

# DEI

Health

Optional

Billing

# Course Map

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leaves, & Terminations

Lesson 9: KHRIS Processing

## Counsel Employees

- Answer health, dental, vision, and life insurance questions and provide contact details where they may receive additional information

## Administration Manual

- Be familiar with and use the DEI Administration Manual to complete your responsibilities as an IC/BL in addition to processing and procedure guidelines for enrollment in the Kentucky Employees' Health Plan and Optional Insurance Benefits

## Manage Monthly Bills

- If your duties include Billing Liaison reconcile, process and release the health, dental, vision and life premiums, administrative fees and flexible benefits all within Biller Direct

## Provide the following to your new employees

- A copy of the Checklist for New Employees (located under “forms” then “miscellaneous” )
- KEHP website <http://kehpn.ky.gov>
- Optional Insurance Branch website: <https://personnel.ky.gov/pages/insurance.aspx>
- Training on benefits available, including the web address to obtain the Summary Plan Descriptions: <https://personnel.ky.gov/Pages/KEHP-Forms-for-members.aspx>

# Course Map

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

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Lesson 6: Life Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave, & Terminations

Lesson 9: KHRIS Processing

# Available Levels of Coverage

Single coverage for the member only



Parent Plus coverage for the member and eligible dependent(s) except the spouse



Couple coverage for the member and his/her eligible covered spouse



Family coverage for the member, the member's spouse and one or more dependent children



## Deductible

- Single - \$1500
- Family - \$2750
- Coinsurance – 85/15
- Maximum Out of Pocket
  - Single - \$3000
  - Family – \$5750
- Medical and pharmacy costs both apply toward the deductible and out-of-pocket
- Value Formulary– less brand names and more generic options
- \$500 HRA for single coverage- \$7,500 cap
- \$1000 for couple, parent-plus and family coverage- \$7,500 cap
- Funds up to \$7500 roll from year to year

## Deductible

- Single - \$1000
- Family - \$1750
- Coinsurance – 80/20
- Maximum Out of Pocket
  - Single - \$3000
  - Family – \$5750
- PCP Copay - \$25
- Specialist Copay - \$50
- Medical and pharmacy costs DO NOT apply toward the deductible but will towards your out-of-pocket maximum
- Value Formulary– less brand name options and more generic options
- No HRA funds

## Deductible

- Single - \$2000
- Family - \$3750
- Coinsurance – 70/30
- Maximum Out of Pocket
  - Single - \$4000
  - Family – \$7750
- Medical and pharmacy costs both apply toward the deductible and out-of-pocket
- Value Formulary – more generic drug options and less brand-name options
- \$250 HRA for single coverage- \$7,500 cap
- \$500 for couple, parent-plus and family coverage- \$ 7,500 cap
- Funds up to \$7500 roll from year to year

## Deductible

- Single - \$4250
- Family - \$8250
- Coinsurance – 50/50
- Maximum Out of Pocket
  - Single - \$5250
  - Family – \$10,250
- Medical and pharmacy costs both apply toward the deductible and out-of-pocket
- Value Formulary – more generic drug options and less brand-name options
- No HRA funds and no co-pays

# KEHP 2021 Benefits Grid

| Plan Options   | LivingWell CDHP                  |                                   | LivingWell PPO                      |                                   | LivingWell Basic CDHP            |                                   | LivingWell Limited High Deductible Plan |                                    |
|--|----------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|---|------------------------------------|
|  | In-Network                       | Out-of-Network                    | In-Network                          | Out-of-Network                    | In-Network                       | Out-of-Network                    | In-Network                              | Out-of-Network                     |
| <b>Lifetime Maximum</b>  | Unlimited                        | Unlimited                         | Unlimited                           | Unlimited                         | Unlimited                        | Unlimited                         | Unlimited                               | Unlimited                          |
| <b>HRA</b>   | Single \$500; Family \$1,000     |                                   | Not Applicable                      |                                   | Single \$250; Family \$500       |                                   | Not Applicable                          |                                    |
| <b>Annual Deductible*</b>  | Single \$1,500<br>Family \$2,750 | Single \$2,750<br>Family \$5,250  | Single \$1,000<br>Family \$1,750    | Single \$1,750<br>Family \$3,250  | Single \$2,000<br>Family \$3,750 | Single \$3,250<br>Family \$6,250  | Single \$4,250<br>Family \$8,250        | Single \$8,250<br>Family \$16,250  |
|  | Applies to Medical and Pharmacy  |                                   | Applies to Medical                  |                                   | Applies to Medical and Pharmacy  |                                   | Applies to Medical and Pharmacy         |                                    |
| <b>Annual Medical Out-of-Pocket Maximum**</b>  | Single \$3,000<br>Family \$5,750 | Single \$5,750<br>Family \$11,250 | Single \$3,000<br>Family \$5,750    | Single \$5,750<br>Family \$11,250 | Single \$4,000<br>Family \$7,750 | Single \$7,750<br>Family \$11,250 | Single \$5,250<br>Family \$10,250       | Single \$10,250<br>Family \$20,250 |
| Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply. |                                  |                                   |                                     |                                   |                                  |                                   |   |                                    |
| <b>Co-Insurance</b>  | Plan: 85%<br>Member: 15%         | Plan: 60%<br>Member: 40%          | Plan: 80%<br>Member: 20%            | Plan: 60%<br>Member: 40%          | Plan: 70%<br>Member: 30%         | Plan: 50%<br>Member: 50%          | Plan: 50%<br>Member: 50%                | Plan: 40%<br>Member: 60%           |
| <b>Doctor's Office Visits</b>  | Deductible then 15%              | Deductible then 40%               | Co-pay: \$25 PCP<br>\$50 Specialist | Deductible then 40%               | Deductible then 30%              | Deductible then 50%               | Deductible then 50%                     | Deductible then 60%                |
| <b>Annual Prescription Drug Out-of-Pocket Maximum**</b>  | Combined with Medical            | Combined with Medical             | Single \$2,500<br>Family \$5,000    | Single \$5,000<br>Family \$10,000 | Combined with Medical            | Combined with Medical             | Combined with Medical                   | Combined with Medical              |
| <b>30-Day Supply***</b><br>Tier 1 - Generic<br>Tier 2 - Formulary  | Deductible then 15%              | Deductible then 40%               | \$15<br>\$40                        | \$30<br>\$80                      | Deductible then 30%              | Deductible then 50%               | Deductible then 50%                     | Deductible then 60%                |
| <b>90-Day Supply (Retail or Mail Order)***</b><br>Tier 1 - Generic<br>Tier 2 - Formulary                                       | Deductible then 15%              | Not Covered                       | \$30<br>\$80                        | Not Covered                       | Deductible then 30%              | Not Covered                       | Deductible then 50%                     | Not Covered                        |
| <b>Physician Care (Inpatient/Outpatient/Other)</b>   | Deductible then 15%              | Deductible then 40%               | Deductible then 20%                 | Deductible then 40%               | Deductible then 30%              | Deductible then 50%               | Deductible then 50%                     | Deductible then 60%                |
| <b>Diagnostic Tests**** In Doctor's Office</b>   | Deductible then 15%              | Deductible then 40%               | Office Visit<br>Co-pay              | Deductible then 40%               | Deductible then 30%              | Deductible then 50%               | Deductible then 50%                     | Deductible then 60%                |
| <b>Other Laboratory</b>  | Deductible then 15%              | Deductible then 40%               | Deductible then 20%                 | Deductible then 40%               | Deductible then 30%              | Deductible then 50%               | Deductible then 50%                     | Deductible then 60%                |



# KEHP 2021 Benefits Grid

| Plan Options  | LivingWell CDHP  |                     | LivingWell PPO   |                     | LivingWell Basic CDHP |                     | LivingWell Limited High Deductible Plan |                     |
|---|--|---------------------|--|---------------------|-----------------------|---------------------|---|---------------------|
|   | In-Network   | Out-of-Network      | In-Network   | Out-of-Network      | In-Network            | Out-of-Network      | In-Network                              | Out-of-Network      |
| <b>Outpatient/Ambulatory Surgery Center</b>   | Deductible then 15%  | Deductible then 40% | Deductible then 20%  | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |
| <b>Emergency Room</b> (Benefit for emergency medical treatment only)                    | Deductible then 15%  |                     | \$150 Co-pay then Deductible then 20%<br>Co-pay waived if admitted                     |                     | Deductible then 30%   |                     | Deductible then 50%                     |                     |
| <b>ER Physician Care</b>  | Deductible then 15%  |                     | Deductible then 20%  |                     | Deductible then 30%   |                     | Deductible then 50%                     |                     |
| <b>Ambulance</b>  | Deductible then 15%  |                     | Deductible then 20%  |                     | Deductible then 30%   |                     | Deductible then 50%                     |                     |
| <b>Urgent Care Center</b>   | Deductible then 15%  |                     | \$50 Co-pay  |                     | Deductible then 30%   |                     | Deductible then 50%                     |                     |
| <b>Routine Well Child</b>   | Covered at 100%  | Deductible then 40% | Covered at 100%  | Deductible then 40% | Covered at 100%       | Deductible then 50% | Covered at 100%                         | Deductible then 60% |
| <b>Routine Well Adult</b>   | Covered at 100%  | Deductible then 40% | Covered at 100%  | Deductible then 40% | Covered at 100%       | Deductible then 50% | Covered at 100%                         | Deductible then 60% |
| <b>Mental Health</b>  | Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services. |                     |  |                     |                       |                     |   |                     |
| <b>Autism Services</b>  | Treated the same as any other health condition. See specifics related to PCP office visit, inpatient, and outpatient services. |                     |  |                     |                       |                     |   |                     |
| <b>Allergy Injections</b>   | Deductible then 15%  | Deductible then 40% | \$15 Co-pay  | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |
| <b>Allergy Serum</b>  | Deductible then 15%  | Deductible then 40% | \$15 Co-pay  | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |
| <b>Maternity Care</b><br>(See SPD for specifics)  | Deductible then 15%  | Deductible then 40% | \$25 Co-pay (office visit pregnancy diagnosed)<br>Delivery Charge: Deductible then 20% | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |
| <b>Durable Medical Equipment</b>  | Deductible then 15%  | Deductible then 40% | Deductible then 20%  | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |
| <b>Therapy Services</b><br>(Per Visit; Physical, Occupational, Speech - combined limit) | Deductible then 15%  | Deductible then 40% | Deductible then 20%  | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |
|   | Maximum of 90 combined therapy visits per calendar year  |                     |  |                     |                       |                     |   |                     |
| <b>Chiropractic Care</b><br>(Manipulation Therapy)                                      | Deductible then 15%  | Deductible then 40% | \$25 Co-pay  | Deductible then 40% | Deductible then 30%   | Deductible then 50% | Deductible then 50%                     | Deductible then 60% |

## Employer contribution of \$2,100 annually or \$175/month new employees only (not available for retirees)

- Member will receive HealthEquity Visa card pre-loaded with available funds
  - \$1050 loaded Jan 1<sup>st</sup> (amounts pro-rated based on effective date of coverage)
  - \$1050 loaded July 1<sup>st</sup> (amount pro-rated based on effective date of coverage)
- Unused money carries to from 2021 to 2022 if member elects the same Waiver HRA option (\$50 - \$2,100)
- If a member, member's spouse or dependent is contributing funds to a Health Savings Account (HSA), he/she should consult a tax advisor prior to establishing an HRA or FSA



## Waiver General Purpose HRA

- Can be used to pay for qualified medical, pharmacy, dental and vision expenses
- Requires member to sign the Waiver HRA Declaration and state what **Source of other coverage**
- Employees must submit proof of other qualifying insurance

## Who is Eligible

- Any active employee of a participating agency
- A retiree who has returned to work and does not have coverage under the retirement systems AND has employer group coverage
- An employee has Medicare but is also covered by a spouse's employer group coverage

## Please make sure your employees are aware of the following:

- When you enter a new hire and enroll them in the Waiver General Purpose HRA, your employee must provide proof that they are covered by an **employer-sponsored group** health plan. You must enter this information in the HRBEN0001.
- The **employee** must submit either a 1095 or a letter from the other insurance listing the members' name and effective date. It must clearly show that the coverage is with an employer and not a private plan.

**Members who elect the Waiver Limited Purpose HRA will receive the same benefit amount as the General Purpose HRAs, \$2,100 annually but the funds can only be used for dental and vision expenses**

- Medical and pharmacy expenses are not reimbursable
- Waiver Limited Purpose HRA funds will not rollover to Waiver (GP) HRA
- Unused money carries to next plan year if member elects the same Waiver Limited Purpose HRA option (\$50 - \$2,100) from plan year 2021 to 2022
- Can be used to pay for qualified dental and vision expenses
- Does not require member to sign the Waiver HRA Declaration

## Who is Eligible

- Any active employee of a participating agency
- A return to work retiree who does not have coverage under the retirement systems
- An employee who does not have other **employer-sponsored group** health insurance coverage but, has an individual or **government-sponsored** health plan like Medicare, Medicaid, Tricare, or VA Benefits etc.

## Waiver No HRA

- No funds are provided
- Does not require member to sign the Waiver HRA Declaration

## Who is Eligible

- Any active employee of a participating agency
- A return to work retiree who has coverage with the retirement systems
- A member, member's spouse or dependent who is contributing funds to a Health Savings Account (HSA)

## HEALTHCARE FSA

- Medical and prescription deductibles, co-payments and co-insurance
- Certain dental fees such as cleanings, fillings and crowns
- Orthodontic treatment
- Vision fees including contacts, eyeglasses and laser vision correction
- Medical supplies such as wheelchairs, crutches and walkers
- FSA funds can be used for family members
- The current limit for contributions to a Healthcare FSA is \$2,750 per employee (plus up to \$550 carry over)
- Healthcare FSA funds are pre-loaded on a Healthcare Card with WageWorks
- It is a use it or lose it account, with only \$550 allowable carry over to the next plan year

\*\*\*\*\*Check with WageWorks for a complete IRS approved listing or visit the FSA Store on their website



ICs may process FSAs for new employees and open enrollment. KEHP Enrollment Branch processes FSAs for reinstatements, transfers, rehires and qualifying events.

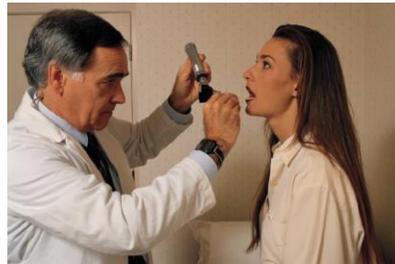
## Child and Adult daycare FSA

- Allows members to pay for dependent care expenses such as daycare or after-school programs for dependents up to age 13, or an adult day care
- Maximum contribution is based on member's tax filing status.
  - \$5,000 for married, filing a joint return;
  - \$5,000 filing as head-of-household;
  - \$2,500 married, filing separate returns
- No VISA card available
  - Members can only be reimbursed as funds are contributed to the account



## No Cost Preventative Care

- For preventative services such as immunizations, preventative screenings, well-child, and well-adult visits
- All KEHP plans cover an extensive list of preventative services delivered by a network provider without charging a co-payment or co-insurance even if yearly deductible hasn't been met



- Flu shots are free at any participating pharmacy or provider through the KEHP's preventative benefit all year

- Networks and doctors are the same for all plans
- You do not need a referral to see a specialist unless the specialist is requiring the referral



## Tobacco Use Declaration

- The commonwealth is committed to fostering and promoting wellness and health in the workforce
- Focus is on tobacco use, not just smoking
- Status is based on both the member and/or dependent(s) tobacco use for ages over 18
- As part of the KEHP wellness program, KEHP provides a monthly discount in premium contribution rates for non-tobacco users



## **Life Insurance Options for employee include:**

- Basic \$20,000 Accidental Death & Dismemberment (AD&D) provided to all full time eligible employees by the employer

## **Additional AD&D Plans employee may purchase for themselves:**

- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$150,000

# Dependent Plan Options

| Qualified Dependent      | <u>Plan A</u> | <u>Plan B</u> | <u>Plan C</u> | <u>Plan D</u> | <u>Plan E</u> | <u>Plan F</u> | <u>Plan G</u> | <u>Plan H</u> |
|--------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Spouse                   | \$10,000      | \$5,000       | \$5,000       | \$10,000      | 0             | \$20,000      | \$20,000      | 0             |
| Child under 6 months     | \$2,500       | \$1,500       | 0             | 0             | \$2,500       | \$2,500       | 0             | \$2,500       |
| Child 6 months to age 26 | \$5,000       | \$3,000       | 0             | 0             | \$5,000       | \$10,000      | 0             | \$10,000      |

## Basic and Optional Life AD&D

- Basic and Optional Life include AD&D (accidental death and dismemberment)
- Basic and Optional Life also covers death due to natural causes

## Example

- Employee passes due to an accident the beneficiary will receive \$40,000 (insurance amount doubles)
- Employee passes due to natural causes the beneficiary will receive \$20,000 (amount of policy)

## Dismemberment Coverage

- AD&D also includes dismemberment coverage
- Amount payable depends on the type of loss the employee experiences due to an accident
- For Dismemberment Percentages and losses not covered for accidental death please refer to the Booklet/Certificate of Coverage

<https://personnel.ky.gov/KGLI/Life%20Insurance%20Booklet.pdf>

## Accelerated Death Benefit for Basic and Optional Life Coverage

- An employee must have a life expectancy of 12 months or less
- Employees premiums must be paid up to date to be eligible
- The terminal illness proceeds are equal to 75% of what employee is currently enrolled in. (basic and optional)

## Example

- Employee is enrolled in \$20,000, they would receive \$15,000 of benefit
- Employee passes and the remaining balance of \$5,000 would be paid out to the beneficiary, providing the employee is still employed and not drawing any type of disability

**Dependent Life Plans are not covered under the AD&D or Accelerated Death Benefit plan options**

# Dental and Vision Optional Insurance - Anthem

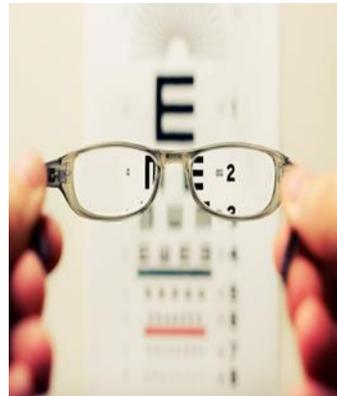
- Dental and vision insurance is available to active employees.
- Pre taxed
- If a member elects health, dental and/or vision, the member will receive more than one card from Anthem. For example, the member may receive one card for health and one card for dental/vision depending on what they have elected.





|   | Bronze                           | Silver                           | Gold                             |
|---|----------------------------------|----------------------------------|----------------------------------|
| <b>Your dental plan at a glance</b>                     | <b>In- / Out-of-Network*</b>     | <b>In- / Out-of-Network*</b>     | <b>In- / Out-of-Network*</b>     |
| Annual Benefit Maximum                                  | \$750                            | \$1000                           | \$1500                           |
| Annual Deductible                                       | \$50                             | \$50                             | \$50                             |
| Orthodontia (child only)                                | Not covered                      | Not covered                      | \$1500                           |
| Diagnostic & Preventive Service                         | 100% / 100% of allowable amount* | 100% / 100% of allowable amount* | 100% / 100% of allowable amount* |
| Basic Services  | 50% / 50% of allowable amount*   | 80% / 80% of allowable amount*   | 80% / 80% of allowable amount*   |
| Oral Surgery (Simple)                                   | 50% / 50% of allowable amount*   | 80% / 80% of allowable amount*   | 80% / 80% of allowable amount*   |
| Major Services (including Complex Surgery and Implants) | Not covered                      | 50% / 50% of allowable amount*   | 50% / 50% of allowable amount*   |

|  | Bronze  | Silver  | Gold  |
|--|---|---|---|
| Exam with dilation as necessary                                  | \$10 copay                                    | \$10 copay                                    | \$10 copay  |
| Frames   | \$125 allowance,<br>20% off any balance       | \$150 allowance,<br>20% off any balance       | \$150 allowance,<br>20% off any balance               |
| Eyeglass lenses: Single vision,<br>bifocal, trifocal, lenticular | \$25 copay                                    | \$10 copay                                    | \$10 copay  |
| Standard progressive lens  | \$65 copay                                    | \$65 copay                                    | <b>\$20 copay</b>                                     |
| Premium progressive lens   | Tier 1: \$85<br>Tier 2: \$95<br>Tier 3: \$110 | Tier 1: \$85<br>Tier 2: \$95<br>Tier 3: \$110 | <b>Tier 1: \$40<br/>Tier 2: \$50<br/>Tier 3: \$65</b> |



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# TPAs Contact Information

## Anthem BC/BS

- Medical TPA - 844-402-5347(KEHP)
- Dental and Vision



## CVS/Caremark

- Pharmacy Benefits Manager – 866-601-6934



## HealthEquity

- FSA/HRA – 877-430-5519
- COBRA Administrator – 877-502-6272



## Nationwide

- Group Life – 888-581-8834



## WebMD

- Wellness Vendor –866-746-1316



## Smartshopper

- Transparency Vendor – 855-869-2133



## Rethink

- Supports those caring for children with learning or behavioral challenges including autism – 800-714-9285



## LiveHealth Online

- Sign up for free at [livehealthonline.com](http://livehealthonline.com) or on the mobile app

## Diabetes Prevention Program (DPP)

- 844-402-KEHP (5347)

## Value Benefits Diabetic, COPD & Asthma

- 844-402-KEHP (5347)

## myStrength

- [Anthem.com/KEHP](http://Anthem.com/KEHP) or 844-402-5347

## Personal Health Consultants

- [Anthem.com/KEHP](http://Anthem.com/KEHP) or 844-402-5347

## NurseLine 24/7

- 877-636-3720

## Future Moms

- [Anthem.com/KEHP](http://Anthem.com/KEHP) or 844-402-5347



# Value Benefits For Diabetes & COPD/ Asthma

| Value Benefit Design                           | LivingWell CDHP | LivingWell PPO | LivingWell Basic CDHP | LivingWell Limited HDP |
|--|-----------------|----------------|-----------------------|------------------------|
| <b>30-Day Supply</b>                           | (no deductible) |                | (no deductible)       | (no deductible)        |
| Tier 1 – Generic                               | 0%              | \$0            | 0%                    | 0%                     |
| Tier 2 – Formulary                             | 10%             | \$25           | 25%                   | 45%                    |
| <b>90-Day Supply</b><br>(Retail or Mail Order) | (no deductible) |                | (no deductible)       | (no deductible)        |
| Tier 1 – Generic                               | 0%              | \$0            | 0%                    | 0%                     |
| Tier 2 – Formulary                             | 10%             | \$50           | 25%                   | 45%                    |

- WebMD offers KEHP members wellness benefits and rewards
- It all starts with keeping your LivingWell promise but **all** KEHP members have access to the same wellness benefits regardless of the health plan they choose
- All planholders must complete the LivingWell promise
- Cross-reference members must both fulfill the LW promise
- Requires completion of the WebMD Health Assessment (HA) using the online portal or a Biometric Screening
- \$40 monthly premium discount if promise is fulfilled
- Promise period is January 1, 2021 through **July 1, 2021**
- Refer all wellness questions and inquiries regarding the completion of the LivingWell Promise to WebMD

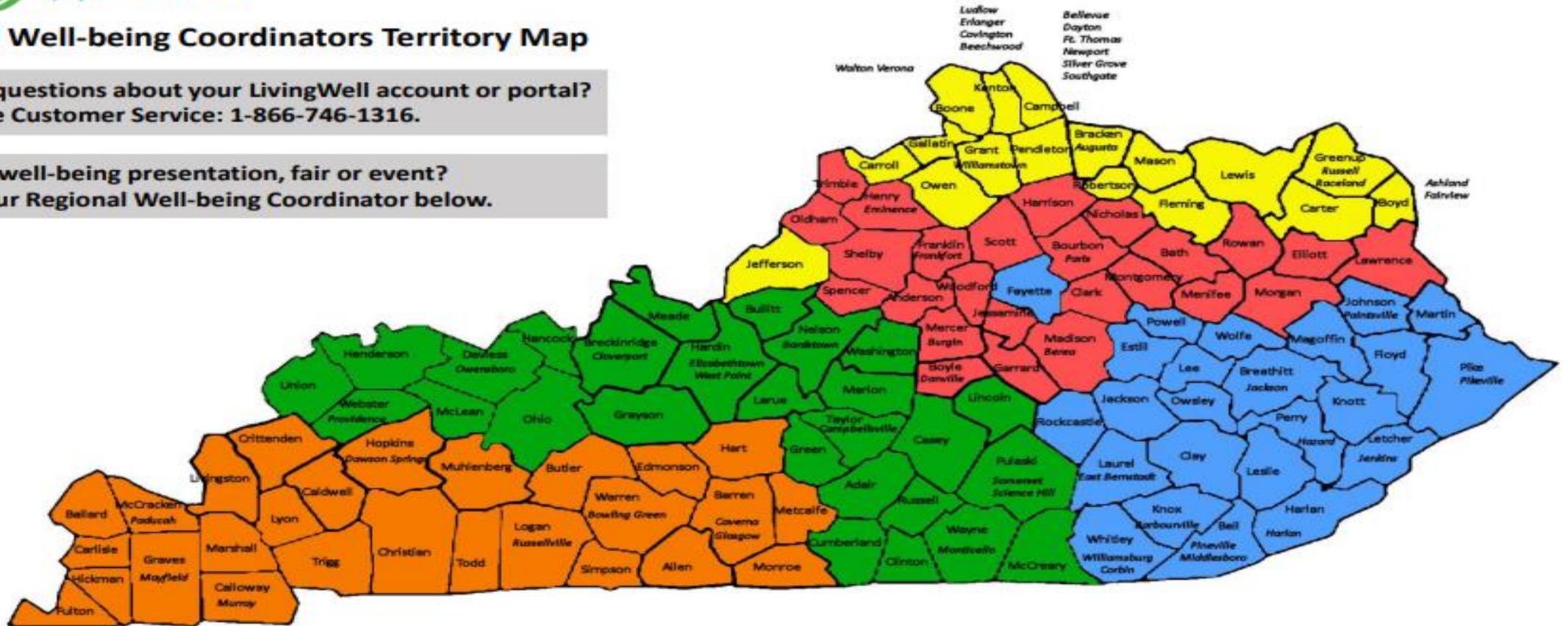




## Regional Well-being Coordinators Territory Map

Individual questions about your LivingWell account or portal?  
Contact the Customer Service: 1-866-746-1316.

Planning a well-being presentation, fair or event?  
Contact your Regional Well-being Coordinator below.



**Elisha Fisher**  
efisher@webmd.net  
502-200-4733

**Ken Robinson**  
krobinson@webmd.net  
502-780-1047

**Kim Demling**  
kdemling@webmd.net  
502-200-4734

**Charity Kabaiku**  
ckabaiku@webmd.net  
502-909-2512

**D. Renee Smith**  
dawsmith@webmd.net  
502-873-6129



Department of Employee Insurance

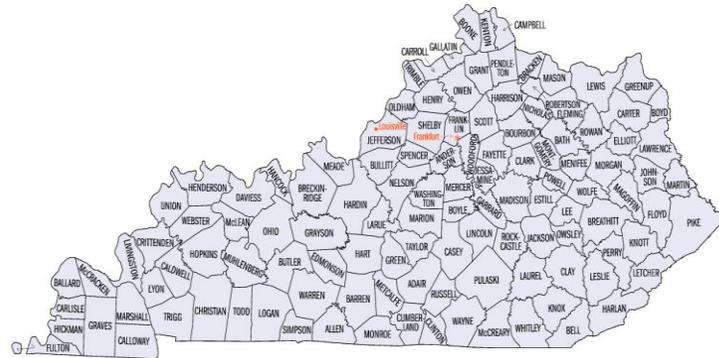
# Customer Service 1-866-746-1316

# Where Can it Be Done?



take  
care  
clinic<sup>SM</sup>

at select  
*Walgreens*



## Your Local Health Department

Primary Care Physician

**If you want to have a Biometric Screening event hosted at your worksite, please contact your Regional Well-being Coordinator in your area**

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The screenshot shows a web browser window with the URL <https://personnel.ky.gov/Pages/healthinsurance.aspx>. The page header includes the **KENTUCKY PERSONNEL** logo and the tagline "A site for state employee and benefit participant team members". A navigation bar contains links for Benefits, Resources, Services, Find a Job, News, HR Administrators, and KHRIS Login. The main content area is titled "Kentucky Employees' Health Plan" and features a "LiveHealth Online" section with a description and a "Learn more about this benefit." button. A blue callout box with an upward arrow points to the "KHRIS Login" link in the navigation bar.

Pages - Health Insurance X

Secure | <https://personnel.ky.gov/Pages/healthinsurance.aspx>

Ky.gov An Official Website of the Commonwealth of Kentucky

**KENTUCKY PERSONNEL**  
A site for state employee and benefit participant team members

Search

Benefits Resources Services Find a Job News HR Administrators KHRIS Login

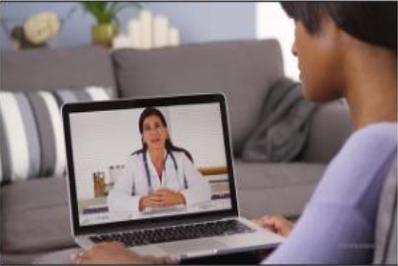
Home > Health Insurance

## Kentucky Employees' Health Plan

LiveHealth Online

Feeling under the weather? Sign up with LiveHealth online and see a doctor free of charge for all KEHP health plan members.

[Learn more about this benefit.](#)



**KHRIS Login**

## Enter your KHRIS ID and Password

If you have cannot remember your password click on the link for Forgot/Reset Password link below

Welcome [Need Help?](#)

 KHRIS User ID \*   
Password \*  [Log In](#)

[Forgot KHRIS User ID?](#)  
[Forgot/Reset Password or New User?](#)  
[Browser Requirements](#)

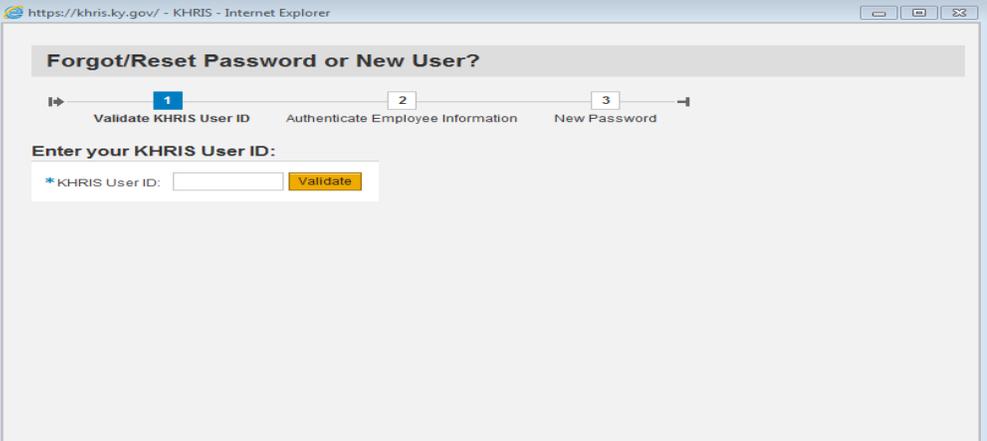
 **KHRIS**  
Connecting the Commonwealth

You are accessing a government computer system which is the property of the Commonwealth of Kentucky. It is for authorized use only regardless of time of day, location or method of access. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on the system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized state government and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such at the discretion of the Commonwealth of Kentucky. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By logging in, you acknowledge your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

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This is what you will see when you click on Forgot/Reset Password.

Please follow the prompts for your information so that KHRIS can verify you. Once you have completed all the information you will be allowed to set up a new Password.



https://khris.ky.gov/ - KHRIS - Internet Explorer

### Forgot/Reset Password or New User?

1 2 3  
Validate KHRIS User ID Authenticate Employee Information New Password

Enter your KHRIS User ID:

\* KHRIS User ID:

# KENTUCKY PERSONNEL

A site for state employee and benefit participant team members

Search

- Benefits ▾
- Resources ▾
- Services ▾
- Find a Job
- News
- MyPURPOSE
- KHRIS Login

- Adoption Benefits
- Deferred Compensation
- Health Insurance
- Holidays and Leave
- Dental, Vision, Life Insurance
- Pay
- Payroll Deduction Program
- Retirement
- Wellness
- Workers' Compensation Insurance

## Sponsor!

Leadership and Diversity with things on **September 18-19th** sponsorship application.

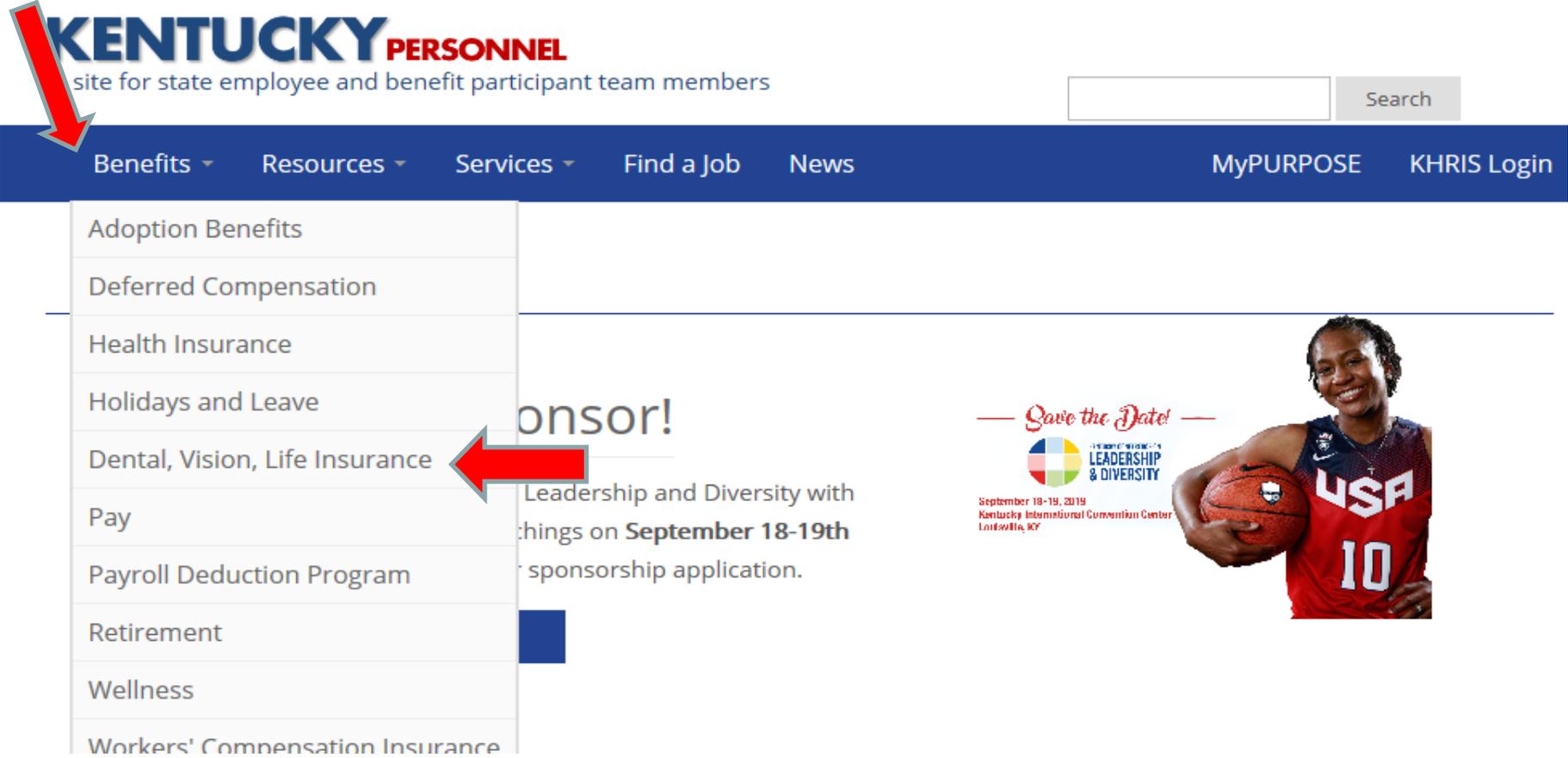
— Save the Date! —



September 18-19, 2019  
Kentucky International Convention Center  
Louisville, KY



# Optional Insurance



**KENTUCKY PERSONNEL**  
site for state employee and benefit participant team members

Search

Benefits ▾ Resources ▾ Services ▾ Find a Job News MyPURPOSE KHRIS Login

- Adoption Benefits
- Deferred Compensation
- Health Insurance
- Holidays and Leave
- Dental, Vision, Life Insurance
- Pay
- Payroll Deduction Program
- Retirement
- Wellness
- Workers' Compensation Insurance

**Sponsor!**  
Leadership and Diversity with  
things on **September 18-19th**  
sponsorship application.

*Save the Date!*  
LEADERSHIP & DIVERSITY  
September 18-19, 2019  
Kentucky International Convention Center  
Louisville, KY





## Plan Options

LivingWell CDHP  
LivingWell PPO  
LivingWell CDHP  
LivingWell Health Deductible



## Programs and Services

LivingWell  
Livingwell Health Clinics  
SmartShopper  
LiveHealth Online  
Rethink Benefits



## Resources

Enrolling or Changing Coverage  
2021 Benefits Selection Guide  
Docs, Forms and Legal Notices  
Flu Shots



## KEHP Information

KEHP Vendors  
Board & Committee Information  
Historical Information  
Retiree Resources  
Member Webinars

Scroll down  
to click on  
IC/HRG  
resources

## COBRA

For information about your COBRA benefits, please click [here](#).

## IC/HRG Resources

Information, tools and resources for insurance coordinators, human resource generalists and billing liaisons. [Click here.](#)





Click  here for the new enrollment application.

Click  here for 2021 Newborn Calculator.

Click  here for LivingWell Regional Well-being Coordinator Territory Map.



|  Resources  |  User Guides & Manuals   |  IC Training  |
|--|---|--|
|  <ul style="list-style-type: none"><li>Forms</li><li>IC Listing</li><li>KHRIS Calendar</li><li>Memos</li><li>Roles &amp; Responsibilities</li></ul> | <ul style="list-style-type: none"><li>ACA Quick Reference Guide</li><li>Administration Manual</li><li>Admin Manual Changes Log</li><li>Benefits Admin User Guide</li><li>Benefits Accounting User Guide</li></ul> | <ul style="list-style-type: none"><li>COBRA</li><li>KHRIS</li><li>Webinars</li></ul>  |



## Plan Options

- LivingWell CDHP
- LivingWell PPO
- LivingWell Basic CDHP
- LivingWell Limited High Deductible
- FAQs



## Programs and Services

- LivingWell 
- Livingwell Health Clinics
- SmartShopper
- LiveHealth Online
- Rethink Benefits



## Resources

- Enrolling or Changing Coverage
- 2021 Benefits Selection Guide
- Docs, Forms and Legal Notices
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## KEHP Information

- KEHP Vendors
- Board & Committee Information
- Historical Information
- Retiree Resources
- Member Webinars

WebMD  
health services



## Kentucky Employees' Health Plan

### Improved experience powered by WebMD ONE

Our well-being partner, StayWell, has merged with WebMD Health Services to boost your LivingWell experience in every way.

With the new WebMD ONE wellness portal, you can find what you're looking for more quickly and enjoy personalized recommendations, information, and action plans. And you can rest assured that your information is secure.

#### What to expect the first time you visit the site in 2021:

If this is your first visit in 2021, you will need to create a new WebMD account to participate in the 2021 LivingWell program.

Follow the steps to enter a new Registration ID and create a new Username and Password. You'll answer a



## Sign in

Username \*

Password \*



**SIGN IN**

[Forgot username or password?](#)

Don't have an account yet?

**CREATE ACCOUNT**

## All ICs/HRGs are required to complete annual HIPAA training

- You will receive an IC memo with a link each year
- Training links are available under *MyPurpose*
- You will need your KHRIS ID and Password
- Follow the directions given in IC MEMO 20-15



# Course Map

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leaves, & Terminations

Lesson 9: KHRIS Processing

Use KHRIS to manage the following benefit types:

### Health

- Medical
- Waivers
- Health Reimbursement Arrangements (HRA)

### Optional

- Term Life and Accidental Death & Dismemberment
- Life Accelerated Death Benefit
- Dental
- Vision

### Flexible Spending Accounts

- Health Care Flexible Spending Account (FSA)
- Child & Adult Day Care Flexible Spending Account (FSA)

## **Full time employees of the following agencies who contribute to a state sponsored retirement system**

- State Agencies
- Boards of Education
- Health Departments
- Quasi Agencies
- School Board Members (participate on a post-tax basis and are responsible for total premiums). Participation in life insurance is not permitted.

## KPPA and TRS Retirees who return to work

- Must be offered a KEHP health plan, Waiver HRA or Waiver No HRA
- Employees must contact their retirement system to determine whether they will be eligible for a plan through their retirement system or whether they should enroll in KEHP
- A current Enrollment/Change application must be completed with the active agency to avoid a default election. Refer to the Administration Manual Chapter 1.
- If they want to elect an FSA, they must complete the Enrollment/Change application with their active employer

## **Employee or Retiree's Spouse**

- Legally married spouse

## **Employee or Retiree's child under age 26**

- Single or married
- Working or not
- In school or not
- Includes member's child, step-child, adopted child, foster child or grandchild who meets dependent eligibility criteria

## Disabled dependent children

- May continue to be covered beyond the limiting age if:
  - The disability started before the limiting age
  - The disability is medically certified by a physician
- If not covered prior to the limiting age, will be allowed to enroll only if the dependent experiences loss of other coverage
- All other eligibility requirements apply
- You can request a Certification Form from Jeff Wiley at 502-564-1205 or [jeffrey.wiley@ky.gov](mailto:jeffrey.wiley@ky.gov)

## Other considerations

- A foster child must have been placed by an authorized agency or court order
- A grandchild may only be added with a court order
- Superintendent with working spouse
- Active employees and dependent spouses age 65 or older
- Deceased or Medicare Eligible Retiree's Beneficiary
- Spouses of Retirees

Note: All of these may require supporting documentation and are subject to signature date guidelines. Refer to current Administration Manual Appendix I for specifics.

## Affordable Care Act

- Federal law requires all large employers to offer minimum essential coverage to all of the full-time employees and their dependents
- The employee must be employed on average at least 30 hours of service per week (or 130 hours of service per month)
- The ACA eligible Employee must be provided the opportunity to enroll in Health Insurance coverage
- An ACA eligible Employee who fails to enroll or waive coverage will be automatically enrolled in the Single Coverage Level of the LivingWell Limited High Deductible Plan



New employees have **35** calendar days from their date of hire to make elections online through KHRIS ESS or complete an enrollment application electing one of the following:

- Enroll in a health insurance plan
- Enroll in a General Purpose Waiver HRA or Waiver Limited Purpose HRA
- Waive coverage with no HRA

**and/or**

- Enroll in a Healthcare and/or Child and Adult Daycare FSA
- Enroll in a life insurance plan
- Enroll in Anthem dental plan
- Enroll in Anthem vision plan

**\*\*Coverage for new employees is effective on the first day of the second month following the date of hire**

The KHRIS system counts exactly **35** calendar days beginning with the day after the hire date

- Employees should enroll online via KHRIS ESS. They will receive a new hire letter instructing them to do so. In addition, New Hire Enrollment Steps are available on the website. If for some reason, they are unable to complete their new hire enrollment online, they may complete a paper application and provide to you to enter into KHRIS.
- ICs may enroll the employee in KHRIS provided the employee completed the application and signed it within **35** days
- ID cards will be mailed to the employee's home address **10-14** business days after the enrollment is processed in KHRIS

NOTE: ICs who enroll an employee online **MUST** keep a copy of the employee's application on file. **DO NOT SEND APPLICATION TO EIB or OIB.**

## 1 – Personnel Action PA40

- IC performs the **new hire action** in KHRIS to **create an employee record**
- KHRIS generates the employee's KHRIS user ID within 24-48 hours. The IC will give the employee ID to the employee as part of their new employee orientation to enroll in their eligible benefits.

**\*Note:** New employee or employees going from PT<100 to PT>100 or FT should be given a full **“New Employee”** Packet.

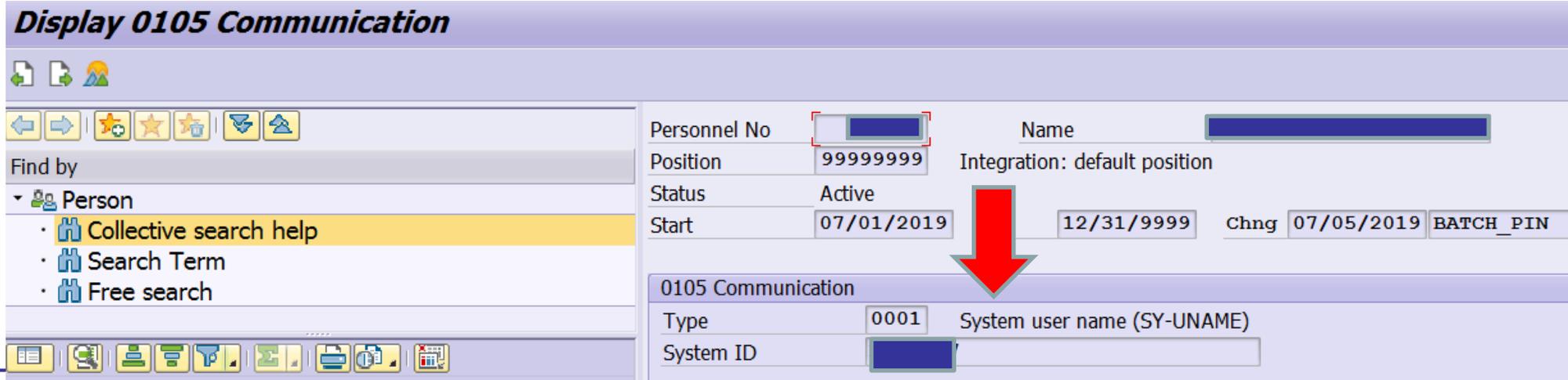
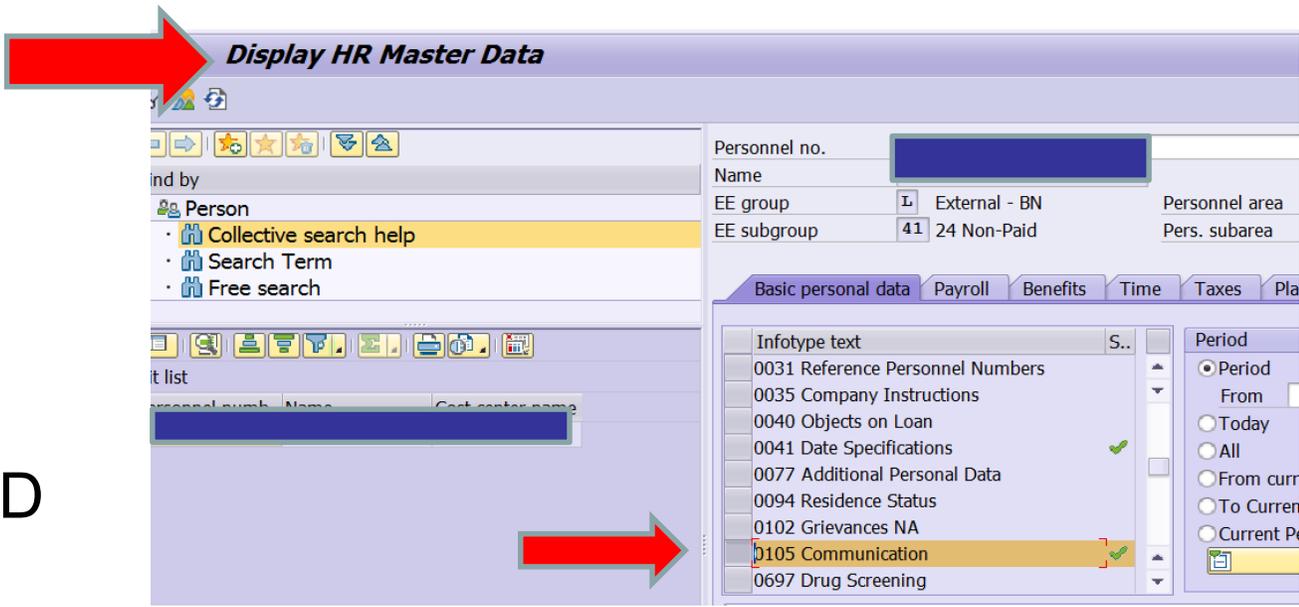
***\*Refer to the Admin Manual for the KEHP Insurance and Flexible Spending Account Checklist for New Employees***

To trigger a KHRIS User ID, the IC must complete the employee's "shell" in PA40

- The employee is automatically enrolled into the Default LivingWell Limited High Deductible Plan single level and the Basic Life Insurance
- New Hires will have 35 days from hire to enroll in any Optional Plans
- If the application is not entered into KHRIS within 14 calendar days of the plan's effective date, the default plan ID card will be triggered

## ICs can look up KHRIS user IDs

- 1. PA20 – “Basic personal data” tab
- 2. IT 00105 “Communication”
- 3. Click “Display” and view the system ID
- 4. ID format: ABC1234



## The following members can enroll online:

- Commonwealth Paid Employees
- Non-Commonwealth Paid Employees
- KCTCS Retirees
- TRS Retirees
- JCP/LRP



## The following must use a paper application:

- **Cross-reference planholders**
- Members with a disabled dependent
- KPPA retirees (or enroll through KPPA enrollment portal)
- **Qualifying events**

NOTE: IC must complete hiring action (PA 40) for members to enroll online

**This action is completed after the New Hire Action:**

## **2 –PA30**

- **Employee** enrolls through **ESS** or submits paperwork to **IC** for processing
- If there is a paper application submitted, the **IC** must add dependents and beneficiaries

**This action is completed after the New Hire Action:**

## **3 –HRBEN001 Enrollment**

- **Employee** enrolls through **ESS** or submits paperwork to IC for processing.
- If there is a paper application submitted, the IC completes the initial benefit enrollment in KHRIS.

New employees who do not meet the enrollment deadline will be defaulted to the LivingWell Limited High Deductible Plan at the single level.



- KHRIS will automatically **default** the member to a LivingWell Limited High Deductible Plan unless action is taken within the timeframe to enroll
- Member will not be able to enroll in coverage until the next Open Enrollment period or unless a qualifying event is experienced that will allow enrollment
- The member may file an exception

**COBRA is a federal law that requires all employers to provide continuation of medical coverage at group rates in certain instances where there is a loss of group insurance coverage**

**Timely entry into MUNIS or KHRIS is important to generate all notices to members**

- New hires
- New dependents
- Transfers
- New retirees



# New Hire COBRA Notification

After an employee is hired into KHRIS or after an employee is entered into KHRIS, HealthEquity will then send the COBRA packet to the employee.

\*ICs **are not responsible** for notifying HealthEquity regarding COBRA of qualifying events and separations such as retirements and terminations.

Questions can be directed to [Gregg.turner@ky.gov](mailto:Gregg.turner@ky.gov) or 1-888-581-8834 Option 4.

The logo for HealthEquity, featuring the word "HealthEquity" in a bold, purple, sans-serif font. The background behind the text is a light blue grid pattern.

COBRA Administrator  
Customer Service 888-678-4861

## Life Insurance

\*IC is **responsible** for notifying employee they're able to covert their life insurance, if their employment terminates. You may use transaction **ZBNF002** in KHRIS to generate a letter. Please refer to the **Benefits User Guide** for step by step instructions.

**For certain enrollment situations, you may not see what you expect when you try to enroll the employee. Here are a few Special Enrollment scenarios listed below:**

**New employee  
covered on  
other plan**

**Cross-  
references**

**Dual  
Employment**

**Retirees  
returned to  
work**

## New employee covered on someone else's plan

### Child

- The system determines if the new employee is a child between the ages of 19-25 currently covered under another KEHP plan (child will be dropped automatically at the end of the month they turn 26)
- **Only waiver plans offered** until the new employee (child) has been dropped from the other plan

### Spouse

- The system determines if the new employee is a spouse on another member's plan
- **Only waiver plans offered** until the new employee (spouse) has been dropped from the other plan

If your employee has selected a waiver plan, go ahead and enroll, if KHRIS will let you. If it is the Waiver w/\$ be sure to attach the dependents they have listed.

When an employee's spouse becomes eligible for health benefits, they may request the cross reference payment option to apply their money towards the same family plan.

Primary  
(existing PH)

Secondary  
(new EE)

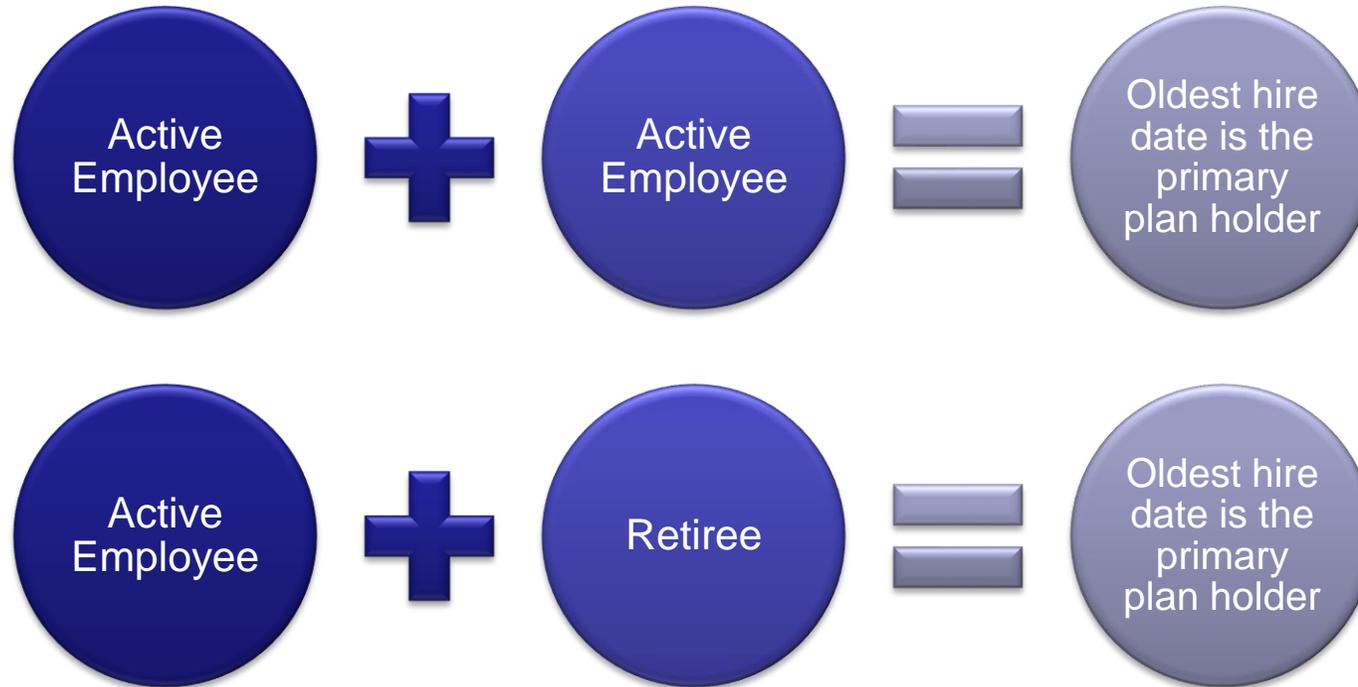


The employees must:

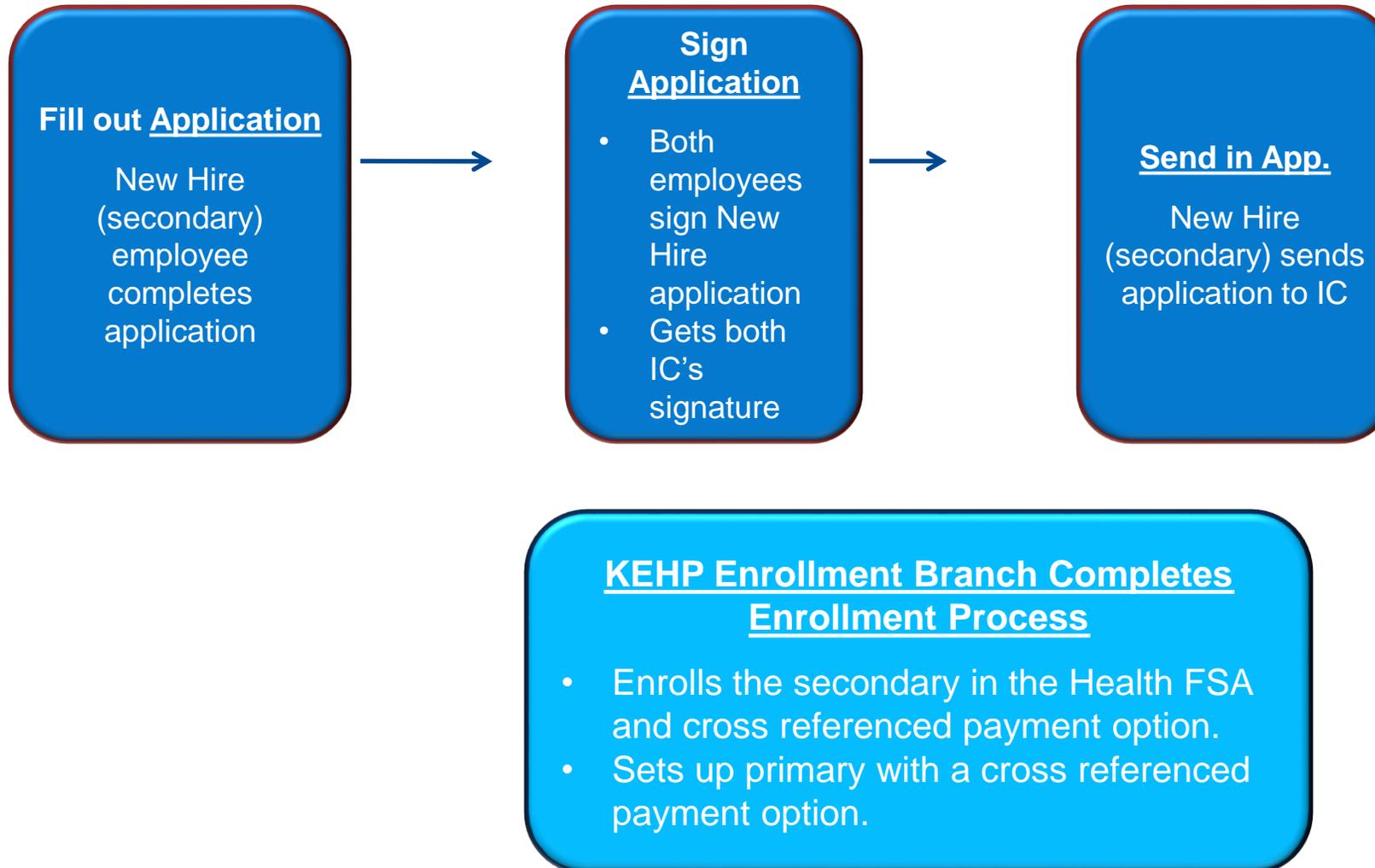
- Be legally married and have at least 1 dependent under 26 years old.
- Be eligible employees or retirees participating in KEHP
- Elect the existing coverage
- Complete an enrollment application and submit to IC for signing. All four signatures should be on application before uploading to DEI.

**Important: Upload the application to DEI for processing through the DEI online form**

# Cross Reference Primary Determination



# Cross Reference Process Flow



VERY IMPORTANT: No automation to this process

\*KEHP Enrollment Branch **must** be notified by IC when their employee becomes ineligible.

- The remaining plan holder is defaulted to Parent Plus
- Plan holder has **35** days to change to a single, full family, or waiver/no HRA plan
- Refer to Chapter 3 of the Administrative Manual for more Cross reference information



# Dual Employee

Represents an employee actively employed and eligible for benefits under more than one KEHP or OIB participating employer.

| <b>Employee</b>  | <b>Benefits Administration</b>  |
|--|---|
| <p>Receives two active personnel numbers; one for each position</p> <p><b>If benefit eligible under both employers:</b></p> <ul style="list-style-type: none"><li>• Receives two employer contributions for health coverage and one contribution for life, dental, and vision coverage</li><li>• Can enroll online with ESS to display benefits for both personnel numbers</li><li>• Member can contribute to an FSA under both personnel numbers, but can only contribute up to \$2750 combined for the two (This is an IRS rule, not a KEHP rule.)</li></ul> | <p>NOTE: Infotypes – 2, 6, 21, 376, and 105 (email subtype) share information across all personnel numbers for the employee. Data changes made to one of these infotypes automatically updates the same infotype of the other personnel number.</p> |
|  |   |

## Dual Employee - Two Contributions What you will see in HRBEN0001

| <b>Agency 1<br/>If member has:</b>                                  | <b>Agency 2<br/>You will see this in HRBEN0001</b>  |
|---|---|
| <ul style="list-style-type: none"><li>• <b>Health</b></li></ul>     | <ul style="list-style-type: none"><li>• Waiver</li><li>• Waiver General Purpose HRA</li><li>• Waiver Limited Purpose HRA</li></ul> <p>(If you only see waivers then they are a dual employee or a dependent on someone else's plan)</p> |
|   |   |
| <ul style="list-style-type: none"><li>• <b>Waiver HRA</b></li></ul> | <ul style="list-style-type: none"><li>• Waiver</li><li>• Waiver General Purpose HRA</li><li>• Waiver Limited Purpose HRA</li><li>• Health</li></ul>   |

## Retirees who return to work

### Health:

- Have two active personnel numbers
  - Retiree pernr
  - New Active Agency pernr
- May enroll in ESS on their active job only (using new active agency pernr )
- May enroll through retirement system using retiree information assigned by retirement agency
- For Optional plans employee will be processed as a New Hire



# Retirees Returned to Work

**Retirees returned  
to work**

| <b><u>KPPA</u><br/>KY Public Pensions Authority<br/>Retiree Returned to Work</b>  | <b><u>TRS</u><br/>Teachers'<br/>Retirement System<br/>Retiree Returned to Work</b>                    |
|---|---|
| <ul style="list-style-type: none"><li>• Health insurance can come from either KPPA or the active employer</li><li>• Only one health plan, no double-dipping</li></ul> | <ul style="list-style-type: none"><li>• Health insurance can only come from active employer</li></ul> |

\*Return to work Retirees should contact their retirement system to confirm benefit eligibility rules

# Course Map

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave & Terminations

Lesson 9: KHRIS Processing

KHRIS automatically re-calculates the optional coverage premiums for an employee when he/she moves from one of the following age groups to another:

<40 years

40-59 years

60+ years

# Life Plans – Evidence of Insurability (EOI)

Participants can request to add or increase life plans without a qualifying event by submitting an Enrollment Change Termination Form. IC will forward to OIB to initiate the EOI process. Please do not start payroll deductions until employee has been approved. If the employee is approved the new deduction will appear on your next months bill, following approval.



***Note: EOI is not required for children. Any questions concerning eligibility, call OIB.***

- An employee may change his/her beneficiary at any time in ESS, **this is the preferred method**
- **The following instructions are to be used for individuals needing technical assistance, or for those who are otherwise unable to complete a Designation of Beneficiary in ESS:**
- After the employee has completed the designation of Beneficiary Form, the IC may add or change the beneficiaries on an employee's life insurance plan. (ICs should print confirmation in HRBEN0015 for the employee – this confirmation is for the employee to see that everything was entered correctly). It's recommended to have the employee sign the confirmation.
- When selecting beneficiaries for life, use the following from the drop down list:
  - **1 – Spouse / 2 – Child / 9003 – Other Beneficiaries**
    - Note 1:** If a new beneficiary needs to be entered to IT0021 in PA30, use the signature date of updated beneficiary form to add them
    - Note 2:** When completing HRBEN0001, the start date must be same as signature date on beneficiary form
    - Note 3:** If the Employee is unable to enter the beneficiary in ESS or the IC is unable to enter in KHRIS; a Designation of Beneficiary form must be completed, signed and dated. The IC should file the original in the employee's personnel file and provide the employee a copy
    - Note 4:** OIB should enter beneficiaries if the agency can't



| Restrictions |                              |
|--------------|------------------------------|
| STyp         | Name                         |
| 1            | Spouse                       |
| 10           | Divorced spouse              |
| 11           | Father                       |
| 12           | Mother                       |
| 13           | Domestic Partner             |
| 14           | Child of Domestic Partner    |
| 2            | Child                        |
| 3            | Legal guardian               |
| 4            | Testator                     |
| 5            | Guardian                     |
| 6            | Stepchild                    |
| 7            | Emergency contact - Primary  |
| 8            | Related persons              |
| 90           | Emergency contact - Optional |
| 9001         | Court Ordered Dependent      |
| 9002         | Retiree Account              |
| 9003         | Other Beneficiaries          |

# Course Map

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave & Terminations

Lesson 9: KHRIS Processing

# Qualifying Event- Health, Dental, & Vision

A qualifying event is a life changing event which allows a permitted change to health, life, dental & vision insurance elections or FSA contributions, outside of the open enrollment period.

ICs must always notify the Enrollment Information Branch of the following qualifying events:

## Health and/or FSA Qualifying Events

- **Marriage**
- **Birth / adoption / placement**
- Court order for child
- **Divorce / separation / annulment (Lose Spouse) \***
- **Starting Employment**
- **Termination of Employment**
- Death / Death of dependent
- Dependent becomes ineligible (26)
- Dependent reestablishes eligibility
- Begin/End Medicare / Medicaid
- Special enrollment due to eligibility for state premium assistance subsidy
- Begin/End paid leave
- Loss of group health coverage (Marketplace)
- Retiree open enrollment
- Military leave
- Resident child care change (dependent day care)
- Other open enrollment
- Other employer plan decreases or ceases coverage
- Other permitted

Consult the Administrative Manual Appendix I for QEs  
Mid-year scenarios  
Dependent Eligibility Chart

\*More specific information can be found in your Admin Manual in Appendix I

ICs must always notify OIB of qualifying events:

## Life Insurance QE's

- Children can be added at ANY time
- Marriage
- Death
- Employee may term or decrease life plans at anytime



### C. Dependent Life Insurance (Select One Plan)

Please  enroll\* my dependents in,  change\* my present plan to, or  terminate the plan checked below:

| Qualified Dependent                     | <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B | <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan F | <input type="checkbox"/> Plan G | <input type="checkbox"/> Plan H |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Spouse**                                | \$10,000                        | \$5,000                         | \$5,000                         | \$10,000                        | ---                             | \$20,000                        | \$20,000                        | ---                             |
| Dependent Children to 6 months          | \$2,500                         | \$1,500                         | ---                             | ---                             | \$2,500                         | \$2,500                         | ---                             | \$2,500                         |
| Dependent Children 6 months-18 years*** | \$5,000                         | \$3,000                         | ---                             | ---                             | \$5,000                         | \$10,000                        | ---                             | \$10,000                        |
| <b>Monthly Contribution</b>             | \$10.54                         | \$5.70                          | \$2.42                          | \$8.42                          | \$3.48                          | \$21.08                         | \$16.82                         | \$6.96                          |

\*Evidence of insurability may be required depending on circumstances.

\*\*Spouse means a person to whom you are legally married.

\*\*\*18 and older if attending an educational institution and relying on the employee for financial support or incapacitated and proof received within 31 days of age limit.

- When an employee experiences a qualifying event, the employee will complete the appropriate form. The forms can be obtained at:
  - The KEHP website:  
<https://personnel.ky.gov/Pages/KEHP-Forms-for-members.aspx>
  - The DEI Insurance Online Form  
<https://apps.personnel.ky.gov/DEIFormUpload/login/UploadLogin>
  - Once the employee has gathered the supporting documentation, completed, signed and dated the form; the employee must submit the form to his/her IC

**\*Please use current forms for 2021**

# Enrollment/Change Form

Department of Employee Insurance  
 Kehp.ky.gov Personnel.ky.gov  
 888-581-8834



**DO NOT STAPLE**

## 2021 EMPLOYEE BENEFITS ENROLLMENT/CHANGE FORM

### Section 1: To be completed by the IC/HRG – IN OFFICE USE ONLY

|                   |                       |               |              |           |                         |                            |
|-------------------|-----------------------|---------------|--------------|-----------|-------------------------|----------------------------|
| KHRIS Personnel # | Organizational Unit # | Cost Center # | Company Name | Company # | Coverage Effective Date | Hire/QE/Transfer/Term Date |
|-------------------|-----------------------|---------------|--------------|-----------|-------------------------|----------------------------|

#### Reason(s) for Application:

- New Hire
- Rehire/Reinstate
- New Group
- Qualifying Event
- Change or Update
- ACA
- Exception
- Open Enrollment
- Update Demographics

#### Change in Employee Status:

- Transfer
- Begin LWOP
- End LWOP
- Begin Military Leave
- End Military Leave
- Retired
- Termination
- Summer Transfer

#### Qualifying Event:

- Marriage
- Birth/Adoption/Placement
- Court Order for Child
- Divorce
- Death
- Loss of Individual Health
- Loss of Group Health
- Begin Medicare/Medicaid
- End Medicare/Medicaid
- Sp/Dep Start Employment
- Sp/Dep Termed Employment
- Other: \_\_\_\_\_

#### Transfer from one KEHP covered entity to another KEHP covered entity:

This section is to be completed by the **NEW** company & no changes to current coverage allowed. Prior Agency #: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

### Section 2: Employee Information

|  |   |  |
|--|---|--|
| Employee's SSN   | Employee Name (Last, First, MI)                                   | Date of Birth (mm/dd/yyyy)   |
| Mailing Address  | City, State Zip   | County   |
| Primary Phone #  | Secondary Phone #   | Email Address-Preferably Work Email  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Married: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain<br>Vision <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain |

### Section 3: Spouse Information

|              |                                 |                            |
|--------------|---------------------------------|----------------------------|
| Spouse's SSN | Spouse's Name (Last, First, MI) | Date of Birth (mm/dd/yyyy) |
|--------------|---------------------------------|----------------------------|

### Section 3: Spouse Information

|   |   |  |
|---|---|--|
| Spouse's SSN  | Spouse's Name (Last, First, MI)   | Date of Birth (mm/dd/yyyy)   |
| <input type="checkbox"/> Male <input type="checkbox"/> Female   | Health <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain | Dental <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain<br>Vision <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain |
| <input type="checkbox"/> I wish to utilize the cross-reference payment option (two KEHP members, married with children – no LRP or JRP) |   |  |
| Spouse's Personnel Number   | Spouse's Hire Date  | Spouse's Organizational Unit #   |
| Spouse's Primary Phone #  | Spouse's Secondary Phone #  | Spouse's Email Address-Preferably Work Email   |

### Section 4: Dependent Information

| Child #  | SSN | Name (Last, First, MI) | Date of Birth (mm/dd/yyyy) | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Disabled Dependent | Health <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain | Dental <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain | Vision <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain |
|----------|-----|------------------------|----------------------------|--|---|---|---|
| Child #1 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |
| Child #2 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |
| Child #3 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |
| Child #4 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |
| Child #5 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |
| Child #6 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |
| Child #7 | SSN | Name                   | Date of Birth              | Gender/Status  | Health  | Dental  | Vision  |

2021 Benefits Enrollment Change Form Rev. 12/12/2020

# Enrollment/Change Form

Employee:  Employee SSN:

**Section 5: Tobacco Use Declaration** Rules governing the Tobacco Use Declaration can be found online at [kehpcy.gov](http://kehpcy.gov). You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

- Planholder: Within the past 6 months, have you used tobacco regularly?  Yes  No  
 Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months?  Yes  No  
 Have any children covered under this plan, age 18 or older, used tobacco regularly within the past 6 months?  Yes  No

**Section 6: Health Insurance Plan Options**-All plans require the LivingWell Promise to receive the monthly premium discount of \$40 for the next plan year. Instructions and more information on fulfilling the LivingWell Promise can be found at [livingwell.ky.gov](http://livingwell.ky.gov).

- LivingWell CDHP  LivingWell PPO  LivingWell Basic CDHP  LivingWell Limited High Deductible  
 Waiver (General Purpose) HRA – with \$ (I declare that I and, if applicable, my spouse and my dependents, have other group health plan coverage that provides minimum value. To the extent applicable, I have listed my spouse and all dependents whose medical expenses can be reimbursed under the HRA in Sections 3 and 4 of this application.)

Source of other coverage:  Covered w/my spouse's employer (does not include TRICARE)  Covered w/my parent's employer  Dual group coverage/my own 2<sup>nd</sup> employer/retirement plan

\*Note: if you have Medicaid, Medicare, TRICARE, Christian Healthcare Ministry, Veteran's Benefits or Individual Coverage w/Marketplace/Exchange, you are not eligible for the Waiver GP HRA but can elect the Waiver Dental/Vision ONLY HRA.

- Waiver Limited Purpose HRA – with \$  
 Waiver without HRA – No \$  
 Default LivingWell Limited High Deductible – IC/HRG use ONLY – This should be used when a NEW HIRE does not submit an enrollment form or enroll online with KHRIS ESS.

Select a Health Premium Level  Single (self only)  Parent Plus (self + child(ren))  Couple (self and spouse)  Family (self, spouse and child(ren))

**Section 7: Anthem Dental Insurance Options**

- Dental Bronze  Dental Silver  Dental Gold

Select a Dental Premium Level

- Single (self only)  Parent Plus (self + child(ren))  
 Couple (self and spouse)  Family (self, spouse and child(ren)) *If cross-reference, please list the employee to carry the coverage*

**Section 8: Anthem Vision Insurance Options**

- Vision Bronze  Vision Silver  Vision Gold

Select a Vision Premium Level

- Single (self only)  Parent Plus (self + child(ren))  
 Couple (self and spouse)  Family (self, spouse and child(ren)) *If cross-reference, please list the employee to carry the coverage*

**Section 9: Flexible Spending Accounts**

**Healthcare Flexible Spending Account**

I request to (check one)  Enroll in or  Change my Healthcare FSA for calendar year 2021. I understand that the minimum allowable contribution is \$10 per month (\$5 per semi-monthly period).

Total Calendar Year Contribution; divisible by 24: \$

*If cross-ref, please list the amount for each employee:*

Employee Name:  Amount:

Employee Name:  Amount:

\*New hires should calculate year contribution from effective date to the end of the year.

- Maximum calendar year contribution is \$2,750 per eligible employee.
- Minimum calendar year contribution is \$120 (or \$10 per month).
- Maximum annual carryover amount is \$550.
- Minimum annual carryover amount is \$50.

**Child and Adult Daycare Flexible Spending Account**

I request to (check one)  Enroll in or  Change my Child and Adult Daycare FSA for calendar year 2021. I understand that the minimum allowable contribution is \$10 per month (\$5 per semi-monthly period).

Total Calendar Year Contribution; divisible by 24: \$

*If cross-ref, please list the amount for each employee:*

Employee Name:  Amount:

Employee Name:  Amount:

\*New hires should calculate year contribution from effective date to the end of the year.

- Maximum contribution per tax filing status is \$2,500 married filing separately, \$5,000 married filing, or \$5,000 married head of household.
- Minimum calendar year contribution is \$120 (or \$10 per month).
- For daycare expenses such as preschool, summer day camp, before/after school programs, and child or elder daycare.

**Section 10: Signatures – Please submit this application to your Company IC/HRG** By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found online at [kehpcy.gov](http://kehpcy.gov) and [personnel.ky.gov](http://personnel.ky.gov). By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee Signature  Spouse Signature-REQUIRED if electing cross-reference  Date

IC/HRG Signature  IC/HRG Printed Name  IC/HRG Phone#  Date

Spouse's IC/HRG Signature-REQUIRED if electing cross-reference  Spouse's IC/HRG Printed Name  IC/HRG Phone#  Date

# Life Insurance Beneficiary Form



**Nationwide Life Insurance Company**  
Home Office: Columbus, Ohio

Commonwealth of Kentucky  
Employee Group Life Insurance Program  
Enrollment/Change/Termination and  
Designation of Beneficiary Form  
Group Insurance Contract: NP01002



**Nationwide Life Insurance Company**  
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Enrollment/Change/Termination and  
Designation of Beneficiary Form  
Group Insurance Contract: NP01002

## 2021 Plan Year

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.  
Application Type:  New Hire  Qualifying Event  Open Enrollment  Beneficiary Change

|                          |   |                       |   |
|--------------------------|---|-----------------------|---|
| Company Number           | Company Name (Specify name or Agency, School Board or Health Dept.) | Organizational Unit # | Cost Center #   |
| Name (Last, First, MI)   | SSN   | Email                 | Birthdate   |
| Mailing Address          | Annual Salary   | Hire Date             | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| City, County, State, Zip | Work Telephone  | Home Telephone        |   |

- Termination:** Date Employment Ends \_\_\_\_\_ Date Life Insurance Terminates \_\_\_\_\_  
Reason:  Resigned  Retired  LWOP  Death  Military Leave  Other \_\_\_\_\_
- Reinstate Coverage:** Date Returned to Work \_\_\_\_\_ Date Insurance Effective \_\_\_\_\_  
Reason:  Resigned  Retired  LWOP  Death  Military Leave  Other \_\_\_\_\_
- Transfer or Summer Transfer** To be completed by the NEW company

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Prior Company Number:               | New Company Number:                 |
| Last Day Worked at Prior Company:   | Date Hired at New Company:          |
| Coverage End Date at Prior Company: | Coverage Begin Date at New Company: |

**A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance**  
Eligible employees are insured at no cost to the employee for Basic Life and AD&D Insurance  
All Eligible Employees \$20,000 Cost: (employer paid)

**B. Optional Life and Accidental Death and Dismemberment (AD&D) Insurance (Select One Plan)**  
I wish to  enroll in,  change\* to,  terminate the optional insurance plan checked below:

| Age             | <input type="checkbox"/> Option 1<br>\$5,000 | <input type="checkbox"/> Option 2<br>\$10,000 | <input type="checkbox"/> Option 3<br>\$25,000 | <input type="checkbox"/> Option 4<br>\$50,000 | <input type="checkbox"/> Option 5<br>\$100,000 | <input type="checkbox"/> Option 6<br>\$150,000 |
|-----------------|--|---|---|---|--|--|
| Under age 40    | \$1.10                                       | \$2.22  | \$5.52  | \$11.04                                       | \$22.08  | \$33.12  |
| Ages 40-59      | \$2.76                                       | \$5.52  | \$13.80                                       | \$27.60                                       | \$55.20  | \$82.80  |
| Age 60 and over | \$4.52                                       | \$9.02  | \$22.54                                       | \$45.08                                       | \$90.16  | \$135.24                                       |

\*Evidence of insurability may be required depending on the circumstances.

**C. Dependent Life Insurance (Select One Plan)**  
Please  enroll\* my dependents in,  change\* my present plan to, or  terminate the plan checked below:

| Qualified Dependent                   | <input type="checkbox"/> Plan A<br>\$10,000 | <input type="checkbox"/> Plan B<br>\$5,000 | <input type="checkbox"/> Plan C<br>\$5,000 | <input type="checkbox"/> Plan D<br>\$10,000 | <input type="checkbox"/> Plan E<br>\$10,000 | <input type="checkbox"/> Plan F<br>\$20,000 | <input type="checkbox"/> Plan G<br>\$20,000 | <input type="checkbox"/> Plan H<br>— |
|---------------------------------------|---|--|--|---|---|---|---|--------------------------------------|
| Spouse**                              | \$10,000                                    | \$5,000                                    | \$5,000                                    | \$10,000                                    | —   | \$20,000                                    | \$20,000                                    | —                                    |
| Dependent Children to 6 months        | \$2,500                                     | \$1,500                                    | —  | —   | \$2,500                                     | \$2,500                                     | —   | \$2,500                              |
| Dependent Children 6 months to age 25 | \$5,000                                     | \$3,000                                    | —  | —   | \$5,000                                     | \$10,000                                    | —   | \$10,000                             |
| Monthly Contribution                  | \$10.54                                     | \$5.70                                     | \$2.42                                     | \$6.42                                      | \$3.48                                      | \$21.08                                     | \$16.82                                     | \$6.96                               |

\*Evidence of insurability may be required depending on circumstances.

\*\*Spouse means a person to whom you are legally married.

**D. Waiver of Optional Life and Dependents Coverage**

I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

## E. Beneficiary Designation/Change

Please complete all appropriate boxes in ink, printing legibly. If you do not designate one or more beneficiaries, policy proceeds will be paid as outlined in the Certificate of Coverage, unless otherwise regulated by law.

| Basic Life and AD&D   |                                    |              |               |     |              |
|---|------------------------------------|--------------|---------------|-----|--------------|
| Primary Beneficiary Information (Allocation to all Primary Beneficiaries must equal 100%)       |                                    |              |               |     |              |
| Beneficiary Name  | Address (Street, City, State, Zip) | Relationship | Date of birth | SSN | % of Benefit |
|   |                                    |              |               |     |              |
|   |                                    |              |               |     |              |
| Contingent Beneficiary Information (Allocation to all Contingent Beneficiaries must equal 100%) |                                    |              |               |     |              |
| Beneficiary Name  | Address (Street, City, State, Zip) | Relationship | Date of birth | SSN | % of Benefit |
|   |                                    |              |               |     |              |
|   |                                    |              |               |     |              |
| Optional Life and AD&D  |                                    |              |               |     |              |
| Primary Beneficiary Information (Allocation to all Primary Beneficiaries must equal 100%)       |                                    |              |               |     |              |
| Beneficiary Name  | Address (Street, City, State, Zip) | Relationship | Date of birth | SSN | % of Benefit |
|   |                                    |              |               |     |              |
|   |                                    |              |               |     |              |
| Contingent Beneficiary Information (Allocation to all Contingent Beneficiaries must equal 100%) |                                    |              |               |     |              |
| Beneficiary Name  | Address (Street, City, State, Zip) | Relationship | Date of birth | SSN | % of Benefit |
|   |                                    |              |               |     |              |
|   |                                    |              |               |     |              |

- If more room is needed to indicate additional primary or contingent beneficiaries, please attach a separate sheet and list the information indicated above for each beneficiary. Please sign and date all additional sheets as well as this original form.
- Your group life coverage is issued by Nationwide Life Insurance Company, One Nationwide Plaza, 4-06-101 Columbus, OH 43215. Please refer to the Certificate of Insurance and Insurance Contract for all plan details, including any exclusions, limitations and restrictions which may apply.

## F. Fraud Warning

Any person who knowingly and with intent to defraud any Insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

## G. Employee Signature and Date (Required)

I, the undersigned, certify that I have read the completed enrollment/change/termination form and agree that all answers in this form are true and complete to the best of my knowledge and belief. I hereby authorize my employer to deduct from my paycheck or earnings the amount required to cover my share of the coverage I have selected.

|                    |      |
|--------------------|------|
| Employee Signature | Date |
| IC Signature       | Date |

Send PERSONNEL CABINET COPY TO:

Department of Employee Insurance  
Optional Insurance Branch  
501 High St., 2<sup>nd</sup> Floor  
Frankfort, KY 40601



<https://personnel.ky.gov/Pages/ICs-and-HRGs.aspx>

Click  here for the new enrollment application.

Click  here for 2021 Newborn Calculator.

Click  here for LivingWell Regional Well-being Coordinator Territory Map.

|  Resources |  User Guides & Manuals                                       |  IC Training |
|---|---|---|
| Forms<br>IC Listing<br>KHRIS Calendar<br>Memos<br>Roles & Responsibilities                  | ACA Quick Reference Guide<br>Administration Manual<br>Admin Manual Changes Log<br>Benefits Admin User Guide<br>Benefits Accounting User Guide | COBRA<br>KHRIS<br>Webinars  |

## DEI Health Insurance Form Uploads

\* This site is fully compatible with IE 11, Edge, and Chrome browsers. \*

Please login with your KHRIS credentials

User Name:\*



Password:\*



Login

DEI Health Insurance Form Uploads

\* This site is fully compatible with IE 11, Edge, and Chrome browsers. \*

## Department of Employee Insurance Submission Form

The red asterisks are required information to be entered

Fields marked with an \* are required.

Date: \*  Coverage Effective Date: \*

| Reason for Application *  | Change in Employee Status  | Qualifying Event(s)   |
|---|--|---|
| <ul style="list-style-type: none"><li><input type="radio"/> New Hire</li><li><input type="radio"/> Rehire</li><li><input type="radio"/> New Group</li><li><input type="radio"/> Qualifying Event</li><li><input type="radio"/> Change or Update</li><li><input type="radio"/> ACA</li><li><input type="radio"/> Exception</li><li><input type="radio"/> Open Enrollment</li><li><input type="radio"/> Update Demographics</li></ul> | <ul style="list-style-type: none"><li><input type="radio"/> Transfer</li><li><input type="radio"/> Begin LWOP</li><li><input type="radio"/> End LWOP</li><li><input type="radio"/> Begin Military Leave</li><li><input type="radio"/> End Military Leave</li><li><input type="radio"/> Retired</li><li><input type="radio"/> Termination</li><li><input type="radio"/> Summer Transfer</li></ul> <p>First Day Worked: <input type="text"/></p> | <ul style="list-style-type: none"><li><input type="radio"/> Marriage</li><li><input type="radio"/> Birth/Adoption/Placement</li><li><input type="radio"/> Court Order for Child</li><li><input type="radio"/> Divorce</li><li><input type="radio"/> Death</li><li><input type="radio"/> Loss of Individual Health</li><li><input type="radio"/> Loss of Group Health</li><li><input type="radio"/> Begin Medicare/Medicaid</li><li><input type="radio"/> End Medicare/Medicaid</li><li><input type="radio"/> Spouse/Dependent Starting Employment</li><li><input type="radio"/> Spouse/Dependent Terminating Employment</li><li><input type="radio"/> Other: <input type="text"/></li></ul> |

**Transfer from one KEHP covered entity to another KEHP covered entity:**  
This section is to be completed by the NEW company & no changes to current cover

## DEI Health Insurance Form Uploads

\* This site is fully compatible with IE 11, Edge, and Chrome browsers. \*

## Department of Employee Insurance Submission Form

Fields marked with an \* are required.

Received Date: \*  

Coverage Effective Date: \*  

| Reason for Application *                  | Change in Employee Status                  | Qualifying Event(s)   |
|---|--|---|
| <input type="radio"/> New Hire            | <input type="radio"/> Transfer             | <input type="radio"/> Marriage  |
| <input type="radio"/> Rehire              | <input type="radio"/> Begin LWOP           | <input type="radio"/> Birth/Adoption/Placement  |
| <input type="radio"/> New Group           | <input type="radio"/> End LWOP             | <input type="radio"/> Court Order for Child   |
| <input type="radio"/> Qualifying Event    | <input type="radio"/> Begin Military Leave | <input type="radio"/> Divorce   |
| <input type="radio"/> Change or Update    | <input type="radio"/> End Military Leave   | <input type="radio"/> Death   |
| <input type="radio"/> ACA                 | <input type="radio"/> Retired              | <input type="radio"/> Loss of Individual Health   |
| <input type="radio"/> Exception           | <input type="radio"/> Termination          | <input type="radio"/> Loss of Group Health  |
| <input type="radio"/> Open Enrollment     | <input type="radio"/> Summer Transfer      | <input type="radio"/> Begin Medicare/Medicaid   |
| <input type="radio"/> Update Demographics | First Day Worked: <input type="text"/>     | <input type="radio"/> End Medicare/Medicaid   |
|   |  | <input type="radio"/> Spouse/Dependent Starting Employment  |
|   |  | <input type="radio"/> Spouse/Dependent Terminating Employment                                       |
|   |  | <input type="radio"/> Other: <input type="text"/>   |
|   |  | <b>Transfer from one KEHP covered entity to another KEHP covered entity:</b>                        |
|   |  | <small>This section is to be completed by the NEW company &amp; no changes to current cover</small> |



- The timing of the signature date is **critical**
  - Employees must complete and sign the applicable form before the signature date deadline of **35 days**
  - The only exception is gaining Medicaid which has a signature date of 60 days
  - **The employee does NOT need to wait for any supporting documentation to arrive before the form is signed**
- The IC will submit the form to EIB for health insurance **and** to OIB for Optional insurance:
  - Once the supporting documentation is received
  - The employee and IC have signed and dated the form

**\*Please use current forms for 2021**

## **Qualifying Events that allow pre-signing to the event taking place are:**

- Loss of other coverage
- Gaining other group coverage
- Entitlement to Medicare or
- Experiencing a different open enrollment period

**The changes are typically effective on the 1st of the month or termed at the end of the month.**

**No Qualifying Event will become effective prior to the event taking place.**

**The Qualifying Event date is the date the event takes place  
NOT the date an employee is notified of the event taking  
place**

**Notification date is only accepted for**

- Entitlement to Medicare and Medicaid

# Rejecting Applications – IC Memo 17-14

- We will **reject** any application that we receive that is not complete. Applications must be on the correct form, completed in its entirety and have the required supporting documentation attached (example: loss of other coverage documentation)
- New hires and most QEs have 35-days from the hire date or QE date to sign the application (gain of Medicaid has 60-days)
- ICs must submit the QE to the EIB within **45-days from the event date** (70-days for gain of Medicaid)
- We will reject the application if it is not received within the required timeframe 
- We will email the IC who signed the application

# Qualifying Event questions or rejections

[EIB@ky.gov](mailto:EIB@ky.gov)

[optionalinsurance@ky.gov](mailto:optionalinsurance@ky.gov)

- General questions
- Questions regarding Rejected Applications
- Not to be used for submitting new applications. However, you can resubmit rejected applications with the required documentations.
- Not to be used for Urgent Adds – Health Only. Dental/Vision do not have Urgent adds available
- It is monitored for more efficient processing
- Will get a response within 24-48 hours depending on volume, phone and applications to be processed

# Urgent Add Requests

- Use when a member or dependent needs to see a doctor, go to the hospital or get a prescription within the next 24 hours
- Call EIB if the document(s) has not already been submitted or if the member needs to go to the doctor or get a prescription immediately
- If necessary, fax document(s) directly to the EIB/MSB representative you spoke with as this is the only time you should be faxing to us
- If a doctor or hospital visit is required, please provide us with the name and phone number of the doctor or hospital



# Benefits Administration Contacts – Fax and Email

- Nothing should ever be faxed or emailed without calling first and someone from EIB/MSB/OIB has requested it
- Faxes should ALWAYS be addressed to the EIB/MSB/OIB representative you spoke with



- No staples
- Do not highlight information. This prevents it from being legible when scanned in.
- 8 ½ x 11 copies only
- Always include the following to ensure timely and correct processing:
  - Name of the employee
  - Social Security Number of the employee
  - Your name
  - Your company number
- Health, Life, Dental & Vision insurance documents should be addressed to either Enrollment Information Branch or Optional Insurance Branch, DEI, 501 High Street, 2nd floor, Frankfort, KY 40601
- Checks should be addressed to Financial Management Branch, DEI, 501 High Street, 2nd floor, Frankfort, KY 40601

# Course Map

Lesson 1: IC Responsibilities

Lesson 2: Benefits Offered

Lesson 3: Additional Benefits and TPAs

Lesson 4: On-Line Tools

Lesson 5: Benefits Administration

Lesson 6: Optional Insurance

Lesson 7: Qualifying Events

Lesson 8: Transfers, Leave & Terminations

Lesson 9: KHRIS Processing

## When Transferred to a Different Agency

- Two personnel numbers

**NOTE:**

These employees will receive a new personnel number, but will keep their existing plan. KEHP monitors a transfer report and; if needed, corrects the transferred employee's health insurance, effective dates or adjusts the FSA amount and life insurance. The IC will not have to take any action.

**A Transfer takes place when an employee terms employment with one KEHP agency and begins employment with another KEHP agency within 11 days from termination date**

- The effective date of the coverage will depend on the type of transfer member experienced:
  - Clean Transfer - 0 day
  - Small Break Transfer - 1 to 10 working days
  - 11+ days Break Transfer – Considered a new hire, 1<sup>st</sup> day of the 2<sup>nd</sup> month following transfer date

Please refer to Administration Manual, Chapters 2 & 6 for guidelines regarding Transfers and effective dates for coverage

## Starting and Ending LWOP - Health Insurance

- Employee on approved LWOP and works during the Semi-Monthly Billing Period of the 1st through the 15th
  - Health Insurance ends on the 15th of the same month
  - Health Insurance begins on the 1<sup>st</sup> of the same month
- Employee works between the 16th and the end of the month
  - Health Insurance ends on the last day of the same month
  - Health Insurance begins on the 16th day of the same month
- Do not use the MUNIS code 0008
- Must use “Start LWOP” in both MUNIS and KHRIS

**KDE/Munis:** KDE KHRIS Support Desk at [kdekhriissupportdesk@education.ky.gov](mailto:kdekhriissupportdesk@education.ky.gov)

**\*\*\*\*\*If the paycheck an Employee receives is not sufficient to cover his/her portion of the premium, the Employee must submit a personal check for the amount due**

**\*\*\*\*\*Employee CANNOT make changes when ending LWOP unless, they missed OE**

## Starting LWOP – HRA Employer Contribution

- Employees on LWOP must work any part of each Semi-Monthly Billing Period to be eligible to receive the HRA employer contribution

Example: If the Employee waives coverage and has the Waiver HRA, and the Employee works one day from the 1st through the 15th, the Employee will be eligible to receive  $\frac{1}{2}$  of the employer contribution (\$87.50) for that Semi-Monthly Billing Period.

If the Employee works any time from the 16th to the end of the month, the Employee will receive  $\frac{1}{2}$  of the employer contribution (\$87.50) for that Semi-Monthly Billing Period.

\*\*\*\*If not worked the HRA will terminate the end of the Semi-Monthly Billing Period.

## Employees called to active military duty are eligible for health benefits through TRICARE

- The Employee's Dependents may also be eligible for TRICARE
- Employees have the options below when Beginning Military Leave:
  - Stop their Health Insurance coverage on the last day of the Semi-Monthly Billing Period in which they are activated with the Armed Services
  - Maintain their current level of Health Insurance coverage, as well as maintain military health care coverage. They must ensure that the total premium is paid by the 15<sup>th</sup> day of the month.



# Return from Leave Without Pay (Life)

When an employee returns from approved LWOP, OIB processes life insurance reinstatements using the following guidelines:

| <b>Return date between:</b>   |  |
|---|--|
| <b>1<sup>st</sup> – 31<sup>st</sup></b><br>Reinstate as of 1 <sup>st</sup> of the following month |  |
| <b>Benefits Not Paid</b>  | Reinstate Basic Life and Dependent Plan E on first day next month (If they had optional and dependent coverage on spouse, then they must complete the EOI process). Children added automatically |
| <b>Benefits Paid</b>  | Reinstate to active – 1 <sup>st</sup> day next month following return date, and any optional coverage and dependent coverage   |
| <b>Military</b>   | Reinstate to active – All Life Coverages (Whether they paid or not, reinstate to first day of next month)  |

- Please make sure you notify your employees they're able to pay life premiums while on LWOP up to one year.

## **Employees returning from military leave will have all benefits (Health Insurance and Flexible Spending Accounts) reinstated the date they return, without any waiting period**

- Employees returning from military leave have the option to delay the reinstatement of their prior elections until military coverage ends. During that time:
  - Employees may waive coverage and enroll in a Waiver Limited Purpose HRA until TRICARE ends
  - Employees electing this option **MUST** present supporting documentation of military coverage end date and coverage will be reinstated the first day of the month following the date of the loss of coverage through TRICARE

# Return from Leave Without Pay (Dental and Vision)

## **Military LWOP**

- Begin Military LWOP - Coverage stops at the end of the month in which Military LWOP began.
- End Military LWOP – Coverage begins 1<sup>st</sup> of the following month from date of return.

## **Official LWOP**

- Begin Official LWOP – Coverage stops at the end of the month in which LWOP began.
- End Official LWOP – Coverage begins 1<sup>st</sup> of the following month from date of return.

**\*\*\*\*\*Employee CANNOT make changes when ending LWOP unless, they missed OE**

## Health Insurance Termination

- If an employee terminates employment between the 1st and the 15th of the month
  - Health Insurance coverage will terminate on the 15th of the month
- If an employee terminates employment between the 16th and the last day of the month
  - Health Insurance coverage will terminate the last day of the month
- Process all terminations in MUNIS and KHRIS
- Follow instructions in the ***Benefits User Guide*** page 58 for Terminating Benefit Participation

## Optional Insurance Termination

- Life Insurance will always term at the end of the month
- Dental & Vision will always term at the end of the month
- Process all terminations in MUNIS and KHRIS
- Follow instructions in the **Benefits User Guide** page 58 for Terminating Benefit Participation

# Benefits Administration Contacts – Health

## Department of Employee Insurance

| Member Services Branch  | KEHP Enrollment Branch  | Optional Insurance Branch   | Financial Management Branch   |
|---|---|---|---|
| <p>Toll Free: 888-581-8834, Opt. 4<br/>                     Main #: 502-564-6534<br/>                     Fax: 502-564-5278</p> | <p>Toll Free: 888-581-8834, Opt. 4<br/>                     Main #: 502-564-1205<br/>                     Fax: 502-564-1085<br/> <a href="mailto:EIB@ky.gov">EIB@ky.gov</a></p> | <p>Toll Free: 888-581-8834, Opt. 5<br/>                     Main #: 502-564-4774<br/>                     Fax: 502-564-1085<br/> <a href="mailto:Optionalinsurance@ky.gov">Optionalinsurance@ky.gov</a></p> | <p>Toll Free: 888-581-8834, Opt. 6<br/>                     Main #: 502-564-9097<br/>                     Fax: 502-564-0715</p> |

**Web site: [kehp.ky.gov](http://kehp.ky.gov)**  
**Anthem – Medical Third Party Administrator**  
**CVS Caremark - Pharmacy Benefits Manager**  
**HealthEquity – FSA/HRA/COBRA Administrator**  
**WebMD- Wellness Administrator**  
**SmartShopper – Transparency Administration**

# KEHP Administration Manual, Forms, Memos

The KEHP Administration Manual is updated quarterly as KEHP establishes new internal processes.

Refer to this guide often for specific information and clarity regarding policy and procedures

<https://personnel.ky.gov/Pages/ICs-and-HRGs.aspx>

|  Resources |  User Guides & Manuals                           |  IC Training |
|---|---|---|
| Forms<br>IC Listing<br>KHRIS Calendar<br>Memos<br>Roles & Responsibilities                  | Administration Manual<br>Admin Manual Changes Log<br>Benefits Admin User Guide<br>Benefits Accounting User Guide<br>Quick Reference | COBRA<br>KHRIS<br>Webinars  |





# Processing

## Health & Optional Insurance

# Actions to be Completed by Insurance Coordinators

- New Hire Enrollments
- Employee Demographic Changes/ Updates
- Terminations
- Health Benefit Enrollment Reporting
- Plan Change History Report
- Insurance Plan Cost Report
- Tobacco Status Report
- Health Post Tax Participants Report
- Life Policy Conversion Letter



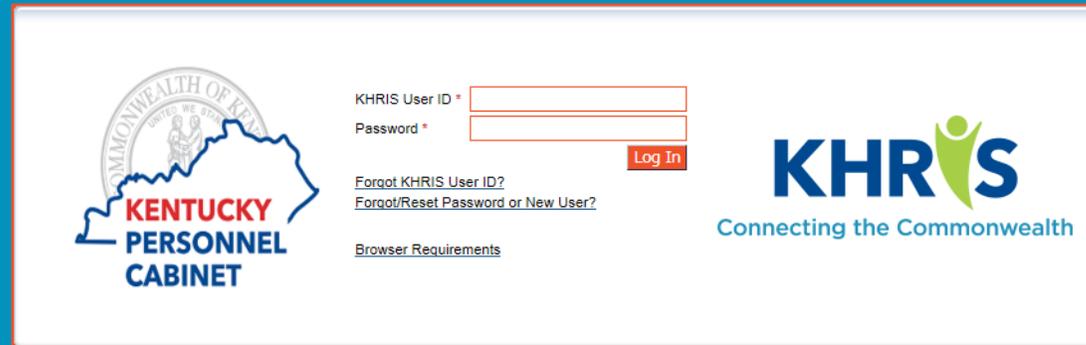
# Actions to be Completed by DEI

- Cross Reference Payment Options
- Transfers
- Qualifying Events
- Dependent Demographic Data Changes
- Rehires
- Retirees Returning to Work
- Military Leave begin/end
- Leave Without Pay (LWOP) begin/end
- New Employees who are NOT electing a waiver plan that already have an existing personnel number or under another Kentucky Employees' Health Plan member's plan.
- Tobacco Use Change Form
- Evidence of Insurability (EOI) – **OIB only**
- All Cancellation of Coverage Requests – **OIB only**



## Welcome

[Need Help?](#)



KHRIS User ID \*

Password \*

[Log In](#)

[Forgot KHRIS User ID?](#)

[Forgot/Reset Password or New User?](#)

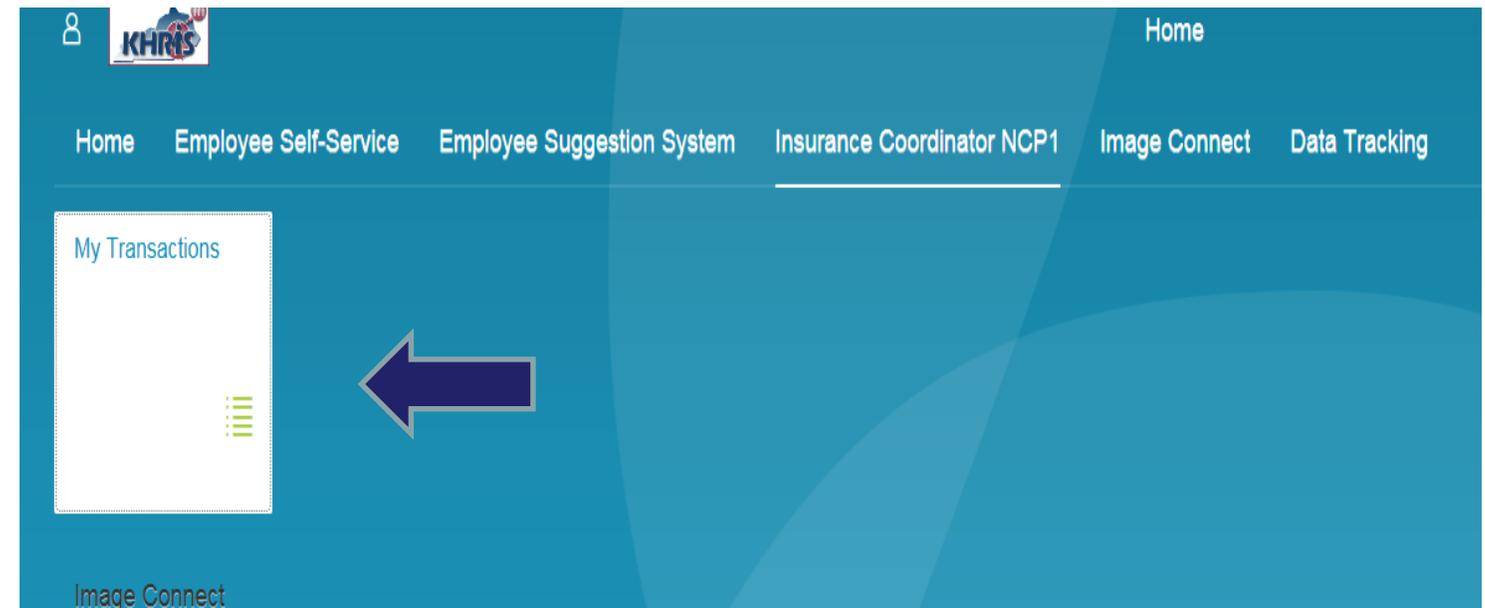
[Browser Requirements](#)

You are accessing a government computer system which is the property of the Commonwealth of Kentucky. It is for authorized use only regardless of time of day, location or method of access. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on the system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized state government and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such at the discretion of the Commonwealth of Kentucky. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. By logging in, you acknowledge your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

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To login, please use your own KHRIS User ID and Password. New/First time users should click on the “Forgot/Reset Password or New User?” link to create a password. Also, please notice the “Forgot KHRIS User ID” link. Those who have already accessed their KHRIS account but have forgotten or misplaced their User ID can use this link.

- After you have logged into KHRIS using your KHRIS User ID and password, select the **“Insurance Coordinator NCP1”** tab
- Click on **My Transactions** to see the list of Transaction Codes



My Transactions

Related Links

Search

- HRBEN0001 - Enrollment
- HRBEN0003 - Participation Monitor
- HRBEN0006 - Plan and Participation Overvi...
- HRBEN0014 - Termination of Participation
- HRBEN0015 - Confirmation Form
- HRBEN0073 - Health Plan Costs
- HRBEN0074 - Insurance Plan Costs
- HRBEN0078 - FSA Contributions
- PA20 - Display HR Master Data**
- PA30 - Maintain HR Master Data
- PA40 - Personnel Actions
- ZAU\_SSN - Social Security Search
- ZBNF002 - Benefits Policy Conversion Letter
- ZBNF005 - User Password Reset
- ZBNQ0012 - Health Post Tax Participants
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change History
- ZBNR010 - Display FSA YTD Deductions
- ZBNR013 - Dependent Search By SSN
- ZBNR014 - Covered Dependents Report
- ZBNR032 - Covered Lives for ACA Reporting
- ZBNQ0018 - Tobacco and LW Non-Fulfilled...

Welcome to KHRIS Online Benefits Administration System

\*Firefox Quantum version will not run teodes from this page. Please try IE, Edge, or Chrome.

Please use the menu to the left to perform your Insurance Coordinator job duties.

**Contact Us:**

Life Insurance Questions: Contact the Life Insurance Branch at (502) 564-4774.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

Health Insurance, FSA or HRA Enrollment Questions: Contact the Enrollment Information Branch at (502) 564-1205.  
Business Hours are 7:30 am to 4:30 pm, EST Monday through Friday.

Health Insurance, FSA or HRA Billing concerns or questions: Contact the Financial Management Branch at (502) 564-9097.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

This transaction screen is used for viewing employee information.

- Please choose the appropriate transaction from the list on the left to begin processing, displaying screens or running reports
- Before calling EIB, MSB and OIB always check the information in this screen. Never call before researching.
- When calling EIB, MSB and OIB, always view the employee’s information on this screen.

PA20 - Display HR Master Data ▾

## Display HR Master Data

Menu |  |  |  |  |  |  |

Personnel no.

**Instead of using the back indicator just type in the transaction code in the command box. Example below:  
/nhrben0014 or /nPA40**

|  |  |  |  |

| Infotype text                  | St. | Period  |
|--------------------------------|-----|---|
| 0000 Actions                   |     | <input checked="" type="radio"/> Period               |
| 0001 Organizational assignment |     | From <input type="text"/> To <input type="text"/>     |
| 0002 Personal data             |     | <input type="radio"/> Today <input type="radio"/> Cur |

Personnel number | Name | Cost center | Cost ce

Related Links

Search

HRBEN0001 - Enrollment

HRBEN0003 - Participation Monitor

HRBEN0006 - Plan and Participation Overvi...

HRBEN0014 - Termination of Participation

HRBEN0015 - Confirmation Form

HRBEN0073 - Health Plan Costs

HRBEN0074 - Insurance Plan Costs

HRBEN0078 - FSA Contributions

PA20 - Display HR Master Data

PA30 - Maintain HR Master Data

PA40 - Personnel Actions

ZAU\_SSN - Social Security Search

ZBNF002 - Benefits Policy Conversion Letter

ZBNF005 - User Password Reset

ZBNQ0012 - Health Post Tax Participants

ZBNR002 - Plan Utilization

ZBNR006 - Plan Change History

ZBNR010 - Display FSA YTD Deductions

ZBNR013 - Dependent Search By SSN

ZBNR014 - Covered Dependents Report

ZBNR032 - Covered Lives for ACA Reporting

ZBNQ0018 - Tobacco and LW Non-Fulfilled...

My Transactions

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Business Hours are 7:30 am to 4:30 pm, EST Monday through Friday.

Health Insurance, FSA or HRA Billing concerns or questions: Contact the Financial Management Branch at (502) 564-9097.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

This transaction screen is used to Update and Correct employee information.

- Does not have micro eligibility built in so many enrollment errors can be made
- Whatever is entered is a live update

This transaction screen is used to enter or term employee status.

- BN-Begin Participation – new hire
- BN-End Participation – terming employment

Related Links

Search

- HRBEN0001 - Enrollment
- HRBEN0003 - Participation Monitor
- HRBEN0006 - Plan and Participation Overvi...
- HRBEN0014 - Termination of Participation
- HRBEN0015 - Confirmation Form
- HRBEN0073 - Health Plan Costs
- HRBEN0074 - Insurance Plan Costs
- HRBEN0078 - FSA Contributions
- PA20 - Display HR Master Data
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- ZBNR014 - Covered Dependents Report
- ZBNR032 - Covered Lives for ACA Reporting
- ZBNQ0018 - Tobacco and LW Non-Fulfilled...



PA40 - Personnel Actions

**Personnel Actions**

Menu  Back Exit Cancel System  Execute SSN Search

Find by

- Person
  - Collective search help
  - Search Term

Personnel no.

From

**Personnel Actions**

| Action Type                  | Personn... | EE group | EE subg... |
|------------------------------|------------|----------|------------|
| BN - Begin Participation     |            |          |            |
| BN - End Participation       |            |          |            |
| BN - Begin Leave W / Out Pay |            |          |            |
| BN - End Leave W / Out Pay   |            |          |            |
| BN - Change FSA Billing Freq |            |          |            |
| BN - Rehire                  |            |          |            |

**Hit list**

| Personnel number | Name                | Cost center name    |
|------------------|---------------------|---------------------|
| 00471547         | Vanderpool, Tabatha | Department of Corre |

This transaction screen is used to enroll employees in Health, Life, Dental, Vision and FSA's.

- You must always click on the calendar icon to enter a date on this screen
- Enroll the employee in all they have selected before clicking the Enroll button
- Has Micro eligibility built in which ensures no enrollment errors are made

The screenshot displays the HRBEN0001 Enrollment screen. The left sidebar contains a list of related links, with 'HRBEN0001 - Enrollment' selected. The main content area is titled 'Enrollment' and features a 'Direct selection' section with input fields for 'Personnel no.' and 'ID number', and a 'Select' button. To the right, the 'Enroll' section includes a 'Name' field, a date field with a calendar icon, and an 'Overview' button. Below the date field is an 'Offer selection' section with buttons for 'Get offer', 'Print form', 'General Notice', and 'Error list'. A table below shows 'Possible offers' and 'Enrollment period'. At the bottom, there is a table header for 'Offer' with columns 'Pers.No.' and 'Name'.

This transaction screen is used to terminate benefits.

- You must always click on the calendar icon to enter a date on this screen
- Terminate the employee's coverage in all they are enrolled in before clicking the Terminate button



Related Links

Search

- HRBEN0001 - Enrollment
- HRBEN0003 - Participation Monitor
- HRBEN0006 - Plan and Participation Overvi...
- HRBEN0014 - Termination of Participation
- HRBEN0015 - Confirmation Form
- HRBEN0073 - Health Plan Costs
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- ZBNR013 - Dependent Search By SSN
- ZBNR014 - Covered Dependents Report
- ZBNR032 - Covered Lives for ACA Reporting
- ZBNQ0018 - Tobacco and LW Non-Fulfilled...

HRBEN0014 - Termination of Participation

### Termination of Plan Participation

Menu  Back Exit Cancel System

**Direct selection**

Personnel no.

ID number

Select

**Termination for**

Name  on   

Stop participation Display Plan Error List

| Validity period | Action | Date |
|-----------------|--------|------|
|                 |        |      |

Pers.No. Name

22100 Hela Gregory M

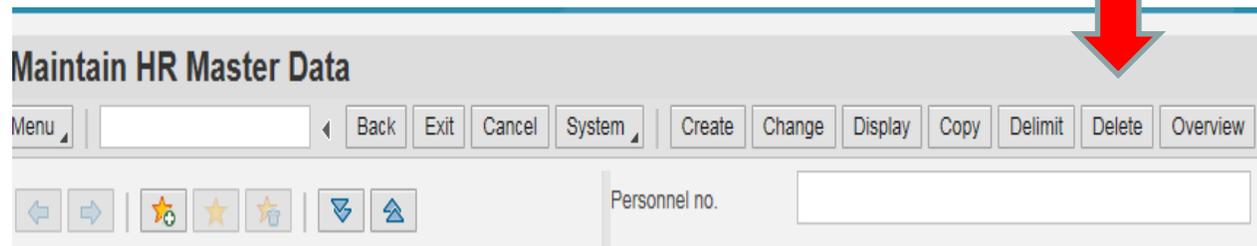
# Common Application Buttons

The screenshot displays the 'Maintain HR Master Data' application interface. A red box highlights a menu bar with the following buttons: Back, Exit, Cancel, System, Create, Change, Display, Copy, Delimit, Delete, and Overview. The interface includes a search section with 'Find by' options (Person, Collective search help, Search Term), a 'Hit list' table, and a main data entry area with tabs for 'Basic personal data', 'Payroll', 'Benefits', 'Time', 'Taxes', and 'Planning Data'.

- Create – create a brand new record. Always used when adding new dependents
- Change – to correct an error just entered
- Display – to view the record
- Copy – to add a record to history
- Overview – to view a summary of all records in a specific Infotype
- Execute – execute or GO
- Save – save

ICs have the ability to delete or void benefit plans; however, they should **NEVER** process a plan correction using the delete options.

- **Never** click the **Delete** button to delete a plan
- **Never** void a plan



If an employee quits prior to the benefit effective date, the employee will need to be terminated in KHRIS.

# Common Infotypes – Basic Personal Data Tab

PA20 - Display HR Master Data

Display HR Master Data

Personnel no. [ ]

Find by

- Person
- Collective search help
- Search Term

Hit list

| Personnel number | Name     | Cost center name |
|------------------|----------|------------------|
| 0000000          | John Doe | 100000000        |

Basic personal data | Payroll | Benefits | Time | Taxes | Planning Data

Infotype text | St. | Period

- 0000 Actions
- 0001 Organizational assignment
- 0002 Personal data

Period

From [ ] To [ ]

Today | Curr. week

All | Current month

- **0000** Actions – list all actions done to employment status
- **0002** Personal Data – lists all personal information
- **0006** Addresses – lists address(s) and phone numbers
- **0105** Communication – lists emails, phone numbers and KHRIS user ID's

# Common Infotypes - Benefits Tab

**Display HR Master Data**

Menu | Back | Exit | Cancel | System | Display | Overview | Refresh Data

Personnel no. [Redacted]  
 Name [Redacted] Status Active  
 EE group A 18A Personnel area 0001 Executive  
 EE subgroup 02 ASC Salary 37.5 Pers. subarea 1001 FT N-Exempt

Basic personal data | Payroll | **Benefits** | Time | Taxes | Planning Data

| Infotype text                     | St. |
|-----------------------------------|-----|
| 0021 Family Member/Dependents     | ✓   |
| 0031 Reference Personnel Numbers  |     |
| 0041 Date Specifications          | ✓   |
| 0167 Health Plans                 | ✓   |
| 0168 Insurance Plans              | ✓   |
| 0170 Flexible Spending Accounts   | ✓   |
| 0171 General Benefits Information | ✓   |
| 0219 External Organizations       |     |
| 0376 Benefits Medical Information | ✓   |

**Direct selection**

Infotype [Redacted] STy [Redacted]

- **0021** Family Member/Dependents – lists all family members, dependents and beneficiaries
- **0167** Health Plans – view Health, Dental, & Vision plans
- **0168** Insurance Plans – lists all Life Insurance plans
- **0170** Flexible Spending Accounts – view Healthcare & Dependent Care FSA contributions
- **0171** General Benefits Data – view cross-reference, hazardous Duty and plans & start date criteria
- **0219** External Organizations – organization(s) that are the employee’s beneficiary(s)
- **0376** Benefits Medical Info – view tobacco status
- **0378** Adjustment Reasons – reasons for plan change(s)

# Social Security Search – ZAU\_SSN

Related Links

- HRBEN0001 - Enrollment
- HRBEN0003 - Participation Monitor
- HRBEN0006 - Plan and Participation Overvi...
- HRBEN0014 - Termination of Participation
- HRBEN0015 - Confirmation Form
- HRBEN0073 - Health Plan Costs
- HRBEN0074 - Insurance Plan Costs
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- ZBNR013 - Dependent Search By SSN
- ZBNR014 - Covered Dependents Report
- ZBNR032 - Covered Lives for ACA Reporting
- ZBNQ0018 - Tobacco and LW Non-Fulfilled...

**Welcome to KHRIS Online Benefits Administration System**

\*Firefox Quantum version will not run tcodes from this page. Please try IE, Edge, or Chrome.

Please use the menu to the left to perform your Insurance Coordinator job duties.

**Contact Us:**

Life Insurance Questions: Contact the Life Insurance Branch at (502) 564-4774.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

Health Insurance, FSA or HRA Enrollment Questions: Contact the Enrollment Information Branch at (502) 564-1205.  
Business Hours are 7:30 am to 4:30 pm, EST Monday through Friday.

Health Insurance, FSA or HRA Billing concerns or questions: Contact the Financial Management Branch at (502) 564-9097.  
Business Hours are 7:30 am to 4:30 pm EST, Monday through Friday.

If this search shows that your employee already has a personnel number you will need to upload the application using the online form

1. Select ZAU\_SSN Social Security

**Social Security Search**

Search Criteria

SSN:

Re-type SSN:

SSN Search Cancel

2. Enter the Employee's SSN in both boxes

If no records are found it will say: The SSN entered does not exist in the system. Please proceed with your action. Select Cancel

3. Select SSN Search

- **Always** perform Dependent SSN Search before adding a New Hire

**KHR**  
Related Links

- HRBEN0001 - Enrollment
- HRBEN0003 - Participation Monitor
- HRBEN0006 - Plan and Participation Ov...
- HRBEN0014 - Termination of Participation
- HRBEN0015 - Confirmation Form
- HRBEN0073 - Health Plan Costs
- HRBEN0074 - Insurance Plan Costs
- HRBEN0078 - FSA Contributions
- PA20 - Display HR Master Data
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- ZBNR014 - Covered Dependents Report
- ZBNR032 - Covered Lives for ACA Repo...
- ZBNQ0018 - Tobacco and LW Non-Fulfill...

### Dependent search by SSN

Menu | [ ] | Save as Variant... | Back | Exit | Cancel | System | **Execute** | Get Variant...

#### Additional Selection

|                  |            |    |            |
|------------------|------------|----|------------|
| Reporting Period | 10/31/2019 | to | 10/31/2019 |
| Dependent SSN    | [ ]        |    |            |
| First name       | [ ]        |    |            |
| Last name        | [ ]        |    |            |
| Date of birth    | [ ]        |    |            |

**1. Select ZBNR013-  
Dependent SSN  
Search**

**2. Enter Employee  
SSN**

**3. Select Execute**

**If you have a dependent on  
another KEHP Members' plan  
contact DEI**

## Dependent search by SSN

Menu |  | Back | Exit | Cancel | System

No Records found for selection criteria

If no records are found then click on Exit

# Dependent search by SSN

**Dependent search by SSN**

Agency Code Personnel Number Employee Name Dependent Name Dependent DOB Dependent SSN Dependent Health Plan Dependent Type

| Agency Code | Personnel Number | Employee Name | Dependent Name | Dependent DOB | Dependent SSN | Dependent Health Plan | Dependent Type |
|-------------|------------------|---------------|----------------|---------------|---------------|-----------------------|----------------|
|             |                  |               |                |               |               |                       | Child          |

**Dependent search by SSN**

Agency Code Personnel Number Employee Name Dependent Name Dependent DOB Dependent SSN Dependent Health Plan Dependent Type

| Agency Code | Personnel Number | Employee Name | Dependent Name | Dependent DOB | Dependent SSN | Dependent Health Plan | Dependent Type |
|-------------|------------------|---------------|----------------|---------------|---------------|-----------------------|----------------|
|             |                  |               |                |               |               |                       | Spouse         |

# Enrolling a New Hire – PA40

The screenshot displays the SAP HR system interface for a user named BN\_STUDENT09. The main window is titled "Personnel Actions" and contains a search form with fields for "Personnel no." and "From". The "From" field contains the date "05012017". Below the search form is a list of "Personnel Actions" with "BN - Begin Participation" selected. The interface includes a top navigation bar with "My Benefits", "Insurance Coordinator NCP1", and "Biller Direct" icons. A left sidebar shows a menu of HR transactions, with "PA40 - Personnel Actions" highlighted. A bottom status bar shows "ECT (320)" and "khrisecti".

**4. Select Execute**

**2. In the From field enter the Hire Date**

**3. Select BN-Begin Participation**

**1. Select PA40 – Personnel Actions**

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**3. Select Save**

Personnel Actions

3991

Start 05/01/2017 to 12/31/9999

Personnel action

Action Type BN - Begin Participation

Reason for Action 01 New Employee

Reference Pers. Nos.

Status

Customer-specific

Employment Active

Special payment

Organizational assignment

Position 99999999

Personnel area 0001 Executive

Employee group L External - BN

Employee subgroup 41 24 Non-Paid

Additional actions

| Start Date | Act. | Action Type | ActR | Reason for action |
|------------|------|-------------|------|-------------------|
|            |      |             |      |                   |
|            |      |             |      |                   |
|            |      |             |      |                   |

Save your entries

SAP ECT (320) khrisectd

**1. Select the Reason for Action drop down box – Select -01 (New Employee)**

**2. Position field – 99999999  
Personnel Area – 0004 (Benefits Only)  
Employee Group – L (External BN)  
Employee Subgroup – 41 (24 Non paid)**

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCD1 Filter Direct

**5. Select Save then Enter on your keyboard**

**Remember to write down the Personnel number for the employee**

Personnel No 4010

Start 05/01/2017 to 12/31/9999

Status Active

**1. Select drop down box and select your agency type**

**2. Cost Center – 9 – your Sub Area – your 5 digit company number**

**3. In the Position number enter 99999999**

**4. In the Org Unit enter the Agency specific # assigned to you agency**

Enterprise structure

|            |            |                          |
|------------|------------|--------------------------|
| CoCode     | COMK       | Commonwealth of Kentucky |
| Pers.area  | 0004       | Benefits Only            |
| Cost Ctr   | 9200100581 |                          |
| Subarea    | 2001       |                          |
| Bus. Area  |            |                          |
| Func. Area |            |                          |

Personnel structure

|             |    |               |             |
|-------------|----|---------------|-------------|
| EE group    | L  | External - BN | h-COMK Paid |
| EE subgroup | 41 | 24 Non-Paid   | Contract    |

Organizational plan

|           |          |
|-----------|----------|
| Position  | 99999999 |
| Org. Unit | 10006168 |

! Fill in all required entry fields

SAP ECT (320) khrisectci

# Enrolling a New Hire – PA40

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Mast...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions**
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Create 0002 Personal data

Menu  Save Back Exit Cancel System Previous record Next record Overview

Position 99999999 Integration: default position  
Status Active  
Start 05/01/2017 To 12/31/9999

**Name**

Last name   
First name   
Middle name   
Suffix   
Pref. Name

**2. Enter SSN** **5. Enter Gender**

**HR data**

SSN   
Date of Birth 06/04/1962  
Language English  
Marital Status Marr.

**3. DOB** **4. Enter Marital Status**

**1. Enter Employees name with middle initial and suffix**

**6. Select Save**

Record created SAP ECT (320) khrisecti

# Enrolling a New Hire – PA40

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Maste...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions**
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Create 0006 Addresses

Menu [ ] Save Back Exit Cancel System Previous record Next record Overview Foreign address

12/31/9999

**4. Select Save** →

**1. Enter address (if the address is a PO Box use line 1)** ←

**2. Enter telephone number there is a separate box for the area code** ←

**3. Enter Employee's home county code** ←

**Address**

Address type: Permanent residence

Care Of: [ ]

Address line 1: [ ]

Address line 2: [ ]

City/county: [ ]

State/zip code: KY 40205

Country Key: USA

Telephone Number: [ ] [ ] [ ] [ ] [ ] [ ]

**Communications**

|      |      |        |                 |     |     |
|------|------|--------|-----------------|-----|-----|
| Type | CELL | Number | 502             | Ext | [ ] |
| Type | [ ]  | Number | [ ] [ ] [ ] [ ] | Ext | [ ] |
| Type | [ ]  | Number | [ ] [ ] [ ] [ ] | Ext | [ ] |
| Type | [ ]  | Number | [ ] [ ] [ ] [ ] | Ext | [ ] |

**Additional fields**

County code: 056 [ ]

SAP ECT (320) khrisectd

**Note:** If you get a zip code error, please use the [USPS.com](http://USPS.com) website to determine the correct zip code. You can also use [Google.com](http://Google.com) to search for the correct county of residence.



# Enrolling a New Hire – PA40

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Mast...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions**
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Copy 0008 Basic Pay

Save Back Exit Cancel System Previous record Next record Overview Salary amount Payments and deductions

Personnel No: 4010 Name:   
Personnel area: 0004 Benefits Only Status: Active  
Pers. subarea: 2001 Board of Ed.  
12/31/9999

Subtype: 0 Basic contract

#### Pay scale

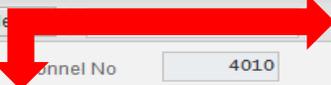
|          |                          |              |                          |
|----------|--------------------------|--------------|--------------------------|
| Reason   | <input type="checkbox"/> | Cap.util.M   | 100.00                   |
| PS type  | 99 Non-Paid              | WkHrs/period | 86.67                    |
| PS Area  | 99 Non-Paid              |              |                          |
| PS group | NON-PAID Level 01        | Ann.salary   | <input type="text"/> USD |

| Wag... | Wage Type Long Text | O... | Amount | Curre... | In... | A...                                | Number/Unit | Unit |
|--------|---------------------|------|--------|----------|-------|-------------------------------------|-------------|------|
| 8002   | Salary (Quasi)      |      |        | USD3     |       | <input checked="" type="checkbox"/> |             |      |
|        |                     |      |        | USD3     |       | <input type="checkbox"/>            |             |      |
|        |                     |      |        | USD3     |       | <input type="checkbox"/>            |             |      |
|        |                     |      |        | USD3     |       | <input type="checkbox"/>            |             |      |
|        |                     |      |        | USD3     |       | <input type="checkbox"/>            |             |      |
|        |                     |      |        | USD3     |       | <input type="checkbox"/>            |             |      |

Record created

ECT (320) | khrisecti

Select Save and Enter twice on your keyboard





Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

Full Screen

### Create 0171 General Benefits Information

Menu  Save Back Exit Cancel System Previous screen Next screen Overview

**Select Save** → 01060-72-000 Name   
Wayne County Bd of Ed  
Start  17 to 12/31/9999

#### 0171 General Benefits Information

|                      |      |                      |
|----------------------|------|----------------------|
| Benefit area         | 01   | Comm of KY           |
| 1st Program Grouping | 0002 | NP Hlth/HRA/FSA/Life |
| 2nd Program Grouping | 0002 | 2 Months Start       |

**Additional fields**

✔ Record created

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**This screen is for verification purposes ONLY.**



My Benefits



Insurance Coordinator NCP1



Biller Direct

Full Screen



- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Maste...
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- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

## Create 0378 Adjustment Reasons

Select Save

Personnel No.  Name   
Org.unit Wayne County Bd of Ed

Start 05/01/2017 to 06/05/2017

### Adjustment Reason Data

Benefit area   
Adjustment reason

This screen is for verification purposes only.

Record created



Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Co

**Personnel Actions** Full Screen

Menu

Find by

Person

EE subgroup 41 24 Non-Paid Pers. subarea 2001 Status Active  
From 05/01/2017 Benefits Only Board of Ed.

**Personnel Actions**

| Action Type                  | Personne... | EE group | EE subgr... |
|------------------------------|-------------|----------|-------------|
| BN - Begin Participation     |             |          |             |
| BN - End Participation       |             |          |             |
| BN - Begin Leave W / Out Pay |             |          |             |
| BN - End Leave W / Out Pay   |             |          |             |
| BN - Change FSA Billing Freq |             |          |             |
| BN - Rehire                  |             |          |             |

Record created

SAP ECT (320) khriectci

**Don't forget to use the command box to enter the transaction code: /n\_\_\_\_\_**

**PA40 - Personnel Actions**

# Enrolling a New Hire – PA30

Employee Self-Service My Benefits Manager Self-Service HR Generalist Insurance Coordinator NCP1 PC PA Admin Image Connect S.A.D. Time Entry Biller Direct Worklist Employee Suggestion System Evaluation Audit

**2. Select Collective search help**

**1. Select PA30**

**Restrict Value Range**

N: Last name - First name C: Personnel ID Number

Pers. ID modifier  
ID number  
Personnel number  
Cost Center  
Start Date  
End Date

To   
 Curr.week  
 Current month  
 Last week  
 Last month  
 Current Year

**Note:** If you did not write down or copy the Personnel Number in Step 3, you can search for the member using their SSN or first and last name by clicking on the icon to the right of the “Personnel no.” field

# Adding Dependents/ Beneficiaries– PA30

The screenshot shows the SAP HR Master Data interface. The main window is titled "Maintain HR Master Data" and contains a menu bar with options like "Create", "Change", "Display", "Copy", "Delimit", "Delete", and "Overview". The "Benefits" tab is selected, showing a list of infotypes with checkboxes. The "0021 Family Member/Dependents" infotype is highlighted. A yellow callout box with the text "1. Select the Benefits tab" has a red arrow pointing to the "Benefits" tab. Another yellow callout box with the text "2. Select Infotype 0021 Family Members/Dependents" has a red arrow pointing to the "0021 Family Member/Dependents" row. A third yellow callout box with the text "3. Select Create" has a red arrow pointing to the "Create" button in the menu bar. The left sidebar shows a navigation menu with various HR functions, including "PA30 - Maintain HR Mast...". The top of the screen displays the user's name "Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565)" and a search bar.

Health and Life can be set up at the same time or completed separately.

## HEALTH - Dependents

- When selecting dependents for health, only use the following from the drop down list:
  - 1 – Spouse
  - 2 – Child

**Note:** On any plan other than a single plan, the dependents MUST be added to IT0021 before a plan can be selected.



| STyp | Name                         |
|------|------------------------------|
| 1    | Spouse                       |
| 10   | Divorced spouse              |
| 11   | Father                       |
| 12   | Mother                       |
| 13   | Domestic Partner             |
| 14   | Child of Domestic Partner    |
| 2    | Child                        |
| 3    | Legal guardian               |
| 4    | Testator                     |
| 5    | Guardian                     |
| 6    | Stepchild                    |
| 7    | Emergency contact - Primary  |
| 8    | Related persons              |
| 90   | Emergency contact - Optional |
| 9001 | Court Ordered Dependent      |
| 9002 | Retiree Account              |
| 9003 | Other Beneficiaries          |

## LIFE - Beneficiaries

- When selecting beneficiaries, only use the following from the drop down list:
  - 1 – Spouse
  - 2 – Child
  - 9003 – Other Beneficiaries

**Note:** It is encouraged that employees do this through ESS

# Adding Dependents/Beneficiaries – PA30

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1

**Maintain**

Menu [ ]

Find by [ ]

Person [ ]

Collection [ ]

• Welcome

• HRBEN0001 - Enrollment

• HRBEN0003 - Participati...

• HRBEN0006 - Plan and ...

• HRBEN0014 - Terminatio...

• HRBEN0015 - Confirmati...

• HRBEN0073 - Health Pla...

• HRBEN0074 - Insurance ...

• HRBEN0078 - FSA Contr...

• PA20 - Display HR Maste...

• PA30 - Maintain HR Mast...

• PA40 - Personnel Actions

• ZAU\_SSN - Social Securi...

• ZBNF002 - Benefits Polic...

• ZBNF005 - User Passwor...

• ZBNQ0012 - Health Post ...

• ZBNR002 - Plan Utilization

• ZBNR006 - Plan Change ...

• ZBNR010 - Display FSA ...

• ZBNR013 - Dependent S...

• ZBNR014 - Covered Dep...

### Subtypes for infotype "0021 Family Member/Dependents" (1)

#### Restrictions

| STyp | Name                         |
|------|------------------------------|
| 1    | Spouse                       |
| 10   | Divorced spouse              |
| 11   | Father                       |
| 12   | Mother                       |
| 13   | Domestic Partner             |
| 14   | Child of Domestic Partner    |
| 15   | Registered Partner           |
| 2    | Child                        |
| 3    | Legal guardian               |
| 4    | Testator                     |
| 5    | Guardian                     |
| 6    | Stepchild                    |
| 7    | Emergency contact - Primary  |
| 8    | Related persons              |
| 90   | Emergency contact - Optional |
| 9001 | Court Ordered Dependent      |
| 9002 | Retiree Account              |
| 9003 | Other Beneficiaries          |

18 Entries found

1. Select ONLY 1- Spouse, 2- Child or 9003- Other Beneficiaries from this box

2. Select the green check mark

Full Screen

ECT (320) | khrisecti

# Adding Dependents/Beneficiaries – PA30

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

### Create 0021 Family Member/Dependents

Menu [ ] Save Back Exit Cancel System Overview

Personnel No [ ] Name [ ]  
EE group L External - BN Personnel area 0004 Benefits Only  
EE subgroup 41 24 Non-Paid Pers. subarea 2001 Board of Ed.  
05/01/2017 To 12/31/9999

Member Spouse Number

**Personal data**

Last name [ ]  
First name [ ]  
Title [ ]  
Gender  Female  Male  
Birth date [ ]  
SSN [ ]  
Street [ ]  
Addr Line 2 [ ]  
City/State [ ]  
Zip/country [ ]

Smoker

Save your entries SAP ECT (320) khrisecti

**3. Select Save then Enter on your keyboard**

**1. In the Start field enter the employees Hire Date**

**2. Enter Personal Demographic information for the dependent**

**Be sure to verify last name.**

**These steps should be repeated for each dependent/beneficiary**

# Adding Smoking Status– PA30

The screenshot shows the SAP HR Master Data interface. The main window is titled "Maintain HR Master Data". On the left is a navigation menu with various HR functions. The main area contains a form for personnel data and a "Benefits" tab. Three yellow callout boxes with red arrows provide instructions:

- 3. Select Create**: Points to the "Create" button in the top toolbar.
- 1. Select the Benefits Tab**: Points to the "Benefits" tab in the bottom toolbar.
- 2. Select 0376- Benefits Medical Information**: Points to the "0376 Benefits Medical Information" entry in the list of infotype texts.

The "Benefits" tab is active, showing a list of infotype texts and a "Period" selection dialog. The "0376 Benefits Medical Information" entry is highlighted. The "Period" dialog has "Period" selected, with "From" and "To" fields empty. Other options include "Today", "Curr.week", "All", "Current month", "From curr.date", "Last week", "To Current Date", "Last month", "Current Period", and "Current Year".

Employee Self-Service | My Benefits | Manager Self-Service | HR Generalist | Insurance Coordinator NCP1 | PC PA Admin | Image Connect | S.A.D. Time Entry | Biller Direct | Worklist

**3. Select Save.**

**1. Change the Start Date to the Hire Date**

**2. Select Tobacco use**

### Create 0376 Benefits Medical Information

Menu | Save | Back | Exit | Cancel | System | Overview

Personnel No: [Redacted] Name: [Redacted]

Payroll area: BN | Org. unit: Ashland Independent

Start: 12/21/2017 to 12/31/9999

Tobacco use

Prior to 2014: Smoker status for EE only, for past 2 mn

2014: Tobacco use for EE and/or covered Spouse/Depts, for past 6 mn

LivingWell Non-Fulfilled Previous Year

#### Hit list

| Personnel number | Name       |
|------------------|------------|
| 00003814         | Rose, Four |

**Note:** Complete this step for all members, not just tobacco users.

# Enrolling a New Hire – HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordin

**1. Select HRBEN0001**

**2. Enter Employee's Personnel number**

**3. Select the Calendar and enter the Signature date of the application (if the signature date is prior to the Hire Date then use the Hire Date). Then select the green check mark.**

**4. Select New Participant**

**5. Select Get offer**

**Enrollment**

Menu [ ] [ ] Back Exit Cancel System [ ]

Direct selection [ ]

Enroll [ ] on 05/01/2017 [ ] Overview [ ]

Personnel no. [ ]

ID number [ ]

Select [ ]

Offer selection

|                                    |            |                         |       |
|------------------------------------|------------|-------------------------|-------|
| <input type="checkbox"/> Get offer | Print form | General Notice          | Error |
| Possible offers                    |            | Enrollment period       |       |
| New Participant                    |            | 05/01/2017 - 06/05/2017 |       |
| Life Beneficiary Chg               |            | 01/01/1800 - 12/31/9999 |       |

Pers.No. Name

|      |                  |
|------|------------------|
| 3996 | Lannister, Twinn |
|------|------------------|

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**Direct selection**

Personnel no.

ID number

Select

**Enroll**

Name  on 07/15/2019

**Offer selection**

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 07/01/2019 - 08/05/2019 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

**New Participant**

| Plan                           | Sta...                              | Validity period         | Acti... |
|--------------------------------|-------------------------------------|-------------------------|---------|
| <b>Medical</b>                 |                                     |                         |         |
| LivingWell CDHP                |                                     | 09/01/2019 - 12/31/9999 |         |
| LivingWell PPO                 |                                     | 09/01/2019 - 12/31/9999 |         |
| LivingWell Basic CDHP          |                                     | 09/01/2019 - 12/31/9999 |         |
| LW Limited High Deductible     |                                     | 09/01/2019 - 12/31/9999 |         |
| Waiver HRA - with \$           |                                     | 09/01/2019 - 12/31/9999 |         |
| Waiver without HRA - no \$     |                                     | 09/01/2019 - 12/31/9999 |         |
| Default LW Ltd High Deductible | <input checked="" type="checkbox"/> | 09/01/2019 - 12/31/9999 |         |
| <b>Vision</b>                  |                                     |                         |         |
| Vision Bronze                  |                                     | 09/01/2019 - 12/31/9999 |         |
| Vision Silver                  |                                     | 09/01/2019 - 12/31/9999 |         |

\*Health Departments will only see the "Waiver no HRA" option.

The screenshot shows the SAP HRBEN0001 enrollment interface. A 'Maintain Health Plan' dialog box is open, displaying the 'Dependents' tab. The dialog shows a list of dependents with checkboxes in the 'Select.' column. A red arrow points from a yellow callout box to the 'Dependents' tab, and another red arrow points from a second yellow callout box to the checkboxes in the list.

**1. Select the Dependents tab**

**2. Check the box next to each dependent that is to be added to the plan.**

| Select.                             | Name       | Type of dependen. |
|-------------------------------------|------------|-------------------|
| <input checked="" type="checkbox"/> | [Redacted] | Spouse            |
| <input checked="" type="checkbox"/> | [Redacted] | Child             |
| <input checked="" type="checkbox"/> | [Redacted] | Child             |
| <input checked="" type="checkbox"/> | [Redacted] | Child             |

Background screen details: Enrollment menu, Personnel no., ID number, Pers.No. 3996 Lannister, Twinn, SAP logo, ECT (320), khrisecti.

This step is needed if the employee is adding dependents to their medical plan or GP Waiver with HRA \$.

# Enrolling a New Hire - HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment**
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Waste...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu [ ] Back

Direct selection >

Personnel no. [ ]

ID number [ ]

Pers.No. Name  
3996 Lannister, Tywin

### Maintain Health Plan

Pers.No. [ ]

Plan LivingWell CDHP

Start 07/01/2017 - 12/31/9999

**1. Select Option**

Option Dependents

#### Plan options

Health Plan Opt KEHP

Dependent Cover Family

#### Costs USD Semi-monthly

|          |        |   |
|----------|--------|---|
| Employee | 208.99 | <input checked="" type="checkbox"/> Deductions Pre- |
| Employer | 517.98 |   |

**2. Select the level of Dependent Coverage using the drop down box**

**3. Select Accept**

Accept [ ]

Full Screen

Overview

Error List

| Activity |
|----------|
|----------|

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If electing a single plan, just select accept.

# Selecting Beneficiaries for Basic Life Insurance – HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565)

Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

Full Screen

### Enrollment

Menu [ ] Back Exit Cancel System [ ]

**Direct selection**

Personnel no. [ ]

ID number [ ]

Select

Pers.No. Name

|      |                  |
|------|------------------|
| 3996 | Lannister, Tywin |
|------|------------------|

**Enroll**

Name Lannister, Tywin on 05/01/2017 Overview

**Offer selection**

Get offer Print form General Notice Error list

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 05/01/2017 - 06/05/2017 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

**New Participant**

Enroll Costs Undo selection Error List

| Plan                         | Status | Validity period         | Activity |
|------------------------------|--------|-------------------------|----------|
| Basic Life and AD&D          |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life                |        |                         |          |
| Optional Life \$5,000 40-59  |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life \$10,000 40-59 |        | 07/01/2017 - 12/31/9999 |          |

**Select Basic Life and AD&D and Optional Life**

**NOTE:** Basic Life and AD&D is an automatic enrollment for every new employee. However, beneficiaries are not automatically selected. Please follow these instructions to select beneficiaries.



# Enrolling in Flexible Spending Accounts – HRBEN0001

The screenshot shows the SAP HRBEN0001 enrollment interface. The main window is titled "Enrollment" and contains a "Direct selection" tab. A "Maintain Flexible Spending Account" dialog box is open, showing the following details:

- Pers.No.: [Redacted]
- Plan: Healthcare FSA
- Start: 07/01/2017 - 12/31/9999
- Stop participation in period:
- Target contribution period: 01/01/2017-12/31/2017
- Contribution: 700 USD

Below the dialog box, a table lists the enrollment details:

| Plan                  | Status | Validity period         | Activity |
|-----------------------|--------|-------------------------|----------|
| Dependent Life Plan E |        | 07/01/2017 - 12/31/9999 |          |
| Healthcare FSA        |        | 07/01/2017 - 12/31/9999 |          |
| Dep Care FSA          |        | 07/01/2017 - 12/31/9999 |          |

Annotations on the screenshot include:

- 1. Select Healthcare FSA**: A yellow box with a red arrow pointing to the "Healthcare FSA" option in the plan list.
- 2. Enter the full ANNUAL amount Example: if the effective date is 10/01/2020 enter the FULL ANNUAL AMOUNT for THREE MONTHS (Oct, Nov, and Dec)**: A yellow box with a red arrow pointing to the "700 USD" contribution field.
- 3. Select Accept**: A yellow box with a red arrow pointing to the "Accept" button.

The SAP logo is visible at the bottom center, and the user ID "khrisecti" is shown at the bottom right.

Repeat these steps if enrolling in Dependent Care FSA.

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment**
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
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- ZAU\_SSN - Social Securi...
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- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu [ ] Back Exit Cancel System [ ]

**Direct selection** [ ]

Personnel no. [ ]

ID number [ ]

Select [ ]

Pers.No. Name

3996 Lannister, Tywin

**Select Enroll** [ ]

### Enroll

Name [ ] on 05/01/2017 Overview [ ]

### Offer selection

Get offer [ ] Print form [ ] General Notice [ ] Error list [ ]

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 05/01/2017 - 06/05/2017 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

### New Participant

Enroll [ ] Costs [ ] Undo selection [ ] Error List [ ]

| Plan            | Status | Validity period         | Activity |
|-----------------|--------|-------------------------|----------|
| LivingWell CDHP | ✓      | 07/01/2017 - 12/31/9999 | ✓        |
| LivingWell PPO  |        | 07/01/2017 - 12/31/9999 |          |
| [ ]             |        | 07/01/2017 - 12/31/9999 |          |
| [ ]             |        | 07/01/2017 - 12/31/9999 |          |

SAP ECT (320) khrisecti

# Accepting Enrollment– HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Maste...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu

Direct selection

Personnel no.

ID number

Select

Enroll Cancel

Pers.No. Name

3996 Lannister, Tywin

### Confirmation of Selected Actions

#### List of Plans

| Activity | Plan                          | From       | To         |
|----------|-------------------------------|------------|------------|
| Change   | LivingWell CDHP               | 07/01/2017 | 12/31/9999 |
| Create   | Optional Life 1x Salary 40-59 | 07/01/2017 | 12/31/9999 |
| Create   | Basic Life and AD&D           | 07/01/2017 | 12/31/9999 |
| Create   | Healthcare FSA                | 07/01/2017 | 12/31/9999 |
| Create   | Dependent Care FSA            | 07/01/2017 | 12/31/9999 |

Full Screen

Overview

Error List

Activity

Enroll Cancel

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**NOTE:** Verify that all benefit elections (health, life, dental, vision, & FSA) that the member wants to enroll in are in this list.

# Accepting Enrollment- HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
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- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu [ ] Back Exit Cancel System [ ]

Direct selection > | Enroll Overview

Personnel no. [ ]  
ID number [ ]  
[ Select ]

[ ] [ ] [ ] [ ] [ ]

Pers.No. Name  
**3996 Lannister, Twain**

**Enrollment**

Enrollment completed successfully

Continue Confirmation

| Plan                        | Status | Validity period         | Activity |
|-----------------------------|--------|-------------------------|----------|
| Basic Life AD&D             |        |                         |          |
| Basic Life and AD&D         |        | 07/01/2017 - 12/31/9999 | ✓        |
| Optional Life               |        |                         |          |
| Optional Life \$5,000 40-59 |        | 07/01/2017 - 12/31/9999 |          |

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Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

KHRIS Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
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- ZBNR014 - Covered Dep...

Enrollment

Direct selection

Personnel no.

ID number

Pers.No. Name

3996 Lannister

Print:

Output Device ZPDF

Frontend Printer

Spool Request

Name PBFORM LOCL BN\_STUDENT08

Cover Page Text

Authorization

Spool Control

Print Immediately

Delete After Output

New Spool Request

Close Spool Request

Spool Retention 8 Day(s)

Storage Mode Print only

Number of Copies

Number of Copies 1

Cover Page Settings

SAP Cover Pa

Recipient(s)

Department

Print Print Preview Additional Options

Optional Life \$5,000 40-59 07/01/2017 - 12/31/9999

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1. Change "Output Device" to ZPDF

2. Click "Print Preview"

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Billers Direct Full Screen



Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
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- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

**2. Click "Print Preview"**



**Print Preview, Document 1 of 1**

Menu  Back Exit Cancel System

|  |  |  |
|--|--|--|
| <b>Personnel number</b><br>0 [redacted]          | <b>Name of employee</b><br>[redacted]              | <b>Social Security Number</b><br>XXXXX0100 |
| <b>Business Area</b><br>Commonwealth of Kentucky | <b>Dual/Retiree Return to Work</b><br>NO           |  |
| <b>Birth Date</b><br>[redacted]                  | <b>Gender</b><br>Male                              |  |
| <b>Home Phone</b>                                | <b>Work Phone</b>                                  |  |
| <b>Tobacco User</b><br>YES                       | <b>Living Well User Agreement Indicator</b><br>YES | <b>LW Premium Increase</b><br>NO           |

**Medical**

LivingWell CDHP [redacted]

**Coverage Level**  
KEHP, Family

**Costs** Semi-monthly

|          |        |     |
|----------|--------|-----|
| Employee | 208.99 | USD |
| Employer | 517.98 | USD |

**Dependents in Period** 07/01/2017

|            |        |
|------------|--------|
| [redacted] | Spouse |
|------------|--------|

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# Beneficiary Change – PA30

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**1. You will only need to do this step in PA30 if employee is adding a New Beneficiary.**

**2. Enter the employees personnel number and click enter on your keyboard to verify you have the correct employee.**

**3. If you forgot to write down your personnel number, you can look up the member by SSN. (Using ID Number)**

**1. Select the Benefits tab**

**2. Select Infotype 0021 Family Members/Dependents**

HR Master Data

Personnel no. 3996 Name Lannister Status Active  
EE group L External Benefits Only Personnel area 0004  
EE subgroup 41 24 Non-Paid Pers. subarea 2001 Board of Ed.

Basic personal data Payroll **Benefits** Time Taxes

| Infotype text                     | St... | Period  |
|-----------------------------------|-------|---|
| 0021 Family Member/Dependents     | ✓     | <input type="radio"/> Today <input type="radio"/> Curr.week             |
| 0031 Reference Personnel Numbers  |       | <input type="radio"/> All <input type="radio"/> Current month           |
| 0041 Date Specifications          | ✓     | <input type="radio"/> From curr.date <input type="radio"/> Last week    |
| 0167 Health Plans                 | ✓     | <input type="radio"/> To Current Date <input type="radio"/> Last month  |
| 0168 Insurance Plans              | ✓     | <input type="radio"/> Current Period <input type="radio"/> Current Year |
| 0170 Flexible Spending Accounts   | ✓     |   |
| 0171 General Benefits Information | ✓     |   |
| 0219 External Organizations       | ✓     |   |
| 0376 Benefits Medical Information | ✓     |   |

Direct selection  
Infotype 0021 Family Member/Dependents STy [ ]

Enter a subtype

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- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

# Beneficiary Change – PA30

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1

**Maintain**

Menu Find by Person Colle

**Subtypes for infotype "0021 Family Member/Dependents" (1)**

**Restrictions**

| STyp | Name                         |
|------|------------------------------|
| 1    | Spouse                       |
| 10   | Divorced spouse              |
| 11   | Father                       |
| 12   | Mother                       |
| 13   | Domestic Partner             |
| 14   | Child of Domestic Partner    |
| 15   | Registered Partner           |
| 2    | Child                        |
| 3    | Legal guardian               |
| 4    | Testator                     |
| 5    | Guardian                     |
| 6    | Stepchild                    |
| 7    | Emergency contact - Primary  |
| 8    | Related persons              |
| 90   | Emergency contact - Optional |
| 9001 | Court Ordered Dependent      |
| 9002 | Retiree Account              |
| 9003 | Other Beneficiaries          |

18 Entries found

2. Select the green check mark

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# Beneficiary Change – PA30

The screenshot displays the SAP HR system interface for creating a family member/dependent. The main form is titled "Create 0021 Family Member/Dependents" and includes fields for Personnel No (3996), Name (Lannister, Tywin), EE group (L External - BN), EE subgroup (41 24 Non-Paid), and dates (05/01/2017 to 12/31/9999). The "Personal data" section contains fields for Last name (Lannister), First name (Joanna), Title, Gender (Female selected), Birth date (05/14/1964), SSN (051-42-0100), and Address. A "Smoker" checkbox is at the bottom right. Three yellow callout boxes with red arrows provide instructions: 1. "1. In the Start field enter the signature on the Beneficiary Form" (pointing to the "Find by" dropdown), 2. "2. Enter Personal Data for the dependent" (pointing to the "Personal data" section), and 3. "3. Select Save then Enter on your keyboard" (pointing to the "Save" button). A red double-headed arrow points to the "Last name" field with the text "Be sure to verify last name."

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My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**3. Select Save then Enter on your keyboard**

**1. In the Start field enter the signature on the Beneficiary Form**

**2. Enter Personal Data for the dependent**

**Be sure to verify last name.**

Save your entries SAP ECT (320) khrisecti

# Beneficiary Change – PA30

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My Benefits Insurance Coordinator NCP1 Direct

Full Screen

**Maintain HR Master Data**

Menu [ ]

Find by [ ]

Person [ ]

Collective search help [ ]

Name: Lannister, Tywin Status: Active

EE group: L External - BN Personnel area: 0004 Benefits Only

EE subgroup: 41 24 Non-Paid Pers. subarea: 2001 Board of Ed.

Basic personal data Payroll **Benefits** Time Taxes

Infotype text St...

|                                   |   |
|-----------------------------------|---|
| 0021 Family Member/Dependents     | ✓ |
| 0031 Reference Personnel Numbers  |   |
| 0041 Date Specifications          | ✓ |
| 0167 Health Plans                 | ✓ |
| 0168 Insurance Plans              | ✓ |
| 0170 Flexible Spending Accounts   | ✓ |
| 0171 General Benefits Information | ✓ |
| 0219 External Organizations       | ✓ |
| 0376 Benefits Medical Information | ✓ |

Period

Period [ ]

From [ ] To [ ]

Today [ ] Curr.week [ ]

All [ ] Current month [ ]

From curr.date [ ] Last week [ ]

To Current Date [ ] Last month [ ]

Current Period [ ] Current Year [ ]

Choose [ ]

Direct selection

Infotype: 0021 Family Member/Dependents STy [ ]

Enter a subtype

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**Next you will need to type /nHRBEN0001 in the command box. This keeps you from locking the record.**

# Beneficiary Change - HRBEN0001

The screenshot shows the SAP HRBEN0001 transaction interface. The top navigation bar includes 'My Benefits', 'Insurance Coordinator NCP1', and 'Billers Direct'. The left sidebar contains the KHRIS logo and a menu of HR transactions. The main area is titled 'Enrollment' and shows the 'Direct selection' tab. The 'Enroll' section displays the employee's name 'Lannister, Tywin' and the date '05/01/2017'. The 'Offer selection' section shows a table of possible offers with 'Life Beneficiary Chg' selected. The 'New Participant' section shows a table of life insurance plans, with 'Optional Life \$10,000 40-59' selected. Four yellow callout boxes with red arrows provide instructions: 1. Enter Employee's Personnel number or SSN. Hit enter or Select. 2. Change Calendar date to signature date on Beneficiary Form. Then select the green check mark. 3. Select Life Beneficiary Chg. 4. Select Get offer.

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Billers Direct

Full Screen

**1. Enter Employee's Personnel number or SSN. Hit enter or Select.**

Enrollment

Menu [ ]

Direct selection

Personnel no. [ ]

ID number [ ]

**4. Select Get offer**

Enroll

Name Lannister, Tywin on 05/01/2017

**2. Change Calendar date to signature date on Beneficiary Form. Then select the green check mark.**

Offer selection

Get offer Print form General Notice Error list

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 05/01/2017 - 06/05/2017 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

**3. Select Life Beneficiary Chg**

New Participant

Enroll Costs Error List

| Plan                         | Status | Validity period         | Activity |
|------------------------------|--------|-------------------------|----------|
| Basic Life and AD&D          |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life                |        |                         |          |
| Optional Life \$5,000 40-59  |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life \$10,000 40-59 |        | 07/01/2017 - 12/31/9999 |          |

Pers.No. Name

3996 Lannister, Tywin

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# Beneficiary Change - HRBEN0001

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My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
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- Welcome
- HRBEN0001 - Enrollment**
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
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- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Maste...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu [ ] Back Exit Cancel System [ ]

**Direct selection** [ ]

Personnel no. [ ]

ID number [ ]

[ ] Select

[ ] [ ] [ ] [ ] [ ]

Pers.No. Name

3996 Lannister, Tywin

### Enroll

Name Lannister, Tywin on 05/01/2017 [ ] [ ] Overview

### Offer selection

[ ] Get offer [ ] Print form [ ] General Notice [ ] Error list

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 05/01/2017 - 06/05/2017 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

### New Participant

[ ] Enroll [ ] Costs [ ] Undo selection [ ] [ ] [ ] Error List

| Plan                         | Status | Validity period         | Activity |
|------------------------------|--------|-------------------------|----------|
| Basic Life and AD&D          |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life                |        |                         |          |
| Optional Life \$5,000 40-59  |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life \$10,000 40-59 |        | 07/01/2017 - 12/31/9999 |          |

**Select Basic Life and AD&D and Optional Life** [ ]

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# Beneficiary Change - HRBEN0001

The screenshot shows the SAP HRBEN0001 'Maintain Insurance Plan' interface. The 'Beneficiaries' tab is active, displaying a table of beneficiaries. The interface includes a left-hand navigation menu, a top search bar, and a bottom status bar. Four yellow callout boxes with red arrows provide step-by-step instructions:

- 1. Choose Beneficiaries**: Points to the 'Beneficiaries' tab.
- 2. Add percentage applicable for each beneficiary**: Points to the 'Pcnt' column in the table.
- 3. Choose your contingent**: Points to the 'Con.' column checkboxes in the table.
- 4. Click accept**: Points to the 'Accept' button at the bottom right of the dialog.

| Pcnt | Name             | Type of dependent/benef... | Con.                                |
|------|------------------|----------------------------|-------------------------------------|
| 100  | Joanna Lannister | Spouse                     | <input type="checkbox"/>            |
| 33   | Tyrion Lannister | Child                      | <input checked="" type="checkbox"/> |
| 33   | Cersei Lannister | Child                      | <input checked="" type="checkbox"/> |
| 34   | Jamie Lannister  | Child                      | <input checked="" type="checkbox"/> |

# Beneficiary Change - HRBEN0001

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My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

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- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu [ ] Back Exit Cancel System [ ]

**Direct selection** [ ]

Personnel no. [ ]

ID number [ ]

[ ] Select

[ ] [ ] [ ] [ ] [ ]

Pers.No. Name

3996 Lannister, Tywin

### Enroll

Name Lannister, Tywin on 05/01/2017 [ ] [ ] Overview

### Offer selection

[ ] Get offer [ ] Print form [ ] General Notice [ ] Error list

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 05/01/2017 - 06/05/2017 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

### New Participant

[ ] Enroll [ ] Costs [ ] Undo selection [ ] [ ] [ ] Error List

| Plan                         | Status | Validity period         | Activity |
|------------------------------|--------|-------------------------|----------|
| Basic Life and AD&D          |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life                |        |                         |          |
| Optional Life \$5,000 40-59  |        | 07/01/2017 - 12/31/9999 |          |
| Optional Life \$10,000 40-59 |        | 07/01/2017 - 12/31/9999 |          |

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**Repeat steps if employee is enrolled in Optional Coverage. If not applicable click enroll**



# Accepting Beneficiary Change– HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

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- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Enrollment

Menu  Back Exit Cancel System

**Direct selection**

Personnel no.

ID number

Select

Pers.No. Name  
**3996 Lannister, Tywin**

**Select Enroll** →

### Enroll

Name **Lannister, Tywin** on **05/01/2017** Overview

### Offer selection

Get offer Print form General Notice Error list

| Possible offers      | Enrollment period       |
|----------------------|-------------------------|
| New Participant      | 05/01/2017 - 06/05/2017 |
| Life Beneficiary Chg | 01/01/1800 - 12/31/9999 |

### New Participant

Enroll Costs Undo selection Error List

| Plan                   | Status | Validity period         | Activity |
|------------------------|--------|-------------------------|----------|
| <b>LivingWell CDHP</b> | ●      | 07/01/2017 - 12/31/9999 | ✓        |
| LivingWell PPO         |        | 07/01/2017 - 12/31/9999 |          |
| Standard PPO           |        | 07/01/2017 - 12/31/9999 |          |
| Standard CDHP          |        | 07/01/2017 - 12/31/9999 |          |

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# Accepting Beneficiary Change– HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

**KHRIS**  
Connecting the Commonwealth

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- ZBNR014 - Covered Dep...

**Enrollment**

Menu

Direct selection

Personnel no.

ID number

Select

Pers.No. Name

3996 Lannister, Tywin

**Confirmation of Selected Actions**

**List of Plans**

| Activity | Plan                          | From       | To         |
|----------|-------------------------------|------------|------------|
| Change   | LivingWell CDHP               | 07/01/2017 | 12/31/9999 |
| Create   | Optional Life 1x Salary 40-59 | 07/01/2017 | 12/31/9999 |
| Create   | Basic Life and AD&D           | 07/01/2017 | 12/31/9999 |
| Create   | Healthcare FSA                | 07/01/2017 | 12/31/9999 |
| Create   | Dependent Care FSA            | 07/01/2017 | 12/31/9999 |

Select Enroll → Enroll Cancel

Overview

Error List

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SAP

# Accepting Beneficiary Change– HRBEN0001

Welcome, BN\_STUDENT08 - 3941 - Union County Bd of Ed (00565) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

### Enrollment

Menu [ ] Back Exit Cancel System

Direct selection > Enroll Overview

Personnel no. [ ] ID number [ ] Select

Pers.No. Name  
3996 Lannister, Tywin

#### Enrollment

Enrollment completed successfully

Continue Confirmation

|                             | Status | Validity period         | Activity |
|-----------------------------|--------|-------------------------|----------|
| Basic Life AD&D             |        |                         |          |
| Basic Life and AD&D         |        | 07/01/2017 - 12/31/9999 | ✓        |
| Optional Life               |        |                         |          |
| Optional Life \$5,000 40-59 |        | 07/01/2017 - 12/31/9999 |          |

SAP ECT (320) khrisectd

**Select Continue if not printing confirmation** → **Select Confirmation**

Perform this procedure when a new employee/retiree changes their plan information within the new hire enrollment period:

- ICs may correct or update the tobacco use, dependent(s), or other plan information within the valid enrollment period **(35 days from the date of hire)**
- ICs should NOT make plan changes outside the 35 days, but CAN make demographic changes such as SSN, address, etc.

Note: If you see more than one pernr, you can only access the pernr attached to your Agency.



***NOTE: After 35 days, the employee must file an Exception if they require changes.***

# Employee Demographic Updates/Corrections – PA30

The screenshot shows the SAP HR Master Data maintenance interface. The top navigation bar includes 'Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581)', a search field, and 'Having trouble viewing, click here' and 'Log off' links. Below the navigation bar are icons for 'My Benefits', 'Insurance Coordinator NCP1', and 'Billers Direct'. A sidebar on the left contains the KHRIS logo and a menu with options like 'Welcome', 'HRBEN0001 - Enrollment', and 'PA30 - Maintain HR Master Data'. The main content area is titled 'Maintain HR Master Data' and features a toolbar with buttons for 'Create', 'Change', 'Display', 'Copy', 'Delimit', 'Delete', and 'Overview'. A table displays employee data with columns for 'Personnel area' (0004) and 'Status' (Active). Below the table are tabs for 'Basic personal data', 'Payroll', 'Benefits', 'Time', and 'Taxes'. A 'Period' section includes radio buttons for 'Period', 'Today', and 'Curr. week', along with 'From' and 'To' date fields. A 'Direct selection' section has an 'Infotype' field and an 'STy' field. Three yellow callout boxes with red arrows provide instructions: '1. Select PA30 Maintain HR Master Data' points to the sidebar menu; '2. Enter the Employee's personnel number in the Personnel Number field' points to the top input field; '3. Select Basic Personal data tab' points to the 'Basic personal data' tab.

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Billers Direct Full Screen

KHRIS Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participation ...
- HRBEN0006 - Plan and Part...
- HRBEN0014 - Termination o...
- HRBEN0015 - Confirmation ...
- HRBEN0073 - Health Plan C...
- HRBEN0074 - Insurance Pla...
- HRBEN0078 - FSA Contribu...
- PA20 - Display HR Master D...
- PA30 - Maintain HR Master**
- PA40 - Personnel Actions
- ZAU\_SSN - Social Security ...
- ZBNF002 - Benefits Policy C...
- ZBNF005 - User Password ...
- ZBNQ0012 - Health Post Ta...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change His...
- ZBNR010 - Display FSA YT...
- ZBNR013 - Dependent Sear...
- ZBNR014 - Covered Depend...
- ZBNR015 - Daily Enrollment ...
- ZBNR032 - Covered Lives fo...

Maintain HR Master Data

System [ ] Create Change Display Copy Delimit Delete Overview

Personnel area: 0004 Status: Active

EE group: L External - BN Benefits Only

EE subgroup: 41 24 Non-Paid Pers. subarea: 2001 Board of Ed.

Basic personal data Payroll Benefits Time Taxes

Infotype text St... Period

0000 Actions ✓

0001 Organization assignment ✓

0008 Basic Pay ✓

0009 Bank Details

0019 Monitoring of Tasks

0031 Reference Personnel Numbers

Direct selection

Infotype [ ] STy [ ]

Period

Period

From [ ] To [ ]

Today  Curr. week

Current month

Last week

Last month

Current Year

Choose

SAP ECT (320) khrisecti

# Employee Demographic Updates/Corrections – PA30

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

### Maintain HR Master Data

Menu [ ] Back Exit Cancel System Create Change Display Copy Delimit Delete Overview

Personnel no. [ ] Name [ ] Status Active  
EE group [ ] Benefits Only  
EE subgroup [ ] Board of Ed.

Find by: Person Collective search help

**Select infotype 0002 Personal Data or 0006 Addresses**

**Select Change if you are correcting a recent error or Select Copy if you are updating demographic information**

Basic personal data  
Infotype text  
0000 Actions  
0001 Organizational  
0002 Personal data  
0006 Addresses ✓  
0007 Planned Working Time ✓  
0008 Basic Pay ✓  
0009 Bank Details  
0019 Monitoring of Tasks  
0031 Reference Personnel Numbers

Direct selection  
Infotype [ ] STy [ ]

Radio buttons: All, From curr.date, To Current Date, Current Period, Current Year, Curr.week, Current month, Last week, Last month, Current Year

Choose

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# Employee Demographic Updates/Corrections – PA30

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

KHRIS Connecting the Commonwealth

Change 0002 Personal data

Menu [ ] Save Back Exit Cancel System Overview

Personnel No [ ] Name [ ]  
Position 99999999 Integration: default position  
Status Active  
Start 02/13/1980 To 12/31/9999

**Name**  
Last name [ ]  
First name [ ]  
Middle name [ ]  
Suffix [ ]  
Name Hunt, Sam

**HR data**  
SSN [ ]  
Date of Birth 02/13/1980  
Language English  
Marital Status Marr.

**Gender**  
 Female  Male  Undecla

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**Select Save** (Red arrow pointing to the Save button)

**If you use COPY you want to change the START DATE to the date the document was signed. This will create a history.** (Red arrow pointing to the Start date field)

**Use Info type 0002 Personal Data to make changes to Name, DOB or marital Status**

# Employee Demographic Updates/Corrections – PA30

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

### Maintain HR Master Data

Menu  Back Exit Cancel System Create Change Display Copy Delimit Delete Overview

Personnel no.  Name  Status Active

EE group L External - BN Personnel area 0004

EE subgroup 41 24 Non-Paid

Find by Person Collective search help

**1. Use Infotype 0006 Addresses to make address changes**

**2. Select Copy**

Basic personal data Payroll Bene

Infotype text St... Period

0000 Actions ✓

0001 Organizational assignment ✓

0002 Personal data ✓

0006 Addresses ✓

0007 Planned Working Time ✓

0008 Basic Pay ✓

0009 Bank Details

0019 Monitoring of Tasks

0031 Reference Personnel Numbers

Direct selection

Infotype  STy

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# Employee Demographic Updates/Corrections – PA30

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN001 - Enrollment
- HRBEN003 - Participation ...
- HRBEN006 - Plan and Part...
- HRBEN014 - Termination o...
- HRBEN015 - Confirmation ...
- HRBEN073 - Health Plan C...
- HRBEN074 - Insurance Pla...
- HRBEN078 - FSA Contribu...
- PA20 - Display HR Master D...
- PA30 - Maintain HR Master ...**
- PA40 - Personnel Actions
- ZAU\_SSN - Social Security ...
- ZBNF002 - Benefits Policy C...
- ZBNF005 - User Password ...
- ZBNQ0012 - Health Post Ta...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change His...
- ZBNR010 - Display FSA YT...
- ZBNR013 - Dependent Sear...
- ZBNR014 - Covered Depend...
- ZBNR015 - Daily Enrollment ...
- ZBNR032 - Covered Lives fo...

**Maintain HR Master Data**

Find by  
Person  
Collective search help

**Subtypes for infotype "0006 Addresses" (1)**

**Restrictions**

| ST   | Name                                     |
|------|--|
| 4    | Permanent residence                      |
| 5    | ESS Required                             |
| 6    | ESS Required                             |
| 7    |  |
| CZ01 | Adres for delivery post coupon           |
| CZ02 |  |
| CZ03 |  |
| CZ04 |  |
| CZ05 |  |
| CZMV |  |
| HU01 | Dependant's address                      |
| R1   | Place of Residence Provided by Employer  |
| R2   | Hotel Accommodation Provided by Employer |
| SA4  |  |
| SA5  | Mandate Organization(SA PBS)             |
| SA6  | Secondment Organization(SA PBS)          |
| SK01 | Address for payment form SK01            |
| SKMV | Work location                            |
| Z001 | Work Address                             |

20 Entries found

1. Select Permanent residence

2. Select the Green check mark

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# Employee Demographic Updates/Corrections – PA30

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581)

Search: [ ] Q Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

**4. Select Save then Enter on your keyboard**

Copy 0006 Addresses

Menu [ ] Save Back Exit Cancel System Overview

Personnel No [ ] Name Hunt, Sam

Position 99999999 Integration: default position

Status Active

**1. In the Start field either enter todays date or the date update form was signed**

[ ] 04/16/2017 to [ ] 12/31/9999

**2. Update All address info and phone numbers if applicable**

Address

Address type Permanent residence

Care Of [ ]

[ ]

[ ]

KY Kentucky 42633

USA

606 348-5689

Communications

Type WORK Number [ ] Exte [ ]

Type [ ] Number [ ] Exte [ ]

Type [ ] Number [ ] Exte [ ]

Type [ ] Number [ ] Exte [ ]

**3. Remember to change county code if applicable( county they live in)**

Additional fields

County code 116 Wayne

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# Terminations

- **Boards of Education terms should come to us via a file feed from Munis**
- **If the file feed doesn't work please let DEI ,OIB, and KDE know so they can find where the error occurred**
- **All agencies can do a term in KHRIS BUT if you are a BOE or with TRS/KRS the file feed is the best method**



Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**1. Enter the Employee's Personnel number and click Enter on your keyboard**

**2. Select PA20 – Display HR Master Data**

Cancel System Display Overview Refresh Data

|                  |                 |                |                    |
|------------------|-----------------|----------------|--------------------|
| Personnel number | [ ]             | Status         | Active             |
| Name             | [ ]             |                |                    |
| EE group         | L External - BN | Personnel area | 0004 Benefits Only |
| EE subgroup      | 41 24 Non-Paid  | Pers. subarea  | 2001 Board of Ed.  |

Basic personal data Payroll Benefits Time Taxes

Infotype text St...  
0000 Actions ✓  
Organizational assignment ✓  
Personal data ✓  
Positions ✓  
Working Time ✓  
0008 Basic Pay ✓  
0009 Bank Details ✓  
0019 Monitoring of Tasks ✓  
0031 Reference Personnel Numbers ✓

Period  
From [ ] To [ ]  
 Today  Curr.week  
 All  Current month  
 From curr.date  Last week  
 To Current Date  Last month  
 Current Period  Current Year  
Choose

Direct selection  
Infotype [ ] STy [ ]

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Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

KHRIS Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participation ...
- HRBEN0006 - Plan and Part...
- HRBEN0014 - Termination o...
- HRBEN0015 - Confirmation ...
- HRBEN0073 - Health Plan C...
- HRBEN0074 - Insurance Pla...
- HRBEN0078 - FSA Contribu...
- PA20 - Display HR Master D...
- PA30 - Mainta...
- PA40 - Person...
- ZAU\_SSN - S...
- ZBNF002 - Be...
- ZBNF005 - Us...
- ZBNQ0012 - H...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change His...
- ZBNR010 - Display FSA YT...
- ZBNR013 - Dependent Sear...
- ZBNR014 - Covered Depend...
- ZBNR015 - Daily Enrollment ...
- ZBNR032 - Covered Lives fo...

### Display HR Master Data

Menu [ ] Back Exit Cancel System [ ] Display Overview Refresh Data

Personnel no. 3949 Name HU Sam

Find by Person [ ] Collective search [ ]

Basic personal data Payroll **Benefits** Time Taxes

**1. Select the Benefits tab**

**2. Select Infotypes 0167, 0168 & 0170 to see if these have been termed.**

**3. Select Display**

| Infotype text                     | St... |
|-----------------------------------|-------|
| 0021 Family Member/Dependents     |       |
| 0031 Reference Personnel Numbers  |       |
| 0041 Date Specifications          | ✓     |
| 0167 Health Plans                 | ✓     |
| 0168 Insurance Plans              | ✓     |
| 0170 Flexible Spending Accounts   | ✓     |
| 0171 General Benefits Information | ✓     |
| 0219 External Organizations       |       |
| 0376 Benefits Medical Information | ✓     |

Period

From [ ] To [ ]

Today  Curr. week

All  Current month

From curr. date  Last week

To Current Date  Last month

Current Period  Current Year

[ ] Choose

Direct selection

Infotype [ ] STy [ ]

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Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**KHRIS**  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participation ...
- HRBEN0006 - Plan and Part...
- HRBEN0014 - Termination o...
- HRBEN0015 - Confirmation ...
- HRBEN0073 - Health Plan C...
- HRBEN0074 - Insurance Pla...
- HRBEN0078 - FSA Contribu...
- PA20 - Display HR Master D...**
- PA30 - Maintain HR Master ...
- PA40 - Personnel Actions
- ZAU\_SSN - Social Security ...
- ZBNF002 - Benefits Policy C...
- ZBNF005 - User Password ...
- ZBNQ0012 - Health Post Ta...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change His...
- ZBNR010 - Display FSA YT...
- ZBNR013 - Dependent Sear...
- ZBNR014 - Covered Depend...
- ZBNR015 - Daily Enrollment ...
- ZBNR032 - Covered Lives fo...

### Display 0167 Health Plans

Menu [ ] Back Exit Cancel System [ ]

Personnel No [ ] name [ ]

Payroll area BN Org. unit Wayne County Bd of Ed

Start 06/01/2017 to 12/31/9999 Chng 07/05/2017 BN\_STUDENT09

Plan A548 Default Standard PPO

Plan data Administration Costs Dependents Additional data

#### General plan data

|                    |      |                      |
|--------------------|------|----------------------|
| Benefit area       | 01   | Comm of KY           |
| Plan type          | A001 | Medical              |
| Benefit plan       | A548 | Default Standard PPO |
| Health Plan Option | 0001 | KEHP                 |
| Dependent Coverage | 0001 | Single               |

#### Planning Parameters

|                   |      |        |
|-------------------|------|--------|
| Cost Rule Variant | 0001 | Single |
|-------------------|------|--------|

#### Additional fields

Declaration of Min. Essential Health Insurance Coverage

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**This is for verification purposes to assure that you are terming the correct employee as well as to see what plan they participate in.**

**If this is a cross reference plan you will need to forward the term to DEI.**

# Terminating Participation – PA40

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

KHRIS Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participation
- HRBEN0006 - Plan and Part
- HRBEN0014 - Termination
- HRBEN0015 - Confirmation
- HRBEN0073 - Health Plan C...
- HRBEN0074 - Insurance Pla...
- HRBEN0078 - FSA Contribu...
- PA20 - Display HR Master D...
- PA30 - Maintain HR Master ...
- PA40 - Personnel Actions**
- ZAU\_SSN - Social Security ...
- ZBNF002 - Benefits Policy C...
- ZBNF005 - User Password ...
- ZBNQ0012 - Health Post Ta...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change His...
- ZBNR010 - Display FSA YT...
- ZBNR013 - Dependent Sear...
- ZBNR014 - Covered Depend...
- ZBNR015 - Daily Enrollment ...
- ZBNR032 - Covered Lives fo...

**2. Enter the Employee's Personnel number and click Enter on your keyboard**

Personnel Actions

Menu [ ] Back Exit Cancel System [ ] Execute SSN Search

Name [ ] Status Active

EE group L External - BN Personnel area 0004 Benefits Only

EE subgroup 41 24 Non-Paid Pers. subarea 2001 Board of Ed.

From [ ]

**1. Select PA40 Personnel Actions**

| Personne...                  | EE group | EE subgr... |
|------------------------------|----------|-------------|
| BN - End Leave W / Out Pay   |          |             |
| BN - Change FSA Billing Freq |          |             |
| BN - Rehire                  |          |             |

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Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Q Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

Full Screen

**1. In the From field enter the day after the last day worked for the employee. Example: If the employee's last day worked was 6-7-21 then the date entered would be 6-8-21.**

**2. Select BN – End Participation**

**3. Select Execute**

Cancel System Execute SSN Search

Personnel no. [ ] Name [ ] Status Active

EE group External - BN Personnel area 0004 Benefits Only

EE subgroup 41 24 Non-Paid Pers. subarea 2001 Board of Ed.

07162017

**Personnel Actions**

| Action Type                   | Personnel no. | From | To | Reason |
|-------------------------------|---------------|------|----|--------|
| BN - Begin Participation      |               |      |    |        |
| <b>BN - End Participation</b> |               |      |    |        |
| BN - Begin Leave W / Out Pay  |               |      |    |        |
| BN - End Leave W / Out Pay    |               |      |    |        |
| BN - Change FSA Billing Freq  |               |      |    |        |
| BN - Rehire                   |               |      |    |        |

SAP ECT (320) khrisecti

# Terminating Participation – PA40

Welcome, BN\_STUDENT02 - 3844 - Berea Independent (00034) Search:   Having trouble viewing, click here

My Benefits Insurance Coordinator NCP1 Biller Direct



- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participation ...
- HRBEN0006 - Plan and Part...
- HRBEN0014 - Termination o...
- HRBEN0015 - Confirmation ...
- HRBEN0073 - Health Plan C...
- HRBEN0074 - Insurance Pla...
- HRBEN0078 - FSA Contribu...
- PA20 - Display HR Master D...
- PA30 - Maintain HR Master ...
- PA40 - Personnel Actions
- ZAU\_SSN - Social Security ...
- ZBNF002 - Benefits Policy C...
- ZBNF005 - User Password ...
- ZBNQ0012 - Health Post Ta...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change His...
- ZBNR010 - Display FSA YT...
- ZBNR013 - Dependent Sear...
- ZBNR014 - Covered Depend...
- ZBNR015 - Daily Enrollment ...
- ZBNR032 - Covered Lives fo...

### Copy 0000 Actions

Menu      System

Pers.No.   
Name   
EE group  External - BN Personnel ar  Benefits Only  
EE subgroup  24 Non-Paid  
Start  to

#### Personnel action

Action Type   
Reason for Action  BN\_End Participation

#### Status

Customer-specific   
Employment   
Special payment

#### Organizational assignment

Position   
Personnel area  Benefits Only  
Employee group  External - BN  
Employee subgroup  24 Non-Paid

#### Additional actions

| Start Date | Act. | Action Type | ActR | Reason for action |
|------------|------|-------------|------|-------------------|
|            |      |             |      |                   |

Save your entries 

**2. Select Save then Enter on your keyboard**

**1. In Position field Enter 99999999**

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search:   Having trouble viewing, click here

My Benefits Insurance Coordinator NCP1 Biller Direct

**Select Save and then click Enter on your keyboard**

### Copy 0001 Organizational assignment

Menu

|              |                      |                |                                     |
|--------------|----------------------|----------------|-------------------------------------|
| Personnel No | <input type="text"/> | Name           | <input type="text"/>                |
| EE group     | L External - BN      | Personnel area | 0004 Benefits Only Status Withdrawn |
| EE subgroup  | 41 24 Non-Paid       | Pers. subarea  | 2001 Board of Ed.                   |
| Start        | 07/16/2017           | to             | 12/31/9999                          |

#### Enterprise structure

|            |   |
|------------|---|
| CoCode     | COMK Commonwealth of Kentucky                                   |
| Pers. area | 0004 Benefits Only Subarea 2001 Board of Ed.                    |
| Cost Ctr   | 9200100581 Wayne Co BOE Bus. Area 1000 Commonwealth of Kentucky |
| Func. Area | <input type="text"/>  |

#### Personnel structure

|             |  |
|-------------|--|
| EE group    | L External - BN Payr.area BN Non-COMK Paid   |
| EE subgroup | 41 24 Non-Paid Contract <input type="text"/> |

#### Organizational plan

|           |                                      |
|-----------|--------------------------------------|
| Position  | 99999999 Default position            |
| Org. Unit | 10006168 00581 Wayne County Bd of Ed |

Record created  ECT (320)  | khrisecti

**This screen is for verification purposes "ONLY"**

# Terminating Participation - HRBEN0014

The screenshot shows the SAP HRBEN0014 'Termination of Plan Participation' screen. The interface includes a top navigation bar with 'My Benefits', 'Insurance Coordinator NCP1', and 'Bill Direct' options. A left-hand menu lists various HR functions, with 'HRBEN0014 - Termination o...' highlighted. The main content area contains a 'Direct selection' section with input fields for 'Personnel no.' and 'ID number', and a 'Select' button. A date field shows '07/15/2017'. Four yellow callout boxes with red arrows provide instructions: 1. Select the Select Button (pointing to the 'Select' button), 2. Enter the Employee's Personnel number (pointing to the 'Personnel no.' field), 3. Select the Select Button (pointing to the 'Select' button), and 4. Select the Calendar and enter the Employee's last day worked (pointing to the date field). The SAP logo and user information 'ECT (320) | khrisectci' are visible at the bottom.

# Terminating Participation – HRBEN0014

Search:   Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

Full Screen

### Termination of Plan Participation

Menu

Direct selection

Personnel no.

ID number

Stop participation Display Plan Error List

Termination for Name: Hunt, Sam on 07/05/2017 Overview

| Validity period                          | Action | Date |
|--|--------|------|
| <input type="checkbox"/> Medical         |        |      |
| <input type="checkbox"/> Basic Life AD&D |        |      |

1. Select the Expand All arrows

SAP ECT (320) khrisectci

The screenshot shows the SAP 'Termination of Plan Participation' interface. At the top, there is a search bar and navigation links for 'My Benefits', 'Insurance Coordinator NCP1', and 'Biller Direct'. The main title is 'Termination of Plan Participation'. Below the title, there are buttons for 'Direct selection', 'Back', 'Exit', 'Cancel', and 'System'. A yellow box with the text '2. Select the Select All button' has a red arrow pointing to the 'Select All' button in the 'Termination for' section. On the left, a blue sidebar contains a menu with various options, and a yellow box with the text '3. Select Stop Participation' has a red arrow pointing to the 'Stop participation' button. The main area displays a table with columns for 'Validity period', 'Action', and 'Date'. Under the 'Action' column, there are two rows: 'Medical' and 'Basic Life AD&D', both with checked checkboxes. At the bottom right, there is a SAP logo and the text 'ECT (320) | khrisectl'.

# Terminating Participation – HRBEN0014

The screenshot shows the SAP HRBEN0014 'Termination of Plan Participation' screen. The main window has a title bar with 'Search:' and 'Having trouble viewing, click here' | 'Log off'. Below the title bar are icons for 'My Benefits', 'Insurance Coordinator NCP1', and 'Biller Direct'. A 'Full Screen' button is in the top right. The main content area is titled 'Termination of Plan Participation' and includes a 'Menu' dropdown, 'Back', 'Exit', 'Cancel', and 'System' buttons. A 'Direct selection' button is also present. The screen is divided into two main sections: 'Personnel no.' and 'ID number' on the left, and 'Termination for' on the right. The 'Termination for' section has a 'Stop participation' button and a 'Validity' field. A modal dialog titled 'Termination of Plan Participation' is open, showing a list of 'Plan type' options: 'Medical' and 'Basic Life AD&D', both of which are checked. Below the list is a 'Stop participation' button. A red arrow points from a yellow callout box labeled 'Select Stop Participation' to this button. The SAP logo is in the bottom right corner, along with the text 'ECT (320) | khrisecti'.

# Terminating Participation – HRBEN0014

The screenshot shows the SAP HRBEN0014 'Termination of Plan Participation' screen. The main window has a title bar with 'Search:' and 'Having trouble viewing, click here' | 'Log off'. Below the title bar are icons for 'My Benefits', 'Insurance Coordinator NCP1', and 'Biller Direct'. The main content area is titled 'Termination of Plan Participation' and includes a 'Menu' dropdown, 'Back', 'Exit', 'Cancel', and 'System' buttons. A 'Direct selection' button is also present. The main area contains input fields for 'Personnel no.' and 'ID number', a 'Select' button, and a table with columns 'Pers.No.' and 'Name'. A 'Termination for' section shows a date of '07/05/2017' and an 'Overview' button. Below this are buttons for 'Stop participation', 'Display Plan', and 'Error List'. A confirmation dialog box is open, titled 'Termination of Plan Participation', with a close button (X). The dialog contains a message: 'For 2 of 2 plan types, plans have been delimited or deleted'. At the bottom right of the dialog is a green checkmark in a box. A red arrow points from a yellow callout box to this checkmark. The callout box contains the text 'Select the Green check mark'. The SAP logo is visible at the bottom center, and the user ID 'ECT (320) | khrisecti' is at the bottom right.

Select the Green check mark

# PA20 – Display HR Master Data

Welcome, BN\_STUDENT09 - 3949 - Wayne County Bd of Ed (00581) Search: [ ] Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct Full Screen

**Enter Employee's Personnel number and click Enter on your keyboard**

Cancel System Display Overview Refresh Data

Personnel No. [ ]

Name [ ] Status Active

EE group L External - BN Personnel area 0004 Benefits Only

EE subgroup 41 24 Non-Paid Pers. subarea 2001 Board of Ed.

Basic personal data Payroll Benefits Time Taxes

Infotype text St... Period

0000 Actions ✓  Period

0001 Organizational assignment ✓ From [ ] To [ ]

0002 Personal data ✓  Today  Curr.week

0006 Addresses ✓  All  Current month

0007 Planned Working Time ✓  From curr.date  Last week

0008 Basic Pay ✓  To Current Date  Last month

0009 Bank Details  Current Period  Current Year

0019 Monitoring of Tasks Choose

0031 Reference Personnel Numbers

Direct selection

Infotype [ ] STy [ ]

SAP ECT (320) khrisecti

**PA20 is display ONLY.  
This can be used to  
see if your employee  
has been processed  
by DEI or also to  
recheck your work.**

The screenshot shows the SAP HR Master Data display interface. The main window title is "Display HR Master Data". The left sidebar contains a navigation menu with various HR functions. The main content area shows a search for a person and a list of infotypes. A yellow box with the text "1. Select the Benefits tab" has a red arrow pointing to the "Benefits" tab in the "Basic personal data" section. Another yellow box with the text "2. Select Infotype 0167 Health Plans" has a red arrow pointing to the "0167 Health Plans" entry in the infotype list. A third yellow box with the text "3. Select Display" has a red arrow pointing to the "Display" button in the top menu bar. The infotype list includes: 0021 Family Member/Dependents, 0031 Reference Personnel Numbers, 0041 Date Specifications, 0167 Health Plans (checked), 0168 Insurance Plans (checked), 0170 Flexible Spending Accounts, 0171 General Benefits Information (checked), 0219 External Organizations, and 0376 Benefits Medical Information (checked). The "Period" section has radio buttons for "Period", "Today", "All", "From curr.date", "Current Period", "Curr.week", "Current month", "Last week", "Last month", and "Current Year".

The screenshot shows the SAP HR Master Data display for health plans. The main title is "Display 0167 Health Plans". The interface includes a top navigation bar with "My Benefits", "Insurance Coordinator NCP1", and "Biller Direct" icons. A search bar and "Log off" link are in the top right. A left sidebar contains a menu with various HR functions, including "PA20 - Display HR Master D...". The main content area shows the following data:

Personnel No: [Redacted]  
Payroll area: BN Org. unit: Wayne County Bd of Ed  
Start: 06/01/2017 to 07/15/2017 Chng: 07/05/2017 BN\_STUDENT09  
Plan: A548 Default Standard PPO

Navigation tabs: Plan data (selected), Administration, Costs, Dependents, Additional data

**General plan data**

|                    |      |                      |
|--------------------|------|----------------------|
| Benefit area       | 01   | Comm of KY           |
| Plan type          | A001 | Medical              |
| Benefit plan       | A548 | Default Standard PPO |
| Health Plan Option | 0001 | KEHP                 |
| Dependent Coverage | 0001 | Single               |

**Planning Parameters**

|                   |      |        |
|-------------------|------|--------|
| Cost Rule Variant | 0001 | Single |
|-------------------|------|--------|

**Additional fields**

Declaration of Min. Essential Health Insurance Coverage

A yellow callout box on the right contains the text: "The changes that were made should appear on this screen. The 'To' date will be the last date of coverage (termination)".

## Reports to monitor benefit plans

| Transaction Code | Name                                  | Description   |
|------------------|---------------------------------------|---|
| HRBEN0006        | General Overview of Benefit Plan Data | Display all benefits for one employee   |
| ZBNR006          | Plan Change History Report            | Change Plan History Report - Monitor changes to employee benefit plans, dependents, rates (deductions), salary increases  |
| HRBEN0078        | FSA Contributions                     | Full enrollment and deduction listing for employees enrolled in Health Care or Dependent Care FSA                         |
| HRBEN0073        | Health, Dental, and Vision Plan Costs | Full enrollment and deduction listing for employees enrolled in Health, Waiver, Forced Waiver or Waiver HRA benefit plans |
| HRBEN0074        | Insurance Plan Costs (Life)           | Monthly amount on report, says semi-monthly   |

# Health Benefit Enrollment Reporting – HRBEN0073

The screenshot shows the HRBEN0073 web application interface. The left sidebar contains a menu with various options, including "HRBEN0073 - Health Plan Costs" which is highlighted. The main content area is titled "Health Plan Costs" and includes a "Search helps" button. A "Restrict Value Range (1)" dialog box is open, displaying a table of organizational assignments. The table has two columns: "HKy" and "Short text". The row for "K Organizational assignment" is highlighted in green. The interface also includes a "Key date" section with radio buttons for "Today" and "Other keydate", and an "Additional selection" section with input fields for "Benefit area", "1st Program Grouping", "2nd Program Grouping", and "Benefit plan".

**2. Select Search Helps**

**1. Select HRBEN0073-Health Plan Costs**

**3. Select K Organizational assignment**

**4. Select the Green check mark**

| HKy | Short text  |
|-----|---|
| A   | Ownership matchcode (non applicable)                    |
| B   | PDC error indicator                                     |
| C   | Personnel ID Number                                     |
| D   | Part-time employees (D)                                 |
| E   | Buyer   |
| F   | Construction industry - organizational assignment       |
| G   | Date of birth   |
| H   | Sickness cert.data (A)                                  |
| I   | IC number   |
| J   | Last name - first name - birth name                     |
| K   | Organizational assignment                               |
| L   | Time Data Administrator                                 |
| M   | Schedules   |
| N   | Last name - First name                                  |
| O   | HR Master Record: Infotype 0302 (Additional Actions)    |
| P   | Last name - First name (KR)<br>Person ID                |
| Q   | Constituent Services Number (NL)                        |
| R   | Employee's application number                           |
| S   | Personnel numbers with trip data by organiz. assignment |

33 Entries found

# Health Benefit Enrollment Reporting – HRBEN0073

Search:  Having trouble viewing, click here Log off

My Benefits Insurance Coordinator NCP1 Biller Direct

**KHRIS**  
Kentucky Human Resource Information System  
Connecting the Commonwealth

- Welcome
- HRBEN0001 - Enrollment
- HRBEN0003 - Participati...
- HRBEN0006 - Plan and ...
- HRBEN0014 - Terminatio...
- HRBEN0015 - Confirmati...
- HRBEN0073 - Health Pla...**
- HRBEN0074 - Insurance ...
- HRBEN0078 - FSA Contr...
- PA20 - Display HR Mast...
- PA30 - Maintain HR Mast...
- PA40 - Personnel Actions
- ZAU\_SSN - Social Securi...
- ZBNF002 - Benefits Polic...
- ZBNF005 - User Passwor...
- ZBNQ0012 - Health Post ...
- ZBNR002 - Plan Utilization
- ZBNR006 - Plan Change ...
- ZBNR010 - Display FSA ...
- ZBNR013 - Dependent S...
- ZBNR014 - Covered Dep...

### Health Plan Costs

Menu

Further selections

#### Key date

Today  
 Other keydate

Key Date

#### Selection

Personnel Number

#### Additional selection

Benefit area  
1st Program Grouping  
2nd Program Grouping  
Benefit plan

### Restrict Value Range

Restrictions

|                     |                      |  |
|---------------------|----------------------|--|
| Personnel area      | <input type="text"/> |  |
| Personnel subarea   | <input type="text"/> |  |
| Employee group      | <input type="text"/> |  |
| Employee subgroup   | <input type="text"/> |  |
| Payroll area        | <input type="text"/> |  |
| Company Code        | <input type="text"/> |  |
| Cost Center         | <input type="text"/> |  |
| Organizational unit | 10006164             |  |
| Organizational key  | <input type="text"/> |  |
| Administrator group | <input type="text"/> |  |
| Time administrator  | <input type="text"/> |  |
| Last name           | <input type="text"/> |  |
| First name          | <input type="text"/> |  |

1. Enter Organizational unit

2. Select Green check mark

SAP

ECT (320) khrisectci

# Health Benefit Enrollment Reporting

The screenshot shows the SAP 'Health Plan Costs' report configuration interface. The left sidebar contains a menu with 'HRBEN073 - Health Pla...' selected. The main area has the following sections:

- Key date:** Includes radio buttons for 'Today' (selected) and 'Other keydate', and a 'Key Date' input field.
- Selection:** Includes a 'Personnel Number' input field.
- Additional selection:** Includes 'Benefit area' (set to '01'), '1st Program Grouping', '2nd Program Grouping', and 'Benefit plan'.

Annotations with red arrows and yellow boxes:

- 1. Select Today:** Points to the 'Today' radio button.
- 2. Select Execute:** Points to the 'Execute' button.
- If you wish to gather info on a certain date enter the date here and select Other Key Date:** Points to the 'Key Date' input field.
- To run this report on any particular Employee enter their Personnel number:** Points to the 'Personnel Number' input field.

Other UI elements include a top navigation bar with 'My Benefits', 'Insurance Coordinator NCP1', and 'Biller Direct'; a search bar; and a bottom status bar with 'SAP', 'ECT (320)', and 'khrisecti'.

# Health Benefit Enrollment Reporting – Export to a Spreadsheet

The screenshot displays the KHRIS web application interface. The main content area shows a table titled "Health Plan Costs" with columns for plan details and costs. A menu is open over the table, and the "Export" option is selected, leading to a sub-menu where "Spreadsheet..." is chosen. Red arrows and yellow callout boxes guide the user through the steps: 1. Select Menu, 2. Select List, 3. Select Export, and 4. Select Spreadsheet. A final yellow callout box at the bottom right states "To save the file, choose a folder and save".

**1. Select Menu**

**2. Select List**

**3. Select Export**

**4. Select Spreadsheet**

**To save the file, choose a folder and save**

| Plan Name                              | Code | Category             | EE Cost | ER Credit | Provider Cost |
|--|------|----------------------|---------|-----------|---------------|
| Tobacco                                |      |                      |         |           |               |
| LivingWell Non-Fulfilled Previous Year |      |                      | 61.49   | 422.10    | 4.14          |
| LivingWell PPO                         | 0001 | Single               | 39.99   | 320.58    | 4.14          |
| LivingWell CDHP                        | 0001 | Single               | 23.99   | 327.06    | 4.14          |
| LivingWell PPO                         | 0001 | Single               | 39.99   | 320.58    | 4.14          |
| Waiver HRA - with \$                   | 0007 | General Purpose HRA  | 0.00    | 87.50     | 4.14          |
| LivingWell CDHP                        | 0004 | Family               | 168.99  | 557.98    | 4.14          |
| LivingWell CDHP                        | 0003 | Parent Plus          | 61.49   | 422.10    | 4.14          |
| Standard CDHP                          | 0003 | Parent Plus          | 30.29   | 435.18    | 4.14          |
| LivingWell PPO                         | 0001 | Single               | 39.99   | 320.58    | 4.14          |
| Standard PPO                           | 0003 | Parent Plus          | 62.10   | 420.19    | 4.14          |
| Waiver HRA - with \$                   | 0007 | General Purpose HRA  | 0.00    | 87.50     | 4.14          |
| LivingWell CDHP Sec                    | 0005 | Family-CrossRefScdry | 38.99   | 366.01    | 4.14          |
| Standard PPO                           | 0001 | Single               | 24.23   | 314.88    | 4.14          |
| Livingwell CDHP Prime                  | 0004 | Family               | 38.99   | 366.01    | 4.14          |
| LivingWell PPO                         | 0001 | Single               | 59.99   | 300.58    | 4.14          |
| Standard CDHP                          | 0003 | Parent Plus          | 30.29   | 435.18    | 4.14          |
| Standard CDHP                          | 0001 | Single               | 6.55    | 325.35    | 4.14          |
| LivingWell CDHP                        | 0001 | Family               | 168.99  | 557.98    | 4.14          |

# Health Benefit Enrollment Reporting

**KHRIS Self-Service Center**

**Detailed Navigation**

- Welcome
- KHRIS Pr
- ▼ **KHRIS Transactions**
  - HRBEN0001 - Enrollment
  - HRBEN0003 - Participation Monitor
  - HRBEN0006 - Plan and Participation Overview
  - HRBEN0014 - Termination of Participation
  - HRBEN0015 - Confirmation Form

**1. Choose Excel (in MHTML Format)**

**Health Plan Costs**

Menu | Back | Exit | Cancel | System | Details | Sort

**Select Spreadsheet**

Formats:

- Excel (in MHTML Format)
- Star Office 8 Calc/OpenOffice.org 2.0
- Select from All Available Formats

Always Use Selected Format

**2. Select Green check mark**

# REVIEW QUESTIONS

- 1) Who can tell me what are the three types of benefits managed in the KHRIS system?
- 2) What can you use to assist with Terms, QE guidelines, and Eligibility?
- 3) Besides Anthem, name a third party administrator that is under the KEHP plan.
- 4) How many days does a member have to sign their New hire application? When is the effective date?
- 5) Name one of the online tools available for all Insurance Coordinators to use?
- 6) What is the email address to ask questions or get information about rejected applications?
- 7) What is the deadline for the Livingwell promise for 2021?

- 8) What do you need to do if you have an employee who goes on LWOP for life insurance?
- 9) What do you do if an employee ask to pick up additional life insurance on themselves or their spouse outside of an OE or QE?
- 10) If you're entering Optional insurance into KHRIS what do you do with the paperwork?
- 11) If an employee comes to you for a beneficiary change, what do you do?
- 12) Where do you find Optional insurance forms?
- 13) What are you going to do when you finish this training today? 😊



**Your feedback is invaluable to the success of KHRIS**



<https://www.surveymonkey.com/r/ZR2TCHQ>