



My Insurance Benefits HR Administrator Guide

ET-1110 (REV 6/12/2025)



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Benefitfocus

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Disclaimer

This resource includes images containing sample data to better illustrate the functionality of the software. All sample data displayed throughout this document is simulated, non-personal data.

Version Control




The information contained within is documented jointly by Benefitfocus and ETF. Changes to this document are summarized in the table below.

Version	Describe reason for change, changes made and any other important items to note	Updates Made by	Date
ET-1110	Original Version, initial documentation release	Kari Navis, Karen Hinsdale	03/15/2025
ET-1111			
ET-1112			
ET-1113			
ET-1114			
ET-1115			
ET-1116			
ET-1117			
ET-1118			
ET-1119			
ET-1120			

1. About This Guide


This guide demonstrates step-by-step procedures to help support the HR administrative duties within My Insurance Benefits and covers a variety of scenarios, such as enrollment, task management, document management, and other tools. The examples in this document are conceptual examples. Please expect some variation between this guide and what you see within My Insurance Benefits based on your organization, the plans offered, and your role.

The following icons are used to highlight additional information, alerts and suggestions:

Icon	Description
	The <i>note</i> icon provides additional or important information about special conditions, suggestions, or actions that should be taken.
	The <i>alerts</i> icon is a warning, often cautioning you against taking certain actions.
	The <i>tip</i> icon provides additional, more efficient instructions when completing a task.

1.1. Tips for This Guide

My Insurance Benefits is a system which allows employees to take an active role in managing their health and benefits needs. We strongly encourage all employers to actively promote, engage, and support employees in adopting this modern technology.

	My Insurance Benefits is ETF's name for the Benefitplace platform. My Insurance Benefits and Benefitplace are interchangeable. Benefitfocus is the company that owns, supports, and administers the Benefitplace platform.
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1.2. Protected Health Information (PHI) or Personally Identifiable Information (PII)

ETF is committed to protecting the privacy and security of member information in digital and paper format. We use information only for the purposes for which it was provided to us. We ensure strong privacy and security policies and educate staff on proper handling of your identifying information. Electronic information is protected by safeguards such as firewalls and we employ numerous tools to ensure the quality and integrity of your digital information.

2. Getting Started – Important Information

2.1. Best Practices & Useful Information

The following are general principles that apply broadly to this guide and the My Insurance Benefits platform:

- The Wisconsin Department of Employee Trust Funds offers insurance and wellness programs to a variety of state and local agencies and employers. Not all groups will offer all benefits nor utilize all system functionality. Benefit plans and programs vary by organization; not all benefit plans/programs are available to all organizations.
- Rules documented within this guide are as defined by ETF. More information on the plan offerings, coverage, and eligibility rules can be found on the ETF website at etf.wi.gov/insurance.
- Data accuracy is a key component of ensuring that employees, retirees, and their dependents have access to the coverages they need. Accurate record keeping and timely updates to the Employer Transaction Application (ETA) system ensure that My Insurance Benefits and insurance carriers have the most current information.
- The examples displayed within this guide are some of the most common examples you will encounter on a regular basis. The process to elect, change, or add and remove coverage is defined by the system and very similar regardless of plan. The system will guide the HR Administrator and/or member through the execution of the activity.
- Screenshots are included within this guide to assist with navigation and understanding. These screenshots may

contain years, plan names, rates, carriers, and/or other information that is not an exact match to current information nor to your particular employer or employee. While the details within these screenshots will vary overtime, they are examples, not exact replicas of the platform at all times. Any names or information that seems similar to a real person is not as all individuals and data sets are scrambled, test data.

- My Insurance Benefits access is role-based, meaning the user experience will vary based on the type of permission you have. Members will not see the exact same user interface that you will. Some of the screen menus and options shown in this guide may not be available to you based on your role and the corresponding access. Access is approved at the organization level and is granted by ETF.
- In the My Insurance Benefits guides, you may encounter information that is applicable to only one type of member or HR Administrator. There are sections labeled as ETF Specific Information or State Specific Information, as well as topics that only apply to Retirees. These sections only apply to HR Administrators and members as described.
- Blue text throughout the My Insurance Benefits site works like a webpage hyperlink. It is clickable and it will take you to another screen and/or open a new window that allows access to more information and/or the completion of a process.

2.2. **Terminology**

This document uses the following terms:

- HR Administrator refers to anyone who is responsible for reviewing and/or executing certain processes within the platform and/or using information from the platform to validate, update, execute work activities outside of the benefits platform. This could include HR Generalists, Payroll Analysts, Benefits Specialists, etc. The platform refers to all administrators as Benefits Administrators as a generic naming convention which encompasses all roles and responsibilities.
- Employee, member, participant, etc. may be used interchangeably. Depending on context these terms may reflect the individual that is employed by the organization, a person who has retired from the organization, and/or someone who is enrolled and/or eligible but is a dependent of the member.
- Employer, group, sponsor, and organization are used interchangeably to reference employers and departments under the ETF umbrella.
- Open Enrollment (OE), Annual Enrollment (AE), and Annual Renewal are interchangeable terms that relate to the ability for members to review and change their health-related benefits enrollments on an annual basis without a qualifying life event.

2.3. **System of Record**

ETF's Master Data Management System (MDM) is the system of record for demographic data. This includes demographic data points including legal name, date of birth, Social Security number (SSN), as well as employment-related data elements such as:

- Status (active, term, on leave, retiree, etc.)
- Date of Hire
- Date of Termination
- Work Email Address
- Job Title
- Manager
- Rate of Pay
- Tenure



Certain member data cannot be manually adjusted (added, changed, or deleted) within the My Insurance Benefits platform and requires support from an HR Administrator via the Employee Transaction Application (ETA) user interface or files to update My Insurance Benefits.

2.4. **Reference Materials**

For more information or additional help, please reference the following sources:

Self-Service Support - 24 Hours a Day	
ETF Website Provides Benefit program information including policies, plan information, and a wide variety of other helpful reference materials.	Benefits ETF (wi.gov) etf.wi.gov/benefits
Member Login, Account Set-Up	DET MyWisconsin ID https://det.wi.gov/Pages/MyWisconsin_ID.aspx
My Insurance Benefits Member User Guide Detailed steps of how to complete activities as a member.	Log into My Insurance Benefits, then on the left hand-side, click on <i>Resources</i> to access the guide.
My Insurance Benefits Administrator Guide Detailed steps of how to complete activities and reporting as an HR Administrator.	Log into My Insurance Benefits, then on the left hand-side, click on <i>Resources</i> to access the guide.
Targeted Messaging Guide	Available in 2026
Interactive Reporting Guide	Log into My Insurance Benefits, then on the left hand-side, click on <i>Resources</i> to access the guide.
Glossary of Terms - Standard ETF Terms	Glossary ETF (wi.gov) https://etf.wi.gov/glossary
Glossary of Terms – My Insurance Benefits Terms Includes My Insurance Benefits platform vocabulary as well as common industry terms that may be of use in understanding your role and system interactions.	Log into My Insurance Benefits, then on the left hand-side, click on <i>Resources</i> to access the guide.
Qualifying Life Event (QLE) Information – ETF Standard	etf.wi.gov/insurance/life-events-guide
Qualifying Life Event (QLE) Guide – My Insurance Benefits Additional information on how to process life events and coverage changes (outside of enrollment periods) in My Insurance Benefits including certain processes, data, rules and information.	Log into My Insurance Benefits, then on the left hand-side, click on <i>Resources</i> to access the guide.
COBRA Administrator Guide Information about ETF’s COBRA Administration via Voya.	Available in 2026
Billing and Payment Guide Information about ETF’s billing and payment processes and procedures, including invoicing and payment.	Available in 2026
Dependent Verification & Documentation Requirements	Dependent Information FAQs ETF (wi.gov) etf.wi.gov/its-your-choice/2025/health-benefits/dependent-information-faqs-0 etf.wi.gov/insurance/life-events-guide/life-change-events-and-documentation-requirements

2.5. Additional Assistance

ETF's Employer Insurance Unit is available during regular business hours to answer questions and offer support. They can assist with topics including eligibility, enrollment, forms, My Insurance Benefits, and COBRA administration

Employee Trust Funds Employer Insurance Unit – 7:45 a.m. to 4:30 p.m. Monday through Friday (except holidays)	
Mailing Address	P.O. Box 7931 Madison WI 53707-7931
Shipping Address	Department of Employee Trust Funds 4822 Madison Yards Way Madison WI 53705-9100
Telephone	1-877-533-5020 select option 2 (toll free)
TTY	711
Fax	1-608-267-4549
Website	etf.wi.gov
Email	Contact <ul style="list-style-type: none">• ETFSMBSTARInsurance@etf.wi.gov if the employee works for a Central Payroll Agency.• ETFSMBUWandUWHCInsurance@etf.wi.gov if the employee works for the University of Wisconsin or the UW Hospital Authority.• ETFSMBEmployerInsurance@etf.wi.gov if the employee works for an agency not listed.

3. HR Administrator Role

3.1. Understanding Your Access

As an HR Administrator, you may have access to member information, processes, and activities as well as across-organization(s) functionality, reporting, and information. It is important to understand that the HR Administrator roles are assigned to individuals by each organization. Not all administrators have the same level of access.

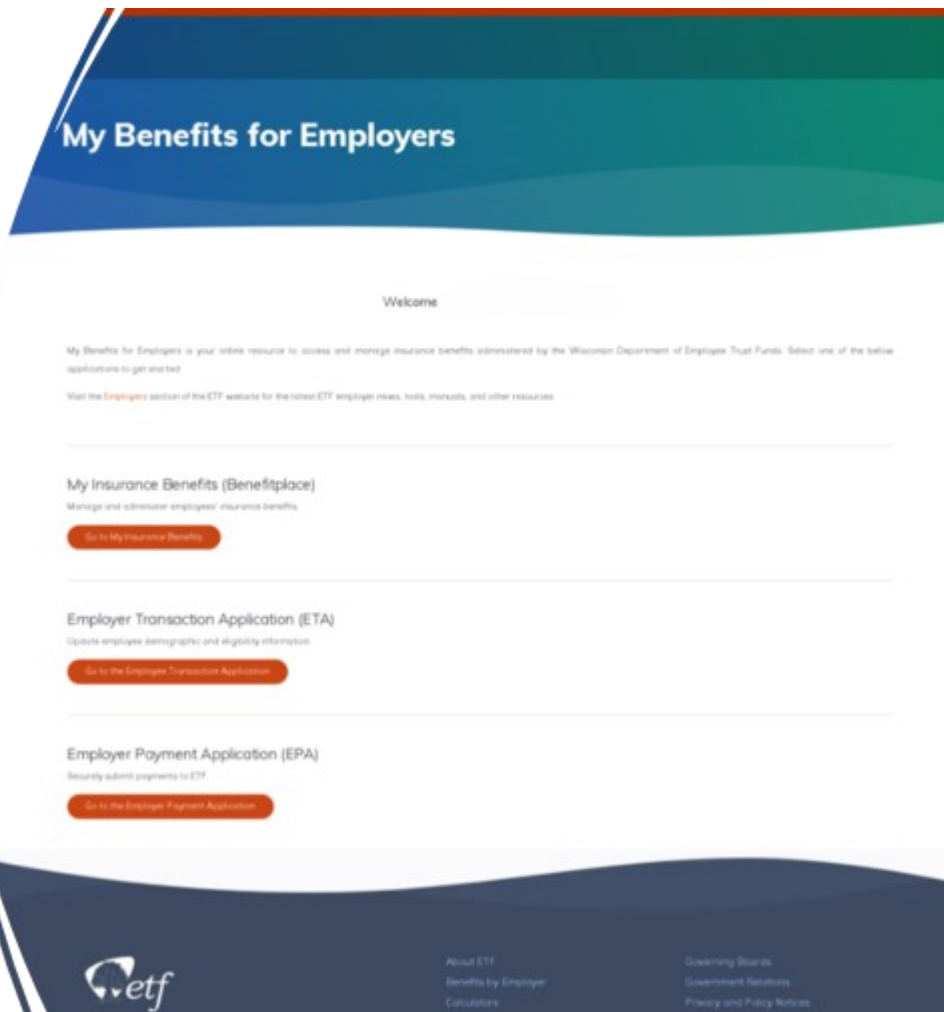
This guide reviews general system functionality, however, based on your administrator role, you may not be able to do all functions. In the event you do not have access to complete an activity, you will need to work with someone else who does or submit an [ETF Online Access Security Agreement - IAS](#) (ET – 8928 or ET-8928i).

If you are an ETF HR Administrator, see the [ETF Specific Information](#) section, Aggregate Administrator Access for more information as well.

3.2. Accessing Your Administrator Account

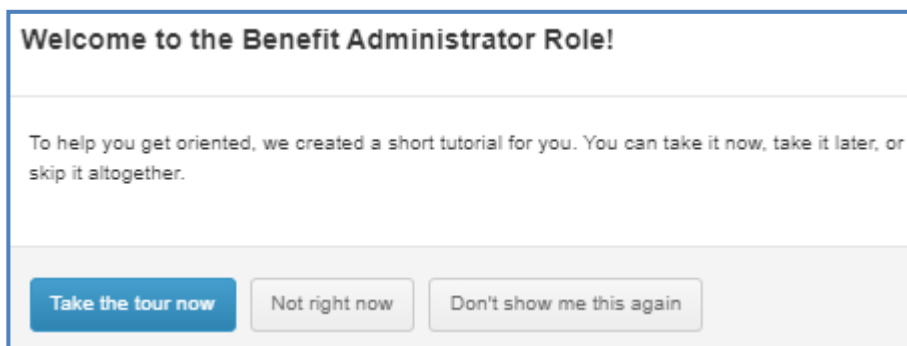
After establishing your access to My Insurance Benefits with ETF, navigate to the [Insurance Programs | ETF](#) page on the ETF website. Log in using your employer credentials. HR Administrators will need to follow instructions for multi-factor authentication (MFA). For detailed instructions, see the [Employer Multi-Factor Authentication Guide | ETF](#).

From within the employer portal, My Insurance Benefits is an option in the Employer Portal, and you can access it from the Welcome Page via single sign on (SSO).



4. Basic Navigation

Log into My Insurance Benefits to access your HR Administrator home page. A pop-up window will appear that will take you on a tour of the Benefits Administrator Role. Click *Take the tour now* to help orient yourself to the platform.



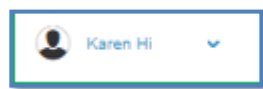
It will show:

- how to access your profile
- where to search for employees; and
- where reports are located

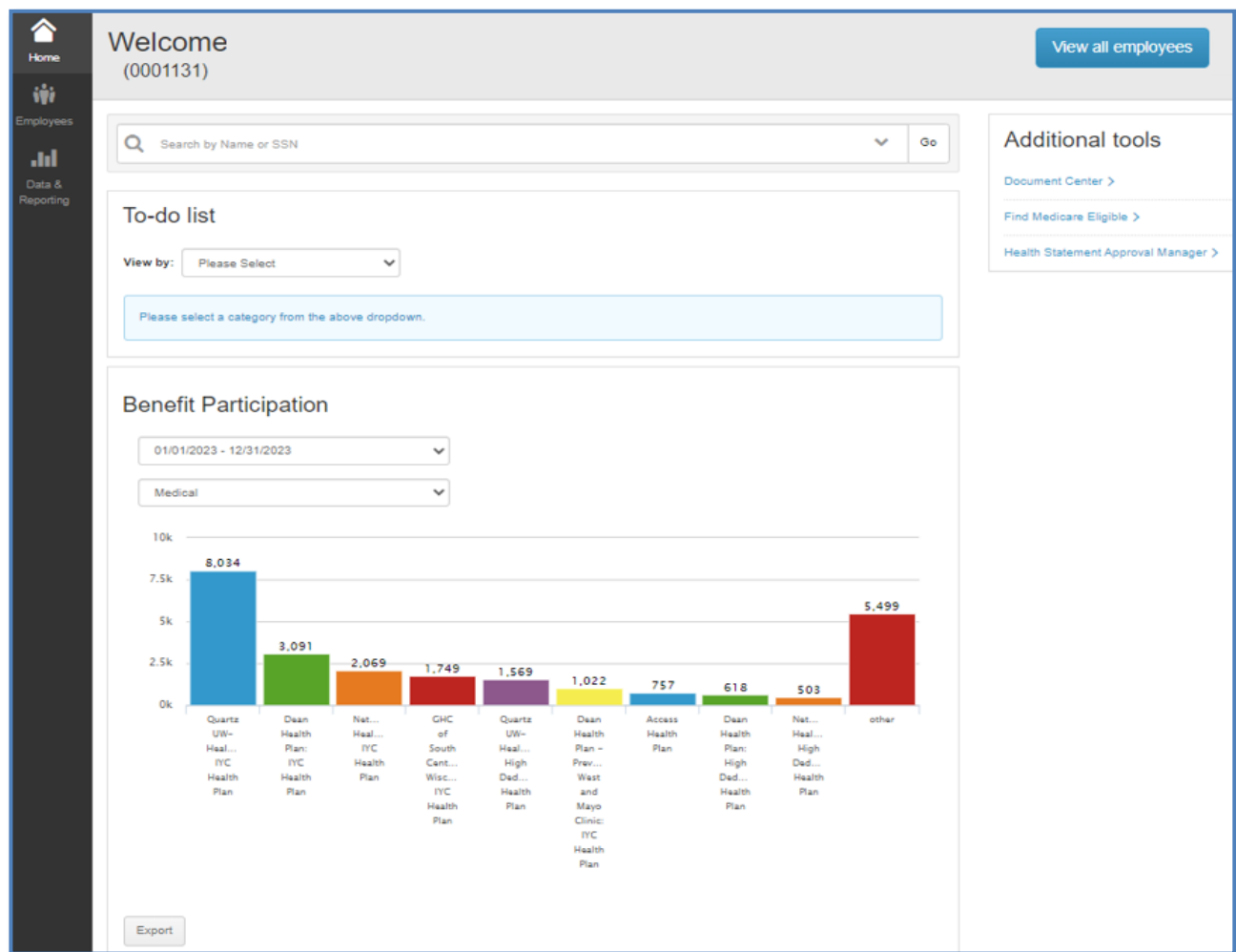
The tour also explains the benefit participation widget.

After you have completed the tour, you can click on “Don’t show me this again” the next time you log-in.

On the main landing page, in the upper right side, you will see your name and a drop-down option. This is where you can log out of the system.



The main landing page will look similar to this for most HR Administrators. Access can vary depending on your role. For example, you may see more or fewer icons along the left side of the screen.



In general, most administrators will see three key features and tools icons arranged vertically on the left side of their screen.

	The <i>Home</i> icon brings you back to the main landing page, as pictured above. From here, you can access the To-Do List, view enrollment information, and access other tools and menus.
	The <i>Employees</i> icon allows you to navigate to the member records. You can enter information within the Search bar or use the filters provided to narrow down your search. After the search criteria is narrowed, you can select from a provided a list of employees who meet those criteria.
	The <i>Data & Reporting</i> icon provides a list of reports that you can run. These reports provide administrative, benefit, member, payroll, and transactional history information.

On the home page is a *Search* bar where you can search for members *Name* (last name, first name) or *Social Security number*, *Member ID* or *ETF Member ID*. You may also check the *Remember this selection*, if you routinely search using this type of

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identifier.

The screenshot shows a search bar at the top with the placeholder text "Search by Name or SSN" and a "Go" button. Below the search bar, a dropdown menu titled "Search By..." is open. It contains four options: "Name or SSN" (which is checked), "Employer ID", "ETF Member ID", and "Remember this selection". At the bottom of the dropdown, there is a link that says "Advanced search". In the background, parts of other UI elements are visible, including a "To-do list" section with a "View by:" dropdown and a "Benefit" section.

You may also click *Advanced Search*, which will take you to the Member tab to search for members using additional criteria, such as employment status, benefits, task list, and/or categories.

The screenshot displays the "Advanced Search" page. On the left, there is a search bar with a dropdown menu set to "Name or SSN" and a "Search" button. Below the search bar are several filter sections: "Employee Status" (with options for Active, Retired, and Terminated), "Benefits" (with options for One or more accepted benefits and No benefits), "Task List" (with options for Sections that need to be approved, completed, pending carrier approval, carrier changes that need to be reviewed, and Sections that need to be reviewed by employee), and "Categories" (with a note about selecting multiple items and a "Calendar Set" dropdown). On the right side, there is a "Search Tips" sidebar. It includes sections for "Last Name" (with a "Show" link), "Last Name, First Name" (with a "Hide" link), "Preferred Search Method" (with an example: "Johnson, A" and search result examples: Allen Johnson, Aaron Johnson), "First Name Last Name" (with a "Show" link), and "Login ID, Member ID, Alternate ID, or Employer Assigned ID" (with a "Show" link).

Click *Home* on the left side of the page, you will see the *To-do list* underneath the *Search* bar allows you to view tasks based on the type. This list will vary depending on your role and availability of the benefit options.

To-do list

View by: Please Select

Please

Benefit

01/01/2025 - 12/31/2025

Medical

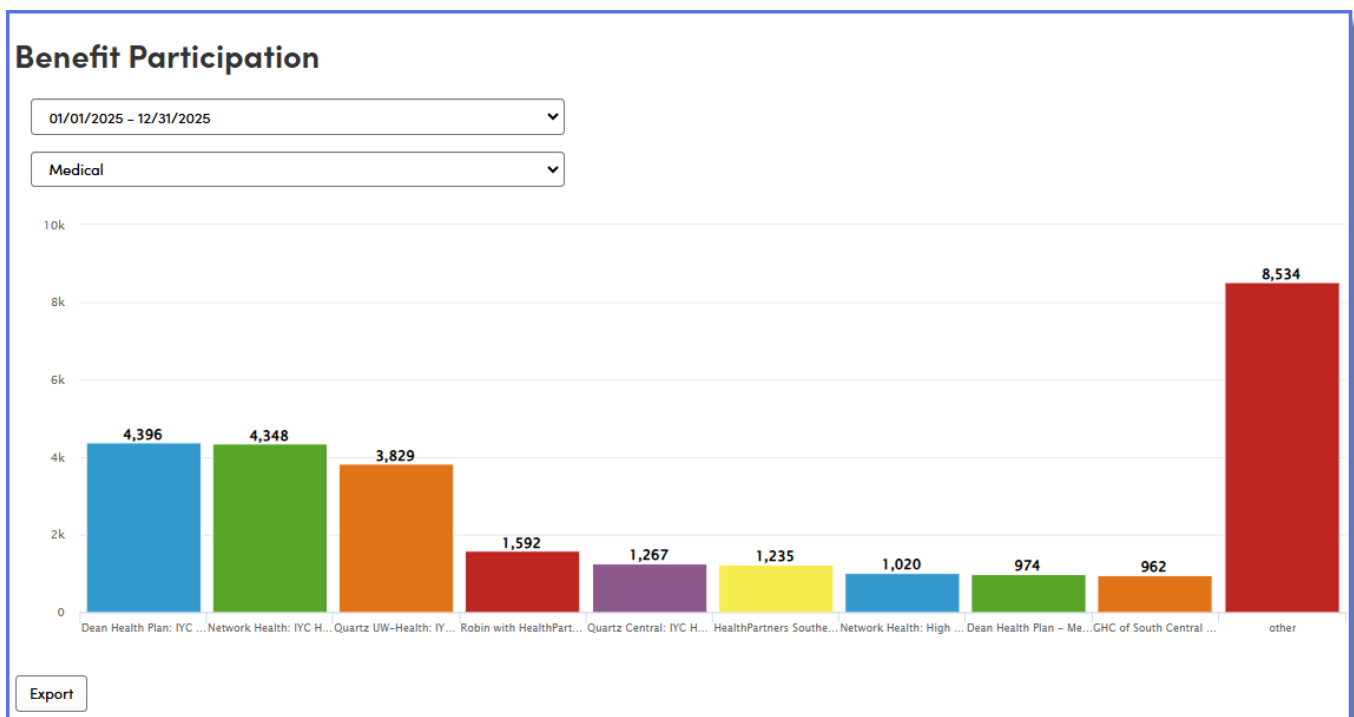
10k

7.5k

Please Select

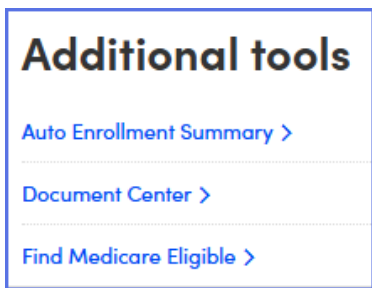
- All Tasks
- Calendar Set
- Current Age for Basic Life
- Dual Employment
- Employee Type
- Employer Medical Surcharge
- Employer Sub-Unit
- Employer Unit
- Employer Unit Program Option
- Employment Status
- ICI Contrib Wait Period Met
- ICI Premium Category
- ICI Premium Waiver
- Legacy Life
- Life Premium Waiver
- Medical Contrib Wait Period
- Medical Premium Contribution
- Opt Out Incentive Eligible
- Out of State Employee

The *Benefit Participation* chart provides a visual representation summarizing enrollment based on plan year and health coverage to understand current enrollment counts per coverage type within your specific organization. Coverage options will vary based on employer. This information can also be exported to an Excel spreadsheet.

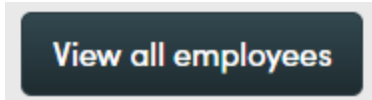


Under the Additional Tools menu, you may be able to see:

- **Document Center** is a feature in which applicable documents can be attached, accessed, and/or reviewed.
- **Find Medicare Eligible** is a search function which will generate *Employee Search Results* containing all members who have indicated that they have Medicare.

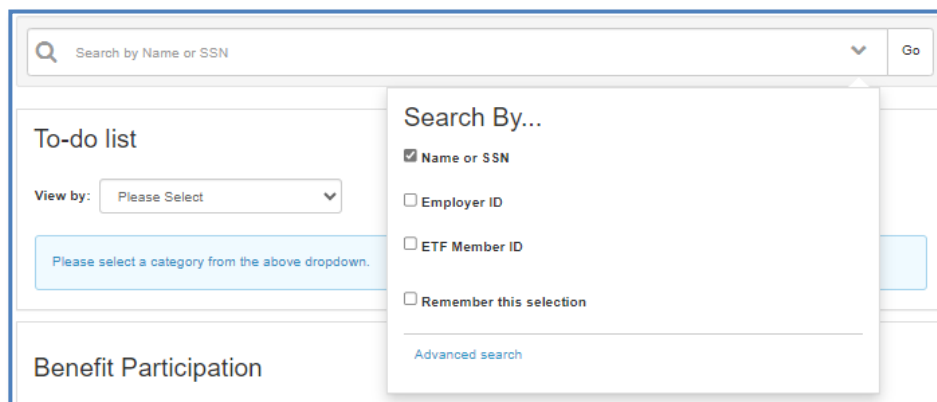


To the far right, you may click on the *View all employees* button. For organizations with member populations of under 100, this will display all employees. For those with more than 100, it will take you to the Employee Advanced Search page.



4.1. Searching for an Employee

You can search for a member by entering a *Name* (last name first, then a comma and then first name), or *Social Security number*, *Member ID* or *ETF Member ID* in the search bar above the To-Do List on the home page or in the top, right corner of any other page. You may also check the *Remember this selection*, if you routinely search using this type of identifier.



To see a list of all members, enter a comma in the search field and click *Go*. Click on the *Advanced Search* or on the *Employees* icon to initiate a more granular search to find exactly what you are looking for.

By selecting the *Advanced Search option*, you are able to select additional criteria to return a more targeted group of members:

- Alternate ID
- Benefit status (e.g., at least one accepted or no benefits)
- Category
- Member status (e.g., active, retired, terminated)
- Employer assigned ID
- Login ID
- Member ID
- Task status (e.g., sections need approval)

You will need to scroll down to review and select search criteria as applicable. Then click on the *Search* button at the bottom of the screen.

Advanced Search

Search

Name or SSN

Search

Employee Status

Include employees who are

☐ Active
 ☐ Retired
 ☐ Terminated

Benefits

Include employees with

☐ One or more accepted benefits
 ☐ No benefits

Task List

Include employees with

☐ Sections that need to be approved
 ☐ Sections that need to be completed
 ☐ Sections pending carrier approval
 ☐ Carrier changes that need to be reviewed
 ☐ Sections that need to be reviewed by employee

Categories

Include employees categorized as

To select more than one item in a list, hold down the Ctrl key while clicking on the choices.

Calendar Set

Include all

12 - 12 Months

Search Tips

Last Name

Show

Last Name, First Name

Hide

Preferred Search Method

Search by placing a comma between the Last Name and First Name

Example: "Johnson, A"

Search result examples:

Allen Johnson

Aaron Johnson

First Name Last Name

Show

Login ID, Member ID, Alternate ID, or Employer Assigned ID

Show

All of the search results will appear that match the selected criteria. From this list, you may now click on the + (plus) dropdown menu and select the appropriate action. If your search comes to an exact single match, you will be taken directly to the member record.

Employee Search Results					
<div> <div>24 Active Employees</div> <div>0 Terminated Employees</div> <div>Dependents</div> </div>					
Actions					
<input type="checkbox"/>	Type	Name	DOB	SSN	Actions
<input type="checkbox"/>		RIENH-ENH-PUBLIC-T4675, Bravo	07/02/1959	627-01-3611	+ ▶
<input type="checkbox"/>		RIENH-ENH-PUBLIC-T4677, Bravo	10/13/1957	596-01-2811	+ ▶
<input type="checkbox"/>		RIENH-ENH-PUBLIC-T4794, Bravo	10/13/1957	596-01-2815	+ ▶
<input type="checkbox"/>		RIENH-ENH-PUBLIC-T4937, Bravo	10/13/1957	596-01-2813	+ ▶
<input type="checkbox"/>		RIENH-ENH-PUBLIC-T4960, Bravo	10/13/1957	596-01-2814	+ ▶

By clicking on the member's name, you will be taken directly to their member record.

Etf HR Test2105 (ETFH2105)

***-**-2105

Manage Employee

Overview

Benefit details

Dependents

Documents

Interactions

Employee history

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Etf has 0 pending tasks

Benefits Snapshot

Medical

Medical Associates: IYC Health Plan 2023 | Individual | Effective as of 07/01/2023

\$50.00

Semi-Monthly

Pharmacy

Navitus Pharmacy 2023 | Individual | Effective as of 07/01/2023

\$0.00

Semi-Monthly

Wellness

Wellness 2023 | Individual | Effective as of 07/01/2023

\$0.00

Semi-Monthly

Uniform Dental

Uniform Dental 2023 | Individual | Effective as of 07/01/2023

\$2.00

Semi-Monthly

+10 Additional Benefits

You can click directly on the benefits listed in the snapshot to navigate to that benefit

Sections found on the member record include:

- List of pending tasks for the member
- Snapshot of the member's benefit elections which provides you with a view of the benefits the member is eligible for, has enrolled in, has refused, and has yet to take action on.
- Member Profile section which contains the member's personal information such as demographic, contact, work, and military status.
- Category values assigned to the member which drive eligibility and benefits options.

You can also click on *Manage employee* to access specific sections of the member's record.

Quick Links	Manage Benefits	Manage Employee	Reports
Overview	Edit/cancel benefits	View in member role	Employee Detail Report
Benefit details	Initiate life event	Send targeted message	Employee Benefit Summary Report
Dependents	Manage Medicare		
Documents			
Interactions			
Employee history			

4.2. View in the Member Role

To see the system exactly as your members view it, search for and select a member. Then select *View in Member Role* from the *Manage member* menu.



For more information on how to navigate as a member and how to help members complete their activities, see the Member User Guide.

Quick Links	Manage Benefits	Manage Employee	Reports
Overview	Edit/cancel benefits	View in member role	Employee Detail Report
Benefit details	Initiate life event	Send targeted message	Employee Benefit Summary Report
Dependents	Manage Medicare		
Documents			
Interactions			
Employee history			

The member role opens in a new window. In this view, an HR Administrator can do and see everything just like a member would.

Welcome to My Insurance Benefits!

Here you can enroll in and manage your insurance benefits.

To access benefits materials such as plan comparisons, covered providers and services, plan documents, contact information, and more, visit the [Insurance page](#) on ETF's website.

[Show more](#)

[Edit your benefits >](#)

Welcome back, HR

Thursday, February 20 at 2:13 PM CST

12

ACTIVE BENEFITS

[View benefits](#)

Change your current benefits

Print your benefits

View your medicare info

Edit your HSA contribution

Create dependent profile

	<p>If an open enrollment period is in progress, the Member Open Enrollment dates are used when viewing in the Member role. If there is a period of time prior to or after the member enrollment where HR Administrators can still make changes, also known as a silent period, the silent window dates will only be visible to the HR Administrator under Benefit Details.</p>
--	--

When you log out of the Member role, HR Administrators receive a notification in the Benefits Administrator role noting that any changes made while in the Member role will not be reflected until the next login.

You have been working in another window.

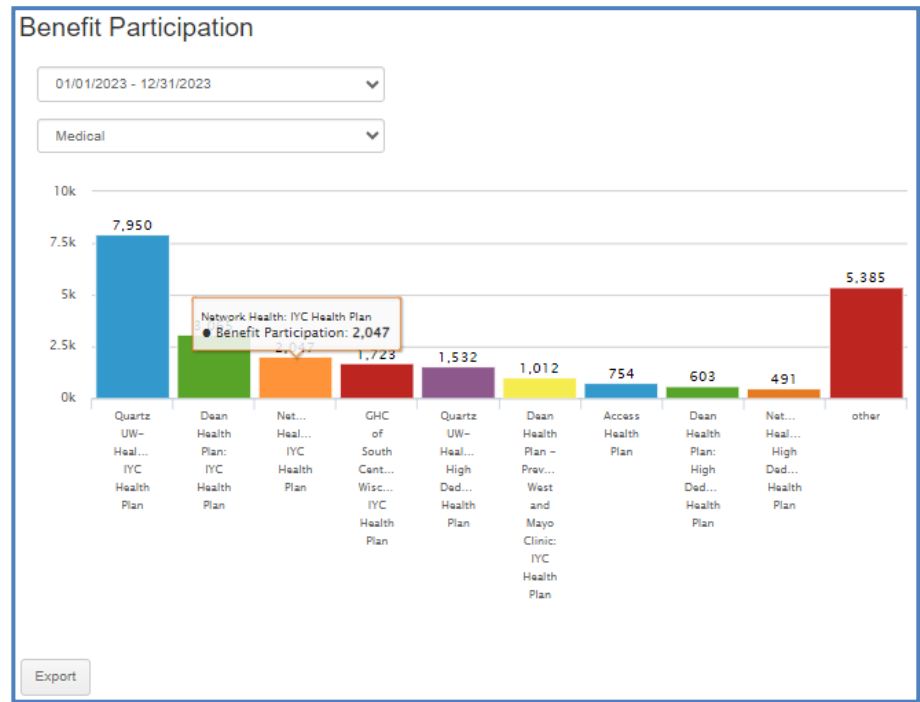
Any changes you made in another window will not display here until you log out and log back in.

[Log out to see latest changes](#)

4.3. Benefit Participation Widget

The Benefit Participation widget, located at the bottom of the home page, displays the number of members who are enrolled in each plan for the selected benefit type and participation period.

- 1. Select the plan year and the benefit type from the drop-down boxes above the chart.



- 2. If you hover over a column, you will see the number of members enrolled in the benefit plan.
 - a. To see who is enrolled in a specific plan, click on the hover text and you will see the list of members enrolled in that plan.
 - b. If the plan has more than 1,000 enrollments, then you will be prompted to either *Export to CSV* or run a *Benefit Detail Report*.

If you run a Benefit Detail Report, you will be redirected to the Data & Reporting screen where you can determine what information you would like to include. See the [Data Exchange Dashboard](#)

The Data Exchange Dashboard provides visibility into the member-level data included on files produced by the My Insurance Benefits system for your carrier, payroll, and other vendor systems. The dashboard allows you to view which jobs processed during a given date range and look deeper into the details of the processed job.

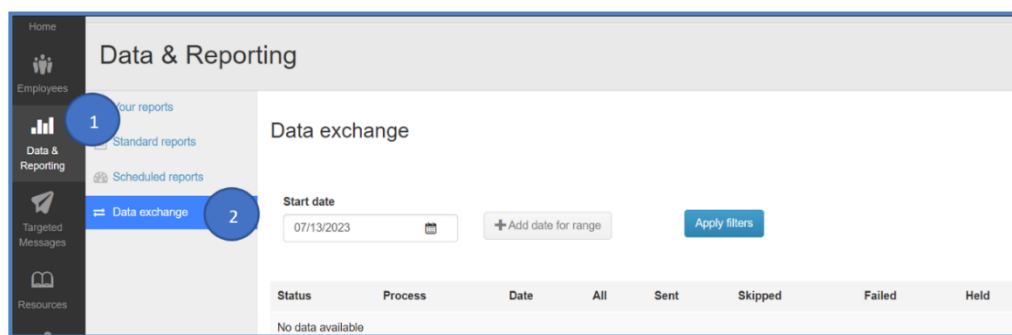
	A job refers to a set of instructions, business logic, and filtering logic that results in the import or export of a file.
--	--

With the dashboard, you can:

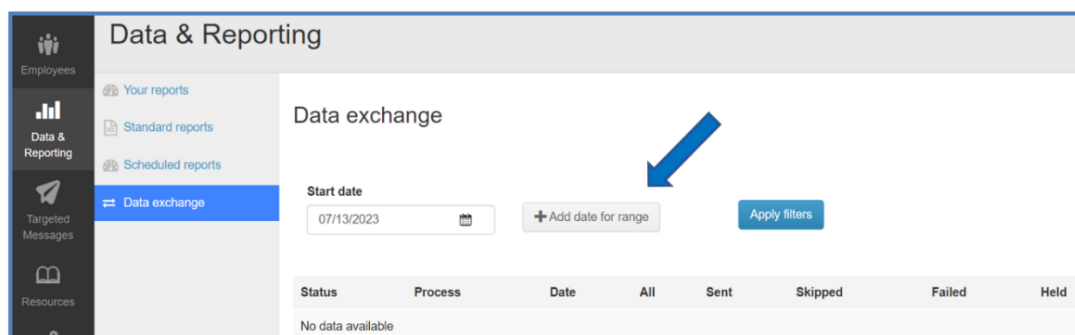
- View a list of jobs processed during a specified date range.
- View a breakdown of the number of members sent (included on the file), skipped (found to not have applicable data), failed (violated a business rule), or held (waiting for criteria to be met) by a particular job.
- Access a list of the members processed by a job.
- Navigate to a member's profile or transaction history directly from the list to view more details, complete tasks, or make corrections.
- View the reason a transaction failed.
- Download a CSV file of members processed by a job.

Follow the steps below to view information in the Data Exchange Dashboard.

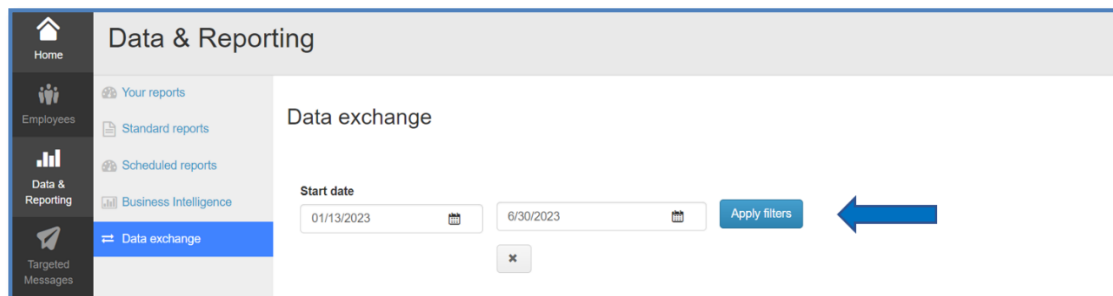
1. Select the *Data & Reporting* tab and click the *Data exchange* link in the secondary navigation.



2. Enter the date(s) for which you would like to review jobs processed.
 - If you enter a single date, the system will return all jobs run from that date through the current date.
 - Click *Add date for range* to specify a different end date.



3. Click the *Apply filters* button.



The Job Summary for the entered date range will display. The Job Summary page lists all the jobs processed during the specified date range in a table including the following details:

- **Name:** The name of the job that was processed.
- **Date:** The date that the job was processed.
- **All:** The count of all member contracts processed by the job.
- **Sent:** The count of members included on the file to be sent to the receiving party. Dependents are not included in the count view.
- **Skipped:** This is the number of members left out of the file because their information isn't relevant to the current task. For example, if a member changed their dental plan but the job is focused on medical plans, that change wouldn't be included. However, the system still checks and confirms that the dental change doesn't need to be added to this file. The rules for skipping members are based on the business guidelines set for the group or vendor.
- **Failed:** The count of members that failed to send due to violation of a business rule. An example is as an unexpected value in a field or a missing SSN. Failure logic is also determined by the business rules set for the group and/or vendor.
- **Held:** The count of members held from being sent due to not yet meeting certain criteria. An example reason is EDI lead time, where the vendor system cannot receive data until within a certain date of the event. Held members will

be sent when the criteria is met.

Depending on the amount of data, this can take a few seconds to several minutes to display. If you are loading a large amount of data, please allow sufficient time to load.

Data & Reporting

- Your reports
- Standard reports
- Scheduled reports
- Business Intelligence
- Data exchange**

Data exchange

Start date

Status	Process	Date	All	Sent	Skipped	Failed	Held
➡	FF21EB0AC26046E8E0530A80C80A94D6-PR	06/27/2023	26	0	26	0	0
➡	FF21EB0AC26146E8E0530A80C80A94D6-PR	06/27/2023	26	0	26	0	0
➡	SCV_HEALTHPARTNERS_5010_SWI	06/27/2023	1	1	0	0	0
➡	SCV_MAHF_5010_SWI_SINGL	06/27/2023	1	1	0	0	0

Data and Reporting section.

Employee Search Results

Plan Name: Network Health: IYC Health Plan 2025

This plan has more than 1,000 enrollees. What would you like to do?*

- ☐ Send a message to all
- ☐ Export to CSV
- ☐ Run a Benefit Detail Report to see enrollment details for all plans

Previous

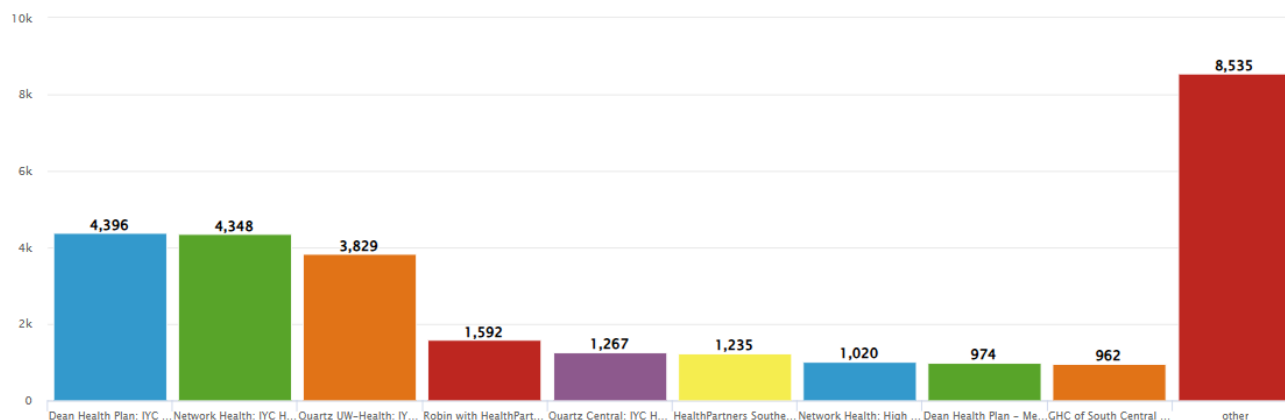
Next

3. To export a report of all members enrolled in the plan displayed, select *Export to CSV*, then click the *Export* button at the bottom of the chart. The file will save to the *Downloads* folder on your computer in CSV format.

Benefit Participation

01/01/2025 – 12/31/2025

Medical



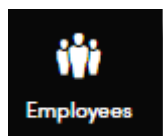
Export



A CSV file will be generated and automatically saved to your Downloads folder. Open the file in Microsoft Excel or a compatible software application. The file will show the benefit plan year (participation period), the benefit plan name, and the number of members who have selected the plan for the selected benefit type.

5. Member Information

The *Employees* tab on left navigation menu or at the top of the home page provides access to an advanced search tool, allowing you to locate any member's record in the system.



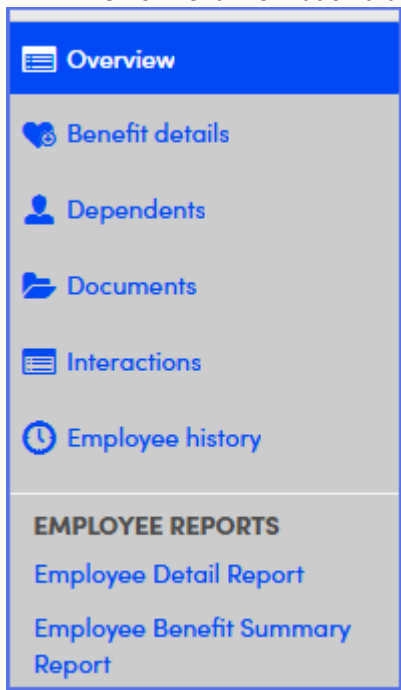
Employee information will flow from the Employee Transaction Application (ETA) interface and/or file transmissions into My Insurance Benefits. Maintaining accurate information is critical for data quality and customer experience.

Using the menu on the left, you can navigate to information you need.

- **Overview** – The main member landing page contains:
 - List of pending tasks for the member.
 - Snapshot of the member's benefit elections which provides you with a view of the benefits the member is eligible for, has enrolled in, has refused, and has yet to take action on.
 - Member Profile section which contains the member's personal information such as demographic, contact, work, and military status.
 - Category values assigned to the member.
- **Benefit details** – This section includes a list of benefits available, wait period, and initial enrollment if not yet elected. If benefits are elected, it displays the applicable categories, election status, plan name, coverage level, and who is covered.
- **Dependents** – This section includes a list of individuals eligible for coverage.
- **Documents** – This section includes documents that have been provided to support enrollment of eligible dependents

and other files that may support benefits coverages and/or elections.

- *Interactions* – This section includes space to document notes on actions and/or conversations with the member.
- *Employee History* – This section provides a detailed view of all of the transactions on the member's record.
- *Employee Reports* – The *Employee Detail Report* and the *Employee Benefit Summary Report* provide detailed enrollment information that can be shared with the member, if desired.

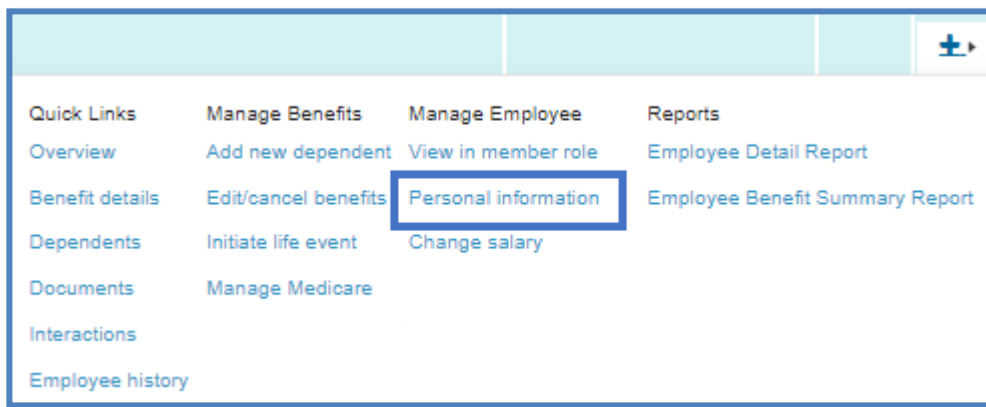


5.1. ***Employee Status and Information Changes***

As an HR Administrator, you are unable to hire, rehire, or terminate benefits for a member in the My Insurance Benefits system directly. All member status changes must be provided from employers either from a file based on their HRIS system or based on data entered into ETF's Employee Transaction Application (ETA) system.

In some instances, you may be able to update a limited set of employee personal and work information directly from the Manage Employee menu, once an employee is selected. Under the identified member, click the *Personal Information* option from the *Manage Employee* menu to make updates to the following:

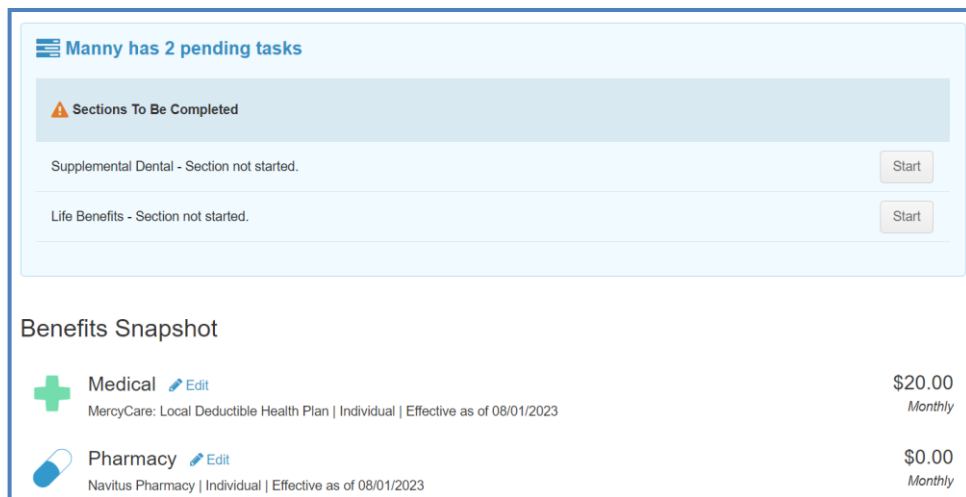
- Communication Disability Question
- Communication Preference
- Email (Personal)
- Ethnicity (Formal Response)
- Gender Identified
- Marital Status
- Name (Preferred Name)
- Phone (Alternate)
- Phone (Home)
- Race (Formal Response)



Values that are grayed out are not editable within My Insurance Benefits. Changes to this information must be made with the employer directly. All members, member status changes, and other demographic information needs to be entered in ETA and sent to the benefits platform via a file. Employers must share this information either from a file based on their HRIS system or data entered into ETF's ETA system.

5.2. Viewing Benefit Details

The Benefits Snapshot on the member record *Overview* tab shows basic information for up to four benefits for which the member is enrolled. Other available benefits that have not been elected will display in the *Sections To Be Completed* box at the top of the page.



HR Administrators are able to view and make changes to a members' benefits at any time. To do so, click the *Benefit details* tab within the member record.

On the *Benefit Details* page, you can see:

- All benefits available to the member and which benefits the member has elected or refused.
- Benefits that need to be started.
- Pending benefits that require an HR Administrator to approve or deny election changes.



If member is no longer eligible for a specific plan within an offer due to a category change, then an invalid category and plan combination notice will occur. An enrollment task will be created and the member notified. If a member is no longer eligible for an entire offer, then the plans will be canceled automatically, and depending on the plan then trigger a COBRA qualifying event.

Danielle has 2 pending tasks

Sections To Be Completed

Life Insurance 2025 - Invalid category and plan combination. - Basic Life Insurance 2025

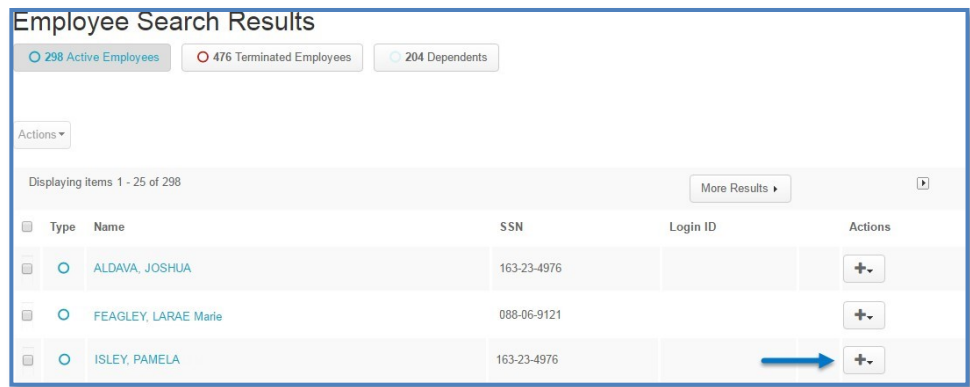
+ v

Additionally, if the member is also newly eligible for other plans within the existing offer, the system offers the ability to open an eligibility window, allowing the member to enroll in a new plan. If a member has an additional enrollment window prompt due to the type of category change, then the member will be able to take action.

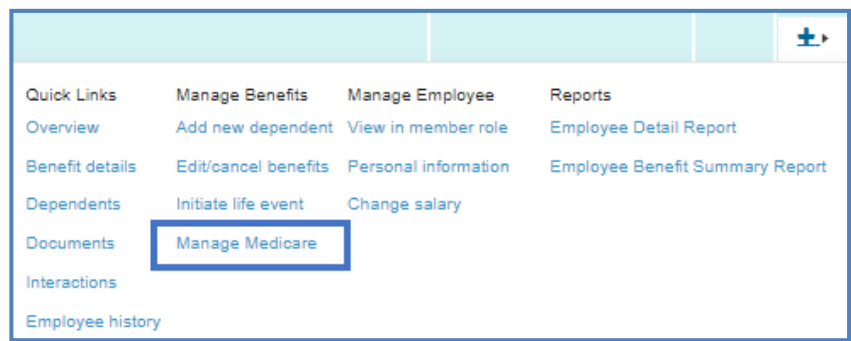
5.3. Manage Medicare

The Medicare Manager provides access to a list of members who are eligible for Medicare coverage. They may or may not be a retiree. You can navigate directly to members' records to add a new Medicare policy. Follow the steps below to add a Medicare policy to a member's record using the Medicare Manager.

- 1. Identify the member you are interested in working on in the search feature. Then click on the + (plus) dropdown button.



- 2. Select *Manage Medicare* from the *Actions* menu.



- 3. Enter or edit the member's Medicare policy information and the eligibility reasons. You should also enter the member's eligibility and benefit effective dates.
 - A member’s Medicare number consists of a combination 11 letters and numbers. The letters S, L, O, I, B, and Z are not used in the Medicare Beneficiary Identifier (MBI). You may enter the number with or without the dashes that are present on the card.

Add Medicare Policy

Policy Information

Medicare Number* ⓘ

Policyholder Karen P Baker

☒ Age

Eligibility Reason(s)* ☐ Renal Disease
☐ Disability

Hospital Insurance (Part A) ☒ Yes
☐ No

Eligibility Date ⓘ

Effective Date ⓘ

End Date ⓘ

Medical Insurance (Part B) ☐ Yes
☒ No

Eligibility Date ⓘ

Effective Date ⓘ

End Date ⓘ

Medicare Payer Status ⓘ

Medicare Payer Status	Effective Date	Expiration Date	
Primary	<input type="text" value="05/01/2019"/> ⓘ	12/31/2022	Delete
Secondary	<input type="text" value="01/01/2023"/> ⓘ		Delete
---Please Select---	<input type="text"/> ⓘ	<input type="text"/> ⓘ	Add

Cancel Add

- After you have provided all the necessary information, click *Add* at the bottom.
- On the summary page, review the information entered and *Edit* if necessary. Then click *Save*.

Medicare Policies

Karen P

Edit Delete

Medicare Number: 97A

Eligibility Reason(s): Age

Medicare End Date:

Hospital Insurance (Part A) Eligibility Date: 05/01/2019

Hospital Insurance (Part A) Effective Date: 05/01/2019

Hospital Insurance (Part A) End Date:

Medical Insurance (Part B) Eligibility Date: 11/01/2023

Medical Insurance (Part B) Effective Date: 11/01/2023

Medical Insurance (Part B) End Date:

Medicare Payer Status	Start Date	End Date
Primary	05/01/2019	12/31/2022
Secondary	01/01/2023	

Cancel Without Saving Save

6. To-Do List & Task Management

The *To-Do List* will display tasks when a member is missing information, submits documentation, or makes a change requiring your approval. If you work for a large employer, you will need to select an option from the *View by* drop-down menu if your tasks are not displayed by default. You can filter by specific categories.

There are two main types of tasks under the To-do list

- *Personal*: Tasks that reflect personal data changes, phone number, email, preferred name, etc.
- *Work*: Tasks that need review and approval due to a work-related change, category, job, pay, etc.
- *Current Benefits*: Tasks tied to benefit updates that need to be reviewed.

To-do list

View by: All Tasks

Personal

5 Employees Need to be Approved

Work

5 Employees Need to be Approved

Current Benefits


View by offer >

1787 Employees Need to be Approved

1 Employee with Election Approvals (Health Statement Required)

6.1. Types of Tasks

Multiple types of tasks can appear for each category. The table below lists the most common tasks you will see as an HR Administrator and a description of what they mean.

	It is important to address tasks in a timely manner to prevent delays in the information getting to the carrier/vendor. Best practice is to check for tasks daily. Depending on the size of your population and time of year, processing tasks multiple times a day may be necessary.
---	---

Task Category	Task Type	Sample Reason for Task	Action(s) to Take	Task prevents sending elections to the carrier
Benefit	Approval	Member benefit elections are completed and must be approved before file is sent to the carrier.	Review the task on the member record and any required documentation. Select <i>Approve</i> from the drop-down menu on the member record, if appropriate.	Yes
	Invalid data	The effective date for benefits is earlier than the member's hire date.	Determine which date is incorrect and then enter the correct information on the member record (<i>Hire Date</i> field) or revisit the member's benefit elections and correct the effective date.	Yes
	Hold	The member has an incomplete health statement.	This will only be indicated for income continuation insurance (ICI) as decision approvals are manually processed by ETF once provided by the carrier. Contact the member and inform them that the <i>Health Statement</i> (EOI) must be completed before benefits will take	Yes

Task Category	Task Type	Sample Reason for Task	Action(s) to Take	Task prevents sending elections to the carrier
			effect.	
	Provide more data	A member has a Benefits Not Started task.	Make elections for the member based on a paper application received or contact the member and notify them to elect benefits.	Yes
Personal	Provide more data	A member has missing information, such as an address.	Enter the information from a paper application received for the member on the member record or contact the member to notify them to enter the information.	No
	Approval	A member or administrator changed the member's personal information (e.g., address, phone number).	Review the information and select <i>Approve</i> from the drop-down menu, if appropriate.	No
Work	Approval	A member or administrator changed the member's work information (e.g., categories, earnings).	Review the information and select <i>Approve</i> from the drop-down menu, if appropriate.	No
Group Numbers	Provide more data	An incorrect or missing group number (e.g., billing number) is associated with the benefit.	Contact ETF to address. They will work to get carrier numbers assigned to the member(s).	Yes

6.2. Viewing Tasks by Category

Most employers will see all tasks that require attention on the *To-Do List*; however, some large employers will need to select a *View by* category first.

1. Select the desired category from the *View by* drop-down menu to show how many members require your attention in each category of tasks.

To-do list

View by: All Tasks

Personal

5 [Employees Need to be Approved](#)

Work

5 [Employees Need to be Approved](#)

Current

1787 [Employees Need to be Approved](#)

1 [Employee with Election Approvals \(Health Statement Required\)](#)

Benefits not started

Enrollment period: 01/01/2023 - 12/31/2023 Benefit offer: 17 selected Go

2757 [Employees whose enrollment period has passed](#)

2 [Employees with 6 or more days left to enroll](#)

Dependent Information

1 [Employee Missing Dependent Verification](#)

2. Click the blue text *Employees Need to be Approved* to view the members with pending tasks. Some of the more common types of incomplete information include:
 - Benefit elections that have not been started/completed
 - Missing addresses within the member's profile
 - Missing pay period information
 - Missing salary information for salary-based benefits
 - Invalid data

Personal

5 [Employees Need to be Approved](#)

Work

5 [Employees Need to be Approved](#)

3. A new screen will appear, displaying *Employee Search Results* of employees who need to be reviewed. You will select the employee to review from this screen by clicking on their name.
 - Members are categorized as active, terminated, COBRA exception, retired, or dependent. These categories are color-coded, and the key is at the bottom of the list.
 - Click the buttons at the top of the page to view members in a state other than “active” or to view dependents that require action.

Employee Search Results						
Including Employees with sections that need to be approved						
<div> <div>4 Active Employees</div> <div>1 Terminated Employee</div> <div>0 Dependents</div> </div>						
Actions ▾						
<input type="checkbox"/>	Type	Name	DOB	SSN	Login ID	Actions
<input type="checkbox"/>	Active	HinTest0530, Dennis	01/14/1955	***-**-0530	DENNISH0530	+
<input type="checkbox"/>	Active	LemTest4230, Drew	01/01/1980	***-**-4230	DREWL4230	+
<input type="checkbox"/>	Active	LemTest5352, Carley	01/01/1980	***-**-5352	CARLEYL5352	+
<input type="checkbox"/>	Active	WitTest2504, Jeffrey	01/01/1980	***-**-2504	JEFFREYWIT2504	+
Key Active Terminated COBRA Exception Retired Dependent						

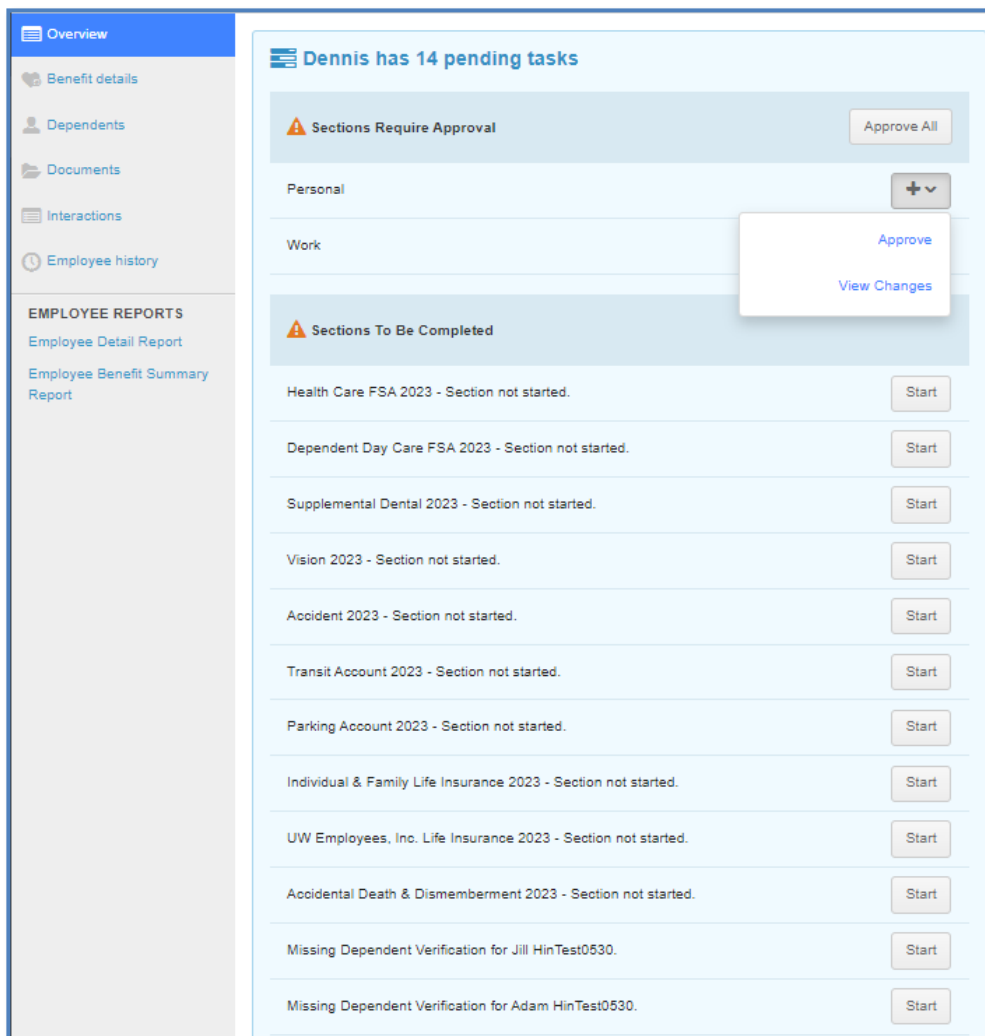
6.3. Reviewing, Approving, or Denying Tasks

You will be required to review and approve changes before the data is sent to the health carrier/vendor. This provides you with the opportunity to review what the member entered. It is important to act on these requests to ensure changes and enrollments for eligible members and their dependents are not delayed.


1. Click on the member's name from the *Employee Search Results* list.

Employee Search Results						
Including Employees with sections that need to be approved						
<div> <div>4 Active Employees</div> <div>1 Terminated Employee</div> <div>0 Dependents</div> </div>						
Actions ▾						
<input type="checkbox"/>	Type	Name	DOB	SSN	Login ID	Actions
<input type="checkbox"/>	Active	HinTest0530, Dennis	01/14/1955	***-**-0530	DENNISH0530	+
<input type="checkbox"/>	Active	LemTest4230, Drew	01/01/1980	***-**-4230	DREWL4230	+
<input type="checkbox"/>	Active	LemTest5352, Carley	01/01/1980	***-**-5352	CARLEYL5352	+
<input type="checkbox"/>	Active	WitTest2504, Jeffrey	01/01/1980	***-**-2504	JEFFREYWIT2504	+
Key Active Terminated COBRA Exception Retired Dependent						

2. Each member's tasks appear in the *Pending Tasks* section on the *Overview* tab. Depending on the situation, you may need to complete certain actions and/or validate accuracy.



3. Within the member's record, you can view, approve, or decline data changes using the + (Plus) icon associated with the task. You must review the change before approving a change. To do so, select *View Changes* from the plus icon. This will open a new tab in your browser.

	<p>The decline option is not available for all roles and/or on personal or work-related tasks. When it is available on benefit approval tasks, and when used, it will revert the member's benefits to the last approved state. When a document is requested, the system will show when the document has been submitted. You cannot review and approve the document from the Task Management tool but can see the status change. To review and approve, you will need to go to the Document Center.</p>
---	--

4. Review the *Old Value* versus the *New Value*. If the employee is new, all the values will be new. For existing members, review the old versus new to understand what is happening and make sure the data makes sense in the context.
5. After you have completed your review, click *Close* on the *History of Changes Report* or close browser tab to return to the member's record.
6. Select *Approve* from the + (Plus) drop down to approve the change.

7. The task is now cleared from the member's record and no longer appears on the To-Do List.

8. When *Sections To Be Completed* appears, the task of *Require More Data* or *Section Not Started* may require additional review, not just a simple approval. You may need to complete the activity on the member's behalf or contact the member to ensure timely completion. To begin the activity, select *Start*.

9. Enter the required information.
10. Click *Save* at the bottom of the page.

6.4. Automatic Notifications

Starting in 2026, My Insurance Benefits will functionality that will automatically trigger certain standard, automated email messages to send to the applicable member, when certain activities occur. The most common events that trigger automatic email notifications are related to:

- enrollment (start, end, completed, etc.);
- documents (needed, approved, missing, etc.); and
- personal information (needed, updated).

6.5. Sending Messages to Members with Pending Tasks

Starting in 2026, you can manually send a message to one or more members who have not completed their benefit enrollment or who require additional documentation.

1. Click the blue text of the task to be reviewed. The text will link to a list of members to whom you can send a message.

To-do list

View by: All Tasks ▾

Work

29 [Employees Need to be Approved](#) Approve All

Current Benefits

[View by offer >](#)

30 [Employees Need to be Approved](#) Approve All

Benefits not started

Enrollment period 01/01/2017 - 12/31/2017 ▾ Benefit offer 8 selected ▾ Go

1 [Employees whose enrollment period has passed](#) Refuse All

[View all employees with benefits not started >](#)

2. You can send messages to one or more of the members listed in the search results. To choose a member, select the checkbox to the left of their name. To choose all members, select the checkbox in the top row.

Employee Search Results

1 Active Employee 0 Terminated Employees 0 Dependents

Actions ▾

<input type="checkbox"/>	Type	Name	SSN	Login ID	Actions
<input type="checkbox"/>	Active	Corben, John	123-32-1091	RSKARE109177283	+

Key Active Terminated COBRA Exception Retired Dependent

3. Hover over the *Actions* drop-down menu and select *Send Message*. You also have an option to *Export as CSV* to generate a CSV file that contains data about the selected members for your reference.

Employee Search Results

1 Active Employee 0 Terminated Employees 0 Dependents

Actions ▾

<input type="checkbox"/>	Type	Name	SSN	Login ID	Actions
<input type="checkbox"/>	Active	Corben, John	123-32-1091	RSKARE109177283	+

Key Active Terminated COBRA Exception Retired Dependent

4. To send a message you will:
 - a. Determine the email address you would like the message to be sent to the member – *email preference*.
 - b. Select the *From email address*.
 - c. Enter the *Subject*.
 - d. Add your message to the *Email Body*.
 - e. Add an *Email Footer* as necessary.
 - f. *Attach a file (if necessary)*.
 - g. Select the *Delivery Schedule*.
 - h. Carefully review the message prior to sending.

- Click *Send* at the bottom of the page.

7. Dependent Management & Verification

ETF's recommended best practice is to encourage members to add and update their dependents themselves within My Insurance Benefits. This drives adoption and empowers members to be independent and take ownership of their own benefits. In the event that an employee cannot add their own dependents, you can manage dependent information for members from the *Dependents* tab on their behalf.

7.1. Adding a Dependent

Follow the steps below to add a new dependent to a member record.

- On the *Overview* screen, select the *Dependents* tab.

- Click on *Add new dependent*.



If the member has at least one dependent on file, the *Add another dependent* button displays instead.

3. Enter the dependent demographic information. It is strongly recommended that all values should be thoroughly completed, regardless of whether required or not. Required fields have an asterisk (*) and include:

- First Name
- Last Name
- Relationship
- Gender
- Date of Birth

Optional fields include:

- Middle Name
- Suffix
- SSN
- ITIN
- Contact Information



The ETF Member ID will be automatically populated by a system integration from the Employee Transaction Application (ETA).

Add new dependent

Enter new dependent's information below

Personal Information

First Name*

Middle Name

Last Name*

Suffix

Relationship*

Sex*

Date of Birth* ?

Please enter one of the following

☐ SSN

☐ ITIN (Individual Tax Identification Number)

ETF Member ID

Race (formal response) ?

American Indian or Alaskan Native

Black or African American

Other Pacific Islander

White

Ethnicity (formal response) ?

Not of Hispanic, Latino/a or Spanish Origin

Puerto Rican

Another Hispanic, Latino or Spanish Origin

Mexican, Mexican American, Chicano/a

Contact Information

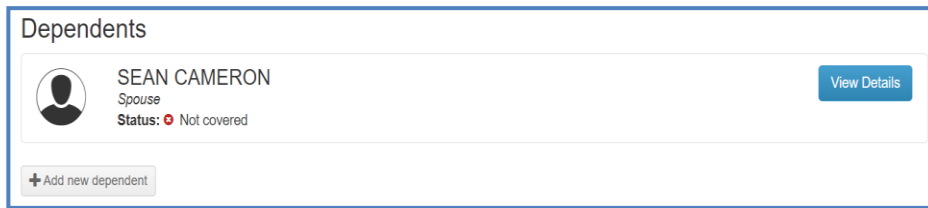
☒ Use employee address ?

Save and go to benefits


Save

Cancel

- Click **Save** at the bottom of the page. The new dependent appears within the Dependents section.



Dependents

 **SEAN CAMERON**
Spouse
Status: ● Not covered

[View Details](#)

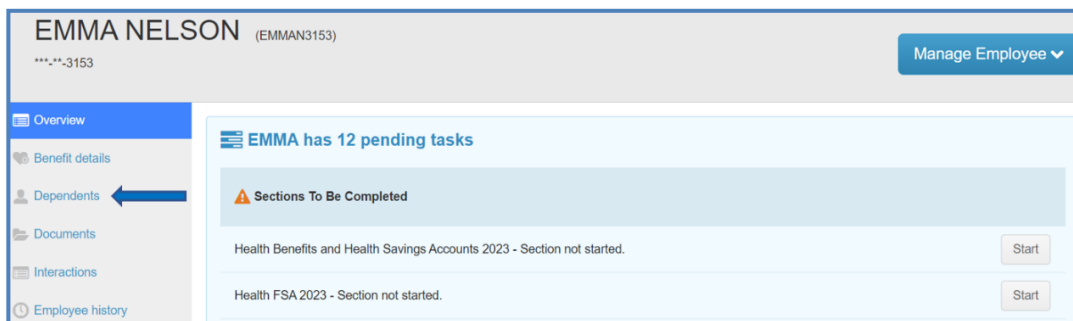
[+ Add new dependent](#)

7.2. Updating a Dependent Profile

Members and HR Administrators can view and add dependents anytime from the Dependents tab in the member record. However, all dependent information can only be edited before they are enrolled in benefits. After a dependent is covered by benefits, some details, like their date of birth, must be updated under the Benefit Details tab for the specific benefit. Also, dependents can't be removed after being added; they can only be hidden.

Follow the steps below to update a dependent's profile.

- Select the *Dependents* tab.



EMMA NELSON (EMMAN3153)
***-**-3153

[Manage Employee](#)

Overview
Benefit details
Dependents
Documents
Interactions
Employee history

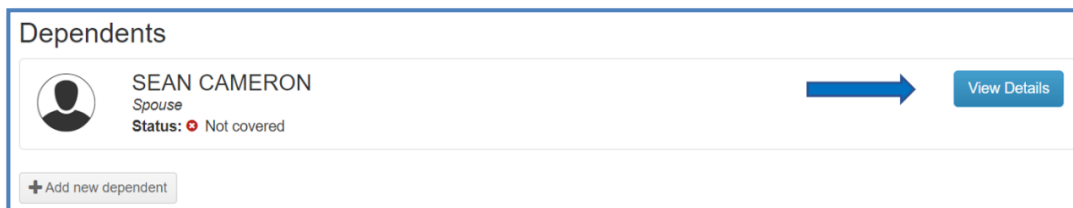
EMMA has 12 pending tasks

Sections To Be Completed


Health Benefits and Health Savings Accounts 2023 - Section not started. [Start](#)

Health FSA 2023 - Section not started. [Start](#)

- Locate the dependent and click *View Details*.



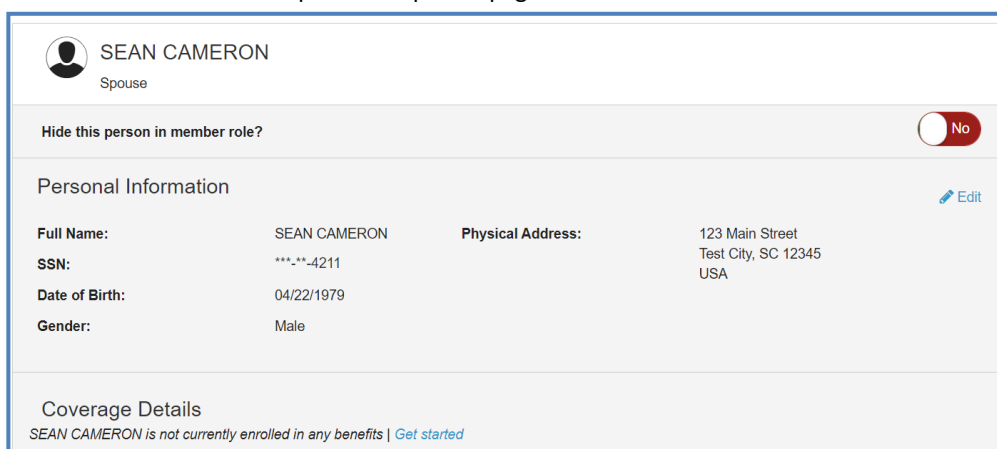
Dependents


 **SEAN CAMERON**
Spouse
Status: ● Not covered

[View Details](#)

[+ Add new dependent](#)

- Click *Edit* on the dependent's profile page.



 **SEAN CAMERON**
Spouse

Hide this person in member role? ☒ No

Personal Information [Edit](#)

Full Name: SEAN CAMERON Physical Address: 123 Main Street
SSN: ***-**-4211 Test City, SC 12345
Date of Birth: 04/22/1979 USA
Gender: Male

Coverage Details
SEAN CAMERON is not currently enrolled in any benefits | [Get started](#)

- Edit the existing information as necessary.

SEAN CAMERON
Spouse

Personal Information

First Name: SEAN Middle Name: Last Name: CAMERON Suffix:
 Relationship*: Spouse Gender*: Male
 Date of Birth*: 04/22/1979
 Please enter one of the following
☒ SSN
☐ ITIN (Individual Tax Identification Number)
 SSN:
 ETF Member ID:

- Click *Save* at the bottom of the page.

Save and Go to Benefits Save Cancel

7.3. *Hiding a Dependent*

HR Administrators, as well as members, may have the option to hide dependents from the member after their benefits coverage(s) have been canceled. This functionality may be used in sensitive situations in which the member would no longer want to view the dependent's name.

Follow the steps below to hide a dependent from the member's view.

- Select the *Dependents* tab.

EMMA NELSON (EMMAN3153) ***-**-3153 Manage Employee

Overview Benefit details **Dependents** Documents Interactions Employee history

EMMA has 12 pending tasks

Sections To Be Completed

Health Benefits and Health Savings Accounts 2023 - Section not started. Start

Health FSA 2023 - Section not started. Start

- Locate the dependent and click *View Details*.

Dependents

SEAN CAMERON
Spouse
Status: ● Not covered

View Details

+ Add new dependent

- Change the *Hide this person in member role?* slider to *Yes*.

4. Click *Back* at the bottom of the page to review your changes.

8. Document Center and Document Verification

The Document Center allows members to upload required documentation when they request to change their benefits due to a life event, after adding a new dependent, and/or at initial enrollment. This task is automatically triggered by the system.

As an HR Administrator, you will see these tasks appear either when documentation is missing and/or after the member has submitted the requested supporting documentation. You will need to closely review the documents to ensure they are meeting the authorized documentation guidelines (etf.wi.gov/insurance/life-events-guide/life-change-events-and-documentation-requirements) to prior to approval or denial. For more information on valid documentation and eligible dependents, visit the ETF website at Benefits | [ETF \(wi.gov\)](http://ETF(wi.gov)).

Within the Document Center, you can:

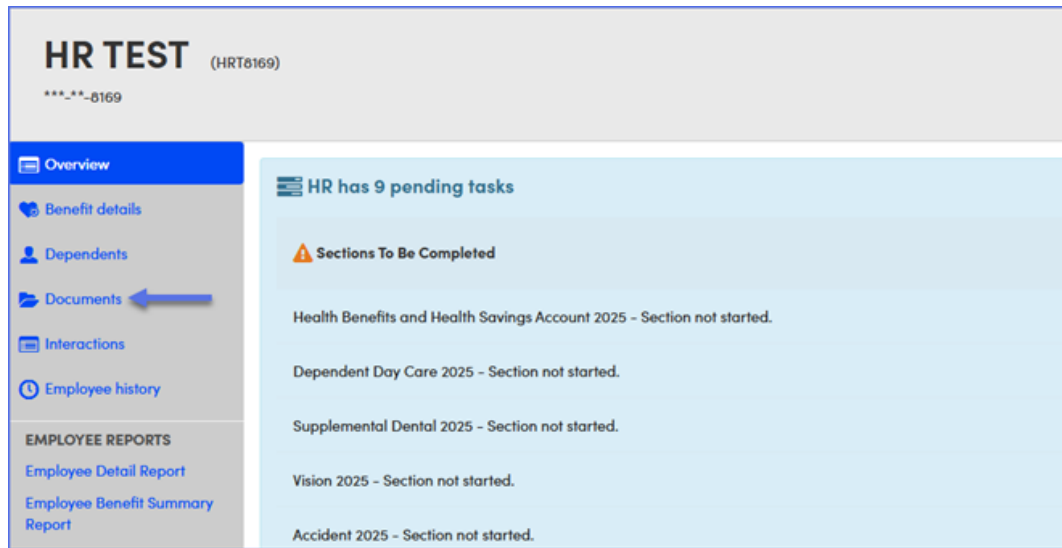
- track if members have submitted the appropriate documentation.
- review documentation.
- edit the document classification and add or replace the document with a new one.
- approve or deny the document.
- delete the request and document in its entirety.

Other Document Center functionality includes:

- **Filtering:** Use the *Filter by type* drop-down menu to locate members who have submitted a particular type of document (e.g., PDF, Word) or use the *Filter by status* drop-down menu to locate members based on their document request status (e.g., pending, approved, denied).
- **Sorting:** Click any column (e.g., Document Name, Date Created) to alphabetically sort the list based on the column's criteria.
- **Searching:** Enter all or part of a document's or a member's name in the search field to locate a specific submission.

8.1. Viewing Life Event Documentation

Members can use the Document Center to upload required documentation for a qualifying life event. All documentation that has been uploaded by the member or by an administrator on the member's behalf can be accessed from the *Documents* tab within the member record.

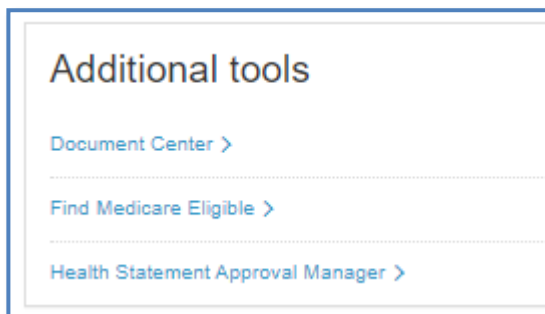


This will open the Document Center filtered by the current member. From the *Documents* tab, HR Administrators can view, approve, or deny the member's existing documentation, or upload a document on the member's behalf.

8.2. Approving or Rejecting Submitted Documentation

When reviewing submitted documentation, it is very important to ensure the correct authorized documentation has been submitted per policy. It is also very important to ensure that you accurately click on approve or deny. In the event that you inaccurately approve and/or deny a document, you will need to work with the member to resubmit the documentation. Follow the steps below to find members with a "pending approval" status:

1. Click the *Document Center* link within the Additional Tools section.



2. Select *Pending Approval* from the *Filter by status* drop-down menu to locate members with pending submissions.

Document Center

For requests with a status of "Document Required", upload a document to associate it. The Document will then show as "Pending Approval" until it is approved or denied by an administrator. When adding a document through the "Add Document" option, it can then be associated with a "Document Required" request and can be viewed by selecting the filter for "All Documents".

Documents

There are **16** requests

14 Document Required, 1 Pending Approval, 1 Approved, 0 Denied, 0 Disabled, 0 Expired, 8 All Documents

[+ Add Document](#)

Search by:
☒ Employee name ☐ Document name

per page **10**

Filter by type **All** Filter by status **All Requests**

Sort By: Document Name Date Created

Birth Certificate
 PDF
 Subscriber Name: Solomon Grundy N
 Benefits will not be effective until a ver
 has been received and approved by yo

11/02/2016
 01/08/2017
 Grundy, Sarah
 Birth Certificate

[Approve](#) [Deny](#) [Disable](#) [Edit](#) [Preview](#)

- Click the *Preview* link to download the content for review and to determine whether or not the submitted document's content meets ETF's requirements.

Filter by type **All** Filter by status **All Requests**

Sort By: Document Name Date Created Date Uploaded Employee

Birth Certificate
 PDF
 Subscriber Name: Solomon Grundy
 Benefits will not be effective until a verification document
 has been received and approved by your administrator.

11/02/2016
 01/08/2017
 Grundy, Sarah
 Birth Certificate

[Approve](#) [Deny](#) [Disable](#) [Edit](#) [Preview](#)

- Click *Approve* or *Deny* to change the submission status.
 - Clicking *Approve* changes the status to "approved" and will automatically notify the member that the document has been approved.
 - Clicking *Deny* prompts you to enter a reason for denying the document. Add additional context in the text box. When you deny a document, My Insurance Benefits automatically notifies the member of this action. Depending on the reason, the member is then able to upload a different document.

8.3. **Uploading Documentation on a Member's Behalf**

Members may provide documentation to their HR Administrator via email or require assistance submitting. In this case, it may be necessary to upload the document on a member's behalf.

1. Locate the member within the Document Center using the search feature and click the associated *Upload a Document* button.

2. Click *Choose File* within the *Adding New Document* window and locate the member's document on your computer.

3. Enter a name for the document that clearly indicates what the document is such as "First Name Last Name Birth Certificate" in the *Document name* field (i.e. JaneSmith_Birth Certificate.)

4. Select an option from the *Category* drop-down menu to specify the type of document.

Adding New Document

Choose File No File Chosen

Hover over the (?) above to view accepted file types.

Document name *
Kayla's Birth Certificate

Associate Document With *
KMEYER23 Search
Meyer, Katie (KMEYER23)

Category *

- Adoption Papers
- Adoption/Legal Guardianship Papers
- Affidavit
- Affidavit of Dependency/Guardianship
- Birth Certificate
- Child Document

Notes (ad hoc information; this will only be displayed to HR Admins)

Cancel Save

5. If applicable, enter additional information in the *Description* or *Notes* text box. Click *Save*.
6. Click *Approve* or *Deny*.

Kaylas's birth certificate

Subscriber Name: Katie Meyer

Benefits will not be effective until a verification document has been received and approved by your administrator.

11/17/2016
12/06/2016
Meyer, Katie
Birth Certificate

Approve Deny Disable Edit Preview

7. After you approve, the document the requested coverage change will be sent to the carrier for processing.

Kaylas's birth certificate

Subscriber Name: Katie Meyer

Benefits will not be effective until a verification document has been received and approved by your administrator.

11/17/2016
12/06/2016
Meyer, Katie
Birth Certificate

Approved Edit Preview Delete

8.4. Supplemental Documents Posting to ETF Document Repository

If a document is required, the system will automatically generate a task which will collect the document and upon receipt and push that document immediately to the ETF document repository upon approval.

In the event that a document is added via the Document Center and not attached to a specific task, you will need to take additional steps to send this document to the ETF document repository. In this situation, depending on access, you may see a button called *Send to API*. This button will force the document over to ETF using immediate API technology. You will then be able to see it within in the ETF document repository. If you are unable to access this button, contact the ETF Employer Insurance Unit for support.

Documents

There are 1 documents.

+ Add Document

Search by:

☒ Employee name
☐ Document name

Search

per page 10

Filter by type All
Filter by status All Documents
Sent on API All

Sort By:

Document Name

File Type

Date Created

Date Uploaded

Employee

Sent on API

<div>Word</div> <div>f</div> <div>Subscriber Name: HR Admin</div>	<div>02/28/2025</div> <div>02/28/2025</div> <div>Admin, HR</div> <div>Adoption Papers</div>
---	---

Edit

Preview

Delete

Send on API

9. Qualifying Life Event(s)

Qualifying life events (QLEs) refer to events like marriage, birth, divorce, and many others, which allow a member to make a benefit change outside the member’s initial or open enrollment periods. For example, after the birth of a child, a member may need to add a new dependent to their health insurance plan.

ETF encourages the best practice of encouraging members to enter their own qualifying life events themselves within My Insurance Benefits as this drives adoption and empowers our members to feel ownership of their own benefits. In the event that a member cannot complete the QLE themselves, follow the steps below to initiate a life event from the *Manage member* menu on their behalf.



While members can add new dependents to an existing plan based on a QLE and move from single to family or vice versa, they cannot also change their plan on their own. The member will need to contact the HR Administrator, who will need to manually change the plan on behalf of the member.

9.1. Qualifying Life Event (QLE) Companion Guide

Qualifying life events are complicated and are based on a combination of employer and governmental rules and regulations. Given the complexity of the plans and offerings, there is a supplemental Qualifying Life Event Companion Guide which includes detailed requirements including:

- Definition of the qualifying life event or change reason.
- Date rules and timeframes for action by members and HR Administrators.
- Details on who can initiate the QLE and what activities are required.
- Common errors and the messages that appear in My Insurance Benefits.
- Coverage changes that are permitted based on the QLE or change reason.
- Additional information for specific QLEs or change reasons that depart from the normal process in My Insurance Benefits.



Make note of the permitted changes that are allowed as a result of a life event to ensure the member’s requested change is compliant.

9.2. Initiating a Qualifying Life Event

1. Select *Initiate Life Event* from the *Manage member* menu.
2. The Life Events on File page appears, displaying all life events available for the member. Click *Initiate Life Event for Employee*.

Life Events on File

You may initiate a life event for this employee to use when making an election change

Name of Life Event	Event Date	Event Detail Date
▼ Category Change	07/01/2023	

Cancel **Initiate Life Event for Employee**

3. Select the appropriate life event from the *Life Event Type* list box and click *Next*.

Initiate a Life Event for Employee

You are initiating a life event for this employee

Life Event Type

- Guardianship or legal custody of a child
- Late Reported Divorce and New Marriage
- Leave of Absence
- Less than Half Time to Full Time
- Loss of dependent child status
- Loss of other coverage
- Marriage (Employee)**
- Medicaid Eligibility Change
- Medicare Eligibility Change

Next

4. Enter the date of the event.

Initiate a Life Event for Employee

Marriage (Employee)

Enter date of marriage 06/28/2023

Cancel **Save** **Save and Add Another**

5. Click *Save*. The application confirms the initiation of the life event.

Confirmation

You have successfully initiated a life event for this employee.

[Return to Employee Profile](#)

6. You should now either notify the member to make their enrollment changes or complete their enrollment on their behalf by going to the *Benefit details* tab.

9.3. ***Adding a Dependent due to a Qualifying Life Event***

Follow the steps below to add a dependent to a member's benefits as a result of a life event, on behalf of the member.

1. Select the *Benefit details* tab within the member record.

Christine Nelson (CHRISTINENE3607)
***-**-3607

Manage Employee

Overview

Benefit details

Dependents

Documents

Interactions

Employee history

EMPLOYEE REPORTS

Employee Detail Report

Christine has 0 pending tasks

Benefits Snapshot

Medical	Quartz West: IYC Health Plan 2023 Individual Effective as of 01/01/2023	\$50.00 Semi-Monthly
Pharmacy	Navitus Pharmacy 2023 Individual Effective as of 01/01/2023	\$0.00 Semi-Monthly

2. Click the *Edit* button associated with the offer you wish to update.

Health Benefits and Health Savings Account 2025

Edit benefits

Medical

Accepted

Plan	Common Ground: IYC Health Plan 2025 OID: 10000024155051967 GUID: 2F1F789F39E14888E0631D80C80AD481
Persons Covered	HR Test (Subscriber) OID: 10000024155050268, GUID: 2F1B774FEABFE82AE0631D80C80A908E, Effective 01/01/2025
Coverage Level	Individual
Additional Insurance	None
Attributes	COBRA Attribute 13: Common Ground IYC Health Plan (01-D), COBRA Attribute 15: EE, COBRA Attribute 19: P01S01, COBRA Attribute 21: Common Ground IYC Health Plan (01-D), Payroll Attribute 1: 38, Payroll Attribute 3: 1, Plan Coverage Code: IND, Standard 834 Attribute 02: ETF, Standard 834 Attribute 03: 391103756, Standard 834 Attribute 04: 0001999, Standard 834 Attribute 05: 01, Standard 834 Attribute 07: 01, Standard 834 Attribute 08: send_UPID, Standard 834 Attribute 09: 38, Standard 834 Attribute 15: 0001999-50500, Standard 834 Attribute 18: 0001999-01133-04, Standard 834 Attribute 31: P01S01

3. Click *Edit due to Change Reason*.

Enrollment Summary

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical

Changes Requiring a Change Reason

Choose your Medical plan type

Medical Accepted

Plan Quartz West: IYC Health Plan 2023

Persons Covered

Name	Relationship	Effective Date
Christine Nelson (Late*)	Subscriber	01/01/2023

*This family member is considered a late enrollee because he/she was enrolled outside of an initial eligibility period.

To edit a person's Name or SSN, click the person's name.

Coverage Level Individual

Edit due to Change Reason Cancel Benefits for All

4. Select the life event from the drop-down menu. In this example, we are adding a child due to a birth. Click *Next*.

5. Select the **Yes** radio button and enter the required dates (the actual date of the event and when you were notified) for the change. Make note of the permitted changes that are allowed as a result of a life event to ensure the member's requested change is compliant. Click **Next**.

6. Click **Edit** within the **Persons Covered** section to add the dependent.

Name	Relationship	Effective Date
Christine Nelson (Late*)	Subscriber	01/01/2023

7. Click **Add Dependent**.

Persons Covered

Choose who you want to cover

Covered	Name	Relationship	Effective Date
<input checked="" type="checkbox"/>	HR Test	Subscriber	01/01/2025

Add Dependent

- Enter the dependent information. Click *Add Another Dependent* to create a new dependent profile, if applicable, to add them to coverage. Otherwise, click on *Save*.

Persons Covered

Add Dependent

If the relationship of the new dependent is not listed, you may need to update the Coverage Level.

First/Middle/*Last	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	---Please Select---			
Sex	---Please Select---			
Date of Birth	<input type="text"/>			
ETF Member ID	<input type="text"/>			
SSN	<input type="text"/>			
Race (formal response)	<div>American Indian or Alaskan Native Black or African American Other Pacific Islander White</div>			
Ethnicity (formal response)	<div>Not of Hispanic, Latino/a or Spanish Origin Puerto Rican Another Hispanic, Latino or Spanish Origin Mexican, Mexican American, Chicano/a</div>			
Address	Use Employee's Standard Address			

Cancel

Save and Add Another

Save

- Ensure the existing dependent is added to the member's coverage.

Persons Covered

Choose who you want to cover

Covered	Name	Relationship	Effective Date	
<input checked="" type="checkbox"/>	HR Test	Subscriber	01/01/2025	
<input checked="" type="checkbox"/>	Child07 Test	Child	02/15/2025	Remove from coverage

[Add Dependent](#)

10. Click *Next* and then continue with the enrollment flow by answering all required questions for each benefit type.
11. Review your selections and click *Save*.
12. Verify that the coverage level and effective date have been updated, then click *Next*.

CURRENT BENEFITS

Health Benefits and Health Savings Account 2025

Reason for Change: Birth on 02/15/2025 [Edit](#)

Medical: Accepted

Plan: Common Ground: NYC Health Plan 2025

Persons Covered [Edit](#)

Name	Relationship
HR Test (Late*)	Subscriber
Child07 Test	Child

*This family member is considered a late enrollee because he/she was enrolled outside of an initial eligibility period.

Coverage Level [Edit](#)

Current Coverage - Individual
Requested Coverage - Family -- Pending Approval

Additional Insurance

*Currently, do any of the persons covered under this benefit have other health insurance?
Do not include GAC-EC medical insurance that the employee currently has through State of Wisconsin Department of Administration.

☐ Yes, and I have all the required information: Policy Number, Policyholder, Carrier's Name, and Effective Date.
☐ Yes, but I do NOT have all the required details.
☒ No, neither the employee nor any dependent has had health insurance.

[Next](#)

13. Confirm all information is correct, then click on *Save changes* or *Save changes and go to benefits* to action other enrollment updates.

Health Benefits and Health Savings Account 2025

Enrollment Summary ←

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical

Change Reason: Birth on 02/15/2025 [Edit](#)

Medical: Accepted

Plan: Common Ground NYC Health Plan 2025

Persons Covered [Edit](#)

Name	Relationship
HR Test (Late*)	Subscriber
Child07 Test	Child

*This family member is considered a late enrollee because he/she was enrolled outside of an initial eligibility period.

Coverage Level: Current Coverage - Individual
Requested Coverage - Family --- Pending Approval ⓘ

Additional Insurance: None [Edit](#)

[Save changes](#) [Save and go to benefits](#) [Cancel](#)

Semi-Monthly Premium Cost Summary

Total Premium	\$1,065.35
Employer Cost	\$942.50
Employee Cost	\$122.85

9.4. Dropping a Dependent due to a Qualifying Life Event

Follow the steps below to remove a dependent from a member's benefits as a result of a qualifying life event.

1. Click the *Benefit details* tab within the member record.

Christine Nelson (CHRISTINENE7087)
***-**-7087 [Manage Employee](#)

Overview [Benefit details](#) [Dependents](#) [Documents](#) [Interactions](#) [Employee history](#)

Christine has 0 pending tasks

Benefits Snapshot

Medical Edit	\$43.50
Medical Associates: HDHP 2023 Family Effective as of 01/01/2023	
Pharmacy Edit	\$0.00
Navitus Pharmacy 2023 Family Effective as of 01/01/2023	
Wellness Edit	\$0.00
Wellness 2023 Individual + Spouse Effective as of 01/01/2023	

EMPLOYEE REPORTS
[Employee Detail Report](#)
[Employee Benefit Summary Report](#)

2. Click the *Edit* button associated with the benefit.

Health Benefits and Health Savings Account 2025 [Edit benefits](#)

Medical [Accepted](#)

Plan: Common Ground NYC Health Plan 2025

Persons Covered: HR Test (Subscriber)
Effective 02/15/2025
Child07 Test (Child)
Effective 02/15/2025

Coverage Level: Family

Additional Insurance: None

Attributes: COBRA Attribute 1: Common Ground NYC Health Plan [01-D], COBRA Attribute 15: EE+FAMILY, COBRA Attribute 19: P01505, COBRA Attribute 21: Common Ground NYC Health Plan [01-D], Payroll Attribute 1: 36, Payroll Attribute 3: 4, Plan Coverage Code: FAM, Standard 834 Attribute 02: ETE, Standard 834 Attribute 03: 39103756, Standard 834 Attribute 04: 0001999, Standard 834 Attribute 05: 03, Standard 834 Attribute 07: 01, Standard 834 Attribute 08: send_UPID, Standard 834 Attribute 09: 36, Standard 834 Attribute 15: 0001999-50500, Standard 834 Attribute 18: 0001999-0133-04, Standard 834 Attribute 31: P01501

3. Click *Edit due to Change Reason*.

CURRENT BENEFITS

Health Benefits and Health Savings Account 2025

Enrollment Summary

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical

Changes Requiring a Change Reason

Change Reason: Birth on 02/15/2025

Medical: Accepted

Plan: Common Ground: IYC Health Plan 2025

Persons Covered

Name	Relationship	Effective Date
HR Test (Late*)	Subscriber	02/15/2025
Child07 Test	Child	02/15/2025

*This family member is considered a late enrollee because he/she was enrolled outside of an initial eligibility period.

Coverage Level: Family

[Edit due to change reason](#) [Cancel Benefits for All](#)

4. Select the life event from the drop-down menu. In this example, we are dropping a spouse due to a divorce. Click *Next*.

Reason for Medical Change

You are making a change to benefit elections. Why are you making this change?

☒ Divorce (Employee) ☐ Other (Correction, etc.)

[Cancel](#) [Next](#)

5. Select the *Yes* radio button. Enter the required dates for the change. Click *Next*.


***Reason for Change**

You have selected a Divorce (Employee) change reason.

You are permitted to perform the following adjustments to your insurance coverage as a result of this life event:

- You CANNOT cancel your coverage.
- You are NOT permitted to change your plan.
- You may change your coverage level.
- You CANNOT add any family members to your existing coverage.
- You can cancel coverage for any dependent.



Do you wish to continue with this change?

☒ Yes 



☐ No

If yes, please enter the following:

Enter date of divorce*

When were you notified about this life event?*

Previous **Next**

- Click *Edit* within the Plan section to update the plan if needed.
- Review the Coverage Level and Persons Covered sections. Click *Edit* within the Persons Covered section.


Medical

Change Reason Divorce (Employee) on 06/25/2023 [Edit](#)

Choose your Medical plan type [Edit](#)

Medical Accepted


Plan Medical Associates: HDHP 2023

Persons Covered  [Edit](#)

Name	Relationship	Effective Date
Christine Nelson (Late*)	Subscriber	01/01/2023
Shane Nelson (Late*)	Spouse	01/01/2023

*This family member is considered a late enrollee because he/she was enrolled outside of an initial eligibility period.




To edit a person's Name or SSN, click the person's name.

Coverage Level Family 

- Click the *Remove from coverage* button associated with the dependent you are dropping (e.g., the spouse).

Persons Covered

Choose who you want to cover

Covered	Name	Relationship	Effective Date	
	Christine Nelson	Subscriber	01/01/2023	
	Shane Nelson	Spouse	01/01/2023	Remove from coverage 

Next

9. Confirm the automatically generated benefit End Date per applicable plan rules. Click *Next*.
10. Click *Next* after confirming the new coverage level effective date. Continue making any other applicable changes to the member's election.

Name	Relationship
Christine Nelson (Late*)	Subscriber

*This family member is considered a late enrollee because he/she was enrolled outside of an initial eligibility period.

Coverage Level: Individual

Additional Insurance: None

Effective Date
 The Effective Date is auto-populated based on the business logic configured on the Qualifying Life Event Date Rules. No action needed, unless a correction is necessary.
 Enter an effective date.* 07/01/2023

Next

11. Click *Save* to complete.

9.5. **Updating Health Plans due to a Qualifying Life Event**

There are a few instances whereas an HR Administrator, you will need to manually intervene to enable the member to enroll in the health plan they would like to. These include the following event types:

- Adoption
- Birth
- Guardianship of a Child
- Legal Custody of a Child
- Proof of Paternity (More than 60 Days After)
- National Medical Support Notice
- Marriage
- Divorce
- Loss of Other Coverage

To permit the member to change health plans, complete the following steps in the HR Administrator role:

1. Navigate to member's account, then select *Manage Employee* in the top right, then *Initiate a Life Event for Employee* under the drop-down arrow.
2. Select *Initiate a Life Event for Employee*, then choose *Plan Change for Valid Life Event* from the list.
3. Enter the date of the corresponding life event.

After the event has been created by the HR Administrator, it will be available for the member to use and complete their elections. After the member makes the changes, the HR Administrator will receive a pending task to review and approve.

9.6. **Qualifying Life Event across Plan Years**


Members will not have access to the previous year's coverages once the plan year ends. It is entirely possible that a member will only update the current year benefits and miss updating on the prior year even though they were eligible for coverage. Additionally, they may not contact their HR Administrator to notify them of the change. HR Administrators will need to enter changes in My Insurance Benefits on the member's behalf if they have not done so themselves prior to the plan year ending.

For example, if a child was born on 12/15/24 and the member adds them to coverage on 1/10/25, the child's coverage start effective date would be 1/1/2025, not back to their original date of birth.

The HR Administrator would need to decline the QLE change in the current plan year. After doing so, they would proceed go

into the previous plan year to enter the change, which will then systematically carry forward to the current plan year as long as they are in the same plan across both plan years.

If the member does not notify HR Admin, the documentation that the member submits would not match up with the effective dates of the change entered, which would indicate to the HR Administrator that the requested coverage change also needs to be applied to the previous year.



For the first 65 days of the year, in particular, it will be very important for the HR Administrator to closely read the documentation effective dates to ensure that coverage is accurately entered both for the current and prior year to ensure no gap in coverage.

10. Enrolling a Member in Benefits

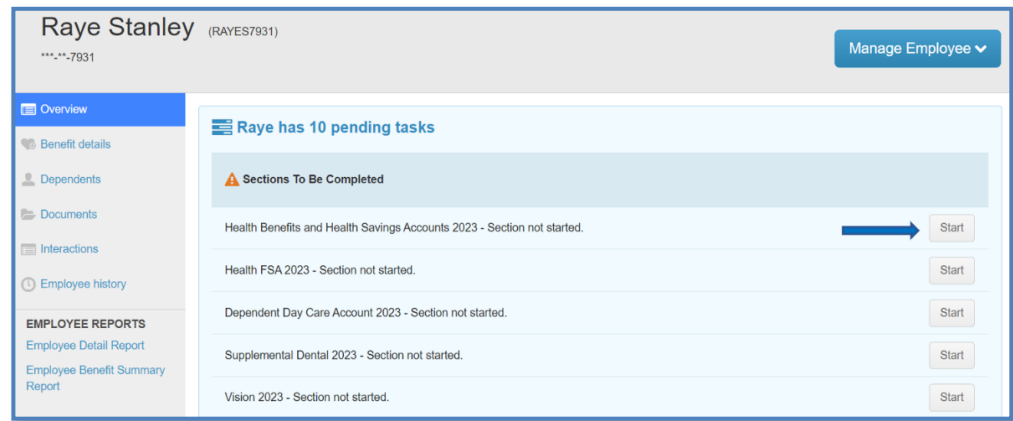
ETF’s recommended practice is to encourage members to elect their own enrollment decisions themselves within My Insurance Benefits. This drives adoption and empowers our members to be independent and feel ownership of their own benefits.

In the event that an employee cannot complete the enrollment themselves, electing benefits on a member’s behalf consists of a series of steps. The types of information that you will enter may vary depending on the employer, the member, and the type of benefit available.

10.1. Adding a Medical, Dental, and Health Savings Account (HSA) Elections

Follow the steps below to enroll a member in medical and dental coverage as well as a health savings account (HSA), if eligible. HSA options will only be available if the member elects a high deductible health plan (HDHP). The example provided is the most standard experience when a member is offered medical. These elections may not be visible to all members as members will only see the plans, they are eligible for through their employer.

1. Click *Start* for the medical offer in the *Sections To Be Completed* box on the member Overview page.



2. Select the medical plan in which the member is being enrolled in or scroll to the bottom to *Decline Coverage*. Then click *Next* at the bottom of the page.

CURRENT BENEFITS

Health Benefits and Health Savings Accounts

Medical

Plan

*Select A Plan Offered By State of Wisconsin

☐ Access Health Plan
☒ Access High Deductible Health Plan
☐ Aspirus: IYC Health Plan
☐ Aspirus: High Deductible Health Plan
☐ Common Ground: IYC Health Plan

Decline Coverage

☐ Decline coverage for this person

Next

3. If applicable, add a dependent for the member. Then, click *Next* at the bottom of the page.

Persons Covered

Choose who you want to cover

Covered	Name	Relationship	
	Raye Stanley	Subscriber	
	Sam Stanley	Spouse	Remove from coverage

[Add Dependent](#)

Next

4. Select a response for the Additional Insurance Survey. Then click *Next*.

Additional Insurance

Currently, do any of the persons covered under this benefit have other health insurance?
Do not include Aspirus medical insurance that the employee currently has through SWI University of Wisconsin System.

☐ Yes, and I have all the required information: Policy Number, Policyholder, Carrier's Name, and Effective Date.
☐ Yes, but I do NOT have all the required details.
☒ No, neither the employee nor any dependent has had health insurance.

Next

5. Select a *Uniform Dental* coverage to enroll or to decline coverage, select *Decline coverage for this person*. Then, click next.

Plan

*Select A Plan Offered By State of Wisconsin

☐ Uniform Dental

Decline Coverage

☐ Decline coverage for this person

Next

6. Verify if the date pre-populated in the *Effective Date* field. Then click *Next*. This should be based on the eligibility date rules defined for your organization.

Based on the member's medical plan selection, they may be eligible to enroll in a pre-tax savings account, such as a health savings account (HSA), flexible spending account (FSA), or limited purpose spending account. If they have not elected an HDHP, the following screens will not show.

7. Select an option from the *Contribute to my Health Savings Account* drop-down menu to indicate what type of contribution the member would like to make to the account.

HSA Contribution

A Repeating contribution is the amount contributed to my HSA account each pay period.

Contribute to my Health Savings Account

Annual ongoing contribution ▼

8. Enter the contribution amount in the appropriate field. The fields will vary depending on the type of contribution you are entering. Be sure to validate the certification assumptions with the member to ensure that they are eligible to contribute to an HSA account.

Annual contribution amount*

\$?

Start*

Pay Date: 12/14/2023 / Pay Period: (11/17/2023 - 12/01/2023) ▼ ?

End*

Pay Date: 12/28/2023 / Pay Period: (12/02/2023 - 12/16/2023) ▼ ?

Cancel **Add**

My estimated Health Savings Account (HSA) contributions

Start Date	End Date	Frequency	Employee PerCheck/Total (Final Check Amount)	Employer PerCheck/Total (Final Check Amount)		
12/14/2023	12/28/2023	Ongoing per pay period contribution		\$31.25 / \$62.50		
					Employee Annual Total \$0.00	
					Employer Annual Total \$62.50	
					Grand Total \$62.50	

How does my employer contribute to HSA?

By enrolling in an HSA, I certify that:

1. I have qualified High Deductible Health Plan (HDHP) coverage
2. I do not have other non-HDHP medical coverage, including coverage under my spouse's plan (unless it is an HDHP plan), or a general purpose Medical Flexible Spending Account (FSA)
3. I am not entitled to benefits under Medicare
4. I cannot be claimed as a dependent on another person's tax return.

Next



The system is configured to restrict HSA and FSA contributions to the IRS maximum. Members can add contributions up to the IRS max based on the medical coverage level and whether the member is eligible for additional catch-up amounts. Employer contributions will apply automatically if the member is eligible.

9. Click *Next* at the bottom of the page after you've added all contributions. A summary page of the elections you just made on behalf of the member will appear. Review the information and *Edit* any information or elections that are incorrect. You are also able to see the total cost that will be deducted from the member's paycheck for each benefit type.

Health Benefits and Health Savings Accounts 2023

Enrollment Summary

You may edit this benefit by clicking on the section's corresponding Edit button.

Medical

Medical	Accepted	Edit	Semi-Monthly Premium Cost Summary					
Plan	Access High Deductible Health Plan	Edit	Total Premium	\$372.58				
Persons Covered		Edit	Employer Cost	\$355.08				
			Employee Cost	\$17.50				
<table><thead><tr><th>Name</th><th>Relationship</th></tr></thead><tbody><tr><td>Thomas HinTest2235</td><td>Subscriber</td></tr></tbody></table>		Name	Relationship	Thomas HinTest2235	Subscriber			
Name	Relationship							
Thomas HinTest2235	Subscriber							
To edit a person's Name or SSN, click the person's name.								
Coverage Level	Individual		?					
Additional Insurance	None	Edit						
Effective Date	12/01/2023							

10. Scroll to the bottom. Then click *Save* or *Save & Go to Benefits* to continue the election process.

Cancel without Saving

Save

Save and Go to Benefits



There are two ways to see all the elections that are available to a member and to complete the enrollments on their behalf. Clicking *Save* will take you back to the Overview screen. Clicking on *Save and Go to Benefits* will take you to the *Benefits details* screen.

10.2. Adding Income Continuation Insurance (ICI)

Follow the steps below to enroll a member in ICI coverage:

1. Click *Start* for the ICI offer in the Sections to Be Completed box on the member's Overview Page.

Income Continuation Insurance (ICI) - US 2023 - Section not started.



Start

2. Select the plan or *Decline Coverage*. Click *Next*.

CURRENT BENEFITS

Income Continuation Insurance (ICI)

Plan

*Select A Plan

☒ Income Continuation Insurance 2023

Decline Coverage

☐ Decline coverage for this person

Next

3. Select a *Coverage Amount*. Click *Next*.

CURRENT BENEFITS

Income Continuation Insurance (ICI) - US 2023

Income Continuation Insurance (ICI)	Accepted	Edit
Plan	Income Continuation Insurance 2023	

Coverage Amount

Select a Coverage Amount for Income Continuation Insurance 2023

☒ \$37,500.00 per year
 (75% of annual salary maximum of \$90,000.00 per year \$120,000)

Decline Coverage

☐ Decline coverage for this employee

Next
←

- A summary page of the elections you just made displays. Click *Save* or *Save and Go to Benefits* to complete the ICI enrollment process covered.

CURRENT BENEFITS

Income Continuation Insurance (ICI) - US 2023

Enrollment Summary

You may edit this benefit by clicking on the section's corresponding Edit button.

Income Continuation Insurance (ICI)	Accepted	Edit
Plan	Income Continuation Insurance 2023	
Coverage Amount	\$37,500.00 per year (75% of annual salary maximum of \$90,000 \$120,000 r)	Edit
Effective Date	07/01/2023	Edit

Cancel without Saving
Save
Save and Go to Benefits

10.3. Adding Other Benefit Programs

Depending on the employer and the member's eligibility, there may be additional benefits available for election after selecting medical coverage, or as an alternative if medical is not available. Other potential benefit options that require an election decision may include:

- Life insurance (supplemental, spouse and dependent)
- Dependent day care
- Supplemental dental
- Vision (supplemental)
- Accident
- Transit Account
- Parking Account
- Other plans as available

Plans are subject to change and vary depending on employer and individual eligibility.

- To elect the coverage, click the *Start* button.

 **Sections To Be Completed**

Dependent Day Care FSA 2023 - Section not started.	Start
Supplemental Dental 2023 - Section not started.	Start
Vision 2023 - Section not started.	Start
Accident 2023 - Section not started.	Start
Transit Account 2023 - Section not started.	Start
Parking Account 2023 - Section not started.	Start

- Follow the directions on the screen, electing or declining coverage by clicking on the applicable circle following the member's elections.
- After the section is completed, click on the *Next* button.
- An Enrollment Summary Screen will appear for each benefit. Carefully review and *Edit* as necessary.


Enrollment Summary

You may edit this benefit by clicking on the section's corresponding Edit button.

Health Care FSA	Coverage Declined	Edit
End Date	12/01/2023	

[Cancel without Saving](#)
[Save](#)
[Save and Go to Benefits](#)

- When satisfied, click *Save* or *Save and Go to Benefits* to continue the election process.
- Continue to elect or decline coverage until all options have been completed.
- Click *Save* to view the *Overview* Screen.

 **Sections To Be Completed**

Dependent Day Care FSA 2023 - Section not started.	Start
Supplemental Dental 2023 - Section not started.	Start
Vision 2023 - Section not started.	Start
Accident 2023 - Section not started.	Start
Transit Account 2023 - Section not started.	Start
Parking Account 2023 - Section not started.	Start

- Clicking *Save and Go to Benefits* to view the *Benefit details* screen.

Dependent Day Care 2025
 Wait Period: 03/27/2025 - 03/29/2025 Initial Enrollment: 03/27/2025 - 03/29/2025

Dependent Day Care FSA Coverage Declined

Membership Enrollment

Attributes: Report Division 4 (Department): Billing Group: Administration, Desk Code: CENTRAL, Division Code: DCAPEE2025, Flex Attribute P: 2025, Payroll Attribute 1: Cx, Report Division 2 (Dental Class ID): Legislature

Supplemental Dental 2025
 Wait Period: 03/27/2025 - 03/29/2025 Initial Enrollment: 03/27/2025 - 03/29/2025

Supplemental Dental Not started

Vision 2025
 Wait Period: 03/27/2025 - 03/29/2025 Initial Enrollment: 03/27/2025 - 03/29/2025

Vision Not started

Accident 2025
 Wait Period: 03/27/2025 - 03/29/2025 Initial Enrollment: 03/27/2025 - 03/29/2025

Accident Not started

Additional Life Insurance 2025
 Wait Period: 03/27/2025 - 03/29/2025 Initial Enrollment: 03/27/2025 - 03/29/2025

Additional Life Insurance Not started

10.4. Dual Employment

While rare, there are instances where a member works for multiple agencies or local employers. Members who are employed with more than one organization will have a “Y” indicator that will be sent across from the Employee Transaction Application (ETA) to My Insurance Benefits via an integration file. The HR Administrator can review the employee’s record for the *Dual* Employment category. A “Y” means the member is employed by at least one other State employer. An “N” means they only have one state employer.

Categories

Calendar Set / 12	Current Age for Basic Life / 0 - 64	Dental Payment Source / AD	Dual Employment / N	Employee Type / 01	Employer Medical Surcharge / NA	Employer Sub-Unit / 0001999-01133-04
Employer Unit / Administration	Employer Unit Program Option / P01	Employment Status / FT	Health Insurance at Retirement / NA	Health Payment Source / AD	ICI Contrib Wait Period Met / N	
ICI Premium Category / 1	ICI Premium Waiver / N	Legacy Life / N	Life Payment Source / AD	Life Premium Waiver / N	Medical Contrib Wait Period / 0	Medical Premium Contribution / NA
Medicare Some Rate Override / N	Opt Out Incentive Eligible / N	Out of State Employee / N	Previous Employer / NA	Primary Employer / Y	Protective Status / N	Rehire / N
Under 70 When Hired / N	Unique Plan Eligibility / 1	UW Premium Waiver / N	UWHC Premium Waiver / N	Vision Payment Source / AD	WRS Eligible / Y	Tax Status / Pre

If an employee has multiple employers, they will need to decide which employer they want to enroll in for which benefits.

- If the member is employed by organizations A and B, then when electing coverage in the My Insurance Benefits system, they will have the option to choose either employer A or B during log-in.
- The member will need to complete their enrollment under employer A, log-out, log-in again under employer B, and complete that enrollment.
- The member will enroll and/or decline coverages under all organizations that they are eligible for coverage under.
- Most HR Administrators do not have access to multiple employers in My Insurance Benefits to make the updates to all coverages on behalf of the member under both employer A and B.

The employee will need work with both employers to ensure their enrollment is completed accurately, in the event they

cannot complete enrollment themselves.

10.5. Transferring between Organizations

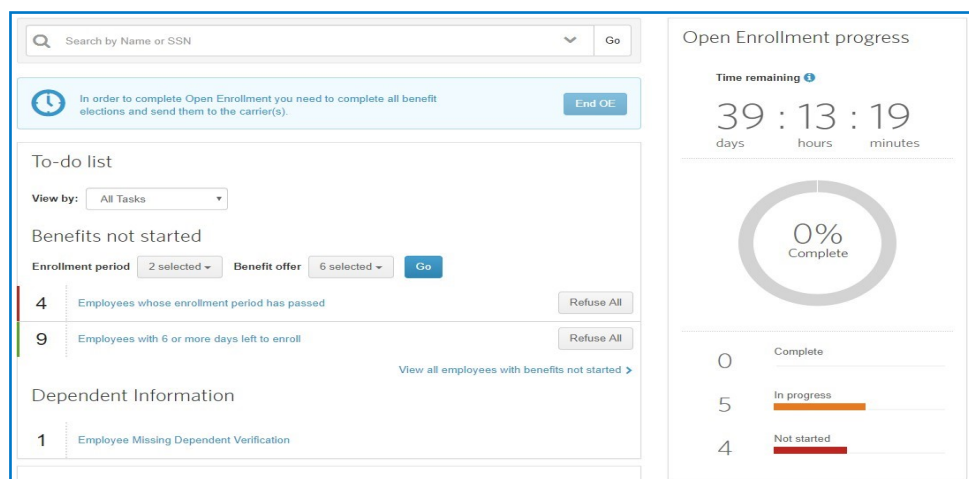
Given the number of state and local government agencies and organizations that participate in ETF programs, there are rules and agreements between entities that define how members are moved between groups and what happens with their benefits. The below table provides a high-level explanation of this activity and what the HR Administrator needs to do to support the member.

Scenario	Coverage Impact	HR Administrator Action
State to State Transfer (within 30 days)	All coverage remains the same and is mapped forward automatically.	Works with peer to validate that all coverage mapped correctly and active.
Local to Local Local to State State to State (more than 30 days)	Treated like a standard termination and new hire.	Originating organization terminates employee. New organization hires employee, opens enrollment window, and ensures enrollment is completed.
Active Employer (Local or State) to Retiree	Coverage is terminated in the active sponsor and must be manually re-enrolled in the retiree sponsor by ETF.	Originating organization terminates employee. Employee is “hired” under the Retiree sponsor, opens enrollment window, and ensures enrollment is completed.
Surviving Dependent	Coverage is terminated and re-enrollment in new coverage is required.	Originating organization terminates employee. Dependent is “hired,” opens enrollment window, and ensures enrollment is completed.

More detailed information can be found by visiting the ETF website at [Benefits | ETF \(wi.gov\)](#) or contacting the ETF Employer Insurance Unit.

11. Open Enrollment

The open enrollment period allows benefit changes to be made outside of a member’s initial enrollment period and without the occurrence of a qualifying life event. The home page separates open enrollment tasks from other, non-open enrollment tasks. The Open Enrollment Manager appears in the HR Administrator role at the top of the home page during the open enrollment (OE) period. The Open Enrollment Manager provides a reminder of tasks to complete before open enrollment can end.



The *Open Enrollment Progress Widget* provides a high-level overview and visual representation of the status of an employer’s

open enrollment progress. The widget appears on the right of the HR Administrator home page while open enrollment is in progress.

The *Time remaining* counter at the top of the widget is based on the member open enrollment end date and the configured time zone. If there is more than one applicable end date, the time remaining is based on the latest of the end dates. If open enrollment dates are not configured for the member, then time remaining is based on the dates configured for the HR Administrator.

11.1. *Reviewing Open Enrollment To-Do List Tasks*

Before open enrollment elections can be sent to the insurance carrier, members must first approve or refuse all sections in their To-Do List per the dates communicated by ETF. In the event that the member does not complete their tasks, the HR Administrator should watch for communication from ETF which outlines the expected timelines and activities that require completion in preparation for open enrollment.

For more information on how to action tasks, see the section To-Do List & Task Management above.

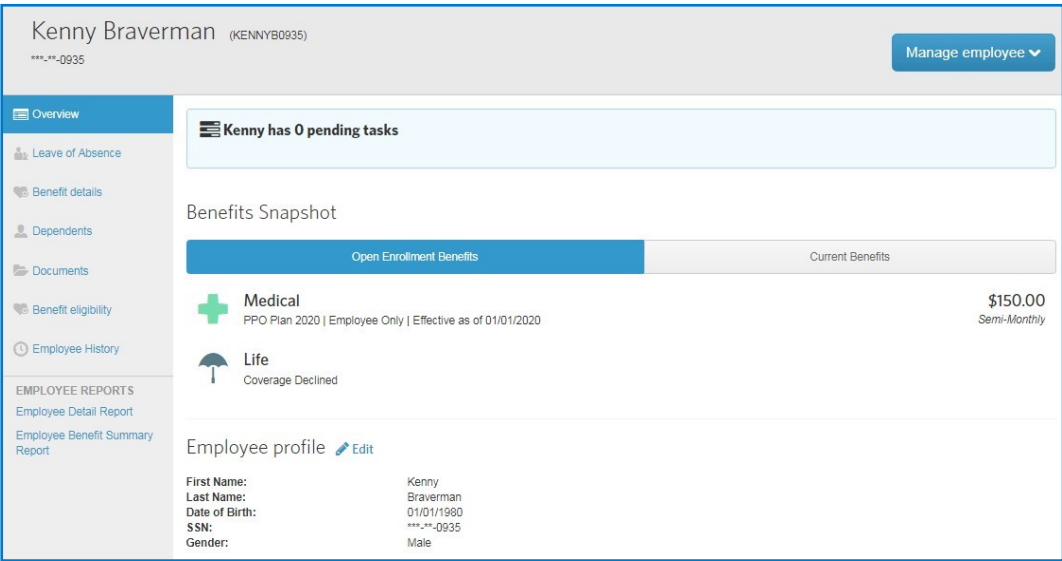
11.2. *Managing Member Open Enrollment Benefits*

When you open a member’s record, HR Administrators may notice that there are two tabs on the Benefit Details page: *Open Enrollment Benefits* and *Current Benefits*.

The *Current Benefits* tab displays the member’s current benefit elections.

The *Open Enrollment Benefits* tab shows elections that are available for the member in the upcoming open enrollment period. If you have not elected benefits for the member for the open enrollment period, click *Start* to begin enrolling the member in benefits.

After the member is enrolled in both current and open enrollment benefits, the Overview page will show an *Open Enrollment Benefits* tab, and a *Current Benefits* tab. Select the applicable tab to review the benefits for the member.



11.3. *Electing Benefits in Multiple Overlapping Enrollment Periods*

Sometimes a member may have multiple enrollment windows open at the same time. For example, a member may be in an initial enrollment period at the same time as your organization’s open enrollment period. The system will check to make sure the following criteria are met:

- A new hire is added to the current benefit period when a future benefit period exists.
- The member effective date occurs prior to the future benefit period effective date.
- The plan in the current benefit period is also available in the future benefit period.

- The plan coverage levels are the same in both benefit periods.
- The member is enabled for the same benefits in both benefit periods.
- If the member has a category change effective on or after the renewal date, the benefits enabled for the new category must be the same of those enabled for the old category.

If all of the above are true, then the system copies the elections from the current year to the future year.

For members that have a QLE happening at the end of one plan year and do not report it until the new plan year, but are still within the allowed QLE window, there are two likely member scenarios.

Scenario 1: Member does not enter the change and submits a request to HR Administrator.

- In this scenario, the HR Administrator would go into the previous plan year to enter the change, which will then systematically carry forward to the current plan year as long as they are in the same plan across both plan years.
 - If they are in different plans across plan years, for example, HDHP in previous and IYC Health Plan in current, the HR Administrator will be notified after updating previous to also update current.

Scenario 2: Member enters the changes to current and may or may not notify the HR Administrator that QLE has occurred in the previous plan year.

- In this scenario, the HR Administrator would need to decline the QLE change in the current plan year. After doing so, they would proceed go into the previous plan year to enter the change, which will then systematically carry forward to the current plan year as long as they are in the same plan across both plan years.
- If the Member does not notify HR Admin, the documentation that the Member submits would not match up with the effective dates of the change entered, which would indicate to the HR Administrator that the requested coverage change also needs to be applied to the previous year.

12. Payroll

12.1. Payroll Deduction Dashboard (UWHC and ETF Retiree & Inactives Only)

Starting in 2026, the Payroll Deduction Dashboard is only available to groups that have deduction-based payroll integration and permissions. The Deduction Dashboard provides you with payroll deduction information, including the deduction or credit amount, paycheck date, and associated benefit by member. To view the Deduction Dashboard, navigate to an individual member record, and select *Payroll deduction* from the secondary navigation bar.

Within the member record, HR administrators have the ability to add or edit payroll deduction adjustments using the Deduction Dashboard. Follow the steps below to manually add an adjustment.

1. Select the *Payroll deduction* tab within the member record.

Oliver Queen (OLIVERQ6596)
953-01-6596 123456 o.queen@southwestinterior.com

Manage employee ▼

Overview

Leave of Absence

Military

Direct deposit

Benefit details

Dependents / Beneficiaries

Documents

Payroll deduction

Benefit eligibility

Oliver has 0 pending tasks

Benefits Snapshot

Benefit Type	Description	Amount	Frequency
Medical	HDHP Employee Only Effective as of 08/03/2018	\$20.00	Bi-Weekly
Health Savings Account (HSA)	Health Savings Account (HSA) Effective as of 08/03/2018	\$50.00	Bi-Weekly
Dental	Coverage Declined	\$12.26	Bi-Weekly

2. Select a date and, if applicable, a benefit type for the deduction you would like to adjust.

For example, if you select *09/10/2021* as the date and *Medical* as the benefit type, your view will be filtered to only

show the September 10 paycheck and medical plan in which the member is enrolled. Additionally, you can filter by deduction codes. Click *Add another date for range* to locate multiple paychecks.

Payroll Deduction

Pay Date: 09/10/2021 + Add another date for range Filter by Benefits: Please Select Filter by Deduction Codes: Please Select

Apply Filters

1 - 3 of 3

Pay date	Benefit	Deduction Code	Employee Pre Tax	Employee Post Tax	Imputed Income	Adjusted Deduction	Employer Total Deduction	Employee Total
09/10/2021	SUPPHARM	SUPPHARM_ER	-	-	-	-	\$0.00	\$0.00
09/10/2021	BASICBENEFIT	-	\$0.00	\$0.00	-	-	\$0.00	\$0.00
09/10/2021	SUPPHARM	SUPPHARM	\$0.00	\$0.00	-	-	\$0.00	\$0.00

+ Add adjustment

1 - 3 of 3

Create Payroll Report

3. Click Apply Filter.

4. Click Add Adjustment at the bottom of the page.

Payroll Deduction

Pay Date: 09/10/2021 + Add another date for range Filter by Benefits: Please Select Filter by Deduction Codes: Please Select

Apply Filters

1 - 3 of 3

Pay date	Benefit	Deduction Code	Employee Pre Tax	Employee Post Tax	Imputed Income	Adjusted Deduction	Employer Total Deduction	Employee Total
09/10/2021	SUPPHARM	SUPPHARM_ER	-	-	-	-	\$0.00	\$0.00
09/10/2021	BASICBENEFIT	-	\$0.00	\$0.00	-	-	\$0.00	\$0.00
09/10/2021	SUPPHARM	SUPPHARM	\$0.00	\$0.00	-	-	\$0.00	\$0.00

+ Add adjustment

1 - 3 of 3

Create Payroll Report

5. Select the benefit type for which you want to make a retro adjustment from the *Benefit* drop-down menu. Only the benefits the selected member is enrolled in will populate as options.

Add adjustment

Please enter your adjustment preferences below. Benefits with a review task will not be available until the task is complete.

Benefit*

Please Select

Starting paycheck*

Please Select

Adjustment Type*

Please Select

Paycheck adjustments

Adjustment amount*

\$

Save Cancel

6. Select the paycheck during which the retro adjustment should begin from the *Starting paycheck* drop-down menu.

7. Select the type of adjustment being made (e.g. Member Pre-Tax adjustment or Defined Contribution) from the

Adjustment Type drop-down menu.

8. Select the number of paychecks from which the adjustment applies. You will only be able to select up to the number of paychecks remaining in the deduction calendar.
9. Once the number of paychecks in which the adjustment applies to is entered, the last paycheck (i.e., ending paycheck) date will populate.
10. Enter a positive or negative adjustment amount for each paycheck in the *Adjustment amount* field. Do not include the dollar (\$) sign.
11. After the adjustment amount has been entered, the total adjustment for that member populates.

Add adjustment
Please enter your adjustment preferences below. Benefits with a review task will not be available until the task is complete.

Benefit*

Medical

Starting paycheck*

05/01/2019

Ending paycheck

09/16/2019

Adjustment Type*

Employee Post-Tax

Paycheck adjustments

10

Adjustment amount*

\$ 10

X 10 paycheck adjustments = \$100.00

Save

Cancel

12. Click *Save*.

13. After entering a retro adjustment, the *Edit* link appears. Click this link if you need to adjust the retro adjustment in the future.

Payroll Deduction

Pay Date

05/01/2019

05/01/2019

Filter by benefits

Medical

Apply Filter

<

>

1 - 1 of 1

Pay date ▾	Benefit	Forecasted deduction	Adjusted deduction	Total expected deduction
05/01/2019	Medical	\$9.27	\$40.00	\$49.27

+ Add adjustment

<

>

1 - 1 of 1

Create Payroll Report

14. Click *Create Payroll Report* to run a report that shows members' payroll adjustments.

12.2. Payroll Reconciliation Variance Manager (Retiree & Inactives Only)



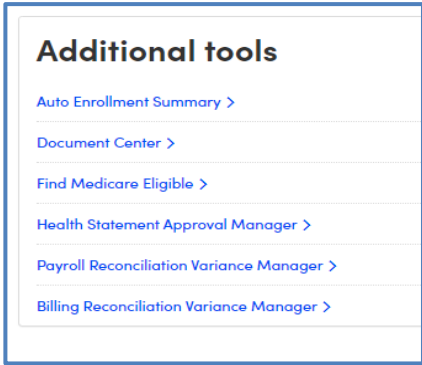
This functionality is only available for Retirees & Inactives.

Payroll reconciliation allows a group to send actual payroll data to My Insurance Benefits to compare to projected deductions

within the My Insurance Benefits system as well as to automatically generate retroactive deductions based on variances detected.

The *Payroll Reconciliation Variance Manager* is where authorized administrators approve pending reconciliation variances. When the reconciliation process is completed, the *Payroll Reconciliation Variance Manager* is populated with all detected variances in a pending state which require approval. This means that the variances are staged but have not yet been committed to the My Insurance Benefits system as retroactive adjustments.

The *Payroll Reconciliation Variance Manager* can be accessed by clicking the *Payroll Reconciliation Variance Manager* link from the administrator role homepage.



The Payroll Reconciliation Variance Manager displays all data elements surrounding detected variances that require administrator approval prior to application:

- **SSN:** used to uniquely identify the member associated with the variance
- **Employee name:** the name of the member associated with the variance
- **Deduction code:** the payroll deduction code associated with the variance as presented on the reconciliation file and as configured in the system
- **Benefit type:** the benefit type tied to the payroll deduction code associated with the variance
- **Check date:** the payroll check date associated with the variance. This represents the check date presented on the reconciliation file that is compared to data in the My Insurance Benefits system

SSN	Employee Name	Deduction Code	Deduction Type	Benefit Type	Check Date	Variance Amount	Actions
		ADVE	Employee Pre-Tax	MEDICAL	01/15/2022	\$34.49	Actions
		ADPE	Employee Pre-Tax	DENTAL	01/15/2022	\$10.30	Actions
		ADVE	Employee Pre-Tax	VISION	01/15/2022	\$2.01	Actions
		ADCE	Employee Pre-Tax	CRTCDAR	01/15/2022	\$0.25	Actions
		ADCG	Employee Pre-Tax	CRTCDAR	01/15/2022	\$0.25	Actions
		ADCE	Employee Pre-Tax	IDENTITY_PROTECTION	01/15/2022	\$2.75	Actions

12.2.1. Searching and Filtering

You can search for a member's Name, SSN, Member ID, or Alternate ID in the Payroll Variance Manager.

- You can use a single filter or combine filters to analyze the variances that are presented on the Variance Manager
- The Benefits filters show all available Benefits
- The Employment Status filter has "ACTIVE" and "TERMINATED" options. A member is listed as terminated if they have a termination date present on their member record and are currently terminated within My Insurance Benefits.
- The Deduction Code filter shows all deduction codes that are present on the payroll Variance Manager.
- The Variance Amount Minimum and Maximum can be used alone or together to isolate costs associated with variances on the manager.

12.2.2. Closing Out a Pay Period

After all the reconciliation files for a pay period have been received and processed by the My Insurance Benefits system, you should close out the applicable pay period within the *Payroll Reconciliation Variances Manager*. Closing out a pay period will replace any null or missing values with a value of \$0.00. This ensures that missed values can be calculated and processed.

Complete the following steps to close out a pay period.

1. Click the *Payroll Reconciliation Variance Manager* link under Additional Tools on the Benefits Administrator role homepage.
2. Click the *Close Out Pay Periods* button.
3. A list of available check dates to be closed out will be presented. Earliest check dates must be closed out first.
4. Click the *Close Out Check Date* button after all reconciliation files for the check date have been processed.

5. When the *Action Required* warning notice appears, carefully review.

	<p>Selecting Yes will replace any missing deductions for the pay period with a value of \$0.00. This action cannot be undone, so be sure the pay period is ready to be closed out before proceeding.</p> <p>After any missing values are populated, variances will be calculated for these missing values in addition to the variances already determined from the values received on the reconciliation file.</p>
--	---

Click **Yes** on the warning notification to proceed.

Action Required

Are you sure you would like to close out check date 01/15/2016? Closing the Pay Period will assume that unrepresented Payroll Actual amounts = \$0.00 and an additional Payroll Reconciliation process will automatically launch. This action cannot be reversed.


Yes

No

12.2.3. Applying Variances

If variances are detected in the *Payroll Reconciliation Variance Manager*, you must review and choose *to apply* or *do not apply* for each variance.

- Selecting a checkbox and choosing *Apply Variances* from the *Actions* drop-down menu transforms the variance into a retroactive adjustment(s) to be applied to future pay periods based on existing retroactive adjustments strategies for your organization.
- Selecting a checkbox and choosing *Do Not Apply Variances* from the *Actions* drop-down menu will disregard the amount so no transformation to retroactive adjustments is performed. You will be able to view the variance to the *Payroll Variance Report*.



While the variances are being applied, the *Payroll Reconciliation Variance Manager* will be inaccessible to all users. The time it takes to apply all adjustments will vary depending on the number of variances being applied. Once the process is complete, the *Variance Manager* will again be accessible. All other functions in the My Insurance Benefits system are accessible as normal during this process.

Pending variances presented in the *Payroll Reconciliation Variance Manager* can remain in a pending state for an indefinite period of time. Behavior of applied variances, specifically which future check dates resulting retroactive adjustments are applied to, will be defined by business logic at the time the variance is applied. It is considered a best business practice to address all pending variances as soon as the reconciliation process is complete and prior to the next outbound payroll file extraction.

12.2.4. Reviewing the Payroll Variance Report

The *Payroll Variance Report* provides details surrounding detected reconciliation variances. Information surrounding both applied and unapplied/display-only variances are provided on this report. The report is provided as a standard report for all groups subscribed to payroll reconciliation can be exported in .csv or .pdf format. Reports can be scheduled to run automatically.

The *Payroll Variance Report* can be accessed as a standard report from the *Payroll* subtab of the *Data & Reporting* Tab.

Data & Reporting

Your reports

Standard reports

Scheduled reports

Favorite

Popular

Benefit

Census

Administrative

Payroll

Transaction History

Employee Profile

Surveys

Payroll

★ Payroll attribute changes

★ Payroll census report

★ Payroll changes report

★ Payroll deduction detail report

★ Payroll Variance report

Includes data changes per benefit type(s), attribute(s), and date range selected

Includes deduction information per benefit type(s) and benefit effective date selected

Includes deduction information with changes per benefit types(s), date range, participation period, and benefit effective dates selected

Includes deduction information for adjustments and remainders for members per benefit type by participation period or effective date, including the paycheck information

Includes information about Reconciled Deductions and the Variances between the Reported Amount and the deducted Actual Amount

1. Click on the Payroll Variance report text to launch the report screen. Report options are available to customize the exports:
 - *Report Format*: Select the type of output, such as .csv or .pdf.
 - *Sort by*: Sort the output by data element, such as by the member's last name or check date.

- **Mask SSN in Report Results:** Select to mask the SSN on output. Masking the SSN will render the field as xxx-xx-1234, with only the last four SSN digits exposed.
- **Check Date Start:** Enter the start of the check date range to be processed on the report.
- **Check Date End:** Enter the end of the check date range to be processed on the report.
- **Benefit Type:** Pick list of benefit types to include on the report.
- **Categories** are available as a filtering option.



Scheduling Options: Like other standard reports, you have the ability to create schedules for the *Payroll Variance Report* to run on an automated basis.

2. After it is processed, the *Payroll Variance Report* provides all the information necessary to track variances detected through the payroll reconciliation process. This includes the source of the variance (benefit/deduction code), amounts, and whether variances were applied as retroactive adjustments.



Data is displayed in the report based on the deduction code presented on the reconciliation file. If a benefit type is configured for separate deduction codes for calculated (recurring) and retroactive (adjustment) amounts and/or if pretax and post-tax deductions are configured, each associated deduction code will display separately. If these deduction types are combined into a single deduction code on the benefit type level, they will be presented with the associated values representing a net of all transactions for the check date.

The file contains the following information:

- **Check Date:** Date paychecks were administered for the associated variance.
- **SSN:** Social Security number of the member associated with the variance.
- **Employer ID:** Employer ID of the member associated with the variance.
- **Name:** Name of the member associated with the variance.
- **Benefit Type:** Benefit type associated with the variance.
- **Deduction Type:** Deduction type associated with the variance.
- **Deduction Code:** Payroll deduction code associated with the variance, which matches the deduction code

presented on the reconciliation file and mapped to the associated benefit in the My Insurance Benefits system.

- **Reported:** Amount stored in the My Insurance Benefits system, which represents the amount that was presented on the outbound file and the projected amount that should have been deducted from the member paycheck.
- **Actual:** Amount presented on the reconciliation file for the associated deduction code.
- **Variance:** Calculated difference between reported and actual amounts.
- **Applied:** indicates if the associated variance was applied as a retroactive adjustment.
 - No will display for all values currently pending action in the Payroll Reconciliation Variance Manager.
 - Yes will display for all values designated to be applied via the Payroll Reconciliation Variance Manager.
 - No - Display Only will display for all values indicated as "do not apply" via the Payroll Reconciliation Variance Manager as well as for all display-only benefit types. Any action desired on these values can be applied by the administrator via the Deduction Dashboard as appropriate.

	A	B	C	D	E	F	G	H	I	J	K
1	CHECK_DATE	SSN	EMPLOYER_ID	EMPLOYEE_NAME	BENEFIT_TYPE	DEDUCTION_TYPE	DEDUCTION_CODE	REPORTED	ACTUAL	VARIANCE	VARIANCE_APPLIED
2	6/17/2022		991389		ACCGRD	Employee Pre-Tax	AACE	10	0	10	Yes
3	6/17/2022		991389		ACCGRD	Employee Pre-Tax	ACE	2.78	0	2.78	Yes
4	6/17/2022		991389		LIFE	Employee Pre-Tax	CPL	1.34	0	1.34	Yes
5	6/17/2022		991389		LIFE	Employee Pre-Tax	ACPL	14.74	0	14.74	Yes
6	6/17/2022		991389		STD	Employee Pre-Tax	ASDE	20	0	20	Yes
7	6/17/2022		991389		STD	Employee Pre-Tax	SDE	8.21	0	8.21	Yes
8	7/1/2022		991389		ACCGRD	Employee Pre-Tax	AACE	10	0	10	Yes
9	7/1/2022		991389		ACCGRD	Employee Pre-Tax	ACE	2.78	0	2.78	Yes
10	7/1/2022		991389		LIFE	Employee Pre-Tax	ACPL	16.08	0	16.08	Yes
11	7/1/2022		991389		LIFE	Employee Pre-Tax	CPL	1.34	0	1.34	Yes
12	7/1/2022		991389		STD	Employee Pre-Tax	ASDE	20	0	20	Yes
13	7/1/2022		991389		STD	Employee Pre-Tax	SDE	8.21	0	8.21	Yes
14	7/15/2022		991389		ACCGRD	Employee Pre-Tax	ACE	2.78	0	2.78	Yes
15	7/15/2022		991389		ACCGRD	Employee Pre-Tax	AACE	10	0	10	Yes
16	7/15/2022		991389		LIFE	Employee Pre-Tax	CPL	1.34	0	1.34	Yes
17	7/15/2022		991389		LIFE	Employee Pre-Tax	ACPL	17.42	0	17.42	Yes
18	7/15/2022		991389		STD	Employee Pre-Tax	ASDE	20	0	20	Yes
19	7/15/2022		991389		STD	Employee Pre-Tax	SDE	8.21	0	8.21	Yes

12.2.5. Example Payroll Reconciliation process

Scenario: After payroll is completed the reconciliation process is run which identifies that an employee's paycheck is under deducted for medical coverage.

1. My Insurance Benefits sends the medical expected deduction amount as \$116.35 on the payroll file.
2. The employer receives the file and processes the payroll for member. However, instead of deducting \$116.35, the actual deduction taken out of the member check by payroll was \$112.42 (Actual Deduction Amount). This is a difference of \$3.93.
3. After payroll closes, a payroll reconciliation file is sent back to My Insurance Benefits by the employer, showing the actual payroll deduction taken of \$112.42.
4. The Variance Manager compares actual (\$112.42) versus expected (\$116.35) and identifies a variance of \$3.93 and display the variance amount under the variance manager report.
5. An HR administrator logs into the portal, navigates to Payroll Variance Manager, and closes out the specific check date.
6. After the closing the check date, the HR administrator determines whether to deduct the variance from a future check.

Sample report before applying Variance:

Pay Date

04/02/2021

05/14/2021

X

Filter by Benefits

Medical

Filter by Deduction Codes

HEALTH

Apply Filters

1 - 4 of 4

< >

Pay date	Benefit	Deduction Code	Employee Pre Tax	Employee Post Tax	Imputed Income	Adjusted Deduction	Employer Total Deduction	Employee Total
04/02/2021	MEDICAL	HEALTH	\$116.35	-	-	-	\$0.00	\$116.35
04/16/2021	MEDICAL	HEALTH	\$116.35	-	-	-	\$0.00	\$116.35
04/30/2021	MEDICAL	HEALTH	\$116.35	-	-	-	\$0.00	\$116.35
05/14/2021	MEDICAL	HEALTH	\$116.35	-	-	-	\$0.00	\$116.35

+ Add adjustment

1 - 4 of 4

< >


Create Payroll Report

Sample report after applying Variance:

Pay date ▾	Benefit	Deduction Code	Employee Pre Tax	Employee Post Tax	Imputed Income	Adjusted Deduction	Employer Total Deduction	Employee Total
08/20/2021	MEDICAL	DPMed	-	-	\$0.00	-	\$0.00	\$0.00
09/03/2021	MEDICAL	HCOST	-	-	-	-	\$142.48	\$0.00
09/03/2021	MEDICAL	HEALH	\$116.35	-	-	-	\$0.00	\$116.35
09/03/2021	MEDICAL	DPMed	-	-	\$0.00	-	\$0.00	\$0.00
09/03/2021	MEDICAL	HEALH Arrears	-	-	-	\$3.93	\$0.00	\$3.93

13. Data Exchange Dashboard

The Data Exchange Dashboard provides visibility into the member-level data included on files produced by the My Insurance Benefits system for your carrier, payroll, and other vendor systems. The dashboard allows you to view which jobs processed during a given date range and look deeper into the details of the processed job.

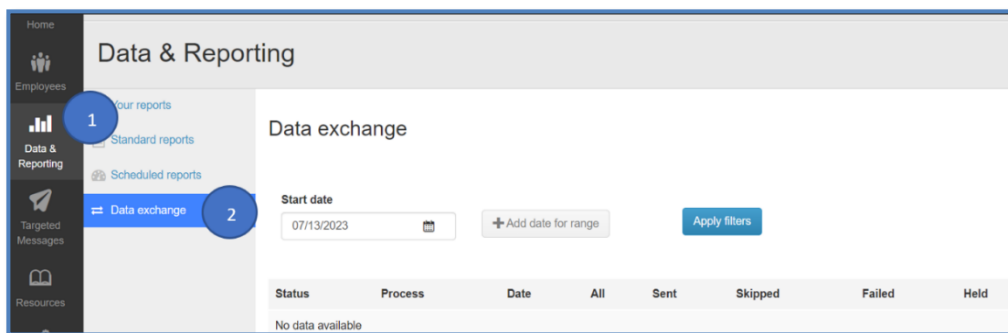
	A job refers to a set of instructions, business logic, and filtering logic that results in the import or export of a file.
---	--

With the dashboard, you can:

- View a list of jobs processed during a specified date range.
- View a breakdown of the number of members sent (included on the file), skipped (found to not have applicable data), failed (violated a business rule), or held (waiting for criteria to be met) by a particular job.
- Access a list of the members processed by a job.
- Navigate to a member's profile or transaction history directly from the list to view more details, complete tasks, or make corrections.
- View the reason a transaction failed.
- Download a CSV file of members processed by a job.

Follow the steps below to view information in the Data Exchange Dashboard.

4. Select the *Data & Reporting* tab and click the *Data exchange* link in the secondary navigation.



5. Enter the date(s) for which you would like to review jobs processed.
 - If you enter a single date, the system will return all jobs run from that date through the current date.
 - Click *Add date for range* to specify a different end date.

Data & Reporting

Employees
Data & Reporting
Targeted Messages
Resources

Your reports
Standard reports
Scheduled reports
Data exchange

Data exchange

Start date
07/13/2023
+ Add date for range
Apply filters

Status	Process	Date	All	Sent	Skipped	Failed	Held
No data available							

6. Click the *Apply filters* button.

Data & Reporting

Home
Employees
Data & Reporting
Targeted Messages

Your reports
Standard reports
Scheduled reports
Business Intelligence
Data exchange

Data exchange

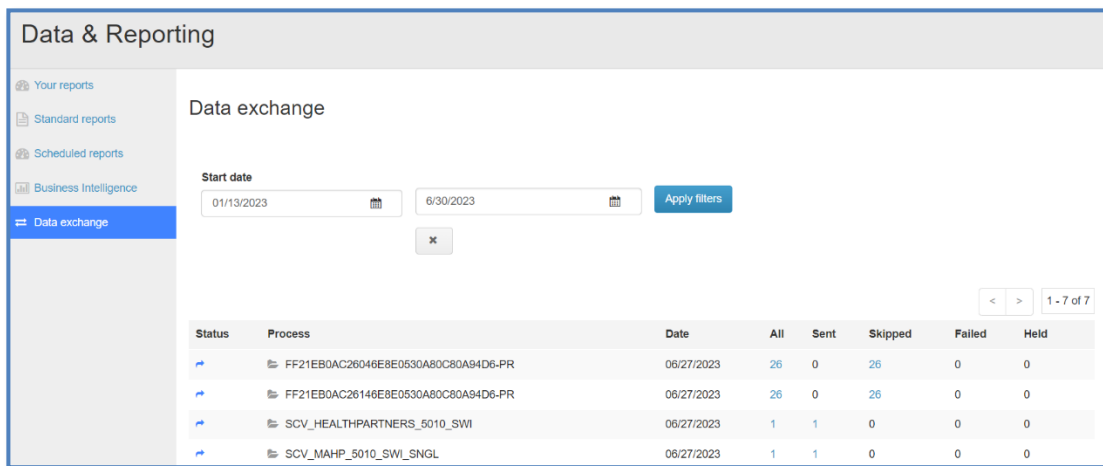
Start date
01/13/2023
6/30/2023
Apply filters

The Job Summary for the entered date range will display. The Job Summary page lists all the jobs processed during the specified date range in a table including the following details:

- **Name:** The name of the job that was processed.
- **Date:** The date that the job was processed.
- **All:** The count of all member contracts processed by the job.
- **Sent:** The count of members included on the file to be sent to the receiving party. Dependents are not included in the count view.
- **Skipped:** This is the number of members left out of the file because their information isn't relevant to the current task. For example, if a member changed their dental plan but the job is focused on medical plans, that change wouldn't be included. However, the system still checks and confirms that the dental change doesn't need to be added to this file. The rules for skipping members are based on the business guidelines set for the group or vendor.
- **Failed:** The count of members that failed to send due to violation of a business rule. An example is as an unexpected value in a field or a missing SSN. Failure logic is also determined by the business rules set for the group and/or vendor.
- **Held:** The count of members held from being sent due to not yet meeting certain criteria. An example reason is EDI lead time, where the vendor system cannot receive data until within a certain date of the event. Held members will be sent when the criteria is met.



Depending on the amount of data, this can take a few seconds to several minutes to display. If you are loading a large amount of data, please allow sufficient time to load.



14. Data and Reporting

The *Data & Reporting* tab provides access to reports that you can run to view benefit- and member-specific information.

14.1. Standard Reports

The below are a sampling of the reports that are available depending on role.

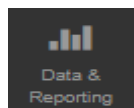
Category	Report Name	Description
Administrative Reports	ACA Reporting Details	This report provides details on members' delivery preference of the Affordable Care Act's (ACA) Form 1095-C. The report also displays when members viewed Form 1095-C electronically.
	Active User Accounts	This report includes details of current active user accounts, including their last login date and date of last changed made in the system.
	Messaging Detail	This report includes details about emails and SMS messages sent to members via the Message Center. Messages from the Open Enrollment Manager are not included.
	Task List	This report lists those To-Do List tasks that require attention. If your group is configured so that members complete only one benefit review task during Open Enrollment, the report will include one row per member indicative of the single task. The participation period appears as a separate column, linked to all benefit elements or offers within that period. If a benefit review task is required for each benefit element, multiple rows per member will be present to indicate each open benefit element. The benefit element is listed in a separate column, labeled <i>Task Type</i> .
	User Account Changes	This report includes details about user accounts created and disabled within a given time period.
Benefit Reports	Benefit Comparison	This report shows a side-by-side comparison of benefits for two user-defined sets of dates and may be particularly helpful in comparing open enrollment elections to previous or current elections.
	Benefit Confirmation Statements	This report generates an enrollment confirmation report for each member within the organization or for those specified members.
	Benefit Detail	This report includes the cost and enrollment summary for each member. This is a report that is frequently used to get an overall perspective of which members are enrolled in which benefits. You also have the option to include dependents on this report.
	Benefit Refused/Cancellation	This report shows any member that refused or cancelled coverage. You also have the option to include dependents on this report.
	Benefit Summary	This report includes the cost and enrollment summary for each plan and coverage level at a group level, including leftover defined contribution

Category	Report Name	Description
		amounts.
	Dual Enrollment	This report displays primary and secondary coverage information for those who have dual enrollments.
	Employee Benefit Summary	<p>This report is a compilation of member benefit summary reports for all members. Each member benefit summary report includes personal information and a brief overview of elected benefits as well as:</p> <ul style="list-style-type: none"> Any canceled benefits identified as <i>Canceled</i> beneath the associated name For accepted, salary-based benefits, the coverage amount selected, salary percentage and time period For benefits with pending EOI, the approved coverage amount plus the amount of any additional coverage requested and/or pending EOI approval A list of benefits for which dependent verification has not yet been completed Identify which dependent verification has not yet been completed and displays a <i>Pending Dependent Verification</i> text beneath each applicable plan. You also have the option to include: <ul style="list-style-type: none"> The benefit element name above the plan name for both accepted and canceled benefits The benefit element name instead of the plan name for both declined and refused benefits A declination effective date (usually the benefit effective date) for any declined or refused benefit <p>This report is often used as an Open Enrollment confirmation report and can be mass generated for all members within a group.</p>
	Documentation Review Report	This report provides a list of employees whose uploaded documents are ready for review within Document Center
	Employee Participation	This report includes detailed information regarding member participation in benefits.
	Health Savings Account Detail	This report includes details of members' health savings account (HSA) elections along with corresponding medical coverage information.
	Life Event	This report includes basic information about members you have used a life event, occurring in a specific date range, to change benefit elections.
	Pending EOI	This report includes basic information about members with pending health statement/evidence of insurability (EOI) elections.
	Student	This report includes enrollment information about students who are covered on a member benefit plan based on plan rules. Employers can determine student eligibility by processing the necessary paperwork and verifying the student's status by using the Dependent Verification feature on the <i>Dependents</i> tab in the administrator role.
Census Reports	Basic Work	This report includes employment details about every member. Fields include hire date, rehire date, category change effective date, salary information, pay frequency and category values for all required category fields under the <i>Work</i> tab. The report also includes termination dates for the terminated members.
	Dependent Census	This report identifies all dependents in the system who are enrolled in benefits. The report includes address, social security number and important date information of all dependents.
	Dependent Changes by Date Range Export	This report lists all the dependent-related changes that have occurred for each dependent within a specified date range.
	Employee Attribute	This report lists changes to member records made by administrators.

Category	Report Name	Description
	Changes	These changes can be filtered by work and personal attributes, including phone number, member category and earnings amount.
	Employee Birth Date/ Retiree Eligibility	This report shows member Social Security numbers and dates of birth. This report can be filtered to show only members within a certain age range during a specific time frame.
	Employee Census	This report identifies all members in the system (with or without benefit elections). The report includes address, Social Security number and important date information of all members. You also have the option to include terminated individuals.
	Employee Census Export	This report includes HRIS information for all members as of a specified effective date.
	Employee Changes by Date Range Export	This report lists all the HRIS-related changes for each member for a specified date range.
	Hired Employee	This report displays demographic information for members hired between specified dates.
	Login ID	This report lists login ID information for all members and includes the date each member last logged into the system.
	Terminated Employee	This report lists basic information about all members who were terminated within a specified date range.
	Trustee Survey Responses	This report lists members' trustee survey responses.
	ICHRA Election Summary Report	This report lists members, insurance premiums, and their ICHRA contributions.
Payroll Reports	Payroll Attribute Changes	This report includes changes to specific payroll attributes for members within a specified time period. This report can be filtered by several different types of attributes, including plan type, plan name, coverage level, effective date and pay frequency.
	Payroll Census	This report includes the pay period, pay frequency and annual benefit cost for all members as of an effective date.
	Payroll Changes	This report includes changes to deduction information per benefit type, date range, participation period and effective date selected.
	Payroll Variance Report	This report provides details surrounding detected reconciliation variances. Information surrounding both applied and unapplied/display-only variances is provided on this report.

15.1.1. Accessing Standard Reports

Reports that HR administrators commonly use are found under *Data & Reporting* then in *Standard reports* tab menu, organized by categories including Benefit, Census, Administrative, Payroll and Billing, and Transaction History.



15.1.2. Running a Standard Report

As an HR administrator, you will run reports frequently. The process for running reports is similar for all reports, varying by the information you can include in the report. The example below uses the *Benefit Detail Report* as an example. Follow the steps below to run a standard report.

1. Locate the report from the *Standard reports* tab.

Data & Reporting

Your reports
Standard reports
Scheduled reports
Business Intelligence
Data exchange

Favorite Popular **Benefit** Census Administrative Payroll and Billing Transaction History

Benefit	
★ Benefit Summary	Includes cost and enrollment summary information for each plan and coverage level
★ Benefit detail	Includes cost and enrollment information for each covered person
★ Benefit refused / cancellation	Includes enrollment information for persons that refused or canceled coverage
★ Employee Participation	Includes detailed information regarding employee participation
★ Health Savings Account Detail	Includes details of HSA elections along with corresponding medical coverage information
★ Student	Includes student information
★ Life event	Includes basic information about employees with a life event occurring in a specific date range

- You are redirected to a page to specify your requirements for the report.
- Select the format for your report from the *Report Format* drop-down menu. It is recommended that you run your report in the Excel Compatible (CSV) format (the default option), so that the data can be used for other purposes.

Benefit Detail Report

Formatting Options

Report Format Excel Compatible (CSV)

To include additional report options, change the Report Format to CSV.

☐ Include filter criteria in results

Additional Details None selected

Group by Benefit Type

Sort by Employee Last Name, First Name

- Select items from the *Additional Details* drop-down menu if you would like to include other information on the report.

Additional Details
None selected

Group by: Benefit Type
Sort by: Employee Last Name, First Name

Filtering Options
☐ Show COBRA Subscribers Only
☐ Include COBRA Subscribers
☐ Show Dependents

Benefit Type*

--All--
Current Benefits
--Accident: Accident - Family
--Accident: Accident - Individual
--Accident: Accident - Individual
--Accident: Accident - Individual
--Accidental Death & Dismemberment
--Accidental Death & Dismemberment
--Additional Life: Additional Life

☐ Select all
☐ Physical Address
☐ Mailing Address
☐ Third Address
☐ SSN
☐ Employee SSN
☐ Employee Full Name
☐ Member's Preferred Name
☐ Member ID
☐ Alternate ID

- Specify options to group together and sort the information on your report.

Benefit Detail Report

Formatting Options

Report Format Excel Compatible (CSV) ▾

To include additional report options, change the Report Format to CSV.


☐ Include filter criteria in results

Additional Details Employee SSN, Categories ▾

Group by Benefit Type ▾

Sort by Employee Last Name, First Name ▾

6. Select the *Mask SSN in Report Results* checkbox to only see the last four digits of members' Social Security numbers on the report, if desired.

	<p>Masking the SSN helps to protect sensitive member data and is a best practice if SSN must be included in the report.</p>
---	---

Benefit Detail Report

Formatting Options

Report Format Excel Compatible (CSV) ▾

To include additional report options, change the Report Format to CSV.

☐ Include filter criteria in results

Additional Details Employee SSN, Categories ▾

Group by Benefit Type ▾

Sort by Employee Last Name, First Name ▾

☐ Mask SSN in Report Results

7. Specify filtering options, such as only including certain plans or categories of members.

Filtering Options

☐ Show COBRA Subscribers Only

☐ Include COBRA Subscribers

☐ Show Dependents

Benefit Type*

- All---
- Current Benefits
- Accident: Accident - Family
- Accident: Accident - Individual
- Accident: Accident - Individual + Child(ren)
- Accident: Accident - Individual + Spouse
- Accidental Death & Dismemberment: Employee Only AD&D 2023
- Accidental Death & Dismemberment: Family AD&D 2023
- Additional Life: Additional Life 2023
- Basic Life: Basic Life 2023
- Dependent Care FSA: Dependent Day Care Account 2023

Calendar Set* All selected (3) ▾

Dual Employment* All selected (3) ▾

Employee Type* All selected (6) ▾

8. Click *Create Report*. You will be redirected to the *Your Reports* tab. This tab contains any reports you ran within the last five days. The new report will be added to this list and will show as PENDING or RUNNING until it has completed generating. Reports generally are available within a few minutes but could take longer depending on population.

Your Reports

These are the reports that you have recently generated. Pending reports are refreshed every 30 seconds and will be automatically available when processing is complete.

Status	Created	Available until	Report Details	Criteria	Actions
RUNNING	07/03/2023 04:21 PM	07/08/2023 04:21 PM	Benefit Detail Report	<p>GROUP: SWI University of Wisconsin System</p> <p>FORMATTING OPTIONS: Report Format = Excel Compatible (CSV) Sorted by Employee Last Name, First Name Grouped by Benefit Type Including Additional Details: Employee SSN, Categories</p> <p>FILTERED BY: ICI Premium Category: All ICI Premium Waiver: All Legacy Life: All Primary Employer: All Employer Medical Surcharge: All Protective Status: All Calendar Set: All Opt Out Incentive Eligible: All Employer Unit Program Option: All ICI Contrib Wait Period Met: All Tax Status: All</p>	

- Click *Download* to retrieve your report when the status is COMPLETE. You also have the option to share or delete complete reports.

Status	Created	Available until	Report Details	Criteria	Actions
COMPLETE	07/03/2023 04:21 PM	07/08/2023 04:21 PM	Benefit Detail Report, 7 KB	<p>FILTERED BY: ICI Premium Category: All ICI Premium Waiver: All Legacy Life: All Primary Employer: All Employer Medical Surcharge: All Protective Status: All Calendar Set: All Opt Out Incentive Eligible: All Employer Unit Program Option: All ICI Contrib Wait Period Met: All Tax Status: All Employer Unit: All Payment Source: All Medical Contrib Wait Period: All Life Premium Waiver: All Employer Sub-Unit: All</p>	 Download Share Delete

- Click *Continue To Download* if the application warns you of the potential inclusion of Protected Health Information (PHI) included on the report.

PHI NOTIFICATION

Reports which are downloaded from this site to your workstation may contain Protected Health Information (PHI), which is regulated by the Health Insurance Portability and Accountability Act (HIPAA).

☐ Do not show this message again

[Continue To Download](#)
[Cancel](#)

- The report is downloaded in your browser. Click the file to open the report.

15.1.3. Scheduling a Report

You may wish to run a report at a certain interval, such as every month or on a set date. Follow the steps below to schedule a report to run at a later time. For this example, we will use the *Benefit Detail Report*.

- Locate the report from the *Standard reports* tab.

Data & Reporting

Your reports
Standard reports
Scheduled reports
Business Intelligence
Data exchange

Favorite Popular **Benefit** Census Administrative Payroll and Billing Transaction History

Benefit	
★ Benefit Summary	Includes cost and enrollment summary information for each plan and coverage level
★ Benefit detail	Includes cost and enrollment information for each covered person
★ Benefit refused / cancellation	Includes enrollment information for persons that refused or canceled coverage
★ Employee Participation	Includes detailed information regarding employee participation
★ Health Savings Account Detail	Includes details of HSA elections along with corresponding medical coverage information
★ Student	Includes student information
★ Life event	Includes basic information about employees with a life event occurring in a specific date range

2. Enter your report criteria.

Additional Details
None selected

Group by: Benefit Type
Sort by: Employee Last Name, First Name

Filtering Options
☐ Show COBRA Subscribers Only
☐ Include COBRA Subscribers
☐ Show Dependents

Benefit Type*

---All---
Current Benefits
---Accident: Accident - Family
---Accident: Accident - Individual
---Accident: Accident - Individual
---Accident: Accident - Individual
---Accidental Death & Dismemberment
---Accidental Death & Dismemberment
---Additional Life: Additional Life

☐ Select all
☐ Physical Address
☐ Mailing Address
☐ Third Address
☐ SSN
☐ Employee SSN
☐ Employee Full Name
☐ Member's Preferred Name
☐ Member ID
☐ Alternate ID

3. Select the *Create Schedule for Report* checkbox at the bottom of the page and enter the scheduling criteria.

Scheduling Options
☒ Create Schedule for Report

Schedule Name: KP BDR 7/3
Schedule Start Date: 07/04/2023
Schedule End Date: 07/05/2023

☒ Receive Expiration Notice by Email?
Schedule Frequency: Daily
Recur every 1 day(s)

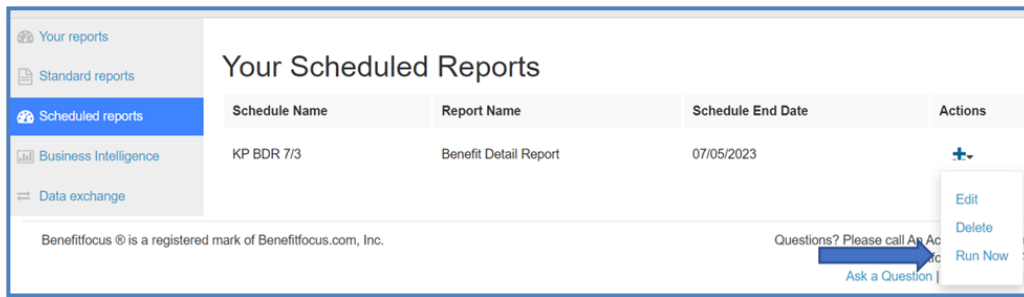
Cancel Create Report

4. Click *Create Report*.

5. After you have created a scheduled report, you may edit it or delete it at any time from the *Scheduled reports* tab.



When you create a scheduled report, that report will not be run at that time. The application schedules your request. If you need to view the report immediately, click the *Scheduled reports* tab, and select *Run Now* from the *Actions* menu.

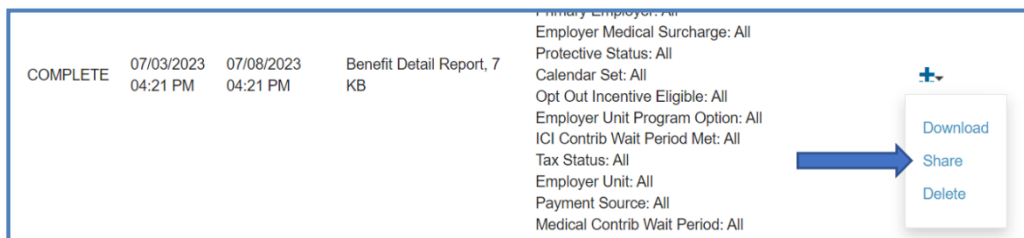


15.1.4. Sharing a Report

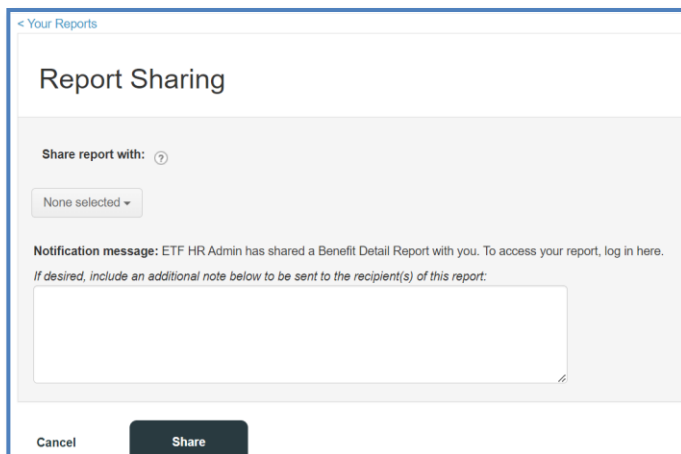
Reports may be shared with users within the same employer who hold the same access rights. Sharing a report with others is a way to streamline work, enabling one person to create the report and share it with other members of the team.

You can send a configurable email message to alert the recipient(s) that you are sharing a report. Shared reports appear on the *Your reports* tab. Recipients cannot delete reports. However, if you delete the report from the *Your reports* tab, it will also delete the report from the recipient's account. Reports are available for 10 days after the report has been shared. On the *Your Reports* tab, the "Available Until" column displays the report expiration date. Follow the steps below to share a report.

1. Select *Share* from the drop-down on the Your Reports page after creating the report.



2. Select the recipients from the drop-down box.



3. If desired, enter a message to send along with the report.
4. Click *Share*.
5. You will be redirected to the *Your reports* tab. A message displays at the top of the page to confirm that your report has been shared. The Status column shows that your report has been shared, and the recipient(s) can now download the report.

15.1.5. Marking a Report as a Favorite

You can mark or unmark standard reports as "favorites" at any time by clicking the star icon next to the report. A yellow star indicates a favorite.

Favorite	Popular	Benefit	Census	Administrative	Payroll and Billing	Transaction History
Popular Reports						
★	Benefit Summary	Includes cost and enrollment summary information for each plan and coverage level				
★	Benefit detail	Includes cost and enrollment information for each covered person				
★	Benefit refused / cancellation	Includes enrollment information for persons that refused or cancelled coverage				
★	Employee Participation	Includes detailed information regarding employee participation				
★	Employee census	Includes name, address, and date information for all employees				
★	Dependent census	Includes basic information for dependent spouses and/or children; you have the option to show only dependents turning a particular age between dates that you specify				
★	Terminated employees	Includes basic information for employees terminated between dates that you specify				
★	Task List	Provides a list of items which requires attention				
★	Active User Accounts	Includes details of current active user accounts				

Reports marked as a favorite display on the *Favorite* tab for your convenience.

Data & Reporting

- Your reports
- Standard reports
- Scheduled reports
- Business Intelligence
- Data exchange

Favorite Popular Benefit Census Administrative Payroll and Billing Transaction History

Favorite Reports

★ Benefit detail

Includes cost and enrollment information for each covered person

14.2. Interactive Reports

Interactive Reports is a new reporting feature that Benefitfocus is enhancing over time, and which will eventually replace the current standard reports. Interactive reporting is generated in Power BI which allows for data visualization as well as the ability to filter data to meet specific user needs.

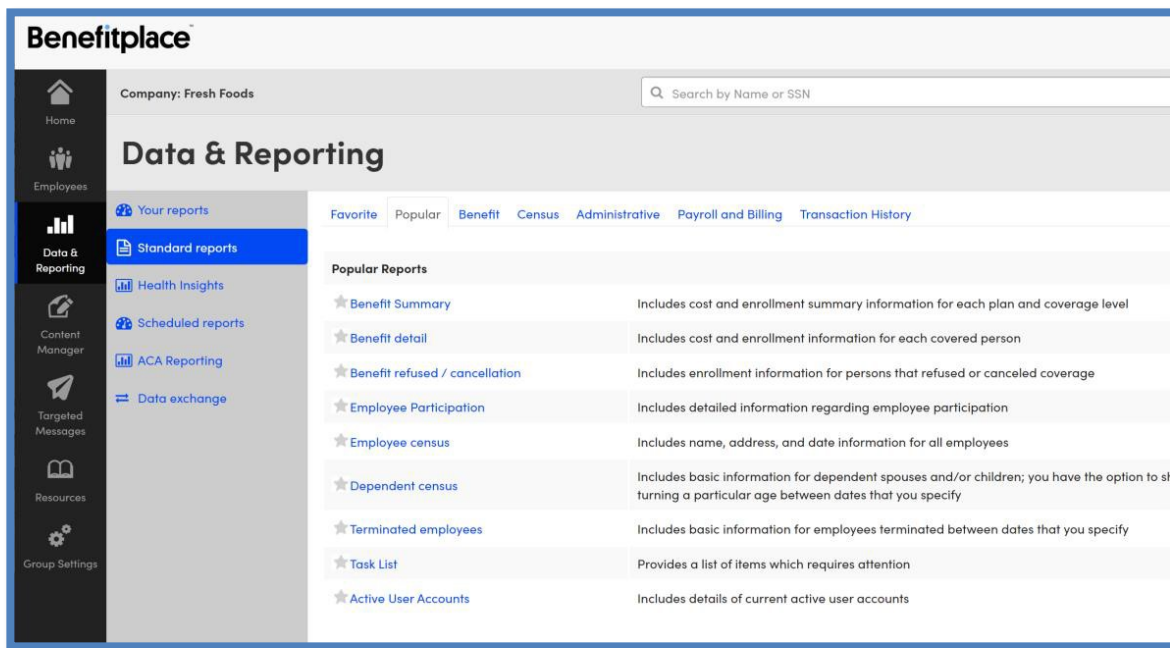
Given that this technology is constantly evolving, more detailed information on using the tools, filters, widgets, available reports and known issues can be found within the [Interactive Reporting Guide](#).



If you are an ETF Administrator, see also the section in this guide under ETF Specific Information, [Aggregate Interactive Report](#) for more information

14.2.1. Accessing Interactive Reports

To access *Interactive reports*, go to *Data & Reporting*, then *Interactive reports* and select the report you would like to view.

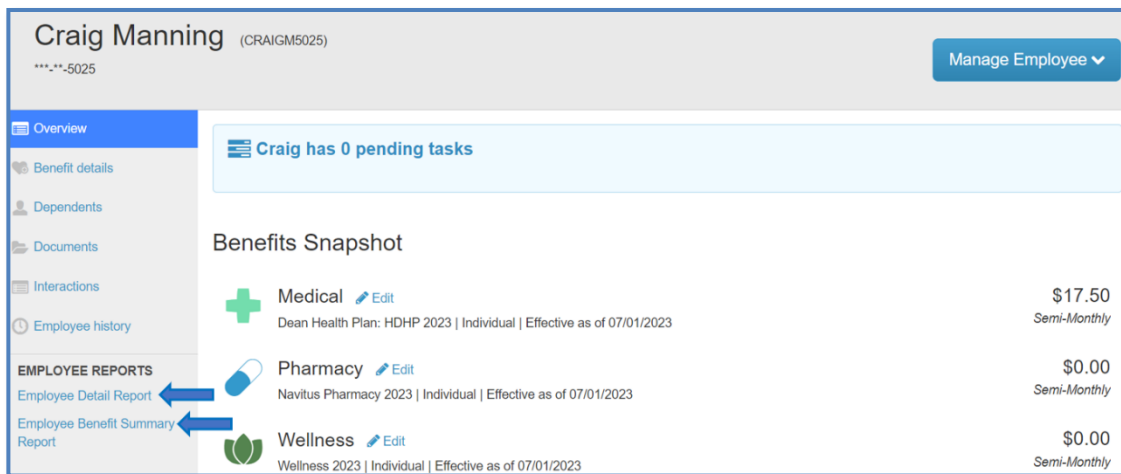


14.3. Employee Reports

The following grouping of reports display both current and historical information. The Current reports help confirm what members are currently enrolled in and the historical support any research that is needed to resolve a discrepancy.

14.3.1. Employee Current Reports

The *Employee Benefit Summary Report* and the *Employee Detail Report* are available to both HR administrators and members and show the member's current personal and work information plus their current benefit elections. To access these reports, click the *Employee Detail Report* or *Employee Benefit Summary Report* link within the member record.



A description of each report is as follows:

- Employee Detail Report:** This report includes everything on the *Employee Benefit Summary Report* plus the member's earnings amount and effective date, date of hire, employer costs per plan, and persons covered (name, relationship, date of birth, covered since date, and benefit effective date). This report provides significantly more information as well as each named individual that is covered for each benefit type.

Print To PDF

Employee Detail Report

SWI Bayfield County

Personal Information

Karen HinTest2345

123 Main Street, Test City, SC 12345

SSN	ETF Member ID	Date of Birth	Effective date	Gender	Phone
***-**-5678		01/17/1990	09/11/2023	Female	(123) 456-7890

Earnings amount	Earnings amount effective date	Date of hire
\$50,000.00 per year	09/11/2023	09/11/2023

Dual Employment: N
Employee Type: 00
Employer Sub-Unit: Bayfield County
Employer Unit: Bayfield County
Employment Status: FT
Unique Plan Eligibility: 1
WRS Eligible: Y
Employer Unit Program Option: P04
Employer Medical Surcharge: N/A
Opt Out Incentive Eligible: N/A

ICI Premium Category: N/A
ICI Premium Waiver: N
Legacy Life: N
Life Premium Waiver: N
Medical Contrib Wait Period: 0
Calendar Set: 13
ICI Control Wait Period Met: N
Payment Source: ASM
Medical Premium Contribution: 1

Out of State Employee: N
Primary Employer: Y
Protective Status: N
Tax Status: Elected Post
Under 75 When Hired: Y

Medical

Plan name: HealthPartners West: Local Deductible Health Plan
Coverage level: Individual

Frequency	You Pay	Employer Costs
Monthly	\$0.00	\$0.00

Person(s) covered	Relationship	Date of Birth	Effective date	End date
Karen HinTest2345	Subscriber	01/17/1990	10/01/2023	

Pharmacy

Plan name: Navitus Pharmacy
Coverage level: Individual

Frequency	You Pay	Employer Costs
Monthly	\$0.00	\$86.24

Person(s) covered	Relationship	Date of Birth	Effective date	End date

- Employee Benefit Summary Report:** This report lists the member's personal information included in their profile along with the selected plans, coverage levels and amounts, benefit effective dates, pay frequency, and member costs. This report shows current elections concisely.

HinTest2345, Karen

Date Printed: 09/12/2023

Employee Benefit Summary Report

SWI Bayfield County

Karen HinTest2345

123 Main Street

Test City, SC, USA 12345

Home Phone: (123) 456-7890

Date of Hire: 09/11/2023

Gender: Female

Race (formal response): American Indian/Alaskan Native

Ethnicity (formal response): Not of Hispanic, Latino/a or Spanish Origin

Marital Status: Married

ETF Member ID:

Current Elections

Monthly Employee Costs: \$69.22

Karen HinTest2345

Relationship: Subscriber | Date of Birth: 01/17/1990

<div> <div>HealthPartners West: Local Deductible Health Plan</div> <div>Individual</div> </div>	<div>Effective: 10/01/2023</div> <div>Monthly Cost \$0.00</div>
<div> <div>Navitus Pharmacy</div> <div>Individual</div> </div>	<div>Effective: 10/01/2023</div> <div>Monthly Cost \$0.00</div>
<div> <div>Wellness</div> <div>Individual</div> </div>	<div>Effective: 10/01/2023</div> <div>Monthly Cost \$0.00</div>
<div> <div>Uniform Dental</div> <div>Individual</div> </div>	<div>Effective: 10/01/2023</div> <div>Monthly Cost \$4.00</div>
<div> <div>Delta Dental PPO Select Plan</div> <div>Employee and Family</div> </div>	<div>Effective: 10/01/2023</div> <div>Monthly Cost \$23.40</div>

14.3.2. Employee Historical Reports

The *Employee history* page offers the option to view historical data as of a specific point in time or to view a record of changes over a period of time. *Employee history* of changes shows all updates, including entry date, time and login ID, as well as any mass jobs run by file import. The *Employee Benefit Summary Report* and *Employee Detail Report* can be compared with the historical reporting to identify when changes have occurred.

Craig Manning

(CRAIGM5025)

***-**-5025

Manage Employee

Overview

Benefit details

Dependents

Documents

Interactions

Employee history

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Craig has 0 pending tasks

Benefits Snapshot

Medical

Dean Health Plan: HDHP 2023 | Individual | Effective as of 07/01/2023

\$17.50

Semi-Monthly

Pharmacy

Navitus Pharmacy 2023 | Individual | Effective as of 07/01/2023

\$0.00

Semi-Monthly

Wellness

Wellness 2023 | Individual | Effective as of 07/01/2023

\$0.00

Semi-Monthly

Employee history shows changes to the following areas of a member record:

- Benefits
- Carrier identifiers
- Categories
- Payroll
- Personal information
- Work information

15.3.2.a. History of Changes Report

Member history of changes shows all updates to the system, including entry date, time and login ID. Follow the steps below to view a member's *History of Changes Report*.

1. Select the *Member History* tab within the member record.

Craig Manning

(CRAIGM5025)

***-**-5025

Manage Employee

Overview

Benefit details

Dependents

Documents

Interactions

Employee history

EMPLOYEE REPORTS

Employee Detail Report

Employee Benefit Summary Report

Craig has 0 pending tasks

Benefits Snapshot

Medical

Dean Health Plan: HDHP 2023 | Individual | Effective as of 07/01/2023

\$17.50

Semi-Monthly

Pharmacy

Navitus Pharmacy 2023 | Individual | Effective as of 07/01/2023

\$0.00

Semi-Monthly

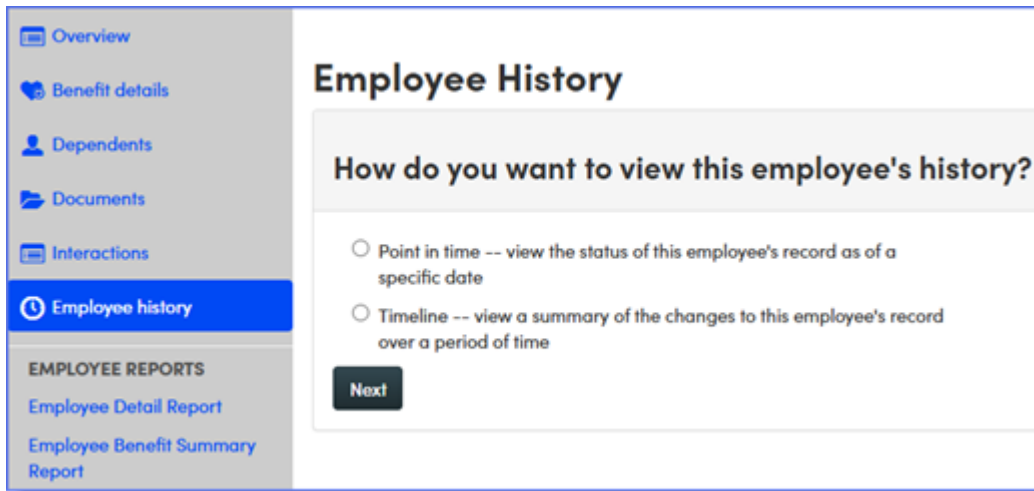
Wellness

Wellness 2023 | Individual | Effective as of 07/01/2023

\$0.00

Semi-Monthly

2. Click *View in History of Changes* at the top right.



Employee History

How do you want to view this employee's history?

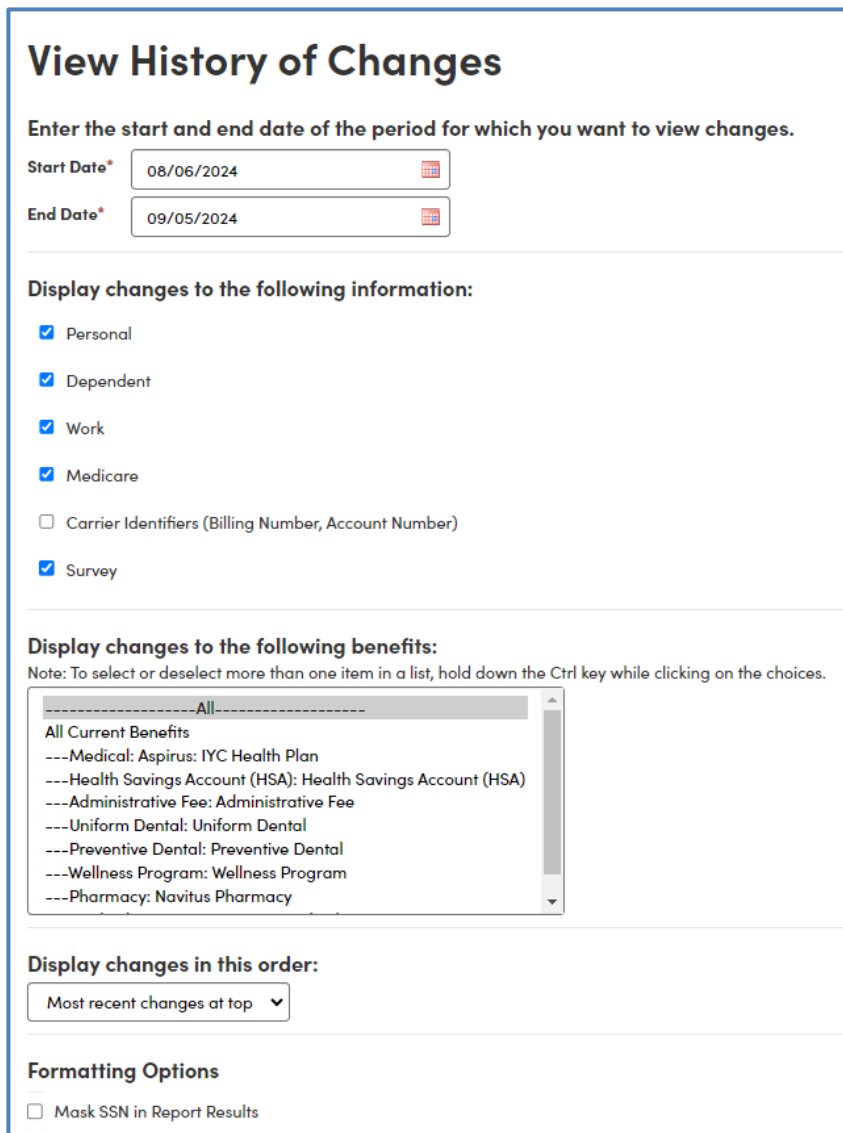
☐ Point in time -- view the status of this employee's record as of a specific date
☐ Timeline -- view a summary of the changes to this employee's record over a period of time

Next

EMPLOYEE REPORTS

- Employee Detail Report
- Employee Benefit Summary Report

3. Select the change types as well as the plans you wish to include on the report and set the formatting and sorting criteria. You can select multiple benefits by clicking on the topic while holding the CTRL key.



View History of Changes

Enter the start and end date of the period for which you want to view changes.

Start Date* 08/06/2024
 End Date* 09/05/2024

Display changes to the following information:

☒ Personal
☒ Dependent
☒ Work
☒ Medicare
☐ Carrier Identifiers (Billing Number, Account Number)
☒ Survey

Display changes to the following benefits:

Note: To select or deselect more than one item in a list, hold down the Ctrl key while clicking on the choices.

-----All-----
 All Current Benefits
 ---Medical: Aspirus: IYC Health Plan
 ---Health Savings Account (HSA): Health Savings Account (HSA)
 ---Administrative Fee: Administrative Fee
 ---Uniform Dental: Uniform Dental
 ---Preventive Dental: Preventive Dental
 ---Wellness Program: Wellness Program
 ---Pharmacy: Navitus Pharmacy

Display changes in this order:

Most recent changes at top ▼

Formatting Options

☐ Mask SSN in Report Results

4. Click *Run* to create the report.

15.3.2.b. Point in Time

Follow the steps below to view a member’s history as of a point in time. This view allows you to see the members record as of a specific date. You will use this report if you know the specific date of an event and want to validate coverage was active or terminated.

- 1. Select the *Member History* tab within the member record, then select the *Point in time* radio button.
- 2. Enter the date from which you would like to see the member's history. Click *Next*.

Employee History

View in History of Changes

How do you want to view this employee's history?

☒ Point in time -- view the status of this employee's record as of a specific date

Select date

06/28/2023

☐ Timeline -- view a summary of the changes to this employee's record over a period of time

Next

- 3. As of the date entered, you will see the
 - demographic details
 - the benefits in which the member is enrolled
 - any refused or canceled benefits

Select one or more filters on the left side of the page to further filter results.

Employee History

View in History of Changes

Print point in time

06/28/2023

+ Add another date to compare

Demographics

Persons

☒ Manny Santos

Attribute Groups

☒ Personal Information

☒ Address

☒ Email Address Information

☒ Phone Numbers Information

☒ Student Information

☒ Emergency Contact Information

☒ Direct Deposit Information

☒ Work Information

☒ Custodian

☒ Categories

☒ Survey Details

☒ Medicare Information

☒ Medicare Payer Status

Demographics

Manny Santos

Personal Information

Full Name

Manny Santos

Date of Birth

01/01/1980

SSN

***-**-2977

Gender

Female

Address

Address Type

PRIMARY

Primary Street

123 Main Street

City

Test City

State

SC

- 4. Click *Add another date to compare* to compare two dates side by side.

Employee History

View in History of Changes

Print point in time

06/28/2023

+ Add another date to compare

Demographics

Persons

Demographics

- 5. Select the second date.
- 6. Review the side-by-side information. Any differences in the two dates will be highlighted.

15.3.2.c. Timeline

Follow the steps below to view a member’s history as a summary of events on a timeline. This view will show all changes that occurred on or before the selected date. A timeline report would allow you to see multiple coverage changes that have occurred over time.

1. Select the *Timeline* radio button.
2. Enter the date for which you would like to search and click *Next*. The report will show all events that have occurred up until the entered date.

Employee History

View in History of Changes

How do you want to view this employee's history?

☐ Point in time -- view the status of this employee's record as of a specific date

☒ Timeline -- view a summary of the changes to this employee's record over a period of time

Select date

06/28/2023

Next

3. Select a specific item to see more detail.

Employee Timeline

View in History of Changes

Print timeline

View a summary of the transactions that occurred on or before the selected date

Select date

06/28/2023

JUN 28

Updates to survey details; 15 benefits accepted, 18 benefits declined, 4 benefits not eligible and approved (by UAT_KPRITCHETT_SWI) Today at 12:50 PM

JUN 28

Recent changes approved (by UAT_KPRITCHETT_SWI) Today at 10:30 AM

JUN 28

First recorded event (by BFKPRITCHETT) Today at 10:26 AM

15. ETF Specific Information

The following sections apply to ETF Administrators only. Some of these resources have additional access and functionality available to them as they support all or a subset of employers and members. ETF is the overall administrator for how these plans work, the system is configured, and escalation point when there is an issue.

15.1. Aggregate Administrator Access

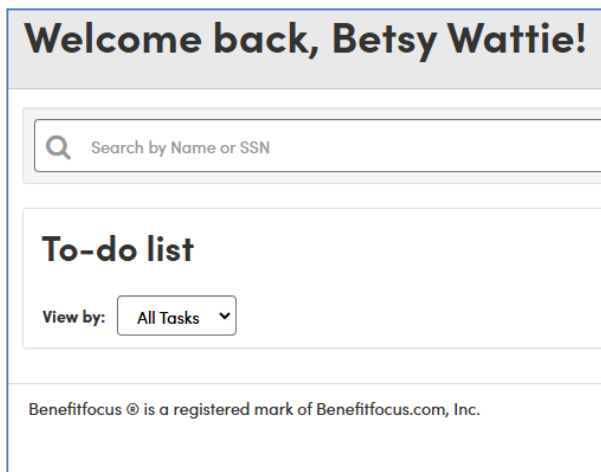
As an ETF Administrator, you may have aggregate access which enables access to multiple sponsors or organizations and their members. This additional functionality will automatically be accessible depending on your role at log-in.

When an ETF Administrator with aggregate user access logs in, the overall home page looks generally the same, however, your name will appear at the top instead of a specific group. You can search for a member by either:

- Searching for the sponsor group first, then the member
- Searching for the member across all groups

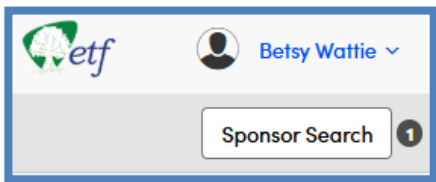


It is important to pay attention to whether your name or a specific-employer group's name is showing as this will help ensure you are accessing My Insurance Benefits with the right level of permissions.

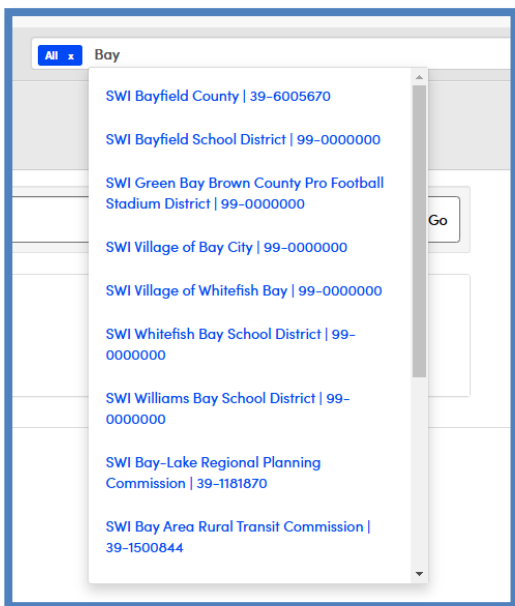


15.1.1.1. Specific Sponsor Search

1. To search for a specific sponsor, click on the Sponsor Search button at the far right of the landing page.



2. In the search box, start typing the sponsor group name that you would like to work with. The system will present matches based on what you are typing. When the correct organization appears, click on the group name. Then click Go.



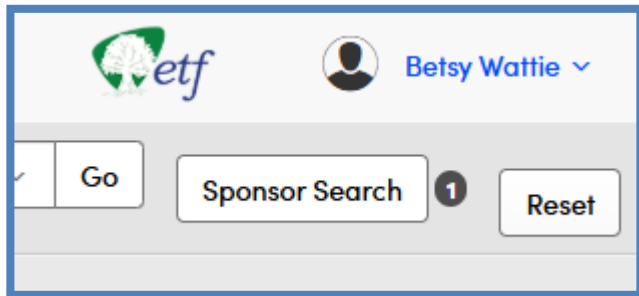
The ETF Administrator will only see the groups they have access to on their dropdown.

3. The Welcome page now displays the group that the ETF Administrator accessing.



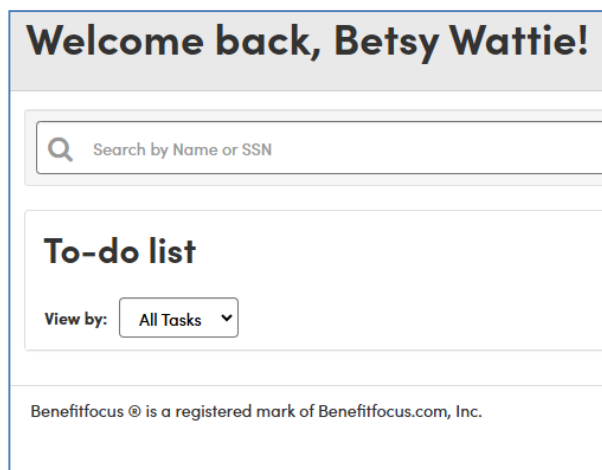
From here ETF Administrators can search for a member using *Name, SSN, Employer ID, or ETF ID*.

4. To access a different sponsor, click the *Reset* button on the upper right of the screen. The user knows they are at the main ETF Administrator page because the Welcome page is back to their name rather than a specific employer.



15.1.2. Specific Member Search

1. To search for a member on the initial landing page, you will enter the member *Name or SSN* in the *Search bar* and hit enter.



2. The system will display all of the members and/or dependents with that name or SSN that are part of the organization(s).

Employee Search Results

☒ 2 Active Employees
 ☐ 0 Terminated Employees
 ☐ Dependents

Actions

<input type="checkbox"/>	Type	Name	DOB	SSN	Sponsor
<input type="checkbox"/>	<input checked="" type="radio"/>	WatTest4072, adddependents	01/01		12.16 Copy of SWI
<input type="checkbox"/>	<input checked="" type="radio"/>	WatTest4896, removedependents	01/01		12.16 Copy of SWI

- Select the appropriate member and proceed.

15.2. Retiree Medicare Advantage & Medicare Part D Pharmacy

My Insurance Benefits support both Medicare Advantage and Medicare Part D Pharmacy plans. Members must elect the Medicare Advantage plan they wish to enroll in, whereas the Medicare Part D Pharmacy plan is automatically enrolled, both pending CMS approvals. There are two ways for members to be eligible to be enrolled in these programs:

- a qualified life event (QLE), generally tied to aging into eligibility; or
- an Initial Coverage Election Period (ICEP).

Regardless of qualifying reason, the ETF Administrator will be responsible for enrolling the member(s) in their selected Medicare Advantage plan based on submitted enrollment paperwork. Medicare Part D Pharmacy enrollment will occur automatically. Coverage for either plan is not active until CMS approval is obtained, generally in 7 days or less.

The enrollment in coverage is similar to standard enrollment, below are the steps:

- The member completes and returns the enrollment paperwork to ETF for processing.
- The ETF Administrator receives the paperwork and
 - Updates Medicare Manager with the correct information;
 - Enrolls the member in the selected Medicare Advantage plan;
 - Monitors the CMS approval/denial status of the Medicare Advantage and Medicare Part D Pharmacy enrollment and actions accordingly.

For Medicare Advantage plans, once coverage is elected, it is automatically sent to CMS for review and approval. Until approval is received, the member will remain in their current coverage without interruption. In the event coverage is denied, the existing coverage continue as well, uninterrupted. For example, if coverage is:

- Approved by CMS, then current coverage is automatically dropped and the new Medicare Advantage coverage becomes active.
- Declined by CMS, then the Medicare Advantage election is denied and the current coverage remains in effect. The ETF Administrator should then
 - Review the information entered to look for errors, correct and resubmit; or
 - Work with the member to select an alternative plan and resubmit; or
 - Work with the member to remain in existing coverage and attempt to reenroll in a future enrollment window.

For Medicare Part D Pharmacy plans, all members are automatically enrolled and automatically sent to CMS for review and approval. if coverage is:

- Approved by CMS, then Medicare Part D Pharmacy coverage becomes active and the existing pharmacy automatically ends.
- Declined by CMS, then the Medicare Part D Pharmacy election is denied current pharmacy coverage remains active. The ETF Administrator should then
 - Review the information entered to look for errors, correct and resubmit; or
 - Work with the member to remain in existing coverage and attempt to reenroll in a future enrollment window.

Approval status is indicated in multiple places within the platform.

Health Benefits and Health Savings Account 2025

Initial Coverage Election Period (HR Admin)

Medicare Advantage: 10/01/2024 - 02/28/2025

EGWP: 10/01/2024 - 04/30/2025

+

 Medicare Advantage

Pending CMS approval

Accepted

Plan	IYC Medicare Advantage 2025
Persons Covered	HR Admin (Subscriber) Effective 03/01/2025
Coverage Level	Individual
Attributes	COBRA Attribute 12: Retirees and Inactives, Group Number: 0000001, Payroll Attribute 1: Individual, Standard 834 Attribute 05: 05, Standard 834 Attribute 06: NA, Standard 834 Attribute 07: 07, Standard 834 Attribute 08: send_UPIID, Standard 834 Attribute 09: 16, Standard 834 Attribute 15: 0000001-00001, Standard 834 Attribute 18: 0000001-00001-00, Standard 834 Attribute 31: P01, Standard 834 Reporting Category 01 Name: Payment Source, Standard 834 Reporting Category 01 Qualifier: 9V, Standard 834 Reporting Category 01 Value: NA

If a retiree chooses to remain in their existing Medical and Pharmacy plan when they become Medicare eligible, they will not see a change to the actual plan they are enrolled into. Instead, the carrier would be notified via the information sent on the vendor file that the retiree and/or dependent is now eligible for Medicare.

After Medicare information is added, Part D will be elected via an automated process pending CMS. During this time, existing Pharmacy coverage will remain in place. This automated process would apply to both retirees and dependents.

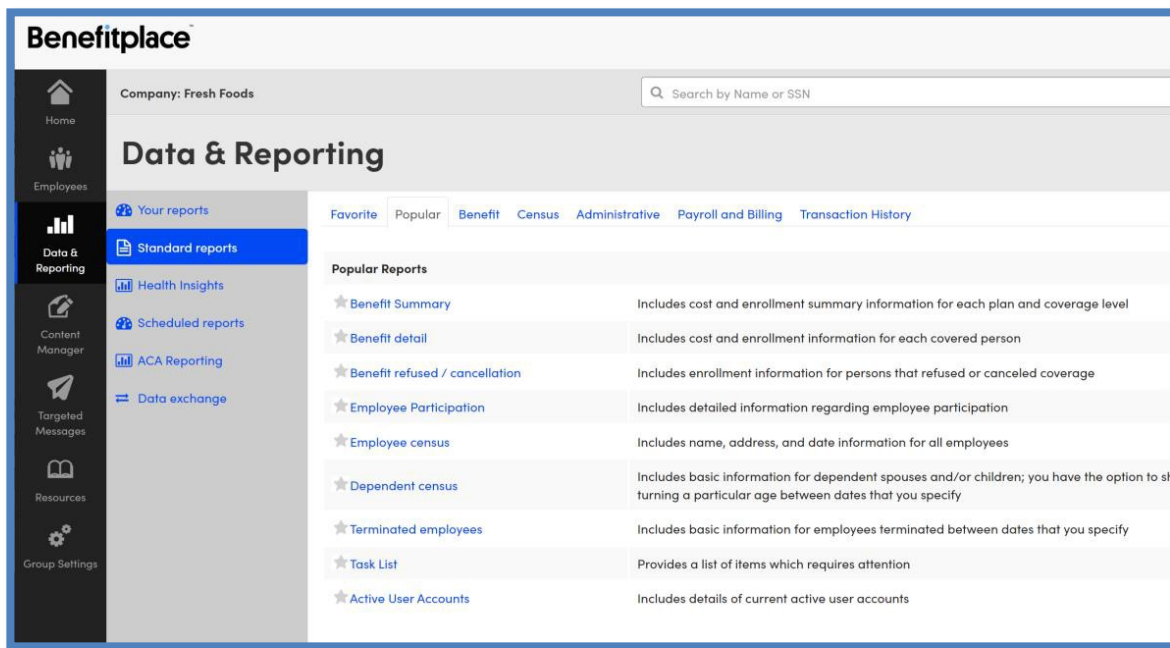
If Medicare information is not received or entered, 7 days prior to when a person would be eligible for Medicare via age, placeholder Medicare information will be populated, with the actual Medicare information being added at a later date once confirmed.

15.3. Aggregate Interactive Reports

As stated about under the Data and Reporting, Interactive Reports section, Interactive Reports is a new reporting feature that Benefitfocus is enhancing over time, and which will eventually replace the current standard reports. Interactive reporting is generated in Power BI which allows for data visualization as well as the ability to filter data to meet specific user needs.

As an ETF Administrator, depending on your role, you may have aggregate access which enables you access to multiple sponsor groups and members across many organizations. This interactive reporting feature will allow you to report on one or many groups or employee types using the filtering functionality within the Power BI report. Given that this technology is constantly evolving, more detailed information on using the tools, filters, widgets, available reports and known issues can be found within the Interactive Reporting user guide.

To access *Interactive reports*, go to *Data & Reporting*, then *Interactive reports* and select the report you would like to view.

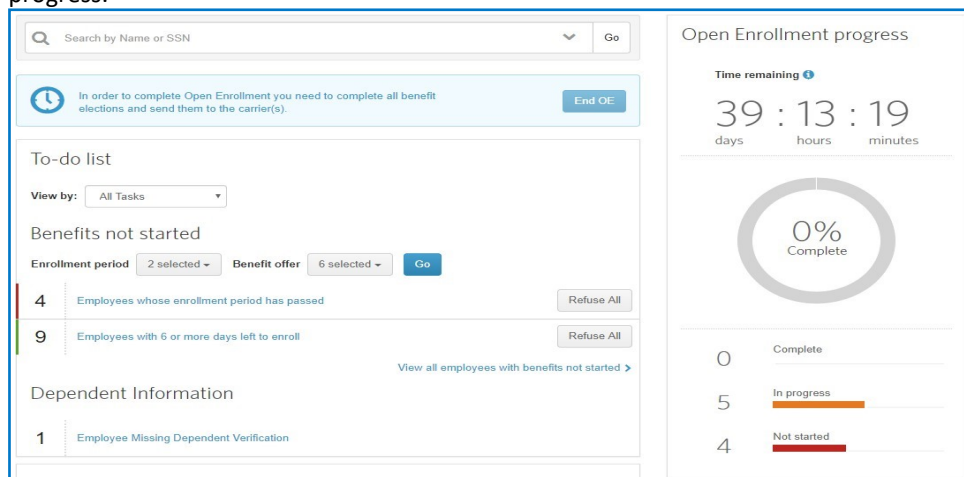


15.4. **Open Enrollment Manager**

The Open Enrollment Manager appears in the HR administrator role at the top of the home page during the open enrollment (OE) period. The Open Enrollment Manager provides a reminder of tasks to complete before Open Enrollment can end.

Working with My Insurance Benefits, ETF will enable the Open Enrollment Manager to send various email reminders throughout open enrollment.

The *Open Enrollment Progress Widget* provides a high-level overview and visual representation of the status of an employer's Open Enrollment progress. The widget appears on the right of the HR administrator home page while Open Enrollment is in progress.



The *Time remaining* counter at the top of the widget is based on the member Open Enrollment end date and the configured time zone. If there is more than one applicable end date, the time remaining is based on the latest of the end dates. If Open Enrollment dates are not configured for the member, then time remaining is based on the dates configured for the HR administrator.

The data displayed and calculated for the Open Enrollment Progress widget is determined by the type of renewal the group is using. The configuration options are:

- *Passive without review tasks*

- *Passive with review tasks*
- *Active or Mixed*

Please note, the data is based on all members who are eligible for non-COBRA benefits (regardless of employment status) and who are within the start and end dates for Open Enrollment (using the earliest start date/latest end open enrollment dates) for any offers in Open Enrollment. The two configurations are:

1. Show Open Enrollment Progress Data for:
 - All categories
 - Only the categories for which HR administrator is enabled. This will restrict to show only the members to which the administrator has access based on their category
2. Renewal Type:
 - Passive Enrollment without review tasks
 - All other enrollment types, i.e. active enrollment, passive enrollment requiring review tasks, or any mix of passive and active enrollment.

Open enrollment strategies will be determined by ETF and are analyzed on an annual basis. Each employer will be notified accordingly based on those decisions and applicable communications will be sent. ETF will generally follow the Passive Enrollment Without Review Tasks strategy for most plans as an active action is not required. Medical Opt-Out and pre-tax spending accounts (HSA, FSA, etc.) are the exception as a response is required to retain into the next plan year.

The *Passive Enrollment without review tasks* Renewal Type option should be used for groups utilizing a passive enrollment for all benefits. Meaning, all members are automatically re-enrolled in the same benefits for Open Enrollment as they have for the current plan year; it is not required for them to log in to acknowledge or make any changes.

When the *Renewal Type* is set to *Passive Enrollment without review tasks*, the widget shows the percent of eligible members who have logged in during the Open Enrollment period (*% Logged In*) and the number of members falling into each of the following statuses:

- *Logged in and made changes*: Number of members that have logged in during Open Enrollment and have saved a change to benefit enrollment (edited an offer and saved a change to any data within the offer)
- *Logged in and did not make changes*: Number of members that have logged in during Open Enrollment and have NOT saved a change to benefit enrollment
- *Have not logged in during OE*: Number of eligible members that have not logged in during Open Enrollment

Each of the three statuses may be selected to view the list of members within the indicated status.

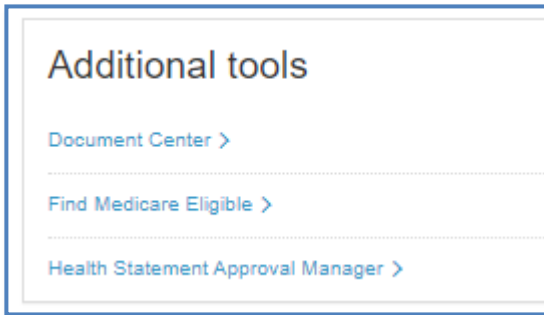
15.5. Health Statement Approval Manager

Only ETF staff will be able to see and utilize this tool. Life and Income Insurance coverages may require enrollees to submit evidence of insurability (EOI) statements, in some situations, that includes detailed information about enrollees' health conditions. This *health statement* (also known as evidence of insurability) allows the carrier to assess the risk of insuring each individual and decide whether to provide coverage.

The *Health Statement Approval Manager* allows you to indicate whether the carrier has approved or declined a members' coverage requests based on the carrier's insurability determination. There are only two scenarios that would require action:

1. ICI
 - The communication of the carrier's approval or denial of coverage **is not** processed through an automated file, as such the HR administrator will use the approval/denial of coverage notice (email, report, carrier system look-up) provided by the carrier and will then update the member's coverage accordingly, per the steps outlined below.
2. Life Insurance
 - The communication of the carrier's approval or denial of coverage **is** through an automated file, as such the HR administrator in general not ever be updating life EOI decisions manually following the process below. However, in the very rare event that the file fails, there is a decision change and/or there is some other exception, the HR administrator could update coverage approval/denial with supporting documentation (email, report, carrier system look-up), per the steps outlined below.

1. Click the *Health Statement Approval Manager* link within the Additional Tools section.



2. Use the *Status* and/or *Statement age* settings to filter the list of members. You can also use the search bar to locate a specific individual.
3. Locate the member for whom you want to approve or deny a health statement based on carrier provided decisions.

The screenshot shows the "Health Statement Approval Manager" interface. It includes a search bar, filters for Status (Pending) and Statement age (Select), and a table of members. A blue arrow points to the row for "Brown, Heather".

Employee	Request date	Plan request
Brown, Heather	04/03/2019	Voluntary Life
Cook, Sam	04/03/2019	Voluntary Life

4. Select *Approve/Decline* from the *Actions* drop-down box.

The screenshot shows the "Health Statement Approval Manager" interface with the "Actions" dropdown menu open, displaying "Approve/Decline" and "Cancel" options.

5. Click *Approve request* or *Decline request* based on the carrier's decision.

The screenshot shows the "Approval Required" screen for "Voluntary Life". It displays subscriber information and options to "Approve request", "Decline request", or "Skip (neither approve nor decline)".

Approval Required

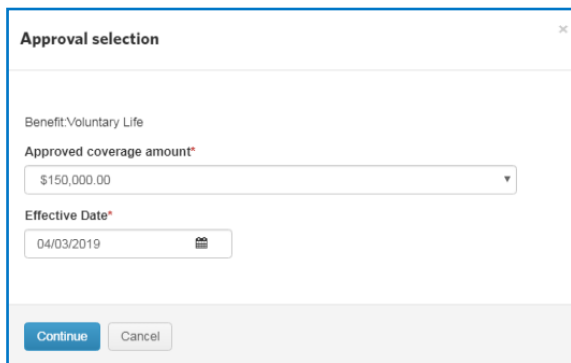
Voluntary Life

Subscriber: Brown, Heather
Type: Contributory
GI Amount: \$100000.00
Current Amount: None
Requested Amount: \$150,000.00

Approve request Decline request Skip (neither approve nor decline)

Save Cancel

- If *approving* the request, select the approved coverage amount and benefit effective date within the Approval Selection window. Then, click *Continue*.



Approval selection

Benefit: Voluntary Life

Approved coverage amount*

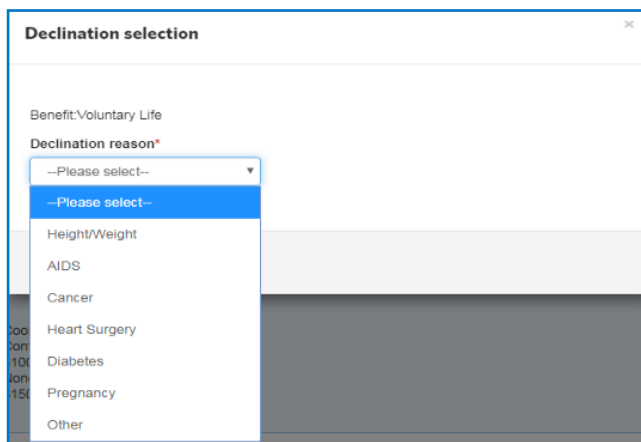
\$150,000.00

Effective Date*

04/03/2019

[Continue](#) [Cancel](#)

- If *declining* the request, select the declination reason within the Declination Selection window. Then, click *Continue*.



Declination selection

Benefit: Voluntary Life

Declination reason*

--Please select--

--Please select--

Height/Weight

AIDS

Cancer

Heart Surgery

Diabetes

Pregnancy

Other

7. Click *Save* at the bottom of the page.



Health Statement Approval Manager

[Back to health statement approval manager](#)

Approval Required

Voluntary Life

You have declined the request below!

Subscriber:	Cook, Sam
Type:	Contributory
GI Amount:	\$100000.00
Current Amount:	None
Requested Amount:	\$150,000.00

[Edit Plan](#)

[Save](#) [Cancel](#)