HR / Payroll Conference Call
April 21, 2015
Agenda

• Payroll Updates
  – May Monthly Payroll Schedule Change
  – May Biweekly Payroll Schedule Change (PP12)
  – Department of Labor Form

• Benefits Updates
  – Savings Plan (401k & 457/Deferred Comp) Job Aids
  – AON Implementation Updates

• OM/PA Updates
  – IT0077 Additional Personal Data – New Look (due to patching)
  – LEO Separation Pay Continuation Actions – Reminders

• Time Updates
  – Adverse Weather Updates / Reminders
PAYROLL
May Monthly Payroll Schedule change

Adjust dates to reduce possible errors on payroll Finalization morning and to complete prior to conversion to new Benefit enrollment system AON

Initialization – Monday, May 18, 2015
Changed from May 19, 2015

Payroll Corrections – Tuesday, May 19-Thursday, May 21, 2015
Changed from May 20-22, 2015
All Corrections to be completed by Close of Business on Thursday, May 21, 2015

Finalization – Friday, May 22, 2015
Changed from May, 26, 2015

Check Date - May 29, 2015
NO CHANGE
May Biweekly Payroll Schedule Change

Conversion to new Benefit enrollment vendor AON

Corrections on May 29 - Payroll will run in the MORNING ONLY – Results available after 7:30AM
No runs at 12:00 noon or 3:30 pm

Corrections on June 1 – run in the morning by 7:30 – Runs at 12:00 noon and 3:30 pm
No change from Normal schedule

Finalization - Tuesday June 2
No change

Check Date - June 5 2015
No Change
Form is asking for Employee Count and Number of Women in that count

Information available by the BI report B0068- Labor Report

This request may come monthly or quarterly

Best Shared Services will help you run the report

Forms received at BSS will be sent to the HR Director for completion
Information We Have For Your Firm:

Your Report Number is: [Redacted]

⚠️ When your payroll is reported, you will only ask for answers to these two questions.

<table>
<thead>
<tr>
<th>Month</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay period that includes March 12th 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⚠️ Each following month, we will call for the pay period that includes the 12th of each month. You can keep a record of what’s reported each month below:

<table>
<thead>
<tr>
<th>Month</th>
<th>EMPLOYEE COUNT</th>
<th>WOMEN EMPLOYEE COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay period that includes April 12th 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 12th 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 12th 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 12th 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 12th 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We will send you another form for reporting after August 2015.

Please keep this form to use when the Data Collection Specialist calls you to complete the survey. Thank You!
Savings Plans (401k/457) Job Aids

- BEST has developed 3 new job aids to help in the administration of the 401k/457 Savings Plans
  - Prudential File Transfer Process
  - One Time Deferral Guide
  - Disbursement Guide

- These can be shared with Employees to help better understand when and how contribution changes, deferrals or disbursements will occur
Savings Plans (401k/457) Job Aids - Prudential File Transfer Process

- Prudential File Transfer Process
  - All 401k files are shared weekly (every Friday)
  - 457 files are shared monthly (last business day of the month)
  - Exception: 457 Loan files are shared weekly

- Changes on the file transfers are processed based on when they are received, relative to the payroll deadline
  - Any enrollments or changes that are received PRIOR to the Payroll Initialization will be processed for that month’s payroll
  - Changes received during Payroll Corrections (Payroll Initialization through the end of the month) will be processed on the following month’s payroll
• One Time Deferral Guide provides information on:
  – Process for submitting the deferral form
    • Fax to BEST
    • BEST will enter the dollar or % amount listed on the form
    • BEST will monitor Personnel Actions & Payroll to ensure the deferral is processed on the accurate date – This means we may not be able to process the deferral as of the date listed on the form.

  – Contribution Limits
    • Maximum annual contribution limits per plan
    • Catch Up contribution limits
    • BEACON is programmed to calculate the employee’s yearly contributions to ensure they do not exceed the limit

  – Tax Implications
    • Pre Tax Plans versus After Tax Roth Plans

  – Impact of Other Deductions
    • Social Security, Medicare, TSERS
    • Agency Specific Deductions that are NOT delimited
Provides information on:

- Process for submitting the deferral form
  - Mail or Fax to Prudential
  - No ‘Plan Administrator’ signature is required since electronic files are shared with Prudential to identify an Employee’s separation

- Processing Time Frames
  - 60-Day waiting period if member is under age 59 ½
  - Waiting period is waived if member is retired or over 59 ½

- Tax Considerations
  - Withdrawals versus Rollovers
  - Tax Penalties

- Loan Considerations
Savings Plans (401k/457) Job Aids-

- Job Aids will be posted on the BEST Shared Services website

- Under Support Material / Benefits / Benefits Forms

- Direct link to the aids:
Aon Implementation Update

• 6/1/15
  – Go Live date to transition from Benefit Focus to Aon-Hewitt as the benefits eligibility and enrollment vendor
  – Employees will enroll through the Aon-Hewitt system for State Health Plan and NCFlex Plans instead of BEACON
  – BEACON employees will still access the Aon-Hewitt system through the BEACON ESS portal
  – Agency HBRs can continue to use existing BEACON reports and display transactions for Employee benefits data

• 5/22/15 @ 6pm -
  – Benefit enrollment links in ESS will be inactivated until June 1 when they will be updated to point to the Aon-Hewitt system
  – This includes: Beneficiaries & Dependents, Family Member/Dependents, Benefits Medical Information and Health Assessment links

• 5/23/15-5/31/15
  – Any Urgent benefits related issues during this period will need to be manually processed by BEST
State Health Plan and NCFlex have begun communicating to BEACON Agencies regarding the implementation:

- HBR Alert – 3/30/15
- PCP Re-Selection Letters
- SSN Clean Up Letters for Dependents
  - Dependents over 6 months old will required SSN

Additional information on the transition will continue to be shared as released

- Webinars for Agency HBRs scheduled for:
  - 5/5/15 @ 10am
  - 5/20/15 @ 10am
  - Registration is forthcoming
Aon Implementation Update – Basic Aon Enrollment Process

• **OSC/BEACON**
  - Provides eligibility data to AON

• **Agency**
  - Educates Employee on the Enrollment Process
  - Provides Benefits/Enrollment Information
  - Assists employee with enrollment or uploading documentation

• **Employee**
  - Enrolls Online
  - Provides/Uploads Supporting Documentation (dependent / QLE verification)

• **BEST**
  - Assists employee with uploading documentation
  - Reviews supporting documentation
  - Approves/Rejects online enrollment / QLE changes
  - Communicates rejection info to Agency HBR/Employee
  - Runs comparison reports to authenticate data

• **Aon**
  - Provides enrollment data to BEACON for payroll processing
  - Provides employee customer service regarding enrollment process
Aon Implementation Update - Major Changes with Aon

- Different Enrollment Screens – more user friendly
- Agency HBRs will no longer be creating adjustment reasons
  - Employees can go in and create their own QLE enrollment
  - BEST will be reviewing the enrollments and approving/denying based on documentation required
- Employees will be expected to provide supporting documentation for any dependents added to the plan or for any QLE changes
  - Employees will be responsible for uploading this documentation into the AON system for verification
  - This includes New Hire & Annual Enrollments when adding a dependent
  - As per regular policy, employees will have 30 days to provide, but if not provided, the dependent will be dropped or the QLE change will be revoked
- Employees will call Aon with any benefits related questions
  - 1-855-859-0966
BEACON employees will still access the Aon-Hewitt system through the BEACON ESS portal: Select My Data(ESS) -> My Benefits and Select Benefit Enrollment Portal link
A new screen will appear advising the employee they will be directed through the NCID portal; Employees will click **Submit**
Employees will need to enter their NCID User ID & Password, and click Login.

North Carolina Identity Management (NCID)

NCID is the standard identity management and access service provided to state, local, business, and individual users. NCID provides a high degree of security and access control to real-time resources.

User ID: zzsapess40
Password: ********

To register for a new NCID account click here: Register.
Aon Implementation Update –
AON Enrollment Screens Preview
Aon Implementation Update – AON Enrollment Screens Preview

Review Your Information

Please verify the information below. Click the Make Changes button to the right if updates are needed, otherwise click the Save and Continue button below to proceed.

Note: Some fields may not be editable. If there is a discrepancy in your personal information below, please see your Health Benefits Representative. You are able to update or add an additional email address below.

Your Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Shawn Smith</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy):</td>
<td>5/6/1976</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>None Selected</td>
</tr>
<tr>
<td>Race</td>
<td>None Selected</td>
</tr>
</tbody>
</table>

Mailing Addresses

Your preferred mailing address will be used for benefits communications.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Primary Residence</td>
<td>123 State St  Raleigh, NC 27103 United States</td>
</tr>
<tr>
<td>Alternate Address</td>
<td>Not on File</td>
</tr>
</tbody>
</table>

Email Addresses

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Work Email</td>
<td></td>
</tr>
<tr>
<td>Personal Email</td>
<td></td>
</tr>
</tbody>
</table>

Phone Numbers

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Home Phone</td>
<td>555-555-5555</td>
</tr>
<tr>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td>Mobile Phone</td>
<td></td>
</tr>
</tbody>
</table>
Aon Implementation Update – AON Enrollment Screens Preview

Summary of Your Benefit Elections

Below is a summary of your benefit elections. You can either use the Take Me Through Each Benefit button to the right to review and/or make changes to all of your benefits, or you can select individual benefits by using the Make Changes buttons.

The per pay period cost and wellness credit amount displayed below is based on your number of payroll deductions per year.

<table>
<thead>
<tr>
<th>Your Benefits</th>
<th>Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>NCFlex Health Care Flexible Spending Account</td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>NCFlex Dependent Care Flexible Spending Account</td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>NCFlex Dental</td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td>NCFlex Vision</td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>
Aon Implementation Update – AON Enrollment Screens Preview

Medical

This enrollment period is for coverage beginning April 1, 2015.

Step 1: Choose Who You Want to Cover

- You
- Add Dependent
- Decline Coverage
- Continue to Step 2

Step 2: Wellness Premium Credits

Step 3: Select an Option

Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.
Step 1: Choose Who You Want to Cover

✓ You

Add Dependent

To add a person, enter data into the open fields below and click Save.

Relationship: Spouse
First Name: 
Middle: 
Last Name: 
Suffix: (optional)
SSN: 

Gender: Choose One
Date of Birth (mm/dd/yyyy): 
Ethnicity: None Selected
Race: None Selected
Medicare Eligible: Yes

A valid social security number is required to enroll any dependent over 6 months of age in coverage.

Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.

Plan Details

Aon Implementation Update – AON Enrollment Screens Preview

Address same as your address

Country
Address One
Address Two
County
City
State
Postal Code

By checking this box you acknowledge understanding the Plan’s eligibility rules of the plan as described in the Benefit Booklet. If you add a dependent to coverage, you acknowledge that they are eligible for coverage and if requested, you will provide documentation. You also agree to immediately report when your dependent becomes no longer eligible for coverage. Failure to provide appropriate documentation may result in the termination of your dependent’s.

I acknowledge the above statement

Cancel  Save
Aon Implementation Update – AON Enrollment Screens Preview

Medical

This enrollment period is for coverage beginning April 1, 2015.

Step 1: Choose Who You Want to Cover

- You
- Jane (Spouse born on 10/04/1986)

Step 2: Wellness Premium Credits

Step 3: Select an Option

Know how.
The CDHP and Why You’d Want It
Medical Plan Options

Please click the button below for a more detailed look at your medical plan options.
Medical

This enrollment period is for coverage beginning April 1, 2015.

✅ Step 1: Who's Covered
You, Jane

Step 2: Wellness Premium Credits

The Consumer Directed Health Plan (CDHP) and Enhanced 80/20 Plan offer you the ability to lower your monthly premium by completing the wellness steps below. If you enroll in the Traditional 70/30 Plan, you will not receive any wellness credits.

Wellness Credits Applied:

If you plan to enroll in the Traditional 70/30 Plan, you will not receive any credits.

- I would like to complete the wellness steps and see the credits I can receive toward the Consumer Directed Health Plan (CDHP) or the Enhanced 80/20 Plan.
- No thanks. I plan to enroll in the Traditional 70/30 Plan and would like to skip this step.

Continue to Plans

Step 3: Select an Option
Wellness Credits Applied:

If you plan to enroll in the Traditional 70/30 Plan, you will not receive any credits.

- I would like to complete the wellness steps and see the credits I can receive toward the Consumer Directed Health Plan (CDHP) or the Enhanced 80/20 Plan.
- No thanks. I plan to enroll in the Traditional 70/30 Plan and would like to skip this step.

Do you attest that you and your covered spouse (if applicable) are non-smokers or commit to completing a smoking cessation program?

- $20 credit for the Enhanced 80/20 Plan | $20 credit for the Consumer Directed Health Plan (CDHP)
- Yes
- No

You must select a Primary Care Provider for each family member you are enrolling in medical coverage in order to receive your full wellness credit.

- $15 credit for the Enhanced 80/20 Plan | $10 credit for the Consumer Directed Health Plan (CDHP)

<table>
<thead>
<tr>
<th>Member</th>
<th>Primary Care Provider</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jane Smith</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete the NC HealthSmart Assessment to receive additional credits.

- $15 credit for the Enhanced 80/20 Plan | $10 credit for the Consumer Directed Health Plan (CDHP)

⚠️ You have not completed your NC HealthSmart Assessment. Please click the Access Your Health Assessment button below to qualify for your credits.

Access Your Health Assessment
### Aon Implementation Update – AON Enrollment Screens Preview

#### No Coverage

**Traditional 70/30 Plan**
- Employee + Spouse
- **Other Coverage Levels**
- **Choose This Option**

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Coinsurance Maximum</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$993 Individual</td>
<td>$3,790 Individual</td>
<td>$11,379 Family</td>
</tr>
<tr>
<td>$2,799 Family</td>
<td>$3,790 Individual</td>
<td>$11,379 Family</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$7,500 Individual</td>
<td>$22,788 Family</td>
</tr>
<tr>
<td>$1,600 Individual</td>
<td>$7,500 Individual</td>
<td>$22,788 Family</td>
</tr>
<tr>
<td>$5,596 Family</td>
<td>$7,500 Individual</td>
<td>$22,788 Family</td>
</tr>
</tbody>
</table>

**Enhanced 80/20 Plan**
- Employee + Spouse
- **Choose This Option**

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Coinsurance Maximum</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$790 Individual</td>
<td>$2,110 Individual</td>
<td>$9,630 Family</td>
</tr>
<tr>
<td>$2,100 Family</td>
<td>$2,110 Individual</td>
<td>$9,630 Family</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>$6,420 Individual</td>
<td>$19,260 Family</td>
</tr>
<tr>
<td>$1,400 Individual</td>
<td>$6,420 Individual</td>
<td>$19,260 Family</td>
</tr>
<tr>
<td>$4,200 Family</td>
<td>$6,420 Individual</td>
<td>$19,260 Family</td>
</tr>
</tbody>
</table>

**Consumer-Directed Health Plan**
- Employee + Spouse
- **Choose This Option**

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Coinsurance Maximum</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$158.58 Individual</td>
<td>$516.65 Individual</td>
<td>$158.58 Family</td>
</tr>
<tr>
<td>$495.68</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical

The current enrollment period is for coverage beginning: April 1, 2015 or May 1, 2015

Enhanced 80/20 Plan
You are covering yourself and Jane for $672.10 per pay period.

Step 4: Please select an effective date for your State Health Plan coverage
- 04/01/2015
- 05/01/2015

Step 5: Choose how would you like your premiums taxed
Note: If no selection is made, you will be defaulted to 'Pre-Tax Basis'.
Learn More
- Pre-Tax Basis
- Post-Tax Basis

Other Insurance
Are you or any of your covered dependents enrolled in other insurance for this benefit?
- Yes
- No

Back
Save and Continue
### Summary of Your Benefit Elections

Below is a summary of your benefit elections. You can either use the **Take Me Through Each Benefit** button to the right to review and/or make changes to all of your benefits, or you can select individual benefits by using the **Make Changes** buttons.

The per pay period cost and wellness credit amount displayed below is based on your number of payroll deductions per year.

<table>
<thead>
<tr>
<th>Your Benefits</th>
<th>Cost Per Pay Period</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong>&lt;br&gt;Enhanced 80/20 Plan&lt;br&gt;Employee + Spouse (Jane)&lt;br&gt;Wellness Credits Applied:&lt;br&gt;Yes - Non-Smoker Credit&lt;br&gt;No - Health Assessment&lt;br&gt;No - PCP Selected</td>
<td>$672.10</td>
<td></td>
</tr>
<tr>
<td><strong>NCFlex Health Care Flexible Spending Account</strong>&lt;br&gt;No Coverage</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td><strong>NCFlex Dependent Care Flexible Spending Account</strong>&lt;br&gt;No Coverage</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td><strong>NCFlex Dental</strong>&lt;br&gt;No Coverage</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>
Congratulations! Your enrollment steps are complete.

**Confirmation number: 2**
Use the print icon in the top right corner or at the link following of this section to print a paper copy of this screen for your records.

The per pay period cost and wellness credit amount displayed below is based on your number of payroll deductions per year.

[Print This Page]

---

**Verify Your Covered Dependent**
You must verify the eligibility of your covered dependent by the deadline or coverage for your uncertified dependents will be terminated.

---

### Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>as of 04/01/2015</td>
</tr>
</tbody>
</table>

#### Medical

- **Enhanced 80/20 Plan**
  - Employee + Spouse (Jane)
  - Wellness Credits Applied:
    - Yes - Non-Smoker Credit
    - No - Health Assessment
    - No - PCP Selected

<table>
<thead>
<tr>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Tax</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>$672.10</td>
</tr>
</tbody>
</table>

#### NC Flex Health Care Flexible Spending Account

- No Coverage

<table>
<thead>
<tr>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Tax</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>–</td>
</tr>
</tbody>
</table>

#### NC Flex Dependent Care Flexible Spending Account

- No Coverage

<table>
<thead>
<tr>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Tax</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>–</td>
</tr>
</tbody>
</table>

#### NC Flex Dental

- No Coverage

<table>
<thead>
<tr>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Tax</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>–</td>
</tr>
</tbody>
</table>
Aon Implementation Update –
AON Enrollment Screens Preview

Dependent Verification

The dependent verification process can be completed in 3 steps:
Notes: If you do not see your dependent in the Dependent Verification Status section, please refresh the page.

Step 1: Review the list of the dependents you have enrolled and match each of them to a dependent type listed in the Eligibility and Enrollment page.

Step 2: For each dependent type you will find the eligibility requirements and a list of document options required to verify that particular dependent type.

Step 3: Once you have matched your dependent type, gather all the necessary documents and forward them to the Dependent Verification Center using either the Upload or Mail methods below.

Submitting Your Documentation

For your convenience, scanned copies of required documentation can be either mailed or uploaded.

Via Mail

Mail: Return Required Documentation to your Health Benefits Representative

855-853-0966
Available Monday through Friday 8 A.M. to 5 P.M. EST

Customer Care

Via Upload

1. Choose a file to upload. (You may only upload one file at a time.)

Browse...

2. Click Upload to send your document.
The following file types are acceptable: .pdf, .gif, .jpg, .png
Maximum Allowed File Size: 3MB
Welcome Shawn Smith. Action Needed!

You have successfully enrolled in your benefits. You can make changes any time until the enrollment deadline.

Enrollment Deadline: 4/29/2015

Verify Your Covered Dependent
You must verify the eligibility of your covered dependent by the deadline or coverage for your uncertified dependents will be terminated.

Enrollment Deadline: 5/6/2015

Enter Your Email Address
You do not currently have an email address within the system. A valid email address will allow you to receive email notifications with information about your benefits.

Enter Email

Welcome

My Benefits Snapshot

More Details

My Benefits Contact Information
Loss of Other Coverage

Loss of Other Coverage is a qualified life event, so you may make certain changes to your benefits coverage. The coverage changes must be consistent with your change in status.

Please enter the date of your Loss of Other Coverage and click Continue.

Enter the date of your Loss of Other Coverage:

Continue

REQUIRED DOCUMENTATION:
If you enroll a dependent in coverage, you will be required to submit documentation, such as a birth certificate, verifying your dependent’s eligibility for coverage. If you don’t provide the required documentation in a timely manner, your dependent will be dropped from coverage. You will receive a notification in the weeks following enrollment with information on how and where to submit your documentation and the due date for doing so. No documentation is required to drop a dependent when gaining other coverage. For adding a dependent, you will need proof of loss of other coverage.
Aon Implementation Update –
AON Life Event (QLE) Screens Preview

You may be required to provide documentation regarding the date of your status change. Intentionally providing false information may be considered grounds for termination or other legal action.

Benefit plans must follow certain rules when administering status changes. Under your benefit plan provisions, you’re permitted to change your coverage during the year only if you experience certain life events as described in the summary plan description, such as the birth of a child or marriage.

By completing this page, you certify that:

- You’ve read the life event information in the summary plan description
- The information you’re about to provide is true and correct.
- You understand that any fraudulent statement, falsification, or material omission of information may lead to termination of coverage.

☑ I agree to the above

Back

Continue

REQUIRED DOCUMENTATION:
If you enroll a dependent in coverage, you will be required to submit documentation, such as a birth certificate, verifying your dependent’s eligibility for coverage. If you don’t provide the required documentation in a timely manner, your dependent will be dropped from coverage. You will receive a notification in the weeks following enrollment with information on how and where to submit your documentation and the due date for doing so. No documentation is required to drop a dependent when gaining other coverage. For adding a dependent you will need proof of loss of other coverage.
Aon Implementation Update – AON Life Event (QLE) Screens Preview

Your current dependents are shown in the table below.

- To add a new person, click Add Dependent.
- To proceed with the life status change event click Continue.

**Note:** Adding a dependent does not automatically enroll them in coverage. After entering your new dependent information you will then have the opportunity to add your dependent to your coverage.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Status</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Jane</td>
<td>Spouse</td>
<td>Verification Required</td>
<td>10/4/1985</td>
</tr>
</tbody>
</table>

**REQUIRED DOCUMENTATION:**
If you enroll a dependent in coverage, you will be required to submit documentation, such as a birth certificate, verifying your dependent’s eligibility for coverage. If you don’t provide the required documentation in a timely manner, your dependent will be dropped from coverage. You will receive a notification in the weeks following enrollment with information on how and where to submit your documentation and the due date for doing so. No documentation is required to drop a dependent when gaining other coverage. For adding a dependent you will need proof of loss of other coverage.
Your Loss of Other Coverage event has been submitted.

Even though you may have added your dependent information on the previous screen, they are not enrolled in coverage yet. 

You will now have the opportunity to add your new dependent(s) to coverage or make other benefits changes consistent with this life event.

When you are ready to make your coverage changes, click the Continue button.

**REQUIRED DOCUMENTATION:**
If you enroll a dependent in coverage, you will be required to submit documentation, such as a birth certificate, verifying your dependent’s eligibility for coverage. If you don’t provide the required documentation in a timely manner, your dependent will be dropped from coverage. You will receive a notification in the weeks following enrollment with information on how and where to submit your documentation and the due date for doing so. No documentation is required to drop a dependent when gaining other coverage. For adding a dependent you will need proof of loss of other coverage.

Important!

You will have 30 days from the actual event date to make benefits changes.
Aon Implementation Update –
AON Life Event (QLE) Screens Preview

It's Time to Enroll in Your Benefits!

Ready To Enroll?
Complete your enrollment in just 3 easy steps. Allow yourself about 10 minutes to complete your enrollment. When you are ready to begin, click the Continue button below to be guided through the enrollment process.

Please Note: You may exit the enrollment system at any time. Any elections made up until that point will automatically be saved.
## Summary of Your Benefit Elections

Below is a summary of your benefit elections. You can either use the Take Me Through Each Benefit button to the right to review and/or make changes to all of your benefits, or you can select individual benefits by using the Make Changes buttons.

The per pay period cost and wellness credit amount displayed below is based on your number of payroll deductions per year.

### Your Benefits

Starting 04/01/2015

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Cost Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
</tr>
<tr>
<td>Enhanced 80/20 Plan</td>
<td>$672.10</td>
</tr>
<tr>
<td>Employee + Spouse (Jane)</td>
<td></td>
</tr>
<tr>
<td>Wellness Credits Applied:</td>
<td></td>
</tr>
<tr>
<td>Yes - Non-Smoker Credit</td>
<td></td>
</tr>
<tr>
<td>No - Health Assessment</td>
<td></td>
</tr>
<tr>
<td>No - PCP Selected</td>
<td></td>
</tr>
<tr>
<td><strong>NCFlex Health Care Flexible Spending Account</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>NCFlex Dependent Care Flexible Spending Account</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td>No Coverage</td>
<td></td>
</tr>
</tbody>
</table>

[Take Me Through Each Benefit](#)
Aon Implementation Update – AON Life Event (QLE) Screens Preview

NCFlex Dental

This enrollment period is for coverage beginning April 1, 2015.

Step 1: Choose Who You Want to Cover

- You
- Jane (Spouse born on 10/04/1985)

Add Dependent  Decline Coverage  Continue to Step 2

Step 2: Select an Option

Dental Waiting Periods may apply. Please click on the link below for more details.

More Details
Aon Implementation Update – AON Life Event (QLE) Screens Preview

NCFlex Dental

This enrollment period is for coverage beginning April 1, 2015.

Step 1: Who's Covered
You, Jane

Change

Step 2: Select an Option

No Coverage
Choose No Coverage

United Concordia
NCFlex Dental Plan - Low Option
Employee + Spouse
Other Coverage Levels

Choose This Option
$43.04

United Concordia
NCFlex Dental Plan - High Option
Employee + Spouse
Other Coverage Levels

Selected Option
$75.00

Save and Continue

TOTAL BENEFITS COST
$747.10 PER PAY PERIOD

Dental Waiting Periods may apply. Please click on the link below for more details.

More Details

Return to Benefits Summary
Congratulations! Your enrollment steps are complete.

Confirmation number: 5

Use the print icon in the top right corner or at the link following this section to print a paper copy of this screen for your records.

The per pay period cost and wellness credit amount displayed below is based on your number of payroll deductions per year.

Verify Your Covered Dependent
You must verify the eligibility of your covered dependent by the deadline or coverage for your uncertified dependents will be terminated.

<table>
<thead>
<tr>
<th>Benefits as of 04/01/2015</th>
<th>Your Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Tax</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Enhanced 80/20 Plan</td>
<td>$672.10</td>
</tr>
<tr>
<td>Employees + Spouse (Jana)</td>
<td></td>
</tr>
<tr>
<td>Wellness Credits Applied.</td>
<td></td>
</tr>
<tr>
<td>Yes - Non-Smoker Credit</td>
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</tr>
<tr>
<td>No - Health Assessment</td>
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</tr>
<tr>
<td>NCFlex Dependent Care Flexible Spending Account</td>
<td>No Coverage</td>
</tr>
<tr>
<td>NCFlex Dental</td>
<td></td>
</tr>
<tr>
<td>NCFlex Dental Plan - High Option</td>
<td>$75.00</td>
</tr>
<tr>
<td>Employees + Spouse (Jana)</td>
<td></td>
</tr>
</tbody>
</table>
As a result of recent patching, there has been a slight change in the appearance of the Additional Personal Data infotype (IT0077). There are now 3 radio buttons under the Veteran Status section:

- Protected Veterans
- Not a Protected Veteran
- Non Veteran

The System will default to Non Veteran, and you will have to either save or select the appropriate radio button.

If you select the radio button for Protected Veterans you must check a box or boxes to designate the appropriate status.
Old look:
New Look:

Start date: 04/10/2015 to 12/31/9999

Ethnic/Race Data: Asian (Non-Hispanic/Latino)

Military Status: 

Veteran Status:
- Discharge Date: 
  - Protected Veterans
    - Special Disabled Veteran
    - Vietnam Era Veteran
    - Other Protected Veteran
    - Recently Separated Veteran
    - Armed Forces Service Medal Veteran
    - Disabled Veteran
  - Not a Protected Veteran
    - Non Veteran

Additional Veteran Status:
- Separated
- Retired

State Statute:
- Spouse of disabled veteran
- Spouse or surviving dependent of deceased veteran

Disability:
- Disability Status: None/prefer not to report
• As a reminder, please ensure you are not completing the Separation Pay Continuation – Retirement (Law Enforcement Supplement) action and the Separation – Cancel Separation Pay Continuation actions on the same date.

• Wait at least a day before completing the Separation – Cancel Separation Pay Continuation action.

• However, do not forget to enter the Separation – Cancel Separation Pay Continuation action future dated out to the 62\textsuperscript{nd} birthday. If this action is not entered, a payroll error will generate the pay period after the employee turns 62.

• Your BEST OM/PA representative will notify you during the normal payroll correction period if this payroll error is generated, and at that time you must enter the Separation – Cancel Separation Pay Continuation action.
Adverse Weather Reminders

AW Liabilities remaining (as of 4/21/2015):

April  May*  June
15     6,641  342

*May liabilities start expiring on 5/2/2015 – majority expire on 5/16/2015 through 5/27/2015
Adverse Weather Reminders

- Please run BI report B0210 – Adverse Weather Liability Report to determine who has AW liabilities remaining at your agency.