Oracle

Global Human Resources Cloud Implementing Benefits

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Oracle® Global Human Resources Cloud Implementing Benefits

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Preface

This preface introduces information sources that can help you use the application.

Oracle Applications Help

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1 Benefits Implementation Overview

Implementing Benefits: Overview

Configure benefits programs, plans, and options for participants and dependents, including eligibility profiles, rates and coverages, and life events. Use the Define Benefits task list in the Setup and Maintenance work area.

Getting Started

You implement Benefits using the Benefits functional area in the Compensation Management offering. Before you begin, use the About Compensation Management section of the Setup and Maintenance work area to access reports for this offering. These reports include:

- Lists of setup tasks
- Descriptions of the options and features you can select when you configure the offering
- Lists of business objects and enterprise applications associated with the offering

Benefits Task Lists

You can access Benefits setup tasks in the Setup and Maintenance work area by completing the following steps:

1. In the Offerings section, select **Compensation Management**.
2. In the Administration section, click **Setup** to open the Setup: Compensation Management page.
3. In the Functional Areas section, select **Benefits**.
4. On the Benefits section toolbar, show All Tasks.

If you already implemented Oracle Fusion Global Human Resources, which is required for Benefits processing, you completed many prerequisite tasks.

The following table describes the task lists for the Benefits functional area:

Task List	Description
Define General Benefits	Define organizations, regulations, reporting groups, and benefit balances for use with benefits objects.
Define Benefit Eligibility	Define derived factors and eligibility profiles for use with benefits programs and plans.
Define Benefit Life Events	Define life events for use with benefits processing.
Manage Benefit Programs and Plans	Manage year periods, plan types, programs, plans, options, and flex credits.
Define Benefit Rates and Coverage	Define standard and variable rates and coverage.

Task List	Description
Define Enrollment Display	Define plan type groups and configure display of enrollment authorization, enrollment offerings, and rates.

Complete the relevant Define Elements, Balances, and Formulas task list tasks if you use any of the following to administer benefit rates or flex credits:

- Deductions
- Earnings
- Element entries

. The Implementing Global Human Resources guide explains these tasks.

To view setup tasks within their tasks lists:

1. In the Offerings section of the Setup and Maintenance work area, search for the task list.
2. On the Search page, click the task list to open the Task List page and display the related tasks.

Related Topics
- Benefits Hierarchy Objects: How They Work Together

- Benefits Prerequisite Setup Components: How They Work with Other Benefits Objects

- Eligibility Components: How They Work Together

- Rates and Coverages: Overview

Managing an Implementation

Enabling Offerings: Explained

When planning your implementation, you decide what business processes your organization or company performs or supports. These decisions determine the offerings and functional areas you want to implement. You then configure the offerings and functional areas that support the activities your organization or company performs. During the configuration process, you specifically enable offerings and functional areas for use before you implement them.

Enabling Offerings and Functional Areas
Use the Setup and Maintenance work area to help decide which offerings to enable for implementation. Once you decide to use an offering, you can select the Configure button to choose the configuration details and enable the offering, associated functional areas, and features. All the base functional areas of an offering are automatically enabled for implementation when you enable the parent offering. You choose which optional functional areas to enable. The functional areas appear in an expandable and collapsible hierarchy to facilitate progressive decision making for implementation.

Enabling Features
Features are optional or alternative business rules or methods used to fine-tune business processes and activities supported by an offering or a functional area. If features are available for the offering or functional areas, you can enable them to help meet your business requirements, if desired. In general, the features are set with a default configuration based on their typical usage in most implementations. You should always review the available features for the offering and functional areas

and select them as appropriate. Dependent features appear visible when the feature choice they depend on is selected for implementation.

Enabling Offerings: Procedure

You enable offerings to customize the functionality that matches the services you plan on implementing.

Enabling Offerings

To enable offerings, follow these steps.

1. Open the Setup and Maintenance work area **(Navigator > Setup and Maintenance)**.
2. In the Setup and Maintenance Offerings page, select the offering you're using, then click **Configure**.
3. In the Configure page, select the **Enable** check box for the offering. Also select the **Enable** check box for each of the functional areas you want to use.
4. Click the Features icon for the offering or functional area you have enabled, then enable any features you require. Select **Done** when complete.
5. Select **Done** to return to the Offerings page then repeat the same steps for each of the offerings you are using.

Implementing Benefits

A benefits hierarchy organizes the objects of a benefits program, plan types, benefit plans, and options. Depending on the outcome of your planning decisions, you have the flexibility to configure most aspects of a benefits package at more than one level.
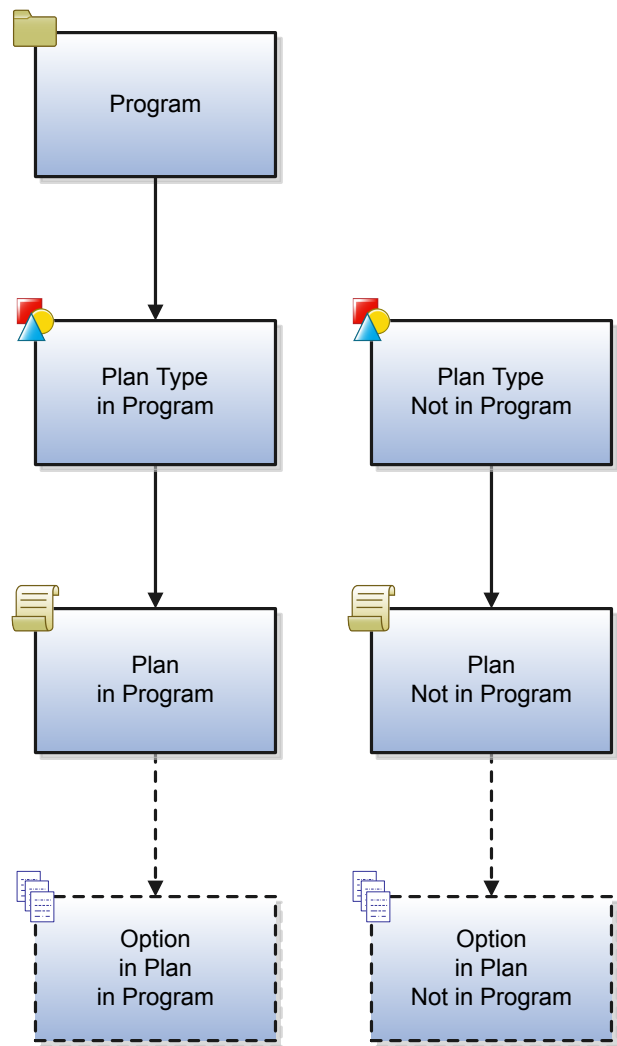
Setting Up Benefits

Users with the Application Implementation Consultant job role perform each Benefits setup task. All documentation references are from the Oracle Global Human Resources Cloud Implementing Benefits guide. The following table describes the basic setup tasks that you must perform and identifies the relevant guide chapters.

Sequence	Task	Description	Relevant Guide Chapters
1	Manage Eligibility Profiles	Create and edit combinations of required and optional criteria to evaluate eligibility for benefit objects, Eligibility profiles are not required, but they are recommended.	Eligibility Profiles for Benefits and Other Objects
2	Manage Benefit Life Events	Configure employment, personal, and family changes for eligibility evaluation, enrollment, and disenrollment.	Life Events for Enrollment Opportunities Collapsing Life Events to Filter Enrollment Opportunities
3	Manage Year Periods	Define the time periods that programs or plans are in effect.	Program and Plan Creation and Validation
4	Manage Benefit Plan Types	Define and edit plan types to group benefit plans according to the type of benefit provided, such as medical, dental, or life insurance.	Benefits Object Hierarchy for Creating Offerings
5	Manage Benefit Options	Create reusable plan options, associate the allowable plan types with each option, and specify dependent and beneficiary designation requirements. Benefit options are not required in all cases, and it's entirely possible to have a freestanding plan with no options beneath it.	Benefits Object Hierarchy for Creating Offerings
6	Manage Benefit Plans	Create and edit packages of benefit plan offerings and establish administrative procedures and rules for the plans.	Benefits Object Hierarchy for Creating Offerings Program and Plan Creation and Validation Program and Plan Basic Details Program and Plan Eligibility Program and Plan Enrollment Designation Requirements Plan Certifications Flex Credit Configuration Integrated Workbooks for Loading Data

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Sequence	Task	Description	Relevant Guide Chapters
7	Manage Benefit Programs	Create and edit packages of benefit program offerings and establish administrative procedures and rules for the programs. Benefit programs are not required, but are helpful because they enable you to group many plans and plan types together for easier administration.	Benefits Object Hierarchy for Creating Offerings Program and Plan Creation and Validation Program and Plan Basic Details Program and Plan Eligibility Program and Plan Enrollment Designation Requirements Flex Credit Configuration Integrated Workbooks for Loading Data
8	Manage Rates	Create and edit rules for administering a periodic fixed or variable rate amount to be distributed to, or contributed by, participants.	Rate Creation and Calculation Variable Rate Profile Creation Benefit Coverages
9	Manage Elements	Define benefit elements.	Elements chapter in the Oracle Global Human Resources Cloud Implementing Global Human Resources guide

Related Topics

- Program Creation Methods: Points to Consider

- Plan Creation Methods: Points to Consider

- Managing Benefits Objects in Integrated Workbooks: Overview

2 **Effective Dates in Benefits**

Date Effectivity: Explained

Date effectivity preserves a history of changes made to the attributes of some objects. Professional users can retrieve and edit past and future versions of an object.

Many Human Capital Management (HCM) objects, including person names, assignments, benefits plans, grades, jobs, locations, payrolls, and positions are date-effective.

Logical and Physical Records

Date-effective objects include one or more physical records. Each record has effective start and end dates. One record is current and available to transactions. Others are past or take effect in the future. Together, these records constitute the logical record or object instance.

This table shows changes to the department manager attribute in a department business object. Each row represents a single physical record.

Physical Record	Effective Start Date	Effective End Date	Department Manager
4	18 January, 2011		C. Woods
3	15 October, 2010	17 January, 2011	A. Chan
2	13 June, 2009	14 October, 2010	T. Romero
1	22 March, 2007	12 June, 2009	G. Martin

🖉 **Note:** The physical record number doesn't appear in the record.

Effective End Dates in Physical Records

Every physical record except the last has an effective end date. The update process adds this date, which is the day before the effective start date of the next record, whenever you update the object.

Object End Dates

You can enter a final effective end date for some date-effective objects. For example, terminating an assignment adds a final effective end date to the assignment. Alternatively, the **End Date** action may be available. If you end date a date-effective object, then it isn't available to transactions after that date. However, the object's history is retrievable.

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Status Values in Date-Effective Objects

Some date-effective objects, such as grades and jobs, have both effective dates and status values. When the object status is **Inactive**, the object isn't available to transactions, regardless of its effective dates. Setting the status to **Inactive** makes objects unavailable to transactions. If you can't enter an effective end date for an object, then changing its status has the same effect.

Future-Dated Changes

For date-effective objects, you can enter future changes. For example, you enter the following worker promotion on 25 October, 2011 to take effect on 18 January, 2012.

Physical Record	Effective Start Date	Effective End Date	Grade
2	18 January, 2012		IC2
1	14 October, 2010	17 January, 2012	IC1

Physical record 2 becomes current on 18 January, 2012. From 14 October, 2010 until 17 January, 2012 physical record 1 is current and available to transactions. Users who can access the object history can see physical record 2 before it takes effect.

When future-dated changes exist, other actions may be limited. For example, to end this worker's assignment before the promotion takes effect, you must first delete the promotion.

Date-Enabled Objects

Some objects, such as work relationships, are date-enabled rather than date-effective. They have start and end dates that define when they're available, but they have no history of changes. New attribute values overwrite existing attribute values.

Related Topics

- Updating Date-Effective Objects: Examples

- Making Multiple Updates to Date-Effective Objects in One Day: Explained

- Deleting Physical Records from Date-Effective Objects: Explained

Correcting Date-Effective Objects: Examples

You can correct most attributes of date-effective objects, regardless of whether they occur in current, past, or future physical records.

If you correct the effective start date of an object's first physical record, then the revised date must be before the current effective start date. For the second and subsequent records, the revised date must be between the record's current effective start and end dates.

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Correcting a Current Error

On 11 March, 2011 you create a location definition but enter the wrong phone. On 21 March, 2011, you search for the definition and select the **Correct** action. Before correction, the object history is as follows.

Physical Record	Effective Start Date	Effective End Date	Location Phone
1	11 March, 2011		650.555.0175

After correction, the object history is as follows.

Physical Record	Effective Start Date	Effective End Date	Location Phone
1	11 March, 2011		650.555.0176

Because you corrected the object, no change history exists.

Correcting a Past Error

A worker's assignment history is as follows.

Physical Record	Effective Start Date	Effective End Date	Job	Working at Home
4	20 October, 2010		Line Manager	No
3	18 August, 2010	19 October, 2010	Senior Administrator	No
2	10 May, 2010	17 August, 2010	Senior Administrator	Yes
1	25 July, 2009	9 May, 2010	Administrator	Yes

You learn that the worker's job was actually Project Leader from 10 May to 19 October, 2010. As this period spans physical records 2 and 3, you must correct both.

To retrieve physical record 2, you set the effective as-of date in the person search to any date between 10 May and 17 August, 2010. You select the assignment from the search results and make the correction.

You then retrieve physical record 3 and make the same correction.

FAQs for Dates in Benefits

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What's the session effective date?

An effective start date that applies to all date-effective interactions in the current session.

Professional users, such as benefits administrators, can set the session effective date for all actions that they perform on date-effective objects, such as benefits plans, life events, and reporting groups, in a single session. Setting the session effective date is an efficient way of ensuring that related objects have the same effective dates. By default, the session effective date is today's date in the user's time zone.

What's the effective as-of date?

A date value that filters search results. For any date-effective object that matches the other search criteria, the search results include the physical record for the specified effective as-of date. The effective as-of date is one of the search criteria. Therefore, objects with effective dates that don't include the specified date don't appear in the search results. By default, the effective as-of date is today's date.

3 Benefits Relationships, Lookups, Regulations, and Reporting Groups

Overview

Define general benefits objects, including lookups, regulations, groups, balances, carriers, benefits relationships, regulatory bodies, and providers. In the Setup and Maintenance work area, benefits managers and administrators use the Define General Benefits task list to manage the following benefits objects:

Benefits Object	Purpose
Lookups	Provide choice lists for fields such as Certification Type and Override Reason.
Regulations	Identify statutory requirements by regulatory body; associate with reporting groups.
Groups	Assign to workers and use as eligibility criteria for benefits objects.
Reporting groups	Support administrative and regulatory reporting requirements.
Benefit balances	Assign to workers and enter the balance amount.
Organizations	Provide contact and tax identification information for organizations that benefits participants can designate as beneficiaries.
Carriers	Provide contact information for external benefit carriers associated with benefits offerings.
Default benefits relationships	Configure the default assignment of benefits relationships for each legal entity.
Third-party administrators	Provide contact information for third-party organizations that process claims or administer other aspects of benefit plans.
Regulatory bodies	Provide contact information for regulatory bodies that approve or govern plans; associate these bodies with reporting groups.
Providers	Provide contact and tax identification information for providers of benefit coverage and services under plans and programs.
Enrollment action items	Configure the display name of enrollment action items required to complete enrollment in a benefits offering
Fast formulas	Configure your plan design to the requirements of your enterprise using a flexible alternative to delivered business rules.

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If you intend to use any of these general benefit objects:

1. Complete the corresponding Define General Benefits tasks.
2. Complete the Manage Benefit Programs and Plans tasks.

Lookups: Explained

Lookups are lists of values in applications. You define a list of values as a lookup type consisting of a set of lookup codes, each code's translated meaning, and optionally a tag. End users see the list of translated meanings as the available values for an object.

Lookups provide a means of validation and lists of values where valid values appear on a list with no duplicate values. For example, an application might store the values Y and N in a column in a table, but when displaying those values in the user interface, Yes or No (or their translated equivalents) should be available for end users to select. For example, the two lookup codes Y and N are defined in the REQUIRED_INDICATOR lookup type.

In another example, a lookup type for marital status has lookup codes for users to specify married, single, or available legal partnerships.

Lookup Type	Lookup Code	Meaning	Tag
MAR_STATUS	M	Married	
	S	Single	
	R	Registered Partner	+NL
	DP	Domestic Partner	-FR, AU

In this case, tags are used for localizing the codes. All legislations list Married and Single. Only the Dutch legislation lists Registered Partner. And all legislations except France and Australia also list Domestic Partner.

When managing lookups, you need to understand the following.

- Using lookups in applications
- Customization levels
- Accessing lookups
- Enabling lookups
- The three kinds of lookups: standard, common, and set enabled

Using Lookups in Applications

Use lookups to provide validation or a list of values for a user input field in a user interface.

An example of a lookup used for validation is a flexfield segment using a table-validated value set with values from a lookup type. An example of a lookup in a list of values is a profile option's available values from which users select one to set the profile option. Invoice Approval Status gives the option of including payables invoices of different approval statuses in a

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report. The lookup code values include All, so that users can report by all statuses: Approved, Resubmitted for approval, Pending or rejected, and Rejected.

Customization Level

The customization level of a lookup type determines whether the lookups in that lookup type can be edited. This applies data security to lookups.

Some lookup types are locked so no new codes and other changes can be added during implementation or later, as needed. Depending on the customization level of a lookup type, you may be able to change the codes or their meanings. Some lookups are designated as extensible, so new lookup codes can be created during implementation, but the meanings of predefined lookup codes cannot be modified. Some predefined lookup codes can be changed during implementation or later, as needed.

The customization levels are user, extensible, and system. The following table shows which lookup management tasks are allowed at each customization level.

Allowed Task	User	Extensible	System
Deleting a lookup type	Yes	No	No
Inserting new codes	Yes	Yes	No
Updating start date, end date, and enabled fields	Yes	Yes, only if the code is not predefined data	No
Deleting codes	Yes	Yes, only if the code is not predefined data	No
Updating tags	Yes	No	No
Updating module	Yes	No	No

Predefined data means LAST_UPDATED_BY = SEED_DATA_FROM_APPLICATION.

If a product depends on a lookup, the customization level must be system or extensible to prevent deletion.

Once the customization level is set for a lookup type, it can't be modified. The customization level for lookup types created using the Define Lookups page is by default set at the User level.

Standard, Common, and Set-Enabled Lookups

The available kinds of lookups are as follows.

Lookup	Description
Standard	Lists the available codes and translated meanings
Set enabled	Additionally associates a reference data set with the lookup codes

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Lookup	Description
Common	Legacy lookups

Standard lookups are the simplest form of lookup types consisting only of codes and their translated meaning. They differ from common lookups only in being defined in the standard lookup view.

Common lookups exist for reasons of backward compatibility and differ from standard lookups only in being defined in the common lookup view.

Set enabled lookup types store lookup codes that are enabled for reference data sharing. At runtime, a set-enabled lookup code is visible because the value of the determinant identifies a reference data set in which the lookup code is present.

Accessing Lookups

Standard, set-enabled, and common lookups are defined in the Standard, Set-enabled, and Common views, respectively. Applications development may define lookups in an application view to restrict the UI pages where they may appear.

In lookups management tasks, lookups may be associated with a module in the application taxonomy to provide criteria for narrowing a search or limiting the number of lookups accessed by a product specific task such as Manage Purchasing Lookups.

Enabling Lookups

A lookup type is reusable for attributes stored in multiple tables.

Enable lookups based on the following.

- Selecting an **Enabled** check box

- Specifying an enabled start date, end date, or both

- Specifying a reference data setdeterminant

If you make changes to a lookup, users must sign out and back in before the changes take effect. When defining a list of values for display rather than validation, limit the number of enabled lookup codes to a usable length.

For more information on the predefined lookups and lookup codes, open the Setup and Maintenance work area, and use the tasks in the Define Lookups task list.

Translating Lookups

You can translate the lookups that you defined to the preferred language(s) without changing the language session of the application. Use the translation option available on the lookup code table. By default, for each lookup, all the allowed language rows in the translator dialog box appear in the source language (the current session language). When you edit a particular language entry, you can modify the translated meaning and description to the language in which you want the lookup to appear. Once the updates are made, the end-users can view the lookup in the translated text.

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✎ **Note:** You can add the translation for only as many languages as are permitted by the administrator. The functionality to limit the number of languages displayed on the dialog box is controlled through the Translation Editor Languages profile option. It can be set at the SITE or USER level. If nothing is specified, all active languages are displayed.

Related Topics

- Modules in Application Taxonomy: Explained

- Managing Set-Enabled Lookups: Examples

- What's the difference between a lookup type and a value set?

- Managing a Standard Lookup: Example

- How can I access predefined lookups?

Commonly Customized Benefits Lookups: Explained

This topic identifies the benefits lookups that are most commonly customized. Review these lookups, and edit them as appropriate to meet your enterprise requirements. Use the Manage Benefit Lookups task in the Setup and Maintenance work area.

Relevant benefits lookups are categorized as follows:

- Benefits relationships
- Person factors
- Process name
- Regulations
- Health care services and primary care physician
- Certification

Benefits Relationships Lookup

This table describes the benefits relationships lookup used when configuring default benefits relationships on the Configure Default Benefits Relationships page. You also use the lookup when overriding default benefits relationships on the Manage Benefits Relationship page in the Enrollment work area.

Lookup Type	Description
BEN_ BENEFIT_ RELATION_NAME	Name of a benefits relationship, such as default or unrestricted

Person Factors Lookups

This table describes the person factors lookups used when adding or editing contacts for benefits.

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Lookup Type	Description
BEN_ STUDENT_ STATUS	Student type, such as full-time or part-time
REGISTERED_ DISABLED	Registered disabled values, such as yes, yes-fully disabled, yes-partially disabled, or no

Process Name Lookups

This table describes the process name lookup used when running evaluation processing and reports.

Lookup Type	Description
BEN_PROCESS	Benefits process name, such as Evaluate Scheduled Event Participation or Close Enrollment

Regulations Lookups

This table describes the regulations lookups used when setting up regulations in the Manage Regulations **task**. You also use the lookups when associating regulations with benefits plan basic details.

Lookup Type	Description
BEN_REGN_ADMN	The type of regulatory administration by a governing agency, such as enforced by or issued by
BEN_ REGY_PL_TYP	The type of regulatory plan, such as fringe, other, pension, or welfare
BEN_REGY_PRPS	The purpose of a regulatory body associated with a benefits object, such as audit, enforces, qualifies, or requires plan disclosure

Health Care Services and Primary Care Physician Lookups

This table describes the health care services type and primary care physician lookups used in the primary care physician step of the plan configuration process. You also use these lookups on the self-service enrollment pages.

Lookup Type	Description
BEN_PRDCT	Provider category, such as exclusive provider organization, medium, point of service, or premium
BEN_PCP_CD	Requirement or ability of participants to select a primary care physician during enrollment, such as optional
BEN_PCP_DSGN	Primary care physician designation status for a plan, such as none, optional, or required
BEN_PCP_SPCLTY	Primary care physician specialty, such as emergency medicine

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Lookup Type	Description
BEN_ PCP_STRT_DT	Primary care physician started date, such as first of next month, first of next month occurring after 15 days, later of enrollment start or when designated
BEN_ PRMRY_ CARE_ PRVDR_TYP	Primary care physician type, such as dentist, general practitioner, cardiologist, or pediatrician

Certification Lookups

This table describes the certification lookups used during plan configuration, when configuring certification action items for enrollments, dependent and beneficiary designations, and benefits or coverage restrictions.

Lookup Type	Description
BEN_ BNF_CTFN_TYP	Beneficiary certification type, such as adoption or birth certificate, as well as notarized spousal consent
BEN_ PRTN_CTFN_TYP	Participation certification type, such as a canceled check or proof of timely payment
BEN_ ENRT_CTFN_TYP	Enrollment certification type, such as domestic partner affidavit as well as proof of external coverage, good health, or other coverage
BEN_ DPNT_ CVG_CTFN_TYP	Dependent coverage certification type, such as adoption, birth, domestic partner, legal custody, or marriage certificate

Related Topics

- Managing a Standard Lookup: Example

- What's the difference between a lookup type and a value set?

Managing Benefit Regulations in the Integrated Workbook

You can record multiple regulations, including rules, policies, and statutory requirements enacted by regulatory bodies governing benefit plans, in a single integrated Microsoft Excel workbook. Then, upload the regulations and associate them with benefit reporting groups for reporting purposes.

The basic process for managing benefit regulations using the workbook is:

1. Generate the workbook.
2. Record regulations and associate them with benefit reporting groups.
3. Upload edits.
4. Resolve errors.

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Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Regulations** to open the Manage Regulations page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating and Associating Regulations in the Workbook

The workbook columns are the same as the fields in the Create Regulations dialog boxes.

1. In the Regulation section, create rules, policies, or statutory requirements.
2. In the Regulatory Body section, associate regulations with regulatory bodies.

Uploading Edits

After you complete your edits, click **Upload** to load into the application table those rows that are marked as **Changed**.

> ✎ **Note:** You can't edit regulations in the workbook after they upload successfully. However, you can edit regulations on the Manage Regulations page.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row.

If there are errors that require review, the process:

1. Rolls back the change in the application
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

Configuring Default Benefits Relationships: Critical Choices

Benefits relationships group worker assignments for benefits enrollment and processing. Configure default assignment of benefits relationships to workers at the time of hire or when you add additional assignments.

Using the **Configure Default Benefits Relationships** task in the Setup and Maintenance work area, make the following choices for each combination of country or legal entity, and benefits usage:

- Default benefits relationship

- Unrestricted event processing usage

- Multiple assignment processing configuration

For example, define default values for assigning a benefits relationship for processing life events of workers who belong to the Vision US legal entity. You can also define default values at the country level, USA, to encompass all legal entities in that country.

Benefits professionals can update or modify the default relationships assigned to individual workers in the Enrollment work area.

Default Benefits Relationship

Every worker has at least one benefits relationship because of the predefined default configuration.

You can use the predefined configuration if you don't use either:

- Unrestricted processing

- Multiple assignment processing for benefits relationships

Unrestricted Event Processing Usage

If you use unrestricted event processing, then you must specify the default benefits relationship at the legal entity level or country level for both:

- Unrestricted events processing

- Life events processing

Multiple Assignment Processing Configuration

Initially, you must make one choice between two mutually exclusive options for each combination of usage and legal entity, or usage and country, within the enterprise:

- Disable multiple assignment processing for benefits processing.

- Enable and configure multiple assignment processing for benefits processing.

Disabling Multiple Assignment Processing for Benefits

If you do not enable multiple assignment processing for benefits processing, then all worker assignments are associated with the default benefits relationship that you select. In this configuration, benefits professionals cannot select alternative benefits relationships because each worker has only one benefits relationship.

Enabling and Configuring Multiple Assignment Processing for Benefits

If you enable multiple assignment processing for benefits, configure the default pattern of associating the benefits relationships with additional worker assignments.

Select one default option for new assignments from among these choices:

- Include new assignments in the configured default benefits relationship.

- Do not include new assignments in any benefits relationship.

- Include new assignments in the primary benefits relationship for the worker. This may be the default benefits relationship or another benefits relationship designated as primary.

If you include the new assignment in a benefits relationship, configure whether it becomes the primary assignment in that benefits relationship, replacing the current primary assignment.

Effect on the User Experience of Enabling Multiple Assignment Processing

When you enable multiple assignment processing, you can filter the worker's data by benefits relationship in the Enrollment work area pages.

Pages with this filter option include:

- Participant benefits summary

- Override enrollment

- Manage person life events

- Process open enrollment

- Process life event

Related Topics

- Benefits Relationships: How They Affect Benefits Processing

Managing Reporting Groups in the Integrated Workbook: Explained

You can create and upload reporting groups using the integrated Microsoft Excel workbook.

The basic process for managing reporting groups using the integrated workbook is:

1. Generate the workbook.
2. Create reporting groups and add details to existing groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Reporting Groups** to open the Manage Reporting Groups page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating Reporting Groups and Adding Details

The workbook columns and choice lists are the same as the fields and choice lists on the Edit Reporting Groups page.

- Create a reporting group.

  a. Associate benefit programs and plans with the reporting group.
  b. Select which regulatory bodies and regulations govern the reporting group.

- Add details to existing reporting groups. For example, associate an additional program with an existing reporting group.

  a. Enter the name of the reporting group in the Component Program section.
  b. Select the program.
  c. Enter the effective start date.

🖉 **Note:** You can't edit existing data for a reporting group in the workbook. However, you can edit existing reporting group data on the Manage Regulations page.

Uploading Edits

After you complete your edits, click **Upload** to load into the application database those rows that are marked as **Changed**.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

FAQs for General Benefits

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How can I create benefits lookups?

In the Setup and Maintenance work area:

- Use the Manage Common Lookups task to create and edit benefit lookup types for benefits features and eligibility profiles.
- Use the Manage Benefit Lookups task to edit the lookup codes for existing lookup types that start with BEN.

You cannot use this task to create new lookup types.

How can I add document types to the Benefits document category?

Use the Manage Document Types task in the Setup and Maintenance work area.

What happens to existing benefits if workers transfer to another legal entity?

Eligible workers continue to receive benefits that they elected in the previous legal entity.

Before a global transfer, administrators must ensure that default benefits relationship assignment rules for the destination legal entity or country exist on the Configure Default Benefits Relationships page.

How can I ensure accuracy of a worker's benefits relationship information?

The following table lists ways to ensure accuracy:

Criteria	Action
For a specific worker	Click **Refresh** on the Benefits Relationship tab of the Manage Benefits Relationship page in the Enrollment work area.
	Ensure that the default benefits relationship configuration for the worker's legal entity or country exists.
For multiple workers	Use the Assign and Update Benefits Relationship process in the Evaluation and Reporting work area.
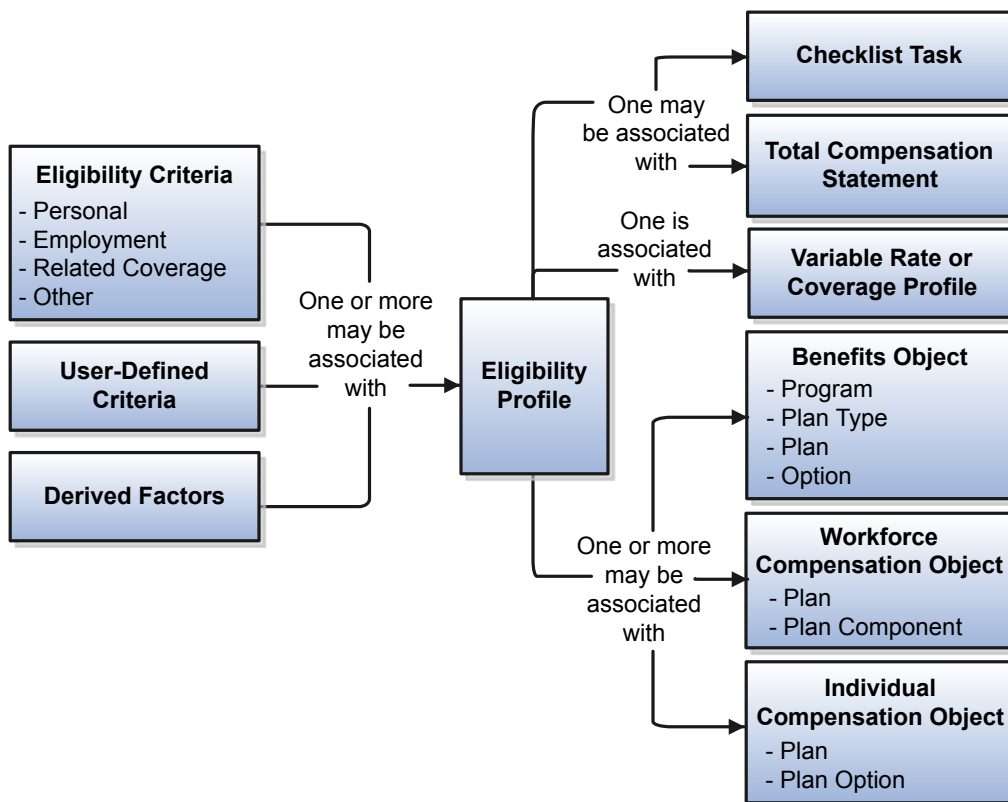
Related Topics

- Refreshing a Worker's Benefits Relationship Information: How It's Processed

- Assign and Update Benefits Relationships Process: How It Works

4 Eligibility Criteria for Benefits Eligibility Profiles

Eligibility Components: How They Work Together

You add eligibility criteria to an eligibility profile, and then associate the profile with an object that restricts eligibility.

The following figure shows the relationships between eligibility components.

Eligibility Criteria

You can add different types of eligibility criteria to an eligibility profile. For many common criteria, such as gender or employment status, you can select from a list of predefined criteria values. However, you must create user-defined criteria and derived factors before you can add them to an eligibility profile.

Eligibility Profile

When you add an eligibility criterion to a profile, you define how to use it to determine eligibility. For example, when you add gender as a criterion, you must specify a gender value (male or female) and whether to include or exclude persons who match that value.

Associating the Profile with Objects

This table describes associating eligibility profiles with different kinds of objects and whether you can attach more than one profile.

More than One Profile?	Associated Objects	Purpose
No	Variable rate or variable coverage profile	Establish the criteria required to qualify for that rate or coverage
No	Checklist task	Control whether that task appears in an allocated checklist
No	Total compensation statement	Apply additional eligibility criteria after statement generation population parameters
Yes	Benefits object	Establish the eligibility criteria for specific programs, plans, and options
Yes	Compensation object	Establish the eligibility for specific plans and options
Yes	Performance documents	Establish the eligibility for performance documents
Yes	Goal plans or goal mass assignments	Establish eligibility for the goal
One or more	Absence plan	Determine the workers who are eligible to record an absence that belongs to that plan

Related Topics

- Eligibility Profiles: Explained

Derived Factors: Explained

Derived factors define how to calculate certain eligibility criteria that change over time, such as a person's age or length of service. You add derived factors to eligibility profiles and then associate the profiles with objects that restrict eligibility.

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Derived Factor Types

Using the **Manage Derived Factors** task, you can create six different types of derived factors:

- Age
- Length of service
- A combination of age and length of service
- Compensation
- Hours worked
- Full-time equivalent

Determination Rules and Other Settings

For each factor that you create, you specify one or more rules about how eligibility is determined. The following table provides example settings for two factors.

Factor	Example Settings
Age derived	Select a determination rule to specify the day on which to evaluate the person's calculated age for eligibility.
	Example: If the determination rule is set to the first of the year, then the person's age as of the first of the year is used to determine eligibility.
Full-time equivalent	Specify the minimum and maximum full-time equivalent percentage and whether to use the primary assignment or the sum of all assignments when evaluating eligibility.
	Example: If 90 to 100 percent is the percentage range for the sum of all assignments, then a person who works 50 percent full-time on two different assignments is considered eligible.

For derived factors pertaining to time and monetary amounts, you can also set the following rules:

- Unit of measure
- Rounding rule
- Minimum and maximum time or amount

Related Topics

- Eligibility Profiles: Explained

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Derived Factors: Examples

The following scenarios illustrate how to define different types of derived factors:

Age

Benefits administrators frequently use age factors to determine:

- Dependent eligibility
- Life insurance rates

Age factors typically define a range of ages, referred to as age bands, and rules for evaluating the person's age. The following table illustrates a set of age bands that could be used to determine eligibility for life insurance rates that vary based on age.

Derived Factor Name	Greater Than or Equal To Age Value	Less Than Age Value
Age Under 25	1	25
Age 25 to 34	25	35
Age 35 to 44	35	45
Age 45 to 54	45	55
Age 55 to 64	55	65
Age 64 or Older	65	75

The determination rule and other settings for each age band are the same:

Field	Value
Determination Rule	First of calendar year
Age to Use	Person's
Units	Year
Rounding	None

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Length of Service

A derived factor for length of service defines a range of values and rules for calculating an employee's length of service. The following table shows an example of a set of length-of-service bands. You can use the length-of-service bands to determine eligibility for compensation objects such as bonuses or severance pay.

Derived Factor Name	Greater Than or Equal To Length of Service Value	Less Than Length of Service Value
Service Less Than 1	0	1
Service 1 to 4	1	5
Service 5 to 9	5	10
Service 10 to 14	10	15
Service 15 to 19	15	20
Service 20 to 24	20	25
Service 25 to 29	25	30
Service 30 Plus	30	999

The determination rule and other settings for each length-of-service band are the same:

Field	Value
Period Start Date Rule	Date of hire This sets the beginning of the period being measured.
Determination Rule	End of year This sets the end of the period being measured.
Age to Use	Person's
Units	Year
Rounding	None

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Compensation

A derived factor for compensation defines a range of values and rules for calculating an employee's compensation amount. The following table shows an example of a set of compensation bands. You can use the compensation bands to determine eligibility for compensation objects such as bonuses or stock options.

Derived Factor Name	Greater Than or Equal To Compensation Value	Less Than Compensation Value
Less than 20000	0	20,000
Salary 20 to 34000	20,000	35,000
Salary 35 to 49000	35,000	50,000
Salary 50 to 75000	50,000	75,000
Salary 75 to 99000	75,000	100,000
Salary 100 to 200000	100,000	200,000
Salary 200000 Plus	200,000	999,999,999

The determination rule and other settings for each compensation band are the same:

Field	Value
Determination Rule	First of year
Unit of Measure	US Dollar
Source	Stated compensation
Rounding	Rounds to nearest hundred

Related Topics

- Eligibility Profiles: Explained

Age to Use: Points to Consider

The **Age to Use** value that you select for an age derived factor determines whose birth date is used to calculate the derived age. The most common value is Person's.

Use the **Manage Derived Factors** task to configure age derived factors.

Person's Age

You usually use **Person's** as the **Age to Use** setting. With this setting, each person's own birth date is used to calculate age for eligibility evaluation, as shown in the following table.

Scenario	Result
You select **Person's** as the **Age to Use** value, and associate the age derived factor with a dependent eligibility profile.	Each dependent's eligibility is evaluated based on the age calculated from his or her own birth date.

Other Age to Use

To evaluate participant or dependent eligibility or rates based on another person's age, such as a spouse or child, select a value other than Person's.

The following table provides examples.

Scenario	Result
You select **Person's oldest child** as the **Age to Use** value, and associate this derived factor with a dependent eligibility profile.	Eligibility for all dependents is based on the age of the participant's oldest child. For example, all dependents become ineligible when the oldest child reaches the maximum age of eligibility.
You select **Inherited Age** as the **Age to Use** value, and associate this derived factor with a dependent eligibility profile.	Eligibility for all dependents is based on the date of birth as defined in the person extra information flexfield.

User-Defined Criteria: Examples

The following scenarios illustrate how you can create different types of user-defined criteria for use in eligibility profiles associated with benefits and compensation objects. In each example, you must:

1. Create the user-defined criteria using the Manage User-Defined Criteria task in the Plan Configuration work area.
2. Add the user-defined criteria to an eligibility profile using the Manage Eligibility Profile task.
3. Set the criteria values to use in the eligibility profile.
4. Associate the eligibility profile with the relevant benefits or compensation object.

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Base Eligibility on a Custom Attribute

Your commercial diving company wants to offer different benefit rates to employees who dive to depths greater than 330 feet. In the Setup and Maintenance work area, you set up the lookup type, value set, and global segment of the Person Attributes descriptive flexfield table to store the data for each worker. For details, see the Setting Up Lookup-Based User-Defined Criteria: Worked Example topic.

1. On either the create or edit page for user-defined criteria, set the following values.

Field	Value
Table	Person Attributes
Column	BEN_DIVE_DEPTH
Lookup	BEN_DIVE_DEPTH
Enable range validation one	Selected

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.
3. On the Other tab, User-Defined Criteria subtab, set the following values.

   You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

Field	Value
Set 1 Meaning	330
Set 1 To Meaning	9999
Exclude	Clear

4. Associate the eligibility profile with a benefit variable rate profile.

Base Eligibility on a Formula

Your company wants to offer a spot incentive bonus to hourly employees who worked 100 percent of their scheduled shift hours in a three-month period. In the Setup and Maintenance work area, you used the Manage Fast Formula task to create the formula that calculates Scheduled Hours minus Worked Hours for each week in the previous three months. If the result of successive calculations is less than or equal to zero, then the formula returns a result of Yes.

1. On the create or edit page for user-defined criteria, enter the following values.

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Field	Value
Access One Formula	Worked_ Sched_ Hours_Percent
Enable range validation one	Clear

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.
3. On the Other tab, User-Defined Criteria subtab, set the following values.

   You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

Field	Value
Set 1 Meaning	Yes
Exclude	Clear

4. Associate the eligibility profile with the bonus compensation object.

💡 **Tip:** For very complex scenarios, your organization or implementation team can write a custom program to evaluate eligibility.

Use Eligibility to Exclude

Your organization wants to exclude workers with a work-at-home assignment from a transportation allowance.

1. On the create or edit page for user-defined criteria, set the following values.

Field	Value
Table	Assignment
Column	Work_at_home
Lookup	YES_NO
Enable range validation one	Clear

2. On either the create or edit page for the eligibility profile, add the user-defined criteria to an eligibility profile.
3. On the Other tab, User-Defined Criteria subtab, set the following values.

   You might have to refresh the Meaning list before you see the choice that you want. To do so, click another subtab, such as Formula, and then click the User-Defined Criteria tab again.

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Field	Value
Set 1 Meaning	Yes
Exclude	Selected

4. Associate the eligibility profile with the transportation allowance compensation object.

User-Defined Criteria: Explained

You can define your own eligibility criteria that meet any special requirements of your organization. Associate your criteria with eligibility profiles.

This topic provides an example and discusses creating and using a user-defined criteria.

Example

Your organization wants to use work-at-home assignment as the eligibility criteria for a monthly telecommunications allowance. The table and column already exist, but the data is not available from existing eligibility criteria tabs on the Create Eligibility Profile page. Therefore, you must first create the work-at-home criteria so that you can then use it with an eligibility profile.

Creating the Criteria

Use the **Manage User-Defined Criteria** task in the Plan Configuration work area. The data for the eligibility criterion that you create must be stored in a table that is accessible to the application. The procedure varies depending on the table.

Data Table	Procedure
Person Attributes or Assignments table	1. Select the table and table column from lists. You must understand the basic structure of these tables. 2. Select the lookup type to use to validate input values, including custom lookup types that you created for either table. For details, see the Setting Up Lookup-Based User-Defined Criteria: Worked Example topic. 3. If the field stores a numeric value or a date, specify a range of valid values.
Other tables	1. Use the **Manage Fast Formulas** task in the Setup and Maintenance work area. 2. Select your formula on the Create User-Defined Criteria page.

Using the Criteria

You can define one or two sets of criteria on the Create User-Defined Criteria page. The participant must meet the criteria defined in either set to be considered eligible or ineligible.

After you create your user-defined criteria, you can add it to an eligibility profile on the User-Defined Criteria tab in the **Other** category.

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Related Topics

- Eligibility Profiles: Explained

Range of Scheduled Hours: Example

This example illustrates how to define eligibility criteria based on the number of hours a worker is scheduled to work within a specified period.

Weekly and Monthly Ranges

You want to limit eligibility for a benefits offering to workers who were scheduled to work either of the following ranges. Both ranges are as of the end of the previous quarter:

- Between 30 and 40 hours each week
- Between 130 and 160 hours each month

To do this, add two different ranges on the Range of Scheduled Hours subtab under the Employment tab of the create or edit eligibility profile pages. Set the values for the weekly range as shown in the following table:

Field	Value
Sequence	1
Minimum Hours	30
Maximum Hours	40
Scheduled Enrollment Periods	Weekly
Determination Rule	End of previous quarter

Set the values for the monthly range as shown in this table:

Field	Value
Sequence	2
Minimum Hours	130
Maximum Hours	160
Scheduled Enrollment Periods	Monthly
Determination Rule	End of previous quarter

Related Topics
- Eligibility Profiles: Explained

- Creating a Participant Eligibility Profile: Worked Example

Setting Up Lookup-Based User-Defined Criteria: Worked Example

This example demonstrates how you create user-defined criteria based on custom lookups and associate the user-defined criteria with benefits eligibility profiles.

Scenario: A commercial diving company wants to offer different benefits rates to divers who dive deeper than 330 feet.

Summary of Tasks

To create lookup-based user-defined criteria for benefits eligibility profiles, you first perform these tasks in the Setup and Maintenance work area.

1. Create the benefit lookup.
2. Create the benefit value set.
3. Create the additional global segment on the descriptive flexfield.
4. Deploy the modified descriptive flexfield.

Next, you perform these tasks in the Plan Configuration work area.

1. Create the lookup-based user-defined criteria.
2. Create the eligibility profile and associate the new user-defined criteria.

Create Benefit Lookup

While you can use the Manage Benefit Lookups task to edit existing benefits lookups, you must use this common lookup task to create benefits lookups.

In the Setup and Maintenance work area:

1. Search for the Manage Common Lookups task and click the **Go to Task** button.
2. In the Search Results section, create the lookup type, as shown in this table.

   Start the Lookup Type value with BEN_ for easy searching. This also ensures that the lookup is available in the Manage Benefit Lookups task.

Field	Value
Lookup Type	BEN_DIVE_DEPTH
Meaning	Dive Depth

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Field	Value
Description	Identifies whether the diver dives deeper than 330 feet
Module	Eligibility Profiles

3. Click **Save**.

   You must create the lookup type before you can add lookup codes.

4. In the Lookup Codes section, add and enable the lookup codes that you want to use for the lookup, as shown in this table.

Field	Values for Code 1	Values for Code 2
Lookup Code	SHALLOW	DEEP
Display Sequence	1	2
Enabled	Select	Select
Start Date	1/1/2000	1/1/2000
Meaning	Shallow	Deep
Description	Dives 330 feet or less	Dives deeper than 330 feet

5. Click **Save and Close** to return to the Overview page.

Create Benefit Value Set

Use the Setup and Maintenance work area to complete this task with the default values for fields unless the steps specify other values.

1. Search for the Manage Value Sets task and click the **Go to Task** button.
2. On the Search Results toolbar, click the **Create** button.
3. Complete the initial fields, as shown in this table.

Field	Value
Value Set Code	BEN_DIVE_DEPTH
Module	Eligibility Profiles
Validation Type	Table
Value Data Type	Character

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4. Complete the Definition fields, which appear after you select the validation type, as shown in this table.

Field	Value
FROM Clause	HCM_LOOKUPS
Value Column Name	MEANING
ID Column Name	LOOKUP_CODE
WHERE Clause	LOOKUP_ TYPE='BEN_ DIVE_DEPTH'

5. Click **Save and Close** to return to the Manage Value Sets page.
6. Click **Done** to return to the Overview page.

Create Global Segment

Use the Setup and Maintenance work area to complete this task with the default values for fields unless the steps specify other values.

1. Search for the Manage Descriptive Flexfields task and click the **Go to Task** button.
2. In the Search section **Name** field, enter **Person** to find the Persons Attributes descriptive flexfield.

   To extend the Assignments table, you would search for and edit the Assignment Attributes descriptive flexfield.
3. Click **Search**.
4. In the Search Results section, select the **Person Attributes** row.
5. On the Search Results toolbar, click the **Edit** button.
6. On the Global Segments toolbar, click the **Create** button.
7. Complete the general fields, as shown in this table.

Field	Value
Name	Dive Depth
Code	BEN_DIVE_DEPTH

8. Complete the Column Assignment fields, as shown in this table.

Field	Value
Data Type	Character
Table Column	The next available attribute, such as ATTRIBUTE1

9. In the Validation section **Value Set** field, select **BEN_DIVE_DEPTH**.
10. In the Display Properties section **Display Type** field, select **Drop-down List**.

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11. Click **Save and Close** to return to the Edit Descriptive Flexfield page.
12. Click **Save and Close** to return to the Manage Descriptive Flexfields page.

Deploy Modified Descriptive Flexfield

You deploy the edited descriptive flexfield to expose the field in the application and make it available for use when creating user-defined criteria.

1. On the Search Results toolbar, click **Deploy Flexfield**.
2. Click **Done** to return to the Overview page.

Create Lookup-Based User-Defined Criteria

Use the Plan Configuration work area to complete this task with the default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage User-Defined Criteria** to open the Manage User-Defined Criteria page.
2. On the Search Results toolbar, click **Create**.
3. Complete the User-Defined Criteria fields, as shown in this table.

Field	Value
Name	Ben Dive Depth
Short Code	BEN_DIVE_DEPTH

4. Complete the Set 1 fields, as shown in this table.

Field	Value
Table	Person Attributes
Column	Attribute that you selected for your global segment, for example ATTRIBUTE1
Lookup	BEN_DIVE_DEPTH

5. Click **Save and Close** to return to the Manage User-Defined Criteria page.

Create Eligibility Profile and Associate User-Defined Criteria

Use the Plan Configuration work area to complete this task with the default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage Eligibility Profiles** to open the Manage Eligibility Profiles page.
2. On the Search Results toolbar **Create** menu, select **Create Participant Profile**.

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3. In the Eligibility Profile Definition section **Name** field, enter **Ben Dive Depth**.

4. In the User-Defined Criteria tab Eligibility Criteria section, add your user-defined criteria as shown in this table.

Field	Value
Sequence	1
User-Defined Criteria	Ben Dive Depth
Exclude	Clear
Set 1 Meaning	Deep

5. Be sure that you select the value in the **Set 1 Meaning** field.

   You might have to refresh the list before you see the choice that you want:

   a. Select another tab, such as Formula.
   b. Select the User-Defined Criteria tab again.

6. Click **Save and Close** to return to the Manage Eligibility Profiles page.

FAQs for Eligibility Criteria

What happens if I include multiple criteria in an eligibility profile?

If you define multiple values for the same criteria type, such as two postal code ranges, a person must satisfy at least one of the criteria to be considered eligible. For example, a person who resides in either postal range is eligible.

If you include multiple criteria of different types, such as gender and age, a person must meet at least one criterion defined for each criteria type.

What happens if I don't select the Required option when I add an eligibility profile to an object?

If you add only one eligibility profile to an object, then the criteria in that profile must be satisfied, even if the **Required** option isn't selected.

If you add multiple eligibility profiles, the following rules apply:

- If all profiles are optional, then at least one of the profiles must be satisfied.

- If all profiles are required, then all of the profiles must be satisfied.

- If some but not all profiles are required, then all required profiles must be satisfied and at least one optional profile must also be satisfied.

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5 Eligibility Profiles for Benefits and Other Objects

Eligibility Components: How They Work Together

You add eligibility criteria to an eligibility profile, and then associate the profile with an object that restricts eligibility.

The following figure shows the relationships between eligibility components.

Eligibility Criteria

You can add different types of eligibility criteria to an eligibility profile. For many common criteria, such as gender or employment status, you can select from a list of predefined criteria values. However, you must create user-defined criteria and derived factors before you can add them to an eligibility profile.

Eligibility Profile

When you add an eligibility criterion to a profile, you define how to use it to determine eligibility. For example, when you add gender as a criterion, you must specify a gender value (male or female) and whether to include or exclude persons who match that value.

Associating the Profile with Objects

This table describes associating eligibility profiles with different kinds of objects and whether you can attach more than one profile.

More than One Profile?	Associated Objects	Purpose
No	Variable rate or variable coverage profile	Establish the criteria required to qualify for that rate or coverage
No	Checklist task	Control whether that task appears in an allocated checklist
No	Total compensation statement	Apply additional eligibility criteria after statement generation population parameters
Yes	Benefits object	Establish the eligibility criteria for specific programs, plans, and options
Yes	Compensation object	Establish the eligibility for specific plans and options
Yes	Performance documents	Establish the eligibility for performance documents
Yes	Goal plans or goal mass assignments	Establish eligibility for the goal
One or more	Absence plan	Determine the workers who are eligible to record an absence that belongs to that plan

Related Topics

- User-Defined Criteria: Explained

- Derived Factors: Explained

Eligibility Profiles: Explained

Create eligibility profiles to define criteria that determine whether a person qualifies for objects that you associate the profile with. You can associate eligibility profiles with objects in a variety of business processes.

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The following are key aspects of working with eligibility profiles:

- Planning and prerequisites
- Specifying the profile type, usage, and assignment usage
- Defining eligibility criteria
- Excluding from eligibility
- Assigning sequence numbers
- Adding multiple criteria
- Viewing the criteria hierarchy

Planning and Prerequisites

Before you create an eligibility profile, consider the following:

- If an eligibility profile uses any of the following to establish eligibility, you must create them before you create the eligibility profile:
    - Derived factors
    - User-defined formulas
    - User-defined criteria

- Consider whether to combine criteria into one profile or create separate profiles depending on:
    - Whether the object for which you're creating eligibility accepts only one eligibility profile or more than one
    - Performance considerations

- Use names that identify the criteria being defined rather than the object with which the profile is associated, because eligibility profiles are reusable.
  Example: Use Age20-25+NonSmoker rather than Supplemental Life-Minimum Rate.

Specifying Profile Type, Usage, and Assignment Usage

This table describes the basic profile attributes that you specify when you create an eligibility profile:

Setting	Description
Profile Type	Use only dependent profiles for Benefits plans or plan types when determining eligibility of participants' spouses, family members, or other individuals who qualify as dependents.
	All other profiles are participant profiles.
Usage	Determines the type of objects the participant profile can be associated with, such as benefits offerings and rates, compensation plans, checklist tasks, goal plans or mass goal assignments, or performance documents.
	Selecting **Global** makes the profile available to multiple business process usages.
Assignment to Use	Determines the assignment that the eligibility process evaluates for the person • Select **Specific assignment** when the usage is Compensation or Performance.

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Setting	Description
	• Select a value that includes **benefit relationship** when the usage is Benefits. You select this value to restrict eligibility evaluation to active assignments that are associated with the benefits relationship of the person on a given date. If you select other values, then you might need to include eligibility criteria to exclude inactive assignments. • Select one of the following values for all other usages, such as total compensation statements: - Any assignment - enterprise - Employee assignment only - enterprise - Primary employee assignment only - enterprise

Defining Eligibility Criteria

Criteria defined in an eligibility profile are divided into categories:

Category	Description
Personal	Includes gender, person type, postal code ranges, and other person-specific criteria.
Employment	Includes assignment status, hourly or salaried, job, grade, and other employment-specific criteria.
Derived factors	Includes age, compensation, length of service, hours worked, full-time equivalent, and a combination of age and length of service.
Other	Other: Includes miscellaneous and user-defined criteria.
Related coverage	Includes criteria based on whether a person is covered by, eligible for, or enrolled in other benefits offerings.

Some criteria, such as gender, provide a fixed set of choices. The choices for other criteria, such as person type, are based on values defined in tables. You can define multiple criteria for a given criteria type.

Excluding from Eligibility

For each eligibility criterion that you add to a profile, you can indicate whether persons who meet the criterion are considered eligible or are excluded from eligibility. For example, an age factor can include persons between 20 and 25 years old or exclude persons over 65.

If you:

- Exclude certain age bands, then all age bands not explicitly excluded are automatically included.
- Include certain age bands, then all age bands not explicitly included are automatically excluded.

Assigning Sequence Numbers

You must assign a sequence number to each criterion. The sequence determines the order in which the criterion is evaluated relative to other criteria of the same type.

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Adding Multiple Criteria

If you define multiple values for the same criteria type, such as two postal code ranges, a person must satisfy at least one of the criteria to be considered eligible. For example, a person who resides in either postal range is eligible.

If you include multiple criteria of different types, such as gender and age, a person must meet at least one criterion defined for each criteria type.

Viewing the Criteria Hierarchy

Select the View Hierarchy tab to see a list of all criteria that you have saved for this profile. The list is arranged by criteria type.

Related Topics

- Derived Factors: Explained

- User-Defined Criteria: Explained

Assignment to Use for Eligibility Profiles: Points to Consider

When you create a participant eligibility profile, you specify which of a worker's assignments is evaluated to determine eligibility. This topic explains each value in the Assignment to Use field and helps you decide which value might work best for your product.

Each value includes the following components:

- Type of assignment
- Organizational level of the assignment

Type of Assignment

The available assignment values relate to the three types of work relationships:

- Employee
- Contingent worker
- Nonworker

All work relationships, regardless of type, have at least one assignment. When a worker has multiple assignments within a work relationship, one of them is designated as primary. When a worker has multiple work relationships, one of them is designated as a primary work relationship.

The overall primary assignment is the primary assignment in the primary work relationship, as shown in this figure.
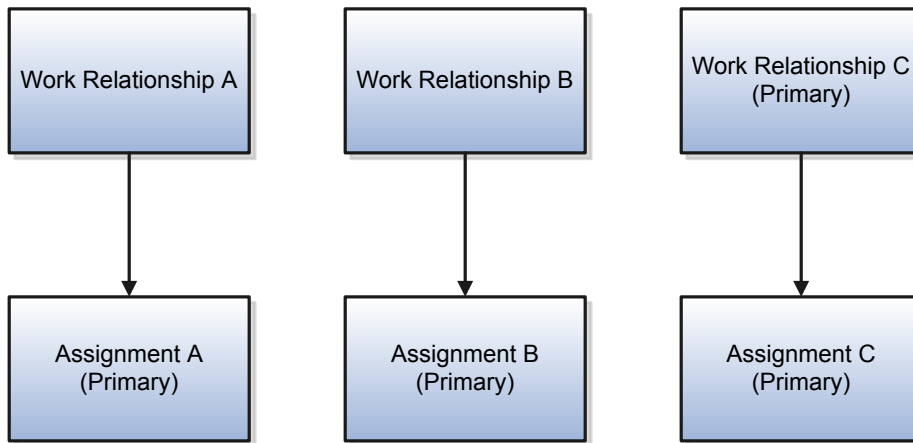
According to the example in the figure, the overall primary assignment of the worker is Assignment C.

This table describes the type of assignment options when you select an assignment to use for an eligibility profile.

Type of Assignment	Description
Any assignment	Evaluates assignments that are associated with any of the three work relationships: employee, contingent worker, or nonworker
Employee assignment only	Evaluates assignments that are associated with an employee work relationship only
Primary employee assignment only	Evaluates only the employee work relationship assignment that is designated as primary
Benefit nonworker assignment	Evaluates assignments with nonworker work relationship only. Applies only to Benefits participant profiles. Typically used for continuation of benefits after employment terminates
Specific assignment	Evaluates only the selected assignment or the assignment ID that was passed to eligibility evaluation processing at run time. For example, when you select a person record from the person search page, a product might pass the corresponding assignment ID to eligibility evaluation processing.

Organizational Level

Assignments to Use values also enable you to evaluate the selected type of assignment within one of these levels:

- Benefits relationship
- Legal employer
- Enterprise

This table describes the Assignment to Use values that are applicable to each organizational level.

✏️ **Note:** Values that include **Enterprise** or **Legal employer** also include inactive assignments in the eligibility evaluation. If you want to exclude inactive assignments, you add necessary eligibility criteria when you create or edit the eligibility profile. For example, you can use the Assignment Status eligibility criteria.

Level	Description
Benefits relationship	Evaluates only active assignments that are associated with the worker's benefits relationship effective on a particular date. Select one of these values: • Any assignment - benefit relationship • Benefit nonworker assignment - benefits relationship • Employee assignment only - benefits relationship • Primary employee assignment only - benefits relationship
Legal Employer	Evaluates assignments that exist at the legal employer level. Select one of these values: • Any assignment - legal employer • Employee assignment only - legal employer • Primary employee assignment only - legal employer To use these values, ensure that a benefits relationship configuration exists at the worker's legal employer level. Ensure that that benefits relationship is currently assigned to the assignments you want to evaluate for eligibility.
Enterprise	Evaluates assignments that exist at the enterprise level. Select one of these values: • Any assignment - enterprise • Employee assignment only - enterprise • Primary employee assignment only - enterprise

Recommended Assignment to Use Values

This table describes the recommended Assignment to Use values for products that use eligibility profiles.

Purpose	Description
Benefit programs, plan types, plans, options, variable rate profiles, and variable coverage profiles	Select one of these values: • Any assignment - benefit relationship • Benefit nonworker assignment - benefit relationship • Employee assignment only - benefit relationship • Primary assignment only - benefit relationship
Workforce compensation plans, individual compensation plans, and performance documents	Select **Specific assignment**. Workforce compensation plans, individual compensation plans, and performance documents automatically pass a specific assignment value to eligibility evaluation processing at run time.
Absence plans, absence types, check lists, goals, total compensation statement	Select one of these values: • Any assignment - enterprise

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Purpose	Description
	• Employee assignment only - enterprise • Primary employee assignment only - enterprise You can use other values, such as those that include **Legal employer**, but you must set up a benefits relationship first. If you don't want to set up a benefits relationship, you can use these values and define additional eligibility criteria to consider assignments in specified legal entities.

Combining Eligibility Criteria or Creating Separate Profiles: Points to Consider

You can define multiple criteria in an eligibility profile or create separate profiles for individual criterion. To determine the best approach, consider the following:

- Does the object for which you are defining eligibility allow multiple eligibility profiles?

- What is the best approach in terms of efficiency and performance?

- Are your criteria both inclusive and exclusive?

Allowable Number of Eligibility Profiles

If an object permits only one eligibility profile, you must include all criteria in a single profile.

The following table shows which objects permit only one profile and which permit more.

Only One Profile	One or More Profiles
• Checklist tasks • Variable rate profiles • Variable coverage profiles • Total compensation statements • Absence types	• Benefits offerings • Individual and workforce compensation plans • Performance documents • Goal plans or mass goal assignments • Absence plans

Efficiency and Performance in the Benefits Hierarchy

For optimum performance and efficiency, attach profiles at the highest possible level in the benefits object hierarchy and avoid duplicating criteria at lower levels. For example, to be eligible for a plan type, a person must satisfy eligibility profiles defined at the program and plan type in program levels.

The following objects inherit the eligibility criteria associated with the program:

- Plan types in program

- Plans in program

- Plans

- Options in plans that are in programs

However, it's sometimes more efficient to create more than one profile and attach the profiles at various levels in the hierarchy. The following table illustrates applying successively restrictive exclusion criteria at different levels in the hierarchy:

Level	Eligibility Profile Criteria
Program	Exclude employees who do not have an active assignment.
Plan type in program	Exclude employees who do not have a full-time assignment.
Plan	Exclude employees whose primary address is not within a defined service area.

Using Both Inclusive and Exclusive Criteria

Eligibility criteria can be used to include or exclude persons from eligibility. Sequencing of criteria is more complicated when you mix included and excluded criteria in the same profile. For ease of implementation, keep excluded criteria in a separate eligibility profile.

Related Topics

- Eligibility Components: How They Work Together

- What happens if I include multiple criteria in an eligibility profile?

- Configuring Eligibility Criteria at General Vs. Detailed Hierarchy Levels: Example

Creating a Participant Eligibility Profile: Worked Example

This example demonstrates how to create a participant eligibility profile used to determine eligibility for variable life insurance rates. Use the Plan Configuration work area to complete these tasks.

The following table summarizes key decisions for this scenario.

Decisions to Consider	In this Example
What is the profile type?	Participant
What type of object is associated with this profile?	Variable rate for benefits offering
What types of eligibility criteria are defined in this profile?	Age derived factor (must have been previously defined) Uses Tobacco criteria
Should persons meeting these criteria be included or excluded from eligibility?	Included

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The following figure shows the tasks to complete in this example:
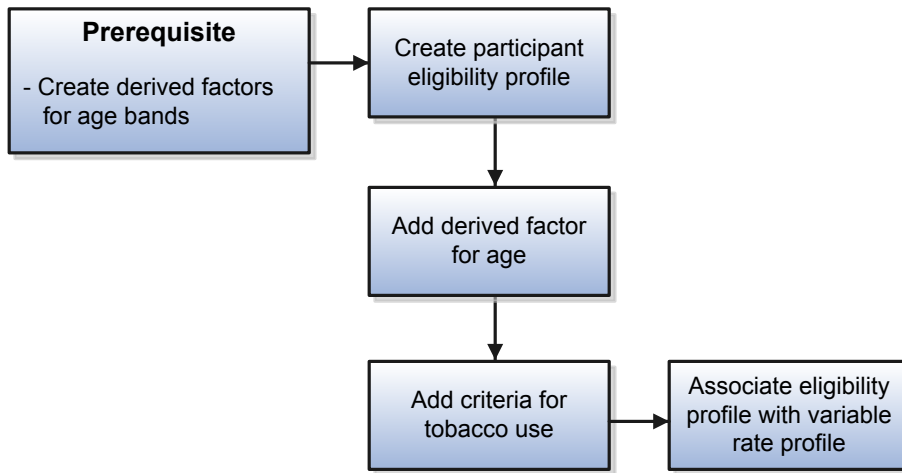
In this example, you create one eligibility profile that defines the requirements for a single variable rate.

- Typically, you create a set of eligibility profiles, one for each variable rate.
- Create a separate profile for each additional rate by repeating the steps in this example, varying the age and tobacco use criteria.

Prerequisites

1. Create an age derived factor for ages less than 30.

Creating the Eligibility Profile

Use default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage Eligibility Profiles** to open the Manage Eligibility Profiles page.
2. On the Create menu, select **Create Participant Profile**.
3. In the Eligibility Profile Definition section, complete the fields as shown in this table.

Field	Value
Name	Age Under 30+ Non-Smoking
Profile Usage	Benefits
Status	Active
Assignment to Use	Any assignment - benefit relationship

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Adding the Derived Factor for Age

Use default values for fields unless the steps specify other values.

1. In the Eligibility Criteria section, select the **Derived Factors** tab.
2. On the Age tab, click **Create**.
3. Complete the fields as shown in this table.

Field	Value
Sequence	1
Age	Select the derived factor that you previously defined for ages under 30
Exclude	Make sure that it is not selected

Adding the Criteria for Tobacco Use

Use default values for fields unless the steps specify other values.

1. Select the **Personal** tab.
2. On the Uses Tobacco tab, click **Create**.
3. Complete the fields as shown in this table.

Field	Value
Sequence	1
Tobacco Use	None
Exclude	Make sure that it is not selected

4. Click **Save and Close**.

Associating the Eligibility Profile with a Variable Rate Profile

Use default values for fields unless the steps specify other values.

1. In the Tasks panel drawer, click **Manage Benefits Rates** to open the Manage Benefits Rates page.
2. Select the **Variable Rates** tab.
3. Click **Create**.
4. In the **Eligibility Profile** field, select the eligibility profile you just created.
5. Complete other fields as appropriate for the rate.
6. Click **Save and Close**.

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Related Topics

- Creating a Variable Rate: Worked Example

- Derived Factors: Explained

Eligibility Profiles: Examples

The following examples show how to use eligibility profiles to determine which workers are eligible for a plan, compensation object, and checklist task.

In each case, you:

1. Create the eligibility profile using the Manage Eligibility Profiles task, which is available in several work areas, including Setup and Maintenance.
2. Associate the eligibility profile with the relevant object, such as a benefit plan.

Savings Plan Eligibility

A savings plan, such as a 401k plan, is restricted to full-time employees under 65 years of age. Create an eligibility profile to associate with your plan.

The following table provides the values for the eligibility profile definition.

Field	Value
Profile Usage	Benefits
Profile Type	Participant

Criteria Type	Name	Values	Select Exclude Check Box
Employment	Assignment Category	Full-Time	No
Derived Factor	Age	Select an age derived factor for the age band of 65 and older	Yes

Bonus Eligibility

You offer a bonus to all employees who received the highest possible performance rating in all rating categories. Create an eligibility profile to associate with your Bonus compensation object.

The following table provides the values for the eligibility profile definition.

Field	Value
Profile Usage	Compensation, or Global
Profile Type	Participant
Assignment to Use	Specific Assignment

The following table provides the values for the eligibility criteria for each rating category.

Criteria Type	Name	Values	Select Exclude Check Box
Employment	Performance Rating	Select the performance template and rating name, and then select the highest rating value	No

Checklist Task Eligibility

A new hire checklist contains tasks that don't apply to employees who work in India. Create an eligibility profile to associate with each checklist task that doesn't apply to workers in India.

The following table provides the values for the eligibility profile definition.

Field	Value
Profile Usage	Checklist
Profile Type	Participant

The following table provides the values for the eligibility criteria.

Criteria Type	Name	Values	Select Exclude Check Box
Employment	Work Location	India	Yes

Related Topics

- Derived Factors: Explained

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Configuring Grandfathered Benefits Eligibility

Configure grandfathered eligibility to enable already enrolled participants to retain eligibility for a benefit that they would otherwise not be able to elect. For example, continue a benefit for only those employees of an acquired company who were already enrolled on the acquisition date.

This figure shows using a benefit group as eligibility criteria for grandfathered participants.
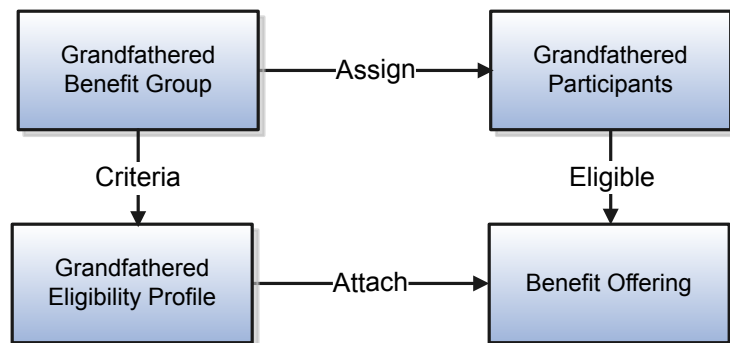
Creating and Assigning a Benefit Group

1. In the Plan Configuration work area Tasks panel drawer, click **Manage Benefit Groups** to open the Manage Benefits Group page.
2. Create a benefit group using a descriptive name, such as Grandfathered Eligibility with the name of the offering.
3. Use one of the following tasks to assign the benefit group to workers who qualify for the benefit:

Task	Work Area	Description
Manage Person Habits and Benefit Groups	Enrollment	Search for individuals and assign the benefit group
Manage Processes and Uploads	Evaluation and Reporting	Assign benefit groups using the Upload Person Benefit Groups integrated workbook

Creating and Using an Eligibility Profile

1. In the Plan Configuration work area, use the **Manage Eligibility Profiles** task to create an eligibility profile using these criteria:

Criteria Type	Criteria Name	Value
Other	Benefit Groups	Select the grandfathered benefit group that you created.

2. In the Plan Configuration work area, attach the eligibility profile to the benefit offering using these steps in the program or plan configuration guided process:

    a. After searching for the program or plan, select the appropriate offering in the hierarchy table on the Eligibility step of the guided process.

    b. In the Eligibility Profiles section, select the grandfathered eligibility profile that you created and set the **Required** value as appropriate.

Related Topics

- Managing Person Benefit Groups in the Integrated Workbook: Procedure

Managing Postal Code Ranges and Service Areas in the Integrated Workbook

You can define postal code ranges and service areas for use as eligibility criteria using a single integrated Microsoft Excel workbook. Then, upload them into the application database. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing postal code ranges and services areas using the workbook is:

1. Generate the workbook.
2. Edit postal code ranges and service areas in their respective worksheets.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Service Areas** to open the Manage Benefit Service Areas page.
2. In the Search Results section of either the Postal Code Ranges or Service Areas tab, click **Prepare in Workbook**.

Editing Postal Code Ranges and Service Areas in the Workbook

The worksheet columns in each section are the same as fields in the corresponding application dialog box, as shown in this table.

Worksheet Section	Dialog Box
Postal Code Ranges	Create Postal Code Ranges
Service Areas	Create Service Area

In the respective worksheet:

1. Create the postal code ranges.
2. Upload the postal ranges if you plan to add them to service areas.
3. Create the service areas and edit existing ones.

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4. Enter the postal code ranges that comprise the service area for each added service area.

    You can enter multiple postal code ranges for a single service area. To do so, name the service area in the first column of the Postal Code Ranges section for each postal code row.

    > ✎ **Note:** The postal code ranges must exist in the application database before you can enter them in the worksheet rows. Upload any new postal code ranges first, before you upload your service area edits.

Uploading Edits

After you complete your edits, click **Upload**.

The process:

- Uploads to the application tables only those rows marked as changed
- Updates the Worksheet Status field only if the server or database becomes inaccessible during upload

When you upload the service area worksheet with postal code ranges that weren't successfully uploaded, the data in the Service Area section might upload successfully. However, an error status indicates invalid postal code range for any rows in the Postal Code Ranges section with values not yet uploaded.

> ✎ **Note:** You can't edit postal code ranges in the worksheet if they uploaded successfully. To edit the postal code ranges after upload, use the Manage Postal Code Ranges and Service Areas page in the Plan Configuration work area.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

FAQs for Eligibility Profiles

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How can I restrict benefits enrollment opportunities based on provider location?

Create an eligibility profile with the Employment criteria type and Work Location criteria using the Manage Eligibility Profiles task in the Plan Configuration work area.

If the work location definition doesn't correspond to the provider location:

1. Define the provider's service area by listing the relevant postal codes using the Manage Benefit Service Area task.
2. Use that service area to define an eligibility profile that uses the Service Area criteria in the Personal criteria type.

Assign the eligibility profile to the benefits offering that you want to restrict.

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6 Life Events for Enrollment Opportunities

Overview

Use life events to determine when a participant can make or change benefits elections. A life event is a change to person data or a scheduled event that can potentially result in an enrollment opportunity. Some unrestricted events can provide virtually perpetual opportunity.

This topic introduces these aspects of benefits life events:

- Using life event types

- Creating and editing life events

- Associating scheduled and explicit events with enrollment

- Processing life events

- Reporting on life events

Using Life Event Types

The following table describes the four categories of life event types with examples.

Type Category	Description	Examples
Explicit	A person's personal or work change that affects benefits participation. You configure explicit life events and their triggers during implementation.	Address change Marriage Assignment transfer
Temporal	Temporal life events occur with the passage of time and are predefined based on derived factors. Attach eligibility criteria based on the derived factors to the benefits objects associated with the event.	Age 65 Sixth month of employment
Scheduled	Scheduled life events are assigned periods of enrollment opportunity initiated by the employer organization.	Open enrollment periods Administrative event due to adding a new benefit
Unrestricted	Unrestricted life events enable participants to make enrollment changes at any time.	Savings plan enrollment and contribution changes

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Creating and Editing Life Events

Life events are date effective. To avoid errors, check and adjust the session effective date before you create or update life events. Use the Manage Life Events task in the Plan Configuration work area to:

- Create explicit life events of type Work or Personal.

- Update existing and predefined life events.

You can configure these settings:

- Type. Select a type when you create a life event. You can't edit the type after you save the life event.

- General information, such as:

  - o Name, description and short identifiers

  - o Override and global indicators

- Additional information, such as:

  - o Occurred date

  - o Temporal detection rule

  - o Timeliness period evaluation

  - o Related person and self-assigned indicators

For explicit life events, configure the table and column changes that trigger the event:

- Create data changes in advance and add them as person or related person data changes.

- Create the data changes when you create or edit the life event.

Associating Scheduled and Explicit Events with Benefits Objects

You must associate scheduled and explicit life events with benefits objects and configure enrollment period, coverage, and other details. Use the Enrollment step of program or plan configuration.

Enrollment Setup Considerations

In the Enrollment step when you create or edit a benefits object, ensure that you:

- Check the session effective date before updating enrollment.

- Select the appropriate hierarchy level at the top of the enrollment step.

- Use the correct tab for the scheduled or explicit life event type.

- Select the event on the tab before configuring the enrollment period, coverages, and other details.

Processing Life Events

To determine enrollment opportunities, participation processing evaluates the life event against eligibility requirements and other configuration of the associated benefit object.

You can evaluate participation using:

- Batch processes in the Evaluation and Reporting work area
- Processing tasks for individual participants in the Enrollment work area
- Temporal processing options on the life event and in participation processing parameters

Reporting on Life Events

To view life events by status, use one of these resources:

- Participant Enrollment Results report in the Reports and Analytics work area. Click **More**.
- Configurable report on the Life Events tab in the Evaluation and Reporting work area. Search by specifying the event status and other report parameters.
- Use the Enrollment work area to view life events for individual participants.

Unrestricted Life Events: Explained

Use unrestricted life events for benefit enrollments that aren't dependent on time or data change. For example, use unrestricted event processing for savings plan enrollment, where participants can make contribution rate changes at any time.

This topic explains:

- Unrestricted event types
- Prerequisite benefits relationship configuration
- Unrestricted processing considerations
- Unrestricted processing during open enrollment period

Unrestricted Event Types

The following table describes predefined types of unrestricted life events:

Type	Description
Unrestricted	Unrestricted life events have a one day enrollment period and remain in the started status until the next unrestricted life event starts.
Unrestricted Open	You can configure the enrollment period start and end dates and when the elections become effective.

Prerequisite Benefits Relationship Configuration

To use unrestricted event processing, you must specify the default benefits relationship at the legal entity level. Use the **Configure Default Benefits Relationships** task in the Setup and Maintenance work area. If you configure the default benefits relationship for unrestricted processing, you must also configure it for life event processing.

Unrestricted Processing Considerations

Consider these points when planning to use unrestricted processing:

- Every attempt to alter the benefits enrollment:

    o Closes any previous unrestricted event

    o Starts a new unrestricted life event

    o Creates the effect of perpetual enrollment opportunity

- Processing an unrestricted life event with an effective date that is prior to existing unrestricted events backs out the later unrestricted events.

- Unrestricted processing does not affect other types of life events.

Unrestricted Processing During Open Enrollment Period

To enable enrollment in unrestricted plans during open enrollment, you must disable the regular unrestricted processing:

- Use the **Manage Self-Service Configuration** task in the Plan Configuration work area.

- Set unrestricted processing enablement to **Not during open enrollment**.

- Otherwise, the regular unrestricted processing backs out the unrestricted open enrollments.

Unrestricted programs and plans run on different business relationships than the life event driven programs and plans. This means that you can process an unrestricted life event on the same day that you process a regular life event.

Scheduled Life Events: Explained

Assign opportunity for elections to a defined population using predefined scheduled event types.

The following table describes the two predefined scheduled event types and provides examples.

Type	Description	Examples
Open enrollment	Scheduled period when enrollment is open to participants for reevaluation and election of benefits, typically on a recurring basis.	• Annual health and welfare benefits enrollment • Quarterly savings plan enrollment
Administrative	Assign opportunity for elections when the terms and conditions of an offering change significantly and participants must be allowed to reevaluate their elections.	• Renegotiation of contract rates • Addition of a new benefit

Type	Description	Examples
	Also helpful for initial data upload during implementation.	

Temporal Life Events: Explained

Six predefined temporal life event types detect data changes that occur with the passage of time, such as an age threshold or anniversary of hire.

Consider these aspects of temporal life event configuration:

- Temporal event types
- Detection rule configuration
- Related implementation steps

Temporal Event Types

Participation evaluation processing detects a life event when the related derived factor value crosses a threshold.

The predefined temporal life events are:

- Derived age
- Derived combination of age and length of service
- Derived compensation
- Derived hours worked in period
- Derived length of service
- Derived total percentage of full time

Detection Rule Configuration

When you create or edit a life event, you can select from among the options for the temporal detection rule shown in this table:

Detection Rule	Description
Do not detect past or future temporal events	Prevents temporal event detection while processing this life event. Use this rule with open, administrative, or explicit events, when you don't want to detect temporal events.
Do not detect past temporal events	Prevents the detection of past temporal events while processing this life event.
Never detect this temporal life event	Prevents the automatic detection of a predefined temporal event.

Related Implementation Steps

This table describes related implementation steps for the predefined temporal life event types, with the corresponding tasks in the Plan Configuration work area.

Setup Step	Task in the Plan Configuration work area
Define derived eligibility factors	Manage Derived Factors
Use derived factors in eligibility profiles	Manage Eligibility Profiles
Attach eligibility profiles to benefits offerings, variable rates, and variable coverages.	Manage Program and Plan Configuration Details: Eligibility step Manage Variable Rate Profiles Manage Variable Coverage Profiles

Configuring Data Changes for Explicit Life Events: Explained

Create explicit life events and configure the data changes that trigger them for the person or the participant's related persons. Use the Manage Life Events task in the Plan Configuration work area.

This topic discusses:

- Explicit life event types
- Person and related person changes
- Data change definitions
- Data change associations with other life events

Explicit Life Event Types

Explicit life events use the Personal or Work life event types. Work and personal data change criteria are similar to those that define eligibility profiles.

Person and Related Person Data Changes

This table describes the types of data changes that you can associate with an explicit life event:

Type of Data Change	Description
Person change	A change to a person's personal or work data that triggers a life event for that person
Related person change	A change to the primary participant's personal or work data that might generate a life event for a person related to the primary participant

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Type of Data Change	Description

Example: You define a termination life event and associate two data changes:

- Person change to end benefits coverage for a terminated employee
- Related person change to end coverage for the dependents of the primary participant upon termination of the participant

Data Change Definitions

When you configure a data change, you select the table and column, and then define the data change that signifies occurrence of a life event.

Data column changes can include:

- A change from no value to any value
- Any change from any value to any other value
- Specific values, such as a marital status change from Married to Divorced

You can use a formula to define more complex conditions for detecting a life event.

Data Change Associations with Life Events

When associating data changes you can:

- Link multiple data changes to a single life event
- Link a single data change to more than one life event

The following table describes the processing when you associate multiple data changes with an event:

Configuration	Processing
Changes to more than one table	Detects a life event when a data change in one of the tables meets the person change criteria.
Multiple changes to the same table	Detects a life event if the person satisfies all person change criteria associated with the table.

Creating Life Events in Quick Create Program: Explained

To make new enrollment life events available to associate with the quick create program, click **Create Life Events** in the Enrollment section of the Quick Create Program page. Attach enrollment life events to a program to trigger program enrollment opportunities when those life events occur.

You can:

- Create one user-defined life event at a time.
- Select one or more predefined life event configurations.

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Creating User-Defined Life Events

In the User Defined Life Event section of the Create Life Event dialog box:

- Enter the life event name.

- Select the type.

You must use the Manage Benefit Life Events task to either:

- Associate user-defined events to already existing person or related person data changes.

- Create person or related person data changes and link the data changes to the life event.

Selecting Available Life Event Configurations

Each check box in the Available Life Event Configurations section of the Create Life Event dialog box represents a commonly used life event configuration.

Each predefined life event configuration contains:

- Triggering mechanism setup

- Ties to the tables and columns required to automatically generate that life event when corresponding personal or work data changes

You can optionally select one or more of these life events to make them available for attachment to a program.

- Selected life events appear in the enrollment life event available list with the name displayed on the check box label.

- Disabled life events are already activated in this implementation.

- A uniqueness check prevents you from creating life events that rely on an existing set of table and column designations for triggering an event. Each set of life event triggers must be unique across the same implementation.

Related Topics

- Quick Create Plan: Explained

FAQs for Life Events for Enrollment Opportunities

How can I enable participants to report life events on the self-service pages?

Select the **Self-assigned** check box on the create or edit life event pages in the Plan Configuration work area.

When you select the **Self-assigned** check box, the **Self Service Grouping** list appears. Use this list to display the life event in a predefined category on the self-service pages.

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7 Collapsing Life Events to Filter Enrollment Opportunities

Collapsing Life Events: Explained

Multiple life events might occur within a specified number of days. Use collapsing rules to collapse them into one event for processing. Normally, you can process only one life event for a person on a given day within the same benefits relationship. This topic explains:

- When you typically use collapsing rules for life events
- Where you can process collapsing rules to collapse life events
- How these rules work with benefits relationships

Create collapsing rules in the Collapsing Rules tab of the Manage Life Events page in the Plan Configuration work area. You can include a maximum of 10 life events in a collapsing rule.

Example of Collapsing Rules

Define a collapsing rule to determine the winning life event out of a combination of life events.

Scenario: When an HR specialist enters information for a newly hired employee, multiple life events might occur, such as New Hire, Marriage, and Gain Dependent.

You can:

- Define a collapsing rule to collapse all those events into a resulting event called New Hire.
- Process that event for enrollment opportunities.

If you don't use a collapsing rule, you must manually void or delete all other events before you process the New Hire event. Alternatively, you can configure the New Hire event to override other events if two or more are detected on the same day. Use the Override check box when you create or edit the life event on the Manage Life Events page.

Life Event Collapsing Rule Processing

The following table lists and describes locations for processing collapsing rules:

Work Area and Task	Description
Evaluation and Reporting work area: Collapse Life Events batch process	The Collapse Life Events batch process: • Applies the collapsing rules on detected potential life events for multiple participants. • Collapses the life events to the winning event. • Doesn't evaluate the winning event for enrollment opportunities.
Evaluation and Reporting work area: Any participation evaluation batch process	By default, participation evaluation processing: • Automatically runs the Collapse Life Events process, which collapses events to one winning life event using the rules that you defined.

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Work Area and Task	Description
Enrollment work area of a person: Process Life Event task	• Evaluates that winning life event for enrollment opportunities.
Enrollment work area of a person: Person Life Events task	Use the Collapse Life Events action in the Potential Life Events tab. Collapsing events for a person: • Collapses life events to the winning event according to the rules that you defined. • Doesn't evaluate the winning event for enrollment opportunities.

Benefits Relationships and Collapsing Life Events

The Collapse Life Events process doesn't collapse life events that occur across benefits relationships. Even if you set up events globally, the process collapses events within a single benefits relationship of a person at any point in time.

Collapsing Rules and Timeliness Days

If you configured life events with a timeliness rule, participation evaluation processing evaluates the timeliness rule before the collapsing rule.

Collapsed Life Event Occurred Date: Points to Consider

You must select a date to assign as the occurred date of the winning life event of a collapsing rule. Select a date rule from the Life Event Occurred Date list.

You create collapsing rules using the Manage Life Events task in the Plan Configuration work area.

Effective Date of the Batch Process Run

This rule sets the occurred date of the resulting life event to the effective date on which you run the Collapse Life Events process.

Example:

1. New Hire life event occurred on November 1, 2015
2. Grade Change life event occurred on November 3, 2015
3. You run the Collapsing Life Events process on November 5, 2015.
4. The process collapses these events to a New Hire life event according to the collapsing rule logic that you defined.
5. The collapsing rule sets the occurred date of the New Hire life event to November 5, 2015.

Earliest Life Event Occurred Date

Use this rule to set the occurred date of the resulting life event to the earliest occurred date of the evaluated life events.

In the previous example, if you used this rule, the process sets the occurred date of the New Hire event to November 1, 2015.

Latest Life Event Occurred Date

The collapsing process sets the occurred date of the resulting life event to the latest occurred date of the evaluated life events.

In the previous example, if you used this rule, the process sets the occurred date of the New Hire event to November 3, 2015.

Earliest Life Event Date or Resulting Event Date

If the resulting event is among the collapsing events in the rule, the collapsing process uses the same event date as the occurred date. Otherwise, the process sets the resulting event occurred date to the earliest date of the evaluated events.

Example:

1. Grade Change life event occurred on November 1, 2015
2. Address Change life event occurred on November 3, 2015
3. The Collapsing Life Events process collapses these events to a resulting life event according to the collapsing rule logic that you defined.

This table shows how the rule sets the occurred date depending on the resulting life event.

Resulting Life Event	Occurred Date
Address Change	November 3, 2015 The Address Change event, which is the resulting event, is one of the events that you selected in the collapsing rule. Therefore the occurred date of that event applies.
Location Change (new life event)	November 1, 2015. The Location Change event is not in the collapsing rule event list. Therefore, the occurred date of the earliest event, which is the Grade Change event in this case, applies.

Latest Life Event Date or Resulting Event Date

If the resulting event is among the collapsing events in the rule, the collapsing process uses the same event date as the occurred date. Otherwise, the process sets the resulting event occurred date to the latest date of the evaluated events.

In the previous example, if you used this rule, the following table shows the occurred date depending on the resulting event.

Resulting Life Event	Occurred Date
Address Change	November 3, 2015
Location Change (new life event)	November 3, 2015.

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Formula

If you want to consider other employment information to determine the event occurred date, create a formula using the Life Event Occurred Date formula type.

For example, create a formula if you want to determine the life event occurred date depending on the location of the worker.

Proximity Days: Explained

In a collapsing rule, you specify the number of days within which, if the selected events occur, the process must apply the collapsing rule. There's no limit to the number of days that you can specify for the tolerance.

You set proximity day values to collapsing rules using the Collapsing Rules tab of the Manage Life Events task in the Plan Configuration work area.

Examples of Proximity Days Usage

Example 1: If the Rehire event and the Transfer event occur within five days apart, you want the events to collapse to an appropriate event. In this example, you enter 5 in the Proximity Days field.

Example 2: If the Marriage event and Gain Dependent event occur on the same day, you want to collapse the events to an appropriate event. In this example, you enter 0 in the Proximity Days field.

Collapsing Life Event Rules Formula Types

Use formulas in collapsing life event rules if you want to define rules other than the predefined ones on the Create Collapsing Rule page. This topic lists the contexts, database items, inputs, and outputs for these formulas.

The following table shows which collapsing rule aspects on the Create Collapsing Rule page enable use of formulas:

Collapsing Rule Aspect	Formula Type to Use
Configuration Approach	Collapse Configuration
Life Event Occurred Date	Life Event Occurred Date
Handling of Losing Events	Handling of Non-Winning Events

Contexts

The following contexts are available to all the formula types:

- LC_DATE_FROM: Date from when database items are available
- LC_DATE_TO: Date until when database items are available
- BUSINESS_GROUP_ID

- ASSIGNMENT_ID
- EFFECTIVE_DATE
- BENEFIT_RELATION_ID

Database Items

Columns from BEN_PTNL_LER_FOR_PER and BEN_LER_F are available to all the formula types. These columns are related to the person's potential life events.

Input Variables

You don't need to define any input variables for any of the formula types.

Return Values

The following table describes the return variables that are available for each formula type:

Formula Type	Return Variables
Collapse Configuration	- WINNING_LER_ID: Winning life event. - VOID_PTNL_ID1: Losing life event. For multiple losing life events, use another variable of the same name, but with a different ID value. Example: VOID_PTNL_ID2, VOID_PTNL_ID3.
Life Event Occurred Date	LIFE_ EVENT_ OCCURRED_DATE: Occurred date of the winning life event.
Handling of Non-Winning Events	ACTION_TO_TAKE: Contains one of these values: - VOID - DELETE

Sample Formula

This sample formula collapses the Marriage event and Address Change event to a new Location Change event if the events occur 10 days apart. The sample formula applies the collapsing logic only to workers in California.

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'Default'
DEFAULT_DATA_VALUE for BEN_PPL_PTNL_LER_FOR_PER_ID_NN is 0
DEFAULT_DATA_VALUE for BEN_PPL_LER_ID_NN is 0
DEFAULT for PER_ASG_ADD_COUNTRY is 'U'
DEFAULT for PER_ASG_ADD_REGION2 IS 'C'

i=1
WINNING_LER_ID = 0
VOID_PTNL_ID1 = 0
VOID_PTNL_ID2 = 0

L_PER_PER_ADD_COUNTRY = PER_ASG_ADD_COUNTRY
L_PER_PER_ADD_REGION2 = PER_ASG_ADD_REGION2

if(L_PER_PER_ADD_COUNTRY = 'US' AND L_PER_PER_ADD_REGION2='CA') then (
 WHILE BEN_PPL_LER_NAME_TN.exists(i) loop (
 if(BEN_PPL_LER_NAME_TN[i] = 'Marriage') then (
 VOID_PTNL_ID1 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
 )
 if(BEN_PPL_LER_NAME_TN[i] = 'Address Change') then (
 VOID_PTNL_ID2 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
```

```
)
i=i+1
)
if(VOID_PTNL_ID1 != 0 AND VOID_PTNL_ID2 != 0) then (
WINNING_LER_ID = 316
return WINNING_LER_ID,VOID_PTNL_ID1,VOID_PTNL_ID2
)
)
return VOID_PTNL_ID1,VOID_PTNL_ID2
```

This sample formula checks if the occurred date for a life event is later than January 1, 1999. If the condition is true, then the formula returns that date as the life event occurred date to assign to the winning event.

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'My-Default'
DEFAULT_DATA_VALUE for BEN_PPL_LF_EVT_OCRD_DT_DN is '1999/01/01 12:00:00'(date)
i=1
LIFE_EVENT_OCCURRED_DATE = to_date('1999-01-01','yyyy-mm-dd')
while BEN_PPL_LER_NAME_TN.exists(i) loop (
if(BEN_PPL_LF_EVT_OCRD_DT_DN[i] > LIFE_EVENT_OCCURRED_DATE) then
 LIFE_EVENT_OCCURRED_DATE = BEN_PPL_LF_EVT_OCRD_DT_DN[i]
i=i+1
)
return LIFE_EVENT_OCCURRED_DATE
```

This sample formula returns the value that was assigned to the ACTION_TO_TAKE variable for handling losing events.

```
ACTION_TO_TAKE = 'VOID'
return ACTION_TO_TAKE
```

Life Event Collapsing Rules Using Formulas: Example

The example in this topic shows collapsing life event rules that use formulas to collapse life events.

In the Plan Configuration work area, you create:

- Formulas using the Manage Fast Formulas task
- Collapsing rules using the Collapsing Rules tab of the Manage Life Events task

Using Formulas to Create Collapsing Rules

If a Marriage event and Address Change event occur within 10 days apart, you want to collapse the events to a new Location Change event. The rule must apply only to workers in California. For workers located in the rest of the United States, these events can occur within a space of 30 days.

To achieve this scenario:

1. Create two formulas of the Collapsing Rule formula type using the Manage Fast Formulas task:

   o The first formula should contain the logic to collapse the Marriage and Address Change events to the Location Change event. The events should collapse only if the employee is located in California, as shown in the following formula text:

   ```
   DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'Default'
   DEFAULT_DATA_VALUE for BEN_PPL_PTNL_LER_FOR_PER_ID_NN is 0
   ```

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_ID_NN is 0
DEFAULT for PER_ASG_ADD_COUNTRY is 'U'
DEFAULT for PER_ASG_ADD_REGION2 IS 'C'

i=1
WINNING_LER_ID = 0
VOID_PTNL_ID1 = 0
VOID_PTNL_ID2 = 0

L_PER_PER_ADD_COUNTRY = PER_ASG_ADD_COUNTRY
L_PER_PER_ADD_REGION2 = PER_ASG_ADD_REGION2

if(L_PER_PER_ADD_COUNTRY = 'US' AND L_PER_PER_ADD_REGION2='CA') then (
 WHILE BEN_PPL_LER_NAME_TN.exists(i) loop (
 if(BEN_PPL_LER_NAME_TN[i] = 'Marriage') then (
 VOID_PTNL_ID1 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
 )
 if(BEN_PPL_LER_NAME_TN[i] = 'Address Change') then (
 VOID_PTNL_ID2 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
 )
 i=i+1
 )
 if(VOID_PTNL_ID1 != 0 AND VOID_PTNL_ID2 != 0) then (
 WINNING_LER_ID = 316
 return WINNING_LER_ID,VOID_PTNL_ID1,VOID_PTNL_ID2
 )
)
return VOID_PTNL_ID1,VOID_PTNL_ID2
```

Note: In the formula text, 316 is the ID of the Location Change life event. Replace the ID with an appropriate one that applies for your implementation.

o The second formula should contain the logic to collapse the events if the worker is located anywhere in the US:

```
DEFAULT_DATA_VALUE for BEN_PPL_LER_NAME_TN is 'Default'
DEFAULT_DATA_VALUE for BEN_PPL_PTNL_LER_FOR_PER_ID_NN is 0
DEFAULT_DATA_VALUE for BEN_PPL_LER_ID_NN is 0
DEFAULT for PER_ASG_ADD_COUNTRY is 'U'
DEFAULT for PER_ASG_ADD_REGION2 IS 'C'
i=1

WINNING_LER_ID = 0
VOID_PTNL_ID1 = 0
VOID_PTNL_ID2 = 0

L_PER_PER_ADD_COUNTRY = PER_ASG_ADD_COUNTRY
L_PER_PER_ADD_REGION2 = PER_ASG_ADD_REGION2

WHILE BEN_PPL_LER_NAME_TN.exists(i) loop (
 if(BEN_PPL_LER_NAME_TN[i] = Marriage') then (
 VOID_PTNL_ID1 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
 )
 if(BEN_PPL_LER_NAME_TN[i] = 'Address Change') then (
 VOID_PTNL_ID2 = BEN_PPL_PTNL_LER_FOR_PER_ID_NN[i]
 )
 i=i+1
 )

if(VOID_PTNL_ID1 != 0 AND VOID_PTNL_ID2 != 0) then (
 WINNING_LER_ID = 316
 return WINNING_LER_ID,VOID_PTNL_ID1,VOID_PTNL_ID2
 )
```

```
return VOID_PTNL_ID1,VOID_PTNL_ID2
```

2. Create two collapsing rules using the Create Collapsing Rule page:

   o Assign a lower sequence number to the first collapsing rule and associate with it the formula that collapses events for workers located in California. The following table shows the configuration:

Field	Value
Sequence	1
Configuration approach	Use formula for rule logic
Proximity days	10
Collapsing Formula	California Workers Collapsing Rule
Life Event Occurred Date	Effective date of the batch process run

   o Assign a higher sequence number to the second collapsing rule. Associate with this rule the formula that collapses events for workers located in the rest of the US. The following table shows the configuration:

Field	Value
Sequence	2
Configuration approach	Use formula for rule logic
Proximity days	30
Collapsing Formula	Rest of US Workers Collapsing Rule
Life Event Occurred Date	Effective date of the batch process run

You assign a lower sequence number to the rule that processes the California workers because you want the process to evaluate that rule first. The California workers rule is more restrictive than the rule that processes workers who reside elsewhere in the US. It is good practice to assign a higher sequence number to more restrictive rules for faster process performance.

Collapsing Rules and Timeliness Evaluation Rules: Example

If you configured life events with a timeliness rule, participation evaluation processing evaluates the timeliness rule before the collapsing rule. This topic uses a sample configuration of a collapsing rule and a timeliness rule to explain how the participation evaluation process evaluates such events.

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Collapsing Rule Events and Timeliness Evaluation Rule Event

You configured the following:

- Collapsing rule that collapses the Transfer and Location Change events to a resultant Location Change event if they occur within five days apart. You configured the occurred date of the resultant event to the date of the earliest life event

- Timeliness evaluation rule for the Marriage event. You want to set the event status to Manual if it occurs outside 90 days from the process run date

The following table uses different scenarios to show how participation evaluation processing evaluates life events.

Scenario	Events
Life event that was configured with a timeliness rule occurs before the collapsing rule life event combination	1. A benefits administrator enters a Marriage event on May 1, 2015. The life event originally occurred on January 1, 2015. 2. The Transfer event occurs on January 10, 2015. 3. The Location Change event occurs on January 12, 2015. 4. The participation evaluation process runs on May 5, 2015. The process does not evaluate the Marriage event or collapse any events. This is because: o The Marriage event has occurred before the Transfer and Location Change events. o The process doesn't evaluate other events that occur later than the Marriage event until you decide what action to take for that event.
Life event that was configured with a timeliness rule occurs after the collapsing rule life event combination	1. The Transfer event occurs on January 1, 2015. 2. The Location Change event occurs on January 3, 2015. 3. A benefits administrator enters a Marriage event on May 1, 2015. The life event originally occurred on January 10, 2015. 4. The participation evaluation process runs on May 5, 2015. The process: o Sets the status of the Marriage event to Manual according to the timeliness rule. o Voids the Transfer event according to the collapsing rule. o Processes the Location Change event.

Collapsing Life Event Rule Using AND Operator: Examples

The example in this topic shows you a sample configuration of a collapsing rule that uses the AND operator. The example also shows how that rule evaluates corresponding potential life events during processing.

You create collapsing rules using the Manage Life Events task in the Plan Configuration work area.

Life Event Combination Using the AND Operator

If the following events occur on the same day, you want to collapse them to the Gain Dependent event.

- Marriage

- Gain Dependent

You provide the following key information to create the collapsing rule on the Create Collapsing Rule page:

Field	Value
Selected Life Events	Select these values: • Marriage • Gain Dependent
Operator	AND
Resulting Event Name	Gain Dependent
Life Event Occurred Date	Earliest Life Event Occurred Date
Proximity Days	0
Handling of Losing Events	Void any matching life events

The following table uses different scenarios to show how participation evaluation processing evaluates the collapsing rule.

Scenario	Process Action
Scenario: • Marriage event occurs on August 1, 2015 • Gain Dependent event occurs on August 1, 2015	The process: • Voids the Marriage event • Evaluates the Gain Dependent event and assigns its occurred date to August 1, 2015.
Scenario: • Marriage event occurs on August 1, 2015 • Gain Dependent event occurs on August 5, 2015	The collapsing rule doesn't apply in this scenario as both the events don't occur on the same day. The process evaluates the Marriage event. The Gain Dependent event continues to be in Detected status.
Scenario: • Marriage event occurs on August 1 • Gain Dependent event doesn't occur	The collapsing rule doesn't apply in this scenario as one of the events doesn't occur. The process evaluates the Marriage event.

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Collapsing Life Event Rule Using OR Operator: Examples

The example in this topic shows you a sample configuration of a collapsing rule that uses the OR operator. The example also shows how that rule evaluates corresponding potential life events during processing.

You create collapsing rules using the Manage Life Events task in the Plan Configuration work area.

Life Event Combination Using the OR Operator

Consider this scenario:

- When an HR specialist enters information for a newly hired employee, multiple life events might occur, such as New Hire, Marriage, and Gain Dependent.

- If these events occur within 10 days apart, you want to collapse the events to the New Hire event and void the other events.

- You want to use the earliest life event date as the occurred date of the resulting event.

You provide the following key information to create the collapsing rule on the Create Collapsing Rule page:

Field	Value
Selected Life Events	Select these values: • New Hire • Marriage • Gain Dependent
Operator	OR
Resulting Event Name	New Hire
Life Event Occurred Date	Earliest Life Event Occurred Date
Proximity Days	10
Handling of Losing Events	Void any matching life events

The following table uses different scenarios to show how participation evaluation processing evaluates the collapsing rule.

Scenario	Process Action
Scenario: 1. New Hire event occurs on September 13, 2015	The process: 1. Voids the Marriage event and the Gain Dependent event 2. Sets the occurred date of the New Hire event to September 13, 2015

Scenario	Process Action
2. Marriage event occurs on September 16, 2015 3. Gain Dependent event occurs on September 18, 2015 4. Participation evaluation process runs on September 19, 2015	3. Processes the New Hire event

Scenario:

1. New Hire event occurs on September 13, 2015
2. Gain Dependent event occurs on September 25, 2015
3. Marriage Event occurs on September 29, 2015
4. Participation evaluation process runs on September 30, 2015

The process:

1. Sets the occurred date of the New Hire life event to September 13, 2015
2. Processes the New Hire event

The collapsing rule doesn't process the following events because they didn't occur within 10 proximity days of the earliest event:

- Gain Dependent event
- Marriage event

These events continue to be in the Detected status.

Scenario:

1. New Hire event occurs on September 13, 2015
2. Participation evaluation process runs on September 14, 2015
3. Gain Dependent event occurs on September 16, 2015
4. Marriage event occurs on September 19, 2015
5. Participation evaluation process runs on September 20, 2015

The process when run on September 14, 2015:

1. Sets the occurred date of the New Hire event to September 13, 2015
2. Processes the New Hire event

The process when run on September 20, 2015:

1. Voids the Marriage event and the Gain Dependent event
2. Creates the New Hire event and assigns its occurred date to September 16, 2015

Sequential Life Event Collapsing: Examples

The example in this topic shows a sample configuration of two collapsing rules that process sequentially. The example also shows how these rules evaluate corresponding potential life events during processing.

You create collapsing rules using the Collapsing Rules tab of the Manage Life Events task in the Plan Configuration work area.

Using the Create Collapsing Rule page to Create Sequential Rules

When a Location Change event occurs, you want to delete other events that might occur on the same day, such as birthdays and employment anniversaries. You don't want to track these events as they don't provide enrollment opportunities according to your plan configuration.

To achieve this scenario:

1. Create three collapsing rules using the AND operator.

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2. Use unique sequence numbers for each rule.
3. Include in each rule the winning event and a losing life event, such as the Birthday event.

The following table shows the configuration of the first rule:

Field	Value
Sequence	1
Selected Life Events	Select these values: • Location Change • Birthday
Operator	AND
Resulting Event Name	Location Change
Life Event Occurred Date	Earliest Life Event Occurred Date
Proximity Days	0
Handling of Losing Events	Delete any matching life events

For the second and third rule, follow the same configuration as the first rule. However, ensure that you enter a different sequence number and losing life event for each rule, as shown in this table:

Configuration for Rule 2	Configuration for Rule 3
Sequence: 2	Sequence: 3
Select these life events: • Location Change • 5 Year Anniversary	Select these life events: • Location Change • 10 Year Anniversary

The following table uses different scenarios to show how participation evaluation processing evaluates the collapsing rule.

Scenario	Process Action
Consider this scenario: 1. Location Change event occurs on August 1, 2015 2. Birthday event occurs on the same day 3. 5-Year Anniversary event occurs on the same day	The process: 1. Applies the first rule, which voids the Birthday event and collapses to the resulting Location Change event 2. Applies the second rule, which voids the 5-Year Anniversary event and collapses to the resulting Location Change event 3. Doesn't consider the third rule as the 10-Year Anniversary event doesn't occur 4. Processes the Location Change event

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Scenario	Process Action
Consider this scenario: 1. Location Change event occurs on August 1, 2015 2. 10-Year Anniversary event occurs on the same day	The process: 1. Doesn't consider the first collapsing rule in the sequence as the Birthday event doesn't occur 2. Doesn't consider the second collapsing rule as the anniversary event doesn't occur. 3. Applies the third rule, which voids the 10-Year Anniversary event and collapses to the resulting Location Change event. 4. Processes the Location Change event.

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8 Benefits Object Hierarchy for Creating Offerings

Overview

You assemble benefit programs, plan types, plans, and options to create benefit offerings.
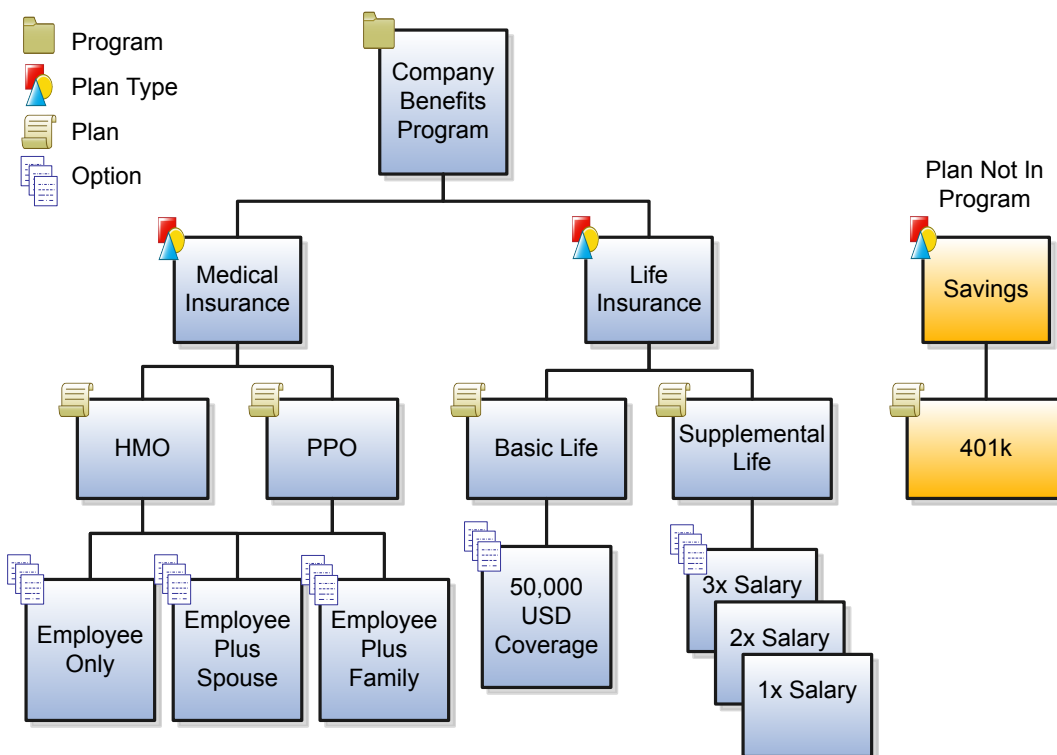
Program

A package of related benefits. The program level is the top level in its benefits object hierarchy and sets general boundaries that all descendent objects inherit.

Plan Type

A category, such as medical or dental insurance, that you use to group and maintain related benefit plans. The plan type level is subordinate to the program level in the benefits object hierarchy unless the plan type isn't associated with a program. Unassociated plan types form the top level of the hierarchy.

Plan

A specific offering within a plan type that is associated with a program. The plan level is subordinate to the plan type level in the benefits object hierarchy.

Plan Not In Program

A specific offering within a plan type that isn't associated with a program. The plan level is subordinate to the plan type level, which is the top level of this benefits object hierarchy.

Option

An electable choice within a plan or plan type, such as coverage for an employee or employee plus spouse. You can associate an option with one or more plans and plan types. The option level is the lowest level in the benefits object hierarchy.

Hierarchy Objects: How They Work Together

Use one or more benefit object hierarchies to organize your benefits offerings and take advantage of inheritance for easier setup and maintenance. Hierarchies contain from two to four levels.

While determining trade-offs such as processing time versus ongoing maintenance effort, consider whether to control characteristics, such as eligibility requirements, costs, and coverage limits, at a:

- General level
- Detailed level
- Combination of general and detailed levels

Descendant objects inherit higher-level characteristics unless you override the characteristics with more specific rules at a lower level in the hierarchy.

The icons shown in the following two figures also appear next to benefits objects on various benefits pages. The icons identify the benefits object function: program, plan type, plan, or option.

Full, Four-Level Benefits Object Hierarchy

This figure shows a benefits object hierarchy for a health insurance benefits offering that is populated at all four available levels: program, plan type, plan, and option.
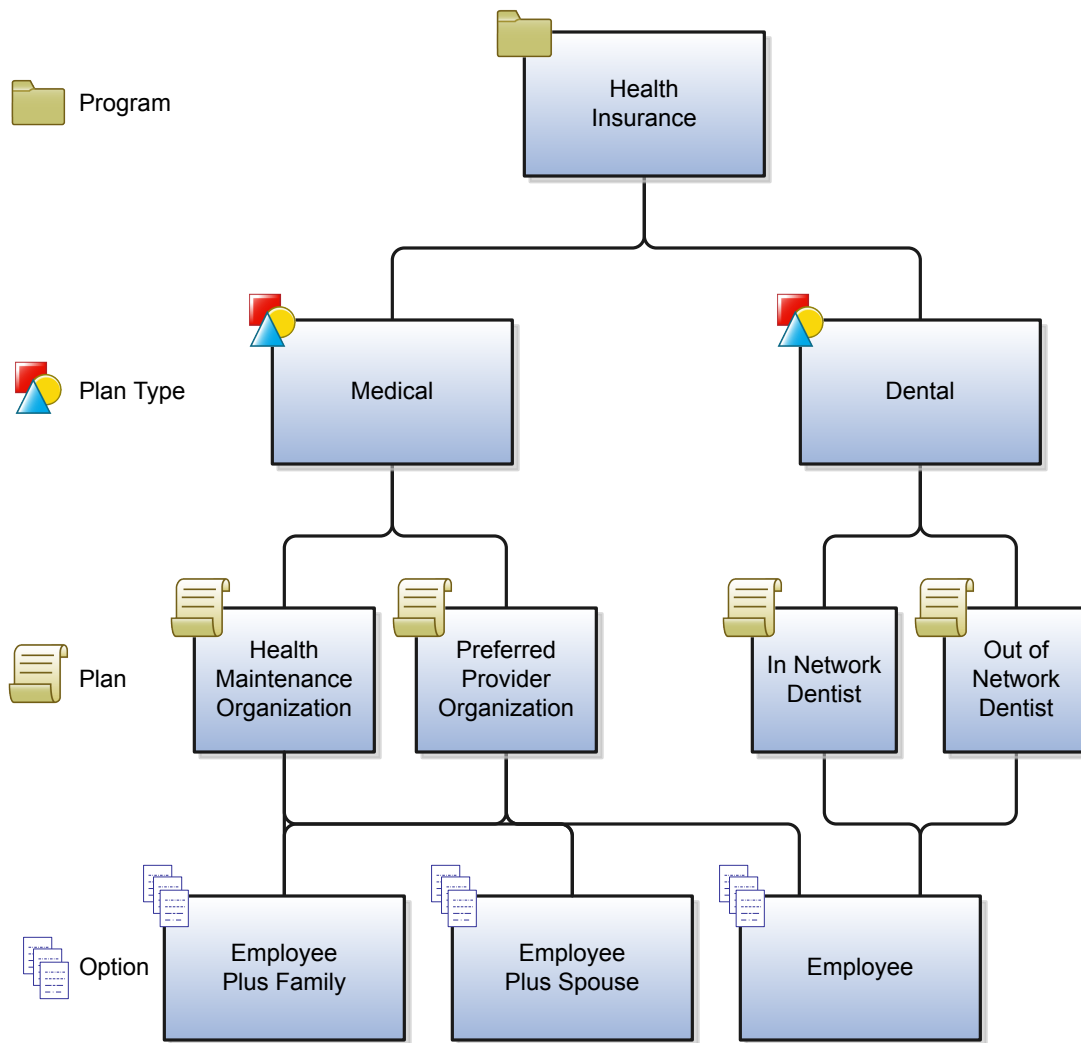
The health insurance program comprises two plan types: medical and dental. Each plan type comprises two unique plans. The fourth level comprises enrollment options, which you can reuse. For example:

- Both of the medical plans include the Employee Plus Spouse option.

- All of the medical and dental plans include the Employee option.

At the fourth level are options to enroll the employee plus family, employee plus spouse, or employee only. Once defined, options can be reused. For example, the Employee Plus Spouse option:

- Is associated with both the health maintenance organization and the preferred provider organization medical plans

- Isn't associated with either dental plan

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The Employee option is associated with all plans in this hierarchy.

Benefits Object Hierarchy with Plan Type as Top Level

This figure shows a benefits object hierarchy with either two or three levels.
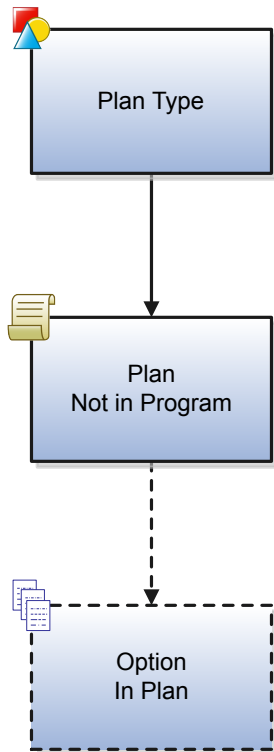
When you identify a benefits offering, such a savings plan, as a plan not in program, the plan type comprises the top level of the hierarchy. When plans and plans not in program do not include options, the plan or plan not in program comprises the lowest level of the hierarchy.

Plans in Program Vs. Not in Program: Critical Choices

When you define a benefits plan in the Plan Configuration work area, you don't have to place it in a program. However, there are advantages to associating a plan with a program.

Plans in Program

In general, associate a plan with a program when:

- Participants typically enroll in the plan at the same time that they enroll in other plans in the program.

- Participation eligibility requirements defined for the program also apply to the plan.

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Plans Not in Program

Plans not in a program enable participants to enroll and disenroll multiple times throughout the year.

Example: A retirement savings plan not in program that allows unlimited, unrestricted enrollment changes

In general, do not associate a plan with a program when:

- Participants typically enroll in the plan at a different time than other plans in the program.
- Participation eligibility requirements defined for the program differ substantially from those defined for the plan.
- Benefits that the plan provides differ substantially from the benefits provided by other plans in the program.

Benefits Prerequisite Setup Components: How They Work with Other Benefits Objects

You typically set up several prerequisite or optional components that you add or associate with plans or programs during implementation and maintenance. You can create these components or edit existing components at any time in the Setup and Maintenance and Plan Configuration work areas.

This figure shows a typical component setup sequence and component relationships in the plan or program configuration.
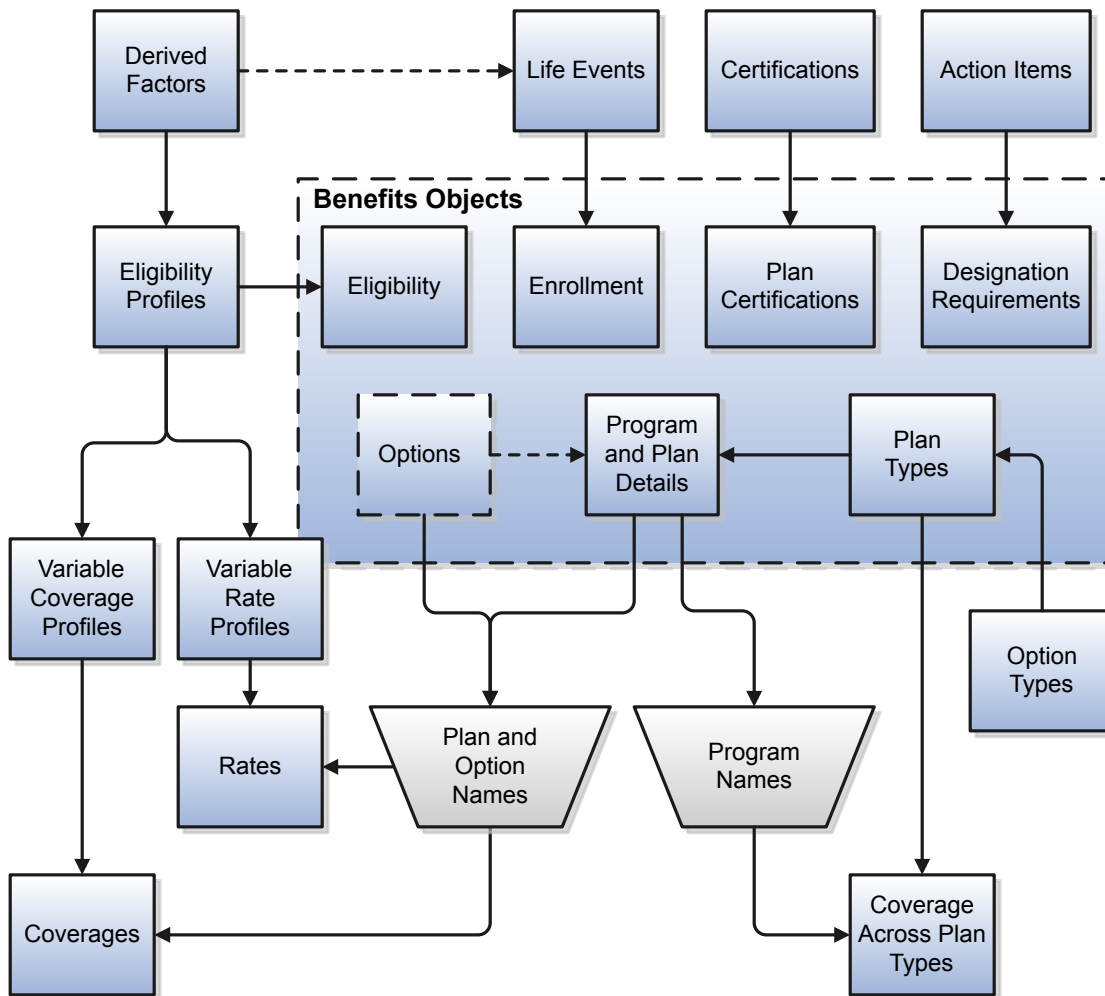
Because you use some components while defining other components, set up preliminary components first as illustrated in this list:

1. Enrollment action items
2. Derived factors
3. Life events
4. Eligibility profiles
5. Variable rate profiles and variable coverage profiles
6. Standard rates and coverages
7. Variable rates and coverages

Enrollment Action Items

Use the Configure Enrollment Action Items task to edit the text for any of the nineteen delivered enrollment action items, as required. You can't create additional enrollment action items.

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Configure enrollment action items when you define program and plan certification and designation requirements using these tasks:

- Manage Benefit Program Details
- Manage Benefit Plan Details

Derived Factors

You can use:

- Any of the available derived factors as decision criteria in participant eligibility profiles
- The Age derived factor in dependent eligibility profiles

Create and edit derived factors using the Manage Derived Factors task.

Life Events

Use the Manage Benefit Life Events task to define life events that you can use for multiple purposes, as identified and described in the following table.

Purpose	Description
Enrollment requirements	You can link qualifying life event definitions to the enrollment requirements for a benefits object.
	Subsequent occurrence of a life event causes participation evaluation processing to consider the person's eligibility for that object.
Enrollment coverage	You can vary the amount of coverage available for a plan based on a life event. Define the standard coverage amount for the plan or option in plan and the coverage level available for those participants who experience the life event.
	You can also restrict coverage level changes for enrolled participants.

💡 **Tip:** You can set up life events based on derived factors.

Eligibility Profiles

Administer policies regarding who can participate in benefits offerings by attaching participant and dependent eligibility profiles at the appropriate level of the benefits object hierarchy. Create and edit eligibility profiles using the Manage Eligibility Profiles task.

- You must associate one eligibility profile with each variable rate profile and variable coverage profile.
- You can associate multiple eligibility profiles with most objects.

You can associate dependent eligibility profiles with only plan types and plans in program. You can associate only one eligibility profile with each variable rate profile and variable coverage profile.

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Variable Rate Profiles and Variable Coverage Profiles

You can associate one or more variable rate profiles and variable coverage profiles with standard rates and coverage, respectively. Use the tasks described in the following table.

Task	Description
Manage Benefit Plan Coverage	Create and edit variable coverage profiles and associate them with standard coverage.
Manage Benefit Rates	Create and edit variable rate profiles and associate them with standard rates.

Standard Rates and Coverage

You attach standard rates to a benefits object to specify the monetary contributions and distributions that the employee and employer make.

- When a participant enrolls in a plan, participation evaluation processing enters the calculated result on a payroll element for the employee.
- Informational rates, which you typically use for additional reporting, do not use payroll elements.

Create and edit:

- Standard rates using the Manage Benefit Rates task
- Coverage using the Manage Benefit Plan Coverage task

Variable Rates and Coverage

Associate variable:

- Rate profiles with standard rates to create variable rates
- Coverage profiles with standard coverage to create variable coverage

Related Topics

- Derived Factors: Explained

- Eligibility Profiles: Examples

- Benefits Life Events: Overview

- Variable Rates: Points to Consider

Configuring Eligibility Criteria at General Vs. Detailed Hierarchy Levels: Example

Setup effort and operating performance vary depending on where you define eligibility requirements within the benefits object hierarchy. This example illustrates best practices.

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You can use the eligibility pages in the Setup and Maintenance and Plan Configuration work areas to define eligibility requirements at:

- Three levels when configuring programs: program, plan type in program, and plan in program

- Two levels when configuring plans: plan not in program and option in plan

The following figure shows the eligibility determination hierarchy with components organized from top to bottom, general to detail.

When evaluating eligibility requirements, detail-level requirements augment general-level requirements, rather than overriding them. Therefore, you associate successively restrictive requirements as you move down the hierarchy.

Wellness Program Example Scenario

Your organization is creating a wellness program that is for current and retired employees only. The program hierarchy includes the following configuration:

- Two plan types: medical and recreational.

- Two plans within the recreational plan type:

  ○ A headquarters plan that provides access to an on campus recreation facility.

  ○ A field plan that includes options for three national franchises. One franchise restricts membership to the female workers.

You want to set up eligibility to achieve the following results:

- Only retired and current workers can participate in the Wellness program.

- All retired and current workers who live near headquarters can use the on-campus fitness facilities.

- All retired workers and any current workers who don't live near headquarters can join off-campus fitness facilities.

- Only retired and current female workers who don't live near headquarters can join Fitness Franchise C.

Eligibility Requirement Setup

You create the Wellness benefit offering and attach eligibility for the program, plans, and options based on the following criteria:

- Employment status

- Location

- Gender

The following figure shows the resulting eligibility determination hierarchy for your Wellness benefit offering.

The following table identifies the specific eligibility requirements at each level in the hierarchy.

Level	Eligibility Profile Criteria
Program	Employment status that includes only current and retired workers for the Wellness program
Plan type in program	None for either plan type, Medical or Recreational
Plan in program	- None for the HMO and PPO medical plans - Location that includes persons living near headquarters for the Headquarters recreational plan - Location that excludes current workers living near headquarters for the Field recreational plan

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Level	Eligibility Profile Criteria
	Applying the location filter any higher in the hierarchy causes the criteria to affect medical plan participants, which you don't want.
Option in plan	• None for the Fitness Franchise A and Fitness Franchise B options • Gender that includes only females for the Fitness Franchise C option Positioning the gender filter at this level ensures that it affects only the Fitness Franchise C.

Analysis

This strategy reduces processing time because the eligible population for consideration diminishes as eligibility evaluation proceeds down the hierarchy. While you can attach an eligibility profile to each individual plan or option, that approach is much less efficient in terms of setup and performance.

Resulting Eligibility

John is a retired worker who still lives near headquarters who meets the criteria described in the following table.

Level	Criteria	Resulting Eligibility
Program	Employment status	John can participate in the Wellness program.
Plan in program	Location on the Headquarters plan	John can use the on-campus fitness facility.
Plan in program	Location on the Field plan	John can join a national fitness franchise

John doesn't meet the option in plan level gender criteria, so he can't join Fitness Franchise C.

Related Topics

- Eligibility Profiles: Explained

- Creating a Participant Eligibility Profile: Worked Example

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Configuring Enrollment Criteria at General Vs. Detailed Hierarchy Levels: Example

Setup effort and operating performance vary depending on where you define enrollment requirements within the benefits object hierarchy. This example illustrates best practices. Use the enrollment step in the Plan Configuration guided process and decide at which levels you want to define the enrollment requirements.

- Three levels when configuring programs: program, plan type in program, and plan in program
- Two levels when configuring plans: plan not in program and option in plan

Use the General, Scheduled, and Life Events tabs to configure enrollment at any of the available program and plan hierarchy levels. You can associate enrollment requirements with one or more explicit life events.

The following figure shows the enrollment determination hierarchies with components organized from top to bottom, general to detail.

When evaluating enrollment configuration, requirements at lower levels in the hierarchy override higher-level requirements. If a plan or option has specific requirements that are not common to the levels above it, then it is appropriate to configure enrollment at that lower level. Further, life event enrollment configuration overrides corresponding general plan or program enrollment configuration. For example, life event requirements for option in plan override general enrollment requirements for option in plan.

Wellness Program Example Scenario

Your organization is creating a wellness program that is for current and retired employees only.

The program hierarchy includes:

- Two plan types: medical and recreational.
- Two plans within the medical plan type: HMO and PPO
- Three options for both medical plans: Employee Only, Employee Plus Spouse, and Employee Plus Family

You want to set up enrollment to achieve the following results:

- Enable all eligible persons to make benefit elections within this program during a specific annual period.
- Enable participants to review and revise elections when they add a child or spouse to their families.

Enrollment Setup

You create the Wellness benefit offering and attach life events at the highest hierarchy level for open enrollment and explicit life event enrollment.

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The following figure shows the resulting enrollment determination hierarchy for your Wellness benefit offering.

The following table identifies the enrollment requirements that you configure at each level in the hierarchy.

Level	Enrollment Requirement
Program	Attach the Scheduled Open event and configure the November enrollment period for the Wellness program
Plan type in program	Attach the Add a Child life event and Marriage life event to the Medical plan type and configure the enrollment period and other settings for each event. This configuration provides medical plan enrollment opportunity at any time during the year for Wellness program participants who add a child or spouse to the family. None for the recreational plan type
Plan in program	None for any of the plans. Enrollment requirements for the Medical plan type cascade down to the plans under that plan type.
Option in plan	None for any of the options. Enrollment requirements for the Medical plan type cascade down to the options in plans under that plan type.

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Analysis

This strategy reduces maintenance and processing time because of the following factors:

- Program level criteria controls enrollment for all persons
- Life event in plan level criteria provides an exception for a specific life event

Resulting Enrollment

Jane is a current worker participating in the Employee Plus Spouse option of the PPO medical plan.

When Jane adopts a child into her family during June:

- She can immediately review her current PPO plan elections and switch to the Employee Plus Family option.
- She cannot change her elections within the recreational plan type.

FAQs for Benefits Hierarchy

How can I view current program configuration?

In the Plan Configuration work area:

1. Use the Manage Benefit Program Details task to search for the program.
2. In the Search Results table row containing the program, click the **Hierarchy** button or the **Summary** button to view the corresponding page.

9 Program and Plan Creation and Validation

Benefits Program and Plan Creation and Validation: Procedure

The most efficient way to create benefit offerings is to create benefits plan types and options first, then plans, and finally programs. After configuring a program or plan, generate a validation report to diagnose common mistakes during setup. You can also use the report to verify integrity after setup completion and before manual testing.

Benefits Object Creation Sequence

The following figure illustrates the most efficient sequence for creating benefits objects given how certain benefits objects reference other benefits objects. You can create benefits objects, as required.
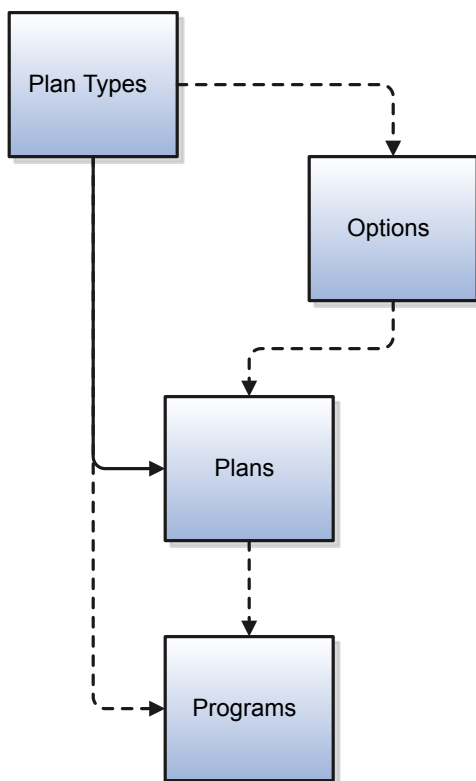
In the Plan Configuration work area:

1. Create one or more plan types using the Manage Plan Types task.
2. Create one or more options using the Manage Benefit Options task.

   You can optionally associate one or more existing plan types when you define the option. This association restricts the availability of the option to plans that belong to the specified plan types.

3. Create plans using any of the methods provided by the Manage Benefit Plan Details task.

   When defining benefit plan details, you must associate the plan with one existing plan type and can associate it with existing options.

4. Create programs using any of the methods provided by the Manage Benefit Program Details task.

   When defining program details, you can associate existing plan types and plans with the program.

If you create plans and programs using the Quick Create features, as part of those tasks, you can create and immediately associate:

- Plan types and options with plans

- Plan types, plans, and options with programs

Program and Plan Validation

In the Plan Configuration work area:

1. In the Tasks panel drawer, click either **Manage Benefit Program Details** or **Manage Benefit Plan Details**.
2. In the search results row for the program or plan not in program that you want to validate, click **Validate**.

   The Validate button isn't present for plans that are in program.

3. Make the required selections.

   o On the Program Hierarchy page, select a plan and option.

   o On the Plan Hierarchy page, select an option.

   If the plan not in program doesn't have associated options, the list is empty.

4. Click **Validate**.

The generated Validation Results page displays the output of the validation process.

Related Topics

- Benefits Hierarchy Objects: How They Work Together

- Plan or Option Sequence Restrictions: Points to Consider

Plan Creation Methods: Points to Consider

Create benefits plans with one of the following methods, which are available in the Plan Configuration work area using the Manage Benefit Plan Details task.

- Complete the Quick Create Plan page.

- Prepare and upload an integrated Microsoft Excel workbook.

- Complete the plan configuration process.

  This method is the only one that enables you to edit plan configurations.

- Complete the Create Plan page accessed from the Quick Create Program page.

  Use the Manage Benefit Program Details task to open the Quick Create Program page.

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After creating a plan not in program, you can validate the completeness of the plan and options configuration.

Quick Create Plan

The Quick Create Plan page is useful when you want to set up the essential framework of a benefit plan configuration quickly.

You can associate or create and immediately associate the following in one place:

- One plan type
- Multiple options
- Rates that use the flat amount calculation method

You can quickly configure essential characteristics for a plan, in or not in program. Quick Create automatically sets several plan characteristics to commonly used values.

You can't use this method to edit any existing object.

Integrated Microsoft Excel Workbook

Use the integrated workbook method when you want to create one or more benefit plans quickly. You can't use this method to edit an existing benefit plan.

1. Enter basic plan details using the workbook.
2. Save the file locally to share the plan designs with others.
3. Upload the finalized plans to the application database.
4. Edit and add configuration details using the Plan Configuration work area tasks.

Plan Configuration Process

The plan configuration process provides the complete set of benefit plan characteristics, and therefore the greatest flexibility for setting up and maintaining plans. This method is the only way to edit an existing plan. Use it to edit plans created by any method.

If you are midway through the process and discover that you didn't completely set up an object that you require for your plan configuration, you must:

1. Leave this process.
2. Go to the relevant task for setting up the missing object.
3. Complete that auxiliary setup.
4. Return to this process and complete the plan configuration.

Create Plan Page Accessed from the Quick Create Program Page

While setting up the essential framework of a program configuration using the Quick Create Program page, use this method to create a plan in program.

1. Click **Create Plan** to open the Create Plan Basic Details dialog box.
2. Specify the essential characteristics of a plan in program, including associate the new plan with an existing plan type and multiple existing options.
3. Return to the Quick Create Program page and immediately associate the new plan with the program.

Validation of Plans Not in Program

The validation process identifies errors early in the setup process and enables you to resolve quickly any issues that might occur. Validate plans in program as part of your program validation.

1. In the Plans tab Search Results section, select a plan not in program
2. Click **Validate**.
3. On the Plan Hierarchy page, select an option.
4. Click **Validate**.

You can hover over those fields with icons to view a description of the status.

Related Topics

- Benefits Prerequisite Setup Components: How They Work with Other Benefits Objects

- Using Desktop Integrated Excel Workbooks: Points to Consider

Quick Create Plan: Explained

Quick create plan functionality defines essential configuration for benefits plans. You can quickly set up basic details of options with rates within the plan setup, saving significant time.

Consider the following aspects of quick create plan functionality while deciding whether this method is appropriate for configuring a particular benefits plan:

- Advantages of Quick Create Plan

- Automatic plan settings

- About editing saved plans

Advantages of Quick Create Plan

Click **Quick Create Plan** on the Manage Benefit Plan Details page of the Plan Configuration work area to:

- Set up essential plan configuration.

- Set up temporary plans for.

  - Testing and proof of concepts

  - Confirming understanding of plan configuration requirements

  - Supporting agile development techniques

  - Presales customer demonstrations

- Create and attach objects without exiting to other tasks, as shown in the following table.

Object	Outside Task
Plan type	Manage Plan Types
Options	Manage Plan Options

Object	Outside Task
Option in plan level employee and employer standard rate flat amount	Manage Benefit Rates
Option in plan level coverage flat amount	Manage Benefit Plan Coverage

Automatic Plan Settings

The quick create plan configuration includes the following automatic settings.

Field	Default Value
Status (plan)	Pending
Status (associated options)	Active
Type (associated rates)	Standard
Type (associated coverage)	Standard
Year Periods	Range of two years before and one year after the current year
Year Period Type	Calendar
Required (associated eligibility profile)	Not selected
Enrollment Rule	Current - can keep or choose; new - can choose
Plan Function	Regular
If Usage is **In program**	Enable unrestricted enrollment is clear
If Usage is **Not in program**	Enable unrestricted enrollment is selected

Enabling unrestricted enrollment sets the following field values automatically.

Field	Default Value
Rate Start Date	Event
Coverage Start Date	Event
Previous Rate Start Date	One day before event

Field	Default Value
Previous Coverage Start Date	One day before event
Life Event (on Enrollment page)	Unrestricted
Enrollment Period Start Date	As of Event Date
Enrollment Period End Date	As of Event Date
Close Enrollment Period Date	When elections are made

The following aren't set automatically:

- Dependent or beneficiary designation
- Primary care physician designation

About Editing Saved Plans

To edit existing plan configurations, use the Manage Benefit Plan Details configuration guided process. With this process, you can also add definitions that you didn't or couldn't specify during the quick create process.

After retrieving a quick create plan, you can:

- Change plan status.
- Add predefined options and change option status.
- Add plan year periods for fiscal years.
- Add or remove standard rates, and add imputed rates and variable rates.
- Add or remove standard coverages, and add variable coverages.
- Add or remove eligibility profiles.
- Configure requirements for:
    - Scheduled and life event enrollment
    - Certifications
    - Dependent and beneficiary designation
    - Primary care physician designation

Program Creation Methods: Points to Consider

Create benefits programs by using one of these methods, which are available on the Manage Programs page:

- Complete the Quick Create Program page.
- Prepare and upload the integrated Microsoft Excel workbook.
- Complete the program configuration guided process. This method is the only way that you can edit plan configurations.

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After creating a program, you can validate the completeness of the configuration.

Quick Create Program

The Quick Create Program page is useful when you want to set up the essential framework of a benefit program configuration quickly.

You can associate or create and immediately associate the following in one place:

- Plans in program
- Life events with those plans

You can quickly configure essential characteristics for a program. Several program characteristics are automatically set to commonly used values.

You can't use this method to edit any existing program.

Integrated Microsoft Excel Workbook

Use the integrated workbook method when you want to create one or more benefit programs quickly. You can't use this method to edit an existing benefit program.

1. Enter basic program details using the workbook.
2. Save the file locally to share the program designs with others.
3. Upload the finalized programs to the application database.
4. Edit and add program configuration details using the Plan Configuration work area.

Program Configuration Guided Process

The program configuration process provides the complete set of program characteristics, and therefore the greatest flexibility for setting up and maintaining benefits programs. This method is the only way to edit an existing program. Use it to edit programs created by any method.

If you're midway through the program configuration process and discover that you didn't completely set up an object required for your program configuration, you must:

1. Leave this process.
2. Open the relevant task for setting up the missing object.
3. Complete that auxiliary setup.
4. Return to this process and complete the program configuration.

Program Configuration Validation

The validation process identifies errors early in the setup process and enables you to resolve quickly any issues that might occur.

1. In the Program tab Search Results section, select the program to validate.
2. Click **Validate**.
3. On the Program Hierarchy page, select a plan and option.
4. Click **Validate** to open the Validation Results page, which displays the output of the validation process.

You can hover over those fields with icons to view a description of the status.

Related Topics

- Using Desktop Integrated Excel Workbooks: Points to Consider

Creating Life Events in Quick Create Program: Explained

To make new enrollment life events available to associate with the quick create program, click **Create Life Events** in the Enrollment section of the Quick Create Program page. Attach enrollment life events to a program to trigger program enrollment opportunities when those life events occur.

You can:

- Create one user-defined life event at a time.

- Select one or more predefined life event configurations.

Creating User-Defined Life Events

In the User Defined Life Event section of the Create Life Event dialog box:

- Enter the life event name.

- Select the type.

You must use the Manage Benefit Life Events task to either:

- Associate user-defined events to already existing person or related person data changes.

- Create person or related person data changes and link the data changes to the life event.

Selecting Available Life Event Configurations

Each check box in the Available Life Event Configurations section of the Create Life Event dialog box represents a commonly used life event configuration.

Each predefined life event configuration contains:

- Triggering mechanism setup

- Ties to the tables and columns required to automatically generate that life event when corresponding personal or work data changes

You can optionally select one or more of these life events to make them available for attachment to a program.

- Selected life events appear in the enrollment life event available list with the name displayed on the check box label.

- Disabled life events are already activated in this implementation.

- A uniqueness check prevents you from creating life events that rely on an existing set of table and column designations for triggering an event. Each set of life event triggers must be unique across the same implementation.

Related Topics

- Configuring Data Changes for Explicit Life Events: Explained

How can I diagnose any issues with delivered data required for benefits plan configuration?

To verify existing predefined data and formula compilation, you can run the Benefits Setup Diagnostic Test if you have access to the Diagnostic Dashboard. On the Setting and Actions menu in the global area, select **Run Diagnostic Tests**.

Related Topics

- Diagnostic Tests: Highlights

Program and Plan Validation Statuses: Explained

Validation results provide statuses for a range of setup objects, such as year periods, life events, action items, and rates, in the program or plan not in program hierarchy.

Examples of issues discovered during validation include:

- Programs or plans with no associated plan years

- Programs with no included plans

- Incomplete configuration where required values are missing

Validation results appear in a tabular display, with the following indicators for each setup object and each level in the specified hierarchy path.

Description of the Cell Contents	Status
Green with check mark	Required setup exists.
Green with red x	Required setup doesn't exist.
White with green check mark	Optional setup exists.
White with question mark	Optional setup doesn't exist. No error, informational.
Plain green	Optional level not configured. Setup is required if the level is added.
Plain white	Optional level not configured. Setup would be optional if the level is added.
Gray	Setup isn't applicable.

FAQs for Program and Plan Creation

How can I diagnose any issues with a benefit program setup?

After setting up a benefits program, you can:

- Run the Program Information Diagnostic Test if you have access to the Diagnostic Dashboard. On the Setting and Actions menu in the global area, select **Run Diagnostic Tests**.
- Validate the program setup on the Manage Programs page using the **Validate** button.

Related Topics

- Diagnostic Tests: Highlights

How can I diagnose any issues with delivered data required for benefits plan configuration?

To verify existing predefined data and formula compilation, you can run the Benefits Setup Diagnostic Test if you have access to the Diagnostic Dashboard. On the Setting and Actions menu in the global area, select **Run Diagnostic Tests**.

Related Topics

- Diagnostic Tests: Highlights

How can I upload multiple program or plan designs at one time?

In the Plan Configuration work area, on the program or plan Search Results section toolbar:

1. Click **Prepare in Workbook**.
2. Enter basic program or plan details using the integrated workbook.
3. Save the file locally to share the program or plan designs with others.
4. Upload the finalized programs or plans to the application database.

The default characteristics of the programs or plans that you upload from the workbook are the same as those created using the Quick Create program and plan methods.

How can I associate images for offerings in the self-service pages?

The following table lists the locations to upload images for relevant self-service pages.

Self-Service Page that Displays Images	Upload Location in Plan Configuration Work Area
Program selection page	To associate an image with a program, go to the create or edit program pages, Additional Details step, Image section

Self-Service Page that Displays Images	Upload Location in Plan Configuration Work Area
	To associate an image with a plan not in program, go to the create or edit plan pages, Additional Details step, Image section
Confirmation page	Create or edit plan type pages, Image section
View Current and Future Benefits option on the Overview page	

If you don't add images, blank placeholders for images appear on the self-service pages.

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10 **Program and Plan Basic Details**

Program Types: Critical Choices

The program type determines whether you want the program and its offerings to work with a flex credit shell plan. You select the program type when you create a program.

Core

Select this program type if you want to create a program that is independent of a flex credit shell plan.

Flex-Credits Program Type

Select this program type if you want to associate a flex credit shell plan with the program. You can associate with this program only those plans and options that involve flex credits.

Flex-Credits-Plus-Core Program Type

Select this program type if you want to associate a flex credit shell plan with the program. However, you can also associate with this program plans and options that do not involve flex credits.

Waive Plans and Waive Options: Explained

You can provide waive plans and options so that your workers can explicitly decline enrollment opportunities for which they are otherwise eligible.

Consider the following aspects:

- Advantages of including waive plans and options in plan configurations
- Waive plan setup and use
- Waive option setup and use
- Waive plan and option configuration considerations

Advantages of Waive Plans and Options

You typically define a waive plan or option to:

- Provide clear choices and avoid misunderstandings.

  o Example: You enroll workers automatically into a basic medical insurance plan unless the workers explicitly opt out of all medical insurance plans.
  o You can quickly address any medical coverage issues arising later because it is clear that the workers explicitly waived enrollment with knowledge of available alternatives.

- Leverage reports for planning purposes.

    - You can use delivered reports to review enrollment results for workers who elect to waive plans and options.
    - Correlate demographic data with waive enrollments to help you discern benefits pricing and coverage issues with current offerings.

Waive Plan Setup and Use

Create a waive plan at the plan type level in the Plan Configuration work area using the Manage Benefit Plan Details task.

Make the selections shown in the following table:

Selection	Location
Select **Waive** as the plan function.	Plan Basic Details page
Select and add the waive plan to the correct plan type.	Plans and Plan Types section of the Program Basic Details page

When an eligible worker elects the waive plan, that worker declines enrollment in all plans associated with that plan type.

Waive Option Setup and Use

Create a waive option at the plan level in the Plan Configuration work area using the Manage Benefit Options task.

Make the selections shown in the following table:

Selection	Location
Select the **Waive option** check box.	Basic Details section
Select and add the waive option to the plan.	Options section of the Plan Basic Details page

When an eligible worker elects the waive option, that worker declines enrollment in all options within that plan.

Waive Plan and Option Configuration Considerations

If a plan type contains only one active plan, consider attaching a waive option to the plan instead of adding a waive plan to the plan type.

> ✎ **Note:** Do not attach a waive plan or waive option to plan configurations where eligible workers must elect at least:
> - One regular option from a group of options
> - One regular plan from a group of plans

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What's the difference between defined rate frequency and communicated rate frequency?

Defined rate frequency is the time basis of rates used in calculations or stored for other internal use, such as monthly.

Communicated rate frequency is the time basis of rates that appear to participants, such as per pay period. When these frequencies are different, the rate communicated to participants differs from the defined rate.

Defined Rate Frequency and Communicated Rate Frequency Values: How They Work Together

The defined rate frequency and communicated rate frequency values establish the time basis for rate amounts that are either used internally or displayed to participants.

- The defined rate frequency determines the time basis of rates used in calculations or stored for other internal use.

- The communicated rate frequency determines the time basis of rates that appear to participants.

Defined rate frequency, communicated rate frequency, and program default currency are program-level attributes. An exception occurs in plan configuration. Setting the plan usage field to **Not in program** causes the defined rate frequency, communicated rate frequency, and plan default currency fields to appear. In that special case, these attributes are required to be specified as part of the plan-not-in-program configuration. First, configure the defined rate frequency, communicated rate frequency, and currency for benefits programs or plans not in program. Then, you can use the Create Rates page to define named rates for specific objects within those hierarchies.

Defined Rate Frequency

The time basis of costs defined in the Additional Information section of the Create Rates page is always determined by the relevant defined rate frequency.

The following figure shows an example partial benefits offering. The health and welfare program includes the dental plan type. The dental plan type includes the dental preferred provider organization

(PPO) plan and the dental health maintenance organization (HMO) plan. The dental PPO plan includes options for covering the employee, employee plus spouse, and so on.
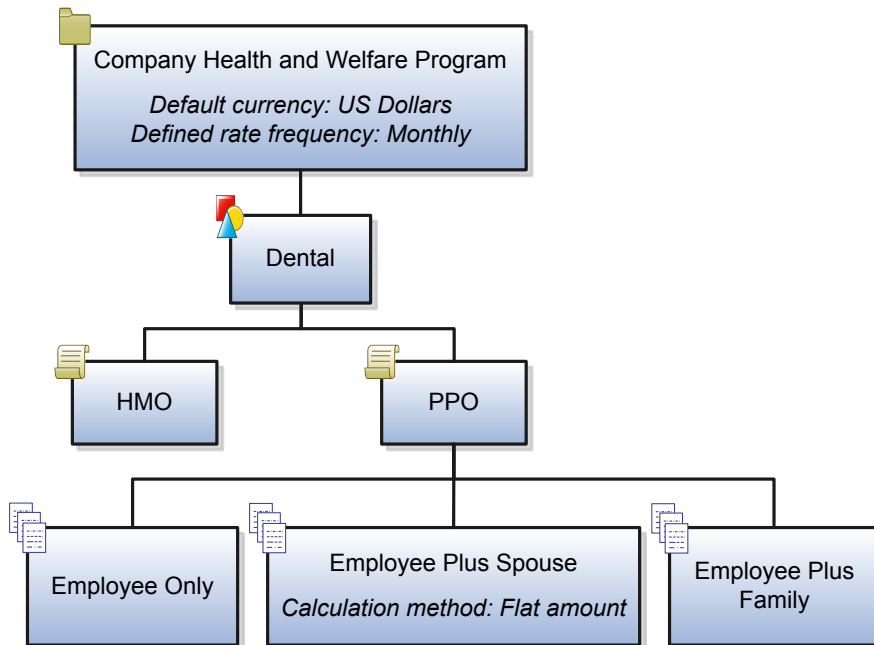
The default program currency for the health and welfare program, is set to **US Dollars**. The defined rate frequency of the health and welfare program is **Monthly**. On the calculation tab of the Create Standard Rates page for the dental PPO plan, employee plus spouse option, the calculation method is set to **Flat amount**. That flat amount value is set to **32.50**.

The rate inherits the currency defined for the programs or plans not in program with which the benefits object is associated. In this example, the currency for the health and welfare program is **US Dollars**. Therefore the defined rate is the flat amount: **32.50 USD monthly**. That defined rate is stored for use in subsequent calculations.

Communicated Rate Frequency

The communicated rate frequency determines the time basis of costs that appears to participants. The rate communicated to participants differs from the defined rate if the communicated rate frequency is different from the defined rate frequency. For example, the defined rate frequency is monthly, with 12 monthly periods in a year. The communicated rate has the frequency of the participant's payroll period, such as 26 biweekly periods in a year.

Sequence	Calculation	Explanation
1	(32.50 US Dollars per month) * (12 months per year) = 390 US Dollars per year	To convert from the defined rate to the communicated rate, the annual cost is first calculated. This calculation is for the annual cost for employee plus spouse participation in the dental insurance plan.
2	(390 US Dollars per year) / (26 payroll periods per year) = 15.00 US Dollars per payroll period	The communicated rate is the annual cost divided by the number of periods in a year at the communicated rate frequency.

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Sequence	Calculation	Explanation
		Dental insurance costs are deducted from participants' biweekly paychecks. The communicated rate frequency is set to **Per pay period**. The plan year period contains 26 payroll periods.

Dependent Designation Level: Points to Consider

You define dependent designation requirements at one of these benefits object hierarchy levels on the Program Basic Details page:

- Blank
- Plan type in program
- Plan

Blank

Disables the Program Designation Requirements page and you can't specify designation requirements.

Plan Type in Program

The plan types currently attached to this program appear as rows in the table of the header section on the Program Designation Requirements page.

To define designation requirements for a particular plan type in this program:

- Select the plan type row in the table.
- Configure the designation requirements in the tabbed section of the page.

Plan

Disables the Program Designation Requirements page. You must use the Plan Designation Requirements page to configure designation requirements at the plan level.

Social Networking with Benefits Plans: Explained

If the benefit plan's configuration page has a **Social** link, you can invite others to collaborate about the design while you create or edit it. You can create one or more conversations tied to the benefit plan and invite others to join in. The conversations remain with the plan as a historical record.

Collaborating with Others

In the Plan Configuration work area, click **Social** on the benefit plan's configuration pages to collaborate. Click the **Share** button, or click **Join** if collaboration has already begun.

About the Plan Wall

Click the plan name to open its wall, where you can start conversations and add members. After collaboration begins for a plan, anyone at your company can be invited to participate in a conversation about it. On the benefit plan wall, everyone invited can view basic attributes of the plan and post documents and comments that all members can see. Only those who can edit benefit plans can share a plan, begin a conversation, and invite members. Use the presence indicators to identify who is available to answer your questions.

Related Topics

- What does social networking have to do with my job?

FAQs for Plan and Program Basic Details

What's an unrestricted enrollment?

An enrollment that enables participants to submit updates throughout the year, such as a savings plan. They don't require a prerequisite occurrence of a formal personal or work-related life event. Scheduled unrestricted open life events are exceptions as they do have specified enrollment windows.

You can't enable unrestricted enrollment and use life event processing in the same plan.

How can I add a flex credit shell plan to the program?

You use the Manage Flex Credit Configuration pages in the Plan Configuration work area to add the program to the flex shell plan.

11 Program and Plan Eligibility at Different Hierarchy Levels

Configuring Eligibility Criteria at General Vs. Detailed Hierarchy Levels: Example

Setup effort and operating performance vary depending on where you define eligibility requirements within the benefits object hierarchy. This example illustrates best practices.

You can use the eligibility pages in the Setup and Maintenance and Plan Configuration work areas to define eligibility requirements at:

- Three levels when configuring programs: program, plan type in program, and plan in program

- Two levels when configuring plans: plan not in program and option in plan

The following figure shows the eligibility determination hierarchy with components organized from top to bottom, general to detail.

When evaluating eligibility requirements, detail-level requirements augment general-level requirements, rather than overriding them. Therefore, you associate successively restrictive requirements as you move down the hierarchy.

Wellness Program Example Scenario

Your organization is creating a wellness program that is for current and retired employees only. The program hierarchy includes the following configuration:

- Two plan types: medical and recreational.

- Two plans within the recreational plan type:

    o A headquarters plan that provides access to an on campus recreation facility.

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○ A field plan that includes options for three national franchises. One franchise restricts membership to the female workers.

You want to set up eligibility to achieve the following results:

- Only retired and current workers can participate in the Wellness program.

- All retired and current workers who live near headquarters can use the on-campus fitness facilities.

- All retired workers and any current workers who don't live near headquarters can join off-campus fitness facilities.

- Only retired and current female workers who don't live near headquarters can join Fitness Franchise C.

Eligibility Requirement Setup

You create the Wellness benefit offering and attach eligibility for the program, plans, and options based on the following criteria:

- Employment status
- Location
- Gender

The following figure shows the resulting eligibility determination hierarchy for your Wellness benefit offering.

The following table identifies the specific eligibility requirements at each level in the hierarchy.

Level	Eligibility Profile Criteria
Program	Employment status that includes only current and retired workers for the Wellness program
Plan type in program	None for either plan type, Medical or Recreational
Plan in program	• None for the HMO and PPO medical plans • Location that includes persons living near headquarters for the Headquarters recreational plan • Location that excludes current workers living near headquarters for the Field recreational plan

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Level	Eligibility Profile Criteria
	Applying the location filter any higher in the hierarchy causes the criteria to affect medical plan participants, which you don't want.
Option in plan	• None for the Fitness Franchise A and Fitness Franchise B options • Gender that includes only females for the Fitness Franchise C option Positioning the gender filter at this level ensures that it affects only the Fitness Franchise C.

Analysis

This strategy reduces processing time because the eligible population for consideration diminishes as eligibility evaluation proceeds down the hierarchy. While you can attach an eligibility profile to each individual plan or option, that approach is much less efficient in terms of setup and performance.

Resulting Eligibility

John is a retired worker who still lives near headquarters who meets the criteria described in the following table.

Level	Criteria	Resulting Eligibility
Program	Employment status	John can participate in the Wellness program.
Plan in program	Location on the Headquarters plan	John can use the on-campus fitness facility.
Plan in program	Location on the Field plan	John can join a national fitness franchise

John doesn't meet the option in plan level gender criteria, so he can't join Fitness Franchise C.

Related Topics

- Configuring Enrollment Criteria at General Vs. Detailed Hierarchy Levels: Example

- Eligibility Profiles: Explained

- Creating a Participant Eligibility Profile: Worked Example

Configuring Allowable Dependent or Beneficiary Designees

You can configure participant dependent or beneficiary designations at these levels:
- Option in plan
- Plan, if the plan doesn't have options

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In the Plan Configuration work area:

1. Open the Configuring Allowable Dependent or Beneficiary Designees dialog box by clicking **Create** on one of the following locations.

Location	Task to Open
Create or edit page, Allowable Dependent or Beneficiary Designees section	Manage Benefit Options
Create or edit Plan Eligibility page, Allowable Dependent or Beneficiary Designees tab	Manage Benefit Plan Details

2. Select the group relationship that you're defining designation requirements for. For example, select **Family** when you plan to add child, parent, nephew, and domestic partner relationship types.
3. Select the designation type, **Dependent** or **Beneficiary**.

   By default, benefits processing considers the following relationship types as personal relationships that you can designate as dependents.

   - o Adopted child
   - o Step child
   - o Child
   - o Domestic partner
   - o Foster child
   - o Domestic partner child
   - o Spouse

4. Enter the minimum and maximum number of designees that this option or plan covers.

   > ✎ **Note:** If the plan allows no designees, you enter **0** in both fields or select **No Minimum** and **No Maximum**. If you enter a minimum or maximum or both, the application ignores the Cover all eligible field even if set to Yes.

5. For options, in the **Cover All Eligible** field , select **Yes** to provide coverage to all designees who meet the eligibility profile criteria.
6. Add at least one relationship type that corresponds to the selected group relationship. For example, if you selected the group relationship Child, then you would add at least one of the following relationship types:

   - o Adopted child
   - o Step child
   - o Child
   - o Domestic partner child
   - o Foster child

   You wouldn't add a relationship type of Nephew or Niece.

Related Topics

- Beneficiary Designation Requirements: Example

- Dependent Designation Requirements: Example

Displaying Only Eligible Offerings for Enrollment

Using settings on the plan configuration Eligibility page, you can restrict enrollment display to only the plans and options for which the participant is eligible.

Example: If a participant has no spouse or dependents:

- Show the Employee Only option

- Hide the Employee Plus Spouse and Employee Plus Family options

Selecting Eligibility Overrides

You override standard enrollment display using these two settings, which work together:

- Family Member Rule

- Participant Eligibility Verification

In the Plan Configuration work area:

1. In the Tasks panel drawer, click the **Manage Benefit Plan Details** task.
2. Search for and click the plan.
3. Open the Plan Eligibility page.
4. In the Plan and Option Eligibility section, select the plan or option.
5. In the Further Details section, select the **Configuration** tab.
6. In the **Family Member Rule** field, select the appropriate rule.

   The following table explains the options.

Option	Effect on Enrollment Page
Check designation requirements	Hides the plan or option if the participant doesn't have any contacts with the relationship type specified in the allowable designees requirements.
Do not check designation requirements	None
Formula	Specified in the formula, which you select in the Family Member Formula field. Before you can select the formula, you must create it using the Manage Fast Formulas task in the Setup and Maintenance work area.

7. In the **Participant Eligibility Verification** field, select the appropriate rule.

   The following table explains the options.

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Participant Eligibility Verification	Requirement for Participant to be Eligible	What's Ignored
Blank	Participant meets the eligibility requirements of the participant eligibility profile.	Dependent eligibility or allowable designees requirements
Dependent only	Participant's dependents meet both the eligibility and allowable designees requirements.	Participant eligibility profiles
Participant and dependent	Participant and dependents meet both the eligibility and allowable designees requirements associated with the plan or option.	Not applicable

FAQ for Program and Plan Eligibility

What happens if I enable participation eligibility override?

Benefits managers can override eligibility requirements for plan participation under special circumstances, such as negotiated benefits packages for new hires. All plans and options in this program inherit this setting unless you specify differently at the plan or option in plan levels.

⚠️ **Caution:** Enabling participation eligibility override can affect performance. Run a trial in a test instance to monitor and benchmark run times.

What happens if I track ineligible persons?

You must track ineligible persons if you determine benefits eligibility based on length of service temporal factors. Specify this setting in the Eligibility Overrides section of the Configuration tab on the Eligibility page for the plan or option.

Tracking ineligible persons:

- Causes person eligibility records to appear in the Enrollment work area Eligibility Override page.

  If you use eligibility override to make a person eligible, a corresponding electable record appears in the Benefits Status Summary section, Electable tab.

- Enables a benefits administrator to make an ineligible person eligible without the need for reprocessing.

⚠️ **Caution:** Tracking ineligible persons can impact performance. Run a trial in a test instance for ineligible participants to monitor and benchmark run times.

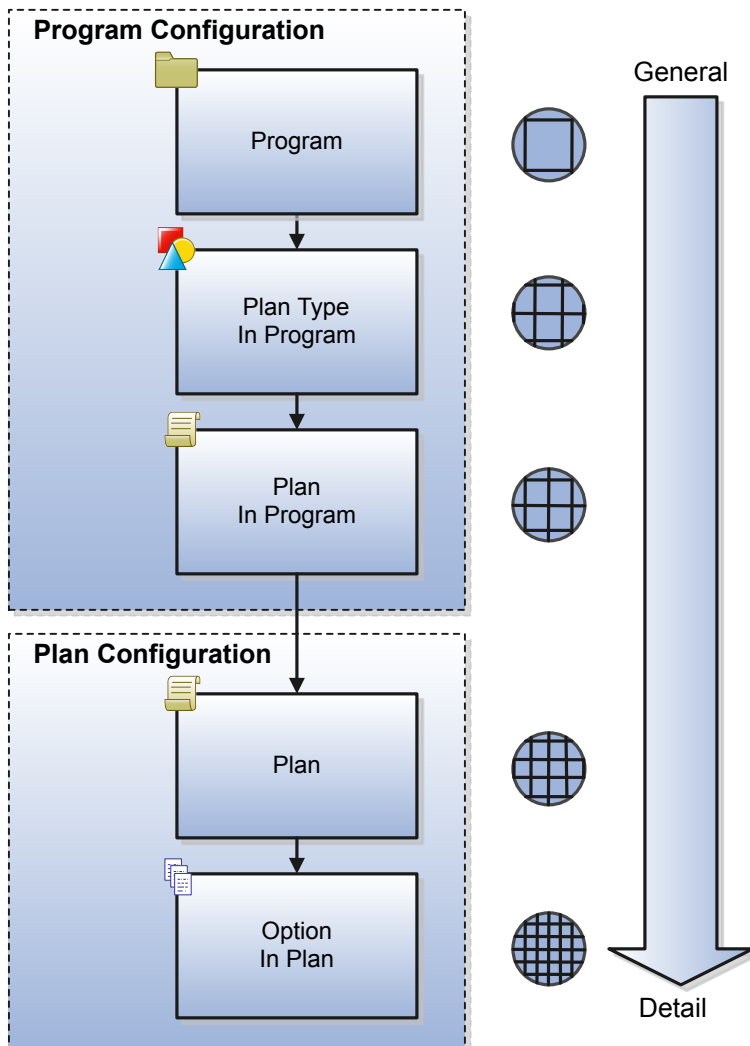# 12 Program and Plan Enrollment Criteria, Rules, and Validation

Configuring Enrollment Criteria at General Vs. Detailed Hierarchy Levels: Example

Setup effort and operating performance vary depending on where you define enrollment requirements within the benefits object hierarchy. This example illustrates best practices. Use the enrollment step in the Plan Configuration guided process and decide at which levels you want to define the enrollment requirements.

- Three levels when configuring programs: program, plan type in program, and plan in program
- Two levels when configuring plans: plan not in program and option in plan

Use the General, Scheduled, and Life Events tabs to configure enrollment at any of the available program and plan hierarchy levels. You can associate enrollment requirements with one or more explicit life events.

The following figure shows the enrollment determination hierarchies with components organized from top to bottom, general to detail.

When evaluating enrollment configuration, requirements at lower levels in the hierarchy override higher-level requirements. If a plan or option has specific requirements that are not common to the levels above it, then it is appropriate to configure

enrollment at that lower level. Further, life event enrollment configuration overrides corresponding general plan or program enrollment configuration. For example, life event requirements for option in plan override general enrollment requirements for option in plan.

Wellness Program Example Scenario

Your organization is creating a wellness program that is for current and retired employees only.

The program hierarchy includes:

- Two plan types: medical and recreational.
- Two plans within the medical plan type: HMO and PPO
- Three options for both medical plans: Employee Only, Employee Plus Spouse, and Employee Plus Family

You want to set up enrollment to achieve the following results:

- Enable all eligible persons to make benefit elections within this program during a specific annual period.
- Enable participants to review and revise elections when they add a child or spouse to their families.

Enrollment Setup

You create the Wellness benefit offering and attach life events at the highest hierarchy level for open enrollment and explicit life event enrollment.

The following figure shows the resulting enrollment determination hierarchy for your Wellness benefit offering.

The following table identifies the enrollment requirements that you configure at each level in the hierarchy.

Level	Enrollment Requirement
Program	Attach the Scheduled Open event and configure the November enrollment period for the Wellness program
Plan type in program	Attach the Add a Child life event and Marriage life event to the Medical plan type and configure the enrollment period and other settings for each event. This configuration provides medical plan enrollment opportunity at any time during the year for Wellness program participants who add a child or spouse to the family.

None for the recreational plan type |
| Plan in program | None for any of the plans. Enrollment requirements for the Medical plan type cascade down to the plans under that plan type. |
| Option in plan | None for any of the options. Enrollment requirements for the Medical plan type cascade down to the options in plans under that plan type. |

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Analysis

This strategy reduces maintenance and processing time because of the following factors:

- Program level criteria controls enrollment for all persons
- Life event in plan level criteria provides an exception for a specific life event

Resulting Enrollment

Jane is a current worker participating in the Employee Plus Spouse option of the PPO medical plan.

When Jane adopts a child into her family during June:

- She can immediately review her current PPO plan elections and switch to the Employee Plus Family option.
- She cannot change her elections within the recreational plan type.

Related Topics

- Configuring Eligibility Criteria at General Vs. Detailed Hierarchy Levels: Example

Start Date and Previous End Date Rule Compatibility: Explained

To help with plan configuration and reduce processing errors due to overlapping dates, consult the following guidelines on compatibility between start and end date rules:

- General guidelines for start dates
- General guidelines for end dates
- Formulas
- Rates and coverage
- Enrollment periods

Start and end date rule pairings are recommendations only; the application doesn't enforce them.

General Guidelines for Start Dates

Benefits rules always compute start dates using the occurred on date of the life event being processed, unless the rule specifies otherwise.

Example: The rule Later of event or notified computes the start date using the later of either the life event:

- Occurred on date
- Notification date

General Guidelines for End Dates

Most end date rules are also based on the event being processed, with the exception of rules starting with 1 prior.

- 1 prior is the day before the new rate or coverage start date.
- For rates or coverage that end completely, rather than being superseded by others, the part of the rule that follows 1 prior applies.

Example: A health insurance participant voluntarily terminates employment. Although no new coverage period follows, the **1 prior, or month end** rule causes health insurance coverage to remain in effect until the end of that month.

Formulas

You can define formulas to derive any end date, as required. However, the end date returned by your formula must not overlap the corresponding start date. Start and end date rule pairings are recommendations only; the application doesn't enforce them.

Rates and Coverages

You can pair all rate and coverage start date rules, with the exception of Elections, with any previous end date rule that starts with 1 prior. A commonly used rule is 1 prior, or month end. Common practice is to:

- Extend coverage to the end of the month if no new rate or coverage starts
- End the rate with the pay period following the event

You can only use 1 prior rules when computing the start date during the Evaluate Life Event Participation process.

Start and end date pairs where the previous rates and coverage periods end one day before the new rates and coverage start are generally compatible. The following table provides examples of compatible start and end date rules:

Rate Start Date Rule	Compatible Previous Rate Period End Date Rule
Event	One day before event date
As of event	One day before event
First of month	End of month
First of next month	End of month
First of month after later event or notified	End of month using later of event or notified
First of month on or after event	End of month using later of event or notified
First of month after enrollment start	End of month after enrollment end
First of quarter	End of quarter

Enrollment Period

Enrollment periods are windows of time during which workers have enrollment opportunities.

- You can pair all start date rules with any one of the end date rules that specify:

    ○ Forty-five days after enrollment period start

    ○ Sixty days after enrollment period start

    ○ Ninety days after enrollment period start

- You must pair start date rules that start with **First of next** with an end date rule that ends with after enrollment period start or is a formula.

- You can pair the following start date rules with end date rules that specify a number of days after the later of the event date or notification date:

    ○ As of event date

    ○ First of next half year, month, pay period, year, or semi-month after later event or notified

    ○ Later event or notified

    ○ Later of thirty or sixty days before later event or notified

Enrollment Rules: How They Are Calculated

Enrollment rules limit enrollment elections based on current participant enrollment.

Settings That Affect Enrollment Rules

Two settings affect enrollment rules:

- The person's enrollment status
- The selected enrollment option

The following table lists and describes the enrollment statuses.

Enrollment Status	Description
Current	Participants who are enrolled in the benefits object
New	Persons who aren't currently enrolled

The following table lists and describes the enrollment options, which determine whether enrollment is possible for the next period.

Enrollment Option	Description
Can choose	Persons can make new elections.
Can keep	Participants can keep their current elections.
Can keep or choose	Participants can: • Keep their current elections • Make new elections
Keep or choose, starts new	Participants can: • Keep their current elections They must explicitly reelect coverage amounts, even if the coverage amount remains the same. • Make new elections Coverage ends at the configured end date for the processed life event and restarts the next day.
Choose only	Participants must make an explicit election to remain enrolled.
Keep only	Participants must keep their current elections.
Lose only	Participants must disenroll from their current elections.
Assign automatically	Enroll participants automatically. Participants can't disenroll.
Nothing	Persons can't make elections for the benefit object.
Formula	Use a formula that you defined previously to determine electability based on enrollment status. The formula must be of the type Enrollment Opportunity.

How Enrollment Rules Are Interpreted

Each enrollment rule represents a combination of options.

The following table provides two examples.

Enrollment Rule	Option Combination
Current - keep only; new - nothing	Current participants must retain their set of elections to stay enrolled. Unenrolled persons can't make elections for this benefits object.
Current - nothing; new - assign automatically	Current participants can't make elections for the benefits object. Unenrolled persons are enrolled automatically and can't disenroll.

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Default Enrollment Rules: How They Are Calculated

Default enrollment rules limit enrollment elections based on current participant enrollment.

Settings That Affect Default Enrollment Rules

Two settings affect default enrollment rules:

- The person's enrollment status
- The selected default enrollment option

The following table lists and describes the enrollment statuses.

Enrollment Status	Description
Current	Participants who are enrolled in the benefits object
New	Persons who aren't currently enrolled

The following table lists and describes the default enrollment options, which determine whether enrollment is possible for the next period.

Default Enrollment Option	Description
Defaults	Enroll in the default enrollment for the benefit object.
Same enrollment and rates	Don't change enrollment or rate.
Same enrollment but default rates	Don't change enrollment but assign the default rate.
Nothing	Use a formula that you defined previously for this default treatment. The formula must be of the type Default Enrollment.

How Default Enrollment Rules Are Interpreted

Each default enrollment rule pairs each of the two enrollment statuses with a feasible enrollment option, as shown in the following table.

Example Rule	Meaning
New - nothing; current - default	For persons not enrolled in a given benefit, don't make a default enrollment for those persons.

Example Rule	Meaning
	For participants in a given benefit, automatically enroll the participants in the designated default enrollment.

Cross-Plan Enrollment Validation: Examples

This topic provides examples for setting up enrollment validation across plans when enrollment in one plan depends upon enrollment in one or more other plans.

Enrollment in One Plan Requires Enrollment in Another Plan

Scenario: You require enrollment in both a high-deductible health plan (HDHP) and a health savings account plan (HSA).

Setup: Use one of the following methods to enforce enrollment in both plans.

- If the entire worker population must enroll in HSA with HDHP, you can enforce enrollment using one of these methods:
  - o Set up both plans for default enrollment upon new hire.
  - o Configure the automatic enrollment method on both plans.

  For either method, you must set up each plan type with a minimum plan enrollment of 1.
- Create an eligibility profile tied to one of the plans, such as the HDHP, using either method 1 or 2 values. Don't select **Exclude**.

Field	Method 1 Value	Method 2 Value
Criteria Type	Other	Related Coverage
Criteria	Participation in Another Plan Method 1 uses participation in one plan as eligibility criteria for the other plan during validation.	Covered in Another Plan
Criteria Value	Other plan, such as HSA	Other plan, such as HSA

- Create a post election coverage calculation formula that enforces coverage in both plans. On the Plan Enrollment page of the plan configuration process:
  - a. Select the plan in the plan hierarchy.
  - b. Select the post election formula in the Further Details section of the General tab.

  💡 **Tip:** You can also control enrollments by selecting the post election formula at the plan type or the option level of the program or plan hierarchy.

Enrollment in One Plan Excludes Enrollment in Another Plan

Scenario: You exclude enrollment in a flexible spending account plan (FSA) for participants electing the health savings account plan (HSA).

Setup:

1. Create an eligibility profile using these values:

Field	Value
Criteria Type	Other
Criteria	Participation in Another Plan
Criteria Value	FSA plan

2. Select **Exclude**.
3. Assign this eligibility profile to the HSA plan.

Enrollment in One Plan is Contingent on Enrollment in Another Plan

Scenario: You don't permit enrollment in spouse and child supplemental life insurance unless the worker is enrolled in the employee supplemental life insurance.

Setup: Use one of the following methods to enforce this requirement.

- Create a participant eligibility profile tied to the spouse and dependent plans, using the following values. Don't select **Exclude**.

Field	Value
Criteria Type	Related Coverage
Criteria	Covered in Another Plan
Criteria Value	Employee supplemental life plan

- Create a post election coverage calculation formula that enforces coverage in the employee plan.

  On the Plan Enrollment page of the plan configuration process:

  a. Select the spouse and dependent plans in the plan hierarchy.
  b. Select the post election formula in the Further Details section of the General tab.

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Configuring Suspended Enrollment: Points to Consider

You configure plan enrollment suspension in the Plan Configuration work area using the Manage Benefit Plan Details task.

1. Select the plan or option in the Plan and Options Certifications section of the plan Certifications page.
2. Configure enrollment suspension in the Enrollment Certifications and Benefit Certifications tabs, General Configuration and Life Event subtabs.

Suspend Enrollment Check Box

If you select the **Suspend enrollment** check box for an action item, then event processing:

- Displays a suspension reminder to the participant or benefits administrator during enrollment

- Suspends enrollment in the benefit offering until the participant completes the action item

- Applies interim coverage, if any was configured on the Plan Enrollment page

Impact of Suspended Enrollments

You can't process any life events, except terminations, for the participant during enrollment suspension. If the participant doesn't complete the action item by its due date, the action item appears in the following until the participant does complete it:

- Close action item audit log

- Close enrollment audit log

- Participation evaluation error report

Configuration of Suspensions for Multiple Certifications

You can't select **Suspend enrollment** for an individual certification. You configure suspension for a certification requirement action item, which may include multiple individual certifications. If you configure suspended enrollment for a certification requirement with multiple certifications, participants must provide both of the following to avoid enrollment suspension:

- All required certifications

- At least one optional certification

Example: You create a certification requirement with two required and five optional certifications.

- The participant must provide the two required certifications and at least one of the optional ones to satisfy the certification requirement.

- If you configure this certification requirement for suspended enrollment, and the participant provides only one of the required certifications, event processing:

  ○ Considers the action item incomplete

  ○ Suspends enrollment

Related Topics

- Configuring Required Certifications and Other Action Items: Points to Consider

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- Action Items: How They Are Processed

- Benefits Certifications and Other Action Items: Overview

- Enrollment and Benefits Certifications: Examples

Unsuspend Coverage and Rate Rules: Points to Consider

Unsuspend rules define the coverage and rate start dates to use when a suspended enrollment becomes unsuspended. Define unsuspend rules in the Enrollment step when you create or edit benefit plans in the Plan Configuration work area.

You can set up:

- One unsuspend rule for a coverage

- A different unsuspend rule for the corresponding rate

When a participant completes a required action item and there are no other incomplete action items, the relevant elections unsuspend. Use the information in the following sections to help you select the right unsuspend rules for your benefits offerings:

- Commonly Used Unsuspend Rules

- Other Predefined Unsuspend Rules

- Impact of Unsuspend Rules on Enrollment Start Date

- Interim Coverage During Suspension

Commonly Used Unsuspend Rules

The predefined rule selections are identical for **Unsuspend Enrollment Rule** and **Unsuspend Rate Rule**. The following table lists and describes the rules.

Rule Value	Description
As of completed date	Sets the enrollment coverage or rate start date equal to the effective date on which the enrollment is unsuspended.
Recalculate with completed date and enrollment start	If the computed start date is earlier than the unsuspend effective date, recompute the start date. Use the unsuspended date as the life event or notification date, depending on your life event definition. Recalculates the rate start and end dates based on the coverage start date of the unsuspended enrollment.
Use existing enrollment start date	Uses the original coverage or rate start date, even if this date is before the suspension end date.

Other Predefined Unsuspend Rules

The following are descriptions and examples of some commonly used unsuspend rules.

Unsuspend Rule	Description	Example
First of month after completed	The start date is the first day of the next month that follows the date that required action items are completed. Similar rules are predefined for start dates to occur on the first day of the next year, half year, quarter, and semi-month.	If the action completed on March 10, the start date is April 1.
First of month on or after completed	This rule is similar to the previous rule, with one exception. If the participant completes the action on the first day of the period, then the start date occurs on the same day. Similar rules are predefined for start dates to occur on the first day of the year, half year, quarter, and semi-month.	If the action completed on: • July 1, the start date is July 1 • July 2, the start date is August 1
First of pay period after completed	The start date is the first day of the next payroll period to occur after the participant completes the action.	None
First of last pay period plan year after completed	The start date is the first day of the last complete payroll period in the plan year.	Scenario: A calendar year period with biweekly pay periods starting on December 6 and December 20. • If the action completes on November 10, the start date is December 6, the first day of the last complete pay period for the plan year. • The payroll period starting on December 20 is the first pay period of the next plan year.
First of last month plan year after completed	Assuming a calendar plan year, the start date would typically be December 1 of the plan year in which the participant completes the required actions.	None
Formula	Use a formula that you define to derive an unsuspend start date when the predefined rules don't fit your requirements.	None

Impact of Unsuspend Rules on Enrollment Start Date

The unsuspend rule controls the start date of the enrollment if the unsuspend date is equal to or later than the original start date. If you don't select an unsuspend rule, the start date is the date on which the enrollment is unsuspended.

Interim Coverage During Suspension

If you assign interim coverage while an enrollment is suspended, the interim enrollment ends one day before the coverage start date of the unsuspended enrollment.

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Related Topics

- Benefits Certifications and Other Action Items: Overview

Restarting Coverage for Flexible Spending Accounts

This topic covers how to configure flexible spending accounts (FSA), which might have requirements to start new on a certain date. For example, FSA plans in the US, such as health care and dependent care reimbursement, typically must start new every calendar year.

FSA plans also typically require explicit entry of the enrollment amount, even if the participant:

- Enrolled in the previous year

- Plans to continue the same coverage level for the following year

The coverage of a currently enrolled participant should end on December 31 and restart on January 1.

Configure the FSA Plan

In the Plan Configuration work area:

1. On the Edit Program Enrollment page, select the FSA plan from the program hierarchy.
2. On the Scheduled tab, select the **Open** event.
3. In the **Session Effective Date** field, select the first day of the new benefit year, typically January 1.
4. In the **Enrollment Method** field, select **Explicit**.
5. In the **Enrollment Rule** field, select **Current - keep or choose, starts new; new - can choose**. This rule ensures that current participants must explicitly reelect coverage amounts, even though their coverage amounts might stay the same. The coverage ends at the configured end date for the processed life event and restarts the next day.
6. Select one of the following default enrollment rules, depending on your plan configuration.

Default Enrollment Rule	Usage Conditions
New - nothing; current - nothing	Typical default enrollment rule to force participants with current year coverage to reelect coverage for the new plan year.
New - default; current - default	If your FSA plan configuration includes a waive plan or option, select this default enrollment rule on the waive plan or option.
New - default; current - same enrollment but default rate	If the standard rate for the FSA object has a default of zero.

7. In the Reports and Analytics work area, check the setup using the Participant Enrollment Results Report.

   a. View the report results as of one day before processing the open event. The results provide a list of current enrollees in each FSA plan, and their current elected amount.

   b. Run the same report after the open enrollment period ends to verify that coverage was reelected, or ended, according to participant elections.

Test Procedure in a Test Instance

Follow these steps after you set up the enrollment rules in a test instance:

1. Process the open event in the Evaluation and Reporting work area as of the first day of your new plan year.
2. Search for the enrollment information of a current FSA plan participant. Select **Enrollment** under Benefits on the Navigator menu to search for and select the participant and open the Enrollment work area.
3. For this date, verify that the Enrollment Results page:

    - Doesn't display the existing enrollment in the FSA plan

    - Does display existing enrollment in other benefit plans, which is expected

4. On the Enrollment page, explicitly select the FSA plan and specify the coverage amount, to enroll again for the new plan year.
5. Verify that the coverage start date is the first day of your plan year and the original coverage start date is as expected.
6. Select the first day of your new plan year as the session effective date.
7. Verify that the Enrollment Results page shows that coverage:

    - Ended on the last day of the previous plan year

    - Restarted on the first day of the new plan year

You can follow the same procedure to test the self-service enrollment for a worker by using this method to open the worker's self-service enrollment pages:

1. On the Manage Self-Service Enrollment Configuration page, verify that **Parameter Display** is selected.
2. Select **Benefits** under My Information on the Navigator menu.
3. Search for and select the person.
4. Click **Continue**.

Reinstatement Rules

Critical Choices

Use reinstatement rules to control how life event processing restores participant elections when you back out and reprocess a life event. You select reinstatement rules on the Life Event tab of the Enrollment page when you create or edit a program or plan in the Plan Configuration work area.

Example: You back out an open enrollment event for a participant to make changes to some benefit offerings and then you reprocess the open event. Reprocessing restores the original participant elections, depending on the reinstatement rule that you configured for the open event.

> ✎ **Note:** Reprocessing a backed out life event restores participant elections only if you backed out the life event using the Unprocessed status.

Reinstatement Rules

The following table identifies and describes each reinstatement rule as well as when to use it.

Rule	Description	When to Use
Reinstate All If No Electability Change In Life Event	Restore elections if there is no change in the electable choice data between the dates when you backed out and reprocessed the life event. Example: If a rate value or definition changes, reprocessing doesn't restore the elections.	When changes in electable choices might influence the participant's election decisions and you want the participant to review and make new elections. Reprocessing uses this rule if you don't make a selection.
Reinstate If No Change for the Backed Out Enrollment	Restore elections if the participant's original elections remain the same after you reprocess the life event.	When participants don't have to reconsider their original election decisions because of new electable choices or changes to electable choices that they didn't choose originally.
Reinstate If Electability Exists for the Backed Out Result	Restore elections as long as the participant is eligible for the electable choices. Example: You changed the value of an activity rate that the participant originally elected. Reprocessing the life event restores those elections with the new rate, as long as the participant is eligible for that electable choice. ⚠ **Caution:** If an activity rate increases, the participants' election automatically increases in cost and the participant might not have an opportunity to reevaluate the election.	When you: • Want to apply any changes to the participant's original elections without providing an opportunity for participants to review the changes • Don't want participants to review any new electable choices
Never Reinstate	Doesn't restore elections.	When you: • Don't want to restore participant elections after reprocessing the life event • Want to use a specific life event to make adjustments or corrections to a benefit offering and you want participants to reevaluate their original elections

Reinstatement Rules for Overridden Rates: Critical Choices

Use reinstatement override rules to control how you want to restore elections with overridden rates when subsequently backing out and reprocessing the corresponding life event.

- Use the Manage Benefit Program Details and Manage Benefit Plan Details tasks in the Plan Configuration work area.
- Select the reinstatement override rules on the Life Event tab of the Enrollment page when you create or edit a program or plan.

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Example:

1. You override the benefit rate value of a participant-elected offering during an open enrollment period using the Enrollment Override task in the Enrollment work area.
2. You back out the open event in the Enrollment work area.
3. You make configuration changes to the rate in the Plan Configuration work area.
4. You reprocess the open event in the Enrollment work area, which:

   o Restores the participant's elections

   o Applies the corresponding rates based on the selected reinstatement override rule

This topic describes the effects of selecting each of the following reinstatement override rules:

- Override the rates if no change

- Always use overridden rates

Restore Elections with Rates Overridden Before Reprocessing Life Event

To restore elections, you must use an override rule and the **Reinstate if electability exists for the backed out result** rule.

Override the Rates If No Change

Reinstate overridden rates only if the configuration of the rates remains the same between the dates when you backed out and reprocessed the life event.

Example: After a participant makes elections, you override the activity rate, back out the life event, and make changes to the rate configuration.

When you reprocess the life event, the rule:

- Restores the elections using the newly calculated rate, not the override value that you used for the rate

- Restores the elections with the override rate value if the rate configuration or value is unchanged

Always Use Overridden Rates

Reinstate overridden rates even if there are differences in the rate configurations between the dates when you backed out and reprocessed the life event.

Example: After a participant makes elections, you override the rate with a different value, back out the life event, and make changes to the rate configuration. When you reprocess the life event, this rule restores the elections using your override value even though the rate configuration changed.

Reinstatement Rules: Examples

Use reinstatement rules to control restoration of participant elections when you back out and reprocess a life event. The examples in this topic show how each reinstatement rule works in different scenarios.

Main Scenario Dates and Events

The following main dates and events apply to all examples in this topic:

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Date	Event
November 1 to 28, 2015	Open enrollment period for the new plan year that starts on January 1, 2016. Worker experiences the open event with the following electable choices: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year
November 15, 2015	Worker enrolls in the InFusion Medical offering
November 20, 2015	Administrator backs out and reprocesses the open event. Reprocessing restores worker elections based on the reinstatement rule and the generated electable choice data.

Reinstate All If No Electability Change for Life Event

This table shows how the reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices and rates	Reinstates elections because there is no change in the electable choices
Same electable choices, but different rates: • InFusion Medical: 5000 USD per year • InFusion Dental: 90 USD per year • InFusion Vision: 150 USD per year	Doesn't reinstate elections because the electable dental and vision choices have different rates, even though the participant didn't elect those offerings originally
Different electable choice: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision Plan B: 200 USD per year	Doesn't reinstate elections because the new InFusion Vision Plan B electable choice replaced the previous InFusion Vision electable choice, even though the participant didn't select that offering
Additional electable choices: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year • InFusion Vision Premium: 320 USD per year	Doesn't reinstate elections because InFusion Vision Premium is a new electable choice

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Reinstate If No Change for the Backed Out Enrollment

This table shows how each reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
New electable choices: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year • InFusion Vision Premium: 320 USD per year	Reinstates elections because even though there is a new electable choice, there is no change in the electable choice that the participant elected originally
Same electable choices, but different rates: • InFusion Medical: 5500 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year	Doesn't reinstate elections because the electable choice, InFusion Medical, which the participant originally elected has a different rate value
Different electable choice: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision Plan B: 200 USD per year	Doesn't reinstate elections because the new InFusion Vision Plan B electable choice replaced the previous InFusion Vision electable choice, even though the participant didn't elect that offering
Same electable choices, but different rates: • InFusion Medical: 5000 USD per year • InFusion Dental: 75 USD per year • InFusion Vision: 200 USD per year	Reinstates elections because even though some offerings have different rates, the rate of InFusion Medical, which the participant elected originally, is unchanged

Reinstate If Electability Exists for the Backed Out Result

This table shows how each reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices, but different rates: • InFusion Medical: 5500 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year	Reinstates elections with the changed rates for InFusion Medical, which the participant originally elected
Different rates for existing electable choices, and a new electable choice: • InFusion Medical: 5500 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year • InFusion Vision Premium: 320 USD per year	Reinstates original participant elections with the changed rate for InFusion Medical, even though there is also a new electable choice, InFusion Vision Premium
Fewer electable choices: • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year	Doesn't reinstate elections because InFusion Medical, which the participant originally elected, is no longer an electable choice

Never Reinstate

This reinstatement rule ensures that reprocessing doesn't restore elections under any condition.

Impact of Intervening Life Events on Reinstatement Rules: Examples

Use reinstatement rules to control restoration of participant elections when you back out and reprocess an event. If an intervening life event occurs that requires you to back out the original life event, later reprocessing reinstates elections:

- If the participant didn't make any new elections or change existing elections in the intervening life event

- If no action items or certifications were created

Main Scenario Dates and Events

The following main dates and events apply to all examples in this topic:

Date	Events
November 1 to 28, 2015	Open enrollment period for the new plan year that starts on January 1, 2016.

Date	Events
	The participant experiences the open event with the following electable choices: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year
November 5, 2015	Worker enrolls in InFusion Medical for Employee Only, which costs 5000 USD effective for the new plan year.
November 20, 2015	Participant experiences a marriage life event. Administrator backs out the open event to process the marriage life event. The life event provides the InFusion Medical for Employee Plus Spouse electable choice, which costs 7500 USD per year.
November 21, 2015	Administrator reprocesses the open event

Reinstatement of Elections after Processing an Intervening Event

This table shows how each reinstatement rule restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
The participant makes no elections in the intervening life event. The electable choices for the open event remain unchanged.	Reinstates elections if you selected one of the following reinstatement rules for the open event: • Reinstate all if no electability change in life event • Reinstate if no change for the backed out enrollment • Reinstate if electability exists for the backed out result
The participant makes no elections in the intervening life event. New electable choices are available for the open event and the rates of some existing electable choices changed: • InFusion Medical: 5500 USD per year • InFusion Medical Employee Plus Spouse: 7500 USD per year • InFusion Dental: 120 USD per year • InFusion Vision: 200 USD per year	Reinstates elections only if you selected the **Reinstate if electability exists for the backed out result** reinstatement rule for the open event
The participant elects to enroll in the InFusion Medical for Employee Plus Spouse offering during the intervening life event.	Doesn't reinstate elections even if you selected a reinstatement rule because the participant made elections in the intervening life event

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Scenario After Reprocessing Open Event	Result
New electable choices are available for the open event and the rates of some existing electable choices changed: • InFusion Medical: 5500 USD per year • InFusion Medical for Employee Plus Spouse: 7500 USD per year • InFusion Dental: 120 USD per year • InFusion Vision: 200 USD per year	
The participant makes no elections in the intervening life event. The open event includes new electable choices, an action item was created, and some rates changed: • InFusion Medical: 5500 USD per year • InFusion Medical for Employee Plus Spouse: 7500 USD per year • InFusion Dental: 120 USD per year • InFusion Vision: 200 USD per year	Doesn't reinstate elections even if you selected a reinstatement rule because the open event reprocessing created an action item

Override and Reinstatement Rules: Examples

Use combinations of override and reinstatement rules to control restoration of participant elections when you back out and reprocess a life event. The examples in this topic show how each override rule works in various scenarios when the reinstatement rule is Reinstate if electability exists for the backed out result.

Main Scenario Dates and Events

The following main dates and events apply to all examples in this topic:

Date	Event
November 1 to 28, 2015	Open enrollment period for the new plan year that starts on January 1, 2016. Worker experiences the open event with the following electable choices: • InFusion Medical: 5000 USD per year • InFusion Dental: 100 USD per year • InFusion Vision: 200 USD per year
November 15, 2015	Worker enrolls in the InFusion Medical offering

Date	Event
November 20, 2015	Administrator backs out and reprocesses the open event. Reprocessing restores worker elections based on the reinstatement rule and the generated electable choice data.

Override the Rates If No Change

The administrator set up this override rule along with the **Reinstate if electability exists for the backed out result** rule. Before making changes to the rate definition and reprocessing the open event, the administrator overrides the rate of the InFusion Medical offering to 5250 USD.

This table shows how the configured rule combination restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices and rates	Reinstates elections with the override value of 5250 USD for InFusion Medical because the electable choice data is unchanged
Same electable choices, but with different rates: • InFusion Medical: 5500 USD per year • InFusion Dental: 90 USD per year • InFusion Vision: 220 USD per year	Reinstates elections, applying the new rate value of 5500 USD rather than the override value of 5250 USD

Always Use Overridden Rates

The administrator set up this rule along with the **Reinstate if electability exists for the backed out result** rule. Before making changes to the rate definition and reprocessing the open event, the administrator overrides the rate of the InFusion Medical offering to 5250 USD.

This table shows how the configured rule combination restores elections based on different scenarios.

Scenario After Reprocessing Open Event	Result
Same electable choices and rates	Reinstates elections with the override value of 5250 USD for InFusion Medical
Same electable choices, but with different rates: • InFusion Medical: 5500 USD per year • InFusion Dental: 90 USD per year • InFusion Vision: 220 USD per year	Reinstates elections with the override value of 5250 USD for InFusion Medical even though the rate of the benefit offering that the participant elected originally changed to 5500 USD

Scenario After Reprocessing Open Event	Result
Fewer electable choices: • InFusion Dental: 90 USD per year • InFusion Vision: 220 USD per year	Doesn't reinstate elections because InFusion Medical, the participant's original election, is no longer an electable choice

FAQs for Program and Plan Enrollment

How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?

Follow these steps:

1. On the enrollment step in the program configuration process, select the program level row of the hierarchy.
2. On the General tab, enter a percentage in each of these fields:

   o Spouse Insurance Coverage Maximum

   o Dependents Insurance Coverage Maximum

3. On the enrollment step, select the appropriate insurance plan type row in the program hierarchy and scroll to the plan type further details below.
4. In the enrollment section of the General tab, select both of these check boxes:

   o Subject to dependent's insurance coverage maximum percentage

   o Subject to spouse's insurance coverage maximum percentage

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13 Designation Requirements for Dependents and Beneficiaries

Dependent Designation Level: Points to Consider

You define dependent designation requirements at one of these benefits object hierarchy levels on the Program Basic Details page:

- Blank
- Plan type in program
- Plan

Blank

Disables the Program Designation Requirements page and you can't specify designation requirements.

Plan Type in Program

The plan types currently attached to this program appear as rows in the table of the header section on the Program Designation Requirements page.

To define designation requirements for a particular plan type in this program:

- Select the plan type row in the table.
- Configure the designation requirements in the tabbed section of the page.

Plan

Disables the Program Designation Requirements page. You must use the Plan Designation Requirements page to configure designation requirements at the plan level.

Configuring Allowable Dependent or Beneficiary Designees

You can configure participant dependent or beneficiary designations at these levels:

- Option in plan
- Plan, if the plan doesn't have options

In the Plan Configuration work area:

1. Open the Configuring Allowable Dependent or Beneficiary Designees dialog box by clicking **Create** on one of the following locations.

Location	Task to Open
Create or edit page, Allowable Dependent or Beneficiary Designees section	Manage Benefit Options
Create or edit Plan Eligibility page, Allowable Dependent or Beneficiary Designees tab	Manage Benefit Plan Details

2. Select the group relationship that you're defining designation requirements for. For example, select **Family** when you plan to add child, parent, nephew, and domestic partner relationship types.

3. Select the designation type, **Dependent** or **Beneficiary**.

   By default, benefits processing considers the following relationship types as personal relationships that you can designate as dependents.

   - Adopted child
   - Step child
   - Child
   - Domestic partner
   - Foster child
   - Domestic partner child
   - Spouse

4. Enter the minimum and maximum number of designees that this option or plan covers.

   > **Note:** If the plan allows no designees, you enter **0** in both fields or select **No Minimum** and **No Maximum**. If you enter a minimum or maximum or both, the application ignores the Cover all eligible field even if set to Yes.

5. For options, in the **Cover All Eligible** field , select **Yes** to provide coverage to all designees who meet the eligibility profile criteria.

6. Add at least one relationship type that corresponds to the selected group relationship. For example, if you selected the group relationship Child, then you would add at least one of the following relationship types:

   - Adopted child
   - Step child
   - Child
   - Domestic partner child
   - Foster child

   You wouldn't add a relationship type of Nephew or Niece.

Beneficiary Designation Requirements: Example

This example shows how to define both kinds of action items for designating beneficiaries:

- Action items that cause enrollment of the entire benefit offering to be suspended if not completed
- Action items that cause enrollment of only the beneficiary to be suspended

Scenario

A participant enrolls in a life insurance plan that requires the participant to designate a beneficiary. The participant designates a beneficiary, but doesn't provide an address.

- The participant receives a reminder about the pending action item.
- Event processing completes the participant's enrollment in the plan but suspends enrollment for the beneficiary until the participant provides an address.

Configure these plan settings in the Plan Configuration work area using the Manage Benefit Plan Details task.

1. On the Plan Designation Requirements page, create an action item for designating a beneficiary.
2. In the Beneficiaries tab Suspending Plan Enrollment section, select the **Required** and **Suspend Enrollment** options for the action item.
3. Set a due date.
4. In the Action Items for Suspending Beneficiary Enrollment section, add another action item for the beneficiary's address.
5. Select **Required** and **Suspend enrollment**.
6. Set a due date.

Related Topics

- Enrollment and Benefits Certifications: Examples

- Benefits Certifications and Other Action Items: Overview

Dependent Designation Requirements: Example

The following example shows how to associate dependent designation requirements with benefits offerings.

Scenario

When a participant enrolls in the Employee Plus 1 option, the participant must designate a dependent and provide the relevant certificate, such as marriage or birth.

- The participant receives a reminder about the pending certificate.

- Event processing suspends the participant's enrollment in the Employee Plus 1 plan.

- Employee Only coverage is in effect until the participant provides one of the certification documents.

Configure these plan settings in the Plan Configuration work area:

1. On the Plan Designation Requirements page, create an action item that requires designating a dependent.
2. On the Dependents tab Dependent Action Items section, select the **Required** and **Suspend Enrollment** options.
3. Set a due date
4. Add a certification requirement.
5. Select the **Required** and **Suspend Enrollment** options for the certification requirement.
6. Add certifications for a marriage certificate, domestic partner affidavit, birth certificate, and adoption certificate. Don't select **Required** for the individual certifications, so that participants can satisfy the requirement by providing any one of the documents.
7. On the Edit Plan Enrollment page, define interim coverage for this plan to be the Employee Only option.

Related Topics

- Enrollment and Benefits Certifications: Examples

- Benefits Certifications and Other Action Items: Overview

FAQs for Program and Plan Designation

Can I configure designation requirements for benefit plans with no options?

Yes, in the Plan Configuration work area when you create a plan or edit an existing one.

1. Select the plan in the Plan and Option Eligibility section of either the create or edit page for plan eligibility.
2. Configure which dependent or beneficiary designees are allowed to enroll in that plan, in the Further Details section.
3. Configure action items for the associated certification on the Designation Requirements page.

14 Plan Certifications and Other Action Items

Certifications and Other Action Items: Overview

Action items are tasks that participants must complete or documents that they must provide to finish enrollment in a benefits offering. Action items also include optional suspension rules when participants fail to complete the required task or provide the required documentation.

Tasks that participants must complete include designating:

- Dependents
- Beneficiaries
- Primary care providers

Documents that participant must provide, include:

- General contact information such as dependent social security numbers, and beneficiary addresses
- Certification documents, such as birth certificates, marriage certificates, proof of good health, evidence of insurability, and proof of student status

You can define certification requirements for any of the following situations using the Manage Benefit Plan Details task.

Situation	Configuration Location
General enrollment in a benefits offering	Certifications page, Enrollment Certifications tab, General Configuration subtab
Enrollment following a specific life event	Certifications page, Enrollment Certifications tab, Life Event subtab
Restrictions based on coverage or benefits selected	Certifications page, Benefit Certifications tab, General subtab
Coverage or benefits restrictions for specific life events	Certifications page, Benefit Certifications tab, Life Event tab
Designation of dependents	Designation Requirements page, Dependents tab, General, Life Event, and Eligibility subtabs
Designation of beneficiaries	Designation Requirements page, Beneficiaries tab, Requirements and Restrictions subtabs

Related Topics

- Configuring Suspended Enrollment: Points to Consider

Action Items: How They Are Processed

The configuration of action items determines what happens during enrollment processing. For example, failure to provide required action items can result in suspended enrollment or simply cause delinquent items to appear in benefits administration reports.

Settings That Affect Action Item Processing

The following action item settings affect processing:

Setting	Description
Suspend Enrollment	When enabled, notifies participant of pending action item during enrollment and causes suspension of enrollment until the item is completed.
Determination Rule	Determines when the item is required, such as always or only for initial enrollment.
Due Date	Determines when the item starts appearing on audit and error reports generated by enrollment processing.

Interim coverage setup also affects enrollment processing, as described in the next section. You define interim coverage for a plan or option on the Plan Enrollment page using the Manage Benefit Plan Details task in the Plan Configuration work area.

How Action Items Are Processed

If enrollment processing suspends enrollment due to incomplete action items, it then applies interim coverage, if configured. No further life event processing takes place until the participant completes the action items.

> ✏ **Note:** Incomplete or past-due action items for one benefits relationship don't stop processing of events for another benefits relationship for the same worker.

Reporting of pending action items and certificates occurs as part of enrollment processing. Benefits administrators can use these reports to follow up as required.

Process	Reporting
Close enrollment action items	The audit log includes any: • Past-due required action items • Incomplete action items that you configured to suspend enrollment

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Process	Reporting
Close enrollment	The audit log includes any: • Past-due required action items • Incomplete action items that you configured to suspend enrollment
Participation evaluation	The error report contains any incomplete action items that you configured to suspend enrollment for a participant.

The following scenarios illustrate subsequent life events processing for a participant with an open action item.

Suspension Results in No Further Life Event Processing

Scenario:

1. On January 1, 2015, you process the Add a Child life event with an occurred date of January 1, 2015, and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment and applies the configured interim coverage.
3. You process the Relocation event on January 15, 2015.

Result:

- The Relocation event can't process until you resolve the suspension for the Add a Child event.

- The action item associated with the Add a Child event appears on the audit report after action item processing.

- The participant's name appears on the error report after participation evaluation processing.

- Contact the participant and attempt to resolve the action item. After you mark the action item as complete, enrollment for the Add a Child event completes and you can process the Relocation event.

Suspension of Beneficiary Designee Only

Scenario:

1. On January 1, 2015, you process the Add a Child event with an occurred date of January 1, 2015, and make corresponding elections.
2. An outstanding action item for beneficiary designation, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment for the beneficiary designee.
3. You process the Relocation event on January 15, 2015.

Result:

- The participation process evaluates the Relocation event for enrollment opportunities even though an outstanding action item exists. This is because the action item exists only for the beneficiary designation, not for the entire offering.

- You can process future life events for the participant.

Suspension with No Interim Coverage

Scenario:

1. On January 1, 2015, you process the Add a Child event with an occurred date of January 1, 2015, and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment, but no interim coverage exists.

3. You process the Relocation event on January 15, 2015.

Result: The Relocation event can't process until you resolve the suspension for the Add a Child event.

Subsequent Life Event Processing Causes Previous Life Event to be Backed Out

Scenario:

1. On January 10, 2015, you process the Add a Child event with an occurred date of January 10, 2015 and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of January 30, 2015. The participation evaluation process suspends the enrollment and applies the configured interim coverage.
3. On January 15, 2015, you process the Relocation event with an occurred date of January 1, 2015.

Result: Life event processing backs out the Add a Child event, along with any pending action items. It processes the Relocation event, unless the timeliness setup for the life event prevents life events from backing out in this situation.

Termination Processing After Suspension

Scenario:

1. On March 1, 2015, you process the Marriage life event and make corresponding elections.
2. An action item, configured for suspension, is generated with a due date of March 30, 2015. The participation evaluation process suspends the enrollment and applies the configured interim coverage.
3. You process the Termination event on March 20, 2015.

Result: The participation process evaluates the Termination event even though there is a pending action item from the Marriage life event.

Related Topics

- Configuring Suspended Enrollment: Points to Consider

Configuring Required Certifications and Other Action Items: Points to Consider

You can configure a certification requirement action item to include one or more required individual certifications that participants must provide to fulfill the requirement.

You define action items on the Plan Certifications and Plan Designation Requirements pages using the Manage Benefit Plan Details task in the Plan Configuration work area.

This topic explains considerations for the following:

- Determination rule

- Multiple certifications

- Required action items without certification

Determination Rule

If you select the **Required** check box when you add a certification, you also select the determination rule, which specifies the conditions in which the certification is required.

Examples of determination rule conditions requiring certifications:

- Only when a participant is enrolling for the first time

- Only if never produced in the past

- Only if a new dependent is designated

- For every life event

You can create a formula if the existing determination rules do not meet your business requirements.

Multiple Certifications

If you select multiple certifications, a participant must provide both of the following to fulfill the requirement:

- All required certifications

- At least one optional certification

Example: You require that the participant provide either a Marriage Certificate or a Domestic Partner Affidavit when designating a spouse dependent.

In this case, you:

- Select **Required** for the certification requirement action item

- Don't select **Required** for each of the individual certifications

Required Action Items Without Certifications

Selecting **Required** for other action items, such as designation of a beneficiary, dependent, or primary care physician:

- Doesn't affect processing

- Can be useful for tracking an action item in internal reports

Related Topics

- Beneficiary Designation Requirements: Example

- Dependent Designation Requirements: Example

Configuring Suspended Enrollment: Points to Consider

You configure plan enrollment suspension in the Plan Configuration work area using the Manage Benefit Plan Details task.

1. Select the plan or option in the Plan and Options Certifications section of the plan Certifications page.
2. Configure enrollment suspension in the Enrollment Certifications and Benefit Certifications tabs, General Configuration and Life Event subtabs.

Suspend Enrollment Check Box

If you select the **Suspend enrollment** check box for an action item, then event processing:

- Displays a suspension reminder to the participant or benefits administrator during enrollment

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- Suspends enrollment in the benefit offering until the participant completes the action item
- Applies interim coverage, if any was configured on the Plan Enrollment page

Impact of Suspended Enrollments

You can't process any life events, except terminations, for the participant during enrollment suspension. If the participant doesn't complete the action item by its due date, the action item appears in the following until the participant does complete it:

- Close action item audit log
- Close enrollment audit log
- Participation evaluation error report

Configuration of Suspensions for Multiple Certifications

You can't select **Suspend enrollment** for an individual certification. You configure suspension for a certification requirement action item, which may include multiple individual certifications. If you configure suspended enrollment for a certification requirement with multiple certifications, participants must provide both of the following to avoid enrollment suspension:

- All required certifications
- At least one optional certification

Example: You create a certification requirement with two required and five optional certifications.

- The participant must provide the two required certifications and at least one of the optional ones to satisfy the certification requirement.
- If you configure this certification requirement for suspended enrollment, and the participant provides only one of the required certifications, event processing:
    - ○ Considers the action item incomplete
    - ○ Suspends enrollment

Related Topics
- Unsuspend Coverage and Rate Rules: Points to Consider

Enrollment and Benefits Certifications: Examples

The following examples illustrate how to associate enrollment and benefits-based certification requirements with benefit offerings.

General Enrollment Certification Requirement

Scenario: A life insurance plan requires participants to provide a proof of good health, which they obtain from their physicians.

- The guided enrollment process provides a reminder about the pending certification during enrollment.

- Enrollment processing immediately suspends enrollment and applies the interim coverage, if any.
- The interim coverage remains in effect until the participant provides the certification.

Setup: On the Plan Certifications page in the Plan Configuration work area:

1. On the Enrollment Certifications tab, General Configuration subtab, create a certification requirement.
2. Select the **Required** and **Suspend enrollment** check boxes.
3. Set a due date for the certification.
4. Define interim coverage for the plan, if not already defined, on the Plan Enrollments page.

Life Event Enrollment Certification Requirement

Scenario: A life insurance plan requires new hires to provide proof of good health or evidence of insurability certification. Existing participants who are updating benefits during open enrollment don't have to provide proof.

- The guided enrollment process provides a reminder about the pending certification during new hire enrollment.
- Enrollment processing immediately suspends new hire enrollment in the plan, with no interim coverage, until the new hire provides the certification.

Setup: On the Plan Certifications page in the Plan Configuration work area:

1. On the Enrollment Certifications tab, Life Event subtab, create a certification requirement for the New Hire life event.
2. Select the **Required** and **Suspend enrollment** check boxes.
3. Set a due date for the certification.

Don't define interim coverage.

Benefit Certification Requirement

Scenario: A life insurance plan exceeding 100,000 USD coverage requires proof of good health or evidence of insurability certification. Plans with coverage below that amount don't require certification.

- The guided enrollment process provides a reminder about the pending certification during enrollment in the plan with coverage exceeding 100,000 USD.
- Enrollment processing immediately suspends enrollment and applies the interim coverage, if any.
- The interim coverage remains in effect until the participant provides the certification.

Setup: On the Plan Certifications page in Plan Configuration work area:

1. On the Benefit Certifications tab, General Configuration subtab, create a certification requirement.
2. Select the **Required** and **Suspend enrollment** check boxes.
3. Set a due date for the certification.
4. Define interim coverage as a plan with coverage equal to 100,000 USD on the Plan Enrollment page.

  💡 **Tip:** You can also define benefits certification requirements for a particular life event using the Life Event subtab. For example, you require certification for the Gain Dependent life event if coverage exceeds 100,000 USD.

Related Topics

- Dependent Designation Requirements: Example

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Plan or Option Sequence Restrictions: Points to Consider

Setup of benefits certification coverage restrictions at the plan level varies depending on whether the restriction type is **Benefit amount** or **Plan or option sequence**. You can set up restrictions for the entire plan or for specific life events for the plan. You can't set up restrictions based on coverage calculation amounts if you set the Restriction Type to Plan or option sequence. Configure restrictions in the Plan Configuration work area using the Manage Benefit Plan Details task.

Benefit Amount

Use the Benefit Amount Restrictions section of the Plan Certifications page, Benefits Certifications tab, General Configuration subtab, for both first-time enrollments and changes in enrollments.

- For first-time enrollments, you can specify the Minimum, Maximum, and Maximum with Certification coverage amounts.

- For enrollment changes, you can also specify Maximum Increase and Maximum Increase with Certification amounts.

Elections submitted outside of these specifications trigger enrollment suspension and application of interim coverage, if configured on the Plan Enrollment page.

You can impose benefits certification restrictions in plans that have coverage with either of the following calculation methods:

- Flat range

- Flat amount

  To see this method, you must first select the **Participants enter value at enrollment** check box.

Typical scenarios don't call for simultaneously setting all benefits amount restriction fields.

Plan or Option Sequence

The Plan or Option Sequence Restrictions section targets both first-time enrollments and changes in enrollments. Elections submitted outside of the following specifications trigger enrollment suspension and application of interim coverage, if configured on the Plan Enrollment page.

- For first-time enrollments, you can specify Minimum Sequence Number, Maximum Sequence Number, and Maximum Sequence Number with Certification.

- For enrollment changes, you can also specify Maximum Sequence Number Increase and Maximum Sequence Number Increase with Certification.

Plan configurations that include all of the following aspects can impose option restrictions:

- Options

- Coverages that use the Multiple of compensation calculation method

Selecting **Plan or option sequence** as the restriction type enables the **Restrictions on Changes** field. When configured, the selected restriction on changes rule limits the choices that workers see during enrollment. For example, **No restrictions** allows workers to see all available options. **Increase only** allows workers to see just those options that are greater than the current election.

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Enrollment processing determines whether an option represents an increase or decrease with respect to the currently elected option based on the option sequence numbers. You set the sequence numbers in the Options section table of the Plan Basic Details page. Typical scenarios don't call for simultaneously setting all option restriction fields.

Plan or Option Sequence Restrictions: Examples

Some benefits provide options for different levels of coverage, such as life insurance offerings with coverage in multiples of a participant's annual salary. You can define sequence restrictions to limit the number of levels of increase either:

- From one enrollment period to the next
- Due to occurrence of a life event

You can also set the minimum and maximum sequence levels that workers can select with and without certification. You define sequence number restrictions on the Benefit Certifications tab, General Configuration subtab of the Plan Certifications page.

Sequence Number Increase Restriction

Scenario: A life insurance plan has options for 10k USD, 20k USD, 30k USD, 40k USD, and 50k USD, associated respectively, with sequence numbers 1 through 5. A participant with existing coverage of 10k USD can only jump:

- One level, up to 20k USD, without certification
- Two levels, to 30k USD, with certification of good health or evidence of insurability

Setup:

1. In the Restriction Type field, select **Plan or option sequence**.
2. In the Plan or Option Sequence Restriction section, set the sequence restriction values as shown in the following table:

Field	Value
Maximum Sequence Number Increase	1
Maximum Sequence Number Increase with Certification	2

Maximum Sequence Number Restriction

Scenario: A supplemental life insurance plan has four coverage options with sequence numbers 1 through 4. You want to restrict the highest level of coverage, sequence number 4, to only those participants who provide certification.

Setup:

1. In the Restriction Type field, select **Plan or option sequence**.

2. In the Plan or Option Sequence Restriction section, set the sequence restriction values as shown in the following table:

Field	Value
Maximum Sequence Number	3
Maximum Sequence Number with Certification	4

FAQs for Plan Certifications

Can I change the name of an action item?

Yes, you can edit the meaning of the existing certifications lookup codes in the Enrollment Action Items lookup type. This lookup type includes the lookup codes Beneficiary designation, Dependent coverage, Proof of event, and Proof of good health. This change only modifies the display text of the certification. For example, you want to rename Proof of good health to Evidence of insurability. Use the Manage Common Lookups task in the Setup and Maintenance work area.

Can I configure designation requirements for benefit plans with no options?

Yes, in the Plan Configuration work area when you create a plan or edit an existing one.

1. Select the plan in the Plan and Option Eligibility section of either the create or edit page for plan eligibility.
2. Configure which dependent or beneficiary designees are allowed to enroll in that plan, in the Further Details section.
3. Configure action items for the associated certification on the Designation Requirements page.

15 **Rate Creation and Calculation**

Rates and Coverages: Overview

Benefits administrators and managers create and manage benefit rates and coverages using the following tasks in the Plan Configuration work area:

- Manage Benefit Rates

- Manage Benefit Plan Coverage

This topic covers key benefit terms related to rates and coverage:

- Rates

- Coverage

- Calculation methods

- Variable rates and coverage

- Final calculation

Rates

Rates determine costs for purchasing benefit coverage, such as life or health insurance. Rates usually determine an amount of monetary contributions paid by:

- The employee

- The employer

- A combination of both

Rates can also determine amounts distributed from the employer to the employee, such as for tuition reimbursement.

Coverage

Coverage defines monetary amounts available to enrolled participants in the event of a claim, such as for medical expenses.

Calculation Methods

You can calculate standard rates and coverage using a variety of delivered calculation methods, such as flat amount or multiple of coverage. Or, you can create a calculation formula.

Variable Rates and Coverage

To vary a rate or coverage by criteria, you can associate variable rate or coverage profiles that adjust or replace the standard rate or coverage calculation.

Example: You can adjust a rate based on criteria such as location, length of service, and participant's age.

Final Calculation

To derive the final calculation of the rate or coverage, you can apply limits and rounding rules.

Define Elements, Balances, and Formulas: Overview

The Define Elements, Balances, and Formulas task list contains the tasks required for creating payroll elements for compensation and HR management. You can use this task list if you're recording earnings, deductions, and other payroll data for reporting, compensation and benefits calculations, or transferring data to a third-party payroll provider.

> ✏ **Note:** If you're using Oracle Fusion Global Payroll, use the Define Payroll task list instead. The Define Payroll task list includes additional tasks required to set up payroll processing.

Required Tasks

Your business requirements and product usage determine which required tasks and other payroll-related tasks you perform. The required tasks are:

- Manage Elements
- Manage Payroll Definitions, which is usually required to support elements
- Manage Consolidation Groups, which is required for creating payroll definitions

If you use predefined Payroll Interface extracts to transfer data to a third-party payroll provider, you may need to create element subclassifications, balances, organization payment methods, and object groups. Refer to the Global Payroll Interface documentation for more information.

Prerequisite Tasks

The Workforce Deployment and Compensation Management offerings include the Define Elements, Balances, and Formulas task list. These offerings contain other tasks that you must complete first, as shown in the following table.

Task	Use To	Why It's Important
Manage Legal Entities	Create payroll statutory units.	Ensures that hiring employees automatically creates payroll relationship records.

Task	Use To	Why It's Important
Manage Legal Entity HCM Information	Associate a legislative data group with each payroll statutory unit.	As above.
Manage Features by Country or Territory	Select Payroll Interface as the extension for any countries or territories where you extract HR data to send to a third-party payroll provider.	Ensures that you use the appropriate element templates to create earnings.

Configure Legislations for Human Resources

Use this task to create and edit legislative data for a country or territory that doesn't have a predefined country extension. It guides you through configuring some payroll objects and values required for creating elements, including:

- Tax year start date
- Period of service on rehire rules
- Default currency
- Element classifications
- Component groups
- Payment types

! **Important:** Complete this task before the other tasks in this task list.

Manage Elements

Use elements to communicate payment and distribution information to payroll applications from the source applications listed in the following table.

Source Application	Element Purpose	Requirements
Compensation	- Earnings and deduction elements, such as bonuses, overtime earnings, and voluntary deductions. - Information elements to load custom data to use during a workforce compensation cycle.	Required for compensation plans and base pay, no matter which HR and payroll applications you're using.

Benefits	- Deduction elements to record activity rate calculation results, such as:
	   ○ Employee contributions and employer distributions for medical options
	   ○ Flex credits for flex offerings
		Required if you use element entries to communicate benefits rate information to any payroll application.
		
		🔒 Restriction: You must select Payroll Relationship as the employment level.

Source Application	Element Purpose	Requirements
	• Earnings elements if you set up your flex offering to disburse unused credits as cash.	
Time and Labor	Earnings elements with input value of Hours.	Required if you pay worked time based on time card entries.
Absence Management	Earnings elements with input value of Hours.	Required if you process absence payments and book employer liability of accrual balances through Global Payroll or Global Payroll Interface.

Manage Payroll Definitions

Employees' employment terms or assignments include their assigned payrolls. The payroll definition supplies the payroll period frequency and end dates, which some applications use for calculations. The following table shows which Oracle Fusion HCM applications require payroll definitions.

Application	Payroll Definition Required?	Usage Conditions
Global Payroll Interface	Yes	N/A
Compensation	Yes	N/A
Benefits	Optional	Required to use the payroll period frequency to calculate communicated rates or values passed to payroll.
Time and Labor	Optional	Required to pass time entries to payroll calculation cards for payroll processing or for extract to a third-party payroll application.
Absence Management	No	N/A

Manage Consolidation Groups

You must have at least one consolidation group for each legislative data group where you create elements. Payroll definitions require a consolidation group.

Other Payroll-Related Setup Tasks

Your implementation might require other tasks in the Define Elements, Balances, and Formulas task list, as shown in the following table.

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Task	Requirements
Manage Organization Payment Methods	If you want to record personal payment methods for your employees, you must create organization payment methods and associate them with your payroll definitions. Organization payment methods define the combination of payment type and currency to use for payments to employees or external parties.
Manage Element Classifications	Primary element classifications are predefined. If you run the Calculate Gross Earnings process (provided with Global Payroll Interface), you might create subclassifications to feed user-defined balances.
Manage Fast Formulas	You can write formulas for a number of uses, including: • Validating user entries into element input values • Configuring compensation, benefit, and accrual plan rules • Calculating periodic values for gross earnings and defining element skip rules for the Calculate Gross Earnings process (provided with Global Payroll Interface)
Manage Balance Definitions	If you're using Global Payroll Interface, creating earnings elements creates balances automatically. You can edit these generated balance definitions. If you're using the Calculate Gross Earnings process, you may want to create additional balances for extracts or reporting.
Manage Object Groups	You can create object groups to specify subsets of elements or payroll relationships to include in a report or process, such as the Calculate Gross Earnings process.

Related Topics

• Using Formulas: Explained

• Payroll Definitions: Explained

• Payroll Balance Definitions: Explained

• Implementing Payroll Interface: Procedure

• Elements: How They Hold Payroll Information for Multiple Features

Rates: How They Are Calculated

Rate calculations apply a calculation method to values that you define or values that participants enter during enrollment.

Settings That Affect Rate Calculations

The following calculation methods are available for computing rates:

Calculation Method	Description
Flat amount	Predefined or entered during enrollment.

Calculation Method	Description
Multiple of compensation	Calculates rate as multiple of participant's compensation amount
Multiple of coverage	Calculates rate as multiple of total coverage amount
Multiple of parent rate	For child rates only, calculates rate as multiple of the parent (primary activity) rate
Multiple of parent rate and coverage	For child rates only, calculates rate as multiple of both parent rate and coverage amount
Multiple of coverage and compensation	Calculates rate as multiple of both coverage and compensation
No standard value used	Uses rate defined in variable rate profiles
Set annual rate equal to coverage	Uses total coverage as the annual rate amount
Post enrollment calculation formula	Calculates rate based on election information entered during enrollment using a formula you define
Calculate for enrollment formula	Calculates rate on enrollment using a formula you define

The calculation method you select works with other settings to compute the final rate.

Condition	Related Configuration
Calculations using multiples	Specify the operation, such as simple multiplication, percentage, or per hundred.
Calculations based on compensation	Specify the compensation factor that defines the basis for the compensation calculation, such as weekly stated salary or stated annual salary.
If you enable participant input	You can set valid ranges, default values, and increment values, as applicable. The default values apply if you recalculate rates and no user input is available.
Partial month enrollment	You can define a prorated rate.
Rounding	Select a rounding rule.
Limits	Define high and low limits.
Variable rates	Attach variable rate profiles to the standard rate.

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How Rates Are Calculated

The calculation method and other settings defined for a rate determine how and when the rate is calculated. For example, the rate might be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Example: Multiple of Compensation

Inputs to Calculation	Calculated Rate	Calculation Details
Compensation Amount: 25,000 (value derived by applying a **Compensation Factor** of **Stated Annual Salary**) **Multiplier**: 1 **Operator**: Per ten thousand	2.5	(1/10,000) x 25,000

Example: Multiple of Coverage

Inputs to Calculation	Calculated Rate	Calculation Details
Coverage Amount: 200,000 **Multiplier**: 1 **Operator**: Per ten thousand	20	(1/10,000) x 200,000

Example: Multiple of Compensation and Coverage

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 0.0001 **Multiple of Compensation Operator**: Multiply by **Compensation Amount**: 25,000 (value derived by applying a **Compensation Factor** of **Stated Annual Salary**) **Multiple of Coverage Operator**: Per ten thousand **Coverage Amount:** 100,000	25	((.0001 x 25,000) / 10,000) x 100,000

Example: Multiple of Parent Rate

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 2 **Parent Rate Operator**: Multiply by **Parent Rate**: 2.5 (value derived from selected **Parent Rate Name**)	5	2 x 2.5

Example: Multiple of Parent Rate and Coverage

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 1 **Coverage Operator**: Per ten thousand **Coverage Amount**: 200,000 **Parent Rate Operator**: Multiply by **Parent Rate**: 2.5 (value derived from selected **Parent Rate Name**)	50	((1 x 2.5) / 10,000) * 200,000

Related Topics

- Variable Rates: Points to Consider

- Creating a Variable Rate: Worked Example

- Coverages: How They Are Calculated

Standard Rate Creation Methods: Points to Consider

You can create and edit benefits standard rates using one of these methods:

- Create rates for plans or options during program and plan quick create.
- Create rates using the **Manage Benefit Rates** task in the Plan Configuration work area.
- Create rates in the plan configuration integrated workbook.
- Edit rates in the Edit Rates integrated workbook.
- Copy rates to additional legal employers.

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Creating Rates with Quick Create Program and Plan

You can create rates that use the flat amount calculation method for plans with or without options. Enter employer and participant costs using Quick Create Program or Quick Create Plan. Click **Quick Create Program** or **Quick Create Plan** in the programs or plans Search Results section.

When you save the program or plan, the save process:

- Creates the rates based on the cost values that you entered. You can't name the rates using your own naming conventions. With the quick create methods, the save process automatically creates the rate name when it creates the rate.

- Sets the rates usage to **Standard** and the calculation method to **Flat Amount** for each cost

  .

You can edit these new rates after searching for them on the Manage Benefit Rates page, Standard Rates tab.

Creating Rates with the Manage Benefit Rates Task

You can create standard rates based on flat amounts or other calculation methods. Calculation methods include multiple of coverage or multiple of compensation, as well as calculate for enrollment formula.

Use the **Manage Benefit Rates** task to create the standard rate and specify:

- The calculation method

- Payroll and processing information

- Extra inputs

- Partial month determination

- Annual rates

Creating Rates in the Plan Integrated Workbook

Create rates that use the flat amount calculation method when you create plans with or without options using the benefit plans integrated workbook. Upload processing is the same as when you save the quick create plan. To generate the workbook, click **Prepare in Workbook** on the plans Search Results section. Then enter plan and option details, including employer and participant costs.

Editing Rates in the Edit Rates Integrated Workbook

On the Manage Rates page, use the Edit Rates workbook to edit many existing rates at once, for example, to reflect annual changes in contribution.

- Download and edit standard rates for only one calculation method at a time.

- Edit standard rates only.

- You can't use the workbook to associate variable rate profiles with standard rates.

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Copying Rates for Additional Legal Employers

Rather than creating the same rates for multiple legal employers, you can create them once, then duplicate them for use by additional legal employers.

Use the **Manage Benefit Rates** task to search for the standard rate that you want to use for additional legal employers:

1. Click the **Duplicate** button for the rate to open the Duplicate dialog box.
2. Select and add the legal employers to which you want to copy the standard rate.

Related Topics

- Defined Rate Frequency and Communicated Rate Frequency Values: How They Work Together

- Benefit Variable Rate Creation Methods: Points to Consider

Rate Display Configuration: Points to Consider

Control the display and visibility of a rate value on the enrollment pages. You configure the following display aspects of a rate:

- Display type, defined during rate setup
- Visibility and display name configuration for self-service enrollment

Display Type

The rate display type indicates where the rate value should appear during enrollment. On the Create or Edit Rate page, select one of the display types in the following table:

Rate Display Type	Where The Rate Appears
Primary	Appears in the Primary Rate column during enrollment. Enables rate entry. Typically the employee rate.
Secondary	Appears in the Secondary rate column during enrollment, but does not enable rate entry. Typically the employer rate.
Others	On the self-service pages, this rate type appears in one of these columns: • Other 1 • Other 2 Examples include pretax and after-tax. In the Enrollment work area, this rate type appears in the Details window when you make an enrollment.

Default Display

Self-service enrollment pages display a maximum of four rate types for each plan and option. The following figure shows the default display sequence of Primary, Secondary, Other 1, and Other 2 rate types on self-service enrollment pages.

Enrollment Guided Process

Medical — Dental — Vision — FSA — Review

Plan and Option	Primary Rate	Secondary Rate	Other Rate 1	Other Rate 2
☐ Eye-care + 1	180	50	-	-
☑ Eye-care + family	480	120	-	-

Rate Visibility and Display for Self-Service Enrollment

Use the Configure Plan Type Grouping Display page to:

- Show or hide rate types in each plan grouping step on the self-service pages. You can't hide the primary rate type.

- Rename the rate types in each step on the self-service pages.

Revising column names, such as changing Other to Pretax or After-Tax, doesn't affect taxation.

Vision Rates Example

For example, you rename the primary and secondary rate types on the vision plan enrollment step to Employee Rate and Employer Rate. You also hide the other rates. This figure shows the resulting configuration on the self-service pages, with only the employee and employer rates visible for each vision plan and option.

Enrollment Guided Process

Medical — Dental — Vision — FSA — Review

Plan and Option	Select	Employee Rate	Employer Rate
Eye-care employee plus one	☐	180	50
Eye-care employee plus family	☑	480	120

Partial Month Determination Rule: Critical Choices

The partial month determination rule calculates the contribution or distribution amount when a participant's enrollment coverage date falls within a month. You can choose from the following options:

- All
- None
- Prorate value
- Formula
- Wash formula

All

The rule calculates the amount as if the participant were enrolled for the entire month.

None

The rule calculates the amount as if the participant wasn't enrolled at all for the entire month.

Prorate Value

The rule prorates the standard contribution or distribution based on the percentage of the month that the participant was enrolled.

If you select this option, click **Add** in the Proration Details section to define proration details, including:

- Percentage

- Rounding rule or formula for rounding the calculated prorate value

- Prorate period

- Which months the proration details apply to: for example, months with 28 days, 29 days, and so on.

- Proration formula, if applicable

- Start and stop coverage rule, if applicable

You can define more than one set of proration details if, for example, the details differ depending on the number of days in a month.

Formula

The rule uses your formula to calculate the rate. Select the formula to use. You must define the formula using the **Manage Fast Formulas** task in the Setup and Maintenance work area before you can select it here.

Wash Formula

The rule applies a wash formula to the rate to determine whether or not participants receive a contribution or distribution.

- Enter the day of the month (1-31) to use as the wash rule day.

- Participants don't receive a contribution or distribution if either is true:

    o Their start date occurs after the wash rule day

    o Their end date occurs before the wash rule day

Value Passed to Payroll: Points to Consider

In the **Value Passed to Payroll** field on the create or edit Rates page, select the amount that you want to pass to a participant's payroll element entry on enrollment.

You can select one of the following amounts:

- Communicated

- Defined

- Estimated per-pay-period

- Per-pay-period

- Annual

Communicated amount

The amount communicated to participants as their expected contribution or distribution.

Defined amount

The amount that you defined for the rate, which may be different from the amount communicated to the participant.

Estimated per-pay-period amount

An estimate based on a fixed number of pay periods.

Example:

- A biweekly payroll might occasionally have 25 or 27 pay periods in a calendar year, depending on the setup.
- Likewise, a weekly payroll might have 51 or 53 periods.

When you select this option, the calculation uses the usual number of pay periods, which are 26 for biweekly or 52 for weekly.

Per-pay-period-amount

The actual per-pay-period amount based on defined calculations.

- If you don't select a value, the calculation uses the per-pay-period amount.
- You can prorate only per-pay-period amounts.

Annual amount

The defined amount annualized.

Rate Periodization Formula

When you use a rate periodization formula as part of the rate processing, select one of the following as your value to pass to payroll:

- Annual amount
- Defined amount
- Communicated amount

Rate Frequencies: How They Affect Rates

Specify the rate communicated to participants during enrollment by configuring frequency settings in basic details of the program or plan not in program. Configure the standard rate with the payroll deduction amount. Use the Plan Configuration work area tasks.

Your configuration determines whether the communicated amount in the self-service enrollment pages and Enrollment work area is the same as the payroll amount.

Program or Plan Frequency Settings That Affect Rates

Select a value for each of the following frequencies when you configure the basic details for a program or plan not in program.

- **Defined Rate Frequency**: Time basis specified for the activity rate calculation.

  Possible selections are Annually, Biweekly, Monthly, Hourly, Quarterly, Semiannually, Semimonthly, or Weekly.

- **Communicated Rate Frequency**: Time basis used to calculate the rate displayed on the self-service enrollment pages and in enrollment results in the Enrollment work area.

  Possible selections are Estimated per pay period, Per month, Per pay period, Per pay period with element frequency rules, or Per year.

  The following table defines the pay period values.

Frequency Value	Description
Per pay period	Use the number of pay end dates derived from the payroll definition.
	Example: A weekly payroll might result in 53 end dates in the calendar year.
Estimated per pay period	Use the standard number of periods corresponding to the period type value selected in the payroll definition, regardless of the number of pay end dates in the calendar year.
	Example: Communicated rate calculations use the fixed number of 52 weekly periods, even for years with the nonstandard 53 weekly periods.
Per pay period with element frequency rules	Use the frequency rules of the payroll element associated with the standard rate to determine the number of deductions in the calendar year.
	Example: One of your benefit deductions occurs only on the first biweekly payroll in each month.
	If you use this communicated rate frequency, select **Per-pay-period amount** as the value passed to payroll.

If you select one of the pay period choices, you must define a corresponding payroll and assign it to the relevant participants. Use the tasks in the Define Elements, Balances and Formulas task list in the Setup and Maintenance work area.

Standard Rate Frequency Settings That Affect Rates

Select a value for each of the following optional attributes when you configure rate details and payroll information for the standard rate.

Optional Rate Attributes	Description
Element Input Value	Used to transfer the benefit rate to payroll through the element entry.

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Optional Rate Attributes	Description
	Before you can select an element input value, you must first select a payroll element for the standard rate.
Value Passed to Payroll	Amount that the application passes to the element entry.
	Possible selections are Annual amount, Communicated amount, Defined amount, Estimated per-pay-period amount, or Per-pay-period amount. Leave this field blank if you do not use element entries.
	For communicated amount and payroll deduction amounts to be the same, you must coordinate the settings for the communicated rate frequency and the value passed to payroll.
Rate Periodization Formula	You can customize the annual, defined, and communicated rate calculations for any activity rate. To do so:
	1. Create a fast formula using the Rate Periodization formula type.
	2. Select the formula on the Processing Information tab of the standard rate.

How Communicated Rate is Calculated

The following table identifies the possible communicated rate values, the calculation used to determine the amount, an example amount, and the example calculation.

The examples represent a family medical plan and use the following values:

- Standard rate: 4,000 USD

- Defined rate frequency: Quarterly

- Payroll period type: Biweekly

- Element frequency rules for this deduction: First pay period in the month only

Communicated Rate Frequency	Calculation Used to Derive Communicated Amount	Example Communicated Amount (USD)	Example Calculation Expression
Per year	Standard rate x Number of times defined rate frequency occurs in 1 year	16,000	4,000 x 4
Per month	Annual amount / Number of times communicated rate frequency occurs in 1 year	1,333.3333	16,000 / 12
Per pay period	Annual amount / Actual number of pay periods in 1 year based on payroll frequency Actual number example: Depending on the year, 52 or 53 for weekly and 26 or 27 for biweekly	One of these two amounts, depending on the year: • 615.3846 • 592.5926	• Annual amount / 26 pay periods • Annual amount / 27 pay periods
Estimated per-pay-period	Annual amount / Standard number of pay periods in 1 year based on payroll frequency	615.3846	16,000 / 26

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Communicated Rate Frequency	Calculation Used to Derive Communicated Amount	Example Communicated Amount (USD)	Example Calculation Expression
	Standard number examples: 52 for weekly, 26 for biweekly, and 24 for semimonthly		
Per-pay-period with element frequency rules	Annual amount / Number of times deduction is taken in 1 year	1,333.3333	16,000 / 12

How Value Passed to Payroll is Calculated

The following table identifies the possible values to pass to payroll, the calculation used to determine the amount, an example amount, and the example calculation.

The examples represent a family medical plan and use the following values:

- Standard rate: 4,000 USD

- Defined rate frequency: Quarterly

- Communicated rate frequency: Per month

- Payroll: period:

    o Period type: Biweekly

    o Alternative for illustration purposes: Element frequency rule of first pay period in a month.

    o Reminder: Different years have a different number of biweekly payrolls.

Value Passed to Payroll	Calculation Used to Derive Amount	Example Value Passed to Payroll Amount (USD)	Example Calculation Expression
Left blank	None	Not applicable	Not applicable
Defined amount	Standard rate at the specified defined rate frequency	4,000 (per quarter)	None
Annual amount	Standard rate x Number of times defined rate frequency occurs in 1 year	16,000	4,000 x 4
Communicated amount	Annual amount / Number of times communicated rate frequency occurs in 1 year	1,333.3333	16,000 / 12
Estimated per-pay-period amount	Annual amount / Standard number of pay periods in 1 year based on payroll frequency Standard number examples: 52 for weekly, 26 for biweekly, and 24 for semimonthly	615.3846	16,000 / 26

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Value Passed to Payroll	Calculation Used to Derive Amount	Example Value Passed to Payroll Amount (USD)	Example Calculation Expression
Per-pay-period amount	Annual amount / Actual number of pay periods in 1 year based on payroll frequency Actual number example: Depending on the year, 52 or 53 for weekly and 26 or 27 for biweekly If using element frequency rules: Annual amount / Number of times deduction is taken in 1 year	One of these two amounts, depending on the year: • 615.3846 • 592.5926 If element has frequency rule of first pay period per month: • 1,333.3333	• 1,600 / 26 pay periods • 1.600 / 27 pay periods • 16,000 / 12

The communicated rate frequency is not coordinated with the value passed to payroll in the preceding examples, which focus on the calculation of each amount.

Related Topics

- Defined Rate Frequency and Communicated Rate Frequency Values: How They Work Together

Rate Start Date for Flexible Spending Account Plans: Critical Choices

This topic provides examples for these rules that you typically use to determine the rate start date for flexible spending account plan (FSA) enrollments:

- First of pay period preceding first check on or after event
- First of pay period preceding first check on or after elections
- Pay period start, before first check, on or after cover start

These date rules are available in the Rate Start Date list in the Enrollment step when you create a benefit plan.

When you select a date rule, consider the enrollment rules of your enterprise. For example, if your enterprise has a waiting period before enrolling new hires in an FSA plan, you might want the rate to start on a date no earlier than the coverage start date. You do this so that the rate element is included in the first pay period of the first check date.

The examples in this topic assume that you want to configure an FSA plan for workers on biweekly payrolls.

First of Pay Period Preceding First Check on or After Event

Example: When the worker makes the required elections for FSA, you want the FSA rate to start on the first day of the pay period that precedes the first check date. The date can be on or after the event date.

A worker makes elections on November 14. The first check date after the event date is on November 28. If you use this date rule, the rate starts November 10.

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First of Pay Period Preceding First Check on or After Elections

Example: When the worker makes the required elections for FSA, you want the FSA rate to start on the first day of the pay period that precedes the check date on or after the election date. The worker can make elections throughout the month.

A worker makes elections on November 24. The first check date after the elections is December 12. If you use this date rule, the rate starts November 16.

Pay Period Start, Before First Check, on or After Cover Start

Example: Your enterprise enforces a waiting period of 30 days for enrolling new hires into the FSA plan. You want the FSA rate to start on the first day of the pay period that precedes the date of the first pay check on or after the enrollment start date.

You hire a worker on November 1. The worker makes elections on November 12. In this case, the enrollment start date is December 1. The first check date after the enrollment date is December 18. If you use this date rule, the rate starts November 30.

Avoiding Rounding Discrepancies for Communicated Rates: Procedure

This topic covers how to avoid rounding the first element entry, and therefore the communicated rate, when it's different from the remaining element entries. For example, the rate is 592.592592 and you want the first rate to take the offset so that the subsequent rates round evenly. To avoid rounding the first element entry, use either of the following methods.

Using a Rate Periodization Formula

Follow these steps:

1. Create a fast formula of the Rate Periodization type using the **Manage Fast Formulas** task in the Setup and Maintenance work area.
2. Select the formula on the Processing Information tab of the standard rate in the Plan Configuration work area.

Using Value Passed to Payroll

Set **Value Passed to Payroll** on the standard rate to either **Annual amount**, **Communicated amount**, or **Defined amount** in the Plan Configuration work area. If you select **Estimated per-pay-period amount** or **Per-pay-period amount**, the first element entry is rounded.

Editing Standard Benefit Rates in the Integrated Workbook: Procedure

You can generate the integrated Microsoft Excel workbook in which you download standard benefit rates that match your search criteria. Use the integrated workbook to edit those rates, for example, to reflect annual changes in contribution. Then, upload your changes into the application database.

The workbook enables you to edit existing rates, not add new ones.

The basic process for editing benefit rates using the workbook is:

1. Generate and populate the workbook.
2. Edit the standard rates.
3. Upload edits.
4. Resolve errors.

Repeat these steps as many times as required to accommodate revisions.

Generating and Populating the Workbook

Currently, the application is limited to a maximum of 500 rows when it generates the workbook, to manage application performance.

1. On the Manage Benefit Rates page Standard Rates tab of the Plan Configuration work area, click **Edit Rates in Workbook** to generate the workbook.
2. In the search section at the top of the workbook, you must select a calculation formula. This acts as a filter for the records that the download process adds as rows in the Search Results section after you click **Search**.
3. Use the **Rate Display Type**, **Effective As-of Date**, and **Status Rule** fields to further filter your search result records.

Editing Standard Rates

After the download is complete, edit data only in the search results fields with a white background. The upload process ignores edits in search results fields with a nonwhite background. Edit the following objects in the Plan Configuration work area, rather than in the workbook:

- Variable rate profiles
- Variable formulas
- Extra inputs
- Partial month determination
- Annual rates

Uploading Edits

After you complete your edits, click **Upload** to load into the application database those rows marked as **Changed**. The process:

1. End dates the original benefit rate record

   It sets the effective end date to the day before the effective as-of date that you used as part of your download filter.
2. Adds a new benefit rate record with your edits

   The effective start date is the same as your effective as-of date and the effective end date is the original effective end date.
3. Moves changed rows to the bottom of the workbook.

To validate the changes, return to the Manage Benefit Rates page, Standard Rates tab and search for the changed rate.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

Setting Up Imputed Rates

Imputed income refers to certain forms of indirect compensation that US Internal Revenue Service Section 79 defines as fringe benefits. The IRS taxes the recipient accordingly.

Examples include:

- Employer payment of group term life insurance premiums over a certain monetary amount

- Personal use of a company car

- Other non-cash awards

If a plan is subject to imputed income:

- You must create an imputed rate, in addition to the standard rates for the plan.

- You must create a shell plan to record the imputed income calculation.

- Typically, you associate variable rate profiles with the imputed rate, because imputed income taxes vary based on a person's age.

The following figure illustrates the general steps to create imputed rates:
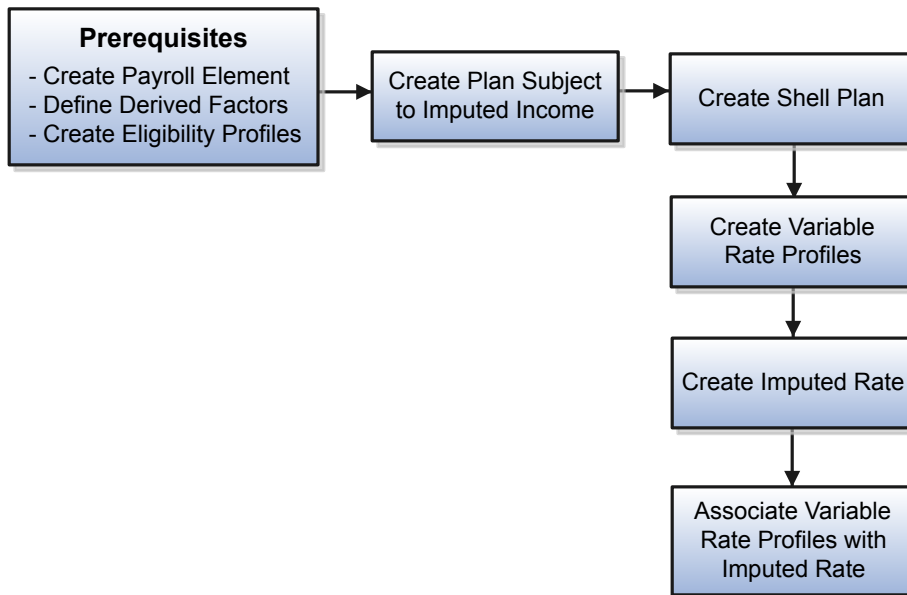
Prerequisites

Perform the following tasks before you create an imputed rate.

- Define the payroll element for the rate.

- Define derived factors for each age band (or any other factors) for which the rate varies, such as ages 20-25, 26-30, and so on.

- Define an eligibility profile for each age band and attach the appropriate derived factors.

- Define any other objects required by the specific rate, such as formulas.

Creating the Imputed Income Plan

Create the benefit plan that is subject to imputed income. Set the **Subject To Imputed Income** field to the appropriate person type for this rate, such as participant, spouse, or dependent.

Creating the Shell Plan

Create another plan to hold the results of the imputed income calculation, using the following settings:

Field	Value
Plan Type	**Imputed Shell**
Plan Function	**Imputed Shell**

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Field	Value
Imputed Income Calculation	The person type that is subject to the imputed income: • Participant • Spouse • Dependent

The imputed income calculation assumes that the employer pays 100 percent of the benefit, and doesn't subtract employee contributions from the calculation.

Creating the Variable Rate Profiles

Create variable rate profiles for each variable rate, using the following settings:

- Set the activity type to **Imputed Benefit**.

- Select the appropriate eligibility profile for the age band.

- Set the calculation method to **Flat Amount**.

- Enter the rate amount.

- Provide additional information as applicable for the rate.

Creating the Imputed Rate

Create the imputed rate using the following settings:

1. On the Standard Rates tab **Create** menu, select **Create Imputed Rate**.
2. In the **Imputed Shell Plan** field, select the shell plan you created earlier.
3. Provide additional rate information as applicable.

Associating the Variable Rate Profiles with the Imputed Rate

Select and add the variable rate profiles to the imputed rate.

Related Topics

- Creating a Variable Rate: Worked Example

Rate Start Date for Flexible Spending Account Plans: Critical Choices

This topic provides examples for these rules that you typically use to determine the rate start date for flexible spending account plan (FSA) enrollments:

- First of pay period preceding first check on or after event

- First of pay period preceding first check on or after elections

- Pay period start, before first check, on or after cover start

These date rules are available in the Rate Start Date list in the Enrollment step when you create a benefit plan.

When you select a date rule, consider the enrollment rules of your enterprise. For example, if your enterprise has a waiting period before enrolling new hires in an FSA plan, you might want the rate to start on a date no earlier than the coverage start date. You do this so that the rate element is included in the first pay period of the first check date.

The examples in this topic assume that you want to configure an FSA plan for workers on biweekly payrolls.

First of Pay Period Preceding First Check on or After Event

Example: When the worker makes the required elections for FSA, you want the FSA rate to start on the first day of the pay period that precedes the first check date. The date can be on or after the event date.

A worker makes elections on November 14. The first check date after the event date is on November 28. If you use this date rule, the rate starts November 10.

First of Pay Period Preceding First Check on or After Elections

Example: When the worker makes the required elections for FSA, you want the FSA rate to start on the first day of the pay period that precedes the check date on or after the election date. The worker can make elections throughout the month.

A worker makes elections on November 24. The first check date after the elections is December 12. If you use this date rule, the rate starts November 16.

Pay Period Start, Before First Check, on or After Cover Start

Example: Your enterprise enforces a waiting period of 30 days for enrolling new hires into the FSA plan. You want the FSA rate to start on the first day of the pay period that precedes the date of the first pay check on or after the enrollment start date.

You hire a worker on November 1. The worker makes elections on November 12. In this case, the enrollment start date is December 1. The first check date after the enrollment date is December 18. If you use this date rule, the rate starts November 30.

FAQs for Rates

How can I calculate benefit rates per paycheck instead of per pay period?

In the **Communicated Rate Frequency** field, select **Estimated per pay period** on the program basic details page. In the **Value Passed to Payroll** field, select **Estimated per-pay-period amount** on the standard rates page.

Scenario: Your payroll processes either weekly or biweekly, so some years you have 52 or 26 payroll runs and others you have 53 or 27. Regardless of the number of payroll runs, you always issue 52 or 26 paychecks per year. Also, you want to calculate the rate communicated to participants per those 52 or 26 paychecks.

What's the difference between limiters and ultimate limiters?

Limiters establish the minimum and maximum variable rate or coverage amount before it's added to, subtracted from, or multiplied by the standard rate or coverage.

Ultimate limiters establish the minimum and maximum variable rate or coverage amount after it's added to, subtracted from, or multiplied by the standard rate amount. For example, the ultimate high limit value sets the absolute maximum rate amount when you select the **Add to** treatment rule. This rule adds the variable rate calculated result to the standard rate calculation.

Can I edit multiple standard benefit rates at one time?

Yes. Use the **Edit Rates in Workbook button** of the Manage Standard Rates task to generate the workbook. With this workbook you can edit existing rates, not add new ones.

1. Generate the integrated Microsoft Excel workbook in which you download standard benefit rates that match your search criteria
2. Use the integrated workbook to edit those rates, for example, to reflect annual changes in contribution.
3. Upload your changes back into the application database.

How can I use existing rates for additional legal employers?

Follow these steps:

1. Click **Manage Standard Rates** in the Tasks panel drawer of the Plan Configuration work area.
2. On the Standard Rates tab, search for the rate that you want to use for additional legal employers.
3. On the Search Results toolbar, click the **Duplicate** button for the rate.
4. Select and add the legal employers to which you want to copy the standard rate.

You can also elect to copy the variable rates associated with the standard rate, as well as their child objects, such as variable rate profiles and formulas.

What happens if I select a 1 prior rule for previous rate or coverage end?

Previous rate and coverage end rules that start with the phrase **1 prior** terminate the rate or coverage period one day before the subsequent period starts. For example, the previous coverage ends on the last day of the current month if the previous coverage end is 1 prior or quarter end and coverage start is First of next month.

If you don't specify a coverage start, or no next rate or coverage starts, then the second part of the rule goes into effect. In this case, the previous coverage would terminate at the end of the quarter. For example, the existing rate or coverage stops at the end of the quarter if a job termination life event with no associated rate start or coverage start occurs.

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16 **Variable Rate Profile Creation**

Variable Rates: Points to Consider

Vary standard rates with variable rate profiles that specify eligibility criteria, calculation method, and how the calculation affects the associated standard rate.

This topic discusses:

- Standard rate
- Variable rate profiles
- Multiple eligibility criteria
- Exclusion from the variable rate
- Treatment rule
- Variable formula

Standard Rate

If a rate doesn't vary based on any factors, define the rate on the standard rate page. For example, if a dental plan rate is a flat amount of 8.00 per month regardless of age or other factors, use a standard rate.

To vary the standard rate, attach variable rate profiles to it.

Variable Rate Profiles

Rates may vary based on certain factors, such as age, smoking status, and compensation amount. You can create a variable rate profile for each rate amount. You can only attach one eligibility profile to a variable rate profile.

Example: If a life insurance plan costs more for a smoker than a nonsmoker, you:

1. Create two eligibility profiles, one for smokers and another for nonsmokers.
2. Create two variable rate profiles and associate each with the corresponding eligibility profile.
3. Specify the rate calculation for each variable rate profile.

Multiple Eligibility Criteria

If a rate varies based on multiple factors, such as age and smoking status, use the same logic to create variable rate profiles and associated eligibility profiles for each set of factors affecting the rate.

This table shows an example of combining two criteria, age and smoking status.

Age	Smoking Status
less than 25	nonsmoker
less than 25	smoker
26 to 40	nonsmoker

Age	Smoking Status
26 to 40	smoker

Create the variable profiles first and then add them to the standard rate.

Exclusion From the Variable Rate

You can use the **Exclude** check box on the eligibility profile to exclude persons who meet the criteria from receiving the variable rate. Excluded persons receive the standard rate. For example, using Smoker as the criteria, exclude smokers from a nonsmoker discount on the standard rate.

Don't mix include and exclude criteria in a single eligibility profile.

Treatment Rule

The treatment rule specifies how the variable profile calculation acts upon the standard rate calculation. Select from these ways to treat the standard rate:

- Multiply by
- Add to
- Subtract from
- Replace

Variable Formulas

To base a variable rate on a complex calculation, you can:

1. Define one or more fast formulas to compute the rate.
2. Associate the formulas with the standard rate.

You can associate either variable rate profiles or variable formulas to a standard rate; you can't associate both.

Related Topics

- Benefit Rates: How They Are Calculated

Benefit Variable Rate Creation Methods: Points to Consider

You can create and edit variable rates using one of these methods:

- Create variable rate profiles and attach them to a standard rate.
- Create variable formulas and attach them to a standard rate.
- Use an integrated workbook to create and attach variable rate profiles.
- Copy variable rates when you duplicate the associated standard rates for additional legal employers.

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Creating and Attaching Variable Rate Profiles

To create variable rates, you first create variable rate profiles and then associate them with standard rates using the **Manage Benefit Rates** task.

You can create variable rate profiles based on:

- Flat amounts

- Calculation methods, such as multiple of coverage or compensation and coverage

- Fast formula created with Calculate for Enrollment formula type.

You must also specify:

- A treatment rule to add to, multiple by, replace, or subtract from the standard rate associated with the profile

- An eligibility profile that identifies who is or is not eligible for the variable rate

Creating and Attaching Variable Formulas

Follow these steps:

1. To base a variable rate on a complex calculation: Define one or more fast formulas to compute the rate, using the **Rate Value Calculation** formula type. Use the **Manage Fast Formulas** task in the Setup and Maintenance work area.
2. Associate the formulas with the standard rate in the Variable Rates section, Variable Formulas tab.

Creating Variable Rates in the Integrated Workbook

You can use the integrated workbook on the Variable Rate Profiles page to:

- Create and upload multiple variable rate profiles at one time.

- Associate variable rate profiles with existing standard rates and upload the changes.

You must upload new variable rate profiles to the application database before you can associate them with standard rates in the workbook.

Related Topics

- Benefit Standard Rate Creation Methods: Points to Consider

- Rates and Coverages: Overview

Creating a Variable Rate: Worked Example

This example demonstrates how to create a benefit rate for an employee payroll contribution to a life insurance plan. The rate varies depending on the participant's age, so it is associated with multiple variable rate profiles.

The following diagram shows the Plan Configuration work area tasks to complete in this example:
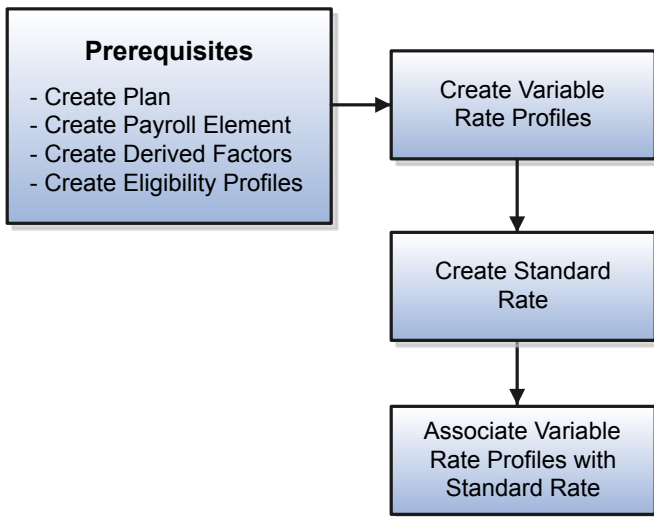
Follow these general steps to create variable coverage:

1. Create variable coverage profiles.
2. Create a base coverage.
3. Associate variable coverage profiles with the base coverage.

Prerequisites

1. Create the life insurance plan to which the rate applies.
2. Define a payroll element and input value to associate with the rate.
3. Create derived factors for the age bands associated with each variable rate, such as:
   - Age_20-29
   - Age_30-39
   - Age_40-49
   - Age_50-59
   - Age_60-69
   - Age_70-greater
4. Create the following eligibility profiles and associate each with the appropriate derived factor.
   - Life_Age_20-29
   - Life_Age_30-39
   - Life_Age_40-49
   - Life_Age_50-59
   - Life_Age_60-69
   - Life_Age_70-greater

Creating Variable Rate Profiles

Use default values for fields unless the steps specify other values.

1. Click the **Manage Benefit Rates** task.
2. On the Variable Rate Profiles tab, click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Profile Name	Life_Age_20-29
Tax Type Rule	After Tax
Activity Type	Employee Payroll Contribution
Treatment Rule	Replace
Defined Rate Frequency	Biweekly
Eligibility Profile	Select the eligibility profile for this age band.
Status	Active
Calculation Method	Flat Amount
Value	4.00

4. Click **Save and Close** to return to the Variable Rate Profiles tab.
5. Repeat steps 2 - 4 to create five additional variable rate profiles, one for each age band. Use the values in the previous table for all fields except **Profile Name** and **Value**.

Profile Name	Value
Life_Age_30-39	6.00
Life_Age_40-49	8.00
Life_Age_50-59	10.00
Life_Age_60-69	15.00
Life_ Age_ 70-greater	22.00

Creating a Standard Rate

Use default values for fields unless the steps specify other values.

1. Select the **Rates and Coverages** tab.
2. On the Standard Rates subtab Create menu, select **Create Standard Rate**.
3. Complete the fields, as shown in this table.

Field	Value
Rate Name	Life Rate
Legal Employer	Select your legal employer.
Plan	Select the life insurance plan you created for this rate
Activity Type	Employee payroll contribution
Tax Type Code	After Tax
Payroll Element	Select the payroll element associated with this rate
Element Input Value	Select the input value for this rate
Calculation Method	No standard values used

Associating the Variable Rate Profiles to the Standard Rate

1. In the Variable Rates section of the standard rate page, click **Select and Add** on the Variable Profile Name subtab toolbar.
2. Enter a sequence number and select the first of the six variable profiles you created earlier.
3. Click **OK** to return to the Variable Rate Profile Name subtab.
4. Repeat steps 1 and 2 to add the other five variable profiles to this rate.
5. Click **Save and Close** to return to the Rates and Coverages tab.

Related Topics

- Benefit Rates: How They Are Calculated

- Derived Factors: Explained

- Eligibility Profiles: Explained

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Managing Variable Benefit Rates in the Integrated Workbook: Procedure

You can create and upload variable rates by defining variable rate profiles and associating them with standard rates using the integrated Microsoft Excel workbook.

The basic process for managing variable rates using the workbook is:

1. Generate the workbook.
2. Create and edit variable rate profiles.
3. Upload edits.
4. Add variable rate profiles to standard rates.
5. Upload edits.
6. Resolve errors.

Repeat these steps as many times as required.

Prerequisites

Before you upload new or edited variable rate profiles, confirm that the following already exist in the application database:

- Any associated benefit eligibility profiles, plans, and options

- Any referenced compensation user-defined factors where **Calculation Method** is set to **Multiple of compensation**

- Any referenced fast formulas associated with variable rate profiles where **Calculation Method** is set to **Calculate for enrollment formula**

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Rates** to open the Manage Benefit Rates page.
2. On the Search Results section toolbar of the Variable Rate Profiles tab, click **Prepare in Workbook**.

Creating and Editing Variable Rate Profiles and Adding them to Standard Rates

Use the two worksheets in the workbook to:

- Create and edit your variable rate profiles in the variable rate profiles worksheet.

- Associate existing and newly uploaded variable rate profiles with standard rates in the standard Rates worksheet.

On both worksheets:

1. Select a calculation method. The calculation method for all rows must match the calculation method for the workbook, which you selected in the Search section. Mismatches result in errors when you upload your data.
2. Optionally, enter an effective as-of date. The download process uses the date as a constraint when downloading either the variable rate profiles or the standard rates. The upload process uses it to set the effective date for the new

and edited profiles and edited standard rates. If you leave this field blank, the upload process sets the current date, also known as the system date, as the effective date.

3. Search for either the variable rate profiles or standard rates that match your criteria. The Search button and other integrated workbook buttons, such as Upload, Delete, and End-Date are available in the Upload Variable Rate Profiles tab.

4. Depending on the worksheet, either:

   ○ Create and edit the profiles, as required.

   ○ Associate the profiles with the relevant standard rates.

5. Upload your edits to the application database.

The variable rate profiles must already exist in the application database before you can associate them with standard rates in the workbook. Upload any new or edited variable rate profiles and associate them with standard rates.

> ✏️ **Note:** You must associate future-dated profiles with standard rates in the application; you can't do it in the workbook.

Uploading Edits

After you complete your edits for one of the worksheets, in the Upload Variable Rate Profiles tab, click **Upload** to load into the application tables those rows that are marked as **Changed**.

Randomly test that the upload worked as you expected by searching for one or more of the following in the application:

- New or edited variable rate profiles
- Standard rates with which you associated a variable rate profile

The upload process updates the worksheet **Status** field only if the server or database becomes inaccessible during upload.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- Setting Up the Desktop Integration for Excel: Procedure

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

17 **Benefit Coverages**

Rates and Coverages: Overview

Benefits administrators and managers create and manage benefit rates and coverages using the following tasks in the Plan Configuration work area:

- Manage Benefit Rates
- Manage Benefit Plan Coverage

This topic covers key benefit terms related to rates and coverage:

- Rates
- Coverage
- Calculation methods
- Variable rates and coverage
- Final calculation

Rates

Rates determine costs for purchasing benefit coverage, such as life or health insurance. Rates usually determine an amount of monetary contributions paid by:

- The employee
- The employer
- A combination of both

Rates can also determine amounts distributed from the employer to the employee, such as for tuition reimbursement.

Coverage

Coverage defines monetary amounts available to enrolled participants in the event of a claim, such as for medical expenses.

Calculation Methods

You can calculate standard rates and coverage using a variety of delivered calculation methods, such as flat amount or multiple of coverage. Or, you can create a calculation formula.

Variable Rates and Coverage

To vary a rate or coverage by criteria, you can associate variable rate or coverage profiles that adjust or replace the standard rate or coverage calculation.

Example: You can adjust a rate based on criteria such as location, length of service, and participant's age.

Final Calculation

To derive the final calculation of the rate or coverage, you can apply limits and rounding rules.

Coverages: How They Are Calculated

Calculate coverages by applying a calculation method to values you define and values that participants enter during enrollment.

Settings That Affect Coverage Calculations

The following determination rules are available for computing coverages:

Calculation Method	Description
Flat amount	Flat amount is predefined or entered during enrollment.
Flat range	Flat amount must be within a predefined range.
Flat amount plus multiple of compensation	Calculates coverage as flat amount plus multiple of compensation .
Flat amount plus multiple of compensation range	Calculates coverage as flat amount plus multiple of compensation within a predefined range.
Multiple of compensation	Calculates coverage as multiple of compensation.
Multiple of compensation plus flat range	Calculates coverage as multiple of compensation plus flat amount that is within a predefined range.
Multiple of compensation range	Multiple of compensation must be within a predefined range.
No standard value used	Uses coverage defined in variable coverage profiles.
Same as annualized elected activity rate	Uses annualized elected activity rate for coverage amount.

Calculation Method	Description
Post enrollment calculation formula	Calculates coverage based on election information entered during enrollment using a formula you define.

The calculation method you select works with other settings to compute the final coverage.

Condition	Related Configuration
Calculation methods using multiples	Specify the operation, such as simple multiplication, percentage, per hundred, and per thousand.
Calculations based on compensation	Specify the compensation derived factor that defines the basis for the compensation calculation.
Rounding	Select a rounding rule.
Limits	Define high and low limits.
If you enable participant input	You can set valid ranges and default values. The default values are used if you recalculate coverages and no user input is available.
Variable coverage	Attach variable coverage profiles to the base coverage.

How Coverages Are Calculated

The calculation method and other settings defined for a coverage determine when and how it's calculated.

For example, the coverage may be calculated prior to enrollment, upon enrollment, or after enrollment has been completed.

Example: Multiple of Compensation

Inputs to Calculation	Calculated Rate	Calculation Details
Multiplier: 2	50,000	2 x 25,000
Operator: Multiply by		
Compensation Amount: 25,000 (value derived by applying a **Compensation Factor** of **Annual Salary**)		

Example: Multiple of Compensation Range

Inputs to Calculation	Calculated Coverage	Calculation Details
Minimum: 2	100,000 (using default)	4 x 25,000

Inputs to Calculation	Calculated Coverage	Calculation Details
Maximum: 6		
Increment Amount: 2		
Default Value: 4		
Operator: Multiply by		
Compensation Amount: 25,000 (value derived by applying a **Compensation Factor** of **Annual Salary**)		

Example: Flat Amount Plus Multiple of Compensation

Inputs to Calculation	Calculated Coverage	Calculation Details
Flat Amount: 50,000	100,000	50,000 + (2 x 25,000)
Multiplier: 2		
Operator: Multiply by		
Compensation Amount: 25,000 (value derived by applying a **Compensation Factor** of **Annual Salary**)		

Example: Flat Amount Plus Multiple of Compensation Range

Inputs to Calculation	Calculated Coverage	Calculation Details
Flat Amount: 50,000	150,000 (using default)	50,000 + (4 x 25,000)
Minimum: 2		
Maximum: 6		
Increment Amount: 2		
Default Value: 4		
Operator: Multiply by		
Compensation Amount: 25,000 (value derived by applying a **Compensation Factor** of **Annual Salary**)		

Example: Multiple of Compensation Plus Flat Range

Inputs to Calculation	Calculated Coverage	Calculation Details
Minimum: 30,000	140,000 (using default)	40,000 + (2 x 50,000)
Maximum: 50,000		
Default Value: 40,000		
Increment Amount: 10,000		
Multiplier: 2		
Operator: Multiply by		
Compensation Amount: 50,000 (value derived by applying a **Compensation Factor** of **Annual Salary**)		

Related Topics

- Variable Rates: Points to Consider

- Creating a Variable Rate: Worked Example

- Benefit Rates: How They Are Calculated

- How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?

Limiting Coverage Across Plan Types: Example

You can limit the total amount of coverage that a participant can elect across plan types within a program. Use the **Manage Coverage Across Plan Types** task in the Plan Configuration work area.

Scenario

This table shows the maximum life insurance coverage for two plan types within a program.

Plan Type	Maximum Coverage (USD)
Supplemental Life Insurance	Two times earnings up to 200,000
Term Life Insurance	120,000
Combined Total	320,000

Plan Type	Maximum Coverage (USD)

To limit the combined maximum coverage to just 300,000:

1. Name the coverage limit and list the program and plan types.
2. Enter the maximum coverage amount of 300,000. You can also enter a minimum coverage amount.

The maximum coverage limit across plan types must not be less than the lowest maximum coverage of any plan in the plan types. In this example, the maximum coverage limit must not be less than 120,000 USD.

FAQs for Coverages

How can I limit spouse and dependent insurance coverage to a percentage of participant's coverage?

Follow these steps:

1. On the enrollment step in the program configuration process, select the program level row of the hierarchy.
2. On the General tab, enter a percentage in each of these fields:

    o Spouse Insurance Coverage Maximum

    o Dependents Insurance Coverage Maximum

3. On the enrollment step, select the appropriate insurance plan type row in the program hierarchy and scroll to the plan type further details below.
4. In the enrollment section of the General tab, select both of these check boxes:

    o Subject to dependent's insurance coverage maximum percentage

    o Subject to spouse's insurance coverage maximum percentage

What happens if I select a 1 prior rule for previous rate or coverage end?

Previous rate and coverage end rules that start with the phrase **1 prior** terminate the rate or coverage period one day before the subsequent period starts. For example, the previous coverage ends on the last day of the current month if the previous coverage end is 1 prior or quarter end and coverage start is First of next month.

If you don't specify a coverage start, or no next rate or coverage starts, then the second part of the rule goes into effect. In this case, the previous coverage would terminate at the end of the quarter. For example, the existing rate or coverage stops at the end of the quarter if a job termination life event with no associated rate start or coverage start occurs.

What's the difference between limiters and ultimate limiters?

Limiters establish the minimum and maximum variable rate or coverage amount before it's added to, subtracted from, or multiplied by the standard rate or coverage.

Ultimate limiters establish the minimum and maximum variable rate or coverage amount after it's added to, subtracted from, or multiplied by the standard rate amount. For example, the ultimate high limit value sets the absolute maximum rate amount when you select the **Add to** treatment rule. This rule adds the variable rate calculated result to the standard rate calculation.

18 **Flex Credit Configuration**

Overview

Workers can use flex credits, which are monetary units, to offset costs of specific plan enrollments. Consider creating flex credit offerings to implement any of the following styles of benefit offerings:

- Cafeteria plans offered in the US to comply with Section 125 of the Internal Revenue Code
- Benefit plans offered in the US to comply with the Employee Retirement Income Security Act (ERISA)
- Benefit plans offered in other countries that enable workers to buy benefits from an allowance that the employer might offer
- Benefit offerings that provide flex credits, but aren't necessarily recognized by or pursuant to a government agency

This overview introduces:

- Flex credit setup task sequence
- Policy decisions in the flex shell plan
- Availability of flex offerings during enrollment

Flex Credit Setup Task Sequence

The following figure illustrates the sequence of tasks to create a flex credit offering.
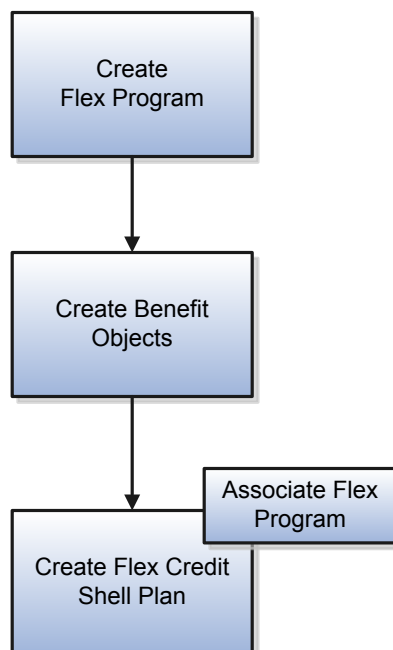
Use the Plan Configuration work area to:

Sequence	Task Description	Task Name
1	Create a program of type **Flex credits** or **Flex credits plus core**	Manage Benefit Program Details
2	Create the rest of the benefit objects, such as: • Plan type, plans-in-program, options-in-plan-in-program • Rollover rates and elements	Various setup tasks in Plan Configuration work area
3	Create a flex credit shell plan and associate it with the flex program	Manage Flex Credits Configuration

Flex Credit Shell Plan Policies

You create a flex credit shell plan to define your flex credit policy:

- Create credit pools at specific levels in your benefit hierarchy to calculate and maintain credits.

- Define which benefit offerings participants can enroll using flex credits.

- Decide whether participants can spend beyond their flex credit budget.

- Decide the order in which you want to deal with excess credits that might remain after enrollment:

  - Pay out a percentage

  - Transfer a percentage to other offerings in compliance with corresponding contribution limits

  - Forfeit the credits

Availability of Flex Offerings at Enrollment

During enrollment:

- The flex credit shell plan doesn't appear and participants can't enroll in a flex shell plan directly.

- When participants enroll in a program that's associated with a flex shell plan, the rules defined in that plan enable participants to use flex credits to enroll in specific offerings.

Flex Credit Shell Plan Components: How They Work Together

Use a flex credit shell plan to configure benefit offerings with the flex credits policy of your enterprise. Set up flex shell plans for your enterprise using these components:

- Programs
- Rates
- Credit pools

This figure illustrates how the flex credit shell plan components fit together.
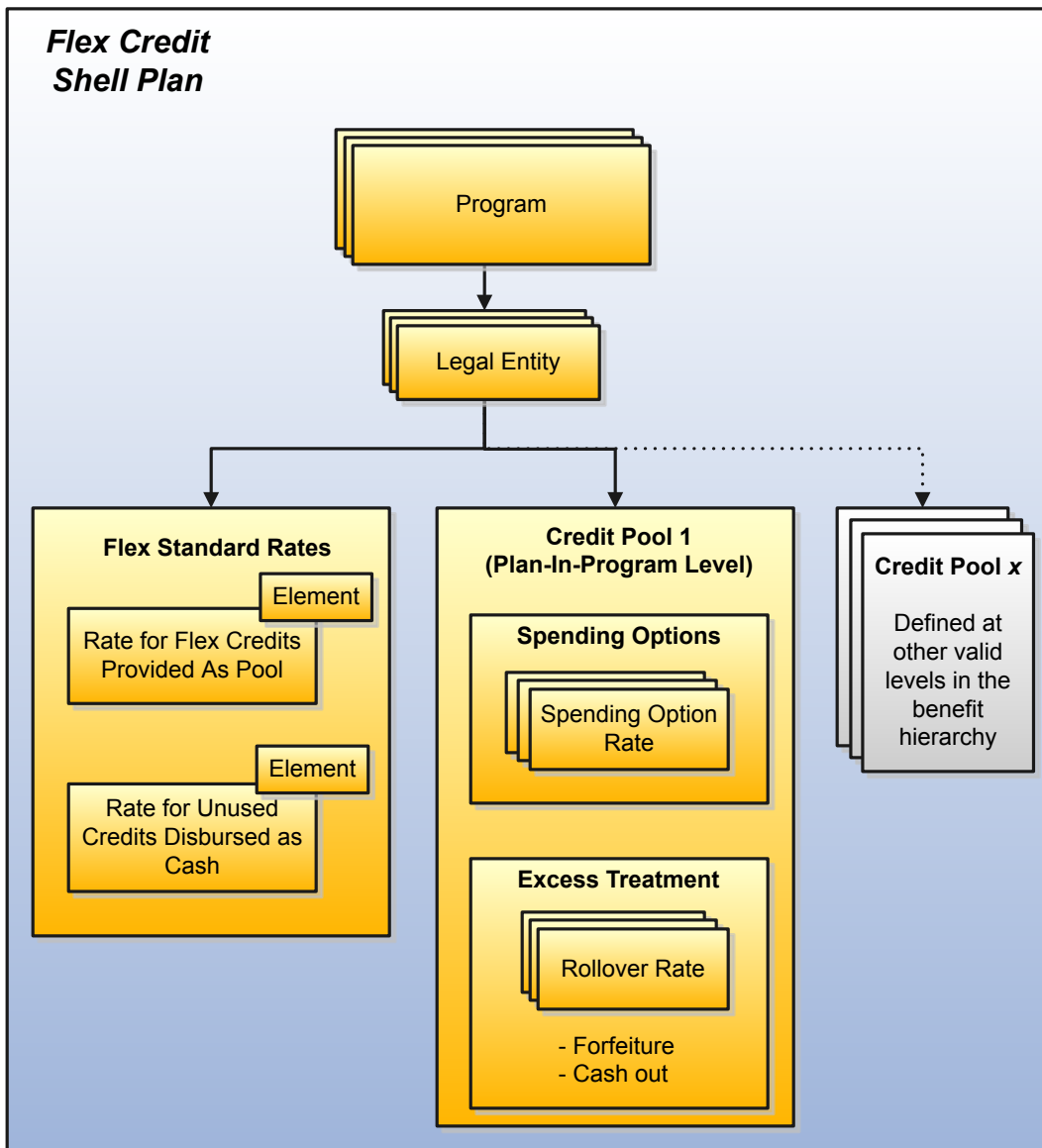
Programs that you associate with a flex credit shell plan can contain multiple credit pools to maintain credits that participants can use at specific levels in the hierarchy. For each credit pool:

- Configure the method to calculate the credit value.

- Add rates of spending options that must deduct from the credit pool on enrollment.

- Define rules to handle treatment of excess credits after enrollment.

Flex standard rates that you associate with the flex shell plan store the total flex credit value offered to the participant and the excess credit amount after enrollment.

Flex Credit Shell Plan

Each enterprise can have a maximum of two shell plans:

- One for unrestricted enrollment
- One for life event enrollment

You can associate multiple programs with the same flex shell plan within the enterprise, but associate only one flex shell plan with each program.

Programs

When you create a flex shell plan, you must associate at least one program with it. Programs that you associate with the flex shell plan must belong to the **Flex credits** program type or the **Flex credits plus core** program type. Enrolling in a flex program automatically enrolls the participant in the corresponding flex credit shell plan.

Credit Pools

A credit pool maintains flex credit values that participants can use at specific levels in the benefits hierarchy. You define credit pools in the Credit Pools tab when you create a flex shell plan. Maintain credit pools at the program level, plan-in-program level, and the option-in-plan-in-program level. Use a calculation method to determine the flex credit pool value.

For each credit pool, you configure the following components:

Component	Configuration
Spending Options	Define which benefit offerings participants can spend their credits on. In the Spending Options tab, you add the rates of benefit offerings that must deduct from the credit pool when participants enroll in those offerings. For example, if you want a medical plan to deduct from the credit pool on enrollment, then you add the standard rates for that plan's options.
Excess Credits Treatment	Define rules that determine how you want to deal with credits that might remain unused after enrollment. For example, you can select a rule that performs the following functions in a particular order: 1. Disburse a percentage of unused credits as cash. 2. Transfer to other offerings a percentage of the credits that remain after disbursement. You must include the rates of these offerings in the Rollover Rates tab when you create a credit pool. 3. Forfeit the remaining credits.
Excess Credit Treatment Formula	Include rules that do not already exist on the Manage Flex Credit Configuration pages: 1. Create a formula that belongs to the Excess Credits Treatment formula type. 2. Select the formula as the excess treatment rule in the Excess Credits tab.

Flex Standard Rates

For a combination of program and legal entity, you must create the following rates within the flex shell plan:

Rate	Description
Rate for Flex Credits Provided as Pool	This rate stores in a payroll element, the total amount of flex credits that are available to the participant. The stored amount is an aggregated flex credit value from all of the credit pools that were defined at appropriate levels in the benefits hierarchy.
Rate for Unused Credits Disbursed as Cash	One of the functions in the excess credit treatment rules disburses a percentage of unused credits to the participant in cash. This rate stores in a payroll element, the total amount of unused credits that you want to disburse as cash.

You create the flex standard rates for the flex shell plan in the Rates step of the Create Flex Credit Configuration page.

Flex Credit Shell Plan Configurations: Examples

The examples in this topic show different flex credit shell plan configurations and resulting flex credits calculations. All values in these examples are in US dollars (USD)..

Plan-in-Program-Level Pool

The following figure shows a flex shell plan configuration.
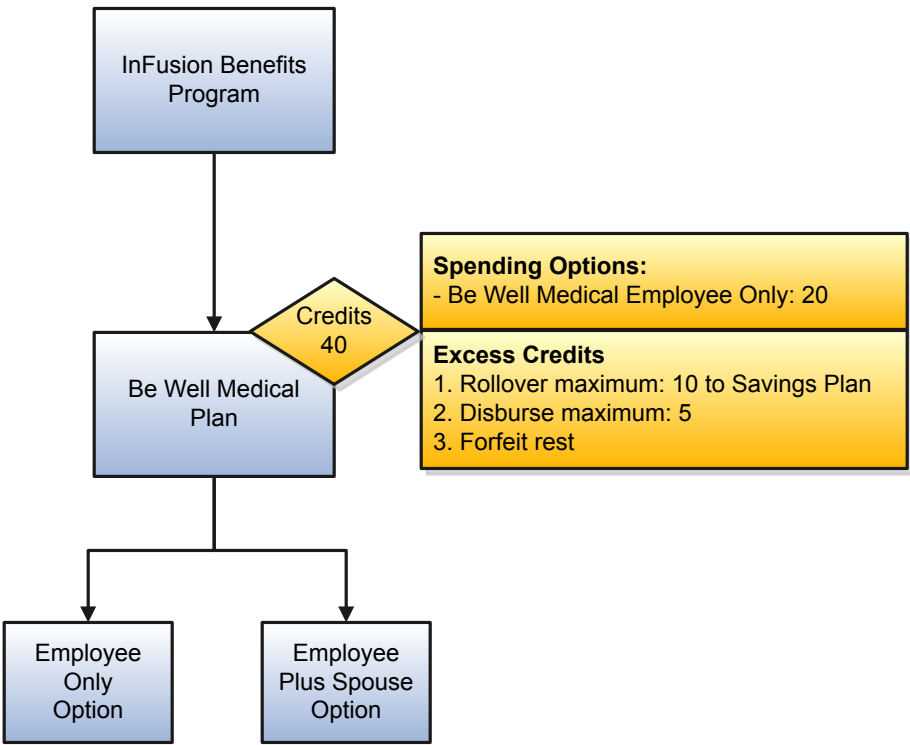
This table shows the details of the credit pool, spending option, and excess credit rules.

Flex Plan Components	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Program level credit pool	None	None	None
Medical plan-level credit pool	Spending option: Employee Only option	40	20
Excess credit treatment	Use plan level rules: 1. Rollover maximum 10 to savings plan 2. Disburse maximum: 5 3. Forfeit remainder	None	None

When participants enroll in the Employee Only option, this configuration calculates the credit balance as follows:

1. Credits provided by plan level pool: 40

2. Cost of Employee Only option: 20
3. Credit balance after deducting 20 from total credits: 20

The excess credit treatment rule treats the balance of 20 credits as follows:

1. Credits disbursed to savings plan: 10

    Balance: 10
2. Credits disbursed as cash: 5

    Balance: 5
3. Credits forfeited: Remainder of 5

    Balance: 0

Program-Level Pool and Plan-in-Program-Level Pool Configured to Allow Overspending

The following figure shows the flex shell plan configuration.
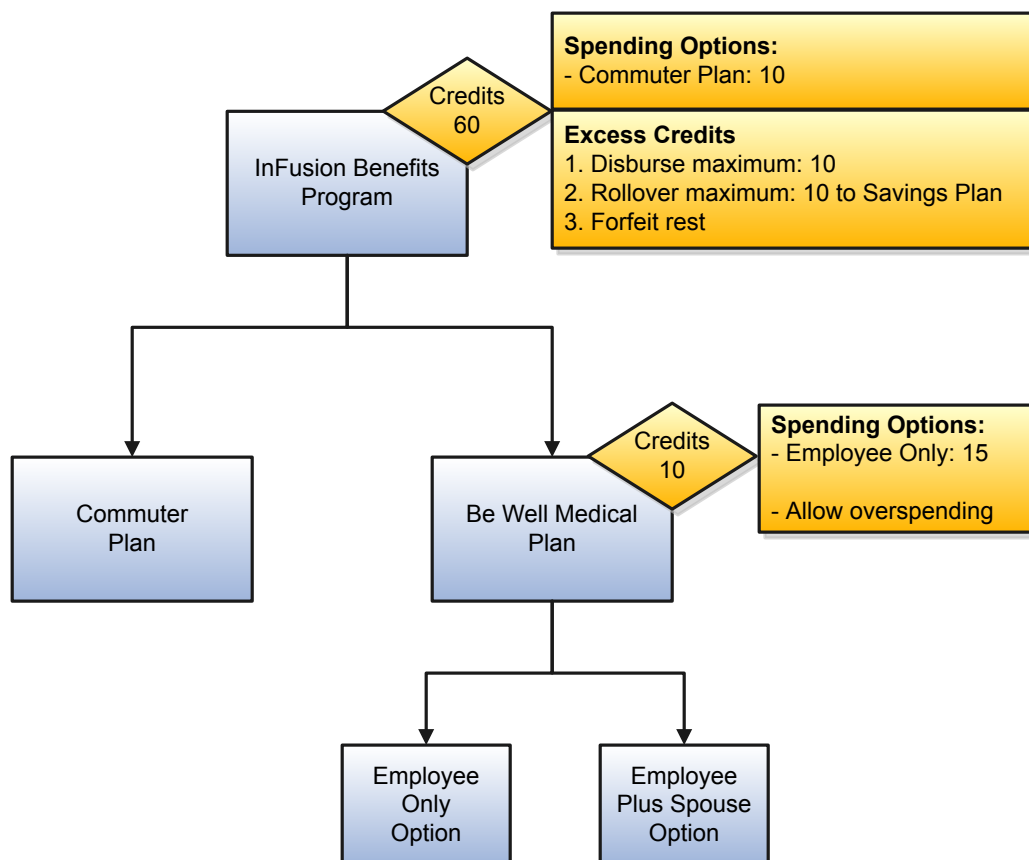
This table shows the details of the credit pools, spending options, and excess credit rules.

Flex Components	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Program credit pool	Spending option: Commuter plan	60	10
Medical plan-level pool	Spending option: Medical plan Allows overspending up to 50%	10	15
Excess credit treatment	Program level rules: 1. Disburse maximum 10 2. Rollover maximum 10 to savings plan 3. Forfeit remainder	None	None

When a participant enrolls in the medical plan Employee Only option and the commuter plan, this configuration calculates the credit balance on enrollment as follows:

Program Pool	Plan Pool
Sequence of calculations: 1. Credits in program level pool: 60 2. Cost of Commuter plan: 10 3. Credit balance after deducting 10 from total credits: 50	Sequence of calculations: 1. Credits in plan level pool: 10 2. Cost of Employee Only option: 15 3. Overspending: up to 50%. The participant can spend up to 15 4. Credit balance after deducting 15 from total credits: 0

The excess credit treatment rule treats the program pool's credit balance of 50 as follows:

1. Credits disbursed as cash: 10

   Balance: 40
2. Credits transferred to savings plan: 10

   Balance: 30
3. Credits forfeited: Remainder of 30

   Balance: 0

Plan-in-Program-Level Pool and Option-in-Plan-in-Program-Level Pool Configured to Add to Program-Level Pool
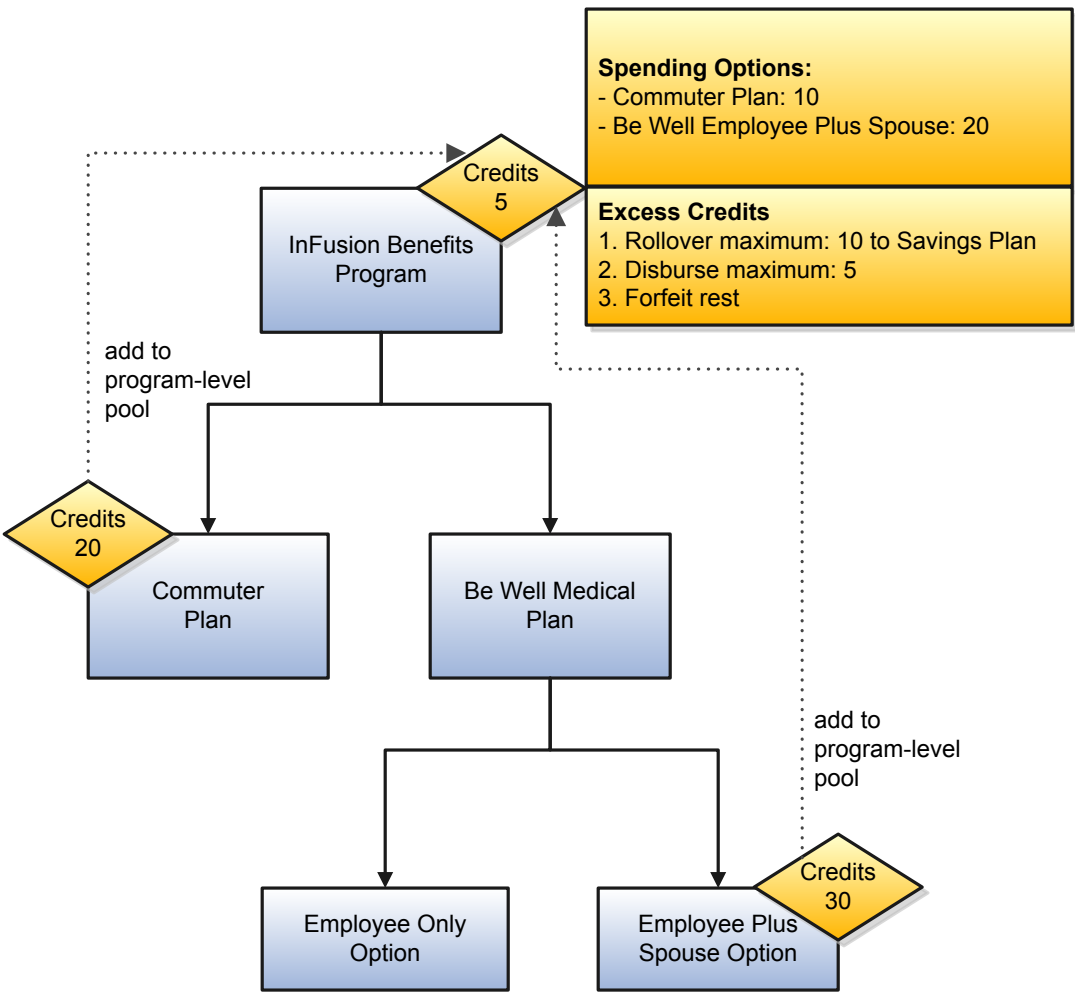
The following figure shows the flex shell plan configuration.

This table shows the details of the credit pools, spending options, and excess credit rules.

Flex Plan Component	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Program Credit pool	Spending options: • Commuter plan • Employee Plus Spouse option	5	Commuter Plan: 10 Employee Plus Spouse: 20

Flex Plan Component	Details	Credits Provided to Pool	Spending Option Enrollment Cost
Plan-level pool adds to program-level pool	No spending options at this level. This level only provides credits.	20	None
Option-level pool adds to program-level pool	No spending options at this level. This level only provides credits.	30	None
Excess credit treatment	Use program level rules: 1. Rollover maximum 10 to savings plan 2. Disburse maximum 5 3. Forfeit remainder	None	None

When a participant enrolls in the medical plan Employee Plus Spouse option and the commuter plan, this configuration calculates the credit balance at enrollment as follows:

1. Credits provided by the option level pool and added to the program pool: 30
2. Credits provided by the plan level pool and added to the program pool: 20
3. Credits provided by the program pool: 5
4. Total credits at the program pool: 55
5. Enrollment cost of Commuter plan and Employee-Plus-Spouse option: 30
6. Resulting credit balance after deducting enrollment cost from total credits: 25

The excess credit treatment rule treats the credit balance of 25 as follows:

1. Credits transferred to savings plan: 10

   Balance: 15
2. Credits disbursed as cash: 5

   Balance: 10
3. Credits forfeited: Remainder of 10

   Balance: 0

Enrollment Modes for Flex Credit Shell Plans: Explained

When you create a flex credit shell plan, you must select an enrollment mode for the shell plan. The enrollment mode determines the type of programs that you can associate with the flex shell plan.

Associate Programs According to Enrollment Mode

You configure the flex credit shell plan for either unrestricted enrollment mode or life event enrollment mode.

Flex Shell Plan Enrollment Mode	Valid Programs That You Can Associate
Unrestricted	Only programs enabled for unrestricted enrollment

Flex Shell Plan Enrollment Mode	Valid Programs That You Can Associate
Life event	Only programs not enabled for unrestricted enrollment

To enable a program for unrestricted enrollment, select the **Enable unrestricted enrollment** check box on the Edit Program page.

> ✎ **Note:** After you associate a program with a flex shell plan, you can't change that program's **Enable unrestricted enrollment** check box setting on the Edit Program page.

Number of Flex Credit Shell Plans

For an enterprise, you can:

- Create only one flex shell plan for unrestricted mode
- Create only one flex shell plan for life event mode
- Associate multiple programs with each flex shell plan

This figure shows multiple compatible programs associated with one flex shell plan for each enrollment mode within the enterprise.
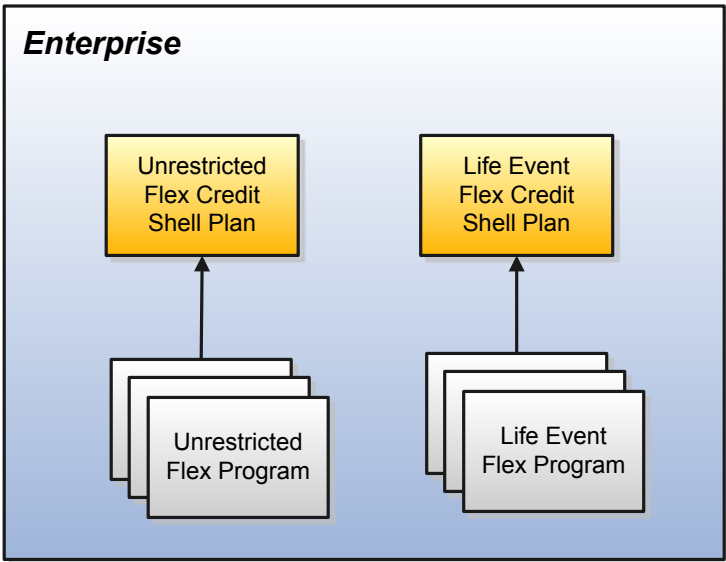
Cash Disbursals and Rollovers of Excess Flex Credits: Explained

This topic explains the disburse-maximum and rollover-maximum components. These components are a part of the following excess credit treatment rules. You configure them in the Excess Credits tab when you create a flex credit shell plan:

- Disburse maximum, rollover maximum, then forfeit

- Rollover maximum, disburse maximum, then forfeit

Disburse Maximum

Disburse excess flex credits as cash subject to minimum and maximum limits that you set.

- Minimum limit scenario: The minimum cash disbursement limit is 50 USD. If the excess credits are 40 USD during enrollment, then no cash is disbursed and the next component in the rule starts to process.

- Maximum limit scenario: The maximum cash disbursement limit is 80 USD. If the excess credits are 100 USD, then only 80 USD is disbursed before the next component in the rule starts to process.

Rollover Maximum

Transfer excess credits to other offerings subject to minimum and maximum limits that you set for each rollover rate associated with a flex shell plan. A rollover rate is a rate that you configure for a benefit offering to enable rollover of flex credits into that offering.

If multiple rollover rates exist for a flex shell plan:

- The excess flex credits transfer to each rollover rate in sequence depending on the sequence numbers that you associated with each rate.

- The flex credits continue to transfer as long as the excess credits that remain after each transfer are within the maximum and minimum limits set for each rollover rate.

Program Types: Critical Choices

The program type determines whether you want the program and its offerings to work with a flex credit shell plan. You select the program type when you create a program.

Core

Select this program type if you want to create a program that is independent of a flex credit shell plan.

Flex-Credits Program Type

Select this program type if you want to associate a flex credit shell plan with the program. You can associate with this program only those plans and options that involve flex credits.

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Flex-Credits-Plus-Core Program Type

Select this program type if you want to associate a flex credit shell plan with the program. However, you can also associate with this program plans and options that do not involve flex credits.

Creating a Flex Credit Shell Plan: Worked Example

This example demonstrates how to create a flex credit shell plan to conform to the flex credits policy of an enterprise. This example is specific to flex shell plan configurations in the US. All values are in USD.

The following table summarizes key decisions for this scenario.

Decisions to Consider	In This Example
Which program must participants enroll in to receive flex credits?	InFusion Wellness program
Does the program enable unrestricted enrollment?	No
Which spending options can participants buy using the flex credits provided?	Participants can spend their flex credits on the following spending options: • InFusion Vision, which costs 200 per year • InFusion Dental, which costs 100 per year • InFusion Medical, which costs 5000 per year
Include the spending options in the credit pool at which level in the offering hierarchy?	Program level
What is the amount of flex credits that you want the InFusion Wellness program to provide?	Flat amount of 150
Do you want to allow participants to overspend?	No
How do you want to deal with excess flex credits?	Excess credits must be dealt with in this order: • Rollover 50 percent of the excess credits to the Infusion Savings Account plan. • Disburse 40 percent of the remainder after the rollover as cash. • Forfeit the remainder after the cash disbursal.
What rollover rates must be created?	Create a rollover rate for the InFusion Savings Account plan.
Are there any limits to the amount of contributions that participants can roll over to a rate in a calendar year?	Yes, configure the main contribution rate of the plan to which the flex excess must transfer so that it accepts an amount up to 300.

Task Summary

In the Plan Configuration work area:

1. Complete the prerequisite tasks.
2. Create a rollover rate for the Infusion Savings Account plan to which excess credits must transfer.
3. Create a flex credit shell plan.

Use default values for fields unless the steps specify other values.

The following figure shows the tasks to complete in this example.
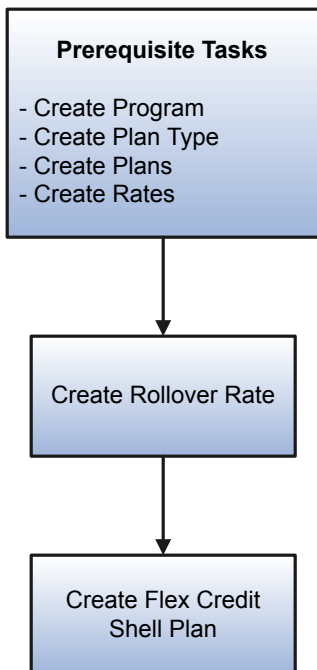
Prerequisites

1. Create a program called InFusion Wellness using the Manage Program Details task. On the Create Program Basic Details page, ensure that you select **Flex Credits** as the program type.
2. Create a plan type called InFusion Wellness Flex Plans for the flex credit shell plan that you create in a later step. Use the Manage Plan Types task. On the Create Plan Type page, ensure that in the **Option Type** field, you select **Flex Credits**.
3. Creating the following plans using the Manage Benefit Plan Details task:
   - InFusion Vision
   - InFusion Dental
   - InFusion Medical
   - InFusion Savings Account

On the Create Plan Basic Details page for the Vision and Dental plans, ensure that in the **Usage** field, you select **In Program**.

4. Create the standard rates shown in the following table using the Manage Benefit Rates task.

Plan	Calculation Method Setup
InFusion Vision	Flat amount of 200
InFusion Dental	Flat amount of 100
InFusion Medical	Flat amount of 5000

5. Create a standard rate for the InFusion Savings Account plan using the Manage Benefit Rates task:
   - Select **Flat amount** as the calculation method.
   - Select the **Participants enter value during enrollment** check box.
   - In the Ranges section, enter **0** in the **Minimum Election Value** field, and **300**, in the **Maximum Election Value** field.
   - Select **0** as the default value. Select **1** as the increment.

Creating a Rollover Rate

1. In the Tasks panel drawer, click **Manage Benefit Rates** to open the Manage Benefit Rates page.
2. On the Standard Rates tab, select **Create - Rollover Rate**.
3. Complete the fields as shown in this table.

Field	Value
Rate Name	InFusion Savings Account Rollovers (Employee Contribution)
Plan Name	InFusion Savings Account
Legal Employer	Select your legal employer
Status	Active
Activity Type	Employer Contribution
Tax Type Code	Pretax
Rate for Limits Enforcement	Select the rate that you created for the Savings Account plan.

4. Click **Save and Close**.

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Creating a Flex Credit Shell Plan

1. Configure the flex credit shell plan basic details.

   a. Click **Manage Flex Credits Configuration**.

   b. Click **Create**.

   c. Complete the fields as shown in this table.

Field	Value
Plan Name	InFusion Wellness Flex Shell Plan - Life Event
Mode	Life event
Plan Type	InFusion Wellness Flex Plans

   d. In the Year Periods section, select and add year periods from January 1, 2010 to December 31, 2016.

   e. In the Programs section, select and add the InFusion Wellness program.

   f. Click **Save**.

2. Configure the flex shell plan rates.

   a. Click **Next** to open the Create Flex Credits Configuration: Rates page.

   b. In the Rate for Flex Credits Provided as Pool section **Rate Name** field, enter **Flex Credits**.

   c. In the Rate for Unused Credits Disbursed as Cash section **Rate Name** field, enter **Cash Disbursement**.

   d. Click **Save**.

3. Configure the flex shell plan credit pool.

   a. Click **Next** to open the Create Flex Credits Configuration: Credit Pools page.

   b. Select the InFusion Wellness program.

   c. In the Credit Pool section, click **Add Credit Pool**, and complete the fields as shown in this table.

Field	Value
Credit Pool Name	InFusion Program Pool
	Note: Leave the **Credit Provider Plan** field and the **Credit Provider Option** field empty because you are creating a program-level pool.
Status	Active

   d. On the Calculation Method tab, complete the fields as shown in this table.

Field	Value
Calculation Method	Flat amount
Value	200

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Field	Value

e. In the Spending Options tab **Spending Options** field, select and add the rates of the following plans that you created in an earlier step:

- InFusion Vision
- InFusion Dental

f. On the Excess Credits tab, complete the fields as shown in this table.

Field	Value
Excess Treatment Rule	Rollover maximum, disburse maximum, then forfeit
Cash Disbursement Limit	Percentage of excess credits
Minimum	0
Maximum	40

g. In the Rollover Rates section, click **Select and Add**.

h. Complete the fields as shown in this table.

Field	Value
Rate	InFusion Savings Account Rollovers (Employee Contribution)
Sequence	1
Rollover Limit Rule	Percentage of excess credits
Minimum	0
Maximum	50

i. Click **OK** to return to the Create Flex Credits Configuration: Credit Pools page.

j. Review the information that you entered for the flex shell plan, and click **Save and Close**.

FAQs for Flex Credits

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What's the difference between a flex credit shell plan and benefit plan?

The flex credit shell plan doesn't appear during enrollment.

Participants enroll in a benefit plan, not in a flex shell plan. Enrolling in a program that's associated with a flex shell plan automatically enrolls the participant in that flex shell plan.

How can I add a flex credit shell plan to the program?

You use the Manage Flex Credit Configuration pages in the Plan Configuration work area to add the program to the flex shell plan.

Can I delete a flex credit shell plan?

Yes, but before you delete the flex shell plan, you must delete the plan's child records, such as credit pools and flex rates. Even if a single person was processed for the flex shell plan as part of a flex program that resulted in electable choice records, you cannot delete the plan.

Can I restrict rollover of excess credits to a plan according to its contribution limits?

Yes. When you create a rollover rate, you select the standard rate of the plan, in which you defined the contribution limits.

Example: Your Health Care Reimbursement Account (HCRA) plan has a maximum annual contribution limit of 5000 USD and you want to use that limit to restrict rollovers into the plan. On the Create Rollover Rate page, you select from the Rate for Limits Enforcement list the standard rate of the HCRA plan. During enrollment, any rollover of excess flex credits into the HCRA plan will be restricted to the annual contribution limit set on the rate of the plan.

Can I edit a flex credit shell plan?

Yes, but you can't edit the flex shell plan's plan type, status, associated programs, rate activity type, and tax type code.

Can I edit standard rates associated with a flex shell plan?

Yes. You can edit the rate name and the payroll element information associated with the rate on the Rates step of the Create Flex Credits Configuration page. To edit other details, such as the tax type and activity type, you must use the Edit Standard Rates page in the Plan Configuration work area.

How can I set up a rollover rate with a flex shell plan?

You create a rollover rate using the **Manage Benefit Rates** task in the Plan Configuration work area. Then, you add the rollover rate to the flex shell plan on the Excess Credits tab of the Create or Edit Flex Credit Configuration page, Credit Pools step

Can I delete a standard rate associated with a flex shell plan?

No, but if you want to stop using the current rate and use another one instead, enter an end date, or set the status of the rate to **Inactive** or **Closed**.

What happens if I add credits to the program-level credit pool?

If you configured the flex credits to calculate at lower levels in the benefits hierarchy, such as the plan-in-program level:

- Those credits add to the program-level's credit pool.
- The spending options and excess credit treatment rules defined for the program's credit pool apply.

What happens if I don't specify spending options to deduct from a flex credit pool?

The flex credits calculated for that credit pool are treated as excess.

- The excess treatment rule that you defined in the Excess Credits tab applies.
- If you haven't defined excess credit treatment rules, then the entire credit balance is forfeited.

What happens if I don't select an excess credit treatment rule for a flex credit shell plan?

The credit pool's excess flex credit amount is forfeited. Forfeiture is the default excess credit treatment rule.

Why can't I see all rates while defining limits enforcement?

To appear in the Rate for Limits Enforcement list, you must configure the rate to:

- Use the Flat Amount calculation method
- Enable participants to enter rate values during enrollment

19 Enrollment Display for Self Service and Administration

Configuring Enrollment Display: Procedure

You can configure how to group and display plans on each step in the self-service guided enrollment process and each administrator enrollment tab.

This topic covers how to:

1. Group plans for enrollment.
2. Configure the enrollment display.
3. Configure the rate display.

Group Plans for Enrollment

Group plan types into display categories in the Manage Plan Types task. You can group plan types together for display by assigning the same display category to multiple plan types. For each plan type, specify a category in which to display plans:

- Self-service enrollment steps
- Administrative enrollment tabs

When you create plans, you assign each to a plan type. Each plan inherits the enrollment display category of its assigned plan type.

Example Enrollment Groupings

You could group several different life insurance plan types together into a single Life Insurance display category. For a single plan type, you can select a different category for self-service display compared to the administrative display.

Configure Enrollment Display

Use the Manage Plan Grouping page to configure the visibility and display names of plan type enrollment categories.

Category	Possible Configurations
Self-service enrollment guided process steps	- Change the names of the plan type category groupings, which correspond to self-service enrollment step names - Control whether each step is visible - Enter a description of the plan grouping to associate with the selected enrollment display name Participants see this description during self-service enrollment.
Administrator usage tabs	- Change the names of the plan type groupings, which correspond to tabs in the Enrollment work area tasks - Specify whether to display each tab

You can modify only the name and visibility of plan groupings, you can't create groupings here.

If you decide not to display a self-service enrollment plan grouping, the benefits administrator can still enroll participants in that plan grouping if it appears for administrator usage.

Configure Rate Display

Use the Rate Column Display button to configure the name and visibility of rate columns on each step in the self-service enrollment guided process.

Related Topics

- Rate Display Configuration: Points to Consider

- Displaying Only Eligible Offerings for Enrollment: Procedure

Rate Display Configuration: Points to Consider

Control the display and visibility of a rate value on the enrollment pages. You configure the following display aspects of a rate:

- Display type, defined during rate setup
- Visibility and display name configuration for self-service enrollment

Display Type

The rate display type indicates where the rate value should appear during enrollment. On the Create or Edit Rate page, select one of the display types in the following table:

Rate Display Type	Where The Rate Appears
Primary	Appears in the Primary Rate column during enrollment. Enables rate entry. Typically the employee rate.
Secondary	Appears in the Secondary rate column during enrollment, but does not enable rate entry. Typically the employer rate.
Others	On the self-service pages, this rate type appears in one of these columns: • Other 1 • Other 2 Examples include pretax and after-tax. In the Enrollment work area, this rate type appears in the Details window when you make an enrollment.

Default Display

Self-service enrollment pages display a maximum of four rate types for each plan and option. The following figure shows the default display sequence of Primary, Secondary, Other 1, and Other 2 rate types on self-service enrollment pages.

Enrollment Guided Process

Medical — Dental — Vision — FSA — Review

Plan and Option	Primary Rate	Secondary Rate	Other Rate 1	Other Rate 2
☐ Eye-care + 1	180	50	-	-
☑ Eye-care + family	480	120	-	-

Rate Visibility and Display for Self-Service Enrollment

Use the Configure Plan Type Grouping Display page to:

- Show or hide rate types in each plan grouping step on the self-service pages. You can't hide the primary rate type.
- Rename the rate types in each step on the self-service pages.

Revising column names, such as changing Other to Pretax or After-Tax, doesn't affect taxation.

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Vision Rates Example

For example, you rename the primary and secondary rate types on the vision plan enrollment step to Employee Rate and Employer Rate. You also hide the other rates. This figure shows the resulting configuration on the self-service pages, with only the employee and employer rates visible for each vision plan and option.

Enrollment Guided Process

Plan and Option	Select	Employee Rate	Employer Rate
Eye-care employee plus one	☐	180	50
Eye-care employee plus family	☑	480	120

Managing Designations in Self Service Benefits Enrollment: Points to Consider

You can enable participants to select dependents and beneficiaries in a separate step of the enrollment guided process. The topic explains how the guided process changes when you select or deselect the option to display a separate designations step. Use the Manage Self Service Configuration task in the Plan Configuration work area to display a separate designations step in the enrollment guided process.

Default Method to Manage Designations

When you don't select the option to display a separate designations step, participants select a benefit offering and designees as part of the same step. The following figure shows the enrollment guided process.
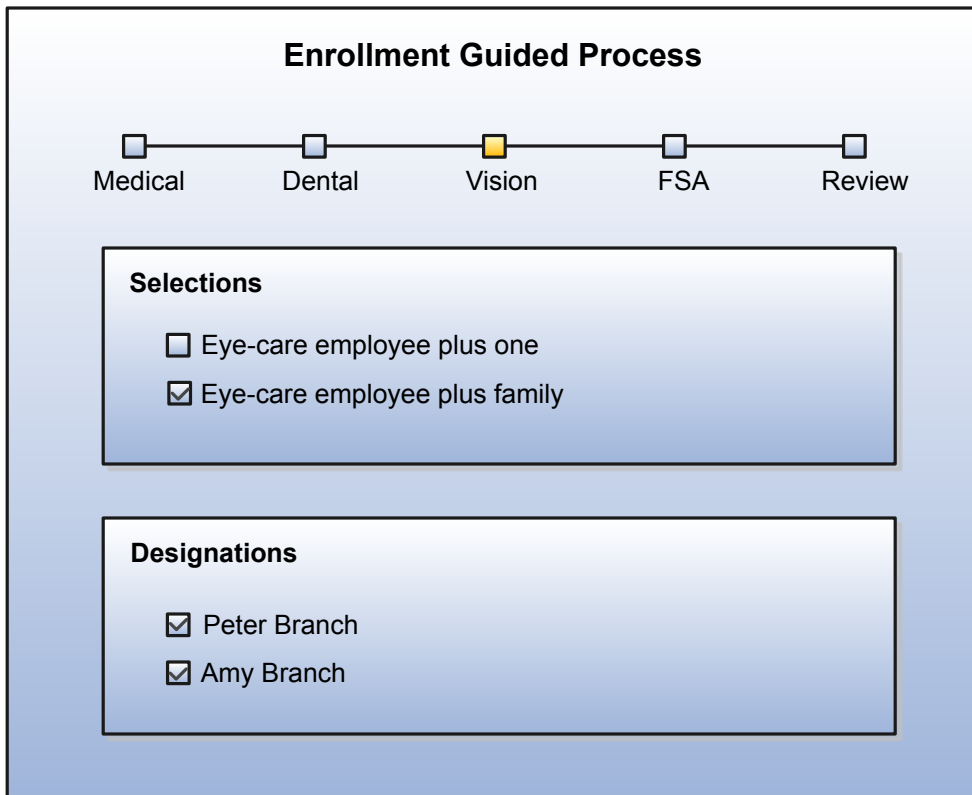
Display of Separate Designations Step

When you select the option to display a separate designations step, participants make designations for all of the offerings that they select in a separate Designations step. Participants can use the Designate All as Eligible Dependents action to quickly cover all their dependents for the offerings.

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The Designations step appears only if you configured designations for at least one offering in an enrollment opportunity. The following figure shows the enrollment guided process.

Enrollment Guided Process

Medical — Dental — Vision — Designations — Review

Dependents

▽ Eye-care employee plus family

☑ Peter Branch

☑ Amy Branch

▽ Dental-care employee plus family

☑ Peter Branch

☑ Amy Branch

Displaying Only Eligible Offerings for Enrollment

Using settings on the plan configuration Eligibility page, you can restrict enrollment display to only the plans and options for which the participant is eligible.

Example: If a participant has no spouse or dependents:

- Show the Employee Only option

- Hide the Employee Plus Spouse and Employee Plus Family options

Selecting Eligibility Overrides

You override standard enrollment display using these two settings, which work together:

- Family Member Rule

- Participant Eligibility Verification

In the Plan Configuration work area:

1. In the Tasks panel drawer, click the **Manage Benefit Plan Details** task.
2. Search for and click the plan.
3. Open the Plan Eligibility page.
4. In the Plan and Option Eligibility section, select the plan or option.
5. In the Further Details section, select the **Configuration** tab.
6. In the **Family Member Rule** field, select the appropriate rule.

   The following table explains the options.

Option	Effect on Enrollment Page
Check designation requirements	Hides the plan or option if the participant doesn't have any contacts with the relationship type specified in the allowable designees requirements.
Do not check designation requirements	None
Formula	Specified in the formula, which you select in the Family Member Formula field. Before you can select the formula, you must create it using the Manage Fast Formulas task in the Setup and Maintenance work area.

7. In the **Participant Eligibility Verification** field, select the appropriate rule.

   The following table explains the options.

Participant Eligibility Verification	Requirement for Participant to be Eligible	What's Ignored
Blank	Participant meets the eligibility requirements of the participant eligibility profile.	Dependent eligibility or allowable designees requirements
Dependent only	Participant's dependents meet both the eligibility and allowable designees requirements.	Participant eligibility profiles
Participant and dependent	Participant and dependents meet both the eligibility and allowable designees requirements associated with the plan or option.	Not applicable

Related Topics

- Configuring Allowable Dependent or Beneficiary Designees: Procedure

Managing Contacts in Self Service Benefits Enrollment: Points to Consider

You can enable participants to review and update their contacts as part of the enrollment guided process. The topic explains how the enrollment guided process changes when you select or deselect the option to display contacts as a separate step.

Use the Manage Self Service Configuration task in the Plan Configuration work area to display a separate contacts page before the enrollment guided process.

Default Method to Manage Contacts

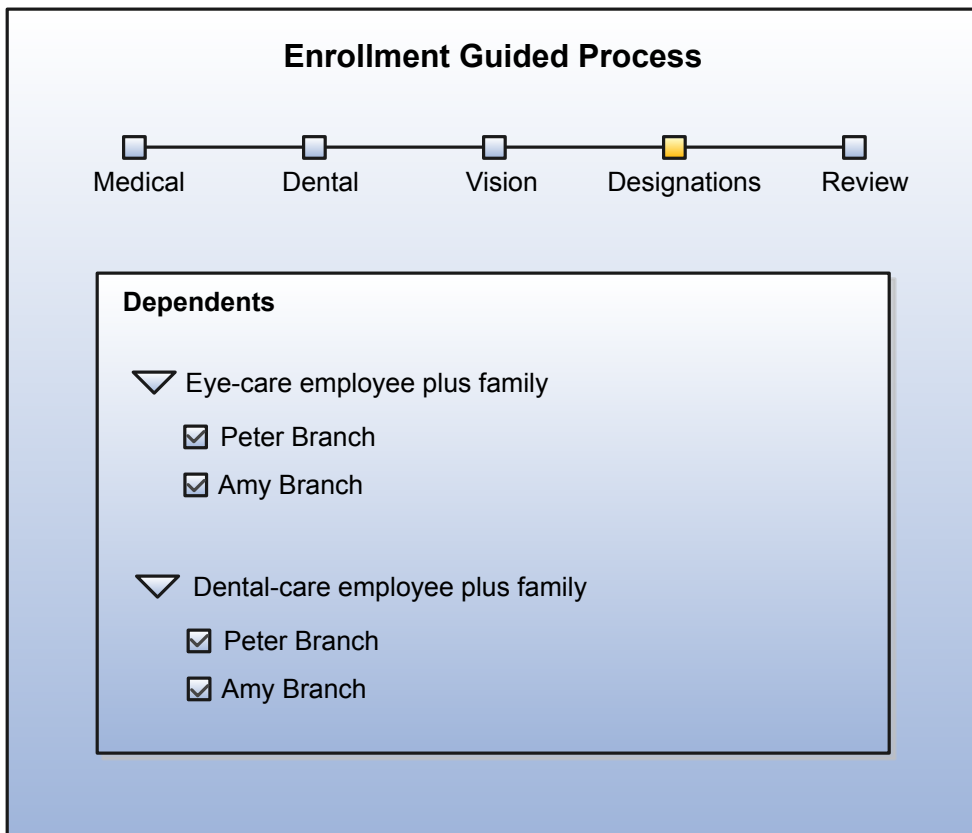When you don't select the option to display a separate contacts review step, participants manage contacts on the Benefits Overview page. They must ensure that their contacts are current before using the Change Benefit Elections action for enrollment opportunities.

Display of Separate Contacts Page

When you select the option to display a separate contacts review step, participants see the Contacts page each time they use the **Change Benefit Elections** action.

When participants use the **Change Benefit Elections** action on the Benefits Overview page, the contacts page appears first. After participants review and update their contacts, they use the **Continue** action on that page to check their enrollment opportunities.

Configuring Security for Manage Contacts Page for Benefits

Standard data role and person security profile configurations typically restrict access to the Manage Contacts page to only the participant, in the self-service guided process. This topic covers how to grant benefits administrators and specialists access to participant contacts in the Enrollment work area.

The administrator or specialist must have a person security profile with **Include Related Contacts** selected. Users inherit the profile through a chain of associated roles, from the parent job role through the descendant duty and data roles.

You can create or edit a data role and:

- Edit the person security profile already associated with the data role

- Edit an existing person security profile and associate it with the created or existing data role

- Create the person security profile and associate it with the created or existing data role

🔒 **Restriction:** Only application administrators with IT Security Manager privileges can complete these tasks, which they perform in the Setup and Maintenance work area.

Creating or Editing a Data Role

1. Search for and go to the Manage Data Role and Security Profiles task.
2. Either edit an existing data role or create one.

   To edit a data role:

   a. Search for and select the data role that you want to edit.
   b. On the Search Results toolbar, click **Assign**.
3. In the Person section of the new or existing data role, select the person security profile that you want for this data role.
4. When you are ready, click **Submit**.

Creating or Editing a Person Security Profile

1. Search for and go to the Manage Person Security Profile task.
2. Either edit the existing profile or create one.
3. In the Basic Details section of the new or existing profile, select **Include Related Contacts**.
4. When you are ready, click **Save and Close**.

FAQs for Enrollment Display

What's a benefit space?

A forum in which participants can share their benefits-related questions, concerns, and experiences. It can be helpful to participants as they select benefits offerings and providers. If you enable benefits spaces, a link appears on the benefits Overview page.

Before enabling this feature, carefully consider the terms and agreement for participation in the space and any issues of liability on the part of your organization.

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20 **Billing**

Billing in Benefits: Overview

An enterprise providing a benefit to a participant might want to bill the participant directly instead of deducting the cost from the payroll. Such participants might include retirees or those who are on absence without pay. The enterprise might require that the participant make payments to keep the benefit. Use the billing tasks to generate bills and record payments as shown in the following figure.
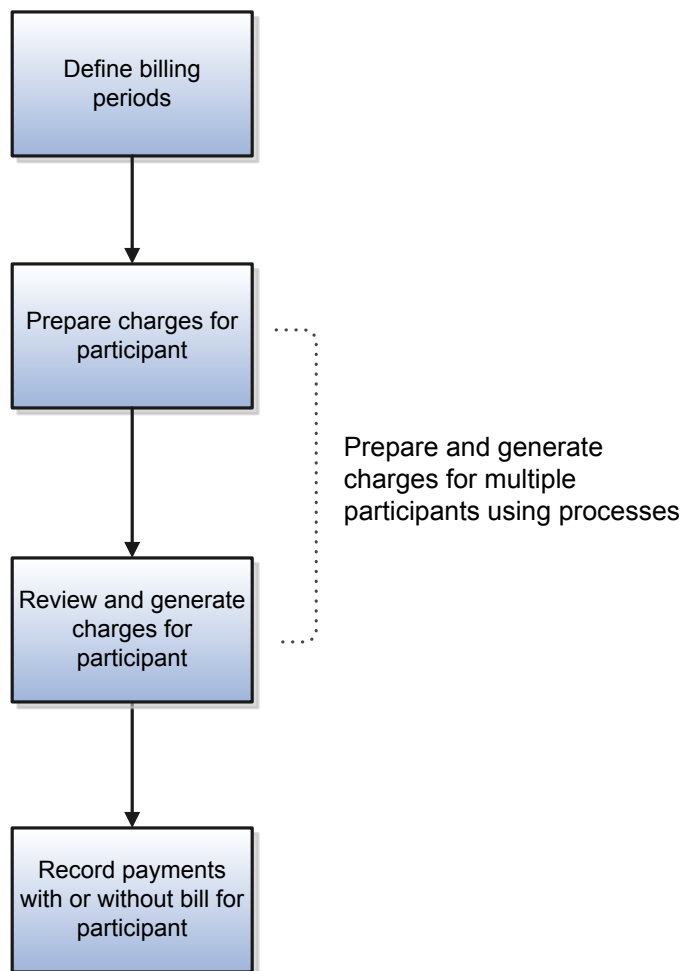
Defining Billing Periods

Use the Manage Year Periods and Billing Calendars task available in the Plan Configuration work area. You must create a billing calendar before you generate bills for participants. Billing calendars contain monthly billing periods, payment due dates, and overdue dates, for the number of years that you specify. Typically a single billing calendar is sufficient for your billing

requirements. However, depending on your enterprise policy, you might want to maintain separate calendars for different types of participants, such as retirees, and employees on unpaid leave.

Preparing and Generating Charges for Individual Participants

Use the Manage Benefit Coverage Charges task in the Enrollment work area to prepare and generate charges for a specific billing period. Based on participant enrollments during the billing period, the application automatically prepares charges for you to review and sets the bill's status to Open. At this stage, you can make changes to billed amounts, hold charges for the current period, and add billing reasons. When you review and generate the charges, the bill status is set to Unpaid and you cannot make any changes.

Recording Payments

When you receive payment from the participant for a bill, you use the Manage Benefit Coverage Payments task to record the payment. You can record partial payments, complete payments, and overpayments for a generated bill. The application automatically allocates the amount you record to any open charges. The allocation is done sequentially, on the basis of cost. You can also record payments without a bill, especially when participants make payments before you generate the bill. Once you record a complete payment, the bill status changes to Fully Paid.

Using Processes to Prepare and Generate Bills for Multiple Participants

You can prepare and generate charges for multiple participants simultaneously using the following processes:

- Prepare Benefit Coverage Charge Data
- Generate Benefit Coverage Charges

These processes exist in the Evaluation and Reporting work area, Billing Processes section.

Benefits Billing Processes: Points to Consider

The Prepare Benefit Coverage Charge Data process and the Generate Benefit Coverage Charges process are available in the Evaluation and Reporting work area, Processes tab, Billing Processes section. Consider the following points before you run the processes:

- Prerequisites
- Sequence of running the processes

Prerequisites for Processing Multiple Participants

You must create a benefits group and assign it to participants whom you want to generate charges for a billing period:

1. Create benefit groups using the Manage Benefit Groups task in the Plan Configuration work area.
2. Use the Upload Person Benefit Groups task in the Evaluation and Reporting work area to assign that benefits group to multiple participants.

When you run the processes, you select the benefits group to process all the participants in that group.

Process Sequence

You run the processes in the following order:

1. Prepare Benefit Coverage Charge Data process

2. Generate Benefit Coverage Charges process

Before you run the Generate Benefit Coverage Charges process for a participant, you can still review the charges and make changes using the Manage Benefit Coverage Charges task.

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21   Benefits Extracts: Enrollments, Designations, Rates, and Coverages

Extracting Benefits Data Using HCM Extracts: Points to Consider

You can extract worker enrollment results, designated dependents and beneficiaries, and corresponding rates and coverages. You create an extract definition using the Manage Extract Definitions task in the Data Exchange work area.

Consider these aspects before you create an extract definition for benefits data:

- Extract type
- Data groups
- Extract record sequence

Extract Type

When you create an extract definition, ensure that you select Benefits Carrier from the Extract Type list.

Data Groups

Create a PER_EXT_SEC_PERSON_UE (Person) data group and select it as the root data group. The following benefits data groups are available:

- BEN_EXT_ENRT_RSLT_UE (Enrollment Results)
- BEN_EXT_ENRT_DPNT_UE (Dependents)
- BEN_EXT_ENRT_BNF_UE (Beneficiaries)
- BEN_EXT_ENRT_RTCVG_UE (Rates and Coverages)

Extract Record Sequence

After you create the data groups, ensure that you sequence the data groups to identify which data group the application processes next:

- Person
- Dependents
- Beneficiaries
- Enrollments
- Rates and coverages

Related Topics

- Defining an Extract: Worked Example

Configuring Benefits Data Extract for Plan Carriers: Procedure

This topic covers how to set up benefit plan carriers and offerings so that you can then generate and transmit enrollment data extracts. You extract benefits enrollment information into a single XML file for each benefits carrier.

To configure the benefits data extract, you complete these tasks in the Plan Configuration work area:

1. Create the plan carrier and configure extract settings.
2. Add the benefits extract plan type name.
3. Add the benefits extract plan code.
4. Add the benefits extract option name.

Creating Plan Carrier

Set up carrier data and configure extract options in the Plan Configuration work area that apply whenever you run the extract for that carrier.

1. In the Tasks panel drawer, click **Manage Plan Carriers** to open the Manage Plan Carriers page. On the Mapping tab, you can view the mapping of lookup codes to the lookup value that you transmit to carriers. Edits to mapping values affect all plan carriers that use the lookup.
2. On the Search Results toolbar, click the **Create** button.
3. Enter the carrier information. In the **Active** field, select **Active**.
4. Enter the extract options.

   The following table provides comments to help you with your extract field entries and selections.

Field	Comments
Extract Type	Select whether to run a full extract or extract only the changes since the previous extract. Generally, you run a full extract after an enrollment period closes and enrollments are completed. You run subsequent extracts on a periodic or scheduled basis, in either full or changes only mode.
Output File Name	Obtain the value that you enter here from the extract file recipient.
Processing Frequency	A common practice is to schedule your extracts to run after your regular payroll runs. You might want to set the processing frequency accordingly.
Processing Type	By default, all extracts have the same format, regardless of which carrier receives the extract. You can contract with Oracle's partner, BenefitsXML, to have a carrier's extract data transformed and delivered to the carrier, according to its specifications. For more information about BenefitsXML, see http://www. benefitsxml. com. If you don't use this partner, you can transform and deliver the extract data file directly to each of your plan carriers, according to their specifications.

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Field	Comments
Upload Custom Layout	This button is available if you select the **Custom layout** processing type.
	○ Specify the layout for the individual carrier. For details, see the Benefits Extract: Custom Layout topic

5. Enter the file transfer details, which you obtained from the extract file recipient. You can transmit extract files directly to the recipient. Alternatively, you can transmit extract files to the Oracle cloud, using its file transfer details, and have your recipient download its extract from there.

Field	Comments
Host	The name of the server to which you transmit the recipient's extract files.
Remote Folder	Path on the host to the location where your transmission places the extract file.
User Name	Part of the sign-in credentials required for your transmission to access the host.
Password	Part of the sign-in credentials required for your transmission to access the host.

6. Click **Save and Close** to return to the Manage Plan Carriers page.

Adding Benefits Extract Plan Type Name

Complete these steps in the Plan Configuration work area to identify each type of plan included in the extract file for the recipient.

1. In the Tasks panel drawer, click **Manage Plan Types** to open the Manage Plan Types page.
2. Search for and click the plan type, for example, Medical.
3. On the Plan Type Definition section **Actions** menu, select **Update**.
4. Enter the valid benefits extract plan type name, for example, Health.
5. Click **Save and Close** to return to the Manage Plan Types page.

Adding Benefits Extract Plan Code

Complete these steps in the Plan Configuration work area to link the plan to the extract file recipient.

1. In the Tasks panel drawer, click **Manage Benefits Plan Details** to open the Manage Benefits Plan Details page.
2. Search for and click the plan that you want to link to the extract file recipient.
3. Click **Next** to open the Edit Plan Additional Configuration page.
4. On the Configuration Details section **Actions** menu, select **Update**.
5. Enter the benefits extract plan code, which the extract file recipient provided to you for this specific plan.
6. Click **Save and Close** to return to the Plans tab.

Adding Benefits Extract Option Name

Complete these steps in the Plan Configuration work area to identify each option included in the extract file for the recipient.

1. In the Tasks panel drawer, click **Manage Benefit Options** to open the Manage Benefit Options page.
2. Search for and click the participant option, for example, Participant Only.

3. On the Basic Details section **Actions** menu, select **Update**.
4. Enter the valid benefits extract option name, for example, Employee Only.
5. Click **Save and Close** to return to the Manage Benefit Options page.

Next Steps

After you complete the previous tasks, you are ready to generate and transmit the extract data. The details of this process are covered in the Generating and Transmitting Benefits Data Extract for Plan Carriers: Procedure topic.

Related Topics

- Generating and Transmitting Benefits Data Extract for Plan Carriers: Procedure

Valid Extract Names for Benefits Plan Types and Options: Explained

Oracle partner BenefiX provides valid extract names that you can enter for benefits plan types and options. You can extend these lists of values, as required.

Benefit Extract Plan Type Names

Valid benefits extract names for plan types:

- 24 Care
- Dental
- Dental Capitation
- Exclusive Provider Organization
- Health
- Health Maintenance Organization
- Hearing
- Long Term Care
- Long Term Disability
- Mail Order Drug
- Major Medical
- Medicare Risk
- Mental Health
- Point of Service
- Preferred Provider Organization
- Prescription Drug
- Preventative Care
- Short Term Disability
- Utilization Review

- Vision

Benefits Extract Option Names

Valid benefits extract names for options

- Children Only
- Dependents Only
- Employee and Children
- Employee and Five or More Dependents
- Employee and Four or More Dependents
- Employee and One Dependent
- Employee and One or More Dependents
- Employee and Spouse
- Employee and Three Dependents
- Employee and Three or More Dependents
- Employee and Two Dependents
- Employee and Two or More Dependents
- Employee Only
- Family
- Individual
- Not Applicable
- Spouse and Children
- Spouse Only
- Two Party
- Employee and Domestic Partner
- Domestic Partner and Children
- Domestic Partner Only
- Employee and Spouse or Domestic Partner
- Child or Children of a Domestic Partner

Benefits Extract: Custom Layout

An implementor or developer can create a custom layout to transform the format of extracted benefits enrollment data to match the specifications of a particular carrier. This topic provides:

- Descriptions of the tags that you require to create the custom layout
- Table aliases and a sample custom layout

  The custom layout becomes the default layout for the plan carrier after you upload it to the plan carrier's extract options.

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This figure illustrates the structure of the XML tags in the custom layout.

```
<Layout
  <Table
      Record Type
      <Field
          Name
          Source
          Width
          Padding
      Field>
    Table>
  <Table
      <Field
          Name
          Source
          Width
          Padding
      Field>
      ..............................
      More Fields
      ..............................
    Table>
  <Table
      ..............................
      More Tables
      ..............................
    Table>
Layout>
```

The data source for a field on the custom layout can be a:

- Column on the benefits extract staging tables

- Column on one of the other tables listed in the Source tag description

- Constant into which you enter the exact value

💡 **Tip:** To identify table column names, you can use the data model query builder in Oracle BI Publisher. Search for the table name and view the columns.

XML Tag Descriptions

This section describes each XML tag and lists its attributes, elements (subtags), and parent tags.

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Layout

Description: Root tag.

Attributes: None

Elements (Subtags)	Parent Tag
Table	None

Table

Description: Specifies the database table from which to extract the data.

Attributes: 1. tableName: Supported values = {BEN_EXTRACT_REQ_DETAILS,BEN_EXTRACT_REQUEST,
DUAL,PER_ALL_PEOPLE_F,PER_PERSONS,PER_ALL_ASSIGNMENTS_M,PER_PEOPLE_LEGISLATIVE_F,BEN_PL_F,BEN_PL_TYP_

Elements (Subtags)	Parent Tag
1. RecordType	Layout
2. Field: See Field tag description	

Record Type

Description: Specifies how to delimit or lay out the data in the extract file.

Attributes: Supported values: {FIXEDWIDTH, CSV}

> 🖊 **Note:** Anything other than CSV is delimited as FIXEDWIDTH by default.

Elements (Subtags)	Parent Tag
None	Table

Field

Description: Corresponds to one column in the extracted document. Source the text in this column from a database table, an
SQL function, or a constant.

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Attributes: None

Elements (Subtags)	Parent Tag
1. Name 2. Source 3. Width 4. Padding	Table

Name

Description: Name of the field

Attributes: None

Elements (Subtags)	Parent Tag
None	Field

Source

Description: Specifies the source of data for the current field.

- If the source is a table, the value passed is the column name.

- If multiple tables are involved, use a fully qualified column name.

The list of allowed tables includes the table aliases.

SQL functions in place of column names: Values in this tag are treated as column names if the type is set to TABLE. The column name is used directly while constructing a query, so an SQL function can be used on a column.

- Example 1

  `<Source type="TABLE">GENDER_FLAG</Source>`

- Example 2

  `<Source type="TABLE">DECODE(GENDER_FLAG,'F',1,2)</Source>`

Attributes:

1. type:

   o Supported values = {TABLE, CONSTANT}

     - TABLE specifies that the data comes from a database table.
     - CONSTANT specifies that the data is given in the value column of this tag.

2. table: Use this tag only if the intended column isn't from the table given in the tableName attribute of this Table tag. If this tag isn't used, the column is searched for in the table given in tableName.

- ○ Supported values:

    - {BEN_EXTRACT_REQ_DETAILS
    - PER_ALL_PEOPLE_F
    - PER_PERSONS
    - PER_ALL_ASSIGNMENTS_M
    - PER_PEOPLE_LEGISLATIVE_F
    - BEN_PL_F
    - BEN_PL_TYP_F
    - BEN_OPT_F
    - BEN_PGM_F

Elements (Subtags)	Parent Tag
None	Field

Width

Description: Specifies the intended width of this field in the extract file. The number passed is the number of character spaces on the file.

Attributes: Supported values are positive integers.

Elements (Subtags)	Parent Tag
None	Field

Padding

Description: Specifies the alignment of data in each column.

Attributes: Supported values: {LEFT, RIGHT}

Elements (Subtags)	Parent Tag
None	Field

Table Aliases

Allowed Table	Alias
BEN_ EXTRACT_ REQ_DETAILS	REQ
PER_ ALL_PEOPLE_F	PEO
PER_PERSONS	PER
PER_ ALL_ ASSIGNMENTS_M	ASG
PER_ PEOPLE_ LEGISLATIVE_F	LEG
BEN_PL_F	PLN
BEN_PL_TYP_F	TYP
BEN_OPT_F	OPT
BEN_PGM_F	PGM

Sample XML Layout

```xml
<?xml version="1.0" encoding="utf-8"?>
<Layout>
<Table tableName="DUAL">
 <RecordType>FIXEDWIDTH</RecordType>
 <Field>
 <Name>"Record Type"</Name>
 <Source type="CONSTANT">001</Source>
 <Width>3</Width>
 <Padding>Left</Padding>
 </Field>
</Table>
<Table tableName="BEN_EXTRACT_REQ_DETAILS">
 <RecordType>CSV</RecordType>
 <Field>
 <Name>"Last Name"</Name>
 <Source type="TABLE">LAST_NAME</Source>
 <Width>25</Width>
 <Padding>Left</Padding>
 </Field>
 <Field>
 <Name>"First Name"</Name>
 <Source type="TABLE">FIRST_NAME</Source>
 <Width>50</Width>
 <Padding>Left</Padding>
```

```
  </Field>
  <Field>
  <Name>"Filler"</Name>
  <Source type="CONSTANT">XXXXXXXXXX</Source>
  <Width>10</Width>
  <Padding>None</Padding>
  </Field>
  <Field>
  <Name>"Plan Name"</Name>
  <Source type="TABLE">PLAN</Source>
  <Width>70</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Coverage Start Date"</Name>
  <Source type="TABLE">COVERAGE_START_DATE</Source>
  <Width>15</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"SSN"</Name>
  <Source type="TABLE">NATIONAL_IDENTIFIER</Source>
  <Width>12</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Gender"</Name>
  <Source type="TABLE">DECODE(GENDER_FLAG,'F',1,2)</Source>
  <Width>1</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Person Number"</Name>
  <Source type="TABLE" table="PER_ALL_PEOPLE_F">PERSON_NUMBER</Source>
  <Width>30</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Country of Birth"</Name>
  <Source type="TABLE" table="PER_PERSONS">COUNTRY_OF_BIRTH</Source>
  <Width>30</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Assignment type"</Name>
  <Source type="TABLE" table="per_all_assignments_m">assignment_type</Source>
  <Width>30</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Legislation code"</Name>
  <Source type="TABLE" table="per_people_legislative_f">LEG.LEGISLATION_CODE</Source>
  <Width>30</Width>
  <Padding>Left</Padding>
  </Field>
  <Field>
  <Name>"Legislation code"</Name>
  <Source type="TABLE" table="ben_pl_f">PLN.PL_ID</Source>
  <Width>30</Width>
  <Padding>Left</Padding>
  </Field>
 </Table>
 <Table tableName="DUAL">
  <RecordType>FIXEDWIDTH</RecordType>
  <Field>
  <Name>"Record Type"</Name>
```

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```xml
    <Source type="CONSTANT">999</Source>
    <Width>3</Width>
    <Padding>Left</Padding>
    </Field>
    <Field>
    <Name>"Record Type"</Name>
    <Source type="SYSTEM">RECORDCOUNT</Source>
    <Width>3</Width>
    <Padding>Left</Padding>
    </Field>
</Table>
</Layout>
```

22   **Benefits Configuration Exports and imports**

Export Plan Configuration: Explained

You can export a program, plan not in program, or eligibility profile from one environment. You can import it into other environments and to the same or different enterprises in the same environment. Open the Export Plan Configuration task in either the Setup and Maintenance or Plan Configuration work area.

Key aspects of exporting plan configurations are:

- Items included in the export
- Items excluded from the export
- Export and log files

Prerequisites

Before exporting your plan configuration:

- In the relevant programs or plans Search Results section, validate the program or plan not in program that you want to export.
- In the Evaluation and Reporting work area, run the Evaluate Life Event Participation process for a sample participant in the program or plan that you intend to export.

You can compare the results of this validation and evaluation with the results for the same validation and evaluation in the destination environment.

Items Included in the Export

The export process includes the descendant objects associated with the top-level object that you select.

Exported Parent Object	Included Descendant Objects
Program configuration	Associated plan types, plans, options, year periods, legal entities, reporting groups, organizations, eligibility profiles, life events, action items, formulas, rate, coverage, coverage across plan type, enrollment authorization, and dependent and beneficiary designation
Plan not in program configuration	Associated plan types, options, year periods, legal entities, reporting groups, regulations, organizations, eligibility profiles, life events, action items, formulas, rate, coverage, enrollment authorization, and dependent and beneficiary designation
Eligibility profile	Associated derived factors, service areas, and formulas

Items Excluded from the Export

Exports of standard rates exclude:

- Element input values

- Extra input values

Participant eligibility profile exports exclude the following eligibility criteria.

Eligibility Category	Criteria
Personal	Leave of absence, qualification, and competency
Employment	Performance rating
Other	Health coverage selected and participation in another plan
	All dependent eligibility profile exports exclude the Other - Covered in Another Plan eligibility criteria.
Related Coverage	All criteria

These eligibility criteria export exclusions apply to all exports, regardless of whether you are exporting a program, plan not in program, or eligibility profile.

Export and Log Files

You monitor the status of the Export Plan Configuration process on the Export Plan Configuration page. After the process finishes, click the corresponding **Download** button to open the File Downloaded dialog box.

In the File Downloaded dialog box, you can:

- Open or save the .zip file that contains the exported plan configuration.

- Open the log file. The log contains details:

    o About which parent or child process exported what plan configuration data, including the number of business object records

    o To help you resolve any errors encountered during the export

⚠ **Caution:** Don't edit the export file after you save it locally. The Import Plan Configuration process detects edits to an exported file and immediately ends, without importing the plan configuration in the edited file.

Related Topics

- Program and Plan Validation Statuses: Explained

Importing Plan Configuration: Procedure

You can import a program, plan not in program, or eligibility profile exported from one environment into other environments. You can also import them to different enterprises in the same environment. Use the Import Plan Configuration task in either the Setup and Maintenance or Plan Configuration work area.

During the import, you can:

- Create objects or reuse objects that exist in both the source and destination environments.

- Map third-party objects, such as HR and payroll objects, between environments.

Importing plans from a source environment with a newer application version than that of the destination environment is unsupported.

The basic process for importing plan configurations is:

1. Set up the destination environment.
2. Import the plan configuration using one of these methods:

    - Creating all destination named objects

    - Reusing existing destination named objects

3. Map source and destination HR, payroll, and compensation objects.
4. Review imported plan configuration.
5. Finalize imported plan configuration.
6. Validate imported plan configuration.

Setting up the Destination Environment

Before you import a plan configuration, you must set up:

- All of the relevant HR, payroll, and compensation structures and objects:

    - HR objects include legal employer, locations, jobs, and organizations

    - Payroll objects include payroll definition and payroll elements

    - Compensation objects include salary basis

- Any criteria that you used in the eligibility profiles associated with the import object. You can still import any associated eligibility profiles without criteria set up. But if the underlying criteria for an eligibility profile aren't present in the environment, the eligibility profile doesn't work.

Importing by Creating All Named Destination Objects

You can create, rather than reuse, all named objects when importing a plan configuration.

- Enter a prefix, suffix, or both that the import process adds to the start or end of all source named objects during the import.

- Ensure that the **Reuse existing named objects** check box is clear.

Importing by Reusing Existing Destination Objects

You can reuse destination named objects that match the source objects that you are importing, as long as the existing destination objects are available as of the import date.

The import process:

- Doesn't reuse existing named destination objects that match the source objects if they are available as of a future date

- Prompts you to enter a prefix or suffix if it finds future-dated destination objects

The following table identifies the existing named objects that the import process always reuses, and the condition for that reuse:

Condition	Reused Objects
When you select **Reuse existing named objects**	Plan, plan type, options, reporting groups, regulations, eligibility profiles, and user-defined life events
Regardless of whether you select **Reuse existing named objects**	Year periods, predefined life events, action items, and formulas

Mapping HR, Payroll, and Compensation Objects

You must map any source workforce structure (HR), payroll, and compensation setup objects that you are importing to corresponding destination objects.

Source objects that you must map include:

- Legal employer, organization, location, department, person type, job, assignment status, grade, position, performance rating, qualification, and competency

- Formulas, payroll definition, and salary basis

To perform mapping during the import process, you must have data access privileges for the destination objects.

Reviewing Imported Objects

On the Review Imported Plan Configuration page, use the graph to identify visually any discrepancies between the number of source and destination objects. Click the relevant bar to:

- View details about the source and destination objects

- Identify which source objects were imported

Source and destination objects that are covered in this review are: age and service factor, age factor, benefit balances, benefit groups, compensation factor, coverage across plan types, coverage, eligibility profiles, full-time equivalent factor, hours worked factor, length of service factor, life events, options, plan types, plans, regulations, reporting groups, service areas, standard rates, user-defined criteria, and variable rate profiles.

Finalizing Imported Objects

Change the status for the imported program or plan not in program from Pending to Active in preparation for validating it. The import process:

- Always reuses fast formulas if they exist in the destination environment

- Creates fast formulas that don't already exist at the global level, even though the source formula is defined at LDG level

- Creates formulas using the same names as the source formulas, ignoring any entered prefix or suffix

You must validate the logic for the imported and created formulas, and then compile them individually or in bulk. Compile formulas by running the Compile Formula process on the Submit a Process or Report page.

Validating Imported Objects

You can compare the results of the following destination validation and evaluation with the results for those of the source environment.

- On the Import Benefits Plan Configuration page, search for your import request and click the name in the Search Results section. Open the Validate Imported Plan Configuration page to validate the imported program or plan not in program.

- On the Evaluation and Reporting work area, Processes tab, run the Evaluate Life Event Participation process for a sample person.

Related Topics

- Formula Compilation Errors: Explained

- Program and Plan Validation Statuses: Explained

- When do I run the Compile Formula process?

FAQs for Benefits Configuration Copy

How can I resolve my plan configuration export errors?

If your export plan configuration request has a status of Completed with errors, click the **Download** button for that request. In the File Download dialog box, click the item that ends in **.log** to view the log file.

23 **Integrated Workbooks for Loading Data**

Managing Benefits Objects in Integrated Workbooks: Overview

Use integrated Microsoft Excel workbooks to manage multiple records at one time for various Benefits objects, such as:

- Benefits enrollments
- Benefit plans and programs
- Benefit rates and variable rates
- Benefit reporting groups
- Person benefit balances
- Person benefit groups
- Person habits
- Postal code ranges and service areas
- Regulations

Examples

In the application, when managing person habits, you must enter the Enrollment work area for each person individually. With the integrated workbook, you can manage the person habits for multiple persons at one time and upload the data.

Rather than searching for each rate individually when preparing for your next open enrollment period, you can download them to the integrated workbook. Make your edits in the workbook and upload them back to the application.

Managing Benefit Regulations in the Integrated Workbook: Procedure

You can record multiple regulations, including rules, policies, and statutory requirements enacted by regulatory bodies governing benefit plans, in a single integrated Microsoft Excel workbook. Then, upload the regulations and associate them with benefit reporting groups for reporting purposes.

The basic process for managing benefit regulations using the workbook is:

1. Generate the workbook.
2. Record regulations and associate them with benefit reporting groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Regulations** to open the Manage Regulations page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating and Associating Regulations in the Workbook

The workbook columns are the same as the fields in the Create Regulations dialog boxes.

1. In the Regulation section, create rules, policies, or statutory requirements.
2. In the Regulatory Body section, associate regulations with regulatory bodies.

Uploading Edits

After you complete your edits, click **Upload** to load into the application table those rows that are marked as **Changed**.

> ✏ **Note:** You can't edit regulations in the workbook after they upload successfully. However, you can edit regulations on the Manage Regulations page.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row.

If there are errors that require review, the process:

1. Rolls back the change in the application
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

Managing Reporting Groups in the Integrated Workbook: Explained

You can create and upload reporting groups using the integrated Microsoft Excel workbook.

The basic process for managing reporting groups using the integrated workbook is:

1. Generate the workbook.
2. Create reporting groups and add details to existing groups.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Reporting Groups** to open the Manage Reporting Groups page.
2. In the Search Results section, click **Prepare in Workbook**.

Creating Reporting Groups and Adding Details

The workbook columns and choice lists are the same as the fields and choice lists on the Edit Reporting Groups page.

- Create a reporting group.

    a. Associate benefit programs and plans with the reporting group.
    b. Select which regulatory bodies and regulations govern the reporting group.

- Add details to existing reporting groups. For example, associate an additional program with an existing reporting group.

    a. Enter the name of the reporting group in the Component Program section.
    b. Select the program.
    c. Enter the effective start date.

✏ **Note:** You can't edit existing data for a reporting group in the workbook. However, you can edit existing reporting group data on the Manage Regulations page.

Uploading Edits

After you complete your edits, click **Upload** to load into the application database those rows that are marked as **Changed**.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database

2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

Managing Postal Code Ranges and Service Areas in the Integrated Workbook: Procedure

You can define postal code ranges and service areas for use as eligibility criteria using a single integrated Microsoft Excel workbook. Then, upload them into the application database. Repeat these steps as many times as required to accommodate revisions.

The basic process for managing postal code ranges and services areas using the workbook is:

1. Generate the workbook.
2. Edit postal code ranges and service areas in their respective worksheets.
3. Upload edits.
4. Resolve errors.

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Service Areas** to open the Manage Benefit Service Areas page.
2. In the Search Results section of either the Postal Code Ranges or Service Areas tab, click **Prepare in Workbook**.

Editing Postal Code Ranges and Service Areas in the Workbook

The worksheet columns in each section are the same as fields in the corresponding application dialog box, as shown in this table.

Worksheet Section	Dialog Box
Postal Code Ranges	Create Postal Code Ranges
Service Areas	Create Service Area

In the respective worksheet:

1. Create the postal code ranges.
2. Upload the postal ranges if you plan to add them to service areas.
3. Create the service areas and edit existing ones.
4. Enter the postal code ranges that comprise the service area for each added service area.

    You can enter multiple postal code ranges for a single service area. To do so, name the service area in the first column of the Postal Code Ranges section for each postal code row.

    > ✏️ **Note:** The postal code ranges must exist in the application database before you can enter them in the worksheet rows. Upload any new postal code ranges first, before you upload your service area edits.

Uploading Edits

After you complete your edits, click **Upload**.

The process:

- Uploads to the application tables only those rows marked as changed
- Updates the Worksheet Status field only if the server or database becomes inaccessible during upload

When you upload the service area worksheet with postal code ranges that weren't successfully uploaded, the data in the Service Area section might upload successfully. However, an error status indicates invalid postal code range for any rows in the Postal Code Ranges section with values not yet uploaded.

> ✏️ **Note:** You can't edit postal code ranges in the worksheet if they uploaded successfully. To edit the postal code ranges after upload, use the Manage Postal Code Ranges and Service Areas page in the Plan Configuration work area.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

Editing Standard Benefit Rates in the Integrated Workbook: Procedure

You can generate the integrated Microsoft Excel workbook in which you download standard benefit rates that match your search criteria. Use the integrated workbook to edit those rates, for example, to reflect annual changes in contribution. Then, upload your changes into the application database.

The workbook enables you to edit existing rates, not add new ones.

The basic process for editing benefit rates using the workbook is:

1. Generate and populate the workbook.
2. Edit the standard rates.
3. Upload edits.
4. Resolve errors.

Repeat these steps as many times as required to accommodate revisions.

Generating and Populating the Workbook

Currently, the application is limited to a maximum of 500 rows when it generates the workbook, to manage application performance.

1. On the Manage Benefit Rates page Standard Rates tab of the Plan Configuration work area, click **Edit Rates in Workbook** to generate the workbook.
2. In the search section at the top of the workbook, you must select a calculation formula. This acts as a filter for the records that the download process adds as rows in the Search Results section after you click **Search**.
3. Use the **Rate Display Type**, **Effective As-of Date**, and **Status Rule** fields to further filter your search result records.

Editing Standard Rates

After the download is complete, edit data only in the search results fields with a white background. The upload process ignores edits in search results fields with a nonwhite background. Edit the following objects in the Plan Configuration work area, rather than in the workbook:

- Variable rate profiles

- Variable formulas

- Extra inputs

- Partial month determination

- Annual rates

Uploading Edits

After you complete your edits, click **Upload** to load into the application database those rows marked as **Changed**. The process:

1. End dates the original benefit rate record
   It sets the effective end date to the day before the effective as-of date that you used as part of your download filter.

2. Adds a new benefit rate record with your edits

   The effective start date is the same as your effective as-of date and the effective end date is the original effective end date.

3. Moves changed rows to the bottom of the workbook.

To validate the changes, return to the Manage Benefit Rates page, Standard Rates tab and search for the changed rate.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

- Setting Up the Desktop Integration for Excel: Procedure

Managing Variable Benefit Rates in the Integrated Workbook: Procedure

You can create and upload variable rates by defining variable rate profiles and associating them with standard rates using the integrated Microsoft Excel workbook.

The basic process for managing variable rates using the workbook is:

1. Generate the workbook.
2. Create and edit variable rate profiles.
3. Upload edits.
4. Add variable rate profiles to standard rates.
5. Upload edits.
6. Resolve errors.

Repeat these steps as many times as required.

Prerequisites

Before you upload new or edited variable rate profiles, confirm that the following already exist in the application database:

- Any associated benefit eligibility profiles, plans, and options

- Any referenced compensation user-defined factors where **Calculation Method** is set to **Multiple of compensation**

- Any referenced fast formulas associated with variable rate profiles where **Calculation Method** is set to **Calculate for enrollment formula**

Generating the Workbook

In the Plan Configuration work area:

1. In the Tasks panel drawer, click **Manage Benefit Rates** to open the Manage Benefit Rates page.
2. On the Search Results section toolbar of the Variable Rate Profiles tab, click **Prepare in Workbook**.

Creating and Editing Variable Rate Profiles and Adding them to Standard Rates

Use the two worksheets in the workbook to:

- Create and edit your variable rate profiles in the variable rate profiles worksheet.

- Associate existing and newly uploaded variable rate profiles with standard rates in the standard Rates worksheet.

On both worksheets:

1. Select a calculation method. The calculation method for all rows must match the calculation method for the workbook, which you selected in the Search section. Mismatches result in errors when you upload your data.
2. Optionally, enter an effective as-of date. The download process uses the date as a constraint when downloading either the variable rate profiles or the standard rates. The upload process uses it to set the effective date for the new and edited profiles and edited standard rates. If you leave this field blank, the upload process sets the current date, also known as the system date, as the effective date.
3. Search for either the variable rate profiles or standard rates that match your criteria. The Search button and other integrated workbook buttons, such as Upload, Delete, and End-Date are available in the Upload Variable Rate Profiles tab.
4. Depending on the worksheet, either:
    - Create and edit the profiles, as required.
    - Associate the profiles with the relevant standard rates.
5. Upload your edits to the application database.

The variable rate profiles must already exist in the application database before you can associate them with standard rates in the workbook. Upload any new or edited variable rate profiles and associate them with standard rates.

> ✏ **Note:** You must associate future-dated profiles with standard rates in the application; you can't do it in the workbook.

Uploading Edits

After you complete your edits for one of the worksheets, in the Upload Variable Rate Profiles tab, click **Upload** to load into the application tables those rows that are marked as **Changed**.

Randomly test that the upload worked as you expected by searching for one or more of the following in the application:

- New or edited variable rate profiles

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- Standard rates with which you associated a variable rate profile

The upload process updates the worksheet **Status** field only if the server or database becomes inaccessible during upload.

Resolving Errors

The upload process automatically updates the **Status** field in each workbook row. If there are errors that require review, the process:

1. Rolls back the change in the application database
2. Sets the workbook row status to **Upload Failed**
3. Continues to the next workbook row

To view and resolve an error:

1. Double-click **Update Failed** in the **Status** field.
2. Fix any data issues in the workbook.
3. Upload the latest changes.

Related Topics

- Setting Up the Desktop Integration for Excel: Procedure

- What's the difference between export to Excel and desktop integration for Excel?

- Using Desktop Integrated Excel Workbooks: Points to Consider

24 Formula Creation and Error Handling for Benefits

Benefits Formulas: Overview

Use formulas to configure your plan design to the requirements of your enterprise. They provide a flexible alternative to delivered business rules for such purposes as:

- Date calculations, such as:

    o Enrollment start and end dates

    o Rate or coverage start and end dates

    o Waiting periods and enrollment periods

    o Action item due dates

- Calculations of rate and coverage amount, minimum and maximum, or upper and lower limits

- Certification requirements

- Partial month and proration calculations

- Eligibility and participation evaluation

For example, you can write a formula to calculate benefits eligibility for those cases where the provided eligibility criteria don't accommodate your particular requirements.

Benefits Fast Formula Reference Guide

The Benefits Fast Formula Reference guide explains some of the most frequently used benefits formula types. All formula types explained in the guide include sample code, contexts, database items, input variables, and return variables.

For more information, see Benefits Fast Formula Reference Guide (1456985.1) on My Oracle Support at https://support.oracle.com.

Using Formulas: Explained

Fast formulas are generic expressions of calculations or comparisons that you want to repeat with different input variables. Each formula usage summarized in this topic corresponds to one or more formula types, requiring specific formula inputs and outputs. You can use the Manage Fast Formulas task in the Setup and Maintenance work area, or work areas relevant to the formula type, such as Payroll Calculation.

> ✎ **Note:** Requirements for specific formula inputs and outputs are explained in separate chapters of the Oracle Global HR Cloud: Using Fast Formula guide.

Calculate Payrolls

You can write payroll calculations and skip rules for elements to represent earnings and deductions.

With fast formulas you can:

- Associate more than one payroll formula with each element to perform different processing for employee assignments with different statuses.

- Define elements and formulas for earnings and deductions with highly complex calculations requiring multiple calls to the database.

- Associate a skip rule formula with an element to define the circumstances in which it's processed.

- Customize the predefined proration formula to control how payroll runs prorate element entries when they encounter an event, such as a mid-period change in an element entry value.

Define Custom Calculations for Benefits Administration

You can use formulas to structure your benefit plans. Formulas provide a flexible alternative to the delivered business rules. Use formulas to configure:

- Date calculations, such as enrollment start and end dates, rate or coverage start and end dates, waiting periods and enrollment periods, or action item due dates

- Calculations of rate and coverage amount, minimum and maximum, or upper and lower limits

- Certification requirements

- Partial month and proration calculations

- Eligibility and participation evaluation

For example, you can write a formula to calculate benefits eligibility for those cases where the provided eligibility criterion does not accommodate your particular requirements.

> ✎ **Note:** For more information, see Benefits Fast Formula Reference Guide (1456985.1) on My Oracle Support at https://support.oracle.com.

Validate Element Inputs or User-Defined Tables

Use lookups or maximum and minimum values to validate user entries.

For more complex validations you can write a formula to check the entry. You can also use a formula to validate entries in user tables.

Edit the Rules for Populating Work Relationship or Payroll Relationship Groups

You can define criteria to dynamically populate a payroll relationship group or work relationship group.

When you create a payroll relationship group or work relationship group formula type, you can choose to use an expression editor or a text editor. The expression editor makes it easy to build criteria to define the group. For more complex conditions, such as validations, you can select the text editor.

Define Custom Configuration for Compensation

To extend the existing flexibility of compensation plan configuration write formulas to customize:

- Start and end dates for compensation allocations under individual compensation plans
- Person selection, hierarchy determination, column default values, and currency selection for workforce compensation plans
- The source of items displayed in total compensation statements

Define Formulas to Create Rule Templates for Time and Labor

Use formulas with time repository rule templates to create rules. The formulas contain delivered combinations of rule parameters and output results. You can use one formula with multiple rule templates by varying the template configuration.

When creating a rule template, you select a formula name and then configure the parameter type and display name of the parameters and variables. You don't have to work with the entire formula statement to determine which details to change to achieve a particular outcome.

Use formulas in Time and Labor to utilize:

- Logic for processing or calculating time
- Parameters that enable rules to pass values to the formula for use in calculations
- Output variables that the formula uses to return calculation results to the rules

For example, the Period Maximum Hours Template uses the WFM_PERIOD_MAXIMUM_TIME_ENTRY_RULE formula to compare reported time category hours to defined maximum hours.

> ✎ **Note:** For more information, see Time and Labor Fast Formula Reference Guide (1990057.1) on My Oracle Support at https://support.oracle.com.

Writing a Fast Formula Using Formula Text: Worked Example

This example demonstrates how to create a fast formula using the text editor to return the range of scheduled hours for managers and a different range for other workers.

Before you create your formula, you may want to determine the following:

Decisions to Consider	In This Example
Is the formula for a specific legislative data group?	No, this is a global formula that can be used by any legislative data group.
What is the formula type for this formula?	Range of Scheduled Hours
Are there any contexts used in this formula?	No

Decisions to Consider	In This Example
Are there any database item defaults?	Yes, ASG_JOB
Are there any input value defaults?	No
What are the return values?	MIN_HOURS, MAX_HOURS, FREQUENCY

Creating a Fast Formula Using the Text Editor to Determine a Manager's Scheduled Hours

1. On the Overview page in the Setup and Maintenance work area, search for the Manage Fast Formulas Task.
2. Click **Go to Task**.
3. On the Manage Fast Formula page, click the **Create** icon to create a new formula.
4. On the Create Fast Formula page, complete the fields as shown in this table.

Field	Value
Formula Name	Manager Range of Scheduled Hours
Formula Type	Range of Scheduled Hours
Description	Manager's Range of Hours
Effective Start Date	1-Jan-2010

5. Click **Continue**.
6. Enter the following formula details in the Formula Text section:

```
/* DATABASE ITEM DEFAULTS BEGIN */
DEFAULT FOR asg_job IS ' '
/* DATABASE ITEM DEFAULTS END */
JOB_1 = ASG_JOB
IF JOB_1 = 'Manager' then
(MIN_HOURS = 25
MAX_HOURS = 40
FREQUENCY = 'H')
else
(MIN_HOURS = 20
MAX_HOURS = 35
FREQUENCY = 'H')
return MIN_HOURS, MAX_HOURS, FREQUENCY
```

7. Click **Compile**.
8. Click **Save**.

Related Topics

- Using Formula Components: Explained

- Formula Operators: Explained

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Formula Performance Improvements: Explained

When writing formulas there are a number of techniques to follow to ensure your formulas are easy to read, use, understand, and process efficiently.

Variable Names and Aliases

To improve readability, use names that are brief yet meaningful. Use aliases if the names of database items are long. Name length has no effect on performance or memory usage.

Inputs Statements

Use INPUTS statements rather than database items whenever possible. It speeds up the running of your payroll by eliminating the need to access the database for the input variables.

An example of inefficient formula without INPUTS statement is:

```
SALARY = SALARY_ANNUAL_SALARY / 12
RETURN SALARY
```

An example of efficient use of INPUTS statements is:

```
INPUTS ARE ANNUAL_SALARY
SALARY = ANNUAL_SALARY / 12
RETURN SALARY
```

Database Items

Do not refer to database items until you need them. People sometimes list at the top of a formula all the database items the formula might need, thinking this helps the formula process more quickly. Doing this, however, causes unnecessary database calls which slows processing.

An example of an inefficient use of database items is:

```
S = SALARY
A = AGE
IF S < 20000 THEN
IF A < 20 THEN
TRAINING_ALLOWANCE = 30
ELSE
TRAINING_ALLOWANCE = 0
```

An example of an efficient use of database items is:

```
IF SALARY < 20000 THEN
IF AGE < 20 THEN
TRAINING_ALLOWANCE = 30
ELSE
TRAINING_ALLOWANCE = 0
```

The first example always causes a database fetch for AGE whereas the second example only fetches AGE if salary is less than 20000.

Balance Dimensions

Wherever possible, only use balance dimensions for single assignments in formulas. Multiple assignments require more calculation time, leading to slower processing time.

Normally, only a small number of workers have multiple assignments. The presence of a small number doesn't lead to any significant increase in overall processing time. However, there could be a problem if you unnecessarily link balance dimensions for multiple assignments into general formulas.

Formula Compilation Errors: Explained

Compilation errors display in the Manage Fast Formulas page after you compile the formula. The compiler aborts the compilation process when it encounters an error. Error messages display the line number and type of error encountered.

Common Compilation Errors

This table lists the type and description of several common formula compilation errors.

Formula Error	Description
Syntax Error	The formula text violates the grammatical rules for the formula language. An example is using IF1 instead of IF for an IF statement.
Incorrect Statement Order	ALIAS, DEFAULT, or INPUT statements come after other statements.
Misuse of ASSIGNMENT Statement	Occurs when any of these conditions exist: • An **ASSIGNMENT** assigns a value to a database item. • A context is assigned a value externally to a **CHANGE_CONTEXTS** statement. • The formula assigns a value to a non-context variable within a **CHANGE_CONTEXTS** statement. CHANGE_CONTEXTS statements can be used in a formula.
Misuse of ALIAS Statement	You can only use an ALIAS statement for a database item.
Missing DEFAULT Statement	A database item that specifies defaulting must have a DEFAULT statement.
Misuse of DEFAULT Statement	A DEFAULT statement is specified for a variable other than an input or database item.
Uninitialized Variable	The compiler detects that a variable is uninitialized when used. The compiler can't do this in all cases. This error often occurs when the formula includes a database item that requires contexts that the formula type doesn't support. The formula treats the database item as a local variable. For example, balance database items require the PAYROLL_ REL_ACTION_ID PAYROLL_ ASSIGNMENT_ID and CALC_ BREAKDOWN_ ID contexts. Generally you can only use them in formulas of type Oracle Payroll.

Formula Error	Description
Missing Function Call	The compiler does not recognize a function call. The combination of return type, function name, and parameter types does not match any available function.
Incorrect Operator Usage	An instance of a formula operator use doesn't match the permitted uses of that operator.
	For example, the + operator has two permitted uses. The operands are both of data type NUMBER, or both of data type TEXT.
Inconsistent Data Type Usage	The formula uses a formula variable of more than one data type. Or the formula uses a database item or context with the wrong data type.
	For example, Variable A is assigned a NUMBER value at the start of the formula, but is assigned a TEXT value later in the formula.
EXIT Statement Not Within WHILE Loop	A condition that eventually becomes false or an EXIT call for exiting the loop doesn't exist.
Misuse of Context	The formula uses a variable as a context, or a context as a variable.
	For example, a formula assigns a value to AREA1 as an ordinary variable, but later uses AREA1 as a context in a GET_CONTEXT call.

Formula Execution Errors: Explained

Fast formula execution errors occur when a problem arises while a formula is running. The usual cause is a data problem, either in the formula or in the application database.

Formula Execution Errors

This table lists the type and description of each formula execution error.

Formula Error	Description
Uninitialized Variable	Where the formula compiler can't fully determine if a variable or context is initialized, it generates code to test if the variable is initialized.
	When the formula executes, this code displays an error if the variable or context isn't initialized.
Divide by Zero	Raised when a numeric value is divided by zero.
No Data Found	Raised when a non-array type database item unexpectedly fails to return any data. If the database item can't return data, then it should provide a default value.
	You can do this by creating a default statement. An error in formula function code can also cause this error message.
Too Many Rows	Raised when a non-array type database item unexpectedly returns more than a single row of data. The cause is an incorrect assumption made about how the data is being accessed.

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Formula Error	Description
	An error in the formula function code can also cause this error message.
NULL Data Found	Raised when a database item unexpectedly returns a NULL data value. If the database item can return a NULL value, then it provides a default value.
	Note: Some database items can't return a NULL value. If it can, then you can provide a default value for that database item.
Value Exceeded Allowable Range	Raised for a variety of reasons, such as exceeding the maximum allowable length of a string.
Invalid Number	Raised when a formula attempts to convert a non numeric string to a number.
User Defined Function Error	Raised from within a formula function. The error message text is provided as part of the formula error message.
External Function Call Error	A formula function returned an error, but didn't provide any additional information to the formula code. The function might have sent error information to the logging destination for the executing code.
Function Returned NULL Value	A formula function returned a NULL value.
Too Many Iterations	A single WHILE loop, or a combination of WHILE loops, has exceeded the maximum number of permitted iterations. The error is raised to terminate loops that can never end. This indicates a programming error within the formula.
Array Data Value Not Set	The formula attempted to access an array index that has no data value. This error occurs in the formula code.
Invalid Type Parameter for WSA_EXISTS	An invalid data type was specified in the WSA_EXISTS call.
Incorrect Data Type For Stored Item	When retrieving an item using WSA_GET, the actual data type doesn't match that of the stored item. This error occurs within the calling formula.
Called Formula Not Found	The called formula couldn't be resolved when attempting to call a formula from a formula. This issue could be due to an error in the calling formula, or because of installation issues.
Recursive Formula Call	An attempt was made to call a formula from itself. The call could be made directly or indirectly from another called formula. Recursive formula calling isn't permitted.
Input Has Different Types In Called and Calling Formulas	When calling a formula from a formula, the input data type within the called formula doesn't match the data type specified from the calling formula.
Output Has Different Types In Called and Calling Formulas	When calling a formula from a formula, the output data type within the called formula doesn't match the data type specified from the calling formula.
Too Many Formula Calls	There are too many formula calls from other formulas.

Benefits Formula Evaluation: Points to Consider

Use the Formula tab of the Evaluation and Reporting work area to test whether a benefits formula works as expected for a sample participant.

This topic covers the following aspects:

- Authoring formulas
- Restrictions
- Available contexts
- Formula results

Note: The formula evaluation tool does not change any data when you test a formula.

Authoring Formulas

You create formulas using the Manage Fast Formulas page in the Payroll Administration work area.

Restrictions

You cannot test formulas designed to act on data that is not saved to the database yet. For example, you cannot test these formula types:

- Person Change Causes Life Event
- Post Election Edit

You cannot test formulas designed to act on input values received from a process that the formula calls at run time. For example, you can't test the Rate Periodization formula type. You can still use this tool to test such formulas by creating a version that contains fixed input values available in the code.

Available Contexts

You must provide values to the following contexts to test any benefits formula:

- Effective date
- Person name
- Benefits relationship

You can also provide values to these contexts depending on the formula type:

- Life event name
- Program name
- Plan name
- Option name

Formula Results

The Formula tab displays the results of the last five formula submissions. The Results window displays the name of the return variable defined in the formula and its value. To view more details, you can download and view the generated log file.

FAQs for Formulas

When do I run the Compile Formula process?

When you create or update multiple fast formulas at the same time, run the Compile Formula process on the Submit a Process or Report page from the Payroll Administration work area.

What's the difference between a formula compilation error and an execution error?

Compilation errors occur on the Manage Fast Formulas page when you compile the formula. An error message explains the nature of the error. Common compilation errors are syntax errors resulting from typing mistakes. You can view error messages on the dashboard or go to the messages tab directly after the process is run.

Execution errors occur when a problem arises while a formula is running. The usual cause is a data problem, either in the formula or in the application database.

25 **Managing Employee Wellness**

Managing Employee Wellness: Overview

With employee wellness, benefits administrators can manage organizational wellness goals and competitions for employees. Employees can manage their personal wellness.

Benefits Administrators

Benefits administrators use the Wellness Administration work area (Benefits Administration - Employee Wellness) to:

- Create corporate wellness goals and competitions
- Administer goal and competition incentive awards
- Monitor employee participation

Employees

Employees use the My Wellness work area (About Me - Wellness) to:

- Manage wellness profiles
- Add wellness goals
- Track physical activities
- Join wellness competitions
- Monitor progress toward meeting wellness goals

Employee Wellness Corporate Goals and Incentive Awards: Explained

You can create daily active time, distance, and steps goals using the Corporate Goals infotile of the Wellness Administration work area. The start date of a goal must be the current date or within the 30 days following the current date. The end date must be within the 30 days following the selected start date.

You can monitor your employee participation rates within the Corporate Goals infotile. The following calculation is used to determine participation rates: Total Number of Unique and Current Participants / Total Number of Employees. For example, a participant who is participating in three on-going goals is counted only once.

You can also optionally include incentive awards, such as a bonus amount of 200 USD or 1 vacation day. After a goal ends, the application uses activity data recorded by the participants to automatically determine if a participant qualifies for the award, if any.

Employee Wellness Competitions and Incentive Awards: Explained

You can create organizational wellness competitions of types active time, distance, and steps using the Competitions infotile of the Employee Wellness work area. Optionally, include incentive awards of bonus amounts or vacation days when creating competitions, such as the following bonus awards:

- 500 USD for first place

- 300 USD for second place

- 100 USD for third place

Click Save to notify all employees about a corporate competition.

You can monitor your overall employee participation rate, and the employee participation rate for a particular competition, within the Competitions infotile. The following calculation is used to determine participation rates: Total Number of Unique and Current Participants / Total Number of Employees. For example, a participant who is participating in three on-going competitions is counted only once.

After a competition ends, the application uses activity data recorded by the participants to automatically rank participants and determine who qualifies for which award, if any.

Managing Employee Wellness Incentive Awards: Explained

You can identify award recipients and update the statuses of incentive awards for the past corporate goals and competitions. Update the status of an award as received or not received after confirming whether the recipients have received the particular incentive award. If a participant has already been awarded, you must specify the date on which the award was received. You can optionally add comments while updating the status of an award.

Managing Employee Wellness Tracking Service Process Scheduling: Explained

You can create a recurring schedule to import data for employees who use supported fitness trackers. Use the Tracking Services Scheduling infotile of the Employee Wellness work area. The import collects only data for employees who configure their wellness profile to share their data. The application uses this data to:

- Determine employee progress for participating goals and competitions.

- Automatically award applicable bonus and vacation incentives.

26 Total Compensation Statement Overview

Overview

Configure the design, content, and delivery of a total compensation statement that includes pay such as base pay, variable compensation, fringe benefits, cost of benefits, and paid time off. The following figure shows the construction of a total compensation statement and how it displays items and categories.

To construct a total compensation statement, application implementors and compensation administrators:

1. Define compensation items that map to sources of estimated or actual amounts paid to workers or costs incurred by the company.

2. Arrange compensation items into categories such as cash compensation, base pay, benefits, or company stock.

3. Assemble categories into statement definitions.

   o Top-level categories in the statement definition appear in the optional summary page and as separate pages in the statement.

   o Display category details on a single page or enable recipients to drill to details in the statement.

   o Configure optional graphical displays of data, worker instructions, and supplemental information such as compensation policies or benefit plan details.

   o Define periods for which statement data is valid and customize an optional welcome message for each period.

4. Configure settings that control statement availability and the default stock price and currency used for estimated values.

5. Generate statements for review by compensation manager.

6. Make statements available for workers to view.

7. Purge unneeded statements and monitor processes with summary and detailed online reports.

To define total compensation statements, use the Total Compensation Statements task list in the Compensation work area.

Related Topics

- Compensation Items and Sources: Points to Consider

- Compensation Category Types: Explained

- Total Compensation Categories and Subcategories: Points to Consider

- Planning Total Compensation Statements: Points to Consider

Statement Definitions Explained

The statement definition acts as a template and determines the layout and content of the generated statement. The statement definition configures the display of compensation items added to compensation categories.

This topic explains:

- Statement definition approaches

- Reuse of statements and components

- Editing categories

- Statement display flexibility

- Iterative design process

Statement Definition Approaches

You can create statement definitions using either of the following approaches:

- Create the item and category components as you the build statement hierarchy.

- Define the item and category building block components first, and then associate them hierarchically.

The second approach promotes reuse of items and categories across multiple statements.

Reuse of Statements and Components

You can:

- Include multiple legal employers, multiple countries, and multiple currencies in one statement.

- Add compensation items with sources that belong to different legal employers.

- Use the same categories in multiple statements.

- Reuse statement definitions by adding new statement periods and then modify the definition for subsequent periods.

- Duplicate a definition as the starting point for other definitions.

Editing Categories

Edits to categories affect all statement definitions that use that category (as a category or subcategory). This applies whether you make the edits from the Manage Compensation Categories page or the Manage Statement Definitions page. Exception: Compensation category display names are local to the statement definition where you create or edit the name and don't impact the compensation category.

Statement Display Flexibility

Top-level categories in the statement definition appear in the optional summary page and as separate pages in the statement.

The optional summary page:

- Provides workers with high-level view of their total compensation in graphs and tables

- Displays summed totals of top-level categories included in monetary and nonmonetary sections

Viewers can drill down to detailed category pages from the summary page or use regional area navigation links, depending on how you configure the category.

Iterative Design Process

Configuring top-level compensation categories and statement definitions is an iterative process. You generate, view, purge, and regenerate your statements multiple times while editing category and statement definition and display options.

Display Options in Statements

Statement Display Options: Overview

You have many options to control the layout and display of tables and categories in total compensation statements. Additional options control graphic displays, descriptive text, and supplemental information. In general, you configure display options for:

- Category detail pages during category setup

- Top-level categories and the summary page during statement definition setup

The following table describes and compares the display options available when creating or editing compensation categories and compensation statement definitions.

Display Option	Category Setup	Statement Definition Setup
Hide table columns	Yes	Yes: summary page columns
Rename table columns	Yes	Yes: top-level categories only
Configure display of zero or no values	Yes	Yes: top-level categories only
Configure graph display	Yes	Yes: in summary page
Add descriptive text	Yes	Yes: in summary page
Add supplemental text	Yes	Yes: in summary page
Change vertical display order	Yes	Yes: in summary page
Hide regions for graphs or descriptions	Yes	Yes: in summary page
Exclude category from statement summary	No	Yes: top-level categories only
Hide or show estimated amount indicator	No	Yes
Include and hide statement summary page	No	Yes
Include and hide welcome message	No	Yes
Select printable statement options	No	Yes

Hiding Columns

You can edit the column properties to hide a column in the category or statement summary page. When you hide a column, the data that the column would display isn't included in summary or detail tables or graphs.

Hiding Columns

You can hide:

- Unused or not applicable columns, such as the worker contribution column in a cash compensation category
- Description columns

You can show a category's row in the statement even when it contains only zero values. However, you should show at least the Description column and enter an explanation, otherwise viewers see only a row of zeros. You can't hide all columns in a category if you configure the category level of details to show all details on a single category overview page.

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Displaying Zero or No Contribution Values

When you design categories for a statement, decide how to handle display when a worker has zero or no values to display during the statement period. You design categories using the Manage Compensation Categories task.

Contribution Values

Zero or no values might occur when a worker:

- Did not received any stock options during the period
- Isn't participating in a compensation or benefit plan

The following table describes the zero or no value display options.

Statement Element	Display Options When All Contribution Values are Zero or No Value
Top-level categories page	Do not display category if zero values or no values exist
	Display category if values are zero; hide if no value exists
	Always display the category page
Stock subcategory rows	Do not display row when no values exist or values are zeroes
	Display row if values are zeroes and allow subcategory drill
	Display and allow drill if historical values are over zero
	Always display the row and prevent drilling to subcategory
	Always display the row and allow drilling to subcategory
Items in categories	Do not display row when no values exist or values are zeroes
	Display row if values are zeroes; hide if no values exist
	Always display the row

If you decide to display the row or category page with zero or no values, you can optionally compose a statement message to:

- Explain the lack of values
- Call attention to missed opportunities, such as participation in a stock purchase plan

Displaying Graphs

You can display up to two graphs for each category. If you include a summary page in the statement, you can also include up to two graphs each in the Monetary and Nonmonetary sections of the summary.

For each graph that you decide to display, you must specify:

- Graph type: Pie chart or various types of bar chart

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- Columns included in the graph: Worker contributions, company contributions, or both.

Graphs: Restrictions

A graph must not include columns containing:

- Text or dates

- More than one nonmonetary unit of measure

- A combination of monetary and nonmonetary values

For example, a graph that mixes shares of stock, a company car, and fitness membership would not provide clear information.

27 Total Compensation Statement Components

Overview

Configure the design, content, and delivery of a total compensation statement that includes pay such as base pay, variable compensation, fringe benefits, cost of benefits, and paid time off. The following figure shows the construction of a total compensation statement and how it displays items and categories.

To construct a total compensation statement, application implementors and compensation administrators:

1. Define compensation items that map to sources of estimated or actual amounts paid to workers or costs incurred by the company.
2. Arrange compensation items into categories such as cash compensation, base pay, benefits, or company stock.
3. Assemble categories into statement definitions.

    o Top-level categories in the statement definition appear in the optional summary page and as separate pages in the statement.

    o Display category details on a single page or enable recipients to drill to details in the statement.

    o Configure optional graphical displays of data, worker instructions, and supplemental information such as compensation policies or benefit plan details.

    o Define periods for which statement data is valid and customize an optional welcome message for each period.

4. Configure settings that control statement availability and the default stock price and currency used for estimated values.
5. Generate statements for review by compensation manager.
6. Make statements available for workers to view.
7. Purge unneeded statements and monitor processes with summary and detailed online reports.

To define total compensation statements, use the Total Compensation Statements task list in the Compensation work area.

Related Topics

- Total Compensation Statement Definitions: Explained

Items and Sources: Points to Consider

Compensation items are the lowest level of compensation detail in the total compensation statement. Map each item to the specific source from which the statement retrieves compensation information. Items can hold monetary, nonmonetary, date, or text values. You can use them across statement definitions.

This topic explains the following significant aspects of compensation items:

- Source type

- Type of compensation and unit of measure

- Estimated values

- Rounding

- Relationship in the statement

Source Type

Using the Manage Compensation Items task, you map compensation items to the source of the compensation to retrieve the compensation information. This table describes the source types and special data entry requirements for each.

Source Type	Description	Additional Data Entry Requirements
Benefit Balance	Compensation such as data obtained from a legacy compensation application entered as a one-time benefit balance.	**Type of Compensation**

Source Type	Description	Additional Data Entry Requirements
Element Entry	Compensation such as salary and bonus earnings retrieved from element entry.	**Legislative Data Group**, **Payroll Element**, and **Input Value**
External Data	Compensation such as data internal to the organization from another system, or data from a third party vendor.	**Record Type**, **Column**, and **Type of Compensation**.
Formula	Create a formula to retrieve compensation information that isn't stored in the other predefined source types.	**Type of Compensation**, nonmonetary **Unit of Measure**, **Rounding Rule**, and **Currency**. (Formula unit or currency overrides item definition)
Payroll Balance	Compensation such as commissions or company-paid taxes retrieved from payroll balance records.	**Legislative Data Group**

Compensation Type and Unit of Measure

The compensation item inherits from the source:

- Default type of compensation, such as monetary or nonmonetary
- Monetary currency
- Nonmonetary unit of measure (UOM)

In some cases you can override the default compensation type and nonmonetary UOM when defining the item.

- If a formula that retrieves compensation also specifies currency or nonmonetary unit of measure, the formula configuration overrides the currency or unit selections in the item definition.
- The currency defined in the benefit balance overrides the currency on the item definition.

Estimated Values

For each item, you can select the Estimated amount option to indicate that this compensation isn't the actual amount paid. In the statement definition, you can specify whether to display the estimated amount indicator for amounts designated as estimated.

Rounding

You can specify how to round nonmonetary amounts.

Items in the Statement Hierarchy

You can't add items to statement definitions directly. To include them on statements, you must add items to a compensation category.

Related Topics

- Using Formulas: Explained

Item Formula Type

The Total Compensation Item formula determines compensation information that isn't stored in the other predefined item source types. You select the formula when you manage compensation items on the Create or Edit Compensation Items page.

Contexts

The following contexts are available to formulas of this type:

- DATE_EARNED
- EFFECTIVE_DATE
- END_DATE
- START_DATE
- HR_ASSIGNMENT_ID
- HR_TERM_ID
- JOB_ID
- LEGISLATIVE_DATA_GROUP_ID
- COMPENSATION_RECORD_TYPE
- ORGANIZATION_ID
- PAYROLL_ASSIGNMENT_ID
- PAYROLL_RELATIONSHIP_ID
- PAYROLL_TERM_ID
- PERSON_ID

Database Items

Database items related to Person, Assignment, Salary, Element Entries, Compensation Record, and From and End Dates are available to formulas of this type.

Input Variables

The following input variables are available to formula of this type.

Input Value	Data Type	Required	Description
CMP_ IV_PERIOD_ID	Char	Y	Period ID
CMP_ IV_ PERIOD_ START_DATE	Date	Y	Statement Period Start Date
CMP_ IV_ PERIOD_ END_DATE	Date	Y	Statement Period End Date

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Return Values

The following return variables are available to formula of this type.

Return Value	Data Type	Required	Description
COMPENSATION_ DATES	Date	Y	One to 15 transaction dates delimited by semicolon, maximum 250 characters.
VALUES	Char	Y	One to 15 transaction values delimited by semicolon, maximum 250 characters. Must be the same number of values as dates.
ASSIGNMENTS	Char	N	One to 15 transaction assignments delimited by semicolon, maximum 250 characters. Must be the same number of assignments as dates. Can return an empty space with a delimiter (; ;).
LEGALEMPLOYERS	Char	N	One to 15 legal employer IDs delimited by semicolon, maximum 250 characters. Must be the same number of assignments as dates. Can return an empty space with a delimiter (; ;).
COMPENSATION_ DATES1	Date	Y	Second variable for transaction dates from 16 to 30 if limit of 250 characters is exceeded.
VALUES1	Char	Y	Second variable for transaction values from 16 to 30 if limit of 250 characters is exceeded.
ASSIGNMENTS1	Char	N	Second variable for transaction assignments from 16 to 30 if limit of 250 characters is exceeded.
LEGALEMPLOYERS1	Char	N	Second variable for legal employer IDs from 16 to 30 if limit of 250 characters is exceeded.
COMPENSATION_ DATES2	Date	Y	Transaction dates from 31 to 45.
VALUES2	Char	Y	Transaction values from 31 to 45.

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Return Value	Data Type	Required	Description
ASSIGNMENTS2	Char	N	Transaction assignments from 31 to 45.
LEGALEMPLOYERS2	Char	N	Legal employers from 31 to 45.
COMPENSATION_ DATES3	Dates	Y	Transaction dates from 46 to 60.
VALUES3	Char	Y	Transaction values from 46 to 60.
ASSIGNMENTS3	Char	N	Transaction assignments from 46 to 60.
LEGALEMPLOYERS3	Char	N	Legal employers from 46 to 60.

Sample Formula

This sample formula returns one date and one value based on the worker ID.

```
/********************************************************************
FORMULA NAME : Total Compensation Simple Item Formula
FORMULA TYPE : Total Compensation Item
DESCRIPTION : Returns one date and one value.
********************************************************************/

/*=========== INPUT VALUES DEFAULTS BEGIN ====================*/
INPUTS ARE CMP_IV_PERSON_ID (text), CMP_IV_PERIOD_START_DATE (date), CMP_IV_PERIOD_END_DATE (date)
DEFAULT FOR CMP_IV_PERSON_ID IS '-1'
DEFAULT FOR CMP_IV_PERIOD_START_DATE IS '4712/12/31' (date)
DEFAULT FOR CMP_IV_PERIOD_END_DATE IS '4712/12/31' (date)
/*=========== INPUT VALUES DEFAULTS ENDS ====================*/

/*================== FORMULA SECTION BEGIN =================*/
COMPENSATION_DATES = '2005/01/01'
VALUES = '500.00'

RETURN COMPENSATION_DATES, VALUES

/*================ FORMULA SECTION END =======================*/
```

This sample formula returns multiple variables.

```
/********************************************************************
FORMULA NAME : Total Compensation Multi Item Formula
FORMULA TYPE : Total Compensation Item
DESCRIPTION : Returns multiple variables.
********************************************************************/

/*=========== INPUT VALUES DEFAULTS BEGIN ====================*/
INPUTS ARE CMP_IV_PERSON_ID (text), CMP_IV_PERIOD_START_DATE (date) , CMP_IV_PERIOD_END_DATE (date)
/*=========== INPUT VALUES DEFAULTS ENDS ====================*/

/*================ FORMULA SECTION BEGIN =================*/

COMPENSATION_DATES = '2009/01/01;2009/02/01;2009/03/01'
COMPENSATION_DATES1 = '2009/07/01;2009/08/01;2009/09/01'
COMPENSATION_DATES2 = '2009/10/01;2009/11/01;2009/12/01'
```

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```
COMPENSATION_DATES3 = '2009/10/01;2009/11/01;2009/12/01'


VALUES = '200.00;200.00;300.00'
VALUES1 = '300.00;500.00;500.00'
VALUES2 = '500.00;500.00;600.00'
VALUES3 = '600.00;600.00;700.00'

/* Returns only first two assignment */
ASSIGNMENTS = ';1234567890;1234567890'
ASSIGNMENTS1 = '1234567890;1234567890;1234567890'

/* Returns last two assignments */
ASSIGNMENTS2 = ';1234567890;1234567890'
/* Returns first and last assignments */
ASSIGNMENTS3 = '1234567890;;1234567890'


LEGALEMPLOYERS = '0123456789;;0123456789'
LEGALEMPLOYERS1 = '0123456789;0123456789;0123456789'
LEGALEMPLOYERS2 = '0123456789;0123456789;0123456789'
LEGALEMPLOYERS3 = '0123456789;0123456789'

RETURN
 COMPENSATION_DATES,VALUES,COMPENSATION_DATES1,VALUES1,COMPENSATION_DATES2,VALUES2,COMPENSATION_DATES3,VALUES3,ASSIG
GALEMPLOYERS,LEGALEMPLOYERS1,LEGALEMPLOYERS2,LEGALEMPLOYERS3

/*=============== FORMULA SECTION END =====================*/
```

Category Types: Explained

The compensation category type determines the table columns and general layout of the category page in the total compensation statement, as well as whether the category can include subcategories. This topic explains the category types and provides an example of a custom category.

Types

The following table shows the category types with default column and configuration details.

Category Type	Default Columns	Configurable
• Benefits • Cash Compensation • Savings • Retirement	• Worker contributions • Employer contributions • Description	• Add compensation items • Nest categories within the category as subcategories • Hide columns that don't apply
Time Off	• Type of time off • Monetary value of the time off • Accrued balance	• Edit column labels • Configure category table row names as links to more information • Can't nest categories as subcategories
Stock History	Up to 27 columns of data from the database table that stores workers' stock details	• Select which types of stock to include in the category • Alter which columns are hidden or only available optionally in statement view menu

Category Type	Default Columns	Configurable
		• Edit column labels • Can't nest categories as subcategories
Other	Same basic structure as the Cash Compensation or Benefits category type	You can use it for any type of compensation
Custom	Specify the number of columns, up to five, that you want to include in the category	• Configure column labels • Select compensation items for the table rows • Can't nest categories as subcategories

Custom Category Example

You might use the custom category type to display information about commissions by including columns, such as:

- Sales target
- Units sold
- Percentage over target
- Percentage under target
- Commission amount

Categories and Subcategories: Points to Consider

Compensation categories display information in tables. Use categories to group similar or related compensation items, such as Cash Compensation, Benefits, Time Off, or Stock History. You can use the same categories in multiple statements. You can also display categories directly on the summary page, or nest them to make subcategories.

Consider the following factors when planning how to group compensation items and categories for display:

- Category type
- Contribution type and unit of measure
- Level of detail

Category Type

Consider these points:

- Category type determines the table columns and general layout of the page in the statement.
- You can't add categories as subcategories to the Stock History, Custom, or Time Off category types.
- After you use a category in any statement, you can't change the category type.

Contribution Type and Unit of Measure

The contribution type and unit of measure of the associated items or subcategories determines:

- Category's contribution type (monetary or nonmonetary)
- Category's nonmonetary unit of measure

All items and subcategories within a nonmonetary category must share the same unit of measure.

Level of Detail

When you create a category, you specify how you want to display the category details in the statement.

Select one of these level of detail values:

- Viewers drill into line items to see details
- Viewers see all details on one page

Related Topics
- Hiding Columns in the Total Compensation Statement: Points to Consider
- Displaying Zero or No Contribution Values in the Compensation Statement: Critical Choices
- Displaying Graphs in Total Compensation Statement: Explained

Category Level of Detail: Points to Consider

Use the Manage Compensation Categories task in the Compensation work area to specify how to display the category details in the statement. Select from two level of display options, depending on category type and design preference.

Viewers Drill Into Line Items to See Details

Provide links from a high-level category page that drill down to specific details for each item or subcategory row in the category.

Example: You can create a Benefits category that displays high-level information for different health benefits, such as:

- Medical
- Dental
- Life Insurance

To see the details of each row in the category, such as medical, viewers can drill into the row to a separate details page.

Viewers See All Details on One Page

Display the full detail of the category's content on a single page in the statement. For example, you can create a Bonus category that displays the amount of different bonuses (such as new hire and quarterly) as rows on the category page.

If you select to show all details on a single page:

- The name column doesn't show in the statement for rows in the category.

- You can't hide all columns in the category.

- You can't add subcategories to these category types: Benefits, Cash Compensation, Savings and Retirement, or Other. However, you can add subcategories to these category types if the level of detail enables drilling to see details.

It's best not to show all details on a single page for recurring information.

Planning Statement Definitions: Points to Consider

Consider these statement elements and options when you plan how many different total compensation statement definitions to create and the presentation of content in each:

- Statement audience
- Statement definition details
- Statement periods

Statement Audience

You can create different statement definitions for different statement audiences. Use the following two methods, individually or in combination, to limit the statement audience:

- Attach an eligibility profile to the statement on the Statement Options tab.
  Example: Within a business unit, you create separate statement definitions for individual contributors and executive level workers by:
    a. Creating eligibility profiles that differentiate between individual contributors and executive workers.
    b. Attaching each eligibility profile to the corresponding statement definition.

- Use the following population filter parameters to specify your audience when you generate statements:
    o Business unit
    o Benefits group
    o Legislative data group
    o Country
    o A person selection formula that you define
    o A single person that you select

Statement Definition Details

Build the statement hierarchy of categories and items appropriate for the audience. Configure table and graphical displays, descriptive text, and supplemental information.

Statement Periods

Configure statements to cover any period of time by specifying start and end dates on the statement definition Periods tab. You can create multiple periods at one time. For each statement period, further specify:

- An optional statement period display name

Example: Name the period **2011 Annual Statement** rather than the default display of start and end date.

- The date that statements become available to workers

- The conversion rate date for currency conversions

- An optional welcome message.

Statement Options: Points to Consider

You can configure an optional summary page, estimated amount indicator, and welcome message for each statement.

Summary Page

On the statement definition Options tab, you can configure the summary page. The optional summary page consists of the following optional features:

- Monetary and Nonmonetary sections, each containing section-level descriptive text, graphs, and tables

- Summary page descriptive text that can include rich text formatting and hyperlinks

- Summary page supplemental information, such as hyperlinks to company policies and resources, which are displayed in a separate window

If you include a graph in the Nonmonetary section, all top-level categories in the nonmonetary summary should share the same unit of measure. You can exclude individual top-level categories from the summary.

Estimated Amount Indicator

Displaying an estimated amount indicator in the statement requires two configuration steps:

- Item definition: When creating compensation items, identify whether the item amounts are estimates.

- Statement definition: On the statement definition Options tab, specify whether to display or hide the indicator that visually denotes amounts as estimated.

Welcome Message

For each statement period, you can compose an optional welcome message on the statement definition Periods tab. In the welcome message you can:

- Personalize the greeting with each worker's name

- Use rich text and include hyperlinks

If included, the welcome message is the first page the worker sees in the statement.

FAQs

How can I change whether the category displays zero or no values in the statement?

Edit the top-level category only on the Edit Statement Definition page. Or, edit the subcategory and item rows on the Edit Compensation Categories page. Follow these steps:

1. Select the category or item row.
2. Select the zero value display option in the Actions menu.

The **Display Zero Rows** column shows the current setting for each category.

How can I display a hidden column?

Edit the summary table column properties only on the summary page. Or, edit each individual category's column properties on the Edit Compensation Category page. Follow these steps:

1. Click the **Column Properties** button.
2. Select the column from the menu.
3. Update the option to display the column in the statement.

How can I hide or show the welcome message in statements?

Follow these steps using the Manage Statement Definitions task in the Compensation work area:

1. Select the statement definition and click **Edit**.
2. On the Periods tab, select the button in the **Welcome Message** column.
3. Edit the **Do not display welcome message** option.

How can I change the welcome message text in statements?

Follow these steps using the Manage Statement Definitions task in the Compensation work area:

1. Select the statement definition and click **Edit**.
2. On the Periods tab, select the **Edit** button in the **Welcome Message** column.

Why can't I delete or edit some items?

If the item is in use in a compensation category, you can't delete it. Also, you can't edit some attributes, such as the type of compensation and nonmonetary unit of measure.

Why did the default stock details change?

More than one administrator might have access to these settings. The following tasks use the stock price and currency information:

- View compensation history
- Manage workforce compensation
- Generate total compensation statements

How can I import stock data sent to me by my supplier?

On the Manage Stock Grants page, use the **Prepare Import Spreadsheet** button to generate the stock table spreadsheet. Enter your supplier's data, ensuring that each row contains a unique Grant Date, Grant ID, and Grant Number. Upload the information into the stock table.

Can I reuse a previous year's statement?

Yes. You can reuse an existing statement definition by adding new periods. You might also want to:

- Update the welcome message
- Add or edit the items and categories included
- Hide or update the display of graphs, descriptive text, and supplementary information

Can I correct the definition after workers received statements?

Yes. You can correct the statement definition and regenerate the statements, which makes the newer version available to workers.

28 **Total Compensation Worked Examples**

Creating a Bonus Category: Worked Example

This example demonstrates how to create a bonus category that includes a profit sharing bonus, a new hire bonus, and a quarterly bonus. The new hire and quarterly bonus items already exist and are reused in this category.

The following table summarizes key decisions for the Profit Sharing compensation item in this scenario.

Decision to Consider	Item in This Example
What compensation does the item represent?	Profit sharing bonus
What's the source type?	Payroll element
What's the legislative data group?	USA

The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What's the category type?	Cash Compensation
Display category details in the statement at what level?	Viewers see all details on one page.
Add items?	Yes: Profit sharing bonus, new hire bonus, and quarterly bonus.
Display graphs? How many? What type?	Yes. Two: Bar and stacked bar.
Hide or edit any columns in the category?	Hide worker contributions because this is a cash compensation category. Edit company contribution column name to make it familiar to workers.

Task Summary

To create the bonus category, complete the following tasks. Use the default values except where otherwise indicated.

1. Create a profit sharing bonus item.
2. Create a bonus category.
3. Attach the item you created along with other existing bonus items.
4. Configure display options.

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Prerequisites

1. Create a payroll element named Profit Sharing Bonus using the USA legislative data group.
2. Create the following compensation items using payroll elements in the USA legislative data group:
   o New Hire Bonus
   o Quarterly Bonus

Creating a Compensation Item

Create the compensation item.

1. Click the **Manage Compensation Items** task.
2. Click **Create**.
3. Complete the fields as shown in this table:

Field	Value
Item Name	Profit Sharing Bonus
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Profit Sharing Bonus
Input Value	Pay Value

4. Click **Save and Close**.

Entering Category Details and Adding Items

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Bonus
Category Type	Cash Compensation

4. Click **Continue**.
5. Select **Viewers see all details on one page** in the **Level of Detail** field.

6. Click **Add Items** three times to add three new rows.
7. Complete the fields for each new row as shown in this table.

Name	Description	Company Contribution (Items)
Profit Sharing	Profit Sharing Bonus	Profit Sharing Bonus
New Hire	New Hire Bonus	New Hire Bonus
Quarterly	Quarterly Bonus	Quarterly Bonus

8. Click **Edit Column Properties** and select the **Your Contribution** column.
9. Select **Do not display in the statement**.
10. Click **OK**.
11. Click **Edit Column Properties** and select the **Company Contribution** column.
12. Enter **Amount** in the **Column Label** field.
13. Click **OK**.

Configuring Display Options.

1. Select the Graphs tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Your Bonuses	How Your Bonuses Add Up
Graph Type	Bar	Bar - stacked
Graph Items	Amount	Amount

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what's included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Creating a Benefits Category: Worked Example

This example demonstrates how to create a benefits category that includes medical, dental, vision, disability insurance, and life insurance. The following table summarizes key decisions for the compensation items in this scenario.

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Decision to Consider	First Item	Second Item
What compensation does the item represent?	Worker contribution for medical benefit	Company contribution for medical benefit
What is the source type?	Payroll element	Payroll element
What is the legislative data group?	USA	USA

The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What is the category type?	Benefits
Display category details in the statement at what level?	Display details of item rows on separate pages that viewers drill to for details.
Add items? (Describe)	Yes: Both worker and company contributions for medical, dental, vision, disability insurance, and life insurance benefits.
Add other categories as subcategories? Describe	No
Display graphs? (No or Yes?) One or two? What type?	Yes. Two: Stacked bar and pie chart.
Hide or edit any columns in the category?	No
Display the row if values are zero in the period?	No

Create items for medical insurance, then create a benefits category and attach the items you created along with eight existing benefits items and configure display options. Use the default values except where otherwise indicated.

Prerequisites

1. Create the following payroll elements using the USA legislative data group.
    o Medical Worker Contribution
    o Medical Company Contribution
2. Create the following compensation items using payroll elements in the USA legislative data group:
    o Dental Worker Contribution
    o Dental Company Contribution
    o Vision Worker Contribution

      o Vision Company Contribution

      o Disability Worker Contribution

      o Disability Company Contribution

      o Life Insurance Worker Contribution

      o Life Insurance Company Contribution

Creating a Compensation Item

Use the default values except where indicated.

1. In the Compensation work area, click **Manage Compensation Items** to open the Manage Compensation Items page.
2. Click **Create**.
3. On the Create Compensation Item page, complete the fields as shown in this table:

Field	Value
Item Name	Medical Worker Contribution
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Medical Worker Contribution
Input Value	Pay Value

4. Click **Save and Create Another**.
5. On the Create Compensation Item page, complete the fields as shown in this table:

Field	Value
Item Name	Medical Company Contribution
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Medical Company Contribution
Input Value	Pay Value

6. Click **Save and Close**.

Entering Category Details and Adding Items

1. In the Compensation work area, click **Manage Compensation Categories** to open the Manage Compensation Categories page.
2. Click **Create**.
3. On the Create Compensation Categories page, complete the fields, as shown in this table.

Field	Value
Name	Benefits
Category Type	Benefits

4. Click **Continue**.
5. On the Create Category page, Table tab, select **Viewers drill into line items to see details** in the **Level of Detail** field.
6. Click **Add Items** five times to add five new rows.
7. Complete the fields for each new row, entering a name and description of the category row and selecting compensation items for each contribution column in the category, as shown in this table.

Name	Description	Your Contribution (Items)	Company Contribution (Items)
Medical	Amounts reflect your coverage.	Medical Worker Contribution	Medical Company Contribution
Dental	Amounts reflect your coverage.	Dental Worker Contribution	Dental Company Contribution
Vision	Amounts reflect your coverage.	Vision Worker Contribution	Vision Company Contribution
Disability Insurance	LTD provides income protection.	Disability Worker Contribution	Disability Company Contribution
Life Insurance	Life insurance is a core benefit.	Life Insurance Worker Contribution	Life Insurance Company Contribution

Configuring Display Options.

1. Select the Graphs tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Employee Versus Company Contributions	Total Contribution Comparison
Graph Type	Bar	Pie

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Field	Value for the First Graph	Value for the Second Graph
Graph Items	Your Contribution, Company Contribution	Your Contribution, Company Contribution

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what is included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Creating a Custom Category for Commissions: Worked Example

This example demonstrates how to create a Commissions category using the Custom category type. The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What is the category type?	Custom
Display category details in the statement at what level?	Viewers see all details on one page.
Add items?	Yes: Sales target, sales revenue, and commissions items for year end.
Display graphs? How many? What type?	Yes. Two bar charts, one for revenue generated and one for commissions earned.
Hide or edit any columns in the category?	Edit column labels.

Task Summary

To create the custom category for commissions complete the following tasks. Use the default values except where otherwise indicated.

1. Create a Custom category.
2. Attach existing compensation items.
3. Configure display options.

Prerequisites

1. Create the following compensation items:
   - Sales Target Year End
   - Sales Revenue Year End
   - Commission Year End

Entering Category Details and Adding Items

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Commissions
Category Type	Custom
Number of Item Columns	3

4. Click **Continue**.
5. Select **Viewers see all details on one page** in the **Level of Detail** field.
6. Click **Edit Column Properties** and select the **Your Contribution** column.
7. Enter **Sales Target** in the **Column Label** field.
8. Click **OK**.
9. Click **Edit Column Properties** and select the **Company Contribution** column.
10. Enter **Sales Revenue** in the **Column Label** field.
11. Click **OK**.
12. Click **Edit Column Properties** and select the **Custom Column 3** column.
13. Enter **Commission** in the **Column Label** field.
14. Click **OK**.
15. Click **Add Items**.
16. Complete the fields for the new row, as shown in this table.

Name	Description	Sales Target (Item)	Sales Revenue (Item)	Commission (Item)
Row 1	Year End Activity	Sales Target Year End	Sales Revenue Year End	Commission Year End

The **Name** column doesn't show in the statement when the level of detail is configured to display all details on a single page.

Configuring Display Options.

1. Select the Graphs tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Revenue Generated	Commissions Earned
Graph Type	Bar	Bar
Graph Items	Sales Revenue	Commissions

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what's included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Creating a Stock History Category: Worked Example

This example demonstrates how to create a stock history category for nonqualified stock options with vesting information. You create a stock history category and configure column visibility and graphs.

The following table summarizes key decisions for the category in this scenario.

Decision to Consider	Category in This Example
What's the category type?	Stock History
Display category details in the statement at what level?	Viewers see all details on one page.
Display graphs? How many? What type?	Yes. One: Bar.
Hide or edit any columns in the category?	Accept most default column visibility settings. Make some adjustments to visibility of vested share columns and grant number. Edit some column labels for display on the statement.

Task Summary

To create the stock history category, complete the following tasks:

1. Create a stock history category and configure the columns.
2. Configure the display options.

The Stock Details table must contain stock data. Use the default values except where otherwise indicated.

Entering Category Details and Configuring Columns

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Stock History
Category Type	Stock History

4. Click **Continue**.
5. Select **Non-Qualified Stock Option** in the **Grant Type** field.
6. Edit the column labels and availability of column types, as shown in this table, using the default values of columns not listed.

Sequence	Column Type	Column Label	Available for Display
1	Original Grant Date	Grant Date	(Use default)
3	Grant Number	(Use default)	Select
10	Original Value at Grant	Grant Value	(Use default)
16	Estimated Market Value of Total Shares	Estimated Market Value	(Use default)
17	Vested Shares	(Use default)	Select
18	Exercised Shares	(Use default)	Select
20	Estimated Gain from Vested Shares	(Use default)	Deselect

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Configuring Display Options.

1. Select the Graphs tab.
2. Complete the fields, as shown in this table.

Field	Value for the First Graph
Graph Title	Vested Versus Unvested Shares
Graph Type	Bar
Nonmonetary Graph Items	Vested Shares, Unvested Shares

3. Click **Save**.
4. Click **OK** in the confirmation.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what's included in this category or details about policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Creating a Statement: Worked Example

This example demonstrates how to create, generate, and view a total compensation statement that contains two top-level categories, one for cash compensation and one for stock. The statement definition is for individual contributors whose salaries are quoted on an annual basis. The categories added as subcategories were created for other statement definitions and are reused in this definition. The following table summarizes key decisions for the compensation item in this scenario.

Decision to Consider	Item in This Example
What compensation does the item represent?	Base pay for exempt workers with annual salary
What's the source type?	Payroll element
What's the legislative data group?	USA

The following table summarizes key decisions for the categories in this scenario.

Decision to Consider	Cash Compensation Category	Stock Category
What is the category type?	Cash Compensation	Other

Decision to Consider	Cash Compensation Category	Stock Category
Display category details in the statement at what level?	Display details of item and subcategory rows on separate pages that viewers drill to for details.	Display details of item and subcategory rows on separate pages that viewers drill to for details.
Add items?	Yes: Base pay for exempt workers	Not directly, only through subcategories.
Add other categories as subcategories?	Yes. One: Bonuses Exempts	Yes. Two: ESPP Exempts and Stock History Exempts
Display graphs? How many? What type?	Yes. Two: Bar and stacked bar.	No
Hide or edit any columns in the category?	Hide worker contributions because this is a cash compensation category. Edit subcategory names to make them familiar to workers.	Edit subcategory names to make them familiar to workers.
Display the row if values are zero or no in the period?	No	Display the Employee Stock Purchase Plan row but prevent drilling to details.

The following table summarizes key decisions for the statement definition in this scenario.

Decision to Consider	Statement Definition in This Example
Include which top-level categories?	Cash Compensation and Stock
What is the statement period?	Calendar year 2015 Also create a second annual period to be ready for the next year.
Include welcome message?	Yes. Address recipients by first name.
Include summary page?	Yes
What is the statement audience for eligibility?	Individual contributors whose salaries are quoted on an annual basis
What is the population for statement generation?	Legal employer: Infusion USA

Task Summary

To create, generate, and view a total compensation statement complete the following tasks. Use the default values except where otherwise indicated.

1. Create a compensation item.
2. Create a cash compensation category and add the item and a subcategory.

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3. Create a stock category and add subcategories.
4. Create a statement definition.
5. Configure optional eligibility and statement summary page.
6. Generate and view statements.

Prerequisites

1. Create a payroll element named **Base Pay Exempts** that represents base pay earnings for salaried exempt workers in the USA legislative data group.
2. Create the following compensation categories with items:
   - Bonuses Exempts
   - ESPP Exempts
   - Stock History
3. Create an eligibility profile named **IC Annual Salary** that identifies individual contributors who are salaried with annual salary basis.

Creating a Compensation Item

Create the compensation item.

1. Click the **Manage Compensation Items** task.
2. Click **Create**.
3. Complete the fields as shown in this table:

Field	Value
Item Name	Base Pay Exempts
Source Type	Element entry
Legislative Data Group	USA
Payroll Element	Base Pay Exempts
Input Value	Pay Value

4. Click **Save and Close**.

Creating a Cash Compensation Category

Create a cash compensation category and attach the base pay item you created along with two existing cash categories with items.

1. Enter category details and add an item.

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2. Add and configure subcategories.
3. Configure display options.

1. Enter category details and add an item.

1. Click the **Manage Compensation Categories** task.
2. Click **Create**.
3. Complete the fields, as shown in this table.

Field	Value
Name	Cash Compensation
Category Type	Cash Compensation

4. Click **Continue**.
5. Select **Viewers drill into line items to see details** in the **Level of Detail** field.
6. Click **Add Items**.
7. Complete the column fields in the new row, as shown in this table.

Column	Value
Name	Salary
Description	Base pay amounts
Company Contribution	Base Pay Exempts

8. Click **Edit Column Properties** and select the **Your Contribution** column.
9. Select **Do not display in the statement**.
10. Click **OK**.
11. Click **Edit Column Properties** and select the **Company Contribution** column.
12. Enter **Amount** in the **Column Label** field.
13. Click **OK**.

2. Add and configure a subcategory.

1. Click **Add Subcategory**.
2. Select **Bonuses Exempts**.
3. Click **Apply**.
4. Click **Done**.
5. Complete the fields, as shown in this table, for the new category row.

Column	Value
Name	Bonuses

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Column	Value
Description	Lump sum compensation amounts

6. Click **Save**.
7. Click **OK**.

3. Configure display options.

1. Select the Graphs tab.
2. Complete the fields for two graphs, as shown in this table.

Field	Value for Graph 1	Value for Graph 2
Graph Title	Your Cash Awards	Total Cash Compensation
Graph Type	Bar	Bar - stacked
Graph Items	Amount	Amount

3. Click **Save**.
4. Click **OK**.
5. Select the Descriptive Text tab.
6. Enter any text here to describe what's included in this category or details about the compensation policies, and format it appropriately.
7. Click **Reorder Components** at the top of the page.
8. Select **Descriptive Text** and click the downward arrow until **Descriptive Text** appears below **Graphs**.
9. Click **OK**.
10. Click **Save and Close**.

Creating a Stock Category

Create a stock category and attach two existing stock categories with items.

1. Enter category details.
2. Add and configure subcategories.
3. Configure display options.

1. Enter category details.

1. Click **Create**.
2. Complete the fields, as shown in this table:

Field	Value
Category Name	Stock Awards
Category Type	Other

3. Click **Continue**.
4. Select **Viewers drill into line items to see details** in the **Level of Detail** field.

2. Add and configure subcategories.

1. Click **Add Subcategory**.
2. Select the row for **ESPP Exempts**.
3. Hold down the **Control** key and select the **Stock History Exempts** row.
4. Click **Done**.

3. Configure display options.

1. Edit the subcategory names as shown in this table:

Column	Stock History Category	ESPP Category
Name	Stock Options	Employee Stock Purchase Plan

2. Click **Edit Column Properties** and select the **Company Contributions** column.
3. Change the column label to **Stock Award**.
4. Click **OK**.
5. Select the Employee Stock Purchase Plan row.
6. On the **Action** menu, select **Configure Zero or No Value Behavior of Row**.
7. Complete the fields as shown in this table:

Field	Value
Zero Contributions Display	Always display the row
Alert Message	Enter any text to display when workers have no stock to display.

8. Click **OK**.
9. Click **Save and Close**.

Creating a Statement Definition

Create a statement definition and configure the statement table display, periods, and welcome message.

1. Enter statement details and add top-level categories.
2. Configure table display options.
3. Define statement periods and welcome message.

1. Enter statement details and add top-level categories.

1. Click the **Manage Statement Definitions** task.
2. Click **Create**.
3. Enter any name for the statement, such as **2015 Annual Statement**.
4. Click **Continue**.
5. Enter any description of the statement.
6. Click **Add Category**.
7. Select the two categories that you created: **Cash Compensation** and **Stock**.
8. Click **Apply**.
9. Click **Done**.

2. Configure table display options.

1. In the Details tab, edit the top-level category names in the **Display Name** column to make the names more familiar to workers.
2. In the **Description** column, add descriptions that display in the statement, as needed.
3. Select **Reorder Top-Level Categories in Statement** from the **Actions** menu.
4. Select the first category and use the downward arrow to place it after the other category.
5. Click **OK**.
6. Click **Save**.
7. Click **OK**.

3. Define statement periods and welcome message.

1. Select the Statement Periods tab.
2. Click **Add**.
3. Complete the fields to create two annual periods, as shown in this table:

Field	Value
Start Date	01-Jan-2015
End Date	31-Dec-2015

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Field	Value
Date Available to Workers	01-Mar-2015
Currency Conversion Date	31-Dec-2015
Number of Periods	2

4. Click **OK**.
5. In the **Display Name** column, add a display name for each period, such as **2015 Annual Statement** and **2016 Annual Statement**.
6. Click the button in the **Welcome Message** column to compose a welcome message that workers see as the first page in the statement.
7. Type **Dear** followed by a space.
8. Click **Insert Name**.
9. In the **First Name** row, click the **Insert Segment** button.
10. Click **Done**.
11. Enter a comma after the first name placeholder in the welcome message.
12. Use the rich text editor to complete the welcome message.
13. Click **Save and Close**.

Configuring Optional Eligibility and Statement Summary Page

1. Select the Statement Options tab.
2. In the **Eligibility Profile** field, select **IC Annual Salary**.
3. Click **Configure Summary Page**.
4. In the Monetary Compensation section, select the Table tab and verify the table contents.
5. Select the Graphs tab.
6. Complete the fields, as shown in this table.

Field	Value for the First Graph	Value for the Second Graph
Graph Title	Your Total Compensation	How Your Compensation Adds Up
Graph Type	Bar	Bar - stacked
Graph Items	Company Contributions	Company Contributions

7. Click **Save**.
8. Click **OK**.
9. Select the Descriptive Text tab.
10. Enter any text that you want to appear in the summary page specifically related to monetary compensation.
11. Scroll down to the Summary Page Descriptive Text section and expand it.
12. Enter some text, such as: **The summary provides you an overview of your compensation package. Click each category name to view additional details**.

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13. Click **Save and Close**.
14. Click **OK**.
15. Click **Finish** to validate the statement.

Generating and Viewing Statements

Update global settings, run the process to generate the statements, check the process reports, and view workers' generated statements.

1. Generate statements.
2. Monitor the process.
3. View the statements.

1. Generate statements.

1. Click the **Configure Global Settings** task.
2. Complete the fields used for default stock estimates in the statement, as shown in this table.

Field	Value
Default Stock Price	35
Currency	US Dollar

3. Click the **Generate Statements** task to access the Process Details page.
4. Complete the fields, as shown in this table.

Field	Value
Statement Definition Name	2015 Annual Statement
Statement Period	2015 Annual Statement
Legal Employer	Infusion USA

5. Click **Submit**.
6. Click **OK**.

2. Monitor the process.

1. Click the **Monitor Processes** task.
2. Find your process in the table.
3. If the status is **Processing**, click **Refresh**.
4. When the status is **Completed**, click the button in the **Reports** column for your process ID.

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5. Analyze the summary details.

3. View the statements.

You must have the Compensation Manager role to view statements.

1. Click the Details tab to see the workers for whom statements were generated.

2. Click the button in the **View Statement** column for a worker.

3. Verify the statement content and formatting.

4. Click **Processing Reports** in the task panel tab to return to the report Details tab.

5. View and verify additional statements as needed.

6. Click **Sign Out**.

7. Close the Browser.

Related Topics

- Eligibility Profiles: Explained

Glossary

assignment

A set of information, including job, position, pay, compensation, managers, working hours, and work location, that defines a worker's or nonworker's role in a legal employer.

assignment statement

A statement that formulas use to set a value for a local variable.

band

A specified range of values. Example: An age band defines a range of ages, such as 25 to 30, used to determine a person's eligibility.

benefit rate

An amount or percentage that represents a participant's or employer's benefit offering contributions or distributions.

benefits object hierarchy

A structure that enables efficient management of benefits that share similar attributes. The four object types used to structure benefits offerings are programs, plan types, plans, and options.

benefits offering

Any of an organization's nonsalary components of employee benefits packages, such as health, savings, life insurance, recreation, goods, or services.

communicated rate frequency

Time period basis for amounts communicated to participants in benefits self-service enrollment and on the professional enrollment pages.

contribution

Amount that a participant or employer must pay to participate in a benefit offering.

contribution column

Table columns that display compensation items representing the worker's or company's contribution amounts in a total compensation statement or compensation category.

credit pool

Maintains flex credit values that participants can use at a specific level, such as a plan-in-program, in the benefits hierarchy.

date-effective object

An object with a change history. Professional users can retrieve the object as of a current, past, or future date.

defined rate frequency

Time period basis in which benefits processing configures, calculates, or stores amounts for all plans in a program, or plans not in a program.

derived factor

Calculated eligibility criterion that changes over time, such as age or length of service.

determinant

A value that specifies the use of a reference data set in a particular business context.

distribution

Amount paid to a participant from a plan such as a savings plan or a flexible spending account.

effective as-of date

A date used for filtering search results for date-effective objects. For objects that match the search criteria, the search results include the physical record in effect on the specified date.

effective end date

For a date-effective object, the end date of a physical record in the object's history. A physical record is available to transactions between its effective start and end dates.

effective start date

For a date-effective object, the start date of a physical record in the object's history. A physical record is available to transactions between its effective start and end dates.

element

Component in the calculation of a person's pay. An element may represent a compensation or benefit type, such as salary, wages, stock purchase plans, pension contributions, and medical insurance.

element classification

Provides various element controls, such as the processing order, balances feeds, costing, and taxation. Oracle predefines primary element classifications and some secondary classifications. You can create other secondary classifications.

eligibility profile

A user-defined set of criteria used to determine whether a person qualifies for a benefits offering, variable rate or coverage, compensation plan, checklist task, or other object for which eligibility must be established.

explicit life event

A type of life event configured during implementation. Use it to detect and process personal or work-related changes that might result in enrollment opportunity, such as an address change or assignment transfer.

fast formula

A simple way to write formulas using English words and basic mathematical functions. Formulas are generic expressions of calculations or comparisons that repeat with different input values.

flex credit shell plan

A benefit plan that includes rules to determine which plan enrollments must provide flex credits for participants, how flex credits must be calculated, and on which offerings participants can spend their flex credits.

flex credits

Monetary units that workers can use to offset costs of specific plan enrollments.

flexfield

A flexible data field that you can customize to contain one or more segments or store additional information. Each segment has a value and a meaning.

flexfield segment

An extensible data field that represents an attribute and captures a value corresponding to a predefined, single extension column in the database. A segment appears globally or based on a context of other captured information.

grade

A component of the employment model that defines the level of compensation for a worker.

HDHP

Abbreviation for high deductible health plan. A plan with an annual deductible that is higher than the deductible in more traditional health plans. Benefit offerings typically pair HDHPs with health savings accounts (HSAs).

HSA

Abbreviation for health savings account. A special kind of savings account into which employees and employers make pretax contributions to accumulate funds for medical expenses that are usually associated with high deductible health plans (HDHP).

job

A generic role that is independent of any single department or location. For example, the jobs Manager and Consultant can occur in many departments.

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life event

A change to a person's personal or employment data that affects benefits participation.

logical record

One or more physical records that constitute a date-effective object.

lookup code

An option available within a lookup type, such as the lookup code BLUE within the lookup type COLORS.

lookup type

The label for a static list that has lookup codes as its values.

offering

A comprehensive grouping of business functions, such as Sales or Product Management, that is delivered as a unit to support one or more business processes.

option

An electable choice within a plan or plan type, such as coverage for an employee or employee plus spouse. You can associate an option with one or more plans and plan types. The option level is the lowest level in the benefits object hierarchy.

payroll relationship

Defines an association between a person and a payroll statutory unit based on payroll calculation and reporting requirements.

personal payment method

Method of payment to a person for a particular payroll. When an administrator assigns a person to a new payroll, payments are made using the default organization payment method for the new payroll until a personal payment method exists.

physical record

A single record, with effective start and end dates, in the history of a date-effective object. Each physical record is a row in a database table.

plan

A specific offering within a plan type that is associated with a program. The plan level is subordinate to the plan type level in the benefits object hierarchy.

plan not in program

A specific offering within a plan type that isn't associated with a program. The plan level is subordinate to the plan type level, which is the top level of this benefits object hierarchy.

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plan type

A category, such as medical or dental insurance, that you use to group and maintain related benefit plans. The plan type level is subordinate to the program level in the benefits object hierarchy unless the plan type isn't associated with a program. Unassociated plan types form the top level of the hierarchy.

position

A specific occurrence of one job that is fixed within one department. It is also often restricted to one location. For example, the position Finance Manager is an instance of the job Manager in the Finance Department.

profile option

User preferences and system configuration options that users can configure to control application behavior at different levels of an enterprise.

program

A package of related benefits. The program level is the top level in its benefits object hierarchy and sets general boundaries that all descendent objects inherit.

reference data set

Contains reference data that can be shared across a number of business units or other determinant types. A set supports common administration of that reference data.

reporting group

A collection of programs and plans organized for reporting purposes, such as meeting regulatory requirements or for administration.

rollover rate

A benefit offering's rate that receives excess flex credits during enrollment.

set enabled

A property that describes entities that an organization shares as reference data. For example, you can indicate a lookup, customer, location, or document attachment as set enabled.

shell plan

Placeholder plan used to store calculated information, such as the total imputed income for a plan that is subject to imputed income.

total compensation statement

A statement that communicates compensation, rewards, and benefits to workers. The statement can include traditional compensation and compensation often overlooked by workers.

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user-defined criteria

Custom factors used to determine eligibility for objects such as benefits offerings and rates.

variable coverage profile

A set of eligibility and calculation attributes that define when and how the coverage amount for a benefit offering varies from the associated base coverage.

variable rate profile

A set of eligibility and calculation attributes that define when and how the cost of a benefit offering varies from the associated standard rate.

work relationship

An association between a person and a legal employer, where the worker type determines whether the relationship is a nonworker, contingent worker, or employee work relationship.