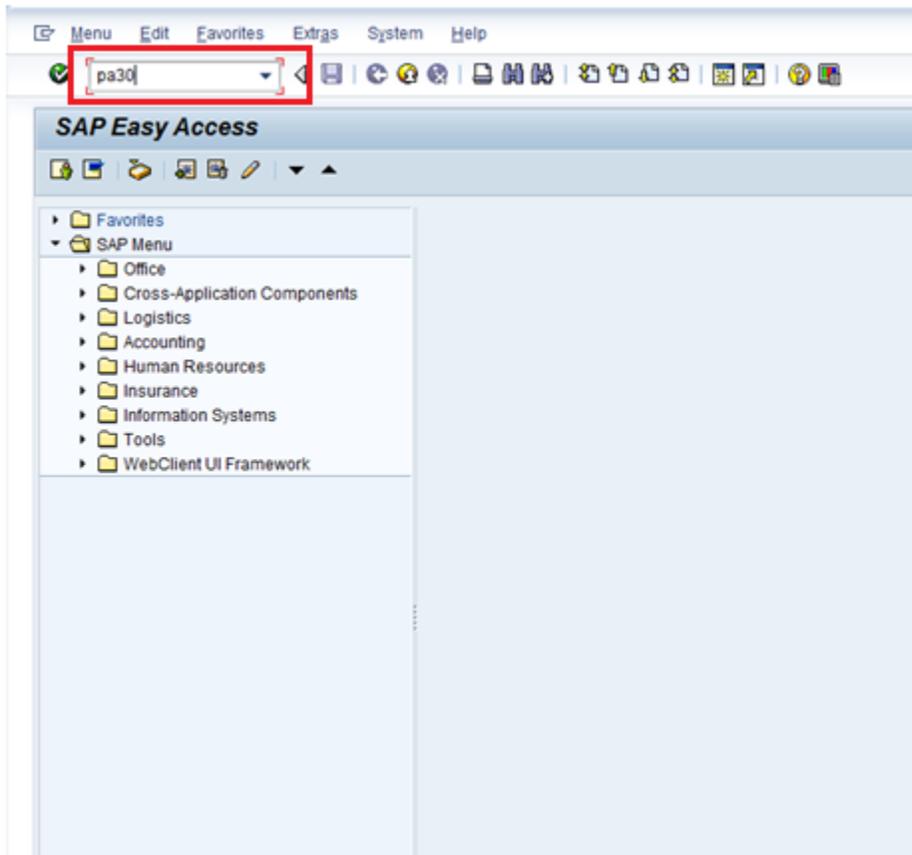
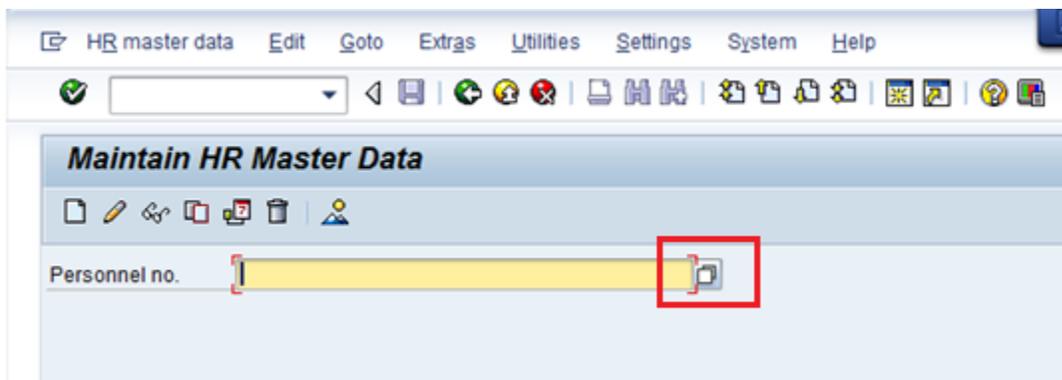


HRG Open Enrollment Instructions

Log into KHRIS and go to PA30



Click in the Personnel no. field, then click the search box .



Enter the member SSN in the ID number field and click the green check mark to start the search, or hit enter on keyboard.

Personnel Number (1)

Last name - First name Personnel ID Number Organizational assignment

Pers. ID modifier

ID number 448799652

Personnel number

Start Date

End Date

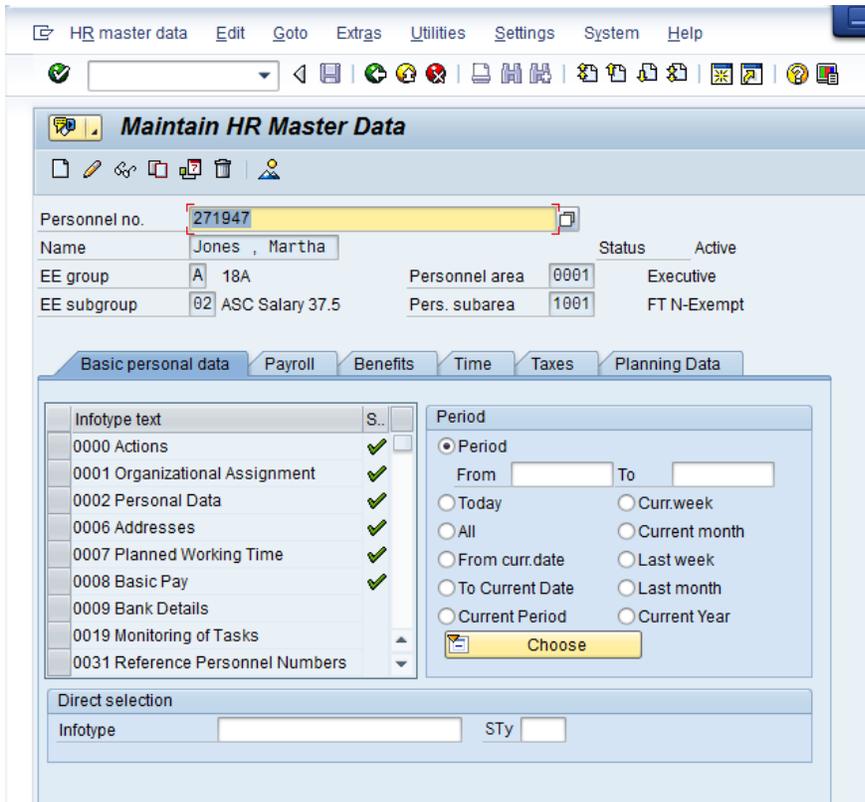
Select member and click .

Personnel Number (1) 1 Entry found

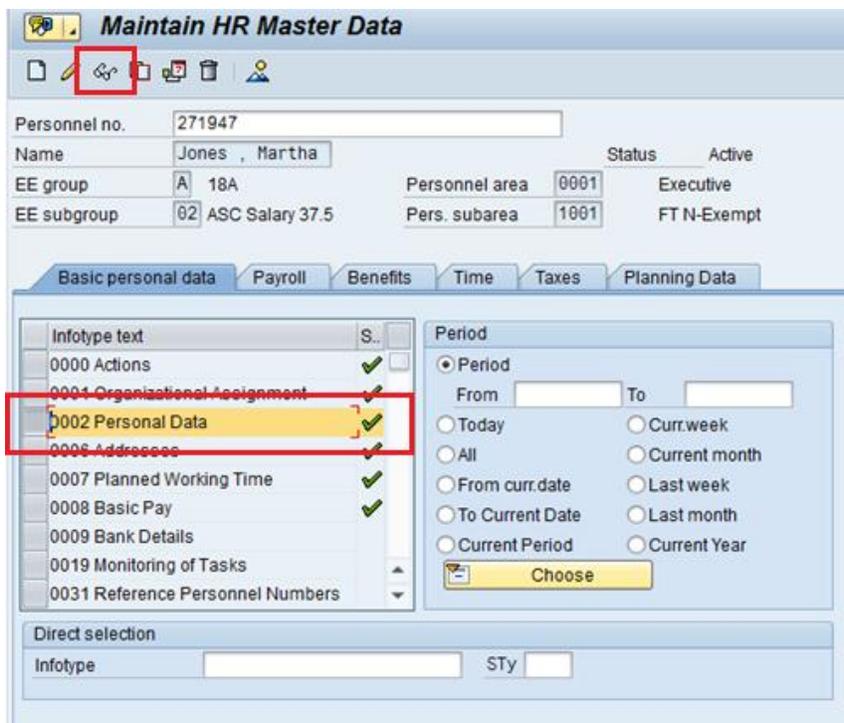
Last name - First name Personnel ID Number Organizational assign

PM	ID number	PersNo	Start Date	End Date
10	448799652	00271947	08/01/1970	12/31/9999

Hit the Enter key on your keyboard to display member's record.



On "Basic personal data" tab, select infotype "0002 Personal Data" and click display .



Verify member's first and last name, date of birth, social security number, gender and marital status against information on the application.

If updates are needed to name, DOB or SSN, please follow normal procedures for these types of updates.

Display 0002 Personal Data

Personnel No: 271947 Name: Jones, Martha
Position: 30032069 Social Service Worker I
Status: Active
Start: 08/01/1970 To: 12/31/9999 Changed on: 08/29/2013 WF-BATCH

Name
Last name: Jones
First name: Martha
Middle name:
Suffix:
Name: Jones, Martha

HR data
SSN: 448-79-9652 Gender: Female Male Unknown
Date of Birth: 08/01/1970
Language: EN English
Marital Status:

If updates are needed to marital status or gender, click back  then follow normal procedures for these types of updates.

On "Basic Personal data" tab, select infotype "0006 Addresses" and click display .

Maintain HR Master Data

Personnel no.: 271947 Name: Jones, Martha Status: Active
EE group: A 18A Personnel area: 0001 Executive
EE subgroup: 02 ASC Salary 37.5 Pers. subarea: 1001 FT N-Exempt

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

Infotype text | S. | |

0000 Actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0001 Organizational Assignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0002 Personal Data	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0006 Addresses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0007 Planned working Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0008 Basic Pay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0009 Bank Details	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Period: Period
From: To:
 Today Curr.week
 All Current month
 From curr date Last week
 To Current Date Last month
 Current Period Current Year

Verify member's address and phone number.

Display 0006 Addresses

Personnel No Name
 Position Social Service Worker I
 Status
 Start to Changed on WF-BATCH

Address

Address type
 Care Of
 Address line 1
 Address line 2
 City/county
 State/zip code
 Country Key
 Telephone Number

Communications

Type <input type="checkbox"/>	Number <input type="text" value="0"/>	Exte <input type="text"/>
Type <input type="checkbox"/>	Number <input type="text" value="0"/>	Exte <input type="text"/>
Type <input type="checkbox"/>	Number <input type="text" value="0"/>	Exte <input type="text"/>
Type <input type="checkbox"/>	Number <input type="text" value="0"/>	Exte <input type="text"/>

Additional fields

County code

If updates are needed, click back , then click Copy . Select the Permanent residence type of address and click green check mark .

Subtypes for infotype "0006 Address"

Restrictions

STyp	Name
1	Permanent residence
4	ESS Required
5	ESS Required
6	ESS Required
Z001	Work Address

Enter "start" date of today's date. Change the necessary information and Save .

Copy 0006 Addresses

Personnel No 271947 Name Jones , Martha
 Position 30032069 Social Service Worker I
 Status Active
 Start 10/06/2013 to 12/31/9999

Address

Address type 1 Permanent residence
 Care Of
 Address line 1 2464 Snappy Drive
 Address line 2
 City/county Frankfort
 State/zip code KY Kentucky 40601
 Country Key US USA
 Telephone Number

Communications

Type	Number	Exte

On "Basic personal data" tab, scroll down and select infotype "0105 Communication" and click Overview



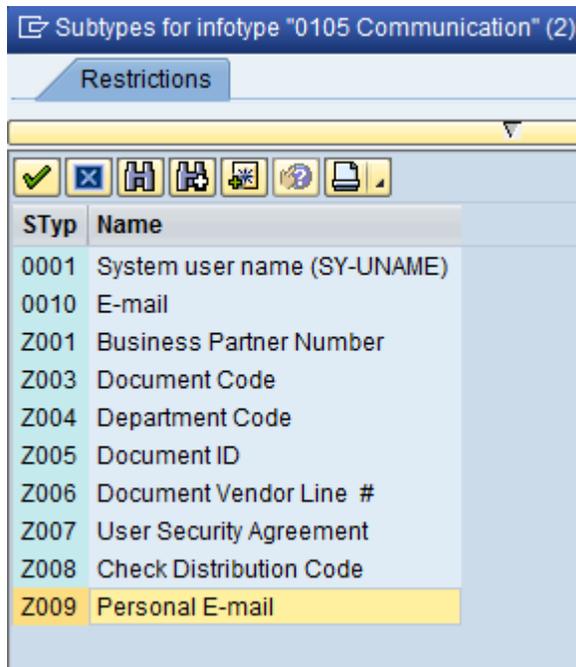
Personnel no. 271947
 Name Jones , Martha Status Active
 EE group A 18A Personnel area 0001 Executive
 EE subgroup 02 ASC Salary 37.5 Pers. subarea 1001 FT N-Exemp

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

Infotype text	Period
0031 Reference Personnel Numbers	Period
0035 Company Instructions	From To
0040 Objects on Loan	<input type="radio"/> Today <input type="radio"/> Curr.week
0041 Date Specifications	<input type="radio"/> All <input type="radio"/> Current mont
0077 Additional Personal Data	<input type="radio"/> From curr.date <input type="radio"/> Last week
0094 Residence Status	<input type="radio"/> To Current Date <input type="radio"/> Last month
0102 Grievances NA	<input type="radio"/> Current Period <input type="radio"/> Current Year
0105 Communication	<input type="button" value="Choose"/>
0697 Drug Screening	

Verify the work email address on the application matches email subtype 0010 and personal email address matches subtype Z009.

If an email address does not exist, create the new address, with start date of today's date and save.



If changes are needed, select the record, click change, correct the email address and save.

Select the "Benefits" tab, then scroll down and select Infotype "00376 Benefits Medical Information" and click create .

Maintain HR Master Data

Personnel no. 271947

Name Jones, Martha Status Active

EE group A 18A Personnel area 0001 Executive

EE subgroup 02 ASC Salary 37.5 Pers. subarea 1001 FT N-Exempt

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

Infotype text	S..
0168 Insurance Plans	✓
0170 Flexible Spending Accounts	
0171 General Benefits Information	✓
0210 External Organizations	
0376 Benefits Medical Information	✓
0378 Adjustment Reasons	✓
9925 LivingWell Health Assessment	✓

Period

From To

Today Curr.week

All Current month

From curr.date Last week

To Current Date Last month

Current Period Current Year

Choose

Direct selection

Infotype 0376 Benefits Medical Informa... STy

Enter the "Start" date as 01/01/2014. Click the box next to "Tobacco use" if the member indicated "Yes" on their Tobacco Use Declaration. Leave the box empty if the member indicated "No." Click save .

Create 0376 Benefits Medical Information

Personnel No 271947 448-79-9652 Name Jones, Martha

Payroll area SM Org. unit Bourbon County Unit

Start 01/01/2014 to 12/31/9999

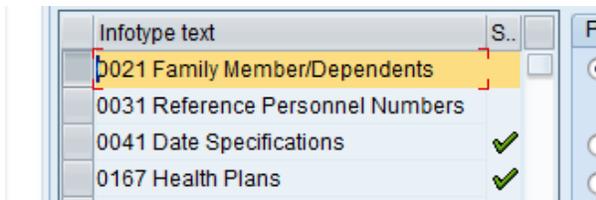
Tobacco use

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

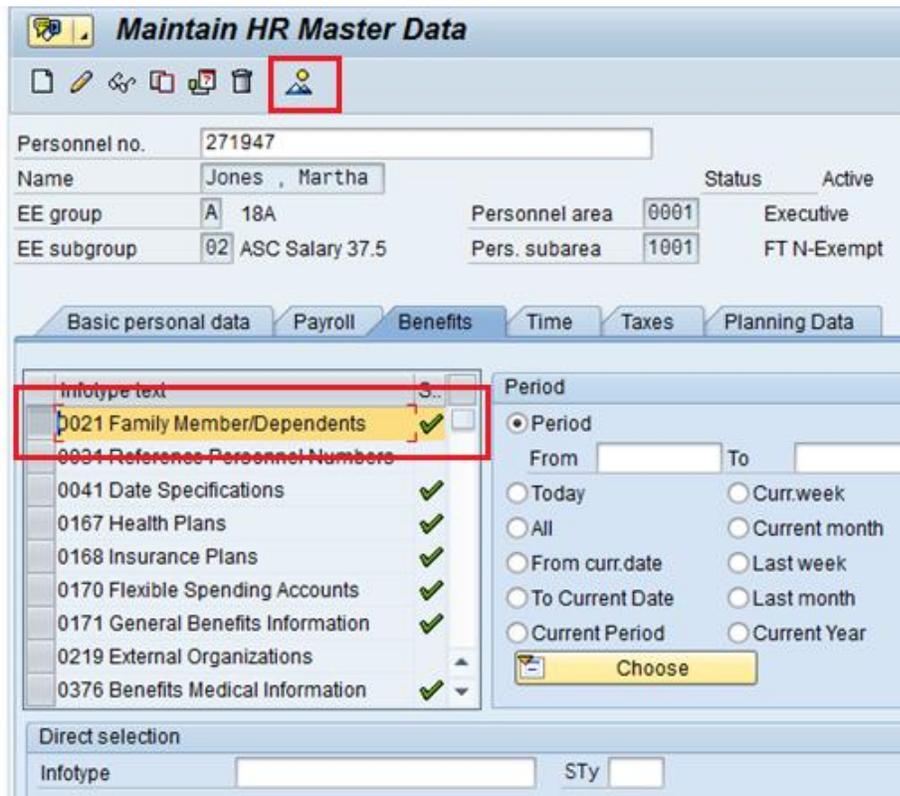
2014: Tobacco use for EE and/or covered Spouse/Deps, for past 6 mn

A warning message will display, click save again to clear the error and return to the member's record.

Select Infotype "0021 Family Member/Dependents." If no dependents are currently listed, the infotype will not have a green check-mark displayed on the list.



If dependents are already listed, click overview to review the list and compare to the application.



If a dependent on the application is not listed in the “Overview” you will need to create the dependent before you can complete the enrollment. Only type “1- spouse” or “2-child” or “9001 Court Ordered Dependent” can be enrolled in health insurance. Dependents entered as types “7 – Emergency contact” or “9003 – Other Beneficiaries” will not be displayed as eligible for health insurance.

To add a dependent choose Infotype “0021 Family Member/Dependents” and click .

Choose “1 Spouse” or “2 Child” or “9001 Court Ordered Dependent” and click .

Subtypes for infotype "0021 Family Member/Dependents"

Restrictions

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

Enter the "Start" date of today's date and enter the dependents information and click save . Repeat for all dependents. Dependents must have a date of birth and a valid SSN to be added to a health insurance plan.

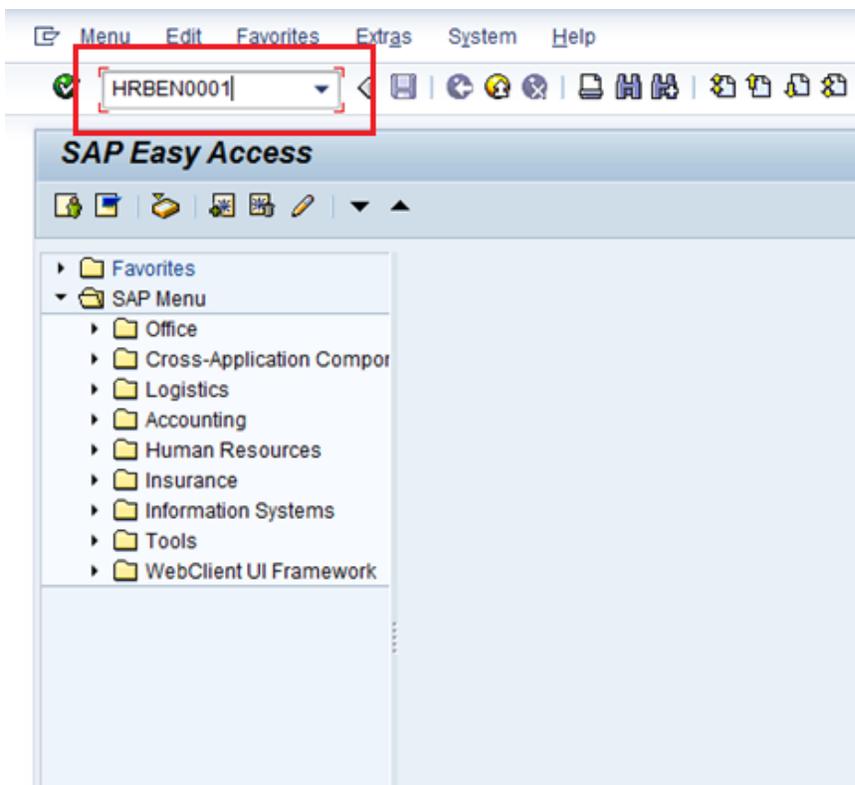
Create 0021 Family Member/Dependents

Personnel No Name
 EE group 18A Personnel area Executive Status
 EE subgroup ASC Salary 3 Pers. subarea FT N-Exempt
 Start To
 Member Child no

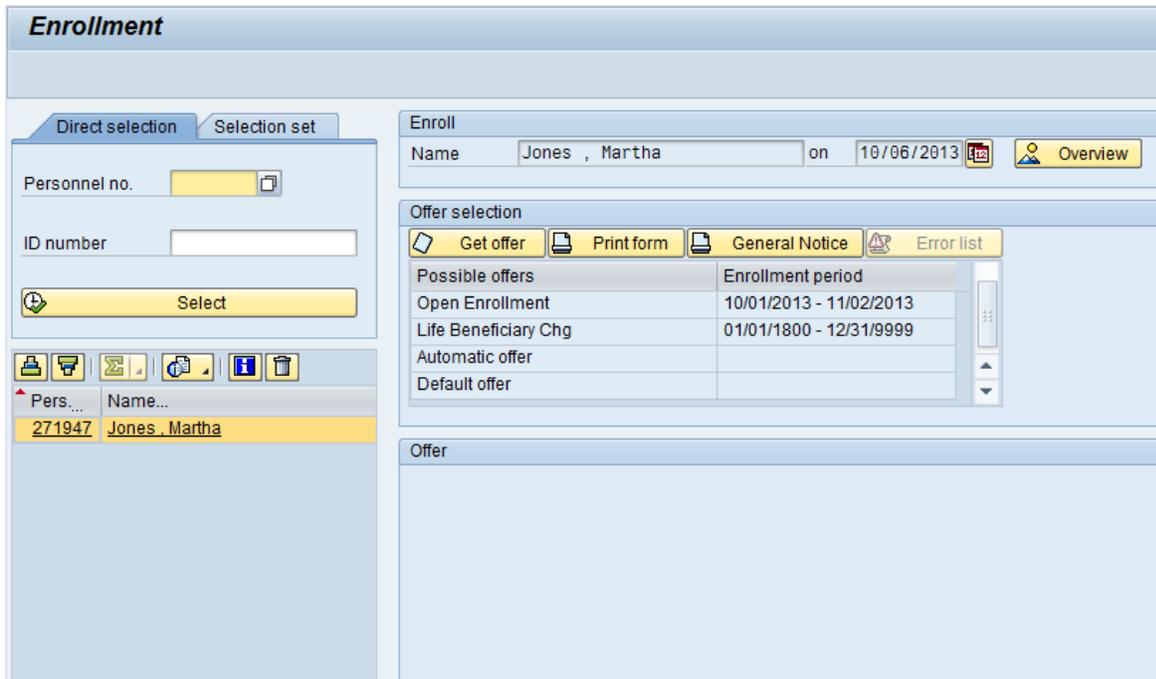
Personal data

Last name
 First name Initials
 Title
 Gender Female Male
 Birth date
 SSN

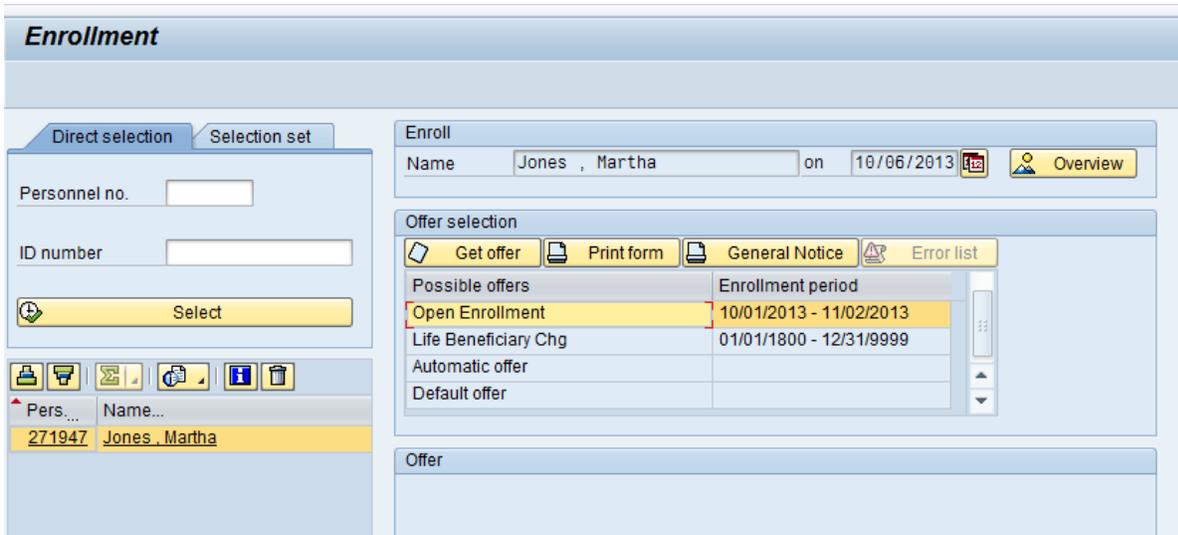
Click back to return to main menu. Go to HRBEN0001.



Enter the member's personnel number in the "Personnel no." field on the left. Select  and adjust the date to the signature date on the member's application and click .



Click . Then select "Open Enrollment" from the list of possible offers and click Get offer .



The Open Enrollment default plan will appear as "Enroll or Waive Coverage." Select the plan that is indicated on the member's application.

Enrollment

Direct selection | Selection set

Personnel no.

ID number

Select

Pers... Name...
 271947 Jones, Martha

Enroll

Name Jones, Martha on 10/06/2013

Offer selection

Get offer
 Print form
 General Notice
 Error list

Possible offers	Enrollment period
Open Enrollment	10/01/2013 - 11/02/2013
Life Beneficiary Chg	01/01/1800 - 12/31/9999
Automatic offer	
Default offer	

Open Enrollment

Enroll
 Costs
 Undo selection
 Error List

Plan	Status	Validity period	Activity
<ul style="list-style-type: none"> Medical <ul style="list-style-type: none"> LivingWell CDHP LivingWell PPO Standard PPO Standard CDHP Waiver Dental/Vision Only HRA Enroll or Waive Coverage Waive Coverage without HRA Waive Coverage with HRA Forced Waiver NO HRA Medical FSA <ul style="list-style-type: none"> Healthcare FSA Dependent FSA <ul style="list-style-type: none"> Dependent Care FSA 			
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	
		01/01/2014 - 12/31/9999	

After selecting the plan, the option (level) and dependents must be reviewed and updated if needed.

Maintain Health Plan

Pers.No. 271947 Jones , Martha
Plan LivingWell PPO
Start 01/01/2014 - 12/31/9999

Stop participation in period

Option Dependents

Plan options

Health Plan Opt 0001 KEHP
Dependent Cover 0001 Single

Costs USD Semi-monthly

Employee	39.99	<input checked="" type="checkbox"/> Deductions Pre-
Employer	309.65	

Accept

If the member elected single level coverage, click the Accept button.

If the member elected to cover dependents, click on the “Dependents” tab and select the check box for each dependent that is listed on the application.

Maintain Health Plan

Pers.No. 271947 Jones , Martha

Plan LivingWell PPO

Start 01/01/2014 - 12/31/9999

Stop participation in period

Option Dependents

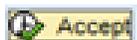
Select	Name	Type of dep./ben.
<input checked="" type="checkbox"/>	Mary Jones	Child

Accept

If a dependent listed on the application does not appear in the list, verify the dependent has been added as a spouse or child, with a date of birth and SSN, in the Infotype 00021 on the PA30. Please note:

- Dependents over the limiting age (26) as of 01/01/2014 will not appear as an eligible dependent.
- Dependents enrolled in another KEHP plan (their own or as a dependent on another plan) will not appear as an eligible dependent.

Select the "Option" tab and choose the Dependent Coverage level from the drop down list and click



Maintain Health Plan

Pers.No. 271947 Jones, Martha
 Plan LivingWell PPO
 Start 01/01/2014 - 12/31/9999

Stop participation in period

Option Dependents

Plan options

Health Plan Opt 0001 KEHP
 Dependent Cover 0003 Parent Plus

Costs USD Semi-monthly

Employee 113.99 Deductions Pre-
 Employer 383.98

Accept

Open Enrollment

Enroll Costs Undo selection Error List

Plan	Status	Validity period	Activity
LivingWell CDHP		01/01/2014 - 12/31/9999	
LivingWell PPO		01/01/2014 - 12/31/9999	✓
Standard PPO		01/01/2014 - 12/31/9999	
Standard CDHP		01/01/2014 - 12/31/9999	
Waiver Dental/Vision Only HRA		01/01/2014 - 12/31/9999	
Enroll or Waive Coverage	■	01/01/2014 - 12/31/9999	
Waive Coverage without HRA		01/01/2014 - 12/31/9999	
Waive Coverage with HRA		01/01/2014 - 12/31/9999	
Forced Waiver NO HRA		01/01/2014 - 12/31/9999	
Medical FSA			

A green checkmark will indicate the new plan has been selected and will be activated when you click the Enroll button.

Select the FSA plan and enter the member's total annual contribution and click Accept .

Maintain Flexible Spending Account

Pers.No. 271947 Jones , Martha

Plan Healthcare FSA

Start 01/01/2014 - 12/31/9999

Stop participation in period

Target contribution period 01/01/2014-12/31/2014

Contribution 600.00 USD

Accept

IMPORTANT NOTE: During Open Enrollment if an FSA amount is entered incorrectly you can repeat the enrollment and change the amount HOWEVER DO NOT DELETE any FSA plans. This will cause billing errors. For example if you key a member's Healthcare FSA as a Dependent Care FSA by error you will need to contact the Department of Employee Insurance to void the HC FSA.

You must contact the Department of Employee Insurance if an FSA account needs to be voided.

Once all the benefits are selected, click Enroll .

Enroll

Name Jones , Martha on 10/06/2013 Overview

Offer selection

Get offer Print form General Notice Error list

Possible offers	Enrollment period
Open Enrollment	10/01/2013 - 11/02/2013
Life Beneficiary Chg	01/01/1800 - 12/31/9999
Automatic offer	
Default offer	

Open Enrollment

Enroll Costs Undo selection Error List

Plan	Status	Validity period	Activity
Medical			
• LivingWell CDHP		01/01/2014 - 12/31/9999	
• LivingWell PPO		01/01/2014 - 12/31/9999	✓
• Standard PPO		01/01/2014 - 12/31/9999	
• Standard CDHP		01/01/2014 - 12/31/9999	
• Waiver Dental/Vision Only HRA		01/01/2014 - 12/31/9999	
• Enroll or Waive Coverage	■	01/01/2014 - 12/31/9999	
• Waive Coverage without HRA		01/01/2014 - 12/31/9999	
• Waive Coverage with HRA		01/01/2014 - 12/31/9999	
• Forced Waiver NO HRA		01/01/2014 - 12/31/9999	
Medical FSA			
• Healthcare FSA		01/01/2014 - 12/31/9999	✓
Dependent FSA			
• Dependent Care FSA		01/01/2014 - 12/31/9999	

In the print box change output device to “ZPDF” and click Print Preview



Print

Output Device: **ZPDF**

Frontend Printer: WPers5321SOBZ_DFS_P632

Spool Request

Name: PBFORM LOCL MZS0046

Cover Page Text: [Empty]

Authorization: [Empty]

Spool Control

Print Immediately

Delete After Output

New Spool Request

Close Spool Request

Spool Retention Per. 8 Day(s)

Storage Mode 1 Print only

Number of Copies

Number of Copies 1

Cover Page Settings

SAP Cover Page Do Not Print

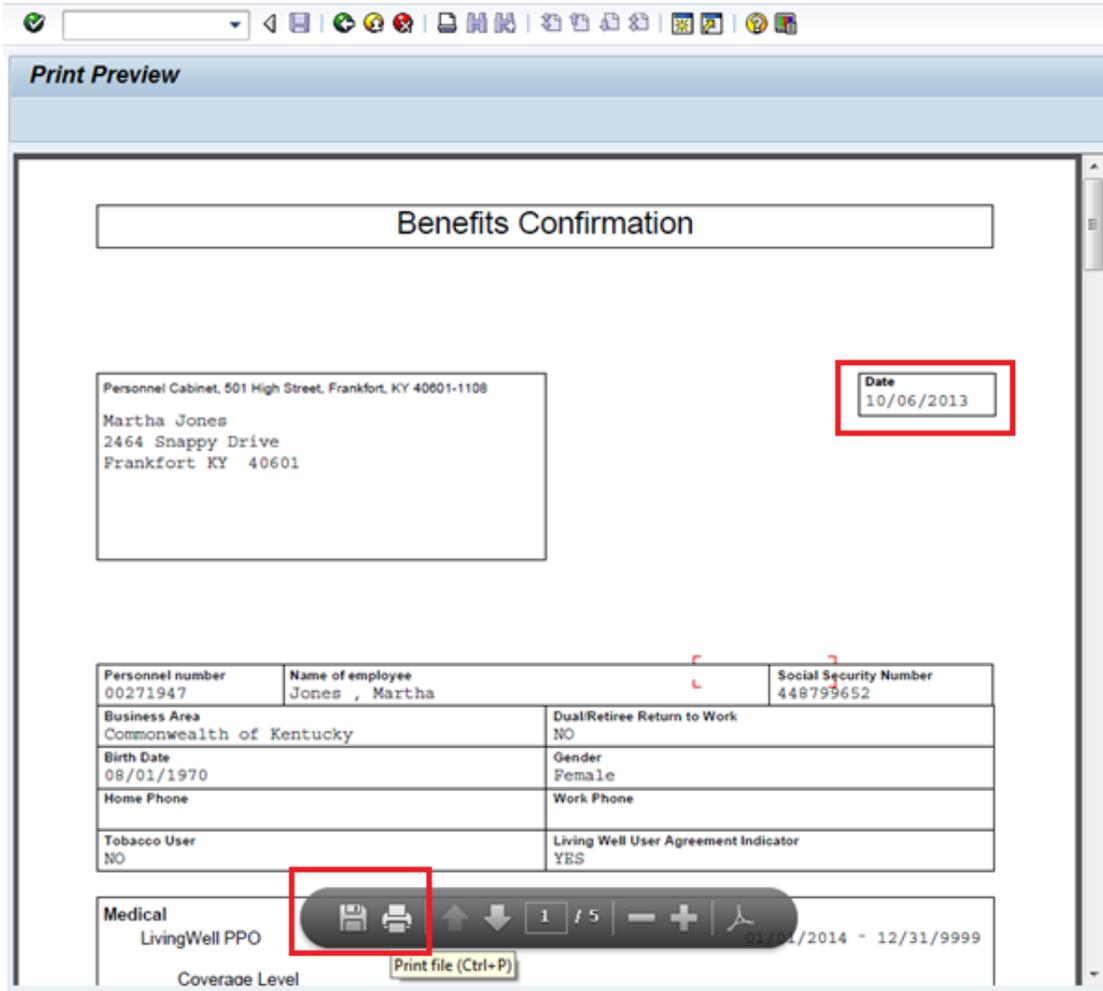
Recipient(s) [Empty]

Department [Empty]

Print Print Preview

The benefits confirmation will be displayed as a PDF which you can save or print using the PDF menu at the bottom middle of the report.

NOTE that the date on the confirmation is the date the enrollment was completed. The 01/01/14 date will appear on the confirmation next to each plan election.



Click back , then click continue.



The 2014 Open enrollment action is complete.