Benefit Processing Administrator Guide

The Research Foundation for SUNY

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Introduction

The RF offers many benefit options to its employees. Information for employees on their benefit options can be found here at www.rfsuny.org/benefits. To help administrators understand and manage these programs for the employees at their campus, procedures have been created and can be found here.

The RF uses Oracle Advanced Benefits Module (OAB) to maintain and process benefit elections and deductions. What follows in this document are the instructions necessary to complete this task.

Overview

There are five main concepts to understand under the Benefits Administrator role when managing employee benefits in OAB

- Contacts and dependents/beneficiaries
- Life events
- Programs
- Employee Self Service
- Certifications

Contacts and Dependents/Beneficiaries

An important part of managing an employee's benefits is managing their dependents and beneficiaries. In OAB the first step to any new or changed enrollment is to be sure the necessary dependents/beneficiaries are entered in the contacts form for the employee. The information entered on the contact form helps the system determine for which benefits a person is eligible. A detailed guide on entering contacts is below.

Life Events

In OAB, eligibility for benefit plans is managed by life events. These events indicate an employee might be eligible for new benefits or eligible to change their benefits. These life events are aligned with the IRS requirements for qualifying events for pre-tax deductions. There are some life events that are automatically detected and assigned to the employee based on the information entered into the assignment and contacts form, others will have to be manually entered in order to update benefit selections. Once a life event has been detected or entered manually, it has to be processed. Life events will process automatically every night. This schedule should be sufficient for newly eligible employees as most do not have all the benefit information necessary to complete enrollment at the time of the entry into the Oracle business system. If at any time, you want to process the life event immediately instructions to do so appear later in this guide.

Programs

In OAB individual benefits are grouped by programs. These programs define benefits by restricted and unrestricted benefits. A restricted benefit is one that cannot be updated without a

life event; this includes health, dental, vision, flex spending, voluntary short-term disability and all life insurance benefits.   An unrestricted benefit is one that can be update at any time, i.e. optional retirement. There is one benefit, deferred compensation, which is not managed within these programs or in the Benefits Service Center.

Employee Self Service

The greatest advantage OAB offers is the ability for employees to enter their own benefit information, including dependents, and manage their selections on-line.   At the time of hire an employee can enter all the information necessary to begin their benefits, the administrator only needs to enter the appropriate deductions for the 28 day in advance. Throughout the year, the employee can also enter their dependents and any associated coverage changes due to marriage or birth of a child (within 60 days of the event) that are subject to your approval and review of the appropriate documentation.

Certifications

Certifications are the vehicle in which you confirm all the appropriate paperwork documenting a benefit change is received and complete. Steps to process certifications appear later in this guide.

Benefits Service Center

An important part of managing employee's benefits is the Benefits Service Center in the Oracle Business System. This is where all information about eligibility, the benefits an employee is enrolled in and the dependents for those plans are stored. It is also where administrators will input all new enrollments and changes if an employee does not use self service. The benefits center can be found by navigating to People>Benefits Service Center.

Desktop Activities is your access point to all other actions in the Benefits Center

To view an employee's current coverage, select "Enrollment Results" from the Desktop Activities and click on the coverage tab. It is important to note that the "Enrollment Results" page is date trackable and you will only see the benefits in effect on the date you have selected.

1. Pick the program

2. Select the benefits

3. See the coverage date

When Employees use Self Service

When employees use self service, the steps are greatly minimized for an administrator. Essentially the employee has done all the data entry for you and all that remains is to ensure all the documentation has been received and that it is appropriate. The below chart indicates what employees can and cannot do on-line.

COVERAGE	ENROLLMENT REQUIRED?	EMPLOYEE SELF SERVICE OR PAPER ENROLLMENT FORM?
Health Care Dental Care Vision Care	Yes, even if you are electing to decline coverage.	You can use Employee Self Service to enroll during your initial 60 days of eligible employment, marriage or birth/adoption of a child, and annually during Open Enrollment. Enrollment at any other time must be done using the RF Benefits Enrollment form.
Basic Life and AD&D Coverage	No, coverage is automatic.	Coverage is automatic, so you will not have to enroll, but you may use Employee Self Service to designate or change beneficiaries.
Optional Life and AD&D Coverage	Yes	You can use Employee Self Service to enroll during your initial 60 days of eligible employment. You also can use Employee Self Service to designate or change beneficiaries. At any other time, coverage and beneficiary changes must be done using the RF Benefits Enrollment form. Evidence of insurability is also required for coverage increases and late enrollments.
Optional Dependent Life and AD&D Coverage	Yes	You can use Employee Self Service to enroll during your initial 60 days of eligible employment. At any other time, coverage changes must be done using the RF Benefits Enrollment form and Optional Dependent Life Enrollment form. Evidence of insurability is required for dependent or spouse coverage greater than $20,000 and for coverage changes.
New York State Short-Term Disability	No, coverage is automatic.	Coverage is automatic, so you will not have to enroll.
Voluntary Short-Term Disability	Yes	You can use Employee Self Service to enroll during your initial 60 days of eligible employment. At any other time, coverage changes must be done using the RF Benefits Enrollment form and Voluntary Short-Term Disability Enrollment form. Evidence of insurability is also required for coverage increases and late enrollments.
Paid Family Leave	No, coverage is automatic.	Coverage is automatic, so you will not have to enroll.
Long-Term Disability	No, coverage is automatic.	Coverage is automatic, so you will not have to enroll.
Basic Retirement Plan	No. Contributions begin automatically after you satisfy the eligibility requirements.	There is no need to enroll; however, you should log on to the vendor website at www.tiaa.org/rfsuny to designate your beneficiary and/or if you would like to choose an investment option other than the default (age-based target date fund).
Optional Retirement Plan	Yes	You can use Employee Self Service to enroll any time during the year. If you are unable to enroll online, you can use the RF Salary Reduction Agreement form. Indicate salary reductions as a percentage, not as a dollar amount. When you enroll, be sure to log on to the vendor website at www.tiaa.org/rfsuny to designate your beneficiary and/or if you would like to choose an investment option other than the default (age-based target date fund).
Deferred Compensation (special eligibility rules apply)	Yes	You must complete the voluntary Salary Deferral Agreement and the TIAA enrollment form.
Health Care and Dependent Care Flexible Spending Accounts	Yes	You can use Employee Self Service to enroll during your initial 60 days of eligible employment and annually during Open Enrollment. At any other time, coverage changes must be made via the Flexible Spending Account Enrollment form.
RF Ride Commuter Transit Benefit	Yes	To enroll, log on to the vendor website at www.payflex.com.
Wellness Plan	Yes	To enroll, log on to the vendor website at join.virginpulse.com/rfsuny.
Pet Insurance	Yes	To enroll, log on to the vendor website at www.petinsurance.com/rfsuny.

For New Hires

1. Run the report "RF Benefit Enrollment Addition's Report" to review new enrollments that an employee has entered on-line. It is recommended that the report be run prior to payroll.

2. Review selections and enter the deductions for the 28 day in advance (see Process Deduction Adjustments).

For changes
1. Changes will also be listed on the "RF Benefit Enrollment Change Report" report to review changes employees have made on-line
2. Review and approve certifications. **NOTE:** These changes **will not** take effect until you clear all certifications (see Process Certifications)

Input Instructions

When an employee uses the enrollment form instead of self service, the following instructions outline your steps to complement enrollment. The benefit enrollment form documents which plans the employee has elected, the level of coverage, names of dependents and beneficiaries. The employee must sign and date the form, and you should review the form to ensure all required information is provided prior to input into the Oracle Business System. You should also use the Benefit Effective Date Calculation to ensure employee effective dates are correct.

Health and Welfare Benefits for Regular, Postdoc, Hourly and Graduate Employees

In general, the following steps in the order listed below are necessary to complete a benefit transaction (details for completing the individual steps are below). The chart below describes common scenarios, and which of the below steps is necessary to complete the transaction. *Note: Hourly non-student employee eligibility is driven from the assignment form, the Hourly Benefit Eligible field that is a "Yes/No" option. If "Yes" the following steps apply, if no go directly to monitoring section.*

1. Update Contacts to add or change Dependents and Beneficiaries
2. Add Life Event
3. Process Life Events
4. Enter the benefit (and amount if applicable)
5. Designate the appropriate contacts as dependents or beneficiaries to the specific benefit
6. Process certifications (if applicable)
7. Process deduction adjustments

Steps for Common Scenarios Chart

Step	New Hire	Qualifying Event	Late Enrollment (Health/Dental/Vision)	Late Enrollment or Increase (Voluntary Benefits)	Special Tips/Instructions
1. Update Contacts to Add/Change Dependents/Beneficiaries	Y	Y	Y – if there are new dependents N -if all dependents are already entered	Y -if there are new beneficiaries N -if all beneficiaries are already entered	If the relationship ended (i.e. death or divorce) enter the end date of the relationship in the "To Date"; the coverage for that dependent is automatically end dated. The coverage level the employee has should still be reviewed and updated accordingly. If the relationship still exists, but the dependent is no longer covered, enter this in step 5.
2. Add Life Events	N	N – if as a result of an assignment changes (i.e. FTE is increased to above .5) Y – if adding or removing a dependent	Y	Y	When adding a manual event you must Date Track to the date the coverage will be effective. Use Qualifying event for late enrollment of voluntary benefits and all qualifying changes to health/dental/vision (i.e. add/remove dependents, loss of coverage for non-RF plans) Use Late Enrollment for late enrollment of health/dental and vision only a. Occurred Date is the date enrollment is received

Step	New Hire	Qualifying Event	Late Enrollment (Health/Dental/Vision	Late Enrollment or Increase (Voluntary Benefits)	Special Tips/Instructions
					b. Status Unprocessed c. Notified Date is the 1st of the 5th pay period (when coverage should begin) d. Unprocessed date is the date enrollment is received
3. Process Life Events	Y	Y	Y	Y	There may be some instances where the life event has processed automatically and there is no life event to process manually. However, you should always check to ensure all life events are processed. When processing a life event, you may receive a message that says you have another life event in progress and asking if you want to close it. Click "No" then click "Commit and Proceed" to complete processing of the life event.
4. Add Benefits (and amount if applicable)	Y	Y	Y	Y	If a new dependent is added or removed but no coverage level change is needed, you still **must** select the coverage level. For example: Coverage is ending for just 1 child but other children remain covered. Select current election to

Step	New Hire	Qualifying Event	Late Enrollment (Health/Dental/Vision	Late Enrollment or Increase (Voluntary Benefits)	Special Tips/Instructions
					maintain coverage on the remaining children. If the removal of a dependent causes the employee to have to change coverage level, select the new coverage level first, then ensure the dependent is no longer covered
5. Designate Dependents and Beneficiaries	Y	Y	Y	Y	If you are no longer covering a dependent simply uncheck the covered box.
6. Process Certifications	N	Y	Y – if the late enrollment is due to a new dependent	Y – The employee should obtain this prior to processing in the system	Certifications must be entered for all dependents, even if they were covered prior to the qualifying event or late enrollment.
7. Process Deduction Adjustments	Y	Y	Y	Y	Enter deduction adjustments in element entries as appropriate, taking into account the 28 day in advance and any missed deductions.

Update Contacts to Add/Change Dependents/Beneficiaries
Enter Dependents and Beneficiaries for RF benefit plans into the contacts form.

1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "Combined Person and Assignment Form"

3. Navigate to Others>Contacts   - (or you can navigate here through People >Enter and Maintain)

4. Enter each dependent/beneficiary as designated on the enrollment form for the employee. The fields required to ensure that the dependent/beneficiary will be available to add to the appropriate benefit later on are as follows:
   a. Last Name
   b. First Name
   c. SSN (required unless one has not yet been assigned for a new child or is not required due to the individual's residency status)
   d. Birth date (required – if not entered for child relationships the employee will not be able to select family or employee and children coverage)
   e. Gender
   f. Relationship to the Employee: there can be more than one. For example, if the employee is adding their spouse, there may be two contact relationships: Spouse and Emergency
   g. The start date of the relationship (FROM FIELD): This will be either
      • For new hires the employment start date
      • Existing employees adding a new dependent -date of qualifying event (the date of marriage or birth/adoption or loss of coverage)
      • Existing employee with late enrollment - date enrollment was received
   h. Start Reason: optional for tracking dependent activity after initial hire
5. When saving a contact, the system will automatically look for a match to the existing people in the database. Therefore, if the contact you entered already has a relationship with the RF (either employee or SUNY employee) you will have the opportunity to select that record

rather than add a new one. This is recommended to ensure there aren't duplicate records for the same person.
6. After saving, click in the last name and hit the down arrow to enter additional dependents/beneficiaries
7. Removing dependents – **Note:** This should only be done when a dependent no longer has any relationship with the employee and will be not be a beneficiary, for example if the dependent dies or there is a divorce. If the dependent is still related to the employee but is just no longer covered, use life events to manage the change in coverage. Do not end date or delete the dependent on the contact form. If the dependent no longer has a relationship with the employee, enter the date of the end of the relationship in the "To" field on the contact form.

Add Life Events

Life Events are detected when information on the assignment or contact form, however there are two situations where a life event will need to be added manually. A qualifying event (i.e. marriage, birth of a child, loss of other coverage) or for late enrollment.
1. Find the employee in the Benefits Service Center date tracked to the date of the event, either the qualifying date or the date enrollment was received for a late enrollment
2. In the Desktop Activities drop down box select "View Person Life Events"
3. Click on the Potential Life Events Tab
4. Add a new event by clicking in the column "Event". The table below gives the information needed for each life event eligible to be added manually

Event	Occurred Date	Status	Notified	Unprocessed
Late Enrollment	Date enrollment was received	Unprocessed	Date coverage will be effective (1st of the 5th pay period following receipt of the enrollment)	Date enrollment was received
Qualified Event	Date of the Qualifying event	Unprocessed	Date of the qualifying event	Date of the qualifying event

5. Save and proceed to Processing

Process Life Events

If a life event has been detected or manually entered but is not yet processed on the employees record, it will automatically process overnight. However, in most cases you will want to process the life event in order to complete the transaction.

Determine if the Life Event has processed

1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "View Person Life Events"
3. Click on the Potential Life Events Tab
4. If the Life Event you are looking for is listed with a status of "Unprocessed" or "Detected" you can process the Life Event by following the steps below.

Process the Life Event

1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "View Person Life Event"
3. Click on the Potential Life Events Tab
4. Click Process Event in the lower right-hand corner
5. The event will appear on the top portion of the form.
     a. If multiple events exist, they will roll up appropriately so only the primary event is available, however if you receive a message that says you have another life event in progress and asking if you want to close it, click "No".
6. Click the "Commit and Proceed" button at the bottom of the form.
7. Close out of the resulting window
8. Proceed to entering benefits

Add Benefits

Once life events have been processed, you can add benefits. The benefits the person is eligible for are based on their assignment, FTE, and Benefit Hourly Eligibility field. To add a benefit:

1. Find the employee in the Benefits Service Center, date track date to the date of the life event (new hire date, qualifying event date, date late enrollment was received)
2. In the Desktop Activities drop down box select "Non-Flex Program Enrollment"
3. If the person has a life event in progress the following decision box will appear
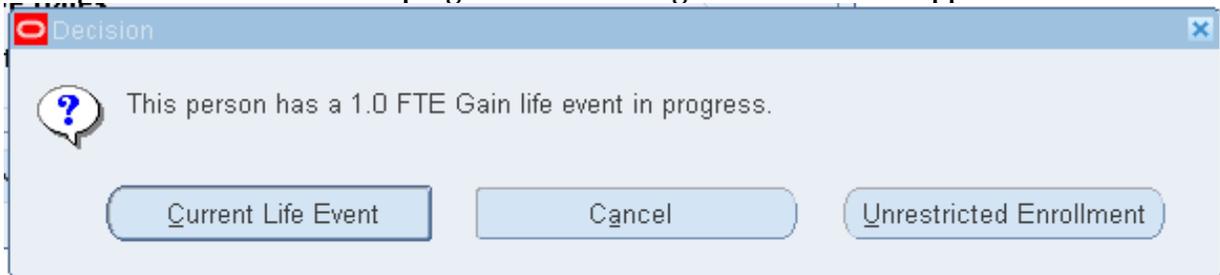
4. Select "Current Life Event" to add any of the following benefits
     a. Health
     b. Dental
     c. Vision
     d. Optional Life (Employee and Dependent)
     e. Voluntary Short-Term Disability

     f. Flexible Spending –see specific instructions in Step 5
     g. Graduate Student Employee Health Plan
     h. Waiver of Insurance
5. On the General Tab, in the "Plan and Option" column of the form, select the coverage(s) for health, dental, vision, and optional life the employee indicated on their form
    a. NOTE: Check the "Start" field in the Coverage section of the form to ensure the correct coverage date appears
    b. Flex Spending –
      i. For Health Care Spending, enter the **annual** amount the employee will be responsible for as listed on the form. Navigate to the "Benefit" tab and enter the annual amount in the "Amount" field.
      ii. For Dependent Care only, you will need to enter two benefits. "Dependent Care Spending Account Dollar Amount" this is where the **annual** amount minus the subsidy should be entered. Navigate to the "Benefit" tab and enter the annual amount in the ""Amount" field.   The subsidy **should not** be included in this amount. Then add the benefit "Dependent Care Spending Employer Subsidy" to the employees record. The subsidy amount will automatically calculate.
    c. New Hires health, dental and vision coverage will automatically default to waived when they are first hired. If they submit an enrollment form, you need to update the waiver coverage to their selection. If the new hire has waived coverage for health, dental or vision no input is necessary for those benefits. If an existing employee waives coverage during their employment, input "Waive Health", "Waive Dental", or "Waive Dental".
    d. If this is a late enrollment see the section "Late Enrollment" for instructions on pre-tax and after-tax selections
6. Save the record. Select "OK" when the system reminds you that you have not yet designated dependents. Then Select "No" when it asks if you would like to close the enrollment, unless you have no dependents or beneficiaries to designate. If the employee has indicated dependents or beneficiaries proceed to the next section.

Designate Dependents and Beneficiaries

1. Click the "Designee" button on the Non-flex Enrollment Form:
    a. In the Designate Dependents Tab
      i. Select the plan and add the dependent in the "Eligible Dependents" column and click the check box for "Covered"
      ii. Save record – Click "No" when asked if you want to close the enrollment (unless there are no other benefits that need a designation).
      iii. Repeat for each plan that will cover a dependent(s) – when you are done you should then Click "Yes" to close the enrollment
      iv. NOTE: Check the "Start" column to ensure that the correct coverage date appears.
    b. In the Designate Beneficiaries Tab
      i. Select the plan (Basic Life or Optional Life) and add the beneficiary as designated by the employee. If no beneficiary is identified, select the employee.
      ii. Indicate whether the beneficiary is Primary or Contingent. If there are multiple beneficiaries, the % should equal 100% for each level.
      iii. Repeat for each plan as necessary

      c. If you have skipped the first step of adding all dependents/beneficiaries in the contact form, you can click "Contacts" on the bottom left and add them now.

2. To double check your input, date track a year ahead and review the record by selecting "View Enrollment Results" in the desktop activities drop down menu.

Process Certifications

When employees enroll in certain types of coverage outside open enrollment or during their first 60 days of becoming eligible, they often have to furnish proof of the qualifying event. When this is the case, OAB notes that documentation needs to be received in order for the benefit to take effect. There are two types of certifications that need to be entered, one for health, dental and vision benefits and the other is for optional benefits that require carrier approval such as optional life insurance and voluntary short-term disability. To process the documentation and clear the certification, the follow these steps:

Health, Dental and Vision Certifications

1. After you have designated dependents, click on the "Certifications" button at the bottom of the Dependent/Beneficiary page.   You may also use the desktop activities menu to go directly to the Dependent/Beneficiary page. After clicking the "Certifications" button, the Dependent Certifications window will appear.
2. Enter the certification type and date the certification was received. If there is not a certification type in the list of values that is applicable for the enrollment change you are making, please just select one of the available certification types.
3. Save.
4. **Repeat these steps for <u>all benefits</u> the dependent is being enrolled in and <u>all dependents</u>, even if the dependents were already covered under the plans.**

Optional Life Insurance and Voluntary STD Certifications

1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "Person Enrollment Action Items" or select "Enrollment Results" and click the "Action Items" button
3. Highlight Enrollment Certification Required by clicking on that row, then click on Certifications
4. This will open the certification box. The certifications box lists a sample of what could be required (Insurance Carrier Approval, marriage certificate, etc.) but you should follow the correct procedure to determine that the documentation received meets the requirements for the change.
5. If approval is received, check the received box.
6. If approval is rejected, check the denied box. A message will be returned that the suspended coverage will be deleted.

Process Deduction Adjustments

When employees are first hired or when a coverage level change occurs, the RF requires that the employee pays 28 days in advance in order to provide them this length of coverage at the end of

their employment. Deduction adjustments are not required for carrier changes at the same coverage level. Below are the steps to calculate and input these deduction adjustment amounts.

1. Calculate the deduction adjustments
   a. For new hires, this is simply 2 biweekly deductions for the coverage selected
   b. For changes in coverage level:
      i. Determine the amount of 2 biweekly deductions at the old coverage level plus any deductions taken at this rate if this change occurred prior to the current pay period
      ii. Determine the amount of 2 biweekly deductions at the new coverage level (for open enrollment be sure to use the new year's rates) plus any deductions that should have been taken at this rate if this change occurred prior to the current pay period
      iii. Subtract the amount calculated for the old coverage from the amount calculated for the new coverage. This can be a positive (additional amounts to be deducted from the employees pay) or negative number (credit due to the employee). This is the total adjustment.
2. Take the adjustment amount calculated in a or b above and determine the number of pay periods over which the adjustment should be taken (this is normally two, but in the case of large amounts it can be divided over additional pay periods)
3. Input the adjustments
   a. Navigate to People>Enter and Maintain>Assignment>Entries. You should be date tracked to the first day of the pay period the adjustment will be taken
   b. Enter the element that is associated with the health insurance carrier chosen by the employee. Enter the amount to be taken for the pay period in the "Addl Amount" field of the Entry Value window.
      i. If the employee is due a credit, enter the amount as a negative.
      ii. If the amount is to be deducted from the employee, enter the amount as a positive.
   c. Repeat this process for each pay period an adjustment needs to be processed.

Late Enrollment

When a late enrollment needs to be processed due to an addition of a dependent after the close of the 60-day window the following specific information must be entered when following the steps to change enrollment

1. Find the employee in the Benefits Center
2. Add the dependent as of the date enrollment is received with reason of Late Enrollment
3. Add new life event of "Late Enrollment" (do not update any newly detected life events these will be superseded by the "Late Enrollment" life event you just added) (see Add Life Events)
   a. Occurred Date is the date enrollment is received
   b. Status Unprocessed
   c. Notified Date is the 1st of the 5th pay period (when coverage should begin)
   d. Unprocessed date is the date enrollment is received
4. Process life event
5. Add new benefit plan, the new coverage must have the change as a post-tax option (pick the Provider, EE pre-tax Add Spouse or Children or Family)
6. Continue enrollment as normal.

Terminations

When an employee terminates in the Oracle Business System, their benefits will also terminate, and no action needs to be taken to stop their benefits. You will still need to run the appropriate reports and produce the legally required notices.

If an employee wants to terminate their benefits, use the instructions above to enter the manual life event "Qualifying Event"

1. For health vision and dental this must be done with a valid qualifying event (i.e. gaining coverage with a spouse) and a coverage type of waiver should be entered.
2. For voluntary benefits, this can be done at any time and the benefit can be deleted from the employees record with the delete button on the top of the form.

Void Life Event

When a life event is voided, all action/enrollment is voided with the life event. Life events must be voided and/or processed in chronological order

1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "View Person Life Events"
3. Click on the life event you want to void

4. Click in the Backed-Out Status box
5. Type "Voided"

6. Click Back Out Event button at the bottom of the form
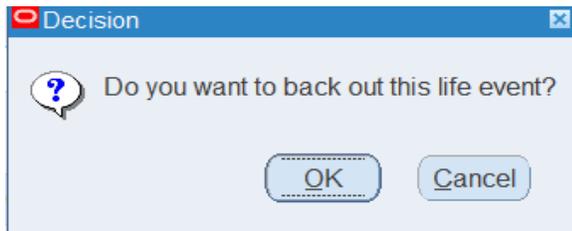
7. Click "Ok"

Example: If the employee has a loss event (FTE Loss, Assignment Status Loss, Grad Salary Loss etc.) that processed, and the employee has been reinstated with no break in service you can void the loss event to restore the employee's benefits.

Unprocess Life Event

Unprocessing a life event will temporarily remove any action/enrollment associated with the life event. You must re-process the life event to add the action/enrollment back

1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "View Person Life Events"
3. Click on the life event you want to unprocess

4. Click in the Backed-Out Status box and type "Unprocessed"

5. Click the Back Out Event on the bottom of the form
6. Click "Ok"

Example: As a benefits administrator you may need to re-open a life event, however, another life event has processed after the event you need to re-open. You can gain access to the event you need by first unprocessing the life event that occurs most recently, re-opening the appropriate life event to make the necessary changes and then reprocess the event you unprocessed by following the steps listed in the section called Reprocess Life Event.

Reprocess Life Event
1. Find the employee in the Benefits Service Center
2. In the Desktop Activities drop down box select "View Person Life Events'
3. Click the Potential Life Events Tab
4. Click on the life event you want to reprocess

5. Click the "Process Event" button at the bottom of the form

6. Click "Commit and Proceed"

7. Click "Ok"

Expatriate International Health Enrollment

Enrollments should be sent to Central Office for input.

Fellow Health Insurance

To enroll a fellow and/or dependent of a fellow in health coverage find the employee in the Benefits Service Center date tracked to the date of the event

1. In the Desktop Activities drop down box select "View Person Life Events"
2. Click on the Potential Life Events Tab
3. Add Life Event "Fellow Health Qualified Event"
4. Enroll fellow in coverage level (i.e.: fellow only, fellow + one)
5. Click amount tab
   a. If **grant** paying full cost, the amount = zero
   b. If **fellow** paying full cost amount = full biweekly premium **system will default to regular biweekly deduction**
   c. If both fellow and grant are paying, amount = the amount the fellow is contributing to cost of coverage

The total of all the fellow health insurance and fellow health elements should equal the total value of the premium for the coverage selected

1. Add the earnings element Fellow Health Ins to process the amount of the fellows' health insurance that the award will be funding. Enter the value in the "Amount" field.
2. You or the staff at your campus are responsible for Labor Distribution and will need to enter an element level a labor schedule for the Fellow Health Ins element using the expenditure type "FPS Fellow Insurance" to ensure the award is properly charged for the expense

The scenarios below provide guidance on the appropriate elements to enter in Oracle based on the coverage selected.

If award is authorized for….	And fellow selects….	Then complete the following
Individual only	Individual coverage	Element Name = Fellow Health Ins Amount = Cost of Individual Coverage
Individual only	Individual and Dependent coverage	Element Name = Fellow Health Ins Amount = Cost of individual coverage
Individual and Dependent	Individual and Dependent Coverage	Element Name = Fellow Health Ins Amount = Cost of Family Coverage

Enrollments for Postdoctoral Fellows are processed by Central Office. Please send all enrollments to benefits@rfsuny.org

Retirement

Basic Retirement
Basic retirement is processed automatically through Oracle or at Central Office. There are no campus steps necessary to enable an employee to receive these benefits other than to ensure the employees assignment information is input correctly.

Optional Retirement

Optional retirement is the one benefit that is not tied to life events. At any time, employees can enroll in or update this benefit.

1. Find the employee in the Benefits Service Center, date track date to the date the optional retirement agreement was signed
2. In the Desktop Activities drop down box select "Non-Flex Program Enrollment"
    a. If there is no current life event for the person, a message will appear to notify you, click "Continue".
    b. If the person has an existing life event open the message will ask if you want to proceed with the current life event or "Unrestricted Enrollment", select "Unrestricted Enrollment"
3. The enrollment form will appear with Optional Retirement defaulted in as the program
4. For changes to an existing election proceed to step 4. If this is a new enrollee
    a. On the General Tab, in the Plan and Option section of the form, click in the "Plan and Option", and ensure "Group Supplemental Retirement Annuity (GSRA) is selected.
5. Click the "Amount Tab", and input the percentage selected in the "Amount" field of the "Defined" section. If the employee is stopping their deduction, enter "0" in the amount field.

    NOTE: The only option open to new employees or those that were terminated and returned is the GSRA. If a person is active and has been grandfathered in the TDA plan, you can update the amount only.

Deferred Compensation

Deferred compensation enrollments are enrollment changes are processed by Central Office. Please send all forms to benefits@rfsuny.org

Special Circumstances

Graduate Student Summer Extensions

When graduate student employees are eligible to continue their coverage over the summer period, the RF requires that the employee pay advance deductions to cover the summer health period through the last payroll in August. Below are the steps to calculate and input these deduction adjustment amounts and enter the required benefit override to maintain the graduate students' eligibility during the summer period.**

1. Calculate the deduction adjustment
    a. What is the total summer premium amount the employee would pay if he or she stays on the payroll? (i.e., the number of pay periods from the first payroll after termination through the last payroll in August multiplied by the premium rate)
    b. What additional premium amount should be deducted from each of the employee's remaining pay checks? [i.e., the total summer premium amount determined in (a) above divided by the number of remaining pay periods until the employee is removed from payroll]
2. Input the adjustments
    a. Navigate to People>Enter and Maintain>Assignment>Entries. You should be date tracked to the first day of the pay period the adjustment will be taken
    b. Enter the "Grad Health PT Special Inputs" element

c. Enter the extra amount to be taken for the pay period in the "Additional Amount" field of the Entry Value window.
d. Save.
e. Repeat this process for each pay period an adjustment needs to be processed.
3. Enter the Benefit Override
a. Navigate to People>Enter and Maintain.
b. Date track to the first day of the employees summer period.
c. Click on the Benefits Tab.
d. In the Benefit Group, select Graduate Health Summer Override.
e. Save
4. Remove the Benefit Override at the end of the summer period
a. Navigate to People>Enter and Maintain.
b. Date track to the end of the summer period (8/14) if the graduate student is not returning or the date the graduate student returns to payroll if the graduate student is returning to payroll.
c. Click on the Benefits Tab.
d. In the Benefit Group, delete the Graduate Health Summer Override.
e. Save.

**For additional information on the graduate student summer benefit continuation process, please refer to the [Graduate Student Employee Health Plan (GSEHP): Summer Period Continuation of Benefits Coverage](#) procedure.

Monitoring/Reports
The following section describes the reports available to monitor benefit activity at your campus. You can run the reports at any time; the parameters of each report allow you to select the date and or specific benefit plan/life event you wish to review.   Reports can be run using the XXXBenefits Administrator Responsibility or XXXHRMS Administrator and are accessible from the Oracle Navigator following these steps:

1. Expand Processes and Reports menu item in the navigator
2. Select "Submit Requests"
3. Select "Single Request" and click "OK"
4. In the name field, enter RF Benefit% and hit enter. This will bring you the list of available benefit reports that can be selected (see benefit report names below)
5. Select the name of the applicable report you would like to run
6. You will then be prompted to enter date parameters (if applicable)
7. Once you have selected the report name and applicable date parameters, click "Submit"
8. Once submitted, you will then be able to view the status of your requested report. Click the "Refresh" button at the top to see the most current status of your request
9. Once the report is complete, click the "View Output" button and your report will open in Excel format where you can sort and filter the results

RF Benefit Enrollment Addition's Report

This report will provide a list of employees who have enrolled in benefits through self-service or through a paper enrollment processed via the Benefits Administrator in the Benefits Service Center. Use the report to determine the employees who need to have deduction adjustments entered for the 28-day run off or retroactive deductions. Campus locations should run this report at least bi-weekly, prior to the preliminary payroll run, to enter deduction adjustments timely.

RF Benefit Enrollment Change Report

This report will provide a list of employees who have had a change in benefits through self - service or through a paper enrollment processed via the Benefits Administrator in the Benefits Service Center. Use the report to determine the employees who need to have deduction adjustments entered for the 28-day run off or retroactive deductions. Additionally, use this report to manage employees who have a certification pending due to the mid-year plan change. Campus locations should run this report at least bi-weekly, prior to the preliminary payroll run, to enter deduction adjustments timely.

RF Benefit Enrollment Terminations Report

This report will provide a list of employees whose benefits have terminated. Use this report to assist with the mailing of COBRA materials.

RF Benefit Action Items Report

This report will provide a list of employees who have a pending action item, i.e. pending certification for a mid-year plan change such as a marriage or birth. Us the report to assist you in following up with the employee to ensure you receive the certification.

RF Benefit Life Event Summary Report

This report will provide a list of all life events, both system generated and manually entered events, and the status of the Life Event. Campus locations can use this report to determine the status of your employee's enrollment (i.e. who has enrolled in benefits, who is still in their 60-day enrollment window and has not enrolled).

RF Benefit Hourly Benefit Monitoring Report

This report will provide the average hours worked by an hourly employee to assist you in determining if hourly employees continue to be correctly categorized as benefits eligible (50%) or not (as entered in the Hourly Benefits Eligible field on the assignment). Campus locations should run this report bi-weekly and review the previous four payroll periods to determine the average number of hours worked. For a new hourly employee, you should wait until four pay periods have run to make any changes to their initial determination of eligibility.

- If an hourly employee, coded as benefit eligible, is **not** working enough hours to equal 50% of a full time schedule or greater, the Hourly Benefits Eligible Field must be changed to "No" and their benefits will be terminated 28 days from the last day the Hourly Benefits Eligible field is set to "Yes".

- If an hourly employee, coded as **not** eligible for benefits, is working enough hours to equal 50% of a full-time schedule or greater, the Hourly Benefits Eligible field will need to be changed to "Yes" and the hourly employee should be offered benefits. The waiting periods for benefits will start from the date the hourly eligibility field is set to "Yes".