You can also display categories directly on the summary page.

Consider the following factors when planning how to group compensation items and categories for display:

- Category type
- Contribution type and unit of measure
- Level of detail

Category Type

Consider these points:

- Category type determines the table columns and general layout of the page in the statement.
- You can't add categories as subcategories to the Stock History, User-Defined, or Time Off category types.
- After you use a category in any statement, you can't change the category type.

Contribution Type and Unit of Measure

The contribution type and unit of measure of the associated items or subcategories determines:

- Category's contribution type (monetary or nonmonetary)
- Category's nonmonetary unit of measure

All items and subcategories within a nonmonetary category must share the same unit of measure.

Level of Detail

When you create a category, you specify how you want to display the category details in the statement.

Select one of these level of detail values:

- Viewers drill into line items to see details
- Viewers see all details on one page

Related Topics

- [Options to Display Category Details in a Compensation Statement](#)
- [Best Practices for Hiding Columns in a Statement](#)
- [Options to Handle Display of Statement Categories When Zero or No Values Exist](#)
- [Options for Displaying Graphs in Total Compensation Statement](#)

Category Level of Detail: Points to Consider

Use the Manage Compensation Categories task in the Compensation work area to specify how to display the category details in the statement. Select from two level of display options, depending on category type and design preference.

Viewers Drill Into Line Items to See Details

Provide links from a high-level category page that drill down to specific details for each item or subcategory row in the category.

Example: You can create a Benefits category that displays high-level information for different health benefits, such as:

- Medical
- Dental
- Life Insurance

To see the details of each row in the category, such as medical, viewers can drill into the row to a separate details page.

Viewers See All Details on One Page

Display the full detail of the category's content on a single page in the statement. For example, you can create a Bonus category that displays the amount of different bonuses (such as new hire and quarterly) as rows on the category page.

If you select to show all details on a single page:

- The name column doesn't show in the statement for rows in the category.
- You can't hide all columns in the category.
- You can't add subcategories to these category types: Benefits, Cash Compensation, Savings and Retirement, or Other. However, you can add subcategories to these category types if the level of detail enables drilling to see details.

It's best not to show all details on a single page for recurring information.

Planning Statement Definitions: Points to Consider

You need to consider certain statement elements and options when you plan how many different total compensation statement definitions to create and the presentation of content in each.

These are the statement elements and options to consider:

- Statement audience
- Statement definition details
- Statement periods

Statement Audience

You can create different statement definitions for different statement audiences. Use the following two methods, individually or in combination, to limit the statement audience:

- Attach an eligibility profile to the statement on the Statement Options tab.

Example: Within a business unit, you create separate statement definitions for individual contributors and executive level workers by:

- a. Creating eligibility profiles that differentiate between individual contributors and executive workers.
 - b. Attaching each eligibility profile to the corresponding statement definition.
- Use the following population filter parameters to specify your audience when you generate statements:
 - Business unit
 - Benefits group
 - Legislative data group
 - Country
 - A person selection formula that you define
 - A single person that you select

Statement Definition Details

Build the statement hierarchy of categories and items appropriate for the audience. Configure table and graphical displays, descriptive text, and supplemental information.

Statement Periods

Configure statements to cover any period of time by specifying start and end dates on the statement definition Periods tab. You can create multiple periods at one time. For each statement period, further specify:

- An optional statement period display name

Example: Name the period **2011 Annual Statement** rather than the default display of start and end date.

- The date that statements become available to workers
- The conversion rate date for currency conversions
- An optional welcome message.

Statement Options: Points to Consider

You can configure an optional summary page, estimated amount indicator, and welcome message for each statement.

Summary Page

On the statement definition Options tab, you can configure the summary page. The optional summary page consists of the following optional features:

- Monetary and Nonmonetary sections, each containing section-level descriptive text, graphs, and tables
 - Summary page descriptive text that can include rich text formatting and hyperlinks
- Include placeholder fields for values that vary among workers, such as the first name, a compensation item amount, or work location. These placeholder fields enable you to use the same text for different workers.
- Summary page supplemental information, such as hyperlinks to company policies and resources, which are displayed in a separate window

If you include a graph in the Nonmonetary section, all top-level categories in the nonmonetary summary should share the same unit of measure. You can exclude individual top-level categories from the summary.

Estimated Amount Indicator

Displaying an estimated amount indicator in the statement requires two configuration steps:

- Item definition: When creating compensation items, identify whether the item amounts are estimates.
- Statement definition: On the statement definition Options tab, specify whether to display or hide the indicator that visually denotes amounts as estimated.

Welcome Message

For each statement period, you can compose an optional welcome message on the statement definition Periods tab. In the welcome message you can:

- Personalize the greeting with each worker's name
- Use rich text and include hyperlinks
- Include placeholder fields for values that vary among workers, such as the first name, a compensation item amount, or work location. These placeholder fields enable you to use the same text for different workers.
- Use the Preview Text in Printable Statements option to see what the statement looks like with placeholders, not real-time data.

If included, the welcome message is the first page the worker sees in the statement.

Online and Printable Statements

You can configure either online or printable statements or both. Some options are available in certain statements.

Online and Printable Statements

Option	Statement Type
Detail sections defined in the online statement drill downs	Both
Estimated stock values	Both
Display person mailing address columns	Both
Include category line item detail section option	Online only
Left menu navigation	Online only
Links within the statement navigation	Printable only
Mass generate statements	Printable only

FAQs

How can I change whether the category displays zero or no values in the statement?

Edit the top-level category only on the Edit Statement Definition page. Or, edit the subcategory and item rows on the Edit Compensation Categories page.

Follow these steps:

1. Select the category or item row.
2. Select the zero value display option in the Actions menu.

The **Display Zero Rows** column shows the current setting for each category.

How can I display a hidden column?

Edit the summary table column properties only on the summary page. Or, edit each individual category's column properties on the Edit Compensation Category page.

Follow these steps:

1. Click the **Column Properties** button.
2. Select the column from the menu.
3. Update the option to display the column in the statement.

How can I hide or show the welcome message in statements?

You can use the Manage Statement Definitions task in the Compensation work area to hide or show the message.

Follow these steps:

1. Select the statement definition and click **Edit**.
2. On the Periods tab, select the button in the **Welcome Message** column.
3. Edit the **Do not display welcome message** option.

How can I change the welcome message text in statements?

Use the Manage Statement Definitions task in the Compensation work area to change the message.

Follow these steps:

1. Select the statement definition and click **Edit**.
2. On the Periods tab, select the **Edit** button in the **Welcome Message** column.

Why can't I delete or edit some items?

If the item is in use in a compensation category, you can't delete it. Also, you can't edit some attributes, such as the type of compensation and nonmonetary unit of measure.

Why did the default stock details change?

More than one administrator might have access to these settings.

The following tasks use the stock price and currency information:

- View compensation history
- Manage workforce compensation
- Generate total compensation statements

How can I import stock data sent to me by my supplier?

On the Manage Stock Grants page, use the Prepare Import Spreadsheet button to generate the stock table spreadsheet. Enter your supplier's data, ensuring that each row contains a unique Grant Date, Grant ID, and Grant Number. Upload the information into the stock table.

Can I reuse a previous year's statement?

Yes. You can reuse an existing statement definition by adding new periods.

You might also want to:

- Update the welcome message
- Add or edit the items and categories included
- Hide or update the display of graphs, descriptive text, and supplementary information

Can I correct the definition after workers received statements?

Yes. You can correct the statement definition and regenerate the statements, which makes the newer version available to workers.

33 Total Compensation Worked Examples

Create a Bonus Category

This example demonstrates how to create a bonus category that includes a profit sharing bonus, a new hire bonus, and a quarterly bonus. The new hire and quarterly bonus items already exist and are reused in this category.

The following table summarizes key decisions for the Profit Sharing compensation item in this scenario.

Decision to Consider	Item in This Example
What compensation does the item represent?	Profit sharing bonus
What's the source type?	Payroll element
What's the legislative data group?	USA

The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What's the category type?	Cash Compensation
Display category details in the statement at what level?	Viewers see all details on one page.
Add items?	Yes: Profit sharing bonus, new hire bonus, and quarterly bonus.
Display graphs? How many? What type?	Yes. Two: Bar and stacked bar.
Hide or edit any columns in the category?	Hide worker contributions because this is a cash compensation category. Edit company contribution column name to make it familiar to workers.

Task Summary

To create the bonus category, complete the following tasks. Use the default values except where otherwise indicated.

1. Create a profit sharing bonus item.
2. Create a bonus category.
3. Attach the item you created along with other existing bonus items.
4. Configure display options.

Prerequisites

1. Create a payroll element named Profit Sharing Bonus using the USA legislative data group.
2. Create the following compensation items using payroll elements in the USA legislative data group:
 - o New Hire Bonus
 - o Quarterly Bonus

Creating a Compensation Item

Create the compensation item.

1. Click the **Manage Compensation Items** task.
2. Click **Create**.
3. Complete the fields as shown in this table:

Field	Value
Item Name	Profit Sharing Bonus
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Profit Sharing Bonus
Input Value	Pay Value

4. Click **Save and Close**.

Entering Category Details and Adding Items

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Bonus
Category Type	Cash Compensation

4. Click **Continue**.

5. Select **Viewers see all details on one page** in the **Level of Detail** field.
6. Click **Add Items** three times to add three new rows.
7. Complete the fields for each new row as shown in this table.

Name	Description	Company Contribution (Items)
Profit Sharing	Profit Sharing Bonus	Profit Sharing Bonus
New Hire	New Hire Bonus	New Hire Bonus
Quarterly	Quarterly Bonus	Quarterly Bonus

8. Click **Edit Column Properties** and select the **Your Contribution** column.
9. Select **Do not display in the statement**.
10. Click **OK**.
11. Click **Edit Column Properties** and select the **Company Contribution** column.
12. Enter **Amount** in the **Column Label** field.
13. Click **OK**.

Configuring Display Options.

1. Select the **Graphs** tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Your Bonuses	How Your Bonuses Add Up
Graph Type	Bar	Bar - stacked
Graph Items	Amount	Amount

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the **Descriptive Text** tab.
6. Enter any text here to describe what's included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Related Topics

- [Create a Total Compensation Statement](#)

Create a Benefits Category

This example demonstrates how to create a benefits category that includes medical, dental, vision, disability insurance, and life insurance. The following table summarizes key decisions for the compensation items in this scenario.

Decision to Consider	First Item	Second Item
What compensation does the item represent?	Worker contribution for medical benefit	Company contribution for medical benefit
What is the source type?	Payroll element	Payroll element
What is the legislative data group?	USA	USA

The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What is the category type?	Benefits
Display category details in the statement at what level?	Display details of item rows on separate pages that viewers drill to for details.
Add items? (Describe)	Yes: Both worker and company contributions for medical, dental, vision, disability insurance, and life insurance benefits.
Add other categories as subcategories? Describe	No
Display graphs? (No or Yes?) One or two? What type?	Yes. Two: Stacked bar and pie chart.
Hide or edit any columns in the category?	No
Display the row if values are zero in the period?	No

Create items for medical insurance, then create a benefits category and attach the items you created along with eight existing benefits items and configure display options. Use the default values except where otherwise indicated.

Prerequisites

1. Create the following payroll elements using the USA legislative data group.
 - o Medical Worker Contribution
 - o Medical Company Contribution
2. Create the following compensation items using payroll elements in the USA legislative data group:
 - o Dental Worker Contribution
 - o Dental Company Contribution
 - o Vision Worker Contribution
 - o Vision Company Contribution
 - o Disability Worker Contribution
 - o Disability Company Contribution
 - o Life Insurance Worker Contribution
 - o Life Insurance Company Contribution

Creating a Compensation Item

Use the default values except where indicated.

1. In the Compensation work area, click **Manage Compensation Items** to open the Manage Compensation Items page.
2. Click **Create**.
3. On the Create Compensation Item page, complete the fields as shown in this table:

Field	Value
Item Name	Medical Worker Contribution
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Medical Worker Contribution
Input Value	Pay Value

4. Click **Save and Create Another**.

- On the Create Compensation Item page, complete the fields as shown in this table:

Field	Value
Item Name	Medical Company Contribution
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Medical Company Contribution
Input Value	Pay Value

- Click **Save and Close**.

Entering Category Details and Adding Items

- In the Compensation work area, click **Manage Compensation Categories** to open the Manage Compensation Categories page.
- Click **Create**.
- On the Create Compensation Categories page, complete the fields, as shown in this table.

Field	Value
Name	Benefits
Category Type	Benefits

- Click **Continue**.
- On the Create Category page, Table tab, select **Viewers drill into line items to see details** in the **Level of Detail** field.
- Click **Add Items** five times to add five new rows.
- Complete the fields for each new row, entering a name and description of the category row and selecting compensation items for each contribution column in the category, as shown in this table.

Name	Description	Your Contribution (Items)	Company Contribution (Items)
Medical	Amounts reflect your coverage.	Medical Worker Contribution	Medical Company Contribution
Dental	Amounts reflect your coverage.	Dental Worker Contribution	Dental Company Contribution

Name	Description	Your Contribution (Items)	Company Contribution (Items)
Vision	Amounts reflect your coverage.	Vision Worker Contribution	Vision Company Contribution
Disability Insurance	LTD provides income protection.	Disability Worker Contribution	Disability Company Contribution
Life Insurance	Life insurance is a core benefit.	Life Insurance Worker Contribution	Life Insurance Company Contribution

Configuring Display Options.

1. Select the Graphs tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Employee Versus Company Contributions	Total Contribution Comparison
Graph Type	Bar	Pie
Graph Items	Your Contribution, Company Contribution	Your Contribution, Company Contribution

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what is included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Related Topics

- [Create a Total Compensation Statement](#)

Create a User-Defined Category for Commissions

This example demonstrates how to create a Commissions category using the User-Defined category type. The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What is the category type?	User-Defined
Display category details in the statement at what level?	Viewers see all details on one page.
Add items?	Yes: Sales target, sales revenue, and commissions items for year end.
Display graphs? How many? What type?	Yes. Two bar charts, one for revenue generated and one for commissions earned.
Hide or edit any columns in the category?	Edit column labels.

Task Summary

To create the user-defined category for commissions complete the following tasks. Use the default values except where otherwise indicated.

1. Create a User-Defined category.
2. Attach existing compensation items.
3. Configure display options.

Prerequisites

1. Create the following compensation items:
 - o Sales Target Year End
 - o Sales Revenue Year End
 - o Commission Year End

Entering Category Details and Adding Items

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Commissions
Category Type	User-Defined
Number of Item Columns	3

4. Click **Continue**.

5. Select **Viewers see all details on one page** in the **Level of Detail** field.
6. Click **Edit Column Properties** and select the **Your Contribution** column.
7. Enter **Sales Target** in the **Column Label** field.
8. Click **OK**.
9. Click **Edit Column Properties** and select the **Company Contribution** column.
10. Enter **Sales Revenue** in the **Column Label** field.
11. Click **OK**.
12. Click **Edit Column Properties** and select the **User-Defined Column 3** column.
13. Enter **Commission** in the **Column Label** field.
14. Click **OK**.
15. Click **Add Items**.
16. Complete the fields for the new row, as shown in this table.

Name	Description	Sales Target (Item)	Sales Revenue (Item)	Commission (Item)
Row 1	Year End Activity	Sales Target Year End	Sales Revenue Year End	Commission Year End

The **Name** column doesn't show in the statement when the level of detail is configured to display all details on a single page.

Configuring Display Options.

1. Select the **Graphs** tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Revenue Generated	Commissions Earned
Graph Type	Bar	Bar
Graph Items	Sales Revenue	Commissions

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the **Descriptive Text** tab.
6. Enter any text here to describe what's included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Related Topics

- [Create a Total Compensation Statement](#)

Create a Stock History Category

This example demonstrates how to create a stock history category for nonqualified stock options with vesting information. You create a stock history category and configure column visibility and graphs.

The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What's the category type?	Stock History
Display category details in the statement at what level?	Viewers see all details on one page.
Display graphs? How many? What type?	Yes. <ul style="list-style-type: none"> • One Pie to display Nonmonetary (Shares) • One Bar to display Monetary (Estimated Values)
Hide or edit any columns in the category?	Accept most default column visibility settings. Make some adjustments to visibility of vested share columns and grant number. Edit some column labels for display on the statement.

Task Summary

To create the stock history category, complete the following tasks:

1. Create a stock history category and configure the columns.
2. Configure the display options.

The Stock Details table must contain stock data. Use the default values except where otherwise indicated.

Entering Category Details and Configuring Columns

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Stock History
Category Type	Stock History

4. Click **Continue**.

5. Select **Non-Qualified Stock Option** in the **Grant Type** field.
6. Edit the column labels and availability of column types, as shown in this table, using the default values of columns not listed.

Sequence	Column Type	Column Label	Available for Display in Online Statement
1	Original Grant Date	Grant Date	(Use default)
3	Grant Number	(Use default)	Select
10	Original Value at Grant	Grant Value	(Use default)
16	Estimated Market Value of Total Shares	Estimated Market Value	(Use default)
17	Vested Shares	(Use default)	Select
18	Exercised Shares	(Use default)	Select
20	Estimated Gain from Vested Shares	(Use default)	Deselect
25	Exercise Date	(Use default)	Select

Configuring Display Options.

1. Select the Graphs tab.
2. Complete the fields, as shown in this table.

Field	Value for the First Graph
Graph Title	Vested Versus Unvested Shares
Graph Type	Pie
Nonmonetary Graph Items	Vested Shares, Unvested Shares
Graph Title	Estimated Values
Graph Type	Bar

Field	Value for the First Graph
Monetary Graph Items	Estimated Market Value of Total Shares, Estimated Gain from Vested Shares

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what's included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Related Topics

- [Create a Total Compensation Statement](#)

Creating a Statement: Worked Example

This example demonstrates how to create, generate, and view a total compensation statement that contains two top-level categories, one for cash compensation and one for stock.

The statement definition is for individual contributors whose salaries are quoted on an annual basis. The categories added as subcategories were created for other statement definitions and are reused in this definition. The following table summarizes key decisions for the compensation item in this scenario.

Decision to Consider	Item in This Example
What compensation does the item represent	Base pay for exempt workers with annual salary
What's the source type?	Payroll element
What's the legislative data group?	USA

The following table summarizes key decisions for the categories in this scenario.

Decision to Consider	Cash Compensation Category	Stock Category
What is the category type?	Cash Compensation	Other
Display category details in the statement at what level?	Display details of item and subcategory rows on separate pages that viewers drill to for details.	Display details of item and subcategory rows on separate pages that viewers drill to for details.
Add items?	Yes: Base pay for exempt workers	Not directly, only through subcategories.
Add other categories as subcategories?	Yes. One: Bonuses Exempts	Yes. Two: ESPP Exempts and Stock History Exempts

Decision to Consider	Cash Compensation Category	Stock Category
Display graphs? How many? What type?	Yes. Two: Bar and stacked bar.	No
Hide or edit any columns in the category?	Hide worker contributions because this is a cash compensation category. Edit subcategory names to make them familiar to workers.	Edit subcategory names to make them familiar to workers.
Display the row if values are zero or no in the period?	No	Display the Employee Stock Purchase Plan row but prevent drilling to details.

The following table summarizes key decisions for the statement definition in this scenario.

Decision to Consider	Statement Definition in This Example
Include which top-level categories?	Cash Compensation and Stock
What is the statement period?	Calendar year 2015 Also create a second annual period to be ready for the next year.
Include welcome message?	Yes. Address recipients by first name.
Include summary page?	Yes
What is the statement audience for eligibility?	Individual contributors whose salaries are quoted on an annual basis
What is the population for statement generation?	Legal employer: Infusion USA

Task Summary

To create, generate, and view a total compensation statement complete the following tasks. Use the default values except where otherwise indicated.

1. Create a compensation item.
2. Create a cash compensation category and add the item and a subcategory.
3. Create a stock category and add subcategories.
4. Create a statement definition.
5. Configure optional eligibility and statement summary page.
6. Generate and view statements.

Prerequisites

1. Create a payroll element named **Base Pay Exempts** that represents base pay earnings for salaried exempt workers in the USA legislative data group.
2. Create the following compensation categories with items:
 - o Bonuses Exempts
 - o ESPP Exempts
 - o Stock History

3. Create an eligibility profile named **IC Annual Salary** that identifies individual contributors who are salaried with annual salary basis.

Creating a Compensation Item

Create the compensation item.

1. Click the **Manage Compensation Items** task.
2. Click **Create**.
3. Complete the fields as shown in this table:

Field	Value
Item Name	Base Pay Exempts
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Base Pay Exempts
Input Value	Pay Value

4. Click **Save and Close**.

Creating a Cash Compensation Category

Create a cash compensation category and attach the base pay item you created along with two existing cash categories with items.

1. Enter category details and add an item.
2. Add and configure subcategories.
3. Configure display options.

Creating a Stock Category

Create a stock category and attach two existing stock categories with items.

1. Enter category details.
2. Add and configure subcategories.
3. Configure display options.

Creating a Statement Definition

Create a statement definition and configure the statement table display, periods, and welcome message.

1. Enter statement details and add top-level categories.
2. Configure table display options.
3. Define statement periods and welcome message.

Configuring Optional Eligibility and Statement Summary Page

1. Select the Statement Options tab.

2. In the **Eligibility Profile** field, select **IC Annual Salary**.
3. Click **Configure Summary Page**.
4. In the Monetary Compensation section, select the Table tab and verify the table contents.
5. Select the Graphs tab.
6. Complete the fields, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Your Total Compensation	How Your Compensation Adds Up
Graph Type	Bar	Bar - stacked
Graph Items	Company Contributions	Company Contributions

7. Click **Save**.
8. Click **OK**.
9. Select the Descriptive Text tab.
10. Enter any text that you want to appear in the summary page specifically related to monetary compensation.
11. Scroll down to the Summary Page Descriptive Text section and expand it.
12. Enter some text, such as: **The summary provides you an overview of your compensation package. Click each category name to view additional details.**
13. Click **Save and Close**.
14. Click **OK**.
15. Click **Finish** to validate the statement.

